

PROBLEMS RELATING TO THE CONTROL OF MARIHUANA

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HEARINGS
BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON
GOVERNMENT OPERATIONS
HOUSE OF REPRESENTATIVES
NINETIETH CONGRESS
SECOND SESSION

NOVEMBER 14 AND 15, 1967

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1. The first part of the report discusses the general situation of the country and the progress of the work during the year.

2. The second part deals with the results of the investigations and the conclusions drawn from them.

3. The third part contains the recommendations for the future work and the measures to be taken to improve the situation.

4. The fourth part is a summary of the main points of the report.

5. The fifth part is a list of the references used in the report.

6. The sixth part is a list of the names of the persons who have contributed to the work.

7. The seventh part is a list of the names of the persons who have been consulted during the work.

8. The eighth part is a list of the names of the persons who have been assisted during the work.

9. The ninth part is a list of the names of the persons who have been employed during the work.

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15. The fifteenth part is a list of the names of the persons who have been kept during the work.

16. The sixteenth part is a list of the names of the persons who have been given during the work.

17. The seventeenth part is a list of the names of the persons who have been received during the work.

18. The eighteenth part is a list of the names of the persons who have been sent during the work.

19. The nineteenth part is a list of the names of the persons who have been returned during the work.

20. The twentieth part is a list of the names of the persons who have been kept during the work.

PROBLEMS RELATING TO THE CONTROL OF MARIHUANA

TUESDAY, NOVEMBER 14, 1967

HOUSE OF REPRESENTATIVES,
INTERGOVERNMENTAL RELATIONS SUBCOMMITTEE
OF THE COMMITTEE ON GOVERNMENT OPERATIONS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2203, Rayburn House Office Building, Hon. J. Edward Roush presiding.

Present: Representatives J. Edward Roush, Benjamin S. Rosenthal, Florence P. Dwyer, and Robert Dole.

Professional staff present: James R. Naughton, W. Donald Gray, and Delphis C. Goldberg, Intergovernmental Relations Subcommittee, and William H. Copenhaver, minority staff, Committee on Government Operations.

Mr. ROUSH. The committee will be in order. Let the record show that a quorum is present.

Mr. Fountain, the chairman of the subcommittee, is a delegate to the United Nations and the business of the United Nations has prevented him from being present today. I am J. Edward Roush, a member of the subcommittee, and I will be presiding today.

I also call your attention to the fact that we have less than an hour. The House goes into session at 11 today, unfortunately.

The purpose of the subcommittee's hearings today and tomorrow is to discuss problems relating to the control of marihuana. These hearings were called at the request of several subcommittee members who were disturbed by recent press accounts of statements on this subject attributed to the Commissioner of Food and Drugs, Dr. James L. Goddard, who is our witness this morning.

After this hearing had been scheduled, Dr. Goddard appeared before two other committees to discuss the same subject. Although these hearings appear to have clarified Dr. Goddard's position somewhat, a number of questions remain unanswered, and in fact, some new questions have been suggested. Moreover, since control of marihuana is not the responsibility of FDA but of the Narcotics Bureau, it seemed advisable to hear from that agency also. Consequently, we have scheduled Commissioner of Narcotics, Henry L. Giordano, as our witness tomorrow.

Dr. Goddard, since the subcommittee members have received an advance copy of your statement and since it is virtually identical to the one you made before the other committees, I think it would save time to incorporate it in the record and if there is no objection, we will

do that. However, it would be helpful if you would take approximately 5 minutes to summarize your statement before we begin our questioning. I suggest that you begin by introducing your associates.

If you will hold just a moment.

Mrs. Dwyer?

Mrs. DWYER. Mr. Chairman, I have a statement.

STATEMENT OF HON. FLORENCE P. DWYER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mrs. DWYER. As one of those who urged the subcommittee to schedule the present hearings, I want to express my appreciation to the chairman for his decision to do so, and I should like to outline, very briefly, what I conceive to be the nature and purpose of these hearings.

Let me emphasize, at the outset, that I do not view these hearings as an occasion to undertake a vendetta against Dr. Goddard, though I disagree very strongly with what I understand to have been the general tenor of his comments on marihuana—that is, that marihuana is no more dangerous than alcohol and that the penalties for possession and use of marihuana should be eliminated.

Instead, I believe that the alleged views of Dr. Goddard on marihuana provide an important opportunity for this subcommittee to review, in some depth, the scope and adequacy of Federal laws dealing with the control of dangerous drugs and narcotics. The growing incidence of drug abuse, the increasing tendency of the biggest segment of our population—the under-25 age group—to experiment with drugs and narcotics, and the destructive impact of drug abuse on the character of our society combine to make this subject a matter of the utmost concern to the Congress. Dr. Goddard's views on marihuana and his leadership position in the fight against drug abuse offer an appropriate starting point for such an inquiry.

Whatever Dr. Goddard's real and precise views on marihuana may be, the unfortunate fact is that his comments were sufficiently ambiguous to be understood as minimizing the dangers of marihuana. Many of our colleagues, for instance, have reported that young people known to them have referred to Dr. Goddard's reported views as an excuse for indulging in this narcotic. The Union County, N.J., Medical Society, among other authorities, has contended that the Commissioner's views are unsound, and threaten the enforcement of drug and narcotic control laws. Dr. Roscoe Kandle, New Jersey's commissioner of health, was sufficiently alarmed to state that, and I quote, "Let's make no mistake about the seriousness of marihuana usage. It is a dangerous and illegal weed, and we view the use of it as well as the use of pep pills by young people in our schools as a matter of critical concern." And Dr. Goddard's opposite number, the Commissioner of Narcotics, from whom we shall hear tomorrow, has warned that the public must be made to realize that marihuana, and I quote again, "is not, as some people say, less dangerous than alcohol or less than smoking tobacco."

Their fears would appear to be justified. The New York Times of November 4 carried an advertisement for a book entitled, "Pot—A Handbook of Marihuana." The ad stated that, and I quote, "Legaliza-

tion of marihuana is now called for not only by pot users but by medical authorities and Government officials weary of the pointless prosecutions." The ad specifically quoted newspaper reports that "Dr. James L. Goddard, Commissioner of the Food and Drug Administration, 'favored removing all penalties for the possession of marihuana, leaving penalties only for its sale or distribution.'"

I would hope, therefore, that Dr. Goddard will not only use this opportunity to clarify his own views on marihuana but will make it crystal clear that, in the light of current knowledge, the use of marihuana must be considered highly dangerous as well as illegal.

The problem, however, is much broader. I am hopeful that our subcommittee hearings, now and in the future, can enlighten the Congress on the following questions, among others:

Do we have a clear and consistent Federal policy relating to the control of drug and narcotic abuse?

Is that policy understood and administered in a consistent and coordinated way by the responsible Federal agencies, including the Bureau of Drug Abuse Control and the Bureau of Narcotics?

Does this divided authority at the Federal level impair or strengthen Federal control of dangerous drugs and narcotics? Can we improve the existing system?

In the enforcement of Federal laws in this area, are we establishing adequate priorities and using, effectively, the limited resources that are presently available? Or is the threat surpassing our ability to deal with it?

Does the present state of scientific research provide a sound basis for our drug abuse and narcotic control laws and enforcement policies?

What don't we know—and should know—about the nature and effects of individual drugs and narcotics in terms of their threat to the public safety, and is our present research program adequate to fill these gaps in our knowledge as soon as possible?

I hope, Mr. Chairman, that Dr. Goddard and succeeding witnesses will help us to answer these questions. Thank you very much.

Mr. ROUSH. Thank you, Mrs. Dwyer.

Dr. Goddard, you may proceed.

STATEMENT OF DR. JAMES L. GODDARD, M.D., COMMISSIONER OF FOOD AND DRUGS, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY WILLIAM W. GOODRICH, ASSISTANT GENERAL COUNSEL, FOOD AND DRUG DIVISION, HEW; AND JOHN FINLATOR, DIRECTOR, BUREAU OF DRUG ABUSE CONTROL, FDA

Dr. GODDARD. Mr. Chairman, I appreciate the opportunity to appear before you today. Hopefully, I can clear the atmosphere with respect to marihuana. As evidenced by the attention given by the Congress and others and the press, it is plain that the increasing use of marihuana is a matter of national concern. The shocking growth in use of the drug has been so rapid that none of us—in Government, in medicine, or in the legal profession—has been able to counter it effectively.

The use in this country and the rest of the world, of course, has a long history. In this country, marihuana, of course, refers to any part of the plant or extract, such as the resin, which induces changes in physical perception or psychological reaction. The mental and physical effects will vary depending upon the circumstances under which the drug is used and the amount used by the individual. It is usually consumed by smoking. The personality of the user is a variable and involves the user's previous experience with marihuana.

Most commonly, what happens is the individual is affected so that his ideas become disconnected, uncontrolled, and free flowing. Perception is disturbed. Minutes seem to be hours and seconds may seem to be minutes. Space may be broadened and near objects seem far away and vice versa. When large dosages are used, doses generally heavier than those normally used in this country, extremely vivid hallucinations may occur. This is usually related to the use of the resin or what is called hashish in the rest of the world.

I should make it clear, however, that nobody in the medical community today is satisfied with our level of knowledge about this drug or in fact, many of the similar drugs. There is still a great deal of research to be done to understand the effects of the drug and what its long-term implications are. I have always made that statement and tried to make it clear that I do not think anyone should use this drug in our society until we know the long-term effects, and perhaps not even then. They may turn out to be very dangerous.

I know that the statements that have been attributed to me have been ones that I did not make. These have caused great concern. I would like to clarify the record, say again what I said before.

I did not say I would not object to my daughter smoking marihuana. I did not and do not condone the use of marihuana. I did not and do not advocate abolition of controls over marihuana. I did not and do not advocate legalizing the drug.

With your permission, Mr. Chairman, I would like to call to your attention one thing that came about as a result of an erroneous news dispatch from Minneapolis on October 17. It was reported that I said I would rather my daughter smoke pot than drink a cocktail. This news dispatch was not correct and Mr. Julius Frandsen, vice president and Washington manager of United Press International, has acknowledged its incorrectness and I have provided the members of the committee and you, Mr. Chairman, with copies of this letter. I think one could quibble about the clarity of the letter itself, but it seems obvious to me that it says, on the second page, and I would like to quote: "So it has become clear to me that UPI erred in attributing to you unqualified statements which in fact were considerably qualified. I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error."

Mr. ROSENTHAL. Could we have this inserted in the record?

Mr. ROUSH. Unless there is objection, the letter referred to, dated November 2, 1967, from Mr. Julius Frandsen, vice president and Washington manager of UPI, will be inserted in the record.

(The material referred to follows:)

UNITED PRESS INTERNATIONAL,
New York, N.Y., November 2, 1967.

DR. JAMES L. GODDARD,
Commissioner, Food and Drug Administration,
Washington, D.C.

DEAR DR. GODDARD: Following my return from a trip, I have been belatedly looking into the circumstances of our dispatches from Minneapolis on October 17 and 18. I find we owe you an apology.

I refer to the UPI dispatch which began, without qualification:

"Food and Drug Administration Commissioner Dr. James Goddard says he would not object to his daughter smoking marihuana any more than if she drank a cocktail."

Unfortunately, no complete tape exists of your exchanges with reporters. The questioning began in an informal session in the front of the auditorium after your speech and no recording equipment was there. Equipment was set up in another room and only the ensuing proceedings at that place were taped.

UPI was represented by Miss Judy Vick of the University of Minnesota News Service. She says her notes show that in the questions and answers with reporters in the auditorium Victor Cohn of the Minneapolis Tribune asked whether marihuana is more dangerous than alcohol. And that you replied "Whether or not marihuana is more dangerous than alcohol is debatable. I don't happen to think it is."

Miss Vick says that Mr. Cohn then asked whether you would mind if your daughter smoked marihuana any more than if she drank a cocktail, and that you replied "No, except in the context of the present law." I take that to be a reference to the fact that marihuana is illegal and alcohol is legal.

Mr. Cohn's recollection is that his question was to the effect "Would you mind if your daughter took marihuana?" His notes have you responding: "We have talked about it at home. I would (that is, would object) in terms of the law today" and "we really don't know what the long-term effects (of marihuana) are." Followed by some comments about distortion of perception following use of marihuana.

So it has become clear to me that UPI erred in attributing to you unqualified statements which in fact were considerably qualified.

I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error.

In view of the public uncertainty that now exists as to what you do and do not believe, I hope you will sit down with our Louis Cassels so that he can prepare a definitive dispatch. I believe you know Mr. Cassels and his outstanding record for accuracy and fairness. Please let me know.

Several members of Congress have inquired about our original story, and I am taking the liberty of sending them copies of this letter.

Sincerely,

JULIUS FRANDSEN,
Vice President and Washington Manager.

Dr. GODDARD. Mr. Chairman, to move on very briefly to the more important area, you know we are responsible for carrying out the Drug Abuse Control Amendments of 1965. The members of this committee were active in helping get those amendments through Congress and are very interested in them. The drugs under our control that we are responsible for are the hallucinogens, the stimulants, the depressants. These include drugs that are manufactured for legal purposes as well as a group of drugs, largely the hallucinogens, that have no recognized medical purpose at this time. Since the establishment of our Bureau of Drug Abuse Control in February of 1966, we have conducted over 2,000 criminal investigations. A third of these have involved the hallucinogens, meaning LSD, peyote, mescaline, psilocybin. But I want to make the point that in nine out of 10 of these investigations, we have encountered marihuana. It is actively being sold

along with the drugs that come under our direct jurisdiction. So it is a day-by-day problem we have to live with.

We work very closely with the Bureau of Narcotics and we do refer cases to the Bureau of Narcotics and we can provide information on those cases. We particularly hand over to the Bureau those cases where there are large quantities of marihuana or opiates involved or where the investigations that are going to have to be carried out are beyond the scope of State and local officials, with whom we also work very closely.

Now, our normal procedure if we encounter marihuana in one of these investigations is to turn the case over to the State and local officials. We not only work very closely with them, by the way, but we also provide a great deal of training to them in the handling of cases involving abused drugs.

Now, we do have a working agreement with the Bureau of Narcotics and I have a copy of that and would like your permission to offer it for insertion in the record.

Mr. ROUSH. Without objection, it will be made a part of the record.
(The material referred to follows:)

OCTOBER 10, 1966.

MEMORANDUM

To: District supervisors, Bureau of Narcotics; and Field Office Directors, Bureau of Drug Abuse Control.
From: Henry L. Giordano, Commissioner of Narcotics; and John Finlator, Director, Bureau of Drug Abuse Control.
Subject: "Interagency Cooperation," Bureau of Narcotics and Bureau of Drug Abuse Control.

During the short time that the Bureau of Drug Abuse Control has been in operation, many situations have developed of common concern to the Bureau of Narcotics and the Bureau of Drug Abuse Control. It appears that some traffickers in narcotics and marihuana also deal in LSD, barbiturates, or amphetamines. Some narcotic addicts may also abusively use any of the controlled drugs.

There has been an increasing liaison between the various offices of the Bureau of Narcotics and the Bureau of Drug Abuse Control. It is our intent here to reiterate the need for continuing close cooperation between our respective Bureaus. Bureau of Narcotics and Bureau of Drug Abuse Control field personnel should freely exchange information of common interest and should cooperate to the fullest in investigations which involve violations of the laws within the jurisdiction of both agencies. As field managers, you should set the example for your people.

While our two agencies have separate and distinct enforcement responsibilities, a close spirit of cooperation between us can only serve to enhance each agency's enforcement capability and thus benefit the public.

We have already achieved a mutually beneficial working relationship of Washington staffs beginning with the two of us. Each of you is expected to make a specific effort to match ours.

HENRY L. GIORDANO,
Commissioner of Narcotics.
JOHN FINLATOR,

Director, Bureau of Drug Abuse Control.

Dr. GODDARD. One final point.

The Department of Health, Education, and Welfare has a broad concern with the use of marihuana in our society. Specifically, the National Institutes of Health are charged with providing services to individuals who are addicts as defined under the Narcotics Addicts Rehabilitation Act. The National Institute of Mental Health is charged with the conduct of research on marihuana. The Department

of Health, Education, and Welfare is specifically charged with carrying out the education and information programs on narcotics, including marihuana. The Food and Drug Administration is specifically charged with maintaining control over what is called synthetic marihuana through the IND provisions of the Food, Drug, and Cosmetic Act.

We have a very broad concern in the Department of Health, Education, and Welfare, with respect to the problems of juvenile delinquency. It is on this point that I think we need to examine carefully what we are currently doing in our society.

I made the comment in other hearings that we are really asking the question, are the penalties for possession for use—not possession for sale—are these really serving the best interests of society in terms of helping reduce the problem, and, two, in terms of the individuals who are arrested and convicted under those penalties? We have the situation where in one State alone, last year, we had a 140-percent increase in the arrest of juveniles for possession of marihuana. Sixty percent of those juveniles were ages 17 and 18. Now, our concern, stated very simply, is this: Are we making these people opt for a life of crime rather than rehabilitating them? Is this the desire of our country? Can't we look and find better ways of handling juveniles? That in essence is a summary of what I wanted to say. I think Mrs. Dwyer is quite right, we need to use this as an occasion for review in toto of all our activities relating to drug abuse, whatever the nature of the drug abuse may be.

Thank you.

(The complete text of Dr. Goddard's prepared statement follows:)

PREPARED STATEMENT OF JAMES L. GODDARD, M.D., COMMISSIONER OF FOOD AND DRUGS, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman, we appreciate the opportunity to appear before you today to clear the atmosphere about our position with respect to marihuana.

As evidenced by the attention given by representatives of Government, the press, and the professions, it is plain that the increasing use of marihuana is a matter of national concern. The shocking growth in use of marihuana has been so rapid that none of us in government, in medicine, or the legal profession has been able to counter it effectively. For example, the Department of Justice of the State of California has reported a total of 28,319 adult drug arrests for 1966, the highest figure to date, fully 32.1 percent above the 1965 figure. Some of this increase comes from the enforcement last year, for the first time, of the drug abuse control amendments, which became effective on February 1, 1966. However, to quote from the California report, "Marihuana offenses accounted for approximately one-half of the 1966 arrests and showed a 71-percent increase over those reported during 1965." Arrests for "heroin and other narcotics" rose by about 11 percent. "Dangerous drug arrests showed a 4-percent gain," the report also adds. California's adult marihuana arrests in 1966 were triple that for 1960. Among juveniles, the rise was even more dramatic; drug arrests in general increased 87 percent between 1965 and 1966, but juvenile marihuana arrests increased 140 percent, from 1,623 to 3,869. The marihuana arrests, plus the 898 dangerous drug arrests, accounted for 95 percent of the juvenile drug arrests in California during 1966.

We could pursue this further, Mr. Chairman, but I hope this illustration will show that, as we have talked about the problem in professional circles and have done our studies and exchanged our memoranda, the agencies of law enforcement have encountered a grim situation that is developing with great momentum—with a momentum that seems to exceed our own ability thus far to explore the problem and come up with sound solutions that are in the public interest and that can be quickly put into effect.

The use of marihuana in this country and the rest of the world, has a long history, of course. In the United States, "marihuana" refers to any part of the plant, or an extract such as the resin, which induces changes in physical perception and in psychological reactions. These physical and mental effects will vary in the individual marihuana smoker, depending on four major factors:

- The circumstances in which the drug is used;
- The amount consumed, usually by smoking;
- The personality of the user; and
- The user's previous experience with marihuana.

The most common reaction to marihuana is development of a state of mind in which ideas seem disconnected, uncontrolled, and freely flowing. Perception is disturbed, minutes seem to be hours, and seconds seem to be minutes. Space may be broadened, and near objects may appear far away. When large doses are used—doses generally heavier than normally used in this country—extremely vivid hallucinations may occur. With such large doses, panic and a fear of death may make the experience highly unpleasant.

Gentlemen, what I have just told you about marihuana is a résumé from one of the most respected textbooks on drugs in this country. It is the third edition of the "Pharmacological Basis of Therapeutics" by Louis S. Goodman and Alfred Gilman. I refer you to pages 299 and 300 of this volume.

It should be made clear, however, that no one in the scientific or medical communities is satisfied with the level of knowledge we have concerning marihuana and similar drugs. As I have stated on several occasions, there is still much research to be done.

For example, the chemical composition of marihuana has not been fully determined, although what seems to be the plant's most active ingredients have been isolated and synthesized. Scientifically controlled marihuana studies of varying lengths have not been conducted on animals or humans to determine effects on body tissue and metabolism, or neuromuscular response, and on psychological, and cultural reasons for marihuana use, especially among our young people. The number and characteristics of marihuana users in the United States are virtually unknown, and paths to such use are unexplored.

I am aware, Mr. Chairman, that statements attributed to me, but which I did not make, have caused additional concern. Let me clarify the record in this regard.

I did not say that I would not object to my daughter smoking marihuana.

I did not, and I do not, condone the use of marihuana.

I did not, and I do not, advocate the abolition of controls over marihuana.

I did not, and I do not, propose "legalizing" the drug.

With your permission, Mr. Chairman, I would like to call your attention to one point which arose as the result of an erroneous news dispatch from Minneapolis on October 17. I was reported to have stated that I would not object any more to my daughter smoking marihuana than if she drank a cocktail.

The news dispatch was not correct and Julius Frandsen, vice president and Washington manager of United Press International, has written me a letter on the subject. With your permission, I would like to insert a copy for the record and quote just this brief portion:

"So it has become clear to me that UPI erred in attributing to you unqualified statements which in fact were considerably qualified.

I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error."

Mr. Chairman, I think Mr. Frandsen—and other members of the press—recognize the complexities of the issue of marihuana and wish to serve the public in the best possible manner. I think the press does sense the importance of the problem and makes every effort to provide the Nation with the best information available.

My remarks at Minneapolis and elsewhere concerning marihuana have always been in response to questions from the press. In every instance, I have made it abundantly clear that marihuana has been and still remains under the jurisdiction of the Bureau of Narcotics of the U.S. Department of the Treasury. It is often erroneously assumed that the Food and Drug Administration, which administers the drug abuse control amendments, has jurisdiction over not only the controlled drugs—the amphetamines, barbiturates, and hallucinogens—but marihuana as well. Our agency has made every effort to clarify the differences wherever possible.

As you know, Mr. Chairman, the drug abuse control amendments, which we carry out, include a class of drugs called the hallucinogens. Among these drugs are lysergic acid diethylamide—or LSD—peyote, mescaline, psilocybin, and others, such as DMT and STP, which have recently come upon the scene. Since the establishment of our Bureau of Drug Abuse Control, in February of 1966, we have conducted over 2,000 criminal investigations. A third of these have involved the hallucinogens. Marihuana has been offered for sale or seized in nine out of every 10 investigations by our BDAC men following the hallucinogen leads.

Our agents, Mr. Chairman, have moved in on these cases swiftly but with a good sense of who has jurisdiction. BDAC agents in Dallas recently seized 1,000 doses of LSD. At the same time they seized approximately 100 pounds of marihuana, which they turned over to Bureau of Narcotics agents. At New York's Kennedy International Airport, BDAC agents, again working on an LSD case, seized not only a quantity of that drug but about 230 pounds of marihuana as well, which was turned over to local police and agents of the U.S. Customs Service. There are countless instances of marihuana appearing together with the hallucinogens under our jurisdiction. Our agents, working in close cooperation with other Federal agencies and with the excellent cooperation of State and local law enforcement agencies, can account for 931 arrests to date. Sixty percent of these arrests involved the hallucinogens. And, as I have indicated—in both the investigational as well as the arrest stages—marihuana is usually present.

