4. Marihuana users who need professional assistance would be more willing to accept treatment offered by health-oriented official agencies.
5. Transfer of enforcement functions to the Bureau of Drug Abuse Control would allow the Federal Bureau of Narcotics to intensify its addictive drug control efforts.

Arguments against these recommendations include:

1. The administration and Congress may receive critical responses from local law enforcement and legislative bodies who have long associated marihuana use with delinquency and crime.
2. Temporary increase in marihuana use may occur among young people who advocate abandoning or relaxing legal controls.
3. Additional trained BDAC agents would be needed to police importation and distribution of marihuana, and to assist users who request medical care.
4. Repeal of the Marihuana Tax Act of 1937 and subsequent State legislation modeled on the act may encounter widespread official resistance.
5. Additional funds would be required to carry out necessary education, training, and research.

DISCUSSION

1. The first wave of official and popular reaction to these recommendations may be critical. A firm and united stand by the FDA and the Public Health Service, coupled with an intensive effort to gain active support of the scientific community, would do much to counter negative reaction.
2. An educational campaign should be mounted to encourage acceptance of the concept successfully promoted in the case of LSD and other hallucinogens: the trafficker in dangerous drugs is a menace to society and should be punished; the user of dangerous drugs should be educated to voluntarily give up the habit, and should be treated when his physical or psychological condition requires it.
3. Repeal of the Marihuana Tax Act and transfer of enforcement jurisdiction to the FDA would require a major legislative effort by the administration, with the possibility that a compromise between the FDA and FBN positions would be necessary. That is, it may not be feasible to eliminate all legal sanctions against the personal use of marihuana.
4. Administratively, an equally strong effort would be required to effect a smooth adjustment from the strictly punitive to a public health approach to enforcement of marihuana laws.
5. The Department of Health, Education, and Welfare, the Attorney General, and the Treasury Department would have to reach agreement at the Cabinet level on needed changes in the law, budget modifications, and the possible transfer of trained enforcement personnel from the Bureau of Narcotics to the Bureau of Drug Abuse Control.
6. Consideration of the need for concurrent educational and research programs related to marihuana control also would be required.

PHILIP R. LEE, M.D.,
Assistant Secretary for Health and Scientific Affairs.
W. B. RANKIN,
Deputy Commissioner, Food and Drug Administration.

AUGUST 16, 1967.

MARIHUANA—HEW POSITION: YOUR MEMO OF AUGUST 14, 1967

Recommendation No. 3 on page 1 is not consistent with argument No. 1 for the recommendations on page 2 because a felony penalty for marihuana violations is inconsistent with the misdemeanor provisions of the Food, Drug and Cosmetic Act. (Medically, the recommended approach is consistent.) We suggest that the inconsistency be eliminated by changing recommendation No. 3 on page 1 to read:

"Increase penalty to the felony level for illegal sale, manufacture, distribution and propagation of marihuana and all drugs controlled under the Drug Abuse Control Amendments, but without a mandatory sentencing provision."

Presumably, item 3 at the bottom of page 3, last sentence, refers to the likelihood that we will not be able to get all the States to eliminate sanction against the personal use of marihuana. We hope that it does not become necessary to retain sanctions in the Federal law against the personal use of marihuana.