

DEPARTMENTS OF LABOR AND HEALTH, EDUCATION
AND WELFARE APPROPRIATIONS FOR 1973

DOCUMENTS

JAN 4 1972

HEARINGS

STATE UNIVERSITY BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
HOUSE OF REPRESENTATIVES
NINETY-SECOND CONGRESS
SECOND SESSION

SUBCOMMITTEE ON DEPARTMENTS OF LABOR AND HEALTH,
EDUCATION, AND WELFARE APPROPRIATIONS

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PART 6

DEPARTMENT OF LABOR
RELATED AGENCIES:

Cabinet Committee on Opportunities for Spanish-Speaking
People
Commission on Railroad Retirement
Federal Mediation and Conciliation Service
National Commission on Libraries and Information Science
National Commission on Marihuana and Drug Abuse
National Labor Relations Board
National Mediation Board
Occupational Safety and Health Review Commission
Railroad Retirement Board
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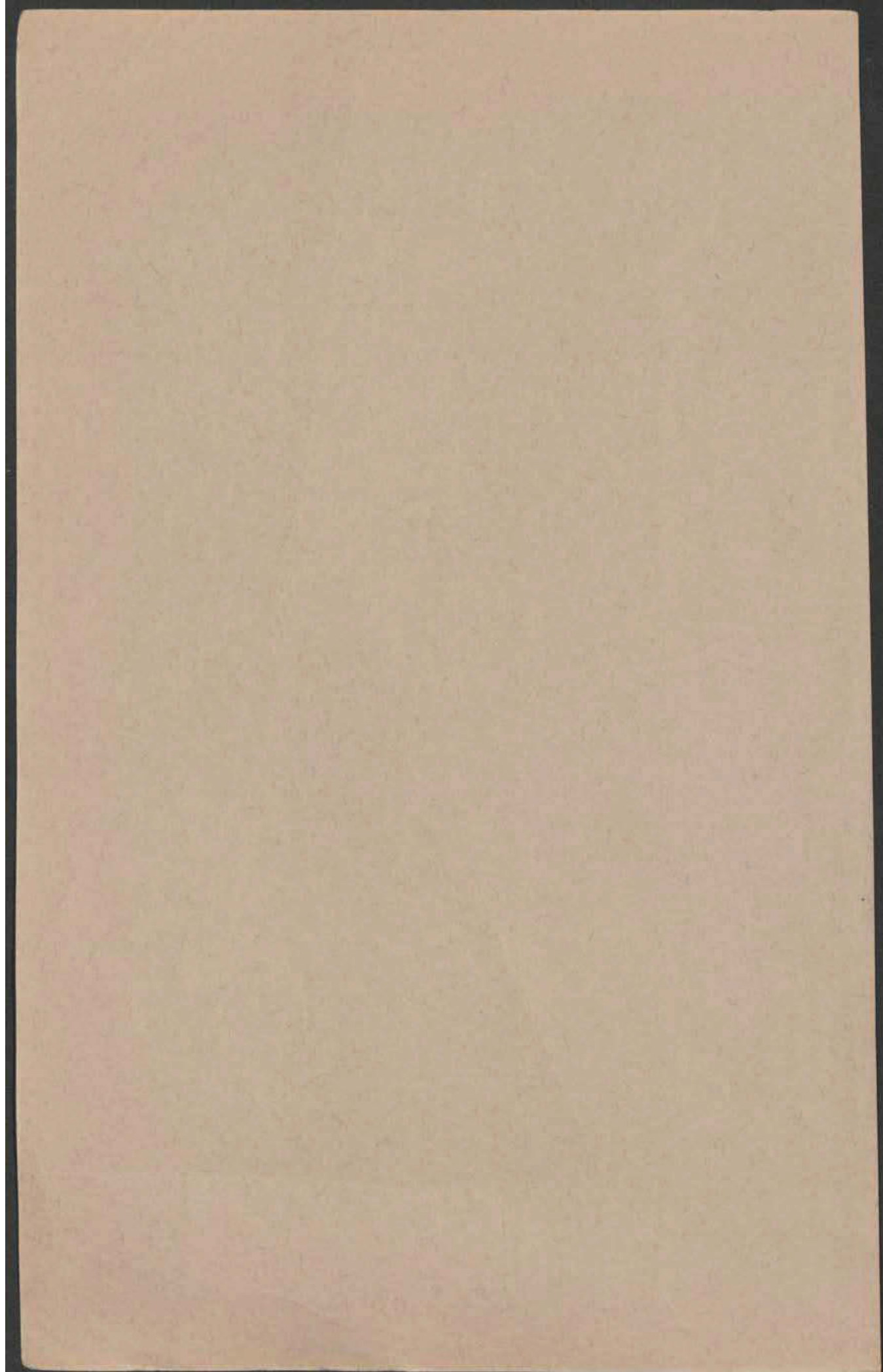
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DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS FOR 1973

HEARINGS BEFORE A SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS HOUSE OF REPRESENTATIVES NINETY-SECOND CONGRESS SECOND SESSION

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Cabinet Committee on Opportunities for Spanish-Speaking
People

Commission on Railroad Retirement

Federal Mediation and Conciliation Service

National Commission on Libraries and Information Science

National Commission on Marihuana and Drug Abuse

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TUESDAY, APRIL 18, 1972.

NATIONAL COMMISSION ON MARIHUANA AND DRUG ABUSE

WITNESSES

MICHAEL R. SONNENREICH, EXECUTIVE DIRECTOR
A. J. CRATEN, GSA LIAISON OFFICER

OBJECT CLASSIFICATION (IN THOUSANDS OF DOLLARS)

	1971 actual	1972 estimate	1973 estimate
Personnel compensation:			
Permanent positions.....	39	406	366
Positions other than permanent.....	15	196	150
Total personnel compensation.....	54	602	516
Personnel benefits: Civilian.....	3	32	30
Benefits for former personnel.....			
Travel and transportation of persons.....	6	200	125
Rent, communications, and utilities.....	2	62	62
Printing and reproduction.....	2	45	65
Other services.....	12	894	312
Supplies and materials.....	1	7	7
Equipment.....	1	5	3
Total obligations.....	81	1,847	1,120

PERSONNEL SUMMARY

Total number of permanent positions.....	15	25	25
Full-time equivalent of other positions.....	1	12	12
Average paid employment.....	3	37	37
Average equivalent GS grade.....	11.5	10.9	10.9
Average equivalent GS salary.....	\$17,893	\$16,198	\$16,198

PROGRAM AND FINANCING (IN THOUSANDS OF DOLLARS)

	1971 actual	1972 estimate	1973 estimate
Program by activities:			
Conduct of a study of marihuana and the causes of drug abuse (program costs, funded) ¹	76	1,762	1,080
Change in selected resources ²	5	85	40
Total obligations.....	81	1,847	1,120
Financing:			
Unobligated balance available, start of year.....		-619	
Unobligated balance available, end of year.....	619		
Budget authority (appropriation).....	700	1,228	1,120
Relation of obligations to outlays:			
Obligations incurred, net.....	81	1,847	1,120
Obligated balance, start of year.....		21	100
Obligated balance, end of year.....	-21	-100	-85
Outlays.....	60	1,768	1,135

¹ Includes capital outlay as follows: 1971, \$0; 1972, \$6,000; 1973, \$3,000.

² Selected resources as of June 30 are as follows: Unpaid undelivered orders 1971, \$5,000; 1972, \$90,000; 1973, \$130,000

Mr. FLOOD. We now have the Commission on Marihuana and Drug Abuse. The presentation will be made by Michael R. Sonnenreich, the Executive Director of the National Commission on Marihuana and Drug Abuse.

INTRODUCTION OF SUPPORTING WITNESS

Do you have anybody you would like us to meet?

Mr. SONNENREICH. Mr. A. J. Craten from GSA Liaison is sitting with me and will be with me during the presentation.

Mr. FLOOD. Why does GSA have a liaison man?

Mr. CRATEN. We provide administrative support services under the Economy Act. They don't have to hire the technical people that are needed, budget and personnel. We provide all of that.

Mr. FLOOD. That makes sense to my surprise.

Mr. CRATEN. This is why I have been up with so many of them.

Mr. FLOOD. I see you have a prepared statement. How would you like to proceed?

Mr. SONNENREICH. I would like to read it.

Mr. FLOOD. You may proceed.

GENERAL STATEMENT

Mr. SONNENREICH. Mr. Chairman, it is a pleasure to appear before you today to present the appropriations request of the National Commission on Marihuana and Drug Abuse.

The Commission was established under section 601 of Public Law 91-513, effective October 27, 1970, to conduct a comprehensive study of drug abuse and the use of marihuana in the United States.

The findings and recommendations from our study of marihuana are contained in our report, "Marihuana: A Signal of Misunderstanding," which was presented to the President and the Congress on March 22. An appendix to this volume, containing the research materials upon which this report was based, will be available the week of May 1, 1972.

The Commission has now focused its attention on the drug abuse report to be submitted to the President and the Congress on March 22, 1973. To this end, our comprehensive study of drug abuse will include, among other things, an evaluation of the efficacy of existing laws and law enforcement practices and procedures at the Federal and State levels; the causes of drug abuse and their relative significance; an assessment of the incidence and prevalence of drug use and abuse in the United States; an evaluation of the modes of treatment and rehabilitation now in use; the relationship of heroin use to aggressive behavior and crime; a review of the pharmacological, physiological, psychological, and social effects of drugs of abuse and a study of prescription practices in the United States among practicing physicians.

Among those projects already underway or well along in the planning stage are the following:

(1) A comprehensive evaluation of methadone treatment programs with special emphasis on the program models which have been developed. Specific areas of investigation will include the program design and structure, the referral process, client retention mechanisms, the organization and use of supportive sources, cost analysis, staffing, community support and evaluation and feedback.

(2) Drug use and law enforcement. A number of projects will be undertaken in this area including a cost/benefit analysis of law enforcement strategies to determine the best ways to maximize use of

resources; a survey of law enforcement behavior at the Federal and State levels; a survey of opinion within the criminal justice system; an analysis of the existing Federal and State narcotic and drug abuse legislation and a study of the interrelationship between the use of heroin and other dangerous drugs and criminal behavior.

(3) Medically related research projects are to include, among others: a review of the literature on recent developments in pharmacology and toxicology; patterns of abuse, and long-term effects of the abuse of various drugs; an examination of narcotic addiction treatment and rehabilitation as part of an integrated health care delivery system; and a feasibility study for the alternative medical treatment of methadone dropouts involving prescription of an intravenous opiate.

(4) A study of drugs and advertising. This study is designed to determine the effects of advertising, particularly by the broadcast media, on attitudes and behavior with respect to drug use.

(5) The incidence of venereal disease, malaria, hepatitis, tetanus, and bacterial endocarditis among persons injecting various drugs.

(6) Preadolescent drug use and substance abuse. This is an important piece since it relates directly to future recommendations concerning the development of meaningful and efficacious prevention programs.

(7) Multidrug use among college and high school youth—an assessment of the patterns, frequency, nature, scope, incidence and prevalence of multidrug use in college and high school populations. This study will be carried out by a careful review of recent studies on this subject and by additional field surveys by the Commission.

(8) Drug use and athletics—an assessment of the role of drugs, both licit and illicit, by persons engaged in professional and amateur athletics.

(9) Drug use and industry—this research will concentrate on an assessment of the nature and scope of drug use among persons in the labor force in business, industry and the professions and is to include both labor and management.

(10) Drug abuse and delinquency—a study of drug offenses among a 1945 birth cohort in Philadelphia. In addition to self-reported and official arrest and correction histories, this research will yield detailed and heretofore unavailable information on numerous demographic variables and interview data on subjects' attitudes, opinions, and perceptions of drug use.

(11) Allocation of resources to drug abuse-related programs—this research will attempt to identify and analyze for the State of New Jersey, the nature and cost of major drug abuse-related programs, including a comparative analysis of unit cost of services provided; the formal and informal organization of the resource allocation system; the formal and informal processes by which resources are allocated within the system; and the provisions for and practice of program analysis and evaluation.

