

С П О Р Т И В Н О Е

Воспитание

АССЕМБЛЕЯ ПОДГОТОВИТЕЛЬНЫХ КОМАНД

от

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ASSEMBLY, No. 2312

STATE OF NEW JERSEY

INTRODUCED NOVEMBER 25, 1975

By Assemblyman HAWKINS, Assemblywoman WILSON and  
Assemblyman PERKINS

Referred to Committee on Judiciary, Law, Public Safety and Defense

AN ACT to amend and supplement the "New Jersey Controlled  
Dangerous Substances Act," approved October 19, 1970  
(P. L. 1970, c. 226).

1 BE IT ENACTED *by the Senate and General Assembly of the State*  
2 *of New Jersey:*

1 1. Section 2 of P. L. 1970, c. 226 (C. 24:21-2) is amended to read  
2 as follows:

3 2. Definitions. As used in this act:

4 "Administer" means the direct application of a controlled  
5 dangerous substance, whether by injection, inhalation, ingestion,  
6 or any other means, to the body of a patient or research subject  
7 by: (1) a practitioner (or, in his presence, by his lawfully autho-  
8 rized agent), or (2) the patient or research subject at the lawful  
9 direction and in the presence of the practitioner.

10 "Agent" means an authorized person who acts on behalf of or  
11 at the direction of a manufacturer, distributor, or dispenser but  
12 does not include a common or contract carrier, public warehouse-  
13 man, or employee thereof.

14 "Bureau of Narcotics and Dangerous Drugs" means the Bureau  
15 of Narcotics and Dangerous Drugs, United States Department of  
16 Justice.

17 "Commissioner" means the State Commissioner of Health.

18 "Controlled dangerous substance" means a drug, substance, or  
19 immediate precursor in Schedules I through V of article 2 of this  
20 act. The term shall not include distilled spirits, wine, malt  
21 beverages, as those terms are defined or used in R. S. 33:1-1 et seq.,  
22 or tobacco and tobacco products.

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill  
is not enacted and is intended to be omitted in the law.

23 "Counterfeit substance" means a controlled dangerous sub-  
24 stance which, or the container or labeling of which, without autho-  
25 rization, bears the trademark, trade name, or other identifying  
26 mark, imprint, number or device, or any likeness thereof, of a  
27 manufacturer, distributor, or dispenser other than the person or  
28 persons who in fact manufactured, distributed or dispensed such  
29 substance and which thereby falsely purports or is represented to  
30 be the product of, or to have been distributed by, such other manu-  
31 facturer, distributor, or dispenser.

32 "Deliver" or "delivery" means the actual, constructive, or  
33 attempted transfer from one person to another of a controlled  
34 dangerous substance, whether or not there is an agency relationship.

35 "Dispense" means to deliver a controlled dangerous substance  
36 to an ultimate user or research subject by or pursuant to the  
37 lawful order of a practitioner, including the prescribing, admin-  
38 istering, packaging, labeling or compounding necessary to prepare  
39 the substance for that delivery. "Dispenser" means a practitioner  
40 who dispenses.

41 "Distribute" means to deliver other than by administering or  
42 dispensing a controlled dangerous substance. "Distributor" means  
43 a person who distributes.

44 "Drugs" means (a) substances recognized in the official United  
45 States Pharmacopeia, official Homeopathic Pharmacopeia of the  
46 United States, or official National Formulary, or any supplement  
47 to any of them; and (b) substances intended for use in the diagnosis,  
48 cure, mitigation, treatment, or prevention of disease in man or  
49 other animals; and (c) substances (other than food) intended to  
50 affect the structure or any function of the body of man or other  
51 animals; and (d) substances intended for use as a component of  
51A any article specified in subsections (a), (b) or (c) of this section;  
52 but does not include devices or their components, parts or  
53 accessories.

54 "Drug dependent person" means a person who is using a con-  
55 trolled dangerous substance and who is in a state of psychic or  
56 physical dependence, or both, arising from the use of that controlled  
57 dangerous substance on a continuous basis. Drug dependence is  
58 characterized by behavioral and other responses, including but not  
59 limited to a strong compulsion to take the substance on a recurring  
60 basis in order to experience its psychic effects, or to avoid the dis-  
61 comfort of its absence.

62 "Hashish" means the resin extracted from any part of the plant  
63 *Genus Cannabis* [sativa] L.

64 "Marihuana" means all parts of the plant *Genus Cannabis*  
65 [sativa] L., whether growing or not: the seeds thereof; [the resin  
66 extracted from any part of such plant:] and every compound,  
67 manufacture, salt, derivative, mixture, or preparation of such  
68 plant, or its seeds [or resin], but shall not include the mature  
69 stalks of such plant, fiber produced from such stalks, oil or cake  
70 made from the seeds of such plant, any other compound, manu-  
71 facture, salt, derivative, mixture, or preparation of such mature  
72 stalks [(except the resin extracted therefrom)], fiber, oil, or cake,  
73 or the sterilized seed of such plant which is incapable of germ-  
74 ination.

75 "Manufacture" means the production, preparation, propagation,  
76 compounding, conversion or processing of a controlled dangerous  
77 substance, either directly or by extraction from substances of  
78 natural origin, or independently by means of chemical synthesis,  
79 or by a combination of extraction and chemical synthesis, and  
80 includes any packaging or repackaging of the substance or labeling  
81 or relabeling of its container, except that this term does not include  
82 the preparation or compounding of a controlled dangerous sub-  
83 stance by an individual for his own use or the preparation, com-  
84 pounding, packaging, or labeling of a controlled dangerous sub-  
85 stance: (1) by a practitioner as an incident to his administering  
86 or dispensing of a controlled dangerous substance in the course of  
87 his professional practice, or (2) by a practitioner (or under his  
88 supervision) for the purpose of, or as an incident to, research,  
89 teaching, or chemical analysis and not for sale.

90 "Narcotic drug" means any of the following, whether produced  
91 directly or indirectly by extraction from substances of vegetable  
92 origin, or independently by means of chemical synthesis, or by a  
93 combination of extraction and chemical synthesis:

94 (a) Opium, coca leaves, and opiates:

95 (b) A compound, manufacture, salt, derivative, or preparation  
96 of opium, coca leaves, or opiates:

97 (c) A substance (and any compound, manufacture, salt, deriv-  
98 ative, or preparation thereof) which is chemically identical with  
99 any of the substances referred to in subsections (a) and (b), except  
100 that the words "narcotic drug" as used in this act shall not include  
101 decocainized coca leaves or extracts of coca leaves, which extracts  
102 do not contain cocaine or ecgonine.

103 "Official written order" means an order written on a form pro-  
104 vided for that purpose by the Attorney General of the United  
105 States or his delegate, under any laws of the United States making  
106 provisions therefor, if such order forms are authorized and re-

107 quired by the Federal law, and if no such form is provided, then  
108 on an official form provided for that purpose by the State Depart-  
109 ment of Health.

110 "Opiate" means any dangerous substance having an addiction-  
111 forming or addiction-sustaining liability similar to morphine or  
112 being capable of conversion into a drug having such addiction-  
113 forming or addiction-sustaining liability. It does not include,  
114 unless specifically designated as controlled under section 3 of this  
115 act, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan  
116 and its salts (dextromethorphan). It does include its racemic and  
117 levorotatory forms.

118 "Opium poppy" means the plant of the species *Papaver*  
119 *somniferum* L., except the seeds thereof.

120 "Person" means any corporation, association, partnership, trust,  
121 other institution or entity or one or more individuals.

122 "Pharmacist" means a registered pharmacist of this State.

123 "Pharmacy owner" means the owner of a store or other place  
124 of business where controlled dangerous substances are compounded  
125 or dispensed by a registered pharmacist; but nothing in this chap-  
126 ter contained shall be construed as conferring on a person who is  
127 not registered or licensed as a pharmacist any authority, right or  
128 privilege that is not granted to him by the pharmacy laws of this  
129 State.

129A "Poppy straw" means all parts, except the seeds, of the opium  
129B poppy, after mowing.

129c "Practitioner" means a physician, dentist, veterinarian, scien-  
129d tific investigator, laboratory, pharmacy, hospital or other person  
129e licensed, registered, or otherwise permitted to distribute, dispense,  
129f conduct research with respect to, or administer a controlled  
129g dangerous substance in the course of professional practice or re-  
129h search in this State.

130 (a) "Physician" means a physician authorized by law to  
131 practice medicine in this or any other State and any other person  
132 authorized by law to treat sick and injured human beings in this  
133 or any other State and

134 (b) "Veterinarian" means a veterinarian authorized by law to  
135 practice veterinary medicine in this State.

136 (c) "Dentist" means a dentist authorized by law to practice  
137 dentistry in this State.

138 (d) "Hospital" means any Federal institution, or any institu-  
139 tion for the care and treatment of the sick and injured, operated or  
140 approved by the appropriate State department as proper to be

141 entrusted with the custody and professional use of controlled  
142 dangerous substances.

143 (c) "Laboratory" means a laboratory to be entrusted with the  
144 custody of narcotic drugs and the use of controlled dangerous sub-  
145 stances for scientific, experimental and medical purposes and for  
146 purposes of instruction approved by the State Department of  
147 Health.

148 "Production" includes the manufacture, planting, cultivation,  
149 growing, or harvesting of a controlled dangerous substance.

150 "Immediate precursor" means a substance which the State De-  
151 partment of Health has found to be and by regulation designates  
152 as being the principal compound commonly used or produced  
153 primarily for use, and which is an immediate chemical intermediary  
154 used or likely to be used in the manufacture of a controlled danger-  
155 ous substance, the control of which is necessary to prevent, curtail,  
156 or limit such manufacture.

157 "State" means the State of New Jersey.

158 "Ultimate user" means a person who lawfully possesses a con-  
159 trolled dangerous substance for his own use or for the use of a  
160 member of his household or for administration to an animal owned  
161 by him or by a member of his household.

1 2. Section 19 of P. L. 1970, c. 226 (C. 24:21-19) is amended to  
2 read as follows:

3 19. Prohibited acts A.—Manufacturing, distributing, or dispens-  
4 ing.—Penalties. a. Except as authorized by this act, it shall be  
5 unlawful for any person:

6 (1) To manufacture, distribute, or dispense, or to possess or  
7 have under his control with intent to manufacture, distribute, or  
8 dispense, a controlled dangerous substance; or

9 (2) To create, distribute, or possess or have under his control  
10 with intent to distribute, a counterfeit controlled dangerous  
11 substance.

12 b. Any person who violates subsection a. with respect to:

13 (1) A substance classified in Schedules I or II which is a narcotic  
14 drug is guilty of a high misdemeanor and shall be punished by  
15 imprisonment for not more than 12 years, a fine of not more than  
16 \$25,000.00, or both; or

17 (2) Any other controlled dangerous substance classified in  
18 Schedules I, II, III or IV is guilty of a high misdemeanor and  
19 shall be punished by imprisonment for not more than 5 years, a  
20 fine of not more than \$15,000.00, or both. *except as provided in*  
21 *subsection b. (4) below; or*

22 (3) A substance classified in Schedule V is guilty of a misde-  
 23 meanor and shall be punished by imprisonment for not more than  
 24 1 year, a fine of not more than \$5,000.00, or both;

25 (4) *More than 28 grams of marihuana, including any adulterants*  
 26 *or dilutants, or more than 6 grams of hashish is guilty of a high*  
 27 *misdemeanor and shall be punished by imprisonment for not more*  
 28 *than 5 years, a fine of not more than \$1,500.00, or both; provided,*  
 29 *however, that any person who violates this section with respect to*  
 30 *28 grams or less of marihuana, including any adulterants or dilu-*  
 31 *tants, or 6 grams or less of hashish is guilty of a misdemeanor.*

1 3. Section 20 of P. L. 1970, c. 226 (C. 24:21-20) is amended  
 2 to read as follows:

3 20. Prohibited acts B.—Possession, use or being under influence  
 4 —Penalties. a. It is unlawful for any person, knowingly or inten-  
 5 tionally, to obtain, or to possess, actually or constructively, a con-  
 6 trolled dangerous substance unless such substance was obtained  
 7 directly, or pursuant to a valid prescription or order from a practi-  
 8 tioner, while acting in the course of his professional practice, or  
 9 except as otherwise authorized by this act. Any person who violates  
 10 this section with respect to:

11 (1) A substance classified in Schedule I or II which is a narcotic  
 12 drug and any other controlled dangerous substance classified in  
 13 Schedule I, II, III or IV is guilty of a high misdemeanor and  
 14 shall be punished by imprisonment for not more than 5 years, a fine  
 15 of not more than \$15,000.00, or both, except as provided in subsec-  
 16 tion a. (3) below;

17 (2) Any controlled dangerous substance classified in Schedule  
 18 V is guilty of a misdemeanor and shall be punished by imprison-  
 19 ment of not more than 1 year, a fine of not more than \$5,000.00, or  
 20 both; or

21 (3) (a) Possession of **[more than 25]** 56 grams or more of  
 22 marihuana, including any adulterants or dilutants, or **[more than**  
 23 **5]** 12 grams or more of hashish is guilty of a **[high]** misdemeanor  
 24 **[and shall be punished by imprisonment for not more than 5 years,**  
 25 **a fine of not more than \$15,000.00, or both; provided, however,**  
 26 **that any person who violates this section with respect to 25 grams**  
 27 **or less of marihuana, including any adulterants or dilutants, or**  
 28 **5 grams or less of hashish is a disorderly person.]; and**

29 (b) *Possession of more than 28 grams but less than 56 grams*  
 30 *of marihuana, including any adulterants or dilutants, or more than*  
 31 *6 grams but less than 12 grams of hashish is a disorderly person;*  
 32 *and*

33 (c) Possession of 28 grams or less of marihuana, including any  
34 adulterants or dilutants, or 6 grams or less of hashish shall be  
35 subject to a fine of \$50.00 for each offense. Jurisdiction of proceed-  
36 ings to collect such penalties is vested in the municipal court in any  
37 municipality where the defendant may be apprehended or where  
38 he may reside. Process shall be either a summons or warrant and  
39 shall be prosecuted by the Attorney General in the name of the  
40 State in a summary manner pursuant to the Penalty Enforcement  
41 Law (N. J. S. 2A:58-1 et seq.). All fines collected under this sub-  
42 section shall be paid into the treasury of the municipality wherein  
43 the offense was committed.

44 b. Any person who uses or who is under the influence of any  
45 controlled dangerous substance, as defined in this act, except for  
46 marihuana and hashish, for a purpose other than the treatment of  
47 sickness or injury as prescribed or administered by a person duly  
48 authorized by law to treat sick and injured human beings, is a  
49 disorderly person.

50 In a prosecution under this subsection, it shall not be necessary  
51 for the State to prove that the accused did use or was under the  
52 influence of any specific narcotic drug or drugs, but it shall be suffi-  
53 cient for a conviction under this subsection for the State to prove  
54 that the accused did use or was under the influence of some con-  
55 trolled dangerous substance or counterfeit controlled dangerous  
56 substance as defined in this act, by providing that the accused did  
57 manifest physical and physiological symptoms or reactions caused  
58 by the use of any controlled dangerous substance.

59 c. In addition to the general penalty prescribed for a disorderly  
60 person's offense pursuant to N. J. S. 2A:169-4, every person ad-  
61 judged a disorderly person for a violation of this subsection shall,  
62 at the discretion of the sentencing judge, forthwith forfeit his right  
63 to operate a motor vehicle over the highways of this State for a  
64 period of not more than 2 years from the date of his conviction and  
65 until such privilege shall be restored to him by the Director of  
66 Motor Vehicles upon application to and after certification by a  
67 physician to the director that such person is not a drug de-  
68 pendent person within the meaning of this act. The court before  
69 whom any person is convicted of a violation of this section shall  
70 cause a report of such conviction to be filed with the Director of  
71 Motor Vehicles.

1 4. Within 3 years after the date this act becomes effective,  
2 the Legislature shall conduct a comprehensive study and review  
3 of the penalties established in this act concerning offenses relating

4 to the manufacturing, distributing, dispensing, possession and use  
 5 of marihuana and hashish, based on current scientific and medical  
 6 understanding, criminal justice studies, and community  
 7 expectations.

1 5. This act shall take effect immediately.

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#### STATEMENT

The purpose of this bill is to amend the "New Jersey Controlled Dangerous Substances Act" (P. L. 1970, c. 226) to implement the recommendations of the "Drug Study Commission" to: (1) provide for the decriminalization of small amounts of marihuana and hashish intended for personal consumption. Decriminalization would symbolize a continuation of societal disapproval of marihuana and hashish as indicated in the retention of severe penalties for possession of large quantities of the drug for dispensing the substance. But by removing the criminal sanctions from the personal use of 28 grams (1 ounce) or less of marihuana or 6 grams or less of hashish and imposing a nuisance offense, thousands of New Jersey residents will not have to be stigmatized as criminals and subjected to the threat of incarceration for the recreational use of marihuana and hashish, especially in light of scientific evidence which overwhelmingly proves that the traditional beliefs that marihuana causes sundry deleterious effects upon man have been generally mendacious and medically erroneous. In addition, the reduction in marihuana cases will alleviate the overburdened criminal court system; (2) distinguish between the manufacturing, distributing, or dispensing of marihuana or hashish with respect to 28 grams (1 ounce) or less of marihuana or 6 grams or less of hashish as compared to more than 28 grams of marihuana or more than 6 grams of hashish. The imposition of a quantity level is intended to distinguish between the large scale manufacturing, distributing, or dispensing of marihuana or hashish and the manufacturing, distributing or dispensing for no remuneration or insignificant remuneration not involving a profit. Obviously, the degree of moral culpability is greater in the first instance; (3) define marihuana as Genus Cannabis L. instead of the present definition of Cannabis sativa L. Genus Cannabis L. includes all possible species of Cannabis under the term marihuana, whereas Cannabis sativa L. is only one species of marihuana. In a number of cases defense counsels have argued that there is more than one species of marihuana and that these species are not covered within the narrow scope of the statutes that define marihuana as Cannabis

sativa L.; (4) delete the phrases descriptive of hashish from the definition of marihuana since hashish is separately defined. Overlapping definitions cause confusion since distinctions are presently made in the penalties imposed for possession of marihuana and hashish based on the type and amount of the substances possessed; (5) exclude the "use" or "under the influence" of marihuana or hashish per se as a disorderly persons offense; and (6) provide that within 3 years of the enactment of the decriminalization scheme for marihuana and hashish, the Legislature shall conduct a comprehensive study and review of the penalties recommended above based on current scientific and medical understanding, criminal justice studies, and community expectations.

ASSEMBLYMAN ELDRIDGE HAWKINS (Chairman):

Ladies and gentlemen, I would like to call this meeting to order. I will begin by stating the purpose of this public hearing. It is, in essence, a fact-finding hearing. The committee members and myself will be asking questions of you after you have presented a statement giving us your opinion of A-2312 and whether or not there should be decriminalization of marijuana in the State of New Jersey. Senator Menza, who was the chairman of the commission which studied the problem previously, will be here in about 15 minutes. After my remarks, I will call on the Honorable William F. Hyland, Attorney General of the State.

I did introduce the bill in the Assembly at the request of Senator Menza. The purpose of the bill is to decriminalize small amounts of marijuana for personal use, one ounce or less. I introduced the bill at Senator Menza's request because I personally have never seen any evidence of the harm of marijuana outweighing the harm of keeping it a criminal offense where the amounts are small. I am an attorney; I am a former prosecutor. I have seen people go to jail for marijuana, albeit they went to jail for the sale. I have listened to and talked to medical experts previously, and I have seen where marijuana could cause harm, specifically, brain injury, when it is used in great amounts. Harm to the person is always a consideration, but the physical harm to the person that is caused by the use of marijuana is just one aspect. I think we should also have to consider what possible harm we, as a Legislature, could do in enacting any legislation. One harm I have witnessed is the harm of college students being stigmatized with criminal records.

I had one young man come into my office. He was trying to get a job as an insurance salesman. He could not

get bonded because he got caught with some marijuana.

I just don't know whether or not we, in the State of New Jersey, really intend to throw those who may have possession of marijuana into the same class as rapists, murderers, and armed robbers.

I will be very interested in hearing what the Honorable William F. Hyland, Attorney General of the State of New Jersey, has to say about this subject. Welcome, sir.

H O N O R A B L E   W I L L I A M   F.   H Y L A N D:  
Mr. Chairman and members of the committee: I am here today to support, in principle, but not necessarily in specific terms, this bill, the decriminalization of marijuana, but on an experimental basis. This bill, for example, would require the Legislature, after three years, to undertake an extensive review of the current knowledge of the substance and its possible deleterious effects within three years of the time that the change in law was accomplished. I would prefer to go beyond that and require another measure be adopted by the Legislature; that is, that the liberalization, or the decriminalization, expire after three years. I think that the subject is important enough that the Legislature should completely review it on its merits at that time in the light of scientific and medical knowledge that would be available then.

I also want to make it very clear that my testimony here today represents my personal viewpoint. I am not speaking for the administration or, necessarily, for my entire department. I also want to make it quite clear that I don't favor nor encourage the use of marijuana and that I don't think that its use should get the Good Housekeeping Seal of Approval.

I am here, instead, as a law enforcement officer to express my deep concern about the treatment

that results today, under present law, to those thousands of people throughout the country - more specifically, in New Jersey - who are arrested for minor use or possession of the commodity. For example, in 1973, there were approximately 425,000 arrests in this country for the use or possession of marijuana. In 1971, in New Jersey - this being the first year after the new Controlled Dangerous Substances Act went into effect - the total arrests due to drugs of all kinds constituted 9.6 per cent of all arrests, and 41 per cent of the drug arrests, or approximately 10,641 arrests, were for marijuana. By 1973, drug arrests had increased to 11.6 per cent of all arrests, but in the category of drug arrests, 73.7 per cent, or 25,500 arrests, were for the use or possession of marijuana. So, we find in that two-year period an increase, dealing just with drug arrests, of from 41 per cent to almost 74 per cent for marijuana. It is quite obvious, then, that dealing with the use and possession of this substance has occupied a tremendous amount of law enforcement time, court time, and laboratory time.

For example, the State Police laboratories, at the present time, are handling about 23,000 cases per year. Approximately two-thirds of these cases are drug tests of one type or another, and three-quarters of that segment of the total activity of the laboratories deals with marijuana or hashish. So, in making a calculation from those figures, we see that approximately 50 per cent of the State Police laboratory effort, at the present time, involves marijuana.

I am not suggesting that with the changes in the law that are under consideration, that usage will necessarily change. It is a little difficult to

predict what will happen, and there is opinion within the State Police organization to the effect that if marijuana is decriminalized, the recourse to the State Police laboratories for marijuana testing will even increase. Perhaps that is a debatable subject and something that will have to be seen.

It is quite evident, as I have said, that dealing with this problem occupies a tremendous amount of law enforcement time. I am not sure that it accomplishes anything.

So, I think that for an experimental period of time, we should make some changes until more authoritative data is available.

Currently, as you know, the simple possession of 25 grams or less of marijuana or five grams or less of hashish is a disorderly persons offense punishable by up to six months imprisonment, by a \$500 fine, or both. Possession of a quantity greater than those amounts is a high misdemeanor with a maximum punishment of five years in prison. The use or being under the influence of any controlled dangerous substance is classified as a disorderly persons offense carrying a possible jail term of six months and a \$500 fine. Additionally, the sentencing court is accorded discretion to order a two-year revocation of the driving privilege of any individual convicted of a disorderly persons offense for the use or for being under the influence of any controlled dangerous substance.

I submit that the present treatment of mere users and possessors of cannabis is unfair to the individuals and detrimental to society.

The legislative commission which has recently considered these problems has recommended a number of statutory modifications. As you know, the

commission would amend the statute to provide that the possession of up to 28 grams, or one ounce, of marijuana or up to six grams of hashish would be punishable as merely a nuisance offense by confiscation of the possessed substance and by a fine of up to \$50 payable through a procedure similar to that now used in traffic violations; that is, without formal arrest. Possession of more than 28 grams but not more than 56 grams of marijuana or possession of more than six grams but not more than 12 grams of hashish would be a disorderly persons offense punishable by a maximum imprisonment of six months and/or a \$500 fine. Finally, possession of more than 56 grams of marijuana or more than 12 grams of hashish would be a misdemeanor carrying a maximum of three years imprisonment or a fine of \$1000 or both.

I agree with the position of the commission which prompted the above recommendations, but I disagree with some of the details of the suggested amendments.

Since the purpose of amending the present statute is to alleviate the unduly harsh effects of subjecting an individual to the formal criminal process when that individual has done nothing but possess cannabis for personal consumption, it appears wholly artificial to impose strict two-stage quantity limitations on the amount possessed. These quantity cut-off points, if adopted, would again invoke the criminal process whenever an individual possessed more than an ounce of marijuana or six grams of hashish regardless of the fact that possession was intended solely for personal consumption. This limitation is especially difficult to rationalize when it is remembered that the total weight of a quantity of marijuana or hashish includes any adulterants or dilutants added thereto. Thus, the effect of the

proposed scheme might well be to create, although in good faith, a potential for senseless discriminatory treatment. I would prefer to see the statute amended to provide that the possession of marijuana or hashish for personal use would be punishable by a fine payable through a summons procedure without regard to the amount of the substance possessed.

To be sure, if the possession of any quantity of cannabis is accompanied by an intent to distribute, then a prosecution of that offense would properly be brought under section 24:21-20 of the statutes. While proving the necessary intent may be more difficult than merely proving the weight possessed, law enforcement must not avoid its responsibilities by exalting convenience over reality. So, additionally, I would suggest the imposition of a higher fine, perhaps \$200, upon any possessor and would increase that fine for subsequent offenders. The purpose of the stiffer monetary penalties should be clear. Decriminalization of simple possession is based upon an assortment of factors, but it must not be understood as an endorsement of the drug or its use.

In conjunction with the above recommendation, the commission would also amend the statute to exclude use or being under the influence of marijuana or hashish from the category of a disorderly persons offense. I agree that the current penalties are too severe for this conduct and would support the recommended exclusion. However, I recommend that we also treat use or being under the influence of marijuana or hashish in a manner similar to the simple possession of those substances; that is, by imposition of a fine payable through the summons procedure. Here, again, decriminalization should not be confused with legalization.

The example which would be given to other members of society, especially our younger people, by

frequent contact with intoxicated or "high" individuals would be a poor one. Further, the use of the substance is the end for which it is possessed. Therefore, it would appear incongruous to remove all sanctions from the actual consumption of the drug while attempting to discourage possession for purposes of that consumption.

The legislative commission has also recommended an amendment to provide that the manufacture, distribution, dispensation, or possession with intent to distribute of 28 grams or less of marijuana or six grams or less of hashish would be a misdemeanor punishable by up to three years imprisonment or a \$1000 fine or both. The violation of that same statute with relation to any greater quantity of marijuana or hashish would be a high misdemeanor carrying a potential of five years in prison and/or a \$1500 fine. I believe that these recommendations should be rejected. It is true that the distribution of marijuana or hashish may be a mere accommodation to a friend or a non-profit sale to an acquaintance. However, the quantity limitations in the proposed recommendations would not have the effect of separating those types of transactions from individual sales transacted by a profiteering or habitual dealer. Since the nature of any particular distribution may depend on a great number of variables, it appears wisest to allow the sentencing court discretion to sharply punish the profiteer while extending judicial mercy to the technical, but less culpable, violator. Indeed, it is already the policy of our courts, in sentencing marijuana offenders, to carefully consider the circumstances surrounding the offense even where a sale or distribution is involved. I reference in this respect *State v. Ward*, 57 N.J., page 75, and *State v. Brennan*, 115 N.J. Superior, page 400.

In any event, the proposed recommendations would drastically reduce the amount of the monetary

penalties which could be imposed, whereas I believe that a substantial fine is an indispensable sanction against those who seek to turn a profit from their drug dealings.

That concludes my testimony, Mr. Chairman.

ASSEMBLYMAN HAWKINS: Thank you very much, sir. Do you have any suggestions as to specific penalties? You said something about disagreeing with the commission in the breakdown between a misdemeanor and a high misdemeanor for possession alone. Yet, you think the criminal sanctions should remain for possession with intent to distribute.

ATTORNEY GENERAL HYLAND: Yes.

ASSEMBLYMAN HAWKINS: How would we be able to do that? Do you have any suggestions? Would we say that possession of so much is presumptive evidence that---

ATTORNEY GENERAL HYLAND: No, I think that that would have to be left to the discretion of the prosecutor, in the first instance, who would decide what kind of offense he wanted to charge, and to the findings of the jury, and to the discretion of the sentencing judge. I think that it is very difficult for us to assume intent and to differentiate between categories of purpose simply on the basis of the quantity that is found. It is quite clear that if we apprehended an individual with 50 pounds of the substance, it would be very difficult to say that that was not equivalent to an intent to distribute or to possess for other than one's personal use. But, I feel that it is just as arbitrary in the other direction for us to set up a presumption at some point based upon a quantity differential.

ASSEMBLYMAN HAWKINS: Sir, do you think that if we do not set a standard, we will be allowing the law to be subject to a prosecutor's abuse? Very possibly, one prosecutor in one county may automatically indict

someone for a pound of marijuana in his possession while another prosecutor in another county may indict someone for an ounce. Do you think, without a standard, that justice would be equal throughout the State, or how could we control that?

ATTORNEY GENERAL HYLAND: I think that those things have a way of leveling themselves out. With respect to the county prosecutors, of course, we do have supervisory jurisdiction in the office of the Attorney General, and we do attempt to lay down guidelines to help in making the prosecution laws uniform throughout the State. During the experimental period I talked about, I would like us to take that approach rather than to set up arbitrary differentials based upon the quantum seized.

ASSEMBLYMAN HAWKINS: Do you think that the Legislature, realistically - 41 of the Assemblypersons and 21 of the Senators - would possibly consider such a relaxing of the penal code in the area of marijuana where we are saying that you can possess any quantity now, and we are not going to do anything more to you than possibly serve you with a ticket? Do you think, realistically, that we would a chance of getting that passed?

ATTORNEY GENERAL HYLAND: I think, realistically, this bill has its difficulties even in its present form. I thought that my function here today should be to give you and the Legislature my best judgment about what the law should be. Of course, the legislators will have to reach their own conclusions.

ASSEMBLYMAN HAWKINS: Are there any questions from the committee?

ASSEMBLYWOMAN BERMAN: Relative to your statement that you would prefer to see the prosecutor or judge make the decision as to intent to sell rather than basing that distinction on weight possessed, is

there any experience in other States regarding that approach?

ATTORNEY GENERAL HYLAND: I do not think so, frankly. At least, none has come to my attention.

ASSEMBLYMAN HAWKINS: Are there any other questions?

(No questions.)

Attorney General Hyland, I thank you very much for your testimony.

Dr. T. R. Robie will be the next witness.

T H E O D O R E R. R O B I E:

I am very glad, sir, that you asked me to follow the Attorney General. I had correspondence with him; I disagree with him positively. I am a psychiatrist and have been in practice for 50 years. I think I know a bit about psychiatry.

What I want to call to your attention first is that important research has come to our attention. These pictures show you what is most involved. (Displays pictures.) These are the fontanelles in the brains of people who have smoked marijuana with the exception of figure 1, which is normal. All of the others are pathologically large, and they cannot be decreased in size once they have gone to that size. Please keep in mind that this is entirely due to smoking marijuana.

The point is that if we decriminalize marijuana, it will mean that the people who are interested in smoking will take it for granted that the State is saying that it is safe to smoke marijuana. I realize that the Attorney General said that he doesn't think marijuana is good for you, but that is not what the average person is going to think when he finds that the decriminalization has been put into effect.

That was in our government's booklet, "Marihuana: A Signal of Misunderstanding." There is

an awful lot of misunderstanding in it. This booklet was quoted at length by Mr. Menza and his cohorts in the commission report, which I do not agree with in its final conclusions.

I would like you all to have copies of these things so that you can read them and study the pictures at your leisure. (Distributes copies of material.) They will help you to understand what I am trying to convey to you.

The British research, which these pictures represent, shows the fontanelles in the normal size and those that were enlarged by smoking marijuana. These were extreme enlargements and cannot be undone. Once they have occurred, they cannot be undone.

I want you to realize, with all due respect, that the main reason the government is trying to decriminalize this is to decrease the cost of operations related to making people realize that they should not smoke marijuana. I don't believe that anyone should smoke marijuana. It is going to be awfully hard to stop them because many of them believe that it is harmless. It is not harmless. Without question, it is one of the most harmful drugs that we possess, and it will be proven as the years go on.

Looking at these pictures, you can see that this is the normal fontanelle. There are two fontanelles, one on each side of the brain. All of the other pictures are of pathological brains. They all show big fontanelles - a lot bigger than the normal ones. Of course, the size is relatively small when you consider that parts of the brain are measured in millimeters. If you will study these pictures, you will find, to your sorrow, that the British have outdone us. Four very good doctors did this study -

an internist, an x-ray expert, a psychiatrist, and a neurologist. The neurologist, who was quite an able man, died shortly after this paper was presented to the public. He was talking to a girls' school. He was telling them about the dangers of marijuana, and he got a little excited. His heart couldn't take it, and he died on the spot. He won't be here to help us any more, but he was the one who started the research. To me, it was one of the greatest researches that was ever done. But, nobody has attempted to repeat it, and there won't be many that will. This is a very difficult thing to do. It is very unpleasant for the patient who has to have a fontanelle x-ray.

I would like to present to you a few things that came out of the recent research that was published in December in the Reader's Digest by a Dr. Powelson. He is a doctor in California, and for five years, he was yelling from the housetops that marijuana was not harmful. He had to reverse himself when he started to see marijuana cases.

I can tell you that I am seeing them in my office, and each one that comes in proves the statement of the British doctors that you can never undo the enlargement of the fontanelles. That means that the brain substance is gone; you cannot put it back. Nobody has ever discovered how to grow neurons in the brain, and I don't believe that it will be discovered for a long time. It may come some day, but I think that it will be long after the people in this room are gone.

I would like you all to have a copy of Dr. Nahas's review of the subject. He lives in Leonia, New Jersey, by the way, and he practices at the Columbia Medical School, one of the best medical schools in the country. There are some very good

points in here about what THC can do to people. These things are not to be undone. They are permanent.

I wish that I could give you some good news to add to what the Attorney General has said. I do not agree with him at all, and he doesn't agree with me. Naturally, his word will carry greater weight than mine.

ASSEMBLYMAN HAWKINS: Not necessarily, doctor.

DR. ROBIE: Please remember that doctors are the ones who have to get the public acquainted with the dangers of marijuana, and the lawmakers are not going to tell you of these dangers.

In the article written by Dr. Powelson, he pointed out that Dr. Stenchever in Utah has found that the chromosomes of people who have smoked marijuana are broken. If they are broken, you cannot put them back. Nobody has found a way to put them back together. This means some genetic loss to the person, and it may mean a loss that can never be undone. That is one point.

Dr. Nahas, again, pointed out that THC, tetrahydrocannabinol, which is the poisonous substance in marijuana and which could do a great deal of harm, is causing much more harm than people realize when they smoke it.

A very important case was referred to by Dr. Powelson in his article. He states, "Even more serious is the seemingly permanent loss of mental ability [from marijuana]. Consider the case of Steve, an athletic young junior faculty member who had earned a degree in mathematics and then gone on to take graduate work in philosophy. Soon after he started the daily use of hashish, he dropped out of school, and did nothing for 18 months."

The drug was helping him, so he claimed. So, he gave

up going to work and studying for his degree. The effects of his smoking remained. He no longer could carry on with his mathematics course.

ASSEMBLYMAN HAWKINS: Doctor, could I ask you a few questions?

DR. ROBIE: Certainly.

ASSEMBLYMAN HAWKINS: You have explained the enlargement of the fontanelles.

DR. ROBIE: Those are the air spaces within the brain. They are not really air; the fluid fills those spaces.

ASSEMBLYMAN HAWKINS: What harm is caused by the enlargement?

DR. ROBIE: That means the loss of brain cells. It may be anywhere from one million to one or two billion cells.

ASSEMBLYMAN HAWKINS: The loss of brain cells does what damage or injury?

DR. ROBIE: Well, if you lost a billion of your brain cells, sir, you would be a deteriorate. We have an awful lot of deteriorates in our world right now. In fact, two or three of them come to my office, and I cannot reach them. I cannot talk to them. They won't go out and look for jobs; they won't do anything.

ASSEMBLYMAN HAWKINS: Can you advise us, sir, of how much consumption of cannabis sativa is needed to cause such brain damage?

DR. ROBIE: It varies with the people doing the research. The people in Britain followed very carefully ten cases, and all of them showed the enlargement of the fontanelles, which means brain tissue loss. Brain tissue is what makes you think. It makes it possible for you to have an intellectual calibre and be an Assemblyman.

ASSEMBLYMAN HAWKINS: I understand your point that it can be very harmful. Do you have any idea of whether or not the present law which criminalizes the use or possession of marijuana is preventing anyone from using marijuana?

DR. ROBIE: That is very difficult to tell. It probably is not preventing as much as we wish it would because an awful lot of people have been nursed on the philosophy that Dr. Powelson was teaching five years ago - that there was no harm in smoking marijuana. He has now reversed himself.

ASSEMBLYMAN HAWKINS: Doctor, suppose everyone agrees with you that there is harm in smoking marijuana. This committee is going to have to make a determination as to whether the harm can be prohibited by our criminalizing it, which has already been done, or whether there is more harm to society and the individuals that we are stigmatizing as criminals by saying, "You are a criminal because you use it." Can we treat it in some other way? Do you have any suggestions?

DR. ROBIE: I don't think you have to put them in jail. I think that you can definitely put them on parole, and that is all that needs to be done. And, charge them the modest fine of \$50.

ASSEMBLYMAN HAWKINS: In other words, sir, you are saying that we don't necessarily have to call them criminals.

DR. ROBIE: That's right. The difficulty is that when we say, "You can now smoke marijuana"--- That's what is going to be said the minute you decriminalize it, and a good many people have pointed that out.

ASSEMBLYMAN HAWKINS: Did you hear the testimony of Attorney General Hyland when he said that we would not say that it is O.K.?

DR. ROBIE: I realize that, but that will not reach the person who smokes marijuana. He won't remember that.

ASSEMBLYMAN HAWKINS: Does he remember that it is a crime now? He smokes it anyway, does he not?

DR. ROBIE: Right.

ASSEMBLYMAN HAWKINS: I think that you stated that you don't know that it has really stopped that many people - the fact that it is a crime.

DR. ROBIE: We wish that it had.

ASSEMBLYMAN HAWKINS: I think that we are in agreement actually that it may not necessarily be good for you, but the question is exactly how to handle it and keep people from using it.

DR. ROBIE: That's right.

ASSEMBLYMAN HAWKINS: We don't want to necessarily throw them in jail because they happen to use it or call them criminals.

DR. ROBIE: I don't disagree with that idea, but I disagree with the idea that in saying to them, "This is not going to be good for you," you will have any effect.

ASSEMBLYMAN HAWKINS: I understand. Are you aware, sir, of the harmfulness of alcohol?

DR. ROBIE: I certainly am. I was born and brought up in an institution where they were treated when I was seven, eight, and nine. I have treated alcoholics all my life.

ASSEMBLYMAN HAWKINS: How would you compare the harm caused by the consumption of alcohol to the harm caused by the consumption of cannabis sativa?

DR. ROBIE: There is no question, sir, that marijuana is infinitely more harmful. I stress the word "more." You cannot undo the harm of marijuana; you can undo most of the harm of alcoholism unless the person has gone beyond the point of extreme deterioration.

They will suffer deterioration. There is no question about it, but they will not suffer the deterioration of the marijuana case. You cannot undo the deterioration of marijuana cases, I repeat.

ASSEMBLYMAN HAWKINS: You cannot tell us, though, how much consumption is necessary before it---

DR. ROBIE: It doesn't take much. The people in Britain made it very clear that very small doses of marijuana will cause loss of judgment, memory defect, and all the things that go with deterioration. I am seeing it right in my office. I have two or three of them at the present time. I cannot do anything with them; I cannot help them. We have nothing except some vitamins that may possibly help a little. We cannot possibly tell anyone that we can eliminate the harm that the marijuana is doing.

ASSEMBLYMAN HAWKINS: Do the members of the committee have any questions?

ASSEMBLYMAN BATE: Doctor, you made reference to the fact that you have been in the field for over 50 years. Are you affiliated with a hospital now? Can you give us some specifics about your background?

DR. ROBIE: I am on the staff of Orange Memorial. I am on the staff of the Montclair Mountainside Hospital. I have been a consultant at the Veterans Hospital in Millington for about 17 years. I came to New Jersey from the State of New York where I had been practicing for about seven years. I have been here since 1930.

ASSEMBLYWOMAN BERMAN: In reference to the people that you mentioned you have treated in your own office, would you be prepared to make any kind of statement about their intake of marijuana or the period during which they used marijuana?

DR. ROBIE: One case that I have been trying to help started smoking marijuana at 13 and claims that he stopped at 17. This is doubtful. You cannot believe what any marijuana taker tells you. They are dishonest people. It is part of the illness. That particular patient is deteriorated. He will not go out and get a job, and he will not go out and look for a job. He will talk with me but won't say anything. He will just throw out words that have no meaning whatsoever. He is completely out of contact with the world. His folks are at their wits' end because they cannot do anything for him. We are giving him large doses of the one vitamin that may help him - niacin, vitamin B 3. It may help, but I cannot promise that it will help.

ASSEMBLYWOMAN BERMAN: What you described is obviously some abuse. Do you feel that there are other factors involved in that abuse, and are there certain types of drugs that may be interchangeable in terms of abuse?

DR. ROBIE: I don't think that there is any drug that is as bad as marijuana. I am talking of the non-narcotic group. Of course, heroin is worse. I am not talking about the narcotics; I am talking about the pre-narcotic group. Don't forget that many of the people who smoke marijuana become heroin users later on, as this leads them into the use of heroin. We cannot do much about heroin. The only treatment we have is to give them methadone which is giving them another narcotic. It is not curable; it is not curing their illness at all. Everybody knows that. Everybody knows that the treatment for heroin, at the present time, is nil. We don't have a treatment for it, and we don't have a treatment for marijuana except education. We may be able to educate some of them to the dangers of this drug. That is the one hope.

ASSEMBLYWOMAN BERMAN: You would be prepared to say, then, that there is no difference in the quantity of marijuana or the consistency of use in terms of its debilitating effect?

DR. ROBIE: There is no question that if it goes on indefinitely and frequently, it is worse than if it goes on for just a few weeks, but there are not many people who smoke it for a few weeks. Most people who smoke it for a few weeks go on and smoke it for months. That is the sad part of it. There is the occasional case who stops of his own accord. I am always glad to see one of those people come in, but there are not many of them, I assure you. It is very, very uncomfortable when I see these people come in and I know that they are going to show, in the next few months, even more evidence of deterioration than they already show.

ASSEMBLYMAN HAWKINS: Dr. Robie, do you have any evidence or can you give us any facts of use of marijuana leading to heroin use?

DR. ROBIE: This is generally known. It is not something that is subject to--- There are numerous statements of people who say that it does not lead to heroin; it certainly does.

ASSEMBLYMAN HAWKINS: We are trying to collect facts today, and we are trying to determine, as best we can, what evidence there is of this.

DR. ROBIE: I am going to be very blunt in what I say about heroin because I do not treat heroin cases. I try to treat marijuana, but I cannot treat heroin cases.

ASSEMBLYMAN HAWKINS: Sir, you made a statement that it is generally known, but we are trying to deal with facts today.

DR. ROBIE: In reading the literature, you automatically gain the impressions of the doctors that are working in the heroin clinics.

ASSEMBLYMAN HAWKINS: Sir, you also stated that once it leads to heroin, the only cure that we have, and that is nil, is the use of another drug. Is that correct?

DR. ROBIE: Yes, another narcotic.

ASSEMBLYMAN HAWKINS: Have you ever heard of the use of acupuncture to cure heroin addiction?

DR. ROBIE: I don't believe that acupuncture is going to do it. I have been conscious of the recent developments of acupuncture. The method of acupuncture that is coming forward is entirely different from the acupuncture that the Chinese originally put forward. They are claiming that there is an electrical shock. It is a minimal dosage of electric shock.

ASSEMBLYMAN HAWKINS: This is off the subject, but if you are interested, there is a Dr. Gangemi in Newark who is using acupuncture.

DR. ROBIE: I am not in agreement with Dr. Gangemi.

ASSEMBLYMAN HAWKINS: I thought you might wish to converse with him.

DR. ROBIE: I am not in agreement with Dr. Gangemi.

ASSEMBLYMAN HAWKINS: Are there any further questions?

(No questions.)

Thank you very, very much, Dr. Robie. It was quite enlightening.

The Honorable Alexander J. Menza will be the next witness. Senator Menza is the originator of this bill, having chaired the commission that arrived at the conclusion that the bill should be introduced. Welcome, sir.

S E N A T O R   A L E X A N D E R   J .   M E N Z A :  
Good morning. Usually I am an extemporaneous speaker, but since this is quite important, we have prepared a statement. We worked on this for approximately 18 months to two years.

As Chairman of the New Jersey Legislative "Drug Study Commission" and sponsor of Senate Bill Number 1461, which is the same as Assembly Bill Number 2312, I have proposed and supported the decriminalization of marihuana and hashish. The "Drug Study Commission" presented an analysis of the marihuana problem, which I use here as inclusive of hashish, in Chapter II of its "First Report to the Legislature," which was the result of public hearings, private sessions and an objective and thorough review of all the reports available on the subject. Since the release of this report in October of 1974, I have not seen or heard of any reports to change my position--and this includes the recent Report of the U.S. Senate Subcommittee on International Security entitled "Marihuan Hashish Epidemic and its Impact on United States Security." The Subcommittee Chairman, James O. Eastland, conducted hearings with a preconceived notion that marihuana was highly dangerous, medically and morally. The result was biased hearings and a biased document offering little scientific value and no solutions to the marihuana problem in this country.

What I would like to do today is repudiate fables with facts concerning the detrimental effects of marihuana, facts which I draw on from the "Drug Study Commission" report and which I offer in support of Assembly Bill Number 2312.

1. Fable: the individual who smokes marihuana is a depraved criminal who gets "high" on his reefer and commits vicious crimes.

Fact: persons under the influence of marihuana tend to be passive. It is true that sometimes a crime may be committed by a person while under the influence of marihuana. However, any drug which loosens one's self-control is likely to do the same and relates primarily to the personality of the user. In fact, the Shafer Commission (the President's National Commission on Marihuana and Drug Abuse) found that "the most notable statement that can be made about the vast majority of marihuana users--experimenters and intermittent users--is that they are essentially indistinguishable from their non-marihuana using peers by any fundamental criterion other than their marihuana use." The use of marihuana today is socially the equivalent of the use of alcohol by most of our citizens.

2. Fable: marihuana is addictive.

Fact: marihuana does not cause physical addiction, since tolerance to its effects and symptoms on sudden withdrawals do not occur. It can produce psychological dependence, but this depends on the personality of the user.

3. Fable: marihuana use leads to heroin.

Fact: nothing is known in the nature of marihuana that predisposes to heroin abuse. Very few chronic users of marihuana go to heroin use, although many heroin users at one time used marihuana. But this should not imply a causal relationship between marihuana and narcotic drugs.

I should add at this point that the LeDain Commission in Canada stated that most people on heroin started with barbiturates and amphetamines. Others claim that many of them started with alcohol.

4. Fable: marihuana can cause significant harm to a user.

Fact: no drug is totally harmless, including marihuana. Instances of acute panic, depression, and psychotic states are known, although they are infrequent. Certain kinds of individuals can also become over-involved in marihuana use and can lose their drive. But no significant harm has been scientifically or medically attributed to the occasional use of marihuana and whatever risk is involved with marihuana is far less than the demonstrated harm from a number of other drugs permitted in our society. In addition, I do not know of anyone ever having died from an "overdose" of marihuana-- if it is possible to "overdose" on marihuana. While we should continue to look for potential ill effects from the use of marihuana-- especially the chronic, heavy user--any findings of potential harm should be used to discourage use, not to justify treating the user as a criminal.

As often stated before and in many other ways, the potential harmfulness of marihuana to the user is on a much lower order of magnitude than the potential harmfulness of such other drugs as alcohol, tobacco, amphetamines, barbiturates and hallucinogens

While I use the word marihuana as inclusive of hashish-- which is the resin extracted from any part of the marihuana plant-- it should be noted that hashish is more potent than marihuana.

Based on the current marihuana possession law, which makes possession

of more than 25 grams of marihuana, or more than 5 grams of hashish a misdemeanor, the "Drug Study Commission" has adopted the view that hashish is 5 times as potent a marihuana per gram. Accordingly, the decriminalization proposal adopted by the "Drug Study Commission" and set forth in Assembly Bill Number 2312 makes a distinction between marihuana and hashish roughly equivalent to the present potency ratio--that is, 5 grams to 1 gram.

We should not permit, however, as Dr. Thomas Bryant, President of the Drug Abuse Council recently stated, a medical debate to frustrate the decriminalization of marihuana. The decriminalization of marihuana is not based upon an assumption of medical harmlessness alone. Rather it is also a recognition that the costs in terms of wrecked lives and careers and wasted law enforcement resources involved with continued criminal prohibition far outweigh any harm caused by the use of the drug to both the user and society. To put it another way, giving a criminal arrest record to the user only exacerbates whatever potential harm the drug itself causes. If society really intends to control marihuana, it must attempt to do so through education.

Decriminalization was the brainchild of the Shafer Commission and was adopted by the New Jersey "Drug Study Commission." While there have been various decriminalization proposals in the past three years, the common purpose of these proposals is to balance the potential harm to society from marihuana, or the preeminent threat to society's value system from its use, with the need to eliminate the social costs in wrecked lives and careers resulting

from bringing criminal charges against so many of our citizens. In Assembly Bill Number 2312 criminal penalties are removed only from the possession of small amounts of marihuana. Criminal penalties are retained against the seller as a means of discouragement, although Assembly Bill Number 2312 proposes reducing the penalties for sellers of small amount of marihuana.

The assumption of decriminalization is that the possession of small amounts of marihuana should not be treated as a criminal offense. A person should not be put in jail, subjected to the criminal justice system or saddled with a criminal arrest record-- which must be reported on job and governmental questionnaires, license and professional applications--even if he never sees the inside of a jail, and even if he qualifies for the expunging of records pursuant to sections 27 and 28 of the "New Jersey Controlled Dangerous Substances Act" after a waiting period.

The threshold for distinguishing a criminal offense from a simple nuisance offense, or an infraction--that is, a violation not sufficiently offensive to merit the criminal label--is set at possession of 28 grams or less of marihuana in Assembly Bill Number 2312. The amount is far less important than the concept, which is to separate the simple marihuana user from various categories of traffickers.

Marihuana is sold on the street in "Lids" of approximately one ounce, which is 28.349 grams, and a marihuana user will likely carry a "lid." Therefore, the New Jersey "Drug Study Commission" recommended 28 grams as the threshold for a nuisance offense-- which carries a fine of \$50.00 for each offense. As I stated, the amount is far less important than the concept, but an amount at least up to approximately one ounce, such as 28 grams, is necessary

in order for decriminalization to have any significance. I should add that the quantity threshold refers to grams rather than ounce so as to be consistent with the current law.

Other marihuana possession offenses are graduated in Assembly Bill Number 2312; that is, possession of more than 28 grams but less than 56 grams is a disorderly persons offense; and possession of 56 grams or more is a misdemeanor. The weights and corresponding penalties are meant to show various degrees of moral culpability as a possessor becomes a potential trafficker in marihuana.

Two other provisions of the bill which your committee is now considering concern the redefinition of marihuana as Genus Cannabis L. instead of the present definition of Cannabis sativa. The latter term is only one species of marihuana whereas Genus Cannabis L. includes all possible species of Cannabis under the term marihuana. And finally, the "use" or "under the influence" of marihuana would be eliminated as a disorderly persons offense. If the possession of marihuana is decriminalized, "use" or "under the influence" of marihuana should no longer be an offense.

The time for decriminalizing marihuana in this country New Jersey has come. Dr. Robert L. DuPont, chief White House spokesman on drug abuse, called for it (at least for possession) on the federal level. Dr. Jerome H. Jaffe, his predecessor, concurred. U.S. Attorney Earl J. Silbert, in Washington, D.C., made an aborted effort to cease the prosecution of cases in which the evidence indicated possession of 5 or fewer cigarettes. On Capitol

Hill, a number of decriminalization bills will be introduced in this session. And Attorney General William Saxbe said he would welcome a change in the law.

In Oregon, the first and only state to remove criminal penalties for possession of small amounts of marihuana, on October 5, 1973, the results are that (1) fewer marihuana cases are being handled in the courts; (2) the police have more time to pursue serious crimes; (3) respect for the police by young people has improved substantially; and (4) there has been no significant increase in the supply or use of marihuana.

If decriminalization appears to be without support in New Jersey, consider the following:

1. In 1971, the Division of Criminal Justice in the New Jersey Attorney General's Office recommended the decriminalization of the possession of marihuana and hashish for personal use regardless of the quantity involved.
2. In September of 1974 the current State Attorney General endorsed the abolition of criminal penalties for users of marihuana and hashish.
3. And the New Jersey Supreme Court Chief Justice, also in September of 1974, indicated that while he has not studied the marihuana question in depth, he favors nonpenal sanctions for victimless crimes--such as possession of small quantities of marihuana that are not in the main stream of commercial transactions.

I also have prepared an explanation of the marihuana and hashish recommendations contained in Senate Bill Number 1461 and in Assembly Bill Number 2312. Furthermore, I have with me an official

summary of the study of the effects of the new Oregon decriminalization law prepared by the Legislative Research Office of the Oregon State Legislature. (Documents may be found at 1 X.)

I would like to make a few brief comments, if I may.

