Marijuana Use and Health: What the Research Shows

A Legislative Report With Recommendations for Marijuana Law Reform

Senator Frank Padavan, Chairman
NYS Senate Committee
On Mental Hygiene and Addiction Control

October 1986

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By

Senator Frank Padavan, Chairman

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On Mental Hygiene and Addiction Control

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. . . A MESSAGE FROM THE CHAIRMAN:

If there is a single message that the State Legislature should send to the people, it is this: "No chemical substance is perfectly safe."

However, a very different signal was sent nine years ago. The State Legislature passed the Marijuana Reform Act of 1977 removing criminal penalties for the possession of certain amounts of marijuana. By so doing, it sent an implicit message that marijuana was safe.

One argument advanced by Reform Act supporters was that the drug law should be liberalized since scientific evidence did not as yet establish the harmful effects of marijuana. Personally, I have never grasped the logic of that view.

This legislative report, **Marijuana Use and Health: What the Research Shows**, summarizes and analyzes the reputable research conducted on marijuana and its users since decriminalization.

Research has now conclusively established that marijuana contains more carcinogens than tobacco smoke; affects the heart, and impairs brain functions, specifically in the left hemisphere (controlling memory). The effect on the brain of chronic high doses of marijuana may be irreversible.

The physical danger to young people as well as adults from marijuana use alone is made even greater by the fact that the marijuana available on the streets today is **eight times** more potent than that reported earlier. Today one of every 20 seniors in New York State high schools is a **daily** marijuana smoker, and one of every four pupils is introduced to marijuana in eighth grade or earlier.

Since 1977, it is been conclusively established that marijuana is a very dangerous substance. **Its use can in no way be condoned by New York State.**

It is imperative that the New York State Legislature reexamine the Reform Act of 1977 and send a clear and strong message to the people that the dangers of marijuana are real.

Sen. Frank Padavan

FP:ed

October 6, 1986

INTRODUCTION

Although the Cocaine derivative "Crack" has become the focus of national concern, marijuana remains the most widely used of all the illegal drugs available in the United States. In the most recent national survey completed in 1982, it was estimated that 56 million Americans had experimented with the drug at least once in their lives.

Since 1967, there has been a significant increase in the use of marijuana among high school students. Much of the heavy use takes place in school where the effects on behavior, motivation, learning, and psychomotor performance can be especially damaging to a person's development.

Because of the increasing use of this potentially damaging drug, the federal government has financed research on the physical and psychological effect of marijuana on users. The overall federal support of marijuana research in fiscal years 1977 through 1980 was just over $4 million per year. More than 300 individual research projects were funded during this period.

In 1982, the National Academy of Sciences' Institute of Medicine concluded a 15-month study of research literature published since 1975, with a report entitled Marijuana and Health. The findings are a valuable source of information about the current state of scientific knowledge concerning marijuana and its physiological, psychological and behavioral impact upon users.

The National Institute on Drug Abuse has conducted nationwide monitoring programs to determine the patterns of usage since 1975. This report is based on information from these studies as well as other sources listed in the bibliography.

Because of its relatively recent widespread use in this country, marijuana's long-term chronic effects remain unknown, in the strict scientific sense. Additional long-term studies of marijuana use are necessary to conclusively demonstrate its causal relationship to cancer, genetic abnormalities, changes in brain structure, motivational and long term psychological damage. However, responsible researchers now consider that the potential for these dangers is posed by marijuana use.

In fact, several effects of the drug and findings about users have been demonstrated and are generally accepted in the scientific community. These findings urge a reexamination of existing statutes governing marijuana possession and sale. (Between 1973 and 1978, New York and 10 other states decriminalized the possession of small amounts marijuana.)

There are signs that the public is changing its mind about legalization. In a recently reported CBS News/New York Times poll, 57 percent of the respondents (compared to 4 percent in 1977), felt that possession of small amounts of marijuana should be treated as a criminal offense.

In its 1986 report, the President's Commission on Organized Crime recommends that the states that relaxed penalties for the possession of marijuana "reconsider these laws", because they were "based on limited information and popular misinformation about the effects of marijuana."

