

MARIJUANA

And

The WAR ON DRUGS

Or How Did An Innocuous Weed became the “Poster Boy” in the Great Misguided
“War On Drugs” - And Stay There?

PROLOGUE

[1-1] MOTHERS NEED NOT FEAR

Use of opiates on a large scale is not a new phenomenon in Western societies, nor is wholesale addiction. The current epidemic has yet to reach the proportions of the narcotic plague which persisted for generations in this country during the late 19th and early 20th centuries. Conservative estimates of the addicted population of the United States at the turn of the century place the number at between one and two million living persons. This does not take into account the large number of people, namely children, who succumbed to toxic dosages of opiates. Given the population of this country during these years – around 75 – 100 million people – the chances are quite good that one of your grandparents was a junkie, or that one of your great uncles or aunts never survived beyond infancy to produce cousins for you.

One of the largest markets for opiates in the country was the soothing syrup trade, aimed primarily at infants who were giving their parents a hard time by crying and carrying on, or who made the mistake of appearing sickly. This genre of medicines included preparations which were known as baby syrups, colic cures, infants’ friends, teething concoctions and so forth. Parents were put at ease by labels which assured that the preparation “Contains nothing injurious to the youngest babe” and that “Mother need not fear giving this medicine to the youngest babe, as no bad effects come from the use of it.” Laws were passed to prevent such claims appearing on preparations which did, in fact, contain addictive and toxic dosages of opiates, but then, as now, the laws were quickly circumvented by quick-thinking entrepreneurs. A representative list of products offered to distraught parents of uptight infants looks something like this:

Dr. James’ Soothing Syrup Cordial	Heroin
Children’s Comfort	Morphine Sulphate
Dr. Fahey’s Pepsin Anodyne Compound	Morphine Sulphate
Dr. Fahrney’s Teething Syrup	Morphine and Chloroform
Dr. Miller’s Anodyne for Babies	Morphine Sulphate and Chloral Hydrate
Dr. Fowler’s Strawberry and Peppermint Mixture	Morphine
Gadway’s Elixir for Infants	Codeine
Dr. Grove’s Anodyne for Infants	Morphine Sulphate
Kopp’s Baby Friend	Morphine Sulphate
Dr. Moffett’s Teething (Teething Compound)	Powdered Opium
Victor Infant Relief	Chloroform and Cannabis Indica
Hooper’s Anodyne – the Infant’s Friend	Morphine Sulphate
Mrs. Winslow’s Soothing Syrup	Morphine Sulphate

There are numerous cases on record in the medical journals of this period of infant drug addictions; very few of infants who died of liberal doses of these friendly snake oils. The addicted child syndrome was quite common – as soon as the effects of one dose of the soothing syrup wore off, the child became irritable and raised a fuss which led to a quick mouthful of the medicine to quiet the ruckus. Infant addicts appeared plump and healthy and, except for their periodic tantrums when mama was late with the elixir, they appeared on the surface to be pink and pacific. As a matter of fact, however, their metabolism was very poor, they withstood illness very badly and their musculoskeletal development was seriously impaired.

Shortly after several of the more restrictive laws had been passed, some manufacturers of these soothing syrups began putting out products which were, in all respects, the same except that the syrups no longer contained the opiates and other narcotics. These new products apparently did not give satisfaction to the harried mother hood of the country, for there were immediate and vocal demands that the “old kinds” of preparations be once more put on the market.

In the tradition of free enterprise, which holds that it is imperative that a consumer consume from the cradle to the grave, regardless of the quality or length of that span, the entrepreneurs of America did not neglect other markets for their products. One ready-made market for the imaginative manufacturer was a result of our preference for anything but water. Soft drinks were a national institution by the early 1800s, and when the flood of narcotics began in the latter part of that century, the fizzy drinks were a national pool into which the opiates began to flow. A marvelous new technique for assuring consumer brand loyalty – the ideal equilibrium state in a free capitalist society – presented itself in the form of addictive drugs.

The primary addictive agents found in the soft drinks of this period were cocaine and caffeine. In the initial stages of this developing industry, the kola nut played a prominent role due to its reputed tonic and stimulant qualities. Most of the contemporary soft drinks with some variation of the word kola in their name grew out of this initial belief. After several years of manufacturing soft drinks from extract of kola nuts, however, it was discovered that kola nuts didn't really contain any significant active ingredient except caffeine. Kola nuts were expensive to process, and the supplies were somewhat limited, so naturally the soft drink manufacturers began to look around for ways to cut their expenses and increase their profits. They found their answer right in their own backyard – it turned out that waste tea leaves could be easily processed to get the caffeine they needed, and this, of course, represented a tremendous savings because they were then able to use the waste products of one drug industry to support the growth of a second drug industry. A triumph of ingenuity.

Of course the competitive aspects of the soft drink industry made it inevitable that no one was going to be fully satisfied with simple caffeine extracts, and many foresighted pioneers turned to cocaine as a natural additive. Cocaine had a long folkloric history, full of accounts of its tonic virtues. People were not generally negative toward cocaine, which somehow seemed more natural and healthy than opium and its derivatives.

During the days of the industrial revolution, when millions of people were being subjected to tedium and boredom in the name of economic expansion, destined to create the good life for all, tonic drinks had a ready-made market among the pick-me-up crowd. The problem quickly became so serious in this country that life insurance companies, those bellwether institutions of practical capitalism, began to raise the rates on people who drank more than a certain number of soft drinks in the course of a long day in the factory. Among the brands viewed askance the insurance folks were Koca Nola, Celery Cola, Wiseda, Pillsbury's Koke, Kola-Ade, Kos-Kola, Café-Cola, and Koke. These brands were, of course, the favorites of the swinging Kola generations of the 80's and 90's.

The opiates came to enjoy a wide range of useful applications in the treatment of diseases, and they are particularly effective in mucous disorders of the breathing system. Opiate drugs have been used for over two hundred years, both by legitimate physicians and by people who for one reason or another chose to treat themselves for disease and organic disorder. Taking advantage of the latter group, which numbered in the millions in this country before the advent of large scale medicine, many manufacturers of asthma and catarrh remedies liberally dosed their customers with cocaine, codeine, chloral hydrate, heroin, morphine, opium, belladonna, stramonium, lobelia, potassium iodide, potassium nitrate, and so forth. Most commonly these curatives relied upon the opiates.

One of the many asthma remedies available to sufferers was "Davis Asthma Remedy", the brainchild of an enterprising realtor. This curative contained a primary active ingredient of chloral hydrate, and each dose at the recommended level consisted of from one to eight grains of the stuff. Quality control was pretty much lacking in those days. The directions on the label read "Dose can be increased or diminished or taken as often as needed. Adults can repeat it as many as eight times in succession. If necessary, take as many as three doses all within fifteen minutes. Tell others how it benefits you after using it." Chloral hydrate is, naturally, addictive and holds a firm place in American folklore as the notorious knockout drug.

Asthma remedies such as that of Davis' were commonly sold as cures for catarrh – the common chest cold – but there were also several specific catarrh cures on the market. Most of these specifics contained cocaine in liberal doses. One of the biggest sellers was a brand known as Dr. Agnew's Catarrh Powder, out of Baltimore, Maryland and, after the Food and Drug Acts were passed, out of Toronto, Canada. The mutual food and drug laws made it an offense to ship cocaine-laden drugs interstate, or to trade in them in any area under Federal jurisdiction, but that did not deter the most aggressive of the dealers. Dr. Agnew, for one, proved particularly hard to stop. A USDA agent reported in 1907 that "A clergyman (from Washington, D.C.) interviewed the writer some time ago as to the possibility of taking action against a certain firm supplying his communicants with a catarrh powder formerly under the name of Dr. Agnew's Catarrh Powder; and if so, what the charges would be. The firm was also advised that the reason for making the application was that the laws of the District of Columbia were so stringent and so rigidly enforced that it was exceedingly difficult, if not impossible, to purchase any cocaine or cocaine preparation in this jurisdiction. The firm in question responded to the effect that the desired article would be sent at a certain price. The amount named for three packages was transmitted by postal order and three packages of Dr. Agnew's Catarrh Powder were duly received."

Dr. Agnew's Catarrh Powder contained 10 grains of pure cocaine to the ounce. This was an exceptionally generous portion, no doubt designed to promote return customers; but there were quite a few remedies in

competition with Agnew for the market. Several of these competitors took the route of advertising their remedies as cough and cold specifics, leaving catarrh and asthma to the big boys. Examples of these medicaments, aimed chiefly at the youth market, are:

Acker's English Remedy	Chloroform
Adamson's Botanic Cough Balsam	Heroin Hydrochloride
Dr. A. Boschee's German Syrup	Morphine
Dr. Bull's Cough Syrup	Morphine & Codeine
Dr. Femer's Cough-Cold Syrup	Morphine
Jackson's Magic Balsam	Chloroform & Morphine
VonTotta's Cough Pectoral	Chloroform & Morphine
Pastilles Paneraj	Chloroform & Morphine
Kohler's One-Night Cough Cure	Morphine Sulphate, Chloroform & Cannabis Indica
Chlorodyne Pastilles	Morphine, Chloroform & Ether

Many cold and cough sufferers in those days did not have colds and coughs – they had tuberculosis. Who could then blame the quick thinking businessman for cashing in on the ready market of consumption cures. These remedies did, in fact, allay that coughing, tickling sensation and other stressing symptoms of deep chest disease. Many folks had their symptoms so effectively suppressed by the heavy doses of narcotics in those narcotic cures that they died, true enough, of terminal lung disease; but they died without so much as a tiny wheeze. Some of the well-known and widely used consumption cures were:

Tuberculozyne	Heroin
Prof. Hoff's Consumption Cure	Opium
Gooch's Mexican Consumption Cure	Morphine Sulphate
Dr. Brutus Shiloh's Cure for Consumption	Heroin & Chloroform

Along with the ills of TB and chest ailments in general, things weren't going so well with the heads of the population. Headache mixtures in those days commonly contained codeine and morphine, along with acetanilide, acetphenetidin, antipyrin and caffeine. Epilepsy cures were also highly touted, usually containing one or more of the bromides in addition to the run-of-the-mill opium and morphine.

One of the most interesting aspects of this whole drug scene was the very large business which grew out of drug addiction treatments and cures, largely of the mome-remedy type, which were advertised as "mail order express treatments." If you were on the mailing list of the patent medicine promoters, after a period of time you could count on receiving literature on these cures for narcotics addiction. Response was, naturally, quite heavy.

The only catch to the cure was the nature of the treatment. In most cases the addiction cure was presented as a highly secret and profoundly respectable compound known only to the agent offering this miraculous substance. The true nature of these addiction treatments were, however, much closer to the mundane. Mail order physicians commonly prescribed formulae such as: "alcohol 12.5%; morphine 22.0 grains per fluid ounce; cannabis indica extract 4 minims to the fluid ounce."

The "James Mixture for the Gradual Reductive Treatment of Narcotic Drug Addictions" contained 24 grains of morphine to the fluid ounce. Habitina, the product of the Delta Chemical Company, contained 16 grains of morphine sulphate and 8 grains of heroin to the fluid ounce. Such treatments characteristically bore the solicitous injunction, "When you open this bottle, order your next month's treatment in order to avoid any break."

Heroin was the most common ingredient in these express treatments, and for good reason. Heroin had just been developed as a cure for morphine addiction. It was considered a positive turn of events when an addict switched from morphine to heroin, just as today methadone is lauded for its benign narcosis.