When we started our commission some time ago - I think it was in the beginning of 1973 - we had no preconceived notions with regard to marijuana. We attempted to be objective. We had numerous hearings. We had and still have a staff of seven, but this time they don't get paid. We expended \$5000. We heard from law enforcement officers. We heard from various professors, medical people, attorneys, etc. The overwhelming consensus was to decriminalize marijuana. We don't encourage the use of the drug by any means. As a matter of fact, we discourage the use of the drug. It is, in fact, a drug. We feel, however, that it is wrong to treat many members of our society in the manner in which we do treat them. We found that there is very selective law enforcement in the area. The young kid is usually the one who gets busted. The adult very rarely gets busted. A year or so ago, if you wanted to get busted, you wore long hair, used a Volkswagon van, and headed down toward the shore. You would get stopped by the police and be busted for marijuana.

There are over 28 million people, I understand, in the country that have used marijuana. Almost 16 to 18 million people use it on a regular basis. California alone, in a ten-year period of time, has spent close to a billion dollars in enforcement of their marijuana laws. The trend throughout the country - I am including Arizona, New Mexico--- Vermont, by the way, had the bill pass the Assembly and die in the Senate in the last session - Vermont, of all places. I understand from some legislators from there whom I met recently

that it has a good chance of passing. You know the attitude now in New York State. You know the attitude of Governor Carey. The New York State Bar Association has urged decriminalization of marijuana. The American Medical Association and the American Psychiatric Association have also urged decriminalization of marijuana.

Let me say this: I am also an attorney and have been practicing law for 18 years. I tell you that there is an enormous amount of time - I think, to a great extent, wasted time - spent by police officers on marijuana cases. There is no doubt in my mind. The cases I have in my office reflect it; the calendar I see in Union County reflects it. I think that it is a waste of time. The statistics, for example, show that in 1973 there were almost a half-million people in the country busted on marijuana charges. A good 10 to 12 per cent - the exact figures are in the report, and I would urge that the committee read the report - of all persons arrested in the State of New Jersey are arrested on marijuana charges.

In 1971, controlled dangerous substances arrests amounted to 9.6 per cent of the total arrests in New Jersey. Of the 25,953 narcotic arrests, 41 per cent were for marijuana violations. In 1973, narcotic arrests accounted for 11.6 per cent of the total number of arrests, and 73 per cent, or 25,500, were marijuana offenses.

More and more people are using marijuana. We do think, generally speaking, that it is probably stupid to smoke marijuana. On the other hand, it is stupid to excessively drink martinis. We just think very strongly that it is totally and terribly wrong to arrest people for smoking marijuana. It is terribly wrong to give them, oftentimes, criminal records, and we urge decriminalization of marijuana.

We have given too many young people, until recently, criminal records.

Many groups have urged decriminalization of marijuana. The PBA, which will be testifying shortly, opposes decriminalization of marijuana.

I know that practically every police force in every municipality has a two- or three-man force - at least we do in Hillside - that concentrates on nothing but narcotics offenses. Every prosecutor's office has a group that concentrates in this area. As a matter of fact, there are some prosecutors' offices that apparently take a great deal of pleasure in serving indictments on kids at 3:00 in the morning for possession of marijuana.

I do an awful lot of criminal work. I would say that the great bulk of my work is criminal work. I have seen kids in court for years and years, kids that are otherwise law-abiding young people and who will never otherwise be in trouble, who have been arrested, have gone through the trauma with their families, have gone through the trauma of standing before a judge, and have been humiliated by the mere fact that they were before the court. I have seen the terrible, terrible effect that it has on the parents and the young people, and I think it is wrong. I think that we could very well use our law enforcement in a different area.

I have never personally tried marijuana - I represented that to the commission - primarily because I have no interest in trying it, and secondly, I like martinis better. I'll get cirrhosis of the liver from martinis, but I do like them. I do feel strongly about this: I do criminal work; I see these young people; I am convinced - keep in mind that I have never smoked marijuana - after 18 months of study and

after this report, that the only sane solution, the only enlightened solution, is obviously to decriminalize possession of small amounts of marijuana.

I should add that there are many prosecutors in this State who feel the same way that I feel. They are not here today because they are going to have their convention on March 6, and they are going to bring up the problem of marijuana. Many of them tell me that they just cannot be bothered with this kind of thing. I know that Essex County has too much other work to do.

Let me put it this way: I would say that of the last 15 criminal cases I've gotten in the last few months, 10 were for marijuana, and every one of those kids had no prior record and, most likely, will never have another record.

ASSEMBLYMAN HAWKINS: I would like to give you, first of all, some information. You did not hear the Attorney General's testimony. He disagreed, in part, with you, and he agreed with you more than you'll ever know. The part he disagreed with is this: He suggested that the penalty should be up to \$200. Would you have any problem with that?

SENATOR MENZA: No.

ASSEMBLYMAN HAWKINS: Now for the surprise: He suggested that there be no limit on the amount of marijuana to be possessed in order for it to be decriminalized. What he is suggesting, in essence, is that possession of any amount of marijuana should not be a crime, and he suggests to leave it within the discretion of the Attorney General's office, the prosecutor's office, and the judiciary to see to it that those people who are possessing with intent to distribute are properly prosecuted. In other words, he would leave that a crime, but mere possession would

not be a crime. I suppose the Attorney General was getting at the point that, maybe, the crime fighting units can utilize their time more effectly in fighting organized crime, so to speak, the ones that are really distributing the marijuana, rather than dealing with the small penny-ante person. What do you say about that, sir?

SENATOR MENZA: Mr. Chairman, we also have no problem with that. Let me point this out: First, as to the initial proposition, I understand from the staff that worked on the original CDS that the 25 grams figure was, in fact, pulled out of the air. One legislator said 35 grams; another one said 15, etc. It was a compromise figure. There was no rhyme or reason for that particular figure. We chose 28 grams because we understand that an ounce is usually sold at a time. We also chose it to demonstrate our recognition of the fact that society frowns upon the use of the drug. It is not a very logical position, I must confess, to say that possession of 28 grams or less would result in a fine, but the possession of 28 grams or more may be a disorderly persons offense or a high misdemeanor. Therefore, if we are going to reason it properly, we should reason it to indicate that, in fact, none of it should be a crime. We have no problem with that amendment, but the members of the commission are also practical politicians. When I introduced this in the Senate, I must have asked 22 Senators to co-sponsor the bill. None of them wanted to co-sponsor the bill. Three people, I think, co-sponsored the bill. The problem is that you are not going to change 50 years of fear and certain attitudes toward this drug by one report and a couple hearings. The legislators are locked in. They have been brought up to know that, no matter how you cut the ice, marijuana causes sex maniacs,

violent crimes, and leads to heroin. That's hogwash, you realize, but that is what they have been led to believe all their lives. The public, apparently, does not want to recognize the fact at this time. I tell you that, even though the Senate and the Assembly may not do it within this year or the next couple years, the surrounding States are going to do it. They recognize a very, very distinct problem; that is, you just cannot go around arresting and charging these young people with criminal charges over and over and over again. You just cannot do it. They are a large segment of our society. It could be argued that because everyone does it, we should do away with the crime. Well, perhaps. It is a victimless crime, you know. I am convinced that it is not as harmful as excessive drinking.

ASSEMBLYMAN HAWKINS: Senator, the Attorney General also suggested that the bill, if it were to be passed at all, should be for a trial period of three years, at which time the law would terminate, and it would be reviewed. Do you have any particular problem with that, sir?

SENATOR MENZA: We indicated that. As a matter of fact, in the first CDS report, it was mandated that, within a year after the President's commission gave its report, a new commission would be formed - which we did by the way - and would make certain recommendations. I have no problem with the three-year trial period. I think that would be a good idea.

By the way, besides Oregon, Nebraska has a five-day maximum jail. Interestingly enough, Ann Arbor, Michigan, which is Michigan University - I don't know how they pass their own ordinances and thereby pre-empt the statutes - has a fine there also. We have contacted them, by the way. We made telephone calls, and

we contacted the people in Ann Arbor. We spoke to their town attorney, and we spoke to the police chief, etc., and we spoke to people in Oregon. They all indicated to us that there has been no increase in the use of marijuana, that the police force has been able to work elsewhere - in more effective areas, we think - and that there is a better attitude on the part of the young people toward police officers.

ASSEMBLYMAN HAWKINS: Do the committee members have any questions?

(No questions.)

Senator Menza, it has been very enlightening. Thank you very much for your testimony.

Mr. James Kilduff will be the next speaker.

Incidentally, as I have stated, we are a fact-finding committee, and although we are interested in hearing what everyone has to say, we don't necessarily want to hear the same thing over and over again. So, we ask that the remaining witnesses keep their comments to something we have not heard before, concise, and specifically to the point. It would be appreciated if all those who speak today would bear that in mind.

Mr. Kilduff, please go ahead, sir.

J A M E S K I L D U F F: On behalf of the 18,000 law enforcement officers of the New Jersey State Policemen's Benevolent Association. I wish to express a brief statement in reference to Assembly bill 2312, which calls for the decriminalization of small amounts of marijuana and hashish for personal consumption.

I am not a narcotics expert, so I will not attempt to make any technical points on the effects to the human body which are caused by the use of marijuana or hashish. I believe that we are all aware that even those who fall under the title of scientific

experts, fail to agree on the effects of marijuana and hashish. The one point that I would like to impress upon the members of this committee is that even those who support the use of marijuana and hashish will agree on one term with those that are in opposition to its use.

Over the past several years, we have all heard many who support marijuana and hashish make the outspoken claim that they are equal to alcoholic beverages in relation to the effects to the human body. With this point in mind, I refer now to a figure supplied to me by the New Jersey State Police Fatal Accident Bureau. In 1973, fatal accidents in New Jersey revealed that persons under the influence of alcoholic beverages were the contributing factor in 53.3 percent of the overall total number of fatal accidents. If the figure were presented that showed the number of murders, rapes, and other vicious crimes that were committed while the perpetrator was under the influence of an alcoholic beverage, I am sure the percentage would be as shocking as that of fatal accidents.

I, therefore, conclude that with the decriminalization of marijuana and hashish, we will all witness a rapid increase in the already tragic figures which are attributed to the abuse of alcohol.

The administration of justice will be further stripped of its effectiveness by the fact that proof of a suspect being under the influence of marijuana or hashish is next to impossible to prove in a court of law. For example, when a person is under the influence of an alcoholic beverage, his degree of intoxication can be determined by a sample of his breath, blood, or urine. On the contrary, when a person is under the influence of marijuana or hashish,

there are no body substances that can be tested that will reveal the degree or proof of his intoxication.

We strongly believe that passage of Assembly bill 2312 by the New Jersey Legislature will be a definite threat to the safety and welfare of the citizens of the State of New Jersey.

To briefly speak to the penalty, which you gentlemen referred to earlier, in my several years as a police officer, I have yet to see anyone serve a six-month term. The most I have ever seen anyone receive as a penalty for a small amount of marijuana or hashish was a \$35 fine, as a maximum, and an overnight stay in the county jail. If this committee feels that a change in our present law is needed, the PBA feels that it should be decided by the people of this State on a public referendum.

Thank you for the opportunity to express our views.

ASSEMBLYMAN HAWKINS: You have stated that the penalty, as you have seen it, is \$35 and an overnight stay in the county jail. What about the stigma of having a criminal record? Is that part of the penalty?

MR. KILDUFF: Does a person have a criminal record if they are arrested for drunk and disorderly conduct?

ASSEMBLYMAN HAWKINS: Sir, we are not here to answer questions, or are you asking rhetorically?

MR. KILDUFF: As far as I am concerned, the penalty, as it stands now, is a disorderly persons offense.

ASSEMBLYMAN HAWKINS: Sir, possession of certain amounts--- Did you hear Attorney General Hyland's comments?

MR. KILDUFF: I heard part of his comments.

ASSEMBLYMAN HAWKINS: He suggested that we do away with the criminal penalties for possession of any amount of marijuana, and he suggested keeping the criminal penalty for possession with intent to distribute. If I understand you correctly, you want possession of any amount of marijuana to remain as either a disorderly persons charge or criminal offense, either one of which would give a person a record. Do you consider having a record a part of the punishment?

MR. KILDUFF: I would say that to take any further steps to lower any penalties that we have now would be detrimental to the safety and welfare of the people of this State. What I cannot understand, and what the PBA cannot understand, is the decriminalization of small amounts of marijuana and hashish. You made an earlier statement that you would be interested in the people higher up, the distributors and pushers. Where are these people going to get their supply when this decriminalization takes place? Are you not encouraging the pushers?

ASSEMBLYMAN HAWKINS: Sir, do you have any evidence whatsoever that would show that the fact that it is a crime on the books has deterred anyone from the use of marijuana?

MR. KILDUFF: Would you repeat that, please?

ASSEMBLYMAN HAWKINS: Do you have any factual evidence to give the committee that would show that keeping it a crime would deter anyone, or, having been a crime, has it deterred anyone from the use of marijuana?

MR. KILDUFF: No, there are no facts available along those lines.

ASSEMBLYMAN HAWKINS: So, the fact that it's a crime, in and of itself--- What good would it be

for society to keep it a crime? Can you tell me that?

MR. KILDUFF: All I can say is that by lowering the penalty, you are further encouraging the use. You are further encouraging the widespread use, which is going to lead to the tragedies that I referred to in my earlier statement.

ASSEMBLYMAN HAWKINS: Suppose, sir, that we took Attorney General Hyland's suggestion and levied a fine of, say, \$200 for possession. Suppose we were to go as high as \$1000 for possession of a large amount such as a pound. Do you think that would encourage the use?

MR. KILDUFF: I don't look for any change.

ASSEMBLYMAN HAWKINS: Pardon?

MR. KILDUFF: I don't look for any change from the present law.

ASSEMBLYMAN HAWKINS: In other words, you are saying that you don't want to change the present law no matter how we would change it.

MR. KILDUFF: I feel that any change to lessen the penalties that exist at present would be detrimental.

ASSEMBLYMAN HAWKINS: How would it be detrimental?

MR. KILDUFF: I am speaking in reference to the point I just made regarding the abuse of alcohol. That is the main point I wanted to put across.

ASSEMBLYMAN HAWKINS: Do the committee members have any questions?

ASSEMBLYWOMAN BERMAN: Sir, in your statement, you talked about the effect of alcohol on fatal accidents. I assume that has to do with motor vehicles. Then you conjectured about what figures might be projected relative to some violent crimes. I just wondered what

kind of information you had that would lead you to believe that there was similar evidence of a high ratio of incidents to use of alcohol.

MR. KILDUFF: I tried to get statistics along these lines. They were not available at the time I was seeking them. I base my information on my experience as a police officer and my daily confrontations with the public and with crime.

ASSEMBLYWOMAN BERMAN: In other words, your linking of alcohol, motor vehicle accidents, and violent crime is not out of any crime statistics, but relative to what you have experienced personally in your work. From this, you have made a generalization about what might be found in terms of marijuana use. The statement would seem to indicate that you feel that alcohol has almost exactly the same effect as marijuana, and therefore would contribute at the same rate to fatal accidents on the highways and also to violent crimes. What factual basis do you have for that deduction?

MR. KILDUFF: As far as I can see, you are asking me the same question again but in a longer form.

ASSEMBLYWOMAN BERMAN: How would you answer that?

MR. KILDUFF: Are you asking me why I am comparing the statistics that I am stating will arise from the decriminalization of marijuana to the alcohol statistics?

ASSEMBLYWOMAN BERMAN: No, not the decriminalization. We are talking now about factual statistics on effect. You say in your statement, "I, therefore, conclude that with the decriminalization of marijuana and hashish, we will all witness a rapid increase in the already tragic figures which are attributed to the abuse of alcohol." The only figures

we have in your statement are those that have to do with motor vehicles. From that, you have deduced certain things about violent crimes, and now you are transferring that to marijuana and hashish in the same areas. I was wondering whether you might want to comment on what factual basis you have for that or whether it is just a gut feeling of yours.

MR. KILDUFF: It's not really a gut feeling. It's from dealing with the public on a day-to-day basis. I am sure that these figures are available through some source that I did not have the opportunity to contact. I am sure that the figures would be available to this committee as to the numbers of murders and other vicious crimes that have been committed while a person was under the influence of alcohol. I brought out the point about alcohol, as I said previously, because even those who support the use of marijuana and hashish agree that they are equal to alcohol in the "high" that they give the person. That is why I wanted to show the comparison.

ASSEMBLYWOMAN BERMAN: I have not found it to be true that there is general agreement that the effects of alcohol are exactly like those of marijuana.

ASSEMBLYMAN HAWKINS: Are there any other questions?

(No questions.)

Thank you very much, sir.

The next witness will be Det. Sgt. Walter Betyeman of the New Jersey Narcotic Enforcement Officers Association.

A L T E R      B E T Y E M A N :

I thank you for the opportunity to appear on behalf of the New Jersey Narcotic Enforcement Officers Association to comment upon Assembly Bill 2312.

Relatively new among organizations representing the interests of law enforcement, the New Jersey Narcotic Enforcement Officers Association has grown to 1,800 members, including persons involved in federal, state, county and municipal law enforcement, as well as educators, doctors, probation officers, attorneys, pharmacists, and persons from private industry. The Association seeks to provide a forum for the expression and exchange of ideas, to train professionals in drug abuse and law enforcement, and to act as the spokesman for all persons who resent the toll that drugs have taken upon our youth.

The Association has found, based upon personal experiences of its members in the investigation, arrest, prosecution, treatment and rehabilitation of tens of thousands of drug offenders, that (a) marijuana is, unfortunately, a popular drug of use and abuse in the United States; (b) competent, credible medical studies confirm that the use of marijuana is a destructive influence upon the human psychology and physiology; (c) entertainment personalities, at the expense of an

orderly society, regrettably use their control of the media and the minds of millions of Americans to glamorize the use of marijuana through humorous or sympathetic remarks; (d) there has been an alarming rise in the abuse of alcohol by young people in New Jersey in the two short years since the legal drinking age was lowered to 18, but even more alarming incidence of abuse by persons twelve to eighteen.

The use and abuse of alcohol by millions, while socially acceptable, are no reasons to permit, support or encourage the disablement of another twenty million Americans through the use and abuse of marijuana.

The Association believes that any program which decriminalizes possession of marijuana serves only to open the door for complete legalization at a later time. It is wrong to argue that the laws should be changed because twenty million people use marijuana; it has been conservatively estimated that eight million persons have tried cocaine. Does this mean that in a few years this narcotic will receive the widespread support from some legislators that marijuana does?

It is not true that the police will have more time to uncover other criminal activity if relieved of the responsibility for making arrests for small amounts of marijuana. In fact, the police officer does not conduct a surveillance just to find someone smoking a marijuana cigarette. In most cases, the police officer comes upon a set of circumstances which indicates to him, based upon his training, education and experience, that something is not right: he observes, then inquires. It may turn out to be a marijuana arrest, but it may also turn

to be a burglar lying in wait, or a sex offender, or a mugger. No matter what the case, the officer must still prepare a report, submit the evidence, testify if the matter is contested, maintain the evidence, and be prepared to justify his actions and conduct. The only time saved by a policy that provides for the issuance of a citation like a traffic ticket for the possession of small amounts of marijuana is the time necessary to fingerprint and photograph the defendant--fifteen minutes at the most. But compare this with the benefit to society if the person arrested for a marijuana offense is one who, because of the arrest situation, decides not to use it or experiment further.

The New Jersey Drug Study Commission stated that an important reason for removing or reducing penalties for marijuana offenses is that "marijuana arrests have generated widespread disrespect for law enforcement officials and distrust of the criminal justice system in New Jersey." Disrespect among whom? Among the marijuana users? We are just as certain that there is a widespread disrespect for law enforcement officials among burglars as a result of arrests and prosecutions for burglary. Do we therefore change those laws? The choice is simply whether the criminal justice system should be affected by those who keep the law or those who break it.

Marijuana presents a unique problem to the community and cannot be compared, in terms of social consequences or impact upon the criminal justice system, with any other drug. Decriminalization of marijuana was

never a social issue until drugs came out of the slums and into the white, middle-class suburbs. As soon as the children of those middle-class parents were arrested, were convicted, were denied educational and employment opportunities, only then did the cry for reform of the marijuana laws arise. Nobody cared when it was the slum youngster who was arrested and thrown into jail, convicted and sentenced.

The Association recommends that any change in the laws regarding marijuana only be by public referendum. The people should have the right to decide what the policy of this state will be toward marijuana, not the legislators or special interest groups. Perhaps the most intelligent approach is that in Union County, where a special grand jury is hearing evidence concerning marijuana, with an eye toward recommending to the Legislature that the marijuana laws be changed, or not be changed at all. That twenty-three member grand jury is a true cross-section of the community, and their recommendations should be accorded substantial weight by the Governor, the Attorney General, and the Legislature.

The Association recommends that educational programs in grammar schools, in junior and senior high schools, be increased in scope and approach, as a requirement of law, to deter the use of or experimentation with marijuana.

But the aspect of the bill with which the Association respectfully disagrees most is at p.6, line 28 at the top, which makes distribution or possession with intent to distribute, more than 28 grams of marijuana

punishable by not more than 5 years in prison and a \$1500 fine or both (the existing law provides for a \$15,000 fine). Is this a typographical error? If not, you might find the following case enlightening:

In January, 1974, the Union County Narcotic Strike Force (through the Clark Police) received information that a small group of people were involved in an unlawful conspiracy with persons in California to bring large quantities of marijuana into New Jersey. After a rather intensive investigation, application was made to conduct wiretaps on a phone in an East Brunswick apartment (where the principal and his girlfriend lived) and a phone in a Clark apartment (where his partner lived). The Court authorized both wiretaps. After only three days of electronic surveillance (which involved intercepting only 15 calls), a search warrant was obtained and executed shortly after the principal flew in from California with four suitcases containing 160 pounds of marijuana. We were able to determine the following:

Cost of 160 pounds of marijuana in California @\$50 per pound;	\$ 8,000
Expenses for two and a half days (high);	1,000
Two round-trip tickets to California (the marijuana was shipped on a separate flight);	<u>1,000</u>
	\$10,000

Our principal spent a total of \$10,000. He had a customer waiting in New Jersey who would pay \$200 per pound, or \$32,000. Thus, for a weekend's work, the defendants would net, tax-free, \$22,000 - and they

made this trip at least once a month! The principal was sentenced to 4-5 years in State Prison and fined \$10,000.

There might be some justification for the term of years to be imposed, but the maximum fine allowed should be increased, not substantially decreased, to make it financially profitable to "deal" marijuana.

And last, the Association asks, so what if twenty million people smoke marijuana? We are more concerned with the two hundred million who do not, who have not, and who will not smoke marijuana. What about their rights?

ASSEMBLYMAN HAWKINS: Thank you, sir. I think the committee may have questions.

ASSEMBLYMAN BATE: Det. Sgt. Betyeman, with specific reference to that Union County special grand jury, have you been called to testify before that grand jury?

DET. SGT. BETYEMAN: Yes, sir, I have.

ASSEMBLYMAN BATE: Do you have any inkling of what the result is going to be with respect to the recommendation?

DET. SGT. BETYEMAN: As of this moment, I do not, sir. Their last session was this past Wednesday.

ASSEMBLYMAN BATE: You state that it represents a cross-section of Union County.

DET. SGT. BETYEMAN: That's correct.

ASSEMBLYMAN BATE: You further recommend that we have a referendum so the people of New Jersey could

vote directly on whether or not there should be a lessening of the penalties.

DET. SGT. BETYEMAN: That is correct, sir.

ASSEMBLYMAN BATE: Don't you think that the Legislature of the State of New Jersey is about the best cross-section you can find?

DET. SGT. BETYEMAN: Yes, sir, that might be true, but I referred to the public referendum aspect because I believe there was a lot of talk from politicians and other individuals that the gambling bill was going to go through, and I think the public referendum showed, in that particular instance, the feelings of the citizens of the State. I feel that perhaps a public referendum for the marijuana issue would be an ideal situation.

ASSEMBLYMAN BATE: Of course, with respect to casino gambling, that was a constitutional requirement.

DET. SGT. BETYEMAN: I realize that.

ASSEMBLYMAN BATE: Don't you think that the legislators have a responsibility to make a judgment based on the expertise that is offered by you and others that come before our committee? Do you deny that we can make a decent judgment for the people of New Jersey?

DET. SGT. BETYEMAN: No, sir. It is just the feeling of the Association that we would like to see a public referendum on the matter.

ASSEMBLYMAN HAWKINS: Sir, how do you differentiate between a matter that should go to public referendum and a matter that should remain with the Legislature for a determination?

DET. SGT. BETYEMAN: The feeling of the Association is that if there is to be any change, the only way it should be done is through a public referendum.

ASSEMBLYMAN HAWKINS: I understand that, but how does the Association or anyone else, decide whether the public, by referendum, should make the determination or the Legislature should make the determination?

DET. SGT. BETYEMAN: I cannot answer that for you; I'm sorry.

ASSEMBLYMAN HAWKINS: You don't have any idea how you do that?

DET. SGT. BETYEMAN: No, sir.

ASSEMBLYMAN HAWKINS: Assemblywoman Berman, do you have any questions?

ASSEMBLYWOMAN BERMAN: In the beginning of your statement, you said that there was widespread support from some legislators relative to marijuana. Would you explain that?

DET. SGT. BETYEMAN: Are you referring to my mentioning that eight million persons have tried cocaine?

ASSEMBLYWOMAN BERMAN: I'm sorry; I thought it was somewhere else. If that was the only reference to it, I will withdraw that question.

ASSEMBLYMAN HAWKINS: Are there any other questions?

(No questions.)

Thank you very much, sir.

The next speaker will be Dr. George Nash.

(No response.)

Dr. George Gubar, Seton Hall University, Director of Psychologic Services at Mt. Carmel Guild in Paterson. Welcome, doctor.

G E O R G E G U B A R: I wish to thank you for the opportunity to speak to your committee regarding my feelings and concerns about Assembly bill 2312.

Unfortunately, I was not here during the entire hearing. There, apparently, have been raised a multitude of problems that are inherent in any discussion concerning the question of the decriminalization of marijuana. I could probably go on and add to this list without discussion or clarification, but to do so would only add to the confusion that already exists. The topic of marijuana, in itself, is an emotional one engendering discussion, argumentation, and rhetoric from users, non-users, and the "should I be using" individuals. In most of the discussions and debates concerning the decriminalization of the use and possession of marijuana which I have had with members of the National Organization for the Reform of Marijuana Laws, NORML, it became apparent that decriminalization is not an end, but only the first step toward the legalization of the use, possession, and sale of cannabis in all forms. If this is the case, then why are we clouding the issue? Let's discuss the legalization.

ASSEMBLYMAN HAWKINS: Pardon me, sir. Are you going to discuss legalization?

DR. GUBAR: No, sir.

However, if we assume that this is not the case, and decriminalization is the end and not the means, other serious considerations are implicit.

There is no need for me to reiterate the reported physical hazards concerning the chronic and longitudinal use of marijuana such as has been suggested by prominent scientists around the world. I am not a physician; I am not a pharmacologist; I can only say that this evidence may have been disputed

but, in fact, has never been refuted, and the body of evidence grows daily.

To argue, as do the advocates, in favor of the recreational use of marijuana on an unlimited basis because there has been some questionable research concerning the possible limited medical use of cannabis has no merit whatsoever in this discussion.

