

Top U.S. doctor says medical marijuana may help some conditions



By Ian Simpson Feb 4, 2015



By Ian Simpson

WASHINGTON (Reuters) - The United States' top doctor said that medical marijuana can help some patients in comments on Wednesday that may boost pressure on the Justice Department to redesignate the drug under federal law.

In an interview on "CBS This Morning," U.S. Surgeon General Vivek Murthy said the medical effectiveness of marijuana had to be shown scientifically and much more information about it was coming.

"We have some preliminary data showing that for certain medical conditions and symptoms, marijuana can be helpful," said Murthy, who became surgeon general in December.

"I think we have to use that data to drive policy making, and I'm very interested to see where that data takes us."

The Justice Department designates marijuana as a Schedule I controlled substance, a category for drugs that have no accepted medical value and have a high potential for abuse.

Twenty-three states and the District of Columbia have legalized medical marijuana, according to the Drug Policy Alliance advocacy group.

Florida also allows a narrow use of medical marijuana. Two states, Washington and Colorado, have legalized marijuana for recreational use.

Tom Angell, chairman of Marijuana Majority, another advocacy group, said in a statement that Murthy's remarks mean that President Barack Obama should direct Attorney General Eric Holder to begin changing how the department categorizes marijuana.

"Dr. Murthy's comments add to a growing consensus in the medical community that marijuana can help people suffering from painful conditions," Angell said.

Can marijuana heal a wounded warrior?

Matt Kahl made it home after two tours in Afghanistan, but was wracked with pain from physical injuries, and on a host of anti-anxiety medication to try and treat his mental anguish.

"About ten months after I got back, I attempted suicide," Kahl told CBS News' Barry Petersen.

"I was completely hopeless," recalled the veteran, who said he was on about 15 different medications.

Until the day he tried marijuana.

"Suddenly, my extremely overactive, hyper-vigilant mind started to calm down," he told Petersen, "and my pain gradually started to go away, too. I needed less of these other medications, and shortly afterwards, I determined that I absolutely have to move to a state that allows this so that I can get my life back."

He moved his family to Colorado and now works with a group called Grow4Vets. He and other volunteers recently spent a day putting together bags of marijuana products that are given away on holidays, like Memorial Day.

PTSD treatment inadequate, study shows

Two recent studies confirm widespread veteran concern with VA mental health care.

The marijuana is meant to treat war wounds -- both the mental and the physical kind that doctors often treat with drugs like oxycontin. According to the VA, 20 percent of veterans returning from Afghanistan and Iraq suffer from post-traumatic stress. Current treatments range from therapy to prescription drugs, but the group wants to replace pills with pot, according to veteran and Grow4Vets founder Roger Martin.

"Anybody that's been on narcotic medication especially wants to get off of it," he said. "I really have not met anybody who just enjoys being in a drug stupor."

But because marijuana is still considered a Schedule 1 drug at the federal level, there has been very little research into the effects of pot and post-traumatic stress disorder. The House recently voted down a bill that would allow VA doctors to speak with patients about medicinal marijuana, even in states like Colorado where it's legal.

Soldiers and pot have been together since the Vietnam War, as pot shop owner Toni Fox knows well. Her father came home from Vietnam suffering from post-traumatic stress disorder. Marijuana helped but it was illegal, so not always available.

"He struggled his whole life," she said. "When I was 14 he ended up committing suicide, and it was directly related to the post-traumatic stress disorder from Vietnam."

Which is why she gives Grow4Vets marijuana from her crop area, and money from the shop's tip jar.

"I believe in my heart of hearts that, if he would have had access to cannabis, he would be alive today," said Fox.

Critics are still dubious, given the fact there is little to no scientific proof that pot actually helps with post-traumatic stress disorder.

"Why the hell not? Why don't we study it? Why don't we run these clinical trials?" said Kahl. "I'm absolutely convinced that it works."

For Matt and wife Aimeé, the relief he gets from marijuana means a second chance at healing from Afghanistan, and that's nothing less than a second chance at life.



New York: Advocates Mourn Death of Child at Center of Medical

Marijuana Battle

Submitted by steve elliott on Wed, 07/23/2014

Death Fuels Demand for Emergency Access to Medical Marijuana for Critically Ill Patients in New York

Anna Conte, a nine-year-old from Orchard Park, New York, who died last week after falling into a coma following a severe seizure, was laid to rest on Wednesday. Anna suffered from Dravet syndrome, a life-threatening seizure disorder that has been treated with medical marijuana in states where it is legal. Medical marijuana has dramatically reduced the number of seizures in many children with similar seizure disorders.

In an effort to help their daughter, the Conte family joined the successful fight to pass a medical marijuana bill in New York. The Contes travelled repeatedly to Albany, persuading several powerful New York senators to support the bill and generating thousands of phone calls and emails to Albany leadership. Advocates around the state came to know and love Anna and her family and admire their selfless advocacy which was always accompanied with a sense of humor.

Tragically, Anna Conte did not live long enough to benefit from the law that her family helped pass. Governor Cuomo, who signed the bill into law just days before Anna's passing, has said that it will take 18 months or longer for New York to implement the law and develop the full medical marijuana patient access system.

Families and advocates are urgently calling upon Governor Cuomo to take immediate action establishing expedited access to medical marijuana for those patients and families, like the Conte's, who cannot wait until the full system is up and running. "After nine years of fighting, her little body just had enough," said Anna's mom, Wendy Conte, reports the *Buffalo News*. "She did more in her nine years than what many people do in a lifetime."

"We are deeply saddened by the death of Anna Conte and two other New York children with severe seizure disorders who have died since New York's medical marijuana bill was signed into law," said Julie Netherland of the *Drug Policy Alliance (DPA)*. "Anna and her family played a central role in passing New York's medical marijuana law.

"Our hearts go out to the Conte's and the other patients and families during this time of tragedy," Netherland said. "Part of Anna's legacy is having changed history to benefit thousands of seriously ill New Yorkers.

"These deaths have made even clearer what we already knew — the 18-month or longer timeline for implementing New York's recently passed medical marijuana law is simply too long for some patients who face life-threatening or terminal illnesses," Netherland said. "These patients and their caregivers, including the parents of children with severe seizure disorders, have been at the forefront of the fight to create safe and legal access to medical marijuana. In fact, at the bill signing ceremony, Governor Cuomo stood with a young girl who suffers from Dravet Syndrome, the same life-threatening seizure disorder that tragically took Anna Conte's life.

"Unfortunately, several more children are likely to die waiting for New York to implement its medical marijuana program," Netherland said. "While not all of these deaths can be prevented by medical marijuana, we have a moral obligation to make this medicine available as soon as possible.

"Because implementation of the full medical marijuana patient access system will take 18 months, Governor Cuomo and leaders in Albany must work swiftly to establish a temporary emergency program for expediting access to medical marijuana for those with life-threatening or terminal illnesses," Netherland said. "By establishing a temporary, interim emergency access program, patients with life-threatening or terminal illnesses won't have to wait 18 months or longer for the full system to come online.

"We can immediately save lives and ease suffering at the end of life by establishing emergency, expedited access," Netherland said. "New York cannot stand by while more people die needlessly."

Photo of mother Wendy Conte and daughter Amy, then 8: *Buffalo News*

LONG BEACH MEDICAL MARIJUANA TASK FORCE

Diana Lejins, Chair
POB 15027
Long Beach, CA 90815



Dear Mayor and City Council

September 2015

RE: **ANALYSIS OF LB MEDICAL MARIJUANA (MMj) ORDINANCE DRAFT - Patient Perspective**

What has been proven in numerous scientific studies and a mountain of anecdotal evidence is that cannabis/marijuana does have medicinal value and has helped many citizens across the world with various maladies, disabilities and pain. The main concern before us is how to reasonably and compassionately distribute this medicine to those who need it.

As presented in the People v **Baniani** California Court of Appeals case (G04835), "**It would be cruel for those whose need for medical marijuana is the most dire to require that they devote their limited strength and efforts to the actual cultivation of the marijuana, and then wait months for it to grow so they can use it.....**" In People v Urziceanu (CA App.4th), the court noted the Medical Marijuana Program Act (MMPA) was the Legislature's initial response to the CUA's (Compassionate Use Act – Prop 215) call to provide a plan "for the *safe and affordable distribution* of marijuana to all patients in medical need of marijuana....."