COMMENT

None of the information here is new. This country has historically supported wholesale addiction of its populace, and has fought battles to expand its influence. The peculiarity of America is that, with the possible exception of tobacco, we do not produce any natural addictive narcotic drugs worth mentioning.

We, therefore, haven't even the classic imperialist excuses of capitalism to account for our tolerance and prosetelization of drugs. There is, however, another kind of expansion, an imperialism which is not based on the classic resources – market foundation for thrusts outward. It seems clear that the currently intense, worldwide government-industrial hysteria is conceived out of the knowledge that certain kinds of drugs are inimical to technological expansion and through that expansion to ultimate technological control of vast populations.

Which drugs these are should be obvious. Equally obvious should be which drugs are not the targets of government-industrial pressures. The drugs of industry and technology – the tranquilizers and hypes, the social situation-greasers, and the established moneymakers. These drugs are necessary and useful in technological expansion and are, therefore, eagerly sought after and cynically supplied.

And poor little weed and weed people get chewed up in the technological crunch while they try to build another society in the woods. Because in pre-technological times, societies in the woods represented markets to be exploited and territories to be taken over someday – they were looked upon as resources and reserves. America mourns the loss of her frontier and everybody thinks it's because of nostalgia.

Internal frontiers are money in the bank for a developing nation; even during industrial expansion they can be drawn upon as resources; but during technological switchover and expansion they threaten the uniformity of function which technology requires of men who are its benefactors. As societies become more intense in their pursuit of technological systems they have to become less tolerant of the kind of tranquil dissent and lucid critical perspectives which are stimulated by certain kinds of drugs, and by societies a-building in the woods.

And poor little weed, and poor weed people.....It's almost impossible to wish peace without sounding lame, but peace.

By Bill Drake

From: The Cultivator's Handbook of Marijuana, Agrarian Reform Company, Eugene, OR, 1970.

FIRST A LITTLE HISTORY:

Humans have been consuming cannabis since prehistory, though in the 20th century there was a rise in the use of cannabis for recreational and religious purposes. At the beginning of the 21st century, it is estimated that cannabis is used by four per cent of the world's adult population each year, making cannabis more popular than all other illicit drugs combined. Biologists generally agree that the cannabis plant first grew somewhere in the Himalayas. Evidence of the smoking of cannabis can be found as far back as the Neolithic age, where charred hemp seeds were found in a ritual brazier at a burial site in present day Romania. The most famous users of cannabis were the ancient Hindus. It was called ganjika in Sanskrit (ganja in modern Indian languages). According to legend, Shiva, the destroyer of evil in the Hindu trinity, told his disciples to revere the plant. The ancient drug soma, mentioned in the Vedas as a sacred intoxicating hallucinogen, was sometimes associated with cannabis. The citizens of the Persian Empire would partake in the ceremonial burning of massive cannabis bonfires, directly exposing themselves and neighboring tribes to the billowing fumes, oftentimes for over 24 hours. Cannabis was also well known to the Assyrians, who discovered it from the Aryans. Using it in some religious ceremonies, they called it qunubu, or the drug for sadness. Also introduced by the Aryans, the Scythians as well as the Thracians/Dacians used it, whose shamans (the kapnobatai - "those who walk on smoke/clouds") burned cannabis flowers in order to induce trances. The cult of Dionysus, which is believed to have originated in Thrace, is also believed to have inhaled cannabis smoke.

Cannabis has an ancient history of ritual use and is found in pharmacological cults around the world. Hemp seeds discovered by archaeologists at Pazyryk suggest early ceremonial practices by the Scythians occurred during the 5th to 2nd century BCE, confirming previous historical reports by Herodotus. Some historians and etymologists have claimed that cannabis was used as a religious sacrament by ancient Jews, early Christians and Muslims of the Sufi order. In India, it has been used by some of the wandering spiritual sadhus for centuries, and in modern times the Rastafari movement has embraced it. Elders of the modern religious movement known as the Ethiopian Zion Coptic Church consider cannabis to be the Eucharist, claiming it as an oral tradition from Ethiopia dating back to the time of Christ. Like the Rastafari, some modern Gnostic Christian sects have asserted that Cannabis is the Tree of Life. Other organized religions founded in the past century that treat cannabis as a sacrament are the THC Ministry, the Way of Infinite Harmony, Cantheism, the Cannabis Assembly and the Church of Cognizance. Many individuals also consider their use of cannabis to be spiritual regardless of organized religion.

Under the name cannabis, 19th century medical practitioners sold the drug, (usually as a tincture) popularizing the word amongst English-speakers. It was rumored to have been used to treat Queen Victoria's menstrual pains as her personal physician, Sir John Russell Reynolds, was a staunch supporter of the benefits of cannabis. Cannabis was also openly available from shops in the US. By the end of the 19th century, its medicinal use began to fall as other drugs like aspirin took over its use as a pain reliever. In 1894, the Report of the Indian Hemp Drugs Commission commissioned by the UK Secretary of State and the government of India, was instrumental in the decision not to criminalize the drug in those countries. The Report, which at over 500 pages remains one of the most complete collections of information on cannabis in existence, shows the stark contrast in the way that the American and British governments went about deciding whether to criminalize cannabis. The name marijuana (Mexican Spanish marihuana, mariguana) is associated almost exclusively with the plant's psychoactive

use. The term is now well known in English largely due to the efforts of American drug prohibitionists during the 1920s and 1930s, which deliberately used a Mexican name for cannabis in order to turn the populace against the idea that it should be legal. Although cannabis has been used for its psychoactive effects since ancient times, it first became well known in the United States during the jazz music scene of the late 1920s and 1930s. Louis Armstrong became a prominent and life-long devotee. It was popular in the blues scene as well, and eventually became a prominent part of 1960s counterculture.

MORAL REFORM BEGINS

The first recorded instance of the United States enacting a ban on the distribution of medicinal substances to its own people is the Harrison Narcotic Act in 1914. This act was presented and passed as a method of regulating the production and distribution of opiate containing substances under the Interstate Trade section of the U.S. Constitution, but a small section of it was later interpreted by enforcement officials to prosecute doctors for prescribing opiates to addicts. Previous to this, similar bans had existed in many individual states, but this was the first federal act of prohibition.

On 16 January, 1919, the 18th Amendment to the Constitution became law. On Midnight of January 16, 1920, one of the personal habits and customs of most Americans suddenly came to a halt: The Eighteenth Amendment was put into effect and all importing, exporting, transporting, selling, and manufacturing of intoxicating liquor was put to an end. Shortly following the enactment of the Eighteenth Amendment, the National Prohibition Act, or the Volstead Act, as it was called because of its author, Andrew J. Volstead, was put into effect (28 Oct, 1919). This determined intoxicating liquor as anything having an alcoholic content of anything more than 0.5 percent, omitting alcohol used for medicinal and sacramental purposes. This act also set up guidelines for enforcement. Prohibition was meant to reduce the consumption of alcohol, seen by some as the devil's advocate, and thereby reduce crime, poverty, death rates, and improve the economy and the quality of life. "National prohibition of alcohol -- the 'noble experiment' -- was undertaken to reduce crime and corruption, solve social problems, reduce the tax burden created by prisons and poorhouses, and improve health and hygiene in America". This, however, was undoubtedly to no avail. The Prohibition amendment of the 1920s was ineffective because it was unenforceable, it caused the explosive growth of crime, and it increased the amount of alcohol consumption.

After the Volstead Act was put into place to determine specific laws and methods of enforcement, the Federal Prohibition Bureau was formulated in order to see that the Volstead Act was enforced. Nevertheless, these laws were flagrantly violated by bootleggers and commoners alike. Bootleggers smuggled liquor from overseas and Canada, stole it from government warehouses, and produced their own. Many people hid their liquor in hip flasks, false books, hollow canes, and anything else they could find. There were also illegal speak-easies which replaced saloons after the start of prohibition. By 1925, there were over 100,000 speak-easies in New York City alone. As good as the ideal sounded, "...prohibition was far easier to proclaim than to enforce". With only 1,550 federal agents and over 18,700 miles of vast and virtually unpoliceable coastline, it was clearly impossible to prevent immense quantities of liquor from entering the country. Barely five percent of smuggled liquor was hindered from coming into the country in the 1920s. Furthermore, the illegal liquor business fell under the control of organized gangs, which overpowered most of the authorities. Many bootleggers secured their business by bribing the authorities, namely federal agents and persons of high political status.

As a result of the lack of enforcement of the Prohibition Act and the creation of an illegal industry an increase in crime transpired. The Prohibitionists hoped that the Volstead Act would decrease drunkenness in America and thereby decrease the crime rate, especially in large cities. Although towards the beginning of Prohibition this purpose seemed to be fulfilled, the crime rate soon skyrocketed to nearly twice that of the pre-prohibition period. In large cities the homicide went from 5.6 (per 100,000 population) in the pre-prohibition period, to nearly 10 (per 100,000 population) during prohibition, nearly a 78 percent increase. Serious crimes, such as homicides, assault, and battery, increased nearly 13 percent, while other crimes involving victims increased 9 percent. Many supporters of prohibition argued that the crime rate decreased. This is true if one is examining only minor crimes, such as swearing, mischief, and vagrancy, which did in fact decrease due to prohibition. The major crimes, however, such as homicides, and burglaries, increased 24 percent between 1920 and 1921. In addition, the number of federal convicts over the course of the prohibition period increased 561 percent. The crime rate increased because "prohibition destroyed legal jobs, created black-market violence, diverted resources from enforcement of other laws, and increased prices people had to pay for prohibited goods.

The contributing factor to the sudden increase of felonies was the organization of crime, especially in large cities. Because liquor was no longer legally available, the public turned to gangsters who readily took on the

bootlegging industry and supplied them with liquor. On account of the industry being so profitable, more gangsters became involved in the money-making business. Crime became so organized because criminal groups organized around the steady source of income provided by laws against victimless crimes such as consuming alcohol. As a result of the money involved in the bootlegging industry, there was much rival between gangs. The profit motive caused over four hundred gang related murders a year in Chicago alone.

On 16 January, 1930, William Randolph Hearst published the following editorial in the San Francisco Examiner: [1-2]

Today is the tenth anniversary of our national prohibition policy and this is an opportune time for the American people to consider carefully – even prayerfully – what the effect of that policy has been upon the life of the nation.

There is no use discussing the prohibition question either with fanatical wets or fanatical dries. Extremists on either side are inaccessible to argument or to the logic of the situation.

But the vast majority of our people are not extremists of any kind. They are moderate, sensible, conservative people, not fanatically committed to any particular plan, but anxious to accomplish beneficial results in whatever appears to be the best and most effective manner.

Therefore, while extreme wets and extreme dries are in the heat of violent argument and still more violent action, it behooves the moderate majority of our people to consider the prohibition situation calmly and decide whether prohibition is operating for the benefit of our people and our country, and whether it is actually accomplishing the results which were desired and hoped for when it was put into operation.

The Hearst papers have been active crusaders for temperance for forty years.

The sincerity and effectiveness of their sustained temperance campaign were amply established by the use made of their editorials and articles and cartoons by the various churches and temperance organizations throughout the country for many years.

To be sure, the policy of the Hearst papers was never prohibition, but rather education.

We believe that the American people could be persuaded into abandoning the excessive use of alcohol better than they could be forced into abandoning it.

Our policy was to eliminate the saloons and to substitute for hard liquors the certainly less injurious beverages, light wines and beers.

