

MYTH

MARIJUANA USE CAN BE PREVENTED. Drug education and prevention programs reduced marijuana use during the 1980s. Since then, our commitment has slackened, and marijuana use has been rising. By expanding and intensifying current anti-marijuana messages, we can stop youthful experimentation.

“The absence of a concerted effort to discourage marijuana use . . . allowed it to be catapulted back into fashion.”¹¹

“We are committed to making America a drug-free society. We will do whatever it takes.”¹²

“The answer to recent increases in teen drug use is renewed prevention efforts that have at their core a no-use message.”¹³

“We have to roll up our sleeves and get busy educating all Americans about the dangers of marijuana use.”¹⁴

“If [we] were doing two to three times what we’re doing now through the media . . . we would break the back of the [marijuana] problem in three years. It’s predictable.”¹⁵

“We know that a drug-free America is within our grasp. . . . We have learned to reduce demand successfully.”¹⁶

FACT

THERE IS NO EVIDENCE THAT ANTI-DRUG MESSAGES DIMINISH YOUNG PEOPLE’S INTEREST IN DRUGS. Anti-drug campaigns in the schools and the media may even make drugs more attractive. Marijuana use among youth declined throughout the 1980s, and began increasing in the 1990s. This increase occurred despite young people’s exposure to the most massive anti-marijuana campaign in American history. In a number of other countries, drug education programs are based on a “harm reduction” model, which seeks to reduce drug-related harm among those young people who do experiment with drugs.

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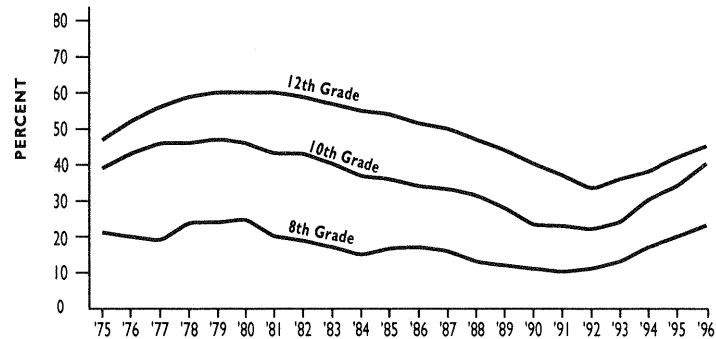
Preventing Marijuana Use

TODAY’S adolescents have been bombarded with anti-marijuana messages. They were born in the early 1980s, just as President Ronald Reagan was focusing the drug war on marijuana,⁷ and just as Nancy Reagan was introducing her “just say no” slogan to American culture.⁸ Today’s teenagers have had more drug education than any cohort of young people in American history. About half have received the DARE (Drug Abuse Resistance Education) program, which sends uniformed police officers into the schools to teach anti-drug lessons.⁹ Nearly all the rest have received other types of drug education, sometimes as early as kindergarden.¹⁰ Today’s teens have seen an average of one Partnership for a Drug-Free America advertisement every day for years.¹¹ They have seen anti-drug messages on shopping bags, comic books, home videos, restaurant place mats, candy wrappers, bumper stickers, bookmarks, billboards, and the sides of buses.¹² Over and over they have been warned of marijuana’s dangers and told that its use is socially unacceptable.

Despite this onslaught of anti-drug messages, the number of teenagers trying marijuana began rising in 1992, and has risen

FIGURE 20-1

TRIED MARIJUANA ONCE OR MORE IN THEIR LIVES
HIGH SCHOOL STUDENTS, GRADES 8, 10, AND 12
1975-1996



Based on data from *National Survey Results on Drug Use from the Monitoring the Future Study*, National Institute on Drug Abuse. Data for 8th and 10th graders prior to 1991 are retrospective reports from high school seniors. Prevalence rates for 8th graders prior to 1991 have been adjusted to compensate for seniors' underreporting of 8th-grade use.

every year since (see figure 20-1). Today, as always, rates are higher among older adolescents than younger adolescents. According to a national survey of high school students, in 1996, 45 percent of twelfth graders had tried marijuana, compared to 40 percent of tenth graders and 23 percent of eighth graders.¹³