The Food and Drug Administration and the Treasury Department's Bureau of Narcotics have been cooperating in dealing with this problem. There is a formal working agreement between the Bureau of Narcotics and our Bureau of Drug Abuse Control which provides for a close working relationship between our agents in the field as well as our staffs in Washington.

Mr. Chairman, there are a number of studies that are being conducted under the auspices of the National Institute of Mental Health. I would like to deposit with the committee at this time a recent listing by the NIMH of their marihuana research and related grant activities. You will notice that underway are several projects on the sociology of marihuana usage, the metabolism of marihuana in man and animals, and patterns of acquisition of the drug. Gradually, we will be able to construct a clearer picture—based upon hard, scientific facts—of this drug, its short- and long-term effects, its full identity, and the ways it can and cannot be used by man.

Clearly, while the answers to these questions are being formulated by the scientific community, by the work of many hundreds of physicians and researchers, our enforcement efforts in the Food and Drug Administration as well as in the Bureau of Narcotics must continue. I am reminded, Mr. Chairman, of the experience the FDA went through when it first became involved in the control of abused drugs. The agency discovered, for example, that as many as 25,000 barbiturate dosages could be purchased at a truck stop. The enforcement strategy for an agency with limited manpower seemed to be clear enough: Concentrate on those who engage in the illicit manufacture, distribution, and sale of large quantities of those drugs which are abused by some members of our society. This was the position advocated by the Department of Health, Education, and Welfare during the hearings held on the Drug Abuse Control Amendments of 1965. This was the position adopted by the Congress.

After the amendments were passed by a unanimous vote of the Congress, this strategy of enforcement continued to be FDA's approach. In my opinion, it has worked well. In fact, last year, when we were questioned by three congressional committees as to the need for more stringent penalties—particularly penalties for personal possession and use of the amphetamines, barbiturates, and hallucinogens—I responded that we saw no need for a change in the law. We believed then and still believe today that no useful purpose would be served by making a felon of the individual who abuses these drugs. I did state, however, that we would evaluate the effectiveness of the misdemeanor penalties for the illicit manufacture, sale, and distribution of the controlled drugs. If we find these penalties to be ineffective, I promised to come back to the Congress and seek a tougher set of penalties in that area. I repeat that promise now.

From this brief history, you can see how the FDA, while administering the drug abuse control amendments and coming upon both LSD and marihuana in

the course of our enforcement work, finds that there is a rather significant anomaly in the penalties with respect to these two hallucinogens. During the past year and a half I have become personally aware of the problem, as the Agency's Commissioner. For example, our agents may find two individuals in the same room, one possessing LSD—an extremely dangerous drug—and the other possessing marihuana. Our BDAC agents would seize the LSD under the executive seizure provisions of the drug abuse control amendments, but the person possessing the drug would not be subject to prosecution under the Federal statute. His companion, however, would be taken into custody and be liable to a felony conviction under the laws governing the possession of marihuana, a drug which is less potent than LSD. This is why I consider the penalties to be inconsistent and why I believe that this inconsistency prevents full and effective protection of the public interest in the matter of abused drugs of any kind.

I would like to summarize for you some of the tasks we are performing and the goals toward which we are striving in dealing with the problem of drug abuse in a comprehensive manner. Among these, I would include:

(1) A continuing concentration of enforcement activities against the illicit manufacturers and distributors of dangerous drugs.

(2) An increased exchange of information with State and local police and health agencies, as well as with similar international agencies, to strengthen enforcement programs and to broaden the total understanding of the scientific and social data upon which these programs must be based.

(3) The continuation and expansion of the research effort to fill the gaps in our knowledge that I noted a moment ago.

(4) Effective assistance to educators and journalists to support their effort to bring factual drug knowledge to the public, who ultimately must determine the nature and direction of our control programs.

The cooperation of many agencies, at all levels of government, is required in carrying out these broad assignments. The Food and Drug Administration will give its best efforts in this cause, I assure you.

In closing, I again emphasize that I have never advocated the legalization of marihuana. Rather, I have raised the question of the severity of the penalties attached to possession of marihuana and I suggest that the Congress might also wish to review these penalties in the light of enforcement experience throughout local, State, and Federal government and as the results of drug research may dictate.

Thank you, Mr. Chairman, for this opportunity to appear before you today to clarify our position with respect to marihuana. I will be happy to answer any questions you or your colleagues may have.

Mr. ROUSH. Thank you, Dr. Goddard.

I have a few questions to ask and then I will call upon other members of the subcommittee to ask those questions they might wish to ask.

Concerning the reported statement which you made in Minneapolis, it is my understanding that for various reasons, there is no complete transcript of your remarks at that press conference. Is that correct?

Dr. GODDARD. Correct.

However, I do have a letter from the dean at the university, which indicates as well that I did not make the comments that are attributed to me, in addition to—the dean was present with me throughout the so-called press conference. There was confusion, as I indicated in the hearing the other day, because a fuse blew about 3 minutes after the press conference started. I was told at the time that the tape recording would be complete, but unfortunately, it was not.

Mr. ROUSH. Do you have a copy of the letter from the dean?

Dr. GODDARD. Yes, we are looking for it now.

Mr. ROUSH. If there is no objection, I think this letter should be included in the record.

(The material referred to follows:)

UNIVERSITY OF MINNESOTA,
Minneapolis, Minn., October 24, 1967.

Dr. JAMES L. GODDARD,
Commissioner of Food and Drugs,
Food and Drug Administration,
Washington, D.C.

DEAR DR. GODDARD: This is to express our appreciation for your presentation of the third annual Alan K. Ruvelson lectureship on the relationships of government and business sponsored by the school of business administration, the college of medical sciences, and the law school.

Your thoughtful lecture and subsequent dialog with the audience met fully our expectations of academic quality. In order to optimize the educational value of your address, we plan to publish the full text and make it available to a wider audience.

I am concerned, however, that the press conference which followed may have led to some misinterpretation of your remarks concerning marihuana. With reference to the latter, I understood you to say:

- (1) Marihuana, like alcohol, can be dangerous.
- (2) The present law regarding marihuana should be modified to give emphasis to the sellers and purveyors rather than the users.
- (3) You would counsel your children and others not to use marihuana in view of present law and the uncertainties regarding its possible long-term effects.
- (4) Research should be, and is being, undertaken regarding the effects of marihuana.

In view of the foregoing, I do not understand some of the comments attributed to persons not present. And, what puzzles me even more, is why reliance is placed upon secondhand and even thirdhand sources when you can be asked directly to state your views. The motives of the commentators, under these circumstances, leave me baffled.

Again, please accept our thanks for your participation on our campus. We hope the occasion will present itself for another visit before too long.

Sincerely yours,

GEORGE SELTZER,
Associate Dean for Academic Affairs.

Dr. GODDARD. And I think the presence of a science writer, Mr. Victor Cohn, his understanding, and he was present throughout the entire thing, was reported in the Pink Sheet, and clearly indicates I never made such an unqualified statement.

Mr. ROUSH. Could we see this?

Dr. GODDARD. Yes, certainly.

(The material referred to follows:)

FDC REPORTS

OCTOBER, 23, 1967.

GODDARD MISQUOTED IN STORIES SAYING HE WOULD NO MORE OBJECT TO HIS DAUGHTER SMOKING MARIHUANA THAN TO HER DRINKING COCKTAILS, TOP SCIENCE WRITER SAYS

FDA Commissioner Goddard was misquoted in news stories reporting that he said he would not object any more to his college daughter smoking marihuana than he would to her drinking a cocktail, one of the Nation's leading science writers said October 20.

Minneapolis Tribune Reporter Victor Cohn said "most of the stories I've seen misrepresented his—Goddard's—statements" at the University of Minnesota October 17. Both Cohn—a former president of the National Association of Science Writers—and the FDA chief flatly told "The Pink Sheet" that Goddard had not made the statement about his daughter.

Congressional demands for Goddard's resignation were touched off by the alleged statement about his daughter, and by statements he did make after a speech at the University of Minnesota on the relationships between business and government. The office of Health, Education, and Welfare Secretary Gardner was studying a transcript of some of Goddard's remarks at Minneapolis.

Goddard conceded, however, the basic accuracy of an October 19 front page story in the New York Times which quoted him as saying "whether or not marihuana is a more dangerous drug than alcohol is debatable—I don't happen to think it is."

With regard to his children, the Times said Goddard was asked if he would object to his son or daughter using marihuana. Reported the Times: "We've discussed this at home," he said, adding, "I would object in terms of the law today and any possible long-term effects."

The October 18 Minneapolis Tribune, in a story carrying Cohn's byline, attributed to Goddard the same quotes as the Times piece the following day on his children using marihuana and whether it is more dangerous than alcohol.

UPI STORY UNDERSTOOD TO HAVE COME FROM STUDENT PUBLICITY STAFFER

Goddard "stated two reservations," the Tribune story added. The first was that "We don't know what its (marihuana's) long-term effects are. For example, we don't know whether or not it may alter the chromosomes, as LSD may do. I wouldn't want young women who haven't been married and had children yet to be affected." Goddard's second reservation, the Tribune continued, was that marihuana "distorts your perception of reality so it's dangerous if you're driving a vehicle or operating heavy equipment."

The Tribune story added that Goddard is not in favor of "legalizing" marihuana completely. He was quoted as saying: "We need more research on chronic use, and I think this research will start now." The same quotes appeared in the Times story which was bylined as a "special" to the New York paper. It was based on Cohn's story, and written by his Minneapolis colleague, Lewis Cope. This is a customary journalistic practice when a newspaper wants a report on a distant story.

United Press International (UPI) launched the nationwide furor over Goddard's remarks when it carried a story from Minneapolis on the morning of October 17. It did not quote Goddard directly, but reported that Goddard said marihuana is no more dangerous than alcohol. The story also said: "He—Goddard—said he would not object any more to his college daughter smoking pot than he would to her drinking a cocktail." The UPI story was understood to have been based on a phone report from a University of Minnesota student publicity staffer.

The UPI story was obviously part of the basis for an October 18 story in the Washington Post, which the paper said was taken "from news dispatches." The Post story said: "The physician, who was appointed to the FDA in January 1966, said he would not object any more to his college-age daughter smoking marihuana than he would to her drinking a cocktail."

Goddard, in a three-paragraph statement issued October 19, said: "The statement that marihuana may not be more hazardous than alcohol can be misleading to those who are not familiar with the hazards of alcohol." The FDA Commissioner noted that there are an estimated 11,000 deaths annually from alcohol—"and most experts regard that as a conservative figure."

"No month goes by in which the FDA is not ruling adversely on drugs which are less hazardous than alcohol," the Goddard statement continued. "The research on marihuana and its effects is still extremely deficient and we must know a great deal more about its effect upon the individual." The Washington Post reported the Goddard statement the following day under the headline, "Goddard Defends 'Pot' Views."

In an October 20 followup dispatch, UPI said that "Goddard, under congressional fire for equating the dangers of marihuana with those of alcohol, says the statement was intended to point up the hazards of the drug, not minimize them." Reporting Goddard's October 19 statement, the news service repeated its earlier report that Goddard had said he would not object any more if his 18-year-old daughter smoked marihuana than if she drank a cocktail. Statements critical of Goddard quickly appeared in the Congressional Record, all inserted by Republicans.

Representative Kuykendall, of Tennessee, called the statement "one of the most shocking statements I have ever seen attributed to a high Government official." He added: "Such a statement by the head of an important Federal department is completely irresponsible and, in my opinion, makes Dr. Goddard

unfit to head a division which has control over the food and drug laws of the Nation." Kuykendall cited the UPI story and referred specifically to Goddard's alleged statement about his college-age daughter.

GOP TASK FORCE ON CRIME SAYS "CONCERNED PARENT" L. B. J. WILL DISAVOW GODDARD STATEMENT

Representative Conable, of New York, said, "It is appalling to me to hear the head of our FDA apparently condoning the increasing promiscuousness with which society is viewing marihuana." Conable based his statement on the Times' article.

Representative Hall, of Missouri, a physician, said he was "shocked" that Goddard would make such a statement, adding "I can only regard it as a sheer act of momentary stupidity by a person who temporarily forgot his position and public trust." Hall drew from the UPI story.

Representative Brown, of Ohio, sent Goddard a letter in which he said he was asking the House Interstate and Foreign Commerce Committee to call the FDA Commissioner for a hearing "to explore the studies FDA has made on drug use, abuse and dangers so that public information media or individuals will not interpret your remarks about marihuana improperly or as applicable to all narcotic or hallucinogenics."

Representative Brotzman, of Colorado, said Goddard "should set the record straight if he does not advocate the removal of penalties for possession of marihuana—or otherwise resign."

Representative Lukens, of Ohio, said, "In my opinion, Goddard is unfit to head any division of Government at any level, but particularly one which has administrative control of the food and drug laws of this Nation."

The Republican Task Force on Crime issued a three-paragraph statement, ending: "We believe the President, as a concerned parent himself, will disavow the Goddard statement." Dr. Robert Baird, director of Harlem's Haven Narcotics Clinic, told newsmen at the opening of a narcotics symposium in New York City, October 19, that Goddard's remarks were "appalling" and showed "a notorious poor knowledge of narcotics." He continued: "I call for his resignation unequivocally. He has done irreparable damage across the Nation, on college campuses as well as in high schools." Meanwhile, office wags at FDA were circulating this limerick:

A well-known physician named Jim,
Has really gone out on a limb.
Believe it or not
He's decided that pot
Is better than drinking straight gin.

Mr. ROUSH. While the members are looking at this, the New York Times also carried a story on this same press conference, which was somewhat different from the UPI story. Now, have you examined the New York Times story?

Dr. GODDARD. Yes, sir.

Mr. ROUSH. Is it essentially correct?

Dr. GODDARD. I would say basically correct. I could quarrel with some of the words and the interpretation.

Mr. ROUSH. According to that story, you were asked if you would object to your son or daughter using marihuana. You answered "I would object in terms of the law today and any possible long-term effects."

Is that an accurate quote?

Dr. GODDARD. I also had another reservation, which you will note in the story by Mr. Cohn. I said in addition, the problems of its usage in terms of the distortion of reality, one's time perception is changed, it is dangerous with relation to operation of an automobile—there are three reservations.

Mr. ROUSH. My question was is that an accurate quote?

Dr. GODDARD. Yes, only to the extent of the two points they quoted. There was one they left out.

Mr. ROUSH. Do you think it is possible that other reporters present might have interpreted your remarks to mean that you would only object because it is at present against the law to possess marihuana?

Dr. GODDARD. I can't predict what others would project from that statement. I think it clearly said that there are three reasons why I would not want my child or anybody else's child to use it: the law, the possible long-term effects, and the distortions of one's perceptions. I said those clearly.

Mr. ROUSH. Now, it seems to me the more important thing here is to establish your own position with respect to this drug. As I understand it, your position is that this is a dangerous drug in terms of what it does to one's perception; that at the present time, it has no known medical usefulness; that its possible long-term side effects are unknown; and that it is capable of producing psychic dependence but not physical addiction. Is this reasonably accurate?

Dr. GODDARD. That is correct, yes, sir.

Mr. ROUSH. It is often said that while marihuana is not in itself physically addicting, the psychic dependence which it can cause may lead to experimentation with and physical addiction to other drugs, such as the hard narcotics. Do you think this is true?

Dr. GODDARD. It is a possibility, Mr. Chairman. It is not the total story, though, because there are people who seek out drugs to abuse because of their personalities. Now, we cannot attribute to marihuana the fact that it leads to other hard narcotics—it is only one of many agents that are involved in this subculture of drug abuses in our society. It is one that is most frequently involved as a precursor to the use of heroin in those areas where heroin is the common hard narcotic used by the drug subculture. And that is in 16 States, Puerto Rico, and the District of Columbia, largely the most populous States. But in contrast, in 12 Southern States where we also have the problem of addiction, you never see the use of marihuana. I just interjected that note of caution. It is not as clear cut as some would have you believe.

But yes, to answer your question, the possibility does exist that psychological dependence on this or other drugs subject to abuse can lead to experimentation with hard narcotics.

Mr. ROUSH. I believe you stated publicly several times, and you inferred this morning, if you did not actually say it, that you believe the present penalties for personal possession of marihuana are too severe and should be lessened. Is that correct?

Dr. GODDARD. Yes, I said they are too severe. Perhaps something more comparable to those for the drug-abuse drugs would be more satisfactory, but that we needed to reevaluate this.

Mr. ROUSH. Are you advocating that all penalties be removed?

Dr. GODDARD. No, sir.

Mr. ROUSH. I would comment that this is consistent with the task force report on narcotic and drug abuse of the President's Commission on Law Enforcement and Administration of Justice, in which there is a tentative recommendation to revise present penal codes so

that marihuana acquisition and possession become a misdemeanor rather than a felony.

What are the present penalties for simple possession of marihuana?

Dr. GODDARD. As I understand it, and I do not wish to split hairs, but I have been called on this, really there is no penalty for the simple possession of marihuana itself, no Federal penalty. Rather, it is the absence of proof that one has paid a tax that is the act that is subject to penalty. That may seem like hairsplitting, but I am told by the legal counsel that this is correct. In effect, possession without the proof of having paid tax is subject to 2 to 10 for the first offense. It is within the judge's discretion to place the individual on probation after sentencing, but he still has carried the felony conviction, or the judge may place the individual entirely without any penalty, remand him to the narrow probation situation.

Mr. ROUSH. What is the present penalty for possessing a drug such as LSD?

Dr. GODDARD. On possession not for sale, there is no penalty, but the drug is subject to executive seizure.

Mr. ROUSH. Which of the two, marihuana or LSD, do you consider to be more dangerous?

Dr. GODDARD. Without question, LSD is far more dangerous than marihuana.

Mr. ROUSH. The New York Times article, which I quoted previously, says that you did not favor legalizing marihuana completely, but favored the removal of all penalties for simple possession.

Now, I understand this is not your position. Is that correct?

Dr. GODDARD. Well, it is not what I said, Mr. Chairman. The transcript clearly shows that I said I believe the penalties are too severe and the penalties should be more like those for LSD. And the record clearly shows that.

Now, I do not say that that kind of translation—I can understand how that kind of translation was made by a reporter.

Mr. ROUSH. Well, you are not saying that it should be the same, then, as the penalty for the possession of LSD, are you?

Because, as I understand your statement, all we have in that instance is executive seizure.

Dr. GODDARD. What I have said on several occasions is that perhaps it should be comparable to LSD, but this needs to be reviewed. I am not suggesting what the penalty should or should not be, Mr. Chairman.

Mr. ROUSH. But a moment ago, you expressed approval of the task force recommendation that possession be made a misdemeanor instead of a felony.

Dr. GODDARD. That is certainly one of the things, Mr. Chairman, that I think could be considered. I am not going to advocate the specific penalty. I simply said the matter needs to be reviewed. On several occasions I have raised the question and specifically said that it would be helpful if Congress carried out such a review.

Mr. ROUSH. Would you be in favor of lessening the penalty for simple possession of hard narcotics such as heroin?

Dr. GODDARD. I would have to study that as I have studied the problem of marihuana before I would comment on it.

Mr. ROUSH. It seems to me that there is no question but that the two penalties—that is, for possession of marihuana and for possession of LSD, are inconsistent. However, I suppose it is a matter of personal opinion as to whether the penalty for possession of marihuana is too heavy and the one for LSD is too light, since in fact, there is not a penalty at all in that instance.

I believe the members and staff of the subcommittee questioned you at some length last year as to whether the lack of any penalty for personal possession under the Drug Abuse Control Act would be a serious hindrance in enforcing the act. I believe you stated that you did not think so.

Dr. GODDARD. That is correct.

Mr. ROUSH. On the basis of your experience since that time, have you found this to be a problem?

Dr. GODDARD. No, Mr. Chairman, we have not. We have concentrated our efforts, and I think successfully so, in terms of the number of cases we make on those who sell, produce, and distribute the hallucinogens, amphetamines, and barbiturates. We would like to offer for you a record of our accomplishments in our Bureau of Drug Abuse Control, comparing them to our position last September, the number of cases, the number of agents in the field, the number of million of dosage units seized, and so forth.

Mr. ROUSH. Is this a report you have previously compiled or is this a statement you are making to present to the committee?

Dr. GODDARD. A report we compiled for hearings before this committee last September. We have updated it today, showing in the comparison between last September and this year where we have reached what accomplishments we have made in the drug abuse control field.

But to answer your question specifically, we do not think it has been a handicap to not have a criminal penalty for personal possession.

Mr. ROUSH. The committee would like to receive that report, Dr. Goddard.

(The material referred to follows:)

CUMULATIVE SUMMARY OF BDAC ACCOMPLISHMENTS SINCE SEPTEMBER 1966

TRAINING

	September 1966	Present
Number agents trained, basic.....	1 147	261
Number agents trained, advanced.....	0	122
Number agents trained, specialized.....	0	30
Number of State and local classes and participants (7).....	0	301
Number of field office seminars and participants (157).....	0	11,956

¹ University of California.

RESEARCH

	September 1966	Present
Contracts (\$300,000). (See examples.).....	1	1 11
Combination drugs reviewed.....	0	5,000
Combination controlled.....	0	750
Total drugs controlled.....		1,600

See footnotes at end of table.

CUMULATIVE SUMMARY OF BDAC ACCOMPLISHMENTS SINCE SEPTEMBER 1966—Continued

EDUCATION

Number speeches.....	20	781
TV-radio.....	0	52
Number Dear pharmacists (55,000).....	1	6
Hospital administrators (5,000).....	0	1
Chemical suppliers (1,100).....	0	1
Wholesalers, manufacturers (2,000).....	0	2
National meetings (pharmacy leaders).....	1	4
Pharmacy wholesalers.....	0	2
Pharmacy manufacturers.....	0	2
Fact sheets.....	7	10
Distribution.....	50,000	230,000
Bulletin (16,000).....	1	6
Major cooperative efforts (NARD, APHA).....	0	2
Inquiries.....	100	300
Films.....	1	4
Major publications distributed.....	0	22

1 \$300,000.

* A month.

Note: National Committee on Discussion and Debate: Eugene, Oreg. This national organization prepared discussion and debate topics for high schools throughout the United States. This academic year one of the topics is the drug abuse problem BDAC prepared over 12,000 debate kits that contained information on drug abuse that will be used by high schools debating teams.

ENFORCEMENT

	September 1966	Present
Number of criminal cases.....	784	2,216
Number of accountability cases.....	57	1,011
Number of drug injury cases.....	0	634
Number of arrests.....	46	84
Number of arrests armed.....	7	931
Number of arrests involving hallucinogens.....	18	149
Number of arrests with prior criminal record.....	117	562
Prosecutions.....	0	401
Total accountability seizure actions.....	0	269
Total accountability hearings.....	0	77
Total accountability seizure volume.....	0	47
Total criminal seizure volume.....	3,000,000	500,000,000
International meetings.....	500,000	13,000,000
States participating in pilot program.....	1	5
Memorandums of agreement in existence.....	6	22
Organized crime program.....	2	9
Analysis of evidence from agencies (State and local).....	(*) 0	(*) 150

1 Opened.

2 Closed.

3 16 percent.

4 60 percent.

5 43 percent.

6 Nonexistent.

7 Fully documented and operational.

8 Since Feb. 1, 1967.

Note: In addition, implementation of communication system for notifying local laboratories of new developments—Microgram.

BUREAU MANAGEMENT

	September 1966	Present
Number of field offices.....	9	9
Number of resident offices.....	0	24
Personnel on board.....	278	461
Field office agents on board.....	200	300

Note: Drug abuse control information system (DACIS).—The Bureau's initial phases of the system have been operational since March 1967 and the followup phases are continuing to be implemented. This system was designed for the IBM 360 computer and was immediately transferred to FDA's new computer when it became operational in July 1967.

Inspections.—All of the field offices have undergone a thorough inspection and a second cycle has been started stressing a management appraisal technique.

Funds budgeted.—Fiscal year 1966, \$2,700,000; fiscal year 1967, \$5,100,000; fiscal year 1968, \$7,200,000.

Mr. ROUSH. In your statement, you indicated that you have conducted over 2,000 criminal investigations under the act and you have made 931 arrests. I used to be a prosecuting attorney. Usually the proof of the pudding is in how many convictions you obtain.

Could you tell us how many of these 931 arrests resulted in convictions?

Dr. GODDARD. No; I cannot. I would like to ask permission of the Chair to supply that for the record. How many of these cases are pending in U.S. attorneys' offices at the present time. If I may, I would be happy to dig up those data.

Mr. ROUSH. For those which have come into the courtroom, I think the committee should have the facts as to how many convictions you did obtain.

(The material referred to follows:)

Since beginning operations BDAC has initiated prosecutive action against 1,092 individuals. This figure is 161 above the arrests figure, but is explained by the fact that some cases were inherited from the previous FDA actions.

Convictions	389
State arrests	¹ 351
Pending cases	352
Total individual defendants	1,092

¹ These were arrests made by State officials with our cooperation.

All of the above Federal prosecutions have resulted in successful terminations.

Mr. ROUSH. In your testimony last year, you indicated that you would rely rather heavily on the auditing records of drug manufacturers, wholesalers and retailers in order to detect diversion to illicit channels. How many cases have you brought to court as a result of this type of activity?

Dr. GODDARD. Again, sir, may I provide for the record the number of cases that have gone to court. But I can tell you we have carried out 907 accountability investigations to date which have resulted in the seizure of 570 million dosage units of drugs under this law.

Now, in some instances, those cases never go to court, because we are able to work with the company and get them to agree to proper recordkeeping procedures, and it is obvious that there was a lack of understanding on their part. Under those circumstances, they can repossess the drug and process it again with proper procedures. So not all these would represent cases that have been prosecuted. We would be happy to provide the number that do.

Mr. ROUSH. We would be happy to receive that.

(The material referred to follows:)

Accountability Investigations Through October 31, 1967

Accountability investigations completed or underway	1,011
Seizures accomplished	95
Total controller drugs seized (in dosage equivalents) (in units)	¹ 598,479,621
Prosecutions (2 more pending)	6

¹ Most drugs seized through the accountability program are returned to the firm upon sufficient evidence that the records are brought into compliance with the drug abuse control amendments. BDAC's main goal through these seizure actions is to upgrade a firm's records to further prevent possibilities for diversion.

Mr. ROUSH. Do I understand that you do not believe that a criminal penalty for the personal possession of an illicit drug is a deterrent to the trade in such drugs. Is this your position?

Dr. GODDARD. Yes, sir; it is basically my position, because the usage of marihuana has increased greatly. If such a deterrent were a penalty, then one would wonder why the increase is occurring.

Mr. ROUSH. Would not the very face of the penalties reduce the demand and thus affect the market? It seems to me that if I knew that I was going to be subjected to a penalty for the possession of a drug, I would not be as likely to buy it and I would not be as likely to promote a market for it.

Dr. GODDARD. A market for it, we think that is where the emphasis should go and that is where we are using our resources, on those who promote the usage of these drugs or offer for sale or manufacture or distribute them. We think that with the limited resources at our level, this is where our major effort should be concentrated and that is what we have done. But when we have hundreds of thousands of people, and the estimates range—for example, on marihuana alone, between 400,000 and 3 million persons using the drug in our society. We have to raise the question, Would making criminals or felons out of these people accomplish the purpose? Could you even accomplish that objective if that were your desire? Rather, should we not make every effort to control these drugs that are being abused by trying to decrease the amount available for usage and cut off the sources of supply? That is what I am trying to get at.

Mr. ROUSH. I think you should be commended for trying to get at the source of supply. But it does seem to me, and I am just expressing a personal opinion, that making possession an offence also makes its contribution in setting up a deterrent for the use of these drugs. This is, of course, just a personal opinion.

Just a couple more questions and then I will call upon Mrs. Dwyer. An article published in the Minneapolis Tribune of October 15, which I believe was three days before you made your "famous" statement—

Dr. GODDARD. Is that infamous?

Mr. ROUSH. Infamous would be better, perhaps.

It stated that the Department of Health, Education, and Welfare had been conducting a broad-scale investigation of marihuana for several months but had not reached any consensus for recommending a change in the Federal policy toward the drug. According to the article, the investigation was being conducted by staff from the Food and Drug Administration, the Public Health Service, and the legal office, and was aimed at determining whether the present restrictions on use of marihuana and the accompanying criminal penalties should be revised.

Is that an accurate story?

Dr. GODDARD. I do not believe it is; no, sir.

Mr. ROUSH. Well, what is the story?

Dr. GODDARD. There has been a staff study carried out. I cannot speak for the Department as to all the objectives, but mainly the interest has been on the research program. I tried to outline the broad interest of

the Department of Health, Education, and Welfare in the subject of marihuana.

Mr. ROUSH. I have in mind a release or a pamphlet from the U.S. Department of Health, Education, and Welfare Office of Public Information, and also a copy of this story, which is headlined "HEW Agencies Conducting Probe of Marihuana." It is from this story that my question has its source.

(The material referred to and a related story from the Associated Press follows:)

[From the Minneapolis Tribune, Oct. 15, 1967]

HEW AGENCIES CONDUCTING PROBE ON MARIHUANA

WASHINGTON, D.C.—The Department of Health, Education, and Welfare (HEW) is conducting a broad-scale investigation of marihuana, a Government spokesman said Saturday.

The inquiry began several months ago, and has not produced any consensus for recommending a change in Federal policy toward the drug, he said.

So far, the investigation has been conducted at a staff level among various agencies in the department—the Food and Drug Administration, the Public Health Service, and the legal office.

The studies are aimed at determining whether the present stringent restrictions on use of the weed and accompanying criminal penalties should be revised. Involved are medical, psychological, social, and pharmacological considerations, the spokesman said.

"There have been a number of viewpoints expressed in a number of memos circulating within the department," the spokesman said. "But there has been no decision or department position taken."

Although the studies have been going on for several months, they have not been refined enough for presentation to Secretary John W. Gardner, the spokesman said.

[From the Associated Press, Oct. 14, 1967]

HEW PLANS REGROUPING OF MARIHUANA

SAN FRANCISCO.—The Federal Government is considering proposals to change its classification of marihuana from narcotic to "dangerous drug," according to the San Francisco Chronicle.

The newspaper said in today's editions such consideration is going on "at the highest Cabinet level" and would remove possession and use of marihuana from the felony category.

The Chronicle said "a confidential position paper" circulated within the U.S. Department of Health, Education, and Welfare calls marihuana "clearly a recreational drug."

In Washington, a spokesman for the Department of Health, Education, and Welfare said the question of marihuana is under review, but "there is no departmental position paper."

Dr. GODDARD. I understand, but the fact that the HEW news office reprinted the story does not lend any credence to it, as you well appreciate. That is simply to keep the Secretary and the principal staff advised of what stories are being carried in the newspaper.

Mr. GRAY. This is headed "Selected News Items From the Regional Offices." What does that mean? Does that mean regional officers put out this story?

Dr. GODDARD. They contributed these and send them in and they are published in both the headquarters and the regions.

Mr. GRAY. The lead of it says, "The Department of HEW is conducting an investigation of marihuana, a Government spokesman

said Saturday." Is it likely that the UPI, which also originated this story, manufactured this spokesman?

Dr. GODDARD. Mr. Gray, I do not know who the spokesman was. I cannot speak for the Department on this. I can only tell you as the head of one agency, the information we have provided is on what research is being carried out, what IND studies are now being carried out, what we are finding in respect to marihuana in our BDAC activities. Beyond that, I cannot vouch for the accuracy of the spokesman.

Mr. ROUSH. Who represents FDA in this study?

Dr. GODDARD. I do in providing information that the Department required.

Mr. ROUSH. You have not designated a particular individual or individuals to participate in the fiscal study itself, then? That is, in actively participating in the study?

Dr. GODDARD. No; I have not designated anyone. All that has occurred is we have been asked to provide certain information as a significant situation. We transmitted that information and to my knowledge, that is all that has happened.

(Subsequent to the hearings there was further correspondence with respect to this matter. The correspondence and other relevant documents follow:)

DECEMBER 1, 1967.

Dr. JAMES L. GODDARD,
Commissioner, Food and Drug Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C.

DEAR COMMISSIONER GODDARD: When you testified before the subcommittee on November 14 on the subject of marihuana controls, Mr. Roush, who was presiding in my absence, asked you about a UPI news story which appeared in the October 15 Minneapolis Tribune. This story, which appeared 3 days before the one in which you were allegedly misquoted, stated that for several months staff members from FDA, PHS, and the legal office of HEW had been conducting a study of marihuana aimed at determining whether the present stringent restrictions and criminal penalties for its use should be revised.

When Mr. Roush questioned you about this story, you said that you did not believe it was accurate. You acknowledged that a marihuana study had been carried out in the Department and that you personally represented FDA, but you maintained that the study was primarily oriented toward research on marihuana and that FDA's role was limited to providing information on research being carried out under IND's and on findings with respect to marihuana under BDAC activities.

A review of FDA files by the subcommittee staff subsequent to the hearings indicates that the HEW study was far broader and that FDA was far more deeply involved than your testimony indicated. The files show that at a meeting on June 28, 1967, representatives from NIMH, FDA, and OE were asked to submit views on marihuana to Mr. Joseph Murphy, special assistant to Secretary Gardner.

FDA's suggested departmental position on marihuana is contained in a July 21, 1967, memorandum from you to Dr. Milton Silverman, another special assistant to the Secretary. That memorandum outlines four alternative positions and lists the advantages and disadvantages of each. However, the alternative which you recommended be adopted called for control of marihuana as an hallucinogen under the Drug Abuse Control Act. Your specific recommendations for implementation of this policy were as follows:

1. Adequate resources for enforcement, education, training, and research be made available to Hew.
2. Repeal the current Marihuana Tax Act.
3. Place marihuana under DACA as an hallucinogen.

4. Eliminate penalty for possession of marihuana for one's personal use but retain executive seizure authority provided under DACA.

5. Increase penalty for illegal sale, manufacture, distribution, and propagation of all controlled drugs from the misdemeanor to the felony level without a mandatory sentencing provision.

6. Eliminate mandatory sentencing for all violations involving marihuana.

7. Require licensing of all marihuana growers, dealers, and handlers where sale, distribution, and propagation is intended.

The records also show that a draft departmental position paper, the recommendations of which were substantially the same as those in your original memo, was circulated by the Assistant Secretary for Health, Dr. Lee, on August 14, 1967. This draft, with the reinsertion of some language from your original memo, was endorsed by Deputy Commissioner Rankin, with your concurrence, on August 16, 1967.

A revised position paper, incorporating these suggested changes, was circulated by Dr. Silverman on September 5, 1967, and was endorsed by Mr. Rankin on September 8, 1967.

It seems to me that the subcommittee deserves an explanation of the obvious discrepancy between the facts as shown in the documents cited above and your testimony on November 14.

An early response to this letter will be appreciated.

Sincerely,

L. H. FOUNTAIN,

Chairman, Intergovernmental Relations Subcommittee.

MEMORANDUM

JULY 12, 1967.

To: James L. Goddard, Commissioner of Food and Drugs.

Thru: Director, Bureau of Drug Abuse Control, Acting Director, Division of Drug Studies and Statistics.

Subject: Discussion of preliminary approaches to the marihuana problem.

INTRODUCTION

On Wednesday, June 28, a small group of persons from NIMH, FDA, Office of Education, and HEW, discussed informally some of the problems and issues of marihuana. At the end of the discussion, it was agreed that each person would write up a couple of pages of discussion representing his current thoughts on marihuana. Subject to the review and approval of persons listed above, the discussion material will be sent to Mr. Joseph Murphy, special assistant to the assistant secretary for program coordination, HEW.

DISCUSSION

The marihuana problem that exists today should be looked at from many viewpoints at the same time to make sense of it. The groups whose views are most important are: young people as an age group; young people with high drug interest; parents; regulatory enforcement agencies; public health personnel; and so on.

For both young people as a general group and young people interested in experimenting with drugs, there are few real issues involved with marihuana other than legal controls that exist on it, societies' "inconsistent" attitudes about drugs, and their personal freedom to ingest anything as they now see fit. For the group of scientists and administrators concerned with the drug, the issues and problems are more complex and difficult. Some of these persons think we know enough about the drug to assess the proper level of social controls over it while others think this performance is not now available. The fact that those who should know about the drug disagree so much points to the conclusion that we do not have a convincing core of information.

Just as important as "the facts" is our current inability to say what an educational program should look like if the facts were available. That is, there is a big difference between having information on pharmacology, toxicity and threats to health that a drug poses and our ability to get this information across to the medium and high risk groups in such a way as to change their behavior. The

information about the psychopharmacology of LSD did not initially deter abuse of the substance and it was not until humans began entering hospitals with very serious reactions that the public and some of the high risk groups began to take the problem seriously. Use of alcohol and cigarette smoking are comparable problems showing the lack of an effective educational program.

The previous studies that have been done on marihuana do not, I feel, give us a scientific basis for saying what the proper type and level of sanctions on marihuana should be. The claims made by enforcement persons were made in the case of marihuana on the basis of cases they had seen in the enforcement setting but the possibility that other causes besides the drug lead to the dire effects was not adequately considered. The subjective impressions of persons close to the marihuana scene may or may not have been correct but as a basis of proceeding now, subjective impression or "enforcement experience" is inadequate.

The nature of usage of marihuana has expanded significantly from those who used it as an early substitute for heroin and other narcotics to include those who now use the drug to seek enjoyment and respite from the stresses and strains of living. Unless more than "impressionistic" data gathering facilities exist or are created, one cannot detect such shifts in the type of user as apparently has happened in the recent past, except on a qualitative basis. Since the whole issue is charged by the social context and the proximity to dangerous drugs, attitudes have become polarized, thus distorting a neutral and objective interpretation of whatever skimpy data we do have available.

What we need now is an intensive effort to identify our areas of scientific knowledge and the gaps that exist in it with immediate research to fill these in and, secondly, at the same time to begin to study ways of utilizing this information in an effective manner, rather than assuming our current education techniques will do the job.

At the same time that scientific and educational work is done, we must begin to develop a conceptual framework in which to integrate the pharmacology and the psychology of use of the drug. For example, some type of integrated view that takes a balancing or compromising position among the extremes would lead us to some estimate of the type and level of social controls that are needed on the drug. We need to look at the potential for abuse and the hazard to health possibly in terms of a continuum in which the maximum danger point is the worst that the drug could do under extreme conditions in a small group of unstable people. At the other hand, looking at the minimum potential for abuse, one needs to ask the question of what the least effects of the drug are and what the drug may do under the best usage conditions in a group of well adjusted stable persons using low dosage levels. Information on prevalence of usage by various types of persons would then be one factor to be considered in making an initial judgment about controls. Other factors to be considered along with this one are the "association complex" (what other drugs typically travel with marihuana) and what is the capacity of the drug to change the perceptions the user has of other drugs. Some type of conceptual framework such as this would be helpful in guiding the identification of the most important scientific and educational research efforts on which a recommendation and decision about social controls might be made.

JEAN PAUL SMITH, Ph. D.

JULY 21, 1967.

DR. MILTON SILVERMAN,
Special Assistant to the Assistant Secretary for Health and Scientific Affairs.
JAMES L. GODDARD, M.D.,
Commissioner of Food and Drugs.

HEW POSITION ON MARIHUANA

There are at least four alternatives to the marihuana problem from the Federal standpoint. This paper will touch on the advantages and disadvantages of four major categories and will recommend the position HEW should take. The categories are (1) leave the current status of marihuana law as it is without legal or administrative changes, (2) completely legalize marihuana use, sale, possession and distribution, (3) leave marihuana control with the Federal Bureau of Narcotics (FBN) but with reductions in the criminal penalties for sale and

possession, and (4) control marihuana as a hallucinogen under the Drug Abuse Control Amendments to the Food, Drug and Cosmetic Act.

The advantages and disadvantages discussed below may or may not be valid. But they are the most commonly mentioned considerations among scientists, in law enforcement circles and among the members of the public who show an interest in the problem.

I. LEAVE AS IS

Advantages

1. The Narcotics Bureau has had 30 years of experience in policing the drug.
2. Many State criminal laws define "narcotics" to include marihuana and a change in Federal definition or reclassification would introduce an area of confusion over the status of these laws.
3. Narcotics users reportedly convert to marihuana use when heroin or morphine are scarce or high priced.

Disadvantages

1. The punishment under the current law does not fit the crime. It is much too severe and lumps marihuana violations with those of hard narcotics.
2. Education of the public may not be acceptable to FBN since its philosophy has been and still is "don't use it—it leads to violence, crime and heroin addiction."
3. The general public does not believe the statements FBN makes about marihuana.
4. Pharmacologically, marihuana is an hallucinogen but Federal law now treats it as a narcotic in terms of criminal penalties.
5. It is controlled under a taxing measure when its abuse is really a public health problem.
6. The experience gained under the National Prohibition Act dictates that total outlawing or harsh penalties don't eliminate a social vice.
7. Marihuana traffickers are more often found in LSD abuser circles than in hard narcotics circles.

II. COMPLETELY LEGALIZE

Advantages

1. Consistent with society's views on alcohol.
2. Marihuana is a social lubricant and tension reducer.
3. Use of marihuana is a matter of private morality not public law.
4. It is a mild nonaddicting drug with no proven immediate or long range ill effects on the central nervous system or other body organs.
5. There is no proof that it causes any more misbehavior than alcohol.
6. Psychological dependence to the drug is limited to high risk groups who seem to be susceptible to drug use.
7. Marihuana costs considerably less than alcohol.
8. It can be grown anywhere and control of its supply would therefore be difficult.
9. There are apparently no after effects, i.e., hangovers, addiction or physical destruction of body tissue from marihuana as compared with alcohol.
10. Our experience with current controls has been wholly unsuccessful since usage has increased largely in the past few years.

Disadvantages

1. Legalization would merely add one more drug to the list of abused drugs.
2. Physiological and pharmacological effects of the drug are not scientifically established so that the actual risks involved are unknown.
3. Most civilized countries in the world now have some controls over marihuana usage.
4. Legalization would impair our relations with the other countries who are also signatories to the United Nations Single Convention of 1961.
5. It may lead to the use of more concentrated cannabinoids.
6. Only a vocal minority supports complete legalization.
7. It would aggravate Federal-State relations with States that do not legalize the drug.

8. Funds used to determine physical and psychological effects could be better spent for research on more promising therapeutic remedies.

9. Perceptions and attitudes toward other more powerful drugs might be altered for the worse.

10. Legalization may attract many youths who might otherwise not use the drug or bring them in contact with deviant subcultures.

11. It may well add to the toll of home and highway accidents.

12. Legalization would be contrary to our position on other hallucinogenic drugs.

13. Persons of borderline or unstable adjustment might become social liabilities if marihuana were freely available.

III. REDUCE PENALTIES BUT LEAVE WITH FBN

Advantages

1. Eliminates any administrative interruption in enforcement.

2. Eliminates any confusion as to the Federal agency which has had jurisdiction over marihuana for many years.

3. Eliminates the immediate need for the training of new personnel for enforcement.

Disadvantages

1. FBN would be handling drugs with differing penalties.

2. Educational and research efforts would not be undertaken to the degree that a socially and public health inclined agency such as HEW might.

3. FBN would have to change its position of some 30 years on the social consequences of marihuana use which would require an admission of misjudgment.

4. FBN may be embarrassed because it asked for stronger penalties a few years ago (mandatory sentencing) and yet the traffic has flourished.

5. Major traffickers in marihuana are more closely allied with LSD and other hallucinogen traffickers than narcotics traffickers.

6. Except for asking for more stringent criminal penalties, FBN has not undertaken a vigorous enforcement policy toward marihuana.

IV. CONTROL AS AN HALLUCINOGEN UNDER DACA

Advantages

1. Uniform handling and classification of all hallucinogens.

2. Consistency in the treatment of offenders.

3. There is a growing sentiment for placing control of marihuana, along with other hallucinogens, under DACA.

4. Philosophy of control of abusers by HEW (and BDAC) is consistent with the latest scientific thinking in that the abuser must be educated and treated, but the trafficker should be punished.

5. A new organization with a fresh approach may do more to control the problem than the status quo methods which are not working.

6. The methods and philosophy of HEW and its Bureau of Drug Abuse Control would be supported by scientific and public health groups.

7. Marihuana and LSD trafficking are interrelated. BDAC field offices report that in the vast majority of their LSD arrests, marihuana is found on the person arrested or in his residence.

8. Transfer would minimize overlapping of investigations and prosecutions by BDAC and FBN.

9. More research would be possible under BDAC-NIMH auspices than under FBN because BDAC-NIMH are under the same administrative leadership.

Disadvantages

1. A segment of the public may not understand and adversely react to a lessening of controls and penalties.

2. Transfer of jurisdiction may adversely affect morale in FBN.

3. Current budgetary limitations in HEW's BDAC do not provide for handling a problem drug such as marihuana and financial relief is unlikely because of the Vietnamese situation.

4. Youth may feel LSD is not dangerous if marihuana is classified with it.

5. Such a change may be playing into the hands of a vocal minority.
6. Marihuana usage may increase if penalties are decreased.
7. HEW does not have (at present time) adequate educational strategies to curb drug abuse.
8. There is some question that HEW is presently prepared to handle the enforcement of a problem as large and complex as marihuana abuse.

RECOMMENDATIONS

After due consideration of all the above factors, I recommend that category No. 4 (control marihuana as an hallucinogen under the DACA) be the HEW position on marihuana. As a part of this recommendation, it is absolutely essential that the following conditions be met:

1. Adequate resources for enforcement, education, training and research be made available to HEW.
2. Repeal the current Marihuana Tax Act.
3. Place marihuana under DACA as an hallucinogen.
4. Eliminate penalty for possession of marihuana for one's personal use but retain executive seizure authority provided under DACA.
5. Increase penalty for illegal sale, manufacture, distribution, and propagation of all controlled drugs from the misdemeanor to the felony level without a mandatory sentencing provision.
6. Eliminate mandatory sentencing for all violations involving marihuana.
7. Require licensing of all marihuana growers, dealers, and handlers where sale, distribution or propagation is intended.

U.S. GOVERNMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—OFFICE
OF THE SECRETARY

AUGUST 14, 1967.

To: See below.

From: Philip R. Lee, M.D., Assistant Secretary for Health and Scientific Affairs.

Subject: Marihuana—HEW position.

Attached is the draft form of a recommendation on the position of the Department on marihuana control. It was developed in cooperation with Dr. Goddard, Dr. Yolles and others, for presentation to the Secretary.

We would appreciate your comments no later than close of business, Friday, August 18.

PROPOSED RECOMMENDATIONS ON MARIHUANA CONTROL

The Department of Health, Education, and Welfare believes that control of marihuana can best be accomplished by Executive and congressional adoption of the following recommendations:

1. Repeal the current Marihuana Tax Act.
2. Place marihuana under the drug abuse control amendments to the Food, Drug, and Cosmetic Act.
3. Increase penalties to the felony level for illegal sale, manufacture, distribution, and propagation of marihuana, but without a mandatory sentencing provision.
4. Eliminate penalty for possession of marihuana for personal use but retain executive authority to seize illicit stocks, as provided in the drug abuse control amendments.
5. Provide the Department of Health, Education, and Welfare with adequate resources for necessary enforcement, training, and research.

RATIONALE

Arguments for these recommendations include:

1. Legally and medically, this approach would be consistent with Federal policies adopted for LSD and other hallucinogens.
2. A rehabilitation and education, rather than a punitive, approach would gain the approval of the scientific community and large sectors of the public.
3. Critically needed research—chemical, pharmacological, clinical, and epidemiological—would be advanced under the Food and Drug Administration and other HEW agencies.

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.

With regard to the proposed Cabinet level discussions, item 5, page 4, we believe that the Bureau of Narcotics sees a need for all of the men that it presently has to deal with traffic in hard narcotics. We have no reason to challenge that position and thus do not see the feasibility of any significant transfer of enforcement personnel from BON to BDAC. Therefore we suggest that the end of the sentence be rewritten to read:

"* * * and the methods of supplying an adequate number of well-trained enforcement personnel to meet the needs of the Bureau of Drug Abuse Control."

We think the position paper is excellent and endorse it with the changes suggested. We have read it by telephone to Dr. Goddard, who concurs.

SEPTEMBER 5, 1967.

MEMORANDUM

To: See below.

From: Milton Silverman, Ph. D., Special Assistant to the Assistant Secretary for Health and Scientific Affairs.

Subject: Marihuana—revised statement of HEW position.

Attached is the draft form of a revised recommendation on the position of the Department on marihuana. The revisions were developed from the August 14 version on the basis of suggestions from NIMH, FDA and others.

I'll appreciate it if you can return this to me with either your approval or any additional changes which seem needed. Your comments should be in our hands no later than September 11.

PROPOSED RECOMMENDATIONS ON MARIHUANA CONTROL

The Department of Health, Education, and Welfare believes that control of marihuana can best be accomplished by executive and congressional adoption of the following recommendations:

1. Repeal the current Marihuana Tax Act.
2. Place marihuana under the drug abuse control amendments to the Food, Drug, and Cosmetic Act.
3. Increase the 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.
4. Eliminate the penalty for possession of marihuana for personal use but retain executive authority to seize illicit stocks, as provided in the drug abuse control amendments.
5. Provide the Food and Drug Administration with adequate resources to carry out necessary enforcement functions.
6. Provide the National Institute of Mental Health and the Food and Drug Administration with adequate resources to carry out research, including studies of physiological and psychological effects, patterns and extent of usage, relation of marihuana use to the use of other substances affecting the central nervous system, and acute and chronic toxicity.
7. Encourage the States to change their laws on marihuana to conform with Federal law and where appropriate, to place control of marihuana under State food and drug laws.

RATIONALE

Arguments for these recommendations include:

1. Legally and medically, this approach would be consistent with Federal policies adopted for LSD and other hallucinogens.
2. A rehabilitation and education, rather than a punitive, approach would gain the approval of the scientific community and large sectors of the public.
3. Critically needed research—chemical, pharmacological, clinical, and epidemiological—would be advanced under the Food and Drug Administration and especially in the National Institute of Mental Health.
4. Those people whose excessive use of marihuana may be related to existing personal and family problems would be more willing to accept counseling offered by health-oriented agencies.

5. Transfer of enforcement functions to the Bureau of Drug Abuse Control would allow the Federal Bureau of Narcotics to intensify its control efforts against morphine, heroin, and other addictive drugs.

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 investigate the extent of marihuana use among various economic groups.

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 by the National Institute of Mental Health to carry out necessary physiological, psychological, and sociological research on marihuana use and the characteristics of users.

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 PHS, 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 exposed to treatment or counseling opportunities 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 methods of supplying an adequate number of well-trained enforcement personnel to meet the needs of the Bureau of Drug Abuse Control.

SEPTEMBER 8, 1967.

MILTON SILVERMAN, Ph. D.,

Special assistant to the Assistant Secretary for Health and Scientific Affairs.

W. B. RANKIN,

Deputy Commissioner.

MARIHUANA—REVISED STATEMENT OF HEW POSITION: YOUR MEMO OF SEPTEMBER 5, 1967

The Food and Drug Administration concurs with the "Proposed Recommendations on Marihuana Control" dated September 5.

We call attention to the fact that elimination of the penalty for possession of marihuana for personal use (No. 4) will present some difficulty because the U.N. Single Convention on Narcotic Drugs requires signatories to establish criminal sanctions for possession of Cannabis as that term is defined in the single convention. The United States has signed the convention (the attached memo from Mr. Finlator to me gives further details on this point).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
FOOD AND DRUG ADMINISTRATION,
Washington, D.C., December 15, 1967.

Hon. L. H. FOUNTAIN,
*Chairman, Subcommittee on Intergovernmental Relations,
Committee on Government Operations,
House of Representatives, Washington, D.C.*

DEAR MR. FOUNTAIN: This replies to your letter of December 1, 1967, requesting clarification of certain statements made before your subcommittee on November 14, 1967.

Mr. Roush asked about an article published in the Minneapolis Tribune to the effect that the Department had been conducting a broad scale investigation of marihuana aimed at determining whether present restrictions on the use of this drug and the accompanying criminal penalties should be revised. I said I knew of no news release from the Department to that effect, pointing out that the green sheet from which he apparently was quoting was a reprinting of various news stories about departmental activities. The news story quoted a departmental spokesman. I said I did not know who the spokesman was, and could not comment on the accuracy of the quote. I said I did not believe the story was accurate, because I did not consider what had been done to be a broad-scale investigation.

I did confirm the fact that there had been a staff study in which I had participated, but said I could not speak for the Department as to all of the objectives of the study. Certainly one of the essential objectives was to explore existing knowledge about the drug, patterns of its use, and the needs for further research. The problem of inconsistent penalties for possession of this hallucinogen and for the possession of LSD was a part of this.

Our points of view were very fluid as evidenced by the fact that in July we took the tentative position that the transfer of marihuana control to HEW might be desirable, but in October, after a discussion with representatives of the Treasury and Justice Departments, concluded that no recommendations along these lines would be made and that we would await the Treasury Department's proposals for legislation to place synthetic marihuana under the Marihuana Tax Act.

I did not consider our July meeting with Dr. Yolles, on a professional basis for determining research needs, to be a meeting with other departments and agencies, in the context of the question asked.

There was a meeting in October with the Treasury and Justice people, in which Mr. Rankin represented FDA. This was precipitated by a need to consider the regulatory status of synthetic tetra-hydrocannabinals. Being synthetic, it does not come under the marihuana tax laws. However, since it is a hallucinogen, it could be placed under controls of the drug abuse control amendments. This heightened the anomaly of the disparate penalties. We concluded that existing investigational new drug controls would be adequate should the drug be introduced into the United States from Israel, where it has been synthesized. Treasury and Justice were agreeable to placing it also under the drug abuse control amendments, but Treasury indicated an intent to propose legislation to bring the drug under the Marihuana Tax Act. It was decided to await that proposal and its consideration within the executive branch before making any recommendation to the Congress, and it was decided not to place this synthetic drug under the drug abuse control amendments because that might give credence to the belief that our Department had decided to seek a change in the legal controls over marihuana.

The Department's main interest has centered on research and educational efforts applicable to marihuana. We have not made a broad-scale investigation of the penalties for possession of marihuana, though we have been concerned about the existing anomaly between those penalties and the LSD penalties, and about the effect any substantial enforcement of the penalties would have on a great many young people just entering adulthood.

The draft position paper that you have seen was nothing more than an internal discussion draft. It was not adopted as departmental policy, for the reasons we have stated.

When I testified on November 14, the Department was not conducting a broad-scale investigation of the marihuana penalties.

We trust the above information will help clarify this matter.

Sincerely yours,

JAMES L. GODDARD, M.D.,
Commissioner of Food and Drugs.

Mr. ROUSH. Have you sat down with representatives of these other departments and agencies at all, at any time?

Dr. GODDARD. I have not. I would have to check to find out whether Mr. Rankin has or not.

Mr. ROUSH. I will permit my colleagues to pursue this from now on.

The gentlelady from New Jersey, Mrs. Dwyer.

Mrs. DWYER. In view of the increase of use of marihuana, do you not think your statement was unwise?

Dr. GODDARD. I think the statement that was attributed to me, the error was unfortunate.

Mrs. DWYER. But do you not think that in view of the increased use of marihuana, your advocating a review of the laws concerning marihuana as far as the users are concerned is detrimental at this time?

Dr. GODDARD. No; I think—Mrs. Dwyer, I feel strongly that we do need to review our policies on all drugs being used.

Mrs. DWYER. But at this time, with this social upheaval, psychologically, was this not a very unwise statement?

I say this because in my State, there is great turmoil over the statement you were reported to have made. Young people using marihuana in my State are now saying, well, you see that Dr. Goddard in Washington said it is not harmful and the law should be changed. They are misquoting you, of course, but this is going on. I have had people who are working with youth today, priests and other people, who are just nonplussed and frustrated because these young people are saying, don't tell us not to use marihuana; Dr. Goddard says it's all right.

Now, this is not what you said.

Dr. GODDARD. That is right.

Mrs. DWYER. But with what you are now saying, that the law should be reviewed, and I do not question this as it compares with the lack of law on LSD, but I do say that, without any agreement among medical people today, no statement should be made until there is some meeting of the minds among scientific, medical, and enforcement people as to whether the law on marihuana should be changed.

Now, you have disagreement with the medical profession in my State, including Dr. Kandle, New Jersey's commissioner of health. It is in contradiction to our own State law.

I would say at this time that your statement was very unwise in view of the increased use of marihuana. You must recognize, Doctor, that it certainly is a social problem today.

That is all for now.

Mr. ROUSH. Mr. Rosenthal.

Mr. ROSENTHAL. Doctor, the chairman said that he felt what was important is your position on the use of the drug and the other in-

vestigations that you have suggested. I agree with him. I think that is important.

But I will tell you frankly that I think the newspaper credibility gap to which you fell victim is just as important. It really disturbs me.

Mr. Frandsen, the vice president of UPI, said in his letter to you of November 2, "I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error."

Did they ever carry that dispatch?

Dr. GODDARD. No; I never required them to carry it, because I knew we were going before Congress and there would be opportunity for this to be aired. I called Mr. Frandsen and said would you object to this if I testified before Congress? He said no. I felt we could do a better job of clarification through the testimony before the congressional committee.

Mr. ROSENTHAL. The FDC report, this pink sheet which you have given to us, what is that?

Dr. GODDARD. This is a trade publication that comes out every week. The publisher is Wallace Werble here in Washington, D.C., in the National Press Building.

Mr. ROSENTHAL. In this he said: "Minneapolis Tribune and Victor Cohn said, most of the stories I've seen misrepresented his (Goddard's) statements at the University of Minnesota, October 17."

Then he goes on to say that the UPI story was understood to have come from a student publicity staffer.

In other words, the young lady who gave the story to UPI was an undergraduate, maybe a student in journalism?

Dr. GODDARD. A stringer; yes, sir.

Mr. ROSENTHAL. And UPI carried that story nationally, a story of great import, without ever checking its authenticity with either the Minneapolis Tribune or with any other newspaper reporter that was present?

Dr. GODDARD. Or with the source.

Mr. ROSENTHAL. As a result, the task force on crime quoted you and said a lot of things and a number of my colleagues made statements, all based on the UPI story.

Now, I do not fault them for making these statements if they thought they were true, and I do not fault the students in Mrs. Dwyer's State for feeling free to rely on your statement if you said it. But I seriously fault UPI. You know, they charge us in Government with the credibility gap.

I think, Mr. Chairman, that the vice president of UPI ought to come here with this young lady and see if he cannot at least get them to live up to a level of commitment for speaking openly and accurately that they can and should expect from Members of Congress and of the executive branch.

It is distressing that only members of one party—six members of the opposite party—saw fit to make statements.

Did any Democrats criticize you?

Dr. GODDARD. Not to my knowledge, sir.

Mr. ROSENTHAL. Are you a political appointee?

Dr. GODDARD. No, sir; I am a career officer in the Public Health Service with the rating of Assistant Surgeon General. I am not a

congressional appointee nor a Presidential appointee. I am appointed by the Secretary of HEW.

Mr. ROSENTHAL. Do you think your position or your effectiveness in the professional community or before Congress was undermined as a result of this UPI story?

Dr. GODDARD. I do not believe my effectiveness in the professional community has been affected. I have had many letters from my colleagues who understand what has happened. On the first one, the answer is "No."

I cannot speak as to my effectiveness before Congress. That remains yet to be determined. But the committees I have met with so far seem to have understood what the situation was after the proper documentation was placed in the record and we had exchanged points of view.

This does not mean that we are in agreement on every point, however.

Mr. ROSENTHAL. Did you ever get a letter of apology from this kid at Minneapolis?

Dr. GODDARD. No, sir.

Mr. ROUSH. What was your answer?

Dr. GODDARD. No, sir.

Mr. ROSENTHAL. I am sensitive to this, because this could happen to any of us, and frequently does. However, the news people that they have in Washington, both UPI and others, are responsible and reliable. National organizations could base a syndicated dispatch on them. But I think it is very distressing that UPI carried a story of this import to the Nation, from the head of the Food and Drug Administration, without checking its background. It was the juvenile reporting of a juvenile.

I think that they owe you more than a public apology; they owe a responsibility.

Dr. GODDARD. I understand.

Mr. ROSENTHAL. I think the whole subject of marihuana, as Mrs. Dwyer has rightly said, is a matter of deep concern to all of us and to our constituents. We do not want to see statements attributed to you that you never made.

I only hope that this hearing today clarifies this, but I do think that UPI in the future should tighten their procedures to make sure that youngsters do not send stories out on the wire services on matters of importance such as this.

Thank you, Mr. Chairman.

Mr. ROUSH. Mr. Dole.

Mr. DOLE. Thank you.

First of all, Dr. Goddard, I would like to welcome you to the club. We have all had these problems on both sides of the aisle here, and I think perhaps we understand, to some extent, what happens. I certainly trust that there are not any partisan tones in what we have done on the minority side. In fact, I think we have provided a platform for you to express your views. The letter addressed to Mr. Fountain, by myself and Congressman Brown and the ranking Republican, Mrs. Dwyer, was not motivated by politics but by an effort to find out what you did say and did not say and, therefore, clear the

record and, if we could, to inform the public and repair the damage which may or may not have been done.

I certainly recognize what happens at news conferences, particularly the one you were involved in—it must have been on the run, apparently.

Dr. GODDARD. It was.

Mr. DOLE. I can understand that statement might have been misinterpreted.

Mr. Chairman, I would like to include my statement in the record at this point.

Mr. ROUSH. Without objection, it will be included.

(The statement follows:)

STATEMENT OF HON. ROBERT DOLE, A REPRESENTATIVE IN CONGRESS FROM THE
STATE OF KANSAS

Mr. Chairman, I joined with Congresswoman Dwyer and Congressman Brown of Ohio in calling for the present hearings because of my great distress over the statements made by Dr. Goddard concerning the use of marihuana. I believe that these hearings will serve a useful purpose if we can find out what Dr. Goddard said, why he said it, and whether his statements are supportable in fact. The extent to which we can get the word out to the public, preferably through the words of Dr. Goddard himself, that marihuana is a dangerous drug and should be left alone, the better off our country will be. Unfortunately this has not yet been accomplished although Dr. Goddard has twice appeared before other committees of Congress after our hearings were announced.

Mr. Chairman, I have the highest regard for the qualifications and technical competence of Dr. Goddard.

Dr. Goddard admits that marihuana is a dangerous drug. Dr. Goddard states that he does not advocate its use or legalization. Dr. Goddard acknowledges, I believe, that users of marihuana may develop a psychological dependency for the drug which, at least in some persons and under some conditions, could well lead to a serious psychotic state and, perhaps, physical damage. Dr. Goddard may also concede that the use of marihuana could lead to the use of heroin or other dangerous drugs such as LSD, amphetamines, and barbiturates. Dr. Goddard's statements about marihuana and his equating this drug with alcohol undoubtedly have the effect of sanctioning its use.

It is certainly admirable and, undoubtedly, essential to advocate change when one has concluded, based upon facts and reasoned judgment, that old ways and old beliefs are no longer tenable. It is neither wise nor sound, however, to advocate change when such is based only on conjecture, guess, and assumption. This is particularly so when one is dealing with so dangerous a substance as addicting or habituating drugs and with so impressionable an audience as young people.

The drug problem in the Nation is on the rise—undoubtedly associated with the increase in social instability and unrest in the country. Each of us should do all we can to arrest this rise. Education should, of course, help. So should enforcement of criminal penalties against illegal manufacture, distribution and sale. But, it seems to me that penalties against use and possession should also be continued as a deterrent to experimentation.

Admittedly, existing penalties against use and possession of marihuana have not totally prevented illicit use. Neither have they in the case of heroin. But, can it be reasonably argued that such penalties have not had some beneficial effect? Have they not aided many parents in discouraging their children from taking these drugs? And, perhaps of equal importance, can Dr. Goddard establish that removal of the penalties would not increase the use of marihuana and, thereby, graduation to even more dangerous drugs? The duty is clearly on Dr. Goddard to sustain this burden since he is the one advocating the change and, if he should prove to be wrong, it would not be he who would primarily suffer.

Admittedly, there is no clear scientific proof that a causal relationship exists between the use of marihuana and that of heroin or other dangerous drugs. But, many eminent medical authorities attest to such a relationship. Again, Dr. Goddard would seem to have the burden of proving that the causal factor does not exist. Because, if he should prove to be wrong, the effect of his statements could result in increased use—to the detriment of many more persons than he alone.

Admittedly, marihuana may be no more dangerous than alcohol. Yet, insufficient research has been done on marihuana to substantiate this conclusion. For all we know, marihuana, and especially its synthetic offspring, may be far more dangerous than LSD or thalidomide. If that be so, then Dr. Goddard's statements equating marihuana with alcohol in our present social climate could lead many persons down a far more dismal road than the one Dr. Goddard would follow.

For these reasons, then, I call upon Dr. Goddard to carefully review his statements or those attributed to him, and the consequences that they may have upon the youths of our Nation. He certainly recognizes the potential dangers contained in such statements and therefore should repudiate them for the welfare of the country.

Mr. DOLE. In your statement, you indicated what you did not say. I wonder if you might indicate what you did say?

Dr. GODDARD. Mr. Chairman, may I just in my own words say, the question came up, Doctor, is marihuana more or less dangerous than alcohol? That is my recollection of the question.

I said it is dangerous to compare the two drugs, and I started giving a comparison. Then the fuse blew, and when they asked the question again, they said, Doctor, would you rather your daughter smoked marihuana or drank a cocktail?

I said I would not want my daughter or anybody else's daughter to smoke pot, because we do not know what the long-term effects are; I would not in view of the current legal context, and certainly because it is too dangerous in that it alters one's perception of reality, or if you drive a vehicle or operate heavy equipment, it is very dangerous. That is what I did say that got mixed up in the story.

Mrs. DWYER. Will the gentleman yield?

Mr. DOLE. Yes.

Mrs. DWYER. It occurs to me that perhaps you might have said at the press conference in Minneapolis what you have said in your statement about marihuana, and I want to read this paragraph:

The most common reaction to marihuana is development of a state of mind in which ideas seem disconnected, uncontrolled, and freely flowing. Perception is disturbed, minutes seem to be hours and seconds seem to be minutes. Space may be broadened and near objects may appear far away. When large doses are used, doses generally heavier than normally used in this country, extremely vivid hallucinations may occur. With such large doses, panic and the fear of death may make the experience highly unpleasant.

Would it not have been wise for you to have told these young students some of the harmful effects of marihuana?

Dr. GODDARD. Yes, I would have to say it would have been wise in retrospect. At the time, I was asked, however, to compare alcohol and marihuana. I was trying to do so and be responsive to the question asked.

Mrs. DWYER. With the increased use of marihuana, it does seem to me that a statement of this nature to young people would have been very effective, especially coming from a man as respected as you are in the medical community.

Thank you, Mr. Dole.

Mr. DOLE. In Mr. Frandsen's letter, he indicates that Mr. Cohn asked whether you would mind if your daughter smoked marihuana, and you replied, "No, except in the context of the present law."

I am not certain what you meant by that, but under the present law, there are penalties for possession of marihuana and not penalties for possession of drugs under FDA's jurisdiction.

Dr. GODDARD. Yes, Mr. Dole. In fact, I have already added to the record an expansion of what Mr. Cohn did say as reported by the Pink Sheet after they called Mr. Cohn in Minneapolis and said, what did Dr. Goddard say out there?

Mr. Cohn said, well, he did qualify his remarks in answer to that question. It was not only not in the context of the present law, but also because we do not know the long-term effects and also, because it is dangerous to use if you are going to drive a vehicle or operate heavy equipment.

That is also part of the record, so Mr. Cohn did recognize that I made such a statement.

Mr. DOLE. I know from reading the record before the Interstate and Foreign Commerce Committee and from your testimony here, that you have already touched upon this matter. All we are trying to find out is what the facts are and point out to the public that marihuana is dangerous and alcohol is, too, as far as that is concerned, and not choose up sides on which you prefer.

But I think the record indicates that as far as you are concerned, criminal penalties for possession of marihuana have not been a deterrent. Is that a fair statement?

Dr. GODDARD. That is correct.

Mr. DOLE. Therefore, rather than tightening penalties for other drugs, you feel perhaps we should eliminate or reduce penalties for marihuana, is that it?

Dr. GODDARD. I am asking that they be reevaluated, re-reviewed in the context of what is happening in our society.

Mr. DOLE. I believe many of us believe we are living in a permissive society and this is in large part responsible for the breakdown of law and order and respect and everything else. I hope you are not suggesting that it become a matter of permissiveness, say take it or leave it—

Dr. GODDARD. Every effort should be made to control marihuana, Mr. Dole. I have made this point a number of times I am not saying we should legalize, but as a representative of the Department that is broadly concerned with juvenile delinquency, I cannot help but express concern for the heavy penalties for use of this drug, the use of which is increasing. I cited statistics for one State to show what was happening in that particular State. If you read the record before the other committee, you will recall there was a 140-percent increase in areas of juveniles in 1 year.

All I have to ask is what price are we attaching to this as far as the future cost to society by making felons of these people, by arresting juveniles, whether they actually technically become felons or not? Do we not tend to cast them in the role of involvement with drugs for the rest of their lives, involvement with criminals? Now, are there not better ways of getting at this particular problem? Is this not what the Congress was recognizing in the Narcotics Addiction Rehabilitation Act when it passed it? This is a complicated and difficult problem. But make no mistake, we are not advocating the free use of marihuana or lack of control.

Mr. DOLE. Do you have any estimate of the total percentage of users of all these drugs, LSD, or barbiturates or marihuana in America to-

day? Have you made any surveys on what percent of the people use one type of drug or another?

Do they go from marihuana to opium or marihuana to heroin? Do they all start with marihuana?

Dr. GODDARD. Let me answer your first question. Such studies as you are talking about are very difficult to do because the respondents are fearful of indicating their involvement with something that is disapproved by society. Estimates on marihuana usage alone indicate that as many as 20 million people in our society have used the drug. Now, that is 10 percent. Estimates on college campuses vary, depending on the source and depending on the campus. Up to 25 percent of the students on one campus were reported as having abused drugs, period. This is all kinds—LSD, marihuana, amphetamines, et cetera. Now, on other campuses, the estimates are lower and there is great variation. So we are hard pressed to have good detailed, precise knowledge. But we know it is a major problem.

Just the number of dosage units seized last year by BDAC alone, over 570 million dosage units were seized by our agents in the barbiturates, amphetamines, hallucinogens classes of drugs. My predecessor estimated at one time that half of the 10-billion dosage units manufactured for legal purposes in stimulants and depressants were being diverted to the illicit trade. This alone would indicate a tremendous magnitude of the problem of drug abuse in our society.

Now, as to whether or not individuals who are heroin addicts have all started on marihuana or not, the answer is "No," they have not all. There are clear differences. We tend to talk of the extremes, that marihuana never leads to heroin addiction or that it always does. The answer is somewhere in between these extremes. Studies that have been carried out by the Lexington Center for Narcotics Addiction as operated by the Public Health Service on their total admissions for 1 year—I think it was approximately 2,200. One study made where addiction is prevalent in 16 States and in the District of Columbia and Puerto Rico shows 80 percent of those individuals started on marihuana and they tended to start on marihuana at roughly age 17; at 18.7 years mean age, they were arrested. At age 20.9, they started on heroin for the first time.

Now, in the 12 Southern States we have different patterns of addiction, none of them started with marihuana. They started with opiates, mainly morphine, Dilaudid, these kinds of derivatives and they started at an older age. So there are different patterns.

Mr. DOLE. It may be a question of availability.

Dr. GODDARD. That is the point. This is what we are trying to get at, control, reduce the availability. You see, but it is more than just availability that differentiates these patterns. It is the whole social structure in which drug abuse occurs. There is not the drug subculture in the Southern cities of the nature that occurs in these major metropolitan centers where they tend to gather and congregate as teenagers and become involved with drugs that can be abused.

They may start with airplane glue, you see, at a very young age in some of these neighborhoods, as you know, Mrs. Dwyer. It is a problem.

How do you get to them? You have to educate them. You have to carry out research to understand what the problem is, both sociological

and medical. You also have to carry out enforcement. This is necessary. It is important that the enforcement officials of our country have good programs and reduce the availability.

But all of these things have to go on concomitantly. It is not one thing only that will solve the problem. In fact, in the long run, education may be the only meaningful answer to the problem.

Mr. DOLE. With specific reference to California, you cited the figures on the increase in arrests. Do you know for a fact whether this shows increase in the use of drugs or better law enforcement?

Dr. GODDARD. I have pointed out that better law enforcement or more arrests may certainly be a factor, just a tighter approach to enforcement may be involved. But I do not think there is any disagreement that there is a marked increase in usage all over the country. This is reflected in the stories that come in on the press every day. In this morning's New York Times, 63 were arrested in a Connecticut town, teenagers.

Mr. DOLE. With reference to California again, a total increase of 28,000 adult arrests in California. Do you know how many were for use and possession as opposed to manufacture or possession with intent to sell?

Dr. GODDARD. I would have to obtain that for you. In marihuana, most of those are for possession.

Mr. DOLE. The same with reference to juveniles in the State of California.

Dr. GODDARD. Those were possession arrests, the vast majority of them.

(The material referred to follows:)

1966 DRUG ARRESTS IN CALIFORNIA

A PRELIMINARY SURVEY

Data shown in this report are subject to modification by additional arrest information received prior to formal publication in the annual report Drug Arrests and Dispositions in California.

ADULT ARRESTS

The 1966 total of 28,319 adult drug arrests is the highest annual arrest figure recorded by the Bureau of Criminal Statistics to date; this figure exceeds the year earlier total by 32.1 percent. Marihuana offenses accounted for approximately one-half of the 1966 arrests and showed a 71-percent increase over those reported during 1965. Arrests for "heroin and other narcotics" increased by about 11 percent while arrests for "narcotic addict or user" increased by 6 percent. Dangerous drug arrests showed a 4-percent gain.

Neither Los Angeles County nor the remainder of the State conformed too closely to the statewide averages. Arrests for "narcotic addict or user" increased by 18 percent in Los Angeles County but decreased by 23 percent in the rest of the State. The converse was true for dangerous drug offenses which increased by 14 percent in Los Angeles County while exhibiting an increase of 33 percent in the other counties.

In 1966 about 59 percent of the adult arrests occurred in Los Angeles County, as compared with 62 percent recorded in 1965, and 68 percent in 1960.

There were 16,820 adult arrests reported by Los Angeles County in 1966; San Diego County reported 2,708; San Francisco County 2,187; and Alameda County 1,469. These four counties alone accounted for 82 percent of the total arrests.

The total of 28,319 adult arrests involved 24,244 individuals. Of the arrests, 16,051 (57 percent) represented persons who were new to the drug file. Relatively few of the new offenders were involved with heroin—about 10 percent. This was in sharp contrast to marihuana, which accounted for over 60 percent of the new subjects. Of the 14,293 adult marihuana arrests during the year, 9,819 involved persons new to the study.

About 38 percent of the subjects arrested were under some form of probation or parole supervision at the time of arrest, 6 percent (1,716) were on parole from the department of corrections and 1,751, roughly the same proportion, from the California Youth Authority. Less than 3 percent were on parole from the California Rehabilitation Center. Approximately 20 percent were under adult probation supervision.

Because these percentages are based on arrests, some of them multiple, they should be regarded as indications rather than as exact determinations.

JUVENILE ARRESTS

Juvenile arrests rose from 2,691 in 1965 to 5,034, an increase of 87 percent. Los Angeles County reported 3,189, or 63.3 percent of the total. In the other leading counties, Alameda County registered 295 such arrests; San Diego County 253; Orange County 251; and San Francisco 167. San Mateo and Santa Clara counties reported 144 and 126, respectively.

The youth drug problem revolved around marihuana (3,869 arrests) and dangerous drugs (898 arrests). Together, these two offense groups account for 95 percent of juvenile arrests on drug charges. One hundred and nine arrests in 1966 compared with 60 in 1965 involved the possession, sale or use of heroin and other narcotics.

Age 17 appears to be the critical year for youths arrested for drug usage. Those born in 1949 (age 17) made up 40 percent of the total; combined with those born in 1950, the two groups accounted for 63.8 percent of all juvenile arrestees.

SUMMARY

Total adult drug arrests were 32 percent higher in 1966 than in 1965. Adult marihuana arrests increased by 71 percent over 1965 and were more than three times greater than the number reported in 1960.

Juvenile drug arrests increased in number from 2,691 in 1965 to 5,034 in 1966—an increase of about 87 percent. Juvenile marihuana arrests increased from 1,623 to 3,869, or 140 percent.

TABLE 1.—ADULT DRUG ARRESTS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES JANUARY 1960 THROUGH DECEMBER 1966 (PROVISIONAL)

[By offense, area of State and year of arrest]

Area and offense	Year of arrest							Percent change 1966 over 1965	Percent change 1966 over 1960
	1960	1961	1962	1963	1964	1965	1966		
Statewide.....	17,619	16,925	16,250	16,728	19,244	21,444	28,319	32.1	60.7
Marihuana.....	4,098	3,305	3,291	4,677	6,055	8,349	14,293	71.2	248.8
Heroin and other narcotics.....	2,244	1,971	1,971	2,206	2,601	2,362	2,610	10.5	16.3
Narcotic addict or user ¹	6,401	5,801	3,532	3,226	4,073	3,473	3,695	6.4	-42.3
Dangerous drugs ¹	3,305	4,322	5,578	4,415	4,595	5,916	6,093	3.0	84.4
Other offenses ²	1,571	1,526	1,878	2,204	1,920	1,344	1,628	21.1	3.6
Los Angeles County.....	11,959	11,604	10,200	10,042	11,671	13,394	16,820	25.6	40.6
Marihuana.....	2,653	2,316	2,256	3,161	3,964	5,327	8,600	61.4	224.1
Heroin and other narcotics.....	1,544	1,302	1,187	1,355	1,470	1,254	1,416	12.9	-8.3
Narcotic addict or user ¹	4,771	4,193	2,204	2,014	2,830	2,501	2,942	17.6	-38.3
Dangerous drugs ¹	2,238	3,013	3,742	2,645	2,864	3,779	3,253	-13.9	45.4
Other offenses ²	753	780	811	867	543	533	609	14.3	-19.1
State less Los Angeles County.....	5,660	5,321	6,050	6,686	7,573	8,050	11,499	42.8	103.2
Marihuana.....	1,445	989	1,035	1,516	2,091	3,022	5,693	88.4	294.0
Heroin and other narcotics.....	700	669	784	851	1,131	1,108	1,194	7.8	70.6
Narcotic addict or user ¹	1,630	1,608	1,328	1,212	1,243	972	753	-22.5	53.8
Dangerous drugs ¹	1,067	1,309	1,836	1,770	1,731	2,137	2,840	32.9	166.2
Other offenses ²	818	746	1,067	1,337	1,377	811	1,019	25.6	24.6

¹ Includes driving under the influence of narcotics or dangerous drugs.

² "Other offenses" include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups wherever appropriate.

Note: Data are subject to change as additional arrest information is received.

TABLE 2.—ADULT DRUG ARRESTS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1966
(PROVISIONAL)

[Area of State and county, by offense]

County	Total	Marihuana	Heroin and other narcotics	Narcotic addict- user ¹	Dangerous drugs ¹	Other offenses ²
Statewide.....	28,319	14,293	2,610	3,695	6,093	1,628
Los Angeles.....	16,820	8,600	1,416	2,942	3,253	609
San Francisco.....	2,187	828	375	110	580	294
Alameda.....	1,469	860	130	126	249	104
Imperial.....	174	63	45	12	28	26
Kern.....	91	34	6	-----	41	10
Orange.....	1,305	771	57	123	294	60
Riverside.....	309	162	22	14	88	23
San Bernardino.....	347	155	38	35	94	25
San Diego.....	2,708	1,202	232	74	981	219
San Luis Obispo.....	39	28	1	-----	4	6
Santa Barbara.....	173	115	10	12	14	22
Ventura.....	295	133	42	66	42	12
Contra Costa.....	338	208	27	13	53	37
Marin.....	78	59	5	2	5	7
San Mateo.....	258	142	13	21	56	26
Santa Clara.....	420	252	34	32	67	35
Solano.....	31	26	2	-----	2	1
Napa.....	17	12	1	4	-----	6
Sonoma.....	100	80	3	1	10	1
Butte.....	17	8	-----	-----	8	-----
Glen.....	4	1	-----	-----	3	-----
Placer.....	14	6	2	1	5	17
Sacramento.....	258	138	59	17	27	1
Shasta.....	7	3	-----	2	-----	-----
Sutter.....	1	1	-----	1	-----	-----
Tehama.....	1	-----	-----	-----	3	5
Yolo.....	21	8	5	-----	2	-----
Yuba.....	4	2	-----	23	30	37
Fresno.....	221	86	45	-----	-----	5
Kings.....	13	7	1	1	-----	1
Madera.....	20	14	4	-----	4	2
Merced.....	30	24	-----	36	98	4
San Joaquin.....	211	58	15	6	8	7
Stanislaus.....	47	23	3	1	8	6
Tulare.....	35	20	-----	-----	-----	-----
Del Norte.....	11	11	-----	-----	6	1
Humboldt.....	11	4	-----	-----	2	1
Mendocino.....	11	7	1	-----	1	-----
Amador.....	2	-----	1	-----	2	4
El Dorado.....	19	12	-----	-----	-----	-----
Lassen.....	2	2	-----	1	-----	-----
Nevada.....	2	1	-----	-----	-----	-----
Plumas.....	2	2	-----	1	3	-----
Siskiyou.....	6	2	1	-----	-----	-----
Inyo.....	3	2	-----	-----	1	-----
Lake.....	1	-----	-----	-----	-----	-----
Mariposa.....	-----	-----	1	-----	1	2
Mono.....	19	15	9	11	6	9
Monterey.....	101	66	-----	-----	-----	-----
San Benito.....	4	4	3	7	13	3
Santa Cruz.....	60	34	-----	-----	-----	-----
Tuolumne.....	2	2	-----	-----	-----	-----

¹ Includes driving under the influence of narcotics or dangerous drugs.

² "Other Offenses" include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups wherever appropriate.

Note: Data are subject to change as additional arrest information is received.

TABLE 3.—ADULT DRUG ARRESTS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1966 (PROVISIONAL)
[Showing initial arrests and rearrests by offense]

Area and offense	Total	Initial ¹	1966 rearrests	
			First ²	Subsequent ³
Statewide.....	28,319	16,051	8,193	4,075
Marihuana.....	14,293	9,819	2,891	1,583
Heroin and other narcotics.....	2,610	1,009	1,095	506
Narcotic addict or user ⁴	3,695	645	2,176	874
Dangerous drugs ⁴	6,093	3,901	1,375	817
Other offenses ⁵	1,628	677	656	295
Los Angeles County.....	16,820	8,627	5,588	2,605
Marihuana.....	8,600	5,554	2,019	1,027
Heroin and other narcotics.....	1,416	465	666	285
Narcotic addict or user ⁴	2,942	448	1,794	700
Dangerous drugs ⁴	3,253	1,926	857	470
Other offenses ⁵	609	234	252	123
State less Los Angeles County.....	11,499	7,424	2,605	1,470
Marihuana.....	5,693	4,265	872	556
Heroin and other narcotics.....	1,194	544	429	221
Narcotic addict or user ⁴	753	197	382	174
Dangerous drugs ⁴	2,840	1,975	518	347
Other offenses ⁵	1,019	443	404	172

¹ Individuals appearing for the first time since July 1, 1959.

² First 1966 arrests of persons who had previously been arrested between July 1, 1959, and December 31, 1965.

³ Further arrests of persons who had been arrested at least once before in 1966.

⁴ Includes driving under the influence of narcotics or dangerous drugs.

⁵ "Other offenses" include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups wherever appropriate.

Note: Data are subject to change as additional arrest information is received.

TABLE 4.—ADULT DRUG ARRESTS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1966 (PROVISIONAL)
[Area and offense by parole status]

Area and offense	Total	Parole status						
		None	Department of Corrections	CYA	Adult probation	CRC	Other ¹	Unknown
Statewide.....	28,319	17,590	1,716	1,751	5,753	720	294	49
Marihuana.....	14,293	9,883	343	1,039	2,599	117	91	221
Heroin and other narcotics.....	2,610	1,464	297	94	562	108	52	33
Narcotic addict or user ²	3,695	1,428	728	194	849	403	73	20
Dangerous drugs ²	6,093	3,953	199	345	1,326	38	48	184
Other offenses ³	1,628	864	149	79	417	54	30	37
Los Angeles County.....	16,820	10,223	1,183	1,146	3,316	546	186	220
Marihuana.....	8,600	5,916	190	694	1,581	64	61	94
Heroin and other narcotics.....	1,416	793	189	56	260	73	30	15
Narcotic addict or user ²	2,942	1,113	626	158	616	357	57	15
Dangerous drugs ²	3,253	2,062	123	206	744	21	25	72
Other offenses ³	609	339	55	32	115	31	13	24
State less Los Angeles County.....	11,499	7,367	533	605	2,437	174	108	275
Marihuana.....	5,693	3,967	153	345	1,018	53	30	127
Heroin and other narcotics.....	1,194	671	108	38	302	35	22	18
Narcotic addict or user ²	753	315	102	36	233	46	16	5
Dangerous drugs ²	2,840	1,891	76	139	582	17	23	112
Other offenses ³	1,019	523	94	47	302	23	17	13

¹ "Other" includes Federal parole or probation, out-of-State parole or probation and juvenile court wardship.

² Includes driving under the influence of narcotics or dangerous drugs.

³ "Other Offenses" include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups wherever appropriate.

Note: Data are subject to change as additional arrest information is received.

TABLE 5.—DRUG ARRESTS OF JUVENILES (UNDER 18 YEARS) REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1966 (PROVISIONAL) BY COUNTY AND OFFENSE

County	Total	Marihuana ¹	Heroin and other narcotics	Narcotic addict-user	Dangerous drugs	Other offenses ²
Statewide.....	5,034	3,869	56	53	898	158
Los Angeles.....	3,189	2,501	33	29	573	53
San Francisco.....	167	97	5	3	49	13
Alameda.....	295	253	1	3	28	10
Imperial.....	14	8	3	2	1	-----
Kern.....	16	6	-----	-----	10	-----
Orange.....	251	171	2	1	45	32
Riverside.....	30	22	1	1	5	1
San Bernardino.....	35	26	-----	-----	7	1
San Diego.....	253	182	2	2	61	6
San Luis Obispo.....	6	3	-----	-----	3	-----
Santa Barbara.....	67	51	-----	1	9	6
Ventura.....	66	47	3	5	8	3
Contra Costa.....	72	62	-----	-----	9	1
Marin.....	67	50	-----	1	9	7
San Mateo.....	144	122	-----	-----	16	6
Santa Clara.....	126	96	1	-----	22	7
Solano.....	2	-----	-----	-----	2	-----
Napa.....	1	-----	-----	-----	1	-----
Sonoma.....	32	29	-----	-----	2	1
Sacramento.....	37	30	4	1	2	-----
Fresno.....	17	7	-----	2	7	1
Kings.....	3	-----	-----	-----	1	2
Merced.....	7	7	-----	-----	-----	-----
San Joaquin.....	25	8	1	1	15	-----
Stanislaus.....	24	22	-----	-----	2	-----
Tulare.....	8	7	-----	-----	1	-----
Monterey.....	21	14	-----	-----	4	3
San Benito.....	-----	-----	-----	-----	-----	-----
Butte.....	1	1	-----	-----	-----	-----
Glenn.....	3	3	-----	-----	-----	-----
Shasta.....	1	-----	-----	-----	1	1
Sutter.....	2	-----	-----	-----	-----	-----
Madera.....	8	7	-----	-----	1	-----
Humboldt.....	1	1	-----	-----	-----	-----
Lake.....	1	1	-----	-----	-----	-----
Mendocino.....	3	3	-----	-----	-----	-----
Inyo.....	2	2	-----	-----	-----	-----
Santa Cruz.....	34	27	-----	-----	3	4
Placer.....	2	2	-----	-----	-----	-----
Yolo.....	1	1	-----	-----	-----	-----

¹ Includes use or under influence of marihuana.

² "Other offenses" include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups wherever appropriate.

Note: Data are subject to change as additional arrest information is received.

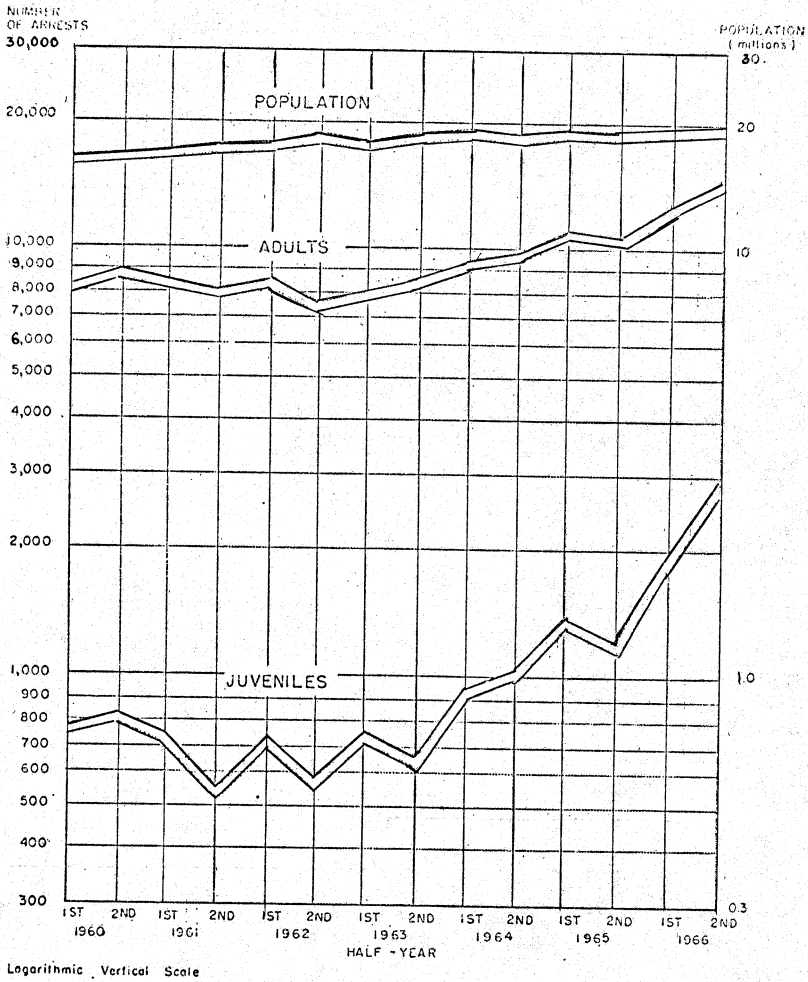


CHART A.—Drug arrests reported by California law enforcement agencies, 1960 through 1966, by half-year for both adults and juveniles.

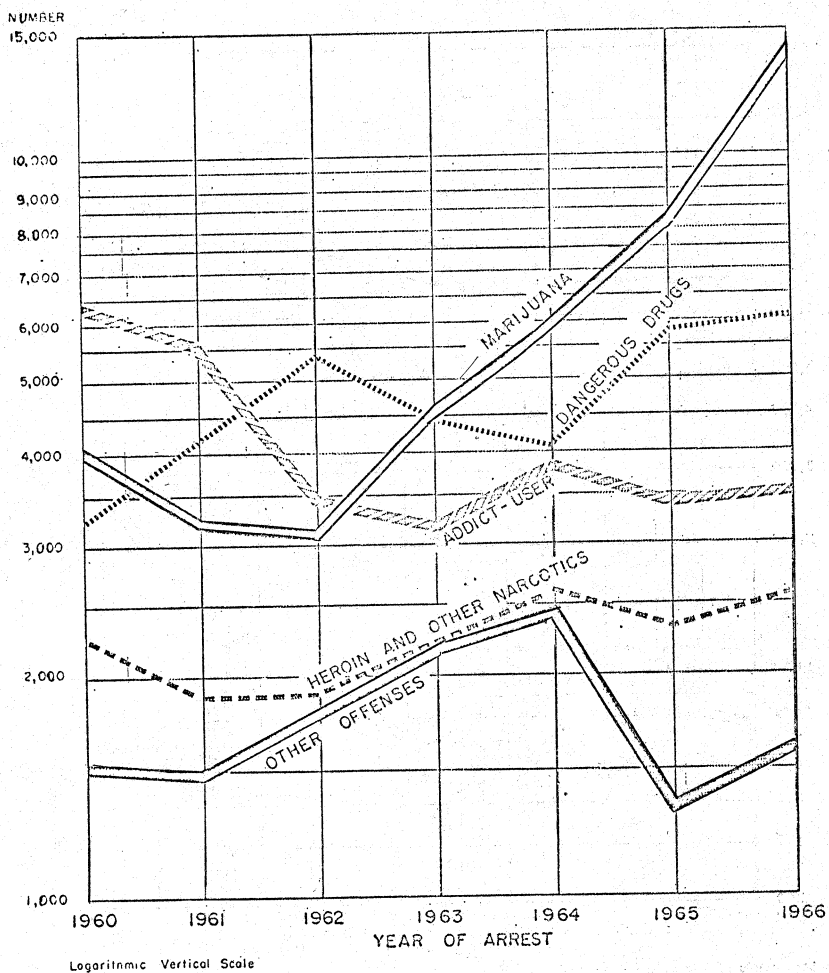


CHART B.—Adult drug arrests, 1960 through 1966, by year of arrest and offense.

FIRST-HALF 1967 DRUG ARRESTS IN CALIFORNIA

A PRELIMINARY SURVEY

The data given in this report are provisional and will be augmented by arrest information received later in the year. This will cause final figures to exceed those presented in this report.

ADULT ARRESTS

Adult drug arrests reported to the Bureau of Criminal Statistics in the first 6 months of 1967 totaled 20,134. In 1966, the comparable figure was 12,787. The annual increase amounts to 57.5 percent. In relative terms, the greatest components of this rise were marihuana offenses, up 94.3 percent; and dangerous drug arrests, 30.6 percent higher. Arrests for narcotic addiction or use, though up 28.1 percent, are still below the 1961 level. Heroin and other narcotics arrests increased by 14.9 percent over those reported during the same period in 1966.

For the first time preliminary data on LSD offenses are available. Unfortunately it is not in pure form because of the requirement that the gravest offense be given precedence in coding. Thus, marihuana, heroin, and some dangerous drug offenses would automatically assume the first position on the coding schedule while LSD would be shown as an element only. The cases in which LSD was apparently the sole grounds for arrest accounted for 1.1 percent of the total. The data indicate that LSD involvement, without regard to the drug offense for which arrested, was reported in 3.4 percent of adult drug arrests. The drug seems to be less available in Los Angeles County than in the State. Only 1.4 percent of the Los Angeles County arrests had LSD as an element, as compared with 5.7 percent in other areas of the State.

The first-half 1967 statistics indicate that Los Angeles County's share of the drug arrest total continues to decline. In the first half of 1966 Los Angeles accounted for 60.3 percent of statewide adult arrest; in the same period of 1967, for 52.8 percent.

Counties reporting 1,000 or more adult drug arrests were Los Angeles, 10,640; San Diego, 2,193; San Francisco, 1,568; and Orange, 1,094. Alameda County, with 977 arrests was only slightly less.

Of the 20,134 adult arrests, 12,203, or 60.6 percent, involved offenders who were previously unreported. In 1966, for comparison, there were 12,787 arrests involving 6,980 (54.6 percent) new offenders. The greatest proportions of new subjects for first-half 1967 arrests entered the study files via marihuana (71.7 percent new) and dangerous drugs (64.8 percent new).

The majority of the arrestees (approximately two-thirds) were not under any form of probation or parole supervision at the time of arrest. This was particularly true as regards marihuana (74.8 percent) and dangerous drug offenses (68.6 percent). In contrast, only 40 percent of addict-users were not on parole or probation.

JUVENILE ARRESTS

Juvenile drug arrests rose to 5,735 in the January-June period of 1967 from 2,146 in the like period of 1966. These totals represent an increase of 167.2 percent. Marihuana offenses were up 181.2 percent, and dangerous drugs 89.1 percent. Heroin and addict-user offenses bulked larger than in 1966 but were still of a minor order of magnitude, with an increase from 33 arrests to 113.

For the first time in the history of the study, Los Angeles County contributed less than half of the juvenile arrests—48 percent. In 1966, this figure was 66.8 percent. All metropolitan areas of the State show remarkable increases over 1966—Orange County from 87 to 452 (up 419.5 percent), Alameda County from 153 to 437 (up 176.6 percent), San Diego from 93 to 378 (up 306.5 percent), San Francisco from 44 to 229 (up 420.5 percent), Santa Clara from 71 to 275 (up 287.3 percent), and Ventura from 23 to 230 (up 782.6 percent). Los Angeles rose from 1,456 to 2,750, or 88.9 percent, while the balance of the State taken as a unit

jumped from 712 to 2,956, or 315 percent. The bulk of the arrests in all these counties were for marihuana offenses.

LSD-connected arrests among juveniles were about twice the proportion among adults—6.1 versus 3.4 percent. The apparent LSD-only arrests amounted to 2.8 percent of the juvenile total. Also, as among adults, the drug appears to be more prevalent in the non-Los Angeles area of the State than in Los Angeles County.

SUMMARY

The preliminary 1967 statistics indicate a marked rise in adult drug arrests and an even greater increase in juvenile. In both cases the major sources of the increase were marihuana and dangerous drug violations.

A trend noted in 1966 toward a spread of drug activity (as defined by arrests) to areas of the State outside Los Angeles County is confirmed by first-half 1967 data which show a continued increase in the non-Los Angeles County proportion of arrests.

The proportion of new offenders has increased substantially. The primary offenses in which novice arrestees were involved were marihuana and dangerous drugs.

A preliminary study by the bureau indicates that 1 in 8 marihuana offenders first arrested in 1960 had become involved with heroin by the end of 1965. This relationship, not necessarily one of cause and effect, might help explain the fairly substantial increases noted in heroin-type offenses during the first half of 1967.

TABLE 1.—ARRESTS OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1960 THROUGH 1967

[Offense by 1st half year arrest]

Offense	1st half year arrest								Percent change, 1967 over 1966	Percent change, 1967 over 1960
	1960	1961	1962	1963	1964	1965	1966	1967		
Total.....	8,536	8,573	8,599	8,211	9,423	11,146	12,787	20,134	57.5	135.9
Marihuana.....	2,194	1,627	1,651	2,194	2,920	4,266	5,962	11,587	94.3	428.1
Heroin and other narcotics.....	1,085	1,067	958	1,026	1,355	1,219	1,280	1,471	14.9	35.6
Narcotic addict or user.....	3,033	3,143	2,303	1,540	1,945	1,881	1,818	2,328	28.1	-23.2
Dangerous drugs.....	1,475	1,950	2,829	2,363	1,989	3,065	2,915	3,808	30.6	158.2
Other offenses ¹	749	786	858	1,088	1,214	715	812	940	15.8	25.5

¹ Other offenses include prescription violations, possession of narcotic paraphernalia, etc. Prior to 1965 driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups whenever appropriate.

Note: Data are subject to change as additional arrest information is received.

TABLE 2.—ARRESTS OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[Offense by month of arrest]

Offense	Total	Month of arrest					
		January	February	March	April	May	June
Total.....	20,134	3,181	3,050	3,493	3,299	3,750	3,361
Marihuana.....	11,587	1,709	1,684	1,960	1,888	2,254	2,092
Heroin and other narcotics.....	1,471	273	234	255	281	244	184
Narcotic addict or user.....	2,328	432	367	427	404	375	323
Dangerous drugs.....	3,809	630	601	657	582	719	619
Other offenses ¹	940	137	164	194	144	158	143

¹ Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 3.—ARREST OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[County, by offense]

County	Total	Marihuana	Heroin and other narcotics	Narcotic addict user	Dangerous drugs	Other offenses ¹
Total.....	20, 134	11, 587	1, 471	2, 328	3, 808	940
Southern California:						
Los Angeles.....	10, 640	5, 966	884	1, 813	1, 683	294
Imperial.....	150	82	24	5	23	16
Orange.....	1, 094	747	42	86	177	42
Riverside.....	315	226	9	10	60	10
San Bernardino.....	338	205	18	26	61	28
San Diego.....	2, 193	1, 160	114	51	801	67
Santa Barbara.....	157	105	12	10	14	16
Ventura.....	364	224	12	75	41	12
San Francisco Bay:						
San Francisco.....	1, 568	768	145	37	432	186
Alameda.....	977	563	54	98	194	68
Contra Costa.....	290	181	11	8	71	19
Marin.....	93	63	3	1	2	24
Napa.....	28	16	3	2	5	2
San Mateo.....	208	147	11	4	26	20
Santa Clara.....	473	324	36	27	45	41
Solano.....	42	30	-----	-----	7	5
Sonoma.....	84	73	-----	-----	6	5
San Joaquin Valley:						
Fresno.....	128	70	21	10	13	14
Kern.....	81	50	6	4	14	7
Kings.....	10	6	1	2	1	-----
Madera.....	15	12	2	-----	-----	1
Merced.....	29	21	1	1	4	2
San Joaquin.....	119	32	10	28	42	7
Stanislaus.....	76	56	-----	5	9	6
Tulare.....	39	26	3	3	6	1
Sacramento Valley:						
Butte.....	7	4	-----	-----	3	-----
Colusa.....	1	-----	-----	-----	1	-----
Glenn.....	1	1	-----	-----	-----	-----
Placer.....	33	24	-----	-----	1	8
Sacramento.....	212	137	24	11	24	16
Shasta.....	8	1	1	-----	5	1
Sutter.....	7	6	-----	-----	-----	1
Yolo.....	34	25	5	-----	3	1
Yuba.....	1	1	-----	-----	-----	-----
Other counties:						
El Dorado.....	10	10	-----	-----	-----	-----
Humboldt.....	34	19	-----	1	11	3
Lake.....	1	1	-----	-----	-----	-----
Lassen.....	4	3	-----	-----	-----	-----
Mendocino.....	16	11	1	-----	4	1
Mono.....	5	5	-----	-----	-----	-----
Monterey.....	91	57	-----	5	8	11
Nevada.....	3	2	10	-----	-----	-----
Plumas.....	2	1	1	-----	-----	-----
San Luis Obispo.....	39	34	3	1	1	-----
Santa Cruz.....	108	89	4	4	9	2
Siskiyou.....	5	2	-----	-----	-----	3
Trinity.....	1	1	-----	-----	-----	-----

¹ Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 4.—ARRESTS OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[Showing initial arrests and rearrests by offense]

Offense	Total	Initial ¹	1967 rearrests	
			1st ²	Subsequent ³
Total.....	20,134	12,203	6,050	1,881
Marihuana.....	11,587	8,307	2,433	847
Heroin and other narcotics.....	1,471	571	706	194
Narcotic addict or user.....	2,328	437	1,555	336
Dangerous drugs.....	3,808	2,469	938	401
Other offenses ⁴	940	419	418	103

¹ Individuals appearing for the 1st time since July 1, 1959.

² 1st 1967 arrests of persons who had been previously arrested between July 1, 1959, and Dec. 31, 1966.

³ Further arrests of persons who had been arrested at least once before in 1967.

⁴ Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 5.—ARRESTS OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[Area and offense by parole status]

Area and offense	Total	None	Department of corrections	Parole status			
				CYA	CRC	Other ¹	Unknown.
Total.....	20,134	13,663	888	1,112	417	3,816	238
Marihuana.....	11,587	8,666	179	671	62	1,887	122
Heroin and other narcotics.....	1,471	891	136	70	57	308	9
Narcotic addict or user.....	2,328	940	421	142	260	555	10
Dangerous drugs.....	3,808	2,612	90	185	16	830	75
Other offenses ²	940	554	62	44	22	236	22
Los Angeles County.....	10,640	6,921	588	692	313	2,052	74
Marihuana.....	5,966	4,382	93	416	35	1,005	35
Heroin and other narcotics.....	884	538	77	47	39	182	1
Narcotic addict or user.....	1,813	709	361	111	221	405	6
Dangerous drugs.....	1,683	1,116	43	100	9	392	23
Other offenses ²	294	176	14	18	9	68	9
State less Los Angeles County.....	9,494	6,742	300	420	104	1,764	164
Marihuana.....	5,621	4,284	86	255	27	882	87
Heroin and other narcotics.....	587	353	59	23	18	126	8
Narcotic addict or user.....	515	231	60	31	39	150	4
Dangerous drugs.....	2,125	1,496	47	85	7	438	52
Other offenses ²	646	378	48	26	13	168	13

¹ Other includes county probation, Federal parole or probation, out-of-State parole or probation, and juvenile court wardship.

² Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 6.—ARRESTS OF ADULTS FOR DRUG LAW VIOLATIONS REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[LSD involvement by area of State]

LSD involvement	Total		Los Angeles County		State less Los Angeles County	
	Number	Percent	Number	Percent	Number	Percent
Sale.....	83	0.4	23	0.2	60	0.6
Possession.....	238	1.2	58	.5	180	1.9
Use.....	201	1.0	39	.4	162	1.7
Sale and use.....	46	.2	12	.1	34	.4
Possession and use.....	87	.4	8	.1	79	.8
Sale and possession.....	22	.1	10	.1	12	.1
Sale, possession, and use.....	15	.1	4	-----	11	.1
LSD subtotal.....	692	3.4	154	1.4	538	5.7
No LSD involvement.....	19,442	96.6	10,486	98.6	8,956	94.3
Total.....	20,134	100.0	10,640	100.0	9,494	100.0

Note: Data are subject to change as additional arrest information is received.

TABLE 7.—DRUG ARRESTS OF JUVENILES (UNDER 18 YEARS) REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, 1960 THROUGH 1967

[Offense by 1st half-year arrest]

Offense	1st half-year arrest								Percent change, 1967 over 1966
	1960 ¹	1961 ¹	1962 ¹	1963	1964	1965	1966	1967	
Total.....	728	581	614	651	867	1,501	2,146	5,735	167.2
Marihuana.....	290	115	106	228	422	889	1,606	4,526	181.2
Heroin and other narcotics.....	15	13	9	18	20	15	15	43	-----
Narcotic addict or user.....	56	46	26	13	39	23	18	70	-----
Dangerous drugs.....	241	332	425	315	259	533	466	881	89.1
Other offenses ²	126	75	48	77	127	41	41	215	-----

¹ Estimated from annual total.² "Other offenses" include prescription violators, possession of narcotic paraphernalia, etc. Prior to 1965, driving offenses and all Federal violations were included. Beginning with 1965, Federal violations are shown under the more descriptive offense groups whenever appropriate.

Note: Percentages are not shown wherever subtotals are less than 50.

TABLE 8.—DRUG ARRESTS OF JUVENILES (UNDER 18 YEARS) REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[County, by offense]

County	Total	Marihuana	Heroin and other narcotics	Narcotic addict or user	Dangerous drugs	Other offenses ¹
Total.....	5,735	4,526	43	70	881	215
Southern California:						
Los Angeles.....	2,750	2,262	24	31	379	54
Imperial.....	26	16	-----	1	9	-----
Orange.....	452	395	-----	-----	40	17
Riverside.....	92	73	1	-----	11	7
San Bernardino.....	68	50	1	1	14	2
San Diego.....	378	272	3	1	92	10
Santa Barbara.....	63	37	1	9	9	7
Ventura.....	203	129	2	12	42	18
San Francisco Bay:						
San Francisco.....	229	158	1	-----	58	12
Alameda.....	437	353	6	4	50	24
Contra Costa.....	108	89	1	-----	17	1
Marin.....	58	36	-----	-----	16	6
Napa.....	2	1	-----	-----	1	-----
San Mateo.....	139	102	-----	4	22	11
Santa Clara.....	275	215	3	1	48	8
Solano.....	13	13	-----	-----	-----	-----
Sonoma.....	57	39	-----	2	4	12
San Joaquin Valley:						
Fresno.....	21	15	-----	-----	5	1
Kern.....	19	14	-----	-----	5	-----
Kings.....	4	4	-----	-----	-----	-----
Madera.....	9	3	-----	-----	2	4
Merced.....	5	5	-----	-----	-----	-----
San Joaquin.....	19	5	-----	1	13	-----
Stanislaus.....	38	35	-----	-----	2	1
Tulare.....	19	18	-----	-----	1	-----
Sacramento Valley:						
Butte.....	3	3	-----	-----	-----	-----
Colusa.....	1	1	-----	-----	-----	-----
Placer.....	2	1	-----	-----	-----	1
Sacramento.....	91	59	-----	3	23	6
Sutter.....	13	10	-----	-----	2	1
Yolo.....	22	16	-----	-----	-----	6
Yuba.....	2	2	-----	-----	-----	-----
Other counties:						
Del Norte.....	1	1	-----	-----	-----	-----
El Dorado.....	6	5	-----	-----	-----	1
Humboldt.....	1	-----	-----	-----	1	-----
Lake.....	1	1	-----	-----	-----	-----
Mendocino.....	5	4	-----	-----	1	-----
Monterey.....	48	42	-----	-----	3	3
San Luis Obispo.....	20	17	-----	-----	3	-----
Santa Cruz.....	35	25	-----	-----	8	2

¹ Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 9.—DRUG ARRESTS OF JUVENILES (UNDER 18 YEARS) REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES, JAN. 1, 1967, THROUGH JUNE 30, 1967

[Offense, by year of birth]

Offense	Total	1949	1950	1951	1952	1953	1954
Total.....	5,735	1,850	2,019	1,164	516	152	34
Marihuana.....	4,526	1,466	1,617	914	397	108	24
Heroin and other narcotics.....	43	17	16	5	5	1	1
Narcotic addict or user.....	70	28	22	13	5	1	1
Dangerous drugs.....	881	270	293	181	93	35	9
Other offenses ¹	215	69	71	51	16	8	0

¹ Other offenses include prescription violations, possession of narcotic paraphernalia, etc.

Note: Data are subject to change as additional arrest information is received.

TABLE 10.—DRUG ARRESTS OF JUVENILES (UNDER 18 YEARS) REPORTED BY CALIFORNIA LAW ENFORCEMENT AGENCIES JAN. 1, 1967, THROUGH JUNE 30, 1967

[LSD involvement by area of State]

LSD involvement	Total		Los Angeles County		State less Los Angeles County	
	Number	Percent	Number	Percent	Number	Percent
Sale.....	29	0.5	12	0.4	17	0.6
Possession.....	49	.9	16	.6	33	1.1
Use.....	210	3.7	48	1.8	162	5.4
Sale and use.....	19	.3	4	.2	15	.5
Possession and use.....	39	.7	9	.3	30	1.0
Sale and possession.....	3	.1	1	-----	2	.1
Sale, possession, and use.....	1	-----	-----	-----	1	-----
LSD subtotal.....	350	6.1	90	3.3	260	8.7
No LSD involvement.....	5,385	93.9	2,660	96.7	2,725	91.3
Total.....	5,735	100.0	2,750	100.0	2,985	100.0

Note: Data are subject to change as additional arrest information is received.

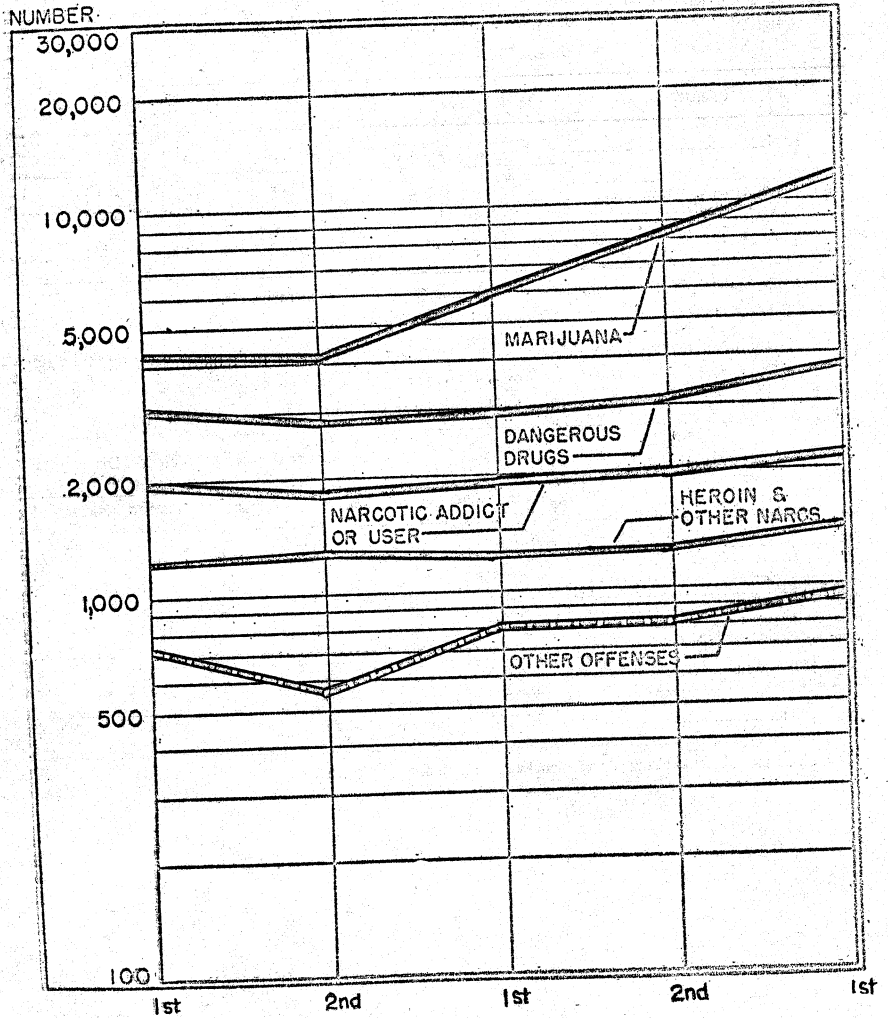


CHART A.—Adult drug arrests reported by California law enforcement agencies, 1965 through 1967, offense by half-year arrested.

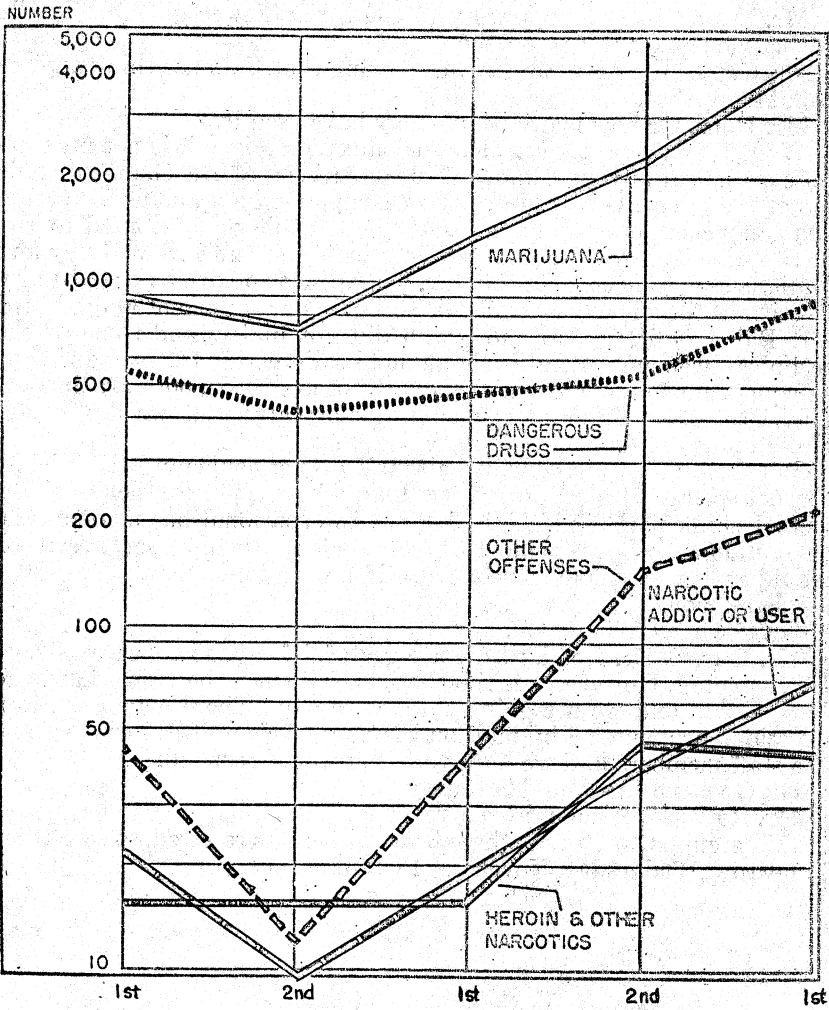


CHART B.—Arrests of juveniles (under 18 years) reported by California law enforcement agencies, 1965 through 1967, offense by half-year arrested.