We thought we had scriptural authority for our attitude, in that Christ, on a festal occasion, had turned water into wine; but never, to the extent of our Biblical knowledge, had He ever turned water into whisky or brandy or rum or gin.

Therefore, according to our belief and our interpretation of the Bible, Christ had thought wine a harmless beverage, but had never indicated any approval of strong liquors.

But there were other than Biblical reasons for the Hearst papers advocating light wines and beers and opposing any strong drink.

The Hearst papers believed that the abolition of the saloon and of hard liquor and the tolerance of light wines and beers were the best program for the promotion of temperance; because under this program comparatively harmless light wines and beers would be substituted for the hard liquor, which had been the course of the country.

Furthermore, the Hearst papers feared, and repeatedly expressed the fear, the prohibition would have just the opposite effect, and would substitute highly injurious hard liquors for comparatively harmless light wines and beers.

The reason for this opinion on the part of the Hearst papers was, first, that this had been the effect in States where prohibition always prevailed; and second because it was a perfectly obvious and natural result, due the physical fact that hard liquors are easy to make illicitly, and easy to transport and deal in illicitly, on account of their concentrated character, while light wines and beers, on account of their highly dilute character and consequent bulk, were difficult to transport or illicitly dispose of.

When the policy of prohibition was adopted, however, the Hearst papers deemed it their duty to see that the experiment had a fair trial.

But, after ten years' trial, the Hearst papers deem it equally their duty to analyze the situation impartially, and to find out definitely whether prohibition has been a success from the temperance point of view of its sponsors, or whether it has actually operated – as the Hearst papers feared it might operate – as an obstacle, rather than an aid, to true temperance.

In studying the situation, we must necessarily consider, not only the experience of this country, but the experience of other countries which have tried prohibition.

And the very first thing we find is that every country which has ever tried prohibition has finally abandoned it, because it did not accomplish its object.

The question, then, narrows down to whether or not this is the one country which has had a different experience from all other countries.

Recorded facts seem clearly to indicate that there is more drunkenness and worse drunkenness after the ten-year experiment with prohibition than there was before prohibition.

And, if the speakeasy may be considered a saloon, there exist today, in at least all the larger centers of population, more saloons and worse saloons than existed before prohibition went into effect.

The reason there are more speakeasies than there were saloons is because speakeasies acknowledge no legal limitations of members or locations, and the reason the speakeasies are worse than the saloons is because speakeasies are subject to no legal or moral supervision of any kind.

Young people could not go into saloons, no matter how sordid the saloons were; but young people can go into speakeasies; and some speakeasies subsist on the patronage of young people, and are placed as pitfalls near the schools and at special places, where young people are likely to patronize them.

Furthermore, if one of the legitimate objects of prohibition was the health of the community, certainly that object has not been attained; because mild wines and light beers, which were comparatively harmless and might even have been, in moderation, healthful, have been eliminated from consumption, and bad, and often poisonous bootleg liquor substituted in their places.

The death list from bad liquor is only a slight indication of the harm inflicted upon the health of the community by the very general consumption, not only of strong liquor, but poisonous liquor.

So the prohibition has not only failed as a temperance measure, but has utterly failed as a sanitary measure, and disastrously failed as a moral measure.

There is another aspect of prohibition to be considered, and a very vital aspect to a republic; and that is the civic aspect, the political aspect, the patriotic aspect.

Prohibition has led to wide-spread invasion of the rights and liberties of a free people.

It has substituted tyranny for liberty and despotism for democracy.

It has violated the sanctity of the home, and made every man and every man's house and every man's family subject to a system of espionage that is only equaled by that of Russia.

Prohibition has made our President a dictator, executing an unpopular law by force of arms.

It has made our Congressmen cowards and hypocrites, passing more and more oppressive excise laws, while themselves carrying whisky flasks in their hip pockets.

It has made our Federal enforcement officers oftentimes murderers and oftentimes drunken murderers, oftentimes themselves saturated with liquor, while taking human life in the enforcement of laws against liquor.

Prohibition has increased crime enormously, startlingly, dangerously; and has moreover supplied the money with which crime operates, not only in the liquor traffic, but in other departments of criminal activity.

Prohibition has filled our jails with young boys, and has associated them with hardened criminals, so that youths, who were committed merely for misdemeanors, may be graduated as expert criminals.

Prohibition has corrupted our police system, until in many cases the police are the active allies of the law-breaking elements of the community.

Prohibition has deprived our courts to a great degree of the respect of the community as instruments of even-handed justice and agencies for sympathetic correction and reform.

Prohibition has divided our people into factions almost as bitterly hostile to each other as the factions that existed before the Civil War.

And in the face of this shocking situation, so dangerous to our peace and safety, to our health and morals, to our very existence as a democratic state, our President stands all oblivious, and calls for more enforcement, more courts and more arrests, more incarceration of harmless youths to be transmuted into hardened criminals, more shotguns and more machine guns, more gunmen and more murders, more outrage of civic rights, more violation of Constitutional liberties.

To what end and for what purpose?

Merely to aggravate and intensify the disastrous conditions which already exist?

Is it not about time that the calm, conservative, moderate majority of our people quietly and judiciously took stock of prohibition and determined whether this policy is worth all the trouble, and all the evil that it has caused?

If prohibition had actually accomplished a great moral reform, a great sanitary benefit, a great temperance improvement, then it might possibly be worth the death, disaffection, the civic disruption that it has caused.

It might possibly be worth the sacrifice of the political liberties, which our fathers won in blood and suffering, and bequeathed as a precious inheritance to their children.

It might possibly be worth the epidemic of cowardice and corruption in our public life.

It might possibly be worth the substitution of the rule of force for the rule of reason.

It might possibly be worth any civic or patriotic sacrifice that we have made or could make.

But if prohibition has not accomplished moral reforms or sanitary benefits, and has not improved temperance conditions, in what does the sanctity of such a policy lie that we should sacrifice for its empty name our treasured American principles and institutions?

Must this Nation, which went into the war "to make the world safe for democracy," sacrifice its own democracy in a fratricidal conflict at home?

We have heard enough from fools and fanatics!

Let us hear in the coming elections from the sound and sane majority of the American people.

The results of the experiment [prohibition] were clear: ...organized crime grew into an empire; ...disrespect for the law grew; and the per capita consumption of the prohibited substance -- alcohol -- increased dramatically. It is obvious that this "noble experiment" was not so noble but rather a miserable failure on all accounts. Reasonable measures were not taken to enforce the laws and so they were practically ignored. People flagrantly violated the law, drinking more of the substance that was originally prohibited. The problems prohibition intended to solve, such as crime, grew worse and they never returned to their pre-prohibition levels. Not only was prohibition ineffective, it was also damaging to the people and society it was meant to help. Prohibition was finally repealed by adoption of the 21st amendment, 5 December, 1933.

In 1937, congress passed the Marihuana Tax Act. Presented as a \$1 nuisance tax on the distribution of marijuana, this act required anyone distributing it to maintain and submit a detailed account of his or her transactions, including inspections, affidavits, and private information regarding the parties involved. Punitive measures, such as fines and the threat of imprisonment for persons failing to fulfill their statutory obligations, effectively made the legal distribution of marijuana too great a liability for normal business. This act was passed by congress on the basis of testimony and public perception that marijuana caused insanity, criminality, and death. The 1951 Boggs Act increased penalties by four fold; five years later, the 1956 Daniel Act increased penalties by a multiple of eight over those specified in the Boggs Act. Although by this time there was adequate testimony to refute the idea that marijuana caused insanity and death, the deliberations for these laws shifted in focus to the proposition that marijuana use lead to the use of heroin, creating the gateway theory.

Many scientific studies have shown that the consumption of cannabis doesn't cause people to use hard drugs, in other words, they showed that the often called "gateway hypothesis" doesn't hold. [(Fall 1967) "Plastic Cement: The Ten Cent Hallucinogen". International Journal of the Addictions 2: 271-272.] and ["Cannabis compound benefits blood vessels", Nature (magazine), 2005-04-04]. The two most recent studies are from University of Pittsburgh's School of Pharmacy, and from Dr. Michael Lynskey[Tarter, Ralph E.; Michael Vanyukov, Levent Kirisci, Maureen Reynolds and Duncan B. Clark, M.D. (December 2006). "Predictors of Marijuana Use in Adolescents Before and After Licit Drug Use: Examination of the Gateway Hypothesis". American Journal of Psychiatry 163 (12)].

So now alcohol was freed, to take its place alongside tobacco as America's two legal addictive drugs. Two drugs which in time would come to claim more lives destroyed, including deaths, than any of the drugs that remained illegal. And marijuana was still lumped along with these illegal drugs, although no one ever overdosed on it, or suffered the same consequences as being hooked on the others. This is how the 1955 edition of the World Book Encyclopedia described Marijuana: **[1-3]**

MARIJUANA, is a narcotic drug which is present in the sap of the hemp plant. This plant can be found in almost any part of the world. Marijuana is sometimes called *hashish*. Dried hemp leaves may be rolled into narcotic cigarettes called *reefers*. No matter in what form the drug is used, it has undesirable effects on the body. The user loses mental and sometimes physical control of himself,

and may commit violent crimes. The drug is extremely habit-forming, and it has no value as a medicine. It has been used as a narcotic for many hundreds of years. Its use has spread alarmingly in the United States since about 1910. In 1937 a Federal law made selling or distributing marijuana a Federal offense.

And even more unbelievable, the 1959 edition of the Encyclopedia Britannica: [1-4]

˘ MARIJUANA (MARIHUANA). Marijuana, an intoxicating excitant drug, used illegally in the United States usually in cigarette form, is obtained from the top leaves and flowers of the Indian hemp plant, *Cannabis sativa*, which grows in most parts of the world. Since ancient times people have used its products for stimulation and intoxication. Abusive use of it is a serious medical and social problem in various countries.

Marijuana intoxication usually leads to mental and moral degeneration. By releasing inhibitions, impairing judgment and causing extensive distortion and exaggeration of time and space, it can make its victims entirely unaccountable for their actions, and may cause them to commit violent crimes. Many emotionally unstable persons known to be associated with major crimes prove to be marijuana users. Any existing character weakness can be magnified by its use. Marijuana intoxication may also be accompanied by such physical and psychic manifestations as thirst, hunger, craving for sweet foods, nausea, dizziness, abdominal pain, drowsiness, irritability, delusions of grandeur or persecution, uncontrollable hilarity, talkativeness, apprehension, mental confusion, prostration, depression, inarticulate speech and delirium. Mental dullness ordinarily increases with continued use of marijuana, and psychoses may develop. Some persons have suffered most disagreeable and debasing effects a short time after smoking one marijuana cigarette.....Addiction to heroin or morphine commonly follows use of marijuana, especially among young persons.

AND THE WAR ON DRUGS.....

A new federal dangerous drug bill was enacted during 1968. For the first time, the illegal possession of hallucinogens, amphetamines, and barbiturates carries a penalty of up to one year in prison, or a \$1,000 fine or both. The law gives the courts the discretion of giving first offenders a year's probation. Upon satisfactory completion of the term, the criminal record may be expunged. Subsequent violations can bring a maximum sentence of three years in jail or a \$10,000 fine, or both. The illegal sale of hallucinogens, amphetamines or barbiturates carries a penalty of up to five years imprisonment. Sale to a minor can bring a penalty of up to ten years in prison, or a \$15,000 fine, or both.

