

# The **NORML** Legislative Bulletin

A guide to current marijuana policy developments from NORML

## Mr. Johnson Goes to Washington

NM Gov.'s Speech Highlights 2001 NORML Conference

**A**pril 20, better known as "4/20," is a date synonymous with the celebration of freedom by the marijuana culture. It was only fitting that several of the movement's most respected advocates would use this date as an opportunity to "come out of the closet" regarding their own experiences with the drug.

If there was a guiding theme to this year's gathering — described as the "best NORML conference ever," by NORML Executive Director Keith Stroup — it was that millions of responsible Americans smoke marijuana and

they must no longer be treated like criminals. On point, several attendees — including screenwriter and Emmy award winning television producer Ann Druyan, ACLU Public Education Director Loren Siegel, and Harvard Medical School professor (Emeritus) Dr. Lester Grinspoon — divulged to the near 400 in attendance that they use marijuana and that it plays a positive role in their lives.

"I've had a wonderful life, in part because of my use of marijuana," announced Druyan, co-author of the film "Contact" and

*continued on page 4*



New Mexico Governor Gary Johnson

## Supreme Court Rules Against Medical Marijuana Dispensaries

State-Approved Use of Medical Marijuana By Patients Not Effected

**W**hen all was said and done, the justices only cared about ten words: "The drug has no currently accepted medical use in treatment."

So determined Congress in 1970 when they defined marijuana as a Schedule I prohibited drug under the Controlled Substances Act. And it was solely upon this definition — despite the volumes of scientific and anecdotal evidence contradicting it — that the eight justices based their ruling striking down the defense of medical necessity in federal marijuana cultivation and distribution cases.

"It is clear from the text of the Act that Congress has made a determination that

marijuana has no medical benefits worthy of an exception," Justice Clarence Thomas wrote in the Court's decision. "For these reasons, we hold that medical necessity is not a defense to manufacturing and distributing marijuana." Their ruling reverses a Ninth Circuit Court of Appeals decision that ruled federal law exempts third party providers who cultivate and supply marijuana to patients who would suffer "serious harm if they were denied cannabis."

If there are any bright spots in the Court's unanimous decision, it is that its narrow scope fails to infringe upon the rights of individual patients to use medical cannabis un-

der state law, or the ability of legislators to pass laws exempting such patients from criminal penalties. Writing in a concurring opinion for the minority, Justice John Paul Stevens (who was joined by Justices Ruth Bader Ginsburg and David Souter) emphasized that individual patients may still raise the defense of medical necessity in medical marijuana cases. "Whether the defense might

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# MEDICAL MARIJUANA

## It's Official: Health Canada to License, Regulate Medical Pot

As if the contrast between American and Canadian medical marijuana policy couldn't get any more stark, just days after government officials told America's highest court that pot holds no therapeutic value for patients Canadian health officials issued nationwide regulations authorizing qualified patients to use and grow the herb medicinally.

Ironic? Enlightened is more like it.

The government will "provide seriously ill Canadian patients with access to marijuana while it is being researched as a potential medicine," officials from Health Canada announced in April. Their decision comes in response to an Ontario Court of Appeals ruling that found marijuana prohibition to be unconstitutional because it fails to provide an exemption for medical use. The Court ordered Parliament to adopt rules allowing for patients to use marijuana by July 31, 2001. Health Minister Allan Rock says that the government's new policy will be implemented at that time.

Draft regulations of the proposed policy appeared in the April 6 edition of the *Canadian Gazette* (available on-line at: [http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/schedule/gazette.i/marihuana\\_e.pdf](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/schedule/gazette.i/marihuana_e.pdf)). They state that patients may grow and use marijuana under "special medical circumstances only." Qualifying patients may possess up to a 30-day supply of marijuana and must suffer from a terminal illness or symptoms associated with a serious medical

condition such as multiple sclerosis. Patients who find symptomatic relief from marijuana, but who are not terminal, must possess the recommendation of a general practitioner and a medical specialist certifying that they have found all other alternative therapies to be ineffective. Either the patients or their recognized care giver will be permitted to grow marijuana for medical use.

While there is little doubt that some patients will benefit from the proposed guidelines, it's curious that health officials are holding medical cannabis to a different standard than other accepted medications, and unfortunate that some seriously ill patients who re-

quire medical pot will likely not meet the proposed criteria. The traditional yardstick for legal medications is that they demonstrate safety and medical efficacy. Marijuana clearly meets both criteria and should not be held to a higher standard.