This report will summarize the findings of the National Academy of Sciences study, the NIDA research, and other federal studies and will conclude with our own recommendations for the revision of the New York State marijuana laws.

HOW MANY AMERICANS USE MARIJUANA?

Much of our knowledge on marijuana usage comes from two ongoing nationwide monitoring efforts sponsored by the National Institute on Drug Abuse (NIDA). One is the "National Household Surveys," which is based on household populations. The second is "Monitoring the Future," and is based on information from high school seniors from about 140 public and private schools.

The National Household Surveys found that marijuana is the most commonly used of all the illegal psychoactive drugs. As we have noted, 56 million people in the United States have at least experimented with marijuana.

Children Using Drugs

In 1985, the NIDA reported that more than three of every five (61%) American youths try an illicit drug at least once before finishing high school, and 40% use drugs in addition to marijuana.

Far and away the most widely used illicit drug among high schoolers is marijuana. In 1979, NIDA surveys found that throughout the population, 30.9 percent of those between 12 and 17 years of age had at least one experience with marijuana. By 1985, this figure for the 12 to 17 year old group had grown from 30.9 percent to 54.2 percent.

Frequent use of any drug, including marijuana, can result in a significant health risk. The NIDA reports that approximately one out of every 20 high school seniors (4.9%) smokes marijuana daily.

From 1975 to 1978 there was an almost two-fold increase in daily use of marijuana among high school seniors. The proportion of daily users in 1975 was 6 percent. The level of use rose rapidly during 1978, when one of every nine seniors (10.7%) reported that they used the drug daily. The following year, the NIDA reported a slight drop

in daily use, and that level was held for five years until 1984, when daily use was again reported at 4.9 percent. It is important to note that in 1985, 4.9 percent again reported daily use of marijuana.

In summarizing these and other statistics on drug use, the National Institute on Drug Abuse wrote: "These are alarming levels of substance abuse by American youth, by historical standards or in comparison with other countries. In fact, it appears that these are the highest levels of illicit drug use by young people in any industrialized nation in the world."

CORRELATIONS OF DRUG USE

Does Marijuana Lead to Other Drugs

The wide use by young people is seen as particularly alarming in light of recent findings on the health effects of marijuana, which will be reviewed in following pages. Since side effects of marijuana use could become chronic through long-term use, the health of this group would be most at risk. Most dangerous, however, would be the tendency for marijuana users who start at a younger age to go on to other forms of drugs, such as we have seen in the current "crack" epidemic.

Many of the studies reviewed in the National Academy of Sciences' report found that the earlier first use of any drug is associated with greater involvement in the use of all other drugs.

That means that the 2.4 million children between the ages of 12 and 17 who have already tried marijuana, are at considerable risk of becoming abusers of more serious substances throughout the course of their lives. The current epidemical use of the street drug Crack, a smokable form of cocaine lends credence to this view. Police in New York City report that Crack is commonly being sold to elementary school-age children.

The National Academy report states: "Among young adults surveyed from the general population in 1979-80, the proportion who had experience with any illicit drug other than marijuana ranged as high as 87 percent among those who reported first having tried alcohol or marijuana as early as age 13 or 14; down to 47 percent among those who first tried these drugs at 15 to 17, and only 5 percent among those who first experimented at age 18 or over."

The Wider the Use, the Younger the User

Another important correlation was discovered about the use of marijuana in our society. The rule is that the incidence of youthful initiation into the use of marijuana is related directly to the prevalence of marijuana use in society at large.

Each year's survey of high school seniors from 1975 to 1985 showed increasing numbers having experience with marijuana. This increase in the exposure of high school seniors to marijuana parallels reports of widespread exposure to the use of marijuana at younger ages.

For example, when only 47 percent of the Class of '75 had any exposure to marijuana, only 15 percent had used marijuana in the eighth grade or earlier. However in 1985, when the number of students that had experienced marijuana rose to 60 percent, 25 percent reported using the drug for the first time in the eighth grade or before.

