

TOOLS FOR DEBATE:
US Federal Government
Data on Cannabis
Prohibition

Tools for Debate: US Federal Government Data on Cannabis Prohibition

A report of the International Centre for Science in Drug Policy



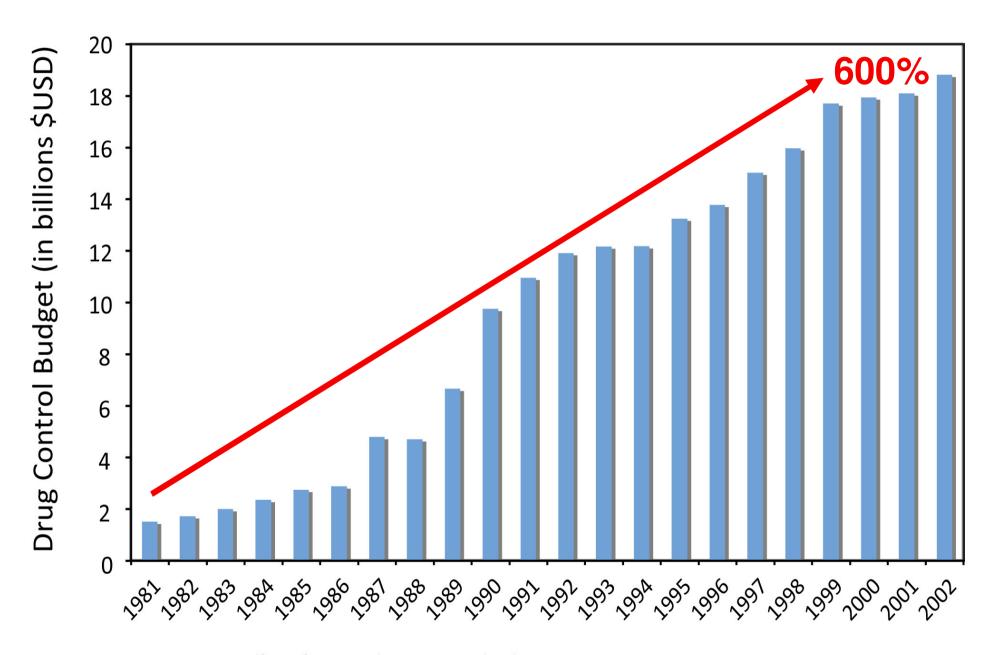
OVERVIEW OF REPORT

- Draws upon 20 years of data from US federal government funded surveillance systems
- Summarizes data on impacts of cannabis prohibition, specifically cannabis seizures and cannabis-related arrests
- Assesses the assumption that increased law enforcement funding reduces cannabis-related harms, using markers of:
 - » Cannabis potency
 - » Cannabis price
 - » Availability
 - » Rates of use
- Describes evidence-based regulatory tools that may reduce cannabis-related harms if cannabis were legalized
- Has been peer-reviewed and has been endorsed by 65 MDs and PhDs in 28 countries

PROHIBITION FUNDING, CANNABIS SEIZURES AND ARRESTS

 Between 1981 and 2002, the United States government spent \$217 billion (USD) on their anti-drug efforts

