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Marijuana History and Legal Aspects in the United States

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Abstract

This paper will examine different features related to the history and legal aspects of cannabis (Marijuana) and identify the challenges facing the United States with legalization of marijuana. A wide range of reliable sources and studies were conducted to provide the information. The history of marijuana has been presented in many influences, and settings throughout its existence. The benefits of marijuana have been used for thousands of years for medicinal purposes with no legalities noted until the 1930's. Problems facing the use of marijuana have mainly been defaced by false propaganda throughout its life span. Also examined are suggestions to allow the use and distribution of marijuana and why it should be legalized in all fifty states, and U.S territories. The evidence introduced in this paper substantiates that marijuana should be legalized for the financial stability that is needed to stabilize a nation that has spent billions of dollars to fight the war on crimes, when in essence; legalizing this drug could save the United States even more financially.

CANNABIS SATIVA L.- MARIJUANA

The United States Department of Agriculture identifies *Cannabis sativa L.*- Marijuana a species from the plant family known as Cannabaceae (Hemp Family). "Marijuana is a greenish-gray mixture of the dried, shredded leaves and flowers of *Cannabis sativa*, the hemp plant" (National Institute on Drug Abuse, 2017).

Cannabis sativa is a plant that grows wild all over the world especially in humid and tropical areas. Marijuana has been called various names including pot, dope, reefer, weed, Mary Jane, grass and herb. Hashish or Hash is the most potent form of cannabis and is a compressed compound from the dried resin of the plants.

"Despite its cultivation as a source of food, fibre and medicine, and its global status as the most used illicit drug, the genus Cannabis has an inconclusive taxonomic organization and evolutionary history. Drug types of Cannabis (marijuana), which contain high amounts of the psychoactive cannabinoid Δ9-tetrahydrocannabinol (THC), are used for medical purposes and as a recreational drug. Hemp types are grown for the production of seed and fibre, and contain low amounts of THC" (Sawler J, 2015).

Defining the terms related to cannabis can be confusing when relating to various parts of the plant, which include marijuana, hemp and hashish.

The Encyclopedia Britannica defines Hemp (Cannabis sativa), also called industrial hemp, pant of the family Cannabaceae cultivated for its fibre (bast fibre) or its edible seeds. Hemp is sometimes confused with the cannabis plants that serve as sources of the drug marijuana and the

drug preparation hashish. Although all three products—hemp, marijuana, and hashish—contain tetrahydrocannabinol (THC), a compound that produces psychoactive effects in humans, the variety of cannabis cultivated for hemp has only small amounts of THC relative to that grown for the production of marijuana or hashish (The Editors of Encyclopædia Britannica, 2017).

"Many hemp types have varietal names while marijuana types lack an organized horticultural registration system and are referred to as strains. The difference between marijuana and hemp plants has considerable legal implications in many countries, and to date forensic applications have largely focused on determining whether a plant should be classified as drug or non-drug" (Sawler J, 2015).

THE HISTORY OF MARIJUANA

Marijuana has been used for thousands of years. It was first spoken of as a Chinese medical term in 2737 B.C. The use of cannabis was branched out to India as well as reaching parts of North Africa and then Europe around A.D. 500.

"The Chinese emperor Shen Nung also known as the "Chinese Father of Medicine" referenced as a psychoactive agent. It was used for a treatment for: rheumatism, gout, malaria, as well as absent mindedness. Even in 2737 B.C. much like people in America today there were concerns of the intoxication of the high, but the value of the treatment was deemed a more important value" (Narconon International, 2017).

"For millennia the herb Cannabis has been used or misused, and at times adored, by human society. In ancient Egyptian papyri Cannabis is mentioned as a medication for "mothers

and children," possibly to reduce pain during childbirth. The Romans in Judea used it much later for the same purpose. About 10 years ago a Roman grave (400 CE) was discovered in Beit Shemesh, 20 km west of Jerusalem. It contained the skeleton of a young woman, about 14 years old, who could not give birth clue to a narrow pelvis. She was certainly in great pain. We found ashes from Cannabis, presumably burned lo vaporize the contents and by inhalation reduce the pain of the tragic, unsuccessful childbirth" (Mechoulam, 2000).

MARIJUANA ARRIVES IN THE UNITED STATES

According to Brecher, the history of cannabis in the U.S began in 1545 when the Spanish came to the New World. There is no record that the Pilgrims brought marijuana with them to Plymouth but the Jamestown settlers did bring the plant to Virginia in 1611, and cultivated it for its fiber. Marijuana was introduced into New England in 1629. From then until after the Civil War, the marijuana plant was a major crop in North America, and played an important role in both colonial and national economic policy. In 1762, "Virginia awarded bounties for hemp culture and manufacture, and imposed penalties upon those who did not produce it (Brecher, Edward M; Editors of Consumer Reports Magazine, 1972).

The fiber from hemp was used to produce materials including cloth, clothes, and paper. It wasn't until 1890 until a new crop called cotton surpassed marijuana as a major cash crop in southern states.

From the mid 1800's until the early 1900's, marijuana was being used for medicinal purposes including headaches, sleep aid, and increase appetite, asthma, hay fever and bronchitis. During this time, an increase in opiate use was growing and marijuana was part of the treatment in decreasing the side effects of nausea and vomiting.

On December 17,1914, President Woodrow Wilson signed the Harrison Narcotics Tax Act which became the first federal regulation to begin controlling drug legislation. The regulation focuses on opium and coca leaves.

The Harrison Narcotics Tax Act states

> An Act to provide for the registration of, with collectors of internal revenue, and to impose a special tax on all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes (Harrison Narcotics Tax Act, 1914)

The Harrison Narcotics Tax Act furthermore discusses the registration and tax collection in the production, manufacturing and dispensing of these narcotics as stated

> Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that on and after the first day of March, nineteen hundred and fifteen, every person who produces, imports, manufactures, compounds, deals in, dispenses, distributes, or gives away opium or coca leaves or any compound, manufacture, salt, derivative, or preparation thereof, shall register with the collector of internal revenue of the district, his name or style, place of business, and place or places where such business is to be carried on:
>
> Provided, that the office, or if none, then the residence of any person shall be considered for purposes of this Act to be his place of business (Harrison Narcotics Tax Act, 1914)

The Harrison Narcotics Tax Act is the beginning of several legislative regulations that began the war on drugs. Harry Anslinger was the first commission appointed to the Federal Bureau of Narcotics. Anslinger lead a crusade to stop drugs and made many claims to the side effects caused by marijuana. "Even the first congressional attempt at prohibiting marijuana, the Marijuana Tax Act of 1937, was believed to be based on prejudices against African Americans and Mexicans based on the anti-marijuana propaganda spread by Harry Anslinger, former head of the Federal Bureau of Narcotics" (Vigorito, 2014).

"Anslinger first claimed that the drug could cause psychosis and eventually insanity. In a radio address, he stated young people are "slaves to this narcotic, continuing addiction until they deteriorate mentally, become insane, turn to violent crime and murder." (Adams, 2016).

In October 1937, The Marihuana Tax Act was passed into law "under which the importation, cultivation, possession and/or distribution of marijuana were regulated" (US Customs and Border Protection, 2015).

"In 1939, on the heels of the national 1937 Marihuana Tax Act, which established federal marijuana prohibition, New York City Mayor, Fiorella LaGuardia called upon The New York Academy of Medicine to produce a report about marijuana. *The La Guardia Committee Report: The Marihuana Problem in the City of New York* was published in 1944 as one of the nation's first systematic studies addressing many of the myths about marijuana, including: the alleged connection to "madness;" addictive potential; supposed role as a 'gateway' to other drug use; usage patterns; and potential relationship to crime and violence" (The New York Academy of Medicine and the Drug Policy Alliance, 2014).

To the contrary of what Harry Anslinger emphasized to the public that marijuana caused craziness and insanity in people and horrifying criminal acts to pass the Marihuana Tax Act, the New York Academy of Medicine proved the claims as being exaggerated.

The Study was conducted over 5 years and concluded that marijuana does not lead to addiction or is a gateway to other narcotics including heroin and morphine. Marijuana is not a cause for major crimes or at fault for juvenile delinquency. The distribution of marijuana was primarily located in Harlem and Blacks and Latinos were more pronounced to using marijuana.

In the 1950's regulation increased for marijuana offenses. In 1951, the Boggs Act was created to mandate prison sentences for drug offenses. Then in 1956, the Narcotics Control Act stipulated harsh penalties for all narcotics and included marijuana.

The Narcotic Control Act of 1956 states the following:

> "SEC. 7237. VIOLATION OF LAWS RELATING TO NARCOTIC DRUGS AND TO MARIHUANA
>
> "(*a*) WHERE NO SPECIFIED PENALTY IS OTHERWISE PROVIDED
>
> -Whoever commits an offense, or conspires to commit an offense, described in...for which no specific penalty is otherwise provided, shall be imprisoned not less than 2 or more than 10 years and, in addition, may be fined not more than $20,000. For a second offense, the offender shall be imprisoned not less than 5 or more than 20 years and, in addition, may be fined not more than $20,000. For a third or subsequent offense, the offender shall be imprisoned not less than 10 or more than 40 years and, in addition, may be fined not more than $20,000. (The Narcotics Control Act , 1956).