While "abuse" does happen, we don't deprive cancer patients of pain meds because others might abuse it. (Prescription drugs are the most abused drug group in the nation.)

The **people of Long Beach** voted for the 1996 Prop 215 Compassionate Use Act, Proposition 19 (full legalization) and LB Prop A MMj tax measure (2/3 win). Mirroring this sentiment, 60% of the entire nation wants full legalization; 80% favor it to be medically available.

The **LB City Attorney (CA) proposed Ordinance** for Medical Marijuana collectives was written with little concern/compassion for sick patients and people with disabilities who rely on cannabis for their maladies and pain. It blatantly throws "due process" out the window, repeatedly insults the United States Constitution, and shamelessly disregards the rights of patients.

Severely **limiting amounts that individuals can produce** contradicts the state MMPA provisions. Additionally, this ordinance would force individuals growing/possessing more than six mature plants, 12 immature plants and/or 8 oz of a useable form of marijuana to be governed by this ordinance—again contradicting the state MMPA law. While the MMPA uses these numerical guidelines as a general rule, in recognition of the fact that the regulations are inadequate for many very ill patients, SB 420 allows patients to be exempted from them if they obtain a physician's statement that they need more. In deference to local autonomy, SB 420 also allows counties and cities to establish **higher but not lower guidelines** if they so choose. Strictly speaking, the guidelines do not constitute hard and fast limits on how much patients may legally have. This is because Prop 215 specifically allows patients whatever amount of marijuana they need for their own medical use.....

Qualified patients claiming protection under Proposition 215 may possess an amount of marijuana that is "reasonably related to [their] current medical needs." (People v. Trippet (1997) Cal.App.4th)

According to California **Attorney General Kamala Harris** in a Dec 2011 letter to the California Legislature, "In simple terms, this means that the core right of qualified patients to cultivate and possess marijuana

cannot be abridged.”

In a second letter RE: Medical Marijuana Guidelines, Harris writes, “One point is certain—California law places a premium on **patients' rights to access marijuana** for medical use.”

14th Amendment:nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

Allowing for non-regulated collectives of up to **ten people** would lessen any impact of storefronts, allow for patient groups to associate for mutual benefit, and keep costs down for many who cannot afford dispensary "prices." Otherwise, a family of four or five growing medicine for their cancer-ridden mother or child could be arrested and penalized. What about a group of disabled Veterans or AIDS patients who want to have a coop?

A few more affirmative ideas on the proposed **point system**—positive points could be given for hiring a veteran and/or **someone with a disability**.

The definition of “**narcotics**” usually includes marijuana. So, in this draft, mere possession could be grounds to disqualify an applicant—no matter when it happened.

Equal Access/Buffer zones: At the very least, only the larger **named** parks should have a buffer. Buffering all "**parkland**" is regulatory overkill. Parkland is abundant in this City and includes medians, beaches, mini-park areas, etc. As a prime example, one business was closed because it was too close to a water pump station deemed parkland. Areas adjacent beaches should be excluded from this restriction.

The California state requirement is that dispensaries be located no less than 600 feet from **schools**—this is adequate and will free up other potential locations. 1000 feet is more than adequate; and 1500 feet is excessive and severely impairs equal access across the city. May I remind you that liquor/convenience stores (that sell far more harmful substances like tobacco and alcohol) only need a 500 foot buffer. Interestingly, numerous studies have shown that **adolescent use goes down** when marijuana is decriminalized/legalized.

Equal access is denied to those with disabilities under the current restrictions. It also impacts some districts far more and makes access much more difficult in other districts. **Limiting to industrial areas and certain CHW Districts could hamper transportation and endanger those with limited mobility.** Additionally, there is no logical reason to **restrict growing to the City of Long Beach**. There are many reasons to allow growers outside of the City to furnish MMj—diversity of strains targeting various ailments that would best suit patient needs, reduction in vital electricity, water and other utility usage, healthier plants outdoors, reduced probability of criminal activity that put growers at greater risk, decrease crop failure, availability of facilities—larger warehouses and land are not abundant in LB, etc. Other cities with successful programs do not have this requirement.

In having **excessive restrictions, the City is defeating its own purpose in considering people with disabilities**. If cooperatives are not allowed where citizens have reasonable access through public transportation, many (especially those in wheel chairs) will not be able to access the medicine they need. Additionally, **patient safety** may be at issue in limiting collectives mainly to industrial areas. Industrial zones are typically dark, devoid of pedestrian traffic and have limited access to public transportation. This could easily put patients with mobility issues at great risk.

Allowing **three to four dispensaries** per district would facilitate accessibility and lessen the impact on any given district or neighborhood. When the City is limited to only a few collectives, it actually creates a nuisance situation—too many people who need the medicine are forced onto fewer locations. This

fosters traffic and parking problems and concerns about any heavily-impacted entity. In turn, the police will say that the collective is a "nuisance." It becomes a self-fulfilling prophecy.

Patients who work in these dispensaries may need to consume medicine. They may suffer from seizures or other maladies that necessitate regular doses of medication—just like pharmaceuticals. They should be able to medicate in a designated area away from the public. Note that they are allowed legal prescriptions or other medications.

Prohibited Acts: Cultivate, distribute, **possess**, or produce marijuana in plain view of, or in a place open to the public. This rule is overly broad, and would forbid a patient from carrying their medicine across a street, on a bus, or anywhere there is public access—even on their own property if they were in "plain view." With this provision, the patient would be violating the law the minute they walked out of the dispensary.

Stipulation not allowing operation of a MMj business "**under the influence of MMJ**". How is that defined? Traces of cannabis can be found in the body for up to 30 days after consumption. What about prescription drugs? Should all people not be allowed to work if they consume drugs of any kind—including coffee, over-the-counter cold meds, Vicodin, etc etc.? Most workers or volunteers are MMj patients who may be medicating with this herb. And, "under the influence" has not been readily defined as studies in the U.S. have been severely curtailed by the Federal government.

Possession of MMj not in a sealed package—many situations could come up whereby a person is carrying a package that is not sealed. Again, over-reaching, over-regulation. There is no stipulation in the MMPA that MMj must be consumed at the person's residence or that a patient cannot transport medicine that is not sealed.

According to the California Attorney General Guidelines in 2008, "Courts have found an implied defense to the **transportation** of medical marijuana when the "quantity transported and the method, timing and distance of the transportation are reasonably related to the patient's current medical needs." (*People v. Trippet* (1997) 56 Cal.App.4th 1532, 1551.)

Obtain MMj other than MMj business—what if a person belongs to a small co-op? What if they get it from their caregiver? Our prisons do not need to be filled with sick/disabled patients while violent criminals are set free because of overcrowding.

Prohibition of delivery or transport to a patient—what about a caregiver? **What if the patient is severely disabled and is not mobile?** What happened to equal access as prescribed by the ADA and State laws? Even pharmacies can deliver prescriptions and over-the-counter meds. Transportation of Medical Cannabis is legal under state law (per *People v. Urziceanu* (2005) 132 Cal.App.4th 747,785).

Hours of operation should be between 9 am and 9 pm to facilitate people who have jobs.

Not all patients can "smoke" the medicine and must rely on **edibles, oils or other forms of medicine**. This is denied per policy created by the CA's office. Edibles are created with concentrates which are allowable within the Attorney General Guidelines. There are safe methods of extracting the medicine from the plant and/or it can be brought in from other sources.

Does any other business require **City residency**? Liquor stores? Pharmacies? What about people who work here? This is a ridiculously unnecessary and cumbersome requirement. Will we require a whole new department to keep track of these records? What about HIPPA laws?

What is the need and the purpose for a collective to be required to violate the **HIPPA and 4th Amendment Rights** of its members? The draft **repeatedly** states that **all** records must be available for City inspection, "including information about patients and caregivers." In only one section of these demands does it say that confidential info may be submitted in a manner that maintains confidentiality.

Possible solution: Each patient and/or caregiver could be assigned a number by the collective, put on the back of their recommendation letter, and used for purposes of inspection. The name, personal data and other identifying info **MUST** remain confidential.