Perhaps the first question that should be asked is not, "Should marijuana be decriminalized?" but, "Should the marijuana laws be modified?" To this question, I would have to answer, "Yes, but---" As a general axiom, marijuana laws should not be considered on an individual basis nor on a state-by-state basis, but should be unified on a national basis. I would personally resent, as an American citizen, being fined for the possession of 28 grams of marijuana in New Jersey and being arrested and possibly jailed for the same offense in New York or Pennsylvania. Further, the basis for change of laws which attempt to protect the mental and physical health of the American people should be considered on the recommendation of the Food and Drug Administration after careful consideration of all the evidence, as in the case of any product offered for sale under the rubric of food or drugs. Unfortunately, the FDA has been strangely silent in this matter.

As a college professor who instituted and still conducts, at Seton Hall University, one of the first courses in the United States concerning drug abuse - and it has been going on for over five years - I am becoming more and more distressed that students freely admit driving automobiles more frequently while under the influence of marijuana with the misbelief that marijuana intoxication does not cause any

behavioral or response detriments in driving ability. They believe this in spite of the momentary lapses in attention, the possible interference with peripheral and central vision, decreases in response time, distortion in time perception, and increased sensitivity, which might cause a driver to focus and fix his senses on interfering stimuli such as lights, sounds, etc. These factors are reluctantly admitted by the students and have been shown under experimental conditions.

Driving while "stoned" does present other problems which should be considered before we attempt to change our marijuana laws; namely, how do we determine the potency or quality empirically of the marijuana that is being used, and secondly, how do we determine levels of cannabis intoxication? How do we say a person is unimpaired versus impaired versus drunk? There is presently no accepted test to determine levels of marijuana intoxication as there are tests to determine levels of alcohol intoxication.

As a result of the Harrison Act of 1914, our government created an illegal market for morphine. If we decriminalize marijuana, will we be doing the same thing because who will supply the smoker with grass? How will cannabis be distributed? Will the police carry scales to check weight? How many times can an individual pay a fine for the possession of 40 to 55 sticks of marijuana, which is probably a two-month supply for the casual user, before he or she may be in violation of another law? Will decriminalization create a market for cannabis in New Jersey which is greater than the one which presently exists?

The Oregon experiment, reducing the penalties for marijuana offenses, is being touted as a reason for

the decriminalization and/or legalization of marijuana because, they say, there is a small increase in heavy users versus a large decrease in occasional users. Pardon the pun, but this is a smokescreen. There has been a general reduction in the use of marijuana, nationally, at the upper college levels. The subjects questioned in Oregon were all adults. We find that this is a clinical fact from the information that we have gathered from universities. We find the students, as of this semester and last semester, have become much more involved in success and have become much more oriented towards our establishment, if you will. So, we find that the possible switch from marijuana to alcohol has occurred. We don't say that this is good, but it is a fact that we have to live with. This switch was predicted by the Shafer Commission, and oddly enough, the decrease in Oregon may be in line with the occasional user, also at the college level, in this area giving up use while the heavy use in Oregon may be as a result of decriminalization.

There are a couple of misconceptions that must be dispelled. The fact that we have an estimated 24 million smokers in the United States is a statistical figure which includes everyone who has smoked marijuana once. They are included in this figure. When we start to break it down, then we get down to 12 million regular users. When we get down to heavy users, then we get a much smaller number.

Insofar as marijuana being harmless, there is no completely safe drug known to man, and to underestimate the potential dangers of the use and abuse of marijuana is to invite disaster. This is the posture, unfortunately, that I believe decriminalization might foster, and I doubt that any clear-thinking husband or physician would advocate the use of marijuana by his pregnant spouse.

Nowhere in the New Jersey proposal that marijuana be decriminalized is there a reference to the action which is to be taken by juveniles, and they are already taken care of. A breakdown of marijuana smokers by age would show that the 13 to 17 year old group is probably running a close second in size to the largest group of marijuana smokers, those between 17 and 21.

As a licensed clinical psychologist who specializes in the treatment of addicted individuals, I would like to mention some psychological conditions affecting marijuana smokers which are seen much more frequently than by chance alone. First, we do find that there is impairment of memory for immediate events. Secondly, we find that there is decrement in performance on complex motor and complex cognitive tasks. Thirdly is the incidence of a transient form of paranoia which is not entirely attributable to the illegality of marijuana. Fourth is the amotivational syndrome which does afflict some cannabis users, and lastly, is a transient form of psychosis which may affect heavy, or even moderate, smokers. It is true that, in some instances, marijuana may be the effect rather than the cause. But, it is just as true that, in many cases, marijuana may be the cause. Unfortunately, as knowledgeable as psychologists are, they have not yet devised a test which can determine which individuals among us are walking a psychological tightrope and who will suffer ill or negative effects from the use of this mild hallucinogenic.

Two publications which are most frequently quoted as legitimate sources of information for changes in the cannabis laws include "Licit and Illicit Drugs" by the Consumers Union and Edward M. Brecher, who stated that the commission concluded that - and here he is referring to the LeDain Commission in

in Canada - "the scientific evidence concerning marijuana is not yet all in." Later Brecher asks the question, "Would a decision by the government to assume responsibility for the quality control and distribution of cannabis imply, or be taken to imply, approval of its use and an assurance as to the absence of significant potential harm?"

Senator Menza mentioned the report by the National Commission on Marijuana and Drug Abuse entitled "The Second Report: Drug Use in America - Problem in Perspective." In that the commission corrected its original report by stating, "There are adverse effects on driving while under the influence of marijuana intoxication." Then, they summarized their position by stating the following. I was at a conference in Rochester over the week-end, and Dr. Brill was contacted to substantiate what I am going to say now, and he did. Dr. Henry Brill was a member of that commission. The statement that I would like to bring to the attention of this committee is this: "The commission notes the significant role played by the voluntary sector of the American community in influencing the social, religious, and moral attitudes of our nation's citizens and recommends that the voluntary sector be encouraged to take an active role in support of our recommended policy of discouraging the use of marijuana."

Last night I was on a radio program with a gentleman who was the executive director of NORML in New York State, and I asked him if NORML did or did not encourage the use of marijuana. He, as the representative of NORML in New York, stated that NORML was against the use of marijuana.

There is no question in my mind, nor should there be in the minds of any clear-thinking individuals,

that, before the marijuana laws are changed, if they are to be changed, there must be much more definitive research to answer all the unanswered questions combined with an extensive program of awareness and education concerning the potential dangers and possible hazards that can occur as the result of marijuana use.

John H. Standler, who is a member of the New Jersey Drug Abuse Advisory Council, and council to the New Jersey Narcotic Enforcement Officers Association, on December 2, 1974, issued a statement asking for the decriminalization of marijuana in the amount of 10 grams or less and hashish in the amount of 1 gram in opposition to the committee's suggestion that there be decriminalization of 28 grams of marijuana and 6 grams of hashish. Nowhere, again, does Mr. Standler mention the ages of the offenders, but he states what he labels as "incontrovertible" facts about marijuana, and I would like to quote you a few of them: "Competent, credible medical studies confirm that the use of marijuana is a destructive influence upon the human psychology and physiology. Ten grams of marijuana will make 28 to 30 cigarettes, an amount which the President's Commission on Marijuana found to be a month's supply for the casual user. Possession of more than 25 grams of marijuana should continue to be a high misdemeanor, and the use and abuse of alcohol by millions, while socially acceptable, are no reasons to permit, support, or encourage the disablement of another 20 million Americans through the use and abuse of marijuana." These are Mr. Standler's quotes. Finally, Mr. Standler states, quite emphatically, "I oppose the use of marijuana."

Referring to Mr. Standler's mention of alcohol, it has been suggested that, if alcohol were to be discovered today, it would not be licensed by the Food and Drug Administration, even as a prescription drug, because of its potential for harm. Before we add another drug to this category, much more thought and investigation should be given to this substance.

We are constantly being asked, "Should college students suffer the trauma of arrest and jail records?" to which I must answer, "Why are college students being singled out?" Arrest and jail records have been shown to be traumatic to all kinds of people. If, as the advocates suggest, marijuana is not addictive, why not declare a moratorium on its use by all people until such time as the evidence has become fact rather than risk many unnecessary and possibly unpleasant consequences because of its use?

Mr. Harry Anslinger may have distorted or emphasized the negative facts in his desire to have Congress pass the Marijuana Tax Act of 1937, but it seems just as dishonest for the advocates of decriminalization, by omission or commission, to do the same thing.

Dr. DuPont, as late as Friday evening or early Saturday morning, in a telephone call from Berlin, originally said that marijuana should be legalized, but reversed himself three days later, but the pros don't mention the reversal.

United States Attorney Earl Silbert said his office would not prosecute cases involving possession of five or fewer cigarettes, and then he reversed himself, but the pros don't mention the reversal.

In 1967, Dr. Henry Powelson said marijuana was harmless, but then reversed himself in December of 1974, and he did so again on the program Friday night in Rochester, but, again, the pros don't mention this either.

There has been a suggestion that there is no middle ground in this argument and that the answer is to either decriminalize and legalize marijuana or treat marijuana as illegal and criminal. This is far from the truth. I am advocating a middle ground. Consider changing the marijuana laws when we have the facts, and when we can take a reasonable scientific and sane view of the problem and come to realistic solutions. But, let's avoid the dangers of immediacy and urgency, based on the thalidomide experience, by burying our heads in the sand concerning either side of the question.

As a scientist, it would be criminal on my part to deliberately ignore the possibility of the debilitating psychological and physiological effects of cannabis simply because of the impatience of a sector of the population desiring what they have come to regard as indulgence in a new form of recreation. In this era of maturity in which we are attempting to instill in our children a sense of responsibility, it appears incongruent to change laws to accommodate lawbreakers. If this is the attitude, we can liberalize many of the other victimless crimes, if you will. It is true that we cannot legislate morality, nor is it true that we should legislate immorality. Therefore, I am urging this committee not to endorse the position of decriminalization on the basis of immediacy or urgency. As a professional legislative body, you should state that there is validity to the consideration of the possibility of a change in our marijuana laws, but only

after empirical evidence indicates changes should be made. The New Jersey Legislature should remain unemotional and rational, as your constituents believe that you should be in matters concerning their psychological and physiological health.

Thank you for the opportunity to appear before you today.

ASSEMBLYMAN HAWKINS: Thank you, sir. I understand your point that cannabis may be harmful, and I understand your feelings that, maybe, we as a Legislature should not rush into something that may cause harm, but do you have any evidence that shows that criminal penalties being in existence for the use of marijuana are deterring anyone from using it?

DR. GRUBAR: Written evidence, no, sir, because marijuana is an illegal drug in this State. But, in conversation with college students, many of them have stated, about half of them - and I have been teaching this course over five years, and about 400 students a year take this course at Seton Hall - that if it were not criminal, they would try it and would want to see what it is like. The element of curiosity is there. Others have stated that they do not want to continue use because of its illegality.

ASSEMBLYMAN HAWKINS: Do you think that there is any harm being caused by the fact that it is criminal at this particular time? In other words, is there any harm caused by our arresting college students, or anyone else, for that matter, and giving them a criminal record for the use of marijuana? As you are aware, once you have a criminal record, you cannot be bonded for certain jobs, and some people just won't

hire you, whether you have gone to jail or not. So, do you think there is any harm whatsoever in lumping a person who uses marijuana in the same category with a person who commits armed robbery, rape, or fornication?

DR. GRUBAR: Is there harm in getting a criminal record for a person who is generally not involved in criminal activities, yes. But, so long as it remains, you are saying, therefore, it does cause harm where the person is not in the same category as a rapist. I am asking that there be changes based on factual evidence rather than on questions of morality. I am not a moralist.

ASSEMBLYMAN HAWKINS: Did you hear the testimony of the Attorney General?

DR. GRUBAR: No, sir, I did not.

ASSEMBLYMAN HAWKINS: He suggested that a decriminalization for possession of any quantity of marijuana be instituted for three years, a review be made at the end of those three years as to whether or not such a decriminalization works, and a fine in the amount of \$200 for possession be imposed, but there would not be criminal sanctions attached to it. Do you have any opinion on that?

DR. GRUBAR: Assemblyman Hawkins, I can quote from J. Pat Horton, who is the district attorney for the Eugene area. He is one of the leading advocates for decriminalization in Oregon. He said, "One of the biggest fears of the Oregon lawmakers was that endorsing decriminalization would mean legislative sanction for using the drug, and for this reason, they retained criminal penalties for selling." Assemblyman Hawkins, I feel that if we decriminalize, we would have - and I have spoken to some other legalists, and I am not an attorney - de facto legalization or tacit approval by

our governing body. I, for one, respect our Legislature and feel that if they say it should be decriminalized, this would indicate no harm. Then, I would feel that my Legislature did me a disservice.

There was a recent report which attacked a very, very large body of scientific evidence that was placed before the senate committee, and Consumers Union was one of the leaders in this particular area of debunking this report, which I don't think was debunked. One of the things that they said in this March 1975 issue was this: "After reviewing the voluminous evidence available up through January 1972, CU did not then conclude in 'Licit and Illicit Drugs' that marijuana was '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.'" This month they said, "We see no need to withdraw or modify that conclusion."

I am concerned, sir. I am very concerned.

ASSEMBLYMAN HAWKINS: Do the committee members have any questions?

ASSEMBLYMAN BATE: Regarding the tacit approval, Dr. Grubar, you don't think that the citizens tacitly approve of someone who goes 40 or 50 miles per hour through a school zone, do you? Isn't that analogous, so to speak? If what you say is true, namely, that it is de facto approval, do the people, therefore, approve of speeding?

DR. GRUBAR: Mr. Bate, when you pick a school zone, I think this is analogous to what you are doing with the decriminalization of marijuana. Right now, we have the 15 year olds having the 18 year olds buy their booze because it is legal to drink at 18. I happen to come from one of the minorities in this State in spite of the fact that I don't look it or sound it. We do

find that the children are the ones that are going to be most affected because they are the largest users of this particular drug. It will be, in that particular instance, taken as tacit approval by our governing body.

ASSEMBLYMAN BATE: Regarding the empirical argument, let's assume that the empirical data are there. Would you still oppose the Legislature passing a law if, in fact, the adjoining States had not passed such a law? You said you wanted it unified on a national basis.

DR. GRUBAR: Yes, sir. If the empirical evidence were there that said that it was not harmful?

ASSEMBLYMAN BATE: If the arguments were there to recommend the point of view expressed in this bill, would you still say that the New Jersey Legislature should refrain from passing the bill until such time as there was a movement afoot nationally?

DR. GRUBAR: I would suggest, as I did, that perhaps the New Jersey Legislature might issue a statement, if this is possible, and prevail upon the federal government to pass such a law that would then encompass all of our 50 States.

ASSEMBLYMAN BATE: That's impractical, isn't it? As a matter of fact, a number of years ago, the State of New York passed an abortion law, and the legislative branch of the federal government did not act until the judiciary, two years ago in January, determined that abortion was not illegal. In the few years that New York had the abortion law, New Jersey did not have an abortion law---

DR. GRUBAR: So everybody went to New York to get their abortion.

ASSEMBLYMAN BATE: I am just pointing that out to say that it is not an unusual circumstance to have

one State with a law, and in this instance, it would be the precursor of the other States.

DR. GRUBAR: Mr. Bate, what you have then is the young people going to New York to get their abortions, legally or illegally, and this is one of the problems we have. A recent article in our local newspaper said that Laos is now no longer allowing hippies into their country because of the free access to drugs there.

ASSEMBLYMAN BATE: Dr. Grubar, don't we, the 80 members of the Assembly and the 40 members of the Senate, have an obligation, if there is a determination that what we want to do is right, to put into motion---

DR. GRUBAR: I would agree, Mr. Bate. This is what we have elected our officials for, but I would also suggest that if there is a question concerning the health, physiologically and psychologically, of your constituents, you should be very, very cautious about taking action. Once you decriminalize, you are going to have a heck of a job making it, again, a criminal problem if you should suddenly find---

I am not going to go back to when morphine was first touted by the Bayer company as a cure for opiate addiction or when heroin became the cure for it, but the thalidomide experience, which is much, much closer to us, makes me want to say very, very cautiously that should there be changes, I think they should be on the basis of testimony of those who can give us much more scientific evidence as to what we should do. Surely, on an economic basis, I am not that keen about whether we clutter our courts or not because then, maybe, we can do away with many other victimless crimes and get our courts uncluttered. But, I am not interested in that. As a psychologist and as a scientist and as a father, I am interested in what goes on with our children.

ASSEMBLYMAN BATE: I understand what you are driving at, but let's do it the other way. Let us assume that in the course of the next year or so, all the middle-Atlantic States passed a law such as this, and New Jersey was the only State which had not enacted such a law. I assume you would still be opposed, would you not, even though all adjoining States passed such a law, and New Jersey would be the only place where the violators would get---

DR. GRUBAR: I don't want to be snide, Mr. Bate, but we don't have a state income tax, thank goodness, though most of the States around us do. We are still holding out. I feel that it is a question of health. It's not a question of States. It's a question of something that has been considered to be a drug. Can I ask you a question?

ASSEMBLYMAN HAWKINS: No, sir.

DR. GRUBAR: O.K. I would feel the same way if the State Legislature suddenly decided, in and of itself, that it was not alright to use saccharin, and every other State in the Union said it was perfectly alright to use saccharin.

ASSEMBLYMAN HAWKINS: Thank you very much for your testimony, Dr. Grubar.

DR. GRUBAR: Thank you for the opportunity to testify.

ASSEMBLYMAN HAWKINS: We will break for a few minutes to give the reporter a chance to relax. When we resume, we will continue until 1:00 when we will break for lunch.

(Short Recess)

AFTER RECESS

ASSEMBLYMAN HAWKINS: We will now reconvene the hearing. The next witness will be Richard Norris, Esq.

R I C H A R D N O R R I S: I am an attorney practicing law in Somerset County. May I please disclaim any expertise in the fields of medicine and sociology? I don't know any more about marijuana than the average layman, and I am really not here to impart any knowledge or any expertise on marijuana itself. I would also like to comment briefly on some of the things mentioned by this morning's speakers prior to the time that I discuss my own thoughts.

Bearing in mind the admonition that you wish to avoid any repetitious testimony, may I just say that my experience in the criminal practice virtually coincides with that of the Senator who spoke before you this morning. I have done a great deal of criminal work, and an awful lot of it has been involved with marijuana cases. I might say that in 20 years of practice, which would include quite a bit of criminal work, I have never yet represented a defendant who committed a crime while under the influence of marijuana. I might say that that is important because I heard some testimony this morning from the representative of the PBA who gave you some statistics on violent crimes committed while under the influence of alcohol. He gave you statistics which related to tragic motor vehicle accidents which occurred due to the influence of alcohol. It seemed that the reasoning was that if we were to decriminalize marijuana, we would then have people, I guess, switching from alcohol to marijuana and performing the same acts. It makes no sense to me, and I don't follow the reasoning. I would say that if anything, a strong point was made for the criminalization of alcohol. I don't know how it

related to the decriminalization of marijuana.

I would like to discuss an area which is somewhat different from anything else I have heard here today. That is the relationship between marijuana as a crime and the effect that it has had upon law enforcement activity in the State of New Jersey. Of course, we are dealing with a balancing of interests, a desire to provide effective law enforcement for the protection of the public at large as balanced against the preservation of individual rights and liberties. By and large, the overwhelming majority of police officers do an excellent job in the State, and they do it within the guidelines and standards which are established by our federal and state Constitutions. Unfortunately, there have been some instances when individual rights have been infringed upon by overzealous law enforcement officers. These are in the small minority of cases. We acknowledge that. However, it has been my experience that where there have been excesses by law enforcement officers, overzealous actions by law enforcement officers, in all too many of those cases, they emanate from marijuana offenses and marijuana-related offenses.

I can speak of certain specific instances. I can cite several of them. I would like to discuss just one or two without taking too much time:

In one instance, it was 9:00 in the morning, and an automobile was traveling on route 22 in Somerset County. It was an old, delapidated car bearing California license plates with four individuals in it who were poorly dressed and unkempt. A state trooper pulled the car over for a routine investigation, which is not uncommon. He asked the driver for his license and registration. They were produced. The

trooper did not like the appearance of the individuals and asked them if they could produce identification. One of the individuals was asleep in the back seat. He had been driving all night, and it was now 9:00 in the morning. He produced his wallet, and the trooper subsequently arrested everybody and charged them with marijuana after having searched the car and finding marijuana in a jacket which was on the back seat. It developed that the trooper stated that the basis upon which he searched the car was his personal observation of marijuana in a plastic bag contained in the wallet of the person in the back seat. He said he saw marijuana in that wallet, and that was the plain view, if you will, which entitled him to search the car. There was a motion to suppress evidence, and the wallet was produced. The plastic bag was produced, and it did indeed bear traces of marijuana. It developed, however, that those traces of marijuana were so infinitesimal that they could not be seen by the naked eye. The marijuana which was ultimately found and for which the individuals were charged was the marijuana found in the jacket. The evidence was suppressed, and the charges were ultimately dismissed. The judge in the particular case said that he did not believe that the trooper could possibly have seen any marijuana in that wallet, and indeed the plastic bag did not permit the naked eye to see it.

In another case, a trooper stopped a car for a routine check. He said he saw one seed of marijuana on the floor of the car and subsequently searched the car, searched the occupants, searched the trunk, and found a quantity of marijuana in the trunk of the car. They were charged with possession of marijuana. There was a motion to suppress the

evidence. The seed of marijuana was subpoenaed by defense counsel and brought to court in an envelope which was marked on the outside "Seed seen by trooper." At the hearing to suppress evidence, when the envelope was produced, somebody slipped, and the seed dropped on the floor. If you can picture an assistant prosecutor, a state trooper, and a county detective on their hands and knees looking for a seed of marijuana for 20 minutes, that is what happened. A recess was declared, and during that recess, they searched feverishly for that seed of marijuana, and it was ultimately discovered on the witness box within 18 inches of the trooper who had seen it from 12 feet away in order to justify his search. A motion to suppress evidence was granted.

I can cite from my personal experience, which is not great compared to many of the criminal practitioners in this State, at least a half dozen similar instances. What is the point? The point is that these cases involve what I consider to be violations of constitutional rights of individuals which often are followed by testimony in court which I can only classify as frequently not worthy of belief.

I have here a clipping from the New York Times, dated September 19, 1970, entitled "Judge Says Police Frequently Lie in Drug Cases." I have an editorial from the Courier News, dated August 12, 1970, which discusses this. I will read just a part of it: "The oft-repeated story has a certain beauty to it as far as the police are concerned." That oft-repeated story is the story that the car was being driven erratically, and the trooper stopped the car, and as he was walking forward to check the front license plate, he spotted a seed of marijuana on the floor.

The then prosecutor of Somerset County was quoted in this editorial as saying, "There is no doubt that the system encourages trifling with the truth. I hope it is not happening, but it is human nature for the policeman to want to substantiate a charge when he knows he has a guilty party."

There have been recent cases in this State and others in which it has been held by the court that a law enforcement officer with a certain amount of expertise can testify that he recognized an odor of marijuana from a vehicle or, indeed, from the hair of a person. That would constitute the probable cause which would enable him to search the car, search the individuals, and possibly find evidence of contraband or evidence of a violation of the law. But, consider the possibility that your son, age 17, driving an old Volkswagon on a state highway, not dressed in a suit, shirt, and tie, having long hair, can be stopped by a law enforcement officer on a routine check. That officer might smell a rat and can search the individual and his car. If he finds anything, not necessarily marijuana, if he finds any evidence of criminality, all he need say in order to justify his search is that he smelled an odor of marijuana. He doesn't have to find any marijuana, but if he can testify that he smelled an odor of marijuana, he has probable cause to search, and anything he finds will be evidence which will not be suppressed. What would happen if he didn't find anything? What would your son do? Would he file a suit in the federal court that his civil rights were violated? If he did, do you really think he would collect any damages for it? Do you think any jury would make an award that would be meaningful?

So, these instances can occur and, unfortunately, do occur, and it is at least partially attributable to the fact that the possession of marijuana is a crime in this State. It is this kind of illegality that opens the door for these excesses.

Of course, I would be the first to concede that this is not the rule; it's the exception. It doesn't happen in any significant percentage of the cases, but if it happens once in every thousand cases, isn't that one time too many?

I might also say that when there is a search, and marijuana is found in a vehicle, where there is more than one occupant in that vehicle, in almost every case, we have what is known as the "Joint Possession Doctrine." No pun is intended by that. If there are four people in that car, and marijuana is found on one of them, the law enforcement officer will charge all four.

ASSEMBLYMAN HAWKINS: Pardon me, sir. Don't you mean if it is found in an area which is possessed jointly by all the occupants, such as, on the floor?

MR. NORRIS: I would say that, certainly, in those cases, all four would be charged. In my experience, in a large majority of the cases, even where the marijuana was found on the person of one of them, for preliminary purposes, they were all charged, the theory being that there would be a probable cause, there would be a filtering out, and there would be an opportunity before a grand jury to determine whether the charge should ultimately be brought against all of them or only the one. But, temporarily, at least, in many of the cases, all the occupants were charged.

ASSEMBLYMAN HAWKINS: Is there any probable cause whatsoever to hold someone liable under our drug possession statutes if someone has it on

his person and he is with him in the same room or same car?

MR. NORRIS: Are you asking my opinion?

ASSEMBLYMAN HAWKINS: Yes.

MR. NORRIS: My opinion is, no.

ASSEMBLYMAN HAWKINS: Have there been any cases that have held probable cause?

MR. NORRIS: Yes.

ASSEMBLYMAN HAWKINS: They have actually held probable cause? If we are all in the same room, and you have a joint on you, can all of us be held jointly liable for the possession of that joint, as far as probable cause?

MR. NORRIS: The theory of the magistrate who determines probable cause in so many cases is, "I'm not going to make that decision. Let the next step up the line make the decision. Let them filter out, but I'm going to find probable cause." As recently as a week ago, I had a probable cause hearing in a similar case in which the officer admitted that he charged everybody there because he wasn't going to decide who it belonged to. My comment to him was, "It's a good thing it didn't happen in Shea Stadium on a Sunday in November, or we'd have 70,000 defendants in court." This is what is happening. It doesn't happen in other cases, at least to the extent that it happens in marijuana cases.

We also have presently in the statutes, in 24:21-34, a provision which permits the confiscation of vehicles when those vehicles are being used for the purpose of transporting any substances which are referred to in the Controlled Dangerous Substances Act. I can tell you that this provision is being utilized by what I consider to be overzealous law enforcement officers. The statistic was given to me just the other

day that in Somerset County, 37 vehicles have been confiscated within the last 18 months. Unfortunately, I am unable to tell you how many of those cases involved marijuana as distinguished from other controlled dangerous substances.

We have to consider who the defendants are in these cases. There has been all sorts of testimony here today that we are dealing with college students and other people who otherwise are not criminals. I don't consider that to be important. Of course, you will determine what you deem to be important. I think the important thing is that if this is a crime, then anybody who is charged with it is, by definition, a criminal. It is not important whether they would otherwise be a criminal or not. It is not important whether they are college students or not. It is not important whether they are 17 years old or 45 years old. What is important is this: As long as this is a violation of the law, then the possession of it is a crime.