Nevertheless, it is apparent that health officials are making a "good faith" effort to address the medical marijuana issue, unlike their political colleagues in the U.S. Among other policy changes, Parliament last year issued a contract to a private Saskatoon firm to grow marijuana for medical research, and began issuing legal exemptions to individual patients who use marijuana as a medicine. (Some 200 patients now possess exemptions.) The government recently announced that they will no longer recognize exemptions after the new rules take effect. ■

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## Federal Law Forbids Manufacture & Distribution of Medical Pot

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be available to a seriously ill patient ... is a difficult issue that is not presented here," he wrote. "By passing Proposition 215, California voters have decided that seriously ill patients and their primary caregivers should be exempt from prosecution under state laws for cultivating and possessing marijuana. ... This case does not call on the Court to deprive *all* such patients of the benefit of the necessity defense to federal prosecution, when the case itself does not involve *any* such patients."

"The legal use of medical marijuana by seriously ill patients in states that have legalized its use is neither threatened nor chal-

lenged by this decision," Keith Stroup says. "This ruling applies only to the *manufacture* and *distribution* of medical marijuana under *federal* law, and finds that Congress intended to prohibit such

activities by placing marijuana in Schedule I of the 1970 Controlled Substances Act, even when such activities are pursued to prevent imminent harm to those patients with serious medical conditions."

NORML's disappointment with this ruling stands more with Congress — that continues to stubbornly classify marijuana as a Schedule I prohibited drug with 'no acceptable medical use in treatment' — than with the Court. Clearly, this decision underscores the need for Congress to reschedule marijuana to enact federal safeguards for patients who are using it medicinally, and provide for states to establish their own legal, medical marijuana distribution systems to supply medicine to those who need it."

To read the Court's opinion, please visit: <http://supct.law.cornell.edu/supct/html/00-151.ZS.html>. ■



Steven Weisberg



Steven Weisberg

OCBC attorneys Robert Raich, left, and Gerald Uelman, right.

## Medi-Pot Here to Stay

Desperate people do desperate things. If there were any positive lessons to be learned from medical marijuana's day before the high court, it was that the anti-marijuana opposition has become more desperate than ever.

Two battles took place on March 28. There was the long-awaited legal showdown inside the courtroom, pitting the Justice Department against the proprietors of the Oakland Cannabis Buyers' Cooperative and those seriously ill patients they represent. But perhaps more importantly, there was the battle outside the courtroom as medical marijuana opponents clashed with patients and advocates in a war over public opinion. And it is this battle that reformers have clearly won, despite the justices' 8-0 ruling.

Since 1996, voters in eight states and the District of Columbia have overwhelmingly affirmed the use of marijuana as a medicine a total of 12 times. (Arizona, Colorado and Nevada voters each approved their initiatives twice.) National polls indicate that three out of four Americans now favor legalizing medical pot. Politically speaking, the genie is out of the bottle and he isn't going back.

Anti-drug groups are attempting to turn this tide by upping their rhetoric, as evident by their "demonstration" outside the Supreme Court. Fortunately, their actions — such as accosting wheelchair-bound medical marijuana patients as "fakes" and absurdly pronouncing that marijuana and other illicit drugs kill 15,000 children a day — will do far more to solidify this trend than stanch it. In addition, the prohibitionist's most recent behavior exposes them for who they really are: extreme, fraudulent and desperate individuals who are unwilling to tolerate anyone — including the sick and dying — who doesn't adhere to their rigid (and indefensible) viewpoint. Outside the Supreme Court, the world was there to see it, and it wasn't a pretty picture.

Abraham Lincoln once said: "I'd rather lose in a cause that will ultimately win than win in a cause that will ultimately fail." Medical marijuana advocates may have failed to sway the minds of the eight justices sitting on the Supreme Court that medical marijuana providers should be exempt from federal prosecution, but they've clearly convinced the majority of the American people that cannabis is a legitimate medicine. In the end, it is this larger truth that matters most, because it paves the way ultimately for reasoned and compassionate medical marijuana law reform.