Increased penalties and fines were created to stop the war on drugs. The offenses could lead to imprisonment for up to 40 years.

As the years progress, the fight on drugs increased. New legislation was introduced to increase the war on drugs. The Comprehensive Drug Abuse Prevention and Control Act of 1970 (DAPCA) states:

> To amend the Public Health Service Act and other laws to provide increased research into, and prevention of, drug abuse and drug dependence; to provide for treatment and rehabilitation of drug abusers and drug dependent persons ; and to strengthen existing law enforcement authority in the field of drug abuse" (The Comprehensive Drug Abuse Prevention and Control Act, 1970)

The CDAPCA increased research and drug rehabilitation and treatment programs. This expansion included rehabilitation centers and medical centers that provide counseling and psychological services. The CDAPCA enacted an extensive drug education policy to promote and educate drug abuse to the public.

The Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 was designed to regulate all controlled substances and set up a schedule from Schedule I through Schedule V identifying controlled substances. Marijuana is classified as a Schedule I drug under this new law.

> Schedule I drugs are classified as being the highest potential for abuse, has no currently accepted medical use for treatment and there is a lack of safety for use of the drug under medical supervision (The Comprehensive Drug Abuse Prevention and Control Act, 1970)

The Controlled Substance Act created comprehensive requirements to manufacture and dispense controlled substances. This required: manufacturers, distributors, pharmacies and physicians to register with the Attorney General in order to disperse controlled substances. Restrictions were also placed on labeling and packaging controlled substances.

The Controlled Substance Act that now classifies marijuana as a Schedule I drug and is described as has having no medical use and deemed high risk for addiction and posed controversy.

In 1972, a recommendation from Raymond P. Shafer, Chairman of the National Commission on Marijuana and Drug Abuse requested an amendment to the Controlled Substance Act on offenses of marijuana.

> [T]he criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use," concluded the Commission, which included several conservative appointees of then-President Richard Nixon. "It implies an overwhelming indictment of the behavior which we believe is not appropriate. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only with the greatest reluctance (Armentano, 2017)

"… Therefore, the Commission recommends ... [that the] possession of marijuana for personal use no longer be an offense, [and that the] casual distribution of small amounts of marihuana for no remuneration, or insignificant remuneration, no longer be an offense" (Armentano, 2017).

The recommendation was never included in an amendment in 1972. Other legislation was presented to change the laws regarding marijuana use. In 1972 the National Institute of Drug Abuse (NIDA) was established.

"NIDA has been the sole administrator of a contract to grow cannabis (marijuana) for research purposes and the only legal source for cannabis in the United States. Scientific studies require a source of cannabis materials that have consistent and predictable potency, are free of contamination, and are available in amounts to support research needs. During the 1970s the demand for cannabis materials was high. As much became known from science about the pharmacology of cannabis and its biomedical and behavioral effects, less cannabis research was done and demand for cannabis materials declined markedly" (National Institute on Drug Abuse).

In November 1972, California proposed Proposition 19 for voter approval to decriminalize possession and personal use of marijuana. This was the first of several changes to start the process of reversing the laws imposed by the federal regulations that were created by the Controlled Substance Act by a State.

A committee was formed called the California Senate Select Committee on the Control of Marijuana which "conducted the first major study into marijuana law enforcement in the state, with particular emphasis on the social and fiscal costs of the laws. Among its findings were the facts that in the early 1970s, statewide marijuana arrests were approaching almost 100,000 annually, with enforcement costs averaging well over $100,000 million per year" (Aldrich & Mikuriya).

With the financial statistics indicating the cost to the State on minimal offenses with marijuana possession, the committee made recommendations to change the laws regarding marijuana convictions as a felony.

"The marijuana laws as they pertain to simple possession for private adult use should be amended to abolish the felony offense. The Legislature should adopt a program of decriminalization, making simple possession of marijuana for private adult use an infraction, if anything" (Aldrich & Mikuriya).

On July 9, 1975 the first bill in California was signed into law called Senate Bill 95, which decriminalized marijuana.

“Under S.B. 95, possession of more than one ounce of marijuana also became a misdemeanor, punishable by imprisonment in the county jail for not more than six months, by a fine of not more than $500.00, or by both such fine and imprisonment. In such instances, the arresting officer has the discretion of either issuing a citation or taking the defendant into custody” (Aldrich & Mikuriya).

This change under S.B. 95 would decrease the cost on the State of California pertaining to the law enforcement and housing in prisons and jails for marijuana simple offenders. This would also provide law enforcement to focus its attention on other serious crimes.

“S.B. 95 also revised the penalties for both furnishing without consideration and transporting not more than one ounce of marijuana, treating such offenses as simple possession, rather than as felonies. Giving away or transporting more than one ounce of marijuana, as well as cultivation, sale and possession of-any amount with intention to sell remained as felonies under S.B. 95” (Aldrich & Mikuriya).

"In November, 1976, a Washington, DC man [Robert Randall] afflicted by glaucoma employed the little-used Common Law Doctrine of Necessity to defend himself against criminal charges of marijuana cultivation (US v. Randall). On November 24, 1976, federal Judge James

Washington ruled Randall's use of marijuana constituted a 'medical necessity" (ProCon.org, 2017).

This began the first documentation of medicinal marijuana as a form on medical necessity in the treatment of diseases.

"Judge Washington dismissed criminal charges against Randall. Concurrent with this judicial determination, federal agencies responding to a May, 1976 petition filed by Randall, began providing this patient with licit, FDA-approved access to government supplies of medical marijuana. Randall was the first American to receive marijuana for the treatment of a medical disorder" (ProCon.org, 2017).

On May 31, 1985, the Food and Drug Administration approved the use of Marinol. The only label currently found on the FDA website is dated 8/5/1999 and the information indicates Marinol for use in loss of appetite associated with weight loss in patients with AIDS (U.S. Food and Drug Administration).

"MARINOL (MARE-in-all) Capsules is part of a class of medications called cannabinoids. The active ingredient of MARINOL Capsules is man-made dronabinol (dro-NAB-in-all), also chemically known as tetrahydrocannabinol, or THC. THC is also a naturally occurring component of marijuana" (AbbVie Inc., 2017).

"Marinol is also indicated for nausea and vomiting associated with cancer chemotherapy" (AbbVie Inc., 2017).

THE 20TH CENTURY HIGHLIGHTS OF DRUGS AND CRIME

The 20th century provided historical markers with events leading to the prohibition of marijuana to the decriminalization in states across the country. “Since the century-long drive for prohibition was initiated, marijuana has become extremely popular. Every year, hundreds of thousands of unlucky citizens face criminal sanctions for getting caught with a drug that one third of all Americans—including college students, professional athletes, legions of entertainers, and the past three U.S. Presidents—have experimented with at least once. In popular culture, the drug has become accepted as harmless fun” (Siff, 2014).

The 1950’s brought about legislation to increase the penalties for marijuana. The Boggs Act in 1951 and the Narcotics Control Act 1956 provided stiff penalties for drug crimes with sentencing criminals from 2-10 years for first offenses up to a minimum of 10-40 years for third offenses and fines as high as $20,000.

The United Nations Office on Drugs and Crimes (UNODC) published:

> Traffic in narcotics, barbiturates and amphetamines in the United States
>
> In Order To Round Off The Presentation Of Recent United States Efforts Against The Abuse Of Narcotic Drugs, The Bulletin Publishes Hereby The Main Sections Of A Statute Dealing With Narcotics And Marihuana, And Of A Bill, Both Introduced By The Hon. Hale Boggs, Chairman Of The Sub Committee On Narcotics, Of The Committee On Ways And Means Of The House Of Representatives Of The United States Congress.
>
> **A. NARCOTICS AND MARIHUANA**
>
> PUBLIC LAW 728-84TH CONGRESS

CHAPTER 629-2ND SESSION

H.R. 11619

AN ACT

To amend the Internal Revenue Code of 1954 and the Narcotic Drugs Import and Export Act to provide for a more effective control of narcotic drugs and marihuana, and for other related purposes.

... this Act may be cited as the "Narcotic Control Act of 1956."

Title I-Amendments to the 1954 Code, the Narcotics Drugs Import and Export Act, etc.

SEC. 101. UNLAWFUL ACQUISITION, ETC., OF MARIHUANA

Subsection (*a*) of section 4744 of the Internal Revenue Code of 1954 (unlawful acquisition of marihuana) is amended to read as follows:

(a)PERSONS IN GENERAL.-It shall be unlawful for any person who is a transferee required to pay the transfer tax imposed by section 4741 (*a*)

"(1) to acquire or otherwise obtain any marihuana without having paid such tax, or

"(2) to transport or conceal, or in any manner facilitate the transportation or concealment of, any marihuana so acquired or obtained.

Proof that any person shall have had in his possession any marihuana and shall have failed, after reasonable notice and demand by the Secretary or his delegate, to produce the order form required by section 4742 to be retained by him shall be presumptive evidence of guilt under this subsection and of liability for the tax imposed by section 4741 (*a*)."

(United Nations Office on Drugs and Crime, 1956)

This was the start to the war on drugs in the Untied States. Convictions for marijuana use grew dramatically. Stephen Siff reported:

> By 1965, the epidemic of drugs on campus occupied the front pages of newspapers, but neither journalists nor legislators had any enthusiasm for locking up America's best and brightest for what increasingly seemed like a trivial offense.
>
> By the 1960s, even Anslinger conceded the criminal penalties then in force for youthful marijuana use were too severe. In 1967, not only hippie activists but the solidly mainstream voices of *Life*, *Newsweek*, and *Look* magazines questioned why the plant was illegal at all. Meanwhile, the number of state-level marijuana arrests increased tenfold between 1965 and 1970 (Siff, 2014).

"Perhaps more than any other crime type, drug crimes are affected by societal attitudes and justice system policies. The late 1960s and early 1970s, for example, was a period of relative permissiveness toward drug use, especially marijuana use. The mid-1980s saw the introduction of crack cocaine, along with the federal government's declaration of a "war on drugs." The response of local, state and national law enforcement agencies to these changes in policies and social mores is reflected in part in changes in arrest rates for drug sales and possession" (U.S. Department of Justice, 2000).

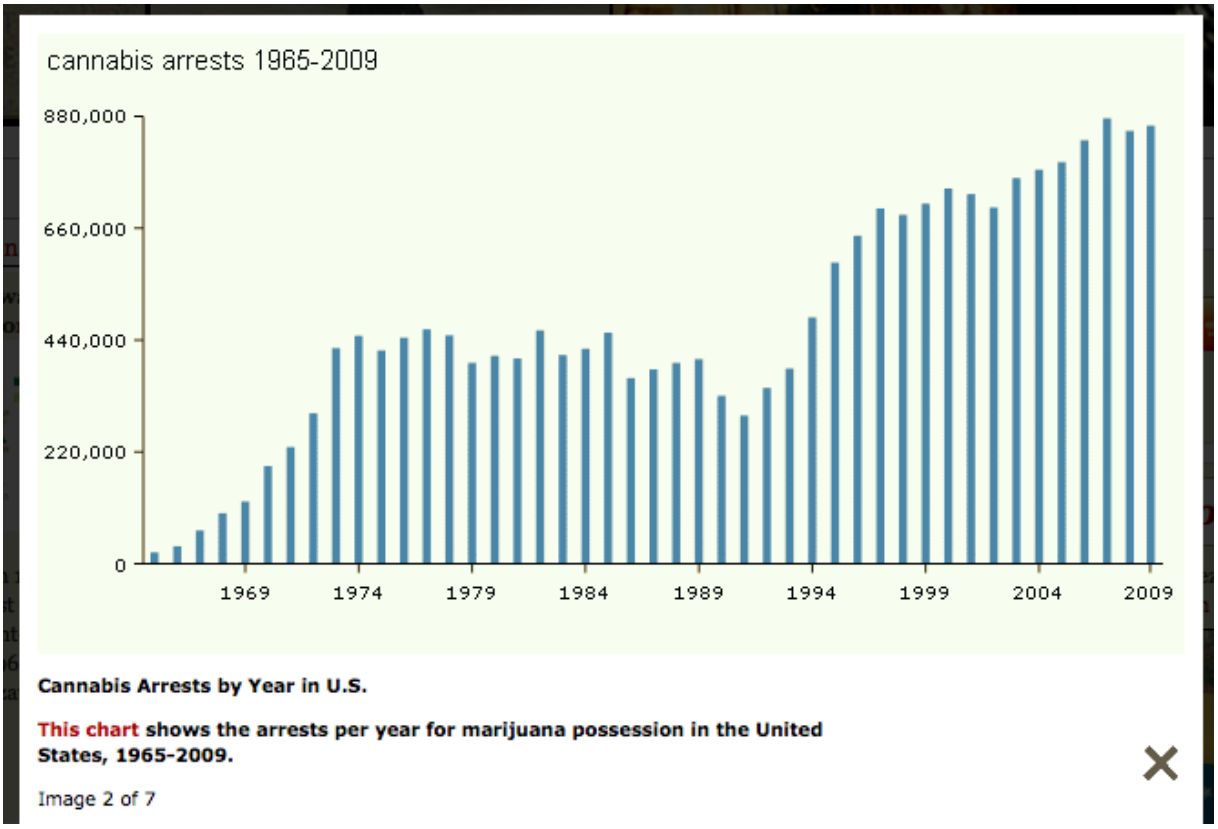

Figure 1: Cannabis Arrests by Year in U.S. (Siff, 2014)

Figure 1 shows how the marijuana arrests throughout the United States change when federal regulations stormed through the 1960's and 70's with approximately 400,000 arrests noted in 1974, factoring the new regulations sparked by the Comprehensive Drug Abuse Prevention and Control Act of 1970.

Comparing the national statistics in Figure 1 to the California statistics in Figure 2 shows that the early and mid 1970's were the highest on both scales. With the escalation in arrests brings a great burden on the nation and each state financially for increase law enforcement, along with housing of violators has caused a financial burden on the economy to fight the war on drugs.

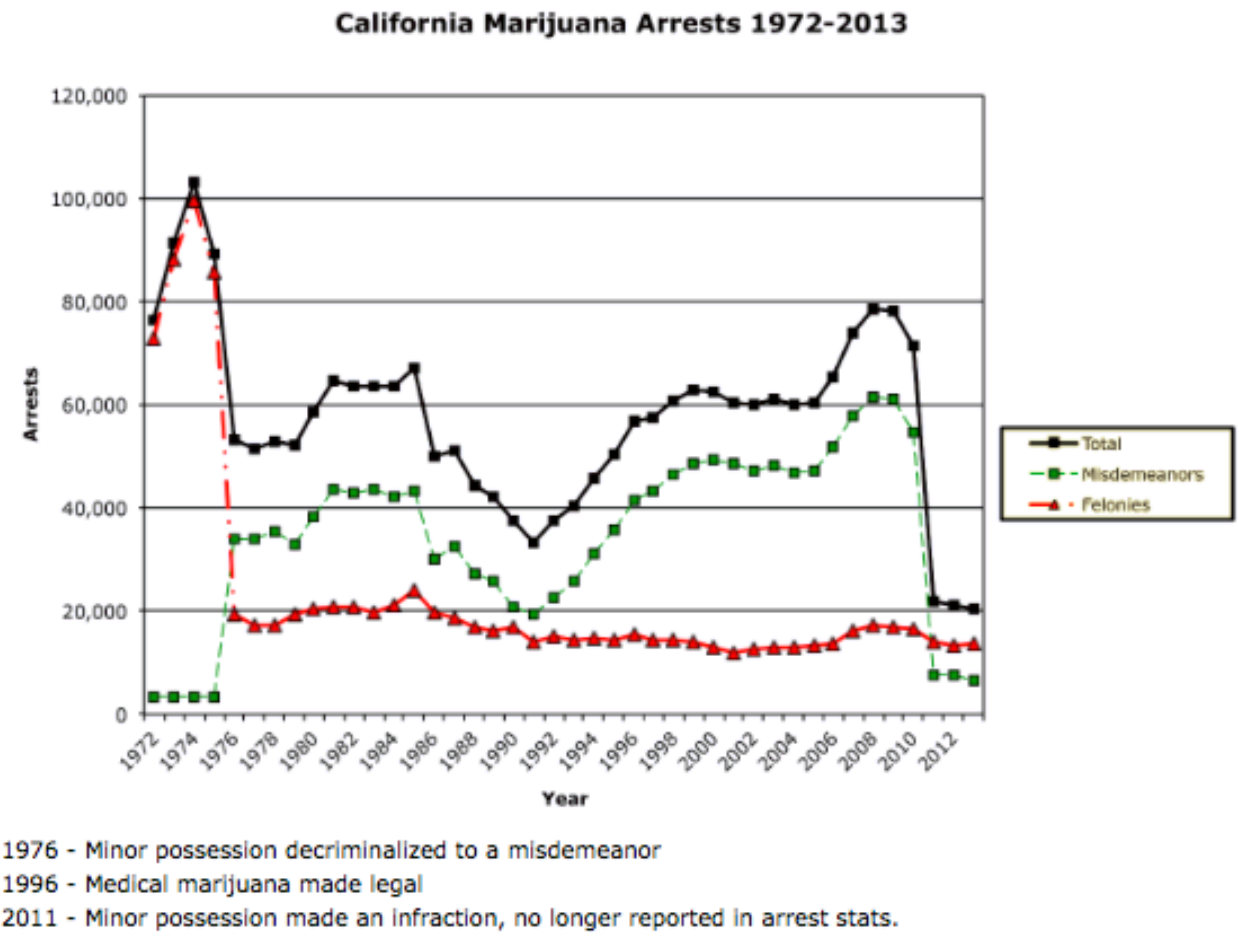

Figure 2: Source: California Marijuana Arrests 1972-2013 (California NORML Admin., 2011)

The 1970 Controlled Substance Act provided an increase to fund and expand law enforcement to man the war on drugs. "In general, the entire 75-year trend in U.S. state prison populations has been characterized by growth, with the most dramatic increases beginning in the mid-1970s. The average annual growth rate was about 4% for the period 1925–1997. However, for the period 1974–1997, the average annual growth rate was approximately 8%" (U.S. Department of Justice, 2000).