Figure 1. United States Federal Drug Control Budget, 1981 - 2002

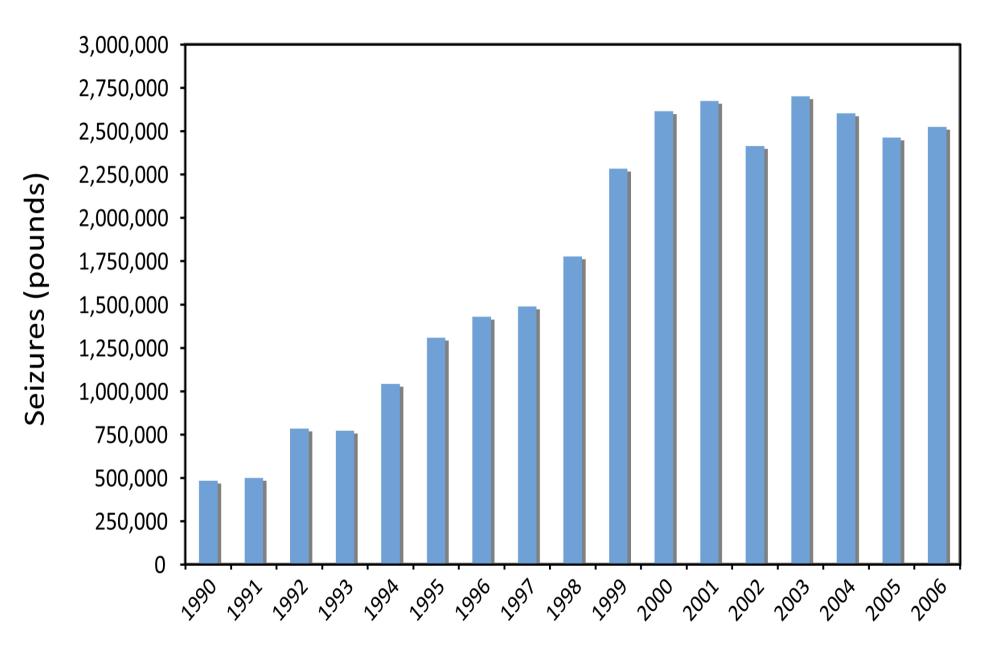


Source: US Office of National Drug Control Policy

PROHIBITION FUNDING, CANNABIS SEIZURES AND ARRESTS

- Between 1981 and 2002, the United States government spent \$217 billion (USD) on their anti-drug efforts
- Between 1990 and 2006, cannabis seizures increased by more than 400%

Figure 3. Annual Cannabis Seizures in the United States, 1990 - 2006

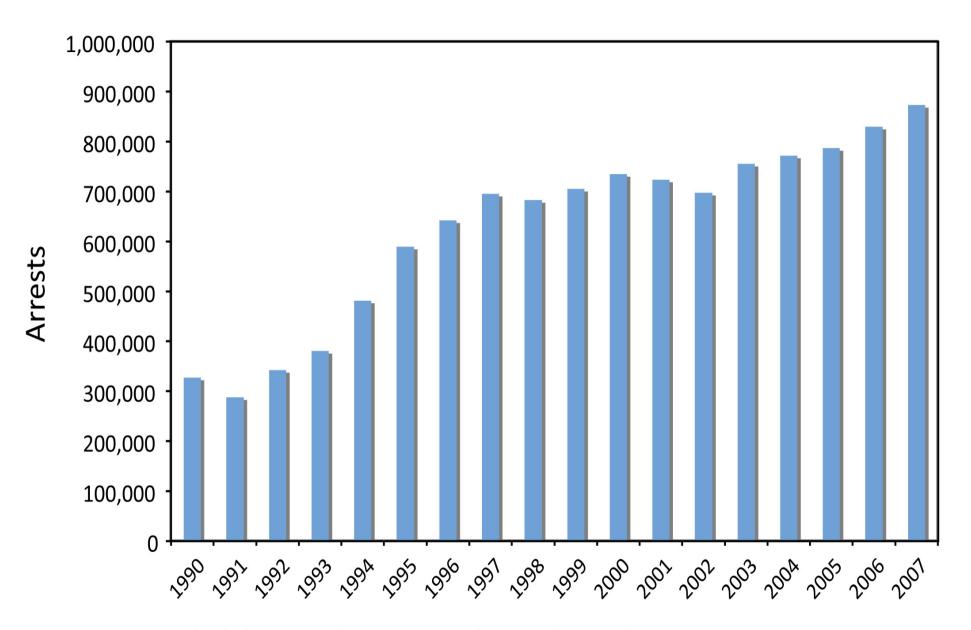


Source: US Bureau of Justice Statistics; US National Drug Threat Assessment

PROHIBITION FUNDING, CANNABIS SEIZURES AND ARRESTS

- Between 1981 and 2002, the United States government spent \$217 billion (USD) on their anti-drug efforts
- Between 1990 and 2006, cannabis seizures increased by more than 400%
- From 1990 to 2007, the number of cannabis-related arrests per year more than doubled

Figure 2. Cannabis-Related Arrests in the United States, 1990 - 2007*



^{*}Includes arrests for possession, sale or production of cannabis Source: US Bureau of Justice Statistics