## Mr. Johnson Goes to Washington

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the PBS series “Cosmos” with her late-husband Carl Sagan. Similarly, Siegel — who heads the ACLU’s current Campaign Against Racial Profiling — acknowledged smoking marijuana “every weekend since 1964” to no ill effects. Arguably the most poignant admission came from Dr. Grinspoon, who spoke philosophically about the life-enhancing effects of marijuana. “I was 44 years old in 1972 when I experienced this first marijuana high,” he explained. “Because I have found it both so useful and benign I have used it ever since. I have used it as a recreational drug, as a medicine, and as an enhancer of some capacities. ... It has been so useful to me that I cannot help but wonder how much difference it would have made had I begun to use it at a younger age.” Grinspoon closed by addressing the many ways in which marijuana assists he and his wife’s understanding and appreciation of the aging process, “including coming to terms with the inevitable physical and emotional aches, deficits and losses. Cannabis enhances our appreciation of the time we have [and] ... helps us to realize the wisdom of Robert Browning’s words, ‘Grow old along with me! The best is yet to be.’” Upon



Chicago Tribune syndicated columnist Clarence Page

finishing, the spillover crowd rose to their feet in appreciation.

Another admitted (now former) marijuana smoker, New Mexico Gov. Gary Johnson, delivered an equally memorable luncheon address. It was a busy weekend for the Governor, who has quickly become one of the



Terrance Hallinan, recipient of the Peter McWilliams Memorial Award for Advancing the Cause of the Medicinal Use of Marijuana; and Ira Glasser, recipient of the Dr. Lester Grinspoon Award for Outstanding Achievement in the field of Marijuana Law Reform

nation’s most outspoken and eloquent critics of the drug war, as he appeared on NBC’s “Meet the Press,” CNN’s “Crossfire” and MSNBC’s “Hardball with Chris Matthews.”

“The so-called war on drugs is a miserable failure,” he told the enthusiastic NORML crowd. “It fits the definition of insanity: doing the same thing day after day, year after year, and somehow expecting different results.”

Despite his own experimentations with marijuana, Johnson now swears off all intoxicants, including alcohol and cigarettes. Nevertheless, Johnson said that he

has “an obligation” to work toward legalizing marijuana and decriminalizing other drugs. “Drug prohibition is what is tearing this country apart,” he said. “No matter what the situation, prohibition makes it worse.” Following his presentation, Stroup presented the two-time elected governor with the Rufus King, Sr., Memorial Award for Outstanding Public Leadership in the Field of Marijuana Law Reform.

Governor Johnson wasn’t the only elected official to appear at this year’s conference. Massachusetts Congressman and longtime NORML ally Barney Frank also took time out of his busy schedule to address and answer questions from attendees. “Marijuana is neither a good or a bad thing; it’s none of the government’s business,” he said. As for the strict enforcement of marijuana prohibition, the Congressman replied: “I do not think there is a dumber policy pursued by any other government in the world. ... There is nothing rational about the disparity between the public policies for marijuana, alcohol and tobacco.”

Frank urged attendees to inform their elected officials of their support for marijuana-law reform through letters, phone calls and personal visits. These one-on-one interactions have a far greater impact than mass rallies or demonstrations, he explained. “Mobilize. Register to vote; be aware of your representatives; vote in primaries. With the degree of public support that is obviously out there, we have the potential to make drug policy infinitely less stupid,” he said.

San Francisco District Attorney Terence Hallinan, another elected official unafraid to voice his support for marijuana-law reform, delivered arguably the conference’s most emotional presentation.



Marsha Rosenbaum, Ph.D., director of Lindesmith Center-DPF West

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Hallinan was moved to tears (as were many attendees) on several occasions when discussing the life-saving value of medical marijuana for the seriously ill and the need to properly implement Prop. 215.

Other memorable presentations included ACLU Executive Director Ira Glasser's keynote speech, Ethan Nadelmann's annual "state of the movement" address, and an in depth discussion of harm reduction strategies for adolescents by Marsha Rosenbaum, director of The Lindesmith Center-Drug Policy Foundation West. Panels of note examined such diverse topics as "How the media shapes drug policy," "Drug laws, civil liberties and discrimination" and "State initiatives: How to

do one and how to implement the new law once it has passed."