Mr. DOLE. How many arrests do you think they might have had if we had no penalty for possession?

Dr. GODDARD. I have no way of knowing that. I do not think anyone could know that.

Mr. DOLE. Or how many people may have used it.

Well, I would say as I said at the outset, certainly it is not my purpose or that of anyone I know of to have a trial of Dr. Goddard. This is not the intent. But as Mrs. Dwyer has pointed out and as the acting chairman has pointed out, the statements made or attributed to you have caused some widespread anxiety in Kansas and New Jersey and Indiana and all across the country. I happened to have an opportunity to witness the "Today Show" and I heard your statement and I heard Dr. Baird indicate that those who did not understand some of the technical problems probably should not be discussing the pros and cons of equating alcohol with marihuana. In other words, both are dangerous. Both have different effects physiologically that we do not entirely understand.

But I would say in conclusion that I do not condemn Miss Vick. I am not certain of her politics, but I would not condemn her in either case. I think perhaps if United Press International has made a mistake, that is their problem. I do not condemn them either, because I would rather condemn someone else if I were to do that.

Thank you.

Dr. GODDARD. Thank you.

Mr. ROUSH. Dr. Goddard, we are grateful for your appearance here this morning. However, the time has arrived when the House has to go into session and we are going to have to stop. There may be certain questions propounded by mail on the part of committee members and the staff members and we hope that you would respond.

Dr. GODDARD. We would be happy to.

Mr. ROUSH. The committee is recessed.

(Whereupon, at 10 a.m., the subcommittee was recessed, to reconvene tomorrow, Wednesday, November 15, 1967, at 11 a.m.)

PROBLEMS RELATING TO THE CONTROL OF MARIHUANA

WEDNESDAY, NOVEMBER 15, 1967

HOUSE OF REPRESENTATIVES,
INTERGOVERNMENTAL RELATIONS SUBCOMMITTEE
OF THE COMMITTEE ON GOVERNMENT OPERATIONS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2203, Rayburn House Office Building, Hon. J. Edward Roush, presiding.

Present: Representatives J. Edward Roush, Florence P. Dwyer, and Robert Dole.

Professional staff present: James R. Naughton, W. Donald Gray, and Delphis C. Goldberg, Intergovernmental Relations Subcommittee; and William H. Copenhaver, minority staff, Committee on Government Operations.

Mr. ROUSH. The committee will be in order. Let the record show that a quorum is present. I am J. Edward Roush, member of the subcommittee. The Chairman, Mr. Fountain, is unable to be here because of his official duties as delegate to the United Nations; so I will be presiding this morning.

I call your attention also to the fact that the House goes into session at 11.

This morning the subcommittee will continue its hearings on problems relating to the control of marihuana. Yesterday we heard the Commissioner of Food and Drugs, Dr. James L. Goddard.

Our witness this morning is Mr. Henry L. Giordano, the Commissioner of Narcotics, whose Bureau is responsible for enforcing the laws relating to marihuana.

Mr. Giordano, we are happy to have you with us this morning, and will you please introduce your associate. You may then proceed with your statement unless Mrs. Dwyer has a statement to make.

Mr. GIORDANO. Thank you, Mr. Chairman. My name is Henry L. Giordano, Commissioner of the Federal Bureau of Narcotics, and on my right is Mr. Donald E. Miller, the Chief Counsel of the Bureau of Narcotics. I have a prepared statement, Mr. Chairman, I would like to give at this time.

Mr. ROUSH. You may proceed.

STATEMENT OF HENRY L. GIORDANO, COMMISSIONER OF NARCOTICS, BUREAU OF NARCOTICS, U.S. DEPARTMENT OF TREASURY; ACCOMPANIED BY DONALD E. MILLER, CHIEF COUNSEL, BUREAU OF NARCOTICS

Mr. GIORDANO. Mr. Chairman, and distinguished members of the committee, I want to first thank you for giving me the opportunity of coming here today to discuss some of the aspects of the marihuana problem.

We are all concerned over what appears to be a growing national problem of drug abuse, which is expressed every day in newspapers, magazines, scientific journals, public forums, and in the home. This is particularly true respecting marihuana and the other hallucinogenic drugs.

In the past, most drug abusers in the United States were in the lower social and economic levels of our society. This is still largely true with respect to the natural derivatives of opium, such as heroin and morphine, as well as cocaine. To some extent, it is also true concerning marihuana.

Notwithstanding the statements of alarmists, I believe that only a small percentage of Americans—on an absolute basis—are currently abusing marihuana. It is the changing pattern of abuse that seems to be causing so much concern. Marihuana is moving in the suburbs, and into the middle and upper strata of our society.

At this point, I think it would be beneficial to explain what is included in the definition of "marihuana." The term embraces all of the technical and vernacular names, such as "cannabis," "hashish," "ganja," "charas," "pot," "tea," "weed," and the "tetrahydrocannabinols," the latter being designated as "THC." It is true that there are varying degrees of marihuana potency, ranging from innocuous effects of poorly harvested substances, to the severe effects of hashish, and to the powerful properties of THC, which can cause psychotic reactions in almost any individual.

As requested by your staff, I shall furnish you a description of the Federal marihuana controls. The prevailing philosophy in the United States is based on the premise that it is better for persons to function without resorting to the use of a drug so dangerous as marihuana. Abuse of the drug has been considered to be a major social threat by legislators, who have enacted and have retained the Marihuana Tax Act of 1937 (the primary Federal control).

The Marihuana Tax Act requires all persons with legitimate need to handle marihuana to register each year with the appropriate District Director of Internal Revenue and pay a graduated occupational tax depending on the activity; it requires that all marihuana transactions be recorded on official order forms provided for that purpose by the Internal Revenue Service; it makes transfers to a registered

person subject to a tax of \$1 an ounce or fraction thereof, and makes transfers to an unregistered person subject to a prohibitive tax of \$100 an ounce or fraction thereof.

In determining what persons may become registered and make payment of the occupational tax, the regulatory scheme requires as a condition precedent that the applicant be qualified to engage in the activity according to the applicable State provisions where he intends to carry on the activities. A typical street peddler could not, for example, become registered under the Marihuana Tax Act and make payment of the special tax, since the responsible State licensing agencies would refuse to certify that such a person is authorized under State laws to engage in that activity. On the other hand, licensed physicians, registered pharmacists, or a bona fide scientific researcher can become registered. Briefly, the Marihuana Tax Act is designed to make extremely difficult the acquisition of marihuana, and to restrict its use to medical and scientific purposes only.

The penalties for marihuana violations have been reviewed by Congress three times. In 1951, the penalties were increased, and in 1956, Congress decided that even more stringent sentences should be imposed on violators. Again in 1966, incident to enactment of the Narcotic Addict Rehabilitation Act, Congress took another look at the penalties. The only change made by Congress at that time was to restore the provisions of parole to all marihuana violators, including those already under sentence.

The penalties for violation of the Marihuana Tax Act in 26 U.S.C. 7237 are as follows:

Acquiring marihuana without having paid the transfer tax (commonly known as "possession") is punishable for the first offense by a sentence of not less than 2 years, or more than 10 years, imprisonment; for a second offense the offender shall be sentenced to not less than 5 years, or more than 20 years, imprisonment; and for a third offense the offender shall be sentenced to not less than 10 years, or more than 40 years' imprisonment. In addition, all offenders may be fined \$20,000, or that is, any sum up to \$20,000.

Sale of marihuana without receiving an official order form is punishable for the first offense by a sentence of not less than 5 years' or more than 20 years' imprisonment; for a second offense the offender shall be sentenced to not less than 10 years' or more than 40 years' imprisonment. If the sale is to a person under the age of 18 years, even in the case of a first offense, the offender shall be sentenced to not less than 10 years or more than 40 years. In addition, all offenders may be fined \$20,000. All offenders, both for sale or for possession, are eligible for parole.

I am not saying that the constraining measures will ever accomplish the desired result of preventing all marihuana abuse, but I hate to think of what the problem might have been today if there had been no marihuana controls. In today's ever-growing hedonistic society, it is obvious the results would have been disastrous.

The penalties of the Marihuana Tax Act are frequently criticized. However, I find that most of the criticism is either by persons who are not fully informed, or by persons who want to legalize possession of marihuana. When properly analyzed, the penalties for possession under the Marihuana Tax Act are not really a matter of significant concern, in view of the enforcement and prosecutive policies of the Federal Government and the other procedures available to persons who are prosecuted under the act.

First, the Bureau of Narcotics endeavors to apply the act against traffickers only. Our practice is to gain evidence by making purchases of marihuana whenever possible. In 1966, we presented a total of 423 marihuana violators to various U.S. attorneys for prosecution; 309 were for sales offenses, and 114 were for possession offenses. The typical violator was almost 29 years old; he either sold or possessed over a pound of marihuana; he was not a student; and he had a prior criminal record in 60 percent of the cases.

Second, the Department of Justice has directed that charges carrying mandatory penalties may be filed only against persons having prior felony convictions, when the violation involves smuggling, or when the person is an important trafficker.

Aside from this, all persons under the age of 18 years are treated as juvenile delinquents, and not subjected to the regular marihuana penalties. Also, the provisions of the Federal Youth Corrections Act are available to all persons over 18 years but under 22 years old. Additionally, many persons over 22 years but under 26 years old are eligible for special handling under the Federal Youth Corrections Act. Thus, the probability of a college student who possesses a marihuana cigarette being subjected to mandatory penalties of the act is absolutely nil.

Why make possession a violation of law? The basic reason is that the punishment provisions deter use by countless reasonable and responsible persons. This, consequently, sets up a barrier to proselytizing. Concern for public safety, health, and welfare requires that there must be restrictions on persons to prevent them from having unauthorized possession of marihuana. Otherwise, we would be condoning potential sources of supply and proselytizing, which would defeat the very purpose of our attempts to control abuse of marihuana. We can make one generalization: Marihuana abuse spreads from person to person—the users who possess marihuana are the ones who breed new users. By restricting possession, we are better able to reduce the availability of marihuana to many persons who might otherwise come in contact with the drug through a friend or acquaintance. If there is no criminal sanction against possessing marihuana, many people will regard this as tacit approval of its use.

Furthermore, on June 24, 1967, the United States acceded to the 1961 Single Convention on Narcotic Drugs, a treaty which has been adopted by 59 other nations. Under the treaty, marihuana is subject to even more stringent controls than morphine. It is included in a category with heroin and two other extremely potent narcotic drugs, recommending special controls to prohibit its production, distribution, possession, and use except for research purposes. The treaty requires imposition of criminal penalties for possession. Failure to continue to provide such penalties for possession would be a violation of our treaty obligation.

In my experience of 27 years enforcing the marihuana laws, and from reviewing the studies which have been conducted in this country, and in countries having widespread chronic abuse of marihuana for centuries, I have concluded it is definitely a dangerous drug with potentials for far-reaching damage to individuals and to society.

Thank you, Mr. Chairman. If you have further questions, I shall be happy to answer them as fully as possible.

Mr. ROUSH. Mr. Giordano, you said that you believed only a small percentage of Americans are currently abusing marihuana and that much of the present concern is caused by the changing pattern of the abuse which shows marihuana moving into the suburbs and into the middle and upper strata of our society. Do you have statistics or studies to document this statement?

Mr. GIORDANO. Well, our investigations have shown the marihuana problem to be developing around the various colleges of the United States, and in this respect we are moving into a different type of an individual than we had involved before. However, even in this area usually the beatnik type or the hippie type or the dropout type is involved.

Mr. ROUSH. The question was, Have you assembled statistics or studies which reflect this point of view or which tend to verify the accuracy of your statement?

Mr. GIORDANO. We don't have the statistics as such. As I say, all we have are the reports furnished to us by our supervisors.

Mr. ROUSH. Don't you assemble those reports into statistical reports of some sort or other?

Mr. GIORDANO. Well, we have reports in the Bureau on this. I don't have them available, not in a numerical form; but we do have some statistics here, which will be furnished, which indicate occupations of the individual and so forth, which we will furnish.

Mr. ROUSH. We will be glad to receive that for the record unless there is objection.

(The material referred to follows:)

*Marihuana violators reported to the U.S. attorneys by the U.S. Bureau of
Narcotics during calendar year 1966*

Possession offenders:	114
Total violators reported	
Age:	
Under 18	4
18 years old	3
19 years old	7
20 years old	35
21 to 25 years old	28
26 to 30 years old	37
Over 30 years old	
Average age: 28.9	
Claimed occupation or avocation:	38
Skilled workers	18
Clerical-administrative	15
Unskilled laborers	11
Salesman	6
Job Corps	7
Entertainer	8
Student	3
Military	8
Other (includes unknown)	
Quantity of marihuana involved per case:	25
Over 1 kilogram	6
½ to 1 kilogram	31
1 gram to ½ kilogram	3
Under 1 gram	
Median weight: About 1 pound	
Average weight: About 9 kilograms	
Prior criminal record:	62
Yes (54.4 percent)	52
No	
Prosecution action:	42
Pending	
Dispositions:	28
Dismissed	4
Acquitted	40
Convicted	9
Sentenced under FYCA ¹	17
Received suspended sentence and/or probation	14
Reduced from offense calling for mandatory penalty	14
Sentence to be served in prison	1
90 days	4
2 years	2
3 years	6
5 years	1
10 years	
Average sentence of imprisonment (46.5 months)	

¹ Federal Youth Corrections Act prescribes an indeterminate term.

Profile of possessor.—28.9 years of age; resides in a large urban area; claims to be a skilled or administrative worker; is not a student (only two students were sentenced to imprisonment); receives a prison sentence of 47 months; has a 64 percent chance of offense being reduced to one not calling for mandatory penalty; has 43 percent chance of receiving a suspended sentence and/or probation; has a 65 percent chance of receiving sentence not requiring imprisonment; has only a 15 percent chance of receiving a 5-year or more minimum mandatory sentence; and is eligible for release on parole.

*Marihuana violators reported to the U.S. attorneys by the U.S. Bureau of
Narcotics during calendar year 1966*

Sale offenders:

Total violators reported	309
Age:	
Under 18	
18 years old	3
19 years old	14
20 years old	20
21 to 25 years old	105
26 to 30 years old	59
Over 30 years old	102
Average age (28.5)	
Claimed occupation or avocation:	
Skilled workers	112
Clerical-administrative	37
Unskilled laborers	69
Salesman	11
Job Corps	3
Entertainer	15
Student	18
Military	4
Other (includes unknown)	39
Quantity of marihuana involved per case:	
Over 1 kilogram	91
½ to 1 kilogram	25
1 gram to ½ kilogram	71
Under 1 gram	1
Median weight: almost 1 kilogram	
Average weight: almost 6 kilograms	
Prior criminal record:	
Yes (66 percent)	204
No	105
Prosecution action:	
Pending	70
Dispositions:	
Dismissed	24
Acquitted	3
Convicted	212
Sentenced under FYCA. ¹	22
Received suspended sentence and/or probation	71
Reduced from offense calling for mandatory penalty	79
Sentence to be served in prison	119
6 months	13
1 year	3
2 years	15
3 years	9
4 years	2
5 years	64
6 years	1
7 years	4
7½ years	1
8 years	1
10 years	5
12 years	1
Average sentence of imprisonment (50.3 months)	

¹ Federal Youth Corrections Act prescribes an indeterminate term.

Profile of seller.—28.5 years of age; resides in large urban area; claims to be a skilled or administrative worker; is not a student (only two students were sentenced to imprisonment); received a prison sentence of 50 months; has a 53 percent chance of offense being reduced to one not calling for a mandatory penalty; has a 34 percent chance of receiving a suspended sentence and/or probation; has a 44 percent chance of receiving a sentence not requiring imprisonment; has a 29 percent chance of receiving a 5 year or more minimum mandatory sentence; and is eligible for release on parole.

Mr. ROUSH. I notice you talk of Americans abusing marihuana. Is there a difference between abusing marihuana and using marihuana? I can see a difference in the case of certain other drugs where the use of it may be necessary for medicinal purposes or the like, but in the case of marihuana I am wondering, in my own mind, if there is a difference between abusing and using.

Mr. GIORDANO. Well, marihuana at one time was used in medicine. It was determined at the time the Marihuana Tax Act was passed that its use in medicine was practically negligible. It was not much benefit, so the medical profession has not been utilizing marihuana as such in medicine. However, it is still being researched, so the use of marihuana in this context for research would be a bona fide use as opposed to people using it or abusing it for their own pleasure.

Mr. ROUSH. You gave us in your testimony a fairly detailed description of the penalties applicable to the illegal sale and to the illegal possession of marihuana. As you know, certain people including our witness yesterday, Dr. Goddard, are of the position that the penalty for simple possession of marihuana is too stringent because, they say, it makes felons out of many young people who are experimenting with the drug.

Would I be correct in assuming from your statement that you do not agree with this position?

Mr. GIORDANO. Well, I don't agree with that position, and I think we are talking in the context here of the Federal law and the Federal effort in this matter which is aimed at the traffickers and at the distributors.

I think some people are talking about what is a State or local problem relating to a person who has a cigarette for the first time. Now, these penalties here were never aimed at that type of individual and to use that as an example to say, therefore, on the Federal level we shouldn't have strong penalties for possession just doesn't make sense to me.

Mr. ROUSH. Well, does the severity of the punishment—and it's apparent that the punishment is very severe—in any way restrict prosecution in some instances where the prosecutor himself may feel that the punishment is too severe and that he cannot conscientiously promote a prosecution against an individual realizing the consequences of what he is doing.

Mr. GIORDANO. Well, I think again we get to a distinction as to where the individual is being prosecuted and what the laws are. The laws in States are different in many cases from the Federal law. Some cities have ordinances against the matter, and there is discretion on the part of the prosecutor, as you well know in cases as to how he handles it and how the individual is charged. But I am talking here about the Federal penalties which we operate under. This has proved to be a deterrent, and it has proved to be a deterrent in the narcotic area particularly.

Mr. ROUSH. We agree with you that penalties do act as a deterrent and I also believe that the certainty of punishment acts as a deterrent. It does occur to me in many instances on the Federal level that a district attorney may be hesitant to prosecute because of the severity of the punishment, and I am not condemning that at this time. I am merely asking the question if this might not be the case with regard to the punishment dealing with this Marihuana Tax Act.

Mr. GIORDANO. I have never had that brought to my attention at any time that this has in any way hindered prosecution of a case because even in the Marihuana Tax Act there is, for instance, the possession. While it calls for a penalty of 2 to 10 years, imposition of sentence can be suspended or probation can be given. So, as I say, this has not been the case that it has caused any problem that I know of with the prosecutors.

Mr. ROUSH. Well, I ask that question because of my own experience as a prosecuting attorney in a small county where I had to make decisions as to whether to prosecute or not—and maybe I was just being overly compassionate—but there were times when I felt that if I succeeded in a prosecution, the person would be punished too severely, and I showed some restraint when perhaps as a good public servant I shouldn't have shown that same restraint. This is what prompted my question.

Do you agree with the Task Force on Drugs which is part of the President's Commission on Crime, in its recommendation that we reduce the penalty for simple possession from a felony to a misdemeanor?

Mr. GIORDANO. That isn't what the task force said. Now, there was a report in there by one of the consultants of the task force that made this recommendation, but the Commission's recommendation was that the whole problem of marihuana and the dangers of marihuana should be subjected to a full study.

Mr. ROUSH. I had that with me yesterday but I was under the impression this was one of what they called tentative recommendations of the task force. They used the word tentative, but we will verify that later.

You said all violators under 18 years of age are treated as juvenile delinquents and are not subjected to the regular penalties of the act. Now, to what penalties are they subjected?

Mr. GIORDANO. They are tried as juvenile delinquents and they are placed in the custody of the Attorney General, as I recall, usually to the age of 21 and with no criminal record.

Mr. ROUSH. No criminal record was kept of this or at least a record which is subject to public scrutiny?

Mr. GIORDANO. That is right.

Mr. ROUSH. Now, you also said that the provisions of the Youth Corrections Act are available to violators 18 to 22 years old and to many between the ages of 22 and 26. What penalties are they subjected to under this act?

Mr. GIORDANO. They are subject to a penalty of up to 6 years, indeterminate.

Mr. ROUSH. In this instance then they could be subject to a felony penalty?

Mr. GIORDANO. They would be charged, 22 to 26, with a felony, but the penalty would be an indeterminate sentence of up to 6 years.

Mr. ROUSH. It would still be a felony?

Mr. GIORDANO. Yes.

Mr. ROUSH. From your statement and from your reiteration of your statement, I take it you do feel the existence of a criminal penalty for simple possession is a deterrent—

Mr. GIORDANO. Yes; definitely.

Mr. ROUSH (continuing). For potential users.

Mr. GIORDANO. Yes.

Mr. ROUSH. Do you have any studies whatsoever to show this to be true or to verify this? I am not questioning your judgment. I am merely trying to build a record.

Mr. GIORDANO. Let me say, as to studies, the first study where material was furnished that was very well covered was in the 1951 hearings that Congressman Boggs held here at this time which centered around the problem of narcotics and the penalties. In 1956 it was Congressman Boggs who had a subcommittee of the Ways and Means Committee, and former Senator Daniels in a Senate committee—both committees toured the country—during which time this question of were penalties a deterrent and were they helpful was brought up.

We have a chart which I think may be available which will indicate the effect of penalties on the narcotic traffic as such. I am separating that now from the marijuana traffic to show the containment of the narcotic traffic and addiction; reducing the ratio of addiction in the United States.

(The chart referred to appears on p. 65.)

Mr. GIORDANO. Also we have evidence of the effect of penalties on the heroin that is available in the United States. The purity of heroin today is down to about 3 to 5 percent when it's on the street; whereas in the past they were able to get 30-, 40-, 50-percent heroin on the street level. The price of heroin has gone up. In 1956 and 1957 it was about between \$8,000 and \$12,000 a kilo. It's now up to \$30,000. All of this is evidence of the results of the penalty.

We also have learned in the course of our operations through our undercover men, shortly after the 1956 Control Act, which was the one which increased the penalties the last time, people engaged in the traffic were leaving the traffic because of the severity of the penalty and moving into other types of crime, saying in effect, this is too rough. We can earn a dishonest dollar a lot easier than being subject to these penalties. This was also developed during the course of the McClellan hearings on organized crime. In the testimony of Joseph Valachi as to what the action of the Mafia was as a result of the penalties, and the word went out, "get out of the narcotic traffic."

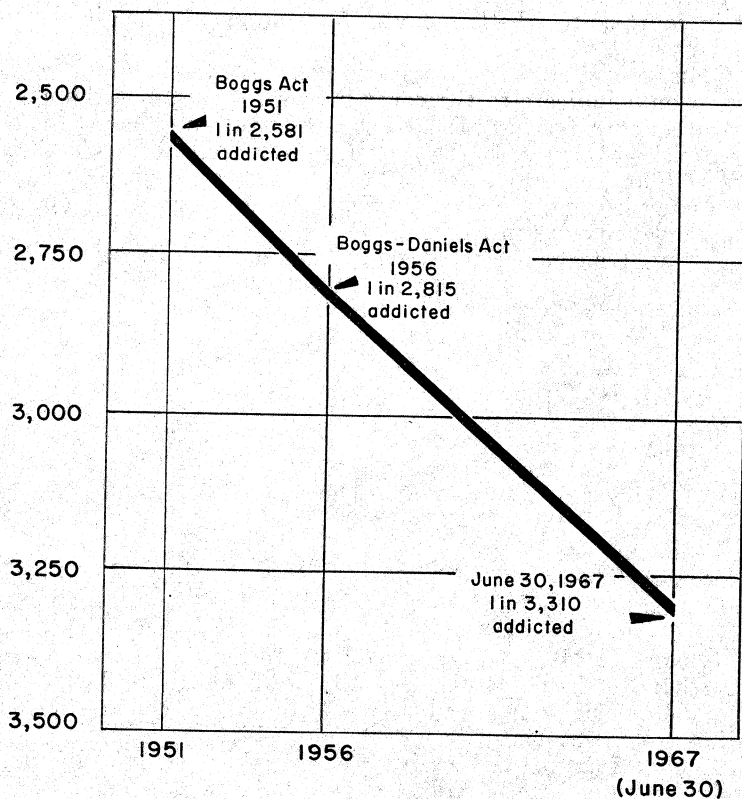
Well, I think this sort of summarizes what we feel points out the benefits of severe penalties.