The only change in the laws involving marijuana offenses was the Biddle law. Under this measure, the possession, use, sale, and transportation of marijuana remain felonies, but first offenders may be treated as either felons or lesser offenders, at the judge's discretion.

Then came Nixon's modern-day War on Drugs in 1969. He characterized the abuse of illicit substances as "America's public enemy number one." In an attempt to make good on his campaign promise to be tough on crime, the Nixon administration created and pushed through the Controlled Substances Act (CSA) of 1970. This legislation is the foundation on which the modern drug war exists. Responsibility for enforcement of this new law was given to the Bureau of Narcotics and Dangerous Drugs, and then in 1973 to the newly formed Drug Enforcement Administration.

From the Encyclopedia Americana, 1974 Yearbook for 1973: [1-5]

....Terror raids by narcotics agents shocked civil libertarians in 1973. Operating under state of federal "no knock" statutes, agents often disguised in shabby attire and refusing to identify themselves broke into homes where they expected to find drugs. In some instances innocent persons had their homes raided and ransacked, and they were threatened with death if they resisted.

From the 1975 Yearbook for 1974, part of the article "Drug Addiction and Abuse": [1-6]

A steady liberalization of laws against the sale, possession, and use of marijuana was noted in 1974. Several cities and states revised their laws to make marijuana possession a misdemeanor rather than a felony, and efforts to discover and halt sales of the drug were relaxed. Among some segments of the population, use of marijuana became an accepted custom, even though its use remained officially illegal.

In March, 1975, Consumer Reports published the following article, titled *Marijuana: The Health Questions. Is marijuana as damaging as recent reports make it appear?* [1-7]

Over the past year the news media have carried many stories warning that smoking marijuana produces severely damaging effects on the human body. CU has followed these news accounts with great interest. In our special publication, "Licit and Illicit Drugs," published in 1972, we presented an exhaustive study of the scientific, social, and legal evidence through the end of 1971. Based on the evidence then available, we recommended that marijuana should be regulated rather than prohibited, that all persons currently imprisoned for marijuana possession or for sharing marijuana with friends should be released, and that past offenses of these kinds should be erased from the legal records. The time has come to take a fresh look at the alleged dangers of marijuana.

THE SCIENTIFIC CASE AGAINST MARIJUANA

Many of the recent allegations concerning the effects of marijuana on health have appeared in reputable scientific journals. Here, in summary, is the case against marijuana recently presented to the public.

1. Smoking marijuana damages the brain irreversibly and ages it prematurely.

In December 1971, the late Dr. A.M.G. Campbell and his associates reported in a leading British medical journal, *The Lancet*, on X-ray studies of the brains of 10 chronic marijuana smokers. Compared to a group of nonsmokers of the same age, the marijuana group reportedly showed "evidence of cerebral atrophy" – that is, a wasting away of brain tissue.

Such X-ray studies, called air encephalograms, can be painful and hazardous, and no other research group has yet ventured to repeat the Campbell study. Several studies involving other techniques, however, are often cited in support of Dr. Campbell's findings. At the Tulane University School of Medicine, for example, Dr. Robert G. Heath implanted electrodes deep in the brains of six rhesus monkeys and recorded the monkeys' brain waves before, during, and after heavy exposure to marijuana smoke. In monkeys, as in humans, temporary changes in brain-wave patterns are normal with almost any change in the body or its environment. But persistent changes are cause for concern. Dr. Heath reported that after his monkeys were subjected to marijuana smoke in large doses daily for months, the changes became persistent; they could be observed as long as five days after marijuana exposure was discontinued. Further, an autopsy report on two of Dr. Heath's monkeys indicated "structural alteration of cells in the septal region of the brain." The alterations were said to be "minimal," visible only under a microscope. "Our previous experience with similar conditions," Dr. Heath stated, "would lead us to assume that this chronic smoking of marijuana has probably produced irreversible changes in brain function."

Dr. Campbell's 10 patients and Dr. Heath's two monkeys provide the only direct evidence of possible brain damage to date. Indirect evidence, however, comes from Drs. Harold Kolansky and William Moore, psychiatrists at the University of Pennsylvania School of Medicine and the Institute of the Philadelphia Association for Psychoanalysis. Drs. Kolansky and Moore are convinced, on the basis of their observations of marijuana-smoking patients, that chronic smoking produces "a specific and separate clinical syndrome," or pattern of behavior, which has been called "the amotivational syndrome." The hallmarks of this syndrome are said to be "disturbed awareness of the self, apathy, confusion, and poor reality testing." Other signs are sleep disturbances, memory defects, and impairment of the time sense.

"Many of those we examined," Dr. Kolansky said, "were physically thin and often appeared so tired that they simulated the weariness and resignation of some of the aged. All appeared older than their chronological age...." These observations, the Philadelphia psychiatrists concluded, "seemed to imply some form of organic change" in the brains of chronic marijuana smokers.

2. Smoking marijuana lowers the body's resistance to infectious diseases and cancer.

The human body has several defenses against infectious diseases, foreign protein substances, and possibly even against some types of cancer. One of these immunological defenses is provided by the "T-lymphocytes" – certain white blood cells derived from the thymus gland. When viruses or some

other foreign substances invade the body, the T-lymphocytes multiply very rapidly and attack the invaders. This is an important aspect of the “immune response.”

Dr. Gabriel G. Nahas and his associates at Columbia University’s College of Physicians and Surgeons reported in *Science* in February 1974 that the immune response of marijuana smokers is impaired. The Nahas group based its conclusion on a complex series of laboratory procedures. They removed some T-lymphocytes from the blood of 34 marijuana smokers, allowed the cells to multiply in laboratory cultures for 72 hours, and then exposed them to pooled donor lymphocytes or to a specific chemical – either of which normally evokes the immune response in those cells.

Under these circumstances, the T-lymphocytes of the marijuana smokers assimilated less thymidine (an important cell building block) from the culture solution than did those of the nonsmokers. This result suggested that the cells from the smokers were not multiplying normally.

Dr. Nahas interprets this finding to mean that the immune response of the T-lymphocytes of marijuana smokers is impaired. In this respect, he states, they resemble the T-lymphocytes of some patients with cancer or kidney disease. He concludes that marijuana smokers lack an essential means of defense against infectious diseases and cancer.

In October 1974, Dr. Sudhir Gupta and his associates at Roosevelt and St. Luke’s Hospital in New York City reported related findings in the *New England Journal of Medicine*. Using a procedure that tests the response of T-lymphocytes to sheep red blood cells, they observed that the reaction of T-lymphocytes from marijuana smokers was weaker than the reaction of T-lymphocytes from non-smokers. They concluded that marijuana might induce a reduction of T-lymphocyte function in man.

3. Smoking marijuana increases the likelihood of birth defects and of hereditary diseases.

Most normal human cells have 46 chromosomes. Each chromosome carries numerous genes, or units of DNA (deoxyribonucleic acid), which governs the manufacture of proteins within the cell and regulate many of the cell’s other functions. Sperm cells and ova each contain only 23 chromosomes; these are of particular importance, for they carry the DNA “genetic code” from parents to offspring.

Back in 1967, reports began to appear alleging that the drug LSD damages chromosomes. Subsequent careful studies failed to confirm this allegation, and the earlier reports are now generally discredited.

Among those who reported that LSD does not damage chromosomes was Dr. Morton Stenchever of the University of Utah College of Medicine. In January 1974, however, Dr. Stenchever and his associates reported in the *American Journal of Obstetrics and Gynecology* that they had found a somewhat elevated proportion of damaged chromosomes in the lymphocytes of 49 marijuana smokers, including some who smoked marijuana only twice a week or less.

Another chromosome study, not published at this writing, was described at hearings of the U.S. Senate Subcommittee on Internal Security last May. Dr. Akira Morishima, an associate of Dr. Nahas, told the subcommittee that he had compared 956 lymphocytes from marijuana smokers with 954 from nonsmokers. More than 30 per cent of the lymphocytes from smokers contained fewer than 31 chromosomes instead of the usual 46. Among lymphocytes from non-smokers, only about 10 per cent contained so few chromosomes.

“Since lymphocytes constitute an essential component of cellular immunity and chromosomes are basic units of inheritance at the cellular level,” Dr. Morishima told the Senate subcommittee, “it seems logical to anticipate potential danger in [the] immune defense system, development of cancer...., genetic mutation and birth defects.”

In the Nahas experiment, it will be recalled, T-lymphocytes failed to multiply rapidly when challenged with foreign substances. The *reason* they failed to multiply, Dr. Nahas declares, was that they could not manufacture enough DNA. Dr. Morishima similarly attributes his finding of too few chromosomes to a defect in DNA manufacture.

4. Smoking marijuana causes precancerous changes in the lung cells and other lung damage.

Damage to lung cells from marijuana smoke has been reported by Drs. Cecile and Rudolph Leuchtenberger of Switzerland and also by Dr. Forest S. Tennant, whose studies were performed while he was a medical officer stationed with the U.S. Armed Forces in Europe. In addition, some clinical studies suggest that those who smoke large amounts of marijuana for long periods may be more likely to develop chronic bronchitis or other conditions indicating lung-cell damage than those who do not.

Dr. Cecile Leuchtenberger’s work, however, goes far beyond lung-cell damage. She grew lung cells of human origin in her laboratory and subjected them to repeated whiffs of marijuana smoke. Under these conditions, she found damage to chromosomes, changes in the number of chromosomes,

and changes in DNA manufacture – which she interpreted as suggesting precancerous changes. She also reported abnormal sperm cells in mice exposed to marijuana. Thus, Dr. Leuchtenberger alleges five different kinds of marijuana damage – more than any other scientist to date.

5. Smoking marijuana may lead to sterility, impotence, or both, among men.

Testosterone is the most potent male sex hormone. The concentration of testosterone in the blood of a human male can be readily measured. In April 1974, Dr. Robert C. Kolodny and his associates at the Reproductive Biology Research foundation in St. Louis (the Masters-Johnson sex research center) reported in the New England Journal of Medicine that they had studied testosterone blood levels of 20 frequent marijuana smokers and 20 nonsmokers. The levels in the marijuana smokers, though within normal limits, were lower than the levels in the nonsmokers. And the levels in subjects who smoked 10 or more marijuana cigarettes per week were lower than the levels of those who smoked only five to nine per week.

Six marijuana smokers had relatively low sperm counts and two complained of impotence; such effects might (or might not) be related to low testosterone levels. When one of the men who complained of impotence stopped smoking marijuana, he reported his potency had been restored.

SENATOR EASTLAND'S CONCLUSIONS

Many of the finding reviewed above were nationally publicized last spring at hearings of the Senate Internal Security Subcommittee, chaired by Senator James O. Eastland of Mississippi. Senator Eastland drew these personal conclusions from the testimony:

“(1) If the cannabis [marijuana] epidemic continues to spread....we may find ourselves saddled with a large population of semi-zombies – of young people acutely afflicted by the amotivational syndrome.

“(2) We may also find ourselves saddled with a partial generation of young people – people in their teens and early twenties – suffering from irreversibly brain damage.....

“(3) The millions of junior high school and grade school children who are today using marijuana may produce another partial generation of teen-agers who have never matured, either intellectually or physically, because of hormonal deficiency and a deficiency in cell-production during the critical period of puberty.....We may witness the phenomenon of a generation of young people who have begun to grow old before they have even matured.

“(4)There is the possibility.....that we may develop a large population of youthful respiratory cripples. And there is the possibility – which can only be confirmed by epidemiological studies – that marijuana smokers are producing far more than their quota of malformed and genetically damaged children....”