As the marijuana reform movement enters its fourth decade, there are successes to savor but still much more to achieve. The 2001 NORML conference emphasized both — giving attendees an opportunity to celebrate incremental victories — but reminding reformers not to lose sight of their broader goals. From the enthusiasm and excitement level generated by speakers and attendees alike, it appears certain that the movement is ready, willing and prepared to engage in the many battles that lie ahead. No doubt, this year's gathering lived up to its name: "a celebration of freedom," but also reminded us all that such freedom is rarely achieved without a fight. ■



Clockwise from left: the Hemp Car; Salon.com journalist, Dan Forbes; television and movie producer, Ann Druyan; director of Lindesmith Center-DPF, Ethan Nadelmann; *High Times* magazine senior editor, Steven Wishnia; CUNY Medical School Professor, Dr. John P. Morgan; and Harvard Medical School Professor Lester Grinspoon, M.D. (Emeritus)



## Highlights From Johnson's Speech

While Gov. Johnson's call to end the drug war hasn't won him many allies in Washington, his luncheon address at NORML's 2001 conference — broadcast live on C-SPAN — earned him a standing-room only crowd of fervent supporters.

- The war on drugs is "the biggest head in the sand issue there is today. Half the budget for law enforcement, half the budget for courts, half the budget for prisons is drug related. Is there a bigger issue?"
- "First and foremost, we need to legalize marijuana. Next, we need to look at harm reduction strategies for all these other illicit substances."
- "I happen to be one of those 80 million Americans who have done illegal drugs. Clearly I did not need treatment. ... Most people who smoke pot use marijuana like others have a drink. The vast majority of people who smoke marijuana do so responsibly and do not need treatment. They choose when and where to smoke marijuana; they're not doing harm to anybody else. And that's what the [drug] policies in this country don't recognize."
- "What we need to do in this country is determine what substances are doing the most harm. Marijuana doesn't even make the list."
- "I'm for marijuana legalization. I think that decriminalization turns it back on half of the problem. When I say legalize, I don't think that it's ever going to be legal for kids to do drugs. It's never going to be legal to sell drugs to kids. It's never going to be legal to smoke marijuana and do harm to somebody else. Doing harm to somebody else ought to be criminal and that's what we ought to be focused on. We've got to stop getting tougher when it comes to drugs; it just doesn't work."

# LEGISLATIVE ALERT

## Barney Frank Undaunted

### Congressman Reintroduces Legislation to Legalize Medical Marijuana, Restore Financial Aid to Marijuana Smokers

For the third consecutive Congressional term, Representative Barney Frank (D-MA) has introduced legislation to provide for the medical use of marijuana. His new bill, H.R. 1344, is titled the “States’ Rights to Medical Marijuana Act.”

“People who are suffering from severe or terminal illnesses who find a measure of relief from marijuana ought to be able to use it without being treated like criminals,” Frank said. “This bill offers an opportunity for my conservative colleagues to decide if they really want to be consistent on the question of states’ rights or if they think the federal government should tell states what to do.”

The legislation states:

“No provision of the Controlled Substances Act [or] ... the Federal Food, Drug, and Cosmetic Act shall prohibit or otherwise restrict:

- The prescription or recommendation of marijuana by a physician for medical use,
- An individual from obtaining and using marijuana from a prescription or recommendation of marijuana by a physician for medical use by such individual, or
- A pharmacy from obtaining and holding marijuana for the prescription of marijuana by a physician for medical use under applicable state law in a State in which marijuana may be prescribed or recommended by a physician for medical use under applicable State law.”

Like Rep. Frank’s previous efforts, H.R. 1344 reschedules marijuana from Schedule I to Schedule II under federal law. This reclassi-

fication properly recognizes marijuana’s medical utility and enables physicians to legally prescribe it under controlled circumstances while maintaining restrictions on recreational use.

Since 1996, nine states — Alaska, Arizona, California, Colorado, Hawaii, Maine, Nevada, Oregon and Washington — have implemented



Rep. Barney Frank (D-MA)

laws allowing seriously ill patients to possess and use medical marijuana under a doctor’s supervision. While these laws protect patients from state criminal marijuana penalties, they do not shield patients from federal prosecution, nor do they allow a state legislature to legally distribute medical marijuana. House Bill 1344 affords patients legal protection under federal law, and permits those states that wish to establish medical marijuana distribution systems the legal authority to do so.

NORML’s Keith Stroup calls the proposal a streamlined effort to get marijuana to those who require it. “Historically, voters and state legislatures have been more receptive to the medical marijuana issue than the federal government,” he says. “This legislation addresses this paradigm and effectively gets the federal government

out of the way of those states that wish to make marijuana available as a medicine.”

In addition, the Supreme Court’s rejection of the medical necessity defense for patient providers, and the majority’s skepticism toward the possibility of medical necessity for individuals in federal cases makes the need to reform federal law more pertinent than ever. “Judging from the Court’s opinion, the Controlled Substance Act gives patients little, if any, wiggle room in federal cases,” Stroup says. “Therefore, passage of the Frank legislation by Congress is crucial. It will enact federal protections to safeguard patients who are using marijuana medicinally under their doctor’s supervision, and will provide an opportunity for states to establish their own legal, regulated medical marijuana distribution systems to supply medicine to those who need it.”

Joining Frank in support of this act are Democrats Tammy Baldwin (WI), Earl Blumenauer (OR), John Conyers (MI), Peter DeFazio (OR), Jerrold Nadler (NY), John Olver (MA), Nancy Pelosi (CA), Pete Stark (CA), and Lynn Woolsey (CA).

Though early in the 107th Congressional session, it has already been a busy year for Frank. In addition to leading the charge for medical marijuana, Frank is also spearheading efforts to repeal provisions in the Higher Education Act that forbid convicted drug offenders — including marijuana smokers — from receiving federal financial aid. The policy — enacted in 1998, but largely ignored by the Clinton Administration — has come under intense criticism by the press, including *New York Newsday* which recently dubbed the policy a “war on our children.” It is anticipated that some 32,000 applicants will be disqualified from receiving financial aid this year under the provision, which the Bush administration reports it will vigorously enforce.

“Denying financial aid to students with drug convictions is counterproductive, unjust and unnecessarily punitive,” said Rep. George Miller (D-CA), one of H.R. 786’s 35 cosponsors. “I applaud Rep. Frank for introducing this bill.”

To read more about H.R. 1344, please visit: <http://www.norml.org/laws/fedleg2001.shtml>. To voice your support for H.R. 786, please visit: <http://capwiz.com/norml2/issues/alert/?alertid=13523&type=CO>. ■



# JUDICIAL WATCH

## Marijuana Use and Child Custody

By Donna Shea, NORML Legal Director

I'm an attorney, NORML's Legal Director and the mother of a teenager about to begin college. I believe that parents should be free to raise their children responsibly and am concerned about an alarming phenomenon occurring throughout our country. Local social service agencies are seizing children from parents who smoke or otherwise use marijuana — including medical marijuana patients — and placing them in foster homes, frequently with the intent of terminating the parents' rights.

Nearly every week, NORML receives calls for help from parents nationwide whose children have been temporarily placed in foster care while family courts and social services debate whether keeping their children from them is “in the best interests of the child(ren).” In response to this crisis, NORML has been researching state statutes on the termination of parental rights and can provide copies or references to local laws on the issue, and some referrals to local attorneys and/or local ACLU chapters. Also, we are establishing a network of “experts” — including NORML parents who have been through this horrifying experience — to assist in providing legal, moral support and consultation for parents facing the removal of their children.

This practice — an offshoot of our nation's “zero tolerance” drug policy — is disturbing on several levels. It establishes distrust of medical and social services personnel; fails to distinguish responsible marijuana use and medical marijuana use from drug abuse; focuses on finding harm, skips drug education and goes right to prosecution; and contains few safeguards for the constitutionally-protected right to raise a family. Although this procedure may be

technically legal, it raises a number of troubling legal issues.

First, many state agencies presume that children are neglected and abused simply because their parents use marijuana, without any allegations or evidence of actual abuse or neglect. As a result, parents are often denied an opportunity for a hearing prior to losing their children to foster parents. The hearing and court evaluation come after the children are taken from the home, and the ensuing legal processes can take months, or even years and tens of thousands of dollars before reaching a final determination.