PROHIBITION FUNDING, CANNABIS SEIZURES AND ARRESTS

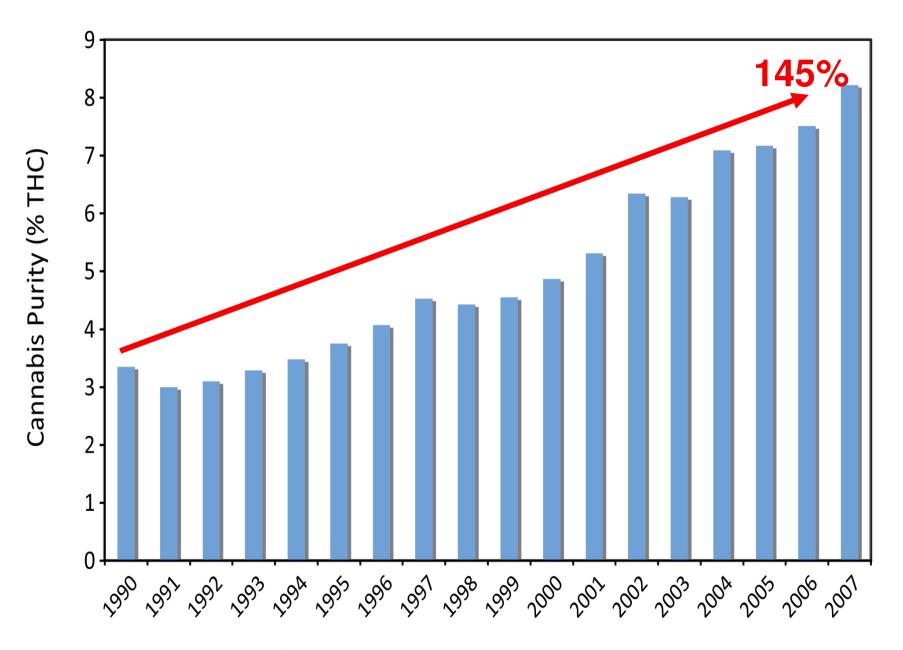
- Between 1981 and 2002, the United States government spent \$217 billion (USD) on their anti-drug efforts
- Between 1990 and 2006, cannabis seizures increased by more than 400%
- From 1990 to 2007, the number of cannabis-related arrests per year more than doubled
- The cannabis possession arrest rate for African-Americans is 300% higher than for whites, even though US government studies show African-Americans use cannabis at lower rates

How have cannabis prohibition expenditures, arrests and seizures impacted cannabis-related harms?

CANNABIS PRICE, POTENCY, USE AND AVAILABILITY

• Between 1990 and 2007, the potency of cannabis increased by 145%

Figure 4. Estimated Purity of Cannabis in the United States, 1990 - 2007

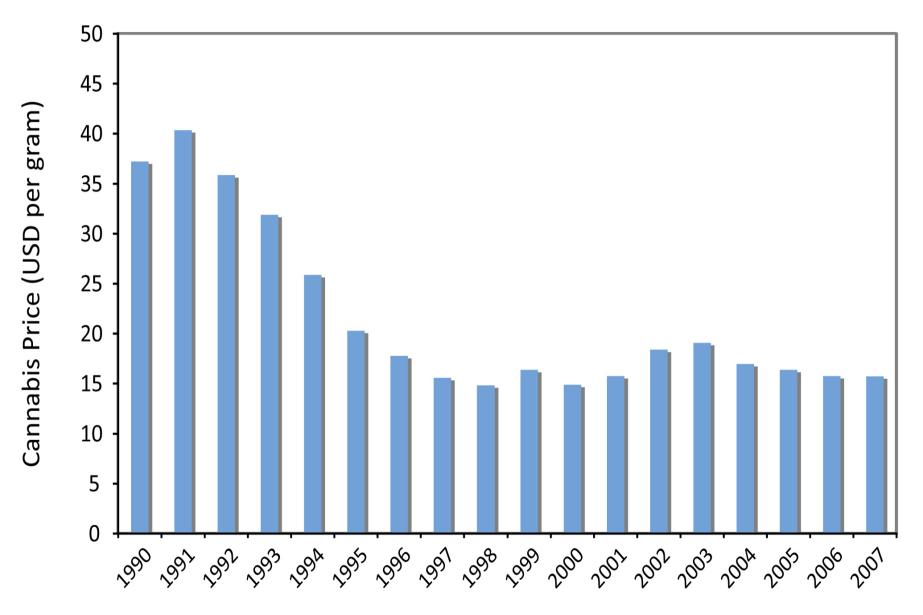


Source: University of Mississippi Cannabis Potency Monitoring Project

CANNABIS PRICE, POTENCY, USE AND AVAILABILITY

- Between 1990 and 2007, the potency of cannabis increased by 145%
- During this time, there was also a 58% reduction in the average price of cannabis