Additionally, **warrantless searches** are 4th Amendment violations for all concerned and totally disregards **HIPPA protections** and privacy laws for patients. Suppose you or your child needed this medicine; do you want the entire City of LB to know about your personal business? Warrantless searches aka "**raids**" foster bribery and graft, confiscation of property without record, lack of due process, intimidation of patients, and open the door to serious corruption. This also includes 24-hour video access by law enforcement. Even state IDs are voluntary.

And, have we forgotten that the U.S. Constitution **4th Amendment** still exists:

The **4th Amendment** originally enforced the notion that "each man's home is his castle", secure from [unreasonable searches and seizures](#) of property by the government. It protects against arbitrary [arrests](#), and is the basis of the law regarding [search warrants](#), [stop-and-frisk](#), safety inspections, [wiretaps, and other forms of surveillance](#), as well as being central to many other criminal law topics and to [privacy law](#).

Reporting sales—requires name, address of grower, seller and purchaser. Again, over-regulation which violates **HIPPA laws and 4th Amendment protections**. It puts all involved at risk as a target for crime, corruption, asset forfeiture, policing for profit, DEA raids and possible self-incrimination. Unfortunately, it is still considered a Schedule 1 drug regardless of a mountain of evidence that proves otherwise. Would you want the whole City to know that you were seeing a Psychiatrist? Or needing medicine from one of these clinics? It also speaks to "**wholesale**" transactions—but other sections require cultivation by the entity that distributes it.

The 4th District CA Court of Appeals (People v Baniani, Aug 2014) The court opined: "..... First, the purpose of the MMPA is to ensure the promise of the CUA is fulfilled and qualified patients have safe access to affordable medical marijuana. **We do not think the Legislature intended a seriously ill individual whose physician has recommended use of medical marijuana, and who is physically or otherwise unable to participate in the acts involved in cultivating medical marijuana, cannot simply pay money to his or her collective in exchange for the recommended medicine.....** Moreover, for some the cultivation and processing would not be completed until it was too late to provide any relief. The MMPA does not anticipate a patient who has received a physician's recommendation must thereafter wait months to lawfully acquire medical marijuana."

Former Chief McDonnell contends that patients they have observed at the dispensaries were not seriously ill and were not entitled to be patients. Firstly, we don't believe that the requirements for the Police Department included a medical certification. It is **illegal to practice medicine without a license**. Secondly, can you please tell me what a cancer patient looks like? What about AIDS, migraines, chronic pain?? These decisions are best left to a patient and their doctor—wouldn't you want the same? Just because one does not see a wheelchair, chemotherapy symptoms such as baldness, and/or seizures/tremors, doesn't mean they are not suffering.

The **LAPD's Chief of Police** conducted studies and made the results public. He concluded that despite

neighborhood complaints, most medical marijuana clinics are not typically the magnets for crime that critics often portray. He said, "**Banks are more likely to get robbed** than medical marijuana dispensaries." **Our LBPD has painted a grossly inflated picture of costs, all the while over-regulating to increase costs. Additionally, this new scenario is very different from the past as no dispensaries are currently open.**

In some scientific studies, it has been shown that with decriminalization/legalization there has been dramatic reduction in violent crimes, overall law-breaking, suicides, drug addiction, alcoholism, traffic deaths, etc. In fact, legitimate studies have shown that when marijuana is legalized/decriminalized, adolescent use, school drop out, crime, arrests, death from opioid and alcohol overdose goes down.

It is the overall sense of our LB Medical Marijuana Task Force that **this MMj Ordinance is destined to fail** on many counts. It presents as a **litigation landmine** which will cost taxpayers large sums of money. An unreasonable ordinance will only serve to increase the likelihood of "street dealing", thus lining the pockets of the gangs and cartels. Violence, territorial disputes and other gang activity are just another by-product.

***LB City Task Force member Larry King has spent a great deal of time and effort presenting a MMJ Ordinance that not only addresses federal preemption concerns (Pack decision), but many other litigious issues as well. We would sincerely appreciate your consideration of this reasonable and workable LB Medical Marijuana Ordinance.**

***In any case, the MMPA already sufficiently regulates patients. This ordinance only needs to govern dispensaries. Should the CA draft be considered, patient regulations should be abstracted.**

Acting head of the **U.S. Justice Department's Civil Rights Division** Vanita Gupta wrote, "The solution is clear: Instead of taxpayers spending millions of dollars on this unnecessary enforcement and keeping folks.....in prison for the rest of their lives, states could follow Colorado and Washington by taxing and regulating marijuana and investing saved enforcement dollars in education, substance abuse treatment, and prevention and other health care." (Oct 2014)

We would be happy to offer assistance to you. Please feel free to call me at (562) 421-8012 should you have any questions or have a request for information.

Peace be with you,

Diana Lejins, Chair

Advocates for Disability Rights

Chair, Long Beach Medical Marijuana Task Force

**** Better the occasional faults of a Government that lives in a spirit of charity than the constant omission of a Government frozen in the ice of its own indifference.***

President Franklin Delano Roosevelt

Abbreviations:

CA City Attorney

CUA Proposition 215 – Compassionate Use Act 1996

CUP Conditional Use Permit

LB Long Beach

MMj Medical Marijuana

MMPA SB 420 - Medical Marijuana Program Act 2004

Restrictive Marijuana Laws Hurt the Most Vulnerable - Children

September 30, 2014 - By Julie Netherland

Those who would perpetuate the failed drug war claim they want to protect the children.

But nothing could be further from the truth. The drug war overall, and marijuana prohibition specifically, hurts [young people](#).

Restrictive marijuana policies and limited medical marijuana laws have simultaneously kept very sick children from getting the medicine they need and saddled tens of thousands of young people with criminal records that severely limit their future chances in life. Our marijuana policies are hurting, and in some cases, killing our youth.

The situation is so dire in New York that the [Cuomo Administration recently sent a letter](#) to the U.S. Department of Justice, following up on an [earlier letter to U.S. Attorney General Holder sent on August 13](#). Both letters asked the DOJ to extend a narrow, time-limited exception to federal law to allow the importation of certain strains of medical marijuana from other states for use by children in New York with severe forms of epilepsy. [Senators Schumer and Gillibrand followed suit with their own letter](#) asking DOJ for relief.

Since New York's medical marijuana bill was signed, [at least three New York children with severe seizure disorders have died](#). Medical marijuana has dramatically reduced life-threatening seizures in other children with similar conditions, but families in New York are facing an eighteen-month wait until the new medical marijuana law is implemented.

[Cuomo has urged the Department of Health to expedite access to medical marijuana for these children](#), but a web of outdated and draconian laws have made it impossible for these critically-ill children to get the medicine they need. Each day these parents are forced to wait knowing that their children are losing ground and may die. And this isn't just a problem in New York. Many states have never passed any medical marijuana law, leaving thousands of vulnerable patients, including children, to needlessly suffer.

Meanwhile, marijuana prohibition is destroying other young lives all over the country. In New York, which decriminalized the possession of marijuana in 1977, a loophole in the law has resulted in [tens of thousands of young people – predominantly African American and Latino young men – are arrested for possessing small amounts of marijuana](#).

Worse, the law is being enforced unfairly and creating [enormous racial disparities](#). And that doesn't even get to the [tragic loss of young life](#) that sometimes occurs when the police enforce marijuana prohibition. It is a [nation-wide problem](#).

How are these policies protecting our kids? They aren't.

They keep medicine from sick children and sweep thousands of other young people –[the vast majority of whom have no previous arrests-- into the criminal justice system, while doing nothing to improve public safety](#). If we really want to protect our kids, we need to do away with policies like these that do more harm than good.

No one wants to see more young people using marijuana, but we can work to protect young people from the potential harms of marijuana through sensible policies that don't simultaneously prevent sick children from getting needed medicine or criminalize thousands of young people of color.

In New York, we can start by [creating an emergency access program for medical marijuana](#) for the sickest New Yorkers and passing the [Fairness and Equity Act](#), which would help end unlawful marijuana arrests of young people of color.

Our kids do deserve protection. So let's protect them by putting an end to destructive marijuana policies and enacting sensible, humane reforms.

[Julie Netherland](#) is the New York deputy state director for the Drug Policy Alliance.

