

Common Sense for Drug Policy Presents The Facts: Marijuana

Marijuana

- 1. In 2000, 46.5 percent of the 1,579,566 total arrests for drug abuse violations were for marijuana – a total of 734,497. Of those, 646,042 people were arrested for possession alone. This is an increase over 1999, when a total of 704,812 Americans were arrested for marijuana offenses, of which 620,541 were for possession alone.**

Marijuana Arrests and Total Drug Arrests in the US				
Year	Total Drug Arrests	Total Marijuana Arrests	MJ Trafficking / Sales	MJ Possession
2000	1,579,566	734,497	88,455	646,042
1999	1,532,200	704,812	84,271	620,541
1998	1,559,100	682,885	84,191	598,694
1995	1,476,100	588,964	85,614	503,350
1990	1,089,500	326,850	66,460	260,390
1980	580,900	401,982	63,318	338,664

Source: Federal Bureau of Investigation, *Uniform Crime Reports for the United States 2000* (Washington, DC: US Government Printing Office, 2001), p. 215 & p. 216, Tables 29 and 4.1; Federal Bureau of Investigation, *Uniform Crime Reports for the United States 1999* (Washington, DC: US Government Printing Office, 2000), pp. 211-212; Federal Bureau of Investigation, *Uniform Crime Reports for the United States 1998* (Washington, DC: US Government Printing Office, 1999), pp. 209-210; FBI, *UCR for the US 1995* (Washington, DC: US Government Printing Office, 1996), pp. 207-208; FBI, *UCR for the US 1990* (Washington, DC: US Government Printing Office, 1991), pp. 173-174; FBI, *UCR for the US 1980* (Washington, DC: US Government Printing Office, 1981), pp. 189-191.

- 2. According to the UN’s estimate, 141 million people around the world use marijuana. This represents about 2.5 percent of the world population.**

Source: United Nations Office for Drug Control and Crime Prevention, *Global Illicit Drug Trends 1999* (New York, NY: UNODCCP, 1999), p. 91.

- 3. Marijuana was first federally prohibited in 1937. Today, more than 76 million Americans admit to having tried it.**

Sources: Marihuana Tax Act of 1937; Substance Abuse and Mental Health Services Administration, *Summary of Findings from the 1999 National Household Survey on Drug Abuse*, (Rockville, MD: US Department of Health and Human Services, 2000), p. G-4, Table G-4.

- 4. A John Hopkins study published in May 1999 examined marijuana’s effects on cognition on 1,318 participants over a 15 year period. Researchers reported “no significant differences in cognitive decline between heavy users, light users, and nonusers of cannabis.” They also found “no male-female differences in cognitive decline in relation to cannabis use.” “These results ... seem to provide strong evidence of the absence of a long-term residual effect of cannabis use on cognition,” they concluded.**

Source: Constantine G. Lyketsos, Elizabeth Garrett, Kung-Yee Liang, and James C. Anthony. (1999). “Cannabis Use and Cognitive Decline in Persons under 65 Years of Age,” *American Journal of Epidemiology*, Vol. 149, No. 9.

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- 5. “Current marijuana use had a negative effect on global IQ score only in subjects who smoked 5 or more joints per week. A negative effect was not observed among subjects who had previously been heavy users but were no longer using the substance. We conclude that marijuana does not have a long-term negative impact on global intelligence. Whether the absence of a residual marijuana effect would also be evident in more specific cognitive domains such as memory and attention remains to be ascertained.”**

Source: Fried, Peter, Barbara Watkinson, Deborah James, and Robert Gray, “Current and former marijuana use: preliminary findings of a longitudinal study of effects on IQ in young adults,” *Canadian Medical Association Journal*, April 2, 2002, 166(7), p. 887.

- 6. “For comparison, an IQ decrement of 5 points has been observed in children exposed prenatally to 3 alcoholic drinks per day, of 3.75 points in offspring exposed prenatally to cocaine and of 2.6 points after low lead exposure.”**

Source: Fried, Peter, Barbara Watkinson, Deborah James, and Robert Gray, “Current and former marijuana use: preliminary findings of a longitudinal study of effects on IQ in young adults,” *Canadian Medical Association Journal*, April 2, 2002, 166(7), p. 890.

- 7. “Although the heavy current users experienced a decrease in IQ score, their scores were still above average at the young adult assessment (mean 105.1). If we had not assessed preteen IQ, these subjects would have appeared to be functioning normally. Only with knowledge of the change in IQ score does the negative impact of current heavy use become apparent.”**

Source: Fried, Peter, Barbara Watkinson, Deborah James, and Robert Gray, “Current and former marijuana use: preliminary findings of a longitudinal study of effects on IQ in young adults,” *Canadian Medical Association Journal*, April 2, 2002, 166(7), p. 890.

- 8. In March 1999, the Institute of Medicine issued a report on various aspects of marijuana, including the so-called, Gateway Theory (the theory that using marijuana leads people to use harder drugs like cocaine and heroin). The IOM stated, “There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.”**

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr., *Marijuana and Medicine: Assessing the Science Base*. Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

- 9. The Institute of Medicine’s 1999 report on marijuana explained that marijuana has been mistaken for a gateway drug in the past because, “Patterns in progression of drug use from adolescence to adulthood are strikingly regular. Because it is the most widely used illicit drug, marijuana is predictably the first illicit drug most people encounter. Not surprisingly, most users of other illicit drugs have used marijuana first. In fact, most drug users begin with alcohol and nicotine before marijuana—usually before they are of legal age.”**

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr., *Marijuana and Medicine: Assessing the Science Base*, Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

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10. A 1999 federal report conducted by the Institute of Medicine found that, “For most people, the primary adverse effect of *acute* marijuana use is diminished psychomotor performance. It is, therefore, inadvisable to operate any vehicle or potentially dangerous equipment while under the influence of marijuana, THC, or any cannabinoid drug with comparable effects.”

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., *Marijuana and Medicine: Assessing the Science Base*, Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

11. The DEA’s Administrative Law Judge, Francis Young concluded: “In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating 10 raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death. Marijuana in its natural form is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within the supervised routine of medical care.”

Source: US Department of Justice, Drug Enforcement Agency, “In the Matter of Marijuana Rescheduling Petition,” [Docket #86-22], (September 6, 1988), p. 57.

12. Commissioned by President Nixon in 1972, the National Commission on Marihuana and Drug Abuse concluded that “Marihuana’s relative potential for harm to the vast majority of individual users and its actual impact on society does not justify a social policy designed to seek out and firmly punish those who use it. This judgment is based on prevalent use patterns, on behavior exhibited by the vast majority of users and on our interpretations of existing medical and scientific data. This position also is consistent with the estimate by law enforcement personnel that the elimination of use is unattainable.”

Source: Shafer, Raymond P., et al, *Marihuana: A Signal of Misunderstanding*, Ch. V, (Washington, DC: National Commission on Marihuana and Drug Abuse, 1972).

13. When examining the relationship between marijuana use and violent crime, the National Commission on Marihuana and Drug Abuse concluded, “Rather than inducing violent or aggressive behavior through its purported effects of lowering inhibitions, weakening impulse control and heightening aggressive tendencies, marihuana was usually found to inhibit the expression of aggressive impulses by pacifying the user, interfering with muscular coordination, reducing psychomotor activities and generally producing states of drowsiness lethargy, timidity and passivity.”

Source: Shafer, Raymond P., et al, *Marihuana: A Signal of Misunderstanding*, Ch. III, (Washington, DC: National Commission on Marihuana and Drug Abuse, 1972).

14. When examining the medical affects of marijuana use, the National Commission on Marihuana and Drug Abuse concluded, “A careful search of the literature and testimony of the nation’s health officials has not revealed a single human fatality in the United States proven to have resulted solely from ingestion of marihuana. Experiments with the drug in monkeys demonstrated that the dose required for

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overdose death was enormous and for all practical purposes unachievable by humans smoking marijuana. This is in marked contrast to other substances in common use, most notably alcohol and barbiturate sleeping pills. The World Health Organization (WHO) reached the same conclusion in 1995.

Source: Shafer, Raymond P., et al, *Marijuana: A Signal of Misunderstanding*, Ch. III, (Washington, DC: National Commission on Marijuana and Drug Abuse, 1972); Hall, W., Room, R. & Bondy, S., WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use, August 28, 1995, (Geneva, Switzerland: World Health Organization, March 1998).

15. The World Health Organization released a study in March 1998 that states: “there are good reasons for saying that [the risks from cannabis] would be unlikely to seriously [compare to] the public health risks of alcohol and tobacco even if as many people used cannabis as now drink alcohol or smoke tobacco.”

Source: Hall, W., Room, R. & Bondy, S., *WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use*, August 28, 1995, (contained in original version, but deleted from official version) (Geneva, Switzerland: World Health Organization, March 1998).

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16. The authors of a 1998 World Health Organization report comparing marijuana, alcohol, nicotine and opiates quote the Institute of Medicine's 1982 report stating that there is no evidence that smoking marijuana "exerts a permanently deleterious effect on the normal cardiovascular system."

Source: Hall, W., Room, R. & Bondy, S., *WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use*, August 28, 1995 (Geneva, Switzerland: World Health Organization, March 1998).

17. Some claim that cannabis use leads to "adult amotivation." The World Health Organization report addresses the issue and states, "it is doubtful that cannabis use produces a well defined amotivational syndrome." The report also notes that the value of studies which support the "adult amotivation" theory are "limited by their small sample sizes" and lack of representative social/cultural groups.

Source: Hall, W., Room, R. & Bondy, S., *WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use*, August 28, 1995 (Geneva, Switzerland: World Health Organization, March 1998).

18. Australian researchers found that regions giving on-the-spot fines to marijuana users rather than harsher criminal penalties did not cause marijuana use to increase.

Source: Ali, Robert, et al., *The Social Impacts of the Cannabis Expiation Notice Scheme in South Australia: Summary Report* (Canberra, Australia: Department of Health and Aged Care, 1999), p. 44.

19. Since 1969, government-appointed commissions in the United States, Canada, England, Australia, and the Netherlands concluded, after reviewing the scientific evidence, that marijuana's dangers had previously been greatly exaggerated, and urged lawmakers to drastically reduce or eliminate penalties for marijuana possession.

Source: Advisory Committee on Drug Dependence, Cannabis (London, England: Her Majesty's Stationery Office, 1969); Canadian Government Commission of Inquiry, *The Non-Medical Use of Drugs* (Ottawa, Canada: Information Canada, 1970); The National Commission on Marihuana and Drug Abuse, Marihuana: A Signal of Misunderstanding, (Nixon-Shafer Report) (Washington, DC: USGPO, 1972); Werkgroep Verdovende Middelen, *Background and Risks of Drug Use* (The Hague, The Netherlands: Staatsuigeverij, 1972); Senate Standing Committee on Social Welfare, *Drug Problems in Australia—An Intoxicated Society* (Canberra, Australia: Australian Government Publishing Service, 1977).

20. In May of 1998, the Canadian Centre on Substance Abuse, National Working Group on Addictions Policy released policy a discussion document which recommended, "The severity of punishment for a cannabis possession charge should be reduced. Specifically, cannabis possession should be converted to a civil violation under the Contraventions Act." The paper further noted that, "The available evidence indicates that removal of jail as a sentencing option would lead to considerable cost savings without leading to increases in rates of cannabis use."

Source: Single, Eric, *Cannabis Control in Canada: Options Regarding Possession* (Ottawa, Canada: Canadian Centre on Substance Abuse, May 1998).

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21. “Our conclusion is that the present law on cannabis produces more harm than it prevents. It is very expensive of the time and resources of the criminal justice system and especially of the police. It inevitably bears more heavily on young people in the streets of inner cities, who are also more likely to be from minority ethnic communities, and as such is inimical to police-community relations. It criminalizes large numbers of otherwise law-abiding, mainly young, people to the detriment of their futures. It has become a proxy for the control of public order; and it inhibits accurate education about the relative risks of different drugs including the risks of cannabis itself.

Source: Police Foundation of the United Kingdom, “Drugs and the Law: Report of the Independent Inquiry into the Misuse of Drugs Act of 1971”, April 4, 2000. The Police Foundation, based in London, England, is a nonprofit organization presided over by Charles, Crown Prince of Wales, which promotes research, debate and publication to improve the efficiency and effectiveness of policing in the UK.

22. “There is no reason to believe that today’s marijuana is stronger or more dangerous than the marijuana smoked during the 1960s and 1970s.”

Source: Lynn Zimmer, Ph.D. and John P. Morgan, M.D., *Marijuana Myths, Marijuana Facts* (New York: The Lindesmith Center, 1997), p. 140.

(EDS. NOTE: Readers are encouraged to review chapter 19 of *Marijuana Myths, Marijuana Facts* where this multifaceted issue is dealt with in detail.)