If the scientific reports of adverse marijuana effects are well-founded, there can of course be no possible objection to their then being widely publicized through Congressional hearings, news accounts, or other means. The truth about marijuana should be known. But if the reports are poorly founded, that fact needs to be reported, too. For such misinformation serves only to frighten the public unnecessarily, especially the millions of marijuana smokers, former smokers, and their families – many of whom may now be waiting in dread for brain damage, cancer, and other predicted disasters to strike themselves or their loved ones. Accordingly, it may prove useful for CU to review recent medical evidence overlooked – or ignored – by the Eastland subcommittee and by the press that covered the hearings.

THE JAMAICA STUDY

Back in 1970, when CU's “Licit and Illicit Drugs” was still in the research stage, a different but almost equally horrifying collection of marijuana hazards was being publicized. Yet many marijuana smokers appeared to remain in good health and in good spirits, just as they do today. Perhaps, we reasoned, it is too early to gauge the true effects of marijuana smoking in the United States or Canada.

But what of other countries where marijuana has been a daily custom for generations? If dire adverse effects existed, they would surely be readily visible there, observable without air encephalograms, implanted electrodes, or other sophisticated laboratory procedures. Scientists dispatched to such countries would not have to *predict* the long-term consequences of marijuana use; they could readily see and measure those effects.

This same idea, of course, occurred to others, including administrators at the National Institute of Mental Health. They commissioned the Research Institute for the Study of Man to study marijuana effects on the island of Jamaica. For decades, Jamaicans have smoked marijuana much stronger than that smoked in the United States.

Although the Jamaica report was completed nearly three years ago, it has still not been published in the United States. Indeed, CU was unable to obtain a copy from the Government agencies

concerned. An edition in English was finally scheduled to be published last month (February) by Mouton, a Dutch firm in the Hague. The report, titled "Ganja in Jamaica", is by Drs. Vera Rubin and Lambros Comitas, director and associate director, respectively, of the Research Institute for the Study of Man.

In Jamaica, the report explains, marijuana is called "ganja" and is used in many ways. It is smoked, brewed as a tea, chewed, and used in cooking. In rural areas especially, it is an important element of folk medicine and superstition. "Children are introduced to ganja quite early," the Jamaica report notes, "first as a medicament in 'bush tea' or in a crude method of vaporizing, where adults blow smoke at an infant with respiratory congestion." Increasing doses of marijuana tea throughout infancy are recommended as a prophylaxis against disease. Schoolboys are urged to smoke marijuana to "help them study," to "improve memory," and to "help pass examinations." This widespread use of marijuana is found both among farmers and villagers and among residents of the slums of Kingston, Jamaica's capital.

The Jamaica study was launched in June 1970, when six anthropologists were sent into the field – five into rural districts and the sixth into an urban slum neighborhood. They found heavy ganja smoking common among the poor, despite severe legal penalties (not less than 18 months' imprisonment with hard labor for a first offense).

One of the anthropologists, Dr. Joseph H. Schaeffer, studied the effects of marijuana on ability and willingness to work. He recorded in detail how much work both smokers and nonsmokers did in a sample week and how much metabolic energy they expended while at work. In general, Dr. Schaeffer found that field laborers actually performed more motions and expended more energy after smoking marijuana than before. But they appeared to accomplish less when on marijuana – weeding a smaller patch of crops in an hour, for example. Dr. Schaeffer also reported, however, that marijuana use in group labor situations tended to increase the social cohesiveness of the workers. While it may have decreased overall efficiency, it appeared to make the prospect of long hours in the field more palatable and increase the laborers' willingness to work.

The Jamaica report calls this the "motivational syndrome" – as distinguished from the "amotivational syndrome" described by other psychiatrists.

Following this and other field studies, the Jamaica research team brought 30 male marijuana smokers and 30 nonsmokers to University Hospital at the University of the West Indies for six days of intensive medical examinations. The 60 subjects ranged in age from 23 to 53; the average age was 34. All but one of the marijuana smokers had first smoked before the age of 20; they had been smoking marijuana for 17.5 years, on the average (the range was from 7 to 37 years). They did not smoke marijuana while in the hospital.

But it was the frequency with which they smoked that will startle American readers. To qualify as a "heavy" smoker in the Jamaica study, one had to smoke at least eight "spliffs" (ganja cigarettes) a day. In the U.S., a "heavy" smoker is often defined as one who smokes more than seven marijuana cigarettes a *week*. And the typical Jamaican spliff is more potent than the typical North American marijuana "joint." Thus, Jamaicans smoke considerably heavier doses than their American counterparts, even though the latter tend to inhale more deeply than Jamaicans.

The 30 control subjects were matched with the ganja smokers for age and socio-economic status. It was, however, impossible to enlist enough working class males in the right age bracket who had never once use marijuana. Accordingly, the control group was composed of 12 men who had never smoked ganja plus 18 confirmed nonsmokers who had smoked only occasionally in the past. All but three of the ganja smokers and all but 11 of the controls also smoked tobacco cigarettes. (Tobacco is also sometimes mixed with ganja in spliffs to make a "better smoke.")

Summarizing the examination findings, the Jamaica report notes "no significant physical abnormality" in any of the controls or in 28 of the 30 ganja smokers. One ganja smoker had a long history of asthma; another had a little-understood nervous condition known as "Jamaica neuropathy," suspected of being an atypical form of neuro-syphilis. "There is nothing to suggest that these disabilities were in any way related to the use of cannabis," the report states.

The marijuana smokers and controls were well matched in height as well as age, but the smokers weighed seven pounds less on the average – a difference, the report noted, that "might indicate that the chronic use of cannabis causes some suppression of appetite."

X-rays of the lungs were normal in both groups except for some scarring of the lungs in one of the subjects who did *not* smoke marijuana. Since smoking tobacco cigarettes impairs lung function, it was also necessary to discount that effects when gauging the effects of marijuana. At worst, the

Jamaica findings suggest, impaired lung functions is produced by inhaling smoke, whether tobacco or marijuana.

Since the marijuana smokers in the Jamaica study were also in many cases the children and grandchildren of persons who smoked marijuana, and since many of them were probably exposed to marijuana before birth as well as during infancy, childhood, adolescence, and adult life, the study of their chromosomes by Dr. Marigold J. Thorburn of the University of the West Indies is of no small interest. Briefly, the chromosomes of the marijuana smokers were in good condition. In fact, they showed slightly fewer abnormalities than were found in the control group, though the difference was not statistically significant.

In addition to these and other studies of physical health, both ganja smokers and controls were given thorough psychiatric examinations by Drs. Michael H. Beaubrun and Frank Knight, both psychiatrists. Only one ganja smoker and one control reported a history of past mental illness. Four ganja smokers and three controls had had alcohol problems sufficiently acute to interfere with work or social functioning. Two ganja smokers, however, "reported that they had been able to reduce their alcohol intake, and seemed to relate this to ganja use."

On the Eysenck personality test, the "extroversion scores" were identical for ganja smokers and controls. The only man suffering from depression, as gauged by the Hamilton Ratings Scale for Depression, was not a marijuana smoker. Not a single smoker or control appeared to be schizophrenic on either of two rating scales.

The brain-wave recordings of both ganja smokers and controls were also compared. Significant differences were not found.

A battery of 19 psychological tests, designed to compare ganja smokers and nonsmokers on 47 measures, including 11 measures of intelligence, was administered in the Jamaica study. Smokers had not smoked marijuana for two days before the tests and did not smoke on the test day. The marijuana smokers scored better on 29 of the 47 measures – a statistically insignificant finding.

Drs. Beaubrun and Knight summed up as follows: "The data clearly indicate that the long-term marijuana use by these men did not produce demonstrable intellectual or ability deficits when they were without the drug for three days. There is no evidence in the results to suggest brain damage."

The psychiatrists also asked about regularity and continuity of employment and frequency and nature of job changes. No significant differences were found between marijuana smokers and controls. Thus, careful psychiatric examination showed no evidence that these Jamaicans were "semi-zombies" after having smoked very large quantities of very strong marijuana for an average of 17.5 years.

CONFLICT OF EVIDENCE

By far the greatest conflict of evidence on marijuana exists between the Jamaica study and the studies cited earlier. But there are also notable conflicts among the latter studies themselves. Here are some examples.

1. Brain damage. The Campbell report, it will be recalled, found evidence of brain damage in a group of marijuana smokers. But was the damage present before the patients started to smoke marijuana? If not, was it caused by marijuana, by some other drug, or by some nondrug factor, such as a blow on the head? Here is what Dr. Kolodny – the scientist who believes marijuana smoking lowers testosterone levels – has to say about the Campbell report:

Research in cannabis effects on humans has not always been performed or presented with objectivity. Many studies have been severely limited by indiscriminately including multiple drug users, thus frequently raising more questions than providing useful information. As an example of such research, I would like to comment briefly on the [Campbell] study entitled "Cerebral Atrophy in Young Cannabis Smokers...." In the 10 cases reported, all 10 men had used LSD – many of them over 20 times – as well as cannabis, and 8 of the 10 had used amphetamines. One subject had a previous history of convulsions, four had significant head injuries, and a number had used sedatives, barbiturates, heroin, or morphine. On the basis of these facts, speculative connection between cannabis use and brain damage is highly suspect. Unfortunately, this type of report is typical of much of the research done in this field.

Next, consider this comment on the work of Dr. Heath, who reported brain-wave changes in rhesus monkeys exposed to marijuana smoke, by Dr. Julius Axelrod, who won a 1970 Nobel Prize for two studies, one of them concerned with the effects of drugs on the brain. Dr. Axelrod appeared as a witness before the Eastland subcommittee to warn against marijuana. Asked at the subcommittee hearings about Dr. Heath's experiment, Dr. Axelrod replied:

. . . . One of the fundamental principles in pharmacology is the amount of a compound or drug that enters the body. You could take the most poisonous compound, and if you take too little, there is no effect. One may take a very supposedly safe compound, and if you give enough of it, it will cause toxic effects. This, I think, all pharmacologists recognize. I respect Dr. Heath; he is a fine neurologist; but the doses he has given for the acute effect, for example, would be equivalent to smoking 100 marijuana cigarettes, a very heavy dose of marijuana. And the amount he has given for the chronic effect represents smoking 30 marijuana cigarettes three times a day for a period of six months. [Even the heavy ganja smokers in the Jamaica study smoked only a fraction of this.] The results indicate that marijuana causes an irreversible damage to the brain. But the amounts used are so large that one wonders whether it's due to the large toxic amounts Dr. Heath has given. It think it would be a better experiment if he had done what is done in pharmacology, a dose-response [curve]; smaller amounts equivalent to that used by an occasional marijuana smoker and larger amounts used by a chronic smoker [would be given] to see what levels would produce these irreversible effects. I hope that this will be done.

Dr. Lester Grinspoon of the Harvard Medical School similarly points out that the monkeys in the Heath study did not smoke marijuana voluntarily but had the heavy doses forced into their lungs. Since the monkey lung is about 1/15th the size of a human lung, the concentration of marijuana in the monkey lung may have been 15 times as high as that of a comparable dose in the human lung. Allowing for this and other dosage disparities, Dr. Grinspoon notes, it is possible that Dr. Heath's monkeys were exposed to marijuana concentrations vastly greatly than those experienced by the usual human smoker.