After California decriminalized marijuana, teen arrest, overdose and dropout rates fell

WASHINGTON POST

Oct 2014

By Christopher Ingraham

A new report from the [Center on Juvenile and Criminal Justice](#) adds to the growing body of evidence that legalizing or decriminalizing marijuana does not lead to any number of doomsday scenarios envisioned by legalization opponents. Looking specifically at California, where [full marijuana decriminalization](#) went into effect on Jan. 1, 2011, the report finds that "marijuana decriminalization in California has not resulted in harmful consequences for teenagers, such as increased crime, drug overdose, driving under the influence, or school dropout. In fact, California teenagers showed improvements in all risk areas after reform."

Table 1. California's marijuana reform was followed by improvements in 15-19 year-olds' risk indexes, both absolutely and compared to teenagers elsewhere in the country

Index		Year before (2010)	Year after (2011)	2 years after (2012)	Change
Violent Deaths	California	28.5	27.4	24.7	-4%
	Rest of US	38.3	37.9	N/A	-1%
Drug Overdose Deaths	California	3.0	2.4	2.3	-20%
	Rest of US	3.9	4.0	N/A	4%
Suicide	California	5.3	5.8	4.6	9%
	Rest of US	7.8	8.7	N/A	11%
Criminal Arrest	California	9,505.3	7,712.0	6,612.2	-30%
	Rest of US	14,711.1	13,572.8	11,908.0	-19%
Drug arrests*	California	718.4	593.8	551.6	-23%
	Rest of US	2,013.7	1,794.0	1,734.4	-14%
Property crime arrests	California	2,272.1	1,996.1	1,708.0	-25%
	Rest of US	3,229.1	3,045.4	2,784.4	-14%
DWI, marijuana**	California	0.289	0.240	0.282	-3%
	Rest of US	0.119	0.131	0.129	+9%
School dropout rate	California	14.7%	13.1%	11.4%	-22%
	Rest of US	N/A	N/A	N/A	

Notes: Death and crime rates are per 100,000 population age 15-19. Change is 2011 versus 2010 for mortality measures, and 2012 versus 2010 for arrest and DWI measures. School dropout is those failing to graduate on time as a percent of all eligible students. DWI marijuana is the proportion of fatal accidents involving a driver under age 20 in which marijuana is found by test. Vital statistics are not available nationally for 2012, nor are comparable school dropout rates. Different measures may account for differences in California and national numbers. Sources: Centers for Disease Control (2014); California Department of Public Health (2014); Criminal Justice Statistics Center (2013); Federal Bureau of Investigation (2013); National Highway Traffic Safety Administration (2014); California Department of Education (2014). *Excluding marijuana possession arrests in California. **California drug-tests a substantially greater proportion of drivers than other states and therefore finds more drug involvement. The measure used here maximizes marijuana presence by treating multiple drug tests a separate when in fact they probably include testing the same drivers more than once.

Center on Juvenile and Criminal Justice

Most notable in the above table is the drop in school dropout rates. Recent studies have suggested links between heavy marijuana use and [low school completion rates](#). But many experts question the direction of causality in this relationship, suggesting that there could be any number of confounding factors that account for this relationship. While it's still early

in California's decriminalization experiment, the numbers above should suggest we cast a skeptical eye on claims of plummeting academic achievement in a post-legalization world.

In fact, as the report authors write: "By a variety of measures, California's teenage behaviors actually improved dramatically after marijuana was effectively legalized — improvements that occurred more weakly or not at all among older Californians and among teenagers nationwide."

Now of course this doesn't address causality, and these numbers shouldn't be taken to imply that decriminalization *caused* these declines. But they do show, pretty clearly, that in the two years since full-scale decriminalization went into effect, California's kids are still all right. The sky hasn't fallen. And they add to a mounting body of research that shows, for instance:

- that [teen drug and alcohol use continues to fall](#), even as more states decriminalize marijuana and make it available for medical purposes;
- that states with medical marijuana laws [haven't seen any uptick in teen marijuana use](#);
- that states with medical marijuana have actually seen [decreases in prescription drug overdoses](#);
- that Alaska, where personal marijuana use has been *de facto* legalized for nearly 40 years, is [completely average](#) on a variety of economic and demographic indicators;
- and that [traffic fatalities have fallen in Colorado](#) since legalization there.

By contrast, there is little evidence of increased social harms in states where marijuana has been decriminalized. The one credible study I'm aware of is a DEA report finding that more Colorado drivers involved in car crashes are [testing positive for marijuana use](#). But a bucket of salt is needed here: unlike alcohol, inactive marijuana metabolites remain in the body long after consumption - days or weeks, depending on frequency of use. But the presence of metabolites doesn't necessarily indicate you were high at the time of the test - only that you got high some time in the days or weeks prior.

Even if we accept that more Coloradans are using marijuana, and that some of them are getting behind the wheel while stoned, we still have to note that traffic fatalities are down overall - this is likely because it's [far less dangerous](#) to drive stoned than it is to drive drunk. This would suggest that some Coloradans are using marijuana in place of alcohol, rather than in addition to it.

In short, the barrier of proof facing legalization opponents is incredibly high. In order to present a compelling case against marijuana liberalization, they have to demonstrate A) that liberalization is associated with a negative outcome; B) that that association is indeed causal, not just coincidental; and C) that the harms from that negative outcome are greater than the myriad harms caused by blanket prohibition of marijuana. But so far, state experiments with liberalization have not produced any consequences that pass even that first test. Considering that we're now close to 20 years out from when California voters first legalized medical marijuana, this should be reassuring news for everyone.

Published in the Gazettes News Aug 28, 2015

RE: Medical Marijuana Proposed Ordinance – Task Farce

A prime example of insanity is doing something repeatedly and expecting different results. That is the case with Long Beach City's proposed schizophrenic Medical Marijuana Ordinance. It is nothing more than the 2010 abysmally-failed ordinance on steroids.

While on the surface it might appear that these new regulations were vetted through an impartial citizen task force, that would be a gross misrepresentation. Truth be told, this council-appointed *task farce* was stacked with calloused prohibitionists and riddled with conflicts of interest. With only one person out of eighteen representing medical cannabis patient interests, most of the sparse dialogue pertaining to them was disparaging, uncompassionate and downright disrespectful.

Attendance was spotty. Brown Act violations were abundant. Disdain for public input was blatant and antagonistic. Anything pertaining to those who are disabled or ill and in need of this medicine was disregarded. Totally forgetting that the citizens of Long Beach have repeatedly cast their votes in favor of medical marijuana and full legalization, this *task farce* literally threw their mission of helping to create a workable ordinance out the window.

Fast forward to Sep 8, the shoddy results of this *task farce* and draft ordinance are destined to be considered by the Council. Sadly, these proposed regulations could greatly harm disabled citizens and violate state laws. Once again, this draconian ordinance is a litigation landmine.

While it may create job security for those in the city attorney's office, it would be wiser to look at regulations that have been successful in other municipalities and/or litigation-scrutinized statutes as viable possibilities. The revenue from collectives should easily cover costs of administration and generate excess funds benefitting LB citizens. Legitimate patients would have access to much-needed medicine.

There is potential for a win-win here; the Council should waste no more time in doing it right!

Yours truly,
Diana Lejins

██████████
Long Beach, CA 90815

RE: Dallas Buyer's Club & Medical Cannabis

Published in the Signal Hill Tribune Aug 29, 2015

The Dallas Buyer's Club movie was a true story staged in 1985 Dallas, Texas. Electrician and rodeo cowboy Ron Woodroof was an AIDS patient diagnosed when HIV/AIDS treatments were under-researched. At the time, the disease misunderstood and highly stigmatized. Ron was given a devastating prognosis of 30 days to live.

Woodruff worked around the system to help AIDS patients get the medication they needed. As part of the experimental AIDS treatment movement, he smuggled unapproved pharmaceutical drugs into Texas for treating his symptoms and distributed them to fellow patients by establishing the "Dallas Buyers Club." He continually faced opposition from the Food and Drug Administration (FDA) and police, eventually being jailed.

The parallels to the medical marijuana issue are uncanny.

Since William Randolph Hearst and his Congressional buddies first demonized/stigmatized marijuana through yellow journalism, it ceased being used as a medicine (although used for over 9000 years). The entire "justice" and governmental systems have perpetuated the myths through the miserably-failed "war on drugs."

