Texas Legislators’ Education Package

Marijuana Law Reform in Relation to the Success and Safety of Texas

Honorable Texas Senators and Representatives,

Your constituents’ priority is that you are aware of their opinions and accurate, scientific facts regarding important issues this legislative session, including marijuana law reform. Employment and economic opportunities in Texas are being ignored due to misconceptions about hemp and marijuana. With the studies and factual data provided herein, you can quickly and responsibly evaluate any current and future bills related to these important issues and make educated decisions regarding revenue increases and savings, as well as employment and agricultural opportunities obtainable through immediate, common sense reform of marijuana and hemp prohibition laws.

Texas NORML (an educational non-profit) is providing this package and the enclosed booklet, *Emerging Clinical Applications for Cannabis and Cannabinoids: A Review of the Recent Scientific Literature* to ALL 150 Texas House Representatives and 31 Senate Members, as well as thousands of Texas voters.

**Definition** – Marijuana/marihuana, scientifically known as cannabis, is a flowering plant including different varieties ranging from psychoactive medical/recreational to non-psychoactive industrial hemp.

We understand that you have a short time in session, with many proposed bills to review. We are committed to helping expedite committee hearings by educating attendees in how to sign indicating their support and attempting to coordinate representatives who can speak for like-minded opinions, so you may be informed and continue with your agenda in a timely manner. Texans support common sense and immediate reform of marijuana laws to ensure a safe and economically successful state. Now is the time to stop penalizing responsible adult use. Lawmaker action and reforms have been put off for far too long.

One of your constituents (or one of our representatives) will be following up for your feedback and asking for your support. If you have any questions, or would like additional information, please contact us at (512) 931-4367 (HEMP) or takeasteptexas@texasnorml.org.

**End Marijuana Prohibition for a More Effective Approach**

- Enforcement of marijuana prohibition costs an enormous amount of money. In 2010, Texas police officers arrested more than 78,000 people for marijuana, 97% of those arrests were for possession alone. Each marijuana arrest costs taxpayers an estimated $10,000.2

- Marijuana prohibition is harming the futures of our youth. Every 10 minutes a young Texan is arrested for marijuana, costing over $655 million per year.3 In Texas, minors and adults under 21 make up more than 40% of all marijuana arrests.4 These youths are then saddled with criminal records, loss of scholarships and job opportunities, and many face jail time. Texans demand education and treatment in place of costly and damaging incarceration.

- At the same time, minors report it is easier for them to buy marijuana than regulated alcohol, tobacco, or prescription drugs.5

- Marijuana is less toxic than alcohol6 and less damaging to the lungs than tobacco, even when smoked.7-8 Marijuana is also less addictive than alcohol and tobacco.9 No one has ever died from a marijuana overdose.10

- Seventy-six percent of adult Texans support medicinal marijuana,11 and 56% of Americans support legalizing and regulating marijuana like alcohol and tobacco.12

- Texas faces an estimated budget shortfall of at least $9 billion for 2013,13 and lawmakers have already cut funding to education by more than $5 billion.14 We cannot afford the unnecessary expense of criminalizing non-violent, otherwise law-abiding citizens any longer.

*Actual Texas voters who support the economic success and safety of Texas, obtainable through common sense reform of marijuana laws.*
Benefits of Decriminalization and Legalization

- While marijuana law reform can take many forms, we urge you to consider decriminalization measures for the near future, in addition to more sweeping legalization and regulation measures. The benefits of these reforms are extensive and wide-ranging, and are discussed in more detail throughout this section.

- In 2010, 54.3% of all drug arrests in Texas were for marijuana possession alone. Each of these costs an estimated $10,000 to arrest, prosecute, and incarcerate. Reducing possession of small amounts of marijuana to a Class C misdemeanor would reduce these costs, as offenders would be ticketed and subject to fine rather than jail time. States that have decriminalized marijuana possession include Alaska, California, Connecticut, Maine, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New York, North Carolina, Ohio, Oregon, and Rhode Island, as well as many localities. Recently, Colorado and Washington became the first states to legalize and regulate marijuana, not only producing savings from decriminalization, but also generating tax revenue. In Colorado, the first $40 million of each year’s marijuana tax revenue will go to fund schools.

- Marijuana law reform will free up resources to pursue violent criminals and also keep non-violent marijuana possession offenders, including students, parents, professionals, veterans, and patients out of jail, instead allowing them to contribute as productive members of their communities. Texans benefit even further when these savings are invested in education, infrastructure, and border security.

- Regulation brings additional benefits, such as revenue from taxes on consumer dollars, earned by legitimate businesses requiring identification, rather than cartels. And in a legal market we would, of course, continue to penalize public intoxication and driving while intoxicated.

FACTS!

Reducing Expenses and Generating Tax Revenue

✓ A comprehensive study on the financial costs of marijuana prohibition estimates that ending marijuana prohibition would save $7.7 billion each year, with $5.3 billion in savings at the state and local levels, and $2.4 billion federally. This report also projects that legalizing and taxing marijuana would produce $2.4 billion at standard tax rates, or $6.2 billion if taxed like alcohol and tobacco.

✓ The savings in marijuana law reform also extends to law enforcement resources. Even as the number of homicides committed each year has fallen, the percentage of unsolved homicides has risen, just one indication of our strained police resources. Rather than misappropriating our limited resources on costly and ineffective marijuana prohibition, we should focus on preventing and solving violent and property related crimes.