Second, this practice is carried out in a racially and sexually discriminatory manner. Social services agencies primarily target poor and minority parents and pregnant women. Not coincidentally, many of these parents are unable to afford legal counsel, and the Supreme Court in *Lassiter v. Department of Social Services of Durham County, North Carolina* determined that indigent parents are not entitled to court-appointed counsel in parental rights termination proceedings unless a deprivation of liberty (i.e., jail) is a possibility, as it would be if a parent is charged with abuse. In addition, the threat of losing their children and/or prosecution for using marijuana and “passing drugs onto the fetus” deters many women

from seeking necessary prenatal and pediatric health care.

Third, marijuana-smoking parents are forced into substance abuse treatment to regain custody of their children. Most parents aren't abusers and don't need treatment. Even if parents decide to enter treatment to try to get their children back, funding is frequently unavailable for such services or they are grossly inadequate. In addition, there is often a lack of communication between foster care agencies and treatment providers. As a result, parents are caught between the child welfare system and the substance abuse treatment system, each of whom have their own

conflicting time frames and contradictory agendas for the same family. A few “family court” programs, like those in Pensacola, Florida and Manhattan, New York do try to coordinate efforts between the court, the child safety authorities, and alcohol and substance

abuse counselors. However, these are only preliminary models in only two parts of the country. Nevertheless, we are encouraged by their efforts.

On rare occasions, enlightened, informed social workers will work with parents to achieve a healthy familial situation in which to bring children of responsible marijuana users to responsible adulthood. Some will even recommend guidelines such as those advocated by NORML: keep marijuana and all drugs in a safe place, inaccessible to children; practice moderation; model responsible behavior; and repeatedly remind children of medical marijuana patients that “it is medicine.” At NORML, we believe this is good advice. ■

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**NEXT ISSUE: legal standards for termination of parental rights**

## Economists Slam War on Drugs Incarceration Not Cost-Effective, NAS Report Says

America now spends twice as much money annually to combat illegal drugs as it spent fighting the Persian Gulf War, yet there is no evidence indicating that existing policies are either working or cost-effective. So assert authors of a newly released, federally funded study by the National Research Council, entitled "Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us."

Charles Manski, chief author of the report and a Board of Trustees Professor in Economics at Northwestern University, blasted the federal government's growing reliance on criminal penalties for drug offenses. "It is unconscionable for this country to continue to carry out a public policy of this magnitude and cost without any way of knowing whether, and to what extent, it is having the desired result," he said.

According to the report, drug enforcement activities — which comprise the bulk of federal and state anti-drug efforts — have grown exponentially since 1980. Authors

note that there are now 12 times as many drug offenders in state prisons than there were in 1980, and that police arrest approximately 1.6 million Americans per year on drug charges, three times as many as they did 20 years ago. (Nearly half of these arrests are for marijuana violations.) Government funding to pay for these activities has grown from 1.5 billion in 1980 to nearly 20 billion today. Nevertheless, "the nation is in no better position to evaluate the effectiveness of enforcement than it was 20 years ago, when the recent intensification of enforcement began," the report said.

Allen St. Pierre, Executive Director of The NORML Foundation, cites these conclusions as further evidence that existing anti-drug strategies — particularly criminal penalties on the use and possession of marijuana — must be re-evaluated. "Taxpayers spend between \$7.5 and \$10 billion annually arresting and prosecuting individuals for marijuana violations," St. Pierre says. "Almost 90 per-

cent of these arrests are for marijuana possession only. This is a clear misapplication of the criminal sanction and a tremendous waste of fiscal resources."

The report also criticized the effectiveness of so-called "zero-tolerance" drug education programs like D.A.R.E. "Popular programs, such as 'zero tolerance' strategies, have not been evaluated at all, or as in the case of D.A.R.E., have been found to have little impact on illegal drug use," authors wrote. "Large amounts of public funds are therefore being allocated to programs whose effectiveness is unknown or known to be limited."

Ironically, just days before the study's release, D.A.R.E. officials held a press conference in Washington, DC admitting that their current program was ineffective, and announcing that they would begin controlled studies on a new curriculum this fall. Despite its obvious failings, the program — which is taught in nearly 80 percent of the nation's school districts — will continue to receive over \$230 million in federal and corporate funding while the trials take place.

*Prepublication copies of the report are available on-line from the National Academy of Sciences at: [http://books.nap.edu/catalog/10021.html?onpi\\_newsdoc032901](http://books.nap.edu/catalog/10021.html?onpi_newsdoc032901). The National Research Council is a branch of the NAS. ■*

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