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COMMISSION ON MARIHUANA

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HEARINGS

BEFORE

SUBCOMMITTEE NO. 3

OF THE

COMMITTEE ON THE JUDICIARY

HOUSE OF REPRESENTATIVES

NINETY-FIRST CONGRESS

FIRST SESSION

ON

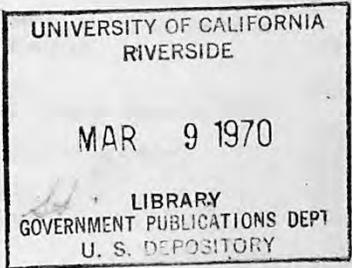
**H.R. 10019, H.R. 11166, H.R. 11540,
H.R. 13786, H.R. 14011, H.R. 14012,
H.R. 14137, and H.R. 14354**

TO PROVIDE FOR THE ESTABLISHMENT OF A
COMMISSION ON MARIHUANA

OCTOBER 15 AND 16, 1969

Serial No. 11

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(II)

TABLE OF CONTENTS

	Page
Text of bills:	
H.R. 10019.....	1
(identical bills: H.R. 11540, H.R. 13786, H.R. 14011, H.R. 14012, H.R. 14137, H.R. 14354).....	
H.R. 11166.....	2
List of authors and cosponsors of bills.....	3
Testimony:	
Koch, Hon. Edward I., a Representative in Congress from the State of New York.....	11
Gude, Hon. Gilbert, a Representative in Congress from the State of Maryland.....	44
Patten, Hon. Edward J., a Representative in Congress from the State of New Jersey.....	71
Buckley, William F., Jr., editor-in-chief, National Review.....	79
Egeberg, Dr. Roger O., Assistant Secretary for Health and Medical Affairs, HEW, presented by—	
Dr. Jesse Steinfeld, Deputy Assistant Secretary for Health and Scientific Affairs; accompanied by:	
Dr. Sidney Cohen, Director, Division of Narcotic Addiction and Drug Abuse, NIMH, Health Services and Mental Health Administration, and Mr. Theodore Ellenbogen, Assistant General Counsel for Legislation.....	63
Ingersoll, John E., Director, Bureau of Narcotics and Dangerous Drugs, Department of Justice, accompanied by:	
Dr. Edward Lewis, Chief Medical Officer, and Mr. Michael Sonnenreich, Deputy Chief Counsel.....	51
Krevans, Dr. Julius R., dean for academic affairs, Johns Hopkins University School of Medicine.....	105
Nowlis, Dr. Helen, research consultant for student affairs, Office of the Provost, University of Rochester.....	91
Steinfeld, Dr. Jesse, Deputy Assistant Secretary for Health and Medical Affairs, HEW.....	63
Ware, Mitchell, superintendent of the Illinois Division of Narcotic Control.....	74
Statements:	
Anderson, Hon. Glenn M., a Representative in Congress from the State of California.....	108
Daddario, Hon. Emilio Q., a Representative in Congress from the State of Connecticut.....	109
Fascell, Hon. Dante B., a Representative in Congress from the State of Florida.....	109
Fish, Hon. Hamilton, Jr., a Representative in Congress from the State of New York.....	111
Minish, Hon. Joseph G., a Representative in Congress from the State of New Jersey.....	113
Obey, Hon. David R., a Representative in Congress from the State of Wisconsin.....	113
Scheuer, Hon. James H., a Representative in Congress from the State of New York.....	114
Delta, letter October 23, 1969, with statement.....	115
Goddard, Dr. James L., vice president for Health Sciences, EDP Technology, Inc.....	68
Hogan, Hon. Frank S., district attorney of New York County.....	117
McCall, Hon. Tom, the Governor of Oregon.....	117
Miller, Hon. Floyd C., mayor of Seattle, Wash.....	117
Miller, Hon. Keith H., the Governor of Alaska.....	118

IV

Statements—Continued	Page
Milliken, Hon. William G., the Governor of Michigan.....	118
Moser, Dr. Marvin.....	118
Roberts, Hon. Burton B., district attorney of Bronx County, N. Y....	120
Schwab, David E., II, attorney at law.....	121
Stickgold, Arthur, codirector, Institute on Drug Abuse, Center for Urban Programs, St. Louis University.....	121
Weil, Dr. Andrew T.....	123
Whiteman, Harold B., Jr., vice chancellor for student affairs, New York University.....	123
Reports:	
The Dangers of Marihuana, Chapter I of Report of Special Presi- dential Task Force Relating to Narcotics, Marihuana and Dangerous Drugs, June 6, 1969.....	4
Marihuana Research Supported by Various NIMH Programs, Active During Fiscal Years 1968, 1969, 1970.....	27
Editorials:	
The New York Times, September 15, 1969, "The Facts on 'Pot' "....	124
The New York Times, October 22, 1969, "Progress on the Drug Front".....	124
WCBS Radio, October 21, 1969, "Marihuana—II".....	125

COMMISSION ON MARIHUANA

WEDNESDAY, OCTOBER 15, 1969

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE No. 3 OF THE
COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to call, in room 2226, Rayburn House Office Building, Hon. Robert W. Kastenmeier (chairman of the subcommittee) presiding.

Present: Representatives Kastenmeier, St. Onge, Poff, Hutchinson, and Biester.

Staff members present: Herbert Fuchs, counsel; and Thomas E. Mooney, assistant counsel.

Mr. KASTENMEIER. The hearing will come to order.

Today the subcommittee opens two days of public hearings on H.R. 10019 and a number of other bills (H.R. 11540; H.R. 13786; H.R. 14011; H.R. 14012; H.R. 14137; and H.R. 14354) to provide for the establishment of a Commission on Marihuana, as well as H.R. 11166, a bill to provide for the establishment of a Commission on Marihuana and Other Hallucinogenic Drugs.

The texts of these measures will be placed in the record.

(The text of H.R. 10019, and identical measures H.R. 11540, H.R. 13786, H.R. 14011, H.R. 14012, H.R. 14137, and H.R. 14354, is as follows:)

[H.R. 10019, 91st Cong., first sess.]

A BILL To provide for the establishment of a Commission on Marihuana

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) there is hereby established a commission to be known as the Commission on Marihuana (hereinafter referred to as the "Commission"). The Commission shall be composed of nine members, appointed by the President.

(b) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Five members of the Commission shall constitute a quorum.

(c) Members of the Commission shall each be entitled to receive \$100 per diem when engaged in the performance of the duties vested in the Commission, including traveltime; and while so engaged when away from their home or regular place of business, they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5, United States Code, for persons in Government service employed intermittently.

(d) The Commission shall meet at the call of the Chairman or at the call of a majority of the members thereof.

SEC. 2. (a) The Commission shall have the power to appoint and fix the compensation of such personnel, as it deems advisable, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and the provisions of chapter 51 and subschapter III of chapter 53 of such title, relating to classification and General Schedule pay rates.

(1)

(b) The Commission may procure, in accordance with the provisions of section 3109 of title 5, United States Code, the temporary or intermittent services of experts or consultants. Persons so employed shall receive compensation at a rate to be fixed by the Commission, but not in excess of \$75 per diem, including traveltime. While away from his home or regular place of business in the performance of services for the Commission, any such person may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently.

SEC. 3. The Commission shall conduct a study of marihuana including, but not limited to, the following areas:

- (1) the extent of use of marihuana in the United States to include number of users, number of arrests, number of convictions, amount of marihuana seized, type of user, nature of use;
- (2) an evaluation of the efficacy of existing marihuana laws;
- (3) a study of the pharmacology of marihuana and its immediate and long-term effects both physiological and psychological;
- (4) the relationship of marihuana use to aggressive behavior and crime; and
- (5) the relationship between marihuana and the use of other drugs.

SEC. 4. Within one year after the enactment of this Act, the Commission shall submit to the President and the Congress a comprehensive report on its study and investigation which shall include its recommendations and such proposals for legislation and administrative action as may be necessary to carry out its recommendations. The Commission shall cease to exist thirty days after such report is submitted.

SEC. 5. Total expenditures of the Commission shall not exceed \$500,000.

(The text of H.R. 11166 is as follows:)

[H.R. 11166, 91st Cong., first sess.]

A BILL To provide for the establishment of a Commission on Marihuana and Other Hallucinogenic Drugs

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) there is hereby established a commission to be known as the Commission on Marihuana and Other Hallucinogenic Drugs (hereinafter referred to as the "Commission"). The Commission shall be composed of nine members, appointed by the President.

(b) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Five members of the Commission shall constitute a quorum.

(c) Members of the Commission shall each be entitled to receive \$100 per diem when engaged in the performance of the duties vested in the Commission, including traveltime; and while so engaged when away from their home or regular place of business, they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5, United States Code, for persons in Government service employed intermittently.

(d) The Commission shall meet at the call of the Chairman or at the call of a majority of the members thereof.

SEC. 2. (a) The Commission shall have the power to appoint and fix the compensation of such personnel, as it deems advisable, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates.

(b) The Commission may procure, in accordance with the provisions of section 3109 of title 5, United States Code, the temporary or intermittent services of experts or consultants. Persons so employed shall receive compensation at a rate to be fixed by the Commission, but not in excess of \$75 per diem, including traveltime. While away from his home or regular place of business in the performance of services for the Commission, any such person may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently.

SEC. 3. The Commission shall conduct a study of marihuana and other hallucinogens including, but not limited to, the following areas:

(1) the extent of use of marihuana in the United States to include number of users, number of arrests, number of convictions, amount of marihuana seized, type of user, nature of use;

(2) an evaluation of the efficacy of existing marihuana laws;

(3) a study of the pharmacology of marihuana and other hallucinogens and their immediate and long-term effects, both physiological and psychological;

(4) the relationship of marihuana and other hallucinogens use to aggressive behavior and crime; and

(5) the relationship between marihuana and the use of other drugs.

SEC. 4. Within one year after the enactment of this Act, the Commission shall submit to the President and the Congress a comprehensive report on its study and investigation which shall include its recommendations and such proposals for legislation and administrative action as may be necessary to carry out its recommendations. The Commission shall cease to exist thirty days after such report is submitted.

SEC. 5. Total expenditures of the Commission shall not exceed \$500,000.

List of authors and cosponsors of bills

Addabbo, Hon. Joseph P.	H.R. 14011
Anderson, Hon. Glenn M.	H.R. 11540
Brown, Hon. George E., Jr.	H.R. 14011
Burton, Hon. Phillip	H.R. 14354
Button, Hon. Daniel E.	H.R. 14011
Chisholm, Hon. Shirley	H.R. 14011
Clay, Hon. William	H.R. 14011
Cleveland, Hon. James C.	H.R. 14011
Conyers, Hon. John, Jr.	H.R. 14011
Córdova, Hon. Jorge L.	H.R. 14011
Coughlin, Hon. R. Lawrence	H.R. 14011
Daddario, Hon. Emilio Q.	H.R. 14354
Dellenback, Hon. John	H.R. 14011
Diggs, Hon. Charles C., Jr.	H.R. 11540
Duncan, Hon. John J.	H.R. 11540
Edwards, Hon. Don	H.R. 11540
Farbstein, Hon. Leonard	H.R. 14011
Fascell, Hon. Dante B.	H.R. 14354
Fish, Hon. Hamilton, Jr.	H.R. 14011
Gallagher, Hon. Cornelius E.	H.R. 14354
Gilbert, Hon. Jacob H.	H.R. 14354
Gude, Hon. Gilbert	H.R. 11540
Halpern, Hon. Seymour	H.R. 14011
Hamilton, Hon. Lee H.	H.R. 14011
Harrington, Hon. Michael J.	H.R. 14354
Hathaway, Hon. William D.	H.R. 14012
Hechler, Hon. Ken	H.R. 14354
Helstoski, Hon. Henry	H.R. 14354
Keith, Hon. Hastings	H.R. 14012
Koch, Hon. Edward I.	H.R. 10019, H.R. 11540, H.R. 14011, H.R. 14012, H.R. 14137, H.R. 14354
Leggett, Hon. Robert L.	H.R. 14137
Lowenstein, Hon. Allard K.	HR. 13786, H.R. 14012
Mathias, Hon. Robert B.	H.R. 14354
McCarthy, Hon. Richard D.	H.R. 14354
McCloskey, Hon. Paul N., Jr.	H.R. 14012
McKneally, Hon. Martin B.	H.R. 14137
Mikva, Hon. Abner J.	H.R. 11540
Minish, Hon. Joseph G.	H.R. 14354
Moorhead, Hon. William S.	H.R. 14137
Mosher, Hon. Charles A.	H.R. 14354
Murphy, Hon. John M.	H.R. 14137
Nedzi, Hon. Lucien N.	H.R. 14012
Nix, Hon. Robert N. C.	H.R. 14354
Obey, Hon. David R.	H.R. 14011

List of authors and cosponsors of bills—Continued

Ottinger, Hon. Richard L.....	H.R. 14354
Patten, Hon. Edward J.....	H.R. 14012
Pepper, Hon. Claude.....	H.R. 11540
Podell, Hon. Bertram L.....	H.R. 14012
Pollock, Hon. Howard W.....	H.R. 14012
Powell, Hon. Adam C.....	H.R. 14012
Rees, Hon. Thomas M.....	H.R. 14012
Reid, Hon. Ogden R.....	H.R. 14012
Riegle, Hon. Donald W., Jr.....	H.R. 14012
Rosenthal, Hon. Benjamin S.....	H.R. 11540
Scheuer, Hon. James H.....	H.R. 11540
Stokes, Hon. Louis.....	H.R. 14137
Symington, Hon. James W.....	H.R. 14354
Thompson, Hon. Frank, Jr.....	H.R. 14354
Van Deerlin, Hon. Lionel.....	H.R. 14012
Wilson, Hon. Charles H.....	H.R. 11166
Yates, Hon. Sidney R.....	H.R. 14354

Mr. KASTENMEIER. H.R. 10019 was introduced by Congressman Koch of New York and had been cosponsored in identical subsequent measures by a substantial number of Members, including our subcommittee colleagues, Congressmen Conyers and Mikva, and our full committee colleagues, Congressmen Coughlin and Fish.

The gravity of the problem presented by marihuana is universally accepted. According to the Report of the Special Presidential Task Force Relating to Narcotics, Marihuana and Dangerous Drugs, dated June 6, 1969, marihuana use has been rapidly increasing.

One of the most alarming aspects of the current drug crisis is the involvement of young people. For example, according to the report, of the 14,000 juvenile arrests in California during 1967, nearly 11,000 were for marihuana violations as compared to 401 marihuana arrests in 1961.

The Chair will refrain from further comment concerning the importance of the marihuana problem, except to note that one of our other committees yesterday had a hearing on the problem, which has been widely covered, I think, yesterday and today in the press.

If there is no objection, chapter I of the report, entitled "The Dangers of Marihuana," will be inserted in the record of the hearing.

(The document to be furnished follows:)

REPORT OF SPECIAL PRESIDENTIAL TASK FORCE RELATING TO NARCOTICS,
MARIHUANA AND DANGEROUS DRUGS, JUNE 6, 1969

I. THE DANGERS OF MARIHUANA

What is marihuana?

Marihuana (pot, grass, weed, etc.) is a product of the Indian hemp plant known to botanists as *cannabis sativa* (L.). It is derived from the leaves and flowering tops of the female plant which are the source of the psychoactive material. Under federal law, marihuana is defined to mean all parts of the *cannabis* plant except for the stalks and sterilized seeds.

Marihuana contains a number of potent compounds called tetrahydrocannabinols (THC) which affect the mind and body in various ways. Potency of the drug varies greatly depending on growing conditions such as temperature, humidity, soil conditions, and methods of cultivation. Generally, plants grown in sunny, dry climates are most likely to contain the highest proportion of THC. The pharmacologic potency of any preparation of marihuana depends upon the amount of THC which it contains.

The drug is most commonly smoked in hand-made cigarettes (reefers, sticks or joints). The butt is called a "roach." Marihuana is also smoked in ordinary pipes or water pipes. The effects of the drugs are decreased three or four times if it is swallowed rather than smoked.

Various forms of marihuana are prepared from extracts of the plant. Hashish (hash, charas) is the purest and most concentrated of the natural *cannabis* products. It consists of the concentrated resin of the plant and is usually eight times as concentrated as the typical marihuana available in North America. Once rare in the United States, hashish is reported to be increasingly obtainable in response to a rising demand. Relating foreign studies of *cannabis* use to the American scene is difficult because of the generally higher potency of the *cannabis* products used abroad. Marihuana grown in this country is typically of lower potency and is often weakened further by additives such as oregano. However, Mexican grown marihuana has a high potency and is regularly sold in the United States. It should be noted that all marihuana products lose strength over time.

While marihuana contains many ingredients, THC is believed to be the principal psychoactive substance. With the synthesis of THC in 1967,¹ and the demonstration of its psychopharmacological effects in 1967,² a basis was finally established for more precise, systematic pharmacological investigation of the drug. At present, THC is being synthesized in research quantities. Along with other natural marihuana constituents, THC is being made available under appropriate precautions to qualified researchers through the National Institute of Mental Health's Center for Studies of Narcotics and Drug Abuse.

Since marihuana products produce effects similar to other hallucinogens like LSD, and their reactions are often indistinguishable from those produced by other psychedelics, they are pharmacologically classified in that category.

Present evidence of extent of use

Marihuana use has been rapidly increasing in the past five years. Although originally restricted to certain jazz musicians, artists and ghetto dwellers, it has now appeared among the middle and upper class. A conservative estimate of persons, both juvenile and adult, who have used marihuana at least once is about five million.

One of the most alarming aspects of the current drug crisis is the involvement of young people. In California alone juvenile arrests for drug offenses increased from 1,271 in 1961 to 14,112 in 1967. Of the 14,112 juvenile arrests in California during 1967, 10,987 were arrested for marihuana violations. To understand the full significance of this figure it must be compared with the year 1961 in which there were 401 arrests. In 1967 alone there were over 2,000 more arrests for marihuana violations than in the previous six years combined.

Two years ago, surveys in parts of the country where marihuana use is known to be high suggested that twenty percent of the college students in those areas had experience with marihuana. Present evidence, although spotty, suggests that as many as sixty percent of the students on some campuses have used it. Some students feel that official estimates are low, and that the true extent of drug abuse among college students is even higher. There are also many reports of increasing use of marihuana in high schools although there is not sufficient data to establish a countrywide pattern. Significantly, most recent college data indicated that many college users were first exposed to marihuana in high school. However, the bulk of users are more aptly characterized as "triers" rather than habitual "potheads." Two out of three who have tried the drug have used it not more than one to ten times. In the most recent (Fall, 1968) survey based on a geographic area of high use, about one person in ten reported using marihuana regularly for as much as a year's duration.

Finally, there is growing evidence that the number of pre-teenagers who are using marihuana is increasing.³

Effects

The use of marihuana produces a variety of mental and physical effects. If active marihuana is smoked effectively (inhaled and kept in the lungs as long as possible) symptoms may appear after one or two puffs and the effect may last from several minutes to several hours.

¹ Mechoulam, R. et al. *A total synthesis of a 1-Δ¹ tetrahydrocannabinol, the active constituent of hashish.* Journal of the American Chemical Society 1968, pp. 3273-3275.

² Isbell, H. et al., *Effects of Δ⁹ Tetrahydrocannabinol in Man,* Psychopharmacologia, 1967, pp. 184-188.

³ Blum, R. H. et al., *Students and Drugs,* Vol. II, 1969, pp. 31-47.

Dr. Stanley F. Yolles, Director, National Institute of Mental Health, has stated:

Little can be added to previous reports on the toxicity of marihuana. It is considered to be a mild hallucinogen, taken by the usual route of smoking, occasionally by ingestion. It may induce a mild euphoria and lead to heightened suggestibility and faulty perception, really an exaggerated notion of thinking more clearly, profoundly and creatively. In addition, it is known to cause reddening of the membranes of the eyes, rapid heartbeat, muscular incoordination, unsteadiness, drowsiness, and distortion of time and space perception.

In acute intoxication, especially when ingested, it may also produce visual hallucinations, pronounced anxiety, paranoid reactions, and transient psychoses lasting four to six hours. It generally tends to lessen inhibitions and creates for the user a false reality based on his wants, his motivation, or the situation. In this respect it is similar to LSD, but its effects are not as potent.

The muscular incoordination and the distortion of space and time perception commonly associated with marihuana use are potentially hazardous, since the drug adversely affects one's ability to drive an automobile or perform other skilled tasks.

"We still do not know enough about the long-term effects of marihuana use. As in the case of tobacco, it is possible that there are serious consequences of chronic use which will only become apparent through careful, longtime studies."⁴

A 1965 report on drug dependence for the World Health Organization describes the nature of marihuana intoxication in the following terms:

Among the more prominent subjective effects . . . are: hilarity . . . carelessness; loquacious euphoria . . . distortion of sensation and perception . . . impairment of judgment and memory; distortion of emotional responsiveness; irritability; and confusion. Other effects, which appear after repeated administration . . . include: lowering of the sensory threshold, especially for optical and acoustical stimuli . . . and aggressiveness as a possible result of various intellectual and sensory derangements; and sleep disturbances."⁵

In small, low potency quantities marihuana may act as a mild euphoriant and sedative somewhat similar to alcohol. In relatively high doses psychotic-like phenomena, quite similar to those associated with LSD use, have been reported. Recurrences of the marihuana state (flashbacks) without actually taking the drug again have been reported. These recurrences can be anxiety provoking. Unlike the stronger hallucinogens, such as LSD, which produce wakefulness, marihuana tends to be more sedative in its properties. THC in sufficiently high doses can induce psychotic reactions in almost any individual.

Despite marihuana's long history—spanning thousands of years and many cultures—there has been comparatively little sound research on this drug. Only four laboratory studies investigating marihuana's immediate effects on humans have been reported in the American scientific literature. The first of these was done with a group of 34 soldiers in the Canal Zone. A second study, reported in the 1944 LaGuardia Report, is based on 72 prisoners' responses to marihuana extract. In 1946, a small number of chronic using prisoners were studied. A more carefully controlled study recently produced a report on some laboratory work with marihuana in humans done partially with NIMH support.⁶

All of these studies generally found loss of inhibitions, and feelings of relaxation and self-confidence together with some mild impairment of thinking and coordinated performance. It has also been demonstrated that THC, when administered in sufficiently high dosage, will cause a psychotic-like state, similar to that induced by LSD.

While no long-term physical effects of marihuana use have been adequately demonstrated in this country, the American experience has been extremely brief and additional studies are needed to resolve this and other issues. Although there is no firm evidence that marihuana use in humans has either teratogenic or genetic implications, this possibility should be explored—particularly in view of some evidence on this point with respect to LSD. It is possible that there are

⁴ Hearings before the Subcommittee To Investigate Juvenile Delinquency of the Senate Committee on the Judiciary, Mar. 4-6, p. 4658, 1968.

⁵ Eddy, N. B. et al. *Drug Dependence: Its Significance and Characteristics*. Bull. World Health Organization, 32: 721, 1965.

⁶ Weil, A. T. et al., *A Controlled Study of Cannabis in Humans*, Science, pp. 1234-1242, 1968.

serious consequences of chronic use which will only become apparent after careful, long-term studies. In foreign countries where heavy use of the stronger cannabis preparations is common, a variety of physical ailments supposedly related to marihuana use have been reported—notable conjunctivitis, chronic bronchitis and certain digestive ailments.

There have also been reports of adverse psychological effects of marihuana both in this country and abroad. Recently a group of some 1500 psychiatrists, psychiatric residents, internists, general practitioners and psychologists in the Los Angeles area reported that they had seen almost nineteen hundred "adverse reactions" to marihuana.⁷ It is difficult to interpret this finding since "adverse reaction" was poorly defined, and there has been no follow-up to define just what the reactions to the drug were. However, there have been reports of increased number of hospitalizations following the usage of marihuana.

Considerable concern has been expressed in the United States over the possibility of personality changes and a loss of motivation among youthful marihuana users. The potential effects of a reality distorting agent on the future psychological development and maturation of the adolescent user are of special concern. Normal adolescence is a time of considerable psychological turmoil. Patterns of coping with reality developed in the teen years help determine later adult behavior. Persistent use of an agent which serves to ward off reality during this critical period of development is likely to effect adversely the future ability of the individual to cope with the demands of a complex society. While systematic studies of large numbers of American chronic users are not yet available, a number of clinicians have observed that at least some users show evidence of a loss of conventional motivation. They seem to prefer instead a non-goal oriented life style, which emphasizes immediate satisfactions to the exclusion of ambition and future planning. The "pothead", then may well retard his own chances for emotional growth by not learning how to deal with life stress. Characteristic personality changes among impressionable young persons from the regular use of marihuana include apathy, loss of effectiveness, and diminished capacity or willingness to carry out complex long-term plans, endure frustration, concentrate for long periods, follow routines, or successfully master new material. It has also been observed that verbal facility is often impaired, both in speaking and writing.

The British *cannabis* report by the Advisory Committee on Drug Dependence (1968) concluded:

There have been reports, particularly from experienced observers in the Middle and Far East, which suggest that *very heavy long-term* (italics, theirs) consumption may produce a syndrome of increasing mental and physical deterioration to the point where the subject is tremulous, ailing and socially incompetent. This syndrome may be punctuated on occasions with outbursts of violent behavior. It is fair to say, however, that no reliable observations of such a syndrome have been made in the Western World, and that from the Eastern reports available to us, it is not possible to form a judgment on whether such behavior is directly attributable to *cannabis*-taking.⁸

Progression to other drugs

A basic question that frequently arises is the extent to which marihuana use in some sense predisposes users to escalate to stronger and more dangerous drugs. There is little question that most heroin and LSD users have had experience with marihuana. Indeed, 85 to 90 percent of heroin addicts reported that they started their use of drugs with marihuana. There is also a question whether any but a small percentage of marihuana users progress to other drugs, the evidence tending to show that only five percent of the habitual marihuana users progress to heroin addiction.

In discussing the question of progression, it is vital to distinguish between the casual experimenter with marihuana, and the regular and continuous user, and between physical addiction and psychological dependency.

A casual experimenter by definition is not dependent upon the drug. A regular and continuous user, on the other hand, may very well be dependent upon it.

Once he has become psychologically dependent upon one drug as a "crutch" to cope with life stress, the user is substantially more susceptible to the acquisition of a larger crutch through the medium of a stronger drug.

⁷ Ungerleider, J. T. et al., *A Statistical Survey of Adverse Reactions to LSD in Los Angeles County*, American Journal of Psychiatry, Sept., 1968, p. 355.

⁸ *Cannabis*, Report by the Advisory Committee on Drug Dependence, 1968, pp. 14-34.

An example of the importance of this distinction is the heroin addict. The most desperately "hooked" of junkies with a "habit" costing hundreds of dollars per day can be "detoxified" in under 8 days, and brought to a point where absence of the drug will produce no physical reaction or withdrawal symptoms. Yet, let that individual be imprisoned for 5 years without access to the drug, and without effective psychiatric treatment, upon release he will seek a pusher. He will do so because he is still psychologically dependent upon heroin. Recognition of the fact is basic to the New York State rehabilitation program which spends years, rather than weeks, treating addicts. Their physical craving is terminated in days—their psychological dependency is the subject of years of treatment.

In view of the foregoing, it must be concluded that regular and continuous use of *cannabis* can and does produce psychological dependency and marked susceptibility to progression to stronger reality concealing drugs.

The progression is, however, probably not a consequence of the pharmacological properties of marihuana, but rather is due to sociological and psychological factors present in a vulnerable minority of users. For example, in ghetto situations where both drugs are freely available, sometimes from the same supplier, a progression based on availability may be likely. Similarly, heavy drug using subcultures may encourage widespread experimentation with a wide variety of drugs. It is generally true that heavy marihuana user is more likely to be a multiple drug user. In one study, half of the heavy users of marihuana had tried LSD. One in seven had used LSD more than 25 times or had tried heroin. Two out of five heavy users in this same study had abused amphetamines. This trend to multiple drug experimentation may increase in the future. In this connection it is important to point out that use of a combination of dangerous drugs may have a synergistic effect and may result in the death of the user.

There is reason to believe that heavy marihuana users are likely to have considerable interest in the use of the stronger forms of *cannabis* such as hashish. If hashish is available, many would probably use it in preference to low-potency marihuana. The history of mind-altering drugs invariably reveals that excessive indulgence increases sharply as more potent preparations of a given drug become available.⁹

Marihuana versus alcohol

Some marihuana users have tried to justify their behavior by claiming that it is no worse than consuming alcohol. It is estimated that the consumption of alcohol is a major problem for some five to six million Americans who are unable to control their drinking. In most cases, excessive drinking of alcoholic beverages causes serious physical, psychological, social and vocational problems for these people and their families. It is well known that one-half of the fatal traffic accidents in the United States are related to excessive drinking.¹⁰

While alcoholism constitutes a major social problem, surely it is not valid to justify the adoption of a new abuse on the basis that it is no worse than a presently existing one. The result could only be added social damage from a new source. It would not solve our alcohol problem and would only lead to additional numbers of marihuana intoxicated individuals. Moreover, marihuana, unlike alcohol, is nearly always consumed by its users for the express purpose of obtaining a "high", a disorientating intoxication.

Allegations have been made and attributed to government officials that marihuana is no more dangerous than alcohol. When these stories appear in the mass media they often do considerable harm, even when subsequently retracted. Dr. James Goddard, former Commissioner of the Food and Drug Administration, was extensively quoted as saying that marihuana is no more dangerous than alcohol. Dr. Goddard was, in fact, misquoted and never made such a statement. Although the wire service issued a written apology, the retraction has never caught up with the misquote.

The position of the AMA and WHO

The American Medical Association has stated that marihuana is a dangerous drug and, as such, is a public health problem.¹¹ They reiterate that while no physical dependence develops this does not mean that it is an innocuous drug.

⁹ McClothen, W. et al. *American Journal of Psychiatry*, Sept., 1968, p. 373.

¹⁰ 1968 Alcohol and Highway Safety Report. U.S. Government Printing Office, 1968, pp. 11-21.

¹¹ *Marihuana and Society*, Journal of the American Medical Association, June 24, 1968, pp. 1181-1182.

Further research is considered essential, and educational programs should be directed to all segments of the population.

The World Health Organization recently reaffirmed its previous opinions that *cannabis* is a drug of dependence, produces public health and social problems, and that its control must be continued.¹² More basic data are needed on acute and chronic effects on the individual and society to permit accurate assessment of the degree of hazard to public health.

Marihuana use and crime

Aside from the fact that marihuana use and possession is in itself a crime, it has not been proven that its use is a direct cause of other types of criminal behavior. Generally, assertions that marihuana plays a casual role in the commission of crime are based on reports from other than scientific agencies. The validity of these impressions is, however, questionable because of the unscientific basis on which such data has been collected. The New York Mayor's Committee (1944) reported that many criminals might use marihuana, but the Committee did not feel marihuana played a causal role in crime. In the United Kingdom, the use of *cannabis* has not been generally regarded as a direct cause of crime.

The President's Commission on Law Enforcement and Administration of Justice has observed:

One likely hypothesis is that, given the accepted tendency of marihuana to release inhibitions, the effect of the drug will depend on the individual and the circumstances. It might, but certainly will not necessarily or inevitably lead to aggressive behavior or crime. The response will depend more on the individual than the drugs.¹³

While perhaps it cannot be statistically proven that marihuana or other dangerous drugs may be the cause of originating crime, nevertheless the use of marihuana or dangerous drugs is related to increased criminal activity.

According to the President's Crime Commission Task Force Report on Narcotics and Dangerous Drugs, page 11, the FBI submitted criminal histories on 7,920 narcotics offenders. These criminal histories, when examined as to marihuana users and heroin users, indicated that the criminal careers of narcotics users, both marihuana and heroin, were longer, and resulted in more frequent arrest activities than the average non-narcotic criminal offender. For the marihuana offender this comparison demonstrated that during the course of his criminal career he was proportionately more frequently involved in violent crimes than the normal non-narcotic criminal offender.

Conclusion

There is no question that the widespread use of marihuana represents a significant mental health problem.

There is no known beneficial result from the use of marihuana; there are, on the other hand, definite detrimental effects.

More research is needed to further our understanding of the effects of marihuana use. However, it is clear that, depending on the dose, the active ingredient found in marihuana may have substantial detrimental effects on both the mental and physical well-being of the user. In this connection it is important to point out that use of a combination of dangerous drugs may have a synergistic effect and may result in the death of the user.

Medical evidence neither proves nor disproves that marihuana is a cause of crime. Criminal records do establish clearly an accelerating rate of association between crime and the use of marihuana.

The Task Force recommends:

Continued and expanded research to further our understanding of the causes and effects of marihuana use.

Prevention by wide distribution, among other means, of scientifically accurate information and materials about the dangers of drug abuse.

Provision of resources to treat and rehabilitate marihuana users in need of mental health care.

Mr. KASTENMEIER. The problem of the subcommittee is to determine whether, in light of the status and direction of ongoing research, estab-

¹² World Health Expert Committee on Drug Dependence, WHO Technical Report Series 407, 1969, p. 19.

¹³ Task Force Report: Narcotics and Drug Abuse. President's Commission on Law Enforcement and Administration of Justice, 1967, p. 13.

lishment of a Commission as provided in the subject legislation is in the public interest.

Mr. Poff?

Mr. Poff. Thank you, Mr. Chairman.

First, I think it would be appropriate to pay tribute to the authors of the legislation, both Republican and Democrat. It signals a genuine concern in the Congress, bipartisan concern, for a problem that is reaching crisis dimensions. I shall not undertake to sketch the perimeters of those dimensions, but I think it might be useful at this point to use a few statistics that would help to illustrate the problem.

According to the experts, in the United States alone, we have today somewhere between 65,000 and 125,000 active hard narcotics addicts. These same experts tell us that between 250,000 and 500,000 are guilty of the continuing abuse of sedatives, stimulants, and related drugs.

With respect to marihuana, the statistics are, as the chairman has indicated, equally alarming. Again according to the experts, between 8 and 12 million people in this country have used marihuana at least once, and these figures include, parenthetically, approximately one-third of the entire college population in this country.

This is best brought into focus by two surveys that were conducted in the years 1967 and 1968, at what might properly be called a typical urban university. In 1967, it was found that 21 percent of the college students had had some previous experience with marihuana, and in 1968, that figure had risen to 57 percent. Again, in 1967, the survey showed that 4 percent admitted regular use, and in 1968, that figure had risen to 14 percent.

I think it is also important to say, Mr. Chairman, that this problem, as complex as it is, will not yield to simplistic solutions. Permissive attitudes will not solve the problem. The legalization of marihuana might reduce the criminal statistics, but it might also increase the use statistics.

On the other hand, punitive attitudes will not solve the problem. On the contrary, they might make the problem worse. It seems to me that an overly punitive attitude does not tend to deter the urge for youthful experimentation, but it might, on the other hand, actually encourage the spirit of defiance, which prompts experimentation.

Exaggerated penalties, particularly in this area, if disjointed and unassociated realistically with the gravity of the offense, can have the effect of reducing citizen respect for the law; and second, if they are unrealistic, if they are unsuited to the gravity of the offense, it tends to discourage the investigator from investigating, it tends to discourage the prosecutor from prosecuting, it tends to discourage the jury from convicting, and it tends to discourage the judge from imposing the penalty.

I think, too, Mr. Chairman, that by way of preface, we should acknowledge that the narcotic problem at large, and particularly the marihuana problem, is not simply a law enforcement problem. It is equally a mental health problem, a physical health problem, a social problem, an economic problem, and a moral problem.

As the chairman has already very well said, the issue with which this committee now deals is whether in the pursuit of the research that all admit is incomplete, in an effort to perfect an art which is imperfect, should we structure a new study commission to do the research and

to make recommendations, or should we, as an alternative, commission a joint committee of the House and Senate, create a select committee of the House or assign the function to one of the existing committees or subcommittees of the House?

Yet another alternative exists. That is the possibility that the Congress might, by appropriate legislative mandate, and with sufficient funds, leave the matter of research where it is now in progress; namely, in the National Institute of Mental Health.

I have no predilection at the moment. I intend to maintain, as best I can, an open mind, and based on the evidence as presented to this committee, make the decision which I think will best promote a realistic opportunity for an intellectual solution to a most difficult problem.

Mr. KASTENMEIER. The gentleman from Michigan?

Mr. HUTCHINSON. I have no opening statement, Mr. Chairman.

Mr. KASTENMEIER. Nor does the gentleman from Pennsylvania.

The Chair would like to note that today is moratorium day. The House was late in session last night in connection with it, and several members of this subcommittee are not present because they have felt constrained to appear in their districts or otherwise engage in the moratorium. They are not present this morning.

I might note that the subcommittee hearings are scheduled, notwithstanding conflicts of that type, and while we regret the absence of our colleagues, we understand their decision in the matter.

The Chair would like to call as our first witness a Representative from the State of New York, Mr. Edward Koch. Mr. Koch, we are very pleased to welcome you to the committee. We recognize that you are the principal sponsor of this legislation, and it is work you have done in background to this that, in large measure, gives rise to the existence of the hearings at all.

In that respect you are to be congratulated. You may proceed, sir.

**STATEMENT OF HON. EDWARD I. KOCH, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF NEW YORK**

Mr. KOCH. Thank you so much, Mr. Chairman, and my colleagues, members of the committee.

I have a prepared statement. I think each of you has a copy of it. Rather than take the time to read it, because it is lengthy, and I know there are a good number of witnesses, and I don't want to take time to merely read that which you have in front of you, I would like to comment on it and then to respond to any questions, if you have them.

Mr. KASTENMEIER. Without objection your statement will be received and made a part of the record.

(The document referred to follows:)

**STATEMENT BY HON. EDWARD I. KOCH, A REPRESENTATIVE IN CONGRESS FROM THE
STATE OF NEW YORK**

Mr. Chairman, Members of the Committee: I would first like to express my gratitude that you are taking up this matter today and that you are able to give such consideration to my bill. I am honored to appear before you, and I hope that the testimony you hear will convince you of the need to establish a Presidential Commission on Marihuana.

The Commission, as outlined in my bill, H.R. 10019, would meet for one year and consider all the evidence—statistics, medical studies and empirical data—there is on the social, medical and legal factors related to the use of marihuana.

After making their study, the Commission's nine Members, appointed by the President, would submit to the public their recommendations which would be the basis for intelligent discussion and legislative action at all levels of government.

I am pleased to inform the Committee that my bill is now cosponsored by 60 Members of the House (annexed is a listing of the sponsors).

I believe that such a study by fair minded men is particularly needed because of the great number of young people experimenting with marihuana and the equally great confusion in the public's mind over what it's all about.

Those of the older generation who have lived with the Marihuana Act of 1937 hold a grim picture of this "weed." They remember how in the 1930's the Federal Bureau of Narcotics waged something of a "war on marihuana" and as part of its campaign for the 1937 Act circulated advertisements reading "Beware! Young and Old—People in All Walks of Life! This (picture of a marihuana cigarette) may be handed to you by the *friendly stranger*. It contains the Killer Drug 'Marijuana'—a powerful narcotic in which lurks *Murder! Insanity! Death!*"

But, the so called "pot revolution" has swept over our campuses in the last few years and the number of people who have experimented with marihuana has grown to about 12 million and continues to grow. Indeed in many of our urban schools on the East and West Coasts, an estimated 50% to 60% of the student body has experimented with marihuana. Young people apparently do not believe they do themselves or others any harm by smoking pot.

There continue to be people today, however, who believe that there are adverse effects in marihuana smoking. They contend that while marihuana is perhaps not physically addictive, it is habit forming and creates a psychological dependency, that it leads to heroin and other narcotics, that it can cause aggressive behavior, and in the long run may be emotionally damaging.

I don't know.

On the other hand, equally reputable researchers contend that there is no causal relationship between marihuana and heroin, that marihuana dependency is no greater than cigarette dependency, that it does not cause aggressive behavior and instead generally induces a passive attitude, and that marihuana does not impair emotional health.

I am frank to say I don't know—I can't tell this Committee which opinions are correct. But, I want to know and I think the American people want to know and are entitled to know.

On September 15th, the *New York Times* endorsed the concept of a Presidential Commission. The case for a Commission was simply but precisely put:

The question of whether 'taking pot' is a step toward self-destruction or merely an innocent diversion is being debated as though it could be decided by majority vote. Few young people concede any danger whatever in the practice, many of their elders are genuinely alarmed, and medical men, predictably, are divided. The argument might be a harmless pastime were it not for two glaring circumstances: If marijuana is indeed harmful, then a staggering percentage of the rising generation is headed for disaster and drastic curbs are in order. If it is not, then hundreds of innocent users, police, school officials and parents are being put through an ordeal as useless as it is psychologically damaging.

"It is time," concluded the editorial, "the American people had the hard facts on a possibly soft drug." (I am submitting the full text of the editorial for the Record.)