One-by-one citizens and states are recognizing that medical cannabis successfully treats a myriad of maladies—epilepsy, cancer, migraines, PTSD, fibromyalgia, multiple sclerosis, etc. Yet, the Drug Enforcement Agency (DEA) and other "law enforcement" agencies that wallow in asset forfeiture contraband are constantly preventing and/or undermining studies that would legitimize marijuana's efficacy.

Advocates, patients and citizens with disabilities are continually persecuted, harassed and even imprisoned for their efforts on the issue. Their life savings, homes and other assets are often stolen by a heartless government.

Isn't it time that we stop this insanity, embrace the power of this medicine, and let it be accessible to those who need it.

Ron Woodroof died in 1992, but not without living his life to its fullest and generously contributing his precious time to a controversial but worthy endeavor.

Diana Lejins

██████████
Long Beach, CA 90815

Why is Marijuana Illegal?

7000-8000 B.C.

First woven fabric believed to be from hemp.

1619

Jamestown Colony, Virginia passes law requiring farmers to grow hemp.

1700s

Hemp was the primary crop grown by George Washington at Mount Vernon, and a secondary crop grown by Thomas Jefferson at Monticello.

1884

Maine is the first state to outlaw alcohol.

1906

Pure Food and Drug Act is passed, forming the Food and Drug Administration. First time that drugs have any government oversight.

1913 California, apparently, passes the first state marijuana law, though missed by many because it referred to "preparations of hemp, or loco weed."

1914

Harrison Act passed, outlawing opiates and cocaine (taxing scheme)

1915

Utah passes state anti-marijuana law.

1919

18th Amendment to the Constitution (alcohol prohibition) is ratified.

1930

Harry J. Anslinger given control of the new Federal Bureau of Narcotics (he remains in the position until 1962)

Many people assume that marijuana was made illegal through some kind of process involving scientific, medical, and government hearings; that it was to protect the citizens from what was determined to be a dangerous drug.

The actual story shows a much different picture. Those who voted on the legal fate of this plant never had the facts, but were dependent on information supplied by those who had a specific agenda to deceive lawmakers. You'll see below that the very first federal vote to prohibit marijuana was based entirely on a documented lie on the floor of the Senate.

You'll also see that the history of marijuana's criminalization is filled with:

- Racism
- Fear
- Protection of Corporate Profits
 - Yellow Journalism
- Ignorant, Incompetent, and/or Corrupt Legislators
 - Personal Career Advancement and Greed

These are the actual reasons marijuana is illegal.

Background

For most of human history, marijuana has been completely legal. It's not a recently discovered plant, nor is it a long-standing law. Marijuana has been illegal for less than 1% of the time that it's been in use. Its known uses go back further than 7,000 B.C. and it was legal as recently as when Ronald Reagan was a boy.

The marijuana (hemp) plant, of course, has an incredible number of uses. The earliest known woven fabric was apparently of hemp, and over the centuries the

plant was used for food, incense, cloth, rope, and much more. This adds to some of the confusion over its introduction in the United States, as the plant was well known from the early 1600's, but did not reach public awareness as a recreational drug until the early 1900's.

America's first marijuana law was enacted at Jamestown Colony, Virginia in 1619. It was a law "ordering" all farmers to grow Indian hempseed. There were several other "must grow" laws over the next 200 years (you could be jailed for not growing hemp during times of shortage in Virginia between 1763 and 1767), and during most of that time, hemp was legal tender (you could even pay your taxes with hemp — try that today!) Hemp was such a critical crop for a number of purposes (including essential war requirements – rope, etc.) that the government went out of its way to encourage growth.

The United States Census of 1850 counted 8,327 hemp "plantations" (minimum 2,000-



acre farm) growing cannabis hemp for cloth, canvas and even the cordage used for baling cotton.

1933

21st Amendment to the Constitution is ratified, repealing alcohol prohibition.

1937

Marijuana Tax Act

1938

Food, Drug and Cosmetic Act

1951

Boggs Amendment to the Harrison Narcotic Act (mandatory sentences)

1956

Narcotics Control Act adds more severe penalties

1970

Comprehensive Drug Abuse Prevention and Control Act. Replaces and updates all previous laws concerning narcotics and other dangerous drugs. Emphasis on law enforcement. Includes the Controlled Substances Act, where marijuana is classified a Schedule 1 drug (reserved for the most dangerous drugs that have no recognized medical use).

1972

Drug Abuse Office and Treatment Act. Establishes federally funded programs for prevention and treatment

1973

Drug Enforcement Administration (DEA) Changes Bureau of Narcotics and Dangerous Drugs into the DEA

1974 and 1978

Drug Abuse Treatment and Control Amendments. Extends 1972 act

1988

The Mexican Connection

In the early 1900s, the western states developed significant tensions regarding the influx of Mexican-Americans. The revolution in Mexico in 1910 spilled over the border, with General Pershing's army clashing with bandit Pancho Villa. Later in that decade, bad feelings developed between the small farmer and the large farms that used cheaper Mexican labor. Then, the depression came and increased tensions, as jobs and welfare resources became scarce.

One of the "differences" seized upon during this time was the fact that many Mexicans smoked marijuana and had brought the plant with them, and it was through this that California apparently passed the first state marijuana law, outlawing "preparations of hemp, or loco weed."

However, one of the first state laws outlawing marijuana may have been influenced, not just by Mexicans using the drug, but, oddly enough, because of Mormons using it. Mormons who traveled to Mexico in 1910 came back to Salt Lake City with marijuana. The church's reaction to this may have contributed to the state's marijuana law. *(Note: the source for this speculation is from articles by Charles Whitebread, Professor of Law at USC Law School in a paper for the Virginia Law Review, and a speech to the California Judges Association (sourced below). Mormon blogger Ardis Parshall [disputes this.](#))*

Other states quickly followed suit with marijuana prohibition laws, including Wyoming (1915), Texas (1919), Iowa (1923), Nevada (1923), Oregon (1923), Washington (1923), Arkansas (1923), and Nebraska (1927). These laws tended to be specifically targeted against the Mexican-American population.

When Montana outlawed marijuana in 1927, the Butte Montana Standard reported a legislator's comment: "When some beet field peon takes a few traces of this stuff... he thinks he has just been elected president of Mexico, so he starts out to execute all his political enemies." In Texas, a senator said on the floor of the Senate: "All Mexicans are crazy, and this stuff [marijuana] is what makes them crazy."

Jazz and Assassins

In the eastern states, the "problem" was attributed to a combination of Latin Americans and black jazz musicians. Marijuana and jazz traveled from New Orleans to Chicago, and then to Harlem, where marijuana became an indispensable part of the music scene, even entering the language of the black hits of the time (Louis Armstrong's "Muggles", Cab Calloway's "That Funny Reefer Man", Fats Waller's "Viper's Drag").

Again, racism was part of the charge against marijuana, as newspapers in 1934 editorialized: "Marihuana influences Negroes to look at white people in the eye, step on white men's shadows and look at a white woman twice."

Two other fear-tactic rumors started to spread: one, that Mexicans, Blacks and other foreigners were snaring white children with marijuana; and two, the story of the "assassins." Early stories of Marco Polo had told of "hasheesh-eaters" or hashashin, from which derived the term "assassin." In the original stories, these professional killers were given large doses of hashish and brought to the ruler's garden (to give them a glimpse of the paradise that awaited them upon successful completion of their mission). Then, after the effects of the drug disappeared, the assassin would fulfill his ruler's wishes with cool, calculating loyalty.

By the 1930s, the story had changed. Dr. A. E. Fossier wrote in the 1931 New Orleans Medical and Surgical Journal: "Under the influence of hashish those fanatics would madly rush at their enemies, and ruthlessly massacre every one within their grasp." Within a very short time, marijuana started being linked to violent behavior.

Anti-Drug Abuse Act.
Establishes oversight office:
National Office of Drug
Control Policy and the Drug
Czar

1992

ADAMHA Reorganization.
Transfers NIDA, NIMH, and
NIAAA to NIH and
incorporates ADAMHA's
programs into the
Substance Abuse and
Mental Health Services
Administration (SAMHSA)

Alcohol Prohibition and Federal Approaches to Drug Prohibition

During this time, the United States was also dealing with alcohol prohibition, which lasted from 1919 to 1933. Alcohol prohibition was extremely visible and debated at all levels, while drug laws were passed without the general public's knowledge. National alcohol prohibition happened through the mechanism of an amendment to the constitution.