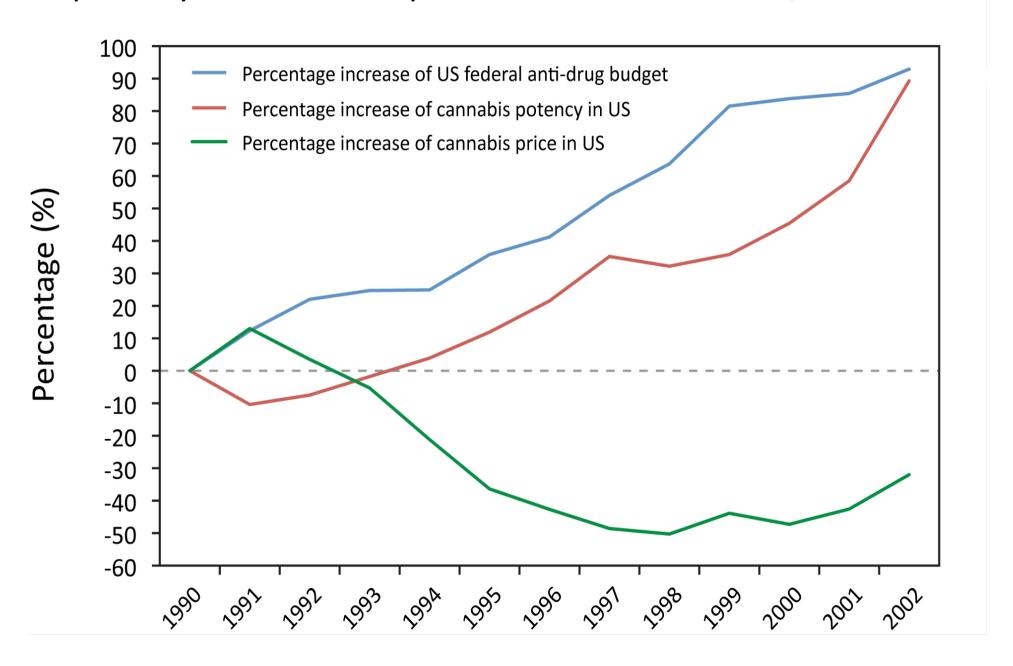
Figure 5. Estimated Price of Cannabis in the United States, 1990 - 2007



^{*}Prices adjusted for CPI and expressed in 2007 USD

Source: US Drug Enforcement Agency STRIDE surveillance system

Percentage change of drug enforcement budget, cannabis potency and cannabis price in the United States, 1990 - 2002



CANNABIS PRICE, POTENCY, USE AND AVAILABILITY

- Between 1990 and 2007, the potency of cannabis increased by 145%
- During this time, there was also a 58% reduction in the average price of cannabis
- Yet, over the last 30 years, cannabis has remained "almost universally available to American 12th graders"
- Approximately 60% of school-aged US youth who use cannabis report having obtained their last used cannabis for free

CANNABIS USE

Rates of cannabis use among American youth do not decrease when there is increased funding for cannabis prohibition:

Annual prevalence of cannabis use among US 12tto 28 geadents!

22% in 2008

26% in 1990

CANNABIS USE

- Government officials argue that rates of use would be higher if cannabis were legal
- Comparisons between the US and the Netherlands, where cannabis is de facto legalized, indicate that the US has a lifetime rate of cannabis use more than double that observed in the solution of the comparison of the Netherlands.

UNINTENDED CONSEQUENCES OF CANNABIS PROHIBITION

- Making cannabis illegal enriches organized crime and drives up levels of violence as street gangs and cartels compete for drug market profits
- In Mexico, over 28,000
 people have died in the drug
 war since 2006
- US government reports estimate that 60% of Mexican drug cartel revenue comes from cannabis

guardian.co.uk

News Sport Comment Culture Business Money Life & style

News > World news > Drugs trade

Mexico looks to legalisation as drug war murders hit 28,000

President joins calls for debate after figures reveal extent of violence since launch of military offensive against cartels in 2006

Jo Tuckman in Mexico City guardian.co.uk, Wednesday 4 August 2010 20.13 BST Article history



"As a nation, we have been responsible for the murder

of literally hundreds of thousands of people at home and abroad by fighting a war that should never have been started and can be won, if at all, only by converting the **United States into a** police state."