The Marihuana Commission proposal has also received endorsement from that well known editor of the *National Review*, William F. Buckley, Jr. who is concerned that we are understating the effects of marihuana and said in a recent column, "it is unimaginable why such a group is not immediately organized." (I am submitting the full text of two of his columns on this issue for the Record.)

It may interest the Committee to know that in conjunction with my work on this bill, I held a conference on June 20th at Mt. Sinai Hospital in New York City on the subject of marihuana. Seven panelists¹—all with some expertise on mari-

¹ June 20, 1969, panelists: Dr. Henry Brill, Director, Pilgrim State Hospital, West Brentwood, New York; Dr. Sidney Cohen, Director, Division of Narcotic Addiction & Drug Abuse, National Institute of Mental Health; Dr. Joel Fort, School of Social Welfare, University of California, Berkeley; Frederick M. Garfield, Assistant Director for Science & Education, Bureau of Narcotics, Department of Justice; Bardwell Grosse, Director, Drug Studies Program, National Student Association; Harold J. Rothwax, Director, Mobilization for Youth Legal Services, N.Y.C.

huana and its use—took part in a three hour discussion centering on the following four questions:

- (1) Does the use of marihuana cause violent crime or aggressive anti-social behavior?
- (2) Does the use of marihuana produce conditions of dependence, psychosis or other harmful effects requiring medical treatment?
- (3) Does the use of marihuana lead to the use of heroin?
- (4) Are the current criminal penalties for the possession of marihuana appropriate?

No effort was made to reach any conclusions. There was, however, general agreement that the penalties now imposed for the conviction of marihuana possession are too severe while all panelists except one believed that some restrictions should be imposed over its distribution and use. In general the discussion between the panelists, with some participation by the audience of about 100 people, evidenced a diversity of opinion on the subject and the need for a definitive study of marihuana. I am submitting a copy of the transcript taken at that conference for the record.

PENALTIES FOR THE POSSESSION OF MARIHUANA

The possession and transfer of marihuana are subject to harsh federal penalties and strict controls in most all the states.

Under federal law, conviction for the possession of marihuana carries a minimum sentence of two years and a maximum of 10 years. This compares to the penalty for conviction of manslaughter under federal law which carries no minimum and a maximum of ten years in prison.

Even more severe are the penalties for the sale or smuggling of even a few cigarettes: a mandatory minimum of five years in prison and a maximum of 20 years with *no provision for suspension and probation*. Often the so called "salesman" is another college student furnishing a cigarette to his friends. Does he deserve such a severe penalty at such an important juncture in his life for this offense as serious as it may be?

I believe that if we are to condemn and punish our young people, we ought to be sure that the cure is not worse than the disease. A criminal record can haunt that young person for the rest of his life. He may be barred from certain professions and denied employment for which he is well qualified—when he might otherwise have become a doctor, a lawyer, accountant or even a Congressman. Furthermore, it seems to me that the severe federal and state criminal penalties only exacerbate the problem and further alienate young people.

Imagine the heartbreak if a young man, not engaged in organized crime, is in fact convicted and required to sit a minimum of five years in jail. Will he come out a better citizen for it?—or will he come out bitter, anti-social and perhaps even degenerate?

THE EFFECTIVENESS OF THE LAW

The law of the land should provide the public with a basic guideline for the way we live—for what is right and wrong, not only in the social context, but also in the way of morality and even in medical terms. We have depended on the law to promote justice, and we depend on the law, among other things to keep out of our reach drugs that are dangerous to our health.

But, to be operative, the law requires an implicit trust of its validity by the people; when this trust breaks down, so does the law. And no amount of penalty can hold up a law that is unjust. Basically, this is what has happened in the pot revolution on our campuses. The students have experimented with pot and their experience has not corresponded with the description used by those who enacted the severe penalty in the law. So, the force of the penalties as a deterrent has crumbled, the use of marihuana has soared, and the law is clearly no longer effective in providing what restrictions over the use of marihuana may be needed.

And, there are some who say that the distrust of the marihuana laws has brought into question the validity of those laws governing other drugs. Perhaps most outspoken of the panelists in my June conference was Bardwell Grosse, Director of the Drug Studies Program of the National Student Association. He contributed, I believe, a particularly relevant insight on the attitude of our young people as they view today's drug situation. He said the following:

"In order to educate effectively about the dangers of abusing drugs such as heroin, the amphetamines, barbituates, you are just going to have to get rid of 'pot' (the illegality of pot). The kids are really having problems with some of these other drugs, and as long as you are lying about 'pot,' and as long as you

have these laws on 'pot,' the kids are not going to listen to you even on the very real dangers of these other drugs. You are lying about 'pot,' then maybe you are lying about heroin and we are going to go ahead and try it."

This is strong language—and many of the "kids" do know the difference between marihuana and heroin, but it makes its point. With respect to whatever penalties we do exact for the use of "pot," we must clearly distinguish between those which apply to marihuana and those that are to apply to heroin and other dangerous drugs.

The "kids," as Mr. Grosse calls our young people, are not for all the problems they may have, stupid. Indeed, it is generally accepted that they belong to the brightest generation our country has known. In the past few years the use of LSD has dropped considerably as a result of the studies linking damage to the chromosomes with this drug. And here we have a very urgent reason for proceeding with a thorough and exhaustive study of the statistics and empirical data we have on marihuana. If indeed marihuana does have some harmful effect, we had better find out about it quickly before the number of marihuana users becomes any larger and before irreparable damage is done to this generation of students.

This need for an overall study on marihuana, a distinction between marihuana and hard drugs, and a new legal code for controlling marihuana brings us to the need for a Presidential Commission on Marihuana.

Too often in the past marihuana has been studied only as it is involved in the overall drug picture. It has been lumped together with heroin and other narcotics; it has been but a weed in a garden of more exotic flowers. But, today marihuana is too important to be given such secondary study. We are no longer dealing with the marihuana of a few jazz musicians and Billie Holiday of the 1940's, but indeed, as the statistics provided by Dr. Stanley Yolles, Director of the National Institute of Mental Health, indicate, upwards to 12 million people, including middle class Americans.

At this time, we need a total examination of marihuana by fair minded men. Objective determinations must be made on the short and long term effects of marihuana, a new schedule of restrictions and penalties have to be developed if finally deemed necessary, and the question must be asked and answered as to how much protection we are obliged to give the individual against his own actions visited on himself if he is not engaged in anti-social behavior. This is a question for philosophers as well as medical practitioners—and a question for sociologists, legal experts and most of all legislators.

While studying marihuana we should keep in mind that we have in our population many people with dependencies. We have 80 million users of alcohol, including 6 million alcoholics; 50 million smokers, and approximately 25 million people who use sedatives, stimulants, and tranquilizers. We must remember the abortive effort to outlaw alcohol and be candid about what can be done to outlaw a substance which some young people of today call their "recreational weed" and which may turn out to be no more debilitating and harmful than alcohol. There will be those who will propose that we legalize marihuana with appropriate safeguards. I do not take this position because I simply do not have the necessary facts to make such a judgment.

At the risk of being repetitive, I say again we must get the facts and enact legislation which is rationally based upon that knowledge.

I know that the Surgeon General has been requested by the House Select Committee on Crime to synthesize the many reports that exist concerning marihuana and issue an authoritative statement on the subject much like that done on the hazards and medical effects of smoking cigarettes. Let me say that I think such a report would be most helpful. It should be considered as one source to which a Presidential Commission can turn in obtaining the facts on Marihuana. But, the Surgeon General alone is not in a position to give this subject the wide consideration it deserves; he is not in a position to answer all the questions. Marihuana, unlike cigarettes, is not legalized, and so the questions extend further than the medical effects of using pot. A determination must be made on the social effects, both to the individual and society, should marihuana be legalized or should the regulations over its use be relaxed.

In addition, and perhaps most important, is the simple fact that a single agency report will not have the stature and credibility that an independent Commission composed of fair minded men free of institutional policies and biases. Government reports simply lack the credibility by those for whom this issue is most impor-

tant, the young people. Surely, our nation has within its private as well as public sector, the resources to do the job, so let's use them.

Only a Presidential Commission can give this subject the total examination it requires and bring forth conclusions and recommendations that will receive wide acceptance by the public which is necessary if such recommendations are to be acted upon. To have credibility by those who really want to know—namely the young people—those recommendations must come not from a government agency which will always be suspect as having a preconceived point of view, but rather from outstanding Americans appointed to such a Commission whose reputations as fair minded men are above reproach. A commission without credibility will serve no useful purpose other than to add one more report to the library shelves to gather dust.

To conclude my statement—and perhaps to give the issue of marihuana a little historical perspective, I would like to read from the closing paragraphs of an article by Dr. Joel Fort entitled, "Pot: a Rational Approach" (the article is found in the October, 1969 issue of *Playboy* and I recommend the piece highly as one of the most complete and objective articles written on the subject of marihuana). I quote from Dr. Fort:

"It is the irony of our time that our beloved George Washington would be a criminal today, for he grew hemp at Mount Vernon, and his diary entries dealing specifically with separating the female plants from the male before pollination, show that he was not harvesting it for rope. The segregation of the plants by sex is only necessary if you intend to extract 'the killer drug, marijuana' from the female plant.

"Of course, we have no absolute evidence that George turned on. More likely, he was using marijuana as many Americans in that age used it: as a medicine for bronchitis, chest colds and other respiratory ailments. (Pot's euphoric qualities were not well known outside the East in those days.) But can you imagine George Washington trying to explain to an agent of the Federal Narcotics Bureau, 'I was only smoking to clear up my lumbago?' It would never work; he would land in prison, perhaps for as long as 40 years."

I don't know whether George Washington was right in 1776 or whether Harry J. Anslinger was right in 1937 when as U.S. Narcotics Commissioner he got marihuana banned. But, I do know it is imperative that the American public and this Congress appoint a Commission to obtain these facts for us.

Mr. KOCH. In addition to the statement, as part of the record, I would ask that you also accept the editorials and letters from district attorneys which I have received, which give support to the bill.

Mr. KASTENMEIER. If any of those are relevant, they can be made part of the record. They will be received for the file.

Mr. KOCH. Lastly I held a conference on marihuana on June 20 in my district with a number of outstanding people with expertise in the subject. I have provided members of the committee with that transcript.

I would also file it with you with the thought that if you felt it appropriate you might make it a part of the record, too.

Mr. KASTENMEIER. It will be so received.

Mr. KOCH. Lastly, a list of all the cosponsors of the bill. There are now 60 of them and I don't know that you have the most up-to-date number. That just happens to be the full number of people who are on it.

Mr. KASTENMEIER. Copies of all the bills have been placed in the record pursuant to my opening remarks.

Mr. KOCH. Thank you.

(A list of the authors and cosponsors appears at p. 3.)

Mr. KOCH. Mr. Chairman and members of the committee: The problem of marihuana has reached, as Mr. Poff pointed out in his remarks, an extraordinary situation where at this point it is estimated between 8 and 12 million people have or are using marihuana in this country today.

Surely that is a situation that affects the younger people, particularly, although it is certainly not limited to them; and we are no longer dealing with a situation where we are talking about a few jazz musicians and Billie Holiday of the 1940's when occasionally you could see that someone was arrested, because he or she was using it.

We are now facing a situation that if we were to apply the penal laws which, as you know, are so outrageous in this area (a minimum of 2 years and maximum of 10 for merely a single first use of marihuana cigarette), to 12 million people, we would not have the jail space for the real criminals in this country.

The penal laws, not only are outrageous there, they reach the height of absurdity in one situation, as you probably are aware, that under the Federal law, the minimum nonsuspended sentence for someone who brings a cigarette over the border, for his own use, is a minimum of 5 years, a maximum of 20.

It may not be suspended. Wouldn't it be extraordinary if that law were applied and some young man or woman were to sit in jail for 5 years for having brought a marihuana cigarette across the border?

I would assume that we would conjure that such an individual, if he or she, no matter how disposed before going into jail, would surely come out somewhat more degenerate than he came into it.

Mr. PARR. The penalty you have just defined is greater than the penalty for manslaughter. It is greater than the penalty for sabotage.

Mr. KOCH. Yes, that brings home how, if the law is to have any relevance, the punishment has to fit the crime. That is one area that surely we have to address ourselves to.

But there are other areas. Of course they deal with the medical, social, and legal factors. It is not a single area of expertise that is involved. This is why I think the presidential commission approach is so relevant to it.

There are some, of course, who would say why can't we have some reports from intergovernmental agencies?

Because to have those reports, even if it were from HEW, or NIMH, we would only be including one area of expertise, the medical area. Then it would not necessarily include the social—the sociological and the personal. Then others might say "Why don't we bring in people from those areas, too, in an intergovernmental agency report?"

My response to that is the report that we get has to be acceptable to two groups.

It has to be acceptable to the users. They have got to really accept any reports that come in. Let's assume the report is negative and it says "don't use marihuana because it does x , y and z , and it is very harmful."

Their experience from the moment from reading the literature is that they don't accept that because their experience has been somewhat different. But if they are to accept it, it would have to come from a high level commission, something comparable to the Kerner Commission, a presidential commission.

But there is another group that also has to be convinced and has to have the feeling that whatever report comes out is one that it can accept.

Those are the legislators, you and myself.

We are ultimately going to have to legislate in this area. So my feeling is that we ought to approach this on the very highest level and the very highest level would be a presidential commission with the hope that the President would elect nine men who had an expertise in various areas that we have just outlined and whose credentials would be above reproach.

They would not come to it with a fixed point of view. That is not to say they would not have an opinion. But they would not be people whose views would be suspect as coming out of a particular agency, law enforcement or otherwise, which have had views on the subject to date, which some have contraverted.

So that is why I think the approach of a presidential commission is extremely important. The background of this, which I know you are so familiar with, is that in 1937 when the Department of Justice, or the Narcotics Division, decided that marihuana was to be outlawed, they handled it in a way which caused the legislators then considering the problem to have the feeling that they were dealing with something that was as close to poison as you could get, because when Harry Anslinger of the Federal Bureau of Narcotics waged the war on marihuana, they circulated advertisements which are now pop art.

They are selling them in the pop art stores. You can understand why, because I will describe to you the graphic. It has a big sign, which says, "Beware young and old. This (picture of a marihuana cigarette) may be handed to you by a friendly stranger. It contains the killer drug marihuana, a powerful narcotic in which lurks murder, insanity, death."

That, as I say has become a pop art poster. I don't know what marihuana does to you. There are people who say that it has harmful effects, that it leads to heroin usage, violence and crime, and other things.

There are people who say it does not. I don't know. I really would like to know. But surely it is not a narcotic. We know that today. It is not a narcotic. That was an error. Whether it leads to murder, insanity or death, I suspect that it does not.

I don't really know.

If it does, we surely should know and we should have a commission which will establish those facts with the credibility that people, if those statements are correct, will say, "My goodness, we ought to stop using it."

On the other hand, if that commission says, "No, these are not true, this is a mythology which really ought not to be accepted today" then we ought to legislate accordingly.

I think that it is very helpful to have the highest level commission do that, because marihuana, at least up to now, and I found there is a change in the receptivity of people talking to you on the subject, has been so controversial that you really could not get legislators to get involved in it.

People have such very strong feelings about it. But there is a change. I note that from the kind of endorsements that the bill has received.

You are going to have a witness tomorrow, I am told, William Buckley, Jr., who is an extraordinary person. I am sure he is going to be an

interesting witness. But what is very interesting is that he has written two columns on this subject.

He has used the report of a Dr. Hardin Jones, I think is the name of the gentleman, who comes out very strongly against marihuana and Bill Buckley, apparently from his article, accepts some of his statements.

He will tell you about them tomorrow. But he says he thinks we ought to have a presidential commission because he wants to know.

Then there is a statement from the New York Times, an editorial, which ends by saying let's get the hard facts, facts on what might be a soft drug, which I suppose is a nice way of putting something editorially.

But the thrust of that is that we want to know. They are not sure. That is the premise that I have based this legislation on with colleagues who have introduced it with me. The legislators have the right to know; the users have the right to know; and the American public has the right to know.

The following questions should be answered:

"Does the use of marihuana cause violent crime or antisocial behavior? Does the use of marihuana produce conditions of dependence, psychosis, or other harmful effects requiring medical treatment? Does the use of marihuana lead to the use of heroin? And obviously the question is, are the current criminal penalties for the possession of marihuana appropriate?"

The commission along the line I have outlined to you I think is the way to proceed. I would hope we would do it expeditiously. This is not to be a research study. This presidential commission is not to be another commission that is going to go out and do new independent research.

We have had lots of those. There are hundreds of papers written on marihuana studies that are made. There is no single report with recommendations and conclusions.

The closest that we came to that—but it was not a high level study—was the LaGuardia Commission in 1944. That was the closest to it we have come. Lots of things have happened since 1944. Then we maybe were talking about jazz musicians which we are not talking about today.

Mr. KASTENMEIER. Thank you, Mr. Koch.

I take it part of your recommendation, then, goes to the advisability of creating some organization, whether it is a commission or whatever it is, for the purpose of digesting what is presently known in research, coming up with conclusions and communicating these conclusions from a high level, and as broadly as possible among the citizenry to convince them of a given set of facts and circumstances regarding marihuana.

Mr. KOCH. And further, to enact legislation based on those recommendations. The two areas, the users and appropriate legislation now in the area.

Mr. KASTENMEIER. You have also separated marihuana out from alcoholism, drug abuse, and narcotics.

Mr. KOCH. I have, and with that specifically and purposefully for this reason. One of the reasons that we are in the situation we are today where marihuana is now the subject of criminal penalties (I

think as almost every one here in the room would agree) is that it has always been discussed and dealt with along with the other hard drugs such as heroin, where there is no question but that heroin has certain effects.

There is a question with respect to marihuana. By virtue of the fact that it has never been distinguished from the other drugs in terms of reports, research, investigation, it has been lumped in with them and inappropriate penalties and legislation have applied to it.

In addition to that, as Mr. Poff pointed out, out of the number of heroin users in this country, I think 100,000 of them are in New York City, so the other 25,000 are elsewhere. That is miniscule compared to 8 to 12 million users of marihuana.

Therefore, they are totally different problems.

Mr. KASTENMEIER. More specifically, the 1967 Task Force Report on Narcotics and Drug Abuse of the President's Commission on Law Enforcement and Administration of Justice, recommended that: The National Institute of Mental Health should devise and execute a plan of research, to be carried out on both an intramural and extramural basis, covering all aspects of marihuana abuse.

The research should identify existing gaps in our knowledge of marihuana. A systematic review of the literature will be necessary. The plan should provide for an intensive examination of the important medical and social aspects of marihuana use. It should provide for surveys of the extent of marihuana use and of the nature of such use, that is occasional, periodic, or habitual.

It should provide for studies of the pharmacology of marihuana and of its immediate and long term effects. It might also provide for animal studies. The relation of marihuana use to aggressive behavior and crime should certainly be a subject of study. So should the relation between marihuana and the use of other drugs.

That was in 1967. To your knowledge, has this recommendation been carried out or is it being carried out at the Institute of Mental Health?

Mr. KOCH. I do believe that there are some ongoing research programs at NIMH in fact, there is one individual doing such a program who I think is Dr. Well. I don't know how many programs are going on. There is no reason why NIMH and others ought not to conduct their research because what I am proposing is not a research study.

It is to bring in recommendations based on the research that comes before them. In other words, this is a panel that is going to do an evaluation of the medical, legal and sociological aspects.

Mr. KASTENMEIER. One other aspect of that, the same report goes on to say, "The Commission of course does not wish to imply that the need for research is confined to marihuana. Much remains to be learned, for example, about the potential dangers and uses of hallucinogenic drugs."

I note H.R. 11166, introduced by Congressman Charles Wilson, differs from your bill by providing for a Commission on Marihuana and other Hallucinogenic Drugs.

How do you regard that? Why would you necessarily limit the scope of the study to marihuana?

Mr. KOCH. The only reason that I think one could offer in support of a proposal that will be limited to marihuana is one that I alluded

to earlier, and that is that the problem, be it 8 to 12 million people as compared to any other kind of drug or narcotic, there is no comparability, and then it may very well be that there are different procedures, different restrictions, different caveats, that would apply to other hallucinogens such as LSD which we have already heard apparently has chromosome damage.

There are other aspects to those which I think ought to be handled separately. We made an initial error when we handled heroin with marihuana. We ought not to repeat that error by handling marihuana with still other drugs and narcotics in terms of investigation and reports.

Mr. KASTENMEIER. I note that page 3 of your bill seems to conform fairly closely to the mandate proposed for the National Institute of Mental Health in respect to what to look for. Do I understand that by the use of the words "shall conduct a study of marihuana" on page 5, line 4—you don't mean basic research but are talking about finding and taking from existing research that knowledge which is necessary to make a determination of certain questions that you think this commission should answer, is that correct?

Mr. KOCH. Absolutely, the purpose of this Commission is to evaluate the existing reports. If it finds that it is necessary that other reports be done, then it would ask the NIMH or other appropriate agencies to do that.

But the purpose is to evaluate the reports and to come in with recommendations for legislation.

Mr. KASTENMEIER. Your bill, I note, would allow just 1 year for this, to conduct a comprehensive report on the study of marihuana. Do you think that that is enough time?

Mr. KOCH. I think it obviously—the obvious response to that is that God built the world in 7 days and that if we can't come in with a report in 1 year, then there is something wrong with Congress, or in this case, the Presidential Commission.

Mr. KOCH. Absolutely, the purpose of this commission is to evaluate that is basic research, that would be something else. But the basic research to a great extent—it may be necessary that it is necessary to do more—the research is already there.

It is not only in this country. There have been extraordinary research in Great Britain on the subject.

Mr. KASTENMEIER. Witnesses testifying on behalf of the AMA at a hearing last month opposed enactment of the Senate version of this bill on the grounds that the research needed in the marihuana area already is being conducted by the NIMH and there is no need for the creation of another investigative body.

I take it your answer would be we are not proposing that it be investigated in the same sense, but that the investigations already underway be taken advantage of.

Mr. KOCH. Evaluated, and out of that evaluation, recommendations NIMH is not equipped to make, recommendations in the penalty area, in the sociological area. It is equipped to make recommendations perhaps in the medical area.

Therefore you need this overall high level Commission. There is nothing, nothing in the world in this bill, that would preclude the

President from appointing to that Commission the Surgeon General as one of the nine members.

This is not in anyway to derogate the Surgeon General, for whom I have the highest regard.

Mr. KASTENMEIER. What about some other approach, such as an interagency approach whereby you perhaps compose a group within the executive branch, representatives of the Justice Department, and HEW, and possibly others?

Might the recommendations of such a group have high visibility and acceptance in the general American community?

Mr. KOCH. I don't think so. I will tell you why. The reason is that it will not have acceptability and credibility among the users. Because the Department of Narcotics Control does not have great credibility in this area. It is understandable why. I gave you the original approach which today is pop art.

It has got to be a report rendered by people who are considered by those whom we are trying to reach to be without a fixed position. While it is not exactly in point, I think that what Bardwell Grosse, who is a student who testified at my hearing back in June, his testimony in full is in that conference report, said this, and I thought it was very interesting:

In order to educate effectively about the dangers of abusing drugs such as heroin, the amphetamines, barbiturates, you are just going to have to get rid of 'pot' (the illegality of pot). The kids are really having problems with some of these other drugs, and as long as you are lying about 'pot' and as long as you have these laws on 'pot', the kids are not going to listen to you even on the very real dangers of these other drugs. You are lying about 'pot' then maybe you are lying about heroin and we are going to go ahead and try it.

All I am trying to indicate from that is that there is already feeling that the intergovernmental agencies have not told the truth. I don't say that. I don't know whether they have or have not. I am not prepared to say.

I will certainly support the commission's statement either way, if it finds that they did tell the truth or did not tell the truth.

But the fact is there is already a hostility and an antithetical attitude by the users with respect to intergovernmental agencies in terms of their making the firm determination. There is nothing wrong with them furnishing the evidence, testifying before the Presidential Commission, but not for them to do the evaluation of their own reports.

Mr. KASTENMEIER. Your bill calls for a commission of nine members. You do not designate that they are to have any special competence or any qualifications. I take it that you prefer it to be that way.

Mr. KOCH. Yes.

Mr. KASTENMEIER. I would like to know then what really is the makeup as you contemplate it? I think you said two young people might be on it.

Mr. KOCH. No, I did not say that.

Mr. KASTENMEIER. How do you see this nine member commission composed?

Mr. KOCH. Firstly, the reason that I asked that it be a Presidential Commission is that I would hope and expect, and I am sure that it would not be otherwise, that the President would select members of that commission who would be on the highest level.

If he were to ask me, which I am sure he will not, as to how he

might consider, not in terms of names, but in terms of position, I would say that surely the Surgeon General ought to be one such member, that there ought to be someone who is in the field of law, an outstanding jurist, not necessarily—in fact I think it would not be helpful to have the Attorney General—but if the President thought it would be appropriate that would be his decision, but I would think someone who is an outstanding jurist whose feelings and findings and recommendations would be accepted by people in the area of the law.

I would think because there is going to be legislation coming out of this, if it is to have any meaning at all, there ought to be at least one Member of the House and one Member of the Senate.

In the area of medicine and science I think we would take someone who has the highest credentials in the area, not necessarily, but not necessarily not, someone who is already working in Government.

In other words, in the three fields of medicine, social—sociology, and penal law, that is where I would look for the experts.

The fourth field is legislation, and I would take them out of the House and out of the Senate.

Mr. KASTENMEIER. You would have no young people on this Commission?

Mr. KOCH. When I think you say young people, Mr. Chairman, I always like to consider myself a young person. But I assume that you are not talking about me.

Mr. KASTENMEIER. Let's say under the age of 25 years.

Mr. KOCH. No, if the President thought it was appropriate I certainly would not be against it, but I would think that it would be preferred that a young person of those years, unless he has an expertise—in other words, if a young person had the expertise that fitted into any of these classifications, I think that there might be a member who is 25, and if he was someone who the President felt ought to be on the Commission, fine, but someone who would have the expertise in the field that we are talking about. Then only would the age factor be involved.

Mr. KASTENMEIER. I have one final question. The comparable Senate bill places the limit of expenditures of the Commission at \$750,000. You set yours at \$500,000. I am wondering whether you have in mind a budgetary or some particular rationalization for the spending of that amount of money?

Mr. KOCH. I think that we took the figure from other commissions, not necessarily presidential commissions. I certainly don't know whether that is the appropriate figure and I would leave to your judgment whether my more conservative figure ought to be accepted or the larger figure on the Senate side.

Mr. KASTENMEIER. Thank you very much, Mr. Koch, for your testimony.

Mr. St. Onge?

Mr. ST. ONGE. Thank you, Mr. Chairman.

First, I would like to congratulate the witness for the tremendous amount of work that he has done in this field, which is work that someone had to do, because we have a real problem here.

I am concerned about the makeup of the commission, and the response of the witness to the questions of the chairman have clarified some of the questions that I had.

Do you think that the figure 9 is a magic figure? Should it be 9, 12, or 15? Can you get enough men in the four fields that you mentioned with national representation, and still limit yourselves to nine, if you include a Member of the House and one of the Senate?

Mr. KOCH. It is not a magic number. If it was felt appropriate to handle the problem which you raise, surely the figure could be enlarged and should be enlarged. If you—

Mr. ST. ONGE. If you exclude the other hallucinogens, should we have another commission for LSD? Is the problem serious enough for a national investigation on the level of a Presidential Commission?

Mr. KOCH. Frankly I do not know. I think that the existing agencies might very well issue their reports and that they would have acceptability. Somehow or other, I have the feeling that in the area of the barbiturates and the hallucinogens and every other area, that people are willing to listen to the doctors now on that level.

They are convinced that barbiturates do certain things and LSD does certain things. In fact when LSD was condemned as causing chromosome damage my understanding is that its use fell off considerably. So there is acceptance on that. I just don't think it requires the Presidential Commission approach to it.

Mr. ST. ONGE. But that is not true as related to marihuana?

Mr. KOCH. Because of the extraordinary number of people who refuse at this point to accept any of the statements that are made on the subject. Twelve million is one of the figures used for people who are using marihuana. They are evidently not fearful that they are using something called a killer drug.

Mr. ST. ONGE. Because initially the wrong statements were made?

Mr. KOCH. Yes, I think so.

Mr. ST. ONGE. Has the penalty you quoted ever been imposed for importation of a marihuana cigarette?

Mr. KOCH. I read one place—of course I can't verify it, because I tried to get breakdowns from the Justice Department. They were not able to give me the breakdowns. I tried to get that information. But I read in periodicals in some cases.

In one case, I cannot vouch for it as valid, but I assume that it is—that someone was convicted of bringing a matchbox full of marihuana across the border and got 30 years for that.

Mr. ST. ONGE. Thirty years?

Mr. KOCH. Yes. Thirty years sentence in Texas, as I am told, I assume it is for larger importation, is not unheard of. My recollection also from reading matter is that until recently one of the States, I think it was North Dakota, one of the sentences is 99 years—it was probably for selling. I just don't recall.

The penalties are extraordinary in some of the States.

Mr. ST. ONGE. We had better have a commission that will give us a good report in a year if the problem is as serious as that?

Mr. KOCH. Yes. I don't suggest anybody has actually gone to jail for 99 years.

Mr. ST. ONGE. But the penalty is on the books.

Thank you.

Mr. KASTENMEIER. Mr. Poff?

Mr. POFF. Thank you, Mr. Chairman.

I imagine that it would be one of the functions of the commis-

sion to inquire into such matters as penalty structures and to make definitive recommendations in its report.

I would like to explore, if I may, the structure the commission would have and the funding of the commission. The nine members, theoretically, would be authorized to receive per diem of \$100, which would include travel time, and in addition to that, travel expenses. In the past, this subcommittee on writing legislation creating a commission has included a paragraph which excluded from the per diem allowances any member of the commission who might be a Member of Congress, or an executive in one of the agencies downtown.

Many commissions are functioning today, which do not allow per diem or such minimums. Do you think it would be appropriate if this committee acts favorably on your bill to make such an exception here?

Mr. KOCH. I think it would even be absolutely appropriate to do that. I don't think people ought to get two salaries for doing one job for the Government in whatever capacity it may be.

Mr. POFF. The per diem allowance in many of the commissions now is \$75. I believe yours allows \$100 per diem and then \$75 per diem for consultants.

Mr. KOCH. That is right.

Mr. POFF. You would think that something in that range would be appropriate?

Mr. KOCH. Yes.

Mr. POFF. The Senate bill authorizes \$750,000 and your bill authorizes \$500,000. I am just wondering, in light of the fact that you are not going to be conducting any basic research, how that much money might be required for 1 year?

I say that for this reason. The chairman and I and the other members of this subcommittee are members of the National Commission on Reform of the Federal Criminal Laws. This commission has a life of 4 years. It has a total authorization of only \$750,000. Its mission is to revise and reform the entire body of Federal criminal laws, including not only title 18, but all of the penalty clauses scattered throughout all of the code. In addition the commission will examine the decisions of the courts, in order to write for the first time definitions of defense and attempt simplicity and facilitation. It is a mammoth undertaking. We have operated, as you apparently intend to have this commission operate, by making contracts with experts, to write consultant papers. They are distributed among all the members of the commission, studied carefully, and then analyzed, debated, distilled in an open meeting of the commission.

The commission meets regularly. It is a work horse. Yet with all of that, we are not likely to use our total authorization over a 4-year period. I don't want to be stingy about this, because it is a matter of vital importance. But I know you would share my concern for a proper funding, if the committee structures the commission. If you have any additional information to suggest in that area you might want to do it, because it would serve your own cause.

Mr. KOCH. I concur completely with you on that subject and I would think the experience of the agency that you just had reference to might be used to apply here as a guideline.

Mr. POFF. I assume when you speak of making recommendations

about legislation that you have in mind broad general suggestions rather than specific detailed legislative plans?

Mr. KOCH. That is right, exactly, sir.

Mr. POFF. I assume that you would want that commission to draw liberally upon all of the literature in the field, no matter what it is, or its orientation, and indeed seek actively to get conflicting viewpoints?

Mr. KOCH. Indeed.

Mr. POFF. And attempt to fairly reconcile them?

Mr. KOCH. Right.

Mr. POFF. I have listened carefully to what you have said about the matter of credibility, if this mission were left to an inter-departmental agency, but I must say I am not yet quite persuaded. I want to give that some more thought. Thank you.

Mr. KASTENMEIER. The gentleman from Michigan?

Mr. HUTCHINSON. Thank you.

As I understand it, the Commission proposed is not to be a research body but a body to make recommendations and a body so composed that its recommendations would be received with some credibility.

I am thinking about the Surgeon General's report on smoking, and I think that has a great deal of credibility. The Surgeon General made that report as a result of research and so on within his own agency and then he came out with this report, in other words, he was the recommender himself.

He evaluated the material and put it forth. So far as the health aspects of the marihuana problem, wouldn't he be received with the same amount of credibility as he was with his recommendations against the use of tobacco?

Mr. KOCH. Let me draw the distinction for you, Mr. Hutchinson. The Surgeon General report on smoking had credibility with the public at large notwithstanding the fact that people continue to smoke.

It did not have credibility before the Interstate and Foreign Commerce Committee. I testified in support of limiting smoking advertisements and so forth.

So many members sitting on that committee attacked the Surgeon General's report as not having credibility, that what we have to do is to have credibility not only for the public, but also for the legislators who are going to have to do legislation in the area and that is why we need the commission. I suggest to you that on that commission there will be at least, I hope, a Member of Congress and others, Member of the Senate, and then the commission's report will have credibility not only with the public, but with the legislature.

Mr. HUTCHINSON. With regard to the legislature, the issue, I take it, is largely a matter of penalty.

We have got this Commission on Criminal Law Reform to which Mr. Poff made reference. They are operating full steam right now. They are going to come up with a recommendation as to the penalty for the violation of these marihuana laws.

Mr. KOCH. It is not, I suggest, limited only to penalty. It appears to me that there are underlying areas, the medical and the sociological, before you come to the penalty. Before you decide whether there shall be a civil penalty, no penalty, a criminal penalty. You have got to decide these underlying questions, and I think Mr. Poff talked about the question of morality, that this is involved.

Mr. HUTCHINSON. You can't legislate morals.

Mr. KOCH. We do, I think.

Mr. HUTCHINSON. Not very effectively.

Mr. KOCH. Maybe not very effectively, but we try.

I am not suggesting that we legislate morals, but it happens to affect a good deal of our legislation. So that the credibility that we are talking about is not only in getting a report from the National Commission on the Reform of the Federal Criminal Laws, it would not just be adequate to get a report from them in this particular area, because you would have to have the other questions dealing with the medical and the sociological aspects of the problem.

Mr. POFF. Mr. Chairman, if I may impose just a moment, what I have I think might be useful for the record. It is a compilation dated June 20, 1969, entitled "Marijuana Research supported by Various NIMH Programs Active During fiscal year 1968, 1969, 1970."

If the Chairman felt that would be useful for the record, I will offer that for that purpose.

Mr. KASTENMEIER. Without objection, it will be accepted for the record. I think personally it would be useful.

(The document referred to follows:)

prepared by G. Leary
June 20, 1969

MARIHUANA RESEARCH
SUPPORTED BY VARIOUS NIMH PROGRAMS
Active During FY 1968, 1969, 1970

- SECTION I: CENTER FOR STUDIES OF NARCOTIC & DRUG ABUSE
- A. Surveys of Drug Use; Psycho-Sociological Research
 - B. Legal Aspects of Drug Use
 - C. Drug Effects: Human Studies
 - D. Experimental Animal Studies; Chemical & Biochemical Research
 - E. Determination of Drugs in Body Fluids
 - F. Prevention & Education
 - G. Grants Approved June 1969 Council - To Be Paid in FY 1970
 - 1. Surveys & Psycho-Sociological Research
 - 2. Experimental Animal Studies; Chemical & Biochemical Research
 - 3. Prevention & Education
- SECTION II: PSYCHOPHARMACOLOGY RESEARCH BRANCH
- A. Clinical Research
 - B. Experimental Animal & Biochemical Research
- SECTION III: APPLIED RESEARCH BRANCH
- SECTION IV: ADDICTION RESEARCH CENTER - LEXINGTON, KY
- SECTION V: COMPLETED RESEARCH - PRIOR TO 1968
- SECTION VI: TRAINING GRANTS

Information included: Grant number; Project period; Grantee; Sponsoring institution; Location; Grant title; Total amt awarded thru FY 1969; Direct & indirect costs for FY 1969 and FY 1970 shown separately (amounts in thousands of \$); Brief description of project.

FISCAL INFORMATION
(Amounts in Thousands of Dollars)

<p>SECTION I: CENTER FOR STUDIES OF NARCOTIC & DRUG ABUSE</p> <p>A. Surveys of Drug Use; Psycho-Sociological Research Total Thru 69 = \$1564 Only 69 = \$536 Only 70 = \$70</p> <p>B. Legal Aspects of Drug Use Total Thru 69 = \$8 Only 69 = -- Only 70 = --</p> <p>C. Drug Effects; Human Studies Total Thru 69 = \$21 Only 69 = \$4 Only 70 = \$21</p> <p>D. Experimental Animal Studies; Chemical & Biochemical Research Total Thru 69 = \$1035 Only 69 = \$270 Only 70 = \$255</p> <p>E. Determination of Drugs in Body Fluids Total Thru 69 = \$370 Only 69 = \$48 Only 70 = \$39</p> <p>F. Prevention & Education Total Thru 69 = \$510 Only 69 = -- Only 70 = --</p> <p>G. Grants Approved June 1969 Council - To Be Paid in FY 70</p> <p>1. Surveys & Psycho-Sociological Research FY 70 = \$284</p> <p>2. Experimental Animal Studies; Chemical & Biochemical Research FY 70 = \$64</p> <p>3. Prevention & Education FY 70 = \$39</p>	<p>SECTION II: PSYCHOPHARMACOLOGY RESEARCH BRANCH</p> <p>A. Clinical Research Total Thru 69 = \$1739 Only 69 = \$240 Only 70 = \$255</p> <p>B. Experimental Animal & Biochemical Research Total Thru 69 = \$2116 Only 69 = \$486 Only 70 = --</p> <p>SECTION III: APPLIED RESEARCH BRANCH</p> <p>Total Thru 69 = \$97</p> <p>SECTION IV: ADDICTION RESEARCH CENTER - LEXINGTON, KY</p> <p>Total Thru 69 (Approx) = \$150 Only 69 (Approx) = \$50 Only 70 (Approx) = \$50</p> <p>SECTION V: COMPLETED RESEARCH - PRIOR TO 1968</p> <p>Total Thru 69 = \$28</p> <p>SECTION VI: TRAINING GRANTS</p> <p>Total Thru 69 = \$1843 Only 69 = \$233 Only 70 = \$204</p> <hr/> <p><u>TOTAL MONIES: MARIHUANA RESEARCH</u></p> <p>Total Thru 69 = \$9481 Only 69 = \$1867 Only 70 = \$1281</p>
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SECTION I: CENTER FOR STUDIES OF NARCOTIC & DRUG ABUSE

A. SURVEYS; PSYCHO-SOCIOLOGICAL STUDIES

- ROI-MH-12286 (3/66-2/68)
Blum, Richard H
Stanford Univ
Stanford, Calif
DRUG USE AMONG COLLEGE STUDENTS
Total Pd = \$98
- Completed research. See 2-volume book for research results: Blum, Richard H., & Associates. Society and drugs. Social & cultural observations. (Drugs I) 400p. Students and drugs. College and high school observations. (Drugs II) 399p. San Francisco: Jossey-Bass, 1969.
Determined by survey methods, the patterns of drug use & abuse among West Coast college and high school students. Info on their socioeconomic background, religious & political participation, etc.
- ROI-MH-13484 (2/67-7/69)
Cohen, Nathan E
UCLA, Inst of Govt & Pub Affairs
Los Angeles, Calif
SURVEY OF HALLUCINOGENIC DRUG ABUSE
Total Pd = \$142
FY 69 = \$3
- To determine the prevalence of continuing LSD use in a sample of 300 persons out of a known population of 1400 persons in Los Angeles area who were given LSD by several physicians prior to 1962 for either research or therapeutic purposes. To distinguish continuers (of LSD use) from non-continuers. For continuers, patterns of use, motivation, & effects to be explored in detail. Detailed info on LSD & marihuana use; some info on other drugs of abuse including tobacco & alcohol.
- ROI-MH-14130 (5/67-7/68)
Pearlman, Samuel
Brooklyn Coll of the City of N Y
Brooklyn, N Y
PATTERNS OF STUDENT DRUG USE AND ABUSE IN URBAN UNIVERSITIES
Total Pd = \$4
- Students of 5 NYC universities will be given a questionnaire to study current patterns of student drug use, prevalence of drug abuse, and attitudes about drug use.
- ROI-MH-14157 (1/68-12/68)
(Continued as MH-17196)
Grupp, Stanley E
Ill State Univ
Normal, Ill
MARIHUANA USE AND EMERGENT DRUG USE PATTERNS
Total Pd = \$4
- To study conditions necessary for sustaining a marihuana-use pattern as opposed to those necessary for the movement from marihuana use to hard drug use.
- ROI-MH-14464 (5/68-4/71)
Cohen, Melvin
Hillside Hosp
Glen Oaks, N Y
DRUG USE IN PSYCHIATRIC PATIENTS
Pd Thru FY 69 = \$173
FY 69 = \$99
FY 70 = \$56
- Longitudinal study to determine the relationship of social, psychological, and psychiatric factors to the frequent use of potentially habituating drugs among a middle class psychiatric population (under age 26) and their siblings.

CNDA: Surveys; Psycho-Soc. (continued)

- RO1-MH-14943 (6/66-8/69)
Speck, Ross V
Hahnemann Med Coll
Philadelphia, Pa
PSYCHOSOCIAL NETWORKS OF YOUNG
DRUG USERS
Pd Thru FY 69 = \$163
FY 69 = \$57
- To study the social network of the adolescent "dangerous drug" user, including the pattern of contagion to their peers.
- RO1-MH-15080 (6/67-8/68)
Hollander, Charles
US Natl Student Assn
Washington, D C
REGIONAL COLLEGE STUDIES OF STUDENT
DRUG USE
Total Pd = \$61
- NSA to hold 3 regional conferences to study campus drug abuse and evaluate ways in which the university might respond to the rising incidence of campus drug abuse.
- RO1-MH-15436 (5/68-9/69)
Meyers, Frederick H
Univ of Calif Med Ctr
San Francisco, Calif
DRUG PRACTICES IN THE HAIGHT-
ASHBURY SUB-CULTURE
Total Pd = \$37
- To define patterns of drug use in Haight-Ashbury subculture and relate these to social, demographic, etc. variables; evaluate techniques of treatment.
- RO3-MH-15659 (1/68-9/69)
Goode, Erich B
Res Fdn of State Univ of N Y
Albany, N Y
A SOCIOLOGICAL STUDY OF
MARIHUANA USERS
Total Pd = \$4
- Sociological study of 200 US urban resident marihuana users, studying initiation to use, motivation, communication, possible community, and use of other drugs.
- RO1-MH-15737 (6/68-5/70)
Wallerstein, Robert S
Pittel, Stephen M
Mt Zion Hosp & Med Ctr
San Francisco, Calif
PSYCHOSOCIAL FACTORS IN DRUG ABUSE
Total Pd = \$251
FY 69 = \$124
- To study and describe the social and psychological characteristics of the drug-based "hippie" community of San Francisco's Haight-Ashbury area.
- RO3-MH-15805 (5/68-4/69)
Goldstein, Joel W
Carnegie-Mellon Univ
Pittsburgh, Pa
ERTENT & PATTERNS OF COLLEGE
STUDENT DRUG USE
Total Pd = \$5
- A campus survey of drug usage, using a mailed questionnaire. Focus on what types of students use which drugs, under what conditions & with what perceived effects. Will measure students' drug information & misinformation. Pilot study for future research into personality differences between users & non-users and the conditions of beginning use and terminating use among students.

GNDA: Surveys; Psycho-Soc. (continued)

- RO1-MH-16054 (6/68-8/70)
Kirk, Jerome R
Univ of Calif
Irvine, Calif
ADOLESCENT USERS OF PSYCHEDELIC
DRUGS
Pd Thru FY 69 = \$17
FY 70 = \$14
- To study the careers and role changes of a group of adolescent users of psychedelic drugs.
- RO1-MH-16161 (6/68-5/70)
Holmes, Douglas
Assoc YM-YWHAs of Greater N Y
New York, N Y
DRUG USE IN MATCHED GROUPS OF
HIPPIES AND NON-HIPPIES
Total Pd = \$150
FY 69 = \$72
- To study the nature of drug use and of drug users among members of community centers and among a matched group of hippies in the metropolitan NYC area.
- RO1-MH-16224 (6/68-8/69)
Steffenhagen, Ronald A
Univ of Vt
Burlington, Vt
GROUP THERAPY & STUDENT USE
Total Pd = \$74
- To study the personality and social characteristics of college student drug users as compared to non-users. University sponsored group therapy for student drug users at their request will provide good climate for data collection.
- 1 RO1-MH-16536-01 (6/69-5/70)
Rossi, Peter H
Johns Hopkins Univ
Baltimore, Md
NATIONAL SURVEY OF DRUG USE ON
COLLEGE CAMPUSES
Total Pd = \$113
FY 69 = \$113
- Nation-wide survey to make estimates of the prevalence of usage of psychoactive drugs and alcohol in the college & university population of the US; to investigate the personal & social concomitants of such use; to investigate the role of institutional factors (e.g. type of school, law enforcement policies, etc.)
- 1 RO1-MH-16755-01 (6/69-5/70)
McGlothlin, Wm H
Univ of Calif - Dept of Psychol
Los Angeles, Calif
DRUG USE AND SOCIAL POLICY:
ESPECIALLY RE CANNABIS
Total Pd = \$62
FY 69 = \$62
- A systematic and critical evaluation of the worldwide literature on cannabis, with special emphasis on the effects of use on the individual & society. Foreign language material to be translated or abstracted, depending on quality. Material to be rated on adequacy of scientific methodology & objectivity, as well as having content coded by topic.
- RO3-MH-17196 (5/69-4/70)
Grupp, Stanley E
Ill State Univ, Normal, Ill
MARIHUANA USE & EMERGENT DRUG-
USE PATTERNS
Total Pd = \$6
FY 69 = \$6
- A continuation of MH-14157. A study of the conditions necessary & sufficient for movement from a marihuana use pattern to a hard drug use pattern. Subjects will now include bohemians as well as college students, prison inmates, & persons from lower socio-economic strata.

CNDA: Surveys; Psy-Soc. (continued)

PH-43-67-660 (8/67-2/69)
Am Inst for Scientific Communications
Albertson, N Y
INVESTIGATE PSYCHOACTIVE DRUG USE
AMONG HIGH SCHOOL STUDENTS
Total = \$63

To develop a survey instrument & methodology for gathering data on drug use among the high school student population; to explore preventive education approaches; to gather data based on a probability sample of all high school students in a given community using methodology developed.

PH-43-68-664 (6/66-7/68)
Friends of Psychiatric Res Inc
Baltimore, Md
PILOT STUDY ON ILLEGAL DRUG ABUSE
IN MARYLAND
Total Pd = \$119

To assess the feasibility of collecting data on drug abuse from various community agencies, other than police, and once collected, to interpret these data and evaluate their potential usefulness in helping community agencies (training schools, correctional, social, health, & educational agencies) to understand the various dimensions of the drug abuse problem.

PH-43-68-754 (FY68)
Brotman, Richard
New York Med Coll
New York, N Y
TO PREPARE A POSITION PAPER ON
MARIHUANA
Total Pd = \$18

To produce a manuscript on marihuana. Includes cannabis and its history; the American experience with marihuana; and research strategies (public health, law, macro-sociology, deviance, personality, economics)

B. LEGAL ASPECTS

RO3-MH-14274 (6/67-8/68)
Stone, Christopher D
Law Center, Univ of Southern Calif
Los Angeles, Calif
LEGAL SIGNIFICANCE OF HALLUCINOGENIC
DRUG RESEARCH
Total Pd = \$4

To review existing knowledge about the hallucinogens and to survey the legal controls now in effect; explore alternative types of legal control systems.

RO3-MH-15714 (1/68-6/68)
Maxwell, Richard
Univ of Calif
Los Angeles, Calif
REVIEW OF MARIHUANA LAW
ENFORCEMENT
Total Pd = \$4

Completed. See following publication:
Kaplan, John. Project. Marihuana laws:
An empirical study of enforcement and
administration in Los Angeles County.
UCLA Law Review, 15(5): 1499-1586, Sept. 1968

C. DRUG EFFECTS: HUMAN STUDIES

RO1-MH-15842 (6/68-8/70)
 Jones, Reese T
 Langley Porter Neuropsychiatric Inst
 San Francisco, Calif
 EFFECTS OF MARIHUANA ON PERCEPTION
 & COGNITION
 Pd Thru FY 69 = \$17
 FY 70 = \$21

To study the effects of cannabis sativa on perceptual and cognitive functioning in human subjects.

RO3-MH-16810 (6/69-5/70)
 Tart, Chas T
 Univ of Calif
 Davis, Calif
 REPORTED QUALITIES OF MARIHUANA
 INTOXICATION
 Total Pd = \$4
 FY 69 = \$4

Using a 220 item questionnaire (already mailed out), investigator to study subjective effects of marihuana intoxication; to relate the patterns of effects reported to respondents various background factors such as use of other psychedelic drugs, length of marihuana use, educational level, etc.

D. EXPERIMENTAL ANIMAL STUDIES; CHEMICAL & BIOCHEMICAL RESEARCH

RO1-MH-4230 (9/60-8/71)
 Boyd, Eugene S
 Univ of Rochester - Sch of Med
 Rochester, N Y
 NEUROPHARMACOLOGICAL EFFECTS OF A
 TETRAHYDROCANNABINOL
 Pd Thru FY 69 = \$253
 FY 69 = \$56
 FY 70 = \$38

Effects of 3 tetrahydrocannabinols to be compared with the effects of other psychotropic agents on 4 learned patterns of behavior in the white rat; elucidating the mechanisms whereby THC derivatives produce their effects in the central nervous system.

RO1-MH-12608 (3/67-2/69)
 Miras, Constandinos J
 Univ of Athens
 Athens, Greece
 MARIHUANA C14 METABOLISM
 IN ANIMALS
 Total Pd = \$27

To analyze existing supply of marihuana C14 by THC to separate and isolate working quantities of THC-C14; attempt to improve the specific activity of this material by improvement in growing methods; to investigate uniformity of the radioactive tag in the THC molecule.

RO1-MH-13180 (3/67-4/72)
 Mechoulam, Raphael
 Hebrew Univ
 Jerusalem, Israel
 MARIHUANA CONSTITUENTS
 Pd Thru FY 69 = \$73
 FY 69 = \$23
 FY 70 = \$33

To study the chemical constituents of marihuana, to synthesize them, and to study their psychopharmacological activity. Essentially chemical research.

CNDA: Exp Animal Studies; Chem & Biochem Res (continued)

RO1-MH-14112 (6/67-8/70)
 Pickens, Roy W
 Univ of Minn
 Minneapolis, Minn
 BEHAVIORAL DEPENDENCE ON NON-
 NARCOTIC DRUGS
 Thru FY69 = \$87
 FY 69 = \$41
 FY 70 = \$41

To develop procedures for evaluating behavioral dependence liability of non-narcotic drugs, and to explore environmental factors controlling the probability of such behavioral dependence in infrahuman subjects. Ss: male albino rats; monkeys. Drugs: LSD, THC, chlordiazepoxide, amphetamines, barbiturates, chlorpromazine.

RO1-MH-16051 (6/68-8/70)
 Burstein, Sumner H
 Worcester Fdn for Exp Bio Inc
 Shrewsbury, Mass
 METABOLISM OF MARIHUANA-I H³ THC
 Pd Thru FY69 = \$22
 FY 70 = \$25

To study the metabolic transformations THC undergoes in vivo.

RO3-MH-16488 (3/69-2/70)
 Schlant, Robert C
 Emory Univ
 Atlanta, Ga
 EFFECTS OF MARIHUANA & LSD UPON
 THE HEART
 Total Pd = \$4
 FY 69 = \$4

To determine the effects of marihuana upon the heart & circulatory system of anesthetized dogs by studying the effects of inhaled crude marihuana smoke of known THC content; the effects of the IV injection of TCH will also be examined. To examine the effects of LSD upon the contractility & myocardial function in anesthetized dogs.

RO3-MH-16655 (3/69-2/70)
 Geber, William F
 Med Coll of Ga
 Augusta, Ga
 TERATOGENIC POTENTIAL OF MARIHUANA
 Total Pd = \$5
 FY 69 = \$5

To inject pregnant rats, hamsters, mice & rabbits with marihuana resin. After 5 days the animals will be sacrificed & their fetuses will be examined for possible malformations. It is also proposed to examine the fetuses of animals that have received marihuana extract over a period of 3 successive days.

RO1-MH-16663 (6/69-5/70)
 Best, Jay Boyd
 Colorado State Univ
 Fort Collins, Colo
 MECHANISM OF ACTION OF MARIHUANA
 Total Pd = \$41
 FY 69 = \$41

A study of 1) the kinetics of absorption, transport, distribution & final disposition of THC following its inhalation as a vapor - to include ultracentrifugation of neural particles & the effects of THC on binding, & 2) the effect of THC upon experimentally induced aggressive behavior in animals. (Developing techniques for measuring the rate of THC absorption & distribution & some of the behavioral effects of marihuana administered by inhalation.)

CNDA: Exp Animal Studies; Chem & Biochem Res (continued)

ROI-MH-16990 (6/69-5/72)
Pace, Henry B
Univ of Miss, University, Miss
REPRODUCTIVE-DEVELOPMENTAL
TOXICOLOGY OF MARIHUANA
Pd Thru FY 69 = \$52
FY 69 = \$52
FY 70 = \$67

To examine the effects of marihuana preparations & synthetic cannabinoids, administered repeatedly prior to or during the gestation period, on the mammalian reproductive processes. Possible effects of interest: altered fertility of either sex, failure of normal prenatal & postnatal development or reduced viability of the offspring, altered neurological or behavioral characteristics of the offspring. Effect on various aspects of reproduction through as many as 4 successive generations.

ROI-MH-17001 (6/69-5/74)
Harris, Louis S
Univ of N Car
Chapel Hill, N C
PHARMACOLOGY OF (-)- Δ^8 & 9-TRANS-THC
Pd Thru FY 69 = \$48
FY 69 = \$48
FY 70 = \$51

To study the effects on 2 of the active marihuana principles on the CNS, the cardiovascular system & on the biochemical interactions with various enzyme systems & biogenic amines. Effects on spontaneous motor activity, interaction with reserpine & barbiturates, tests for amphetamine-like properties & a battery of behavioral procedures, etc.

PH-43-68-1307 (6/68-6/69)
Univ of Miss
Sch of Pharm
University, Miss
CULTIVATION & EXTRACTION OF
CANNABIS SATIVA L.
Pd Thru FY 69 = \$115

To grow and harvest marihuana; extract "red oil"; study effects of environment, age of plants and harvesting procedures upon quantity of resin and quality of active components in resin; develop suitable analytic procedures for components of resin.

PH-43-68-1338 (6/68-5/69)
Battelle Memorial Inst
Columbus, Ohio
BIOANALYTICAL STUDIES OF CANNABIS
SMOKING (using smoking machine)
Pd Thru FY 69 = \$107

Using a smoking machine, determine what compounds of the cannabinoid class gets into the system of the marihuana user; metabolic study of cannabinoid compounds in marihuana and marihuana smoke; bioassay procedure.

PH-43-68-1339 (6/68-11/68)
A D Little
Cambridge, Mass
SYNTHESIS OF THC (To produce
 Δ^8 & Δ^9 THC)
Pd Thru FY 69 = \$65

To produce between 2.5 and 3 kilograms each of Δ^8 and Δ^9 THC.

PH-43-68-1340 (6/68-9/68)
A D Little
Cambridge, Mass
SYNTHESIS METHODS OF Δ^8 Δ^9
(To examine method)
Pd Thru FY 69 = \$10

To examine the method of synthesis of Δ^8 and Δ^9 trans-tetrahydrocannabinols as published by Petrzilka and compare it with Mechoulam's method; determine correct approach for preparation of large quantities of THC compounds.

CNDA: Exp Animal Studies; Chem & Biochem Res (continued)

PH-43-68-1451 (6/68-6/69)
 Research Triangle Inst
 Research Triangle, N C
 PREPARATION OF A REPRESENTATIVE
 "RED OIL" FRACTION FROM MARIHUANA
 Pd Thru FY 69 = \$19

Extraction of "red oil" from plant material available from FBN; "red oil" to be freed from as much non-cannabinol types of materials as possible without destroying the THC content. Experience to be used as guide for extracting freshly grown material.

PH-43-68-1452 (6/68-6/69)
 Research Triangle Inst
 Research Triangle Park, N C
 SYNTHESIS OF RADIOLABELLED COMPOUNDS
 (-)- Δ^8 & (-)- Δ^9 trans-THC
 Pd Thru FY 69 = \$85

To conduct the exploratory examination of the Petrzaalka method of synthesizing THC; prepare radiolabelled compounds: carbon-14 labeled Δ^8 THC and Δ^9 THC; Tritium labeled Δ^8 THC and Δ^9 THC; anticipated yield: 1 to 5 grams; components purified.

PH-43-68-1454 (6/68-6/69)
 Research Triangle Inst
 Research Triangle Park, N C
 ISOLATION OF CANNABINOL DIACETATE
 FROM STORED MARIHUANA
 Pd Thru FY 69 = \$22

To extract cannabinol and purify it as its crystalline acetate.

E. DETERMINATION OF DRUGS IN BODY FLUIDS

RO1-MH-12959 (6/67-5/70)
 McIssac, William M
 Tex Res Inst of Ment Sci
 Houston, Texas
 DRUG ABUSE
 Total Pd = \$143
 FY 69 = \$48

To develop methods for rapid detection of narcotics, barbiturates, amphetamines, phenothiazines, marihuana and hallucinogens in biologic fluids using TLC and gas chromatography.

RO1-MH-13748 (1/67-12/70)
 Jaffe, Jerome H
 Univ of Chi
 Chicago, Ill
 MECHANISMS OF TOLERANCE &
 PHYSICAL DEPENDENCE
 Total Pd = \$44

Studies on development of tolerance to and physical dependence on chronically administered drugs. Drugs: Opiates, barbiturates, scopolamine, cannabis, BOL, methsergide, nitrous oxide, etc. Ss: cats, rabbits, mice, rats, monkeys.

RO1-MH-14321 (6/67-11/71)
 Craig, John C
 Sch of Pharmacy, Univ of Calif
 San Francisco, Calif
 MICROGRAM IDENTIFICATION OF
 PSYCHOTROPIC DRUGS (Particularly
 hallucinogens)
 Pd Thru FY 69 = \$112
 FY 70 = \$39

To develop methods for the identification of microgram quantities of psychotropic drugs (in particular, hallucinogenic drugs of abuse) by a combination of techniques using TLC, gas-liquid chromatography, infrared spectroscopy, and mass spectrometry.

CNDA: Determination of Drugs in Body Fluids (continued)

PH-43-64-931 (3/67-2/68) Compare existing methods for determining narcotic and drug abuse; pilot study on marihuana to identify in urine; evaluate length of time during which the urine and pupil tests remain positive (heroin & codein).
 Hine Laboratories
 San Francisco, Calif
 PROVIDE FOR CONTINUATION OF STUDY OF METHODS FOR DETERMINING NARCOTIC USAGE (marihuana, heroin, codein, etc)
 Pd Thru FY 69 = \$71

F. PREVENTION & EDUCATION

PH-43-68-1322 (5/68-5/69) To plan & develop a nat'l advertising campaign on drug abuse. To develop TV & radio commercials, newspaper & poster ads, brochures, etc. To provide consultation to NIMH in use of mass media for public educ in narcotics & drug abuse.
 Grey Advertising Inc
 New York, N Y
 PUBLIC EDUCATION CAMPAIGN ON DRUG ABUSE
 Pd Thru FY 69 = \$287

PH-43-68-1376 (6/68-11/68) Completed. See the following publication: Students and drug abuse. Today's Education (NEA Journal), 58(3):35-50, March 1969. Circulation approx 1,400,000 - teachers, principals, counselors, etc.
 National Education Assn
 Washington, D C
 INSERT FOR INCLUSION IN NEA JOURNAL
 Pd Thru FY 69 = \$23

PH-43-68-1471 (6/68-6/69) To develop guidelines for teacher education workshops on drug abuse & to develop "instructional units"--materials to be used in Jr & Sr High school classrooms. Materials to be ready by Fall 1969.
 American Assn for Hlth
 Phys Ed & Recreation
 Washington, D C
 DRUG ABUSE EDUCATION DEVELOPMENT PROGRAM
 Pd Thru FY 69 = \$200

G. GRANTS APPROVED JUNE '69 COUNCIL TO BE FUNDED IN FY 1970

1) SURVEYS & PSYCHO-SOCIOLOGICAL RES.

RO1-MH-17383 (7/69-6/70) To evaluate the efficacy of the Encounter program (similar to Daytop & Synanon) in dealing with the young middle class drug abuser. To investigate 1) the differences in social & personality characteristics between the pre-addict and the young non-drug user; 2) to discover the background & personality characteristics which predict whether a non-heroin user will succeed in this type program; 3) to determine what happens to people who leave the program. Detailed interviews with young drug and non-drug users; MMPI, etc; follow-up to determine long-term efficacy of treatment methods employed.
 Myers, Peter L
 Encounter, Inc
 New York, N Y
 A STUDY OF THE PRE-ADDICT PERSONALITY.
 FY 70=\$47

CNDA: Grants Approved June 69 Counc - Surveys & Psy-Soc Res (continued)

RO1-MH-17589 (7/69-6/71)
Elinson, Jack
Columbia Univ
New York, N Y
A STUDY OF TEEN-AGE DRUG BEHAVIOR
FY 70 = \$128

To collect data, thru use of self-administered questionnaires, on the drug using behavior & attitudes of jr & sr high school students in order to devise more effective methods of intervention & education in drug abuse. Both longitudinal & trend data. Major areas covered in survey: 1) perception of drugs & their effects; 2) personal experience with drugs; 3) health; 4) family life; & 5) personal characteristics. Emphasis on relationship between drug use and achievement. (N=40,000)

RO1-MH-17642 (9/69-8/75)
Manheimer, Dean I
Langley Porter
Neuropsychiat Inst
San Francisco, Calif
DRUG USE RELATED TO COLLEGE &
CAREER ACHIEVEMENT
FY 70 = \$103

To study the relation of drug use during college to objective indicators of academic & career achievement & to subjective feeling of self-fulfillment using personal interviews & questionnaires. Involves 3 samples of men: 1) longitudinal panel of men graduating in 1971, N=1600; 2) a longitudinal sample entering as freshmen in 1970, N=1250; & 3) a cross-section who entered as freshmen in 1967, incl. drop-outs & transfers, N=1800.

RO3-MH-17647 (7/69-6/70)
Rozytko, Vitali V
Mendocino State Hosp
Talmage, Calif
TYPOLOGY OF DRUG USERS
FY 70 = \$6

To provide typology of drug abusers, will interview & administer psychological tests to a sample of 200 M admissions to the Mendocino State Hosp Drug Abuse Treatment Prgm, isolate discrete variables, both from the interviews & the test scores; then use multivariate techniques to perform cluster analyses in an attempt to discover meaningful dimensions of drug abuse. Population includes many methedrine users.

2) EXP. ANIMAL STUDIES; CHEM & BIOCHEM RES.

RO1-MH-15864 (7/69-6/70)
Forney, Robt B
Indiana Univ Pdn
Bloomington, Ind
ISOLATION & TOXICOLOGY OF THC
FY 70 = \$30

Natural THC will be extracted from marihuana. The purified product will be compared to synthetic THC. More rapid & specific extraction procedures will be sought. The CNS effects will be further explored. Absorption, distribution, excretion & metabolism of THC & derivatives will be studied in animals (dogs, rats, mice). Human paid volunteers to be used to study effects of marihuana alone & in combination with other drugs.

RO1-MH-17478 (9/68-8/72)
De Ropp, Robt S
Univ of San Francisco
San Francisco, Calif
EFFECTS OF SMOKE ON CANNABIS
SATIATION ON MICE
FY 70 = \$34

Study of the effect of smoking marihuana on the behavior, enzymes and biogenic amine brain levels in mice as well as the carcinogenic & teratogenic effects. Specific measurements will be made of the amount of smoke necessary to produce discernible behavioral changes, the nature of the changes produced by either fraction, the incidence of cancer, effects on longevity, fetal absorption, abnormal fetal development, relative activities of certain brain enzymes and changes in brain serotonin of catecholamine levels.

CNDA: Grants Approved June 69 Council (continued)

3) PREVENTION & EDUCATION

R01-MH-17527 (7/69-6/70)
Drucker, Paula K
Westchester Reg Educ Ctr
White Plains, N Y
STUDY OF DRUG USE & ABUSE
FY 70 = \$39

To initiate & test newly developed health education materials (with particular emphasis on drugs) in 4 Westchester high schools, representing a range of SESs. Student leaders & teachers, who will lead the drug educ classes will receive a weekend of sensitivity training before classes begin. Classes of $\frac{1}{2}$ hr of formal presentation of material, with 1 hr of small grp discussion will be led by trained leaders. Initial target grp will be 100 10th grade students who will attend these sessions once a week for 20 weeks. Methods of presentation will vary (students alone; teachers alone; students and teachers interacting) & the effects of the varying methods will be evaluated. 2nd test grp will be 7th graders.

SECTION II: PSYCHOPHARMACOLOGY RESEARCH BRANCH

A. CLINICAL RESEARCH

ROI-MH-3030 FY-C (4/59-5/73)
Hollister, Leo E
Stanford Univ
Stanford, Calif
IMPROVED CLINICAL SCREENING
OF PHRENOTROPIC DRUGS
Pd Thru FY 69 = \$727
FY 69 + \$94; FY 70 = \$103

See publications: Hollister, Leo E, Richards, Richard K., & Gillespie, H.K. Comparison of THC and synhexyl in man. Clinical Pharmacology & Therapeutics, 9(6):783-792, Nov-Dec 1968.
Hollister, Leo E. Steroids and moods: Correlations in schizophrenics and subjects treated with LSD, mescaline, THC, and synhexyl. Journal of Clinical Pharmacology, 9(1):24-30, Jan-Feb 1969.

RI0-MH-4669 FY-C (1/61-2/72)
Gershon, Samuel
NY Univ Med Ctr
New York, N Y
CONTROLLED DRUG EVALUATIONS
Pd Thru FY 69 = \$1,012
FY 69 = \$146; FY 70 = \$152

See publication: Hekimian, Leon J., & Gershon, Samuel. Characteristics of drug abusers admitted to a psychiatric hospital. JAMA, 205(3):125-130, July 15, 1968.

B. EXPERIMENTAL ANIMAL & BIOCHEMICAL RESEARCH

RI0-MH-10990 FY-P (4/65-11/69) .
Irwin, Samuel
Univ of Oregon Med Sch
Portland, Oreg
PRE-CLINICAL DRUG EVALUATION &
METHODS DEVELOPMENT
Total Pd = \$304

Part of grant: Research program in psychopharmacology - Chronic studies with drugs that are abused. To investigate the similarities & differences in behavioral effects of several members (short & long-acting) of each class of drugs abused, using observational procedures. For cannabis class, THC to be studied.

RI0-MH-11468 FY-P (6/65-5/70)
Bass, Allan D
Vanderbilt Univ Sch of Med
Nashville, Tenn
PSYCHOPHARMACOLOGY RESEARCH
CENTER
Pd Thru FY 69 = \$1,095
FY 69 = \$261

Drug metabolism & biochemical pharmacology. Relationship between the CNS stimulating agents & catecholamines storage, secretion & metabolism. Recently undertaken study of actions of tetrahydrocannabinol.

ROI-MH-11752 FY-P (6/65-8/69)
(Formerly MH-3229)
Weiss, Bernard
Univ of Rochester
Rochester, N Y
EFFECTS OF PSYCHOPHARMACOLOGIC
AGENTS ON BEHAVIOR
Pd Thru FY 69 = \$303
FY 69 = \$75; More recommended.

To relate specific behavioral processes to specific neuropharmacological actions & to provide the basis of such correlations. (Monkeys) Part of research: studies on the effect of THC isomers (added to cigarettes) on various behavioral parameter in monkeys.

PSYCHOPHARM RES BR: Exp Animal & Biochem Res (continued)

R01-MH-11846 PY-P (6/66-8/69)
Domino, Edward F
Univ of Mich.
Ann Arbor, Mich
MICHIGAN NEUROPSYCHOPHARMACOLOGY
RESEARCH PROGRAM
Pd Thru FY 69 = \$240
FY 69=\$83

Effects of psychoactive drugs & neurotransmitter mechanisms. Interactions of cholinergic, adrenergic, serotonergic & histaminergic systems in the brain in regard to arousal-sleep, self-stimulation and escape behavior. Interaction of marihuana & its derivatives being investigated on these phenomena.

R01-MH-13186 PY-P (9/66-8/72)
Freedman, Daniel X
Univ of Chi
Chicago, Ill
PSYCHOGENIC PROCEDURES & BRAIN
NEUROHUMORS
Pd Thru FY 69 = \$ 174
FY 69=\$ 67
(Formerly MH-3363)

Psychopharmacology of LSD & various forms of stress, & the effects of LSD on the "binding", metabolism & turnover of brain amines, particularly 5-HT & NE. Effects of the active THC isomer from marihuana on brain amine levels. See following publication: Holtzman, David, Lovell, Richard A., Jaffe, Jerome H., & Freedman, Daniel X. 1- Δ 9-tetrahydrocannabinol: Neurochemical and behavioral effects in the mouse. Science, 163(3874):1464-1467, March 28, 1969.

SECTION III: APPLIED RESEARCH BRANCH

MH-10903 (AP-S) (9/65-8/68)
Hoffman, Martin
Mt Zion Hosp & Med Ctr
San Francisco, Calif
IDENTITY AND INFORMATION CONTROL
IN SOCIAL DEVIANTS
Total Pd = \$97

To study 2 types of deviant persons - marihuana smokers & homosexuals. Emphasis on those who lead conventional lives (not extremists). Techniques, informational control, & attitudes of deviant career to be analyzed. Life-style & deviant subculture to be described & analyzed.

SECTION IV: ADDICTION RESEARCH CENTER - LEXINGTON, KY

M-AR-2
Isbell, Harris
NIMH Addiction Res Ctr
Lexington, Ky
ACUTE AND CHRONIC INTOXICATION WITH
DRUGS OTHER THAN ANALGESICS, BARBITURATES,
AND ALCOHOL (LSD, Marihuana)
Approx.

See publications: Isbell, H., Gorodetzky, C.W., Jasinski, D., Claussen, U., Spulak, F., & Korte, F. Effects of (-) 9-trans-tetrahydrocannabinol in man. Psychopharmacologia (Berl.), 11(2): 184-188, June 1967. Isbell, H., Jasinski, D.R., & Garodetzky, C.W. Studies on tetrahydrocannabinol I. Method of assay in human subjects and results with crude extracts, purified tetrahydrocannabinols and synthetic compounds. In: Bulletin, Problems of Drug Dependence, Wash, DC, 1967. App. 4, pp. 4832-4846.

SECTION V: COMPLETED RESEARCH - PRIOR TO 1968

RO1-MH-10105 (9/64-8/66)

Dolby, Lloyd J

Univ of Oregon

Eugene, Oreg

THE SYNTHESIS OF TETRAHYDROCANNABINOL

Total Pd = \$28

A biogenetic-type synthesis of THC starting with citronellal. Dolby examined the reaction conditions that were successful for the synthesis of THC but did not obtain adequate samples for biological testing and as another lab had completed this type research, Dolby switched to the study of indole alkaloids.

SECTION VI: TRAINING GRANTS

TO1-6177 (PI) (56-6/70)

Cameron, John L

Chestnut Lodge Res Inst

Rockville, Md

PSYCHIATRY - PSYCHOTHERAPY OF

THE PSYCHOSES

Pd Thru 69 = \$308

FY 69 = \$32

FY 70 = --

Hospital is increasingly dealing with a younger age group who illnesses may be described as a serious character disorder or marked disabling psychoneurosis. Dabbling with drugs (including marihuana, LSD, & hashish) is one of the problems.

TO1-6300 (PT) (57-6/73)

Offenkrantz, Wm C

Univ of Chicago

Chicago, Ill

PSYCHIATRY (BASIC RESIDENCY
TRAINING)

Pd Thru 69 = \$1535

FY 69 = \$201

FY 70 = \$204

Drug Abuse Prgm under Dr. Jerome Jaffe, basic actions in animals, toxicology and drug detection. Neurochemical & Psychopharmacological Prgm under Daniel X. Freedman. Behavioral lab under Dr. James Appel - behavioral pharmacology of LSD and marihuana. Studies of the aversive control of behavior and the role of punishment in conditioning procedures. Dr. Richard Lovell in charge of Neurochem Lab - study of psychoactive drugs & brain amines.

CROSS REFERENCE

GRANTS & CONTRACTS

RO1-MH-3030-PY-P	p. 12	RO1-MH-14943-DA	p. 2	RO3-MH-17196-DA	p. 3
RO1-MH-4230-DA	p. 5	RO1-MH-15080-DA	p. 2	RO1-MH-17383-DA	p. 9
R10-MH-4669-PY-C	p. 12	RO1-MH-15436-DA	p. 2	RO1-MH-17478-DA	p. 10
R10-MH-10105-DA	p. 14	RO3-MH-15659-DA	p. 2	RO1-MH-17527-DA	p. 11
MH-10903-AP-S	p. 13	RO3-MH-15714-DA	p. 4	RO1-MH-17589-DA	p. 10
R10-MH-10990-PY-P	p. 12	RO1-MH-15737-DA	p. 2	RO1-MH-17642-DA	p. 10
R10-MH-11468-PY-P	p. 12	RO3-MH-15805-DA	p. 2	RO3-MH-17647-DA	p. 10
RO1-MH-11752-PY-P	p. 12	RO1-MH-15842-DA	p. 5	PH-43-64-931	p. 9
RO1-MH-11846-PY-P	p. 13	RO1-MH-15864-DA	p. 10	PH-43-67-660	p. 4
RO1-MH-12286-DA	p. 1	RO1-MH-16051-DA	p. 6	PH-43-68-664	p. 4
RO1-MH-12608-DA	p. 5	RO1-MH-16054-DA	p. 3	PH-43-68-754	p. 4
RO1-MH-12959-DA	p. 8	RO1-MH-16161-DA	p. 3	PH-43-68-1307	p. 7
RO1-MH-13180-DA	p. 5	RO1-MH-16224-DA	p. 3	PH-43-68-1322	p. 9
RO1-MH-13186-PY-P	p. 13	RO3-MH-16488-DA	p. 6	PH-43-68-1338	p. 7
RO1-MH-13484-DA	p. 1	RO1-MH-16536-DA	p. 3	PH-43-68-1339	p. 7
RO1-MH-13748-DA	p. 8	RO3-MH-16655-DA	p. 6	PH-43-68-1340	p. 7
RO1-MH-14112-DA	p. 6	RO1-MH-16663-DA	p. 6	PH-43-68-1376	p. 9
RO3-MH-14130-DA	p. 1	RO1-MH-16755-DA	p. 3	PH-43-68-1451	p. 8
RO3-MH-14157-DA	p. 1	RO3-MH-16810-DA	p. 5	PH-43-68-1452	p. 8
RO3-MH-14274-DA	p. 4	RO1-MH-16990-DA	p. 7	PH-43-68-1454	p. 8
RO1-MH-14321-DA	p. 8	RO1-MH-17001-DA	p. 7	PH-43-68-1471	p. 9
RO1-MH-14464-DA	p. 1			M-AR-2	p. 13
				TO1-6177 (PI)	p. 14
				TO1-6300 (PT)	p. 14

Mr. KASTENMEIER. I have just one question in concluding. That is, what assurance do we have that there are in fact answers in present research? It is easy to say information is available. It is not possible that there are not answers in the sense that they will satisfy, you know, a national consensus?

Mr. KOCH. I don't think that we have answers to those—to most problems in the total context of that statement, that is to say, nothing is exact or very few things are exact.

Yet, we have to live with the state of the art or the science as we have it. What this commission can only be expected to do is that which is humanly possible—to tell us what is the best information at this time.

It may be that 10 years from now, things will have changed. That either we will have adverse information or information which indicates that whatever adverse findings are brought forward at this point ought to be changed, too.

But we have to deal with lives that are being affected today. We are here. People are smoking. We can't wait for the state of the art to reach a complete absolute 100 percent science.

Mr. KASTENMEIER. The committee is indeed indebted to the gentleman for his appearance here this morning. We thank you, Mr. Koch.

Mr. KOCH. Thank you, Mr. Chairman.

Mr. KASTENMEIER. Next the Chair would like to call another of our colleagues, the gentleman from Maryland, Mr. Gude, who has, like the preceding witness, devoted a great deal of time and effort to this very grave national problem of marihuana.

STATEMENT OF HON. GILBERT GUDE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. GUDE. Thank you very much, Mr. Chairman. I was one of the original cosponsors of this legislation when it was introduced in the spring. I am pleased to have this opportunity to testify in behalf of H.R. 11540 to provide for the establishment of a commission on marihuana.

Since I became a Member of Congress I have been engaged in a continuing study and investigation of drug abuse in this country and particularly the suburban Maryland and District of Columbia that I represent, closely involved with the establishment of the day track program in the District of Columbia, and also with many of the young people's groups in our high schools in the county, and there has been a continuing interest in this from my very first month in Congress.

Certainly no facet of the drug problem is subject to more controversy, debate and misinformation than the use of marihuana and its effects on the user.

Medical and legal experts are at loggerheads over the facts about marihuana uses and its consequences for our society.

For example a study conducted by Drs. Norman E. Zinberg and Andrew T. Weil recently cited in an article by Joe Fort, M.D., came to the conclusion, and I quote, Dr. Fort:

Pot does not affect the blood-sugar level, as alcohol does, nor cause abnormal reactions of the involuntary muscles.

At the same time a pamphlet currently being distributed by the National Institute of Mental Health reports that, and I quote:

The more obvious physical reactions include rapid heart beat, lowering of body temperature, and sometimes reddening of the eyes. The drug also changes blood sugar levels * * * .

Here we find two medical authorities squarely at odds on the question of the physical effect of marihuana. This type of contradiction is rampant in the flood of printed material offered to the public today. It is small wonder that parents and teenagers alike are confused. There are reports on marihuana use, to support the claim that pot is good, bad, or indifferent.

The public's confusion over the use of marihuana was spotlighted in a letter dated September 5, 1969, from a constituent of mine in Howard County who was concerned with the discrepancy in the reports he reads.

He quoted the American Medical Journal of June 24, 1969, as saying:

Marihuana is a dangerous drug and as such is a public health concern.

He then quoted the head of the National Science Foundation who said that:

It is our puritan ethics which say we should not do this (smoke marihuana) rather than science which says we should not at the moment.

Concerned citizens want some answers they can believe. I should like to pass on a few observations made to me by a psychiatrist, Dr. Jesse Rubin, executive director of the Psychiatric Institute Foundation in Washington.

He stressed the importance of a thorough study of the use of marihuana in our high schools, and the need for reliable statistics.

For example, reports from different sources—this applies to my own Montgomery County schools—have stated that the number of first-time users in the high schools is as low as 13 percent and as high as 95 percent.

Only careful statistical work can yield the true figure. Dr. Rubin further pointed out that current Federal and State laws governing marihuana are so controversial that civic leaders, parents, and youngsters are spending so much time debating the legal penalties, that they fail to consider the more basic question of the effect of the drug on users, and the corollary question of what young people are doing with their leisure time.

I do not mean to suggest that the marihuana problem is limited to teenagers; we know that adults in all classes of society are experimenting with the drug, too. The point is that the pharmacology of marihuana has not been studied deeply enough to give us adequate evidence of its physical and emotional impact on any age or type of user.

Dr. Rubin classified marihuana smokers into three categories: those who experiment with the drug in a social situation, those who are seeking new thrills and excitement and will try anything once, and those who develop a psychological dependence on the drug as an escape.

The existence of different types of users may explain some of the conflicting findings of various studies. Results may differ depending

on which type of user was examined and whether the reactions of one type or another are applicable to others.

The questions raised by marihuana use are serious and complex: What is its exact impact on study habits, on job performance, on social behavior, and on moral standards?

I am not saying morals, but moral standards indicate that I think we should legislate morality.

To just what extent does marihuana contribute to crime and highway slaughter? We know that the use of marihuana precedes the use of dangerous drugs in some cases, but what is the precise relationship, and the degree to which this occurs?

What is its likely long-range effect on individuals and society?

I do not have the answers to these questions, Mr. Chairman, nor, it seems, does anyone else.

That is precisely the point. We do not know enough to judge. That is why I urge the passage of this bill to establish a commission on marihuana.

We badly need some answers. And it is my hope that such a commission can lift our knowledge on the subject from the depths of confusion, superstition, and speculation to the level of scientific and medical fact.

Only then can we confront the marihuana problem with understanding and justice.

I would like to say, Mr. Chairman, with reference to the question as to whether a presidential commission is appropriate for this problem, that this is a national problem.

We have conflicting opinions from figures in our National Legislature and in the Executive, who are respected figures, and very often we find that politics enters into this, as it just naturally does.

You have people then taking positions and a hardening of positions, which I think can only be overcome by the independence of the presidential commission, that is not answerable to the Executive or committed to a political position with his associates and with the people with whom he works.

I don't think you can achieve this independence with an interdepartmental study.

I don't think you can do it with a joint committee here in Congress. Politically, for example, I just don't believe that an NIMH group, after what has transpired in the past, can come up with a report, even though this might be perfectly right, that would be accepted by the people.

To illustrate a little bit of the problem, I had an interesting experience. As you know, we get these Dear Colleague letters. We received one awhile ago from a colleague who was proposing legislation in the field of drug addiction.

We were interested because I am interested in all of these bills. We called his office and said it seemed to have some very good proposals, but he did not include marihuana in it.

The answer from the legislative assistant was "Well, this is such a difficult area to legislate in that the member decided to leave that out."

I think this is the problem when we get this type of attitude. I did not blame them very much. It is very difficult to work in this area. I know that commissions from time to time are considered a political

bromide, and there are certainly commissions established which are not appropriate to the function or to the problem.

But in this case I think it would be a very healthy thing to clear the air in this area, and I think it would demonstrate that in our democratic system that we do have the very vehicle and device to come to grips with a national problem and to resolve it.

And I think the type of commission outlined in this legislation is perfectly constituted to set the tone.

I don't believe that the President should be directed to select a member from this organization or a member from that. I think it should be completely in his discretion. I think this is part of setting the tone.

I would suggest one amendment possibly. There is always a question that a commission report goes on the shelf and collects dust. The various executive departments should be required to report to the President within a specific time after the submission of this report as to what they were doing or what their exact reaction was to the report, why they did or did not act in accordance with the recommendations of the reports.

I think this is helpful. I think it would be a good report. And I think that when you have a good report, you do get the proper reaction. But this would be a guarantee that we would write into the legislation.

In regard to the funding, the half a million dollars perhaps could be a little high. I think in this case, as opposed to collecting legal data, that perhaps collecting medical data may be a little more costly.

But I don't know whether we have a report on costs of commissions, or what other yardstick we could go to. But Mr. Poff certainly has some expertise in this field.

Thank you very much for the opportunity to appear.

Mr. KASTENMEIER. I share certainly the gentleman's concern in this area.

While I think there is a tendency for the testimony to suggest that, as you point out, the problem is in high school, among young people. There are other institutions that are involved and somewhat alarmingly. For example, the armed services have just recently said on television, how easy the traffic in marihuana is, and how substantial it is in Vietnam among American servicemen.

There was also a news item not so long ago to the effect that some of the men manning a strategic weapon were found smoking marihuana. I think the country ought to understand what this means or does not mean. I think possibly a study of this sort could be useful in that regard.

I have just one more question. Do you think that a commission of this sort should be devoted solely to marihuana or ought one to include hallucinogenic drugs as well?

Mr. GUDÉ. No, I believe the gravity of the dispute over marihuana does dictate a single commission. And I think if you tend to load it down with other associated issues why you dilute the impact of the report and the clarity with which it will speak just to this point.

Mr. KASTENMEIER. Thank you.

The gentleman from Connecticut?

Mr. ST. ONGE. Thank you, Mr. Chairman.

Mr. Gude, I think you heard the previous witness say that this commission would not go into basic research in marihuana. Yet you cite several instances where apparently highly placed medical authorities have had contradictory statements on the matter.

Do you feel that some additional basic research is needed now?

Mr. GUDE. I would not want to say whether it would be needed. My feeling is that this commission could explore that problem and might well come up with a report that would say further basic research is needed.

I think there might be some problems in accepting medical data and research from other countries.

What applies to the use of marihuana in England or Sweden or India because of the culture and the context might not well apply to our American system. There may be indications that we need more research in this area.

So I am not satisfied that we have all of the answers that would come from basic medical research. Certainly then it would not be the duty of this commission to conduct basic research but as Congressman Koch has indicated, to be a panel, to examine the data available and report on it.

Mr. ST. ONGE. But the commission in your mind could very well come to the conclusion that further basic research is needed?

Mr. GUDE. Yes. I think this is a definite possibility. I think that we well might resolve some of these conflicts I have mentioned and come up with the answers.

Mr. ST. ONGE. That in itself would be a very worthwhile result.

Mr. GUDE. Yes.

Mr. ST. ONGE. Without placing yourself in the shoes of the President, could you give us some ideas of your own as to the make-up of a commission, what fields should be represented and so forth?

You seem to agree that the interdepartmental agency is not the right solution. Do you believe that the Surgeon General should be on the commission?

Do you have any specific ideas?

Mr. GUDE. Representatives of medicine, the legal profession, the social sciences, psychology and psychiatry, and educators—these are the fields that should be represented. I would have a little hesitancy to take anyone from the establishment because these people have probably already spoken out or taken a position.

As to the present Surgeon General I am not sure whether he has staked out a specific position.

Mr. ST. ONGE. How about Members of Congress?

Mr. GUDE. I think Members of Congress would be very appropriate.

Mr. ST. ONGE. Thank you very much.

Mr. KASTENMEIER. Mr. Poff?

Mr. POFF. Mr. Chairman, I will be brief. The thing you said a moment ago highlighted a concern of mine, namely, that these reports so often go on the shelf as you put it and collect dust. I wonder in light of the urgency for action if a further study, even if limited to 1 year, might possibly contribute to a delay in action rather than expediting action. I sometimes find that these reports become the predicate for debate. It is very seldom that they can absolutely, to the satisfaction of all, resolve a contradiction in the basic medical

complex, or for that matter contradictions in the matters of law and the Constitution. What they do usually, is decide with one school of thought or another.

I would not want to do something in an effort to solve this problem which might hinder it, which might hinder the solution.

Do you think this is a danger?

Mr. GUDÉ. I don't believe there is any doubt that this Commission could resolve some of the basic inconsistencies that exist between some certain experts. I think that scientifically, some of these things can be established.

As you move into the social and legal fields why any report is going to be suspect from a certain group.

But given the high level of the people who would be appointed to this commission—and I am certainly certain that the President would appoint people who would be respected—I think it would have the authority that this was the best opinion of the best experts you could get together on this subject.

Mr. POFF. Specifically, in the case you suggested, do you think it would be possible for this commission to resolve the contradiction between the two medical authorities with respect to the blood sugar level?

Mr. GUDÉ. Yes; well, as I have suggested in the testimony, perhaps they were dealing with two separate groups of patients. When this appears in the literature that the public reads, they are unaware that this sample of patients represented a certain social strata or a certain group of physical types, and another sample represented other types.

There may have been logical medical reasons why one group ran a high blood sugar and the other did not.

So I think these are things that could be so resolved. Personally taking my position as a legislator, it may be that we will have to wait a year before we move.

My feeling now as a legislator, with what I have seen personally and what I have read, is that I would not vote to legalize marihuana. I do feel that the penalties are severe in certain instances, and would be for legislation which would reduce the penalties in certain instances.

I feel that the pushers should be punished to a higher degree but with this report, I might well change my thoughts. So I think the process has to go on. I don't think we can just go into a vacuum for a year while we are waiting for this report.

Mr. POFF. Thank you.

Mr. KASTENMEIER. Mr. Biester?

Mr. BIESTER. I will be very brief as well. I share the concern of my colleague from Virginia as to precisely what issue such a commission could resolve, or what fresh issues it might also generate.

Depending here on how the commission may perhaps be constituted, suppose it comes out with a report which is divided, suppose further its report is a 5 to 4 recommendation? And suppose that the Congress determines not to act on the basis of that close a margin. With respect to any of the recommendations of that report, does not such a report with the special impact of a Presidential Commission offer a fresh retreat for those who choose to use marihuana, saying that this does not hurt? Doesn't that give a special new enticement to the pusher, that it is all right to use, and might not the majority of five be incorrect?

It strikes me that one of the problems we have here is identifying what the quality of risk or danger is that we can legislate accordingly. Certainly, we now know that cigarette smoking, at least it has been established to my satisfaction, has a relationship to both heart disease and cancer. I have seen some startling figures as to how many people die in a year in this country because of the use of cigarettes. Yet, we do not make smoking unlawful. Because we had a bad experience the last time, they tried to legislate on the consumption of certain kinds of drugs. I just wonder what the quality of risk is that you would foresee as a legislator which would impel you to either legalize or continue prohibitions on marihuana?

Mr. GUDE. We have a democratic system here. For example in the Supreme Court we have 5 to 4 decisions on very weighty matters. We do not see the resolution of some of these problems from one generation to another.

To me, this is an appeal to a higher device in our system to resolve some of the conflicts in the issues. As I said, this might not be a guarantee.

This might not be the resolution. But this is a problem of national gravity. The people do not have a consensus as far as the laws and knowledge of marihuana is concerned.

I think one of our charges is to attempt to develop a national standard in this area.

I think we are fortunate that we have a system where we are not going to say that one individual is going to dictate what the laws and what the social problems are concerning marihuana, to be accepted *carte blanche* across the land.

Mr. BIESTER. I think we have a human factor in our equation, which is a variable of almost incalculable dimensions; the capacity for the variety of human behavior is enormous. Therefore, while we may be objective in our findings with respect to the chemistry of this marihuana, we might not be able to be objective about the human equation. It is the human factor that I think we may find continuing and unresolved and in disagreement about.

You may find for example that marihuana consumption does not affect blood sugar, or does not have a physiological impact on a human being, but it may be a ticket to a drug culture, or it may be a ticket to a societal copout attitude. It may be a creation of a psychological crutch as some have warned. Are these matters which form the kind of predicate for legislation?

Mr. GUDE. To me, it seems to me I detect in your statement a reluctance to explore the unknown, that we had better leave it alone, we had better not go into it and investigate it because we may end up—

Mr. BIESTER. No, on the contrary. My apprehension is we may explore the unknown with a target date of 1 year with a small group of people and achieve a resolution which pretends to say there is no longer an unknown when in point of fact there may continue to be a great one. That is my point.

Mr. GUDE. Well we have had statements from what I imagine you would call the highest medical authority in our Government, and I would say the condition as far as marihuana and the national opinion about it certainly cannot be worsened.

Mr. KASTENMEIER. I would like to take this opportunity to express the committee's gratitude to the gentleman for his testimony this morning. It is very enlightening.

The Chair would like to announce that the next witness, our colleague from New York, Mr. Rosenthal, will not be able to testify this morning.

Our next witness is John Ingersoll, Director of the Bureau of Narcotics and Dangerous Drugs, Department of Justice.

Mr. Ingersoll, you are most welcome before the subcommittee. Please identify your colleagues.

STATEMENT OF JOHN E. INGERSOLL, DIRECTOR, BUREAU OF NARCOTICS AND DANGEROUS DRUGS, DEPARTMENT OF JUSTICE; ACCOMPANIED BY DR. EDWARD LEWIS, CHIEF MEDICAL OFFICER, AND MICHAEL SONNENREICH, DEPUTY CHIEF COUNSEL

Mr. INGERSOLL. Thank you, Mr. Chairman and members of the subcommittee. It is a pleasure to appear before you today to discuss the legislation that is pending before this subcommittee.

In order to provide the committee with the best information that we can, I have two associates with me who will assist as necessary in the testimony. On my left is Dr. Edward Lewis, Chief Medical Officer of the Bureau of Narcotics and Dangerous Drugs, and on my right, Mr. Michael Sonnenreich, Deputy Chief Counsel of the Bureau.

Each of the pieces of legislation calls for the establishment of a commission to study marihuana and report on its effects. Increasing concern is being voiced over the spread of marihuana abuse throughout the United States. Many are questioning the dangers to society by its use and want to know more about this drug. I include myself as among that group.

It is suggested that, rather than having a commission appointed by the President, a study of the marihuana problem might be more appropriately conducted by a group selected jointly by the Attorney General and the Secretary of Health, Education, and Welfare. This commission should be directed to study all aspects of marihuana use. I would suggest that the mandate of such a study should place emphasis on six specific areas.

These are: (1) the identification of existing gaps in our knowledge about marihuana; (2) an intensive examination of the important medical, legal, and social aspects of marihuana use; (3) surveys of the extent and nature of marihuana use; (4) studies of the pharmacology and effects of marihuana; (5) studies of the relation of marihuana use to crime and juvenile delinquency; and (6) studies of the relation between marihuana and the use of other drugs. A report on its findings and recommendations should be submitted to the Congress and the President within 2 years.

By making the selection process a joint enterprise between the Attorney General and the Secretary of Health, Education, and Welfare, I believe one might arrive at a meaningful consensus between the legal, medical, and scientific communities.

Mr. KASTENMEIER. May I interrupt you only for a question. Did you

say under No. 2 an intensive examination of the important medical, legal, and social aspects?

Mr. INGERSOLL. Yes, I did.

Mr. KASTENMEIER. As you know, legal is not in your statement as presented to the committee.

Mr. INGERSOLL. That is correct. I added that.

Mr. KASTENMEIER. You may continue, sir.

Mr. INGERSOLL. By making the selection process a joint enterprise between the Attorney General and the Secretary of Health, Education, and Welfare, I believe one might arrive at a meaningful consensus.

In the past, these communities of opinion have been at odds with themselves and each other on the issue of marihuana. This rift has served only as an impediment to a workable solution. Hopefully this joint selection process will bring these groups together and allow them to evaluate the problem from all three viewpoints and arrive at some definitive answers and workable solutions which will merit the respect of all.

The joint selection process should also aid in bolstering credibility of the study group's findings. It should be kept in mind that facts and opinions must be sifted and evaluated, and the group should be balanced so that the entire spectrum of the American public can accept not only the facts presented, but the conclusions drawn therefrom.

We suggest that the alternative approach, that I have just discussed, could best be incorporated within the framework of the administration's proposed Controlled Dangerous Substances Act as a provision of that legislation.

In closing, I would like to point out that both the Bureau of Narcotics and Dangerous Drugs and the National Institute of Mental Health are presently involved in vital marihuana research. The Bureau has recently let two contracts to study the potential dependence liability of marihuana and the long-range effects produced through chronic use. Both studies are using chimpanzees as subjects.

In the first study, the ultimate research goal is to determine whether chimpanzees, who have been taught to smoke cigarettes treated with the active ingredient in marihuana, will prefer the use of marihuana over other forms of reward. This study is designed to establish whether or not marihuana use is capable of producing some form of dependence liability.

In the second study, the active ingredients of marihuana will be repeatedly administered to a number of chimpanzees over a 2- or 3-year period. Prior to this, the animals will have been taught, through operant conditioning, several complex tasks. One phase of the study will test the proficiency of these animals in performing these tasks after the administration of marihuana. Another phase will study any behavioral changes in the animals. In the third phase, administration of marihuana will be stopped, and the animals will be studied for any persistent changes in behavioral patterns.

This is really an oversimplification of these studies, but I wanted to point out that we are undertaking some highly specialized research projects in the area of marihuana abuse. Any of our data would certainly be made available to the commission for its review.

The National Institute of Mental Health has given several grants

to study such facets of the marihuana problem as the effects of marihuana on the heart and circulatory system, its potential for producing birth defects, and the effect of marihuana on experimentally induced aggressive behavior.

Obviously, these projects require time, as illustrated by the fact it takes over a year to teach a chimpanzee how to smoke marihuana. I wish we had the same experience with our children.

However, we are confident that the results of these studies, and those undertaken in the future will provide us with other data which, when compiled, may provide us with the solutions we are looking for.

In conclusion, let me state that the Department of Justice shares with you your concern over marihuana and its individual and societal effects. The people of this Nation—young and old—want the true facts.

Mr. KASTENMEIER. Thank you very much, Mr. Ingersoll.

It would appear that the general thrust of your statement is a strong request to Congress that they do provide for a commission to study marihuana, and the only question is what composition, how long a term, and so forth. Is that correct?

Mr. INGERSOLL. Yes, sir, I think the commission is all important.

We presume to offer some suggestions for the committee's consideration as to alternatives to the pending legislative proposals. But the establishment of the commission is of utmost importance in our thinking.

Mr. KASTENMEIER. I notice that in your areas of study, while they generally parallel H.R. 10019, you do not include the efficacy of the existing marihuana laws as one of the areas to be studied. Is there any particular reason for that?

Mr. INGERSOLL. The existing laws are being considered now in an administration proposal, which is having hearings on the Senate side of this body.

We will be testifying again in the very near future before that committee, and at that time, will set forth specific suggestions concerning penalty structures on behalf of the administration.

In further response to your question, Mr. Chairman, a question was raised earlier whether we ought not to go into a vacuum or stop any action pending the outcome of the proposed commission study. I don't think we should. I think we should continue to make progress in the area, and once the commission's work is finished, evaluate for the possibility of further progress.

Mr. KASTENMEIER. As you may have gathered from the testimony, there is some question as to what form of commission would be most credible, say, from the point of view of either legislators or the American public at large.

What advantages do you see in an interagency appointed commission over a general presidential blue ribbon type commission?

Mr. INGERSOLL. I think that as has been suggested in earlier testimony several disciplines should have an impact on the commission's work.

I think that this can be best carried out if the Cabinet officers who are most concerned with these activities and are the most knowledgeable experts within the respective legal field, medical and scientific field, for example, can jointly select a commission.

I think that in any event this is one means of appointing, or one

means of establishing a commission that ought to be carefully considered.

I believe that the commission has to be credible. There is no question about that. This is one way, I think, of making certain that the commission is, in fact, composed of people who are both knowledgeable and who also have stature in the field.

Mr. KASTENMEIER. Would you support as an alternative a presidential commission, which had representation from the Department of Justice and the Department of Health, Education, and Welfare?

Even though this is not precisely your recommendation, would you be disposed to support such a commission?

Mr. INGERSOLL. I don't think that employees of the Government, as such, should participate in the commission. I think that our knowledge and information ought to be provided to the commission, but I would prefer to see a commission that is composed of nongovernmental employees with the possible exception of legislative people.

Mr. KASTENMEIER. Is your recommendation then, that the Department of Justice and the Department of Health, Education, and Welfare shall jointly appoint a number of outside experts?

Mr. INGERSOLL. Yes.

Mr. KASTENMEIER. How many outside experts?

Mr. INGERSOLL. I don't have a fix on a number either, Mr. Chairman. I think it has to be sufficient to cover the several fields and to provide a variety of expertise. I don't know that the number nine is the right number. It may require 15. It may require 20 or more. I just don't have the figure in mind.

Mr. KASTENMEIER. The cost for a 2-year period would be substantially more than the original proposal before us, would it not?

Mr. INGERSOLL. I think so. But I think that we can also recognize the fact that the Departments of Health, Education, and Welfare and Justice have supporting facilities which could offset some of the costs that might otherwise be incurred. Certainly a 2-year study would require more money than a 1-year study. But I am not satisfied that the answers can be obtained in 1 year to meet the goals of the commission.

Mr. KASTENMEIER. What is your answer to the suggestion by the gentleman from Virginia that a 2-year commission may tend to have the undesirable effect of deferring a resolution of the problem; that the mere creation of a commission with a term of 1 or 2 years preceding its recommendations might tend to delay solution of a rather urgent existing problem?

Mr. INGERSOLL. We have lived during this decade without a commission, Mr. Chairman. This is the decade that has witnessed overwhelming growth in the abuse of drugs.

I don't think we have done too well without it. I am not sure that we have resolved the issues in this decade yet. I really don't think that we are going to prohibit progress or that we are going to impede progress by the establishment of a commission.

There are several bills pending before the Congress. There is an administration bill pending which turns a very definite corner in the control and the criminal provisions relating to narcotics and dangerous drugs.

Mr. KASTENMEIER. Is that S. 2637 before the Senate Committee on the Judiciary?

Mr. INGERSOLL. Yes. And I think that this will be a moving force, as well as a study commission.

In addition to that, we have established within the executive branch improved coordination among the several departments, which are concerned with the problem. I think progress will continue to be made.

I think the Commission will clarify and sharpen the issues, and I think it will be in a much better position to present a report that will be acceptable and that will be believed by the general public, all aspects of the public. While I wish we had those answers now, we simply don't have them.

Mr. KASTENMEIER. Actually S. 2637 has presently been parceled out in the House, I recall, between H.R. 13742, Controlled Narcotic Drug Act of 1969, which is before the Ways and Means Committee, and H.R. 13743, Controlled Depressant and Stimulant Drugs Act of 1969, before the Committee on Interstate and Foreign Commerce, is that right?

Mr. INGERSOLL. Yes. I am not certain of the numbers, but that is correct.

Mr. KASTENMEIER. To return to one disparity between your thinking and that of a preceding witness concerning credibility, do you think that if we have the Attorney General and Secretary of Health, Education, and Welfare appoint commissioners, existing experts, that we can get the freshness of approach that is needed? Can existing experts under such a mandate be expected to "rethink," in your words, the entire problem?

Mr. INGERSOLL. I have in mind that, if a lawyer, for example, is exposed to the scientific and the medical data, this will certainly be a fresh input, a fresh consideration, assuming that the lawyer has the information explained to him in sufficient depth so that he can understand and draw some meaningful conclusions from it.

The other side of the coin is that the scientists, or the doctor, physician or medical man, would be exposed to the legal community's thinking directly, and could also perhaps provide fresh insights. In the long run, I would see these groups coming together so that rather than having a division continuing, a divided position on the consequences of the use of marihuana, perhaps we can get these two very important factors of our society together with a common understanding of the problem of what has to be done about it.

So I think in this viewpoint, we will bring a combination of expertise and also the ability, depending upon the competence of the appointees, the ability to bring fresh insight and fresh thinking to what we already know in addition to discovering new information, hopefully.

Mr. KASTENMEIER. Do you think there ought to be any statutory qualification for membership on the commission?

Mr. INGERSOLL. I think that would best be left to the appointing authority to establish the qualifications.

Mr. KASTENMEIER. Why do you feel that the life of such a commission should be 2 years rather than 1 or some other period?

Mr. INGERSOLL. Again, I think when you talk about time and members, one is being somewhat arbitrary. I just feel that 2 years is a

more realistic time frame than 1 year. I might point out also, that I think the Attorney General feels the same way, when he indicated in his testimony that the objective is to get at the bottom of the problem, and to understand the many facets.

I have been in my job for slightly over a year. I thought I knew all the answers about marihuana a year and a half ago. I had been told certain things during my career in law enforcement. I have since discovered that there is an awful lot that neither I nor anybody else knows.

In the year and a half or so that I have been in the job, I have not learned the answers to those questions. I doubt if a commission, even though it will have all of the resources that I have available to me to conduct its studies upon or make its judgments upon, whether or not it can do it in a year's time.

Mr. BIESTER. Would the gentleman yield?

Mr. KASTENMEIER. Yes.

Mr. BIESTER. That goes to the heart of the point I was trying to make with the previous witness, in that we go from an area where we have established fundamental truths which we find now are perhaps not true, we have engaged in a great deal of conduct, and now simply for the symmetry of time we say, "Let's set a target date for new information."

We may commit the same kind of error. It seems to me that if the commission could reach findings earlier than 2 years, it would do so in the interest of the country.

Mr. KASTENMEIER. Legislatively there are several ways to tackle that. One, you can establish it for 1 year and then extend it, if it is necessary; two, you might make it 2 years and require an interim report at the end of 1 year, which does require the commission to respond sooner than its final target date.

That question is a good one. I asked the first witness whether there are, in fact, answers. Maybe there are no assurances that there are definitive answers for us.

Mr. BIESTER. It would be a great mistake to substitute one mistaken orthodoxy for a second mistaken orthodoxy.

Mr. KASTENMEIER. On the other hand, it would appear there is some argument for at least doing something, allowing for the possibility of an airing.

The gentleman from Connecticut?

Mr. ST. ONGE. Mr. Ingersoll, admittedly the problem is a very serious one. I think in the discussion you have had as to how much it is going to cost is almost beside the point. We have got to do something in this field. You recommend a commission, the members of which would be appointed by the Secretary of HEW and the Attorney General.

Isn't the problem serious enough to warrant appointment by the President of the United States with all the prestige his office carries?

Mr. INGERSOLL. I think that is another reasonable alternative, sir. I don't think that I want to be adamant in one direction or other. I would suggest that the Secretary of HEW, however, and the Attorney General, probably will be asked by the President for advice in making these selections. I think that they probably have more direct access to those people who could best serve on such a commission.

It is for this reason that we suggest this be a joint enterprise between the Secretary of Health, Education, and Welfare and the Attorney General.

Mr. ST. ONGE. I am sure the President would consult the Attorney General and the Secretary of HEW as his chief advisers in the selection of the personnel for the commission, but the problem is serious enough to warrant the prestige of the office behind the commission.

Mr. INGERSOLL. Yes. As I say, I think that is certainly a viable alternative. I wouldn't want to see the legislation or the establishment of the commission impeded just because of a bureaucratic maneuver, whoever is going to make the appointment. I merely offer this for the committee's consideration.

Mr. KASTENMEIER. The gentleman from Virginia?

Mr. POFF. Thank you, Mr. Chairman.

The information as it fell from the witness' mouth was the first time it reached my ears. So I will have to ask a few more questions than I might otherwise.

I failed to understand precisely what distinction the witness is making between the proposal in the several bills before us and the alternative which he suggests; namely, a study of the marihuana problem conducted by a group selected jointly by the Attorney General and the Secretary of Health, Education, and Welfare.

So far as I can tell, there would still be the same study objective. There would still be the same commission mechanism. The only difference that I find in the two approaches is in the method of selection of the members of the commission. Is that a fair statement?

Mr. INGERSOLL. Yes, I think basically that is fair.

Mr. POFF. To the extent that it is an alternative, this committee will most certainly carefully consider it, and yet as we consider alternatives, we want to know, don't we, what are the pros for each and what are the cons for each?

I am wondering as a matter of mechanics in the alternative you suggest just how these nine people would be selected by the two Secretaries. Would one select five and the other four?

Mr. INGERSOLL. I think that it would be a joint selection, and I think that one way of doing it would be to consider recommendations made by the American Bar Association and the National Academy of Sciences. I think the two of them, the National Academy of Sciences—excuse me, and the two together could reach an agreement from the list of names provided from those two organizations.

Mr. POFF. In other words, the two Secretaries would sit down together and reason together and agree upon the membership?

Mr. INGERSOLL. Yes.

Mr. POFF. Having done that, how would they select a chairman?

Mr. INGERSOLL. This could be done in a number of ways. Perhaps the two Cabinet officials would wish to do this jointly, perhaps the commission itself would wish to elect a chairman from its own group.

Mr. POFF. But whatever legislation we write will have to particularize with respect to that process?

Mr. INGERSOLL. Yes.

Mr. POFF. Do you have any preference?

Mr. INGERSOLL. I don't think so. I don't think I have any strong preference in mind.

Mr. Poff. Do you think the chairman ought to have the services of a cochairman?

Mr. INGERSOLL. I certainly think there ought to be at least a vice chairman to serve in the event of his absence, yes sir.

Mr. Poff. I understand you to say that you felt whatever legislation is written should not undertake to establish the criteria, even to name the disciplines involved in the choice process?

Mr. INGERSOLL. That is correct, sir.

Mr. Poff. Do you feel that the commission or whatever body it might be called needs any other mechanism, such as an advisory committee to the commission? This device is sometimes used in connection with the establishment of a study commission.

Mr. INGERSOLL. Yes, I think there would probably have to be a number of small groups to serve in an advisory capacity to the commission. There may also have to be a staff capability provided.

Certainly, the commission would not be able to do all of the pharmacology research or evaluation that is needed, and perhaps an advisory group in pharmacology might be important.

Perhaps another advisory group composed of people who would be capable of answering the questions about the relationship of marijuana to crime would be appropriate. I think it would be proper for these advisory commissions, committees, or advisory groups to be composed in part of governmental personnel.

Mr. Poff. They would not be paid a salary or a per diem?

Mr. INGERSOLL. No, not beyond their normal salary as Government employees.

Mr. Poff. I was interested in what you said about the possibility that your approach might be more economical as well as more efficient. To the extent that the expertise in HEW and Justice would be available to the commission, would it not be similarly available to a presidential commission?

Mr. INGERSOLL. Yes, it would be available to any commission along these lines.

Mr. Poff. As a matter of fact, some of the charters written by these committees specifically provide that expertise shall be made available and instruct the agencies to make it available?

Mr. INGERSOLL. Yes, sir.

Mr. Poff. Do you think that such a thing would be useful in the charter we write, whatever it might be?

Mr. INGERSOLL. Yes, I think it would be very helpful.

Mr. Poff. As a matter of fact, isn't it helpful in connection with arranging our finances and dividing the responsibilities of your personnel to have a legislative mandate?

Mr. INGERSOLL. Indeed, it is, yes, sir.

Mr. KASTENMEIER. Will the gentleman yield?

Mr. Poff. Yes, I will, if it is on the related point I want to pursue.

Mr. KASTENMEIER. It is on the point of attributing to the witness, I didn't hear him say that, that his version of the commission was more economical than the others. Did you testify to that?

Mr. INGERSOLL. I think I mentioned in answer to a question from the chairman that in response to costs, the facilities of the Federal Departments having a bearing on this problem would be available to the commission. This would probably reduce the costs that otherwise

would be necessary, if it had to be completely self-supporting, self-sustaining. That is, if it had to support its own basic research facilities, for example, which are available in the National Institute of Mental Health, then it would be much more costly to undertake that program.

Mr. KASTENMEIER. Just to pursue that one question, you also testified there may be as many as 15 or 20 members on such a commission as you might propose and also suggested it would run 2 years. So I don't think what you really said was that your proposal is more economical than the other proposal.

Mr. INGERSOLL. I don't think so, certainly in terms of the length of time that we are proposing. That alone would indicate that perhaps the cost would be greater.

Again, I don't have any yardsticks to measure the costs of such a commission by, and I think that there is other expertise that could be brought to bear on that question.

Mr. POFF. This line I want to pursue now is the question of jurisdiction of the committees.

As the chairman has indicated, this mammoth reform effort, which has been sent to the Congress, one without parallel in history, is crippled in part now because it is spread among a number of committees in the two Houses. This is an inescapable hazard of the legislative process. In the report that has been finally issued, do you think that this commission might be able to deal with its legislative recommendations as a package so that it might appropriately go to one committee?

Having asked the question, I would like to anticipate the answer as, no. I doubt that the solution is that simple and it is because the problem is too pluralistic. Would you agree?

Mr. INGERSOLL. I would yield to your answer to that question, yes, sir. I would not presume to indicate how the legislative branch of Government should operate.

Mr. POFF. I might say that I am always loath to predict what the Congress will do.

I yield to my colleague.

Mr. BIESTER. I cannot achieve the same good fortune.

Mr. INGERSOLL. We can include within S. 2637, the administration bill as it is known in the Senate side, the provisions for such a study and for such a commission.

Mr. POFF. Do you have or are you preparing draft legislation?

Mr. INGERSOLL. Yes, we are.

Mr. POFF. In the House you would probably want to submit that to the Committee on Interstate and Foreign Commerce or the Ways and Means Committee?

Mr. INGERSOLL. I am not sure which in the House, but we will submit it.

Mr. KASTENMEIER. You will not submit it to this committee, do I understand?

Mr. SONNENREICH. At this time we don't anticipate submitting it in the House at this point because we are still working with the one bill within the Senate and our intention is to submit it to the Senate first, and when the Senate bill is reported out, or if there is some change in the House with regard to the jurisdictional dispute between Ways and Means and Interstate and Foreign Commerce, and this committee, this would be something that would be a proper vehicle.

For all we know, the Senate bill may find itself here in the House Judiciary Committee, and therefore, the whole thing would then resolve itself into one other committee and it would probably be before you. Therefore, at this time, while we have the language and we have actively studied this, certainly we would be delighted to submit it. At this point we don't think that it would be useful to just resubmit this on top of the legislation that is now before Ways and Means and in Interstate and Foreign Commerce, because we are not really sure where in the House the bill will finally ultimately go for hearings and decision. Therefore, we are going to use the vehicle of S. 2637 in the Senate to make the appropriate recommendation there so that when the bill is reported out, it will include it.

Mr. POFF. Have you been asked to testify in the Senate specifically and exclusively with reference to this subject?

Mr. SONNENREICH. We did, in fact, comment on this, Congressman.

Mr. POFF. I am familiar with the Attorney General's testimony.

Mr. SONNENREICH. And the Director's testimony, and we have been requested to work on this. As you are aware, Senator Dodd's bill, S. 1895, has a committee of sorts within its framework, I believe in title III of that bill. We have been working with their staff members because this is an issue that is of great concern to them also.

Mr. POFF. I thank the witnesses.

Mr. KASTENMEIER. I have a question. Perhaps you can enlighten me. I think perhaps Mr. Sonnenreich might be able to. As to H.R. 13742 and H.R. 13743, where is marihuana, in the Ways and Means Committee bill or in the Commerce Committee bill?

Mr. SONNENREICH. It is in the Ways and Means Committee bill.

The reason, I am quite sure you are much more familiar with it than I am, it was as a result of the fact that that was the committee under the taxing power that had the control for marihuana and narcotics, whereas Interstate and Foreign Commerce logically had control over the abuse of drugs.

Mr. KASTENMEIER. The bill in the Commerce Committee is 72 pages and the one in the Ways and Means Committee is 86 pages long.

How much individual attention do you think creation of a marihuana commission will be given in connection with this treatment of the subject?

Let me put it this way: Let me merely make the observation that I don't know how much attention a committee is able to give a subsection dealing with a side point, really, in terms of the full bill. It would be just a small piece of this bill. I suggest, too, that the subject itself, when separated out, was assigned to this committee, the Judiciary Committee, and not to either of the other two.

So presumably, according to the Parliamentarian and rules of the House, this is the proper committee for the consideration of the possible creation of a commission dealing with marihuana.

Mr. SONNENREICH. As to the two bills that are presently in the House, if you look at them from a comparative point of view, you will see that they are the administration's bills. But what happened is they just went down it line by line and separated the narcotics and mari-

huana on one side and the dangerous drugs on the other. There is no substantive difference between them.

One of the problems that we have always been concerned with is the fact that marihuana has been treated separately in a separate act. I am sure the Director would be happy to comment and the testimony of the Director and the Attorney General have pointed out that we feel we need a unified approach to the entire drug problem rather than constantly separating out the narcotics on one side and marihuana somewhere in the middle and the dangerous drugs on the other side.

We do intend in the Senate bill to make such an inclusion in our bill. As I said, for all we know, it will wind up in the House Judiciary Committee.

Mr. KASTENMEIER. That raises another question which I won't pursue, but isn't there some inconsistency in the Director's statement that marihuana should, for the purposes of study, be treated separately, but yet for other purposes it is part of an act?

But you were saying that marihuana indeed should be treated as part of the General Narcotics Act, and that yet the purpose of the study is, in part, to treat it quite separately. That was the thrust of the director's statement.

Mr. POFF. Will the chairman yield?

Mr. KASTENMEIER. Yes.

Mr. POFF. It is a matter of semantics, but it happens to be critical here. This is not a Narcotics Act. This is a Controlled Dangerous Substances Act.

Mr. KASTENMEIER. The one that went to Ways and Means Committee, to protect the public health and safety by amending narcotics and drugs laws and other purposes, is to be cited as the "Controlled Narcotic Drugs Act of 1969." That is where the marihuana is.

Mr. POFF. In the Senate, the bill is entitled "The Controlled Dangerous Substances Act." In the House it does have that title in the bill before the Ways and Means Committee. The bill before the Interstate and Foreign Commerce Committee will be called the Controlled Depressant and Stimulant Drugs Act of 1969.

Mr. KASTENMEIER. It is not the purpose of this subcommittee to investigate these differences, except to inquire as to whether, indeed, your present thinking is to include marihuana with other drugs and narcotics, whether this is inconsistent with the notion of having a separate study with respect to marihuana?

Mr. INGERSOLL. Mr. Chairman, I don't think so. First of all, as Mr. Poff has pointed out, the administration's bill is entitled "The Controlled Dangerous Substances Act." The changes that you reflect there have been made independently of the administration's proposal.

We still refer to our bill as "The Controlled Dangerous Substances Act of 1969."

In this act, drugs, dangerous substances or drugs are classified according to four categories. The first is substances which have a high abuse potential, and which have no known present medical utility. Marihuana is included in schedule 1 for the purposes of control.

At the present time, the present version of the administration's bill also includes marihuana in schedule 1 for the purpose of criminal sanctions. However, as the Attorney General has pointed out in his testimony, as I have pointed out in several appearances before both Houses of Congress, we are working with the appropriate congressional committees to revise some of the penal provisions, the penalty provisions, particularly as they pertain to marihuana.

Mr. Poff will remember that as far ago as January of this year I testified before the Presidential Commission to Reform the Federal Penal Law in favor of modifying the penalty structure as it pertains to marihuana.

In the next few days, we will be testifying again before the Senate Subcommittee on Juvenile Delinquency and Crime, and at that time we will be prepared to lay out specific alternatives to the penalty structure that is presently carried in the administration's bill.

Marihuana will be treated separately under this penalty scheme. It will be placed in one category for control purposes and a different category for penalty purposes, particularly with regard to simple possession.

I don't believe that this is inconsistent with a study which would single out marihuana specifically, because this happens to be the drug of choice of untold millions of people of all age groups, particularly young people. It is a problem which we think endangers public safety and health at this time.

It is a paramount drug abuse problem in terms of quantitatively. It may not be qualitatively. I am satisfied that there are other drugs that are far more hazardous. But as has been pointed out, it is a health problem, it is a safety problem. More importantly, I think, it is also in some quarters a political problem, and it is very definitely an emotional issue.

If we could apply rationality alone to answering the claims and counterclaims that have been raised concerning the use of marihuana we would have a simple task. But with all of these aspects to it, I think that we have to single it out for special study so that we can resolve the many, many questions that surround the issue.

Last summer, I called for such a study in an issue of the BNDD bulletin, published by the Bureau of Narcotics and Dangerous Drugs. I have indicated the need for more knowledge about this subject and other drug abuse subjects consistently since I have been Director of the Bureau, both in public and before committees of both Houses of Congress.

Mr. KASTENMEIER. That is a very, very useful concluding statement, indeed. Your entire testimony has been very helpful to the committee. We are grateful for it.

Our last witness today will be Dr. Steinfeld testifying in behalf of Dr. Roger Egeberg; Dr. Steinfeld is the Deputy Assistant Secretary for Health and Medical Affairs.

We are very pleased to have you here, Doctor. I hope we can proceed to conclusion and not be interrupted by a vote or a quorum call.

In any event, the committee extends you welcome.

STATEMENT OF DR. ROGER O. EGEBERG, ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, PRESENTED BY DR. JESSE STEINFELD, DEPUTY ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, HEW, AND ACCOMPANIED BY DR. SIDNEY COHEN, DIRECTOR, DIVISION OF NARCOTIC ADDICTION AND DRUG ABUSE, NATIONAL INSTITUTE OF MENTAL HEALTH, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION; AND THEODORE ELLENBOGEN, ASSISTANT GENERAL COUNSEL FOR LEGISLATION, HEW

Dr. STEINFELD. Thank you, Mr. Chairman.
We appreciate your staying this late.

On my left is Dr. Sidney Cohen, who is Director of the Division of Narcotic Addiction and Drug Abuse at the National Institute of Mental Health, and on my right is Mr. Theodore Ellenbogen, Assistant General Counsel for legislation of HEW.

I would like first to extend Dr. Egeberg's apologies, because he did want to be here and did plan to be here, and is of course as you know very interested in this subject.

It is his testimony which I will read, but I will not read all of it. I think I would like to submit it for the record. You have heard many of these things expressed eloquently this morning, I think. I would like simply to highlight a few points for members of the committee.

Mr. KASTENMEIER. Without objection, the testimony of Dr. Egeberg will be received and made a part of the record at this point.

(The document referred to follows:)

STATEMENT OF ROGER O. EGEBERG, M.D., ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman and members of the committee, I appreciate the opportunity to appear on behalf of the Department of Health, Education, and Welfare in connection with the Committee's consideration of H.R. 10019 and H.R. 11540 to establish a Presidential Commission on Marihuana, and H.R. 11166 to establish a Commission on Marihuana and other hallucinogenic drugs.

The Bills under consideration are addressed to a critically important problem—the need to assemble an authoritative and comprehensive body of information on the use of marihuana and its consequences. Essentially, the Bills call for the establishment by the President of a Commission whose task would be to study several key aspects of the marihuana problem: (1) the extent of marihuana use in the United States; (2) the efficacy of existing marihuana laws; (3) the pharmacology of marihuana and its physiological and psychological effects over both short and long periods of time; (4) the relationship of marihuana use to aggressive behavior and crime; and (5) the relationship between marihuana and the use of other drugs. The proposed Presidential Commission on Marihuana would be directed to submit a report on its studies to the President and the Congress within one year.

Mr. Chairman, the Department of Health, Education, and Welfare fully supports the objectives of the Bills before this Committee. There is no doubt of the need to marshal information about the use of marihuana and its effects on health and on society. Similarly, there can be no doubt that we need considerably more information than that now at hand about marihuana, a drug whose use in the United States is widespread and rapidly growing.

I purposely make a distinction between the need to collect existing information and present it in a meaningful and useful way and the need to seek new knowledge, to fill in the serious gaps in our understanding of marihuana as a medical, social, and legal problem. We believe that the first of these two tasks

could very appropriately be carried out by a special study group charged with the responsibility of developing administrative and legislative proposals dealing with marihuana. This would in no way conflict with our responsibility to gather and disseminate information on drug abuse for the purpose of professional and public information and education. The second task, however, the need to add to our present knowledge, is and should remain the responsibility of this Department and, to the extent necessary in the conduct of its regulatory and enforcement functions in this field, the Department of Justice.

The acute upturn in the use of marihuana within the past few years, especially by the young people of this country, has prompted a very substantial increase in research, as well as in efforts to communicate the results of research among the scientific community, those responsible for law enforcement, and the public. Within the Department of Health, Education, and Welfare, significant studies of marihuana have been and are being carried out by the National Institute of Mental Health.

The increase in our activities pertaining to marihuana is reflected in the amounts of funds obligated by NIMH for research grants and contracts in this field. In Fiscal Year 1967, NIMH obligated \$786,000 for marihuana research grants and contracts. Comparable figures for 1968 and 1969 respectively were \$1,239,000 and \$1,330,000. In Fiscal Year 1970, if funds are available, the Institute proposes to obligate \$2,550,000 to support grant and contract studies of marihuana, which means that there will have been a more than three-fold increase for support of these studies in the last four years. In addition, of course, the Institute conducts its own intramural research programs on marihuana.

This research is yielding and will continue to yield information of great importance to scientists, physicians, law enforcement officials, social workers, and others who are faced with the necessity to deal with a rising problem of marihuana abuse. This information would also, of course, be of great use to a study group such as that under consideration. The research effort being conducted and supported by NIMH is comprehensive in its scope, dealing with aspects of the marihuana problem ranging from basic studies on the pharmacology of the drug and its effects on various organs and tissues, to behavioral studies of marihuana users in our society and others. A very considerable, though far from sufficient, body of knowledge is being developed, and we believe it absolutely essential that this work continue.

Research on the problem of marihuana represents by no means a simple or straightforward task. Furthermore, efforts to develop precise and useful information in this highly sensitive field are not aided by the enormous amount of misunderstanding that exists in the population and even among people who are professionally concerned with drug abuse. Nevertheless, NIMH has laid the foundations for very important expansion of our knowledge of the nature of this drug and the physiological and psychological effects of its use.

I do not propose to present an elaborate description of our research activities at NIMH, but I would like to give the Committee an indication at least of the scope and direction of our efforts. A first priority objective, one that has been accomplished, was to identify and produce in standard form the activity ingredient of marihuana and related hallucinogens of plant origin. The active substance is tetrahydrocannabinol (THC), which has now been synthesized by scientists supported by NIMH. This research accomplishment means that investigators who want to study the effects of this class of hallucinogens now have a standardized substance and need not conduct research using raw plant product, which is highly variable in potency. Supplies of THC tagged with radioisotopes have been made available through NIMH efforts, thus permitting investigators to follow the path of the drug through the body and measure its metabolism and excretion.

We have developed procedures for the assay of THC in the laboratory, and work is progressing toward development of bioassay methods for use with body fluids. Plans are now being developed for studies of the interaction between marihuana and other drugs. Human studies using THC have already begun and will be expanded to determine physiologic, pharmacologic, and behavioral effects of the drug. Long-term studies involving human volunteers and now being planned.

This is by no means a comprehensive listing of the broad range of marihuana-related research conducted and supported by the National Institute of Mental Health. This information can be provided in detail if the Committee desires. The

point is, however, that the Department of Health, Education, and Welfare has under way an aggressive and productive program to acquire the kind of information which the legislation before the Committee calls for.

The legislation before this Committee quite properly is limited to calling for a "study and investigation" to be completed within one year, which would serve as the basis for recommendations and proposals for legislative and administrative action to deal with the marihuana problem. We feel it appropriate that this legislation does not envision that the Commission or study group established would have the responsibility for initiating new research. To vest in such a group, the authority to conduct original research on its own would seem both unnecessary and unwise. It would seem unnecessary because it would be largely, if not totally, duplicative of the substantial work now going on; it would be unwise because it would divert the focus for original research from the established and recognized centers of responsibility in this field.

There can be no doubt of the important contribution that a study of the kind under consideration could make. The dramatic and alarming increase in the use of marihuana and the highly public controversy surrounding this drug would seem to be grounds enough for a high level, authoritative review of the state of knowledge and proposals for action. We feel that there are several possible alternatives for the organization of such a study, each of which should be considered on its merits. The formation of a Presidential Commission authorized by the Congress and made up of distinguished citizens from a variety of disciplines is one possible approach. Such a study could also be established by executive action; for example, the responsible officials of the Executive Branch the Secretary of HEW and the Attorney General could collaborate in a study of marihuana. We have been in consultation with the Department of Justice to consider whether the establishment of such a group should be recommended for incorporation in the Administration's proposed "Controlled Dangerous Substances Act."

In conclusion, Mr. Chairman, we feel that a definitive study of the existing marihuana situation is clearly needed to provide guidance to those charged with developing effective solutions for this complex medical, social, and legal problem. As you know, previous studies, such as that of the Prettyman Commission on which I was privileged to serve, were concerned with the totality of drug abuse and went far beyond the subject of marihuana in their investigations and recommendations. In view of the substantial increase in the scope of marihuana use, especially by young people who are not only tampering with a substance whose long-term effects are simply not known, but who are also in violation of existing laws, we can not but welcome a thorough and constructive survey of knowledge about this problem.

Mr. Chairman, I would be pleased to provide any additional information or answer any questions the Committee may care to ask.

Mr. KASTENMEIER. You may proceed, sir.

If you would like to summarize his statement, I think it would be very helpful to the committee.

Dr. STEINFELD. We discuss the purposes of the presidential commission and then indicate that the Department fully supports the objectives of the bills before the committee. There is no doubt of the need to marshal information about the use of marihuana and its effects on health and on society.

And there is no doubt that we need considerably more information about marihuana. But we would like to distinguish between the need to collect existing information and present it in a meaningful, useful way, with the need to seek new knowledge through research.

We believe the first of these two tasks is properly the subject of a special study group, such as the presidential commission, or another commission, but that the second task, that of obtaining new knowledge about marihuana and other drugs, is properly the subject of the National Institute of Mental Health, which currently is charged with doing research and currently is engaged in considerable research in this area.

I think Mr. Poff provided a list of the research projects underway and perhaps a summary of them earlier this morning, so that Dr. Cohen who is prepared to do this, need not do so.

Mr. Poff. If I may say at this point that this list was compiled in June of this year and may be a little outdated? Doctor Cohen may like to supplement it.

Dr. STEINFELD. We are all aware of the acute upturn in the use of marihuana. In fiscal 1970, the NIMH proposes to obligate approximately \$2½ million for research on marihuana.

This is a three-fold increase in marihuana research over the past year. This is yielding a great deal of information not only to scientists, but to law enforcement officials, social workers and all others interested in this problem.

The problem is indeed complex. I don't want to get any specifics. I would like to emphasize that the active ingredient in marihuana has been isolated and synthesized recently, tetrahydrocannabinol. It has been labeled with radio-isotopes so that it can be followed throughout the body, and through pharmacologic and biochemical studies, for the first time, we may be able to get considerably more information which we never could have before, and also we may be able to resolve a number of the conflicting reports.

Many of these resulted from studies done on varying strengths of the marihuana and on small numbers of individuals, and it is not a bit surprising that the results differ.

I have spent 17 years doing cancer research on patients. If the results were not different I would be astonished.

This had nothing to do with marihuana. I usually got poorer results than the man who discovered a new drug for the treatment of cancer, but many of them ultimately do find a place somewhere in our armamentarium against disease.

The legislation before the committee is quite properly limited to calling for a study and investigation to be completed within 1 year. This would serve as a basis for recommendations for proposals and legislative actions to deal with the marihuana problem.

Also we feel that the legislation properly does not call for initiating new research channels. We heartily support both concepts. There are several possible alternatives for the organization of such a study.

The formation of a presidential commission authorized by the Congress, made up of distinguished citizens from a variety of disciplines is one approach. This study could also be established by executive action as has been described by Mr. Ingersoll, through appointments by responsible officials, such as the Secretary of HEW, and the Attorney General.

We have been in consultation with the Department of Justice to consider whether the establishment of such a group should be recommended for incorporation in the administration's proposed Controlled Dangerous Substances Act.

In conclusion, Mr. Chairman, we feel that a definitive study of the existing marihuana situation is clearly needed to provide guidance to those charged with developing effective solutions to complex medical, social, and legal problems.

The previous studies, such as the Prettyman Commission were concerned with the totality of drug abuse and went far beyond marihuana

alone, but in view of the substantial increase in marihuana use by young people, a substance whose long-term effects are not known, despite its use for thousands of years, and because the use of marihuana violates existing laws, we can only welcome a thorough, constructive, survey of knowledge about the problem.

My colleagues and I would be pleased to provide any additional information at this point.

Perhaps Dr. Cohen could highlight some of the more recent studies at NIMH, here.

Dr. COHEN. Would you like me to do that, Mr. Chairman?

Mr. KASTENMEIER. Yes.

Dr. COHEN. At the NIMH we have a 5-year marihuana program planned and we are in the third year of this plan. It consists of the development of materials which will enable all researchers all over the country to get standardized material.

As was mentioned by Dr. Steinfeld, only a few years ago the active ingredient in marihuana, tetrahydrocannabinol, was synthesized, and we are now able to supply researchers with it. We can also supply researchers with marihuana itself which has been assayed. This is also a great advance in that we now know how strong the material is and can determine the exact effects of precise dosages.

For the past hundreds of years, all marihuana research was handicapped by the fact that some of it was very strong and some of it was impotent.

We have supplied over 60 researchers in the last 2 years with marihuana products. The demand for these materials is increasing.

On our own, we are progressing with both intramural and extramural research into, I think, every aspect of the marihuana research area, the sociological impact of the drug, and the way the drug use spreads from one person to another, the physical effects, the psychological effects, short term and long term, and by the way, one of the great problems, of course, is what are the long-term effects of consistent smoking?

This is answered so variously by different people that it becomes one of the critical issues that such a commission will have to resolve.

In the East, in India for example, they believe that it is a harmful drug if used immoderately over a long period of time. In this country we don't have such fear. We have no group to go to here and study properly.

This is one of our objectives, to study groups in certain cultures where marihuana has been used and to study them at a level of scientific sophistication which would give us a more effective answer than the anecdotal information of the past.

We also are conducting many animal studies. You have heard we're looking into the question of how the drug is distributed in the body, what its effects are on the brain cells, what its effects are on the genetic material, and indeed, I could go on and on, but I only want to touch some highlights and tell you that our effort is preplanned and an effort which hopefully as soon as possible, will provide answers to some of the vital questions which you are asking.

Dr. STEINFELD. I would like to add one thing concerning the research aspect. In other countries, marihuana has probably been used alone in years past simply because we did not have the amphetamines,

barbiturates, and many other drugs which are used in great abundance in this society.

Because the kids today are experimenting with not only one drug, but they are using multiple things, a major part of the NIMH program is to study the effects of this experimentation—the interaction of these drugs when taken together or sequentially.

Mr. KASTENMEIER. Thank you.

I have one or two questions.

I gather that the position of the Department, including Dr. Egeberg and yourself, is not as much different as one might have surmised earlier from the statement of Dr. Yolles last month, insofar as you understand the proposal not to call for parallel research in a field which is being in your view already adequately researched.

The commission would add nothing to the basic research in the field. Rather it would serve as a vehicle for making available publicly on a wide scale to legislators and millions of parents and people who use marihuana some conclusions at a relatively early date so that society might thereby benefit.

I take it that really is your evaluation of the proposal, sir?

Dr. STEINFELD. Yes, you expressed it very well.

Mr. KASTENMEIER. Thank you.

Mr. POFF. I simply want to say that I think you did a maximum job in the summation of a statement that we do not have time to hear but we will surely later read.

We appreciate your appearance.

Mr. BIESTER. I appreciate the statement very much.

Mr. KASTENMEIER. Thank you, gentlemen.

I know you have been busy appearing not only before this Committee but other committees as well. I read the newspapers accurately. I trust the sum total of your testimony will be beneficially felt by the American public.

Mr. ELLENBOGEN. May I say, sir, you undoubtedly read the newspapers accurately but the newspapers may not be accurate in reporting.

Mr. KASTENMEIER. We do have a statement by former Commissioner of Food and Drugs, Department of Health, Education, and Welfare, Dr. James L. Goddard, and his statement will be accepted and made a part of the record.

(The document referred to follows:)

STATEMENT BY JAMES L. GODDARD, M.D., VICE PRESIDENT FOR HEALTH SCIENCES, EDP TECHNOLOGY, INC., FORMER COMMISSIONER OF FOOD AND DRUGS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman, I am James L. Goddard, a physician and former Commissioner of the Food and Drug Administration, and at the present time Vice President for Health Sciences of EDP Technology, Inc. I am here today to speak as a private citizen on the question of establishing a Presidential Commission to study marihuana. With your permission, I will submit my curriculum vitae for the record.

Mr. Chairman, H.R. 10019 proposes the establishment of a Commission on Marihuana composed of nine members appointed by the President. The purpose of the Commission as stated in the bill introduced by Congressman Koch is to deal in:

- (1) The extent of use of marihuana in the United States to include number of users, number of arrests, number of convictions, amount of marihuana seized, type of user, nature of use;

- (2) an evaluation of the efficacy of existing marihuana laws;
- (3) a study of the pharmacology of marihuana and its immediate and long-term effects both physiological and psychological;
- (4) the relationship of marihuana use to aggressive behavior and crime; and
- (5) the relationship between marihuana and the use of other drugs; and to provide the President and the Congress a comprehensive report including such proposals for legislation and administrative action necessary to carry out its recommendations.

Mr. Chairman, I strongly urge the passage of H.R. 10019 because:

(1) There exists great confusion about marihuana in our society today. The confusion is not limited to that which is often expressed to me by private citizens because of the conflicting views they read and hear on the subject, but also extends to public officials, law enforcement officers, and, unfortunately, to some scientists as well. It would indeed be helpful to all concerned if a Presidential Commission would gather the facts as they are currently available with respect to this drug which is being used and abused on such a wide scale in these United States.

(2) The Commission may, as a result of its deliberations, put forth recommendations which are more sound than those that are currently being bandied about. I am speaking, Mr. Chairman, of the kinds of proposals which are exemplified by petitions to legalize marihuana usage in the United States on one hand and the proposed legislation before Congress today—S. 1816—which continues to treat marihuana in the classic pattern of the past 32 years.

(3) Passage of this measure would provide Congress itself with a sound rationale for deferring action on the Administration's Bill S. 1816. This Bill, which is opposed by almost if not all the major health organizations in the United States, is a repressive measure, in my opinion, and hopefully will not be enacted. But, viewed realistically, there is growing pressure for additional steps to be taken. This pressure is coming from a wide variety of sources and from all levels of our society. S. 1816 may, therefore, become attractive as a pressure valve response. In lieu, I would suggest that H.R. 10019 makes far greater sense and also has the advantage of permitting further evaluation of Public Law 90-639 which has been in force less than a year. That particular piece of legislation was achieved only after a great deal of thought and discussion. Hearings involving this country's most responsible and most concerned professionals—in public service and private practice—were conducted in the Senate and in the House as well. In all candor, Mr. Chairman, I must say that Public Law 90-639 did not capture my enthusiasm, but nonetheless it was enacted only after thorough discussion and careful thought. Now here we are with less than a full year of experience with this measure and the Administration proposes yet another major revision.

(4) A major advantage of the approach contained in this bill is that such a Commission would have far greater credibility than any intra agency group which one could appoint (an approach, I am told, favored by the Administration). If this Commission included not only eminent jurists, scientists, and public leaders, but also several young people who view this problem in its numerous aspects differently than many of us, then I would hazard a guess that an important step would have been taken in establishing a better understanding between the youth of today and what they term "the establishment."

For these reasons, Mr. Chairman, I urge that your subcommittee favorably report this measure to the House, and further urge its passage by the Congress.

Mr. KASTENMEIER. This concludes the testimony this morning. The committee will reconvene tomorrow morning in this room at 10 a.m. for the purpose of hearing six witnesses on the same subject; that is to say, the creation of a special commission on marihuana.

The committee stands in recess.

(Whereupon, at 12:45 p.m. the subcommittee recessed, to reconvene at 10 a.m., Thursday, October 16, 1969.)

COMMISSION ON MARIHUANA

THURSDAY, OCTOBER 16, 1969

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE NO. 3 OF THE
COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to recess, in room 2226, Rayburn House Office Building, Hon. Robert W. Kastenmeier (chairman of the subcommittee) presiding.

Present: Representatives Kastenmeier, St. Onge, Mikva, Poff, Hutchinson, Biester and MacGregor.

Staff members present: Herbert Fuchs, counsel and Thomas E. Mooney, assistant counsel.

Mr. KASTENMEIER. The hearing will come to order. This morning, the subcommittee resumes the consideration of H.R. 10019 and related measures, providing for the establishment of a commission on marihuana.

Our first witness this morning is our distinguished colleague, the gentleman from New Jersey, Mr. Edward J. Patten. We are pleased to have you as a witness this morning.

You may proceed, Mr. Patten.

STATEMENT OF HON. EDWARD J. PATTEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. PATTEN. Thank you, Mr. Chairman.

Mr. Chairman, I am appearing before this committee as a cosponsor of H.R. 10019, a bill to provide for the establishment of a commission on marihuana.

The drug abuse problem has reached staggering proportions and calls for our immediate attention. The younger generation has adopted drugs as its latest craze; and it is a very dangerous one, indeed. We must see that enlightened and effective legislation is passed in this area if we expect to control the situation. I am most directly concerned because my district, the 15th of New Jersey, contains the State universities, Rutgers and Douglass, with a student population of about 20,000. These students have easy access to New York City which is a center for the illegal distribution of dangerous drugs.

Marihuana is the most widely abused drug. It is relatively inexpensive, easily obtained, and easily used. It was recently estimated by Dr. Stanley Yolles, Director of the National Institute of Mental Health, that from 8 to 12 million Americans have had experience with this drug. In 1967, NIMH reported that 20 percent of all college

students in the United States had admitted smoking marihuana with varying degrees of regularity. Several recent reports from California school districts have put high school usage well over the 50-percent mark. It is obvious with statistics such as these that our Federal laws against possession and usage of marihuana are nondeterrent and unenforceable, even though they carry harsh penalties. A first offense on a charge for possession of marihuana is from 2 to 10 years in prison. A second offense has a minimum sentence of 5 years.

A great debate is raging on what should be done to effectively control the misuse of this drug. At one extreme are those who feel that the use of marihuana should be legalized. On the other side, many people think existing laws must remain, if the problem is not to become overwhelming.

Arguments for a change in marihuana laws center around the fact that marihuana is in a different category from the "dangerous" drugs such as LSD, the amphetamines and the barbiturates, and the narcotic drugs which cause addiction. Dr. Yolles recently said that marihuana is a mild hallucinogen and should not be associated with narcotics either medically or legally. He knew of no clearer instance where the punishment was more harmful than the crime. Dr. Roger Egeberg, HEW's Assistant Secretary for Health and Scientific Affairs, also agrees with this view.

It is also significant to note the views of the Department of Justice. Only a short time ago, Attorney General Mitchell and John Ingersoll, Chief of the Bureau of Narcotics and Dangerous Drugs, testified before a Senate committee that "there is need for a more flexible, credible scheme of penalties," for drug law violations.

The call for reform is no new development. A Presidential Commission appointed by the late President Kennedy, reporting in 1963 on narcotic and drug abuse found:

In most cases the marihuana reefer is less harmful than any opiate (addiction producing narcotic drug). For one thing, while marihuana may provoke lawless behavior, it does not create physical dependence. This commission makes a flat distinction between the two drugs and believes the unlawful sale or possession of marihuana is less serious than the unlawful sale or possession of an opiate.

In 1967, the President's Commission on Law Enforcement and the Administration of Justice reiterated this finding and recommended extensive research in the area of marihuana use in America.

With the wisdom of existing marihuana laws questioned by such notable authorities, it is clear that we must reexamine them. Before reexamination, however, we must know the real dangers of the drug, to the individual over the short and long term, and to our society. We can propose meaningful and practical controls on the drug only if we have accurate facts regarding its nature and effects.

In 1967, the President's Crime Commission reported that basic research in marihuana had been almost nonexistent. It suggested that the National Institute of Mental Health execute extensive research on an extramural and intramural basis. It has now been 2 years, and where is this "extensive research"? No doubt there are a number of projects under consideration, but this is bound to be a time-consuming process in an agency charged with so many other responsibilities. Grants have to be approved through bureaucratic procedure after

deal. We are all very pleased with the energetic job he is doing in terms of trying to work out some of the serious problems of narcotics control and drug abuse in Illinois.

We are grateful that he took the time to come here.

Mr. KASTENMEIER. Mr. Ware, you appear here as superintendent of the Illinois Division of Narcotic Control, Springfield, Ill.; welcome. You may proceed sir, as you wish.

STATEMENT OF MITCHELL WARE, SUPERINTENDENT OF THE ILLINOIS DIVISION OF NARCOTIC CONTROL, SPRINGFIELD, ILL.

Mr. WARE. I have a very brief statement.

I am appearing here before you today in behalf of Gov. Richard Ogilvie and the State of Illinois.

A realistic, thorough, and knowledgeable appraisal of the entire area of marihuana use, and its effects on our society is vital.

Such an undertaking is long overdue, and extremely important at this time.

The experimentation with, and use of marihuana has increased at a phenomenal rate among the young people in Illinois, and indeed our entire Nation.

Much of what is written and stated about its effects by so-called experts, is completely contradictory. Thus, doubt, confusion, and mistrust is created, and youngsters tend to experiment to find out just what the real effects are.

This leads often to arrests—further experimentations with other drugs—and many other problems which might be avoided if sound, factual information on the drug could be obtained beforehand.

We must rely on your wisdom—and that of the executive department to see how best this study should be made. But, gentlemen, I caution you—extreme care must be exercised in the implementation of this study, and the selection of the proper vehicle. Because if inaccurate or irresponsible findings are made and reported, the consequences could result in one of the greatest harms ever, to the health, welfare, and morals of our Nation.

Thank you.

Mr. KASTENMEIER. Thank you.

I would like to ask you to amplify the statement that extreme care must be exercised in the implementation of the marihuana study and the selection of the proper vehicle. In this respect what do you have in mind?

Mr. WARE. If people who are irresponsible are selected to make these findings and make findings that are not accurate, the kids who read them and, mind you, we have very intelligent youth today, they read tremendous amounts of work, and especially on drugs, if they read these findings and they are inaccurate, they will certainly tend to continue to use drugs, if this person was to find something that is not entirely in accord.

Mr. KASTENMEIER. In other words, I think you are supporting a statement made yesterday to the effect that not only must the findings be accurate, but they must be credible. They must be believed by the society at large, including young people and including users.

Mr. WARE. Yes, sir.

thorough examination of project plans—there is no feeling of urgency that these projects set or meet a deadline once they are instigated.

Here we find the value and the essence of our proposal for a commission on marihuana. It will be composed of experts in all professional fields bearing on the problem—physicians, sociologists, psychiatrists, and penologists whose sole purpose is to investigate the problem and report in the most timely manner possible. It will be a broad-based body which can coordinate findings of the various disciplines with the efficiency we seek. We must not and cannot afford to wait—the drug abuse problem is a festering sore in our society which is spreading at a fantastic rate.

We feel that delay in the investigation of the marihuana law is apt to exacerbate the drug problem as a whole. The younger generation we are trying to discourage from drug abuse must not have grounds for disrespecting our drug laws. If our evaluation of the danger of marihuana is not realistic, it is all too likely these youngsters will reject our assessment of the dangers of hard drugs. This in turn may lead to greater experimentation with dangerous drugs such as LSD or addiction-causing narcotics—experimentation which can result in a lifetime of misery. If marihuana must be legally equated with these drugs, then let us be able to justify the law with a thorough report based on expert research.

There are too many unanswered questions about marihuana for legislators to propose reform in penalties at this time. It is a matter of urgent concern that we have a comprehensive report from a commission of experts, if we are to get on top of this problem and control this menace to America.

Thank you so much.

Mr. KASTENMEIER. Are there any questions?

Mr. HUTCHINSON. It has been a very helpful statement.

Mr. KASTENMEIER. Thank you.

Mr. KASTENMEIER. I don't believe the next witness, the gentleman from California, Mr. Wiggins, is here yet.

Mr. POFF. May I say for purposes of the record that the gentleman from California likely will be unable to attend. He is attending a meeting of his own subcommittee, which is beginning hearings today on reform of the Bail Reform Act of 1966.

So I think it would be indicated that we proceed to the next witness on the list.

Mr. KASTENMEIER. I thank the gentleman from Virginia for that explanation.

Is Mr. Mitchell Ware, superintendent of the Illinois Division of Narcotic Control here?

Our colleague on the full committee, Mr. Railsback, would like to have been here this morning to introduce you. He was instrumental in providing for your appearance, and felt that the testimony you could give to the committee would be extremely useful.

I am sure he regrets that because of the conflict in his time he is not here to introduce you.

Mr. MIKVA. Would the gentleman yield? May I say, coming from Illinois, I have known Mr. Ware in his prior occupation in the television industry.

His reputation in his current occupation precedes him by a great

There have been a multiplicity of studies as you know on marihuana, and they are completely contradictory.

Mr. KASTENMEIER. In this respect, what sort of persons would you like to see on a commission of this sort?

Who do you think would command respect among professional people in the field and also among people at large?

Mr. WARE. I have to yield to your wisdom on that, but I do feel that someone who is an expert in the medical area should be commissioned to look into the medical aspects. The link between psychiatry and the effects of marihuana should be studied by some eminent psychiatrists. People in law enforcement certainly have to be represented in some manner to tie in the statistical data to the arrests and the various crimes to see if there is a definite link there.

Possibly, I don't know how you will get this information, but the link of marihuana to other drugs has to be brought in some way. I am sure that you have to get someone who is very competent to do an accurate finding in this area.

Mr. KASTENMEIER. Thank you, Mr. Ware.

The gentleman from Connecticut, Mr. St. Onge?

Mr. ST. ONGE. Mr. Ware, to stick with the questions raised by the chairman, it has been suggested by some of the witnesses, so far, that the membership of the commission should be composed of people not in Government with the possible exception of a Member of the House and a Member of the Senate.

Would you agree with that? Do you think it would be advisable to have people who are not involved in NIMH or HEW or the Justice Department?

Mr. WARE. I have not weighed this before, Mr. St. Onge. But I feel that some aspect of law enforcement must be at least included among the members of the commission, wherever you go, because their job is to keep statistical data on this.

Mr. ST. ONGE. The bills provide that the commission shall report within 1 year. Would it be your estimate that a commission could report within a year with a factual report such as the one that you are suggesting?

Mr. WARE. It is going to be a very difficult task. I think you are going to have to have someone look into the long-term effects of marihuana in other countries where it has been a problem for a period.

And it might require an extensive amount of research in those areas.

Mr. ST. ONGE. Do you consider the problem serious enough so that there should be some pressure to meet this deadline?

Mr. WARE. You have a problem, Congressman. It needs to be looked into, because we are continuing to incarcerate people, and if the problem—if the marihuana problem—if it produces the bad effects that we feel it does now, then the laws should be more stringently enforced in order to eradicate the problem.

And if it is not harmful, then the doubt should be cleared up because we are making a lot of young people criminals.

Mr. ST. ONGE. Are you familiar with the sentences being imposed currently in your State?

A high school student is found with two or three marihuana cigarettes—what happens when he is arrested and taken to court?

Mr. WARE. As a practical matter?

Mr. ST. ONGE. As a practical matter, what are the courts doing?

Mr. WARE. If he is a juvenile offender, they are merely putting him in the custody of his parents or giving him court supervision. But he is subject to receive up to a year, if it is less than 10 cigarettes in Illinois, according to the possession of narcotics statute.

Mr. ST. ONGE. If he is not a juvenile?

Mr. WARE. Then the possession of narcotics—of marihuana statute would come into effect. If it is less than $2\frac{1}{2}$ grams or comparable to 10 cigarettes, he can receive up to 1 year in the county jail.

Over that amount it carries 2 to 10 years.

Mr. ST. ONGE. Are they giving them a year sentence?

Mr. WARE. As a practical matter they are giving probation normally for the first offense.

Mr. ST. ONGE. The second offenders do serve time?

Mr. WARE. Yes, they do.

Mr. KASTENMEIER. The gentleman from Illinois?

Mr. MIKVA. Mr. Ware, do you feel strongly enough about psychiatrists and medical help so that you feel that the bill ought to recite specifically the kinds of disciplines which should be included in this commission?

Is that your point?

Mr. WARE. No; I think I have to leave this to your wisdom as Members of our legislative branch and to the executive department who are going to eventually set up the commission, I understand.

I think you people are much more qualified than I to select the proper vehicle to implement this study.

Mr. ST. ONGE. In law enforcement, from your point of view, do you see a definite link between marihuana and the use of the so-called hard drugs?

Mr. WARE. We find that the people who use marihuana are part of a drug cult. I have heard argument as to the reasons for this. It says that they are all forced underground, some people will argue this way and say because of the fact that they are all forced underground they tend to experiment with all the drugs.

But we do find a person much more amenable to the use of other drugs because he is part of the drug culture.

They are using them all. They will try the hallucinogenic drugs and the goof balls, pep pills that you are familiar with, marihuana, and heroin.

This is true on most of our college campuses.

Mr. MIKVA. One of the items that the proposed bill charges the commission of looking into is the relationship of marihuana use to aggressive behavior and crime.

Once again, from your point of view, I am not asking you to give statistical opinion here, is there a strong tie aside from the fact that the possession and sale of marihuana itself is a crime?

Do you see the condition involved in the use of marihuana as a condition involved in other kinds of crime as a general proposition?

Mr. WARE. You clarified my statement in the beginning of yours. There has been no statistical data accumulated on the particular point. The only time we would know this, would be, if a person was arrested

for committing some type of violent crime while under the influence of marihuana, and had marihuana in his possession at the time.

He is not even asked if he was under the influence of marihuana after he is incarcerated. In your finding—your finding will have to set up some type of study in this area by law enforcement officers.

Mr. MIKVA. But at this point, in your experience, you could not make a statement either way?

Mr. WARE. I could not make a statement. There has been nobody we have arrested who has been arrested for committing a violent crime who has admitted to us that he was under the influence of marihuana at the time.

Mr. KASTENMEIER. The gentleman from Virginia.

Mr. POFF. Mr. Chairman, first I would like to make a statement which might seem irrelevant but which seems to me vitally important. In the 17 years I have been privileged to serve in Congress, this is the first time a witness has laid on our desk a statement on 1 page, double spaced and in the most succinct and persuasive and clinically important language I have ever heard uttered. I compliment the witness.

Mr. WARE. Thank you, Mr. Poff.

Mr. POFF. I thank the witness, because some of the responses he has made to some of the more intelligent questions put by my colleagues I am sure will be useful to this committee in making an informed decision.

I may have misunderstood the reply to one question. For the purpose of clarification, when you said typically the second offender is incarcerated in Illinois, were you referring to the possession offender or the trafficker?

Mr. WARE. Even the possession offender, after he has been convicted the first time and sentenced to probation, a subsequent arrest and conviction will normally result in some type of incarceration.

Mr. POFF. In the penalty structure of your code is the second offense penalty a minimum mandatory penalty?

Mr. WARE. Yes, it is. But then it does provide, if it is less than 2½ grams, it still provides for probation.

Mr. POFF. Does your penalty structure include a mandatory parole component?

Mr. WARE. There is a provision in our sale section that provides there is to be no probation or parole upon conviction.

Mr. MIKVA. Would the gentleman yield?

You mean for sale?

Mr. POFF. This is for sale.

Mr. WARE. Yes, sir. This I might add, that this is very seldom done. They normally, if it is a smaller sale, anything under \$500 or \$600, will let them reduce it to possession on a plea and give them a lesser sentence, if not probation.

Mr. POFF. Does your penalty structure make distinctions between sales from one adult to another on the one hand, and sales by an adult to a juvenile on the other?

Mr. WARE. Yes, it does.

Mr. POFF. They are more harsh in the latter case?

Mr. WARE. Yes, they are.

Mr. POFF. Without attempting to analyze each of the penalties, is

it fair to say that in the latter case you are more likely to experience the minimum mandatory technique?

Mr. WARE. This, yes; this only applies in the case of dangerous drugs and hallucinogens. The severe penalty is for sale to a minor.

Mr. POFF. Does your code attempt to classify drugs by category?

Mr. WARE. Yes, it does.

Mr. POFF. In what category do you find marihuana?

Mr. WARE. The narcotic drugs.

Mr. POFF. Do you regard marihuana as a narcotic?

Mr. WARE. Yes, sir.

Mr. POFF. Why?

Mr. WARE. Because the General Assembly has much more wisdom than I and they have classified it as a narcotic drug.

Mr. MIKVA. Will the gentleman yield? I plead not guilty.

Mr. POFF. I was going to make reference to the fact that one of our distinguished colleagues was a member of that legislature. Possibly your legislature may have followed the pattern laid down by the Federal legislature when it included marihuana originally as a narcotic. Do you suppose that is possible?

Mr. WARE. Yes, I am sure you are accurate.

Mr. POFF. Do you look upon marihuana as an addictive substance, or one which might possibly promote habituation, psychological dependence?

Mr. WARE. Habit forming, sir, but not addicting.

Mr. POFF. In the course of your original statement, you made several references to research. Do you have in mind that this commission would itself sponsor and by contracts fund basic research or simply involve itself in research in the assembling of the information now available, and apply that information to an effort to resolve the contradictions and conflicts that now exist?

Mr. WARE. You have finally got me in a position where I am not qualified to answer. It is going to have to be a decision by someone who is more competent than I.

Mr. POFF. I fully respect that answer. And I thank the gentleman.

Mr. KASTENMEIER. The gentleman from Michigan?

Mr. HUTCHINSON. Thank you.

Mr. Ware, earlier we were discussing the matter of credibility. And as I understand it, what we are doing is searching for some machinery to come up with findings which will be received with credibility throughout the society.

In the field of health, would you believe that a finding by the Surgeon General, that is to say, as to the health aspects of this problem, would be received with considerable amount of credibility?

Mr. WARE. I certainly do. Yes, he is well respected.

Mr. HUTCHINSON. Is there any existing agency of the Government in your judgment that could provide the same credibility, insofar as the problems involved with the criminal law and law enforcement generally is concerned?

Mr. WARE. I have great respect for the Justice Department.

Mr. HUTCHINSON. Would you think that the findings by the Justice Department or the FBI would receive an equal amount of credibility in their field as the findings in health by the Surgeon General would be received?

Mr. WARE. I should think so, if properly conducted.

Mr. HUTCHINSON. If that is the case, I wonder if maybe this machinery might not be found within our existing agencies of the Government without creating still another commission?

Mr. WARE. I am afraid, Mr. Hutchinson, I have to leave this to yourself and to the President.

Mr. HUTCHINSON. I thank the gentleman.

Mr. KASTENMEIER. The gentleman from Pennsylvania.

Mr. BIESTER. The witness has verbalized better than I could yesterday on one of the great concerns I have in this legislation, which is we might run the risk by racing with the clock to have a 1-year study made, replace one orthodoxy which may be in error with a second orthodoxy which may share equally an error.

I would ask the witness, is the matter so urgent that this commission might not be charged with making this resolution within a space of 2 years, or a longer period than 1 year, so that it is not faced with the clock on the wall from the time it starts?

Mr. WARE. The matter is urgent. The rate of use of marihuana has increased by tremendous proportions, 500 percent in Illinois among youths below 22 in the past 4 years.

Mr. BIESTER. Do you believe that it is likely that a commission appointed from the kind of disciplines necessary to guarantee expertise, and also so composed as to generate credibility among the user group, is likely to come up with unanimous decisions?

Mr. WARE. I should hope so.

Mr. BIESTER. I share the hope. If it does not, aren't we back in the same position?

Mr. WARE. At least we will have a clearly defined position statement. Our policy will be clear, one way or the other, and we should aim in that direction—law enforcement officers and members of the general assembly.

Mr. BIESTER. Thank you.

Mr. KASTENMEIER. Thank you very much, for a very cogent and clear testimony this morning.

Next the Chair is pleased to welcome as a witness, a distinguished national political leader and author, editor in chief of the National Review, Mr. William F. Buckley, Jr.

Mr. Buckley.

**STATEMENT OF WILLIAM F. BUCKLEY, JR., EDITOR IN CHIEF,
NATIONAL REVIEW, NEW YORK CITY, N.Y.**

Mr. BUCKLEY. Thank you, Mr. Chairman, gentlemen.

Mr. Chairman, you may remember that in 1945, when the world delegation met to consider when to launch the United Nations, the Soviet Union and America were deadlocked—the Soviet Union wanting a date early in May and the United States wanting one in mid-April.

The wrangling went on for 2 or 3 days. At some point a junior clerk from the rear of the room said, "Why not April 25?" Everybody turned to him in some horror and they said, "Why April 25?" And he said, "That's my birthday."

H.R. 10019 is my ZIP code.

It is not for that reason that I expect you to endorse it.

I am happy to accept the invitation of Mr. Celler to appear before you in order to urge that you consider kindly the proposal of Mr. Koch to establish a commission which will inquire into the effects of the use of marihuana.

I approach you as an editor and columnist who is genuinely confused concerning the empirical data on the use of marihuana and perhaps even just a little bit confused—I warn Mr. Koch against any ideological profiteering on my self-confessed confusion—concerning the theoretical rights of the State to regulate the use of some drugs, of some narcotics.

I am concerned to know in which category of drugs, of narcotics, marihuana should be placed. Such investigations as I have myself made, or listened to, are often conflicting in their findings, and ambiguous in their recommendations.

I am aware that you have studied or are at least familiar with what I take to be the standard reference material on the subject.

If the conclusions of investigators were unanimous, it is unlikely that we would be sitting here now discussing marihuana. I see no point in going over ground which has been publicly trod.

I am perhaps most useful to you in answering questions which I shall endeavor to do if you feel any curiosity about them, concerning conservative positions on the regulation of drugs.

Because the journal I edit, *National Review*, seeks to be of special use to readers who are inclined to traditional values and personal liberties, we have sought to give guidance on the subject of marihuana. Over a year ago we published an extensive essay by Mr. Antoni Gollan, a young man who once worked for us, to the effect that existing marihuana laws are based on ignorance. We then published a second essay by a young Englishman who insisted that enough is already known about marihuana to justify its total interdiction.

As recently as 10 days ago I wrote a column relaying what I took to be the learned fears of Professor Hardin Jones of the Donner Laboratory at the University of California in Berkeley. Professor Jones believes the worst about marihuana and I have here for those of you who want to see it, a copy of the column in which I pass along the conclusions Professor Jones gathered together for the benefit of Governor Reagan.

Mr. KASTENMEIER. Without objection, we can receive the column and make it a part of the record.

(The document referred to follows:)

ON THE RIGHT

(By William F. Buckley, Jr.)

HIGHER AND HIGHER

The news is that marijuana has become scarce as a result of the development of effective techniques for preventing its entry into the country—that, and a providential drought in Mexico which supplies 90 per cent of the stuff. I say providential and then worry about it, because the news also is that on account of the scarcity, the use of hashish is greatly growing, and whatever one thinks about the perils of marijuana, one takes a much darker view of the use of hashish, which is ten times as strong. The narcotics people have promised to crack down on hashish. Which means that the drug-consumers will turn to what?

Amphetamines? They are by far the most widely used of the dangerous drugs, and there is an awakening to their danger. In one of the permissive Scandinavian countries they have been flatly outlawed. Not even the pharmacists may dispense them, not even on doctor's orders, such is the fear of this hypo that leads to mental derangements, strange and brutal and uncoordinated activity, and to the breakdown of the psyche.

Along comes Professor Hardin Jones, of the Donner Laboratory at the University of California at Berkeley, with the single most frightening statistic of them all, namely that at the current rate, drug consumption is rising by seven per cent per month, a most extraordinary rise, justifying crash programs. Between 1962 and 1965, Professor Jones has written to Governor Reagan, the rate of increase was 0.7 per cent, doubling the number of users every eight years. After the big publicity of 1965 and the elaboration of the drug mystique by Dr. Timothy Leary and others the rate of increase, according to Mr. Jones, rose ten times to the current level. He estimates that between one quarter and one half of the student population in California is experimenting with drugs, and that addiction of various kinds will result: indeed, he takes as a historical analogy of what might happen to us, the great Chinese addiction (30%) to opium during the 19th century, said by some to have brought down Chinese civilization.

Dr. Jones is very stern towards those who are permissive with marijuana. He says about it 1) that it is habit-forming, 2) that "with continued use" it is addictive; 3) that although it does not lead to the use of harder narcotics through chemical addiction, it promotes a curiosity about the harder drugs, 4) that its effect is cumulative, witness that a neophyte needs several joints to "turn on," whereas a professional can get high on one; 5) that it interferes with normal perceptions, 6) that its cumulative impact brings repeated hallucinations that disturb the reference memory, causing 7) wholesale abandonment of goals and ambitions.

And he goes on to say that marijuana and other drugs are in a very real sense sexual stimulants. Marijuana is a mild aphrodisiac. "It enhances sensitivity and makes a person more receptive to sensual stimuli, but this condition only lasts a short period of time and chronic marijuana users find that sex activities without the drug are difficult and confusing." Under amphetamines, "the person becomes addicted with a single trial because amphetamines induce a pre-orgasmic sexual response which is associated with the brain and not with the genitalia and which will last as long as the person keeps taking the drug." The sexual urge being in so many cases dominant, over-use becomes the name of the game, leading to "massive, irreparable brain damage for those who have been continuously on the drug for several days."

Dr. Jones soberly estimates that more Americans are killed every year by drugs than in Vietnam, pausing to remark the irony that some drug users understand themselves to be engaged in protesting unnecessary deaths in Vietnam.

Congressman Edward Koch of New York has proposed a national commission to study marijuana, and it is unimaginable why such a group is not immediately organized. The gradual public reaction against tobacco, had it crystallized earlier, might have released hundreds of thousands of people from cruel death sentences. We are dealing with drugs in many cases infinitely more dangerous: and we simply need to know more about them. And need to know what are the legitimate lengths a government can go to in order to prevent people from damaging themselves, a vexing philosophical question concerning which more anon.

Mr. BUCKLEY. I wish to read to you, if you will permit, two of the letters prompted by that column, which two letters can, I think, more forcefully express the confusion it would be the aim of Mr. Koch's commission to satisfy.

(Both letters are exactly reproduced, including typographical and other errors.)

The first is from a lady in Santa Barbara, Calif. She writes:

DEAR MR. BUCKLEY: Will you listen to the words of a broken hearted mother? I have a son, a beautiful son, so beautiful the angels look on him with envy. The mind God gave him was fashioned for greatness such as few men have been endowed with. His long, tapering fingers would be the envy of a skilled surgeon. Even his soul is beautiful, and we love each other with great tenderness.

Altho like yourself I am a practicing Catholic, I ask God each day why did he give me so much only to find myself standing helplessly watching all this beauty broken on the wheel of a System too cruel for a beautiful human flower to survive? (I'm sorry, I don't mean to be dramatic, but it is morning and in the morning I grieve more than at other times of the day.)

Last nite I read your column, as usual, in the daily paper, which is faithfully delivered to my door.

Now I wish I hadn't. Altho I don't agree in principle with your political stand, I admire your style of writing and believe firmly in your sincerity. (I can't see what I am writing due to tears, so please excuse mistakes.)

I didn't need to see what you wrote. I know from personal experience how all too true it is what you say about that Devil's Weed, Marijuana. You left out the most important part: how it corodes the sacred, God-given gift of Free Will. My son is ill, but he refuses to believe that it is wrong or damaging to smoke "pot". In all other things he has profoundly deep insight and is not blind regarding other matters.

I tried so hard for so many years to get help . . . even before he became addicted. But no one would come to him. (He won't go to them. Oh, he says he will, but something always happens. You know how that is.) So, I finally decided to give it a try, myself, since I was the only one with the proper position; namely I was there. I operated on the principle that he was depressed. (He has a Melancholic temperament). I used every excuse to point out to him the beauties of God's creation, enjoyed with him any work of art, musical or otherwise, that came our way.

I built an atmosphere of cheerfulness & joy around him; not failing to be gently critical of errors, but being careful to do so only when he wasn't in a bad mood. We developed a marvelous sense of communication, and in three months he had come to the stage of finding he didn't "need" to smoke the stuff, and little by little he was abandoning it.

But I was too late. The god-almighty law came between us, and they drove him away from me. Oh, I know where he is. I know perfectly well what he is doing, the type of people he associates with, the abandonment of his barely dawning ambition, the uselessness of a life that wastes away on the altar of chemically numbed ambition. And all I can do is sit here and grieve, and hope some day he will let me come to him . . . or come back to me.

He lives the life of the fugitive, now. He refuses to go to jail, and I refuse to put him in an institution. It would only make him worse, I know.

I've forgotten why I started this letter, now. But will you say a prayer for us? too? I have to go to church now. These mornings are so bad. I'm sure it is unimportant, now, what happens, just so he gets to heaven somehow. And I am not just grieving for him. It is the race too.

Oh, yes. I wanted to ask you a question. Seeing that we know all that you have said is true why do we need to know more? Hasn't the time for action become long past due? Can't you give an idea? Not just me, but to all the other grieving parents, too?

Help us, Mr. Buckley, please."

The second, is from a gentleman in Richmond, Va. He writes:

DEAR MR. BUCKLEY: You have no doubt received my telegram of the 29th, in reference to your column on drug addiction. I was quite surprised by it, for while I often disagree with your views, you are seldom guilty of mis-statements of fact.

The column was inaccurate in fact, mistaken in assumption, and misleading in implication. My authorities for this indictment are my personal experience (I have used marijuana and hashish for more than a year and a half); the experiences of my friends and acquaintances who have used them in varying degrees for as long as, in one case, forty years; and wide reading on the subject of MJ and other drugs. The points with which I take issue, and my reasons are listed below.

ERRORS IN FACT

MJ is addictive, "with continued use"—There is no reputable report known to me which states this, nor do I know of anyone becoming more than annoyed when for any reason the drug was unavailable, no matter how long they had been using it.

. . . The MJ "high," is a learned experience. There may also be an element of pharmacological sensitisation. That this is not a cumulative effect is shown

by the fact that, though a given dosage will have more effect on one who has used the drug several times than on a novice, one who has used it for years will be no more affected than one who has used it only a dozen times or so.

Interferes with normal perceptions: Only for the duration of the high, and then only to the extent that the effect is not deliberately blocked. "The effect is quite susceptible to subjective control, known as 'maintaining' (derived I believe from slang among the 85 percent of the soldiers in Viet Nam who smoke MJ or hashish).

Cumulative impact brings repeated hallucinations which disturb the reference memory: MJ does not (except, according to one report, in massive overdoses) cause hallucinations. It does distort things which are present; it does not cause to appear things which are not present.

The effects do not 'flashback' once one is 'down' the 'high' does not reappear without a further dosage (this latter effect is present, at times with LSD).

I have never heard or read of a user of MJ (only) being unable when straight to distinguish between reality and fantasy unless they had been unable to do so before they began using MJ.

Wholesale abandonment of goals and ambitions: I, and most other users I know, have both goals and ambitions. In addition, I and they, are working to achieve them.

Many nationally prominent people use the drug, as well as thousands of professionals across the country. Here in Richmond alone, I (personally) know of more than a dozen professional men and several prominent politicians who smoke.

"Chronic users find that sexual activities without the drug are difficult and confusing: That was the most ridiculous statement in the entire paper Saturday. On behalf of all 'heads' who read the column, 'Thanks for the laugh.'

ASSUMPTIONS AND IMPLICATIONS

Hashish: Though it is indeed much stronger than MJ it is merely the resin without the fibrous matter; concentrated MJ, so to speak.

Since it is stronger, less is used. Basically the same effect is produced by a large joint of MJ, a small joint of ganja, or a quarter gram of hashish.

MJ is habit forming: People are habit forming. They will make a habit of any activity which they perform often. In that sense MJ is habit forming as are smoking and making puns, drinking beer, etc.

It promotes curiosity about hard drugs: Yes, to some extent. Curiosity, however, is dangerous only if it is satisfied in a foolish manner.

Perceptual interference: This temporary alteration is one of the reasons for the use of the drug.

The great weight of evidence is that, at worst, MJ is slightly harmful to the individual who overuses it. I ask of you that—having already taken the time to read this letter—you re-read at least the National Review article, and as many of the other references as it takes to convince you that Jones is wrong, and then publish a correction in your column . . . And contemplate the effects of the present ridiculously harsh laws prohibiting MJ, not only on the individuals who are caught, but on public respect for the "establishment" and the law in general. You might also ponder on the course that will be followed by a youth who wants to "turn on" when MJ or hashish are not available.

Yours for freedom.

ROY B. SOBERER.

How does one dispose, with any confidence, of the conflicting experiences?

I do not as a general rule believe in turning to Government for guidance. But as a practical matter, it is not easy to probe deeply into marihuana when the mere possession of the drug is illegal.

Moreover, although it is not now nor ever ought it to be up to Congress to decide on the moral issues involved, it is clearly up to Congress to decide on the legal questions, and to prescribe appropriate as opposed to surrealistic penalties, which prescriptions, however, cannot intelligently be made in the relative ignorance that nowadays causes such altogether different attitudes as those of a middle-aged mother in California and a young swinger in Virginia.

I thank you for listening, and will be happy to answer any questions which are not directed at my extraordinary fund of ignorance on the subject of marihuana.

Mr. KASTENMEIER. Thank you, Mr. Buckley.

You are familiar, I assume, with the text of the bill which provides for nine members and for a year of study.

What sort of person would you prefer to see as the nine Americans who are going to try to find out and make decisions?

Mr. BUCKLEY. As Mr. Ware might put it, qualified persons. It seems to me that one needs in that mission representatives from the scientific community, because they are, I think, uniquely equipped to balance scientific claims against scientific counterclaims.

We also clearly need somebody who knows something about the machinery of law enforcement so that they don't end up recommending unenforceable laws. It additionally would not be a bad idea, it seems to me, to have one or two members on that commission who are prepared to think about the relationship between marihuana and Western culture—it being, I think, an extremely important and highly neglected point. It may be alcohol is a part of Western culture in the sense that marihuana is a part of the Eastern culture and that fact, which is not a scientific fact, ought to be thought about by somebody on the commission.

Mr. KASTENMEIER. Do you think a year is an adequate period of time for such a study?

Mr. BUCKLEY. Sir, I think that, since so much of the work would involve the reconciliation of existing studies, a lot can be done in a year. The one thing that frightens me about that 1 year is: Would the people you need be able to devote full time to it?

It may be that some people say, "Yes, I will be glad to serve on such a commission. I can give you 3 days a month."

In that event, you might not get a complete study. I don't know enough about the machinery of Congress to know how easy it would be to prolong the life of the commission.

Mr. KASTENMEIER. It is not always easy. We know from experience. You express a great deal of uncertainty about facts about marihuana. Do you have any further certainties in your own mind about it? Do you feel the present penalty structure is—did you say unrealistic? Are there other conclusions about it in terms of what is presently the law?

Mr. BUCKLEY. I think this, Mr. Chairman: That the immediate effects of smoking marihuana are not such as have been described. This, individuals can find out for themselves.

Having gotten myself safely outside the 3-mile limit, I tried smoking marihuana one time and I remained very lucid. I did not blow up, nor did I want another one the next day.

That being the case, it seems to me that the point Mr. Koch made about the credibility of the law is an important one to stress.

If marihuana does not instantly do to you what the literature says it does to you, then the whole epistemological process of the law comes into question.

That is not good for anybody.

It does not serve any interest at all to have the law viewed so skeptically.

Mr. KASTENMEIER. You cited to some effect two letters.

The second one from the man from Virginia. How do you assess that letter? Do you think it is a fairly reasonable position that he asserts?

Mr. BUCKLEY. There is a certain amount of effrontery there that goes with his age. It says, "I use marihuana all the time, here is my name, here is my address."

He does so from the capital of the distinguished State of Virginia, apparently quite certain of impunity. I think that takes a lot of moxie. But he also speaks with what probably is a superficial knowledge of the question.

He speaks as a one and a half year veteran of the habit, and tells us at least what are his own experiences; and he obviously seeks to synthesize the experiences and the literature of the propot lobby.

On the other hand, he is manifestly intelligent and sincere. He does not know at first hand what are the strategic penalties of smoking marihuana, but he is quite certain that there are no tactical penalties.

But we don't know, and he doesn't know whether he may be a wreck 10 years from now unless Congress acts.

Mr. KASTENMEIER. One final question somewhat relates to the question Mr. Biester raised yesterday, what assurance do we have that there are answers in this field?

Might we well not create such a commission in a year or more time to find that the conclusions are possibly inaccurate, or not credible or provide a false orthodoxy compounding the present one?

Mr. BUCKLEY. Yes; that might happen. There was the conclusion, you will remember, reached in England in the fifties during the radioactivity crisis: After a year's intensive exploration of the radioactivity, it was decided that it was extremely dangerous to eat food.

If the ultimate effects of the use of marihuana are ultimately inscrutable, then you are going to be able to unlock those mysteries. But the point is, I should think, that the argument is for doing what can be done.

There are certain conflicting reports already existing which ought to be reconciled to the extent that they can be reconciled. I think if the Commission ends up saying "We don't know even 50 percent of the effects of using marihuana," that would not be an irresponsible or even a useless finding, because the commission would at least be in a position to say, that, or even less than that, authoritatively.

So if I were you I would not be disappointed if the commission enacted came up with merely suggestive proposals, not conclusive ones.

Mr. KASTENMEIER. I have one last question. There is a suggestion that in lieu of the commission as proposed, the Presidential Commission, we might have a commission largely operated by the Justice Department and the Department of Health, Education, and Welfare, an interagency form of commission, to do the same job.

How do you respond to that alternative proposal?

Mr. BUCKLEY. I am always presumptively reluctant to add to the size of the executive department. Whether that is sort of a partisan reaction, I don't know.

But it seems to me that since Congress passes the laws, Congress ought to get the information it needs, and that under the circumstances, the logical procedure would be for you to satisfy yourselves by setting up a commission which will report directly to you.

Mr. KASTENMEIER. Thank you.

The gentleman from Connecticut.

Mr. ST. ONGE. No, Mr. Buckley, because the bill provides that the President shall name the commission, not the Members of Congress.

Mr. BUCKLEY. You set up the commission, as I understand it, and you ask the President to name the members.

Mr. ST. ONGE. So he has complete control over the commission and its membership. He can even name the Attorney General, the Secretary of HEW.

Mr. BUCKLEY. But suppose that would displease you?

Mr. ST. ONGE. There would be nothing we could do at that stage, having given him the authority to create the commission.

Mr. BUCKLEY. I don't know whether I am being invited to assist the architect of this bill in such a way as to prevent Mr. Nixon from simply naming members of his own staff to the commission.

I just don't know what the usual relations are between you and the Chief Executive, and whether he would sort of get an idea of what it was that you wanted and oblige you.

Mr. ST. ONGE. What would your idea be?

Mr. BUCKLEY. My idea is that the President ought to appoint to such a commission people who are qualified, as I said a moment ago, in their respective fields and ask them to make it a full-time activity in order to get the best and most useful report.

Mr. ST. ONGE. Preferably someone outside of the Government with a national reputation?

Mr. BUCKLEY. Yes, sir: I think, preferably, at least the chairman ought to have national reputation.

Mr. ST. ONGE. I take it from your presentation this morning that you feel there is a need for such a study and that the problem is serious enough to warrant a national commission with the prestige of presidential appointments?

Mr. BUCKLEY. Yes, sir: I believe so.

Mr. ST. ONGE. That belief comes from your experience as a journalist with the problems of people who are concerned with marihuana?

Mr. BUCKLEY. Yes, sir.

Mr. ST. ONGE. Thank you very much.

Mr. KASTENMEIER. The gentleman from Illinois.

Mr. MIKVA. Mr. Buckley, perhaps your journal and columns have had a greater influence on me than I was aware of. You mentioned something to the effect that we ought to look into the impact of marihuana use on Western culture.

I don't want to put words in your mouth. But here is what troubles me. If we are to find, or if this commission were to find, for example, that the medical facts and the criminal relationship effects were those of alcohol, should not the end function of the Government then be to treat it the same or should we really be delving into these cultural aspects that you talked about?

I think that is one of the things that is hanging the kids up. They say, "This is no different from alcohol. You don't like it, because you don't know it."

Mr. BUCKLEY. Two comments.

Number 1, as a practical matter, one cannot stop the use of alcohol as we know from historical experience. We don't, however, mean that

we should not have stopped it, assuming we did so at the moment it was possible to do so in history: when it was only being used by a couple of million people.

Under the circumstances, the leverage that you now have on marihuana may be like the leverage that another society might have had on alcohol. But the difference is between the two.

The reason I mentioned the Western tradition here is that marihuana seems to be essentially an internalizing drug. It is a drug that cuts out other experiences, that diminishes the interest in other people; whereas, alcohol in moderate quantities is a gregarious drug.

It is one that is in the Western tradition of participation as opposed to the oriental tradition of coping out.

Mr. MIKVA. I must say I would be troubled with any legislative action that would follow on such a finding.

Mr. BUCKLEY. Well, it is hard to say what are the marginal considerations that move you in various measures. But I think I did try to make the point to you that, then, it was not up to Congress to prescribe on the moral question. But I do think that a presidential commission would be more useful than merely suggesting to you what would be appropriate legislation.

It would also be read by people who are interested in the thought that went into such a study of marihuana, and therefore interesting to teachers, to priests, and the clerisy in general.

Mr. MIKVA. Thank you.

Mr. KASTENMEIER. The gentleman from Virginia.

Mr. POFF. Mr. Chairman, by way of self-defense, first, I would like the record to show that Mr. Roy B. Scherer is not my constituent, and for that reason, I can neither confirm nor dispute your evaluation of his motives, or the content of his letter.

I am truly interested, however, to know how you feel about the advisability of the suggestion ventured by witnesses yesterday that the commission might usefully have as one of its members a young person, and he characterized the young person as one under the age of 25. I would put the level somewhat higher myself, as I assume you would.

But he characterized a young person as one under the age of 25. How do you feel about that, sir?

Mr. BUCKLEY. Well, sir, I think it would have, of course, to depend upon the choice. This seems to be one of those questions one is always having to throw at youth these days.

No doubt, the youth lobby would be dissatisfied unless the appointment was also a habitual pot user. I don't know whether the President could be persuaded to cooperate with such an appointment.

Maybe Mr. Scherer himself might be a useful member of the commission, if indeed this is the kind of situation we are looking at. But he is, of course, a partisan.

He would not be there to inquire, but to advocate. I should think that the commission would call in a lot of young people and read what they write; but to have one as a member is something which I would not myself vote for merely as a matter of age.

If he happened to be precocious, I would say fine.

Mr. POFF. Customarily, a presidential commission functions in a variety of subsidiary mechanisms, and one is the advisory committee

which sometimes constitutes the commission itself. It also uses frequently what has proven to be, I think, a very productive technique making contracts with experts in the disciplines with which they are concerned, and asking them to draft and submit white papers, which are considered by the commission.

I do think it is important to understand that the presidential commission does not sit a full workweek. More often than not the commission sits rarely more than 2 or 3 days a month.

Much of the work is done by staff, and so those concerned with getting an objective work product would be so well advised it seems to me to give special attention to the selection of a well balanced staff.

Mr. BUCKLEY. I am a member of a presidential commission myself. I understand that procedure. We meet only one and a half days a month.

But the staff, obviously would, as I understand it, do the important preliminary work, whereas, the commissioners, I would assume, would have the expert judgment to assimilate the material and to make the value judgments based on it.

But it seems to me that the bill, at least as I read it, is unrestrictive enough to permit a commission to adapt itself to the special needs of this particular problem.

The one point I made earlier—I am sorry if I said it sloppily—was that I do think the matter is of such urgency that commissioners who can give as much time as is necessary in their supervisory capacity, ought to be conscripted.

Mr. POFF. Pursuing a line of questioning opened by my colleague from Pennsylvania, do you see any potential danger in the possibility that after the commission has concluded all of its work, they write a divided report

Mr. BUCKLEY. I think it would be a pity if that happened. On the other hand, we cannot expect life to be any less complicated than it is.

The legislator in Indiana who sought to resolve arithmetical problems by introducing a resolution to change the value of pi to around 3 is an example of the type of problem. If it is impossible, given the existing body of knowledge, to know whether marihuana is a strategically harmful or not a strategically harmful drug, then let's find that out.

On this, under the circumstances it would seem to me that appropriate legislation would be on the side of caution, rather than on the side of optimism, if such a division occurred. But let's find that out, as I say. Even that would be extremely useful.

Mr. POFF. In other words, it would be useful to get as large a consensus in the scientific community as is possible?

Mr. BUCKLEY. Yes, sir; and specifically to iron out those irreconcilable conflicts which there are a number of, as witness the experience of this mother and the reaction of the young man.

Mr. POFF. I thank the witness.

Mr. KASTENMEIER. The gentleman from Michigan.

Mr. HUTCHINSON. Would not the risk of a divided report be avoided if instead of a commission we left it up to a single official, presumably the Surgeon General of the United States to make his findings much as he did in the field of smoking and health?

Mr. BUCKLEY. Sir, I don't think that a report issued by any single person would be widely accepted. The reason I say that is because partisans of different points of view would not be satisfied that their points of view had been fully ventilated and deeply enough probed, whereas, if you had a larger commission, with eight or nine members among whom were men of demonstrated records for viewing opposite points of view, then I should think that anything they ended up agreeing on would carry much more authority than the work of a single man.

Mr. HUTCHINSON. Would you anticipate that they could agree on much?

Mr. BUCKLEY. Yes, sir; I would. But that is just a hunch.

Mr. HUTCHINSON. And a risk you run.

Mr. BUCKLEY. Right.

Mr. HUTCHINSON. Of course, I appreciate your viewpoint on that. Are you at all informed or aware of any studies on this subject now underway within the Government?

Mr. BUCKLEY. I am aware of the National Institute of Mental Health thing.

They are sort of poking along on things. Still they usually do. I mean something is going on.

Mr. HUTCHINSON. I understand they are underway with an inquiry and investigation and research project. They are out trying to find the facts?

Mr. BUCKLEY. Yes, sir; I don't know why, maybe it's an injustice, but the Institute struck me as sort of lackadaisical. I don't think that they feel as urgent a mandate as I understand Mr. Koch feels from his constituents and from the others.

That is why I would consider it merely part of the ongoing research that is always going on in all directions, as opposed to sort of a targeted, ambitious research of the commission kind.

Mr. HUTCHINSON. Wouldn't it be apparent, though, that the administration might, if it wanted to, place a very high priority upon such activity within that Institute?

Mr. BUCKLEY. Yes, sir; I think it should. But I think that the administration has an awful lot to worry about, as of course you do. Its reactions have been pretty contradictory. Earlier this year, they came out with one set of recommendations.

A couple of days ago they backed up on that and then started a little action down on the frontier and walked away from that after a couple of weeks.

I don't know, maybe they need a little congressional leadership.

Mr. HUTCHINSON. Then I take it that, in your opinion, the findings of a commission even though divided, would be more credible than findings of the Surgeon General of the United States in this field?

Mr. BUCKLEY. Yes, if they do a good job, and there are good commissions and bad commissions. I take it this is out of your hands.

But there is no reason to suppose the President would appoint half-wits to this commission. I think, assuming that he did not, one could conclude a very valuable study. At least I wouldn't blame you if it was a bad report, is what I am trying to say.

Mr. HUTCHINSON. I am not asking you to name any individual but do you know or are you satisfied that there are people in this country

whose judgments on this particular problem are so well respected that they would be received as the experts?

Mr. BUCKLEY. Assuming they had done the work. After all, the report is not going to be something that comes out like a new tablet. It is not going to be simply a series of assertions.

It is going to be a series of conclusions based on a tremendous body of testimony. It is that body of testimony and research which will shore up and grant prestige to the conclusions that the Commission arrives at.

Mr. HUTCHINSON. That brings up the matter that my colleague from Virginia raised. I think we will have to agree that the work of such a commission is actually done at the staff level.

Mr. BUCKLEY. Yes, sir.

Mr. HUTCHINSON. In other words, the whole credibility of the end result will depend upon the skill of the staff?

Mr. BUCKLEY. Yes, sir.

Mr. HUTCHINSON. This brings me back again to my observation that perhaps the experts and the staff experts already in the National Institute of Health are equal to any staff experts in the country.

Mr. BUCKLEY. I don't see why that should follow. There may be some staff experts at Harvard who are as good as the ones at the National Institute of Health.

I just don't know.

Mr. HUTCHINSON. Better perhaps.

Mr. BUCKLEY. Quite possibly.

Mr. HUTCHINSON. I thank the gentleman.

Mr. BIESTER. Or those at Yale.

Mr. KASTENMEIER. The gentleman from Pennsylvania.

Mr. BIESTER. I wonder if we might explore for a minute the composition of the Commission. When we pick a jury we generally pick people who are sanitized from any kind of bias or personal information about the case.

Is it your feeling, or do you share my concern, that if the commission is sanitized from bias, it might also be innocent from any kind of expertise in the field?

Mr. BUCKLEY. No, I don't think so. I think that one might take, let's say, a scientist who had spent his entire life studying mosquitoes, and ask him to bring his skills to a study of marihuana, and you would find a perfectly competent, intelligent man at work.

Mr. BIESTER. In other words, he uses his analytical skills rather than his historical experience?

Mr. BUCKLEY. Yes.

Mr. BIESTER. Do you believe the hearings that the commission will hold should be fully publicized and televised, so that both sides can be fully presented?

Mr. BUCKLEY. I think the commission should satisfy itself that it receives the best opinion on all aspects of the matter.

If, at a particular moment, it makes sense to have a public hearing, I think they should certainly be permitted to do so. I tend to feel that a lot of time is wasted in these television businesses, because people are struggling to make partisan points, rather than to reach for reconciliation.

So I would guess that they won't do too much of that.

Mr. BRESTER. Could I ask you for your judgment on the matter of the nature of the commission?

Do you believe that the President should lean toward a sanitized group, sanitized from any bias, and emphasize simply a person's expertise in the various analytical disciplines which might be involved?

Mr. BUCKLEY. I think so. Human vanity being such as it is, people are reluctant to change their opinions if they arrive at such a commission with a strong operative bias. It then becomes a part of the commission's work to undo that.

That is an extra burden.

Mr. BRESTER. Isn't credibility much more likely to be pervasive over the society if such a commission makes a finding?

Mr. BUCKLEY. Yes, sir.

Mr. POFF. It has never been my privilege to meet a sanitized person. I have met people I would call objective and fair minded, but I can think of none who have no instincts or prejudices or natural bias.

Mr. KASTENMEIER. With that comment, let the committee thank you for your presentation this morning, Mr. Buckley.

It was most useful.

Mr. BUCKLEY. Thank you.

Mr. KASTENMEIER. We appreciate very much your appearance here this morning.

Mr. BUCKLEY. Thank you, Mr. Chairman.

Mr. KASTENMEIER. The Chair would next like to call as its witness, Dr. Helen Nowlis, research consultant for student affairs, office of the provost, University of Rochester.

Dr. Nowlis, you are most welcome to the committee.

STATEMENT OF DR. HELEN NOWLIS, RESEARCH CONSULTANT FOR STUDENT AFFAIRS, OFFICE OF THE PROVOST, UNIVERSITY OF ROCHESTER, ROCHESTER, N.Y.

Dr. NOWLIS. Mr. Chairman, thank you.

Mr. KASTENMEIER. You have an eight-page statement which you may read or summarize.

Dr. NOWLIS. I think I would like to read it, or at least read most of it. I fully appreciate your pleasure with Mr. Ware's statement, and the reason mine is longer is that I see the problem as much more complex than he does.

I think one of the problems that faces us in this important area is that we are operating on some misconceptions.

Mr. POFF. May I interrupt to express the profound hope that you did not interpret the comments that I made as a rebuke? It was not so intended.

Mr. KASTENMEIER. Indeed, the committee will be pleased to hear your statement in full.

Dr. NOWLIS. Thank you.

I am Helen H. Nowlis, professor of psychology and research consultant on student affairs, University of Rochester. I am also president of the National Coordinating Council for Drug Abuse Education and Information and former director of the drug education project of the National Association of Student Personnel Administrators under a contract with the Food and Drug Administration, but I speak here

only as an individual who has devoted the past 3 years almost exclusively to the many complex problems associated with drug use and drug abuse and who is deeply concerned with all aspects of the welfare of young people.

Several years ago I ventured forth from the comfortable and familiar college campus where I have been teaching, studying, and counseling young people for over 30 years, including 5 years of research on the social, emotional, and motivational effects of drugs on normal young adults.

I ventured forth only because I could not in good conscience exhort my students to obey the law of the land and, if it was not a good law or a just law, to work to change it unless I practiced what I preached. I am convinced that our drug laws are not good laws.

They are based on a scientifically untenable belief about what drugs are and what they do and do not do. They perpetuate myths in the face of facts. They are a major factor in determining the nature and in aggravating the severity of the so-called drug problem.

Failure to understand and to accept modern scientific facts about drugs, all drugs, whether we call them medicines, narcotics, beverages, or foods, is creating chaos and misunderstanding. Above all it is depriving the public of much needed information and understanding as a basis for learning to live wisely in an increasingly chemically dominated environment.

We do not know all of the answers but we do know a great deal. The problem is that what we do know does not support the beliefs on which we have been operating for the past 50 years. Those who still cling to those beliefs continue to pose questions which have meaning only if one accepts their premises.

They ask about the effects of a given drug and, because they believe that drugs do have "effects," cannot accept the scientifically unquestionable answer that no pharmacological agent has simple, reliable, or predictable effects. They can accept this for alcohol, but only because they do not think of alcohol as a drug.

All drugs have many effects and these vary from individual to individual, from time to time in the same individual. They vary with amount of the drug and pattern and duration of the use of the drug. They vary with a host of factors which have nothing to do with the pharmacological properties of the substance.

These include the expectations which the individual has, the circumstances under which he uses the drug, the meaning and significance of drug use to the individual, and social policy concerning the use of specific drugs. On this last point it is important to note that prior to the passage of the Harrison Narcotic Act the majority of individuals chronically dependent on various forms of opium and its derivatives were able to lead worthwhile, constructive lives and to work as regularly and efficiently as any other group of people.

Even now, one of the main groups of people who are chronically dependent on true narcotics; that is, physicians and nurses, usually lead productive and effective lives until they run afoul of the law.

This is not the time or the place to argue the questions which H.R. 10019, H.R. 11166, and H.R. 11540 propose to answer. I would like, therefore, to confine myself to specific questions related to the bills before you.

1. SHOULD THERE BE A COMMISSION ON MARIHUANA?

From one point of view I concur completely with the statement of Dr. Stanley Yolles before the Subcommittee on Juvenile Delinquency of the Senate Committee on the Judiciary on September 18, 1969, when he said:

How long, oh Lord, how long are we going to suggest new committees, new commissions, and new task forces in lieu of doing something.

I am sure he was expressing the frustrations felt by a great many medical and behavioral scientists who have been deeply involved in the study of all aspects of this complex problem of drug use and abuse.

The administration, Congress, and the general public refuse to take cognizance of what we do know. The President's Commission of Law Enforcement and the Administration of Justice did state that, despite its conclusion that basic research on marihuana has been almost nonexistent, it "believes that enough information exists to warrant careful study of our present marihuana laws and the propositions on which they are based."

But that was 2 years ago. The fact that basic research on marihuana as a pharmacological substance is lacking is very serious but is among the least of our problems. Pharmacologically pure marihuana is not what is being used.

From another point of view, I believe that something must be done. As a society we can no longer afford the high cost of our present drug laws, and I might add, their perpetuation by current administration proposal. We cannot afford to convict as felons thousands of young people whose only crime is that they have possessed or sold—I would remind you that legally "sell" is defined as "sell, give, or otherwise dispose"—some part of a plant which may or may not contain a drug.

We cannot afford this even for the minimum of the 2 years it will take to pass legislation establishing such a commission, to appoint it, to staff it, to prepare its report, to argue about the report, and maybe accept and act on its recommendations.

With deep sorrow and considerable dismay I have been forced to conclude that an administration which has been unable to understand the complex issues involved, which is unwilling to listen to the experts inside or outside of its own staff, which responds to the recommendations of such experts with the conclusion that "rather substantial reorganization of procedures and personnel" are in order, which has committed itself in its "Controlled Dangerous Substances Act of 1969" (S. 2637) to the assumption that the laws and the traditional methods of enforcement which have obtained for over 50 years, are the proper way to deal with drug abuse, which proposes to place in the hands of the Attorney General, not only the enforcement of all drug laws, but virtually the power to write those laws, is incapable of appointing a commission which will be able to face the fundamental questions which must be faced, to be open to new approaches based on scientific and social fact.

In this connection I would like to bring to your attention the additional views of four distinguished members of a previous commission, The President's Commission on Law Enforcement and the Administration of Justice, which made its report only 2 years ago. Speaking

to that part of the Commission's work which concerned narcotics and dangerous drugs they stated:

In this important area the Commission has been unable to face the fundamental questions. Instead, for reasons that are quite understandable but in our view not justifiable, it assumes that the laws and the traditional methods of enforcement which have obtained for over 50 years, are the only proper ways in which to meet the problem. It makes this assumption at a time when the use of narcotics and other drugs may have been intensified, and all of the moral, economic, and criminal law problems associated with these vices may be greater than ever.

That the Commission and its staff were capable of openminded imaginative analysis in other difficult areas is demonstrated by the way the report deals with such matters as the assessment of crime and the application of scientific thinking and methods to solving problems of criminal justice. These successes, and the objective analysis of the operations of criminal justice agencies generally, make all the more contrasting the Commission's failure to have the staff explore an equally new approach to narcotics and drugs. There is no field in which the problems and failures frighten Americans more. (*The Challenge of Crime in a Free Society: A Report by the President's Commission on Law Enforcement and Administration of Justice. 1967. pp. 302-303.*)

A glance at the makeup of the Commission makes clear the "reasons that are quite understandable" and the unwillingness to "explore an equally new approach to narcotics and drugs." Only four of the 19 members of the Commission were not lawyers by training and by experience, and one of these was a chief of police. Given the firm belief that the drug problem is a matter of law and law enforcement, and given a demonstrated unwillingness to listen even to its own experts in the field of drugs, drug use, and human problems in general, it is difficult to have high hopes for a new commission to be appointed by the President.

The question then becomes, if not a commission, what is the alternative? Another product of my venture into the real world has been the reluctant conclusion that the Federal Government has become so rigidified that, no matter how urgent, it can respond only in certain traditional ways which are based more on political considerations than on concern for health and welfare.

Bills which are part and parcel of the same problem may be referred to the Judiciary Committee if they say anything about penalties and law enforcement—to Labor and Public Welfare, if they carefully avoid saying anything about penalties and law enforcement—to the Subcommittee on Education, if they avoid mentioning either health or penalties or enforcement—to the Committee on Governmental Operations, if they perchance involve agencies and departments.

When all of these are multiplied by two, the basic problem is completely submerged and all perspective seems to be lost. This may be why commissions and task forces are appointed. Since, to this point, I see no better mechanism, I will assume there is no alternative solution, but I will specify a number of conditions which I consider imperative if a commission is the only answer.

2. THE CHARGE TO THE COMMISSION

The five charges to the commission represent the kind of information one would wish to have as a basis for wise social action. On the surface they sound reasonable and straightforward. But this is true only if one makes several assumptions, none of which is tenable.

The first of these is that marihuana is a drug. The second is that any drug has reliable or predictable effects. The third is that it is possible to do better research than we now have on behavior which is a felony. The fourth is that we cannot evaluate the cost and effectiveness of our present marihuana laws without more information about marihuana use than we now have. I would like to consider each of these assumptions briefly.

(a) Marihuana as a drug. Marihuana is a drug only by virtue of social and legal definition. It is a plant, a hardy, self-seeding weed which thrives in all temperate climates. Its fibers are used for rope and its seeds to improve the song of birds. It contains a variety of complex chemical substances which may have a variety of physiological and psychological effects when smoked or eaten.

The amount of these substances varies from plant to plant and in different parts of the plant, depending on the strain, the climate, conditions of cultivation, time and manner of harvesting, length, and conditions of storage. The amount of active ingredients in various preparations of various plants may vary from zero to considerable.

In general the dried leaves and flowering tops which are widely smoked contain relatively small amounts of active ingredients while the pure resin gathered from female plants just before flowering contains considerably greater amounts. Just to make things more complicated, most of the elements which have been identified are unstable. Active ingredients may become inactive, inactive ones, active.

The National Institute of Mental Health has been struggling mightily by means of its own research, contracts, and grants for at least 3 years to produce a standard product which is stable so that basic pharmacological research on the various drugs in marihuana can be done. It has been at least partially successful and is now able to supply some research projects with the standard products which are absolutely essential for pharmacological studies.

A number of research projects are now underway, mostly on animals because this is where one starts and, given prevalent attitudes and beliefs, because it is extremely difficult to be allowed to administer these substances to any humans except prisoners and exaddicts.

For reasons which I will mention later, research on such select groups is not adequate as a basis for generalization to the general population. I am personally aware of the tremendous legal and social hurdles which had to be negotiated before the recent study at Boston University Medical School could be carried out.

Even when these studies are complete they will tell us little about the marihuana which is currently being used by millions. It is available only on the black market and not subject to any quality control. All one knows is what one's source says. In a current survey of black-market drugs now underway in Toronto, substances sold as LSD are running about 40 percent unadulterated LSD and what is purported to be marihuana is running about 65 percent marihuana. Much of what is in fact marihuana contains little or none of the active chemical ingredients.

(b) Immediate and long-term effects of marihuana. As I have pointed out earlier, no drugs have specifiable behavioral effects. The so-called effects of psychoactive drugs beyond the physiological effects

are far more a function of nondrug factors, personal and social factors, than they are of the drug.

Even purely physiological effects are highly variable and can be described only in statistical terms. The lethal dose of any drug, officially called LD50, is that dose by which—not at which—50 percent of a group under specified conditions die.

This is because when one takes any drug one is adding a chemical to an extremely complex and little understood chemical solution which is the organism. This system varies from individual to individual and from time to time in the same individual. It varies with age. It varies with sex. It varies in sickness and in health.

If the physiological effects are uncertain and variable the psychological and behavioral effects are even more variable. One leading psychopharmacologist has put it this way :

The manifest effect of a drug—in man—is, as it were, the reflection of its direct action by an irregular mirror whose contours are determined by past or present circumstances. The distortions may be so gross that even lactose—milk, sugar—can project a substantial image. (P. Dews, "Looking for Drugs That Affect Behavior." *Science*, 1968, 160, p. 139-140.)

Or another expert writing in a standard textbook of pharmacology used by many medical schools and physicians :

The psychological effects of marihuana are as varied as the range of human personality and as complex as the factors which influence the user each time he smokes. (Jaffe, J., "Drug Addiction and Drug Abuse." In Goodman & Gilman, eds. "The Pharmacological Basis of Therapeutics," 3d ed.)

Next to the personality of the user the most important factor in determining the so-called effects of marihuana may be its social and legal status.

When a scientist talks about the effects of any drug, he and his colleagues understand, or at least should understand, that this means under circumstances where all of the tremendous variability due to nondrug factors have been controlled by proper scientific techniques. This is never true outside of the laboratory.

(c) Doing research on behavior which is a felony. We obviously would like to know the number of users, the nature of use and the characteristics of those who use. In the first place, when use of a drug has spread to the extent that use of marihuana has spread, even if we take the most conservative figure—I have heard none under 2 million and the most likely is at least 12 million—it makes no sense to talk about type of user.

Use has spread up and down the age scale, across educational and socioeconomic lines, across geographic lines to the extent that one can make only the grossest generalizations and still not be very certain.

Beyond this, it is not possible to do a representative and reliable survey on behavior which involves admitting one has committed a felony. One just does not go around asking people if they have committed a felony and trust their answer. As part of an extensive study by Blum and his associates, a questionnaire survey of all students in an upper class suburban high school in the San Francisco Bay area was done. It included an item which asked if the student had tried marihuana. Thirty-one percent, close to one-third, would not answer the question.

The authors comment:

The remarkable number of 'no-answer' reactions to the inquiry about marihuana experimentation as compared with the high response rates to tobacco and alcohol questions raises the strong possibility that other students—possibly up to the 20 per cent reporting opportunities—have tried the drug but are afraid to admit it.

Such anxiety is compatible with the angry explosiveness found in many spontaneous remarks scribbled on questionnaires and accusing the survey administrators of a variety of sins of authority, such as being policemen, being stupid, not understanding, and a series of unflattering vulgarities * * * (Bum, R. H. et al. *Drugs*: vol. II, pp. 325-326.)

Two ambitious nationwide surveys now getting underway under grants from NIMH are facing as one of their major problems finding techniques to persuade and indeed to guarantee students that their identities cannot be traced. It requires measures worthy of those who guard our Nation's top secrets. This makes it almost impossible to do followup studies which require checking the same individuals over a period of time.

A further difficulty is refusal to answer not only because of fear of the consequences but in the belief that the answers are being sought only to provide the rationale for increased enforcement activity and more punitive laws. In the opposite direction some of us feel that some students report that they have tried marihuana when, in fact they have not. They want to be considered "in" or "cool."

These are just some of the problems which investigators across the country are struggling to surmount in order to obtain data which will allow justifiable generalizations. One possible but presently most unlikely solution would be to revert to the philosophy of the Drug Abuse Control Amendments of 1965 and remove criminal penalties for simple possession.

The DACA amendments were specifically designed to try a new approach to drug control. Within 6 months they were being sabotaged by those who believed that only severe penalties for possession would deter the spread of drug use. At any rate we are marching fast in the opposite direction, having already nullified these provisions with the Drug Penalty Amendments of 1968 on the grounds that they would deter and were necessary for enforcement.

Aside from some basic philosophical issues not appropriate to discuss here, there are two separate issues involved in the current controversy. The first is whether the current use of marihuana is harmful to the individual and to society and whether it should be controlled.

It is apparent that the evidence which is now available is not considered sufficient. The scientific community, both inside and outside the Government, is struggling against the handicaps which I have already discussed to obtain the information on which this issue can be resolved. Given those handicaps, it will be several years before the results will be in.

The second issue, and it is a separate issue, is represented by a fifth charge to the committee, the efficacy of our current laws. We do not have to wait for the answer to the first issue, that is, whether or not marihuana use should be controlled, to proceed to evaluate our current methods of control.

The critical problem which faces us today is the failure of our present laws to control marihuana and other nonmedical drug use

and the cost of our present laws and law enforcement practices in terms of dollars, in terms of lives, in terms of their effects on the very behavior and attitudes they seek to control, and in terms of the stumbling blocks they represent to the research which is being demanded and the efforts outside of law enforcement to prevent and cope with true drug abuse.

We do need a commission. We need nine good men and true who will objectively assess this critical problem of failure and cost now, men with objectivity and great courage who are free of vested interests and political commitments.

But we cannot continue to pay the high cost of our present system while we wait for decisions on either of these issues. The kind of study reported recently in the UCLA Law Review needs to be done nationally. It reports California Department of Justice, Bureau of Criminal Statistics figures which indicate that in 1967 a total of 8,371 juveniles under the age of 19 with no prior criminal record and an additional 5,557 with no prior record between the ages of 20 and 24 were arrested for marihuana violations.

The same study points out :

The institutional, social and financial costs of enforcing the law must also be taken into consideration in evaluating the marihuana laws. Institutional costs include the diversion of police time and energy from the investigation of other crimes and the mounting frustrations of the police caused by uncontrollable marihuana use and judicial leniency towards marihuana offenders. Possible social costs of the present laws include exposing a rapidly increasing number of young offenders to the criminal process and to the stigma of arrest and felony conviction. In addition, police techniques necessary to uncover violators often involve serious intrusions on individual privacy. Financially, the enforcement of the marihuana laws is very expensive. Thousands of hours of police time are consumed in apprehending marihuana offenders; many more hours are spent by the police in court; and our criminal courts, already plagued by oppressive case loads, are ill equipped to handle the staggering increase in marihuana trials. (UCLA Law Review, 1968, 15, pp. 1513-4.)

I propose that there be a commission charged with assessing the efficacy and the social impact of our current laws. In the meantime, I propose that in face of the widely recognized reasonable doubt and the clear barrier to getting answers to important questions we remove criminal penalties from the simple possession of marihuana in its natural form, that is, the plant itself.

This is not a radical suggestion, even though some will certainly interpret it as such. It is consistent with the Drug Abuse Control Amendments of 1965 which specifically excluded simple possession of stimulant, depressant, and hallucinogenic drugs from criminal penalties. This provision did not apply to marihuana only because it was already controlled by other statutes.

It is consistent with the recommendations of innumerable responsible groups. An international symposium of scientists meeting a year ago in Quebec concluded :

The penalties under the present laws for the offense of simple possession of cannabis in the natural form are inequitable in the view of the current state of scientific knowledge and appear to be a contributory factor to the social problem.

It would remove one of the main barriers to the search for answers to many of the questions posed by these bills. It would give those of us whose main concern is the optimal growth and development of young people the opportunity to help them to understand the possible

risks involved in the use of all drugs and to avoid true abuse, that is, the use of any substance in ways which interfere with personal and social functions of individuals.

It might even persuade millions of young people that we care more about their welfare than we do about trying to prove that decisions made 30 to 50 years ago are right. We cannot continue to play cops and robbers with our greatest human resource, our young people.

Mr. KASTENMEIER. Thank you very much, Dr. Nowlis, for a thorough and most informative presentation. I am very pleased indeed that you decided to give us the benefit of your complete statement.

Without going into the very substantial content of it, I think it does illustrate the dilemma we face, stringent laws do not produce control over the use of marihuana, but indeed the use seems to grow dramatically in the face of these laws.

I have only a question or two.

One is based on the Commission itself. On page 3, I note that you said:

Given the firm belief that the problem is a matter of law and enforcement and given a demonstrated unwillingness to listen even to its own experts in the field of drugs, drug use, and human problems in general, it is difficult to have high hopes for a new commission to be appointed by the President.

Then you go on to suggest some of the things such a commission should do. But do you really have the skepticism about the utility of a new commission to be appointed by the President?

Dr. NOWLIS. I have a terrible feeling that committed as it is to looking at this very complex problem only from a law enforcement point of view, that we will end up with a lot of law enforcement people.

The same thing will happen that happened with the Commission that reported in 1965. In other words, for understandable reasons and because this is such a complex problem, they will not face the critical issues.

Mr. KASTENMEIER. Following through on that thought a moment, what do you think we might do, then? What is your advice to us as Members of the Congress who might write a bill creating a commission?

Dr. NOWLIS. There are several models, other models. One is the National Commission on the Reform of Federal Criminal Code where this was a national commission. The President appointed members, the House appointed members, the Senate appointed members, and the Supreme Court appointed members, so you moved it out to a little broader basis.

I think one of the most useful commissions that we have had is the Cooperative Commission on Alcoholism. The mechanism for that was that an association of all of the professional groups involved in the many aspects of alcohol and alcohol problems, nominated people both from the area and from the disciplines impinging upon the problem but not involved in research or treatment on alcohol and alcoholism.

They ended up with a commission that was very representative, a commission that, when it started out, had great differences of opinion but, over the period of interaction and with a real desire to come to some program, some recommendations, some agreement, were able to come out with a report which I could commend to you.

Mr. KASTENMEIER. One of your suggestions, then is to diffuse the appointing authority.

Dr. NOWLIS. I say this very reluctantly but in the 3 years I have been involved, and this has included two different administrations, I have come to the conclusion that commissions tend to be more political than scientific or expert.

Mr. KASTENMEIER. My second point is, might you set qualifications in terms of discipline or background for potential commissioners?

Dr. NOWLIS. I did not come prepared to do this, but I would think, for instance, that we would need at least some people of great stature in the scientific and the academic community who understand scientific methodology, who understand statistics, who understand that correlations do not mean causation, all of the criteria of science, but are not involved in this specific area at all. That is, not involved in drugs, drug abuse, drug use, and all of the controversy.

I think, as was mentioned earlier, that almost all of these people will have some personal opinions and beliefs in this area, because I don't know any one who does not. But I think there are men of stature who could put these beliefs aside and, using their professional expertise, help get us out of the mess that we are in in terms of the conflicting scientific, semiscientific, and nonscientific information that is all mixed up in one bag.

Then I think we should have on the Commission or certainly on the advisory committee, or board for such a commission people who have had long experience or experience in depth in this area.

It is the only way I see out of the controversy here because we all make different assumptions. We all look at what is available from different points of view. We are not communicating.

Mr. KASTENMEIER. Thank you. The gentleman from Connecticut.

Mr. ST. ONGE. Thank you, Mr. Chairman.

Dr. Nowlis, if you endorse the commission so reluctantly tell me why the national educational community could not do the work that this commission would do?

Why can't the people who are closest to our young people do a job which admittedly has to be done?

Wouldn't such a commission, not a governmental commission at all, have the widest acceptance among the people most directly involved in this problem?

Dr. NOWLIS. I have given a great deal of thought to this. I think if conditions were ideal I would hope, and I say this reluctantly after the last 6 months, that some institution in our country which has more breadth than the educational institutions, such as a respected foundation, could pick this up and divorce it from politics. This is so imbedded in politics, in administrative conflict, in jealousy, that something has to be done.

Mr. ST. ONGE. Do you think such a commission or study, if supported financially by a national foundation commission, could accomplish the purposes that we are trying to accomplish?

Dr. NOWLIS. This is what happened with the Cooperative Commission on Alcoholism. It was funded under a grant from the National Institute of Health, a 5-year grant.

Incidentally I don't think you are going to be able to tackle this problem in 1 year. I think it is going to take longer than that. Since

it will take longer I am not willing to pay the price of the current laws for that long a period. I see too much devastation.

I think this could be done. But what happened with the Cooperative Commission report which was published by the Oxford University Press and later as a paperback, was that there was no one until recently, when the National Council of Churches picked it up, to really give it visibility and meaning.

So there is a dilemma. I think it has to be Congress, or Government, or some highly visible and hopefully respected foundation or other institution, or an organization set up specifically for this purpose.

But once you have set up your organization, you have to stay behind it.

Mr. ST. ONGE. Which horn of the dilemma would you impale us on?

Dr. NOWLIS. I would hope that it could be done within the Government, I would hope.

Mr. ST. ONGE. Thank you.

Mr. KASTENMEIER. The gentleman from Illinois.

Mr. MIKVA. Dr. Nowlis, I merely want to make one observation. You are asking for an inconsistency I think in results here, asking for political solutions, which I think they have to be. You are suggesting for instance that the present laws are inadequate or impossible, really, and they ought to be changed.

You worry about politics and that was your phrase, being involved in the factfinding.

Dr. NOWLIS. I make a distinction between politics and legislation.

Mr. MIKVA. That perhaps is our disagreement.

Dr. NOWLIS. When I say political considerations I mean considerations that are not germane to the problem that is under consideration.

Mr. MIKVA. Do you think that you can avoid those by keeping the political factors, the actors, politicians, out of the factfinding process?

Dr. NOWLIS. No.

Mr. MIKVA. No, neither do I.

Dr. NOWLIS. What I hope is by making clear and by making open the dangers of this that people will be cautious, that is, that they will keep them in mind. I am enough of a realist, despite quite a bit of idealism, to recognize that it is a very difficult process.

But if there is a commission, and if it is going to be appointed, I want those who are involved in it to understand that this will interfere.

And as implied by several questions earlier this morning, it is conceivable, if this were not so, that we could come out with an even more confusing report.

Mr. MIKVA. Very specifically would you be opposed to law enforcement people being on this commission?

Dr. NOWLIS. No.

Mr. MIKVA. Would you be opposed to Congressmen being on this commission?

Dr. NOWLIS. No.

Mr. MIKVA. You want them to do a good job?

Dr. NOWLIS. I want them to do a good job and I want them to be open minded and listen. You see, one of the problems here is that, when we look at this total complex problem, it impinges on almost every discipline and every profession that I know.

One of our big problems is that each one of us looks at it with our

own blinders. We have law enforcement over here and sociology and anthropology here and in between pharmacology and psychopharmacology, psychology, and we are not talking together.

We are not willing to put aside our own particular investment and look at the broad problem. This is what I am afraid of. If we get this thing loaded on the basis of the assumptions that we have been operating on for so long we will come out with recommendations which may be no better or even worse than what we have now.

Mr. MIKVA. Thank you.

Mr. KASTENMEIER. The gentleman from Virginia.

Mr. POFF. Mr. Chairman, thank you.

I want to echo the tribute that the chairman has paid to the witness. I think your paper is a learned paper. Your dissertation is most thoughtful and thought provoking. I might even say challenging, to those of us who do want to get at this very difficult problem with an objective attitude.

I think if you are familiar with the legislative history of this particular subcommittee, you would understand that probably here you have the best opportunity you might have in the political process, which gives you some pain, to hope for an objective approach.

I say that with what I hope is a pardonable pride in the work of this subcommittee.

I am also prompted to ask you in connection with your recommendation that, pending the conclusion of the work of whatever mechanism is established, the present laws on possession of marihuana be repealed. What recommendation in that area do you have with respect to the laws on commercial traffic in marihuana?

I don't want to telescope your vision, but I would like for you in responding to the question to concentrate upon marihuana and because that is the subject which is precisely what we are dealing with now.

Dr. NOWLIS. I think my position is that there is enough reasonable doubt that has been raised in enough places that the possession of marihuana should not carry penalties greater than those for most crimes of violence.

To me, the present situation is untenable. It is the source of the charges of hypocrisy made by the young people. With mandatory sentences, felony charges, I just think it is untenable. So that at this point I think that possession of the simple natural product—I don't want to involve the THC-9 and all of the complicated synthetics and derivatives—but the weed should not be subject to criminal penalties. Most of it does not have very much tetrahydrocannabinol in it.

I was utterly amazed when I was in Richmond a couple of days ago where it was reported that three students were convicted of possession of marihuana on the evidence that it could be smelled on their breath. I would hate to see this go to the Supreme Court.

But this is the kind of thing that is happening. I just think it is untenable and intolerable.

Pending what I would hope would be scientific, sound information based on research, distribution, importation, and manufacture, should continue to be controlled.

Mr. POFF. Retain the present penalty structure in that area?

Dr. NOWLIS. Pending the decision.

Mr. POFF. Yes. Just by way of parenthesis to what you said, and to repeat something I said yesterday, indeed, the penalty for a second conviction of possession is minimum mandatory in the classic sense, that is to say, without opportunity for suspension or probation. And that penalty is greater than the penalty for manslaughter.

Dr. NOWLIS. In general, penalties in some States are greater than for any crime except treason and first-degree murder. I think you should be aware of the fact that we not only have Federal controls but State controls and local controls. In general, the State and local laws have started where the Federal was and then become more severe.

Mr. MIKVA. Would the gentleman yield at that point? The problem with that kind of piecemeal approach is we heard Mr. Ware this morning talk about how frequently the sale charges—because sale does include giving away and many other forms—are reduced to possession because the sale penalty is even stricter.

I would worry that if we knocked out the possession penalty you would end up with an even tougher set of laws to try to enforce and I think you would have even worse hypocrisy and chaos in the field than we do now.

I think if we are going to get into the penalty changes—I would certainly see that the law is changed—I think you have to do a thorough job.

Dr. NOWLIS. All of these things involve a very complex cost-benefit analysis. I think we never look at the cost-benefit analysis. This is what I would like to see the commission do.

Mr. MIKVA. That is why I would be leery of the last answer that you gave to the gentleman from Virginia, just knock out the possession part, I don't think that would work.

Dr. NOWLIS. I think we have to do it, because I put into my cost-benefit analysis the fact that we can not do good research, and I don't mean laboratory research on a pharmacological agent, I mean we can't study the effects of chronic use. We can't do good education, effective education, and I think effective education would go a long way toward controlling this whole situation. We can't do good treatment because we don't get to people until they have gotten so deeply involved that it is long term and takes resources that we just don't have available.

It is a very complex business. And in my analysis—and I recognize that I am an educator, that I am a psychologist, and I am not a law enforcement officer, although I have spent the last 3 years talking with them at all levels—in my analysis, the cost, when you consider the fact that it is not deterring or reducing marijuana in any way, is greater than we should pay.

Mr. MIKVA. I thank the gentleman for yielding.

Mr. POFF. I thank the witness for her response.

Mr. KASTENMEIER. The gentleman from Michigan.

Mr. HUTCHINSON. I have no questions to ask of Dr. Nowlis. I do appreciate very much your presentation. In my opinion, it has been very helpful and will be very helpful to this committee.

Mr. KASTENMEIER. The gentleman from Pennsylvania.

Mr. BIESTER. The bells indicate a quorum call. So I will be very brief.

Your particular mission of experiences in this problem area prompts me to ask you two questions, which probably are not appropriate to others.

One, in most States, the prohibition on the sale or use of intoxicating beverages lies at the age of 21. This varies from State to State, but I don't know of any that go below 18.

Would it be your thought that, if we were to reach that point at which we generally made marihuana a legally available substance, that there be an age limit on its use, such as 21, and if not, why not?

Dr. Nowlis. Yes; I think there should be an age limit. I am not for making it generally available. You see, I make a distinction between controlling via criminal penalties and controlling in other ways.

I am not for legalizing marihuana at this point. It is the last thing I want to throw to Madison Avenue.

Mr. Biester. The second question I have, reflects upon an objection you made in answer to an earlier question when you said we are in urgent circumstances and that you see too much devastation ahead if we don't act more promptly.

I think I know what you mean by too much devastation. But I have to express a concern that, if it is too painful for the young people of this country to wait 2 years to find out whether it is safe to use a product which certainly offers them no great advantage in life, and that they are willing then in the process of using this material to subject themselves to what I think you meant by too much devastation, which are penalties, incarceration and other events, then I must say that I am concerned about the impact of this single element, marihuana, on that culture.

Dr. Nowlis. I think there is more than that. I think it has a very devastating effect on the whole attitude of the young people toward the law.

You must remember that a law communicates at many levels. The chances of getting caught and suffering here what you mentioned as devastating results, is probably somewhere about 1 in 500, 1 in 1,000. We don't have a denominator, so we can't tell.

To me the labeling of thousands of our young people as criminals, felons, guilty of committing a felony which deserves the penalties that we have, in addition to not having served as a deterrent, creates a disrespect for law, which bothers me far more than the current use of marihuana as most young people are now using it. Sixty-five percent of those who use merely experiment, is our best guess. Another 25 percent of those who use, use very occasionally, mostly socially.

So really in terms of regular use, which is not necessarily synonymous with abuse as we define alcohol abuse, we are talking about maybe 2 percent of the student population.

Yet when we put it all in the same bag and label them as felons, whether they are arrested or not, we create a situation which I think is very dangerous.

Very dangerous.

Mr. Biester. I think your answer has been very helpful to me, because it is helpful to try to grasp precisely what the dimensions of this problem are.

It is refreshing to find that the number of 12 million may be reducible to 2 million in terms of habitual or abusing use.

Dr. NOWLIS. Way below that.

Mr. POFF. I have heard no figure as high as 12 million for habitual use.

Mr. BIESTER. But the witness' statement says the figure is somewhere between 2 million—

Mr. POFF. But the statistic has application to those who have had some experience, at least one experimentation.

Mr. BIESTER. Apparently we are not dealing with that situation. In other words, we are not imposing on more than a figure perhaps way below 2 million in terms of habitual use of this drug.

Dr. NOWLIS. This issue has gathered to it so many other issues that you will find far more people than those who have ever tried marihuana who will object to the law, who will defend the right of those who use. At least one study suggests that the increase that is occurring corresponds pretty closely to those who, let's say in 1967 said they did not use but defended the right to use. In one study, it was almost by exactly that same percentage that, when they went back the next year and surveyed, it had increased. So I think we are feeding the thing.

Mr. BIESTER. Would we still have that problem if we had an age limit of 21 on the use of the substances?

Dr. NOWLIS. Yes. We have this with liquor.

Mr. KASTENMEIER. Thank you.

Thank you, Dr. Nowlis, for your testimony this morning. I ask my colleagues to bear with us for a while longer, if possible, and we have one further witness this morning, a distinguished gentleman from Johns Hopkins University School of Medicine, Dr. Julius R. Krevans who has a prepared statement.

Dr. Krevans is dean for academic affairs. He is most welcome here and we share regrets that the hour is late. The Chair does note that your statement is brief. Perhaps in this capsule, there is much for us to learn.

Proceed, sir.

STATEMENT OF DR. JULIUS R. KREVANS, DEAN FOR ACADEMIC AFFAIRS, JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, BALTIMORE, MD.

Dr. KREVANS. I appear before you today, Mr. Chairman, to thank you for the privilege of appearing here on behalf of the Johns Hopkins University to support the measure H.R. 10019, even though it is not my postal zone, calling for the establishment of a commission on marihuana.

I will make my statement brief, since I feel the merits of this proposal are so compelling that they do not require lengthy and detailed arguments for support.

I was a student of medicine in New York City during the time that the late Mayor LaGuardia sponsored a study of the effects of marihuana. As you know this report minimizes the dangers of this substance.

Preceding this study and following it there have been numerous

opinions expressed concerning the dangers of this substance, its effects and the steps society should take to deal with the problem.

In the wake of the very real increase in the use of marihuana which has occurred in recent years we are witnessing a frantic rush in the direction of more and more stringent legal maneuvers to solve this problem.

These acts and proposals are made against the historical background of dismal failure of similar moves to solve the problems related to the drug, alcohol.

It is ironic that at the very moment in time when society has faced up to the reality that alcoholism is a medical and behavioral problem that cannot be solved by harsh regulation or punitive measures that we should consider starting down this same blind alley to deal with marihuana.

This folly is compounded by a paucity of knowledge concerning the genuine effects attributable to this substance and by the spirit of revenge against unruly young people which is certainly behind some of the proposals and actions.

Last year our university together with the University of Maryland, a number of other institutions of higher learning, and a number of distinguished authorities in pharmacology, medicine, and psychiatry asked the Governor of Maryland to appoint a State commission to reexamine the basis and the content of Maryland legislation dealing with the so-called drugs of abuse and addiction.

We feel now that this problem is too important to be dealt with solely on a State level. It is a national problem made more urgent not by any evidence that marihuana has hidden evils which have recently been identified, but by two real and frightening phenomena. The first is the tendency to make more and more harsh the legal machinery that relates to this problem. This is illustrated by bills which assume the completeness of knowledge concerning the subject and relegate to the Justice Department responsibilities that clearly belong in large part in areas of scientific or educational competence.

The second phenomena is that many of our young people, most of whom do not use marihuana, identify this as an important issue illustrating the lack of concern and compassion of the so-called establishment for the ideas and problems of young people.

Until this July I was physician-in-chief at the Baltimore City hospitals and in this institution we encountered many youngsters with a variety of problems related to drugs of all sorts.

A major feature that these young people had in common was a conviction that those in authority really did not care. In these critical years ahead we need to make efforts to build more bridges between our youth and their elders. We have enough walls.

In conclusion I wish to strongly support H.R. 10019. Only a presidential commission charged to produce an honest and careful consideration of the problem, will be able to gather the necessary data to make the kind of recommendations that have the potential for producing genuine progress in dealing with this important problem.

Thank you.

Mr. KASTENMEIER. Thank you, Dr. Krevans. May I assume that the president of your university, Dr. Lincoln Gordon, shares your views?

Dr. KREVANS. Yes, indeed, I appear here because he could not make

it this morning, but we have spoken about this in great detail together. We have had this concern for several years, which led to the proposal we made with our fellow universities in Maryland, to Governor Mandel, and which now leads us to support this bill most strongly.

Mr. KASTENMEIER. Do you feel that the National Institute of Health, of Mental Health, is conducting adequate research in the field at the present time, basic research?

Dr. KREVANS. I think they are conducting very important research. I was interested this morning in the tenor of the discussions bringing out the points. I think the point Dr. Nowlis made is an important one.

There is more involved here with just learning about the basic nature of the problem from a pharmacologic point of view and even from a behavioral point of view.

Certainly the National Institute of Health, Mental Health, both in their own research and the research they support through the grant mechanism, are and will make important contributions to our understanding about, if you will, the basic science of the problem.

But there is another problem. That is, to create a climate whereby the information which comes out will have an effect on legislation, on the one hand, and will be credible to this very large pool of people, most of whom are young people, who now feel that this whole thing is some kind of a plot perpetrated by society to keep them from doing something which we know they don't view as harmful. And here again I agree with very strongly the previous witness, which labels them as criminals. Therefore, they have to rationalize that either they are criminals or else the law is wrong.

And when the law is wrong, it is not just that law which is wrong, but the law in many ways. So that I don't believe, to anticipate a question, that just turning this problem over to the National Institute of Health and saying, "Come up with a position paper," just as the Surgeon General did on smoking, is going to answer the whole question.

One, they may not have all the resources necessary. Second, it is a much broader question than just understanding the basic pharmacology in a number of agents contained in this complex vegetable product.

It is a problem of understanding here the behavioral effects, the wide variety of situations mentioned in the previous witness' testimony, and in producing a visible product to which a variety of populations can pay attention, the users, the lawbreakers, as well as the scientists.

Mr. KASTENMEIER. I have one last question. Do you share the reservation of the preceding witness as to whether we should establish a presidential commission appointed solely by the President without qualifications being set down. Might it have the same problem other presidential commissions have had in this respect? Ought we perhaps to diffuse the authority?

Dr. KREVANS. No, not entirely. I think this is an unknown. All my life I have dealt with unknowns, since my basis in education has been in research, as well as in taking care of patients.

In taking care of patients you deal in unknowns. I don't think anybody could sit down and write a list of nine people or a structure which would guarantee success of this effort. I think the really tre-

mendous visibility that this substance has, because of its emotional issues, the fact that it is tinged with some kind of oriental evil, as Mr. Buckley was pointing out to us this morning, is going to guarantee that the President is going to appoint a commission which will not be in any sense designed to produce an answer that anybody in the executive branch knows in advance it wants.

It is going to have such national visibility and the spotlight on it will be, I think, bright enough to get maximum effort. I don't think that the history of presidential commissions has been that bad that I would concern myself with a cumbersome administrative mechanism to find the nine perfect people.

Mr. KASTENMEIER. Thank you.

Mr. POFF. Mr. Chairman, I think the reporter should understand that when the chairman uses the word "diffuse" in connection with the appointment power, it is spelled d-i-f-f-u-s-e.

Mr. KASTENMEIER. The gentleman from Connecticut.

Mr. ST. ONGE. I would simply comment, Mr. Chairman, that the last statement of the witness concerning the people to be appointed to the Commission by the President is a very enlightening statement and I would endorse that part of his statement right here and now.

Thank you.

Mr. KASTENMEIER. The gentleman from Illinois.

Mr. MIKVA. No questions, thank you, Doctor.

Mr. KASTENMEIER. The committee is indebted to you for your appearance this morning and our respects to the president, Dr. Gordon.

The Chair would like to announce that this concludes the hearings on the creation of the Marihuana Commission.

Thank you all again.

The subcommittee will stand adjourned.

(Whereupon, at 12:44 p.m., the subcommittee adjourned.)

STATEMENT OF HON. GLENN M. ANDERSON, A REPRESENTATIVE IN CONGRESS FROM
THE STATE OF CALIFORNIA, OCTOBER 2, 1969

Problems relating to the use and misuse of marihuana have become publicly prevalent in recent years. Questions raised by people in both public and private life are going unanswered. We in Congress need more information in order to attack the problem and to fully understand the nature and effects of marihuana. To date, no comprehensive study focusing on the marihuana situation in the United States has been undertaken.

We have an obligation to take marihuana out of the realm of rumor and place it into the realm of fact.

Researchers presently studying the problem are in disagreement. Medical science has not reached a conclusion concerning marihuana and its physiological and psychological effects. The data compiled by independent researchers should be compiled and brought to light.

H.R. 11540 would establish a Commission to compile the research material that has been completed and to focus on the unsolved problems.

Among its goals, this proposed Commission will seek to establish the number of marihuana smokers, the psychological characteristics of the smoker, the effect and the rationale of the laws pertaining to marihuana, and the relationship of marihuana to crime. Finally, the Commission will determine the role marihuana plays in inducing users to adopt other drugs.

The laws regarding marihuana have been criticized as unrealistic, unjust, and unenforceable. These laws should be studied for their feasibility. The punitive action should be commensurate with the crime.

With the clarification of these and other questions, the problems concerning marijuana may be realistically attacked. The prime objective of the proposed Commission will be to reduce the information vacuum surrounding the effects of marijuana with informative material that is direct, accurate, and medically sound.

STATEMENT OF HON. EMILIO Q. DADDARIO, A REPRESENTATIVE IN CONGRESS FROM
THE STATE OF CONNECTICUT

October 10, 1969.

HON. EDWARD I. KOCH,
1223 Longworth Building, House of Representatives,
Washington, D.C.

DEAR ED: I would be pleased to be listed as co-sponsor of your bill, H.R. 10019, to establish a commission to conduct a detailed, one-year study of all aspects of marijuana and its widespread usage.

I have very carefully reviewed the bill and would like to bring up several points for your consideration:

1. That when appointing members of the Commission, the President be urged not to rely excessively on personnel drawn from the law enforcement agencies presently concerned with the suppression of marijuana and that public figures, such as a Senator or Representative be included as well as representatives of such institutions as the National Institute of Health, NIMH, the Surgeon General's office, etc. There is a precedent for this in P.L. 90-259, Fire Research and Safety Act and P.L. 89-454, the Marine Resources and Engineering Development Act of 1966.

2. That rather than appointing a pharmacologist on whom the remainder of the commission might rely excessively for scientific support for their conclusions, a panel of pharmacologists from a variety of institutions be formed to advise the Commission.

3. As regards the substantive study of the Commission, that they also consider such questions as the following:

(a) The nature and dimensions of what is often referred to as the "drug culture" meaning those aspects which revolve around the possession and use of marijuana and whose art, music, etc., incorporate the influences of marijuana use. Would such "subculture" expand or be otherwise altered were marijuana to be legalized, and in what way?

(b) The possibility that continued prohibition of marijuana might not produce, or have already produced, a new criminal element much akin to that spawned by the prohibition of alcohol, many of whom are the backbone of organized crime in the country today.

(c) The usage of marijuana in the United States Armed Forces, particularly in Vietnam, and the effects of branding as felons (as many states presently do) these young men, as well as civilian youths who are found to possess marijuana.

(d) The possibility of increased importation of hashish, particularly were marijuana to be legalized, and the effects of increased usage of such stronger marijuana relatives.

In conclusion, I commend your foresight and wisdom in calling for a thorough examination of this vital subject at this time.

Sincerely,

EMILIO Q. DADDARIO,
Member of Congress.

STATEMENT OF HON. DANTE B. FASCELL, A REPRESENTATIVE IN CONGRESS FROM
THE STATE OF FLORIDA

Mr. Chairman, thank you for the opportunity to appear before you this morning in support of H.R. 14354, the bill I have cosponsored for the establishment of a Commission on Marijuana.

It is time to stop and take a long hard look at the growing problem of marijuana usage in the United States today. One approach from the Federal level is to create the Commission on Marijuana which will provide the people of this country—and I include those on both sides of the so-called generation gap—with facts on all aspects of the nature and use of this controversial and easily obtained drug.

Reports of rapidly increasing marijuana use reach us every day. The recent presidential task force report entitled "The Dangers of Marijuana" put a "conservative estimate" of college aged users at the five million mark. Other sources claim that between twenty and sixty percent of today's college students have had experience with marijuana. Even more startling, perhaps, is the alleged widespread use of the hallucinogen among the men in the armed forces, particularly in Vietnam, where high quality marijuana is inexpensive and readily available.

How many of our high school students have experimented with this drug? Several recent reports from California cite usage of over 50%. According to statements made in Colorado before a Senate Subcommittee this month, marijuana can be found even in the elementary schools. Officials in Dade County, Florida report similar discoveries of widespread grade school use. It is obvious from these examples that we have no clear idea how many people are using marijuana. Now is the time to find out. The Commission would be charged with determining the extent of marijuana use in the United States—how many people use it, how many are arrested, how many convicted. A study of the type of user would be made, as well as the nature of use by the Commission.

The sudden increase of marijuana users necessitates a careful reexamination of the effectiveness of our existing laws. Government officials in the Department of Health, Education and Welfare, and the Justice Department have recently indicated they feel existing laws are not proportionate to the problem. They see the need for a more flexible scheme of penalties for drug law violations.

One of the major issues in the debate on marijuana reform is the problem of classifying marijuana. Should it be grouped with the addicting narcotic drugs, as it now is? As a "mild hallucinogen," is it more logically included in the category of "dangerous drugs," along with amphetamines, barbiturates, and LSD? The proposed Commission on Marijuana which would study the pharmacology of the various forms of the plant and its immediate as well as long term effects, would come up with some real help for legislators.

The need for basic research in marijuana has been recognized for several years. In 1967, the President's Commission on Law Enforcement noted that, with the possible exception of the 1944 La Guardia report, there has been no careful analysis of the American experience with marijuana. They recommended that the National Institute of Mental Health carry out on both an intramural and extramural basis a plan of research covering all aspects of marijuana use. Their suggestion was made two years ago, and although some projects have gotten under way after prolonged bureaucratic procedure, they are inadequate because of little sense of urgency in reaching conclusions. Other problems, such as arrests of licensed researchers for registered possession of marijuana, plague current programs. The Commission on Marijuana would be free of the problems besetting other researchers. It would be a coordinated and efficient effort, bringing in experts from all fields related to marijuana use. Physicians, chemists, sociologists, psychiatrists, penologists would all be involved in a year long investigation which will give us the facts we must have to make laws and enact programs which respond directly to the problem.

An editorial in the Miami Herald, September 22, 1969 supports the creation of a Commission on Marijuana. It stated:

"If marijuana is harmful to the health, and leads to the use of harder drugs, the U.S. student population appears headed for disaster. If it is not, laws providing severe penalties for its use seem out of order.

"A New York Congressman has proposed a Presidential Commission on the scale of the Warren or Kerner commissions, to define authoritatively what problem the use of marijuana constitutes for this country. We endorse the idea."

As co-sponsor of H.R. 14354, I agree. There are too many unanswered questions about marijuana to try to enact new legislation now. Obviously, we need the answers to those questions before we begin to make new laws. It is of the utmost importance that we establish a Commission on Marijuana composed of experts committed to finding the truth to enable us to act rationally on the important marijuana question which is facing the United States.

Thank you.

STATEMENT OF HON. HAMILTON FISH, JR., A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF NEW YORK

Mr. Chairman and Members of the Committee: It is indeed a pleasure to appear today on behalf of H.R. 14011 and other similar bills to create a commission of marijuana which will study all of the available research on the human effects of marijuana and give definitive answers as to its dangerousness.

There is no question that one of the most serious problems facing parents, teachers, school administrators, law enforcement officials, the legal profession including judges and prosecutors, and above all youth, is what is known as the "Drug Scene".

In my trips back to the District one of the most persistent complaints is what can I do about narcotics. I have co-sponsored several bills aimed at attacking this problem. One is the Drug Abuse Education Act of 1969 which would provide money for educational programs in our schools, and for the community at large. Another is aimed at the pusher. This is H.R. 13873 which increases the penalties for unlawful transportation of narcotic drugs and makes it unlawful to solicit the assistance and use of a minor under 18 in unlawful trafficking of such drugs.

My personal experience with drug education is more than academic. In 1965, my village of Millbrook, New York, with a population of under 2,000 became very concerned over the activities of one of its residents, Dr. Timothy Leary, a leading exponent of the non-medical use of mind-affecting drugs. I was privileged to serve with the Clergy of the Community, Educators, and Physicians in a group that attempted to deal with this problem.

Our solution was drug education—the best weapon to forewarn both parent and child. Speakers, movies, comic books, clinical workers—all were utilized in our efforts.

Fundamental to our approach—and I believe correct—was that youth will not accept threats or emotional appeals but will respond to cold accurate clinical facts. It was also quite clear that lack of a full understanding of drugs and their effects left many parents playing far less effective roles than they should have been playing.

Clearly, the differences of opinion between the generations on the effects of marijuana—based as it is on unauthoritative information—is contributing to the current friction between young and old, between parent and child.

In talking about heroin, opium, and to a lesser extent LSD, the cold hard facts are available and relatively undisputed. But when considering marijuana, about the only thing certain is that our information is not definitive. There is information but it is very contradictory in nature.

Apparently no one at the time can answer the question "To what extent is marijuana harmful to humans". Indicative of this doubt is the fact that bills introduced to increase penalties for narcotics trafficking do not include marijuana in their scope.

Because of this doubt and because I feel it is absolutely necessary to close this information gap concerning marijuana, I wrote on July 2nd, 1969 to the Surgeon General of the United States asking him to impanel a "Surgeon General's Commission on the effect of the human use of marijuana". I had suggested that this Commission be similar in nature to the Surgeon General's Commission on tobacco.

I am afraid I have to report, much to my disappointment, that the Surgeon General said no to my recommendation. I am attaching at the end of my statement a copy of his reply to my letter.

Gentlemen, I cannot stress enough the importance I attach to the legislation you are now considering. It is imperative that we have a firm answer on the effects of marijuana. We have to get this subject out of the shadows and into the spotlight of serious qualified research and definitive, authoritative judgment—so that we who have children, we who want and need the facts, can know the truth about the "Drug Scene" that so many people are disturbed about.

I respectfully urge your favorable action on this bill.

July 2, 1969.

HON. WILLIAM H. STEWART,
*Surgeon General of the United States,
Department of Health, Education, and Welfare,
Washington, D.C.*

DEAR MR. STEWART: One of the most perplexing and divisive questions before the American public today concerns the effects of the use of marijuana. This

question is of great concern to parents, youth, law enforcement officials and to legislators. Although laws are passed on the assumption that its use is harmful, disagreement as to the harmful nature of the drug continues among doctors and other scientists apparently caused by a lack of adequate or authoritative information on the subject.

It is my understanding that research on marijuana has been conducted, and is in progress in at least two government agencies, as well as by private and foreign research facilities. It seems to me that from these research sources it is now becoming possible to definitely answer the question, "Is marijuana harmful?" Such an answer is of the utmost importance to the American people.

I therefore respectfully recommend that you impanel a "Surgeon General's Commission on the Effects of Human Use of Marijuana" to collect and evaluate the results of this research. I suggest this Commission be similar in all respects to the Surgeon General's Commission on Tobacco. If, after evaluating the evidence the Commission decides that further research is needed for a definitive answer, such a recommendation made by the Commission to the Congress should include legislation or other action needed to facilitate such research.

It is my hope that the Commission's ultimate report would carry the same weight and authority as the report of the Surgeon General's Commission on the use of Tobacco.

I look forward with the greatest interest to your comments to my suggestion.
Sincerely,

HAMILTON FISH, JR.
Member of Congress.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE,
Washington, D.C., August 14, 1969.

Hon. HAMILTON FISH, Jr.,
House of Representatives,
Washington, D.C.

DEAR MR. FISH: This is in reply to your letter of July 2, 1969 to the Surgeon General in which you suggest the possibility of convening a "Surgeon General's Commission on the Effect of Human Use of Marijuana" to collect and evaluate materials in a way analogous to the work of the Advisory Committee on Smoking and Health.

While the suggestion is an interesting one of considerable merit for the future, it is probably premature to form such a committee at this time. Unlike the cigarette smoking situation in which a considerable body of reliable scientific data had already been accumulated before the formation of the committee, there is still a relative dearth of such data with respect to marijuana. At present the National Institute of Mental Health is utilizing various advisory groups on an *ad hoc* and continuing basis to determine appropriate directions for scientific research and review of this problem. It was on the basis of the best counsel by acknowledged experts in the field that the present marijuana research program was founded. Unfortunately, despite several thousand years of use in a variety of cultures adequate scientific evidence on which to base social policy with respect to this drug is still lacking. The present program is designed to meet that need.

You may be interested to know that an advisory committee similar to the one you suggest was formed in England in 1968 to advise the British government on appropriate policy. After a careful review of the present evidence, the committee recommended that restrictions be continued on *Cannabis* although the penalties should be considerably reduced. They also recommended a program of research similar to that currently being carried out by the National Institute of Mental Health.

I am enclosing a recent summary of the state of our knowledge about this problem. If I can be of any further assistance, please let me know.

Sincerely yours,

RICHARD A. PRINDLE, AUS,
Acting Surgeon General.

STATEMENT OF HON. JOSEPH G. MINISH, A REPRESENTATIVE IN CONGRESS FROM
THE STATE OF NEW JERSEY

Mr. Chairman and colleagues, thank you for providing me with the opportunity to present my views concerning legislation I have co-sponsored providing for a Commission on Marihuana.

It is obvious that the use of marihuana has expanded to frightening proportions in the United States. The number of people who have experimented with marihuana is estimated at 12 million, and that number is expected to increase. It is alarming to note that many college students have experimented with the drug. If marihuana has some harmful effect on its users, we must discover it immediately.

The Marihuana Commission established by the bills under consideration by this Subcommittee would be composed of professionals who would consider the legal, social and medical ramifications of marihuana smoking. The Commission's work should be concluded in one year, and its conclusions and recommendations would be submitted to the President and to the Congress. I believe that we would then be provided with a firm basis for comprehending and dealing with the problem, which is rapidly growing. We cannot permit such a large number of our people, many of them young, to use a drug about which we know so little.

There are many questions about marihuana usage that are presently unanswered. Our statistics about the number of users are not verifiable. Moreover, the pharmacology of marihuana is almost completely unknown. The immediate and long-term effects marihuana has on its users is anybody's guess. Its relationship to aggressive behavior and crime is a cipher, its relationship to the use of other drugs has never been studied.

It is high time that we educated ourselves about these important questions. I believe that an authoritative study that provided some facts would enable us to deal with the problem effectively. The problem is weighty. We must seek the answer.

STATEMENT OF HON. DAVID R. OBEY, A REPRESENTATIVE IN CONGRESS FROM THE
STATE OF WISCONSIN, OCTOBER 15, 1969

Mr. Chairman, the bill being considered by your committee today would establish a Presidential Commission to study marihuana. It would provide for a one-year study by a panel of citizens chosen by the President to study the medical, sociological and legal aspects of marihuana use. I support this legislation and urge favorable action on it by this committee.

The tremendous conflict in opinions on the subject of marihuana makes a study of this sort necessary. Some persons who are supposedly "experts" in this area tell us that marihuana has little, if any, harmful effects on its users. Other so-called "experts" tell us the opposite is true.

Dr. Roger Egeberg, Assistant Secretary for Health and Scientific Affairs told this committee yesterday that marihuana and similar hallucinogenic drugs are "fundamentally different from addictive narcotics and in our present state of knowledge, cannot be considered as 'hard' drugs." Some psychologists believe the use of marihuana can lead to personality changes. While some contend that marihuana is little different from alcohol, as an official from the National Institute of Health said yesterday, others scoff at this idea.

The truth is that we don't know the facts about marihuana, and without the facts we are not going to be able to answer the questions and calm the debate about marihuana now going on so heatedly in this country.

Mr. Chairman, a short time ago warrants for the arrest of thirteen young people were issued in my home town of Wausau, Wisconsin. They included the children of prominent members of the community. Charges included the sale of LSD and amphetamines, but most were charged with possession of marihuana. Eight persons have now been arrested and five are thought to have fled the state.

These arrests have occurred in an area which is supposedly not experiencing the problems of our big cities. The result has been confusion in the community, confusion over the harshness of the penalties which may send these young people to jail for two years, confusion over the effects the use of marihuana may have on their health, and confusion over whether it will lead them to more and more serious drugs.

These are the questions which the citizens of my community are asking, and I think similar questions are being asked by Americans throughout the country.

These are the types of questions that ought to be asked and can be answered by the Presidential Commission proposed in this legislation.

Despite the fact that marihuana has been used in various countries for centuries, little is known about it. According to a recent task force studying narcotics, marihuana and dangerous drugs, only four laboratory studies investigating marihuana's effects on humans have been reported in the American scientific literature. To quote from that task force report:

"While no long-term physical effects of marihuana use have been adequately demonstrated in this country, the American experience has been extremely brief and additional studies are needed to resolve this and other issues."

The American Medical Association has said that further research regarding marihuana is essential and the World Health Organization has said that basic data is badly needed on the effects marihuana has on the individual and his society.

In his message to Congress on the drug problem, President Nixon said this country "is severely handicapped by a dearth of scientific information on this subject—and the prevalence of ignorance and misinformation. Different 'experts' deliver solemn judgments which are poles apart. As a result of these conflicting judgments, Americans seem to have divided themselves on this issue, along generational lines."

What better way to bring about an educated national awareness regarding the use and abuse of marihuana than to establish a Presidential Commission to deal with the problems listed by the President himself. The most conservative estimate that I have seen indicates that at least 5 million Americans of all ages have experimented with marihuana at one time or another. Most estimates indicate that a much larger number of people use it. In my own home town marihuana has been found in the junior high schools. If it is readily available in high schools and prevalent on college campuses, with such a large number of people using it, I believe it is incumbent upon us to find out just what the effects of marihuana are.

Yesterday Dr. Egeberg endorsed a proposal for a Presidential Commission to study marihuana. I think the members of the Congress will endorse it also, and I respectfully urge this committee to recommend this bill to the full House for debate, consideration and a vote. I am confident that it will receive great support.

STATEMENT OF HON. JAMES H. SCHEUER, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF NEW YORK

Mr. Chairman, as a co-sponsor of H.R. 10019, I have urged the creation of a Presidential Commission on Marihuana in response to an obvious desire by law enforcement officials, educators, government officials, and concerned parents for more hard, scientific information about the extent, causes and results of marihuana use in this country. The Commission would investigate a number of factors associated with marihuana including its physiological and psychological effects on the individual. Although the Commission will not answer all of the perplexing questions about marihuana use, I believe that its contribution will be important.

When the Commission reports, Congress and state legislatures will be faced with the job of seriously reappraising our current laws and attitudes toward marihuana. Because of the importance and sensitivity of the marihuana issue, Congress must be equipped to consider the issue in all its complexity. Congress will need information on the chemistry of the drug and its effect on mental and physical processes of different types of people. Congress should know the correlation between marihuana use and the demographic characteristics of users (age, education, family background, race, geographic location, etc.).

What is the social and psychological profile of persons arrested under the marihuana laws? What opinions are held about marihuana throughout American society? Do prison sentences deter or reform abusers? Are there preventive education programs operating which have successfully curtailed previously widespread marihuana use? These are just a few of the questions which should be asked and answered before the Congress takes action.

What is needed before Congress acts are the facts, unadulterated and uncontaminated by emotion, prejudice, superstition, or unsubstantiated opinion. With the facts in hand, Congress can rely on its own wisdom and the counsel of experts to produce a credible and sensible national policy on marihuana use.

The Presidential Commission now being considered by your distinguished Committee, Mr. Chairman, holds promise for providing Congress with the dispassionate kind of information which is a prerequisite to enlightened legislation.

STATEMENT OF DRUG EDUCATION LEGISLATION AND TREATMENT ASSOCIATION
(DELTA)

OCTOBER 23, 1969.

HON. ROBERT W. KASTENMEIER,
Chairman, Subcommittee No. 3, House Judiciary Committee, House of Representatives, Washington, D.C.

DEAR MR. KASTENMEIER: The Drug Education Legislation and Treatment Association (DELTA) in Alexandria of which the Alexandria Community Welfare Council is one of the sponsoring organizations strongly advocates changes in the laws regarding marihuana. We feel that the penalties are far too strict for possession of the drug and that marihuana has been incorrectly classified with narcotic drugs.

We recognize that very few controlled research studies have been performed in the past and that the public does not know enough about the relative dangers of the drug. Many parents are very disturbed about the effects of this drug on their children and the harshness of the laws and would welcome a federal Commission to initiate research studies and review the present laws.

While long-term research studies are needed, the danger of a curious child being made into a felon is immediate. DELTA believes that there is enough evidence to reduce the severity of the penalties for marihuana possession now and that a federal Commission should deal with this matter as a first priority.

We have enclosed our statement and the results of a questionnaire to our membership which shows our position in regard to the laws and the lack of treatment programs for drug misusers. If the Commission is formed we would be glad to testify as to our position on these matters. Please contact me at 549-4447 for further information.

Sincerely,

MRS. ZOE H. CARRIGAN,
Program Committee, DELTA.

DELTA

DELTA is concerned about the lack of adequate education, treatment and rehabilitation programs in the area of drug misuse. We feel that some of the responsibility for developing programs rests on the State. At present there is no State agency with a program in operation and none is included in the 1970-72 budget. The State prison incarcerates, but does not treat the addict or the user. We feel that State policy in this matter must be clarified. We are calling upon State Legislators to develop positions on this matter in advance of the Virginia General Assembly so that programs on drug misuse can become part of the state budget.

There are many harsh laws on the books making it illegal to possess, sell and distribute drugs of many types. Despite these laws usage has skyrocketed by youth in local schools and by young people in general. The court cases have doubled in the State of Virginia in the past year to an average of 75 cases per month. However, in many communities few arrests are made and even fewer persons convicted. DELTA feels that this is in part due to the inconsistencies of the laws and the lack of adequate treatment programs. Police officers and judges do not want to make a felon of the occasional user of marihuana and other non narcotic drugs. Thus, they hesitate to prosecute and convict, making a mockery of the laws. Therefore, we call upon federal, state and local authorities to make revisions in the drug laws and accompany these legal changes with the development of adequate education, treatment and rehabilitation programs.

The DELTA is made up of persons in the City of Alexandria who are concerned about the problems of drug misuse. These persons are black and white, young and old, male and female, professional and lay citizen, rich and poor, and from a wide range of occupational groups.

DELTA has been meeting in the heart of the area of heavy heroin use every two weeks for four months and has listened to professional persons, drug users and parents of addicts in an effort to educate themselves about the problem. We offer to the public some guidelines in the area of legislation and treatment which was compiled from a questionnaire taken by our membership.

LEGISLATION

In the area of legislation, 87% of those able to make a decision were in favor of modifying the laws regarding the possession of marihuana. 83% felt that the laws regarding the possession of marihuana should be less severe. The majority of persons *strongly* agreed with these statements. Over 90% agreement was obtained on statements which said that 1) the laws for pushers should be stronger than for possession, 2) persons selling heroin should be dealt with more severely than those selling marihuana, 3) federal efforts should be directed towards controlling distribution of drugs by organized crime and that 4) drugs affecting genes (future generations) should be strongly curtailed. To summarize, local law enforcement efforts should be directed at the pusher rather than the possessor, but local efforts are only of small importance compared with the need for federal effort to control entry of drugs into the country and distribution to the pushers.

DELTA participants felt that most non-narcotic toxic substances, such as glue, acetone products, gasoline products, etc., which might be misused should not be strictly regulated other than to label them as dangerous to health if inhaled, ingested or otherwise misused.

No agreement was reached on whether strengthening the laws would affect the use of heroin by addicts. Discussion of the question revealed an understanding that the addict is going to get his "fix" despite the legal penalties, but that strengthening the law might have an effect on his supply, if the law is enforced.

Citizen involvement in helping the police to control the drug problem was harder for DELTA participants to accept. However, 77% felt that young people should report pushers to the police. They were much less certain whether parents should report their own children to the police if they were pushers or users. About 40% answered "Don't Know" to these questions. However, 85% disagreed with the statement that "it did not do any good to have laws, because nobody would obey them."

TREATMENT PROGRAMS FOR DRUG MISUSE—VIEWPOINT OF DELTA MEMBERS

DELTA participants are aware that treatment programs for drug misuse are almost non-existent in Northern Virginia, except for the Narcotic Addict Rehabilitation programs at the Alexandria Community Mental Health Center for hard-core heroin addicts. A few were aware that some help might be obtained at the hospital, St. Elizabeth's, Fairfax House and Lexington, indicating the need for public education on the lack of resources as well as the few available places for help.

75% of those questioned believed that there was a cure for heroin addiction provided there was treatment by a psychiatrist or some other trained person who would try to understand their problems. The majority were aware that the programs at Lexington was not successful, but felt that there were other successful treatment programs.

83% agreed that help was needed to kick a \$100.00 a day heroin habit and 100% disagreed that the best way to get an addict of drugs is to put him in jail, which is the current procedure. Only 54% knew that a heroin addict is very good at manipulating others. However, most felt that releasing an addict to the same environment was harmful.

In the area of administration and facilities:

1. 74% agreed that treatment programs should be developed on a regional basis.
2. No strong agreement was reached on whether alcohol and narcotic programs should be under the administration of the same agency.
3. 88% agreed that the State Mental Health Agency should develop a treatment program for drug abusers.
4. 75% felt that it was not too dangerous to have local hospital beds used for drug addicts.
5. 79% thought that a half-way house was a useful component of a drug rehabilitation program.
6. 71% felt that a detoxification center was needed in Northern Virginia rather than to have to send persons to Lexington or St. Elizabeth's.
7. Most didn't know whether the Northern Virginia Mental Health Institute should be used for detoxification.

STATEMENT OF FRANK S. HOGAN, DISTRICT ATTORNEY OF NEW YORK COUNTY,
ENDORING THE KOCH BILL FOR MARIJUANA RESEARCH

Certainly one of the most difficult and significant problems faced by law enforcement during the last decade is directly related to drug abuse and, in particular, the widespread use of marijuana by young people across the country. Judges, prosecutors, defense counsel, doctors and educators ask, with increasing frequency, whether the physical and psychological damage to the individual and the community, caused by marijuana, warrants a penal sanction.

After years of debate in the Courts and in the public media, we still find ourselves with much heat and little light on the subject of marijuana.

What we do know is that great numbers of this country's youth, particularly in urban areas, are being arrested and prosecuted for possession of marijuana with grave consequences of an immediate and future nature. And the tens of thousands of users not arrested are, in fact, lawbreakers with a concomitant contempt for the legal system which is not responsive, in their view, to the felt necessities of the time.

We further know that there exists respected medical evidence that chronic users of marijuana—those who smoke at least two marijuana cigarettes a day for two years or more—show abnormal brain wave readings, patterned to behavioral changes and characterized by chronic lethargy and excessive personality alteration.

The extensive use of marijuana and considerable medical opinion should give rise to a deep concern for the welfare of our youth and should persuade us to finance and support an objective search for the truth about marijuana, the dimensions of its use, and its present and long range effects.

Congressman Edward I. Koch's bill, H. R. 10019, co-sponsored by twenty-eight Congressmen, would, if enacted, establish a Presidential Commission on Marijuana. The commission would study the extent of marijuana usage in the United States, the efficacy of existing laws, the pharmacology of marijuana, the relationship of marijuana to aggressive behavior and crime, and the relationship between marijuana and the use of other drugs.

I endorse that bill and recommend its enactment as a manifestation of this nation's responsibility to be responsive constructively to one of the foremost criminal justice problems of the day. The fact that the lives of so many of our young people would be affected by its work should speed the commission, hopefully, to productive deliberations.

STATEMENT OF HON. TOM McCALL, GOVERNOR OF THE STATE OF OREGON

OFFICE OF THE GOVERNOR,
STATE CAPITOL,
Salem, October 24, 1969.

HON. EDWARD I. KOCH,
House of Representatives,
Longworth Office Building, Washington, D.C.

DEAR MR. KOCH: I am pleased to have the opportunity to support your efforts toward the establishment of a Presidential Commission on Marijuana.

We have long recognized in Oregon that marijuana is a growing social, personal, and health problem but that there is great limitation as to present methods of dealing with this problem. There are many unanswered questions, some of which are reflected in the proposals for the areas of study reflected on Page 3 of the statement which accompanied your letter.

We are especially concerned that there is little medical information on the subject of marijuana. It is, therefore, difficult to construct reasonable and humanly sensitive approaches to the proper management of marijuana and its use.

Sincerely,

TOM McCALL, Governor.

STATEMENT OF HON. FLOYD C. MILLER, MAYOR OF THE CITY OF SEATTLE

OFFICE OF THE MAYOR,
CITY OF SEATTLE,
October 27, 1969.

HON. EDWARD I. KOCH,
House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN KOCH: This is in response to your letter concerning a bill establishing a Presidential Commission on Marihuana.

I am sorry that this letter will not reach you before your bill is introduced to Congress, but because of our concern regarding marihuana and our own efforts to review the subject, I took the liberty of referring your bill to our Seattle Crime Prevention Advisory Commission for its recommendations.

The Commission felt that it is very important legislation, especially at the present time. It is necessary to erase certain myths and establish facts in regard to marihuana. Because of this, they recommended that the City support your bill and give it our full endorsement.

Therefore, it is the recommendation of our Commission that I give your bill for establishing a Presidential Commission on Marihuana the endorsement of the City of Seattle. I am hopeful that you will keep us informed of the final action taken regarding this bill.

Sincerely,

FLOYD C. MILLER, *Mayor.*

STATEMENT OF HON. KEITH H. MILLER, GOVERNOR OF THE STATE OF ALASKA

STATE OF ALASKA,
OFFICE OF THE GOVERNOR,
Juneau, October 14, 1969.

HON. EDWARD I. KOCH,
House of Representatives,
Washington, D.C.

DEAR MR. KOCH: Thank you for your recent letter and the opportunity to comment on legislation which you have introduced concerning the establishment of a Presidential Commission on Marijuana. I am deeply concerned about the marijuana problem and with members of my Administration seek appropriate measures to curb it.

I support the general thrust of H.R. 10019 to establish a Presidential Commission on Marijuana which would determine the extent of use, the efficacy of existing marijuana laws, and the relationship of marijuana to aggressive behavior and crime. I have reservations as to the probability of establishing clear-cut answers in a period of only one year; however, I would certainly hope that this could be done. The composition of the commission of nine would seem to merit particular attention. The findings of such a Presidential commission, if combined with the considerable body of knowledge developed by other task forces, would be of invaluable assistance in providing a basis for legislative action at the state as well as Federal level.

Best personal regards.

Sincerely yours,

KEITH H. MILLER, *Governor.*

STATEMENT OF HON. WILLIAM G. MILLIKEN, GOVERNOR OF THE STATE OF MICHIGAN

LANSING, MICH., October 3, 1969.

ROBERT W. KASTENMEIER,
Chairman, Subcommittee No. 3, House Judiciary Committee,
House of Representatives,
Washington, D.C.:

I have reviewed the proposal of Congressman Edward I. Koch calling for a Presidential Commission on Marihuana and would like to urge that your subcommittee give favorable consideration to H.R. 10019.

The serious consequences for our Nation's young people in both psychological dependence and criminal records resulting from the use of marihuana require

the attention of such a Commission. The efforts of a Presidential Commission could be of great value to the decision makers on both the National and State levels who must deal with this growing social problem.

WILLIAM G. MILLIKEN, Governor.

STATEMENT OF DR. MARVIN MOSER

WHITE PLAINS, N.Y., October 9, 1969.

Representative EDWARD I. KOCH,
Congress of the United States,
Washington, D.C.

DEAR REPRESENTATIVE KOCH: I am in receipt of your letter regarding the bill that you have recently introduced in the House of Representatives, as well as your invitation to present some of my feelings regarding the whole problem of marihuana use in the United States. May I make several comments about this.

First of all, you are certainly to be congratulated on taking the initial step in the establishment of a fact finding commission. There is no question that the establishment of such a group to coordinate and report research efforts regarding drug use in this country is long overdue. I must take exception, however, to several of your statements and several of your stated objectives of this commission.

It would seem to me that from both the tenor of the conference that was organized by you in New York City and from your statement introducing your bill that you have drawn some predetermined conclusions with regard to what the commission will find and recommend; i.e., While I will agree that the penalties for possession of marihuana are excessive and should be reduced, but not eliminated and that the commission will so find, I do not believe that the "charging" of the commission should include an opinion on any aspect of the problem. Your listing as one of the important charges of the commission of marihuana's contribution to aggressive behavior and crime in the United States will only serve to dilute their important primary talk. The answer to this question, as you are well aware, is in the negative, and has been proved. *Marihuana is not an aggression producing drug.* If the commission is burdened with a rehash of lots of available data, and concludes, as the La Guardia commission concluded in 1944, that this is so, can you not see how the youth of America will interpret the headlines—"See Mom, marihuana isn't so bad." No one will read the rest of the report. (Witness the manner in which the La Guardia report was incompletely quoted.)

Some further comments—You note that the British have had a much better experience and point out that all is well in Britain with regard to the drug problem. May I refer you to the British literature of the past three years in the *Journal Lancet*, the *British Medical Journal*, and also to the chapter in Dr. Donald Louria's book on the Drug Scene. The British drug experience has not been worked out, as you apparently have stated it has.

I am personally quite disturbed by the increasing number of public officials and youngsters representing varying drug groups who are actively pushing for further widespread acceptance of marihuana and now hashish, based on the fact that they have been unable to find any data regarding ill effects from these agents. The information that youngsters have obtained (I have talked to hundreds over the past year on Jr. High, High School and college levels,) have come from news-media that find it very difficult to take a stand against the young. We all love them, sympathize with them and know that they are right about many things, but I think that to ignore some of the facts that are known, merely to take sides and be a "regular guy," is a big mistake. There are data from India, Greece, Egypt, Japan etc., etc., etc. that have clearly pointed up the dangers of unlimited drug use in any society. These data have been reviewed by me and are many times unscientifically obtained and not clearly documented, but the trend is unmistakable. Marihuana, hashish or whatever it is called in various parts of the world, is not completely safe.

There are data from Farnsworth at Harvard, McLoughlin and West, Bloomquist, Louria and Cohen as well as many others that present a strong impression that there are some long term ill effects following the use of marihuana and that there are a small number of people who develop idiosyncratic reactions, delayed psychotic reactions and fear or anxiety attacks following the use of these "harmless drugs". The numbers are small, in terms of total number of people using the drugs, but they are sufficient enough to begin to worry. There are some data showing that a small percentage of even well adjusted individuals who started

with marihuana end up on the list of heroin users. *The numbers are small*, but the introduction of these individuals to a drug culture by the use of marihuana must be accepted as the beginning of the road to more potent drugs. We all are very concerned about the lack of treatment centers and the lack of funds to treat heroin addicts and, yet, many groups are very unconcerned about youngsters on marihuana, hashish, amphetamines, L.S.D., etc., including the youngsters themselves. We ignore the "input" into the drug society only to become alarmed about the small horrible "output". We are excited about tobacco, where only a small percentage of users end up with lung or heart disease. We treat all patients with high blood pressure to prevent the small number from getting strokes. How can we delay the launching of a massive education program to perhaps turn off at least some of the youngsters who start with the "safe drugs", but who will end up being the small percentage of those getting hooked? This is what Congress should be seeking while your commission is investigating.

No, there are no definitive long term studies that prove all of the above, but in long discussions with some of the people seeing patients (not the researchers in the lab), from reviewing the literature and personal experience, one gets the strong impression that there are more long term side effects of marihuana and hashish than have been publicized.

The Woodstock festival is a prime example of the news media at work on the problem. The New York Times and other media called it a wonderful happening. The kids were calm, no aggressive behavior, no major fights. Drug use was prevalent. The kids I have talked to who were on "pot" and other drugs at Woodstock enjoyed the music.—The figures that will never be published, however, are the number of kids who became ill at Woodstock or upon leaving to return home. There have been two serious cases of drug reactions in Scarsdale that I know about. How many hundreds more will the New York Times not report?

Undoubtedly, I think that the medical profession, as well as the Congress must say to themselves—let's wait for a definitive study, but in the meantime, let's take the lead in telling the youngsters of our country what might happen and not stress all the things that *don't* happen.

You will recall the world's experience with MER-29, the miracle drug for lowering cholesterol, and Thalidamide, the non-addictive, non-barbiturate, wonder sedative. It took quite a while to correlate all of the scattered reports that came in regarding serious reactions to these drugs, but some alert physicians stopped using them when the first reports began to filter through. Their patients were lucky. Let us not ignore what is happening in the psychiatric and general medical literature of the U.S., as well as the data that have appeared in the world literature to date, in our haste to be "one of the kids".

We all will agree that the kids are on "pot" for many reasons, one of which may be Viet Nam, another our "phony" society. We are not able to alter our society immediately, but let's not create an even bigger problem that will persist long after the Viet Nam war.

Meanwhile, we are setting up an extensive program of drug education in our own community so that our youngsters will at least have a chance.

I have accumulated a rather extensive bibliography, which I would be delighted to send to you if you are interested and would be willing to help in any way that I can to work further on this problem.

Very respectfully yours,

MARVIN MOSER, M.D., F.A.C.P.

Chief of Cardiology, White Plains Hospital.
 Director of Hypertension Section, Montefiore Medical Center.
 Associate in Clinical Medicine, Albert Einstein School of Medicine.
 Co-chairman of Committee on Drug Use and Abuse, Scarsdale, N.Y.

STATEMENT OF HON. BURTON B. ROBERTS, DISTRICT ATTORNEY OF
 BRONX COUNTY, NEW YORK

OFFICE OF THE DISTRICT ATTORNEY OF BRONX COUNTY,
 Bronx, N.Y., October 3, 1969.

HON. ROBERT KASTENMEIER,
 Chairman, House Judiciary Subcommittee on the Revision of Laws, House of
 Representatives, Washington, D.C.

DEAR CONGRESSMAN KASTENMEIER: The purpose of this letter is to endorse H.R. 10019, a bill to provide for the establishment of a Commission on marijuana, which has been referred to your subcommittee. Research is needed in the area of

dangerous drugs. Marijuana, in particular, has caused a great deal of controversy because of its widespread use and divergent opinions concerning its effect upon one who uses this drug.

The instant bill would do much to coordinate research presently being conducted. In addition, it would consist of experts from various disciplines and segments of society.

The marijuana problem is not solely a problem of law enforcement, but is one in which the opinion of educators and those in the medical profession should be considered. The commission would do much to present to the community, public officials and law enforcement the hard facts needed in order to evaluate legislation on the subject. As a matter of practice, the courts in the city of New York do not treat marijuana violations with the same degree of severity as heroin violators, even though for the most part the punishment is quite parallel in our penal law.

The Commission report would do much to lay to rest once and for all the reckless and emotional statements made by those who wish to either increase the penalty for the possession and sale of marijuana and those who wish to legalize its use. A commission such as this would do much not only to shed light on this matter but once having shed light, do much to create more respect for the law.

I appreciate any consideration given to my opinion.

Yours truly,

BURTON B. ROBERTS.

STATEMENT OF DAVID E. SCHWAB II, Esq.
New York, N.Y., October 23, 1969.

HON. ROBERT W. KASTENMEIER,
Chairman, House Judiciary Subcommittee on Patents, Copyrights and Revision of Laws, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: I respectfully submit this statement in support of H.R. 10019—a Bill to provide for the establishment of a commission on Marijuana.

As a member of the Board of Trustees of a college in the State of New York, I am, as indeed is anyone with any association with young people today, aware of the extensive use of drugs, particularly marijuana.

I have had several occasions to explore both social and medical questions pertaining to its use. Unfortunately, in each instance, I found that the literature on the subject left me, as it must leave anyone, uncertain as to the long term, and even the short term, effects of marijuana use.

It is appalling that the information available on a subject so important to our contemporary society is so limited. It is imperative that a high level, scholarly, impartial and objective study of the entire subject be conducted under the highest possible auspices. A Presidential Commission will serve this purpose.

As a lawyer, I am concerned with more than the effect on the user of marijuana. I am also concerned with the impact that enforcement of marijuana laws has on the entire structure of our legal system. In a free society laws are, in the last analysis, enforced not by the strength of police power, but, rather, by the respect accorded them by the members of the society. Of course, even in an ideal society, not everyone will agree with every law. But, everyone must respect the rationality of the law-making process and must be secure in the knowledge that laws are based on fact, not emotion. Where the laws not only do not reflect contemporary mores, but are based on ignorance of the facts, respect for such laws, and soon for all laws, will be lost.

The present marijuana laws may be too lenient or too harsh. Until there has been further study, we cannot tell which. As an editorial in The New York Times made clear, either marijuana presently is endangering the future of an entire generation (if it is harmful) or enforcement of current laws is inflicting gross injustice on countless numbers of people (if marijuana is not harmful). If the latter is the case, if our laws are in error, the collision between our younger generation's use of marijuana and the enforcement of existing laws can only result in growing disrespect for all law.

The Bill under consideration is not a step toward elimination of existing prohibitions against marijuana usage. The Bill seeks only to conduct a study so that the decisions which must be made in the future will be founded on fact rather than myth.

I respectfully urge favorable action by your Committee and the Congress.

Very truly yours,

DAVID E. SCHWAB II.

STATEMENT OF ARTHUR STICKGOLD, CO-DIRECTOR, INSTITUTE ON DRUG ABUSE,
CENTER FOR URBAN PROGRAMS, SAINT LOUIS UNIVERSITY, ST. LOUIS, MO.

As early as 2737 BC, the ancient Chinese Emperor and pharmacist, Shen Neng, included preparations from the plant *canabis sativa* (L) in his work on pharmacy. Now, nearly five thousand years later, it must openly be admitted that we are not much more knowledgeable about this mysterious plant than were the readers of that classic treatise. Indeed, some would claim that, in the ensuing years, much information has been lost rather than gained.

The history of that plant, which has since come down to us in the United States under the name Marijuana (and hundreds of argot references which books love to list) is best chronicled elsewhere—I am sure that by the end of your hearings you will have heard this history many times. What is relevant and important at this time is that for the first time in the history of this country, there is interest and support for research to learn more about this drug. Or perhaps I should say there is *effective* support and *effective* interest for such research, for police and sociologists have for years been trying to find out more about canabanoils with little or no success.

It is a sad but true reflection on this nation that as long as Marijuana was a problem of the blacks and the Chicanos, no one was interested in doing much more than passing enforcement laws. But the world has changed. Marijuana is no longer a ghetto and barrio drug. It has entered the suburbs, the board rooms, the colleges and even, as one observer pointed out, the sanctity of the family living room. And as it does, enraged America demands action.

But just as an enraged America demands action, a confused and hurt America demands information. It would take too long to detail the number of questions I have received in speaking before groups or on the phone from parents, teachers and just plain concerned individuals. They all seem to ask the same question: What can we do about the problem. And to all I must respond with the same answer: What is the problem. For we must be frank and open when we admit that we really do not have the foggiest answer. Teachers ask what should we do in our school and I reply, do you know how many are using drugs? What kind of drugs? How often? And again we must admit our ignorance. Journalists get rich writing books and articles which make wild guesses at the answer, but rarely if ever are epidemiologists funded to seek the answer.

But perhaps most important in this issue is not the parents, not the teachers, and not the corporation vice-presidents who turn. The issue is in the youth of America. And it is important that, while the key to the problem lies in Marijuana, it is not even the worst part of the problem. In a way, it is too late to stop the spread of Marijuana. Or at least, at this point of history, we can only fight a holding action. Too many kids have already tried this drug. Those who have not, almost all know someone who has. And the results just do not coincide with what they have been told. For too many years, we have been laying down a smoke screen composed of $\frac{2}{3}$ ignorance and $\frac{1}{3}$ arrogance—ignorance of what the "facts" about Marijuana are and arrogance in insisting on treating the user as a criminal. The resultant disaffection among youth has added into that huge morass which we like to euphemistically call the generation gap, but which perhaps might be better termed the war between the generations.

When we talk to kids today, we face a high probability of being turned off—tuned out—if we try to keep them off Marijuana. (It is interesting that we can best express the phenomenon in their drug parlance which has become part of our everyday language). The only honest response which we can give that will lend any credence to our statements is an honest "we don't know."

But this leads to problems galore. We will not stop drug use with the statement "we don't know." Indeed, we may encourage it. Nor can we, as teachers, very often stand the pressure from superiors and parents (to say nothing of police and courts) which pushes us to take the "party line" which they read ten years ago—the nonsense produced by the now defunct Narcotics Division of the Treasury Department. And when students ask their favorite question, "Why?", they already are half-way convinced that the answer that Dr. Joel Fort gives is the real one: That the federal government is unwilling to answer the question because it will call upon them to change and the federal government does not change.

Yet what is the result of not being able to give a satisfactory answer on Marijuana? For the dangers lie much deeper than in this drug. The teacher who cannot give a satisfactory answer to the question of Marijuana which coincides with the student-user's own experience and beliefs (whether they are accurate or not) is not very likely to be believed when he reports the dangers

of amphetamine use or of LSD and other hallucinogens. And here, there seems to be little or no controversy. In the wrong hands, at the wrong doses, these drugs can lead to dangerous and even fatal results. (I speak with the experience of one who has been pistol whipped by a paranoid speed freak). Yet, at the cost of saving face on the issue of Marijuana and of remaining consistent with our old teachings, we miss getting to these kids.

For let there be no mistake. The kids who are using drugs are not stupid. At one time, before the spread made drug use nearly ubiquitous, it was the most intelligent who were experimenting. But today, the drug user has an average intelligence at least and many are still your bright students. And they respect science and they do their research. When the first articles on LSD and chromosome damage came out (and they read them not in the popular press but in the scientific journals) the use of LSD dropped greatly. And when subsequent articles showed these studies to be equivocal at best, they went back to LSD even more convinced that the "establishment" had used the scientists.

When several years ago, we said that the active ingredient in marijuana, tetrahydrocannabinol, had just been isolated, we begged off saying that the research had just begun. It has been three years and the only research reported on so far has shown Marijuana to be a fairly innocuous drug. Again—answers are demanded and when they are not forthcoming, the reason is seen, as "establishment" foot dragging.

Now we are faced, perhaps for the first time since the LaGuardia report, with an opportunity to study the problem and do something about it. Some would say that one year is not enough time. Others have been saying that 5000 years has been more than enough time. Obviously, the timing of the commission's life (one year) and the requested appropriation (\$500,000) is not enough to answer all the questions. If the commission had to start from scratch, it would be a hopeless task. But this is not the task with which they are faced. Rather, they have a legacy of research—both pure and otherwise—to draw on.

And perhaps more important, they have an image among youth. Presidential commissions seem to be the one group which tend to think as youth thinks—to see things as youth sees them. If a commission reports, in the tradition of the Kerner commission, in the tradition of the commission on violence, they will be listened to.

The appointment of such a commission would allow many of us to "cop out" as the students put it, but with good cause. None will criticize a withdrawal from debate until the facts are known if the facts are to be assembled by a nonpartisan group and reported in one year's time. And during that time, we can say to students, "we don't know—but we are finding out."

This act might well be sub-titled, "The Drug Abuse Prevention and Control Act of 1969." For such might well be its effects on the youth of today. I can not urge the subcommittee too strongly to provide teachers across the nation with a position which they can take without seeming to be fools in the eyes of their students, and at the same time, which they can take without becoming martyrs to an enraged public.

STATEMENT OF DR. ANDREW T. WEIL

To: Chairman Robert W. Kastenmeyer,
Subcommittee on Revision of Laws,
House Judiciary Committee,
Washington, D.C.

Subject: Creation of a National Commission to Study Marihuana.

As one of the few physicians who has actually conducted human experiments with marihuana (1, 2), I am distressed by the continuing paucity of reliable information about this drug and by the confusion that exists about its effects even within the scientific community. Therefore, as a means of sorting out fact from rumor and allaying public anxieties, I would favor the creation of a national commission to study marihuana.

I do not feel, however, that policy decisions about the legal control of the drug should await the outcome of this commission's efforts. It is clear to me that current laws against possession of marihuana are having far more destructive effects on our population than the drug itself; we do not need more information on that point in order to correct things and to say we do is a way of avoiding responsibility in an area that needs immediate attention.

October 2, 1969.

STATEMENT OF HOWARD B. WHITEMAN, JR., VICE CHANCELLOR FOR STUDENT
AFFAIRS NEW YORK UNIVERSITY

New York University, especially its two centers at Washington Square and University Heights, exists in areas where the amount of illegal drug use is notably high. Although factual information about student practices is rather hard to obtain, we do know that many students have experimented with drugs, that some are regular users, that almost all of them differentiate between kinds of drugs, and finally that their general attitudes about both drug use and drug laws range from defiance to confusion.

From surveys that have been taken from our various counseling offices, and from general discussions on our campuses, it is clear that student use of certain addictive and particularly dangerous drugs, such as LSD, is declining, but that use of marijuana has, if anything, increased. Finally, governmental efforts to restrict the supply of marijuana are producing effects, one of which is to increase the use of other drugs such as hashish.

The drug question is surrounded with many ambiguities and conflicting statements from presumed experts. The laws are, on the one hand, unclear and, on the other, perhaps too clear in not making some of the factual differentiations that seem to be emerging. Medical, psychological, and sociological opinions seem to offset each other and hence to create confusion rather than to provide guidance.

A comprehensive effort is called for, bringing together numerous skills and specialized competences and probably involving extended research. New York University warmly supports steps initiated to this end.

[From the New York Times, Monday, Sept. 15, 1969]

THE FACTS ON "POT"

The question of whether "taking pot" is a step toward self-destruction or merely an innocent diversion is being debated as though it could be decided by majority vote. Few young people concede any danger whatever in the practice, many of their elders are genuinely alarmed, and medical men, predictably, are divided. The argument might be a harmless pastime were it not for two glaring circumstances: If marijuana is indeed harmful, then a staggering percentage of the rising generation is headed for disaster and drastic curbs are in order. If it is not, then hundreds of innocent users, police, school officials and parents, are being put through an ordeal as useless as it is psychologically damaging.

Given these alternative possibilities—both deplorable and both based on ignorance of the facts—Representative Koch of New York makes the sensible suggestion that something be done to diminish that ignorance. He proposes a Presidential commission, comparable to the Kerner and Warren commissions, to establish authoritatively how many Americans, and what kind, smoke marijuana; how effective the laws against it are; its psychological and physiological effects, taking the most exhaustive and reliable testimony; its relationship, if any, to crime; and, not least, its possible encouragement to the use of other drugs.

Other studies have, of course, been made. A committee appointed by Mayor La Guardia, in response to lurid charges about the prevalence of "reefers" in the schools, came up in 1944 with some reassuringly unsensational findings. A British Advisory Committee on Drug Dependence only a year ago found no evidence that marijuana-smoking led to violence or serious dependence. Beyond these studies and others like them a body of literature on "grass," "pot," "Acapulco gold," "weed" and "tea" goes back through the centuries.

Yet the fact remains that none of these studies, putting aside entirely the ancient and the legendary, is entirely applicable to the American situation today. The number of smokers, their degree of indulgence, and the potency of the drug—all these vary greatly from country to country and from time to time. There has been nothing in the United States comparable to the investigation proposed by Mr. Koch, either in scope or in the stature of the investigators. It is time the American people had the hard facts on a possibly soft drug.

[From the New York Times, Wednesday, Oct. 22, 1969]

PROGRESS ON THE DRUG FRONT

The White House has at last given some reason to hope that the medical mind will prevail over the police mentality in dealing with the problem of marijuana. In July the Department of Justice asked for retention of the present harsh penalties. Now both Dr. Roger O. Egeberg, Assistant Secretary of Health, Education, and Welfare, and John Ingersoll, director of the Justice Department's Bureau of Narcotics, have asked Congress to reduce substantially the penalties for mere possession.

Whatever the long-term effect of "pot" may be—and that remains to be determined—Dr. Egeberg is right in describing current Federal law on the subject as "unjustified, unnecessary and very probably unenforceable." Possession of marijuana now calls for a mandatory minimum sentence of two years in prison, while a Federal conviction for manslaughter carries no minimum sentence at all, leaving the penalty up to the court. Simple possession of LSD, which is known to be harmful, not only carries no mandatory minimum, but calls for a maximum sentence of only one year, as against ten for marijuana. The discrepancy is as glaring as it is absurd.

How will anyone know what the restriction on marijuana should be until there is the kind of objective, authoritative report that has been called for by Senator Moss of Utah and Representative Koch of New York? Some 12 million Americans are believed to have experimented with the drug in one degree or another. If only 10 percent of them have made a habit of taking it, the number is still enormously high for tampering with a drug whose long-term effect, as Dr. Egeberg points out, neither they nor anyone else fully understands.

The sooner Congress votes to create the proposed Presidential Commission on Marijuana, the sooner that effect will be understood and the sounder will be the legal approach to the problem. In the meantime, however, Congress should lighten the penalty for mere possession, as top Administration spokesmen have requested, and eliminate entirely the indefensible provision for mandatory imprisonment.

MARIJUANA—II: October 21, 1969, 12:20, 3:20, 8:20, 11:20 p.m.; October 22, 1969, 8:20 a.m.

Until now, successive administrations in Washington have relentlessly pursued a punitive approach to the marijuana problem. Its health and sociological aspects have received scant official study.

Fortunately, the Nixon Administration is now withdrawing its former support for the existing harsh—and ineffective—penalties for marijuana use. The failure of these penalties to act as a deterrent can be seen in the rapidly burgeoning use of marijuana, especially in colleges and high schools. Some qualified observers put the pot smoking rate on many city campuses as high as 60 percent of the students. There are Federal officials who estimate the total number of marijuana users across the country to be about 12 million.

Supporters of the present harsh jail sentences for first-time marijuana users claim the drug opens the door to the hard narcotics, to LSD, barbiturates and amphetamines. But compare the present Federal *minimum* jail sentence of two years for possession of marijuana with the penalty for LSD possession. The *maximum* prison sentence for simple possession of LSD is one year. Yet many medical men regard it as far more sinister in its effects.

The Administration's proposals include reducing the mandatory jail term for first-time possession of marijuana. But to stop there would be to skirt the larger issues.

As we have pointed out before, a bill introduced by Representative Edward Koch of New York would establish an independent Presidential Commission to rethink the entire problem of marijuana use. The Commission would explore the drug's possible links to crime. It would consider the social pressures that make pot smoking as prevalent in suburbia as in the ghetto.

Only laws based on sound premises survive the test of time. The Prohibition laws demonstrated that.

WCBS RADIO.