Earlier (1914), the Harrison Act was passed, which provided federal tax penalties for opiates and cocaine.

The federal approach is important. It was considered at the time that the federal government did not have the constitutional power to outlaw alcohol or drugs. It is because of this that alcohol prohibition required a constitutional amendment.

At that time in our country's history, the judiciary regularly placed the tenth amendment in the path of congressional regulation of "local" affairs, and direct regulation of medical practice was considered beyond congressional power under the commerce clause (since then, both provisions have been weakened so far as to have almost no meaning).

Since drugs could not be outlawed at the federal level, the decision was made to use federal taxes as a way around the restriction. In the Harrison Act, legal uses of opiates and cocaine were taxed (supposedly as a revenue need by the federal government, which is the only way it would hold up in the courts), and those who didn't follow the law found themselves in trouble with the treasury department.

In 1930, a new division in the Treasury Department was established — the Federal Bureau of Narcotics — and Harry J. Anslinger was named director. This, if anything, marked the beginning of the all-out war against marijuana.

Harry J. Anslinger

Anslinger was an extremely ambitious man, and he recognized the Bureau of Narcotics as an amazing career opportunity — a new government agency with the opportunity to define both the problem and the solution. He immediately realized that opiates and cocaine wouldn't be enough to help build his agency, so he latched on to marijuana and started to work on making it illegal at the federal level.

Anslinger immediately drew upon the themes of racism and violence to draw national attention to the problem he wanted to create. He also promoted and frequently read from "Gore Files" — wild reefer-madness-style exploitation tales of ax murderers on marijuana and sex and... Negroes. Here are some quotes that have been widely attributed

to Anslinger and his Gore Files:

"There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing, result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers, and any others."

"...the primary reason to outlaw marijuana is its effect on the degenerate races."



"Marijuana is an addictive drug which produces in its users insanity, criminality, and death."

"Reefer makes darkies think they're as good as white men."

"Marihuana leads to pacifism and communist brainwashing"

"You smoke a joint and you're likely to kill your brother."

"Marijuana is the most violence-causing drug in the history of mankind."



Yellow Journalism

Harry Anslinger got some additional help from William Randolph Hearst, owner of a huge chain of newspapers. Hearst had lots of reasons to help. First, he hated Mexicans. Second, he had invested heavily in the timber industry to support his newspaper chain and didn't want to see the development of hemp paper in competition. Third, he had lost 800,000 acres of timberland to Pancho Villa, so he hated Mexicans. Fourth, telling lurid lies about Mexicans (and the devil marijuana weed causing violence) sold newspapers, making him rich.

Some samples from the San Francisco Examiner:

"Marihuana makes fiends of boys in thirty days — Hashish goads users to bloodlust."

"By the tons it is coming into this country — the deadly, dreadful poison that racks and tears not only the body, but the very heart and soul of every human being who once becomes a slave to it in any of its cruel and devastating forms... Marihuana is a short cut to the insane asylum. Smoke marihuana cigarettes for a month and what was once your brain will be nothing but a storehouse of horrid specters. Hasheesh makes a murderer who kills for the love of killing out of the mildest mannered man who ever laughed at the idea that any habit could ever get him...."

And other nationwide columns...

"Users of marijuana become STIMULATED as they inhale the drug and are LIKELY TO DO ANYTHING. Most crimes of violence in this section, especially in country districts are laid to users of that drug."

"Was it marijuana, the new Mexican drug, that nerved the murderous arm of Clara Phillips when she hammered out her victim's life in Los Angeles?... THREE-FOURTHS OF THE CRIMES of violence in this country today are committed by DOPE SLAVES — that is a matter of cold record."

Hearst and Anslinger were then supported by Dupont chemical company and various pharmaceutical companies in the effort to outlaw cannabis. Dupont had patented nylon, and wanted hemp removed as competition. The pharmaceutical companies could neither identify nor standardize cannabis dosages, and besides, with cannabis, folks could grow their own medicine and not have to purchase it from large companies.

This all set the stage for...

The Marijuana Tax Act of 1937.

After two years of secret planning, Anslinger brought his plan to Congress — complete with a scrapbook full of sensational Hearst editorials, stories of ax murderers who had supposedly smoked marijuana, and racial slurs.

It was a remarkably short set of hearings.

The one fly in Anslinger's ointment was the appearance by Dr. William C. Woodward, Legislative Council of the American Medical Association.

Woodward started by slamming Harry Anslinger and the Bureau of Narcotics for distorting earlier AMA statements that had nothing to do with marijuana and making them appear to be AMA endorsement for Anslinger's view.

He also reproached the legislature and the Bureau for using the term marijuana in the legislation and not publicizing it as a bill about cannabis or hemp. At this point, marijuana (or marihuana) was a sensationalist word used to refer to Mexicans smoking a drug and had not been connected in most people's minds to the existing cannabis/hemp plant. Thus, many who had legitimate reasons to oppose the bill weren't even aware of it.

Woodward went on to state that the AMA was opposed to the legislation and further questioned the approach of the hearings, coming close to outright accusation of misconduct by Anslinger and the committee:

"That there is a certain amount of narcotic addiction of an objectionable character no one will deny. The newspapers have called attention to it so prominently that there must be some grounds for [their] statements [even Woodward was partially taken in by Hearst's propaganda]. It has surprised me, however, that the facts on which these statements have been based have not been brought before this committee by competent primary evidence. We are referred to newspaper publications concerning the prevalence of marihuana addiction. We are told that the use of marihuana causes crime.

But yet no one has been produced from the Bureau of Prisons to show the number of prisoners who have been found addicted to the marihuana habit. An informed inquiry shows that the Bureau of Prisons has no evidence on that point.

You have been told that school children are great users of marihuana cigarettes. No one has been summoned from the Children's Bureau to show the nature and extent of the habit, among children.

Inquiry of the Children's Bureau shows that they have had no occasion to investigate it and know nothing particularly of it.

Inquiry of the Office of Education— and they certainly should know something of the prevalence of the habit among the school children of the country, if there is a prevalent habit— indicates that they have had no occasion to investigate and know nothing of it.

Moreover, there is in the Treasury Department itself, the Public Health Service, with its Division of Mental Hygiene. The Division of Mental Hygiene was, in the first place, the Division of Narcotics. It was converted into the Division of Mental Hygiene, I think, about 1930. That particular Bureau has control at the present time of the narcotics farms that were created about 1929 or 1930 and came into operation a few years later. No one has been summoned from that Bureau to give evidence on that point.

Informal inquiry by me indicates that they have had no record of any marihuana of Cannabis addicts who have ever been committed to those farms.

The bureau of Public Health Service has also a division of pharmacology. If you desire evidence as to the pharmacology of Cannabis, that obviously is the place where you can get direct and primary evidence, rather than the indirect hearsay evidence."

Committee members then proceeded to attack Dr. Woodward, questioning his motives in opposing the legislation. Even the Chairman joined in:

The Chairman: *If you want to advise us on legislation, you ought to come here with some constructive proposals, rather than criticism, rather than trying to throw obstacles in the way of something that the Federal Government is trying to do. It has not only an unselfish motive in this, but they have a serious responsibility.*

Dr. Woodward: *We cannot understand yet, Mr. Chairman, why this bill should have been prepared in secret for 2 years without any intimation, even, to the profession, that it was being prepared.*

After some further bantering...

The Chairman: *I would like to read a quotation from a recent editorial in the Washington Times:*

The marihuana cigarette is one of the most insidious of all forms of dope, largely because of the failure of the public to understand its fatal qualities.

The Nation is almost defenseless against it, having no Federal laws to cope with it and virtually no organized campaign for combating it.

The result is tragic.

School children are the prey of peddlers who infest school neighborhoods.

High school boys and girls buy the destructive weed without knowledge of its capacity of harm, and conscienceless dealers sell it with impunity.

This is a national problem, and it must have national attention.

The fatal marihuana cigarette must be recognized as a deadly drug, and American children must be protected against it.

That is a pretty severe indictment. They say it is a national question and that it requires effective legislation. Of course, in a general way, you have responded to all of these statements; but that indicates very clearly that it is an evil of such magnitude that it is recognized by the press of the country as such.

And that was basically it. Yellow journalism won over medical science.