Fortunately, most youthful marijuana users are experimenters. In 1996, about half of all students who tried marijuana had not used it in the month prior to the survey.¹⁴ Of eighth graders who tried marijuana, nearly half had used it only once or twice.¹⁵ Most young people who try marijuana are normal and well-adjusted. In a recent study, marijuana experimenters were found to have fewer social and psychological problems than their non-marijuana-using peers.¹⁶

In the last few years, as marijuana use among adolescents has increased, so has the number reporting daily marijuana use (defined as use twenty or more times a month). However, daily marijuana use is still uncommon, and often temporary. About 12 percent of high

school seniors reported a period of daily marijuana use at some point in their lives, but nearly two-thirds of this group no longer used marijuana this frequently at the time of the survey. In 1995, less than 1 percent of eighth-grade students reported using marijuana on a daily basis.¹⁷ These young heavy marijuana users often use other drugs heavily, and typically have multiple social and psychological adjustment problems that date back to early childhood.¹⁸

Government officials have responded to the increase in youthful marijuana use by calling for a redoubling of prevention efforts. Health and Human Services (HHS) Secretary Donna Shalala argues unconvincingly that “the resurgence in marijuana use is happening *despite* the overall success of substance abuse efforts, not as a result of their failure.”¹⁹ Shalala’s plan for “stopping this new trend in its tracks” is to repeatedly tell American youth that “marijuana is illegal, marijuana is dangerous, marijuana is unhealthy, and marijuana is wrong.”²⁰ National Institute on Drug Abuse (NIDA) director Alan Leshner says, “We must act decisively to remedy these backsliding attitudes.”²¹ Drug Czar Barry McCaffrey claims that “anti-drug messages have demonstrated the ability to influence attitudes . . . [but they] must be repeated with adequate frequency.”²² He predicts that placing \$3 million worth of anti-drug advertisements on popular television shows for children “absolutely will turn around drug abuse by youngsters.”²³

Government officials’ faith in the power of messages—whatever their origin—to influence the drug-use decisions of young people has no support in the scientific literature. Media campaigns have never been shown to reduce illegal drug use among adults or adolescents.²⁴ Today’s anti-drug ads, compared to those of earlier decades, are technically superb and clever. Some of the Partnership for a Drug-Free America’s images—such as the “this is your brain on

drugs” fried egg—are remembered by nearly everyone who sees them.²⁵ Partnership ads have been shown to strengthen anti-drug attitudes among young children and non-drug-using adults. However, they have no apparent effect on the attitudes or drug-taking behavior of teenagers.²⁶

Mass campaigns against drugs can even be counterproductive. The primary consequence of public warnings about glue-sniffing in the 1960s seems to have been to introduce glue-sniffing to young people who otherwise might never have heard of it.²⁷ Today’s anti-drug ads—using the same techniques that advertisers use to make consumer products more attractive and desirable—may increase some teens’ interest in drugs. The resurgence of marijuana’s “glorification” in the popular culture—in movies, music, and hip hop fashion—supports this view.²⁸ Anti-marijuana campaigns preceded increases in marijuana use during the 1930s and 1960s, and may have contributed to them.²⁹ Rather than preventing marijuana use, messages that exaggerate marijuana’s dangers may actually provoke youthful rebellion.

Similar dilemmas surround school-based anti-drug programs. During the past thirty years, many different approaches to drug education have been tried. Few have been carefully evaluated. When research has been done, it has shown either no effect of drug education on student drug use, or a small effect of short duration.³⁰

The most popular form of drug education today is “refusal skills training,” which teaches students verbal techniques for resisting pressure by peers to try alcohol, tobacco, and illicit drugs.³¹ According to U.S. Department of Education guidelines, refusal skills drug education programs should never reveal that the research on drugs’ effects is inconclusive, or that public opinion on the morality of using drugs is divided. The guidelines say that terms such as

“casual,” “recreational,” and “responsible” drug use should not be used because they “tend to foster a belief that some drugs, especially marijuana, are not particularly harmful if used in moderation.” Because “it is essential that there be no confusion,” the guidelines propose that the zero-tolerance message “be clear, consistent, and positively communicated . . . at every grade level in the K-12 sequence.”³²