Nor have the brain-damage allegations of Drs. Kolansky and Moore gone unchallenged. At the University of Pennsylvania (with which Drs. Kolansky and Moore are associated), another team of researchers headed by Dr. Igor Grant administered a neurological examination to 29 marijuana smokers and 29 nonsmoking controls, all of them medical students. In addition to the neurological functions usually tested, six measures specifically designed to reveal brain damage were used. The examiners did not know which examinees were marijuana smokers and which were nonsmokers. No difference was found between the two groups.

In addition, the Grant team administered a battery of neuropsychological tests designed to reveal brain damage. "We found no difference between marijuana smokers and nonsmokers on seven out of eight measures," Dr. Grant and his associates reported. "Marijuana smokers did not perform quite as well as nonsmokers . . . on one of the three subtests of the Tactual Performance Test." The team added, however, that "the absence of confirmatory findings in the other tests has led us to conclude that this one finding did not indicate a neuropsychological deficit among the marijuana smokers." They summed up their findings in these terms:

A battery of the most sensitive neuropsychological tests now available could demonstrate essentially no difference between moderate users and nonusers of marijuana. These results agree with those of Mendelson and Meyer who employed similar tests with 10 casual and 10 heavy users.

Finally, the allegations of an "amotivational syndrome" and of brain damage are challenged by the findings of Dr. Norman Q. Brill and his associates at the University of California at Los Angeles School of Medicine. This group checked the college grades of 1380 UCLA undergraduates in 1970, then followed up on the same sample in 1971 (1133 students) and 1972 (901 students). Many of those who left college as well as those who stayed on were followed up.

Six groups of students could be discriminated during this study: Those who had never smoked marijuana; those who began smoking during the study; those who increased use during the study; those whose usage remained stable throughout the study; those who decreased use; and those who quit marijuana altogether.

All six groups showed a steady improvement in college grades from year to year. The nonsmokers had the highest grades as freshmen but the lowest grades as seniors and graduate students; the differences were not statistically significant. Neither college grades nor other factors checked by the UCLA scientists supplied any evidence of brain damage or of an amotivational syndrome. "So far as we have been able to determine by this longitudinal study," the Brill group concluded, "the dire consequences that were predicted have not materialized."

2. Lowered resistance to disease. Dr. Nahas, it will be recalled, grew T-lymphocytes from marijuana smokers in laboratory cultures and then challenged them with foreign substances. He interpreted his results as indicating an impairment of the immune response among marijuana smokers – an impairment similar to that found in some cancer patients.

Among those alarmed by the Nahas findings were Dr. Melvin J. Silverstein and his associate, Ms. Phyllis J. Lessin, at the University of California at Los Angeles. Patients with this kind of defect in immunity, they noted in a recent issue of *Science*, “develop cancer at rates at least 80 times that of the general population.” But was Dr. Nahas right in interpreting his results to mean a loss of immune response?

To check on the Nahas claim, Dr. Silverstein and Ms. Lessin took an approach that determines the immune response in the human body itself instead of in a test tube. They challenged chronic marijuana smokers with a foreign substance called DNCB (2,4-dinitrochlorobenzene). A small amount of DNCB was first rubbed on the skin to sensitize it; two weeks later, small doses of DNCB were injected into the skin. Under these circumstances, 96 per cent of all adults develop an immune reaction – a reddening of the skin around the test area and sometimes more severe skin changes. These changes can be graded from 1-plus (a minimum reaction) to 4-plus (a very severe reaction, including blistering).

When the test was run on 22 marijuana smokers, the results clearly indicated that their immune responses were intact and vigorous. All 22 showed a response to even a small (50-microgram) dose of DNCB, and in 21 of that 22 the response was severe (3-plus or 4-plus). Even with only a 25-microgram dose, 21 of the 22 showed an immune reaction, and 14 of the reactions were 3-plus or 4-plus. No resemblance was found to the immune reactions of a control group of cancer patients. Tests with other foreign substances confirmed this finding of a normal immune response in marijuana smokers.

“... There is no clinical or epidemiologic evidence to suggest that chronic marijuana users might be more prone to the development of neoplastic [cancerous] or infectious processes,” Dr. Silverstein and Ms. Lessin noted. “Since responses were normal in the chronic marijuana users we tested, it would appear that chronic marijuana smoking does not produce a gross cellular immune defect that can be detected by skin testing.”

3. Birth defects and hereditary disease. The Stenchever report that marijuana damages chromosomes, like earlier claims that LSD damages chromosomes, is being heavily challenged by contradictory evidence.

At the Institute for Medical Research in Camden, N.J., for example, Dr. Warren W. Nichols and his associates performed a well-controlled study of marijuana effects on chromosomes. They first checked the chromosomes of 24 occasional marijuana smokers and found them to be in good condition. They then gave their 24 subjects measured doses of marijuana daily for five or 12 days and checked their chromosomes again. No damage was detected.

Other investigators who have failed to find marijuana damage to chromosomes include Dr. Thorburn of the University of the West Indies (in the Jamaica study), Dr. Henry B. Pace and his associates at the University of Mississippi, and Dr. Richard L. Neu of the Upstate Medical Center, State University of New York. Animal studies have also failed to provide evidence of chromosome damage.

As for the Morishima report that the lymphocytes of marijuana smokers have *fewer* than the normal number of chromosomes, two difficulties should be noted.

First, all of the lymphocytes studied by Dr. Morishima and reported by him to the Eastland subcommittee came from just three marijuana smokers and three nonsmokers; this is an extremely modest base from which to anticipate, in Dr. Morishima’s words, “potential danger in [the] immune defense system, development of cancer . . . genetic mutation and birth defects.”

The second difficulty: If more than 30 per cent of the lymphocytes of chronic marijuana smokers contain fewer than 31 chromosomes instead of the normal 46, how could this gross lack of chromosomes have escaped the attention of Drs. Nichols, Stenchever, Thorburn, Pace, Neu, and others who have been intensively examining lymphocytes for chromosome breaks and other minor abnormalities?

4. Lung damage. Though the evidence to date is far from decisive, there is no reason to doubt that marijuana smoke, like tobacco smoke and other kinds of smoke, may damage human lung cells. *How much* damage remains an unanswered question. But the extent of damage is probably more closely related to the amount of smoke inhaled than to the type of smoke. Thus, it is hardly plausible at this stage of scientific knowledge to worry that someone who is smoking a pack of tobacco cigarettes a day – 140 a week – may experience further lung damage by adding two or three marijuana cigarettes a week.

For very heavy users who smoke many marijuana cigarettes a week, of course, the risk of lung damage may be serious. Dr. David E. Smith of the University of California at San Francisco Medical

School, who is also medical director of the Haight-Ashbury Free Clinic, has accordingly suggested that such users switch from marijuana smoking to other forms of marijuana consumption – such as drinking marijuana tea – to protect their lungs from smoke.

5. Sterility and impotence. Back in 1971, Dr. Kolodny and his associates at the Masters-Johnson sex research center in St. Louis reported that male homosexuals have lower testosterone levels than male heterosexuals. That report, like the Kolodny report on low testosterone levels in marijuana smokers, was widely circulated by the mass media. Within two or three years, however, three efforts to replicate the Kolodny finding failed, and it is now generally agreed that no significant difference exists between homosexual and heterosexual testosterone levels. The Kolodny report on testosterone levels and marijuana is now experiencing a similar challenge.

In November 1974, Dr. Jack H. Mendelson and his associates at the Alcohol and Drug Abuse Research Center, Harvard Medical School-McLean Hospital, reported a carefully controlled study of marijuana effects on testosterone. Like the Kolodny study, the Mendelson study was published in *The New England Journal of Medicine*.

The Mendelson group selected for its study 27 young male marijuana smokers, some of them casual smokers and others heavy smokers who had consumed more than one marijuana cigarette a day for the past year and who had been smoking marijuana for an average of 5.6 years (range, three to nine years). All subjects were requested to refrain from marijuana smoking for two weeks and were then admitted for a 31-day stay in a locked hospital ward, where access to marijuana and other drugs was rigorously controlled.

During the first six days of the experiment, no marijuana was permitted. Testosterone levels were measured each morning. The average levels were in “the upper range of normal adult male levels.” The heavy smokers had somewhat higher levels than the casual smokers, but the difference was not statistically significant.

During the next 21 days, the subjects were allowed to “earn” marijuana by performing a simple manual task. They were required to smoke this marijuana under observation to make sure it was really consumed. As the days rolled by, both the casual and the heavy marijuana smokers gradually increased their consumption, some of them to very high levels. Their testosterone levels did not fall. Under these carefully controlled conditions, the Mendelson group concluded, “high-dosage marijuana intake was not associated with suppression of testosterone levels. . . .”

THE PATTERN OF EVIDENCE

Out of all of these many studies (and others not reviewed here), a general pattern is beginning to emerge. When a research finding can be readily checked – either by repeating the experiment or by devising a better one – an allegation of adverse marijuana effects is relatively short-lived. No damage is found – and after a time the allegation is dropped (often to be replaced by allegations of some other kind of damage due to marijuana).

If the test procedure is difficult – like the air encephalograms that Dr. Campbell employed, or like Dr. Heath’s work with electrodes implanted deep in the brain – independent repeat studies are not run in other laboratories. So these allegations of damage continue to be cited in the scientific literature and in the lay press. Then they, too, are eventually replaced by fresh allegations of marijuana damage.

After reviewing the voluminous evidence available up to January 1972, CU did not conclude in “Licit and Illicit Drugs” that marijuana has “harmless.” On the contrary, we then pointed out, “no drug is safe or harmless to all people at all dosage levels or under all conditions of use.” We see no need to withdraw or modify that conclusion.

We do, however, see a need to comment on the adverse legal and social consequences of misinformation about the health effects of marijuana. We shall do so next month.

Reference above is made to *The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens & Marijuana – including Caffeine, Nicotine and Alcohol*. Entitled *LICIT & ILLICIT DRUGS* by Edward M. Brecher and the Editors of Consumer Reports, first published in 1972. An excellent reference for those desiring a thoroughgoing unbiased look at the above drugs and their social impact. As stated above, CU published their review of the legal questions surrounding Marijuana and the War of Drugs in April, 1975. It was entitled *Marijuana: The Legal Question*. [1-8]

Last month CU reviewed the spate of recent reports of physiological damage allegedly caused by smoking marijuana. Marijuana, it is said, causes brain damage and premature aging of the brain; lowers the body's resistance to infectious diseases and cancer; increases the likelihood of birth defects and of hereditary diseases; damages the lungs; and may lead to impotence, sterility, or both, in men.

Those reports, most of which were the subject of testimony last spring before the Senate Internal Security Subcommittee chaired by Senator James O. Eastland of Mississippi, had gained widespread currency in the media. But few Americans had seen or heard the countervailing evidence. Senator Eastland's committee did not seek it out, nor has the press delved very deeply into the subject.

CU's March article evaluated both the publicized reports mentioned above and the unpublicized reports that fail to show significant ill effects from use of the drug even at extraordinarily high dosage levels. Our review concentrated on studies made since preparation of CU's book, "Licit and Illicit Drugs," published in 1972. We concluded that recent reports, like past reports, fail to prove that marijuana is either harmful or harmless.

As CU pointed out in 1972, no drug is harmless to all persons at all dosage levels or under all conditions of use. Since marijuana, like any other drug, is probably harmful in at least some respects to at least some users at some dosage levels under some conditions of use, the question naturally arises, what should society do about it? More specifically, should laws that require the arrest and imprisonment of persons found with marijuana in their possession remain on the books?

The notion that arrest and imprisonment are the proper social responses to possession of a hazardous product or substance appears inconsistent with society's usual approach to products, even to hazardous products. When an electrical appliance constitutes a potentially lethal shock hazard, no one demands the arrest and imprisonment of those who own the offending appliance. Alcohol and nicotine are both demonstrably harmful drugs, but society does not arrest and imprison those found to possess them.

Arrest and imprisonment are harmful to those who experience them – that can hardly be disputed. Why should marijuana smokers, unlike tobacco smokers and alcohol drinkers, be deliberately subjected to damage by society in addition to any damage they may do to themselves through the use of a drug?

The chief argument against arrest or imprisonment for the possession of marijuana, even if marijuana were known to be hazardous, is that arrest and imprisonment do not curb marijuana use. Indeed, strict enforcement of antipossession laws may actually make marijuana more generally available and encourage use, as CU has demonstrated in "Licit and Illicit Drugs." The recent evidence confirms this view.

Here is what has been happening. Finding that the heavy penalties formerly decreed for marijuana possession were making it difficult or impossible to secure convictions in court, prosecutors and the police a few years ago joined the chorus of voices that were already recommending milder penalties. Penalties were in fact reduced by all 50 state legislatures. Given these milder, enforceable laws, the police devoted an ever-increasing portion of their energies to marijuana "busts." State and local marijuana arrests reported to the F.B.I. rose steadily and precipitously. There were 18,815 arrests reported in 1965. By 1971, arrests had risen to 225,828. Two years later, arrests had nearly doubled – to 420,700.

Has this massive police effort curtailed the use of marijuana? Hardly. The National Institute of Drug Abuse reported to Congress in 1974 that marijuana use remained at an all-time high. Between 1969 and 1973, as marijuana arrests increased from 119,000 to 421,000, marijuana experimentation among high school senior boys increased from 20 per cent to 60 per cent. In short, gargantuan police efforts have been paralleled by an explosive and continuing *increase* in use among young people.

"It is now much too late to debate the issue: Marijuana versus no marijuana," CU noted in 1972. "Marijuana is here to stay. No conceivable law-enforcement program can curb its availability." Nearly one million marijuana arrests have occurred since those words were written – and marijuana remains almost universally available.

THE OREGON EXPERIENCE

But wouldn't marijuana be even more widely smoked in the absence of arrests and criminal penalties? Evidence on this issue comes from Oregon, which reformed its marijuana laws in October 1973. Possession of small amounts of marijuana was decriminalized; it became a civil "violation" rather than a crime. Those found in possession of an ounce or less are subjected to a civil fine not to exceed \$100. In lieu of being arrested they are given a ticket resembling a traffic ticket, thus avoiding both an arrest record and a criminal record. They do not sit in jail awaiting bail or trial.

One year later, in October 1974, the results of decriminalization were checked through a series of interviews with 802 respondents – a cross-section of Oregon residents aged 18 and over. The study was commissioned by the Drug Abuse Council, a private agency funded by private foundations. Despite a year without criminal penalties, only 72 respondents (9 per cent) reported being current marijuana smokers – and almost all of them reported that they had begun smoking marijuana before decriminalization. Indeed, only four respondents out of the 802 (0.5 per cent) reported that they had started smoking following decriminalization. This is certainly not the “marijuana explosion” predicted by opponents of decriminalization.

The 91 per cent of Oregon respondents who were not smoking marijuana a year after decriminalization reported various reasons for refraining; not interested, 53 per cent; health danger, 23 per cent; risk of prosecution, 4 per cent; marijuana not available, 2 per cent; other reasons, 9 per cent and undecided, 9 per cent.

Most nonusers of marijuana, in short, had enough persuasive reasons for not using it without the need to buttress their decisions with fear of criminal penalties.

But while Oregon’s decriminalization of marijuana had little apparent effect on the number of users, it did have other readily visible effects, described in detail by J. Pat Horton, district attorney for Oregon’s Lane County, which includes the city of Eugene.

“Decriminalization has, in fact, prioritized police work into areas of violent crime and crime against property,” District Attorney Horton told a conference of the National Organization for the Reform of Marijuana Laws. “When possession of small amounts of marijuana was a crime, we found that police officers allocated a disproportionate amount of their time to the apprehension of those individuals. Currently, law enforcement officers spend more time in the area of violent crime and, thus, better serve the community. . . . There is a growing recognition on behalf of the citizens in the state of Oregon that police are truly serving the interests of society rather than attempting to enforce unenforceable laws.”

The relationship between young people and the police, Horton continued, “has improved substantially The community leaders of tomorrow no longer need fear the threat of criminal convictions on their record for engaging in behavior that is socially acceptable in many quarters.”

Further, “The impact on the criminal courts has been significant, for [decriminalization] has removed approximately one-third of the total number of cases awaiting trial from the docket, thus freeing valuable space in our court-rooms to adjudicate matters which have a serious concern to the community. By the same token, the jail population now is made up of serious felons rather than young people accused of possessing small amounts of marijuana who usually had no other criminal history.”

Legislators in other states still fear that if they vote for marijuana decriminalization, they may be defeated at the next election. That was not Oregon’s experience. “Acceptance of the new legislation in Oregon has been overwhelmingly positive,” Horton reported, “especially among middle-aged people who have children in grade, junior high or the high school level. An attempt by a small number of people in the state to restore criminal penalties for possession was overwhelmingly defeated. Virtually every candidate for office and every incumbent in the state of Oregon, when questioned on the new decriminalization law, has indicated publicly that he favored such legislation and would vote legislatively to continue it.

“By all measurable standards, decriminalization was a comfortable transition, signifying fair play to the individual and widespread acceptance by our electorate.”

CU’s research for “Licit and Illicit Drugs” impelled us to be among the first national organizations to recommend marijuana decriminalization – that is, the removal of all criminal penalties for marijuana possession and personal use. (Our full position is spelled out in the book.) Other organizations that have come to the same conclusion include: American Bar Association; American Public Health Association; Governing Board of the American Medical Association; National Advisory Commission on Criminal Justice Standards and Goals; National Commission on Marijuana and Drug Abuse (The Shafer Commission); National Conference of Commissioners on Uniform State Laws; National Council of Churches; National Education Association.

Oregon’s experience with the practical results of decriminalization buttresses our decision to remain on that list.

That Oregon’s action had an effect is evident in the article *Drug Addiction and Abuse* in Encyclopedia Americana’s 1976 yearbook for 1975, entitled *Reduction in Marijuana Possession Penalties*: [1-9]

A number of states, including Alaska, California, Colorado, and Maine in 1975, have reduced the penalty for possession of small amounts of marihuana from a felony or misdemeanor to a violation. A federal proposal, the Marihuana Control Act of 1975, recommended that possession of less than an ounce of marihuana be changed to a civil fine of \$100 or less.

The decriminalization of marihuana possession initiated by Oregon had apparently not resulted in a marked increase in its use or in accidents or criminal activity associated with marihuana intoxication. The trend to reduce penalties for possession of small quantities of marihuana was expected to extend to other states. There was no inclination on state or federal levels to change the penalties for possession for sale, cultivation, or trafficking in marihuana.

In 1976 a White Paper on Drug Abuse was issued as a report to the president by the Domestic Council Task Force. It summarized the current drug-abuse situation and approaches to its solution: [1-10]

Supply Reduction. One favored approach is to make abused drugs difficult to obtain, costly, and risky to sell, possess, or consume. It has been demonstrated that when drug-taking is hazardous, inconvenient, or expensive, fewer people will form the habit and many will give it up.

The federal government spends \$350 million a year on supply reduction efforts, but no such program can be completely effective. It is estimated that only 10-15% of all illegal supplies are confiscated. Nevertheless, it is believed that efforts to control availability must remain a central element in the government's strategy.

Major Recommendations by the Task Force. 1. Balance should be maintained between the efforts to reduce the supply of drugs and those aimed at diminishing the demand for them. The two approaches are complementary and interdependent.

2. Total elimination of drug abuse is unlikely, but governmental action can contain the problem and limit its adverse effects. Drug abuse is a long-term problem requiring a long-term commitment.

3. All drug abuse is not equally destructive. Containment efforts should be centered on drugs that have a high addiction potential. Priority of treatment should be given to those using high-risk drugs and to compulsive users.

4. Existing programs to reduce supply and demand must be broadened. To diminish supplies, more emphasis should be put on stopping the diversion of drugs from legitimate production and on international cooperation to curtail illicit production. Efforts at reducing demand should focus on prevention and vocational rehabilitation.

5. The federal government lead the battle against drug abuse, but it cannot do the job alone. Aid and encouragement come from state and local governments, private businesses, and community organizations are essential.

Additional Recommendations. The president's proposal for mandatory minimum sentences for those trafficking in hard drugs was endorsed. It was suggested that these penalties be extended to dealers in barbiturates and amphetamines. Other enforcement recommendations were: Consecutive rather than concurrent sentences for multiple convictions; parole revocation upon re-arrest on a narcotics trafficking charge; and the use of the Internal Revenue Service to prosecute drug dealers for violation of income tax laws.

The fostering of international cooperation, especially with Mexico, to prevent illicit production of drugs was given a high priority. Intensified diplomatic efforts to heighten other government's concern about violations of drug treaty obligations were recommended. Crop substitution was suggested as a method of eliminating supplies of raw materials like opium. The study of *Papaver bracteatum* (which is similar to the oriental poppy) instead of morphine-containing *Papaver somniferum* (opium poppy) for the production of codeine should be accelerated.

Heroin, barbiturate, intravenous amphetamine, and polydrug abusers were recommended for priority of treatment at drug-abuse centers. Community mental health centers were suggested as the site for treatment of lesser types of drug abuse. The use of hospital beds for treatment is to be severely restricted because of cost. The use of the long-acting methadone (1-alphaacetyl-methadol) instead of regular methadone was favored as soon as its safety and efficacy were assured. Training to enhance the skills of para-professional workers should be expanded. A recommendation was also made that schools of medicine, social work, psychology, and vocational rehabilitation teach drug-abuse treatment.

But even after the trend by many states to lessen the severe penalties of marijuana possession and use – in the face of growing evidence that the drug really isn't as harmful as either tobacco or alcohol – there is no mention in the White Paper that perhaps the severe penalties against marijuana should be reduced at the federal level. The feds still pursued their war against growing the stuff, which had the same effect as prohibition. On 17 September, 1978, this article was published in the San Francisco Sunday Examiner and Chronicle: **[1-11]**

Pot of gold: marijuana, America's No. 3 business?

How marijuana ranks as an import* 1977 (Billions of dollars)		How marijuana sales rank with top US companies 1977 Sales (Billions)	
Passenger cars **	11	1. General Motors	\$54
Marijuana	7	2. Exxon Corp.	54
Coffee	3.9	3. Marijuana	48
Radios & TV	3.6	4. Mobil Oil Corp.	32
Alcoholic beverages	1.9	5. Texaco	27
Lumber	1.85	6. Standard Oil of Calif.	20
Footwear	1.75	7. IBM	18
Toys, sporting goods	1.75	8. Gulf Oil Corp.	17
		9. General Electric	17
		10. Chrysler Corp.	16

* Including wholesale price, custom, duty and freight.