The committee passed the legislation on. And on the floor of the house, the entire discussion was:

Member from upstate New York: *"Mr. Speaker, what is this bill about?"*

Speaker Rayburn: *"I don't know. It has something to do with a thing called marihuana. I think it's a narcotic of some kind."*

"Mr. Speaker, does the American Medical Association support this bill?"

Member on the committee jumps up and says: *"Their Doctor Wentworth[sic] came down here. They support this bill 100 percent."*

And on the basis of that lie, on August 2, 1937, marijuana became illegal at the federal level.

The entire coverage in the New York Times: "President Roosevelt signed today a bill to curb traffic in the narcotic, marihuana, through heavy taxes on transactions."

Anslinger as precursor to the Drug Czars

Anslinger was essentially the first Drug Czar. Even though the term didn't exist until William Bennett's position as director of the White House Office of National Drug Policy,

Anslinger acted in a similar fashion. In fact, there are some amazing parallels between Anslinger and the current Drug Czar John Walters. Both had kind of a carte blanche to go around demonizing drugs and drug users. Both had resources and a large public podium for their voice to be heard and to promote their personal agenda. Both lied constantly, often when it was unnecessary. Both were racists. Both had the ear of lawmakers, and both realized that they could persuade legislators and others based on lies, particularly if they could co-opt the media into squelching or downplaying any opposition views.

Anslinger had 37 years to solidify the propaganda and stifle opposition. The lies continued the entire time (although the stories would adjust — the 21 year old Florida boy who killed his family of five got younger each time he told it). In 1961, he looked back at his efforts:

I believe we did a thorough job, for the public was alerted and the laws to protect them were passed, both nationally and at the state level. We also brought under control the wild growing marijuana in this country. Working with local authorities, we cleaned up hundreds of acres of marijuana and we uprooted plants sprouting along the roadsides."

After Anslinger

On a break from college in the 70s, I was visiting a church in rural Illinois. There in the literature racks in the back of the church was a lurid pamphlet about the evils of marijuana — all the old reefer madness propaganda about how it caused insanity and murder. I approached the minister and said "You can't have this in your church. It's all lies, and the church shouldn't be about promoting lies." Fortunately, my dad believed me, and he had the material removed. He didn't even know how it got there. But without me speaking up, neither he nor the other members of the church had any reason NOT to believe what the pamphlet said. The propaganda machine had been that effective.

The narrative since then has been a continual litany of:

- Politicians wanting to appear tough on crime and passing tougher penalties
 - Constant increases in spending on law enforcement and prisons
 - Racist application of drug laws
 - Taxpayer funded propaganda
 - Stifling of opposition speech
- Political contributions from corporations that profit from marijuana being illegal (pharmaceuticals, alcohol, etc.)

Wikipedia: Anslinger

Some of his critics^[10] allege that Anslinger and the campaign against marijuana had a hidden agenda. [DuPont](#) petrochemical interests and [William Randolph Hearst](#) together created the highly sensational anti-marijuana campaign to eliminate hemp as an industrial competitor. The company DuPont and many industrial historians dispute a link between development of [nylon](#) and changes laws for [hemp](#) and marijuana.^{[11][12]} Indeed, Anslinger did not himself consider marijuana a serious threat to American society until in the fourth year of his tenure (1934), at which point an anti-marijuana campaign, aimed at alarming the public, became his primary focus as part of the government's broader push to outlaw all recreational drugs.^[13] Members of the [League of Nations](#) had already implemented restrictions for marijuana in the beginning of the 1930s and restrictions started in many states in the U.S years before Anslinger was appointed. Both president [Franklin D. Roosevelt](#) and his attorney general publicly supported this development in 1935.^{[13][14]}

By using the [mass media](#) as his forum (receiving much support from Hearst), Anslinger propelled the anti-marijuana sentiment from the state level to a national movement. Writing for [The American Magazine](#), the best examples were contained in his "Gore File", a collection of quotes from police reports, by later opponents described as police-blotter-type narratives of

heinous cases, most with no substantiation, linking graphically depicted offenses with the drug. Anslinger sometimes used the very brief and concise language in many police reports when he wrote about drug crimes:

Huffington Post: Marijuana Prohibition Began as Racist and Nothing has Changed

As the nation's nearly 80-year history of pot prohibition slowly begins to crumble, starting with Colorado's recent [implementation of taxed and legalized recreational marijuana](#), critics of the increasingly popular policy shift are jumping to denounce the move. A number of white pundits and newspaper columnists have been among the most vocal, claiming that marijuana must remain illegal, despite their own prior use of it, because it supposedly makes people dumber.

The columns themselves served as the most persuasive evidence of that point. And while such a correlation between pot use and intelligence has yet to be proven, one must be willing to ignore the racist roots of marijuana prohibition and the manner in which this unjust system of anti-drug enforcement still plays out today to make such a shallow argument in the first place.

In a [column for The Fix](#), Maia Szalavitz reminds us that Harry Anslinger, the father of the war on weed, fully embraced racism as a tool to demonize marijuana. As the first commissioner of the Federal Bureau of Narcotics, a predecessor to the Drug Enforcement Administration, Anslinger institutionalized his belief that pot's "effect on the degenerate races" made its prohibition a top priority. Here are just a few of his most famous (and most racist) quotes: **"Reefer makes darkies think they're as good as white men."**

Between Anslinger's ruminations on the need to keep marijuana away from minorities -- especially the entertainers! -- were countless other fabrications about the health effects of pot. It was "more dangerous than heroin or cocaine" and "leads to pacifism and communist brainwashing," he claimed.

Anslinger was also a liar. As the drug war got going in the early 20th century, the bureau published surveys showing its efforts to combat drug use had led to dramatic declines over the decade of the 1920s. But drug historian David Courtwright, through a Freedom of Information Act request, got his hands on the actual surveys and found the data to have been fabricated. He also found a private memo from Anslinger admitting the numbers were made up. Nevertheless, Anslinger used that success to argue for an expansion of the drug war to weed in 1937. (The incident is covered in the book [This Is Your Country On Drugs](#), by HuffPost's Ryan Grim.)

Meanwhile, states throughout the south began implementing drug laws as part of the explicitly racist Jim Crow system, with southern lawmakers being quite open about the racist motivations behind the laws.

Sure, this was more than 75 years ago, but how much has actually changed today? The feds have stripped Anslinger's offensive language from their official mission statements, but we are left with anti-drug policies that are hardly less racist in their application.

According to a [2013 study by the American Civil Liberties Union](#), blacks across the nation were nearly four times more likely than whites to be arrested on charges of marijuana possession in 2010, despite data that suggested they use the drug at about the same rate. In some states, blacks were up to six times more likely to be arrested. This disparity isn't new, and plays into broader arrest data: A [study published in the journal Crime & Delinquency this month](#) found that by the age of 23, nearly 50 percent of black males have been arrested, compared to 44 percent of Hispanic males and 38 percent of white males.

In all, around [750,000 people](#) are arrested for marijuana each year, with [more than 650,000](#) of them for possession alone. (The [U.S.](#), of course, [incarcerates a higher percentage of its population](#) than any other nation in the world.)

As [Tressie McMillan Cottom writes in Slate](#), these commonplace arrests for simple marijuana possession have rippling effects, especially in minority communities. Anyone convicted of possession or sale of a controlled substance under federal or state law forfeits their eligibility for any [federal] grant, loan, or work assistance, meaning that a dimebag could cost a hopeful teen his shot at an affordable higher education.

And though the anti-marijuana hyperbole of the "Reefer Madness" era may no longer be believable today, our current anti-drug policies remain bolstered by arguments that have little, if any, factual basis. According to federal authorities, marijuana fully deserves its current standing as a Schedule I substance, alongside heroin, LSD, ecstasy and a ["Fear & Loathing In Las Vegas"-length](#) list of inorganic [-dines, -mines, -dols and -ates](#). By definition, then, [the government considers marijuana](#) to have "no currently accepted medical use and a high potential for abuse." It is among the "most dangerous drugs of all ... with potentially severe psychological or physical dependence."

Opponents regularly cherry-pick studies that support these conclusions about weed, while simultaneously ignoring others that may counter them, or at least lead to further questions about whether marijuana is accurately scheduled. Anti-pot crusaders

also stubbornly insist that it is a "gateway drug," despite [countless studies](#) that have been unable to prove any direct causation between using weed and trying harder drugs.