(12) Drug abuse prevention and education. Continuing analysis by means of onsite visits, will be made of the various drug abuse prevention and education programs throughout the country. The Commission has already collected and is continuing to review curriculum materials presently being used in the schools and is continuing to interview program planners, administrators and student participants.

These and other projects now in the initial planning stages are designed to provide basic information, heretofore lacking, in anticipation of developing policies which are rational with respect to goals and objectives and pragmatic with respect to the means for achieving such goals and evaluating their efficacy.

In order to accomplish its research and fact-finding objectives, the Commission thus requests a sum of \$1,120,000 which it feels is the minimum necessary to responsibly fulfill its congressional mandate.

Taking the expenditures for fiscal year 1973 together, \$366,000 will be spent for permanent staff positions which will include clerical and administrative personnel as well as professions. In addition, \$150,000 will be expended for positions other than permanent which include \$100 per diem pay authorized for the Commission members while on Commission business, and the cost incurred in retaining the intermittent services of consultants and experts. The sum of \$30,000 will be incurred to pay required personnel benefits under Civil Service Law. The amount of \$125,000 will be spent on travel, which includes travel expenses incurred in conducting formal and informal public hearings around the United States and meetings with experts and organizations involved in the field, and the international travel to investigate control procedures and the laws in other countries. Rent, communications, utilities, supplies and materials, and equipment will cost \$72,000; and printing and reproduction of the Commission's report will cost \$65,000. The amount for other services which includes the cost of (1) administrative support services provided by GSA, (2) reimbursable services of other Federal Agencies, i.e., Census Bureau, DHEW, etc., and (3) individual contracts. A more complete breakdown of anticipated Commission expenses has been included at the end of my statement.

This concludes my statement and I will be happy to answer any questions you or the other committee members may have.

(The chart follows:)

<i>Commission on Marihuana and Drug Abuse Salaries and Expenses, Fiscal Year 1973 (estimate)</i>	
Personnel compensation:	Thousands
Personnel benefits.....	30
Positions other than permanent.....	150
Total compensation.....	516
Personal benefits.....	30
Travel and transportation.....	125
Rent, communications, and utilities.....	62
Printing and reproduction.....	65
Other services.....	312
Supplies and materials.....	7
Equipment.....	3
Total obligations.....	1,120
Obligated balance at end of year.....	15
Total.....	1,135

SUMMARY OF MARIHUANA REPORT

Mr. FLOOD. Your commission is required by law to conduct two studies?

Mr. SONNENREICH. Yes, sir.

Mr. FLOOD. One relating to marihuana and the other relating to drug abuse. You are further required to report your findings and recommendations to the Congress and to the President. You recently submitted the report on marihuana and that has received a great deal of publicity in all of the news media, and properly so.

Because of the great attention this subject has commanded and more especially because of the pros and cons about marihuana, the use, abuse, danger, lack of danger and so on, we will have to have a brief summary of this marihuana report to be included in the record.

Tell us now within reason the highlights of the report. Then for the record give us a synopsis of the report within reason in length.

Mr. SONNENREICH. Certainly.

(The information follows:)

A BRIEF SYNOPSIS OF MARIHUANA: A SIGNAL OF MISUNDERSTANDING

In its Report, *Marihuana: A Signal of Misunderstanding*, which was submitted to President Nixon at the White House and to the Congress, the Commission recommended that possession for personal use in private and casual not-for-profit sales in private not be made criminal offenses.

However, the Commission recommended the retention of heavy penalties for cultivation, trafficking, and possession with intent to sell. Use in public would be a criminal offense and the drug, if found in public, would be contraband and subject to seizure.

The following are some of the major findings presented in the Report:

WHO USES THE DRUG

At least 24 million Americans 12-years-old and over have used marihuana at least once, and at least 8.3 million are current users.

More than 40% of college and graduate students have tried the drug.

Of those persons who have ever used marihuana, 41% of the adults (18 and older) and 45% of the youth (12-to-17) no longer use it.

The great majority of marihuana users use the drug less than once a week, probably on weekends, or at a party.

Two percent (500,000) of "ever-users" can be classified as heavy users and use the drug more than once a day.

THE EFFECTS OF MARIHUANA

There is no evidence that experimental or intermittent use of marihuana causes physical or psychological harm. The risk lies instead in the heavy, long-term use of the drug, particularly of the most potent preparations.

Marihuana does not lead to physical dependency. No tortuous withdrawal symptoms follow the sudden cessation of chronic, heavy use. Some evidence indicates that heavy, long-term users may develop a psychological dependence on the drug.

The immediate effects of marihuana intoxication on the individual's organs or bodily-functions are transient and have little or no permanent effect. However, there is a definite loss of some psychomotor control and a temporary impairment of time and space perceptions.

No brain damage has been documented relating to marihuana use, in contrast with the well-established brain damage of chronic alcoholism.

A careful search of literature and testimony by health officials has not revealed a single human fatality in the United States proven to have resulted solely from use of marihuana.

Tests on monkeys have demonstrated that the dose required for "overdose death" is enormous and for all practical purposes unachievable by humans smoking marihuana.

No reliable evidence exists indicating that marihuana causes genetic defects in man; however, since fetal damage cannot be ruled out, the use of marihuana is not advisable during pregnancy.

The incidence of psychosis from marihuana use is exceedingly rare, and such reactions tend to occur in predisposed individuals.

MARIHUANA AND PUBLIC SAFETY

The evidence indicates that marihuana does not cause violent or aggressive behavior or crime.

Recent research has not proven that marihuana use significantly impairs driving ability; however, reliable research has not yet been conducted and the Commission strongly suspects that the acute effects of marihuana use (such as spatial and time distortion and slowed reflexes) may impair driving. The Commission believes that driving while under the influence of any intoxicant is a serious risk to public safety.

MARIHUANA AND PUBLIC WELFARE

From what is now known about the effects of marihuana, its present level of use in American society does not constitute a major threat to public health; the high-risk group constitutes the 2% of American "ever-users" who use the drug heavily and pose a concern for public health officials.

The Commission emphasizes the need for increased research into long-term psychological effects, especially with regard to effects on motivation.

Although some segments of society fear that marihuana use leads to idleness and "dropping out," little likelihood exists that the introduction of a single element such as marihuana use would significantly change the basic personality of any person; rather, an individual is more likely to drop out when circumstances join to produce pressures which he cannot handle effectively.

MARIHUANA AND OTHER DRUGS

Recognizing that one of the most controversial issues in the study of marihuana is its relationship to other drugs, the Commission explored in depth the hypothesis that marihuana use leads to the use of other drugs.

The overwhelming majority of marihuana users do not progress to other drugs, although statistically marihuana users are more likely to experiment with other drugs than are non-users.

Marihuana use does not dictate whether or which other drugs will be used.

As stated by Governor Shafer, "If any one reason can characterize why people in the United States escalate their drug use and become multidrug users, it is peer pressure."

ENFORCEMENT OF THE MARIHUANA LAWS

The Commission was directed by Congress to evaluate the existing federal and state laws relating to marihuana. The vast majority of arrests occur at the state level (at least 200,000) as opposed to the federal level (approximately 4,000). In a study of enforcement in six metropolitan jurisdictions in different states, the Commission found:

93% of the arrests in the sample were for possession.

69% of the arrests were preceded by no investigations, occurring in vehicles or on the street.

Arrests were concentrated among the young (88% were 25 or under); typically the arrestee was a white male, in school or employed in a blue collar job, without a prior record.

Two-thirds of the arrestees were arrested for possession of an ounce of marijuana or less.

Offenders were generally (67%) arrested in groups of two or more persons.

The Commission pointed out that the criminal justice system often responded to this unusual group of "criminals" in a lenient way:

At least 48% of the adult cases and 70% of the juvenile cases were dismissed by the police, the prosecution or the judiciary.

One-third of the arrestees were convicted and sentenced.

Of those convicted of possession, 24% were incarcerated, usually for a year or less.

The Commission concluded that the law enforcement community has adopted a policy of "containment." "Although effort is sometimes expended to seek out private marijuana use," the Report states, "the trend is undoubtedly to invoke the marijuana possession laws only when the behavior (possession) comes out in the open." Governor Shafer added: "The overriding feature of the present marijuana laws is the threat of arrest for indiscretion."

After considering the effects and social impact of marijuana use, the Commission considered four alternative social control policies for the drug: (1) Approval; (2) Elimination; (3) Neutrality; and (4) Discouragement.

The Commission emphasized that society should not approve or encourage the recreational use of *any* drug. On the other hand, the Commission concluded that elimination of marijuana and its use is unachievable, and the drug's relative potential for harm to individuals and society does not justify a social policy designed to seek out and firmly punish those who use it.

The most difficult question, the Commission explained, was whether society should try to dissuade its members from using marijuana or should defer entirely to individual judgment, remaining neutral. After lengthy consideration of this issue, the Commission chose to recommend to the public and its policymakers a social control policy seeking to discourage marijuana use, while concentrating primarily on the prevention of heavy and very heavy use.

The Commission's next step was to consider three legal responses as a means of implementing the discouragement policy: (1) total prohibition; (2) partial prohibition; and (3) regulation.

The Commission explained that the total prohibition scheme now in effect prohibits all marijuana-related behavior, including possession for personal use. Partial prohibition would prohibit cultivation and distribution of the drug but would not prohibit private consumption or acts related to consumption. The distinct feature of a regulation scheme (legalization) is that distribution of the drug is legal.

The Commission, rejecting both the present system and the regulatory scheme, was of the unanimous opinion that marijuana use is not a sufficiently grave problem to subject its users to criminal procedures, but that legalization was inadvisable for a drug which does alter short-term perception, which has uncertain long-term effects and which may be of transient social interest.

Instead, the Commission recommended a partial prohibition scheme which symbolizes a continuing societal disapproval of use, yet removes the criminal stigma and threat of incarceration for users, and also maximizes the flexibility of future public responses as new information comes to light.

The major features of the recommended scheme are that:

Production and distribution of the drug would remain criminal activities as would possession with intent to distribute commercially;

Marihuana would be contraband subject to confiscation in public places;

Criminal sanctions would be withdrawn from private use and possession incident to such use, but, at the state level, fines would be imposed for use in public;

In order to keep use private, possession of more than one ounce in public would be prohibited; and

In addition, casual, not-for-profit transfers of small amounts, permitted in private, would be prohibited in public. (Specific recommendations for federal and state law are attached).

Five of the 13 Commissioners differed in minor respects regarding the recommendations. Commissioners Rogers, Carter and Ware agree with the discouragement policy and the decriminalization aspects of the recommendations and would recommend, in addition, a civil fine for possession of any amount of marihuana and would limit casual transfers only to those instances where there is no remuneration at all. Commissioners Hughes and Javits believe that marihuana should not be contraband, that all not-for-profit sales should be excluded from the criminal sanction, and that the "ounce or less" requirement for possession in public should be removed.

RECOMMENDATIONS¹

I. FEDERAL

(a) Possession of marihuana for personal use would no longer be an offense, but marihuana possessed in public would remain contraband subject to summary seizure and forfeiture.

(b) Casual distribution of small amounts of marihuana for no remuneration, or insignificant remuneration not involving profit would no longer be an offense.

(c) A plea of marihuana intoxication shall not be a defense to any criminal act committed under its influence, nor shall proof of such intoxication constitute a negation of specific intent.

¹ The 13 Commissioners are in basic agreement with the report and its recommendations. However, several Commissioners diverge with specific recommendations and their opinions are presented in a footnote on pp. 151-156. A brief summary of this footnote follows:

Commissioners Rogers and Carter agree with the discouragement policy and the decriminalization aspects of the recommendations, but feel that the contraband concept is not a sufficiently strong expression of societal disapproval of the use of marihuana. They would recommend, in addition, a civil fine for possession of any amount of marihuana in private or in public. This civil fine would not be reflected in a police record.

Commissioner Ware agrees completely with the statements of Congressman Rogers and Carter but wishes to reemphasize that the social policy and legal scheme adopted is applicable only to marihuana and should not be construed to embrace other psychoactive drugs. He advocates some penalty short of criminalizing the users, such as a civil fine or some type of extensive drug education. Further, he is opposed to the use of any drug, including alcohol, for the express purpose of becoming intoxicated.