A third correlation found in the research on marijuana use is that the wider the overall prevalence, and the higher the level of daily use, the greater the persistence of use into later years of adult life. The current rates of use by persons in their mid-30s are, therefore, increasing with the greater availability of marijuana.

Whether marijuana necessarily leads to the use of other drugs is a question that continues to be debated. Research has not yet established that the body's response to marijuana leads to the use of other substances. It has been shown conclusively however, that marijuana use is commonly accompanied by drug use of several kinds. The difference may be a fine one and of dubious value in debate considering the overwhelming probability that the user is statistically unlikely to exercise an option to avoid other drugs.

Use of Other Drugs Among Marijuana Users

Whether precipitated by the drug, as some observers contend, or by personal characteristics that are associated with the acceptance of drug use, it has also been discovered that the overall level of marijuana use correlates with the use of other substances.

By 1981, almost half (47%) of the daily marijuana users reported that they had used amphetamines within the past 30 days. Over half of the daily users had used hashish recently; one third had used cocaine; and between 15 and 17 percent had used LSD, PCP, qualudes, or tranquilizers within the past 30 days.

A report by the New York State Division of Substance Abuse concluded that alcohol and marijuana are the most popular drugs among secondary school students. When the relationship between the two is examined, it is seen that the more frequent the marijuana use, the greater the likelihood of heavier drinking.

In 1980, when it was found that marijuana was being used daily by almost 10 percent (390,000) of all high schools seniors, researchers were reluctant to say that marijuana necessarily leads to other more serious drug abuse. However, data developed in the past six years leads us to state today that those who move into heavy or early marijuana use are also likely to become users of other drugs.

Marijuana Use in New York State

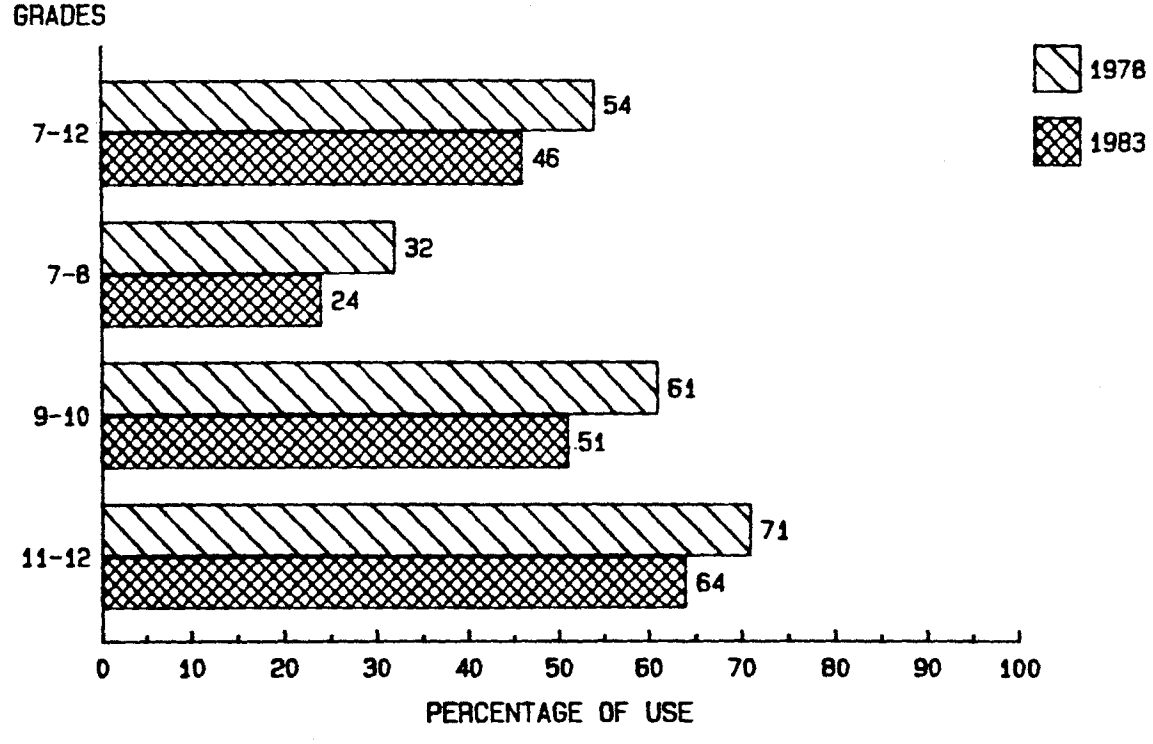
High school seniors generally show the highest rate of substance abuse. In a survey of marijuana within a 30-day period, New York seniors' use rate was 36 percent, higher than the averages calculated for seniors in the northeast (27%) and the nation (27%).

