

Decriminalization of Marijuana
in Lakeland, FL
Research Committee Findings



Committee Members:

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Below are the initial questions to us from the Commissioners:

1. How many arrests are made in Lakeland every year for misdemeanor violations?

In 2015 there were 401 adult arrests for Possession of Cannabis/not more than 20 grams. There were an additional 49 arrests on juveniles.

<u>Adult Demographics</u>		<u>Juvenile Demographics</u>	
B/M	201	B/M	28
B/F	31	B/F	2
W/M	135	W/M	19
W/F	32		
O /F	2		

<u>Ages</u>		<u>Ages</u>	
18-19	53	12-15	18
20-29	203	16-17	31
30-39	79		
40-49	37		
50+	29		

2. What was the cost to tax payers to hold a court hearing and charge the individuals?

Polk County Clerk of Courts does not have a current report that provides the case information requested. This fine amount is a discretionary assessment and the amounts range according to the judge's ruling. Therefore, data from each case would be required.

According to the Clerk of Courts, court costs and fines for persons convicted of misdemeanor drug possession are approximately \$388 to \$393. These costs include an alcohol/drug assessment fee. These fees are paid by the defendant. There may also be additional fees for law enforcement investigative costs, which are charged to the defendant.

Costs related to court hearings and personnel are not broken down by cases. These are overall costs, and are budgeted as normal operating expenses.

3. What is the benefit to the community and the tax payers?

Many studies argue that decriminalization will result in significant savings for law enforcement, courts and the criminal justice system. Most cost benefit analyses fail to understand that the vast majority of the criminal justice costs are "fixed" or "static" and do not vary appreciably by the volume of activities, tasks or incidents undertaken by the agencies. This is because most of the agency costs are largely linked to agency personnel costs (salary and fringe benefits) which reflect 70-75% of a criminal justice agency budget and do not vary by marginal changes in workloads. Unless one can demonstrate that these costs vary by the number of persons arrested, prosecuted, defended, convicted, sentenced, supervised and incarcerated, there is little reason to believe that decriminalization of marijuana would have a fiscal impact. Or put differently, payrolls would have to be reduced, prisons closed or court-rooms emptied for real money to be saved.

A good analogy would be the airline industry. It costs a certain amount of money to fly a plane and operate the necessary support services (maintenance, flight attendants, pilots, fuel, and booking agents). These are so-called fixed costs that do not vary by the number of passengers that get on the plane. There are so called "marginal" cost savings that are real and need to be accounted for. In the example of airlines, certain non-fixed costs such as meals, beverages, and fuel used based on the plane's passenger manifest and freight load.

The analogy can be applied to the business of criminal justice. Most of the previous studies that examine cost savings for decriminalization as well as any other major criminal justice reform rely on assumptions that serve to exaggerate cost savings. These studies and models often assume a direct relationship between fluctuations in events and caseloads and the costs that support public agencies and organizations that process cases and people. For example, if a particular police agency that has 7,500 officers makes 10,000 arrests for marijuana out of a total of 100,000 arrests, decriminalization advocates have argued that the police agency's budget would be reduced by 10%. In reality, the police budget would remain largely the same unless 10% of the 7,500 officers were terminated. The only costs that would be realized could be linked to things like overtime costs.

Economic Impact

Alexander and Wiggins maintain "[a] correlation has also been shown between marijuana and a loss of productivity in the workplace. For example, absence from work was 75 percent higher for marijuana users than non-users, and the marijuana users were 55 percent more likely to have an industrial accident. "²⁰⁹ Marijuana use also increases [*162] public health costs. For example, in 2010, marijuana use resulted in 461,000 emergency room visits in the United States, representing 39% of all visits that were related to drug use. "²¹⁰ A recent study released by the U.S. Healthcare Cost and Utilization Project showed that emergency use visits attributed to cannabis increased 50.4% between 2007 and 2012 in Colorado, one of the first states to legalize recreational and medical marijuana. "²¹¹ Also impacting the health system are illnesses resulting from accidental ingestion. At about the same time the federal government adopted a "hands off" policy with regard to those using marijuana in accordance with state medicinal marijuana laws, the physicians at Children's Hospital in Colorado first began noticing children brought in after accidental ingestion. "²¹² "From January 2005 through September 2009, there were no marijuana-related visits... Between October 2009 and December 2011, however, 14 of 588 children were seen for marijuana exposure, " some from medicinal marijuana and others from edibles. "²¹³

Like any addictive drug, marijuana has the propensity to lead users into a downward cycle in which they become consumed with securing their next high, sometimes at any cost, even resorting to crime to obtain money to pay for their habit. In fact, one study showed that "more than 41 percent of male arrestees in sampled U.S. cities tested positive for marijuana." "²¹⁴ Research has confirmed a connection between the use of marijuana and an increase in violent behavior; youth who use marijuana are four times more likely than non-users to act violently." "²¹⁵

Marijuana Tourism and the Homeless

Colorado sees rise in number of homeless after cannabis legalized

Colorado's legalization of cannabis has led to an increase in the number of young people living on the streets, local shelters have said. The US state made history in January this year by becoming the first in the world to open stores licensed to sell marijuana legally. Proponents of the amendment cited medical benefits of the drug, while critics warned of possible knock-on effects of its sudden legalization.

Six months on, charities have said they are dealing with an influx of young homeless, many of them cannabis users. One organization dealing with an increase in visitors is Urban Peak, which provides food, shelter and other services to homeless people aged 15 to 24 in Denver and Colorado Springs. "Of the new kids we're seeing, the majority are saying they're here because of the weed," deputy director Kendall Rames said. The Salvation Army's single men's shelter in the capital Denver has been serving more homeless this summer, and officials have noted an increase in the number of 18- to 25-year-olds there. The shelter housed an average of 225 each night last summer, but this summer it is averaging 300 people per night.

A survey found that more than a quarter of the increase was related to marijuana, including people who moved hoping to find work in the industry, said Murray Flagg, divisional social services secretary for the Salvation Army's Intermountain Division. Staff at the St Francis Center, a daytime homeless shelter, say cannabis is the second-most frequently given reason for being in Colorado, after looking for work.

A recent study found an average of 10 tons of the drug is being sold each month and the state is on course to collect \$184 million in cannabis tax revenues in the first year and a half of legalization. Since the legislation was passed, dozens of shops have popped up selling the drug baked into brownies and sweets, or served in drinks. Hospitals in Denver have reported treating a growing numbers of children who have eaten edible marijuana by accident, as well as adults who have ingested potent doses of it. Police say an increasing number of people have also been stopped while driving under the influence.

<http://www.telegraph.co.uk/news/worldnews/northamerica/usa/10993621/Colorado-sees-rise-in-number-of-homeless-after-cannabis-legalised.html>

4. What is the recidivism rate of misdemeanor violations of marijuana?

This information is not tracked by the Clerk of Courts or the State Attorney's Office.

A 2003 national recidivism study on drug courts, conducted by the National Institute of Justice, revealed a 16.4% recidivism rate for graduates after one year¹⁰ compared to 43.5% of similar cases handled in a traditional method.¹¹ The recidivism rate increased to 27.5% after two years¹² compared to 58.6% for offenders handled traditionally.¹³ The study did not distinguish among the differing target populations; i.e., courts handling only first time possession cases versus courts handling deep-end offenders.¹⁴

¹⁰ Roman, J., Townsend, W., & Bhati, A. July 2003. *National Estimates of Drug Court Recidivism Rates*, Washington, DC: National Institute of Justice, U.S. Department of Justice.

¹¹ The White House, Office of National Drug Control Policy. February 2003. *National Drug Control Strategy*. (p.23)

¹² See Note 10.

¹³ See Note 11.

¹⁴ Brewster, M.P. 2001. An evaluation of the Chester (PA) Drug Court Program. *Journal of drug issues*. 31(1), 177-206.

5. Are the diversion "off ramps" effective?

In most cases, the diversions are effective, as the majority of those arrested are not serious offenders. There are many factors which determine the effectiveness of a diversion program, which are related to the offender, such as presence of mental illness, level of drug dependency, motivation to change behavior, etc.

A five-year longitudinal process, impact, and cost-benefit evaluation compared data from 23 adult drug courts with data from six geographically similar comparison sites,⁷⁶ finding that drug court participants were less likely to experience drug use relapse and reported less criminal activity within the 18-month period following participation. Authors noted that successful outcomes varied widely across studied courts, and indicated that the variance is likely attributable to multiple factors, including differences in participant populations (e.g., lower-risk vs. higher-risk in terms of offense history, level of drug dependence, and motivation to change) and variation in implemented policies and practices.

⁷⁶Rossman, S. B., Roman, J. K., Zweig, J. M., Rempel, M., & Lindquist, C. H. (2011). *The multi-site adult drug court evaluation: The impact of drug courts*. Washington, DC: The Urban Institute Policy Center.

Law enforcement can refer juveniles charged with most misdemeanors and minor felonies to Teen Court. Teen court is a diversion program designed to avoid a damaging criminal record. The program is already in place and has been for many years. High school student volunteers are trained to hear cases and offenders must then carryout sentences handed down by the Teen Court. www.jud10.flcourts.org?q=content/teen-court

6. How many DUI tickets have been written solely for Marijuana in the last few years?

LPD has had only one (1) straight Cannabis case since 2012. All others have been in combination primarily with alcohol, but also other drugs (Xanax, Cocaine, Methamphetamine, etc.)

Additionally, research in the past 20 years has shown that driving while cannabis-impaired approximately doubles car crash risk and that around one in 10 regular cannabis users develop dependence.

"Both immediate and long-term exposure to marijuana impair driving ability; marijuana is the illicit drug most frequently reported in connection with impaired driving and accidents, including fatal accidents." It is estimated that people 1 ng or more of THC in their blood are three to seven times as likely to been involved in a vehicle collision. People with a blood alcohol above .08% are five times more likely to be involved in a collision. (Volkow, Baler, Compton, & Weiss, 2014).

According to Dr. Dan Brookhoff's article describing a survey in the New England Journal of Medicine, 45% of reckless drivers not under the influence of alcohol, were under the influence of marijuana.

7. How many times do we dispatch specially trained drug officers (DREs) to a scene?

If you are talking about DRE Officers, they would not be dispatched as your arrest/release decision is based on Standardized Field Sobriety Testing and the arresting officer's observations. A Drug Recognition Expert would be called out, if available, after the subject would have been arrested and provided a Breath Test below .080 grams of alcohol per 210 liters of breath. A DRE, if available, would then request urine and perform a Drug Evaluation to determine what drug category(s) the subject is under the influence of that is impairing him/her.

8. What are the demographic breakdown of those sentenced for marijuana possession? How many people have been charged with the misdemeanor? What percentage were white or other? What were their ages?

In 2015 there were 401 adult arrests for Possession of Cannabis/not more than 20 grams. There were an additional 49 arrests on juveniles.

Adult Demographics

B/M 201
B/F 31
W/M 135
W/F 32
O /F 2

Juvenile Demographics

B/M 28
B/F 2
W/M 19

Ages

18-19 53
20-29 203
30-39 79
40-49 37
50+ 29

Ages

12-15 18
16-17 31

9. What was the typical process for someone charged with misdemeanor marijuana?

In most cases, a subject arrested for misdemeanor possession of marijuana is issued a Notice to Appear. A Notice to Appear is a promise by the defendant to appear in court on a certain date to answer for the crime for which they have been charged. There are some limitations to a Notice to Appear being issued, such as the subject must have live or have substantial ties to the area, has not failed to appear to court in the past, etc. Most defendants charged with their first offense of Possession of Marijuana under 20 grams are placed in a diversion program by the SAO.

In the case of juveniles, 1st offenses of all misdemeanors and some felonies can be sent to Teen Court. LPD direct files over 1200 cases a year to Teen Court (Not just Marijuana). The SAO sends another 25 to 30% to Teen Court after they evaluate the case. Cases sent direct to Teen Court show no record whatsoever. The cases sent by the SAO show dropped/ No Billed. Additionally, DJJ also has an "Intercept" program where the case can still be diverted from the courtroom. In all the JV has three opportunities for a first offense to never make it to their record or at least show as a dropped case, which should have no impact on their future life, if they complete the diversion as prescribed by Teen Court or the Intercept Program.

10. What is the financial burden of someone caught with marijuana?

According to the Clerk of Courts, court costs and fines for persons convicted of misdemeanor drug possession are approximately \$388 to \$393. These costs include an alcohol/drug assessment fee. These fees are paid by the defendant. There may also be additional fees for law enforcement investigative costs, which are charged to the defendant.

There may be additional fees dependent upon the criminal history of the defendant, such as multiple prior arrests for drug possession, ordered into a drug treatment program, etc.

11. Are there any concrete data or studies that proved marijuana is a gateway drug?

There are studies which support the hypothesis that marijuana is a "gateway" drug and studies which do not support this hypothesis. (samples below)

Cannabis use and other illicit drug use: testing the cannabis gateway hypothesis.

Fergusson DM¹, Boden JM, Horwood LJ.

Author information - ¹Christchurch School of Medicine and Health Sciences, Christchurch, New Zealand. david.fergusson@chmeds.ac.nz

Aim: To examine the associations between the frequency of cannabis use and the use of other illicit drugs.

Design: A 25-year longitudinal study of the health, development and adjustment of a birth cohort of 1,265 New Zealand children.

Measurements: Annual assessments of the frequency of cannabis use were obtained for the period 14-25 years, together with measures of the use of other illicit drugs from the same time period.

Findings: The frequency of cannabis use was associated significantly with the use of other illicit drugs, other illicit drug abuse/dependence and the use of a diversity of other drugs. This association was found to be particularly strong during adolescence but declined rapidly as age increased. Statistical control for confounding by both fixed and time dynamic factors using random- and fixed-effects regression models reduced the strength of association between frequency of cannabis use and other illicit drug use, but a strong association between frequency of cannabis use and other illicit drug use remained even after control for non-observed and time-dynamic sources of confounding.

Conclusions: Regular or heavy cannabis use was associated with an increased risk of using other illicit drugs, abusing or becoming dependent upon other illicit drugs, and using a wider variety of other illicit drugs. The risks of use, abuse/dependence, and use of a diversity of other drugs declined with increasing age. The findings may support a general causal model such as the cannabis gateway hypothesis, but the actual causal mechanisms underlying such a gateway, and the extent to which these causal mechanisms are direct or indirect, remain unclear.

What has research over the past two decades revealed about the adverse health effects of recreational cannabis use?

Hall, W. (2015), What has research over the past two decades revealed about the adverse health effects of recreational cannabis use?. *Addiction*, 110: 19–35.

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Paper presented at Through the Maze: Cannabis and Health International Drug Policy Symposium Auckland, New Zealand, November 2013.

Aims: To examine changes in the evidence on the adverse health effects of cannabis since 1993.

Methods: A comparison of the evidence in 1993 with the evidence and interpretation of the same health outcomes in 2013.

Results: Research in the past 20 years has shown that driving while cannabis-impaired approximately doubles car crash risk and that around one in 10 regular cannabis users develop dependence. Regular cannabis use in adolescence approximately doubles the risks of early school-leaving and of cognitive impairment and psychoses in adulthood. Regular cannabis use in adolescence is also associated strongly with the use of other illicit drugs. These associations persist after controlling for plausible confounding variables in longitudinal studies. This suggests that cannabis use is a contributory cause of these outcomes but some researchers still argue that these relationships are explained by shared causes or risk factors. Cannabis smoking probably increases cardiovascular disease risk in middle-aged adults but its effects on respiratory function and respiratory cancer remain unclear, because most cannabis smokers have smoked or still smoke tobacco.

Conclusions: The epidemiological literature in the past 20 years shows that cannabis use increases the risk of accidents and can produce dependence, and that there are consistent associations between regular cannabis use and poor psychosocial outcomes and mental health in adulthood

Previous Use of Alcohol, Cigarettes, and Marijuana and Subsequent Abuse of Prescription Opioids in Young Adults - Fiellin, Tetrault, Becker, Fiellin, and Hoff, *Journal of Adolescent Health*, Feb. 2013 Department of Internal Medicine, Yale University School of Medicine

There has been an increase in the abuse of prescription opioids, especially in younger individuals. The current study explores the association between alcohol, cigarette, and/or marijuana use during adolescence and subsequent abuse of prescription opioids during young adulthood.

Methods: We used demographic/clinical data from community-dwelling individuals in the 2006–2008 National Survey on Drug Use and Health. We used logistic regression analyses, adjusted for these characteristics, to test whether having previous alcohol, cigarette, or marijuana use was associated with an increased likelihood of subsequently abusing prescription opioids.

Results: Twelve percent of the survey population of 18–25 year olds (n = 6,496) reported current abuse of prescription opioids. For this population, prevalence of

previous substance use was 57% for alcohol, 56% for cigarettes, and 34% for marijuana. We found previous alcohol use was associated with the subsequent abuse of prescription opioids in young men but not young women. Among both men and women, previous marijuana use was 2.5 times more likely than no previous marijuana to be associated with subsequent abuse of prescription opioids. We found that among young boys, all previous substance use (alcohol, cigarettes, and marijuana), but only previous marijuana use in young girls, was associated with an increased likelihood of subsequent abuse of prescription opioids during young adulthood.

Conclusions: Previous alcohol, cigarette, and marijuana use were each associated with current abuse of prescription opioids in 18–25-year-old men, but only marijuana use was associated with subsequent abuse of prescription opioids in young women. Prevention efforts targeting early substance abuse may help to curb the abuse of prescription opioids.

Is cannabis use associated with an increased risk of onset and persistence of alcohol use disorders? A three-year prospective study among adults in the United States.

Weinberger AH¹, Platt J², Goodwin RD³. *Drug Alcohol Depend.* 2016 Apr 1;161:363-7. doi: 10.1016/j.drugalcdep.2016.01.014. Epub 2016 Feb 11.

Background: The relationship between cannabis use and alcohol use disorders (AUDs) over time remains unclear. The current study used longitudinal data from adults in the United States (U.S.) to investigate the association between cannabis use and risk of onset and persistence of AUDs three years later.

Methods: The study used data from respondents who completed both waves of the National Epidemiological Study of Alcohol Use and Related Disorders (NESARC; Wave 1, 2001-2001; Wave 2, 2004-2005) and for whom the age of first cannabis use preceded the age of any AUD. Incident AUDs were examined among respondents with no lifetime AUD diagnosis at Wave 1 (n=27,461). Persistent AUDs were examined among respondents with a lifetime AUD diagnosis at Wave 1 (n=2,121).

Results: Among adults with no history of AUD, cannabis use at Wave 1 was associated with increased incidence of an AUD three years later relative to no cannabis use (Odds Ratio (OR)=5.43; 95% Confidence Interval (CI)=4.54-6.49). Among adults with a history of AUD, cannabis use at Wave 1 was associated with increased likelihood of AUD persistence three years later relative to no cannabis use (OR=1.74; 95% CI=1.56-1.95). These relationships remained significant after controlling for demographics, psychiatric disorders, and other substance use disorders.

Conclusions: Cannabis use is associated with increased risk of AUD onset and persistence over the course of three years among U.S. adults. Community-based and clinical programs aimed at preventing or treating problematic alcohol use may benefit from integrating information about cannabis use in order to improve outcomes.

Robert L. DuPont is the president of the Institute for Behavior and Health and the first director of the National Institute on Drug Abuse.

“It should come as no surprise that the vast majority of heroin users have used marijuana (and many other drugs) not only long before they used heroin but while they are using heroin. Like nearly all people with substance abuse problems, most

heroin users initiated their drug use early in their teens, usually beginning with alcohol and marijuana. There is ample evidence that early initiation of drug use primes the brain for enhanced later responses to other drugs. These facts underscore the need for effective prevention to reduce adolescent use of alcohol, tobacco and marijuana in order to turn back the heroin and opioid epidemic and to reduce burdens addiction in this country.

Establishing it as a third legal drug, along with tobacco and alcohol, will increase drug abuse, including the expanding opioid epidemic.

Marijuana use is positively correlated with alcohol use and cigarette use, as well as illegal drugs like cocaine and methamphetamine. This does not mean that everyone who uses marijuana will transition to using heroin or other drugs, but it does mean that people who use marijuana also consume more, not less, legal and illegal drugs than do people who do not use marijuana.