Studies show that zero-tolerance refusal skills training programs are no more effective than drug education programs of previous decades. One group of researchers, who designed and evaluated the Midwestern Prevention Project, reported reduced marijuana use up to three years after students received the program.³³ However, most studies have found either no reduction in marijuana use or a slight reduction that disappears quickly after the program has ended.³⁴ Several recent studies report that DARE—the most popular drug education program in the United States today—has no effect on teenagers’ attitudes toward drugs and no effect on their drug-use behavior.³⁵

Researchers in California found that a majority of students are dissatisfied with their drug education programs and distrustful of the information presented by their instructors—feelings that increase in intensity as students get older.³⁶ By the eighth grade, a majority of American youth have obviously rejected the no-use message; about half have used alcohol, nearly as many have smoked tobacco cigarettes, and about 20 percent have tried marijuana or used inhalants.³⁷ Most schools, as part of a zero-tolerance policy, impose sanctions, including possible expulsion, on detected drug users.³⁸ Students are, therefore, naturally reluctant to discuss their own drug experiences in drug education classes.³⁹ Indeed, since the explicit purpose of drug education is to prevent drug experimentation, the topic of drug *use* is practically forbidden. Department of Education guidelines warn teachers to keep all “personal drug experiences”

out of the classroom, to avoid “creating conflict and uncertainty in the non-using student.”⁴⁰ Drug education classes provide no information on the relative risks of different drugs, different doses, different routes of administration, or different patterns of use. In practice, drug education programs in American schools do not provide much education.

In a recent review, the United States General Accounting Office criticized the Department of Education and HHS for “unnecessarily limiting the search for successful drug abuse prevention programs by considering only those with a no-use approach . . . despite a lack of evidence demonstrating the superiority of this approach over others.”⁴¹ A number of researchers, psychologists, and drug-policy analysts have also criticized current zero-tolerance approaches as ineffective and counterproductive.⁴² The alternative approach they offer was endorsed by NIDA in the 1970s⁴³ and incorporated into some of NIDA’s early drug education materials.⁴⁴ This alternative approach asserts that moralizing about drugs is ineffective; that exaggerating drugs’ dangers is counterproductive; that expecting students to be totally abstinent is unrealistic; and that the appropriate goal of drug education is to reduce drug *abuse* rather than drug *use*. Despite widespread support from drug educators,⁴⁵ NIDA abandoned this approach in the early 1980s under pressure from President Ronald Reagan,⁴⁶ Secretary of Education William Bennett,⁴⁷ and anti-drug organizations.⁴⁸ In the years since, zero-tolerance ideas have dominated federally funded drug prevention efforts.

Other countries, such as England, Australia, and the Netherlands, have moved in the direction of “harm reduction” drug education.⁴⁹ Proponents of harm reduction do not encourage or condone drug use, but they do assume that most adolescents will

eventually experiment with psychoactive substances. In health education classes young people are cautioned about the risks of using drugs. However, most harm reduction programs target teenagers who have already begun to experiment with drugs. For example, in England, an organization called Lifeline⁵⁰ produces postcards, posters, and brochures with explicit advice about safer ways to use drugs, and distributes these materials to young people through community organizations, movie theaters, and record stores. Harm reduction workers visit popular dance clubs to urge the users of Ecstasy and other stimulant drugs to consume enough water to avoid dehydration. In some clubs, dancers can submit drug samples to government workers for on-the-spot chemical analysis to detect counterfeiting and contamination.⁵¹ In the Netherlands, government officials deliver brochures to marijuana “coffee shops” to warn consumers—particularly foreign visitors—about possible adverse effects from eating marijuana-laced cookies or brownies.⁵²

Harm reduction ideas are not foreign to Americans. For example, campaigns that encourage designated drivers and urge friends not to “let friends drive drunk” represent attempts to lessen the harms of alcohol consumption without necessarily reducing the number of alcohol users.⁵³ Many parents unconditionally offer to drive their teenagers any time the alternative is accepting a ride from an alcohol-impaired driver. Some parents also offer their children harm reduction advice about marijuana and other drugs.⁵⁴ Although nearly all parents hope their teenage children will not use marijuana, many understand that experimentation is common, and does not lead inevitably—or even usually—to regular use.⁵⁵

The British Wootten Report, 1969

The association in legislation of cannabis and heroin . . . is inappropriate and new legislation to deal specifically and separately with cannabis . . . should be introduced as soon as possible. . . . Possession of a small amount of cannabis . . . should not be punished by imprisonment. . . . Sale or supply of cannabis should be punishable . . . with a fine not exceeding £100, or imprisonment for a term not exceeding four months.¹

The Canadian LeDain Commission Report, 1970

Since cannabis is clearly not a narcotic we recommend that the control of cannabis be removed from the Narcotic Control Act. . . . The Commission is of the opinion that no one should be liable to imprisonment for simple possession.²

National Commission on Marihuana and Drug Abuse, 1972

Marihuana's relative potential for harm to the vast majority of individual users and its actual impact on society does not justify a social policy designed to seek out and firmly punish those who use it. . . . Existing social and legal policy is out of proportion to the individual and social harm engendered by the drug.³

The Dutch Baan Commission, 1972

The current law does not respect the fact that the risks of the use of cannabis cannot be equaled to the risks of the use of substances that are pharmacologically much more potent. . . . This hurts the credibility of the drug law, and the prevention efforts based on the law are made untrustworthy.⁴

Commission of the Australian Government, 1977

Legal controls [should] not [be] of such a nature as to . . . cause more social damage than use of the drug. . . . Cannabis legislation should be enacted that recognises the significant differences between . . . narcotics and cannabis in their health effects. . . . Possession of marijuana for personal use should no longer be a criminal offence.⁵

National Academy of Sciences Report, 1982

The advantages of a policy of regulation include . . . the savings in economic and social costs of law enforcement . . . , better controls over the quality and safety of the product, and, possibly, increased credibility of warnings about risks.⁶

Australian National Drug Strategy Committee, 1994

Australia experiences more harm . . . from maintaining cannabis prohibition policy than it experiences from the use of the drug. . . . We conclude that cannabis law reform is required in this country.⁷

Report by the Dutch Government, 1995

It has been demonstrated that the more or less free sale of . . . [marijuana] for personal use in the Netherlands has not given rise to levels of use significantly higher than in countries which pursue a highly repressive policy. . . . Dutch policy on drugs over the last twenty years . . . can be considered to have been successful.⁸

Conclusion: Science, Politics and Policy

IN 1972, after reviewing the scientific evidence, President Nixon's Shafer Commission said it was "of the unanimous opinion that marihuana use is not such a grave problem that individuals who smoke marihuana, and possess it for that purpose, should be subject to criminal prosecution." Between 1969 and 1977, government-appointed commissions in Canada, Britain, Australia, and the Netherlands issued reports that agreed with the Shafer Commission's conclusions. All found that marijuana's dangers had been greatly exaggerated. All urged lawmakers to drastically reduce penalties for marijuana possession, or eliminate them altogether.

The Shafer Commission

The Shafer Commission was appointed in response to the increase in marijuana use by middle-class youth, which began in the 1960s. By 1970, marijuana had become a mainstream recreational drug. The commission's national survey found that 40 percent of Americans between the ages of eighteen and twenty-five had smoked marijuana. Thirty percent of high school juniors and seniors and

17 percent of freshmen and sophomores had tried marijuana at least once.⁹

The Shafer Commission concluded that, given marijuana's widespread use, law enforcement officials were powerless to stop it. Marijuana use had increased despite harsh criminal penalties against its sale, possession, and use. Arrests for marijuana possession had been increasing steadily and dramatically. In 1965, 18,000 people were arrested for marijuana possession. By 1970, the number had reached 180,000. Most of those arrested were marijuana users who possessed small amounts for personal use. Two-thirds possessed less than one ounce of marijuana and 40 percent possessed less than five grams—the equivalent of one to five joints.¹⁰

The Shafer Commission argued that arresting and prosecuting youthful marijuana users harmed them irrevocably—disrupting their education, giving them a permanent criminal record, and diminishing their future employment opportunities. Most of the people arrested for marijuana possession in 1970 had never been arrested before. Forty-five percent were employed and 27 percent were full-time students. The commission concluded “that the criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use.” A “better method,” it said, was “persuasion rather than prosecution.”

In other ways as well, the Shafer Commission concluded that marijuana laws in the United States created more harm to users and society than the use of marijuana. Members believed that enforcing the marijuana laws wasted criminal justice resources, and encouraged police tactics that were “on the edge of constitutional limitations.” They worried that the “disrespect which the laws and their enforcement engender in the young” would foster “disrespect for all law and the system in general.” The commission argued that

criminal laws required “an unquestioned consensus . . . about the undesirability of a particular behavior”—near unanimous disapproval of the sort that existed for crimes such as murder, theft, child-beating, and incest. This consensus did not exist for marijuana. The commission conducted a survey of the general population and separate surveys of police officials, prosecutors, and judges. These surveys showed that a substantial minority of Americans supported removing all legal controls over marijuana. A clear majority thought marijuana users should not be arrested and prosecuted.¹¹ Only 13 percent of judges thought that people possessing marijuana deserved to go to prison.¹²

Based on its assessment of the harms of marijuana and the harms of marijuana policy, the Shafer Commission concluded that the existing marijuana-prohibition system did not serve the best interests of society. It urged Congress and state legislatures to decriminalize marijuana. It said that, for the time being at least, marijuana cultivation and large-scale distribution should remain illegal. However, it recommended that the “possession of marijuana for personal use” and the “casual distribution of small amounts of marijuana” no longer be criminal offenses.

The Marijuana-Law Reform Movement

For a while in the 1970s, it looked as if marijuana decriminalization would be widely implemented in the United States. The Shafer Commission's recommendations were endorsed by many prestigious professional organizations. These included the American Bar Association, the American Medical Association, the National Conference of Commissioners on Uniform State Laws, the National Advisory Commission on Criminal Justice Standards and Goals, the American Public Health Association, the National Council

of Churches, the National Education Association,¹³ and the New York Academy of Medicine.¹⁴

Across the country, government officials, lawyers, police chiefs, prosecutors, judges, physicians, newspaper editors, and other public figures repeated the Shafer Commission's arguments in support of marijuana decriminalization.

- President Jimmy Carter said, "Penalties against a drug should not be more dangerous to an individual than use of the drug itself; and where they are they should be changed. Nowhere is this more clear than in the laws against possession of marijuana. . . . Therefore, I support legislation amending federal law to eliminate all federal penalties for the possession of up to one ounce of marijuana."¹⁵
- Senator Philip Hart, whose teenage son had spent twenty days in jail for possessing less than one joint of marijuana, said, "That is all the evidence I needed to convince me that it—marijuana prosecution policy—was a topsy-turvy operation and made no sense."¹⁶
- A Mississippi legislator warned parents: "We're putting children in jail and ruining their lives; your children and your neighbors' children are in severe jeopardy."¹⁷
- In 1975, director of the National Institute on Drug Abuse (NIDA) Robert DuPont argued, "The single most striking characteristic about marijuana is [its] low toxicity. . . . Marijuana use should be discouraged," but "we want to get away from using prison or the threat of prison for the simple possession of marijuana."¹⁸
- The Commissioner of Public Safety in Alaska stated, "Nobody in law enforcement objects to lessening the penalty for the

possession of small amounts by an individual for his own use."¹⁹

- A sponsor of a decriminalization bill in Minnesota reported, "There are a lot of young people in my district who smoke pot. . . . Enforcement of the present law involves a lot of expense."²⁰
- U.S. Representative Dan Quayle said, "Congress should definitely consider decriminalizing possession of marijuana. We should concentrate on prosecuting the rapists and burglars who are a menace to society."²¹
- A Colorado district attorney claimed that marijuana criminalization was "the single most destructive force in society—in terms of turning our children against the system."²²
- A Republican legislator told the Oregon state legislature that "prohibition was not the answer to our alcohol problem in 1919, nor is it the answer to the marihuana problem in 1973."²³

Even before the Shafer Commission was appointed, Congress and most state legislatures had eliminated mandatory prison terms for marijuana offenses, following the advice of President Kennedy's Advisory Commission on Narcotics and Drug Abuse in 1963²⁴ and President Johnson's Commission on Law Enforcement and the Administration of Justice in 1967.²⁵ By 1977, all but eight states had reduced marijuana possession from a felony to a misdemeanor. Ten states had eliminated criminal penalties for possessing up to one ounce of marijuana.²⁶ By 1978, the marijuana-law reform movement was over. That year, Nebraska, the last state to decriminalize marijuana, made marijuana possession a "civil offense," carrying a maximum fine of \$100.²⁷