The State Division of Substance Abuse Services (DSAS) reports that lifetime use in the secondary schools dropped in New York State between 1978 and 1983. In 1978 as many as 54 percent of the students in grades 7 through 12 had tried marijuana at least once, compared with 46 percent in 1983. Although an improvement is shown during this period, that level of use is still alarmingly high and well above the NIDA national averages.

The secondary school data on students in New York who have used marijuana in their lifetime, is printed below.

MARIJUANA USE IN NYS SECONDARY SCHOOLS

1978 VS. 1983 LIFETIME USE



As the preceding chart shows, marijuana use increases with grade level. Students in the 11th and 12th grades are two to four times more likely to have tried marijuana than seventh and eighth graders. Although the ninth and tenth grades are an intermediary point in the escalation of marijuana use, the levels of use are much closer to those of the upper grades. These generalizations hold for almost all substances, according to DSAS.

Another DSAS finding with regard to marijuana use in the early grades must be examined. According to the State agency, of the 47,000 seventh graders who are users of marijuana, 79 percent or 37,000 began using it prior to the seventh grade.

The State Division of Substance Abuse Services also conducts its own "household" surveys of the estimated 14.3 million people living in New York State. The findings of the household survey are considered by DSAS to be a conservative underestimate of the prevalence and incidence of drug use.

The DSAS 1975-76 survey reported that 18 percent, or 2,483,000 people had tried marijuana. The DSAS 1981 survey showed a significant increase to 28 percent, or 3,774,000 people in the state's household population who report having used marijuana.

Marijuana use within the past 6 months, a gauge of current usage, showed an increase from 10 percent in the 1975-76 survey to 12 percent, or 1,724,000 people, in the 1981 survey.

First-time use reported to have occurred within a year of the survey indicates the extent to which drug use is spreading. The number of new users of marijuana in New York State annually reached 241,000 or 2 percent of the population. Six out of every 100 residents surveyed who had ever used marijuana were new users.

EFFECTS OF MARIJUANA'S HIGH

The mind altering effects of marijuana include pronounced alterations in cognition, thinking, sensation, and psychomotor functions.

As the dosage of marijuana increases, the user passes through regular phases of intoxication. In the initial moments of getting high there is an elevation of mood mixed with excitement and a more random free association of ideas. This is followed by an altered sense of time and space relationships, and a subjective enhancement of senses -- particularly sound and taste. In higher levels of intoxication, profound sensory illusions, hallucinations, and profound anxiety may be experienced.

As the effects of the drug begin to wane, users report feelings of psychological letdown, although a period of from two to three hours of drowsy, relaxed, dreamlike passivity often occurs following the initial and brief period of stimulation.

THE LOW SIDE OF BEING HIGH

Despite marijuana's popularity, heavy users frequently report adverse psychological reactions ranging from mild anxiety to acute panic. These effects have also been observed in controlled laboratory experiments with moderate dosages. In one study, 33 percent of regular users reported that they had occasionally felt paranoid, experienced hallucinations, and reacted with "unpleasant mental distortions in their body image." Another study found 16 percent responding that they regularly experienced "anxiety, fearfulness, confusion, dependency, or aggressive urges" while high.