Milton Friedman

US Economist and Nobel Laureate

POTENTIAL BENEFITS OF A REGULATED MARKET

Table 1: Potential benefits of a regulated market for cannabis		
Availability	Regulatory tools can be used in an effort to control availability.50	
Drug market violence	By limiting the illegal cannabis market, violence arising from conflict among those involved in cannabis supply will likely be reduced. ³⁵	
Organized crime	Limiting the illegal market will reduce a key source of revenue for organized crime groups. ⁵⁹	
Law enforcement resources	A regulated market for cannabis creates opportunities for enforcement resources to be redeployed towards improving and maintaining community health and safety. Estimates suggest that national regulation of cannabis in the United States would result in savings of \$44.1 billion per year on enforcement expenditures alone. ³⁰	
Tax revenue	Regulating cannabis could create new sources of revenue for governments. The potential new revenue for the state of California is estimated to be between approximately \$990 million and \$1.4 billion annually.60	

EVIDENCE-BASED TOOLS FOR REGULATION

Table 2: Models and mechanisms for reducing cannabis harms in a regulated market		
Prescription or permit system	Prescriptions or permits could be issued to individual purchasers, similar to systems in place at some medical cannabis dispensaries. 50	
Licensing system	Cannabis dispensaries could be issued conditional licences requiring compliance with regulatory guidelines. 46, 50	
Purchasing controls	Taxation (i.e., increasing consumer price barriers) has been shown to affect levels of alcohol and tobacco use and could be applicable to cannabis. 50-52, 54, 55, 61	
Sales restrictions	Implementing age restrictions, similar to tobacco and alcohol regulations, could limit access to cannabis among youth. 46, 51	
	Limiting days and hours of sale of alcohol has been shown to affect levels of alcohol use and could affect rates of cannabis use. 50, 52, 61	
	Alcohol outlet density has been associated with rates of alcohol use and hence limiting cannabis outlet density could limit rates of use. ^{52,61}	
	Restrictions on bulk sales as employed in the Netherlands, where purchases are restricted to 5 grams, could help restrict diversion to minors. ^{46, 50}	

EVIDENCE-BASED TOOLS FOR REGULATION

Restrictions on use	Regulatory policies that affect the location or circumstances of use and allow for limited use in designated places, such as the Dutch coffee shop model for cannabis, could limit uncontrolled and "public nuisance" use. 46, 50
	Strict regulations would prohibit driving or operating machinery while impaired. 46, 61
Marketing	Strict regulations on marketing and product branding would reduce exposure to advertising, which is known to affect rates of alcohol and tobacco use. ^{46,53}
Packaging	Tamper-proof packaging, standard labelling on content, factual health warnings, and no on-pack branding or marketing would help regulate cannabis use. ⁴⁶
Reducing harm	Regulated and controlled availability of lesser-strength substances reduces the illegal market for and use of higher potency substances, as has occurred with the regulation of alcohol. ⁵⁰
	Opportunities should be explored to change patterns of use towards non- smoked cannabis. 62, 63

QuickTime™ and a decompressor are needed to see this picture.

"We need at least to consider and examine forms of controlled legalization of drugs."

George Shultz

Secretary of State under US President Ronald Reagan

REPORT WRITING COMMITTEE AND ICSDP SCIENTIFIC BOARD MEMBERS

Writing Committee

Evan Wood, MD, PhD; Dan Werb, MSc; Benedikt Fischer, PhD; Carl Hart, PhD; Alex Wodak, MD; Francisco Inacio Bastos, MD, PhD; Julio Montaner, MD; Thomas Kerr, PhD

ICSDP Scientific Board

Chris Beyrer, MD, MPH, Professor and Director, Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

Don C. Des Jarlais, PhD, Professor of Epidemiology, Department of Epidemiology and Population Health, Albert Einstein College of Medicine, New York, USA

Gordon Guyatt, MD, MSc, FRCPC, Professor, Department of Clinical Epidemiology & Biostatistics, McMaster University, Hamilton, Canada

Catherine Hankins, MD, MSc, FRCPC, Chief Scientific Advisor, Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland

Carl L. Hart, PhD, Associate Professor, Clinical Neuroscience, Department of Psychiatry, Columbia University, New York, USA

Richard Horton, BSc, MB, FRCP, FMedSci, Editor-in-Chief, The Lancet, London, United Kingdom

Michel D. Kazatchkine, MD, Executive Director, The Global Fund to Fight AIDS, TB and Malaria, Geneva, Switzerland Julio Montaner, MD, FRCPC, Professor of Medicine, Chair in AIDS Research, University of British Columbia, Vancouver, Canada

David J. Nutt, MD, FRCP, Edmond J. Safra Chair in Neuropsychopharmacology, Imperial College of London, United Kingdom **Steffanie A. Strathdee, PhD,** Professor and Chief, Division of Global Public Health, University of California San Diego School of Medicine, USA

Evan Wood, MD, PhD, Clinical Associate Professor of Medicine, Division of AIDS, University of British Columbia, Vancouver, Canada

To learn more or to join the ICSDP visit www.icsdp.org and look for us on:







