

# DRUG WAR FACTS

## Marijuana

1. In 2006, 43.9 percent of the 1,889,810 total arrests for drug abuse violations were for marijuana -- a total of 829,627. Of those, 738,916 people were arrested for marijuana possession alone. By contrast in 2000 a total of 734,497 Americans were arrested for marijuana offenses, of which 646,042 were for possession alone.

US Arrests							
Year	Total Arrests	Total Drug Arrests	Total Marijuana Arrests	Marijuana Trafficking/Sale Arrests	Marijuana Possession Arrests	Total Violent Crime Arrests	Total Property Crime Arrests
2006	14,380,370	1,889,810	829,627	90,711	738,916	611,523	1,540,297
2005	14,094,186	1,846,351	786,545	90,471	696,074	603,503	1,609,327
2004	14,004,327	1,745,712	771,605	87,286	684,319	590,258	1,649,825
2003	13,639,479	1,678,192	755,186	92,300	662,886	597,026	1,605,127
2002	13,741,438	1,538,813	697,082	83,096	613,986	620,510	1,613,954
2001	13,699,254	1,586,902	723,628	82,519	641,109	627,132	1,618,465
2000	13,980,297	1,579,566	734,497	88,455	646,042	625,132	1,620,928
1999	14,355,600	1,532,200	704,812	84,271	620,541	644,770	1,676,100
1998	14,528,300	1,559,100	682,885	84,191	598,694	675,900	1,805,600
1997	15,284,300	1,583,600	695,201	88,682	606,519	717,750	2,015,600
1996	15,168,100	1,506,200	641,642	94,891	546,751	729,900	2,045,600
1995	15,119,800	1,476,100	588,964	85,614	503,350	796,250	2,128,600
1990	14,195,100	1,089,500	326,850	66,460	260,390	705,500	2,217,800
1980	10,441,000	580,900	401,982	63,318	338,664	475,160	1,863,300

Sources: *Crime in America: FBI Uniform Crime Reports 2006* (Washington, DC: US Dept. of Justice, 2007), Table 29, from the web at [http://www.fbi.gov/ucr/cius2006/data/table\\_29.html](http://www.fbi.gov/ucr/cius2006/data/table_29.html) and Arrest Table: Arrests for Drug Abuse Violations, from the web <http://www.fbi.gov/ucr/cius2006/arrests/index.html> last accessed Sept. 24, 2007; *Crime in America: FBI Uniform Crime Reports 2005* (Washington, DC: US Dept. of Justice, 2006), Table 29, from the web at [http://www.fbi.gov/ucr/05cius/data/table\\_29.html](http://www.fbi.gov/ucr/05cius/data/table_29.html) and Arrest Table: Arrests for Drug Abuse Violations, from the web <http://www.fbi.gov/ucr/05cius/arrests/index.html> last accessed Sept. 20, 2006; *Crime in the United States: FBI Uniform Crime Reports 2004* (Washington, DC: US Government Printing Office, 2005), p. 278, Table 4.1 & p. 280, Table 29; *Federal Bureau of Investigation, Crime in America: FBI Uniform Crime Reports 2003* (Washington, DC: US Government Printing Office, 2004), p.269, Table 4.1 & p. 270, Table 29; *Federal Bureau of Investigation, Crime in America: FBI Uniform Crime Reports 2002* (Washington, DC: US Government Printing Office, 2003), p. 234, Table 4.1 & and p. 234, Table 29; *Federal Bureau of Investigation, Crime in America: FBI Uniform Crime Reports 2001* (Washington, DC: US Government Printing Office, 2002), p. 232, Table 4.1 & and p. 233, Table 29; *Federal Bureau of Investigation, Uniform Crime Reports for the United States 2000* (Washington DC: US Government Printing Office, 2001), pp. 215-216, Tables 29 and 4.1; *Uniform Crime Reports for the United States 1999* (Washington DC: US Government Printing Office, 2000), pp. 211-212; *Federal Bureau of Investigation, Uniform Crime Reports for the United States 1998*

(Washington DC: US Government Printing Office, 1999), pp. 209-210; *Crime in America: FBI Uniform Crime Reports 1997* (Washington, DC: US Government Printing Office, 1998), p. 221, Table 4.1 & p. 222, Table 29; *Crime in America: FBI Uniform Crime Reports 1996* (Washington, DC: US Government Printing Office, 1997), p. 213, Table 4.1 & p. 214, Table 29; *FBI, UCR for the US 1995* (Washington, DC: US Government Printing Office, 1996), pp. 207-208; *FBI, UCR for the US 1990* (Washington, DC: US Government Printing Office, 1991), pp. 173-174; *FBI, UCR for the US 1980* (Washington, DC: US Government Printing Office, 1981), pp. 189-191.

2. "Cannabis remains by far the most commonly used drug in the world. An estimated 162 million people used cannabis in 2004, equivalent to some 4 per cent of the global population age 15-64. In relative terms, cannabis use is most prevalent in Oceania, followed by North America and Africa. While Asia has the lowest prevalence expressed as part of the population, in absolute terms it is the region that is home to some 52 million cannabis users, more than a third of the estimated total. The next largest markets, in absolute terms, are Africa and North America."

*Source: United Nations Office on Drugs and Crime, "World Drug Report 2006, Volume 1: Analysis" (United Nations: Vienna, Austria, 2006), p. 23.*

3. Marijuana was first federally prohibited in 1937. Today, more than 97 million Americans admit to having tried it.

*Sources: Marihuana Tax Act of 1937; Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, Results from the 2005 National Survey on Drug Use and Health: National Findings (Rockville, MD: Office of Applied Studies, Sept. 2006), p. 224, Table G.1.*

4. "Tetrahydrocannabinol is a very safe drug. Laboratory animals (rats, mice, dogs, monkeys) can tolerate doses of up to 1,000 mg/kg (milligrams per kilogram). This would be equivalent to a 70 kg person swallowing 70 grams of the drug -- about 5,000 times more than is required to produce a high. Despite the widespread illicit use of cannabis there are very few if any instances of people dying from an overdose. In Britain, official government statistics listed five deaths from cannabis in the period 1993-1995 but on closer examination these proved to have been deaths due to inhalation of vomit that could not be directly attributed to cannabis (House of Lords Report, 1998). By comparison with other commonly used recreational drugs these statistics are impressive."

*Source: Iversen, Leslie L., PhD, FRS, "The Science of Marijuana" (London, England: Oxford University Press, 2000), p. 178, citing House of Lords, Select Committee on Science and Technology, "Cannabis -- The Scientific and Medical Evidence" (London, England: The Stationery Office, Parliament, 1998).*

5. "A review of the literature suggests that the majority of cannabis users, who use the drug occasionally rather than on a daily basis, will not suffer any lasting physical or mental harm. Conversely, as with other 'recreational' drugs, there will be some who suffer adverse consequences from their use of cannabis. Some individuals who have psychotic thought tendencies might risk precipitating psychotic illness. Those who consume large doses of the drug on a regular basis are likely to have lower educational achievement and lower income, and may suffer physical damage to the airways. They also run a significant risk of becoming dependent upon continuing use of the drug. There is little evidence, however, that these adverse effects persist after drug use stops or that any direct cause and effect relationships are involved."

*Source: Iversen, Leslie L., PhD, FRS, "Long-Term Effects of Exposure to Cannabis," Current Opinion in Pharmacology, Feb. 2005, Vol. 5, No. 1, p. 71.*

6. According to research published in the journal *Addiction*, "First, the use of cannabis and rates of psychotic symptoms were related to each other, independently of observed/non-observed fixed covariates and observed time dynamic factors (Table 2). Secondly, the results of structural equation modelling suggest that the direction of causation is that the use of cannabis leads to increases in levels of psychotic symptoms rather than psychotic symptoms increasing the use of cannabis. Indeed, there is a suggestion from the model results that increases in psychotic symptoms may inhibit the use of cannabis."

*Source: Fergusson, David M., John Horwood & Elizabeth M. Ridder, "Tests of Causal Linkages Between Cannabis Use and Psychotic Symptoms," [Addiction](#), Vol. 100, No. 3, March 2005, p. 363.*

7. The Christchurch Press reported on March 22, 2005, that "The lead researcher in the Christchurch study, Professor David Fergusson, said the role of cannabis in psychosis was not sufficient on its own to guide legislation. 'The result suggests heavy use can result in adverse side-effects,' he said. 'That can occur with ( heavy use of ) any substance. It can occur with milk.' Fergusson's research, released this month, concluded that heavy cannabis smokers were 1.5 times more likely to suffer symptoms of psychosis than non-users. The study was the latest in several reports based on a cohort of about 1000 people born in Christchurch over a four-month period in 1977. An effective way to deal with cannabis use would be to incrementally reduce penalties and carefully evaluate its impact, Fergusson said. 'Reduce the penalty, like a parking fine. You could then monitor ( the impact ) after five or six years. If it did not change, you might want to take another step.'

*Source: Bleakley, Louise, "NZ Study Used in UK Drug Review," [The Press \(Christchurch, New Zealand: March 22, 2005\)](#), from the web at <http://www.mapinc.org/newscsdp/v05/n490/a08.html>, last accessed March 28, 2005.*

8. "The results of our meta-analytic study failed to reveal a substantial, systematic effect of long-term, regular cannabis consumption on the neurocognitive functioning of users who were not acutely intoxicated. For six of the eight neurocognitive ability areas that were surveyed, the confidence intervals for the average effect sizes across studies overlapped zero in each instance, indicating that the effect size could not be distinguished from zero. The two exceptions were in the domains of learning and forgetting."

*Source: Grant, Igor, et al., "Non-Acute (Residual) Neurocognitive Effects Of Cannabis Use: A Meta-Analytic Study," [Journal of the International Neuropsychological Society \(Cambridge University Press: July 2003\)](#), 9, p. 685.*

9. "These results can be interpreted in several ways. A statistically reliable negative effect was observed in the domain of learning and forgetting, suggesting that chronic long-term cannabis use results in a selective memory defect. While the results are compatible with this conclusion, the effect size for both domains was of a very small magnitude. The "real life" impact of such a small and selective effect is questionable. In addition, it is important to note that most users across studies had histories of heavy longterm cannabis consumption. Therefore, these findings are not likely to generalize to more limited administration of cannabis compounds, as would be seen in a medical setting."

*Source: Grant, Igor, et al., "Non-Acute (Residual) Neurocognitive Effects Of Cannabis Use: A Meta-Analytic Study," [Journal of the International Neuropsychological Society \(Cambridge University Press: July 2003\)](#), 9, p. 686.*

10. "In conclusion, our meta-analysis of studies that have attempted to address the question of longer term neurocognitive disturbance in moderate and heavy cannabis users has failed to demonstrate a substantial, systematic, and detrimental effect of cannabis use on neuropsychological performance. It was surprising to find such few and small effects given that most of the potential biases inherent in our analyses actually increased the likelihood of finding a cannabis effect."

*Source: Grant, Igor, et al., "Non-Acute (Residual) Neurocognitive Effects Of Cannabis Use: A Meta-Analytic Study," [Journal of the International Neuropsychological Society \(Cambridge University Press: July 2003\)](#), 9, p. 687.*

11. "Nevertheless, when considering all 15 studies (i.e., those that met both strict and more relaxed criteria) we only noted that regular cannabis users performed worse on memory tests, but that the magnitude of the effect was very small. The small magnitude of effect sizes from observations of chronic users of cannabis suggests that cannabis compounds, if found to have therapeutic value, should have a good margin of safety from a neurocognitive standpoint under the more limited conditions of exposure that would likely obtain in a medical setting."

*Source: Grant, Igor, et al., "Non-Acute (Residual) Neurocognitive Effects Of Cannabis Use: A Meta-*

*Analytic Study," Journal of the International Neuropsychological Society (Cambridge University Press: July 2003), 9, pp. 687-8.*

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

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

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

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

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

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

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

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

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

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

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

*Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., "[Marijuana and Medicine: Assessing the Science Base](#)," Division of Neuroscience and Behavioral Research, Institute of*

*Medicine (Washington, DC: National Academy Press, 1999).*

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

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

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

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

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

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

21. When examining the medical affects of marijuana use, the National Commission on Marihuana and Drug Abuse concluded, "A careful search of the literature and testimony of the nation's health officials has not revealed a single human fatality in the United States proven to have resulted solely from ingestion of marihuana. Experiments with the drug in monkeys demonstrated that the dose required for overdose death was enormous and for all practical purposes unachievable by humans smoking marihuana. This is in marked contrast to other substances in common use, most notably alcohol and barbiturate sleeping pills. The WHO reached the same conclusion in 1995.

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

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

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

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

*Source: Hall, W., Room, R. & Bondy, S., WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis,*

*Nicotine and Opiate Use, August 28, 1995 (Geneva, Switzerland: World Health Organization, March 1998).*

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

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

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

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

26. "Cannabis is only considered a risk factor for traffic accidents if drivers operate vehicles after consuming the drug. Robbe (1994) found that 30% to 90% of his participants were willing to drive after consuming a typical dose of cannabis. This is consistent with a recent Australian survey in which more than 50% of users drove after consuming cannabis (Lenne, Fry, Dietze, & Rumbold, 2000). A self administered questionnaire given to 508 students in grades 10 to 13 in Ontario, Canada, found that 19.7% reported driving within an hour after using cannabis (Adlaf, Mann, & Paglia, 2003)."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 974-5.*

27. According to a literature review on the effects of cannabis on driving, "Most of the research on cannabis use has been conducted under laboratory conditions. The literature reviews by Robbe (1994), Hall, Solowij, and Lemon (1994), Border and Norton (1996), and Solowij (1998) agreed that the most extensive effect of cannabis is to impair memory and attention. Additional deficits include problems with temporal processing, (complex) reaction times, and dynamic tracking. These conclusions are generally consistent with the psychopharmacological effects of cannabis mentioned above, including problems with attention, memory, motor coordination, and alertness.

"A meta-analysis by Krüger and Berghaus (1995) profiled the effects of cannabis and alcohol. They reviewed 197 published studies of alcohol and 60 studies of cannabis. Their analysis showed that 50% of the reported effects were significant at a BAC of 0.073 g/dl and a THC level of 11 ng/ml. This implies that if the legal BAC threshold for alcohol is 0.08 g/dl, the corresponding level of THC that would impair the same percentage of tests would be approximately 11 ng/ml."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 975-6.*

28. "Several studies have examined cannabis use in driving simulator and on-road situations. The most comprehensive review was done by Smiley in 1986 and then again in 1999. Several trends are evident and can be described by three general performance characteristics:

"1. Cannabis increased variability of speed and headway as well as lane position (Attwood, Williams, McBurney, & Frecker, 1981; Ramaekers, Robbe, & O'Hanlon, 2000; Robbe, 1998; Sexton et al., 2000; Smiley, Moskowitz, & Zeidman, 1981; Smiley, Noy, & Tostowaryk, 1987). This was more pronounced under high workload and unexpected conditions, such as curves and wind gusts.

"2. Cannabis increased the time needed to overtake another vehicle (Dott, 1972 [as cited in Smiley, 1986]) and delayed responses to both secondary and tracking tasks (Casswell, 1977; Moskowitz, Hulbert, & McGlothlin, 1976; Sexton et al., 2000; Smiley et al., 1981).

"3. Cannabis resulted in fewer attempts to overtake another vehicle (Dott, 1972) and larger distances required to pass (Ellingstad et al., 1973 [as cited in Smiley, 1986]). Evidence of increased caution also included slower speeds (Casswell, 1977; Hansteen, Miller, Lonero, Reid, & Jones, 1976; Krueger & Vollrath, 2000; Peck, Biasotti, Boland, Mallory, & Reeve, 1986; Sexton et al., 2000; Smiley et al., 1981; Stein, Allen, Cook, & Karl, 1983) and larger headways (Robbe, 1998; Smiley et al., 1987)."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 977-8.*

29. "Both simulator and road studies showed that relative to alcohol use alone, participants who used cannabis alone or in combination with alcohol were more aware of their intoxication. Robbe (1998) found that participants who consumed 100 g/kg of cannabis rated their performance worse and the amount of effort required greater compared to those who consumed alcohol (0.05 BAC). Ramaekers et al. (2000) showed that cannabis use alone and in combination with alcohol consumption increased self-ratings of intoxication and decreased self-ratings of performance. Lamers and Ramaekers (2001) found that cannabis use alone (100 g/kg) and in combination with alcohol consumption resulted in lower ratings of alertness, greater perceptions of effort, and worse ratings of performance."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 978.*

30. "Both Australian studies suggest cannabis may actually reduce the responsibility rate and lower crash risk. Put another way, cannabis consumption either increases driving ability or, more likely, drivers who use cannabis make adjustments in driving style to compensate for any loss of skill (Drummer, 1995). This is consistent with simulator and road studies that show drivers who consumed cannabis slowed down and drove more cautiously (see Ward & Dye, 1999; Smiley, 1999). This compensation could help reduce the probability of being at fault in a motor vehicle accident since drivers have more time to respond and avoid a collision. However, it must be noted that any behavioral compensation may not be sufficient to cope with the reduced safety margin resulting from the impairment of driver functioning and capacity."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 980.*

31. A literature review of the effects of cannabis on driving found, "Another paradigm used to assess crash risk is to use cross-sectional surveys of reported nonfatal accidents that can be related to the presence of risk factors, such as alcohol and cannabis consumption. Such a methodology was employed in a provocative dissertation by Laixuthai (1994). This study used data from two large surveys that were nationally representative of high school students in the United States during 1982 and 1989. Results showed that cannabis use was negatively correlated with nonfatal accidents, but these results can be attributed to changes in the amount of alcohol consumed. More specifically, the decriminalization of cannabis and the subsequent reduction in penalty cost, as well as a reduced purchase price of cannabis, made cannabis more appealing and affordable for young consumers. This resulted in more cannabis use, which substituted for alcohol consumption, leading to less frequent and less heavy drinking. The reduction in the amount of alcohol consumed resulted in fewer nonfatal accidents."

*Source: Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," Journal of Drug Issues, Dec. 2004, pp. 980-1.*

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

*Source: Advisory Committee on Drug Dependence, Cannabis (London, England: Her Majesty's Stationery Office, 1969); Canadian Government Commission of Inquiry, The Non-Medical Use of Drugs (Ottawa, Canada: Information Canada, 1970); The National Commission on Marihuana and Drug Abuse, Marihuana: A Signal of Misunderstanding, (Nixon-Shafer Report) (Washington, DC: USGPO, 1972); Werkgroep Verdovende Middelen, Background and Risks of Drug Use (The Hague, The Netherlands: Staatsuigeverij, 1972); Senate Standing Committee on Social Welfare, Drug Problems in Australia-An Intoxicated Society (Canberra, Australia: Australian Government Publishing Service, 1977); Advisory Council on the Misuse of Drugs, "The classification of cannabis under the Misuse of Drugs Act 1971" (London, England, UK: Home Office, March 2002), available on the web from [http://www.drugs.gov.uk/ReportsandPublications/Communities/1034155489/Classific\\_Cannabis\\_MisuseDrugsAct1971.pdf](http://www.drugs.gov.uk/ReportsandPublications/Communities/1034155489/Classific_Cannabis_MisuseDrugsAct1971.pdf); House of Commons Home Affairs Committee Third*

*Report, "The Government's Drugs Policy: Is It Working?" (London, England, UK: Parliament, May 9, 2002), from the web at <http://www.publications.parliament.uk/pa/cm200102/cmselect/cmhaff/318/31802.htm> and "Cannabis: Our Position for a Canadian Public Policy," report of the Canadian Senate Special Committee on Illegal Drugs (Ottawa, Canada: Senate of Canada, September 2002).*

33. The Canadian Senate's Special Committee on Illegal Drugs recommended in its 2002 final report on cannabis policy that "the Government of Canada amend the Controlled Drugs and Substances Act to create a criminal exemption scheme. This legislation should stipulate the conditions for obtaining licenses as well as for producing and selling cannabis; criminal penalties for illegal trafficking and export; and the preservation of criminal penalties for all activities falling outside the scope of the exemption scheme."