Among users with a history of prolonged, regular and heavy use a condition known as "acute brain syndrome" has been reported. It is manifested as a clouding of consciousness, impairment of attention to environmental stimuli, impairment of goal-directed thinking or behavior, disorder of memory, perceptual disturbances, and a change in sleep

pattern. These changes occur over a short period of time and seem to gradually disappear after use of the drug is stopped.

Users commonly report that they experience heightened sensitivity, sensory acuity, and interpersonal closeness. However, laboratory studies show that there are either no measurable effects on sensation, or to the contrary, an impairment of sensation.

MARIJUANA USER PROFILE

The research demonstrates that marijuana use is accompanied by a set of beliefs and values and psychological dispositions that sets few impediments upon a person's predilection for substance abuse of other kinds. This association is especially consistent among young people who use marijuana on a daily basis.

It is interesting to note that when the marijuana phenomena began in the mid-1960s, it was a limited group who used the drug, and they identified themselves as alienated, counter-cultural, and rebellious. In 1980, when the number of people who had tried the drug had grown to a quarter of the population, and included 60 percent of all high school seniors, those who were regular users still identified themselves as alienated from mainstream institutions.

One study found measurable differences between smokers and non-smokers of marijuana on a variety of factors associated with conformity. Marijuana smokers were shown to be disaffected from major institutions; less religious; poorer students; prone to more traffic accidents; delinquent and often in trouble with the law.

Studies have also shown that many of the factors associated with users of marijuana actually preceded use of the drug. Such personality characteristics as low self-esteem, depression, low academic performance and criminality may exist before the use of any drugs, but marijuana will exacerbate these traits.

IMPACT UPON COGNITION

Many psychological studies have been conducted to determine the effects of marijuana on behavior. These have included studies of intellectual function such as memory, decision-making, sequential information processing, as well as perception and psychomotor functioning.

Marijuana affects the manner, speed, and accuracy with which the brain processes and stores information. Select tests have been conducted to assay the impact of marijuana on the mental processes required for learning and performing complex tasks. The results enumerated below are alarming, particularly in view of the growing numbers of children who are using the drug during critical periods of development and learning, and who are subsequently moving onto chronic heavy use.

Reaction Time

Reaction time is the measure of the time elapsing between a signal and the required response of the subject. It is an important function of one's ability to operate machinery in safety.

Studies show that reaction time among marijuana intoxicated subjects is affected at some times, but not at others. Researchers cannot account for this inconsistency, except to suggest that since reaction time requires intermittent periods of attention, an experienced user can temporarily block the effect of the drug sufficiently in order to perform this test.

Tracking and Time Sense

Tracking is the act of following a moving stimulus and is also an important measure of the ability to perform while driving a car or operating machinery. It has been shown that marijuana impairs tracking ability even at a very low dose. The tracking ability remains

impaired for 4 to 8 hours after taking marijuana, well beyond the length of one's subjective feelings of being high.

While reaction time studies showed inconsistent results, tracking is regularly and significantly diminished by marijuana at doses used in social settings. Success in tracking requires continuous attention over time, while reaction time tests require intermittent spans of attention. This suggests that marijuana users lose the ability to focus attention on given tasks when high.

Time sense is another intellectual function that has been found to be altered by marijuana. This is confirmed by laboratory tests and users' own descriptions of the drugs effects. Intoxicated persons consistently overestimate the length of time that has elapsed during a given event.

Signal Detection

Signal detection tasks measure a subject's ability to detect a brief flash of light. They too require a sustained span of attention for a successful response. Tests show that even at low to moderate dosages, marijuana significantly impairs a person's ability to perform well in this test.

Memory

Learning and memory, so important to development in children, are closely interrelated and are also found to be affected by marijuana use. Several studies have shown that a moderate dose of marijuana impairs short-term memory. Especially affected are the types of tasks requiring the remembrance of a sequence of symbols, or following a sequence of directions. Regular, long-term use among schoolchildren can have a permanent and debilitating effect upon their growth, maturity, and ability to perform in society.

Organization of Speech

Marijuana has been found to impair the clarity of oral communication, especially sequential dialogue with other persons. In moderate doses, the drug disrupts continuity of speech by impairing short-term memory. Clarity is affected by the frequent intrusion of irrelevant ideas and words into conversation. In an interesting test of recall, subjects are asked to repeat in any order a select list of words. Persons who are high repeatedly add words that were never in the original list.

It has also been found that intoxicated subjects converse in shorter phrases, use slower speech, and tend to lag between the cue to talk and the actual beginning of their response. Intoxicated subjects who are asked to tell a story demonstrate greater discontinuity in thought sequence and more frequently contradict themselves throughout the tale.

POTENTIAL IMPAIRMENT OF CHILD DEVELOPMENT

The inhibition of learning, thought fragmentation, loss of fluency of verbal expression, alienation, lack of motivation, depression and confusion, slowed reaction time, and the tendency to use other drugs are findings that have been discovered and repeatedly confirmed by marijuana researchers.

These effects can have a lasting impact upon a child's ability to learn and function in the schoolroom environment and beyond. The acquisition of skills and the mastery of new material, so important to a child's self esteem and academic progress, will be retarded by the regular use of marijuana at an early age. Not only is the acquisition of new information impaired, but also the type of learning that is required in abstract reasoning, which plays an essential role in the development of an adult personality.

A child who relies on chemical stimulation for pleasure endangers his chance to ever develop his own natural resources for joy and emotional stability. A youngster who continually blots out pain, boredom, or frustration may never learn to cope with them.

The "Amotivational Syndrome"

There is a tendency among heavy marijuana smokers to make the use of the drug the main focus of their personal and social lives, and to exhibit a profound lassitude about all other matters.

This devotion to the drug culture has been commonly reported by university researchers. In general, it is characterized by personality changes that include an apparent lack of concern about the people, values, and issues that were once important. Individuals who had been achievers in school or career make a profound turnaround in their lives and find that they have little or no interest in anything beyond getting and staying high. This has been labeled the "amotivational syndrome."

Clinical psychologists at universities were the first to report the effects of regular, high level use of marijuana. At the University of Oklahoma Medical Center chronic student users were described as having "diminished drive, lessened ambition, decreased motivation, apathy, shortened attention span, distractibility, poor judgement, impaired communication skills, less effectiveness, magical thinking, depersonalization, diminished capacity to carry out complex plans or prepare realistically for the future, a peculiar fragmentation in the flow of thought, habit deterioration, and progressive loss of insight."

The amotivational syndrome is a frequent accompaniment to daily use of marijuana, and is perhaps its most pernicious characteristic. Chronic users suffering this syndrome are drug addicts, if only temporarily, and they are ruinously wasting their lives in a state of stupor that has rendered them irrational, boring, often paranoid, and relatively disfunctional in society.

PHYSICAL EFFECTS AND HEALTH RISKS OF MARIJUANA USE

In the 20 years since marijuana use became vogue, the development of reliable information on the human health risks of marijuana use has been slow. Research had been complicated by the absence of long-term studies and such factors as the widely varying potency of marijuana sold on the streets and used in study samples, and the subjects' concurrent use of other drugs.

Complicating any assessment of the physical effects of marijuana is the fact that it is not overtly toxic and has not turned out to be the "killer weed" early opponents claimed. This fact, along with the lack of clear, dramatic findings on the long-term risks of its use has led to the widespread and equally incorrect assumption that marijuana is harmless.

This section will outline known and potential effects of marijuana on specific body systems. It will show that recent findings demonstrate physiological dangers that are anything but benign.

Today's Marijuana is More Potent

The major psychoactive ingredient in marijuana is delta-tetrahydrocannabinol (THC). Recently THC has been found in increasing proportions in confiscated marijuana -- a rise from approximately 0.5 percent to current levels of 4.0 percent or more. This eight-fold increase in the THC content of marijuana calls into question earlier investigations of the drug's effects which relied on much milder marijuana samples than are now in use, and which minimized the potential risk.