Commissioners Hughes and Javits, while agreeing with the Commission's recommendation that the private use of marihuana be taken out of the criminal justice system, disagree with three specific recommendations relating to the implementation of the discouragement policy.

First, they would eliminate the contraband provision from the partial prohibition scheme adopted by the Commission. Second, believing the Commission has not set forth a clear standard as to what constitutes the casual not-for-profit sale, they recommend that all not-for-profit sales be excluded from criminal sanction. Third, they feel there is no need to retain criminal sanction on public possession of more than 1 ounce of marihuana and would permit public possession of "some reasonable amount" for personal use.

II. STATE

(a) Cultivation, sale or distribution for profit and possession with intent to sell would remain felonies (although we do recommend uniform penalties).

(b) Possession in private of marihuana for personal use would no longer be an offense.

(c) Distribution in private of small amounts of marihuana for no remuneration or insignificant remuneration not involving a profit would no longer be an offense.

(d) Possession in public of one ounce or under of marihuana would not be an offense, but the marihuana would be contraband subject to summary seizure and forfeiture.

(e) Possession in public of more than one ounce of marihuana would be a criminal offense punishable by a fine of \$100.

(f) Distribution in public of small amounts of marihuana for no remuneration or insignificant remuneration not involving a profit would be a criminal offense punishable by a fine of \$100.

(g) Public use of marihuana would be a criminal offense punishable by a fine of \$100.

(h) Disorderly conduct associated with public use of or intoxication by marihuana would be a misdemeanor punishable by up to 60 days in jail, a fine of \$100, or both.

(i) Operating a vehicle or dangerous instrument while under the influence of marihuana would be a misdemeanor punishable by up to one year in jail, a fine of up to \$1,000, or both, and suspension of a permit to operate such a vehicle or instrument for up to 180 days.

(j) A plea of marihuana intoxication shall not be a defense to any criminal act committed under its influence nor shall proof of such intoxication constitute a negation of specific intent.

(k) A person would be absolutely liable in civil court for any damage to person or property which he caused while under the influence of the drug.

ANCILLARY RECOMMENDATIONS

In addition to these legal recommendations for federal and state action, the Commission believes certain other ancillary recommendations should be presented for action.

LEGAL AND LAW ENFORCEMENT RECOMMENDATIONS

I. Federal

(a) Federal law enforcement agencies, especially the Bureau of Narcotics and Dangerous Drugs and the Bureau of Customs, should improve their statistical reporting systems so that policies may be planned and resources allocated on the basis of accurate and comprehensive information.

(b) The Federal Bureau of Narcotics and Dangerous Drugs should increase its training programs of state and local police with special emphasis on the training in the detection of trafficking cases.

(c) Increased border surveillance, a tightening of border procedures, and a realistic eradication program to diminish the supply of drugs coming into the country, coupled with a more effective program for diminishing the domestic production and distribution of marihuana, are required.

II. State

(a) All states should adopt the Uniform Controlled Substances Act to achieve uniformity with regard to marihuana and other drug laws, with the exception

that the legal response to possession for one's own use be uniformly adopted in accordance with our recommendation in Chapter V of this report.

(b) Each state should establish a centralized compulsory reporting and record-keeping authority so that adequate and accurate statistics of arrests, sentences and convictions on a statewide basis are available.

(c) Those states requiring physicians to report drug users seeking medical assistance should change such requirements to insure the confidentiality of the drug user's identity, so that persons needing medical help will feel free to seek it.

III. International

If the United States should become a signatory of the proposed Psychotropic Convention, we recommend that cannabis be removed from the existing Single Convention and consideration be given to listing it in the proposed Psychotropic Convention among drugs which have similar effects.

MEDICAL RECOMMENDATIONS

1. Fuller coordination of the marihuana research conducted by governmental and private agencies is needed to reduce the duplication of effort, assure a diversity of new approaches and new objectives, and to provide efficient integration of findings into the available body of knowledge.

2. Research efforts to develop an inexpensive, easy method for detecting and quantifying the presence of marihuana in the blood, breath or urine of a person suspected of being intoxicated should be accelerated.

3. An accelerated program for funding foreign research should be undertaken immediately.

4. Increased support of studies which evaluate the efficacy of marihuana in the treatment of physical impairments and disease is recommended.

5. Community-based treatment facilities should be promoted in caring for problem drug users utilizing existing health centers when possible and appropriate.

6. Public health courses on the social aspects of drug use should be included in the curricula of the schools of the health professions.

OTHER RECOMMENDATIONS

1. The Commission recognizes that several state legislatures have improperly classified marihuana as a narcotic, and recommends that they now redefine marihuana according to the standards of the recently adopted Uniform Controlled Substances Law.

2. A single federal agency source should disseminate information and materials relating to marihuana and other drugs. The National Clearing-house for Drug Abuse Information should be charged with this responsibility.

3. The Special Action Office for Drug Abuse Prevention in the White House should be responsible for the coordination, development and content review of all federally-supported drug educational materials and should issue a report as soon as possible, evaluating existing drug education materials.

4. 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 marihuana.

MISCONCEPTIONS CONCERNING MARIHUANA

Mr. SONNENREICH. Our perception of it, Mr. Chairman, was that the greatest concern about marihuana was its symbolic aspect.

Mr. FLOOD. What does that mean?

Mr. SONNENREICH. There are a lot of perceived feelings about marihuana that we quickly discovered, and we had to set about determining whether in fact these perceptions were actual or fictitious.

Mr. FLOOD. What do you mean by perceptions?

Mr. SONNENREICH. What we did is this: We divided the issues into three basic categories. Many of the people in the United States, including professionals, felt there was a threat to the public order, that is there was a relationship—

Mr. FLOOD. Including you?

Mr. SONNENREICH. Including myself.

Mr. FLOOD. And by you, also the Commission?

Mr. SONNENREICH. That is correct. The Commission also recognized there was a real sense of perceived threat to the public health and a perceived threat to the dominant social order, by which we mean that many people were ascribing to the use of marihuana various conditions, such as dropping out of school, and a breakdown in the moral order of things in the United States.

Mr. FLOOD. There is no doubt that this drug, marihuana, has assumed great importance in the minds of an overwhelming majority of the American people of all types.

Mr. SONNENREICH. That is correct. One of the things we wanted to do was put it in its proper perspective. We wanted to talk about it as a substance and also as a substance affecting behavior. We set about to get to the underlying facts. We did 50 studies looking at these kinds of questions—What are the long-term effects of marihuana use; the short-term effects of marihuana; does it relate to crime? Is there a causal relationship between marihuana and crime?

OTHER NAMES FOR MARIHUANA

Mr. FLOOD. Tell us some of the names used for marihuana?

Mr. SONNENREICH. They run the gamut. It is called marihuana throughout most of this country; it is also called Maryjane, reefer, toke, joint, grass, pot. In other parts of the world it is called ganga.

Mr. FLOOD. Where?

Mr. SONNENREICH. Ganga is generally referred to in Jamaica, India, and most of the countries in the Far East. Some countries in the Middle East call it Bhang which is cannabis mixed in with a drink. They drink it in India and it is completely legal.

There is Kif in Morocco, another mixture of tobacco with marihuana. Hashish, of course, is the more potent form of marihuana.

Mr. FLOOD. Marihuana is not something somebody discovered last month?

Mr. SONNENREICH. No; it has been with us for about 2,000 years. It is recorded also by one of the early emperors in 3300 B.C. in China. In many parts of the world it is considered a folk medicine. Whether or not it does what it is supposed to do is questionable, but in the minds of many people around the world they do use it for ailments. Especially in Jamaica where it is used for everything. If you feel tired, you take ganga. If you feel peppy, you can take it to calm you down. If you want to relax, you take a ganga. It is sort of all things to all people in the folk culture.

MARIHUANA AND CRIME

We examined this very carefully and the Commission looked at the relationship, for example, between marihuana and crime. We conducted several studies, one of which was done by INTEC Corp., another one by the University of Pennsylvania, and we discovered that there is no causal relationship between marihuana and crime. We did this by empirical studies and by surveys of all the judges, probation officers and court clinicians around the country.

Mr. FLOOD. That is the conclusion you reached, that there is no causal effect between marihuana and crime?

Mr. SONNENREICH. That is correct. As a matter of fact, we extended beyond that. We also looked into the relationship of marihuana and aggressive behavior, and discovered, because of the nature of the drug, that marihuana may have the opposite effect in terms of producing passivity.

Mr. FLOOD. There was never any doubt about that, was there?

Mr. SONNENREICH. In reality never any doubt, but a lot of misinformation has been promulgated for many years in this country about the effects of marihuana.

Mr. FLOOD. That marihuana stimulated aggressive behavior?

Mr. SONNENREICH. That is right. It is just not true, and the Commission has so stated.

We have also went into a discussion about the relationship of marihuana and the relationship of other drugs.

PHYSICAL EFFECTS OF MARIHUANA

Mr. FLOOD. What does marihuana do?

Mr. SONNENREICH. For most people, it is pacifying. In very high doses, it could be a hallucinogen. It is a stimulant.

Mr. FLOOD. And a hallucinogen is not necessarily a stimulant to aggressive action?

Mr. SONNENREICH. No. Many people have noted that people using marihuana tend to be more passive.

Mr. FLOOD. If you are going to have hallucinations with grass, you go and sit in the armchair or lie down?

Mr. SONNENREICH. That is what happens.

Mr. FLOOD. Go ahead.

MARIHUANA AND OTHER DRUGS

Mr. SONNENREICH. We also looked into the relationship in the minds of many people, of whether marihuana leads to harder drugs such as heroin. We did studies on this, and the conclusions that were made by the Commission is that there was no causal relationship whatsoever between the use of marihuana and other drugs.

Mr. FLOOD. It does not follow if you are on marihuana, you are going to take step 2, 3, and 4 through the whole spectrum of hard drugs?

Mr. SONNENREICH. That is right.

Mr. FLOOD. You might, but if you do, it is not because you are smoking grass?

Mr. SONNENREICH. That is right. The Commission has ascribed multdrug use to peer pressure and a host of other factors other than the

using of any one drug. The statistical correlation is much stronger than between the use of tobacco leading to heroin than it is between marihuana and going to heroin. The strongest correlation of all is between the use of alcohol and the relationship between marihuana and alcohol. There is a statistical correlation, there is no question about it, but the question is, on looking at it and analyzing it, we cannot find any causal connection whatsoever.

PUBLIC HEALTH ASPECT OF MARIHUANA

We also looked into the public health aspect of marihuana use and, on the basis of studies the Commission conducted and the studies conducted by the National Institute of Mental Health, which are long-term, longitudinal studies, the Commission came up with the conclusion there are not severe public health problems with long-term chronic use of marihuana.

Mr. FLOOD. What is a longitudinal study?

Mr. SONNENREICH. People were followed over a period of 4 or 5 years, people that have been heavy chronic, not marihuana smokers, but hashish smokers; the more potent form of cannabis.

The average, I believe, in the Jamaica study was 21 years of heavy use. The National Institute of Mental Health—

Mr. FLOOD. Why do you seem to be so enamored with Jamaica?

Mr. SONNENREICH. We do not have in the United States people who have smoked very heavy preparations of cannabis for a long period of time, whereas in Jamaica they have such a population.

Mr. FLOOD. Define cannabis.

Mr. SONNENREICH. That includes all forms of the cannabis sativa plant, which includes marihuana, which is a less potent form than hashish, which is a more potent form.

Mr. FLOOD. Do you have any particular report on the use of hashish in the continental United States?

Mr. SONNENREICH. We have one figure on that, Mr. Chairman, and that was estimated at approximately 9 million people have at one time or another used hashish.

Mr. FLOOD. Is that a lot?

Mr. SONNENREICH. That is a fair amount of people.

But we have looked at this on the public health side. We reached the conclusion that marihuana is not a harmless drug, but in terms of its use patterns in the United States, casual and intermittent use, that is occasional use, experimental use, it does not pose a major public health problem at this time.

The major concern before the Commission is a long-term, very heavy use of the drug, and the Commission feels that accounts for approximately 2 percent of the smoking population, and that these people could in the future pose a public health concern to be treated medically.

CONCLUSIONS AND RECOMMENDATIONS OF COMMISSION

Mr. FLOOD. The Commissioner's report on marihuana also contains conclusions and recommendations; does it not?

Mr. SONNENREICH. Yes.

Mr. FLOOD. What were they?

Mr. SONNENREICH. After the findings of facts, we analyzed what the present legal system is and the present legal structure, and the Commission adopted a social policy recommendation which is one of discouragement; that is the Commission does not feel at this time that the Government should be either neutral or encouraging or approving of the use of marihuana, but at the same time the Commission feels very strongly that on looking at the existing system and its impact on society, the personal use of marihuana by individuals does not merit a criminal penalty. The recommendations were made both for the Federal and the State level.

The basic recommendation is that possession and use of marihuana at the Federal level for one's own use should not be a criminal offense.

Mr. FLOOD. I see in the reports recently where some go-go gal down in Texas 3 years ago drew a 15-year sentence for possession and use of marihuana.

Mr. SONNENREICH. That is correct.

Mr. FLOOD. Did you make any recommendations vis-a-vis the judicial branch with reference to this problem?

Mr. SONNENREICH. We made specific recommendations how to change the laws both at Federal and State level. However, as to retroactivity we made no recommendations whatsoever.

I might point out the Fifth Circuit Court of Appeals in the last 2 weeks came down with a decision abrogating some aspects of the old marihuana laws which would include Miss Candy Barr in Texas. The fifth circuit is going into the retroactivity aspect.

Also the State of Michigan has recently declared their old marihuana law invalid, and are now releasing, I think, some 168 people from jail.

DRUG ABUSE REPORTS

Mr. FLOOD. How many interim reports on drug abuses have you submitted? And when do you expect to submit your final report on that phase?

Mr. SONNENREICH. We anticipate submitting possibly one interim report on drug abuse sometime this summer, which will be a bringing up to date of some of the marihuana findings as well as some of the findings we have on drug abuse, and we anticipate meeting our deadline and submitting our report on March 22, 1973.

METHADONE

Mr. FLOOD. Have you seen recent news reports to the effect that methadone is now being recommended as a cure for heroin addicts?

Mr. SONNENREICH. I haven't seen that. I have heard it discussed as a treatment modality. It is being recommended for those who volunteer, and we presently have between 22,000 and 27,000 people on methadone in the United States today.

Mr. FLOOD. I meant specifically that methadone is a weapon for the purpose of curing heroin addicts?

Mr. SONNENREICH. I don't believe that is true, Mr. Chairman. I don't think it cures heroin addicts. It merely substitutes one form of addiction for another.

Mr. FLOOD. That wasn't the gist of this report. You might examine that. It was in the news very recently.

Mr. SONNENREICH. I certainly will.

USE OF ORIGINAL AND EXISTING STUDIES

Mr. FLOOD. Do your activities consist mainly of gathering together and evaluating the studies which have already been made on marihuana and drug abuse or do you originate studies of your own?

Mr. SONNENREICH. We do both, Mr. Chairman. We originate studies of our own and we did some 50 individual studies on marihuana as well as compiling and gathering the best information available that has already been disseminated.

USE OF CONSULTANTS AND CONTRACTS

Mr. FLOOD. Your budget justification is very brief and frankly gives us very little information in support of your budget request of \$1,120,000. You state that your primary cost requirement will be composed of, first, personnel compensation and two, "other services." With respect to this matter of personnel compensation, suppose you give us some examples of the "consultant-expert type services to be employed in the numerous project studies required." We would like to know who these experts are and what they are studying. How much they are being paid and for what.

Mr. SONNENREICH. What we do is—

Mr. FLOOD. They don't sit over in the corner and smoke grass all day for about \$10,000 a year?

Mr. SONNENREICH. No, sir. The people that are picked up under the positions other than permanent which are consultants are people that are on a \$75 a day consulting fee. They are called in to help us. One example was when we called together some 15 experts in the field of biology, of medicine, and of rehabilitation and treatment in February and had them come in to help us get a handle on just what the problems were in these fields and what direction we should be taking. Many of the proposals that they made had been proposals that had gone to NIMH and the Office of Education, but had never been funded. What we were trying to get is not just the Government input but also the outside source input. These people are on an intermittent basis, not a continuous day-by-day basis. When we talk about contractors these are people given specific contracts to perform a certain service.

Mr. FLOOD. You are talking about other services now?

Mr. SONNENREICH. Yes, sir. These are contracts that we will make directly with an outside agency.

Examples of the people that we have dealt with in the past is Response Analysis Corp. in Princeton. The University of Pennsylvania, the Salk Institute, and the University of California at San Diego.

Mr. FLOOD. What kind of services do the contractors render?

Mr. SONNENREICH. An example of this is the Response Analysis Corp. They did the national survey for us. They do the programing, the computerization, the field interviews, the face-to-face interviews. They do it on a contract basis.

Another example would be the West Philadelphia study looking into the relationship of marihuana and crime. The University of Pennsyl-

vania in this case handled that for us and did all of the interviewing, all of the compilations, all of the computerization and the reporting to us.

EXTENSIVE RESEARCH STUDIES

Mr. FLOOD. Here is another phrase, "Extensive research studies." What is the difference between extensive research studies and any other study?

Mr. SONNENREICH. Some of the studies that short-term consultants do for us is basically to compile existing information. We don't consider those to be that extensive because the information is there and it is a question of compilation. When you have to go out and advance the state of the art in areas where there has been nothing done, we consider those to be extensive.

An example was that we were very interested in finding out just what the people in the criminal justice system felt about marihuana. We conducted extensive interviewing of all the judges, probation officers, and court clinicians. This kind of information is an extensive study and it required a long period of time and this was handled by an independent contractor.

JUSTIFICATION OF TRAVEL FUNDS

Mr. FLOOD. You are spending \$200,000 in 1972, and you are requesting \$125,000 in 1973 for travel. This is one of our pet hates around here, the requirement for travel. It is primarily for "attendance at meetings, conferences, and hearings to be held on various sectors of the United States as well as abroad—Canada, England, et cetera." What is the purpose of these conferences, and meetings and hearings and trips abroad?

What are you learning?

Mr. SONNENREICH. We are learning a great deal. We have 13 Commission members. We just completed our hearings in Los Angeles. Part of our mandate was to look into rock and roll music and its influence on drugs, as well as the impact of movies and mass media.

Mr. FLOOD. Which is worse, the drugs or the rock music?

Mr. SONNENREICH. That is a good point, Mr. Chairman. It is very informational for the Commission members. They are all persons that are not on this full time, and the best thing we can do is present experts at formal hearings which we have held in New York this year on heroin, on the coast, and in June we will be back in Washington holding formal hearings.

Another part of the travel is also to go into areas that the Commission members are not familiar with. For example, we went into the ghetto in Venice, Calif. We will be going into the inner city of Detroit to talk to the black community about how they perceive methadone maintenance, how they perceive drug rehabilitation and police conduct. This is something we feel is quite necessary.

Also, one of the things that is interesting to look at is a comparative analysis of how other countries have dealt with this problem. I am sure the chairman is familiar with the English system of maintenance of heroin addicts. Unfortunately the English have never evaluated their system in terms of looking at it from 1958 forward. The Com-

mission would like to do this so we have a comparative model to work from.

TEMPORARY PERSONNEL FOR PEAK WORK PERIODS

Mr. FLOOD. Your justifications state during "peak work periods" the Commission requires the assistance of temporary personnel.

Mr. SONNENREICH. That is right.

Mr. FLOOD. What constitutes "peak work periods?" What kind of temporary personnel are you talking about? Is this addition seasonal, why peak periods?

Mr. SONNENREICH. The peak period for us came during the months of December, January, and February when we were getting the report out. It was simply a problem, Mr. Chairman, of getting the report typed. I had to take on three additional secretaries part time in order to get the work out.

Mr. FLOOD. Why did it peak in December instead of July?

Mr. SONNENREICH. The problem is in most of our contracts, because of the long leadtime and basic research needs, don't come due until September or October.

Mr. FLOOD. It has nothing to do with the weather or the calendar?

Mr. SONNENREICH. No, sir, it is a question of evaluation and at that particular point that is when most of the work spills into the Commission and we have to evaluate it and we have to get the typing done.

Mr. FLOOD. A long hard winter vis-a-vis a bright day in spring hasn't anything to do with it?

Mr. SONNENREICH. No, sir.

PRINTING REQUIREMENTS

Mr. FLOOD. You propose a total of \$65,000 for printing costs in 1973 compared with \$45,000 in 1972. We would like you to elaborate on the nature of your printing requirements.

Mr. SONNENREICH. We have discovered that our printing costs of \$45,000 are insufficient at this point. The Government Printing Office, because of the extensiveness of our appendix, have told us it will exceed \$45,000.

Mr. FLOOD. What do you print?

Mr. SONNENREICH. This is for the printing of the reports themselves, Mr. Chairman. The problem is, for example, we were hopeful the appendix would be one volume but it is 1,264 pages, and the Government Printing Office has now informed us it will come out in two volumes.

Mr. FLOOD. How many copies of this marihuana report will be printed? How much will be the total printing cost for the report and to whom will these copies be distributed?

Mr. SONNENREICH. The marihuana report was distributed to every Member of the Congress and that was already done on the date of publication, which was March. 22. We also distributed a courtesy copy to the Governor of each State since our recommendations were also involved with the State. We had to distribute to the Commission staff, the Commissioners themselves. We only printed ourselves 1,500 copies of the report. The Superintendent of Documents put in an initial order for 50,000 copies of the report, which I am now informed have been sold out.

Mr. FLOOD. You said you sent the report to Members of Congress and 50 Governors.

Mr. SONNENREICH. And to members within the executive branch of the Government as well. We also got the press to distribute copies of the report which amounted to some 400 copies.

Mr. FLOOD. Did you have enough reports printed to have these distributed to all of the other elements of the private sector, educational, academic, medical, social?

Mr. SONNENREICH. No, Mr. Chairman, we did not.

Mr. FLOOD. Do you have that in mind for drug abuse or additional reports for marihuana?

Mr. SONNENREICH. We have discussed it with the GPO and Superintendent of Documents.

Mr. FLOOD. What do they know about it? All they do is print it.

Mr. SONNENREICH. The Superintendent of Documents was the one that decided they could cut down our costs if they printed the additional copies and sold them to the public at a cost of \$1.

Mr. FLOOD. Who decided that, the Public Printer?

Mr. SONNENREICH. The Superintendent of Documents.

Mr. FLOOD. Shouldn't that be a matter of policy with the Commission to determine who should be the the object of dissemination of the report instead of the Public Printer?

Mr. SONNENREICH. One of the problems is, it is too prohibitive to print.

Mr. FLOOD. You mean the cost?

Mr. SONNENREICH. The costs are quite high. By the Superintendent of Documents deciding to go with an initial printing of 50,000, they could put it on the web press and its costs us less money to print. If the Superintendent of Documents doesn't order a large amount, then it has to be on a smaller press and I was informed our costs go up.

DRUG ABUSE REPORT

Mr. FLOOD. Give us some information on the drug abuse report.

Mr. SONNENREICH. We have been involved in looking into drug abuse since we started with the marihuana report. We have already underway several projects which I enumerated in my testimony. We are hopeful of getting a lot of our contracts underway during this month. These are contracts that have not already been let. This way, we will have enough leadtime so we won't have such a press at the end of the reporting time. We are going to look very carefully into the rehabilitation and treatment area, including methadone treatment and alternate forms of treatment. We are going to look very carefully into how law enforcement is behaving in this area.

DISSEMINATION OF REPORT

Mr. FLOOD. You can't go to all of this expense and effort in contracts and utilization of all of the people you are in contact with, serve your purpose, execute your program, and then have the Public Printer say it costs too much, the whole deal is off. That is silly isn't it?

Mr. SONNENREICH. They have sold out 50,000 already.

Mr. FLOOD. Is that a lot?

Mr. SONNENREICH. That is an awful lot for a report.

Mr. FLOOD. You are going to do the same thing with drug abuse, I suppose?

Mr. SONNENREICH. Yes, sir. On the basis of what the cost of the marihuana report was and the appendix, it would be prohibitive to print much more than 1,500 copies. We could print more, but if we were to print more and distribute it to educators, to rehabilitation units, and to persons involved of that nature across the country, the costs will escalate astronomically. That is our major concern right now. We went way over the original estimate of \$45,000 and I am sure that the Government Printing Office reasons that they gave us are legitimate. It was just far more than we anticipated.

Mr. FLOOD. I don't question that. It seems here you print 1,500 reports and 500 of them go to Members of Congress and Governors and probably 500 more to Government officials. That leaves 500 reports for the private sector, health, social, eleemosynary, and institutions of all sorts who perhaps should be equally aware of the contents of this tremendous report on this vital public problem.

Mr. SONNENREICH. It should get out there, Mr. Chairman. The problem is that most of your institutions like the rehabilitation and treatment centers ordered 200 or 500 at a time.

Mr. FLOOD. Do you think that now that these reports on marihuana and the report coming on drug abuse will be made available at \$1 a copy, there is an awareness among the people who should be aware, the groups and types I mentioned, that this is available for the figure of \$1?

Mr. FLOOD. Do you consider it your responsibility to make sure that the Commission's findings and recommendations are widely publicized and widely disseminated, that it is part of your job to publicize to get this information to the people in the public who should have it?

Mr. SONNENREICH. We think that is important.

Mr. FLOOD. What do you do about that?

Mr. SONNENREICH. The problem is—

Mr. FLOOD. We think there are many, many, many less important bureaus, agencies, departments, subagencies, subdepartments, and deputy assistant secretaries and so on who have all kinds of public relations people cluttering up the place and sending out Xerox copies of this and statements of that, mountains of them.

How long have you been around this town?

Mr. SONNENREICH. About 6 years.

Mr. FLOOD. Then you ought to know. What about that?

Mr. SONNENREICH. This is something we did not conceive of as our function. Our function we feel is to gather information and present it.

Mr. FLOOD. To whom?

Mr. SONNENREICH. Present it essentially to the Congress and the President.

Mr. FLOOD. Do you believe the result of your studies will justify this investment of \$3 million for your Commission, or are your reports going to go on a shelf and gather dust like so many reports and reports on reports and analyses and memorandums on reports that clutter up the warehouses here?

Mr. SONNENREICH. We do not believe that will be the case with the marihuana report.

SURVEY ON NUMBER OF ADDICTS

Mr. FLOOD. Your national survey was pretty well received so we hear. Do you anticipate doing a similar one this year?

Mr. SONNENREICH. That survey, sir, cost \$211,000. To do a survey on the number of addicts in the United States would cost approximately \$300,000 because of the hidden nature of the addicts in the United States. We could not fund such a project by ourselves at this point in terms of the budget we have laid out because that would take up such a large part of our contracting.

Mr. FLOOD. Are you going ahead and get a report out this year?

Mr. SONNENREICH. In terms of a national survey on the basis of our present budget we could not.

Mr. FLOOD. But you think it should be done?

Mr. SONNENREICH. We think it is vital information. If you don't know how many addicts there are in the United States, you are not going to be able to determine how much money to spend for treatment and rehabilitation.

Mr. FLOOD. It sort of begs the question doesn't it.

After all we have read and heard, experienced, and the things we know that are going on, do you mean to tell us the Federal Government does not know how big a problem narcotics are? Do you mean that the Federal Government doesn't know how many addicts there are or where they are? Are you suggesting that?

Mr. SONNENREICH. I am not suggesting it, I think it is a fact. The estimates range from 300,000 addicts in the United States to 700,000 depending on which Government official you talk to. We don't know at the present time how many addicts there are in the United States.

Mr. FLOOD. Are they just standing around wringing their hands and saying this is awful?

Mr. SONNENREICH. They are making a guess and it is a guess that is not predicated on the best methodology in this area. We just don't know.

Mr. FLOOD. That is a shocking indictment.

Mr. SONNENREICH. I am not to say whether it is an indictment, sir. The fact is we don't know how many addicts there are in the United States. One of the problems that the Commission is confronted with is if you don't know how many addicts there are in the United States, how do you know where you are going to put your rehabilitation treatment facilities and who are you going to educate.

Mr. FLOOD. You mean which comes first, the chicken or the egg?

Mr. SONNENREICH. Yes, sir.

Mr. FLOOD. You are asking for a certain amount of money to do a certain thing. Could you undertake the kind of survey you think should be made if you have these additional funds you ask for?

Mr. SONNENREICH. We believe that we could do a survey, sir. We could get a much better estimate on where these addicts are and who they are and something more about them than we know now.

Mr. FLOOD. How much would it cost to make such a survey?

Mr. SONNENREICH. We estimate that it would probably cost in the neighborhood of \$300,000.

Mr. FLOOD. Is that a lot for what you want to do?

Mr. SONNENREICH. That is a lot for our budget.

Mr. FLOOD. What do you think? You are not going overboard. This is reasonable. We don't want you to go overboard. You are talking about what you think should be done now. We are appalled by the fact you who are supposed to know say it isn't done and we don't know. The information just isn't there is it?

Mr. SONNENREICH. No.

Mr. FLOOD. You want \$300,000 and you think you can do it with this?

Mr. SONNENREICH. We certainly think it can be done with \$300,000.

Mr. PATTEN. \$300,000 would be 50 cents per addict; right?

Mr. SONNENREICH. On the basis of a \$300,000 survey, it would be 40 cents an addict.

Mr. FLOOD. You are not going to spend the cost of one reefer per addict.

Mr. SONNENREICH. We don't feel on the basis of our budget that we could undertake that study. It would take too much of our funds.

COMMISSION MEMBERS

Mr. FLOOD. Will you put a list of the names of the members of the Commission in the record with their addresses and a couple of sentences of biography about them, who they are and where they come from?

Mr. SONNENREICH. Yes, sir.

Mr. FLOOD. This attracts a great deal of attention.
(The information follows:)

COMMISSION MEMBERS

By law, the National Commission on Marihuana and Drug Abuse has 13 members. Nine public members were appointed by the President who also named the Chairman and Vice Chairman (five maximum from one political party).

Of the four congressional members, two were named by the President of the Senate and two by the Speaker of the House (two from each political party).

Hon. Raymond P. Shafer, (Chairman of the Commission), chairman of the board and chief executive officer, TelePrompter Corp., 50 West 44th Street, New York, N.Y. 10036.

Governor Shafer is the former Governor of Pennsylvania (1967-70), served as Lieutenant Governor (1963-66), as State Senator (1959-62), and was twice elected District Attorney.

Dr. Dana Lyda Farnsworth, (Vice Chairman of the Commission), 55 Shattuck Street, Boston, Mass. 02115.

Until his recent retirement Dr. Farnsworth, a psychiatrist, held the appointment of Director of the University Health Services at Harvard University. He now holds the positions of Henry K. Oliver Professor of Hygiene Emeritus and Consultant on Psychiatry to the Harvard School of Public Health.

Dr. Henry Brill, Director, Pilgrim State Hospital, Box 22, West Brentwood, L.I., N.Y.

Dr. Brill was in charge of the New York State Narcotic Treatment Program from 1952-64 in his official capacities with the Department of Mental Hygiene and Chairman of the NIMH Committee on Clinical Drug Evaluation from 1960 to 1965.

John A. Harvard, Ph.D., President, Rockford College, Rockford, Ill.

Dr. Howard currently serves as President of the American Association of Independent College and University Presidents. In the past he served on the President's Commission on Presidential Scholars, the White House Task Force on Priorities in Higher Education and the Illinois Governor's Advisory Council. He has been President of Rockford College since 1960.

Charles O. Galvin, Dean, Southern Methodist University, School of Law, Dallas, Tex.

Dean Galvin was legal consultant on oil and gas law, taxation and estate

planning in Dallas 1947-52. He has been on the faculty of SMU Law School from 1952 to the president and was appointed Dean in 1963.

Maurice H. Seevers, M.D., Professor of the Department of Pharmacology, University of Michigan, School of Medicine, Ann Arbor, Mich. 48105

Among the many positions Dr. Seevers has held is consultant on drugs and drug abuse to Japan, Thailand, Australia and the United States. He has served as a member of the Drug Abuse Panel of the White House Conference on Narcotics and Drug Abuse, the Surgeon General's Advisory Committee on Smoking and Health, the Committee on Problems of Drug Dependence of the National Research Council, and the National Academy of Sciences. He is recently retired as Chairman of the Department of Pharmacology at the University of Michigan, School of Medicine.

J. Thomas Ungerleider, M.D., Associate Professor of Psychiatry, U.C.L.A. Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, Calif. 90024

Dr. Ungerleider is the founder and Director of D.A.R.E. (Drug Abuse Research and Education) in Los Angeles. He has also been a consultant on drug abuse to the U.S. Senate, the National Institute of Mental Health, the U.S. Public Health Service, NBC, and Universal Studios and Paramount Pictures (for educational films).

Mr. Mitchell Ware, Mazza, Mazzio and Ware, Suite 1801, 33 North Dearborn, Chicago, Ill. 60602

Mr. Ware served as Inspector for the Illinois Division of Narcotics Control (1960-66) serving as that agency's Superintendent (1968-70). He was appointed the first Superintendent of the Illinois Bureau of Investigation when that agency was formed in 1970. In 1971 Mr. Ware became a partner in the firm Mazza, Mazzio and Ware.

Mrs. Joan Ganz Cooney, President, Children's Television Workshop, #1 Lincoln Plaza, New York, N.Y.

Mrs. Cooney's concern about the preparation of preschool children for formal education, her work as a member of the National Council on Reading and as an advisor to the White House Conference on Children and Youth led to the creation of "Sesame Street" which she undertook for the Carnegie Foundation.

Hon. Jacob K. Javits (R-New York), U.S. Senate, 326 Old Senate Office Building, Washington, D.C.

Senator Javits served four terms as Congressman from New York, was elected Attorney General of New York State in 1954, and was elected Senator in 1956 to present.

Hon. Harold E. Hughes (D-Iowa), U.S. Senate, 1327 New Senate Office Building, Washington, D.C.

In April, 1969 Senator Hughes was named Chairman of the newly created Special Subcommittee on Alcoholism and Narcotics, established to focus attention on the extent of alcoholism and drug dependence in the country and on the absence of adequate programs for treating and rehabilitating victims of these diseases. He was elected to the U.S. Senate in 1968 after serving three terms as Governor of his home state.

Hon. Paul G. Rogers (D-Florida), House of Representatives, 2417 Rayburn House Office Building, Washington, D.C. 20515

Congressman Rogers, as Chairman of the Public Health and Environmental Subcommittee of the House Interstate and Foreign Commerce Committee, has been a congressional leader in health and environmental legislation. Among the major health measures he worked to pass was the Comprehensive Drug Abuse Prevention and Control Act of 1970, which created the National Commission on Marihuana and Drug Abuse.

Hon. Tim Lee Carter (R-Kentucky), House of Representatives, 1202 Longworth House Office Building, Washington, D.C. 20515

Dr. Carter was the Republican floor manager for the Comprehensive Drug Abuse Prevention and Control Act of 1970, which created the National Commission on Marihuana and Drug Abuse.

Michael R. Sonnenreich, Executive Director, National Commission on Marihuana and Drug Abuse, 801-19th Street, N.W., Suite 1117, Washington, D.C. 20006

Mr. Sonnenreich was formerly the Deputy General Counsel for the Bureau of Narcotics and Dangerous Drugs in the Department of Justice from 1968 to 1970. He is currently Reporter for the Special Committee on Narcotics and Hallucinogenic Drugs Act (National Conference of Commissioners on Uniform State Laws) and Special Committee on Uniform Drug Abuse and Treatment Act (National Conference on Commissioners on Uniform State Laws).

Mr. FLOOD. Mr. Casey.

MARIHUANA AND CRIME

Mr. CASEY. Is marihuana a stimulant or not? I have heard you say both now.

Mr. SONNENREICH. It is generally classified in the category of a hallucinogen. It is a stimulant.

Mr. CASEY. But the Commission has reached the conclusion it has nothing to do with crime particularly?

Mr. SONNENREICH. That is correct, sir.

Mr. CASEY. If someone is thinking about committing a crime and needs a little nerve, you don't think that would give it to him?

Mr. SONNENREICH. We did an empirical study on it.

Mr. CASEY. What is an empirical study?

Mr. SONNENREICH. This is a face-to-face interview with people in a high crime area who have admitted to using marihuana with a control group that hasn't and verifying their police records and FBI records and it isn't borne out by the statistics. It is a stimulant but all stimulants don't react the same. If you were talking about cocaine which is a stimulant which causes tremendous hyperactivity that is one thing, but such is not the case with marihuana.

METHODOLOGY USED IN STUDIES

Mr. CASEY. One of these face-to-face studies you said was done by contract with a university?

Mr. SONNENREICH. That is correct.

Mr. CASEY. Who do they use, students?

Mr. SONNENREICH. No, sir; they use trained field interviewers.

Mr. CASEY. How many people do they interview to reach these conclusions?

Mr. SONNENREICH. On this particular study that was done in the west Philadelphia area, they did a pilot study sample and they screened 3,000. From that they interviewed I believe 559 and these were checked through. In addition to the interviews the 3,000 were checked for police records and then the FBI was asked to participate, which they did, and we checked out their criminal records.

POSSESSION VERSUS SALE OF MARIHUANA

Mr. CASEY. You stated that you reached the conclusion that someone who has marihuana in their possession for their own personal use, should not be subject to a criminal charge. Is that right?

Mr. SONNENREICH. That is correct.

Mr. CASEY. What if they have it for sale?

Mr. SONNENREICH. That would be a crime as under existing law.

Mr. CASEY. Where is the fellow who is going to use it going to get it?

Mr. SONNENREICH. There is no crime to buy it. He would have to go out and would have to buy it or get it on the market.

Mr. CASEY. You are stimulating an illegal operation by buying it or is he going to raise it in his window box like we caught them doing down home.

Mr. SONNENREICH. This is very similar to the drug abuse control amendments law the Congress passed in 1965 on hallucinogens, depressants, and stimulants. It was a crime to possess with intent to sell and to sell, but not a crime to possess for one's own use. The theory the Congress gave at that time was that simple possession was too far down in the chain to concern law enforcement. It does not affect significantly the trafficking. We are concerned about the traffic of marihuana. We are talking about a partial prohibition scheme, not a legalization scheme. This is very similar in a certain aspect to prohibition.

During prohibition, the Federal Government and all but five States did not prohibit the use of alcoholic beverages for one's own consumption nor was it prohibited to buy it. What we are seeking to do here is to focus law enforcement attention in the area it should most be focused; that is at the trafficking level in the drug. We want to discourage the use of the drug, but at the same time we don't think it is necessary to put approximately 200,000 people a year in jail for possession.

NIMH STUDIES

Mr. CASEY. Of course your Commission has only been in existence since October of 1970, yet you have been talking about 4-year studies. Where are these 4-year studies coming from?

Mr. SONNENREICH. These were ongoing studies conducted by the National Institute of Mental Health and Dr. Miras in Greece, also under HEW grant as a National Institute of Mental Health subcontractor.

Mr. CASEY. Who was the director of the National Institute of Mental Health then?

Mr. SONNENREICH. At that time I believe it was Dr. Stanley Yolles. These contracts were just completed this year under Dr. Brown.

Mr. CASEY. You have reached also the conclusion that marihuana doesn't lead to the use of harder drugs?

Mr. SONNENREICH. Yes.

Mr. CASEY. Yet the National Institute of Mental Health people have told us they do. Did you consult those experts or are they experts?

Mr. SONNENREICH. We certainly did and their recent report, "Marihuana and Health," that came out in January also states the same finding we have; it is not causal and leading to other drugs. That is part of the official report of the Secretary of Health, Education, and Welfare.

PRESCRIPTION OF INTRAVENOUS OPIATES

Mr. CASEY. Are you prepared to say anything yet about the possibility of prescription of intravenous opiates as a substitute for methadone?

Mr. SONNENREICH. We are just starting to look into this. We have not carefully looked into it. We are studying the English system. But I might add at this point that many of the Commission members feel the English system and the culture in England and the fact that they have so few addicts makes it somewhat significantly different from the U.S. experience.

Mr. CASEY. The English at first parceled it out. They didn't have the prescription type. They didn't come in and get their shots in the office. They were given it so they could give it to themselves.

Mr. SONNENREICH. That is correct; from 1958 to 1968, and then they switched to a clinic situation with a registry. And from 1968 to the present time it has been handled by approximately 20 clinics such as Tooting Bec and Lambeth Clinic where they come in and shoot up. I was at one of the clinics for several days watching them shoot up.

Mr. CASEY. Before 1968 they used to take it and cut it some and sell some.

Mr. SONNENREICH. That is what the British called the "pseudo-black market"; that is, the addict would go into the doctor and say "I am using 200 milligrams a day," and the doctor would say fine and write out a prescription, when the addict was really only using 50 and would sell the other 150. But the price on the black market around Picadilly Circus is very cheap. It is not a major problem because the addicts can get the drug if they want it.

EXPLORATION OF SOURCES OF ILLEGAL DRUGS

Mr. CASEY. Is the Commission doing anything on studies as to source of drugs and how much illegal narcotics are coming in and where they are coming from?

Mr. SONNENREICH. Yes, sir. We are looking at that very carefully, and in the past year we have looked at this very carefully. We met just before the Thai-United States bilateral agreement on drugs with the Thai Government. We went up into northern Thailand, to what is known as the Golden Triangle, Burma, north Thailand, the Yunnan province of China, Laos, and Cambodia, to look at where the opium is being grown in Southeast Asia, because many people feel this is going to be the new source of opium for the United States. In fact some of it is already beginning to come in.

You are talking about extremely primitive conditions. Opium is the only crop these people have known how to grow for the last 200 years. There is no government up there to speak of. Whoever owns a gun and lives in the valley is a government. And the dialects are even different from valley to valley. To get to the first opium field required 2½ hours of walking through the jungle after we went as far as we could by land rover. It is going to take a lot of time before we can dry up that kind of source.

These people don't know how to grow anything else. The only consolation we have now is that because they are so primitive in their agriculture, they cut down an entire forest and they burn it. That is their fertilizer. Then they plant their opium. That will only grow in the soil for about 5 years. After that 5 years you can't grow opium or anything there for another 10.

Mr. FLOOD. That is not true in Turkey and the Middle East.

Mr. SONNENREICH. No; they are more sophisticated. But the problem is that the Meo and Koran tribesmen have been cutting down so much forest and highland in Thailand you are getting for the first time floods in the lowlands destroying the rice. The Thai Government is very much concerned now because it is economically affecting them.

RELATIONSHIPS WITH NIMH

Mr. CASEY. What has your Commission done and is doing differently from the National Institute of Mental Health? In other words, are you overlapping or duplicating? You sound like your report coincides with one already issued by the National Institute of Mental Health. What are we getting new for our money?

Mr. SONNENREICH. What you are getting new is that the National Institute of Mental Health made a statement but the statement was not substantiated by empirical data and we gathered the data. We try not to overlap with the National Institute. We have worked extremely closely with Dr. Brown as with Dr. Jaffe. The purpose is to pick the areas either the line agencies don't have the time to do or for one reason or another are not particularly interested in doing, such as looking at the Federal organizational response to drug abuse. We do those areas. We also have to sift through a lot of material that has been generated to separate fact from fiction.

One of the advantages that the Commission has over the line agencies is we don't have to worry about a program or an activity that the agency is committed to. If that particular program or activity is yielding negative or less than maximum results, we can report it and we do report it.

An example of this I might point out is our recommendation with regard to better statistics in the law enforcement community at the Federal level.

IMPLICATIONS OF MARIHUANA REPORT

Mr. CASEY. The chairman was asking if your report was well known throughout the country. It has created a little controversy, hasn't it?

Mr. SONNENREICH. That is correct. The Commission was very hopeful that the report would be a focus point of discussion, and it certainly has generated a lot of discussion. This is good, this is very good, because people will have to define much more carefully now the reasons why they feel a certain social policy is good or bad. That is very useful.

One of the things I think the Commission report has laid to rest for all time is the prevailing myth that marihuana causes death or leads to addiction, which are just not true. The national survey indicated 48 percent of the American public thought that marihuana caused death, and 41 percent of the American public thought marihuana was physically addicting. These beliefs are just absolutely not true. And these kinds of things we believe are very important to overcome before you start talking about a social policy for marihuana.

Mr. CASEY. Do you have any teenage children?

Mr. SONNENREICH. One child 7 and one child 5.

Mr. CASEY. No teenage children?

Mr. SONNENREICH. Not yet.

Mr. CASEY. What am I supposed to tell my kids in college when we get into discussion? They say, "OK, Dad, your National Commission says nothing is wrong with marihuana."

Mr. SONNENREICH. But that is not what the National Commission has said. That is the basic statement that is made time and time again, and that is the—

Mr. CASEY. Tell us what is wrong with it?

Mr. SONNENREICH. There are many things that are wrong with it.

One thing you are concerned about is the long-term effect of very heavy use. There is no question about it. The Commission is very concerned about this. We don't want to create another public health problem.

Mr. CASEY. OK, a marihuana cigarette at a Saturday night party, that is no problem. What do I tell them?

Mr. SONNONREICH. It is a very hard, bitter fact, but the fact is that from the public health point of view, an occasional cigarette of marihuana is not going to cause sufficient public health problems. But that is not a reason for legalizing something.

One of the things that the Commission feels very strongly about is that the people that advocate legalization of marihuana and talk to us about an alcohol model aren't taking a very careful look at this wonderful model they raise up for the Congress or the President to adopt. The alcohol model is designed to cut down the excessive use of alcohol, which it hasn't done, and to stop youngsters from drinking it, which it hasn't done. So as a model, it is a pretty bad model to follow.

Also the point is that you are not talking about something that is an ingrained ethic in the American scene. Marihuana has not been a widespread phenomena among the "establishment classes" of America except for the last 5 years. And the Commission is very, very loathe to recommend any policy that is going to institutionalize the use of this drug.

The fact that you say that a person shouldn't go to jail for use of the drug doesn't mean that you condone the use of the drug. There are many things we don't condone, but we don't put people in jail for them.

This business about taking an either/or position, which I think most of the youngsters do, is I think really begging the issue because if they are asking you to adopt a new policy they had better be certain that that policy has a chance of success, and the alcohol model and its avowed goals doesn't have a chance of success.

Mr. CASEY. The kids use that as an argument.

Mr. SONNENREICH. It is a very poor argument. And I think the report deals with that in great detail.

Mr. CASEY. They say, "Alcohol is more dangerous than marihuana. It is legalized; why not legalize marihuana?"

Mr. SONNENREICH. In certain respects alcohol is more dangerous than marihuana; in certain respects it is not. The point is you have alcohol on the scene. There is no question alcohol is physically addicting. We have 9 million alcoholics. Half of your crime is ascribed to alcoholism. You have 35,000 deaths on the highway every year attributed to alcohol. It is a major problem. But when somebody starts to talk to you about taking marihuana and creating a model similar to alcohol, I think you have to take issue with that person because that is not a model that anybody starting afresh would really be willing to accept.

Mr. CASEY. I don't believe any of my children have anything to do with it, but they have friends that do and they have one or two that were picked up. They get excited about it and, of course, with a stiff penalty like they have had in Texas I can understand that. I don't go along with the stiff penalty for first offense possession—I think your findings probably will have some healthy effect in this regard.

Mr. SONNENREICH. We stress the role of the family, the church, and the educational institutions to talk to people, and we have a great con-

fidence in the American people. We believe if you tell them what the facts are about marihuana, many people will make a rational choice and decide not to use it. We know that fully 60 percent of people that used marihuana gave it up and the survey indicates the reason was not fear of the police; rather they just lost interest in it. We know many people when they ask them—a vast majority, 85 percent of the Americans have never used marihuana and when asked the question, "if marihuana is legalized and you could use it, would you?" the overwhelming majority said they wouldn't use it.

Mr. CASEY. Thank you, Mr. Chairman.

Mr. FLOOD. Mr. Shriver.

COMPENSATION OF COMMISSION MEMBERS AND CONSULTANTS

Mr. SHRIVER. What is the per diem pay for the Commission members?

Mr. SONNENREICH. That was established by section 601 of the act, \$75 per day.

Mr. SHRIVER. How often do they meet?

Mr. SONNENREICH. It is not fixed. In the last several months because of getting out the marihuana report they met about twice a month.

Mr. SHRIVER. What is the pay of the consultants and the experts?

Mr. SONNENREICH. \$75 a day.

Mr. SHRIVER. The same thing, that is set in the act?

Mr. SONNENREICH. That is set in the act.

REDUCTION IN TRAVEL REQUEST

Mr. SHRIVER. You are asking for a reduced amount for travel?

Mr. SONNENREICH. Yes, sir.

Mr. SHRIVER. Is this a result of your experience in the past year?

Mr. SONNENREICH. No, sir. We will only be in existence for 11 months of fiscal year 1973. Two of those months will be winding down the Commission. Based on that projection, I eliminated some of the travel funds because I just didn't believe we would be spending them. A lot of the travel and a lot of the hearings will have transpired. We will only have two to three more formal hearings and probably five informal hearings. I just costed out the travel on the basis that, starting somewhere in February, we would start scaling everything down simply because the report will have been written by that time, most of the appendix will be in form to go to the Government Printing Office, and travel will be held to an irreducible minimum.

LOCATION OF OFFICE

Mr. SHRIVER. Where are your offices?

Mr. SONNENREICH. 801 19th Street NW., the 11th floor.

RESEARCH CONTRACTS

Mr. SHRIVER. I notice on one of the pages of your justification the item "Other services," \$312,000, as compared with 1972 of \$894,000.

Mr. SONNENREICH. Yes, sir.

Mr. SHRIVER. What is that?

Mr. SONNENREICH. Those are the contracts and the——

Mr. SHRIVER. Research contracts?

Mr. SONNENREICH. Yes, sir; and the brunt of the contracting in fiscal year 1972 includes the marihuana contracts, the payments as well as the beginning of a contract for the drug abuse study.

INTERNATIONAL COOPERATION ON DRUG PROBLEM

Mr. SHRIVER. You mentioned a little while ago in answering questions that Mr. Casey propounded the problem that might result from introduction into this country of heroin from Thailand. You mentioned the problem that we couldn't dry it up as we are attempting to do in cooperation with the Turkish Government. I didn't understand why you didn't think we could participate in the kind of aid program we have for Turkey.

Mr. SONNENREICH. There are several reasons. I am just giving you my own personal opinion, having been there. This isn't official policy or anything.

Nobody owns that country up there. When you get into the provinces of Turkey there is a centralized government that can exert some pressure. To give you an example, in Burma, the only town owned up there by the Burmese Government is Thashlick. When night falls on the city all the Government people run inside and that is the end of it. They do not own the countryside. You have the old Chinese Nationalist Army who went down there and now are just armed forces roaming around in the hills. It is very difficult for the Thai Government to exercise real control in that area.

So you have a completely different kind of situation, plus you have the fact that you are dealing with tribes that don't really owe allegiance to a central government, that are somewhat backward in comparison to Turkey, that only know how to grow opium. That is their cash crop.

Mr. SHRIVER. You mean Turkey?

Mr. SONNENREICH. No, in Thailand, up in Burma, and in Laos. They grow a lot of opium.

Mr. FLOOD. Plus the fact that it is alleged that many of the highest officials in the Thai Government and the Laos as well and Cambodia and Burma and South and North Vietnam have been identified with the traffic.

Mr. SONNENREICH. That has been alleged, sir.

Mr. SHRIVER. I am on another subcommittee of appropriations that has a request before it now for Turkey in connection with the foreign aid technical assistance program. I was recently on a farm outside of Ankara, Turkey where they are experimenting with new types of crops, not to pay farmers not to grow poppies, but to show them how to grow other things that are as profitable as poppies. We will be continuing this program of technical assistance in Turkey. I wonder if we couldn't develop the same kind of a technical assistance program in Southeast Asia?

Mr. SONNENREICH. I think there is no question about it that this would be a tremendous help. But I think you also have to recognize that kind of assistance with these kinds of tribesmen is going to take some time.

Mr. SHRIVER. Are they uncivilized?

Mr. SONNENREICH. They are civilized after a fashion.
 Mr. SHRIVER. They had a civilization long before we had.
 Mr. SONNENREICH. That is right.
 Mr. FLOOD. Civilization is a very elastic term.
 Mr. SONNENREICH. That is right.
 Mr. FLOOD. Mr. Patten.

NEED FOR COORDINATION OF DRUG EFFORT

Mr. PATTEN. We voted for a new drug act here the last month or so and the impression was given by our colleagues everything was under one umbrella. Today I got a communication from the United Nations, a leaflet about who is contributing. Your Commission is not under this new umbrella.

Mr. SONNENREICH. That is correct.

Mr. PATTEN. Mr. Gross, new Under Secretary of State, handles the international work in the drug field and gave us a briefing in the past month. Spoke of our people in Turkey and our people in Saigon. He tried to cover that. That is not under the new umbrella, the State Department action in the international field. Right?

Mr. SONNENREICH. It is because they have to consult with Dr. Jaffe. All international classification of drugs has to be cleared with the Special Action Office for Drug Abuse Prevention. That is part of the act that Congress passed. Also, there is constant communication with them. The reason the Commission isn't under SAODAP is because the Commission is a creature of the Congress and it basically is a separate agency that will go out of existence next year. However, we are working very closely with Dr. Jaffe.

Mr. PATTEN. We don't want the Commission to go out of existence. Nothing is more permanent around here than a temporary commission.

Mr. SONNENREICH. I hope that is not the case with ours.

Mr. PATTEN. If you had my vote, would you vote for this money for next year?

Mr. SONNENREICH. Yes, sir.

Mr. PATTEN. You think it is worthwhile?

Mr. SONNENREICH. Yes, sir. I think you will get a lot of bang for your buck.

Mr. PATTEN. Having lived through prohibition and knowing different problems of law enforcement, I know what happened in 1925 before the grand juries and before the judges, with a local sheriff and local police. We had a tolerance on law enforcement, there is no question about it. Many a movie was made about Chicago and other places.

Mr. SONNENREICH. Correct.

Mr. PATTEN. So we can't always have our own way. But you think that we should support at least what you ask.

Did you indicate that our new drug act might be a step in the right direction?

Mr. SONNENREICH. I think it is a very definite step in the right direction. I think there is a crying need for somebody to get a handle on all of these different line agencies and make some sense out of what is going on. The Federal Government is beginning to institutionalize the concept of drug abuse. You are going from \$70 million in fiscal year

1967 up to I think the last estimate was 600 some odd million dollars. It is becoming big business. Somebody had better start setting out some guidelines and criteria about what is going on and where the duplication is. This is the time to do it. I think the Congress in passing this new act made a very important step in the right direction.

HEALTH PROFESSIONALS INVOLVED IN DRUGS

Mr. PATTEN. I was county clerk for 15 years and drug cases came before the grand jury, say, in the 1940's and 1950's, was no epidemic but we had a number of cases. My observation was that the people that came before us were all ages but usually they were related to professionals like a druggist or a nurse in a nursing home, who felt a little pain and started to take a little medicine and the first thing she was an addict and would resort to illegal methods to secure more and probably involve a doctor thinking he would be a good fellow. It didn't attract much attention.

My recollection is that a few cases I witnessed in court were tied in with people who legally were handling drugs in hospitals, in drug-stores and things of that type. Will your drug study, do you think, point up what percentage that still is, or do you think it is going to be a very small percentage?

Mr. SONNENREICH. It will now be minuscule in comparison to the people that are using these drugs. Most of the people that are using these drugs are not professionals in the sense of being related and having easy access to the drug. There still are what are commonly referred to as "junky doctors," I mean doctors addicted to morphine or something, but that is a small percentage.

INTERIM DRUG REPORT

Mr. PATTEN. One last thought. You know we are impatient for the drug study. I don't like to wait until next March to get your report. If there is any value in releasing an interim report that would be helpful to us, would you hesitate to do it?

Mr. SONNENREICH. Not at all.

Mr. PATTEN. Nothing further, Mr. Chairman.

Mr. FLOOD. Mr. Robinson.

PER DIEM PAY

Mr. ROBINSON. Mention has been made of the \$75 per diem.

Mr. SONNENREICH. Yes, sir.

Mr. ROBINSON. Your statement indicates that \$100 per diem is authorized.

Mr. SONNENREICH. I stand corrected. It is \$100 per diem by statute for the Commissioner and \$75 per diem by the statute for the consultants and experts. I am sorry.

PROJECTS UNDERWAY OR CONTEMPLATED

Mr. ROBINSON. You mention in your statement that projects already underway or well along in the planning stage are 12 in number at the present time.

Mr. SONNENREICH. Yes, sir.

Mr. ROBINSON. Are there projects of this type which are already completed and for which the data is there for all to see? If so, how many are there?

Mr. SONNENREICH. I did not list all of the projects. One of the projects that will probably become available in early June will be an analysis and evaluation of the law of every State of the Union with respect to commitment procedures, rehabilitation, and voluntary with involuntary civil commitment. That will be available in June. We are completing studies on some of the legal things, the constitutional limitations of treatment, of rehabilitation.

Part of the study on education is going to be published May 8 in our appendix in the marihuana report. The education component is really drug abuse, it is not just marihuana because you can't separate that out in terms of teaching people about drugs and giving them information.

What we are trying to do is trying to get as much information spaced out over the course of the year as possible so that we can provide interim statements of what is going on.

Mr. ROBINSON. You say there are other projects underway other than the 12 which you list in the report?

Mr. SONNENREICH. Yes, sir.

Mr. ROBINSON. Do you contemplate undertaking additional projects?

Mr. SONNENREICH. Yes, sir.

Mr. ROBINSON. Do you feel there is adequate time within the time frame within which the Commission will still be functioning to complete all of these and have useful information on them?

Mr. SONNENREICH. Yes, sir. For example, the reason I didn't put in one project is because we will not start it until summer, and that is the law enforcement strategy project. We did this with marihuana and it was the first time ever done with that, and that was in six metropolitan jurisdictions. We will probably run a similar study there. We will do a complete analysis of Federal law enforcement; that is, Customs, Immigration and Naturalization Service, and BNDD. That has not really started. We are still just forming what we are going to do, and we are meeting with those various agencies to see what kind of information they can give us and how we will proceed.

Mr. ROBINSON. Will most of this work be done by way of contract?

Mr. SONNENREICH. About half and half, sir. Half will be done by the staff and half will be done by contract.

Mr. ROBINSON. And you do feel there is time within the life of the Commission to perform useful service in all of these areas? It seems to me you are spread awfully thin.

Mr. SONNENREICH. We are thin, and the question is the degree of involvement. We will have to make the decision as to how far we can proceed. In some areas all we can do is point the way to other agencies to pick up where we left off to do it if they think it is useful.

An example is our analysis of how money is being spent by a State, and we picked the State of New Jersey being right next door to New York, and New York would be too monolithic for us. We are running through at this point where all of the drug moneys are going, who is making the decision on how drug moneys are being spent in education,

rehabilitation, and law enforcement, and where the private sector money is coming from.

If that is a good study, we can use this as a model and we can turn to the Special Action Office and say this is something you should do for every State. Here is something that would be useful not just so you would have a national picture but so every State in the Union would know where the moneys are going so they could make some management decisions. We are now entering the realm of big business. I have no doubt in my own mind that the budget for drug abuse soon will be at the \$1 billion mark. Once you get into that kind of area, somebody had better start to manage the money correctly or at least have an idea how this money should be managed. You are in a fortunate position now, because the drug issue has escalated so quickly in the last 3 years, to start asking those very basic questions or else what you are going to have is a drug abuse bureaucracy that is going to perpetuate the problem ad nauseum.

LIFE OF THE COMMISSION

Mr. ROBINSON. Is it your intention to accept the winding down and the automatic expiration of the Commission or do you intend to push for its continuation?

Mr. SONNENREICH. As we stated before, Congress said 2 years and we expect to abide by it and keep to it. The Congress asked for a report 1 year after funds became available on marihuana and we gave the Congress the report on the exact date we were supposed to and we fully intend to comply with the second requirement. It is the intention of the Commission that its function would be best served if it goes out of existence after it does its job. If we don't go out of existence, then we become part of the bureaucracy and we have an ax to grind. What would happen would be that everybody is going to look at us and say that we have made recommendations and established a little berth for ourselves. Whereas if we get out of the business and do exactly what the Congress anticipated, then you can look at our recommendations and you can say they had no ax to grind because they are out of the business.

Mr. ROBINSON. I appreciate your refreshing attitude.

INFORMATION NEEDED ON ADDICTS

You mentioned the wide disparity which is a matter of concern, of course, with respect to the estimated number of addicts we have in the United States today. But your projects don't include any survey of this area. Do you intend to actually do anything in this?

Mr. SONNENREICH. As I just explained to the chairman, the cost is prohibitive on our limited budget and we really can't do it on the basis of our existing budget we have submitted. What we have done to tool up for it is we have been using consultants for the past 3 months, and there are some real problems in designing this kind of survey, and the best we will probably get is a much better estimate of the drug addicts.

But we will get a lot of information that nobody has now that could be used for planning purposes. Our basic concern with this thing is the fact we know that Hill-Burton funds come up for renewal in

1973 and a lot of other projects come up for renewal, and it is our feeling if we can't fund it, somebody should fund it so that the Congress has this tool in front of it so it can say with some assurance that it knows what the problem is across the United States and it has some idea of who these people are.

I mean, is the addict the stereotype we all think of or is he somebody new? Is it the kid now in the suburb? Are the programs that we design, for the black urban ghetto dweller the same kind of program that would be effective in a suburb? We don't know. We really don't know. This is the kind of basic information that I think both the executive branch and the legislative branch desperately need.

SELECTION OF TITLE FOR MARIHUANA REPORT

Mr. ROBINSON. You mentioned that the report on marihuana is somewhat controversial. I think that you will agree that one of the reasons it is controversial is the suggestion that is included in the very title of the report, "A Signal of Misunderstanding." Was the Commission fully aware of the provocative suggestion that the title inferred when they selected it?

Mr. SONNENREICH. There were two things that the Commission did when they selected that title. One, there was a growing realization that people were not talking about marihuana, they were talking about a lot of other things that they felt very concerned about. They felt concerned about their kids, they felt concerned about whether the country was going to continue along certain basic precepts that the older generation feels very strongly about and a lot of the youth feel strongly about.

So a lot of things were ascribed to the use of marihuana and there were basic misunderstandings. Therefore, the title was selected as a red flag to tell people that if we are going to talk about marihuana, let's talk about marihuana but let's not ascribe every other ill of society, including radical politics, to marihuana.

The other thing the Commission sought was to have the title non-capitalized because part of the concern that the Commission felt very strongly about, and feels strongly about today, is that we have created a problem psychology with regard to marihuana.

If we can deemphasize the hysteria and emotionalism and talk about it in a factual way, even if we disagree about policy, or about legal implementation, perhaps that would be a much more productive occupation. That is the reason the title was picked and the way it was set up.

MARIHUANA NOT PHYSICALLY ADDICTIVE

Mr. ROBINSON. You brought up the comparison of alcohol and marihuana. We know, of course, that there are those that can't tolerate alcohol because of certain psychological and physical conditions that cause them to react differently as compared to the majority of the population.

Are you able to identify those that are in the same category with regard to the use of marihuana?

Mr. SONNENREICH. At the present time the answer I think would be "No." We do know that there are compulsive users of drugs. We know that 2 percent of the using public in the United States, all those

we would consider to be heavy marihuana users, that is more than once daily—

Mr. MICHEL. Are those considered to be addicts?

Mr. SONNENREICH. No.

Mr. MICHEL. You can say without any question whatsoever that it is impossible to become addicted to marihuana?

Mr. SONNENREICH. Physically addicted, there is no question about it. I think this is borne out by Dr. Jaffe and Dr. Brown and anybody else who has looked at it. There is nothing in this drug that is physically addicting.

Mr. MICHEL. Why do you say physically?

Mr. SONNENREICH. Because cigarettes—

Mr. MICHEL. Can you become mentally addicted?

Mr. SONNENREICH. You can become dependent on anything.

Mr. MICHEL. How many are considered mentally addicted?

Mr. SONNENREICH. Physiologically, psychologically, probably some percentage within that 2 percent of heavy users.

Mr. MICHEL. We are talking about how many people?

Mr. SONNENREICH. In the total population of the United States approximately 500,000. There is no question about alcohol, it is physically addicting.

Mr. ROBINSON. That is all, Mr. Chairman.

Mr. FLOOD. This is the Commission former Governor Shaffer of Pennsylvania was chairman of. He is still chairman?

Mr. SONNENREICH. Yes, sir.

Mr. FLOOD. He hasn't resigned?

Mr. SONNENREICH. No, sir.

Mr. FLOOD. Let me say you made a very refreshing, very knowledgeable, very helpful presentation here this morning on an extremely difficult and a very important subject. I couldn't have done better myself.

Thank you very much.

Mr. SONNENREICH. Thank you, sir.

JUSTIFICATION OF THE BUDGET ESTIMATES
 COMMISSION ON MARIHUANA AND DRUG ABUSE
 SALARIES AND EXPENSES
 Program and Financing (in thousands of dollars)

Identification code	19 71 actual	19 72 estimate	19 73 estimate
33-12-0054-0-1-653			
<u>Program by activities:</u>			
Conduct a study of Marihuana and the causes of drug abuse (program costs, funded) <u>1</u> /.....	76	1,762	1,080
Change in selected resources...	5	85	40
10 Total obligations.....	81	1,847	1,120
<u>Financing:</u>			
21 Unobligated balance available start of year.....	...	-619	...
24 Unobligated balance available end of year.....	619	...	...
40 Budget authority.....	700	1,228	1,120
<u>Relation of obligations to outlays:</u>			
71 Obligations incurred, net.....	81	1,847	1,120
72 Obligated balance, start of year	...	21	100
74 Obligated balance, end of year..	-21	-100	-85
90 Outlays.....	60	1,768	1,135
<u>1/</u> Includes capital outlay as follows: 1971, \$-0-; 1972, \$6 thousand; 1973, \$3 thousand			
<u>2/</u> Selected resources as of June 30 are as follows: Unpaid undelivered orders, 1971, \$5 thousand; 1972, \$90 thousand; 1973, \$130 thousand			

COMMISSION ON MARIHUANA AND DRUG ABUSE
SALARIES AND EXPENSES

OBJECT CLASSIFICATION (in thousands of dollars)

Identification code	19 71 actual	19 72 estimate	19 73 estimate
33-12-0054-0-1-653			
Personnel compensation:			
11.1 Permanent positions.....	39	406	366
11.3 Positions other than permanent.....	15	196	150
11.5 Other personnel compensation			
11.8 Special pay scales			
Total personnel compensation.....	54	602	516
Personnel benefits:			
12.1 Civilian.....	3	32	30
13.0 Benefits for former personnel			
21.0 Travel and transportation of persons.....	6	200	125
22.0 Transportation of things			
23.0 Rent, communications, and utilities.....	2	62	62
24.0 Printing and reproduction.....	2	45	65
25.0 Other services.....	12	894	312
26.0 Supplies and materials.....	1	7	7
31.0 Equipment.....	1	5	3
32.0 Leasehold improvements			
33.0 Investments and acquisitions			
41.0 Grants, subsidies, and contributions			
42.0 Insurance claims and indemnities			
43.0 Interest and dividends			
44.0 Refunds			
99.0 Total obligations.....	81	1,847	1,120

COMMISSION ON MARIHUANA AND DRUG ABUSE

Explanation of fund requirements by object:

11.1 Permanent Positions. This estimate covers the salary costs for 25 permanent positions authorized for FY 1972.

11.3 Positions Other than Permanent. This estimate covers the intermittent per diem pay of public Commission members, consultants and experts, together with the salaries of temporary personnel as needed to assist during Commission peak work periods.

12.1 Civilian Personnel Benefits. This estimate covers the Commission's contributions to the retirement, life insurance, and health benefits funds.

12.0 Travel and Transportation of Persons. This estimate covers the costs of Commission members' travel, subsistence and related expenses in connection with Commission activities, etc., for attendance at meetings, conferences, and hearings to be held in various sectors of the U.S. as well as abroad (Canada, England, etc.).

23.0 Rent, Communications, and Utilities. This estimate primarily covers communications costs such as postage, telephone, telegraph, and rent, etc., for FY 1972.

24.0 Printing and Reproduction. This estimate covers the cost of day-to-day printing requirements, i.e., and publication costs of the Commission's interim and final reports.

25.0 Other Services. This estimate covers the costs of (1) administrative support services provided by GSA, (2) reimbursable services of other Federal Agencies, i.e., Census Bureau, DHEW, etc., and (3) individual contracts.

26.0 Supplies and Materials. This estimate covers the costs of day-to-day operating supplies and materials.

31.0 Office Furniture and Equipment. This estimate covers the costs of office furniture, machines, and general equipment.

In summary, the primary cost requirements for the Commission's two-year life span will be comprised of (1) Personnel Compensation (including considerable consultant/expert type services to be employed in the numerous project studies required, and (2) "Other Services" or contracts for extensive research studies.

COMMISSION ON MARIHUANA AND DRUG ABUSE
SALARIES AND EXPENSES

DETAIL OF PERMANENT POSITIONS

33-12-0054-0-1-653	19 71 actual	19 72 estimate	19 73 estimate
Rates established by the Commission, comparable to GS grades:			
GS-18, \$36,000	1	1	1
GS-17, \$32,546 to 36,000	1	1	1
GS-16, \$28,129 to \$35,633	1	3	3
GS-15, \$24,251 to \$31,523	3	2	2
GS-14, \$20,825 to \$27,061 .....	. . .	1	1
GS-13, \$17,761 to \$23,089	1	2	2
GS-12, \$15,040 to \$19,549	1	1	1
GS-11, \$12,615 to \$16,404	1	2	1
GS-9, \$10,470 to \$13,611	1	2	2
GS-8, \$ 9,493 to \$12,337	2	3	3
GS-7, \$ 8,582 to \$11,156 .....	. . .	3	3
GS-6, \$ 7,727 to \$10,049 .....	. . .	2	2
GS-5, \$ 6,938 to \$ 9,017	3	2	2
Total Permanent Positions	15	25	25
Unfilled Positions, June 30 (-)	-4	. . .	. . .
Total Permanent Employment, end of year .	11	25	25

COMMISSION ON MARIHUANA AND DRUG ABUSE
SALARIES AND EXPENSES

DETAIL OF PERMANENT POSITIONS

33-12-0054-0-1-653	19 71 actual	19 72 estimate	19 73 estimate
<u>Higher Level Positions</u>			
GS-18, \$36,000, Executive Director	1	1	1
GS-17, \$32,546 to \$36,000 Deputy Director	1	1	1
GS-16, \$28,129 to \$35,633 Associate Director	1	3	3

COMMISSION ON MARIHUANA AND DRUG ABUSE
SALARIES AND EXPENSES

Personnel Summary

Identification code 33-12-0054-0-1-653	19 71 actual	19 72 estimate	19 73 estimate
Total number of permanent positions.....	15	25	25
Full-time equivalent of other positions.....	1	12	12
Average paid employment.....	3	37	37
Average equivalent GS Grade.....	11.5	10.9	10.9
Average equivalent GS Salary.....	\$17,893	\$16,198	\$16,198