ASSEMBLYMAN HAWKINS: Are there any questions?

ASSEMBLYWOMAN BERMAN: Did you hear the Attorney General's remarks this morning, sir?

MR. NORRIS: Unfortunately, I missed the Attorney General. I heard the repetition of his remarks.

ASSEMBLYWOMAN BERMAN: I was wondering whether you might want to comment on his suggestions that the exact quantity be eliminated and distinction be made as to whether a person is in possession or has intent to sell.

MR. NORRIS: I have some trouble with that. I agree, at least to the extent that the exact quantity should not be of great significance. I understand that the bill mentions 28 grams. I don't know what quantity

is the breaking point between mere possession and possession with intent to sell or otherwise distribute. I know this: In my experience, every possessor that I have ever dealt with was in some manner, shape, or form a distributor or a potential distributor. They pass it back and forth. "I don't have any; do you have some? Let me borrow some, or let me purchase some. When I have it, I'll sell it back." It doesn't seem to be important whether it's 28 grams, 45 grams, or whatever. I guess there is some vast quantity, the possession of which can be only for the purpose of sale to others. The possession of that quantity, I suppose, labels you a pusher. What quantity that is, I am not ready to even guess.

ASSEMBLYMAN HAWKINS: Should we possibly reword the statute to delete "distribute or dispense" and just have "sell"?

MR. NORRIS: I don't know how you would define "sell" or how you distinguish "distribution" from "sale" except that there is a consideration that passes. But, if that consideration is deferred in the sense that "I owe you 35 grams of marijuana; next time I get it, I'll let you have 35 grams of marijuana," I don't know whether we have sold to each other or merely distributed to each other. I cannot answer the question. I don't know where the level would be that makes one a potential pusher rather than just a user.

ASSEMBLYMAN HAWKINS: Thank you very much, Mr. Norris. Is Dr. Thorn present?

DR. WILLIAM THORN: I will yield this time to Dr. Gabriel Nahas as he has other commitments, and I will speak after lunch.

ASSEMBLYMAN HAWKINS: Very well. Dr. Nahas.

G A B R I E L G. N A H A S: Mr. Chairman, members of the committee, ladies and gentlemen: It is an honor to come and testify to this committee. I am testifying both as a resident of New Jersey where I have been living with my family for the past 15 years and also as a scientist working at Columbia University, College of Physicians and Surgeons, where I am research professor of anesthesiology.

For the past five years, I studied in my laboratory the pharmacological effects of marijuana products, and I have also made extensive surveys around the world where marijuana has been used for a long period of time. I have also attended, over the past five years, most of the scientific conferences held on the effects of marijuana.

I would like to quickly summarize the results of all of these experiences.

First, I would like to say that marijuana is really an international problem which has been with mankind for several thousands of years. As a result of the use of marijuana in certain countries, since 1944, all international conventions of scientific and legal experts assembled under the aegis of the League of Nations and the United Nations have recommended that cannabis derivatives, as well as opium and coca leaves, be classified among the stupefying drugs, drugs which are considered to be profoundly socially destructive and harmful to man. These conventions further recommended that private possession for non-medical use be considered an offense to be penalized. This is the problem in front of you. However, as marijuana has no therapeutic value, until now, the Single Convention of the United Nations on Stupefying Drugs, held in New York in 1961, recommended the cultivation of the plant, drug type, be

eliminated over a 25 year period. These recommendations were taken at the initiative of representatives of Asia and Africa who claim that the widespread usage of marijuana is associated with physical and mental deterioration of a large number of their people and with social stagnation. However, as President Johnson signed the Single Convention in 1967, millions of young Americans were starting to smoke and enjoy marijuana.

As this epidemic of marijuana usage spread throughout America and Canada, a growing number of psychologists, sociologists, lawyers, and physicians from these countries claimed that the empirical historical reports about cannabis from Asia and Africa should be discounted. They urged that marijuana be treated as a soft, recreational drug which should be made freely available. These intellectuals, many of them in academia, without extensive hard evidence, except for certain observations of isolated episodes of marijuana smoking, claimed that marijuana usage produces little physical damage, is less harmful than alcohol or tobacco, and may even have a redeeming social value. They base their claims on the fact that marijuana usage is accompanied by minimal observable untoward effects and that the acute somatic effect of cannabis is very low. However, recent scientific evidence has rebutted the claim that marijuana is a harmless drug and has confirmed the older, historical, empirical observations.

Why is marijuana harmful to the body? It is because it contains unique substances called the cannabinoids which are only soluble in fat, not in water, and which are therefore stored in body tissues for weeks and months in the same manner as DDT. The

storage capacity of the body for these substances is enormous. Anyone using marijuana more than once a week cannot be drug free. Julius Axelrod of the National Institute of Mental Health, Nobel Prize-winning scientist, has shown that following a single administration of delta 9 THC, the active ingredient of marijuana, this compound and its metabolites will remain in the plasma for at least a week. So, it is the storage in the body of these marijuana products which represents, from a pharmacological viewpoint, a major danger for the body.

The possible adverse effects resulting from tissue storage of the metabolites of cannabis derivatives are not well recognized. Many studies have been performed in the past two years concerning these effects.

It is important to emphasize here that it is not only the psychoactive ingredient of marijuana, the so-called THC, which is stored in the body and which has some untoward physiological effects. But, all the other products which are contained in marijuana smoke are also.

According to a paper published in Science, prolonged use of marijuana, that is, several times a week for several years, may cause disruption of cellular metabolism including the formation of DNA and may interfere with the functioning of the immune system. It may cause chromosome damage. It may act on hormone formation to produce impotence and temporary sterility. Its heavy use is accompanied by debilitating effects on the lungs and the bronchial tree. It may cause sharp personality changes that lead to marked deterioration in what is normally considered good mental health, and it might be accompanied by severe brain changes over a long period of time.

The work that I performed in my laboratory was concerned with the effect of marijuana smoke on the immune system. This is a system which is in charge of our vital defenses. We showed that the ability of the special cells in the blood, which are in charge of our body defenses, to multiply is profoundly impaired in marijuana smokers. We used a group of 51 chronic marijuana smokers, having a median age of 22 years, who smoked an average of four cigarettes of marijuana for at least a year. Our smokers denied using any other drug during the previous six months. We also observed that this functional impairment of the immune system was accompanied by some impairment in the structure of those cells. This study was not only performed by myself, but by a group of international scientists including Dr. Suciú-Foca, who is the chief of the laboratory of clinical immunology at Columbia, Dr. Morishima, who is a professor of pediatrics and chief of the laboratory of cytogenetics, and Dr. Armand, who is now associate director of a cancer institute.

We observed that when we isolated normal cells from the bloodstream of normal people and incubated these cells with very small amounts of marijuana products - not only THC but other products contained in marijuana smoke - these cells did not divide properly and were abnormal under the microscope. When these cells were cultured for several days and examined under the microscope, we saw that they presented an abnormal number of chromosomes. Such an observation was made by Dr. Morishima, who is the head of our cytogenetics laboratory. We found that 30 percent of the cells which were sampled from our smokers and cultured for three days presented an abnormal configuration which is called micronuclei. These cells,

instead of presenting 46 chromosomes, which is the normal complement of chromosomes, presented less than 30. The significance of these findings is not clear, but Dr. Morishima tells me that he has not observed such a decrease in chromosomes from culture cells in any other condition that he has studied.

We were also able to pinpoint the mechanism by which marijuana products prevent division of cells. We were able to show that marijuana does prevent the formation of the basic chemicals of life which are required for proper cell division. These chemicals are DNA, deoxyribonucleic acid, and RNA, ribonucleic acid. When the cell is going to divide, it has to double the amount of DNA that it has in it in order to transmit to the daughter cells the characteristics of itself. We also showed that protein formation is impaired by marijuana products.

This property of impairment of cell division by marijuana might have a useful effect. Indeed, Dr. Harris and his co-workers at the University of Virginia have used this property to slow down abnormal cell growth, cancer cells in animals, and he is now engaged in a very active program in this area.

However, of course, if marijuana has such potential favorable properties, one can imagine that it should not be used without a good cause. Indeed, it is well-known that a marked tolerance to the effect of marijuana does develop indicating that in order to have the same physiological effect, one has to increase dosage.

The other studies which were made in the past few months and years indicate that long-term marijuana usage, chronic usage similar to when one drinks at least once a day, might be accompanied by serious

untoward physiological effects. These effects, besides being the ones I described on the immune system, are effects on the hormonal system. Many hormones indeed are disturbed by chronic marijuana usage. The first disturbance was observed by Dr. Rosencrantz at the Worcester Institute of Biology in Massachusetts. He showed that in rats, there was a marked impairment of testosterone formation. He showed that there was also an alteration in growth hormones, the hormones that allow the animals to grow properly. I want to point out the importance of these changes.

Of course, all of these changes and their extent are the object of actual discussion among scientists.

I want to add that, as far as my work is concerned, it has been duplicated in many laboratories. Other people using other techniques to assess the immunity system, specifically, the DNCB technique, which was reported in the Consumers Union report, did not show the decrease in immunity, but it is a very crude technique which is positive in 99 percent of the population. So, it cannot detect the subtle changes that we were looking for, and Dr. Silverstein agreed with us at the international conference. The same thing applies with respect to the hormonal changes. There is some discussion, but the overwhelming evidence now is that it indeed decreases hormone levels. This decrease in hormone levels, in some instances, is accompanied by decreased formation of sperm in the male. This has been observed also by many people abroad who did not make any lab examinations. The patients that they examined were sterile.

You can imagine that these changes are especially dangerous as far as young people are concerned. What is in front of you is this: How

will you go about discouraging marijuana use among young people? Young people are, after all, the future of our country. This is why we are very much concerned about any legislation which would make marijuana more available.

ASSEMBLYMAN HAWKINS: What is your suggestion?

DR. NAHAS: I'll throw that right into your ballpark. I am a scientist. I want you to have all the facts. Throughout history, the social acceptance of marijuana in a society appears to have set citizens on a one-way course, and that is a downward course. In the past, also, there has been no way of turning back one embarked on such a course.

Thank you very much for the opportunity to appear before you.

ASSEMBLYMAN HAWKINS: Doctor, it has been very enlightening. Thank you very much.

We will recess for lunch now and reconvene promptly at 2:00.

(Luncheon Recess)

## Afternoon Session

ASSEMBLYMAN HAWKINS: Dr. Thorn will be our first speaker.

D R. W I L L I A M R. T H O R N: I am very pleased to be before the Committee and I hope that some of the data that I have collected can be of some enlightenment.

My purpose as the Science Consultant to the Drug Study Commission is to try to collect as much data as possible and try to apprise you as to just what the meanings of the scientific findings might be.

One has to be very careful in doing this because there are many distinctions in the way a person might run an experiment. In vitro studies, for example, involve the use of isolated tissue preparations, while in vivo studies utilize the entire experimental animal. So differences could be due to enzyme availability, metabolic variances induced by various organs, or alterations of distribution due to the disruption of normal transport mechanisms or more subtle considerations.

When one talks about marijuana use, one also must recognize the difference between the dose levels that would normally be employed for social human use and the dose levels employed in many of the animal studies. A typical social marijuana usage would require something in the order of 20 to 40 milligrams of THC, which would be equivalent to something like 1 to 2 grams of marijuana of 3 percent THC content. Many animal studies will use dose levels well in excess of the human dose and we have to be careful in the evaluation of these. Tolerance has been shown to develop in certain animal species with marijuana and the nature of the tolerance is somewhat complex.

The drug has a complex physiological spectrum and certain instances of tolerance are shown to the

spectrum. I hope none of you are trying to read my statement because I am not following it verbatim inasmuch as some of the other speakers have mentioned a few of the facts. So I don't want to waste time.

ASSEMBLYMAN HAWKINS: We appreciate the way you are moving, sir.

DR. THORN: All right. So, in terms of the nature of tolerance, the best source is to go directly to man. Human volunteer studies have been performed and experienced marijuana users and novices were allowed to accept a THC solution until a suitable "high" was obtained, and a comparison of various psychological parameters was made. The researchers drew the conclusion that marijuana as used by the young American did not produce any tolerance or increased sensitivity to its actions. Statistical data indicated the novice employed marijuana about 9 times a year, while the experienced users smoked a mean or about an average of 914 joints a year. That is quite an amount of marijuana. Samples of marijuana brought to the researchers implied that the experienced users also smoked a high grade of marijuana (between 3 to 4.5 percent delta 9 THC content).

To clarify a few things, marijuana is a very complex plant. There is no such thing as a standard marijuana. The plant contains maybe a dozen or more compounds, many of which are physiologically and psychologically active. So a sample of marijuana from Brazilian origin could produce slightly different effects than a sample of marijuana of Turkish origin. The people running this experiment really had no say as to what source of marijuana the users would have away from the experimental situation. They were working with the pure delta 9 THC, which is a standard component and is going to be the same thing no matter where it comes from.

On the following page, you will see a graph of some of their data, indicating what parameters they were looking at. In terms of the dose level that many of the people enjoyed, if you would use the word "high" as enjoyment, there was a reasonably strong similarity. There was apparently no difference between experienced marijuana users and the novices. That would imply that tolerance, at least in the human, as marijuana is used in this country, did not develop. There was also no significant change between these two groups in terms of heart rates or many of the other parameters that would be considered.

Dr. Nahas was talking before me on aspects of immunosuppression. The immunosuppression response is one of the basic means that the body has for fighting disease. The lymphocytes, which he is citing in many of his studies, are materials in the blood which have an effect on combating foreign bodies, foreign bacteria. Under the circumstances of Nahas' studies, if one takes a careful look at the controls and at the marijuana smokers concerning the thymidine incorporation, one will find that the marijuana smokers had much less incorporation of the thymidine than the non-smokers.

Just what that means is possibly a little difficult to interpret. Nahas' experiments also indicated that caffeine will impair the incorporation of thymidine in the lymphocyte cultures in vitro. Remember these are in vitro experiments, not in living system per se, not in a living animal.

ASSEMBLYMAN HAWKINS: Will you explain what an in vitro experiment is?

DR. THORN: An in vitro experiment is an isolated cell preparation or an isolated organ of the body. It does not involve the entire metabolism, the entire function of the animal. It is only looking at one aspect or one interaction.

But Nahas also recognized that caffeine, which is a common component of coffee and tea, would also decrease thymidine incorporation.

In an in vivo experiment, utilizing the rat as the experimental animal, it was found that ---

ASSEMBLYMAN HAWKINS: Are you saying that in vivo is the total ---

DR. THORN: It is the total animal.

ASSEMBLYMAN HAWKINS: (Continuing) --- animal.

DR. THORN: (Continuing) --- it was found that the THC would apparently increase the rate of maturation and production of the lymphocytes, which could possibly imply that the animal would actually have greater tendency to resist disease. However, there was a slight technique difference that could be employed here. The rat was given the THC and an enzyme inhibitor which would prevent metabolism. So, by these researchers, it was concluded that it was the THC metabolites, not the THC itself, that was important in the stimulation of the lymphocyte maturation. So this production of the metabolites may not have been capable of occurring in Nahas' lymphocyte studies.

In another experiment concerning the possibility of DNA or RNA production --- I am skipping now back to the section on toxicity and embryotoxicity. By embryotoxicity, I am talking about the effects of the drug on the fetus, the embryo. Rats again were used as the experimental animal. The animals were impregnated -- or from the day that inception was detected, they were force-fed tetrahydrocannabinols at varying dose ranges. Again the THC is one of the active psychological components of marijuana. It is generally attributed to contain most of the psychological activity. The dose ranges, however, were fantastically high, considerably higher than a normal user would ever hope to experience in a day's or possibly in a month's use.

These dose ranges for even 25 milligrams per kilogram a day - and you will find a couple of pages back some of the tabular data - would be corresponding to something like 2 ounces of 3 percent THC marijuana a day for a user. That would be a rather high dose. If you are talking maybe a half gram of marijuana per joint, you would probably be talking in the order of 120 joints a day. But even under these circumstances, at the 25 milligram per kilogram per day, the animals produced after the gestation period did not appear to be significantly different in size or in the weight -- how should I say this? -- in the size or the quantity in the litter. They also did not appear to have any obvious defects.

In increasing the dose level up to 200 milligrams per rat per day per kilogram, it was found that the litter size could be stunted and the weight of the animals also decreased. But again, no malformed rats were produced in this experiment. That would probably imply or could imply that any changes in the DNA or the RNA, which is again your genetic transfer material, was not significant.

Other studies, however, have been somewhat contradictory. I am looking into those in further detail to see if there might be some evidence that can be pulled out of these in terms of just what is going on in this complicated area.

Skipping to the section on anticonvulsant activities, the tetrahydrocannabinol and various synthetic analogues appear to have the capabilities of eliminating convulsions or tremor. THC can currently eliminate all of the convulsions produced by maximal electroshock. Possibly the use of this could be of some value in the treatment of epilepsy. These actions are not common with drugs such as LSD, amphetamines, cocaine, mescaline or morphine, or a common tranquilizer such as chlorpromazine.

Other areas of potential medical interest which have begun to be appreciated from some of the basic research into marijuana would possibly include the elimination of the rejections during transplant operations. Again this would go back to some of Nahas' comments about lymphocytes, which would be one indication of your immune response reaction.

ASSEMBLYMAN HAWKINS: Dr. Thorn, I am very interested in what you have to say, but what we are mainly concerned about is the effect of the marijuana, the cannabis, on human beings when they may be using the same by smoking marijuana, and whether or not it should be decriminalized. What you are saying as far as the benefits that the THC or whatever may have on humans eventually in other areas is very informative. But right now we are trying to gather information specifically dealing with the smoking of the cannabis.

DR. THORN: All right. Unfortunately, in terms of human studies on marijuana, we can't readily say we have got sufficient controls to make any kind of clear-cut judgment.

We can take a look at certain countries around the world. We are trying to get some data from the UN at this point which might allow the examination of countries with similar economic patterns and similar health-care situations. But the only difference, of course, would be the extent of marijuana usage. This again goes back to Dr. Nahas' comments about the Single Convention countries. This data, as yet, is not available.

One comment we could possibly imply - again this would be just an empirical observation without any hard-core numbers - is that these societies at least do not appear to have bred themselves into some form of genetic extinction.

To carry some of these thoughts a little further, during the Vietnam War, in terms of the use of marijuana pertaining possibly to birth defects, we have had a considerable number of GI's over in Vietnam smoking the material. The Defense Department data is, of course, a little vague, but you frequently can get figures in the order of 50 to 70 percent of our GI's may have smoked marijuana. That could lead one to speculate that there might be several hundred thousand to possibly in excess of one million very experienced smokers from Vietnam now back in this country, many of whom are involved in raising families.

In terms of aspects of motivation, it would be difficult at this point to make any kind of a conclusion, except based upon very uncontrolled studies. If it were possible to take human beings under conditions which would very readily duplicate society -- by that I mean if you could take several hundred representative people, allow them to smoke marijuana of a known composition and go about their normal processes of job and driving and whatever, we could have some idea as to what the gross effects of the drug might be on their behavior, their motivation, their competency. But that is not something we can readily do.

We also would run into grave difficulty if we took marijuana users off the street and tried to imply their behavior as being solely dictated by marijuana. We have no control under the present legal system as to what actually constitutes marijuana during the sale. What I am getting at is that we don't have any idea as to whether what they are buying is really marijuana, marijuana and oregano, for example, marijuana and LSD or strychnine, or who knows what, as possible adulterants. So we can't readily say that just because we see somebody smoking

something that looks like marijuana, they are smoking pure marijuana.

Again from that, it makes it very difficult to say that many of these psychological studies concerning marijuana use can really have all the blame put on marijuana. Even if the user claimed he was smoking solely marijuana, unless he were an experienced, analytical chemist, he could very readily be buying something as a contaminant which could produce effects that could be blamed on the marijuana.

Under those circumstances, many of the psychological studies where the man off the street comes in, gets down on the couch and has his head examined, leave much to be desired in terms of controls. There are lots of question marks in that respect.

In terms of toxicity, marijuana would appear to be a very nontoxic drug. By nontoxic, however, I am saying that the amount of marijuana required for a lethal dose would probably never be exceeded by a person. In the human being, it would be probably in the order of several grams. And if we are talking in terms of just smoking marijuana, we are talking something that would probably never be reached. The person would probably fall asleep long before that. But we also must recognize that just because a compound doesn't kill you, there is always the chance that it could cause some damage along the way. Whether or not this damage occurs with the moderate social use that is prevalent in this country would be another question.

I could probably pick out little tidbits here and there. Maybe it would be better for me to let somebody throw questions out and maybe I can clarify something.

ASSEMBLYMAN HAWKINS: We have your full report. I am sure we will review that.

(Dr. Thorn's complete statement can be found beginning on page 11 X.)

Would you care to give for the record some of your background as far as your doctorate, etc.?

DR. THORN: My doctorate was from Tulane University. It is in Organic Chemistry where I was doing work on the chemistry of marijuana components, particularly the tetrahydrocannabinols. I have had some experience with animal toxicological studies with people in the Department of Psychology at Tulane. And at one point, I was working for a joint degree in Chemistry and in Pharmacology.

My undergraduate background is from Johns Hopkins University where I got my B.A. in 1968. I have also during that period of time had a chance to talk to quite a few students who have used marijuana. But again, unfortunately, I can't say that there would be sufficient controls to verify what they are saying as having actually been attributable to marijuana.

ASSEMBLYMAN HAWKINS: Dr. Thorn, it has been quite informative. I have no particular questions and the Committee does not either. Thank you very much.

DR. THORN: I thank you.

ASSEMBLYMAN HAWKINS: Come again.

DR. THORN: I will try. I will also have most of the rest of the report completed a little later.

ASSEMBLYMAN HAWKINS: It can be submitted to the Committee a little later.

DR. THORN: All right. Thank you.

ASSEMBLYMAN HAWKINS: Arthur Frakt, Associate Dean, Rutgers Law School, Camden.

A R T H U R N. F R A K T: Members of the Committee, let me begin by making an admission that will probably cause me to be drummed out of the law professors' union. After studying drug laws and treatment for two years under a SLEPA grant, I have to confess I don't have the solution to most aspects of the drug problem, nor do I have any

great confidence in any other person's solutions. The complexities of drug abuse do not lend themselves to easy answers. My lack of confidence does not, however, extend to marijuana. Marijuana, the form of cannabis most utilized in the United States, remains today what it was when it became generally illegal in this country some four decades ago. It is a mild analgesic with some limited intoxicant properties. Like any drug, it is subject to abuse by the disturbed or immature, but compared to any other known intoxicant, and certainly when compared to alcohol, its effects are limited, not crime-inducing, and physically only of a very limited debilitating character, even when indulged in substantially beyond the normal social dosage.

In order to understand how such a relatively innocuous drug became the center of so much attention, and the object of so many millions of dollars of research, most of which has been dedicated to a vain search for a justification to continue to classify its use as criminal, I would like to take a brief look at the history of the drug.

From the earliest days of its use as an intoxicant in the Far East, cannabis was the subject of controversy. Much of this was moral and religious. Certainly, the Christian missionaries to the East took a dim view of the use of intoxicants of all sorts.

The reputation of cannabis as a powerful intoxicant with potent aphrodisiac and perception-altering qualities was greatly enhanced by the writing of 19th century members of "Le Club de Hachichins," the Club of Hashish Users, as well as other literary drug experimenters. The most notable of these writers was Baudelaire. Baudelaire was a highly-disturbed person as a child. He developed into a strange mystical young man. His vivid poetic

imagination was inflamed by alcohol and opium, and he died young of syphilis. In any event, Baudelaire's singular experiences are not duplicated in any modern account of cannabis intoxication. Yet, he has been repeatedly cited by anti-marijuana crusaders even to current writing on the subject, while the less sensational literary accounts and the quite unremarkable experiences of millions who have tried marijuana are ignored or given short shrift. Dr. E. R. Bloomquist, a noted anti-marijuana writer, devotes one chapter of his supposedly impartial book on marijuana to "The Marijuana Trip." Half of this chapter consists of descriptions and direct quotes of Baudelaire's alleged cannabis experience.

It simply doesn't take a great deal of imagination to picture how a typical middle-American of the first part of the twentieth century would regard a drug used under mysterious circumstances by half-mad profligate nineteenth century French poets and novelists.

The growth of the anti-cannabis movement through the 1920's and into the '30's can be linked to a large degree with the prohibitionist sentiment rampant at the time. Marijuana was accorded much of the same wrath aimed at alcohol and tobacco. Given the fact that most Americans had no first-hand knowledge of the drug, and that its use was largely confined to black ghettos, poor white sailors and workingmen, there was nothing to dampen the ardor or temper the imaginations of the anti-marijuana crusaders when it came to lurid descriptions of the effect of the drug. A typical example can be found in a January, 1923 report in the New York Times. It was there stated that marijuana, "The latest habit-forming drug imported into the white light district... was exhibited along with two drug addicts, and a collection of opium pipes, raw opium, morphine, cocaine and heroin at a meeting of women in the Hotel McAlpin

arranged by Mrs. John Rooney." The article went on to list a number of socially-prominent ladies in attendance and to state that the meeting was under the auspices of the Narcotic Division of the Police Department.

From Mexico, in 1925, an AP dispatch, reported: "Marijuana leaves, smoked in cigarettes, produce murderous delirium. Its addicts often become insane. Scientists say its effects are perhaps more terrible than those of any intoxicant or drug."

This relentless campaign against the drug was kept up by Federal Narcotics Bureau officials who blamed its prevalence on the laxity enforcement of the few state laws that existed. The most ludicrous of all of the reports is probably one that said, according to Bureau spokesmen, marijuana maddens the senses and emaciates the body of the user, and that it was the cause for most crimes of violence in the western states, was virtually unchecked despite toxic effects so serious that "when mixed with hay, it causes death to the horses that eat it."

Marijuana's reputation for abetting criminal behavior was greatly enhanced by law enforcement officials who found it to be an easy excuse for their failure to contain crime. I think that that has been the case up to the very recent past. The fact that it was used predominately by the lower classes of society from which the criminal element largely derived was a key factor in the citation of marijuana's criminogenic consequence. Apprehended criminals taking their cue from law enforcement officials often laid their crimes to the doorstep of marijuana in order to avoid the responsibility for their acts and to receive lesser punishment. This was particularly prevalent in New Orleans where marijuana was blamed for just about every crime that occurred.

The effort to link marijuana with crime reached a fever pitch in 1937 when the marijuana tax act which

effectively ended legal dealings in the drug through prohibitive taxation was before Congress. Commissioner Anslinger of the Bureau of Narcotics co-authored an article entitled, "Assassin of Youth," which was nationally published. In that article he stated: "How many murders, suicides, robberies, criminal assaults, holdups, burglaries, and deeds of manical insanity it causes each year, especially among the young, can only be conjectured."

Finally, in the debate before a congressional committee considering the tax act, Commissioner Anslinger, the star witness --and I might say one of the very few witnesses. Another witness who was representative of the bird seed industry was worried about the effect that banning marijuana might have on the sale of hemp seeds which were used for bird seed. There were very few witnesses other than that. Commissioner Anslinger related the legendary story of Hassan Ibn-Al-Sabbah and the assassins. This is a very complicated eastern myth, which was retold by Marco Polo, concerning a religious political cult led by Hassan, a member of the Ismailite sect of Mohammedism in Northern Syria in the eleventh century. Since Marco Polo didn't visit the region until late in the thirteenth century, his account stems from local folklore. It is a myth that has been oft repeated, but essentially the way it goes is that young men called the "Ashishin" or "Assassins" were given a potion which made them sleep, after which they would be transported to a valley where Hassan had created an earthly paradise. When the leader wished to have a rival done away with, he would again have one of these youths drugged and removed from the garden. The youth would find himself back at the palace when he awoke and would be asked where he came from. When he replied, "paradise," other youths who were assembled to hear this would willingly carry out dangerous missions

of political murder and intrigue in order to gain admittance. According to Marco Polo's account, the entrance to paradise was the reward for crimes. The crimes were not committed under the influence of a drug. In fact, hashish or cannabis is never mentioned in the tale.

Modern entymologists differ on the question of whether there is any relationship at all between Hassan, hashish and the assassins. In any event, the image of an important United States official relying on this tangled eastern myth as evidence of marijuana's evils is simply absurd.

The most telling documentation Commissioner Anslinger offered was the story of a "21-year-old boy, under the influence of this drug" who killed his parents and his brother and sister. The evidence shows that he had smoked marijuana. This was a reference to Victor Licata who murdered his family with an axe in Tampa, Florida, on October 17, 1933. The marijuana connection was supplied by a city detective and state narcotic inspector who revealed that Licata had been smoking marijuana for six months prior to the crime. Contemporary accounts, however, expressed doubt as to the extent to which marijuana played a role in the youth's acts.

Licata was shortly thereafter examined by psychiatrists and found to be criminally insane. The insanity was acute and chronic and considered by the psychiatrists to be probably hereditary. Licata's parents were first cousins, several relatives had been committed to insane asylums, and his younger brother had been diagnosed as suffering from dementia praecox. Licata, himself, had been the subject of a lunacy petition filed by police the year before his crime. The rest of his unfortunate life was spent at the Florida State Mental Hospital where he was

twice diagnosed as suffering from dementia praecox. He hanged himself in 1950. No mention of marijuana use was ever made in the hospital records. Despite all this, the Licata Case has reappeared time and again in materials from such highly respected sources as the U.S. Bulletin on Narcotics, in the guise of a tale of a normal young man suddenly maddened by marijuana.

The same kind of material was utilized by U.S. drug officials in their forty-year campaign to have marijuana recognized as an international menace.

Parenthetically, I must say that the statements earlier of the universal acceptance that marijuana was an international evil are a gross exaggeration. For thirty years, the United States with some aid from Egypt was about the only country really pushing for strict international controls. And virtually all of the evidence that the U.N. finally relied on in 1961 came from this kind of news clipping proffered by the United States.

In the light of all this, it is evident in retrospect that the basis for the original criminal treatment of marijuana in the United States was a largely fictional, extremely selective, and, often, patently ludicrous depiction of marijuana as a maddening, extremely toxic, highly criminogenic drug.

Today we have more sophisticated, but equally questionable, defenses of marijuana's criminal treatment. The question which I would like to raise here is whether these later justifications are sufficient to overcome the presumption that, if the reasons for criminal treatment were false in the first place, the burden of proof should be on those who wish to continue to treat marijuana criminally, rather than on those who would not.

In view of the fact that criminalization of marijuana use was based entirely upon lies, myths and

that no other evidence which has since been brought forth could possibly justify dealing with marijuana users in a criminal manner, I urge the committee to follow the lead of Oregon and decriminalize marijuana use. I would go further than that. Where Oregon law treats use and possession of up to one ounce as a "violation" similar to a parking offense, but still permits fines up to \$100, I urge that for non-commercial quantities, at least, New Jersey should get out of the business of policing private marijuana use altogether, and that all references to adult possession and use up to some reasonable maximum of several ounces be stricken from the books. Federal officials may still deal with commercial aspects of marijuana trade, and of course penalties for driving under the influence of cannabis should be retained until it is established that, in fact, driving under the influence is harmless. Up to now, the evidence would indicate that it causes some lessening of response, but certainly nothing as devastating as alcohol.

I simply think that it is time to stop perverting justice and wasting money through the pointless criminal treatment of the social use of marijuana.

ASSEMBLYMAN HAWKINS: Any questions? (No questions.) Thank you very much, Dean. We appreciate it.

Next on our list is George Baier, Director, National Organization for the Reform of Marijuana Laws.

G E O R G E F. B A I E R, J R.: I welcome the opportunity to appear today on behalf of the New Jersey Chapter of the National Organization for the Reform of Marijuana Laws.

NORML is a non-profit, public interest group, seeking a non-criminal response to the private use of marijuana. NORML is supported by approximately 20,000 members nationwide and works through public education with the legislatures and in the courts.

NORML does not advocate or encourage the use of

marijuana and fully supports a policy of discouragement of all recreational drug use, including alcohol and tobacco, especially adolescent use. But we oppose the use of the criminal law against persons who, despite a policy of discouragement, freely choose to smoke marijuana.

A most prestigious and comprehensive official study of marijuana was undertaken by the Bi-Partisan National Commission on Marijuana and Drug Abuse, chaired by the former Pennsylvania Governor, Raymond P. Shafer. Their unanimous recommendation was the possession of a small quantity of marijuana should not be a crime. This plan is called decriminalization and we heartily endorse it. Simply stated, decriminalization means law enforcement resources are focussed at the commercial trafficker and not the user, and this is important. Decriminalization is not based on whether or not a drug is harmful, but on the demonstrated harmfulness of the criminal law.

According to surveys of the Shafer Commission, 26,000,000 Americans have tried marijuana. This breaks down to 16 percent of the adult population over 18 and 14 percent of the youth between 12 and 17. Two-thirds of all college students have tried marijuana, as have 55 percent of persons 18 to 21 years old, and 40 percent of the age group 22 to 25.

The individual who smokes marijuana today hardly fits the stereotyped image concocted in the 1930's, the depraved criminal who goes high on his reefer and committed vicious crimes. In fact, the Shafer Commission found, "The most notable statement that can be made about the vast majority of marijuana users, experimenters and intermittent users, is that they are essentially indistinguishable from their non-marijuana user peers by any fundamental criteria, other than their marijuana use."

The use of marijuana today is socially the

equivalent of the use of alcohol by most of our citizens. It is simply nothing more than a recreational drug of choice. One point is obvious - the criminal law has not been an effective deterrent to use. Consumers Union, publishers of the highly-respected journal, "Consumers Reports," recently concluded after an in-depth study entitled, "Licit and Illicit Drugs": "It is now much too late to debate the issue, marijuana versus no marijuana. Marijuana is here to stay. No conceivable law enforcement program can curb its availability."

Today we hear a dialogue of increasing intensity about alleged dangers present in marijuana. No drug is totally harmless, and this includes common aspirin, birth control pills, tobacco, alcohol and marijuana. But marijuana has been shown to be relatively harmless; by that I mean that its moderate use presents no significant threat to the health of the user or to society as a whole. Any risk clearly falls within the scope of informed individual choice permitted in a free society.

The relative harmlessness of marijuana was expressed by the Shafer Commission after their exhaustive two-year review of all marijuana research. And in spite of the major research effort in the past five years, the government, through the Department of HEW, has found no significant harm caused by moderate use. While additional research is needed, it should be noted that the first controlled, comprehensive study completed on chronic, long-term use has found no difference between carefully matched groups of users and nonusers. A survey of this study conducted in Jamaica where usage far exceeds that in the United States is attached to my statement.

This year we have heard several new claims of potential harm from marijuana use. These claims have received widespread media exposure, and, unfortunately, often far

greater than the substance of the study warrants. Because of the inadequate controls, excessive dosage levels, the known bias of the researchers or for other reasons, the claims often fall flat under close objective examination. Unfortunately, the public is left only with the original, unfounded impression.

Undoubtedly some of this research has a validity and efforts should continue to replicate the findings. But some of it is the result of work by researchers who see marijuana as an insidious, evil substance that threatens their personal value system. In turn, they largely seek data to support their thesis that marijuana is a threat to the nation's moral fiber.

There is a very real need to continue the research efforts and it should be under strict government coordination in an attempt to find out all possible consequences from marijuana use. But unless some way is found to separate the serious research from the propaganda, no one can possibly know what to believe. We must not allow science to continue to be politicized in this misunderstood and emotional area.

According to the FBI, more than one million persons have been arrested for marijuana offenses in this country in the last four years. And note that 62 percent of these arrests were under the age of 21 and 88 percent of those arrested were under the age of 26.

A statistical analysis of the state marijuana arrests by the Shafer Commission uncovered the unsettling fact that 93 percent were for possession, not sale, and two-thirds of those involved the quantity of one ounce or less. Only 7 percent of the arrests were against the commercial trafficker.

In sum, what we are doing in this country is arresting more than 400,000 young people each year, the vast majority

possessing small quantities of marijuana for their personal use.

The use of the criminal law is a costly and inefficient instrument of enforcing moral standards of combating different life styles. The marijuana law stifled the already overburdened and overcrowded criminal justice system with the processing of thousands of minor arrests. Over 10 percent of all defendants charged in federal courts in 1973 were charged with marijuana violations. In 1970, this figure was less than 1 percent. A vast amount of valuable police and prosecutorial time and resources are used to prosecute marijuana cases, diverting valuable law enforcement resources away from the control of serious crime. Nationally, it is estimated that approximately \$600 million are spent annually arresting marijuana smokers.

To the millions of young people who are defined as criminals, the marijuana laws engender disrespect and bitterness for the entire legal system. They are crippled for life with the unrelenting burden of a criminal arrest record. We can ill afford to write off their lives and futures so casually.

The simple fact is this: Recreational drug use is part of our lives. An estimated 100 million people in this country drink alcohol, 60 million people smoke tobacco. And, as I pointed out earlier, more than 13 million people regularly smoke marijuana. So we should stop talking about eliminating recreational drug use and start planning our social policy with the purpose of minimizing harm.

First, the government should continue to fund, coordinate and monitor research concerning the potential harm from all recreational drug use.

Second, the government should make the results of these studies readily available to the public through a

comprehensive and honest educational program.

Finally, once informed, then the choice lies with the individual, a free choice to use or not use a recreational drug. We hope this choice will be against all drug use, but we still must recognize the sanctity of the individual's right to privacy and free choice. This does not mean that marijuana use or any drug use is to be encouraged. Certainly, it is not.

Again let me emphasize that minimizing all drug use should remain the over-all goal, but our warnings must be clear, convincing, and, most important, reflect an honest, scientific, medical concern rather than a moral one.

I want to close with a few words about the concept of decriminalization. The Shafer Commission found that neither the marijuana user nor the drug itself can be said to constitute a danger to public safety, and unanimously recommended the elimination of all criminal penalties against the user. As I pointed out earlier, this approach allows the police and their resources to focus on the commercial trafficker rather than on the user. Thus a discouragement policy is maintained without harming the individual user. This approach has now been endorsed by a growing list of respected groups, including the following: the American Bar Association; Consumers Union, publishers of Consumers Reports; the National Conference of Commissioners on Uniform State Laws; the American Public Health Association; the National Advisory Commission on Criminal Justice Standards and Goals; the National Council of Churches; the Governing Board of the American Medical Association; the NEA, the National Education Association; the Central Conference of American Rabbis; B'nai B'rith; and the Canadian Commission Inquiring into the Non-Medical Use of Drugs.

The State of Oregon as of October 1973 has adopted this system! Private marijuana possession in Oregon is now a civil violation, punishable by a fine only. The offender is not placed in the criminal justice system and is thus spared the lasting social and career costs of a criminal arrest record.

A recent Harris Poll reflects a discernible trend in this country. People are beginning to recognize that alcohol is our number one drug problem, not marijuana. Sixty-one percent of the public believes marijuana is no more harmful than alcohol and 31 percent see alcohol as worse. Moreover, the poll shows growing support for the Oregon approach. And according to a poll conducted by the National Marijuana Commission in 1971, 51 percent of the public opposed jail sentences for the use of marijuana.

Each year that we wait, another 400 thousand Americans will be arrested on marijuana charges. The people have a right to expect better of their government.

Thank you very much.

ASSEMBLYMAN HAWKINS: Thank you very much. Are there any questions by Committee members? (No questions.) Thank you for coming here.

Detective Lieutenant Paul W. McKenna. (Not present.)

Reverend Allan Wagner, Calvary Bible Presbyterian Church.

A L L A N V. W A G N E R: I have before me a report of the Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws of the Committee on the Judiciary, United States Senate Ninety-third Congress, on "Marihuana-Hashish Epidemic and Its Impact on United States Security." This was put out this year, 1975. I wish I could read the whole report to you, but that would be impossible, as you can see by the size of it. Senator James O. Eastland wrote

an introduction to the report from which I will quote from time to time. A full text of the introduction is attached to my report, which I hope will be included with my testimony.

The report gives the testimonies of eminent men who are authorities in their fields relating to various aspects of marihuana and hashish use. They were all strongly opposed to legalization of marihuana and hashish, and not one of them spoke in favor of the decriminalization. This seems very strange when one reads the statement that is attached to Assembly Bill No. 2312, which says in part that "thousands of New Jersey residents will not have to be stigmatized as criminals and subjected to the threat of incarceration for the recreational use of marihuana and hashish, especially in light of scientific evidence which overwhelmingly proves that the traditional beliefs that marihuana causes sundry deleterious effects upon man have been generally mendacious and medically erroneous." As we have seen from the scientific field today, no one has called for the decriminalization of marihuana.

The report states, quoting Senator Eastland, "The collective testimony of the eminent scientists who came to Washington to testify may be summarized as follows:

"1. THC, the principal psychoactive factor in cannabis, tends to accumulate in the brain and gonads and other fatty tissues in the manner of DDT.

"2. Marihuana, even when used in moderate amounts, causes massive damage to the entire cellular process.

"3. There is a growing body of evidence that marihuana inflicts irreversible damage on the brain, including actual brain atrophy, when used in a chronic manner for several years.

"4. There is also a growing body of evidence that marihuana adversely affects the reproductive process in

a number of ways, and that it poses a serious danger of genetic damage and even of genetic mutation.

"5. Chronic cannabis smoking can produce sinusitis, pharyngitis, bronchitis, emphysema and other respiratory difficulties in a year or less, as opposed to ten to twenty years of cigarette smoking to produce comparable complications.

"6. Cannabis smoke, or cannabis smoke mixed with cigarette smoke, is far more damaging to lung tissues than tobacco smoke alone. The damage done was described as 'pre-cancerous.'

"7. Chronic cannabis use results in deterioration of mental functioning, pathological forms of thinking resembling paranoia, and 'a massive and chronic passivity' and lack of motivation - the so-called 'amotivational syndrome.'"

In our day of laxity and promiscuity, good is being called evil and evil, good. "For this cause," says Paul, "God shall send them strong delusion, that they should believe a lie: That they all might be damned who believed not the truth, but had pleasure in unrighteousness." Our leaders, who should be protecting our lives, are destroying lives by framing "mischief by a law." The decriminalization of marihuana is being advocated only by the radical left: the Weathermen, the Black Panthers, the White Panthers, Leary's Brotherhood of Eternal Love, the SLA - and, strangely enough, our officials. It seems that we are unfortunate to have legislators who know no other way of decreasing crime than legalizing it. Senator Eastland reported the widespread acceptance of the myth of harmlessness has been due to several things. Certainly a role of some importance was played by the militant, pro-marihuana propaganda campaign conducted by many New Left organizations, by academicians sympathizing with the New Left, and by the entire underground press, ever since the Berkeley uprising."

In conclusion, I would like once again to quote from Senator Eastland's introduction to the report:

"The law must be framed in a manner that makes it unmistakably clear to young people that smoking marihuana is a crime against society (and I might add, against Almighty God as well). This is something that decriminalization would completely destroy. I believe that the kind of escalated penalties provided by state law in New Mexico, to give one example, makes much more sense. Under this law, the possession of one ounce or less for a first offender is punishable by a fine of \$50 to \$100 and/or 15 days in jail. The jail sentences are rarely imposed, but this much discretion is given to the judge. The penalty for repeat offenders is a fine of \$100 to \$1,000 and/or one year in jail. Suspended sentences are frequently given and there is provision for expunging the record after one year...

"When it comes to the pushers and the traffickers, I think our federal and state laws have got to be reinforced. I find it an outrage that, over and over again, criminals caught in the possession of hundreds and even thousands of pounds of marihuana get off with very light sentences or even with six months suspended sentence. For the pushers and traffickers, there have got to be heavy minimum sentences, and they have got to be mandatory...

"No drug problem has ever been controlled by decriminalization or by social reforms. In every country where the drug problems have been effectively controlled, it has been thanks to strong laws against both the use and sale of the drug... The contrast between Germany and Italy is most instructive in this connection."

I might add here that you questioned, if this drug were decriminalized, would there be a higher level of use. And I think this points it out.

"In Germany, where drug laws are lax and law enforcement ineffective because it is fragmented among the... states, there has been a runaway epidemic of hashish consumption among the American GI's... In Italy, where the drug laws are much stronger, drug use among GI's has been kept to a minimal level. The GI's in both countries are basically the same. The difference is the law."

I would like to remind you today that you will not only be held responsible for the destruction of many lives by the people of this state, but by Almighty God, as well, if you pass this bill. I would strongly urge that this bill be killed in committee and not even get to the floors of the Assembly and Senate.

ASSEMBLYMAN HAWKINS: Thank you very much, Reverend. It has been a pleasure, as always.

The next person on the list is Rev. Louis F. DeBoer, Columbus Bible Church. Welcome, sir.

L O U I S F. D e B O E R: Before I start here today, I would like to mention that I am not a scientist, so I am not going to try to deal with the involved medical and physiological aspects of this. I am not a lawyer and I am not going to try to deal with the involved judicial aspects of this and some of the legal distinctions made in legalization, decriminalization, etc., and the different amounts and the different technologies of enforcing any idea. But rather, I am concerned with the philosophy of government behind this whole thing that promotes such a bill as we are considering here today.

I am here to speak as a Christian minister and I am going to speak on the moral arguments involved in this bill.

Christians are not anarchists. They believe in government. They do so because the Bible teaches them that God ordained government and expects them to be

subject to good government. But the Bible also teaches us the proper functions of government. God, seeing the natural sin and wickedness of man, established government to restrain that wickedness and to enforce the laws of God. God has given us the Ten Commandments and the first table of the law deals with how we ought to worship God. In that respect, we don't concern civil government because we are to have freedom of conscience and freedom of religion, and we shall all stand before the judgment throne of Jesus Christ to give an account of how we have worshipped our creator.

But when it comes to the second table of the law, our dealings with our fellowman, God instituted civil government, and the divine prohibitions of the law - "Thou shall not steal; thou shall not kill; thou shall not commit adultery." These are in the area of civil government where government is to protect life and property. So the Apostles Peter and Paul unite in considering rulers, "a terror... to the evil... the minister of God, a revenger to execute wrath upon him that doeth evil." This is the biblical and scriptural function of government as found in Romans 13 and I Peter 2.

ASSEMBLYMAN HAWKINS: Reverend, I hate to interrupt you. But what we are primarily concerned about -- I notice your whole first page talks about the modern state, the legalization of sin, and the x-rated society. It is not until your second page that you get to the sin of marihuana. Going into the history of government and philosophical and historical aspects might be interesting, but at this particular hearing we are only interested in what your opinion is of marihuana as it relates to society. Could you keep your comments specifically on the subject of marihuana? You can refer if you wish, to whatever references you want, but I wish you would talk specifically about marihuana. That is what the hearing is on.

REV. DE BOER: I appreciate that. But the point I am trying to make is the philosophy behind dealing with

sin or dealing with crime, as society may call it, not in terms of absolutes or not in terms of God's law, but dealing with these things in terms of solving the problem by the legalization of it. So whenever society is hit by a wave of something that was formerly known as sin or formerly considered by society to be a crime, rather than enforcing the law, what is being done is the problem is swept under the rug by the legalization of that thing.

ASSEMBLYMAN HAWKINS: Reverend, if you feel compelled to give us the history, you may do so.

REV. DE BOER: I am just going into the background here. I am just speaking from the Bible. The Bible says that government ought to enforce the law of God. That would be true as far as gambling is concerned, as far as "Thou shall not commit adultery" is concerned, as far as theft is concerned. It also ought to involve itself with pornography. These things are unscriptural and should not be legalized as soon as the people demonstrate an appetite for them.

I will skip over some of those portions that you have already looked at because, if you have already read them, I won't take more of your time. I will get right to the sin of marijuana.

Here I say that the Bible, history and medicine all bear witness to the fact this drug has qualities which are morally, spiritually, socially and physically destructive. The scriptures equate the use of hallucinogenic drugs with sorcery, witchcraft and the occult. In fact, the scriptures derive the very word "sorcery" from the Greek word "pharmakeia," from which we derive the word "pharmacy" which has to do with drugs. Scripturally, identification is there that the use of these hallucinogenic drugs is involving one's self with sorcery, which is under the condemnation of scripture, under quite severe condemnation.

Investigation in this country has shown the same correlation to be true and has shown the drug cults in this nation are also heavily involved in occult activities. Such a cult in California, the so-called Charles Manson family, was found to have been involved in murder, cannibalism, human sacrifice and Satan worship. Such is the end result of those who turn the control of their bodies over to these Satanic drugs, and it quite often - in fact, the testimony is that it is the drug which we are discussing today, marihuana, that it started with.

History records that those societies that turn to such drugs are turning to decline and ruin and account for the heavy drug offensive that Red China has waged against the West, and especially against our GI's in Vietnam. The widespread use of marijuana in Egypt has been blamed for the social destruction of that land as well as their ineptitude in recent conflicts with Israel. The noted geneticist, Dr. Luis Diaz de Souza, who spent 18 years investigating the effects of marijuana on the human body, states that even one exposure to this drug does calamitous damage to the chromosomes and can afflict successive generations with such problems as leukemia, hemophilia and mongoloid offspring.

God is not mocked and neither has his law been repealed. The Bible still stands. And the Bible says that the wages of sin are death and society is already paying a heavy price for that sin which it has already legalized. To open the floodgates of sin further is to reap the whirlwind. The scriptures declare, "He that justifieth the wicked, and he that condemneth the just, even they both are abomination to the Lord." The question today is: Why does this government continue to legalize sin? Why does this government continue to justify the wicked? Why does this government continue to promote sin

and to prosper crime? Why is sin no longer called sin and crime no longer dealt with as crime? Why do thieves, murderers and rapists continue with impunity while the law-abiding and God-fearing citizens cannot walk the streets of Trenton at night in safety?

I wonder if some of you have children and you worry about the consequences of legalizing these things for them. I think the scriptures would record that if you pass this bill, then if your children are destroyed by what you have legalized, it will merely be the judgment of God on such folly from departing from his law. If you pass this bill, then from now on any children in this State who are destroyed by marijuana and the drugs it leads to will be your responsibility. Their blood will be on your hands and a holy and a righteous God whose law you have forsaken will require it of you on the day of judgment.

ASSEMBLYMAN HAWKINS: Thank you very much, Reverend. We appreciate your appearance.

Next on the list is Rev. Robert Dickerson, President, New Jersey Council of Christian Churches. (Not present.)

Linda Mae Berkowitz, Ocean County PTA.

L I N D A M. B E R K O W I T Z: Members of the Committee, I first should say, due to the late hour, you probably will appreciate my short presentation.

In my capacity as legislative chairperson of the Ocean County Parent Teachers Association, representing 15,000 members, an extension of the New Jersey Congress of Parents and Teachers, one of 400,000 strong, I formed a coalition to investigate the various avenues of marihuana and hashish use and their effects upon our society. The members of the coalition included the chief medical officer for Jackson Township, the Superintendent and Assistant Superintendent of the Jackson School District composed of approximately 6800 pupils, the high school nurse, curriculum

coordinator, a learning disability consultant, the Assistant Director of the Lakewood Outreach Center, the Presidents of the Ocean and Monmouth County Councils PTA, and the New Jersey Congress of PTA Legislative Coordinator. As an outgrowth of this assemblage, I respectfully submit the following reactions to the Assembly Bill 2312.

We strongly oppose the premise that scientific evidence overwhelmingly proves that the marihuana and hashish substances do not hold any deleterious effects upon man, because it is only now, that more and more scientists and researchers are concentrating their efforts on these substances. There are doctors and scientists today that have published papers in reputable professional journals eliciting their results, indicating the feasibility that marihuana may indeed have harmful physiological as well as psychological effects upon our systems. One of the proponents of this mode of thinking is Dr. Robert Heath, Chairman of the Department of Psychiatry at the Tulane Medical School. Dr. Heath's research shows that the psychoactive ingredient in marihuana delta-9-THC can impair the brain irreversibly. Another instance that may be cited is that of chromosomal damage found in the lymphocytes of a group of marihuana users as studied by Dr. Stenchever and his associates, which was reported in the American Journal of Obstetrics and Gynecology. The important fact to bear in mind about these findings is that lymphocytes are the essential components in our complex systems that serve as immunological agents against diseases of man, and the chromosomes in our body are agents that determine the inheritance of each and every cell lodged within our bodies. Although I have cited only two examples to substantiate our feelings, there are many more documented studies that are available that indicate that marihuana is not as harmless as has been presented during the past few years.

We feel by eliminating the criminal aspect of marihuana and hashish, it will be readily interpreted that the State will permit its use on a personal basis. We feel that the sponsors of the bill are not being wholly fair to their constituents when they indicate that the use of marihuana and hashish is harmless to their bodies. This would be an injustice.

The members of the coalition also objected to the loose term of recreational use of marihuana and hashish. By dealing so lightly with a possible deleterious substance seems paradoxical. In one breath, you are saying that it is all right to smoke either substance in small amounts, but it is not all right to sell this substance to the people you are permitting to indulge in it. We realize the bill indicates that you are not legalizing the use of marijuana and hashish, but treating it more as a traffic violation; however, by considering the use of these substances as nuisance infractions, you are all but saying it is all right to do this as long as we don't catch you. Until such time that evidence permits the legislators to unequivocally state that under most circumstances the use of marihuana and hashish will be safe to our complex systems, they should not propose legislation that deals with the problem through semantics rather than by concrete changes based on documented evidence from all camps of medicine and research.

Every member of this coalition did not want to see first, second and even third time offenders plagued with permanent criminal records, but we did not feel it was in the best interest of youth today to allow habitual offenders off the hook by imposing \$50 fines and a slap of the wrist. There are many reasons why people indulge in the use of marihuana and hashish, and it is imperative that some form of screening and rehabilitation be available through the courts to chronic users of marihuana and

in light of the evidence that there still may be very harmful effects connected with the use of these substances that may indeed affect future generations.

Decriminalization of marihuana and hashish has been accomplished in the State of Oregon; therefore, it may be to our advantage to take a wait and see attitude in order to evaluate the program in this area.

Although marihuana and hashish are not considered to be habit forming, there is evidence that people involved in the habit of smoking marihuana and hashish may be more accessible to the hard-drug traffic, and subsequently, become involved with hard drugs and eventually possible addiction.

There still exists a percentage of youth in our Nation today that respects the law of the land and enforcement agencies that implement it. Even if 5 percent of our youth today is deterred from using marihuana or hashish, perhaps we should again look into the value of this very important safety lock in our enforcement.

As people who work with youth and are concerned primarily with their welfare, it behooves us to urge, since the medical jury is still out on the permanent effects of marihuana and hashish, that the Legislature not entertain legislation of this ambiguous nature at the present time. The initial concern for the criminal aspect of experimentors is a concern of ours, but we feel it must be handled in a much tighter and rehabilitative manner. We further feel that if there are to be amendments to this bill, an additional hearing should be held.

Furthermore, when considering legislation of this magnitude, we feel that you should investigate the feasibility of placing this type of bill on a State referendum for vote, as was done in the case of casino gambling, if indeed this bill reaches the Legislature for a vote.

I thank you at this time for the opportunity to present our position to you and we look forward to hearing the outcome of this bill. I thank you.

ASSEMBLYMAN HAWKINS: Mrs. Berkowitz, you can tell the PTA that you did a very good job.

MRS. BERKOWITZ: Thank you.

ASSEMBLYMAN HAWKINS: I have a few questions.

MRS. BERKOWITZ: I knew I would get them.

ASSEMBLYMAN HAWKINS: I don't know why I picked on you.

Is what you are telling us that you in the Ocean County PTA are of the opinion that there has been no definitive harm found in marihuana, so until the harm is actually defined, we should not do anything?

MRS. BERKOWITZ: No. What we feel is that there is evidence that indicates the possibility of permanent damage in the form of chromosomal change to 31 chromes found in lymphocytes, in defference to 46 that should be there, and the possibility of transference of this to other generations. Until it can be told to us that there will be no harm to future generations and the people of today, we feel we should wait.

ASSEMBLYMAN HAWKINS: Mrs. Berkowitz, have you ever read the side of a cigarette package?

MRS. BERKOWITZ: Yes, I have.

ASSEMBLYMAN HAWKINS: It says that the Surgeon General finds that cigarette smoking may be hazardous to your health. Do you believe that?

MRS. BERKOWITZ: Yes, I do.

ASSEMBLYMAN HAWKINS: In other words, cigarette smoking is harmful?

MRS. BERKOWITZ: Yes, it has been indicated to be.

ASSEMBLYMAN HAWKINS: Do you think we should outlaw cigarette smoking?

MRS. BERKOWITZ: Personally?

ASSEMBLYMAN HAWKINS: Yes.

MRS. BERKOWITZ: Yes, personally, I think it is harmful, but it has become a very habit-forming drug.

ASSEMBLYMAN HAWKINS: So, in other words, you would lump cigarette smoking in the same category as marihuana?

MRS. BERKOWITZ: No, because with cigarette smoking, the harmful effect comes with long-term use, long term being many years, where with marihuana, it has been indicated that a shorter term use of this particular substance - I refrain from using the word "drug" - results in changes within a person's system. Also, I think if we think about it, with tobacco, our main concern is bronchitis, emphysema and cancer.

ASSEMBLYMAN HAWKINS: Heart disease.

MRS. BERKOWITZ: These are things that are relative to a particular individual in his lifetime. When we are discussing marihuana, we are talking about possible chromosomic change, DNA - RNA. These are the component parts of every cell forever, and we do pass this on.

ASSEMBLYMAN HAWKINS: Mrs. Berkowitz, you are very learned on the subject. We are very happy to have you here. Are there any questions? (No questions.)

Thank you very kindly. We appreciate your testimony.

MRS. BERKOWITZ: Thank you very much.

ASSEMBLYMAN HAWKINS: Bruce Nicholls.

B R U C E N I C H O L L S: First of all, I guess I am one of those addle-brained sinners that you have been hearing about all day.

I would like to thank you for the opportunity to speak here today. I am here to ask you to vote "yes" to decriminalize marihuana. I am going to speak to two points briefly. Both of them will deal with freedom.

The first is the larger question that obviously we aren't going to settle here, and that is whether a

democratic government has the right or, probably more importantly, the need to know what its citizens do in their private lives. This country, as you know, started as a haven for the persecuted; people with different political, philosophical and religious thinking would come here and not be harassed. They could settle and not be bothered. They knew that thinking and the freedom to think were to be nurtured and protected here.

The drafters of our Constitution saw fit to maximize personal freedoms and minimize government interference in these freedoms. It was understood that the denial of the rights of one individual was a denial of everyone's rights.

Obviously there are practical considerations and the government does have some need to know about what citizens are doing. But everyone in the room is aware of the allegations and admissions of political abuses of our government agencies that have come to light in the last year, starting, I guess, with Watergate. That started the flood. Now we know the CIA, the FBI and a host of other government agencies have been accused and have admitted spying on people and practice illegal practices. I am sure that there are people in the gallery - I know some of them - and there are people throughout the State and country that could tell you firsthand of government abuses. They know what it is like to be spied on. They know what it is like to have their phones tapped. They know what it is like to have their doors broken down in the middle of the night and be thrown face down, handcuffed on the floor, and be physically and verbally abused, to be pulled out of a car at the point of a gun. What is it all for? It is all because of marihuana.

In short, a lot of people in this country, young people mostly, have gotten a first-hand impression of

what we heard so much about Nazi Germany and Communist Russia, about police states. We have gotten a first-hand impression of it. I am not saying that this happens all the time, but it happens enough that it is too much. It is bad enough these abuses happen to people, but all indications are, as has been mentioned before here today, that the people mainly affected by having their rights abused are the young, the poor, the less educated and the less influential.

I have personally smoked with doctors, lawyers, teachers and policemen. I have even smoked recently with a Camden County narcotics agent. This was at a social affair. I am sure my name is not on any list. But it will be after today. Most of these people have nothing to worry about obviously. They are charged with the enforcement of laws. Some of them even have an interest in keeping the status quo.

Occasionally, people other than the young or poor get caught, as was the case with Spiro Agnew's daughter when he was Vice President. I don't even think that hit the press for two years. It still isn't a widely-known fact that Kim Agnew was busted when her father was Vice President. Occasionally other people fall into the police nets; the Kennedys have been there and the former Governor's son has been there a couple of time. But most of these people get off with a slap on the wrist and that's it.

I am mentioning these professions and these people to point out something that has been mentioned here before today; and, that is, that one of the major findings of the Shafer Commission was that there isn't any real noticeable difference between users and non-users, other than the use of marihuana itself. Yet it still is mainly the young who are arrested and harassed.

Now, there are estimates ranging up to forty million people who have smoked marihuana in this country. The

Shafer Commission put it at twenty-six and that was held to be pretty conservative at the time. I have seen later figures that put it at forty plus. When a fifth of the population has taken part in something which is still a criminal act, it causes you to wonder whether it is sane for us to consider it a criminal act anymore. You could say, "Well, 50 percent of the population could be murderers," too. I may be leaving myself open to some attack there, but it wouldn't be very smart.

There has to be a better way to use our government and human resources with this many people smoking. I know, and you men and ladies know, that the country has a lot of problems to face and a lot of hard times ahead. We hear calls all the time for banding together like the country used to be back in the hard times. Well, I can tell you firsthand that there are quite a few young people my age who don't feel that they are part of this government because they have had the agents of this government break into their houses and harass them. It happens all the time. I am asking you, with your vote, to help get a lot of people back into the mainstream of American life and back on the other side of the criminal justice system.

After I found out I was going to speak, on Friday, I spoke to a number of friends and they all said that they appreciated what I was doing, but that I was probably crazy to do it because my name might wind up on a list somewhere, because you have my name and address. But I just thought it was time to stand up. Thank you.

ASSEMBLYMAN HAWKINS: We appreciate people taking time to stand up.

Are there any questions from either Committee member present? (No questions.)

We appreciate your testimony. Thanks for coming. And have no fear. I don't intend to submit your name anyplace.

We will now have a five-minute recess.

(Short Recess.)

ASSEMBLYMAN HAWKINS: Is the person representing the Health Department present?

MR. RUSSO: Yes.

ASSEMBLYMAN HAWKINS: Is it your intention, sir, to read this or could we have it read into the record, since there is no one else here but me now.

R I C H A R D J. R U S S O: You may read it into the record if you like. It would save some time.

ASSEMBLYMAN HAWKINS: You can give other comments, if you wish, and we can have this included in the record.

MR. RUSSO: I really don't have any additional comments.

ASSEMBLYMAN HAWKINS: Then I will say, for the record, that Richard J. Russo, Assistant Commissioner of Health, is presenting to us a statement, 10 pages long, which will be included in the record as coming from Richard Russo.

MR. RUSSO: This is a statement which reflects the official position of the New Jersey State Department of Health. And I, as a representative, am presenting it to the Commission.

ASSEMBLYMAN HAWKINS: All right. May I ask you, sir, to summarize briefly the position of the Department of Health regarding decriminalization of marihuana?

MR. RUSSO: The Department of Health concurs generally with the premise of New Jersey Assembly Bill 2312, which amends the New Jersey Controlled Dangerous Substances Act and provides for the decriminalization of small amounts of marihuana and hashish intended for personal consumption.

ASSEMBLYMAN HAWKINS: Are you saying that the Department of Health concurs generally with decriminalization

of marijuana?

MR. RUSSO: As it is reflected in 2312, yes.

ASSEMBLYMAN HAWKINS: It is very interesting - very interesting.

Have they considered all the deleterious effects that marihuana might have on the individuals who would smoke it if it were not for the criminal penalties staring them in the face?

MR. RUSSO: Yes, and I think it is spelled out in the ten pages of testimony. One of the issues in relation to medical research findings is that at this particular time they are not conclusive. Based on the available scientific data pertinent today, this is the position that the State Department of Health wishes to take.

ASSEMBLYMAN HAWKINS: Mr. Russo, we appreciate your taking time to come over here, and I can assure you that this statement will be included, in full, in the record.

MR. RUSSO: Thank you very much.

ASSEMBLYMAN HAWKINS: I thank you very much. That is very interesting.

Following is the written statement submitted by Richard J. Russo:

Official New Jersey State Department of Health Remarks Presented by Richard J. Russo, M.S.P.H., Assistant Commissioner of Health for the State of New Jersey Concerning the Social and Medical Implications of Reducing the Penalties Presently Attached to the Possession for Personal Use of Small Amounts of Marijuana and Hashish. Presented at the March 3, 1975 Public Hearing on A-2312 before the Judiciary, Law, Public Safety and Defense Committee.

My name is Richard J. Russo. I am an Assistant Commissioner of Health for the State of New Jersey, and as such am responsible for the administration of alcohol and drug abuse treatment effort of the State Government. The remarks I am about to make in this paper represent the official position of the New Jersey State Department of Health.

Drug use has always been a matter of controversy in this country. Perhaps this is the natural result of our heterogeneous population. Nevertheless this fact has placed policy makers into the very difficult position of having to balance complicated issues in arriving at decisions as to which drugs shall be permitted and which controlled. One has only to look back a few years to the great prohibition controversy to see how complex the resolution of drug use issues are, since alcohol is certainly a drug.

We are a nation of people who hold diverse persuasions and beliefs. Millions of Americans and thousands of New Jerseyites are opposed to the use of alcohol or nicotine. Others reject the use of medicines in the treatment of disease, or of chemicals in the cultivation and preservation of food. Millions more oppose the consumption of mind altering drugs for the purpose of inducing pleasure.

In our time, however, no controversy has stirred so many as that surrounding the use of marijuana and hashish, one the leaf and the other the resin of the plant. As marijuana and hashish have the same active ingredient, which is known as delta-9-tetra - hydrocannabinol (THC for short), I shall refer to these substances collectively as marijuana.

The New Jersey State Department of Health is primarily concerned with the development of responsible policies with respect to marijuana use which accurately reflects the medical and social consequences of its consumption.

This paper will attempt to review some of the recent research on the medical effects of marijuana and the social effects of its prohibition. Finally, I will endeavor to demonstrate that the

data presented on these two issues suggests that the relatively low risks of moderate personal use when compared to the high societal costs of the present penalty structure, indicate a reconsideration of those penalties.

### Research

In the years prior to 1973 most research seemed to indicate a relatively benign human response, both medically and psychologically, to the use of marijuana. The substance was not generally considered addicting and clinic and preclinical studies had yielded no persuasive evidence of toxic or harmful effects of moderate use.

This continuous outpouring of scientific studies attesting to relatively innocuous properties of marijuana contributed to increasingly widespread acceptance of its use and to growing social demands for changes in the law. The National Commission on Marijuana and Drug Abuse, while acknowledging that all the evidence was not in, nevertheless suggested on the basis of available data that all legal penalties should be removed for the possession of marijuana for personal use.

All of the evidence on marijuana is still not in. But more data is available now than was available even a year or two ago and several important studies may indicate more serious implications of marijuana use than previous research suggested. Let me emphasize that the Department of Health is not saying that marijuana has been proved to be more dangerous than we previously thought. However, marijuana cannot be considered totally harmless. Many current studies report laboratory findings of uncertain clinical significance. Research on marijuana using modern scientific techniques and standardized preparations of the drug has been undertaken only recently and keeping these factors in mind, we must carefully weigh all new

evidence as we try to make policy decisions which are in the best interest of the public. Recent research includes the discovery that the active ingredient in marijuana, delta-9-tetrahydrocannabinol, is extremely soluble in fat. This means that this substance, unlike alcohol and many other drugs, does not pass rapidly through the body. Rather, it is absorbed in the fatty tissue of the body and appears to accumulate in those areas where fatty tissue is most prevalent, such as many vital organs including the brain. What happens as a result of this accumulation is still conjectural. In addition, there is some indication that the active ingredients in marijuana accumulating in cells seem to have an effect upon basic cellular mechanisms and although conclusive evidence of this effect in humans is not available, the results may be a reduction in the capacity of the body to fight infection, and it may possibly produce genetic mutations as well. Some of this preliminary research data indicates that the effects of marijuana on the body, under some circumstances, may be more widespread than have previously been thought.

Aside from the scientific laboratory research, we are seriously concerned about the evidence on the effects of marijuana on driving performance. Evidence shows that especially as the dose increases, the driving performance impairment increases. The use of marijuana has been found to increase both the breaking and starting times, to adversely affect attention and concentration abilities, all of which are involved in driving. A recent Canadian study of driving ability during marijuana intoxication demonstrated a significant decline in performance, as measured by several criteria, was found in most drivers tested. Based on accumulated evidence, we can state very emphatically that driving under the influence of marijuana is dangerous.

In addition to these findings, we now have reason to believe that levels of marijuana use which may be physically tolerated by the young healthy adults, may have an adverse effect on other age groups and less healthy individuals. At least one study of patients with clearly established coronary artery disease has found that chest pain was experienced sooner after exercise and after less work while smoking marijuana than while smoking an inactive placebo. The use of marijuana by those with coronary difficulties is especially unwise.

In some recent research findings it has been suggested that the male testosterone hormone levels are significantly lowered in chronic marijuana users. Thus there is the possibility that the heavy use in late childhood or early adolescence of marijuana may interfere with the normal sexual development of youngsters. This study is not conclusive and more research is necessary to substantiate these findings.

Current research on marijuana is progressing very rapidly and as new findings are available we in public health will have a more definitive and a better understanding of the health hazards, and perhaps benefits of the drug. This very brief summary of some of the more recent scientific research on marijuana leads the Department to the following conclusions:

1. We obviously still have much to learn about the effects of marijuana.
2. Current scientific knowledge, although nonconclusive, clearly requires intensified efforts to discourage the social use of marijuana.

3. Current scientific medical research does not and cannot answer the basic questions of determining social policy. Recent scientific research clearly raises more questions than it answers.

### Social

Leaving aside the scientific research and its confusing nonconclusive findings, one must address the cogent and important issue that all available evidence indicates that marijuana use still is growing in our society. Estimates indicate that approximately 26 million Americans have used or at least experimented with marijuana. This is a cumulative figure for all age groups, and in considering the extent of marijuana use in our society it is important to keep two factors in mind:

1. The extent of use varies widely by geographic region.
2. There is considerable evidence to support the view that most people only experiment with the drug and only a few develop a lifelong or chronic pattern of use.

Even among those people who have seriously used marijuana, as opposed to simple experimentation, there is a noticeable fall off phenomenon which seems to accompany maturation and changing lifestyles. The single most significant factor related to the cessations of marijuana use by former youthful users has been found to be the development of a commitment to nonstudent roles, including family and job responsibilities. This factor should be seriously considered in the development of drug prevention policies.

The cost of marijuana use to our society is almost beyond comprehension. According to recent FBI statistics the number of persons arrested nationally was 420,000 last year alone. This was a 40% increase over the previous year, and it further represented more than double the figure of arrests four years ago. Most of these people who were arrested were between the ages of 18 and 25 and if convicted they may forever bear the stigma of an arrest record which can adversely affect their educational and employment opportunities. It is disturbing to note the dramatic increase in arrests for simple possession of marijuana and it seems clear that marijuana has been established as the recreational drug of choice by many Americans, adults as well as youth. Its prohibition has had little effect upon its availability and its use in society.

The exhaustive two year study by the National Commission on Marijuana and Drug Abuse recommended that possession of marijuana for personal use should no longer be a criminal offense, and that casual distribution of small amounts of marijuana not involving profit no longer be an offense. The State of Oregon is the first State to adopt, in part, this recommendation and many other states including New Jersey are currently considering it. The Oregon statute which has been in effect approximately a year was recently evaluated in a survey conducted by the Drug Abuse Council in Washington, D. C.

This survey was conducted in October of 1974, the first anniversary of the new legislation, to assess what changes have occurred in marijuana usage during that year. The survey revealed that the number of individuals using marijuana has not significantly increased in Oregon during the year since it removed criminal penalties for simple possession. Of those individuals currently using marijuana in Oregon, a large number reported a decrease in usage during the first year since the law's enactment and only a small number reported an increase. Lack of interest and possible health dangers are the most important reasons chosen for not using marijuana by those who have either never used it, or who have stopped using it. The possibility of legal prosecution and the lack of marijuana availability ranked low as reasons for not currently using marijuana. New Jersey, in its wisdom, should take a careful look at what has happened in Oregon since it has removed its criminal penalties for small amounts of marijuana. The main conclusion which can be drawn from the first year survey of the Oregon experience, is that prohibition apparently has little or no effect upon society's use of this chemical.

An extremely important factor to consider particularly in light of New Jersey's severe fiscal posture is the cost to the State of New Jersey for enforcing current legislation for marijuana possession. Accurate data estimating the overall fiscal cost of marijuana enforcement in New Jersey has not been established.

However, extrapolating figures from a recent California study which provides an interesting base for estimation of fiscal costs of enforcement, the New Jersey experience can be estimated to cost New Jersey taxpayers between \$12 and 25 million dollars. These figures are highly generalized and should be construed as gross estimates. However, regardless of the actual costs, it is clear that the taxpayers of New Jersey are bearing a significant burden in order to support enforcement of existing marijuana legislation.

#### Conclusion

Scientific evidence on the detrimental effects of long and short-term marijuana usage is nonconclusive and we still have much to learn about the effects of marijuana. Legislative prohibition against the use of a chemical like marijuana, apparently has had little or no effect upon its availability and use level in society. The cost to society for enforcing current New Jersey marijuana statutes appears to be excessively high in proportion to the social benefits derived from the enforcement. The social cost as related to loss of economic and educational opportunities and growth because of a criminal record is inestimatable, especially considering that an individual who uses marijuana may not be inherently a "criminal."

Therefore, the State Department of Health concurs with the general premise of New Jersey Assembly Bill Number 2312 which amends the New Jersey Controlled Dangerous Substances Act and provides for the decriminalization of small amounts of marijuana and hashish intended for personal consumption.

- End of Statement -

ASSEMBLYMAN HAWKINS: I thank the stenographer and Mr. Tumulty and all the people who have come here today. The hearing is concluded.

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(Hearing Concluded)

## New Jersey Senate

TRENTON



TO: Honorable Members,  
New Jersey State Legislature

FROM: Alexander J. Menza, Chairman,  
Drug Study Commission

DATE: December 16, 1974

SUBJECT: Explanation of marihuana and hashish recommendations  
set forth in Senate Bill Number 1461 and Assembly  
Bill Number 2312.

Both bills provide for the decriminalization of the possession of marihuana and hashish in the following manner. Possession of 56 grams or more of marihuana, including any adulterants or dilutants, or 12 grams or more of hashish would be a misdemeanor--punishable by up to 3 years imprisonment, a fine of not more than \$1,000.00, or both. Possession of more than 28 grams (1 ounce) but less than 56 grams of marihuana, including any adulterants or dilutants, or more than 6 grams but less than 12 grams of hashish would be a disorderly persons offense--punishable by up to 6 months imprisonment, a fine of not more than \$500.00, or both.

Possession of 28 grams or less of marihuana, including any adulterants or dilutants, or 6 grams or less of hashish would be punishable by a fine of \$50.00 for each offense (and confiscation of the drug, of course). Jurisdiction of proceeding to collect such penalties would be vested in the municipal courts in any municipality where the defendant may be apprehended or where he may reside. Process would be either a summons or warrant and would be prosecuted by the Attorney General in the name of the State in a summary manner pursuant to the Penalty Enforcement Law (N.J.S. 2A:58-1 et seq.). All fines collected would be paid into the treasury of the municipality wherein the offense was committed.

As you are aware, the aforementioned decriminalization scheme amends the existing marihuana and hashish law which provides that possession of more than 25 grams of marihuana, including any adulterants or dilutants, or more than 5 grams of hashish is guilty of a high misdemeanor and shall be punished by imprisonment for not more than 5 years, a fine of not more than \$15,000.00, or both; provided, however, that any person who violates this law with respect to 25 grams or 5 grams or less of hashish is a disorderly person.

Both bills distinguish between the manufacturing, distributing, or dispensing of marihuana or hashish with respect to 28 grams (1 ounce) or less of marihuana, including any adulterants or dilutants, or 6 grams or less of hashish as compared to more than 28 grams of marihuana or more than 6 grams of hashish. Any person who violates this provision with regard to more than 28 grams of marihuana, or more than 6 grams of hashish, would be guilty of a high misdemeanor and punishable by imprisonment for not more than 5 years, a fine of not more than \$1,500.00 or both. With regard to 28 grams or less of marihuana, or 6 grams or less of hashish, the punishment would be a misdemeanor.

The imposition of a quantity level is intended to distinguish between the large scale manufacturing, distributing, or dispensing of marihuana or hashish and the manufacturing, distributing or dispensing for no remuneration or insignificant remuneration not involving a profit. Obviously, the degree of moral culpability is greater in the first instance.

The above-mentioned decriminalization scheme amends the existing law which classifies the manufacturing, distributing, or dispensing of any quantities of marihuana and hashish as a high misdemeanor--punishable by imprisonment for not more than 5 years, a fine of not more than \$15,000.00 or both.

The bills exclude the "use" or "under the influence" of marihuana or hashish per se as a disorderly persons offense if the decriminalization of marihuana and hashish is adopted. The reasoning is that if possession of small quantities is decriminalized, then how can the "use" or "under the influence" per se be a crime; in other words, a person's "status" alone should not be punishable.

Marihuana would also be defined as Genus Cannabis L. instead of the present definition of Cannabis sativa L. Genus Cannabis L. includes all possible species of Cannabis under the the term marihuana, whereas Cannabis sativa L. is only one species of marihuana. In a number of cases defense counsels have argued that there is more than one species of marihuana and that these species are not covered within the narrow scope of the statutes that define marihuana as Cannabils sativa L.

Both bills delete the phrases descriptive of hashish from the definition of marihuana since hashish is separately defined. Overlapping definitions cause confusion since distinctions are presently made in the penalties imposed for possession of marihuana and hashish based on the type and amount of the substances possessed.

Finally, a provision is included in both bills that within 3 years of the enactment of the decriminalization scheme for marihuana and hashish, the Legislature shall conduct a comprehensive study and review of the penalties recommended above based on current scientific and medical understanding, criminal justice studies, and community expectations.

SUMMARY OF  
EFFECTS OF THE OREGON LAWS DECRIMINALIZING  
POSSESSION AND USE OF SMALL QUANTITIES OF MARIJUANA

Legislative Research report 74:96 on the "Effects of the Oregon Laws Decriminalizing Possession and Use of Small Quantities of Marijuana" presents the results of a statewide survey of law enforcement agencies', prosecutors', judges', mental health or alcohol and drug clinics', and juvenile departments' observations on the laws. The survey was conducted in mid-October 1974 after one year from the date the new Oregon laws became effective.

Responses were received from 35% of the 301 agencies contacted for the survey, although a greater percentage of responses was received from police departments (47%), clinics (54%) and juvenile departments (59%).

The report contains the following major subdivisions:

- I. INTRODUCTION
- II. BACKGROUND ON THE LAW
- III. EFFECTS OF THE LAWS ON MARIJUANA
- IV. CONCLUSION

The third section--Effects of the Laws on Marijuana--presents the results of the survey. These include drug offenses reported by law enforcement agencies (detailing the responses from the Oregon State Police, the Portland Police Bureau, and special interagency narcotics teams), prosecutors and judges. Observations from each respondent on changes in public attitudes towards marijuana, and on changes in the attitudes of law enforcement officers, prosecutors and judges are also included. Policy or procedural changes caused in office operations are discussed. Finally,

the guidelines which the three types of agencies employ in determining the quantity of marijuana possessed, the quantity of marijuana under cultivation, and the quantity of marijuana charged as being possessed when more than one person is present. Other effects of the laws not considered by the survey's questions are also mentioned.

I. The Introduction notes that Oregon was the first state to relax its laws punishing the use or possession of small quantities of marijuana, and that because of this, the Oregon laws have become a focus of attention for other states and the U.S. Congress. This report on the effects of the laws does not consider either the recent medical discussions of the possible health hazards which may be associated with marijuana use or the changes in drug use patterns which may have occurred in the state since the laws were enacted. The report does note, however, that analysis of two surveys conducted after the laws were in effect for one year, and one commissioned by the 1972 Interim Committee on Alcohol and Drugs might be some indication of drug use changes in the state.

II. The discussion of the Background on the Law considers the recommendations of the 1972 Interim Committee on Alcohol and Drugs that included proposals to legalize or reduce the penalties for simple possession of marijuana, and to provide an expungment procedure for the criminal records of one-time drug offenders.

Oregon law distinguishes narcotic (including marijuana) and dangerous (including hashish) drugs and provides that it is an offense for a person to engage in criminal activity in drugs, criminal use of drugs or criminal drug promotion. For each offense, however, possession, use or promotion where less than one ounce of marijuana is involved is a violation punishable by a fine not in excess of \$100. A person convicted of such

a violation does not receive a criminal record because a violation is not a crime under Oregon law.

Because the wording of the criminal activity in drugs statute prohibits a number of specific acts, including cultivating, transporting or furnishing (selling) a narcotic or dangerous drug, and only makes possession of less than one ounce a violation, cultivation, transportation and furnishing marijuana (even though less than one ounce) is still considered a felony or a felony-misdemeanor in the discretion of the judge.