Recent research has begun to raise more serious questions about marijuana and its adverse effects upon health. First, a few basic facts:

* Tolerance (diminishing response) to marijuana with continued use has been demonstrated in humans and animals. Physical dependence, manifested by mild withdrawal symptoms, develops rapidly as a result. This can lead to increased drug-seeking activity, and to regular chronic use;

* Unlike the components in alcohol, coffee and cigarettes, the cannabinoids in marijuana are eliminated from the body very slowly; the process takes days, not just hours. The health consequences of this fact are as yet unknown, but the effects of marijuana on psychomotor performance have been shown to last long after the subjective feeling of being high has past; and,

The use of marijuana and alcohol in combination has more profound effects than the use of either drug alone. This is important in view of the commonplace use of these drugs together.

HEALTH EFFECTS AND RISKS UPON SPECIFIC BODY SYSTEMS

THE BRAIN

Effects:

* Short term impairment of the functioning of the left brain hemisphere.
* Electrical and chemical changes similar to other intoxicating drugs.
* Long-term anatomical and other abnormalities in deep areas of the brain have been noted in monkeys studied with electron microscope and EEG. These brain areas affect emotion and memory. EEG changes have been noted for months after the drug is withdrawn from monkeys and rats.

Risks:

* Possible irreversible effect of chronic high doses of marijuana on the brain.

CARDIOVASCULAR SYSTEM

Effects: * Prompt increase in heart rate (by up to 160 beats per minute) for approximately 1 hour. Unpredictable affects on blood pressure.

Risks: * Health threat to patients with hypertension, hardening of arteries or other preexisting heart condition.

RESPIRATORY SYSTEM

Effects: * Chronic upper airway inflammation in many regular smokers.

Risks: * Marijuana smoke contains carcinogens similar to tobacco smoke, frequently in much greater quantities. Prolonged use may increase cancer risk, especially if tobacco is also used.

REPRODUCTIVE SYSTEM

Male Effects: * A Lower male sex hormone level is found in humans and all animal species studied, along with a decrease in organ weight, sperm count, and a finding of more abnormal sperm. These symptoms are reversible in adults when drug use ceases. Significantly lower fertility is seen in mice.

Female Effects: * Suppressed ovulation and changed menstrual cycle in one human and some animal studies. Drug tolerance is shown to reverse these effects.

Risks: Male & Female: * Full effect on human fertility not clear. Extra risky to take drug when young and reproductive system still developing and most vulnerable to drug effects.

BIRTH DEFECTS

Effects: * THC crosses the placental barrier resulting in higher fetal death rate, malformations, and retarded fetal growth shown in some animal studies. Fetal alcohol syndrome is significantly linked to marijuana use in extensive human study (1,690 mother/child pairs).

Risks: * Use during pregnancy increases risk of fetal loss or damage.

GENETICS

Effects: * Abnormally low number of chromosomes may result from dosage; chromosomal abnormalities noted in mice.

Risks: * Possible adverse effects on offspring.

In summary, although more must yet be learned about the health risks of marijuana use, the fact is that current research has uncovered many wide-ranging physical effects of marijuana use. Since marijuana is being used by younger and younger individuals, and the street supply is of rising potency, scientific findings indicate a serious public health threat exists.

As stated in a recent report by the National Research Council: "Rapidly growing tissues have been shown to be particularly vulnerable to some, although by no means all, toxic agents, and there is at least a possibility that toxic effects may be subtle and not clearly manifest until adulthood."

The major conclusion of the Institute of Medicine's comprehensive report, Marijuana and Health (1982), bears repeating:

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

CONCLUSION: A CLEAR AND PRESENT DANGER

Recent research has established that marijuana is not a harmless substance. If the evidence we have today concerning health effects, and the increasingly early use of marijuana were available when the State Legislature debated decriminalization in 1977, we might never have seen the weakening of sanctions against its use.

The special dangers of the drug for young people (both to their health and in leading them to other drug use), and the prospect that over 2.5 million children may remain too devoted to marijuana to ever mature normally or benefit from education, provides strong justification for more serious curbs against marijuana use.

This is the basis for Senate bill 3611A (1986) which would restore criminal status for conviction of marijuana possession. New York State must send the clear message that New York State is concerned for the health and well-being of its citizens.