Another thing is, inasfar as the narcotic addiction is concerned, it's rare to find a narcotic addict when he is either hospitalized or arrested that suffers any type of severe withdrawal. The hospital officials at Lexington say they haven't seen what they refer to as classic withdrawal symptoms for the last 5 or 6 years. We feel that is another indication of what the penalties have done.

We are not saying that penalties alone cure the problem. This certainly is not enough. You have to have good enforcement. You have to have penalties. You have to have an educational program. You have to have treatment.

Mr. ROUSH. Does the existence of a criminal penalty for possession make it easier for your agency to trace the drug back to the supplier?

Mr. GIORDANO. Well, the existence of a criminal penalty makes it easier in that you can't always develop a sale case. The sale case is the

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NARCOTIC ADDICTION TO POPULATION**

most difficult type of case to develop. We are seizing now 200 and 300 pounds of marihuana in possession of persons. If there is no penalty for this, that isn't going to do much to put a dent in the marihuana traffic.

Mr. ROUSH. If the penalty for simple possession was lessened from a felony to a misdemeanor, do you think this would increase the usage or would it seriously hamper the work of your agency?

Mr. GIORDANO. In other words, possession would only be a misdemeanor?

Mr. ROUSH. That's correct.

Mr. GIORDANO. Under those circumstances, this would interfere with the operation of our agency. In other words, it would make the enforcement much more difficult because, as I say, you would have an individual with 200 pounds of marihuana, and it's a misdemeanor. This individual, I think it's obvious, is a trafficker.

Now, if you can't make a sale against him, then you can't charge him with a sale; and, therefore, all you can charge him with is possession and it's a misdemeanor. That certainly isn't in any way going to help control the traffic.

Mr. ROUSH. Wouldn't the quantity which was in possession carry weight in court as to whether it was for sale or whether it was for personal use?

Mr. GIORDANO. Well, to prove a sale you have to show a sale. The quantity would indicate to the court it was for sale, but the charge must be either transferring or acquiring, and you would have to charge the man with acquiring. If the acquiring were only a misdemeanor, that is all that he could be sentenced to. You couldn't charge him with transfer because there is no way you can prove it. You can assume it but you can't prove it.

Mr. ROUSH. Let's go back one step further, to executive seizure. Supposing all we had was authority for executive seizure with regard to marihuana. Now, what would this do to your operation?

Mr. GIORDANO. It would make our effort very difficult and would increase the marihuana problem tenfold.

Mr. ROUSH. Isn't this just exactly what we have in the case of LSD?

Mr. GIORDANO. Yes.

Mr. ROUSH. And isn't it also true that most people of medicine consider LSD a much more powerful, potent, and dangerous drug than marihuana?

Mr. GIORDANO. Yes.

Mr. ROUSH. Then we must have a gap here that should be filled by legislation so as to make the sale of LSD at least equally subject to penalty, possession, and sale, as in the case of marihuana.

Mr. GIORDANO. Mr. Chairman, you are so right. In fact, I think that is what we should have been talking about. Instead of talking about reducing marihuana penalties, we should have been talking about just what you mentioned.

Mr. ROUSH. I am not advocating reducing the penalty. I am merely trying to develop these hearings so we can put this whole matter of drug possession and drug use and drug sale in the proper perspective in order that those you serve here can tackle the problem and tackle it fairly and equitably.

Mr. GRAY. I think perhaps there is one thing that might be important to mention in connection with Mr. Roush's question about the quantity of drugs in ones possession. We raised the same question regarding LSD in prior hearings with the FDA. Apparently one difference in the Drug Abuse Act, as I understand it, is that it provides penalties for holding a drug for sale. In other words, the quantity, according to the testimony we received from the FDA, would be an important factor in any court case. If they could prove by the quantity that it was held for sale, they could make a conviction. From what you

have said to us, it appears this is not the case with respect to marihuana; that you can't convict someone of holding it for sale. Since the violation is the illegal transfer, even if someone is caught with a large quantity of marihuana in his possession without evidence of having paid the transfer tax, so you can't prosecute him for holding it for sale. You can only prosecute him for possession. So if you reduce the penalty for possession, although you feel he intended to sell, some would-be sellers may also get off lighter. Does the distinction I have described have some validity?

Mr. GIORDANO. Yes; I am not fully acquainted with the Drug Abuse Control Act in this particular area, but what you have just said, I think, is exactly what I had hoped to get across.

Mr. ROUSH. Yesterday we discussed a UPI story of October 15 of this year, which stated that for several months HEW had been conducting an investigation aimed at determining whether the present stringent restrictions on use of marihuana and the accompanying criminal penalties should be revised. Were you aware of this investigation and has the Narcotics Bureau participated in it?

Mr. GIORDANO. An investigation by FDA?

Mr. ROUSH. That was HEW.

Mr. GIORDANO. HEW.

Mr. ROUSH. The FDA would have been involved in the investigation, I believe, together with the Public Health Service and the legal office of HEW.

Mr. GIORDANO. No; we were not involved.

Mr. ROUSH. If such an investigation is being conducted, do you feel you should have been involved?

Mr. GIORDANO. Certainly.

Mr. ROUSH. The President's Advisory Commission on Narcotics and Drug Abuse, in its 1963 report, recommended that the functions of the Bureau of Narcotics, relating to the narcotic drugs and marihuana, and FDA's responsibility for investigation of the illicit traffic in dangerous drugs, both be transferred to the Department of Justice. Now, has your Bureau taken any position with respect to this recommendation which would affect your agency?

Mr. GIORDANO. Yes, Mr. Chairman, the Treasury Department opposed that recommendation. Former Attorney General Kennedy opposed the recommendation as well as former Attorney General Katzenbach. In fact, that point was developed during the course of the hearings on the Narcotics Rehabilitation Act.

Mr. ROUSH. Commissioner Goddard stated yesterday that when the FDA's agents find marihuana in the course of one of their investigations they refer the case either to the State or local narcotics agency or to your Bureau. Would you tell us how many cases have been referred to your agency each year since the drug abuse law went into effect?

Mr. GIORDANO. I wouldn't have that figure available. I could try to determine it, Mr. Chairman, but it's very small.

Mr. ROUSH. Very small?

Mr. GIORDANO. Yes.

Mr. ROUSH. Would you be able to supply that for the record?

Mr. GIORDANO. Yes.

Mr. ROUSH. We would like for you to do that.

Mr. GIORDANO. Yes, sir.

(The information referred to follows:)

Since the effective date of the Drug Abuse Control Amendments Act of 1965 (February 15, 1966), Bureau of Drug Abuse Control personnel have referred twelve (12) cases involving actual marihuana violation to the Bureau of Narcotics for determination as to disposition.

Mr. ROUSH. Now, aside from the investigations which I referred to a moment ago, is the Narcotics Bureau cooperating with HEW or other agencies or departments on investigations or studies, relating to the use of marihuana and its effects, and particularly in the area of juvenile delinquents.

Mr. GIORDANO. We are cooperating, Mr. Chairman.

Mr. ROUSH. Can you specify particular programs in which you are cooperating?

Mr. GIORDANO. We are cooperating with the National Institute of Mental Health who are making research studies in this area.

Mr. ROUSH. Is there anything in particular that you have done in this cooperation that you consider significant?

Mr. GIORDANO. Other than exchanging information, I don't think I could point to any specific item.

Mr. ROUSH. Has HEW in turn in its efforts involving marihuana made any contribution to your Bureau which has been helpful to you?

Mr. GIORDANO. Well, you mentioned earlier an investigation being made by them that I was not aware of. So we, of course, didn't receive anything on that. I am aware, of course, of the work that NIMH is doing, and we hope that when that is completed that this will be very beneficial, not only to the work of our Bureau, but to sort of, you might say, set the record straight on this marihuana problem because one of the biggest problems we have is the misinformation about marihuana. I think this has been really why the problem is going up, because there is so much misinformation about how dangerous marihuana is or is not; people suggesting that maybe you ought to try it for yourself and experiment; and professors in the schools using it and encouraging their students to use marihuana. We do have a very serious problem, and we hope that HEW and NIMH can develop information that is going to be able to straighten this out.

Mr. ROUSH. It seems to me Dr. Goddard qualified many of his statements because he said there was a lack of knowledge concerning marihuana and he was advocating that a thorough study be made. Would you agree that this is needed and necessary?

Mr. GIORDANO. There is no question that a thorough study should be made. However, I might say this, Mr. Chairman. There is considerable knowledge on marihuana. I think one of the reasons there is a gap in the knowledge that we have in the United States is that when the Marihuana Tax Act went into effect in 1937, the medical profession here in the United States said it was not of much benefit and therefore it wasn't used in medicine and the research which is generated when you are using something stopped here; but there is research going on in Greece and India and in other countries as to the dangerous properties. The World Health Organization at the time the Single Convention was formed recommended that this was a very dangerous drug.

The expert committee that was at the U.N. in New York at the time—and two of our top men were members: Dr. Eddy and Dr. Isbell—determined there was enough information at that time to determine how dangerous this substance was and where it should be put in the Single Convention.

Mr. ROUSH. Just one more question, Mrs. Dwyer, before I leave the witness. Isn't it true that it's only been within the last year and a half they have been able to safely experiment with marihuana—and I can't give you the scientific reason, but it has to do with isolating certain properties so they can conduct controlled experiments, is that true?

Mr. GIORDANO. Yes, this has been helpful. They have had tetrahydrocannabinols from the natural substance, but it takes a large amount of marihuana. It's been a difficult situation extracting and getting sufficient quantity of tetrahydrocannabinols to be able to use them.

Now, they have synthesized it, and it's a more stable product.

Mr. ROUSH. Mrs. Dwyer.

Mrs. DWYER. Thank you, Mr. Chairman, I am sorry we don't operate under a 5-minute rule because the minority members aren't going to have much time to ask questions.

However, Mr. Commissioner, I want to be repetitious in this. I take it that you believe that the laws concerning possession of marihuana should not be less stringent and that we have an increase in the use of marihuana in spite of existing legal penalties because of the breaking down of other laws in this country today. Do you not believe that? If the laws on marihuana were less stringent, would we have less users?

Mr. GIORDANO. The situation would improve? No, it would not improve. It would get worse.

Mrs. DWYER. Thank you very much. Do you believe there is a different relationship between the use of marihuana and the use of heroin or other dangerous drugs? In other words, have you found that marihuana is the first step and then on to heroin and do you have any statistics to show this is so?

Mr. GIORDANO. I have, Mr. Chairman, several charts here which I think you may want to introduce and the staff can look them over, which list addicts and also show the number of marihuana arrests. But let me say of the 60,697 active addicts, 90 percent of those started on marihuana.

Mrs. DWYER. These are unusual statistics. Will you repeat that, please?

Mr. GIORDANO. Of the 60,697 addicts that are currently heroin addicts, 90 percent of those started on marihuana. I want to be clear on this. It's a steppingstone. Now, this doesn't say that just because somebody smokes a marihuana cigarette he is going on to heroin, but it's a trigger.

Mrs. DWYER. Does the Bureau of Narcotics have any figures which show that an arrest of a youth for mere possession has a deterrent effect, that there were far fewer rearrests for use of marihuana or other drugs?

Mr. GIORDANO. Mrs. Dwyer, we would not have those figures because, as I say, our statistics are geared to the traffickers; and as you see, they are either sellers or possessors who may use it but are pri-

marily traffickers. Just the smoker, I don't think we would have any statistics on that. We could possibly try to find them for you.

Mrs. DWYER. Would a study of this be helpful to show the deterrent effect?

Mr. GIORDANO. I am sure this is one of the things that NIMH is having studies made on, the marihuana user and the relationship of how they got started and why, and so forth. This most likely would develop in that study and I think the study is being made out in California. California is really the prime area of concern in marihuana. I think this is where we have most of the problem.

Mrs. DWYER. Which has increased more, illegal use of marihuana or illegal use of LSD and other drugs under the jurisdiction of FDA?

Mr. GIORDANO. Well, I would say that—and here, as Dr. Goddard spoke about California, so I am going to go on the basis of California—the upsurge has been just about the same: marihuana, LSD, dangerous drugs.

Mrs. DWYER. Do you feel then that the statements made today by various people throughout the country that perhaps marihuana is not harmful are irresponsible statements in view of the fact there is talk about a review of the whole marihuana situation and that this may actually encourage the use of marihuana?

Mr. GIORDANO. It's most unfortunate that statements have been made and people have been quoted or misquoted. As I mentioned earlier, we can almost trace the rise in the marihuana problem to the period of time that LEMAR was formed, which was a group to legalize marihuana. We were getting the reports that marihuana wasn't any more dangerous than alcohol. We were having people who should know better speaking out in this same vein. This was about 4 years ago, and in California this chart shows in the middle of 1965 marihuana arrests going up, other drug arrests going up; and there is no question in my mind that this attitude, this permissive attitude, has really brought about this increase in the marihuana problem.

Now, here we get to where we say, well, under those circumstances let's take away the penalty. To me, those charts will go right through the roof the moment you do that.

Mrs. DWYER. Two quick questions and then I will bow to my colleague. Since there is no penalty for use or possession of dangerous drugs under the jurisdiction of the FDA, is there a tendency on the part of persons to use these drugs rather than marihuana?

Mr. GIORDANO. I wouldn't have any information on that, Mrs. Dwyer.

Mrs. DWYER. Do you work closely with the New Jersey State Narcotics Commission?

Mr. GIORDANO. Yes, we have for years.

Mrs. DWYER. You would agree it's a good commission. Of course, they opposed very violently this statement of Dr. Goddard as you probably know.

Mr. GIORDANO. A lot of people have.

Mrs. DWYER. I am talking about New Jersey now. Thank you very much, Mr. Commissioner.

Mr. ROUSH. Which statement are you referring to of Dr. Goddard's?

Mrs. DWYER. The general tenor of what he said yesterday would lead one to believe that this marihuana question needed review because per-

haps it wasn't as dangerous as some supposed it was, although his statement certainly seemed to show that there was danger in the use of marihuana.

Mr. ROUSH. I just wanted to make sure it was not the statement which he made on the university campus, which I think was discredited; that is, as reported in the newspapers yesterday. I am sure he didn't mean that.

Mrs. DWYER. He admitted yesterday on the witness stand what he did say was very unwise. Do you recall that?

Mr. ROUSH. I don't recall him using those words, but I am not here to argue.

Mrs. DWYER. I asked him the question and he said, yes.

Mr. ROUSH. I just wanted to make sure you weren't referring to the statement which was improperly attributed to Dr. Goddard on the university campus and it was not that statement with which the Narcotics Commission of New Jersey was disagreeing; and I could not agree with you more in your attitude toward the unwise and the impropriety—

Mrs. DWYER. Of what he actually did say.

Mr. ROUSH. No; of a relaxed attitude toward marihuana. I wanted to keep the record clear.

Mrs. DWYER. Is that all, Mr. Chairman?

Mr. ROUSH. Yes, Mr. Dole.

Mr. DOLE. Let me say, as far as I am concerned, the record can show that the statements attributed to Dr. Goddard have not been discredited in my view. Second, I don't want to involve the head of the Bureau of Narcotics in exchanges with any other person, but you did touch upon a point that has been raised in other statements, whether or not in your opinion you feel marihuana is more dangerous than alcohol. It has been bandied about by some people that it is no more dangerous to smoke marihuana than it is to have a cocktail.

What are your views in this area?

Mr. GIORDANO. I think my views are clear. I think marihuana is a very, very dangerous drug. I think it has been proven to be a dangerous drug, and I think it's very unfortunate that they should associate it with another substance which may be dangerous also—I think people agree it is dangerous—but they are two different things.

Mr. DOLE. You mean they have different physiological reactions?

Mr. GIORDANO. Definitely.

Mr. DOLE. Then second, in your opinion is the so-called pure form of marihuana as dangerous as LSD?

Mr. GIORDANO. Well, there are indications that the tests that are being made by Dr. Isbell on the tetrahydrocannabinols show he is arriving at the conclusions that it is as dangerous.

Mr. DOLE. Let me say, too, that I certainly concur with the statement you made, not only in your prepared statement, but in your response to questions that, instead of discussing the abolition of controls over marihuana possession or lessening up the penalties, we ought to be talking about penalties in other areas. We should not be talking about reducing penalties. We ought to be talking about changing the Drug Abuse Control Act and providing penalties for possession of LSD and other drugs covered under that act. I recognize that you are not charged with the jurisdiction or administration of the Drug Abuse

Control Act, but, in your opinion, based on your 27 years' experience within this general area, how do you feel about making amendments to that act which would provide penalties for possession and which would increase penalties for the illegal manufacture, distribution, or sale from misdemeanor to a felony?

Mr. GIORDANO. Well, as you say, that is not in my area; but speaking as an enforcement officer on this, I think actually Food and Drug feels they should have stronger penalties for sale. I think the only question is about possession. We feel that as enforcement officers, and knowing that when you want to control something, what you have to do is to provide penalties for possession.

Mr. DOLE. There has been some talk, and I think I have read a few newspaper clippings, about the development of synthetic marihuana. I am wondering who will have jurisdiction over this. Will it be the Bureau of Narcotics?

Mr. GIORDANO. Well, we have, as I say, jurisdiction now over cannabis and any of its derivatives and, of course, the natural tetrahydrocannabinols we have jurisdiction over. This new synthetic is not covered under the Marihuana Tax Act; however, we in the Treasury Department will be submitting legislation to cover it under the Marihuana Tax Act.

We had this problem develop in relation to narcotic drugs. The original Harrison Act did not provide for the synthetic drugs. It just provided for the natural derivatives and Demerol came along which was a synthetic, and initially it wasn't supposed to be harmful. Doctors pointed out it was nonaddicting but it turned out to be very addicting. So, Congress passed the "opiate" procedure part of the Harrison Act so any narcotic drugs that are made synthetically or any drugs made synthetically that had narcotic properties are covered immediately, and this we hope to provide under the Marihuana Tax Act for any synthetics that come out.

Mr. DOLE. I think yesterday it was at least indicated that perhaps the FDA would have jurisdiction over synthetic marihuana; so you would have at least a conflict where under the natural derivative there would be a penalty and under the FDA on synthetic marihuana there would be no penalty for possession.

Mr. GIORDANO. They would have jurisdiction over it as a new drug to that degree.

Mr. DOLE. You don't see any problem as far as enforcement or penalties because it's a synthetic marihuana?

Mr. GIORDANO. No, we wouldn't have any problem there. Actually this substance is very, very difficult to make, and the problem of it getting into illicit traffic at this time is quite remote; but we will have legislation to introduce to Congress to cover that.

Mr. DOLE. Do you feel that the fact that penalties are provided for possession or use of marihuana have been an aid to your Bureau in prosecuting illegal distributors or sellers by encouraging the users or possessor to disclose their source of supply? Does the penalty have any benefit in that area?

Mr. GIORDANO. Well, I don't think that would necessarily be just confined to the possession penalty. I think penalties, adequate penalties at times will induce somebody to disclose their source of supply in the hopes that the court would in some way mitigate the sentence.

Mr. DOLE. I think generally since the bell has rung, I will ask only a few more short questions.

Certainly you are not advocating any legalizing of possession of marihuana?

Mr. GIORDANO. Absolutely not.

Mr. DOLE. You are not advocating this morning that we relax the controls or reduce the penalties for possession of marihuana?

Mr. GIORDANO. No, sir.

Mr. DOLE. Do you feel, as you have indicated, that the present law has been a deterrent?

Mr. GIORDANO. Yes, it has.

Mr. DOLE. Do you have any areas where you feel perhaps the law could be improved by either making the penalties more stringent or perhaps, as Mr. Roush commented earlier from the prosecution standpoint, making some provision where you wouldn't tag the person with a felony. Do you have any suggestions in that area?

Mr. GIORDANO. No, I don't have any suggestions. Of course, let me say that the penalties of the law are always continually under review by the Bureau and by the Treasury Department, and in fact as I mentioned the law was modified just last year to make parole available to the marihuana trafficker as they felt maybe he would be more susceptible to rehabilitation than the man involved in the heroin traffic. This is something that we will watch now to see what happens as a result of making parole available, will this be beneficial? So, as to the penalties and the law, we are always reviewing it and looking at it, as has Congress the past 15 years.

Mr. DOLE. Thank you very much.

Mr. ROUSH. Thank you. One question. Do you have reliable information on the extent of marihuana use in this country as compared to its use in other countries where there are no penalties for its possession?

Mr. GIORDANO. I don't think that we would be able to give any figures on that. One of the most difficult things—I may help the committee here—is to assess something like marihuana use. In other words, heroin use you can assess. You can tell when a man is using heroin or any narcotic drug. They go through withdrawal and the doctors can tell. There is as yet no medical test to determine whether or not someone has consumed marihuana, smoked it, or otherwise. Incidentally, at the University of Indiana I believe the two doctors who developed the alcohol test are now working on trying to come up with something to determine if you can tell if somebody has used marihuana. So the figures that you would give on marihuana use are rather innocuous. You could count the number of people that said, "I smoked marihuana." There is no way to tell if somebody just let them take a puff, did they smoke two cigarettes, are they smoking it every day; so this is a problem in trying to come up with figures because the figures wouldn't really tell you anything.

Mr. ROUSH. What quantity of marihuana is used in this country for research purposes such as you are describing and is there any evidence of this being diverted to illegal use?

Mr. GIORDANO. We have the figures. It's usually 10 or 12 pounds that we turn over to the various ones that are making the research. They have to report back to us what they use it for; they have to maintain

records on how it's handled and so forth. So I would doubt that we are getting any problem there with a diversion from that used in research.

But I did want to get into this a little bit. Just one of the things that we feel is a problem with marihuana, and it is difficult to prove, is the number of automobile accidents that are a result of someone using marihuana. We know what happens when they smoke marihuana. I think it has been explained to the committee—time, depth perception—and this is one of the reasons that the two doctors at the University of Indiana are trying to develop this test.

Mr. ROUSH. Is one of them Dr. Borkinstein?

Mr. GIORDANO. I forget, but you know they are working on this test which will be very helpful because if they can develop a medical test then you can get a little bit better idea of just what the numbers are.

Mr. ROUSH. If he does as well in this area as they did there on the breathilizer, or whatever they call it, for the purpose of determining alcohol content in the blood, they will do very well.

We are very grateful to you for coming here this morning, and I think all of us appreciate the tremendous job that your Bureau has done and the service you have rendered this country. We want you to know that there are people who do appreciate your efforts and, as I stated before, we were merely seeking information and facts here this morning, and I would hope that the questions, particularly those which I asked, would not indicate a lenient view on the use of narcotics. I consider it to be one of the Nation's great problems, and hopefully we might be able to solve it through the cooperation of people like yourselves and others working in this field.

Thank you.

Mr. GIORDANO. Thank you very much, Mr. Chairman.

(Whereupon, at 11:10 a.m. the subcommittee was adjourned.)