** Toyota's 1977 annual report claims \$4.2 billion in overseas sales.

The “War on Drugs” was still an on-going affair, but there was still fear of allowing citizens free reign when it comes to marijuana. Acknowledgement that marijuana won't “do in” our civilization is recognized, but political lives were at stake, as evidenced by this article in the 1979 edition of The New Illustrated COLUMBIA ENCYCLOPEDIA: **[1-12]**

Marijuana or **marihuana**, drug obtained from the flowering tops, stems, and leaves of the hemp plant, *Cannabis sativa*. It has been used as an agent for achieving euphoria since ancient times; it was described in a Chinese medical compendium alleged to date from 2737 BCE. Its use spread from China to India and then to N Africa and reached Europe at least as early as CE 500. A major crop in colonial North America, marijuana was grown as a source of fiber. It was extensively cultivated during World War II, when Asian sources of hemp were cut off. It was probably introduced as an intoxicant into the United States in the early 20th cent. By Mexican laborers and Latin American seamen. In the United States, where it is usually smoked, it is also called weed, grass, stuff, pot, or tea. The plant grows as a common weed in many parts of the world, and drug preparations vary widely in potency according to climate, cultivation, and method of preparation. The resin found on flower clusters and top leaves of the female plant is the most potent drug source and is used to prepare hashish, the highest grade of marijuana. The primary active component is tetrahydrocannabinol, although other cannabinol derivatives are also thought to be intoxicating. Marijuana is chemically and pharmacologically unlike other hallucinogens, or psychotomimetic drugs, such as lysergic acid diethylamide [LSD], mescaline, and psilocybin. Although it produces some of the same effects, such as heightened sensitivity to colors, shapes, music, and other stimuli and distortion of the sense of time, it is much less potent, does not alter perception as drastically, and does not lead to increasing tolerance of drug dosage. A campaign conducted in the 1930x by the U.S. Federal Bureau of Narcotics (now the Bureau of Narcotics and Dangerous Drugs) sought to portray marijuana as a powerful, addicting substance that would lead users into narcotics addiction, but current evidence indicates that these assertions are untrue. Much of the prevailing public apprehension about marijuana may stem from the drug's effect of inducing introspection and bodily passivity, which are antipathetic to a culture that values aggressiveness, achievement, and activity. Although the possibility that marijuana, like other perception-altering drugs, produces psychosis has not been entirely disproved, the drug is probably most dangerous to persons with already existing psychotic tendencies; most evidence indicates that marijuana does not induce mental or physical deterioration. The drug has been used experimentally to help withdraw addicts from narcotics. With the increase in the number of middle class users, there has ben a growing acceptance of the view that marijuana

should not be considered in the same class as narcotics and that U.S. marijuana laws should be relaxed. Opponents arguing against easing marijuana laws assert that it is an intoxicant less controllable than alcohol, that our drug-using society does not need another widely used intoxicant, and that the United States should not act to weaken United Nations policies, which are opposed to the use of marijuana.

To try to stem the tide of marijuana growing, California, in 1983, established CAMP, the Campaign Against Marijuana Planting. It is a multi-agency law enforcement task force managed by the California Bureau of Narcotic Enforcement and composed of local, state and federal agencies organized expressly to eradicate illegal cannabis cultivation and trafficking in California. With 110 agencies participating, CAMP is the largest law enforcement task force in the United States! CAMP's stated primary objectives include "reducing the supply of marijuana to the illegal drug trade by eradicating the large marijuana crop sites; increasing public and environmental safety by removing marijuana growers from public and private lands; investigating indoor growing operations; deterring potential growers; and promoting public information and education on marijuana. CAMP agents are divided into five teams covering Northern, Central and Southern California regions. Headed by the California Department of Justice's Bureau of Narcotic Enforcement, CAMP includes local, state and federal agencies that work to eradicate illegal indoor and outdoor cannabis cultivation and trafficking throughout California. The U.S. Drug Enforcement Administration, Bureau of Land Management, U.S. Forest Service, California National Guard, California Department of Fish and Game and dozens of local police and sheriff departments from across the state participate in the program.

There are other, greater and very much ignored by the government and the media, factors regarding hemp – marijuana – and what effects its illegalization has had on the environment. Here is an article by Alan W. Bock, senior columnist of the *Orange County Register*, that ran on 30 October, 1988, called Movie Review: "Hemp for Victory:" Government's Best Film to Date on Marijuana Use in America: Crimping progress by banning hemp: [1-13]

I've just finished watching a film made in 1942 for the US Dept. of Agriculture. "Hemp for Victory" was made to encourage US farmers to grow hemp and showed in detail how to grow, harvest, and process it. According to the film, "patriotic farmers, at the government's request, planted 36,000 acres of seed hemp" in 1942, and the goal was 50,000 acres in 1943. The government also exulted over 14,000 acres of fiber hemp in 1942 and urged farmers to go for 300,000 acres in 1943.

Did you read about any of this in your government school history books?

Hemp, of course, is marijuana. The federal campaign to stamp out marijuana began in 1937. Why the 1942 glamorization of this plant which, as the film put it "was already old in the service of mankind" thousands of years ago?

The reason, of course, was World War II. The Japanese held the Philippines (source of Manila hemp, made from a different plant) and much of eastern Asia (source of hemp and other fibers). The Navy needed rope and the Army needed thread for shoes and boots. Hemp was also used for fire hoses, parachute webbing, tents, and backpacks. Chances are when George Bush bailed out over the South Pacific, he relied on a parachute webbing made from a marijuana plant.

It turns out that hemp is one of the most useful and versatile plants around, and people have known this for thousands of years. For centuries all the ships that sailed the Western seas were rigged with hempen rope and sails. (The very word "canvas" is derived from the Greek and Latin words for hemp, "cannabis." Check any decent dictionary.) Most of the linen made before 1937 was made from hemp, rather than flax. The prairie schooners that opened the West were covered with hempen canvas; the Bibles the pioneers carried were probably printed on hemp paper. The first two drafts of the Declaration of Independence were written on hemp paper; the final version went onto parchment.

Thomas Jefferson and George Washington were required by law to grow hemp, because every part of the plant is useful. The seeds are almost as good a source of protein as soybeans and are much cheaper; oil from the seeds was widely used for paints and varnishes.

All this is not too hard to discover. The Encyclopedia Britannica has most of it if you check cross-

references for a couple of hours. But hardly any American knows any of it, and most Americans will find it incredible. The history and useful aspects of hemp have been shoved down the American memory hole almost as effectively as knowledge was suppressed in the Dark Ages or erased in Orwell's 1984.

Most history books, if they discuss useful fibers in our early history, will refer to cotton, wool, flax, jute, sisal, manila, and "other fibers." "Other fibers" means hemp, which was, in fact, the dominant fiber crop in the US until about 1840. It began to be displaced by cotton after the invention of the cotton gin, which enormously reduced the cost of removing the seeds from the usable fiber. Hemp fiber had to be beaten out of the stalks by hand, a physically wearing and labor-intensive job.

As US farmers became more affluent and farming more mechanized, hemp cultivation gradually died out here, surviving in countries with very large, poorly paid peasant work forces.

In 1916, the US Dept. of Agriculture (Bulletin No. 404) announced a new method for making paper from hemp "hurds" or pulp, and predicted that if a machine for stripping hemp were developed, it would be unnecessary to cut down forests to make paper. By the mid-1930s, state-of-the-art stripping and pulp-saving machinery was available. According to an article in the February 1938 *Popular Mechanics* magazine, this new technology should have opened up a hugely profitable new crop that didn't compete with domestic crops but displaced imports.

"Fish nets, bow strings, canvas, strong rope, overalls, damask table cloths, fine linen garments, towels, bed linen, and thousands of other everyday items can be grown on American farms," said *Popular Mechanics*. "The paper industry offers even greater possibilities. As an industry it amounts to over \$1 billion a year, and of the 80 percent is imported. But hemp will produce every grade of paper, and government figures estimate that 10,000 acres devoted to hemp will produce as much paper as 40,000 acres of average pulp land."

The magazine knew about federal regulation of hemp as a drug, but hoped that "if federal regulations can be drawn to protect the public without preventing the legitimate culture of hemp, this new crop can add immeasurably to American agriculture and industry."

That hope turned out to be empty. Not only did Harry Anslinger of the post-prohibition Bureau of Narcotics bully Congress into outlawing hemp with his campaign of lies and hardly veiled bigotry, almost all knowledge of the unequivocally useful aspects of the plant were suppressed. The government still knew about them in 1942, and may still know. It doesn't want you to know.

Since 1937, about half the forests in the world have been cut down to make paper. If hemp had not been outlawed, most would still be standing, oxygenating the planet. Hemp pulp could be used for methanol at competitive prices; hempseed oil would be used instead of petrochemicals for hundreds of uses, meaning less pollution. We might not be facing the Greenhouse Effect.

Outlawing hemp has been an agricultural, industrial, and environmental disaster. What punishment fits this crime against humanity? I would recommend clemency myself, but it would be unmitigated folly to continue this misguided effort at prohibition.

And in a similar vein, this letter, from L. I. Terati of Pinole, appeared in the San Francisco Chronicle about this time, entitled *Taxing Solution*: [1-14]

Editor – Consider the following math problem:

Let's estimate that just 2 percent of Californians are regular users of marijuana. That's 480,000 people. Each buys an average of one ounce of pot per month, at a cost of \$75 to \$200 per ounce, say \$125 on average. That's \$1,500 per year spent, per end user. That works out to \$720 million. Consider also that each ounce is sold several times as part of larger parcels, before reaching the end sale.

The problem is this: How much sales tax does the state of California collect on this huge amount?

Yet our elected officials claim to be doing everything possible to balance the state budget.

Am I the only one who doesn't understand the answer?

In 1988, towards the close of the Reagan Administration, the Office of National Drug Control Policy (ONDCP) was created to centrally coordinate legislative, security, diplomatic, research and health policy throughout the government. In recognition of his central role, the director of ONDCP is commonly known as the Drug Czar. The position was raised to cabinet-level status by Bill Clinton in 1993. Prohibition has increased the prevalence of drug use in all categories. Since 1937, the use of marijuana has increased from a small problem with Mexican

immigrants and jazz singers to being used by 20-37% of the population of the United States. Between 1972 and 1988 the use of cocaine increased more than five fold. The usage patterns of the current two most prevalent drugs, methamphetamine and ecstasy, have shown similar gains. From the perspective of decreasing the prevalence of the use of drugs, the War on Drugs has had the reverse of its intended effect. A number of economically depressed Colombian farmers – unable to survive growing vegetables for the US market because price supports did not allow them to make a living income - in several remote areas of the country began to turn to what became a new, illicit cash crop for its high resale value and cheap manufacturing process. Local coca cultivation, however, remained comparatively rare in Colombia until the mid-1990s. Drug traffickers originally imported most coca base from traditional producers in Peru and Bolivia for processing in Colombia, until eradication efforts in those countries resulted in a "balloon effect". Despite the Reagan Administration's high-profile public pronouncements, secretly, many senior officials of the Reagan administration illegally trained and armed the Nicaraguan Contras, which they funded by the shipment of large quantities of cocaine into the United States using U.S. government aircraft and U.S. military facilities. Funding for the Contras was also obtained through the illegal sale of weaponry to Iran. When this practice was discovered and condemned in the media, it was referred to as the Iran-Contra affair, but the large cocaine shipments into the US to fund the Administration's illegal foreign policy agenda were much less known.

Reference: Licit & Illicit Drugs, The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens & Marijuana – including Caffeine, Nicotine and Alcohol; Edward M. Brecher and the Editors of Consumer Reports; Consumers Union, Mount Vernon, New York; 1972.