However, the intention of the proposed law is not to excessively punish first-time marijuana offenders whether they should be adults or children. The bill to reestablish penalties for marijuana possession would mandate an acquittal in contemplation of dismissal (ACD) for first offenders, and allow judges to order treatment programs or community service work for convicted offenders.

Arguments in support of decriminalization were based, in a large part, on an incomplete knowledge of the health effects of marijuana, and the assurances of some experts that marijuana did not lead to harder drug use. New York State's Legislature, and its people, were mislead. It is time to renew the discussion, reveal the falsehoods, and begin on the road to common sense.

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October 6, 1986

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APPENDIX

MEMORANDUM IN SUPPORT

Introduced by Senator Frank Padavan
Assemblywoman Elizabeth Connelly

Senate Bill #3611A

Assembly Bill #4814A

PURPOSE: Repeals Article 221 of the Penal Law, commonly known as the Marijuana Reform Act of 1977. This bill amends the Criminal Procedure Law as follows:

The present Section 170.56 dealing with adjournments in contemplation of dismissal (ACD) in cases involving marijuana, is repealed and a new Section 170.56 inserted in its place. Under the new Section 170.56, cases involving the possession of less than one ounce of marijuana would result in an automatic ACD for a first offender, if there is no prior conviction for a drug related offense, other than a misdemeanor possession of marijuana conviction prior to enactment of this bill. Action on the charge would be adjourned in contemplation of dismissal for a period of six months, on the condition that the offender not be convicted of a drug related offense during the six month period set by the court. If the conditions of the court are met, the accusatory instrument is deemed to have been dismissed in the furtherance of justice.

Opportunity is provided for the court, in its discretion, to order an additional ACD, for a second offender who has previously been granted an ACD and has had charges dismissed as a result. Provision is also made for the sealing of records at the point where the ACD is granted by the court. Those records shall be opened on order of the court, should the original case against the offender be reopened. Additionally, the court will have access to those records for the purpose of determining whether, in subsequent proceedings, such person qualifies under this section for an ACD. Any person, prior to enactment of this section, who has been convicted of a drug related offense other than a misdemeanor possession of marijuana, will not be eligible for consideration under this section.

Additional language inserted in sections 150.20 and 150.30:

1. mandates the use of appearance tickets in the apprehension of those charged with possession of less than one ounce of marijuana except where there is an outstanding arrest warrant for another crime and;

2. prohibits the setting of pre-arraignment bail in cases where such appearance ticket is issued.

The Penal Law is amended as follows:

This bill amends Section 220 of the Penal Law with respect to the possession of marijuana. The criminal penalties are realigned so the possession of less than one ounce becomes a class B misdemeanor; one ounce or more becomes a class A misdemeanor; two or more ounces becomes a Class E felony; eight ounces or more becomes a Class D felony; thirty-two ounces or more a Class C felony.

Secondly, marijuana is excepted from the provisions of Section 240.36 dealing with loitering for the purpose of using or possessing a controlled substance.

JUSTIFICATION: How the state should deal with the problem of marijuana use in our society is a question which has taken great hours of arduous debate. The state, under our federal system of government, is charged with protecting the health, safety and welfare of its people. In 1977, this Legislature passed the Marijuana Reform Act, decriminalizing the possession of small amounts of marijuana. Subsequent studies seemed to say that no perceptible consumption increase occurred. We are now beginning to see that these studies overlooked the increased use by younger children, who hear the state saying "its OK to get high." The state cannot and should not place itself in the position of condoning the use of an admittedly mind altering drug, but should deal leniently with those of its citizens who are not repeating drug abusers, but may simply be experimenting with the drug under a false assumption with respect to information about the drug. The bill effectively addresses this problem in a legal sense by limiting its scope to those persons who are not persistent drug abusers, and in so doing, attempts to safeguard the health of the people by continuing to discourage drug use by application of the law. We must send the message to the people of the State that it is not OK to get high.

FISCAL IMPACT: None

EFFECTIVE DATE: 120 days following enactment.