*Source: "Cannabis: Our Position for a Canadian Public Policy," report of the Canadian Senate Special Committee on Illegal Drugs (Ottawa, Canada: Senate of Canada, September 2002), p. 46.*

34. The United Kingdom officially downgraded the classification of cannabis from Class B to Class C effective Jan. 29, 2004. The London Guardian reported that "Under the switch, cannabis will be ranked alongside bodybuilding steroids and some anti-depressants. Possession of cannabis will no longer be an arrestable offence in most cases, although police will retain the power to arrest users in certain aggravated situations - such as when the drug is smoked outside schools. The home secretary, David Blunkett, has said the change in the law is necessary to enable police to spend more time tackling class A drugs such as heroin and crack cocaine which cause the most harm and trigger far more crime."

*Source: Tempest, Matthew, "MPs Vote To Downgrade Cannabis," The Guardian (London, England), Oct. 29, 2003.*

35. UK Home Secretary David Blunkett announced in July 2002 that "We must concentrate our efforts on the drugs that cause the most harm, while sending a credible message to young people. I will therefore ask Parliament to reclassify cannabis from Class B to Class C. I have considered the recommendations of the Home Affairs Committee, and the advice given me by the ACMD medical experts that the current classification of cannabis is disproportionate in relation to the harm that it causes."

*Source: "'All Controlled Drugs Harmful, All Will Remain Illegal' - Home Secretary," News Release, Office of the Home Secretary, Government of the United Kingdom, July 10, 2002, from the web at [http://213.219.10.30/n\\_story.asp?item\\_id=143](http://213.219.10.30/n_story.asp?item_id=143) last accessed July 31, 2002.*

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

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

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

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

38. According to the federal Potency Monitoring Project, the average potency of marijuana has increased very little since the 1980s. The Project reports that in 1985, the average THC content of commercial-grade marijuana was 2.84%, and the average for high-grade sinsemilla in 1985 was 7.17%. In 1995, the potency of commercial-grade marijuana averaged 3.73%, while the potency of sinsemilla in 1995 averaged 7.51%. In 2001, commercial-grade marijuana averaged 4.72% THC, and the potency of sinsemilla in 2001 averaged 9.03%.

*Source: Quarterly Report #76, Nov. 9, 2001-Feb. 8, 2002, Table 3, p. 8, University of Mississippi Potency Monitoring Project (Oxford, MS: National Center for the Development of Natural Products, Research Institute of Pharmaceutical Sciences, 2002), Mahmoud A. ElSohly, PhD, Director, NIDA Marijuana Project (NIDA Contract #N01DA-0-7707).*

39. "Statements in the popular media that the potency of cannabis has increased by ten times or more in recent decades are not support by the data from either the USA or Europe. As discussed in the body of this report, systematic data are not available in Europe on long-term trends and analytical and methodological issues complicate the interpretation of the information that is available. Data are stronger for medium and short-term trends where no major differences are apparent in Europe, although some modest increases are found in some countries. The greatest long-term changes in potency appear to have occurred in the USA. It should be noted here that before 1980 herbal cannabis potency in the USA was, according to the available data, very low by European standards."

*Source: European Monitoring Centre for Drugs and Drug Addiction, "EMCDDA Insights - An Overview of Cannabis Potency in Europe (Luxembourg: Office for Official Publications of the European Communities, 2004), p. 59.*

40. "Although marijuana grown in the United States was once considered inferior because of a low concentration of THC, advancements in plant selection and cultivation have resulted in higher THC-containing domestic marijuana. In 1974, the average THC content of illicit marijuana was less than one percent. Today most commercial grade marijuana from Mexico/Columbia and domestic outdoor cultivated marijuana has an average THC content of about 4 to 6 percent. Between 1998 and 2002, NIDA-sponsored Marijuana Potency Monitoring System (MPMP) analyzed 4,603 domestic samples. Of those samples, 379 tested over 15 percent THC, 69 samples tested between 20 and 25 percent THC and four samples tested over 25 percent THC."

*Source: US Drug Enforcement Administration, "Drugs of Abuse" (Washington, DC: US Dept. of Justice, 2005), from the web at <http://www.dea.gov/pubs/abuse/7-pot.htm> last accessed Jan. 27, 2005.*

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