People who are addicted to marijuana are three times more likely to be addicted to heroin. The legalization of marijuana increases availability of the drug and acceptability of its use. This is bad for public health and safety not only because marijuana use increases the risk of heroin use.

A better drug policy is one that actively discourages marijuana use as well as other recreational drug use, especially for youth. The aggressive commercialization of marijuana that is now rampant and still growing is particularly damaging to the public health because it markets marijuana and an array of increasingly potent products in ever more attractive ways that encourage marijuana use and frequent high-dose THC use.

We are at a crossroads. Legalizing marijuana will have lasting negative effects on future generations. The currently legal drugs, alcohol and tobacco, are two of the leading causes of preventable illness and death in the country. Establishing marijuana as a third legal drug will increase the national drug abuse problem, including expanding the opioid epidemic."

<http://www.nytimes.com/roomfordebate/2016/04/26/is-marijuana-a-gateway-drug/marijuana-has-proven-to-be-a-gateway-drug>

As noted by **Alexander and Wiggins**, "[a]nother concern is whether marijuana is a "gateway drug". In other words, does it open the door to experimentation with other additional drugs? ⁿ²⁰⁶ Although a direct causal relationship between marijuana use and use of other drugs has not been proven, there is evidence that "adults who were early marijuana users were found to be eight times more likely to have used cocaine, 15 times more likely to use heroin, and five times more likely to develop a need for treatment of abuse or dependence on any drug." ⁿ²⁰⁷ In fact, "the single best predictor of cocaine use is frequent marijuana use during adolescence." ⁿ²⁰⁸

DeSimone concludes marijuana consumption may predict current cocaine consumption without necessarily causing it and contends there is evidence of a gateway from marijuana to cocaine. The author reports that past marijuana use increases the probability of current cocaine use by twenty-nine percentage points. The author does point out methodological problems with the study.

Morral et al. did not refute the gateway hypothesis, but they found that the individual causes of initial marijuana use can be better used to predict harder drug use later in someone's life.

Chu concluded that there was a 10 to 15 percent increase in marijuana use after medical marijuana was legalized. However, Chu found no evidence that cocaine and heroin usage increased.

As noted by **Carl Hart**, a professor in the department of psychology and psychiatry at Columbia University, in an article by Nogueira, "[T]he vast majority of marijuana smokers don't go on to use (heroin and cocaine). So, it's not a gateway drug." **John Kleinig** in his article agrees that marijuana is not a gateway drug, as does **Hirschfield**. However, **Hirschfield** contends that legalization of drugs would increase drug use.

Degenhardt et al. and **Harrington & Wiebe**, in a study of twins, did not find support for the marijuana gateway hypothesis. **Tarter et al.** found that evidence supporting the gateway hypothesis was not supported and rejected the gateway hypothesis. **Hodroff** also concludes that marijuana is not a gateway drug.

Kenkel and Mathios indicated that marijuana could serve as a gateway if in order to obtain it one must go through the black market which may expose the user to harder drugs, thereby creating an increased risk of hard drug use. However, the researchers found the opposite to be true, and the marijuana gateway effect was negated.

Secades-Villa et al. report that marijuana use may be correlated with the use of other illegal substances. The authors acknowledge since marijuana is the most widely used illegal drug strategies to reduce its use may decrease involvement in more illicit drugs particularly when psychiatric comorbidity is present. The authors conclude focusing on individual propensities to use drugs, such as vulnerability to addictions, may be more effective than focusing on individual drugs.

Vanyukov et al. contend that the gateway hypothesis regarding marijuana falls short of demonstrating causality between the use of marijuana and harder drugs.

Suggs found that the decriminalization of marijuana did not lead to any significant increase in marijuana usage.

Van Gundy and Rebellion acknowledged that there is a link between early marijuana use and the use of other illicit substances later in life; however this study did not find any conclusive results that marijuana use was the cause of the use of other illicit drugs. Instead they found that age and exposure to traumatic life events or consistent life stressors may have a link to the adolescent use of marijuana, and those stressors may have brought about the use of other drugs later in life.

There are no concrete studies that have determined whether marijuana is or is not a gateway drug. There are, however, studies that strongly indicate that marijuana can be addictive and link marijuana use to addiction to other substances.

The New England Journal of Medicine published the article "Adverse health effects of marijuana use." (Volkow, Baler, Compton, & Weiss, 2014). The article states, "Despite some contentious discussion regarding the addictiveness of marijuana, the

evidence clearly indicates that long-term marijuana use can lead to addiction. The authors of this article cited the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), which states that 9% of people who experiment with marijuana will become addicted. 16% of teenagers who experiment with marijuana will become addicted.

The same article goes on to state, "Epidemiologic and preclinical data suggest that use of marijuana in adolescence could influence multiple addictive behaviors in adulthood." Animal testing has supported this assertion. Adolescents who use marijuana are two to four times as likely to become dependent on it. (Volkow, et al., 2014)

The National Institute on Drug Abuse stated in the March 2016 online "Drug Facts: Marijuana," that "Marijuana use is also linked to addiction to other substances, including nicotine. In addition, animal studies show that the THC in marijuana makes other drugs more pleasurable to the brain."

These studies show a correlation between marijuana use and the use of "harder" drugs and offer a clinical explanation as to why. The studies also strongly link adolescent marijuana use to long term cognitive deficits. Those suffering from mental illnesses like depression, anxiety, and schizophrenia can have their conditions and symptoms worsened with marijuana use. Long term studies on the health and cognitive effects of marijuana may not fully capture the impact because the potency of THC in cannabis has increased over time. (National Institute on Drug Abuse, 2016)

The University of Mississippi Potency Monitoring Program was cited by the DEA. THC concentrations averaged 3% in the 1980s and is up as high as 37% now. Most marijuana THC is now 10-20%. Marijuana concentrates, such as "wax," range from 40-80% THC concentration. (Drug Enforcement Administration, 2015)

The American Society of Addiction Medicine (ASAM) is in favor of decriminalization of marijuana, but is opposed to the legalization. In their policy statement, ASAM states that decriminalization would reduce penalties to civil fines, but that a mandatory referral for a clinical assessment and education should also be included. (American Society of Addiction Medicine, 2015)

ASAM also reports that the high doses of THC in today's marijuana can cause dependence on the drug. Marijuana is also tied to use of other substances. For example, ASAM states that 61% of people with addictions other than alcoholism also use marijuana.

ASAM's Public Policy Statement on Marijuana, Cannabinoids and Legalization states:

In addition to the risk of developing an addiction, several other harmful long-term effects of marijuana use on health have been documented, including adverse psychiatric effects from its use. Specifically, the long-term effects of marijuana use include altered brain development and cognitive impairment, including impaired neural connectivity in specific brain regions... These effects have been found to be more profound in users who began marijuana use in adolescence or young adulthood.

ASAM's statement provides a resource list of studies that tie use of marijuana with lower academic and workplace success. The National Institute on Drug Abuse (NIDA), a division of the National Institute of Health (NIH), in their March 2016 *Drug facts: Marijuana* online post is consistent with ASAM. Under long-term effects, NIDA states:

Marijuana also affects brain development. When marijuana users begin using as teenagers, the drug may reduce thinking, memory, and learning functions and affect how the brain builds connections between areas necessary for these functions.

Marijuana’s effects on these abilities may last a long time or even be permanent.

NIDA went on to cite a study that showed an eight point IQ decrease between ages 13 and 38 for teens who were heavy marijuana users. NIDA also stated that the increase in THC contributes to addiction and dependence on marijuana. Temporary hallucinations and paranoia can also occur. NIDA links marijuana use with higher dropout rates, increased absenteeism and increased accident rates. (2016)

12. What is the % of school age children that use alcohol drugs tobacco and marijuana?

20% -Alcohol

12%- Marijuana

7%- Tobacco

3%- Abuse Prescription Drugs

*Percentages of Polk County Middle and High School Students that use these substances based from 2014 FYSAS data.

Here is the data from the Polk Prevention Survey. The sample size for that question in 2015 was 24,111. And comparison of Florida Youth Substance Abuse Survey (in yellow) sample size 70,859 statewide and for Polk’s portion of the State Survey 2,061.

Polk Prevention Survey Results - by Year

During the past 30 days, how many times have you smoked marijuana? (At Least Once) And below in yellow a comparison of the statewide survey

	All Polk County Schools	Polk County High Schools	Polk County Middle Schools	State Survey for Polk	State Survey for State
2006	12.3%	16.8%	8.2%	9.9%	11.4%
2007	12.0%	16.3%	7.4%		
2008	11.7%	16.1%	7.4%	9.7%	11.1%
2009	12.7%	17.4%	8.5%		
2010	13.4%	18.8%	8.4%	10.3%	13%
2011	12.4%	16.2%	8.3%		
2012	12.8%	17.5%	8.1%	11.1%	12.4%
2013	12.8%	18.3%	7.2%		
2014	13.0%	18.6%	7.6%	12.2	12.4%
2015	12.1%	17.8%	6.3%		

In a study regarding the effects of decriminalization on youth, **Miech et al.** analyze whether decriminalization is a risk factor for increased acceptance and use among adolescents in grades 8, 10 and 12 in California compared to the rest of the United States. This examination was performed utilizing data from the national Monitoring The Future annual survey and reflects results after decriminalization of marijuana in 2010 in California. The researchers found that in 2012, 12th graders were 25% more likely to have used marijuana within the past thirty days. Additionally, these students were 20% less likely to perceive marijuana use as a health risk and 60% more likely to claim they would try marijuana in the next 5 years. The authors discuss that after the decriminalization of marijuana in California, 12th grade California students became much more permissive towards marijuana use than their peers in other states.

The authors conclude that marijuana decriminalization is a risk factor for marijuana acceptance and use amongst adolescents as well as believe that policymakers send a signal of encouragement to the youth in their jurisdiction when they decriminalize marijuana. The researchers conclude that they are opposed to decriminalization of marijuana.

A study by Rosalie Pacula, Jamie Chriqui, and Janna King^{ix} examined several states where marijuana have decriminalized by reducing the penalties for simple possession. They found that living in a decriminalized state increases use among high school students but by only 2%. Other studies have found either no increases among juveniles or as much as 4% increase.

13. What are the incarceration rates of those convicted of misdemeanor marijuana?

Polk County Clerk of Courts does not have a current report that provides the information requested.

First time offenders for misdemeanor marijuana rarely are incarcerated if found guilty. Most offenders are placed in pre-trial diversion programs for drug offenders. If convicted of misdemeanor possession of marijuana, a judge can impose any combination of the following penalties: one year of probation, one year in jail, or a fine of up to a \$1,000.

14. Does decriminalization prohibit LEO from probable cause to search the rest of the vehicle?

No, if probable cause for a search is developed, the vehicle can be searched or a search warrant obtained dependent upon the circumstances.

15. Does a misdemeanor drug charge prohibit young people from advancing themselves in higher education? *(Are those with a drug charge not eligible for financial aid? Those incarcerated cannot get grants or loans to further their education? Sixty percent of colleges run background checks on those applying for school?)*

A federal or state drug conviction can disqualify a student for FSA funds. The student self-certifies in applying for aid that he is eligible; you're not required to confirm this unless you have conflicting information. Convictions only count against a student for aid eligibility purposes (FAFSA question 23c) if they were for an offense that occurred

during a period of enrollment for which the student was receiving federal student aid- they do not count if the offense was not during such a period, unless the student was denied federal benefits for drug trafficking by a federal or state judge (see drug abuse hold sidebar). Also, a conviction that was reversed, set aside, or removed from the student's record does not count, nor does one received when she was a juvenile, unless she was tried as an adult. The chart below illustrates the period of ineligibility for FSA funds, depending on whether the conviction was for sale or possession and whether the student had previous offenses. A conviction for sale of drugs includes convictions for conspiring to sell drugs.

	Possession of illegal drugs	Sale of illegal drugs
1st offense	1 year from date of conviction	2 years from date of conviction
2nd offense	2 years from date of conviction	Indefinite period
3+ offenses	Indefinite period	

If the student was convicted of both possessing and selling illegal drugs, and the periods of ineligibility are different, the student will be ineligible for the longer period. Schools must provide each student who becomes ineligible for FSA funds due to a drug conviction a clear and conspicuous written notice of his loss of eligibility and the methods whereby he can become eligible again.

A student regains eligibility the day after the period of ineligibility ends (i.e., for a 1st or 2nd offense); or when he or she successfully completes a qualified drug rehabilitation program that includes passing two unannounced drug tests given by such a program. Further drug convictions will make him ineligible again. Students denied eligibility for an indefinite period can regain eligibility after completing any of the following options:

- 1) Successfully completing a rehabilitation program, as described below, which includes passing two unannounced drug tests from such a program;
- 2) Having the conviction reversed, set aside, or removed from the student's record so that fewer than two convictions for sale or three convictions for possession remain on the record; or
- 3) Successfully completing two unannounced drug tests which are part of a rehab program (the student does not need to complete the rest of the program).

In such cases, the nature and dates of the remaining convictions will determine when the student regains eligibility. It is the student's responsibility to certify to you that she has successfully completed the rehabilitation program; as with the conviction question on the FAFSA, you are not required to confirm the reported information unless you have conflicting information.

When a student regains eligibility during the award year, you may award Pell Grant, TEACH, and Campus-Based aid for the current payment period and Direct Loans for the period of enrollment.

Standards for a qualified drug rehabilitation program must include at least two unannounced drug tests and satisfy at least one of the following requirements:

- Be qualified to receive funds directly or indirectly from a federal, state, or local government program.
- Be qualified to receive payment directly or indirectly from a federally or state-licensed insurance company.
- Be administered or recognized by a federal, state, or local government agency or court.
- Be administered or recognized by a federally or state-licensed hospital, health clinic, or medical doctor. If you are counseling a student who will need to enter such a program, be sure to advise the student of these requirements. If a student certifies that he has successfully completed a drug rehabilitation program, but you have reason to believe that the program does not meet the requirements, you must find out if it does before paying the student any FSA funds.

16. How many employers won't hire applicants with misdemeanor drug convictions?

This question is overly broad. Many employers will consider an applicant dependent upon the amount of time which has passed since a conviction on certain crimes, and the specific circumstances surrounding the conviction. Much of this hinges on the specific job duties and responsibilities of the position. More impact would be observed from employers with the Drug Free Workplace policy and the ability of an applicant to pass employment drug screening/testing or random testing. This includes employers such as Walmart, Publix, and the City of Lakeland.

There are two federal laws that protect applicants with criminal records, at least in some situations. The Fair Credit Reporting Act (FCRA) creates certain guidelines that employers must follow when hiring a third party agency to run a background check and provide a consumer report, which includes information regarding credit history, criminal records, and other information pertaining to an applicant's character.

The FCRA imposes obligations on employers who request criminal background checks and on the firms that provide them. Employers must do all of the following:

- Get the applicant's written consent ahead of time.
- Tell the applicant if the employer intends to disqualify him or her based on the contents of the report. The employer must also give the applicant a copy of the report.
- Notify the applicant after the employer makes a final decision not to hire him or her based on the information in the report.

Firms that run background checks also have obligations under the FCRA. When it comes to criminal records, agencies are not allowed to include arrest records that are more than seven years old, unless the position pays an annual salary of more than \$75,000. Agencies may include conviction records regardless of when they occurred. Consumer reporting agencies must also take reasonable steps to make sure that the information they provide is accurate and up to date. If an applicant disputes the contents of the report, the agency must conduct a reasonable investigation. If the investigation reveals that the report was incorrect, the agency must inform the applicant and any other person or company to whom it has provided the report.

Title VII of the Civil Rights Act of 1964 protects applicants and employees from discrimination in every aspect of employment, including screening practices and hiring. Because arrest and incarceration rates are so much higher for African Americans and Latinos, an employer that adopts a blanket policy of excluding all applicants with a criminal record might be guilty of race discrimination.

The Equal Employment Opportunity Commission (EEOC) has issued guidance explaining how employers can screen out applicants whose criminal records pose an unreasonable risk without engaging in discrimination. In deciding whether a particular offense should be disqualifying, employers must consider:

- the nature and gravity of the criminal offense or conduct
- how much time has passed since the offense or sentence, and,
- the nature of the job (including where it is performed, how much supervision and interaction with others the employee will have, and so on).

And, the EEOC has said that employers should give applicants with a record an opportunity to explain the circumstances and provide mitigating information showing that the employee should not be excluded based on the offense.

Florida Laws on Use of Criminal Records

Florida law prohibits state and local agencies from denying someone a license, permit, or certificate to engage in a particular profession or industry based on a prior conviction, unless the conviction was for a felony or first-degree misdemeanor and is directly related to the type of work the person will do in that profession. (The law creates special rules for certain drug offenses.) Beyond that, Florida does not have additional restrictions on performing background checks.

In fact, Florida law actually provides employers with an incentive to consider an applicant's criminal record. Some states allow people who are injured by an employee's misconduct to sue the employer for "negligent hiring," claiming that the employer should have known that the employee posed a risk of injury. In Florida, employers are legally presumed not to have been negligent in hiring if they conduct a background investigation before hiring employees, including a criminal records check. As long as the employer conducted such a check, and it didn't uncover any information reasonably demonstrating that the employee was unfit for the job (or unfit for employment in general), the employer is entitled to a presumption that it did not act negligently.

Employers aren't required to conduct background checks, and they won't be presumed negligent if they don't. However, an employer is legally protected only if it conducts these checks, including a criminal records check.

17. Does any drug charge disqualify you from applying for military service?

Navy- "Department of the Navy policy is that drug and alcohol dependent applicants, current drug and alcohol abusers, and those individuals whose pre-service abuse of drugs and/or alcohol indicates a proclivity to continue abuse in the service, are not permitted to enter the naval service. The Navy recognizes that some people have clear potential to become creditable performers despite past exposure to drug and/or alcohol abuse. Recruiting procedures must include positive measures to identify and screen out drug and/or alcohol abusers at the point of application for enlistment."

<https://www.navvcs.com/blogs/2010/10/05/navy-drug-waivers>

Army - Not granted entry into the Army if, "Person with a civil conviction of a serious criminal misconduct with any one of the following: "Three or more offenses (convictions or other adverse dispositions) other than traffic." "If You have juvenile serious criminal misconduct offenses but have had no offenses within 5 years of application for enlistment, you may be considered for a waiver in meritorious cases without regard to any history of chronic cannabis (marijuana) use or psychological cannabis dependence." "You have an initial court conviction or other adverse disposition for sale, distribution, or trafficking (including "intent to") of cannabis (marijuana), or any other controlled substance." "You have a history of chronic cannabis (marijuana) use or psychological cannabis dependence (as defined in AR 4Q-501)."

<http://army.com/info/usa/disqualifiers>

Airforce- "Category 1 offenses are considered the most serious (felonies), and category 5 offenses are the most minor. Applicants with one or more convictions or adverse adjudications from category 1, 2, or 3 offenses require a waiver. Those with two or more convictions or adverse adjudications in the past three years, or three or more convictions or adverse adjudications in a lifetime for a category 4 offense also require a waiver. Air Force applicants with six or more convictions or adverse adjudications in any 356-day period within the past three years from a category 5 offense also require a waiver. Applicants may not enlist as an alternative to criminal prosecution, indictment, incarceration, parole, probation, or other punitive sentence. They are ineligible for enlistment until the original assigned sentence would have been completed." "In most cases, substance abuse of any kind (drugs, alcohol) is a disqualifying factor."

<http://air-force.com/info/disqualifiers>

Marines- " Appendix 5 ... Possession of marijuana under 30 grams or steroids (requires District waiver)". If maximum confinement under state or local law exceeds 1-year, treat the offense as a felony. A "felony" will be defined as a conviction or adverse adjudication by civil authorities (foreign or domestic), or action taken which is tantamount to a finding of guilty of an offense for which the maximum penalty is death or confinement under state or local law exceeding one year, regardless of state or local laws. An offense will be classified a "felony" without regard to the offender's age when the offense was committed, or whether the offense was disposed of by juvenile or adult criminal proceedings. An offense classified as a felony above, will be

classified as a felony for enlistment, regardless of state or local law.

In rare instances an offense may be classified as a single incident felony if more than one felony results from a single incident. Generally, if the multiple incidents are not separated by space and time, they may be considered as a single incident for waiver purposes. In order to be considered, the multiple felonies must be related and must derive from a single incident. For example, a housebreaker who steals a stereo might be considered a single incident felony for 1) felony burglary and 2) felony theft. A single felony requires a waiver. More than one felonies are disqualifying, and no waiver is authorized.

http://reentry.mplp.org/reentry/index.php/United_States_Navy_and_Marine_Corps_Criminal_History_Disqualifications

18. What would happen if they got caught with a small amount?

Currently, a subject caught with a small amount of marijuana (under 20 grams) would either be arrested and issued a Notice to Appear or arrested and transported to the Polk County Jail. First time offenders are normally sent to a diversion program.

19. What is a small amount vs a large amount?

In terms related to this discussion, an amount less than 20 grams (.70 ounce). This amount or less would be considered a small amount. Any amount more than 20 grams would be considered a large amount.

20. What were other cities doing?

The majority of cities in Florida have not decriminalized the Possession of Marijuana under 20 grams.

Tampa does not decriminalize the possession of misdemeanor amounts of marijuana. The possession of all amounts of marijuana is a violation of the law. Tampa's Ordinance allows an officer another avenue other than a custodial arrest or issuing a Notice to Appear. Once an officer is at the point of determining a charging decision, the officer may elect to use the City ordinance rather than charging the defendant under the state law violation for possession of less than 20 grams of marijuana. TPD has established SOP's for the processes of determining when an individual qualifies in accordance with the ordinance.

The City of Miami Beach's Ordinance states: Notwithstanding subsection (a), the following misdemeanor(s) under State law are eligible to receive a civil violation notice, at the discretion of a law enforcement officer, provided that such violations are not charged in conjunction with any charge that is a felony, driving under the influence, incident involving domestic violence, or violent crime, as those terms are defined under State law:

- (1) Possession of Cannabis in an amount of 20 grams or less, as set forth in section 893.13(6)(b) of the Florida Statutes, as such may be amended from time to time: and/or
- (2) Possession of Drug Paraphernalia, as set forth in sections 893.146 and 893.147(1)(b) of the Florida Statutes, as such may be amended from time to time.

21. Was there parental contact for persons under age?

In cities with the decriminalization of misdemeanor possession of marijuana, the ordinance only applies to persons over the age of 18, not to juveniles. Juveniles arrested or issued a Notice to Appear are only released to a parent or legal guardian.

In 2011, Florida required that a juvenile citation program be offered to youth in all Florida counties under the advisement of their respective Chief Circuit Judge, State Attorney, Public Defender and local law enforcement. The program is designed as an alternative to arrest and prosecution for youth at first contact with law enforcement for non-serious, nonviolent misdemeanors.

Florida law requires that an intake assessment be performed, appropriate interventions be provided, and accountability sanctions be imposed. Failure of the offender to complete the requirements and sanctions of the civil citation program results in the young person being formally processed in the juvenile justice system, which could include arrest and prosecution.

Of the 67 counties in Florida, 59 have some process in place for juvenile civil citations and all but one of those counties includes misdemeanor drug possession as an eligible offense. Since implementation of the programs in Florida, 6,903 juveniles have been diverted from the criminal justice system and the programs show a recidivism rate of 6.6% compared to the 41% rate of residential facilities operated by the Department of Justice.

22. Do they address the driving under the influence?

Driving under the Influence is addressed by state law. In Colorado, the limit is 5 or more nanogram of active THC, they can be arrested for driving under the influence. However, these tests do require the invasiveness of a blood test rather than a breathalyzer for alcohol, which raises Fourth Amendment issues.

Salomonsen-Sautel in a study covering 1994 until 2011 looked at the impact of the acceptance of medical marijuana in Colorado in 2009 on fatal motor vehicle crashes with drivers who tested marijuana positive and alcohol impaired. The study found that the number of marijuana impaired drivers increased since medical marijuana was legalized in Colorado. By the end of 2011, 10% of vehicle fatalities had a driver who was marijuana positive. However, at the end of 2011, states that did not legalize medical marijuana had about 4.1% of marijuana positive drivers involved in traffic fatalities.

Study Findings of Prevalence of Marijuana Involvement in Fatal Crashes: Washington 2010 – 2014.

- Statewide, 3,031 drivers were involved in fatal crashes in years 2010-2014.
- Overall, considering both the actual blood toxicology test results and imputed results, an estimated 303 drivers-10.0% of all drivers involved in fatal crashes in Washington between 2010 and 2014-had detectable THC in their blood at the time of the crash.

- Of all THC-positive drivers involved in fatal crashes, an estimated 34.0% had neither alcohol nor other drugs in their blood, 39.0% had detectable alcohol in addition to THC, 16.5% had other drugs in addition to THC, and 10.5% had had both alcohol and other drugs in addition to THC in their blood at the time of the crash.
- From 2010 through 2013, the estimated number and proportion of drivers involved in fatal crashes who had a detectable concentration of THC in their blood ranged from a low of 48 (7.9%) to a high of 53 (8.5%). The number and proportion both doubled from 49 (8.3%) in 2013 to 106 (17.0%) in 2014.
- Analysis of trends over time before and after Initiative 502 took effect indicate that the proportion of drivers positive for THC was generally flat before Initiative 502, but began increasing significantly approximately 9 months after the effective date of Initiative 502.

23. Is there a greater incident of violence for arrest with alcohol or marijuana?

According to the FBI's 2014 Law Enforcement Officers Killed & Assaulted Report, in 2014, 59 alleged offenders were identified in connection with the 51 law enforcement officers feloniously killed. Of those offenders, the following characteristics are known:

- 11 of the alleged offenders were under the influence of a controlled substance at the time of the fatal incidents.
- 2 of the alleged offenders were under the influence of alcohol or were intoxicated at the time of the fatal incidents.

In 2014, 80 alleged offenders were identified in connection with the law enforcement officers assaulted and injured with firearms or knives/other cutting instruments. Of those offenders, the following characteristics are known:

- 19 of the alleged offenders were under the influence of a controlled substance at the time of the incidents.
- 8 of the alleged offenders were under the influence of alcohol or were intoxicated at the time of the incidents.

Marijuana *use* is generally not associated with causing violent behavior. Marijuana selling, on the other hand, is highly correlated with violence. Both of these points are supported by research. (Phillips, 2012)

The experience of the Lakeland Police department comports with the research. We have found a high correlation between violent crime and drug sales, including the sale of marijuana.

De-criminalization of the possession of small amounts of marijuana will create a more permissive environment in the City of Lakeland for the possession of marijuana. With less severe, non-criminal penalties, people who wish to use marijuana will feel that they incur less risk ingesting marijuana in Lakeland. Logically, this makes Lakeland a more attractive place for people to come smoke marijuana.

Basic laws of economics dictate that where there is a demand, there will be a supply. The sale of marijuana and the act of purchasing marijuana are still felonies in Florida. As noted earlier, the sale of drugs, including marijuana, is intrinsically linked to violent crime. The unintended consequence of de-criminalization of marijuana will likely increase violent crime in Lakeland.

Subjects under the influence of alcohol are sometimes violent as are offenders using other drugs. Since marijuana enhances the effects of other, harder drugs, it is logical to assume that some people smoking marijuana will also be under the influence of harder drugs like heroin, methamphetamine, molly, K-2, or other synthetic cannabinoid.

The New England Journal of Medicine review article, Adverse Health Effects of Marijuana Use, tracked hospital emergency room admissions. The data showed a drastic increase in emergency room visits over time as the THC concentration of marijuana has increased. Both marijuana by itself as well as marijuana combined with other drugs were tracked, as were cocaine and heroin, both by themselves and in combination with other drugs. From 2004 through 2011, the increase in emergency room visits where marijuana was used alone was 100%. Marijuana used in conjunction with other drugs increased emergency room visits 62%. (Volkow, et al., 2014)

In short, the answer to the question is that the use of marijuana does not necessarily result in increased violence, but the sale of marijuana certainly increases violent crime. The sale of alcohol is legal if statutes, ordinances, and regulations are met. The sale of marijuana is a felony crime.

24. If there was a racial history of the way Marijuana was a schedule 1 drug.

There are published articles that state marijuana was identified as a schedule 1 drug due to racial influences, as well as economic influences.

Dvorak indicates " [t]he use of marijuana as an intoxicant can be traced back "to the earliest beginnings of history," and it was cultivated in Asia and the Near East "from the earliest known times to the present." "167 In America, it was first grown for its fiber and was an integral part of the colonial and national economy. "168 From the mid - Nineteenth century until the 1950s, marijuana was used for a wide range of medical purposes. "169 Marijuana entered into general use in 1920 but was not a popular drug until the 1960s. "170 Moran discusses the passage of the Marihuana Tax Act of 1937. "To pass this legislation, Anslinger exploited the country's fear of minorities. Anslinger "regularly linked marijuana to unwelcome minorities. He wrote of 'ginger-colored niggers' using pot, an ethnic evil he viewed 'as hellish as heroin.' He told Congress that half the country's crime stemmed from 'Mexicans, Latin Americans, Filipinos, Negroes and Greeks whose civic aberrations flowed directly from marijuana use.'" "44 Although Anslinger faced outrage at his racist comments, his rhetoric remained powerful enough to maintain congressional and public support and keep him in office."45 Headlines spanned the nation sensationalizing marijuana, making it synonymous with minorities and [*565] violence."45 As Martin Booth explains, "[Anslinger] had by his ranting alienated a large section of the ethnic-minority

population of the USA which was, marijuana aside, largely law abiding. This in turn caused them to become secretive and closed."

As noted by Moran, "[w]hen it came time for Congress to enact marijuana legislation, it turned to Anslinger, a charlatan expert with a political agenda, rather than an unbiased scientific body. "⁴⁷ During the committee hearings Anslinger's testimony relied on newspaper articles and hearsay accounts reporting crimes and tragedies claimed to have been caused by marijuana. ^{N45} Notably, a significant portion of this shady evidence occurred in newspapers owned by William Randolph Hearst, who had a sizable financial interest in the illegalizing of marijuana. "⁴⁹ In fact, the Hearst papers contributed to the association of marijuana and minorities by replacing the non-volatile term "hemp" with the alien-sounding word "marihuana." "⁵⁰ Anslinger's only real opposition at the hearings came from the well-respected lawyer-physician, Dr. William C. Woodward, legislative counsel to the American Medical Association. "⁵¹ Dr. Woodward sharply criticized the reliance on unverified newspapers accounts and called for a nonpartisan scientific body to perform a true investigation of the drug. "⁵² Yet, Congress dismissed Dr. [*566] Woodward's arguments, and the bill easily became an act, and marijuana suddenly found itself effectively criminalized at the national level."
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The recreational smoking of marijuana was generally limited to Mexican itinerant workers in the Southwest, and by 1910 its use began to spread into southern port cities, especially New Orleans."¹⁷¹ During the 1920s, Mexican immigrants, who used the drug to relax, began to rapidly migrate into California and Louisiana, then up to Colorado and Utah. "¹⁷² As with opium, Whites garnered support for the outlaw of marijuana by linking the drug with dangerous pushers of color; this time those pushers were Mexicans. "¹⁷³ Media hysteria was noted by the federal Bureau of [*646] Narcotics, which urged a more sober approach to the drug problem, "¹⁷⁴ a situation that would repeat itself with the hysteria surrounding crack cocaine.

This imagery became the backdrop for the Marijuana Tax Act of 1937 which effectively banned its use and sales. The decision of the United States Congress to pass the Marihuana Tax Act of 1937 was based on poorly attended hearings and reports based on questionable studies. [³⁹][⁴⁰] In 1936 the Federal Bureau of Narcotics (FBN) noticed an increase of reports of people smoking marijuana, which further increased in 1937. The Bureau drafted a legislative plan for Congress seeking a new law, and the head of the FBN, Harry J. Anslinger, ran a campaign against marijuana.^{[41][42]} Newspaper mogul William Randolph Hearst's empire of newspapers used the "yellow journalism" pioneered by Hearst to demonize the cannabis plant and spread a public perception that there were connections between cannabis and violent crime.^[43] Several scholars argue that the goal was to destroy the hemp industry,^{[44][45][46]} largely as an effort of Hearst, Andrew Mellon and the Du Pont family.^{[44][46]} They argue that with the invention of the decorticator hemp became a very cheap substitute for the wood pulp that was used in the newspaper industry.^{[44][47]} However, Hearst newspapers owed large debts to Canadian suppliers of paper, who used wood as raw material. If an alternative raw

material for paper had emerged, it would have lowered the price of the paper needed to print Hearst's many newspapers—a positive thing for Hearst. [48][49]

Mellon was Secretary of the Treasury, as well as the wealthiest man in America, and had invested heavily in nylon, DuPont's new synthetic fiber. He considered nylon's success to depend on it replacing the traditional resource, hemp. [44][50][51][52][53][54][55][56] The company DuPont and many industrial historians dispute a link between nylon and hemp.

While the Act was ruled unconstitutional years later, it was replaced with the Controlled Substances Act in the 1970's which established Schedules for ranking substances according to their dangerousness and potential for addiction. Cannabis was placed in the most restrictive category, Schedule I, supposedly as a place holder while then President Nixon commissioned a report to give a final recommendation.

The Schafer Commission, as it was called, declared that marijuana should not be in Schedule I and even doubted its designation as an illicit substance. However, Nixon discounted the recommendations of the commission, and marijuana remains a Schedule I substance.

25. Who is in jail and serving time? (demographics)

Polk County Clerk of Courts does not have a current report that provides the information requested.

26. What happened if they were caught outside of Lakeland?

The person would be arrested and either physically arrested and transported to the Polk County Jail or issued a Notice to Appear by the arresting law enforcement officer.