Regardless of what individual studies have found, the fact of the matter is that the federal ban on marijuana has discouraged the type and volume of research that will likely need to be done before any absolute conclusions can be made about weed. Until then, very little is certain -- except for the racial undertones of the war on pot.

The Truth About Marijuana

BY [PETER](#)

Nov 27, 1995

The debate over the legalization of Cannabis Sativa, more commonly known as marijuana, has been one of the most heated controversies ever to occur in the United States. Its use as a medicine has existed for thousands of years in many countries world wide and "can be documented as far back as 2700 BC in ancient Chinese writings." When someone says bhanga, ganja, kinnub, cannabis, bung, chu ts-ao, asa, dope, grass, rasta, or weed, they are talking about the same subject: marijuana. Marijuana should be legalized because the government could earn money from taxes on its sale, its value to the medical world outweighs its abuse potential, and because of its importance to the paper and clothing industries. This action should be taken despite efforts made by groups which say marijuana is a harmful drug which will increase crime rates and lead users to other more dangerous substances.

The actual story behind the legislature passed against marijuana is quite surprising. According to Jack Herer, author of *The Emperor Wears No Clothes* and an expert on the "hemp conspiracy," the acts bringing about the demise of hemp were part of a large conspiracy involving DuPont, Harry J. Anslinger, commissioner of the Federal Bureau of Narcotics, and many other influential industrial leaders such as William Randolph Hearst and Andrew Mellon. Herer notes that the Marijuana Tax Act, which passed in 1937, coincidentally occurred just as the decorticator machine was invented. With this invention, hemp would have been able to take over competing industries almost instantaneously. According to *Popular Mechanics*, "10,000 acres devoted to hemp will produce as much paper as 40,000 acres of average [forest] pulp land." William Hearst owned enormous timber acreage, land best suited for conventional pulp, so his interest in preventing the growth of hemp can be easily explained. Competition from hemp would have easily driven the Hearst paper-manufacturing company out of business and significantly lowered the value of his land. Herer even suggests popularizing the term "marijuana" was a strategy Hearst used in order to create fear in the American public. "The first step in creating hysteria was to introduce the element of fear of the unknown by using a word that no one had ever heard of before... 'marijuana'" (ibid).

DuPont's involvement in the anti-hemp campaign can also be explained with great ease. At this time, DuPont was patenting a new sulfuric acid process for producing wood-pulp paper. "According to the company's own records, wood-pulp products ultimately accounted for more than 80% of all DuPont's railroad car loadings for the next 50 years" (ibid). Indeed it should be noted that "two years before the prohibitive hemp tax in 1937, DuPont developed a new synthetic fiber, nylon, which was an ideal substitute for hemp rope" (Hartsell). The year after the tax was passed DuPont came out with rayon, which would have been unable to compete with the strength of hemp fiber or its economical process of manufacturing. "DuPont's point man was none other than Harry Anslinger...who was appointed to the FBN by Treasury Secretary Andrew Mellon, who was also chairman of the Mellon Bank, DuPont's chief financial backer. Anslinger's relationship to Mellon wasn't just political, he was also married to Mellon's niece" (Hartsell). It doesn't take much to draw a connection between DuPont, Anslinger, and Mellon, and it's obvious that all of these groups, including Hearst, had strong motivation to prevent the growth of the hemp industry.

The reasoning behind DuPont, Anslinger, and Hearst was not for any moral or health related issues. They fought to prevent the growth of this new industry so they wouldn't go bankrupt. In fact, the American Medical Association tried to argue for the medical benefits of hemp. Marijuana is actually less dangerous than alcohol, cigarettes, and even most over-the-counter medicines or prescriptions. According to Francis J. Young, the DEA's administrative judge, "nearly all medicines have toxic, potentially lethal effects, but marijuana is not such a substance...Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care" (DEA Docket No. 86-22, 57). It is illogical then, for marijuana to be illegal in the United States when "alcohol poisoning is a significant cause of death in this country" and "approximately 400,000 premature deaths are attributed to cigarettes annually." Dr. Roger Pertwee, Secretary of the International Cannabis Research Society states that as a recreational drug, "Marijuana compares favourably to nicotine, alcohol, and even caffeine." Under extreme amounts of alcohol a person will experience an "inability to stand or walk without help, stupor and near unconsciousness, lack of comprehension of what is seen or heard, shock, and breathing and heartbeat may stop." Even though these effects occur only under insane amounts of alcohol consumption, (.2-.5 BAL) the fact is smoking extreme

amounts of marijuana will do nothing more than put you to sleep, whereas drinking excessive amounts of alcohol will kill you.

The most profound activist for marijuana's use as a medicine is Dr. Lester Grinspoon, author of *Marihuana: The Forbidden Medicine*. According to Grinspoon, "The only well-confirmed negative effect of marijuana is caused by the smoke, which contains three times more tars and five times more carbon monoxide than tobacco. But even the heaviest marijuana smokers rarely use as much as an average tobacco smoker. And, of course, many prefer to eat it." His book includes personal accounts of how prescribed marijuana alleviated epilepsy, weight loss of AIDS, nausea of chemotherapy, menstrual pains, and the severe effects of multiple sclerosis. The illness with the most documentation and harmony among doctors which marijuana has successfully treated is MS. Grinspoon believes for MS sufferers, "Cannabis is the drug of necessity." One patient of his, 51 year old Elizabeth MacRory, says "It has completely changed my life...It has helped with muscle spasms, allowed me to sleep properly, and helped control my bladder." Marijuana also proved to be effective in the treatment of glaucoma because its use lowers pressure on the eye.

"In a recent survey at a leading teaching hospital, 'over 60 per cent of medical students were found to be marijuana users.' In the same survey, only 30 per cent admitted to smoking cigarettes" (Guardian). Brian Hilliard, editor of *Police Review*, says "Legalizing cannabis wouldn't do any harm to anybody. We should be concentrating on the serious business of heroin and amphetamines." "In the UK in 1991, 42,209 people were convicted of marijuana charges, clogging courts and overcrowding prisons...and almost 90 per cent of drug offences involve cannabis...The British government spends 500 million pounds a year on "overall responses to drugs" but receives no tax revenue from the estimated 1.8 billion pound illicit drug market" (Guardian). Figures like this can be seen in the United States as well. The U.S. spends billions of dollars annually in its "war on drugs." If the government were to legalize marijuana, it could reasonably place high taxes on it because people are used to buying marijuana at inflated prices created by risks of selling illegally. It could be sold at a convenient store just like a pack of cigarettes for less than someone would pay now, but still yield a high profit because of easy growing requirements.

An entire industry could be created out of hemp based products. The oils extracted from seeds could be used for fuels and the hemp fiber, a fiber so valued for its strength that it is used to judge the quality of other fibers, could be manufactured into ropes, clothing, or paper. Most importantly, the money the government would make from taxes and the money which would be saved by not trying to prevent its use could be used for more important things, such as serious drugs or the national debt.

The recreational use of marijuana would not stimulate crime like some would argue. The crime rate in Amsterdam is lower than many major U.S. cities. Mario Lap, a key drug policy advisor in the Netherlands national government says "We've had a realistic drug policy for 30 years in the Netherlands, and we know what works. We distinguish between soft and hard drugs, between traffickers and users. We try not to make people into criminals" (Houston Chronicle). In 1989 the *Lancet* report states "The Dutch have shown that there is nothing inevitable about the drugs ladder in which soft drugs lead to hard drugs. The ladder does not exist in Holland because the dealers have been separated."

We can expect strong opposition from companies like DuPont and paper manufacturers but the selfishness of these corporations should not prevent its use in our society like it did in the 1930's. Regardless of what these organizations will say about marijuana, the fact is it has the potential to become one of the most useful substances in the entire world. If we took action and our government legalized it today, we would immediately see benefits from this decision. People suffering from illnesses ranging from manic depression to multiple sclerosis would be able to experience relief, the government could make a fortune off of the taxes it could impose on its sale, and its implementation into the industrial world would create thousands of new jobs for the economy. Also, because of its role in paper making, the rain forests of South America could be saved from their current fate. No recorded deaths have ever occurred as a result of marijuana use, it is not physically addictive like alcohol or tobacco, and most doctors will agree it is safer to use.