The Anti-Marijuana Movement

In 1974, a small group of scientists and psychiatrists challenged

the Shafer Commission's assessment of marijuana's effects at hearings organized by Senator James Eastland of Mississippi.²⁸ Many witnesses at the Eastland hearings had themselves conducted animal or cellular studies showing possible biological harm from marijuana. Essentially all thought that using marijuana was immoral. All supported maintaining strict criminal laws over marijuana sale and use. These early opponents of marijuana decriminalization, however, were unable to translate their views into political action.²⁹

Throughout the 1970s, marijuana use continued to increase, particularly among adolescents. By 1977, 56 percent of high school seniors, 45 percent of sophomores, and 19 percent of eighth graders had tried marijuana at least once.³⁰ In response, a grass-roots anti-marijuana movement emerged. It was led by groups of parents who first organized at the local level, primarily for the purpose of preventing their own teenage children from using marijuana. They were angered by NIDA publications which suggested that occasional marijuana use was a relatively harmless activity.³¹ Indeed, they blamed this view for marijuana's increasing popularity among American youth.³²

Within a few years, the parents' groups formed several national associations, including the Parents Resource Institute for Drug Education (PRIDE), the National Federation of Parents for Drug-Free Youth, and Families in Action. These organizations solicited money from civic organizations, businesses, and government agencies, and recruited new members through conferences, workshops, and newspaper advertisements.³³ In communities across the country, and particularly in middle-class suburbs, parents' groups formed, and affiliated with the national associations.³⁴ Many of the parents who joined these groups had never used marijuana and knew little about its effects. They were certain, however, that they did not want

their children to use it. They understood that marijuana's growing acceptance in the culture made it harder for them to produce drug-free children.

The parents' organizations engaged in a variety of political activities aimed at reversing the liberal policies of the 1970s. They lobbied Congress and state legislatures for stricter laws against marijuana, and urged the police to enforce existing laws more vigorously. They pressured school officials to adopt zero-tolerance drug education programs. They persuaded NIDA to devote more resources to drug prevention, and to eliminate educational materials that were "soft" on marijuana.³⁵

Robert DuPont, the first director of NIDA, reports that the concerns of the parents' groups converted him from a marijuana decriminalizer to an anti-marijuana activist.³⁶ Before leaving NIDA in 1978, DuPont commissioned one of the parents' groups' founders, Marsha Manatt, to write *Parents, Peers, and Pot*, a pamphlet which NIDA distributed widely. This document told the stories of "model children" whose lives had been permanently harmed by marijuana. It claimed that recent scientific studies had found evidence of serious biological harm from marijuana. It said that marijuana damaged the lungs, brain, and heart, caused hormonal abnormalities, infertility, sexual dysfunction, immune impairment and, in adolescent males, was associated with breast enlargement.³⁷

In the late 1970s, articles about marijuana's biological, psychological, and social dangers also began appearing in popular magazines such as *Saturday Evening Post*, *McCalls*, *Good Housekeeping*, and *Ladies Home Journal*.³⁸ *Reader's Digest* published several articles about marijuana, including a four-part "Marijuana Alert" series by Peggy Mann, a writer of children's books. These articles were even more alarmist than *Parents, Peers, and Pot*. Mann reported that marijuana

has a “dramatically impairing effect on cells,” “can damage every human organ,” and “can damage man’s most precious possessions: the mind, the personality, the spirit.” She warned that “pot smokers may be unwittingly damaging their brains, and decreasing their chances of conceiving and producing completely healthy offspring.”³⁹ *Reader’s Digest* reprinted Mann’s series as a pamphlet and distributed over six million copies to schools, churches, youth groups, civic organizations, and businesses.⁴⁰

Around the same time, a number of other individuals and organizations published books and pamphlets describing marijuana’s biological toxicity. In 1977, a group of scientists, psychiatrists, and former government drug-abuse officials formed the American Council on Marijuana,⁴¹ an organization dedicated to publicizing the social and health hazards of marijuana.⁴² Another anti-drug organization, the Myrin Institute, published and distributed *Marijuana Today: A Compilation of Medical Findings for the Layman* by biology professor George K. Russell.⁴³ Long-time anti-marijuana activist and research scientist Gabriel Nahas wrote two alarmist books on marijuana in the 1970s, *Maribuana—Deceptive Weed*, and *Keep Off the Grass*.⁴⁴ Nahas warned that “time was running out,” that “massive doses of positive scientific evidence” were unnecessary. He claimed there was “enough evidence at hand in the laboratory to indicate that marijuana damages cells and slowly erodes vital functions.” He urged stricter controls over marijuana and its users, “before its too late for America.”⁴⁵

Other anti-marijuana writers drew heavily on Nahas’s interpretation of the scientific evidence. Like Nahas, they reviewed only studies suggesting harm from marijuana, failing to note that the findings were often preliminary and had not been confirmed by other researchers. They cited animal and cellular studies, which were of unknown relevance to humans. They ignored entire bodies of

research showing no evidence of harm from marijuana. Basically, these books and pamphlets repeated the claims that Gabriel Nahas and others had made at the 1974 Eastland hearings. By the late 1970s, none of the harms that had been reported in animals and cells had been found in human marijuana users. Nonetheless, anti-drug organizations continued to use these studies as proof of marijuana’s biological toxicity.

As governor of California in the 1970s, Ronald Reagan opposed marijuana decriminalization.⁴⁶ As president, he committed the federal government to waging a war against marijuana⁴⁷—a war that has grown in intensity ever since. NIDA’s role increasingly became one of publicizing marijuana’s dangers. At a 1981 NIDA conference, “Marijuana and Youth,” participants decided that parents and youth should be sent “very tough, clear, unambiguous messages,” even in cases where the scientific studies on marijuana had produced ambiguous findings. Former NIDA director Robert DuPont said, “Anytime you talk about evidence that there are a substantial number of marijuana smokers who are not harmed by their use, you are giving permission, if not encouragement, for very heavy use.”⁴⁸ Donald Ian Macdonald, who would soon become President Reagan’s drug adviser, said, “We’re in the middle of a major epidemic. . . . Parents have a right to feel terror. . . . they need facts about harmful effects.”⁴⁹ NIDA’s 1982 *Marijuana and Health* report to Congress⁵⁰ included new warnings about marijuana’s biological dangers, despite there having been no new or compelling evidence of biological harm since NIDA’s previous *Marijuana and Health* report in 1980.⁵¹

The Current War on Marijuana

During the past decade, the criminal justice campaign against mari-

juana has become increasingly punitive.⁵² Congress and some state legislatures recently raised penalties for marijuana offenses.⁵³ Between 1991 and 1995, marijuana arrests doubled. In 1995, state and local law enforcement agencies made more than one-half million marijuana arrests, 86 percent for possession.⁵⁴ Tens of thousands of Americans are now in jail or prison for marijuana offenses. Hundreds of thousands more are punished with fines, probation, or forfeiture of their cars, boats, homes, land, or other property. A majority of states revoke the driver's license of anyone arrested for possessing any amount of marijuana, whether or not they were driving at the time of the arrest.⁵⁵ Although a number of states have removed criminal penalties for patients who use marijuana as a medicine,⁵⁶ federal officials oppose these policies as undermining their dominant message: that marijuana is far too dangerous for anyone to use safely.⁵⁷

In 1989, the Bush administration's National Drug Control Strategy urged families, communities, schools, and employers to join the government in detecting and punishing drug users, so that "the consequences" of using drugs would "outweigh whatever temporary benefits drugs can provide."⁵⁸ Today, most schools have strict anti-drug policies, which allow or require administrators to expel students for using marijuana.⁵⁹ Most large businesses impose drug tests on job applicants and/or current employees. Applicants who test positive for marijuana are denied employment, regardless of their qualifications; employees who test positive may be fired, regardless of their work performance.⁶⁰ Some social welfare agencies impose mandatory drug tests on clients, denying services and benefits to those who test positive.⁶¹ Parents monitor their children closely for signs of possible marijuana use, including searching kids' rooms and administering home drug tests.⁶² Police officers who

teach drug education courses at school encourage students to report parents, siblings, and friends for smoking marijuana.⁶³

Despite all this, marijuana is as readily available as ever. Among adults, marijuana use has remained steady for years, while among adolescents, marijuana use has been rising since the early 1990s.⁶⁴ In response to this increase, the federal government, anti-drug organizations, and the media have intensified the campaign against marijuana. The Center on Addiction and Substance Abuse (CASA), which was founded in 1993 by former Health, Education, and Welfare Secretary Joseph Califano, issues reports and press releases about marijuana's harmful effects,⁶⁵ which are often cited uncritically by the media. In 1995, NIDA created a new *Marijuana Use Prevention Initiative*, to "show young children, teenagers, and their parents that marijuana use is a serious threat to the health and well-being of our youth."⁶⁶ The same year, the Partnership for a Drug-Free America launched a "media blitz" of anti-marijuana advertisements.⁶⁷ In 1996, the Department of Health and Human Services (HHS) introduced a *Reality Check* campaign "to increase awareness" that "marijuana is a drug that causes impairment and can lead to many harms, including death."⁶⁸ HHS secretary Donna Shalala urges all Americans to send a "clear and consistent message" that "marijuana is illegal, dangerous, unhealthy, and wrong."⁶⁹

Growing Challenge to Marijuana Prohibition

While the United States government has been escalating the war on marijuana, governments in some other Western countries have been moving in the direction of marijuana decriminalization. In the Netherlands, marijuana sale and use has been de facto legal for more than twenty years.⁷⁰ In Italy, Spain, Switzerland, parts of Germany, and parts of Australia, there are no criminal

penalties for marijuana possession and use, and the police generally ignore small-scale dealers if they conduct business in a way that does not disrupt public order.⁷¹ In 1994, the Australian National Task Force on Cannabis urged the government to go even further. It said, "Any social policy should be reviewed when there is reason to believe that the costs of administering it outweigh the harms reduced." It concluded that "Australia experiences more harm . . . from maintaining the cannabis prohibition policy than it experiences from the use of the drug."⁷²

Richard J. Bonnie, the principal author of the 1972 Shafer Commission report, has called for a new American commission to evaluate the costs and benefits of current marijuana policy.⁷³ The Clinton Administration, however, remains steadfastly opposed to even discussing alternatives to strict prohibition.⁷⁴ The DEA, CASA, and the California Narcotics Officers' Association recently issued reports in support of current policies, warning Americans that decriminalizing marijuana would lead to escalating rates of marijuana use.⁷⁵

Research indicates that neither harsh nor lenient policies have much influence on marijuana's popularity. Despite having the harshest prohibition system in the Western world, the United States has marijuana-use rates similar to or greater than most other countries. Around the world, marijuana use increased in the 1960s and 1970s, decreased in the 1980s, and has been rising in the 1990s, irrespective of marijuana policy in individual countries.⁷⁶ In the United States, in the eleven states that decriminalized marijuana possession in the 1970s, rates of marijuana use remained similar to those in states that retained criminal sanctions.⁷⁷

Public support for marijuana prohibition is waning in the United States. In a recent survey, half of American adults said criminal penalties for marijuana use and possession should be eliminated.⁷⁸

The percentage supporting marijuana's full legalization began rising in 1990, and reached 25 percent by 1995.⁷⁹ Forty-eight percent of high school seniors agree that marijuana possession and use should not be criminal offenses, and 30 percent favor legalization.⁸⁰ Among college freshmen, support for marijuana legalization doubled from 1990 to 1995, from 17 percent to 34 percent.⁸¹ With regard to marijuana's use as a medicine, two-thirds of Americans say that physicians and patients should make the decision, without fear of criminal prosecution.⁸²

Today's parents, like those of previous decades, do not want their children to use marijuana. However, they have not been convinced that marijuana is a very dangerous substance, or that it serves as a "gateway" to other illegal drugs. In fact, they rank marijuana as less risky than most other drugs, including alcohol and tobacco.⁸³

More than seventy million Americans—35 percent of those age twenty-six and over—have now used marijuana; one-fifth still smoke marijuana, at least occasionally.⁸⁴ Marijuana is the most widely used illicit drug in America. Indeed, it is the only illicit drug that is used widely. Its use occurs in all regions of the country, among people of all social classes, all ethnicities, all occupations, all religions, and all political persuasions. In an important sense, marijuana use is already a "normal" part of the culture. What most makes marijuana deviant is its continued criminalization.