III. Effects of the Laws on Marijuana presents the results of the survey of law enforcement agencies, prosecutors, judges, clinics and juvenile departments. The introduction to the survey explains why the questionnaires were distributed and analyzes the responses received from each type of agency. The results of the survey are presented in six sections—drug case statistics, drug use observations of clinics and juvenile departments, observed changes in officials' attitudes towards marijuana, guidelines used for marijuana offenses, changes in procedures caused by the laws, and other effects of the laws.

Drug case statistics are presented from law enforcement agencies (27 agencies including the Oregon State Police, Portland Police Bureau and two interagency narcotics teams answered this section of the questionnaire). For marijuana possession cases, one more agency statewide reported an increase in arrests than those indicating a decrease, although the majority of respondents indicated no change or a decrease in enforcement effort for these cases (Table 1. of the report). For other marijuana offenses, cultivating, transporting and furnishing arrests showed an increase more often (Table 2.). Increases

in other drug cases (not including marijuana) were more prevalent than marijuana case increases (Table 3.), and increases in multiple drug (including marijuana) offenses showed an increase in agencies' responses more often (Table 4.).

Detailed consideration of the Oregon State Police, Portland Police Bureau, and three special interagency narcotics teams is given. The State Police reported an increase in all drug arrests with no change in enforcement effort. The Portland Police reported decreases in all marijuana offenses, except cultivation, with a general de-emphasis in enforcement, while other drug arrests increased. Data from the interagency narcotics teams in Josephine, Coos-Curry, and Marion counties are given which indicate the number of marijuana cases and other drug cases handled, but with no comparative statistics it is impossible to determine what effects the laws have had on these narcotics teams' work (Table 5.).

Drug case statistics for district attorneys and circuit or district court judges are summarized. In both situations, however, few responses were received. Most district attorney offices reported an increase in all drug cases (Table 6.). The report also considers district attorney responses received by the Oregon Attorney General for a questionnaire from U.S. Senator James O. Eastland including information on marijuana arrests and convictions, age categories for marijuana offenders, the range of sentences imposed, and state expungement procedures and drug education alternatives.

For court statistics, the only information available was collected by Legislative Research from records of the Multnomah County Circuit Court. This analysis concluded that fewer marijuana and other drug felony cases are being handled in the county, although because of the overlapping

responsibilities of the Circuit and District Courts, it is possible that the total number of drug cases has not changed.

Changes in drug use patterns observed by clinics (Table 7) and juvenile departments (Table 8) are given. Clinics appear less apt than juvenile departments to observe increases in drug use of all types.

Attitude changes towards marijuana in the public, and for law enforcement officers, prosecutors and judges as observed by these persons and clinic and juvenile department respondents are reviewed. Most respondents in each category have observed some change in public attitudes; of those commenting on the public's attitudes towards the decriminalization laws, more respondents in each category indicated public approval. Law enforcement agencies were most likely to observe that the public misunderstood the laws and that youth attitudes differed from those held by adults. (Table 9).

Most respondents indicated that they had observed law enforcement officers expressing either acceptance or approval of the decriminalization laws (Table 10). The same is true for prosecutors' attitudes towards marijuana (Table 11) and for judges' attitudes (Table 12). For each type of respondent and each area of attitude changes, representative observations are included.

Policy changes made as a result of the decriminalization laws were reported by law enforcement agencies, prosecutors and judges. The most significant changes reported by law enforcement agencies were in officer training sessions for the Oregon State Police and Portland Police Bureau and in record keeping changes for the Portland Police.

Half of the prosecutors offices indicated no changes in their procedures; and for courts, the most significant changes included

observations on the changes in drug cases being handled between the district and circuit courts in several areas of the state.

Law enforcement agencies, prosecutors and judges were asked for their guidelines in determining the quantity of marijuana involved in three areas: 1. For possession cases; 2. For cultivation cases; and 3. For situations involving more than one person. The determination of quantity for marijuana possession cases varied among law enforcement agencies; some make field analyses at the time of arrest or citation, others leave the matter to the State Police crime labs for analysis. Other variations included a "rule of thumb" that three lids are required to constitute more than one ounce of marijuana. The same kinds of variations were expressed for district attorneys and judges although one judge also noted that the question of whether marijuana had to be sifted and analyzed before it was weighed had not yet been raised in his court.

Guidelines for cultivation-quantity determinations also varied. Although the law does not require that quantity be a factor in such offenses, some agencies noted that all cultivation was considered a violation or that consideration was given to whether it appeared that the plants were intended to be used commercially.

Guidelines for determining the quantity of marijuana when more than one person is involved also showed that some variations existed. In some jurisdictions, the total amount of marijuana present is determined and divided among all individuals present; others indicated that possession by an individual had to be established; and a third type of response indicated that more than one person could be found to possess the same marijuana.

Three effects of the decriminalization laws not presented by the

questionnaire are also discussed in the report. The first involves the problem of establishing that a driver is under the influence of marijuana; the second relates to the inability under the law to sentence juveniles for violation of the marijuana laws where less than one ounce is involved; and the third concerns the interrelationship between the marijuana violation laws for possession and use and the criminal drug promotion law. It appears that factual situations could exist where each person except one could possess less than one ounce, and be subject to a fine for a violation; the one person not in possession might be subject to felony prosecution because of being in a place where more than one ounce of marijuana was found.

IV. The report concludes that although regional variations in enforcement still exist for marijuana offenses, the decriminalization laws appear to have successfully reduced the penalties for the use and possession of less than one ounce of marijuana. Some areas of confusion in the laws may be proper for future legislative consideration, including such matters as the sentencing of juveniles, the use of the promotion statute, and the proper standards for cultivation, transportation and furnishing marijuana offenses.

With these limitations, however, it appears that the laws have not caused the major problems for the state which some had predicted, and that the laws have for the most part been accepted or approved of by those officials who are responsible for enforcing and administering them.

STATEMENT OF DR. WILLIAM R. THORN, SCIENCE  
CONSULTANT TO THE "DRUG STUDY COMMISSION."  
PRESENTED TO THE ASSEMBLY JUDICIARY COM-  
MITTEE'S PUBLIC HEARING ON MARCH 3, 1975.

## General Introduction

Marijuana has been used for thousands of years for various purposes. It is a robust plant, capable of growing in a wide variety of climates. The plant has had considerable economic value for the production of rope, and its relaxing and satisfying properties have undoubtedly contributed to its extensive cultivation.

Marijuana is in the same plant family as Hops, a component traditionally used in the brewing of beer.

The plant is currently enjoyed as a relaxant by ca. 26 million or more Americans, despite laws against its use, possession and distribution. Many medical properties have been attributed to the plant in various cultural folk lores, but until recently, little was actually known about the nature of the plant's actions.

The popularity of the plant has caused a strain on the legal system of the U. S. and States, and simultaneously causes the users to buy material which has no aspect of quality control. The current legal status of marijuana use is now being reviewed for the purpose of minimizing the hazards of this victimless crime, for both the user and society.

## Considerations in Medical Data Evaluation

When one uses test systems in the study of a compound with the intent of extrapolating its activity to the human, many pitfalls may exist. Convenience in the choice of the test system may not afford due respect to all necessary considerations.

It has been demonstrated that many animal systems employed in the study of marijuana (*Cannabis Sativa* L. and variants) will produce a spectrum of metabolites<sup>1,2,3,4</sup> not corresponding to those found in man<sup>5,6,7,8</sup>. Since it is known in man that many of the marijuana metabolites are active physiologically<sup>7,8</sup>, the lack of correlation between animal species and man may prove deceptive.

All drug studies are not carried out with the entire animal. In vitro studies involve the use of isolated tissue preparations while in vivo studies utilize the entire experimental animal. Thus, in vivo studies could imply different results than found in the examination of in vitro systems. This difference could be due to enzyme availability, metabolic variances induced by various organs, alterations of distribution due to the disruption of normal transport mechanisms and more subtle considerations.

The nature of activity induced by a drug will also depend on the quantity used. When the social use of marijuana is considered, the dose level employed will generally be considerably lower than found in animal studies. In the human, a social dose of (-)- $\Delta^9$ -THC, one of the most psychoactive components of marijuana, may be ca. 20-40 mg<sup>9,10</sup>, which would be .28-.56 mg/kg for a 70 kg (154 lb.) person. This would be 1-2 gm of marijuana of 3% THC content. Many animal studies will use dose levels well in excess of the human dose and evaluation of these works must also bear the recognition that toxic activity may be induced with almost any drug, if enough is used.

These considerations require great care in the endeavor to place the social use of marijuana, as well as potential medical benefits in perspective.

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## Tolerance

Tolerance has been found to develop in the pigeon with (-)- $\Delta^9$ -THC<sup>1</sup>. In rats, however, it appeared that tolerance did not fully develop to the stimulant actions of (-)- $\Delta^9$ -THC; but some tolerance may have developed with other aspects of the drug's pharmacological spectrum. The rats were shown to be able to differentiate between a control solution and THC; which was indicated by their ability to choose the THC solution over the saline control<sup>2</sup> in self administration studies .

Since the purpose of studying the action of marijuana is to determine its activity in man, human volunteer studies have been performed. Experienced marijuana users and novices were allowed to accept a THC solution until a suitable "high" was obtained, and a comparison of various psychological parameters was made. The researchers drew the conclusion that marijuana as used by the young American did not produce any tolerance or increased sensitivity to its actions. Statistical data indicated the novice employed marijuana ca. 9 times a year, while the experienced users smoked a mean of 914 times a year. Samples of marijuana brought to the researchers implied that the experienced users smoked a high grade of marijuana (3 to 4.5% (-)- $\Delta^9$ -THC content). Their data is summarized in figures 1 and 2.

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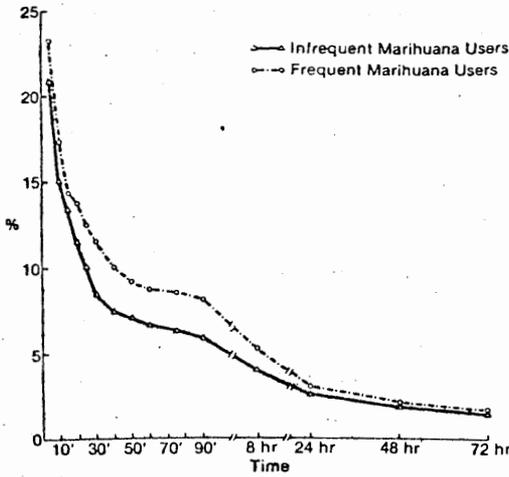


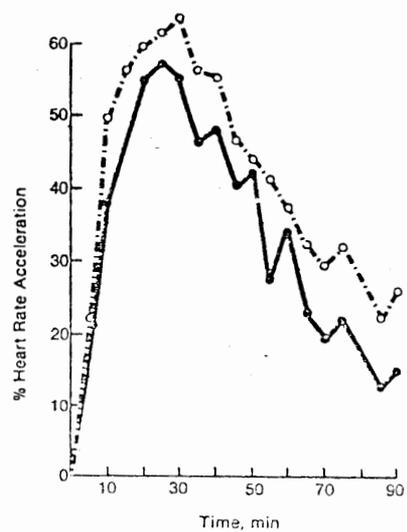
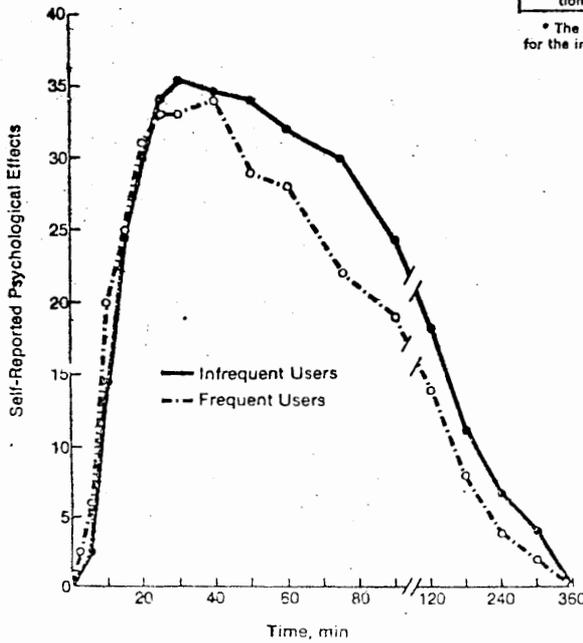
Fig 1.—Percentage of the total radioactivity administered present in the total plasma volume at the specified time intervals. The points of this graph represent the mean of the groups. The means have been obtained by multiplying the disintegrations/min/ml of plasma obtained at each point  $\times$  the total plasma volume (average 45.4 ml/kg of body weight) and calculating what this figure represents in terms of the total radioactivity infused to each individual at any given moment.

**Table 1.—Comparison of the Subjects That Have Smoked Marijuana**

	Total Group*		P
	Infrequent, N = 15	Frequent, N = 15	
Age	24.6 $\pm$ 1.82	22.8 $\pm$ 3.33	.10 NS
Age of onset	22.87 $\pm$ 2.12	19.73 $\pm$ 3.92	.02
Years of experience	1.87 $\pm$ 1.28	3.13 $\pm$ 1.45	.025
Marihuana use per year	9.2 $\pm$ 7.85	290.53 $\pm$ 449.89	.05
Total marihuana use	18.6 $\pm$ 18.31	914.27 $\pm$ 1,360.66	.02
Hallucinogens	0.47 $\pm$ 1.50	45.13 $\pm$ 51.39	.005
Perception of "high," $\mu$ g/kg	20.04 $\pm$ 7.62	19.16 $\pm$ 8.16	.10 NS
Heart acceleration, $\mu$ g/kg	22.63 $\pm$ 8.44	22.28 $\pm$ 12.68	.90 NS
Total dose, $\mu$ g/kg	52.67 $\pm$ 17.70	63.10 $\pm$ 35.15	.80 NS
Maximum level of "high"	42.27 $\pm$ 14.92	42.67 $\pm$ 15.40	.90 NS
Maximum heart acceleration	74.40 $\pm$ 28.34	79.33 $\pm$ 25.34	.70 NS
Heart acceleration at 15 min	56.07 $\pm$ 35.13	55.93 $\pm$ 27.82	.90 NS

\* The range of marihuana cigarettes smoked per year was 1 to 10 for the infrequent users and 104 to 1,820 for the frequent users.

Fig 2.—Left, Self-reported psychological effects to the intravenous infusion of  $\Delta^9$ -tetrahydrocannabinol. Right, Mean heart rate acceleration following the intravenous infusion of  $\Delta^9$ -tetrahydrocannabinol. The points of these graphs represent the mean values of the groups. Subjective score is measured by the number of squares in a standard graph paper that the subject indicates how "high" they felt at a given moment in time. The percentage heart rate acceleration is based in terms of increase over base line levels.



## Immunosuppression

The question as to whether or not marijuana has a significant action on the immunity of the user has not been sufficiently resolved.

Work by Nahas, et. al. implies that in vitro uptake of [<sup>3</sup>H] thymidine is reduced in marijuana users. This data was obtained by isolating lymphocytes from venous blood and measuring radioactive decay. The data results are listed below.

Table I. Comparative cellular mediated immunity of normal subjects, marijuana smokers, and patients with impairment of T cell immunity. The in vitro blastogenic response of lymphocytes was studied by the MLC and the PHA tests. The incorporation rate of [<sup>3</sup>H]thymidine of the T lymphocytes is given in counts per minute  $\pm$  the standard error.

Subjects	MLC		PHA	
	No. tested	[ <sup>3</sup> H]Thymidine incorporated (count/min)	No. tested	[ <sup>3</sup> H]Thymidine incorporated (count/min)
Normal controls	81	26400 $\pm$ 200	81	23250 $\pm$ 210
Cancer patients				
Primary tumors	16	14894 $\pm$ 792	16	17501 $\pm$ 124
Regional spread	23	15816 $\pm$ 420	23	13345 $\pm$ 540
Distant spread	21	8968 $\pm$ 459	21	10516 $\pm$ 580
Uremic patients	26	12001 $\pm$ 272		
Transplant patients*	24	12307 $\pm$ 357		
Marihuana smokers <sup>†</sup>	34	15679 $\pm$ 499	51	13779 $\pm$ 169

\* After 1 to 4 years of immunosuppressive therapy. <sup>†</sup> At least 1 year, at least once a week; no other drug taken.

Since thymidine is involved in the synthesis of DNA, the consequences of this action should be carefully examined. Nahas's experiments also indicate that caffeine will impair the incorporation of thymidine in lymphocyte cultures in vitro<sup>2</sup>; but caffeine is also a commonly ingested component of coffee and tea.

The action of  $\Delta^9$ -THC on the cellular composition of rat bone marrow was examined with in vivo experiments. The  $\Delta^9$ -THC apparently accelerated the lymphocyte formation by a factor of three. Modifications of the experimental procedure lead the authors to conclude that a THC metabolite, 11-hydroxy- $\Delta^9$ -THC, was responsible for the enhanced lymphocyte formation. The doses of  $\Delta^9$ -THC used in the experiment were claimed by the authors to exceed the intravenous

LD<sub>50</sub> (a dose level which should kill half the experimental animals),  
but no animals died.<sup>3</sup>

In view of the complex process by which DNA is formed in vivo, it may be premature to imply that just the reduction of thymidine uptake would impair DNA production. It is also recognized that DNA may be repaired and synthesized by DNA ligase, an enzyme, from short segments of polynucleotides. DNA prepared by this mechanism can be used for the production of chromosomes. Implications of possible chromosome damage by marijuana components will be discussed in another section of this report.<sup>4</sup>

In human volunteer studies, marijuana smokers and controls were sensitized with 2,4-dinitrochlorobenzene (DNCB) and 4 common antigens. Their data for DNCB testing is summarized below.<sup>5</sup>

Table 2. 2,4-Dinitrochlorobenzene reactivity.

Groups	Subjects (No.)	DNCB-positive		DNCB-negative	
		Number	Percent	Number	Percent
Marijuana smokers	22	22	100	0	0
Normal controls*	279	267	96	12	4
Cancer patients (all ages)*	548	384	70	164	30
Cancer patients (ages 21 to 30)†	60	48	80	12	20

\* Data from published studies (2, 3). † Concurrent controls.

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These in vivo studies also indicated that of the 22 marijuana smokers, 17 responded to 2 or more of the 4 antigens. Two smokers showed no response to any antigen, which the authors attributed to a lack of exposure by these subjects to these diseases. These authors had no clinical or epidemiological evidence to suggest that marijuana users might be more prone to the development of neoplastic or infectious processes. The dose of marijuana was uncontrolled by the experimenters, and ranged from 3 times per week to several times a day.

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## Toxicity and Embryotoxicity

Marijuana appears to have an extremely low toxicity when compared to almost any medicine currently used.

A report by the American Bar Association states in part-" A large amount of research has been performed in man and animals regarding the immediate effects of marijuana on bodily processes.<sup>1</sup> No conclusive evidence exists of any physical damage, disturbances of bodily processes or proven human fatalities attributable solely to even very high doses of marijuana.

Embryotoxicological studies have not been conducted on pregnant human females, but undoubtedly, marijuana has been smoked during this condition.

Studies have been conducted with pregnant rats, and the dose ranges of  $\Delta^9$ -THC<sub>2</sub> has been considerably higher than would ever be employed with human use. A mississippi group employed doses of THC during the gestation period of rats, and observed a decrease in the litter size and weight of the newborn rats. The doses were excessive; equivalent to about 1 pound of marijuana a day for a 154 lb. (70 kg.) person. However, at 25 mg/kg/day, (58.3 g, 2 oz of 3 % marijuana for a 154 lb. person) there was no statistical difference from the controls in the quantity or quality of the fetus. This dose would not be approached by essentially any human user. It should also be noted that no apparent birth defects occurred, implying that RNA and DNA synthesis was not measurably impaired.

Experiments with contradictory results were conducted in earlier years. The use of marijuana extract or resin was found to be either innocuous or capable of producing birth defects. The defects, however, required large doses for their inducement.

It may also be of interest to learn about the nature of the offspring born to marijuana users returning from tours of duty in

Vietnam. Reports of extensive use have been issued by various agencies, but to date, no epidemic of birth defects appears to have occurred.

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TABLE 1  
REPRODUCTIVE SUCCESS FOLLOWING PRENATAL ADMINISTRATION OF  $\Delta^9$ -THC

Dose $\Delta^9$ -THC (mg/kg)	N	No. delivered		Pups born alive total pups born	Litter size at birth <sup>a</sup>	Pup wt at birth <sup>a</sup>	Litter size at weaning <sup>a</sup>	Pup wt at weaning <sup>a</sup>	Percent postnatal mortality
		No. pregnant	No. delivered						
Oil control	10	7/7	0/7	74/76	10.8 ± 1.0	5.9 ± 0.3	8.6 ± 0.8	53.5 ± 2.7	19
0.01	10	8/8	1/8	87/87	10.9 ± 1.1	6.1 ± 0.2	8.7 ± 0.4	49.3 ± 2.7	20
0.10	10	6/7	0/6	59/61	10.1 ± 1.0	6.0 ± 0.3	8.2 ± 1.3	48.4 ± 2.8	17
1.00	10	8/9	1/8	81/85	10.6 ± 0.6	5.9 ± 0.3	8.1 ± 0.5	57.2 ± 3.0	19
10.0	10	8/9	3/8 <sup>b</sup>	86/88	11.0 ± 0.8	5.7 ± 0.2	7.6 ± 0.6	50.4 ± 1.9	29
Oil control	10	8/8	0/8	83/83	10.4 ± 0.8	5.9 ± 0.1	8.5 ± 0.7	48.4 ± 3.5	16
25	10	8/8	2/8	78/78	9.8 ± 1.0	5.6 ± 0.3	7.1 ± 0.8	49.3 ± 1.5	28
50	10	7/8	2/7	64/68	9.7 ± 0.5	6.0 ± 0.2	5.1 ± 0.5 <sup>c</sup>	45.9 ± 1.4	47 <sup>b</sup>
75	10	9/9	4/9 <sup>b</sup>	77/86	9.4 ± 0.8	5.8 ± 0.2	2.5 ± 0.6 <sup>c</sup>	42.8 ± 3.0	73 <sup>c</sup>
100	10	9/10	6/9 <sup>c</sup>	66/70	7.8 ± 0.6 <sup>b</sup>	6.1 ± 0.2	3.2 ± 0.5 <sup>c</sup>	43.8 ± 2.1	59 <sup>c</sup>

<sup>a</sup> Mean ± SE.

<sup>b</sup> Difference from control group significant,  $p < 0.05$ .

<sup>c</sup> Difference from control group significant,  $p < 0.01$ .

TABLE 2  
MATERNAL ORGAN WEIGHTS AND LITTER SIZE AT TERM AFTER  $\Delta^9$ -THC THROUGHOUT GESTATION

Dosage $\Delta^9$ -THC (mg/kg)	N	Body wt (g) <sup>d</sup>	Litter size	Heart wt <sup>a</sup>	Liver wt <sup>a</sup>	Adrenal wt <sup>a</sup>	Thyroid wt <sup>a</sup>	Pituitary wt <sup>a</sup>	Kidney wt <sup>a</sup>
Oil control	15	368 ± 3	10.1 ± 0.7	227.5 ± 2.9	4814 ± 137	21.8 ± 0.9	5.2 ± 0.3	3.5 ± 0.2	597 ± 19
50	10	348 ± 9 <sup>b</sup>	10.6 ± 0.6	229.5 ± 5.0	4223 ± 81 <sup>b</sup>	25.8 ± 1.1 <sup>b</sup>	6.1 ± 0.5	3.5 ± 0.2	594 ± 20
100	10	323 ± 9 <sup>c</sup>	7.6 ± 0.9 <sup>b</sup>	238.9 ± 5.9	3880 ± 55 <sup>c</sup>	26.0 ± 1.3 <sup>b</sup>	6.5 ± 0.3 <sup>b</sup>	4.2 ± 0.5	645 ± 35
200	10	315 ± 8 <sup>c</sup>	6.6 ± 1.2 <sup>c</sup>	248.9 ± 5.5 <sup>b</sup>	3802 ± 111 <sup>c</sup>	31.8 ± 1.9 <sup>c</sup>	7.7 ± 0.6 <sup>c</sup>	3.9 ± 0.4	640 ± 41

<sup>a</sup> Mg/100 g body wt (mean ± SE).

<sup>b</sup> Difference from control group significant,  $p < 0.05$ .

<sup>c</sup> Difference from control group significant,  $p < 0.01$ .

<sup>d</sup> The four drug treatment groups did not differ significantly from each other in average body weight at the start of the experiment. The average weight of all the females on the first day of gestation was 276 ± 4 g (mean ± SE).

## Anticonvulsant Activities

Tetrahydrocannabinol (THC) derivatives have an action which may be of value in the treatment of tremor disorders. Certain isomers of THC have demonstrated the ability to eliminate the convulsions produced by maximal electroshock<sup>1</sup>. This action may also ultimately be of value for the treatment of epilepsy. The  $\Delta^9$ -THC isomer has demonstrated an ability in reducing the susceptibility of mice to audiogenic seizure<sup>2</sup>. This action is not shared by LSD, amphetamine, cocaine, mescaline or morphine<sup>2</sup>. Nitrogen structural modifications of THC have also illustrated anticonvulsant activity<sup>3</sup>. These actions are not shared by a commonly used tranquilizer, chlorpromazine<sup>1</sup>.

## References

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## Potential Areas of General Medical Interest

If the cannabinoids have the capacity to suppress the body's immune response mechanism, potential application may exist for use in transplant operations for curtailing of rejections commonly found in these operations.

Marijuana derivatives may eventually have an application in the treatment of cancer.  $\Delta^9$ -THC retarded the growth of lung cancers, breast cancers and virus induced leukemia in mice and prolonged the lives of test animals by as much as 50 %.

Fokelore has implied that marijuana may be of value as a seditive and anti-tension compound. Cannabis derivatives have been examined for use as analgesics. These materials would appear to have advantages over the morphine based materials for this purpose due to lower toxicity, less tendency to produce respiratory depression, and no physical dependence problem.

The tetrahydrocannabinols may be of value in the treatment of morphine addiction. A single administration of THC produced a dose related blockade of naloxone induced abstinence signs in morphine dependent rats. THC did not appear to be a morphine antagonist. Cannabidiol did not appear to modify abstinence.

## Possibilities of Bodily Damage from Marijuana

This section of the report is still in preparation due to the many aspects which must be considered. The possibilities of brain, chromosome and liver damage have been voiced by several authors, while other studies have implied no apparent detrimental action. This area presents considerable difficulty for the data evaluation since the quality of marijuana used in this country has never been subjected to any aspect of quality control. Retrospective reasoning could be misleading in this instance. We are all well aware of the high incidence of marijuana use of Americans in Vietnam, yet these people were apparently able to function under adverse conditions. The large numbers of marijuana users in this country have not appeared to be the source of any major disease concentration, nor has there been any apparent thalidomide type birth defect increase in the American population. Since no medicine is without some undesirable action, it would not be surprising if marijuana also<sup>s</sup> in this category, but we are all well aware of the harmful action to the user caused by the criminal label.

At this point, it is best said that the data concerning the action of marijuana requires continued examination.

**NARROW MARGIN**

TOP

*Case* **BOTTOM**

**FRONT**



Price 8-75  
Coun