Figure 1 and Figure 2 also display data indicating a significant rise beginning in the mid 1990's associated with misdemeanor marijuana offenses.

A study conducted by King and Mauer in 2006 analyzed data correlating the arrests associated with marijuana use and the effects on law enforcement.

> In order to provide a framework for assessing the role of marijuana enforcement in the criminal justice system, we have conducted a national analysis of marijuana offenders for the period of 1990 to 2002. This includes an assessment of trends in arrest, sentencing, and incarceration, along with an evaluation of the impact of these developments on that the "war on drugs" in the 1990s was, essentially, a "war on marijuana" (King & Mauer, 2006).

Key findings by King and Mauer include:

- Of the 450,000 increase in drug arrests during the period 1990–2002, 82% of the growth was for marijuana, and 79% was for marijuana possession alone;
- Marijuana arrests now constitute nearly half (45%) of the 1.5 million drug arrests annually;
- Few marijuana arrests are for serious offending: of the 734,000 marijuana arrests in 2000, only 41,000 (6%) resulted in a felony conviction;
- Marijuana arrests increased by 113% between 1990 and 2002, while overall arrests decreased by 3%;
- New York City experienced an 882% growth in marijuana arrests, including an increase of 2,461% for possession offenses;
- African Americans are disproportionately affected by marijuana arrests, representing 14% of marijuana users in the general population, but 30% of arrests;

- One-third of persons convicted for a marijuana felony in state court are sentenced to prison;
- One in four persons in prison for a marijuana offense – an estimated 6,600 persons – can be classified as a low-level offender;
    - An estimated $4 billion is spent annually on the arrest, prosecution and incarceration of marijuana offenders (King & Mauer, 2006)

Aldrich & Mikuriya studied the financial aspects of marijuana law enforcement in California. The results showed a decrease in felony marijuana arrests from 92,677 a year (the average for 1974 and 1975) to 20,068 a year (the average for 1976 through 1985).

> At the same time, making possession a citable misdemeanor caused a tenfold increase in misdemeanor marijuana arrests: from an average of 3,500 per year for 1974 and 1975 to an, average of 39,113 per year from 1976 through 1985-an average increase of 35,613. However, these misdemeanor citations were not nearly as expensive to issue or to adjudicate. The cumulative effect was to cut total marijuana-related arrests by 39 percent over the decade: from an average of 96,177 for 1974 and 1975 to an average of 59,128 from 1976 through 1985-an average decrease of 37,049 marijuana arrests per year (Aldrich & Mikuriya).

Aldrich & Mikuriya concluded:

> The State of California has saved a minimum of one billion dollars since 1976 as a result of making possession of an ounce or less of marijuana a citable misdemeanor instead of a felony. The present study considered savings from 1976 through 1985 in four major areas: arrest costs, court costs, prison costs and parole costs. Together they amounted to a total

savings of $958 million, or nearly $ 100 million per year. When these savings are compared with the $100 million a year being spent on marijuana law enforcement in 1971 and 1972 (California Senate Select Committee 1974: 118) and the average of $157.6 million spent in 1974 and 1975, it is evident that the Moscone Act has been quite successful in achieving two of its main objectives: (1) reducing law enforcement expenditures related to possession of small amounts of marijuana to a minimum; and (2) relieving an overwhelming burden on the state judicial system.

One billion dollars should be considered a minimum estimate of savings because the present study did not include savings in the cost of county jails, prosecutors, public defenders, probation departments, misdemeanor court dispositions, juvenile facilities, or peripheral parts of the criminal justice system involved with marijuana law enforcement, such as the cost of collecting statistics. Nor were any savings in expenditures by individual arrestees or defendants considered. Savings are also underestimated because the total amount of fines paid for marijuana misdemeanor citations is not recorded (Aldrich & Mikuriya).

THE FIRST STATE TO LEGALIZATION MEDICAL MARIJUANA

In 1996, California became the first state to legalize medical marijuana with Proposition 215 also known as the Compassionate Use Act. This was the start of changes to legalization marijuana for medical use.

Proposition 215

November 5, 1996

Medical Use of Marijuana.

This measure amends state law to allow persons to grow or possess marijuana for medical use when recommended by a physician. The measure provides for the use of marijuana when a physician has determined that the person's health would benefit from its use in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or "any other illness for which marijuana provides relief." The physician's recommendation may be oral or written. No prescriptions or other record-keeping is required by the measure. The measure also allows caregivers to grow and possess marijuana for a person for whom the marijuana is recommended. The measure states that no physician shall be punished for having recommended marijuana for medical purposes. Furthermore, the measure specifies that it is not intended to overrule any law that prohibits the use of marijuana for nonmedical purposes (The California Legislature's Nonpartison Fiscal and Policy Advisor, 1996).

Even though legislation passed for the use of medical marijuana, Barry McCaffrey, Director of the Office of National Drug Control Policy, announced in a press conference that the NDCR would prosecute physicians if they were to recommend or prescribe marijuana use.

The Compassionate Use Act went into effect on November 6, 1996. The press conference was held on December 30, 1996, after the law was enacted. This brought about physicians to take legal action to protect their rights as physicians to recommend and treat their patients under the law that was approved.

> Plaintiffs also argue that defendants may not justify censoring physician speech about medical marijuana on the ground that such speech constitutes incitement to unlawful conduct. Defendants do not contest this proposition. The First Amendment allows physicians to discuss and advocate medical marijuana, even though use of marijuana itself is illegal. What physicians may not do is advocate use of medical marijuana "where such advocacy is directed to inciting or producing imminent lawless action and is likely to incite or produce such action (Conant v. McCaffrey, 1997)

The court found in favor of the physicians indicating that a crime was not committed. The physicians' had requested the court to define what the physicians' are allowed to say and write for their patients.

> Moreover, because the Court has found serious questions as to whether the Controlled Substances Act and the Medicare statute permit sanctions for conduct relating to medical marijuana which falls short of criminal activity, defendants may not take administrative action against physicians for recommending marijuana unless the government in good faith

believes that it has substantial evidence of the above-described criminal activity to support such action (Conant v. McCaffrey, 1997)

In 1997 the Institute of Medicine was approached by the White House Office of National Drug Control Policy (ONDCP) to study the benefits and risks of marijuana. With the first passing of the Compassionate Use Act in California, and other states attempting to legalize medical marijuana, research began to clearly identify if medical marijuana had any medicinal benefits.

"The accumulated data indicate a potential therapeutic value for cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation. The therapeutic effects of cannabinoids are best established for THC… The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value" (Institute of Medicine, 1999).

Some of the concerns were addressed regarding smoking associated with marijuana, dependency and withdrawal and marijuana as the "gateway" to other illicit drug use. Some of the conclusions from the Institute of Medicine (IOM) report included:

- CONCLUSION**:** A distinctive marijuana withdrawal syndrome has been identified, but it is mild and short lived. The syndrome includes restlessness, irritability, mild agitation, insomnia, sleep disturbance, nausea, and cramping.
- CONCLUSION: Present data on drug use progression neither support nor refute the suggestion that medical availability would increase drug abuse. However, this question is beyond the issues normally considered for medical uses of drugs and

should not be a factor in evaluating the therapeutic potential of marijuana or cannabinoids.

- Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long-term medical use. Nonetheless, for certain patients, such as the terminally ill or those with debilitating symptoms, the long-term risks are not of great concern. Further, despite the legal, social, and health problems associated with smoking marijuana, it is widely used by certain patient groups.

The IOM recommended establishing clinical trials to collect data regarding the efficacy of marijuana.

- The goal of clinical trials of smoked marijuana would not be to develop marijuana as a licensed drug but rather to serve as a first step toward the possible development of nonsmoked rapid-onset cannabinoid delivery systems. However, it will likely be many years before a safe and effective cannabinoid delivery system, such as an inhaler, is available for patients. In the meantime there are patients with debilitating symptoms for whom smoked marijuana might provide relief. The use of smoked marijuana for those patients should weigh both the expected efficacy of marijuana and ethical issues in patient care, including providing information about the known and suspected risks of smoked marijuana use (Institute of Medicine, 1999).

On December 1, 1998, legalization of medical marijuana was enacted in Alaska. The law defined debilitating conditions and allows for approval of additional conditions as stated in the

AS 17.37.010--17.37.070

(4) “debilitating medical condition” means

(A) cancer, glaucoma, positive status for human immunodeficiency virus, or acquired immune deficiency syndrome, or treatment for any of these conditions;

(B) any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis; or

(C) any other medical condition, or treatment for such condition, approved by the department, under regulations adopted under AS 17.37.060 or approval of a petition submitted under AS 17.37.060;

(5) “department” means the Department of Health and Social Services

(Alaska Statute 17.37.010-17.37.070)

Initiatives for Medical Marijuana became effective on December 3, 1998 for Oregon and Washington.

Oregon requires the following on the Oregon Medical Marijuana Act:

1. requires registry card applicants to pay a fee that the Health Division of the Oregon Department of Human Services must establish;

2. does not require the patient's Social Security Number on the registry card but allows the division to include any other information that it may specify by rule;

3. allows a registry card applicant to submit his information to a county health department for transmittal to the division;

4. allows a person denied a registry card to reapply in less than six months if a court or the division authorizes him to do so;

5. requires registry cardholders whose condition improves to return the card within seven days, instead of 24 hours, of receiving the diagnosis;

6. prohibits possession, delivery, or production of marijuana from being an exception or affirmative defense to charges of (a) driving under the influence of marijuana, (b) using marijuana in a public place or in public view, or (c) marijuana trafficking, or (d) marijuana selling;

7. precludes anyone who violates the law from obtaining or using a registry card for up to six months, instead of for one year;

8. provides that registry card possession alone does not constitute probable cause to search the cardholder or otherwise subject him to government inspection;

9. provides that any property interest possessed, owned, or used in connection with the medical use of marijuana seized by law enforcement officers must not be harmed, neglected, injured, destroyed, or forfeited, but returned immediately upon the district attorney's determination that the person from whom the items were taken is entitled to protection under the act; and

10. provides that it does not require (a) a government medical assistance program or a private insurer to reimburse a person for the costs associated with the medical use of marijuana or (b) an employer to accommodate the medical use of marijuana in any workplace (Norman-Eady, 1998)

The major distinctions between Washington's I-692 and the other initiatives are that I-692:

1. makes it a misdemeanor to use or display medical marijuana in a manner or place open to public view;
2. makes it a class C felony to fraudulently produce any record purporting to be, or tamper with any record to have it accepted as, valid documentation from a physician of a patient's condition; and
3. prohibits anyone from asserting medical use of marijuana as an affirmative defense to a charge of engaging in the use of medical marijuana in a way that endangers the health or well being of any person through the use of a motorized vehicle

(Norman-Eady, 1998)

In 1999, the voters of Maine approved the use of medical marijuana "but the law lacked any distribution mechanism and questions arose of noncompliance with federal law and of how patients could legally obtain the prescribed marijuana (Maine State Legislature, 2017).

Over the next 10 years, the state of Maine created legislation and in 2009 the voters of Maine approved the Maine Medical Marijuana Act "was the fifth state to provide for dispensaries of medical grade marijuana for persons with debilitating and chronic medical conditions. These not-for-profit dispensaries will be licensed and regulated by the Maine Department of Health and Human Services" (Maine State Legislature, 2017).

"Since the beginning of the twentieth century, there have been persistent links between political decisions about drug policy and efforts to influence public opinion" (Siff, 2014).

Looking at the 1930's beginning with Harry Anslinger's crusade with the Marihuana Act of 1937, to the Narcotic Control Act of 1956 resulting in the most reformed war on drugs Act in 1970, with the Comprehensive Drug Abuse Prevention and Control Act brings about the future of the political decisions that will arise.

"Following the anti-drug campaigns of recent years, it is fascinating to note that today's liberalization efforts have largely succeeded not by trying to shift attitudes about drugs, but by redefining marijuana as medicine and by focusing on the economic and social costs of the incarceration that has resulted from drug laws" (Siff, 2014).

THE 21ST CENTURY PUSH FOR LEGALIZATION OF MARIJUANA

The beginning of the 21st Century, hosted several states to begin legislation to approve initiatives on medical marijuana. Previous cases have been brought to the Supreme Court in reference to the Tenth Amendment and a states' right versus the federal government, as in the case of New York v. United States

> would 'commandeer' state governments into the service of federal regulatory purposes, and would for this reason be inconsistent with the Constitution's division of authority between federal and state governments." This last provision violated the Tenth Amendment (New York v. United States, 1992)

The ruling continues to explain in detail that the federal government cannot control the states and enforce the states to comply with federal laws.

> Congress exercises its conferred powers subject to the limitations contained in the Constitution. Thus, for example, under the Commerce Clause Congress may regulate publishers engaged in interstate commerce, but Congress is constrained in the exercise of that power by the First Amendment. The Tenth Amendment likewise restrains the power of Congress, but this limit is not derived from the text of the Tenth Amendment itself, which, as we have discussed, is essentially a tautology. Instead, the Tenth Amendment confirms that the power of the Federal Government is subject to limits that may, in a given instance, reserve power to the States. The Tenth Amendment thus directs us to determine, as in this case, whether an incident of state sovereignty is protected by a limitation on an Article I power (New York v. United States, 1992)

The beginning of the 21st century focused on individual states approving initiatives to pass legislation to legalize medical marijuana.

Dobuzinskis reported that states, including Washington and Colorado, along with the nation's capital, now allow marijuana use for medical purposes, cannabis remains an illegal narcotic under U.S. law - and public opinion is sharply divided on the merits of full legalization.

The following lists each state and when medical marijuana use became legal. Each state has varying laws concerning possession, manufacturing and distributing guidelines.

Beginning in 2000:

Hawaii- Voters approved Senate Bill 862 on June 14, 2000 which became effective on December 28, 2000.

Colorado- Voters approved Ballot Amendment 20 on November 7, 2000 and was effective on June 1, 2001.

2001-2004

Nevada- Voters approved Ballot Question 9 on November 7, 2000 and became effective on October 1, 2001.

Montana- Voters approved Initiative 148 on November 2, 2004 and became effective on November 2, 2004.

Vermont- Vermont Congress passed a bill that became effective on July 1, 2004.

2006-2008

Rhode Island- Rhode Island Governor vetoed Senate Bill 0710 on June 29, 2005 was originally passed by the House and Senate days before. The Senate and the House overrode the veto and passed the "Edward Hawkins and Thomas Slater Medical Marijuana Act" which became effective on January 3, 2006.

New Mexico- The House and Senate approved Senate Bill 523 "The Lynn and Erin Compassionate Act" on March 13, 2007 and became effective on July 1, 2007.

Michigan- Voters approved Proposal 1 "Michigan Medical Marihuana Act" on November 4, 2008 and became effective on December 4, 2008.

In 2010-2013

Arizona- Voters approved Ballot Proposition 203 on November 2, 2010.

New Jersey- House and Senate approved Senate Bill 119 on January 11, 2010. The governor signed it into law on January 18, 2010 and became effective July 18, 2010.

Washington D.C.- The Council of the District of Columbia approved Amendment Act B18-622 on May 4, 2010. The mayor signed the Amendment on May 21, 2010 and it became effective on July 27, 2010.

In 2011

Delaware- The House and Senate approved Senate Bill 17 and signed into law by the on May 13, 2011 and became effective on July 1, 2011.

Connecticut- HB 5389 was approved by the House and Senate and signed into law by the governor on May 31, 2012. .

Massachusetts- Voters approved Ballot Question 3 on November 6, 2012 and took effect on January 1, 2013.

2013-2016

Illinois- House Bill 1 was approved by the House on April 17, 2013 and approved by the Senate on May 17, 2013. The governor signed the bill on August 1, 2013 and it took effect on January 1, 2014. It will remain it effect until July 1, 2020.

New Hampshire-House Bill 573 was approved by the Senate on May 23, 2013. The House on June 26, 2013. The bill went into effect on July 23, 2013.

Maryland- House Bill 881 was approved by the House and Senate on April 8, 2014. The governor signed the bill on April 14, 2014 and it took effect on June 1, 2014.

Minnesota- SF 2470 was approved by the House and Senate and signed into law by the governor on May 29, 2014. It took effect on May 30, 2014.

New York-Assembly Bill 6357 was approved by the Assembly on June 19, 2014 and by the Senate on June 20, 2014. It went into effect on July 5, 2014.

Arkansas- Voters approved Medical Marijuana Amendment (Issue 6) on November 8, 2016. It took effect on November 9, 2016.

Florida- Voters approved Medical Marijuana Legalization Initiative (Amendment 2) on November 8, 2016. It took effect on January 1, 2017.

North Dakota- Voters approved Initiative Statutory Measure 5 on November 8, 2016. It became effective on December 8, 2016.

Ohio- House Bill 523 was approved by the House on May 10, 2016 and approved by the Senate on May 25, 2016. It was signed into law and took effect on September 8, 2016.

Pennsylvania- Senate Bill 3 was approved by the Senate on April 12, 2016 and by the House on April 13, 2016. It was signed into law by the governor on April 17, 2016 and became effective 30 days after passage.

In 2017 West Virginia became the 29th state along with Washington D.C. to allow the use of marijuana for medical purposes.

As more states continue to levy on debates of legalizing marijuana, fiscal aspects may contribute to some states recognizing the financial retributions with the war on drugs and the cost of increased law enforcement and overcrowding in prisons and jails.

In a report conducted by Miron & Waldock in 2010 concluded

> State and federal governments in the United States face massive looming fiscal deficits. One policy change that can reduce deficits is ending the drug war. Legalization means reduced expenditure on enforcement and an increase in tax revenue from legalized sales. This report estimates that legalizing drugs would save roughly $41.3 billion per year in government expenditure on enforcement of prohibition. Of these savings, $25.7 billion would accrue to state and local governments, while $15.6 billion would accrue to the federal government. Approximately $8.7 billion of the savings would result from legalization of marijuana and $32.6 billion from legalization of other drugs.
>
> The report also estimates that drug legalization would yield tax revenue of $46.7 billion annually, assuming legal drugs were taxed at rates comparable to those on alcohol and tobacco. Approximately $8.7 billion of this revenue would result from legalization of marijuana and $38.0 billion from legalization of other drugs (Miron & Waldock, 2010)

The report finds that between 2001 and 2010, there were over 8 million marijuana arrests in the United States, 88% of which were for possession. Marijuana arrests have increased between 2001 and 2010 and now account for over half (52%) of all drug arrests in the United States, and marijuana possession arrests account for nearly half (46%) of all drug arrests. In 2010, there was one marijuana arrest every 37 seconds, and states spent combined over $3.6 billion enforcing marijuana possession laws (American Civil Liberties Union , 2013)

In a report by Dubuzinskis in 2012 notes that California voters turned back a ballot initiative to legalize marijuana for recreational use in 2010, in part because of concerns about how production and sale of the drug would be regulated.

Since then, the U.S. Department of Justice has cracked down on medical cannabis operations in California, Washington state and elsewhere, raiding dispensaries and growing operations and threatening landlords with prosecution.

"Our highest priority are the folks that violate both state and federal law," said Rusty Payne, spokesman for the Drug Enforcement Administration. "There are places that have made a lot of money who claim to be nonprofit, and they have faced both local and federal scrutiny." (Dobuzinskis, 2012)

Driven by the Drug War, the U.S. prison population is six to ten times as high as most Western European nations. The United States is a close second only to Russia in its rate of incarceration per 100,000 people. In 2012, more than 749,000 people were arrested in this country for marijuana-related offenses alone. Marijuana prohibition causes far more problems than it solves, and results in the needless arrest of hundreds of thousands of otherwise law abiding citizens each year (NORML, 2017)

Marijuana is the third most popular recreational drug in America (behind only alcohol and tobacco), and has been used by nearly 100 million Americans. According to government surveys, some 25 million Americans have smoked marijuana in the past year, and more than 14 million do so regularly despite laws against its use. Our public policies should reflect this reality, not deny it (NORML, 2017).

Beginning in 2011, polls have consistently showed a majority of Americans supportive of legalizing marijuana, and a number of states are likely to consider legalization ballot initiatives or legislative measures in the next few years (Henchman & Scarboro, 2016).

Amendment 64 was passed on November 6, 2012 that legalized recreational marijuana in the state of Colorado. In November of 2013 the state passed Proposition AA that put a tax on marijuana. Recreational sales were allowed to start on January 1, 2014.

Colorado established a quick reference guide to assist with the regulatory requirement as established in Amendment 64. The following is a list provided by colorado.gov explains important concepts from the amendment.

Regulatory Structure

- Adopt current Medical Marijuana Code 70/30 "vertical integration" model (the supply chain is under a common owner). Common enterprise under common ownership.
- For one year, limit new applications for adult- use (Amendment 64) marijuana licenses to medical marijuana licensees in good standing.
- Sunset review of vertical integration model by General Assembly in three years.
- State licenses for adult- use marijuana establishments should be conditional upon local government approval and authorization.
- Convert current Medical Marijuana Enforcement Division into new Marijuana Enforcement Division with statutory powers to regulate and license both medical and adult- use.

(Colorado.gov)

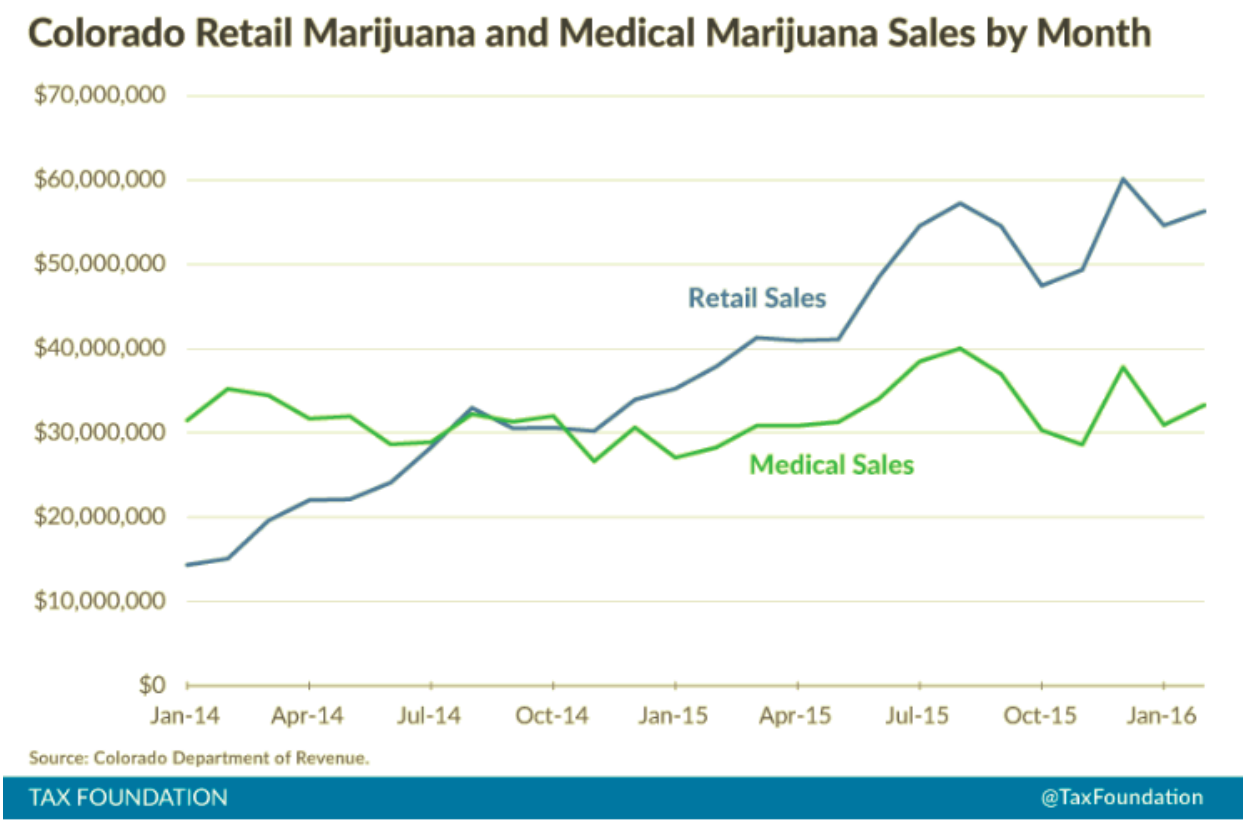

Figure 3 Colorado Retail and Medical Marijuana Sales by Month

About $330 million of medical marijuana was sold in Colorado in 2013, and that grew to $408 million in 2015. But the real growth has been in retail sales, which exploded from zero in 2013 to $588 million last year, bringing the total marijuana market to just under $1 billion, state figures show (Migoya & Baca, 2016).

The financial benefits since the beginning of legalization for recreational use in Colorado has sparked significant revenue for the state. Notably retail sales are higher than medicinal sales.

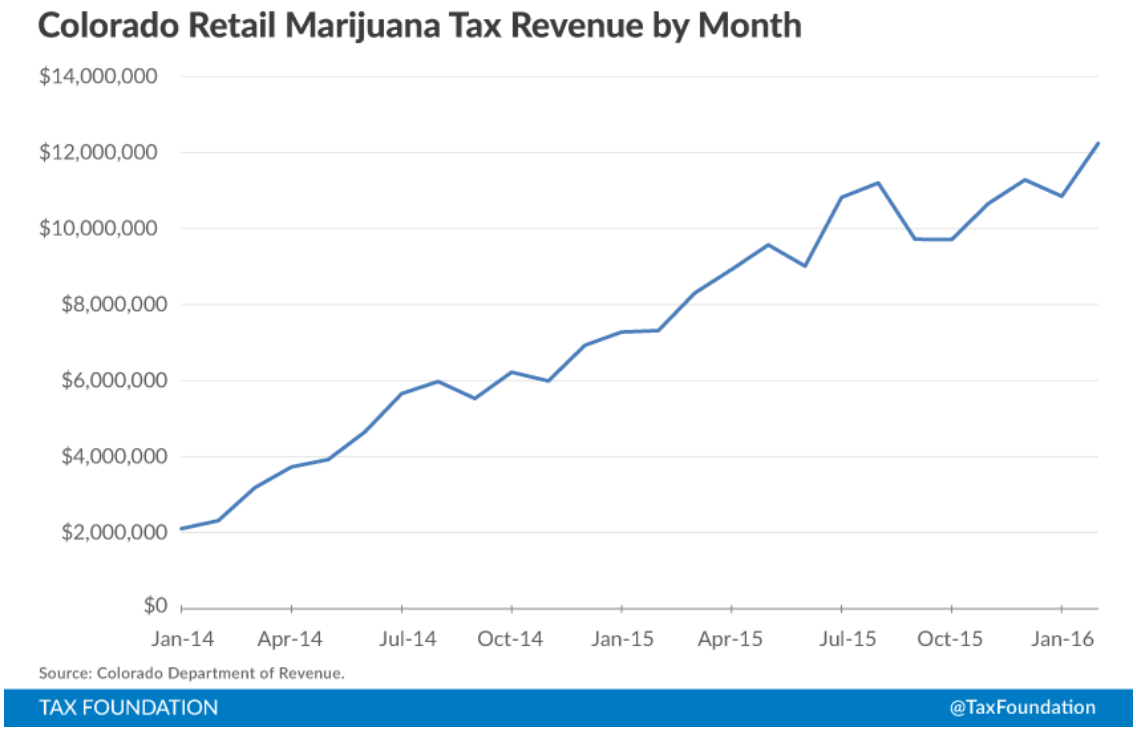

Figure 4 Colorado Retail Marijuana Tax Revenue by Month.

During the initiative campaign, voters were told marijuana excise taxes would boost revenues by $70 million per year, with the first $40 million each year dedicated to school construction, leaving $30 million for enforcement and general state funds. Revenues initially proved disappointing for calendar year 2014, totaling $56 million in tax revenue on sales of $304 million. However, impressive year-over-year growth in calendar year 2015 resulted in $113 million in retail marijuana tax revenue on sales of $568 million. In the most recent six months for which data are available (September 1, 2015 to February 29, 2016), Colorado collected $64 million in retail marijuana tax revenue, up 64 percent from the same period a year earlier. Collections in calendar 2016 will likely be somewhere between $143 million (assuming the market has stabilized at around $56 million in monthly sales) to $185 million (assuming the current growth rate continues). The state received some attention in 2015 when marijuana tax revenues were twice those of alcohol taxes; they may end up quadruple by the end of 2016 (Colorado.gov).

The Colorado Department of Public Health & Environment (CDPHE) statistical data shows that on January 31, 2009 there were 6,369 new applicants that registered for a medical marijuana card since the registry opened in June of 2001. On December 31, 2009 the statistical data showed that there were 43,769 new applicants that had registered since June 2001. This is a dramatic increase for registry for a state that currently only approved the use of marijuana for medical purposes.

Reviewing data from January 31, 2011 had 129,388 new applicants apply for use of medical marijuana and by December 31, 2011, 163,856 new applicants applied since June 2001.

The most recent data shows that on January 31, 2016, 320,229 new patients applied since the medical marijuana program registry began. The total number of current, active medical marijuana patients is 107,798 and 13.3% of patients have designated a primary caregiver or medical marijuana center. In January of 2016, 232 different physicians have recommended medical marijuana for active patients.

By the end of the year on December 31, 2016, 342,976 new patients applied since the medical marijuana program registry began. The total number of current, active medical marijuana patients is 94,577 and 3.6% of patients have designated a primary caregiver or medical marijuana center. In December of 2016, 148 different physicians have recommended medical marijuana for active patients.

The statistical data shows that the primary reason for the request of medical marijuana is for severe pain and muscle spasms. Interestingly enough, recreational marijuana was approved in 2012 and still the request or medical use and not recreational use have significantly increased each year. In 2016, over 22,000 new applications were received in the state of Colorado.

Review of the statistical data related to the arrests and crime related to marijuana shows a dramatic decrease since marijuana was approved for recreational use in 2012.

Table 1. Marijuana arrests and rates in Colorado, 2012–2014

	Total marijuana arrests				Marijuana arrests per 100,000 population			
	2012	2013	2014	% change 2012–2014	2012	2013	2014	% change 2012–2014
Total	12,894	6,502	7,004	-46%	249	123	131	-47%
Arrest type								
Possession	11,370	5,435	5,998	-47%	219	103	112	-49%
Unspecified	1,038	726	600	-42%	20	14	11	-44%
Sales	301	225	230	-24%	6	4	4	-26%
Production	179	111	176	-2%	3	2	3	-5%
Smuggling	6	5	0	100%	<1	<1	0	--
Age group								
10 to 17 years old	3,235	3,125	3,400	5%	591	561	598	1%
18 to 20 years old	3,347	2,277	2,244	-33%	1490	997	978	-34%
21 years or older	6,312	1,100	1,360	-78%	170	29	35	-79%
Race/Ethnicity								
White	9,343	4,476	4,552	-51%	260	123	123	-52%
Hispanic	2,384	1,372	1,590	-33%	219	124	140	-36%
African-American	958	543	716	-25%	468	275	348	-26%
Other	209	111	146	-30%	71	35	44	-37%
Gender								
Male	10,474	5,269	5,517	-47%	403	200	206	-49%
Female	2,420	1,233	1,487	-39%	93	47	56	-40%

Note: Denver under-reported marijuana arrests in 2012 and 2013, due to an issue with different arrest and citations systems. Denver over-reported arrests in 2014 due to including a non-criminal civil citation. See Appendix L, Table 16 for internal marijuana arrest data from the Denver Police Department.

Source: Colorado Bureau of Investigation, National Incident-Based Reporting System data.

Table 1 Marijuana arrests and rates in Colorado 2012-2014

The total number of marijuana arrests decreased by 46% between 2012 and 2014, from 12,894 to 7,004 (Table 1). Marijuana possession arrests, which make up the majority of all marijuana arrests, were nearly cut in half (- 47%). Marijuana sales arrests decreased by 24%, while arrests for marijuana production did not change appreciably (- 2%).

Marijuana arrests that were unspecified, meaning the specific reason for the arrest was not noted by law enforcement, went down by 42%. (Colorado Department of Public Safety Division of Criminal Justice Office of Research and Statistics, 2016)

Additional statistics show that the total number of marijuana-related filings declined 81% between 2012 and 2015, The charge of marijuana possession dropped 88% (9,130 to 1,068), possession with intent to distribute dropped 4% (329 to 315), distribution dropped 23% (304 to 235), manufacture dropped 68% (314 to 102), and conspiracy dropped 48% (50 to 26) between 2012 and 2015. Filings for public consumption increased in 2013 and 2014 but dropped in 2015, resulting in no real change between 2012 and 2015.
(Colorado Department of Public Safety Division of Criminal Justice Office of Research and Statistics, 2016).

With the state of Colorado taking the initiative to changing regulations to legalize marijuana for recreational purposes has proven that since its proposal, the state has benefited both increasing revenue dramatically and decreasing the costs of fighting the war on drugs by decreasing the arrests and court findings which have found to have substantial savings.

Other states began to follow suit behind Colorado in legalizing recreational marijuana. The state of Washington approved Initiative 502 in November 2012, which legalized the use of marijuana for recreational purposes.

Henchman & Scarboro reported that retail marijuana sales in Washington began on July 8, 2014 in which the new framework also directs 30 percent of marijuana tax revenue (after the first $25 million) to local governments based on population. In July 2015, Washington imposed a 37 percent excise tax on retail marijuana sales.

The Office of Financial Management Forecasting and Research Division reported in February 2015 statistical data for the first year of legalizing recreational marijuana with the following information:

- Arrests for any drug or narcotic decreased by 17 percent between 2012 and 2013.
- ▸ Incidents involving marijuana decreased by more than half between 2012 and 2013; concurrently, incidents involving amphetamines, heroin and crack cocaine increased.**
- ▸ Incidents where marijuana was seized decreased for all quantities involved.
- ▸ While highways and roads remained the most common location where marijuana incidents occurred, such incidents decreased from 2,462 in 2012 to 768 in 2013. However, incidents increased at secondary or primary schools, from 258 in 2012 to 345 in 2013.
- ▸ All criminal activities involving marijuana decreased between 2012 and 2013. Possession, which is the most common incident, decreased from 5,133 in 2012 to 2,091 in 2013.
- Marked decreases are seen in marijuana-related non-prison convictions, dropping from a high of 502 in 2011 to a low of 98 in 2014, and in prison convictions, from 73 in 2011 to 13 in 2014.
- As a new enterprise, sales and excise tax revenues markedly increased. However, the rate of increase appears to be leveling off: Sales for September to October rose by 49 percent; from October to November by 24 percent; and from November to December by 6 percent.
- ▸ Sales in December 2014 equaled more that $17 million; excise taxes for that month were $4.3 million.

- State revenues from retail and from business and occupation taxes also increased. In November 2014 (the most current data available), those taxes totaled $1.5 million. (Office of Financial Management Forecasting and Research Division, 2015).

The state of Washington has benefited financially since the approval of legalizing marijuana for recreational use. In the first year it was show that the arrest rates and crime rates have decreased through out the state.

The Oregon Department of revenue release information from the marijuana tax statistical report detailing the events and financial outcomes. Oregon approved legalization of recreational marijuana in November 2014. In July 2015, adults were allowed to possess up to one ounce of marijuana outside their homes, and eight ounces at home, but were not allowed to sell it until approved retail outlets were available. In October 2015, adults were allowed to purchase the product but no tax was imposed. In January 2016, sales from medical dispensaries became taxable at a state tax rate of 25 percent of the retail sales price. The report shows that from February 2016-November 2016 the state of Oregon grossed $54,506,832 in tax revenues.

The Oregon Public Health Division released statistical data pertaining to the marijuana arrests and the following is a summary of their results:

- The rate of marijuana arrests has decreased in the past five years, from a peak quarterly average of 35 arrests per 100,000 adults during 2011 to nine arrests per 100,000 adults during 2015

- During 2006–2014 (prior to marijuana legalization), marijuana arrests accounted for 16% of all drug-related arrests in Oregon
- The number of marijuana arrests for all charge types combined decreased between 2011 (a total of 4,223 arrests) and 2014 (a total of 2,109 arrests).

  The largest decrease was seen for marijuana possession arrests, which declined from a peak of 4,223 arrests in 2011 to 2,109 arrests in 2014.
- In 2014, more than half of marijuana arrests were for possession (52%), one-third (35%) were for delivery of marijuana and one in seven (14%) were for manufacture of marijuana
- During 2007–2014, the highest rate of marijuana arrests occurred among 20–24 year olds.
- The majority of the people arrested for marijuana crimes were men (84%); 16% were women (Oregon Public Health Division, 2016)

On February 24 2015, Alaska became the fourth state to legalize recreational use of marijuana.

The law allows the following:

Adults 21 years old and older can possess as much as one ounce of marijuana and grow up to six plants in their home for personal use; up to three of the plants can be mature and flowering.

Residents 21 years old or older can give up to an ounce of marijuana and up to six plants to another adult 21 years of age or older.

It is illegal to give marijuana to minors under the age of 21.

(Alaska Department of Health and Social Services, 2015)

In November 2016, four additional states approved measures to legalize marijuana for recreational use include California, Maine, Massachusetts and Nevada.

Maine's new law "allows adults to buy and possess 2.5 ounces of marijuana and grow a limited number of plants in their homes. Retailers would be able to sell it with a 10 percent sales tax – but only with municipal approval, a first for marijuana laws. Revenue generated from the tax would go to school construction" (Quinn, 2016).

Massachusetts approved "Residents will now be allowed to grow marijuana and buy it from licensed retail outlets. Only one ounce is allowed in public and up to 10 ounces – or six plants – are allowed in homes. Retail marijuana will be subject to the state sales tax in addition to a 3.75 percent excise tax, which will fund the Marijuana Regulation Fund. Colorado is the only other state to add an excise tax to recreational marijuana, at a hefty 15 percent" (Quinn, 2016).

Nevada's initiative approved "The state will allow the recreational use of up to one ounce of marijuana from licensed retailers, but prohibit pot shops from opening near schools, houses of worship and child-care facilities – rules similar to Alaska, Oregon and Washington's. With a 15 percent excise tax, revenue generated from sales would going to education" (Quinn, 2016).

California had tried previously in 2010 to pass the recreational use of marijuana and failed but the 2016 election created a positive outcome.

The California NORML reported:

On November 8, 2016 California voters approved Prop. 64, also known as the Adult Use of Marijuana Act (AUMA), by a margin of 57-43%. Prop 64 makes the following changes to California law:

(1) Legalizes possession and use of up to one ounce of marijuana (or 8 grams of concentrates) and personal use cultivation of up to six plants per residence by adults 21 and over.

(2) Reduces penalties for most illegal cultivation, sale, transport, and possession for sale offenses from felonies to misdemeanors, with possible exceptions for repeat or violent offenders or other aggravating circumstances.

(3) Allows prior offenders to file to have their criminal records changed to what they would have been if Prop 64 had been in effect.

(4) Establishes a licensed regulation system for commercial production and sale of adult use cannabis beginning in Jan 1, 2018.

(5) Levies a production tax of $9.25/ ounce of flowers plus an additional 15% excise tax on retail sales of marijuana both adult-use and medical, effective Jan. 1 2018.

(6) Exempts medical marijuana patients with state-issued ID cards from the existing 7.25%+ sales tax effective immediately.

(7) Legalizes agricultural production of industrial hemp effective Jan 1, 2017.
Prop 64 prohibits (1) smoking or consumption of marijuana in any “public place” or while driving, (2) possession on school grounds, (3) possession of an open container of marijuana while driving or riding in a motor vehicle.

Commercial sale, cultivation, and production of marijuana are allowed only by licensed providers. Illegal sale, transport, manufacture, cultivation, or possession with intent to sell are

generally punishable as misdemeanors, with felony enhancement allowed for special circumstances and three-time offenders. Minors under 18 are in no case subject to imprisonment, but may be punished by drug education and community service. (California NORML Admin., 2011).

The results of this election have shown a rise in approval for the legalization of recreational use of marijuana.

Conclusion

Cannabis sativa L. also known, as marijuana is a plant that has been around for thousands of years. The plant was known as a Chinese herb that was used to treat various ailments including gout, malaria, and absent mindedness. In Egypt, marijuana was used as a medication for childbirth. Marijuana was known to produce psychoactive effects on humans. Marijuana is believed to have traveled to the United States in 1545. Originally the plant was harvested for hemp, which is a strong fiber that was used to make clothing, cloth, paper and rope. Hemp was the major cash crop until cotton surpassed it in 1890.

In the 1800's and1900's, marijuana was used for various health issues including headaches, sleep aids, increase appetite and decrease nausea and vomiting.

In 1914, The Harrison Narcotics Act was created to regulate opium in the United States. This was the first attempt to regulate narcotics. The Federal Bureau of Narcotics division was created and Harry Anslinger was appointed commission. Anslinger claimed that marijuana caused young adults to go insane and turn to violent crimes.

In 1937, the Marihauna Act was created to regulate the cultivation, possession and distribution of marijuana.

In 1952, The Narcotics Control Act was created which caused strict penalties and fine for offenses of narcotics. The first offense would require a minimum of 2 years and a maximum of 10 years in prison with fines up to $20,000.

In 1970, a drug reform was created called the Comprehensive Drug Abuse Prevention and Control Act also known, as The Controlled Substance Act. This was the beginning on the war on drugs in the United States. Funding was established to crack down on the drug abuse and promote and educate the citizens. With this new law, came a schedule system to categorize all drugs into classification. Schedule I drugs being classified as drugs that have no medical use and are highly addictive, in which marijuana was labeled a Schedule I Drug.

Research was conducted by several different sources, stating that marijuana should not be classified as a Schedule I drug, but the government would not hear of he change and pushed to crack down on all drugs.

Law enforcement was increased across the nation, and arrests were being made at increasing rates. Studies were conducted indicating that majority of the drug arrests were for possession of marijuana.

In 1996, California became the first state to legalize marijuana for medical use. Many debates indicated that marijuana had no medical use making it a Schedule 1 drug, but then studies have shown that marijuana has helped patients with glaucoma and HIV patients to increase appetite. A synthetic THC formula called Marinol was created to treat nausea and vomiting for cancer patients.

In 1998, Oregon and Washington approved initiatives for the use of medical marijuana.

The beginning of the 21st century began a trend of states approving proposals for the use of marijuana for medical purposes.

The war on drugs continued and the federal government tried to prosecute physicians in states that approved initiatives. Supreme Court case rulings found that the Tenth Amendment was being violated and Congress did not have authority over states medical marijuana ruling.

In November 2012, Colorado became the first state to legalize marijuana for recreational use. The financial profitability of legalizing recreational marijuana in Colorado created a retail marijuana tax revenue estimating at $143-185 million for calendar year 2016.

Washington reported more than $17 million in tax revenues for 2015.

Oregon reported more than $54 million in tax revenues.

Colorado, Washington, Alaska and Oregon have all reported that the arrest rates have significantly decreased since recreational marijuana has become legal.

In November 2016, four more states, California Maine, Massachusetts, and Nevada have approved for the use of recreational marijuana.

Currently there are 29 states that approve marijuana for medical use.

From a financial perspective, legalizing marijuana in the United States has shown that these measures will increase tax revenues for the nation and decrease arrests and eliminate some of the deficit that is facing the nation.

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