Increasing Border Safety

✓ As with alcohol prohibition, marijuana prohibition forces consumers underground, profits violent criminals, and does nothing to curb demand. To date, more than 60,000 have died from drug war-related violence in Mexico, along with more than 10,000 who have vanished, many of whom were innocent bystanders. Much of the violence happens along the Texas-Mexico border, including Ciudad Juarez. Legalizing and regulating marijuana would remove those profits from the cartels, just as repealing alcohol prohibition in 1933 seriously reduced the profits and activities of organized crime. For these reasons, ending marijuana prohibition would result in greatly improved safety along the Texas-Mexico border.

Benefits of Education and Harm Reduction

✓ An approach based on education and harm reduction would inform citizens of facts about marijuana, its medicinal applications, its responsible use by adults, and its dangers, including underage use and driving while intoxicated. In 2001, Portugal decriminalized possession of all illegal drugs to focus on education and treatment, and has seen major decreases in infection and death from drug use, as well as reduction in prison crowding and strain on police resources. In 2012, Uruguay proposed marijuana legislation that would allow citizens to grow and possess limited amounts of marijuana for personal use and create a licensed commercial market for cultivation and distribution to adults. Tax revenue on the commercial marijuana sales will be used to fund education and treatment. Overall, an approach based on harm reduction allows for more efficient use of resources and a safer environment.

Regulation to Improve Public Safety

✓ Marijuana law reform would improve public safety in the same ways that ending alcohol prohibition did: it removed profits from criminal gangs, made it illegal for minors to purchase, provided regulations for a safer product, and penalized public intoxication and driving under the influence, leaving legal, regulated use for responsible adults only.

✓ In particular, under prohibition, minors have easier access to marijuana than regulated drugs or alcohol, due to the fact that drug dealers will obligingly sell to children, or even bring them into their business. On the other hand, legitimate businesses would have incentives to follow the law and turn away minors, as they do when selling alcohol or tobacco. Under legalization and regulation, cannabis would be as difficult for minors to obtain as these regulated substances,
similar to how repealing alcohol prohibition replaced speakeasies and unsafe bootleg alcohol with regulated product subject to minimum age requirements.

**ACTION NEEDED!**

As our representatives, it is your obligation to review all future decriminalization bills, including H.B. 184, authored and recently submitted in the 2013 legislative session by Rep. Harold V. Dutton, Jr., District 142. This proposed legislation follows previous versions of the same bill and would reduce the penalty for possession of up to one ounce of marijuana from a Class B to a Class C Misdemeanor. It also offers significant benefits, including saving taxpayers the costs from tens of thousands of arrests and incarceration for minor marijuana possession. In the 2011 session, this bill was assigned to the Criminal Jurisprudence Committee, where it earned great support from Texans. NORML’s “Take Action Center” saw a record number of emails sent to Texas legislators, in addition to independent emails, phone calls, and printed letters. We ask that our Texas Representatives co-sponsor H.B. 184 and any similar legislation introduced in future sessions, and that our Texas Senators introduce a companion bill in the Senate.

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<th>Support for Legalizing Use of Marijuana, by Subgroup</th>
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<td>Conservatives</td>
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Oct. 6-9, 2011

**GALLUP**

Figures 1-2: Record High 50% of Americans Favor Legalizing Marijuana Use.35

**GALLUP**

Figure 3: Marijuana Arrests per 100,000 People.36-38
Benefits of Medicinal Marijuana

Cannabis contains dozens of compounds known as cannabinoids, which are certain chemicals found naturally both in the body (endocannabinoids) and in cannabis (phytocannabinoids). Of the 70 cannabinoids currently identified in marijuana, many have significant therapeutic effects, and only delta-9-tetrahydrocannabinol (THC) is psychoactive. In addition, marijuana is less additive than alcohol and tobacco, naturally less toxic than alcohol, and less damaging to the lungs than tobacco. It is also virtually impossible to overdose from marijuana. For these reasons, marijuana offers great potential as a safe medicine and, as further described below, an effective treatment alternative to prescription drugs.

FACTS!

**Effectiveness**

- In recent years, there has been an increase in medicinal marijuana research and studies of the human endocannabinoid system. This research has demonstrated that cannabis is effective in treating chronic pain and inflammatory illness, including: HIV, cancer, neuropathic pain, multiple sclerosis, autoimmune disease, depression, insomnia, asthma, glaucoma, arthritis, pruritus (itching), gastrointestinal disorders, and many others — both in reducing symptoms and, in many cases, slowing progression of the disease.

**Safety**

- In addition to its effectiveness in treating many diseases and conditions, cannabis is also a safer choice than many prescription drugs (particularly painkillers), and has no history of fatalities. Overdoses of prescription painkillers however, caused more than 15,000 deaths in 2009 alone! Two-thirds of medicinal marijuana patients in California report substituting cannabis for prescription drugs, due to greater effectiveness and fewer negative side effects. Numerous medical organizations support medicinal marijuana, including the American Medical Association (AMA), which has called for the federal government's rescheduling of marijuana to allow more clinical research. This is a position consistent with the AMA's 1937 opposition to the first federal marijuana prohibition law and their 1975 endorsement of The National Commission on Marihuana and Drug Abuse's conclusion that marijuana prohibition causes more harm than marijuana itself.

- Unlike tobacco, smoking marijuana in moderate amounts does not damage lung function and does not cause lung cancer. Instead, cannabis actually fights cancer, and further, may be taken in a variety of forms that eliminate any mild respiratory effects from smoking, such as in food, with topical creams and oils, and by vaporizing.

- Further, experts have determined that marijuana is not a "stepping stone" to more dangerous drugs, except when purchased from drug dealers who may offer other substances. In addition, the "gateway theory" is flawed in that it argues a more common activity causes a less common one, mistaking probability for causality. For example, most people ride a bicycle before a motorcycle, but bicycle riding does not cause motorcycle riding. Similarly, most users of dangerous illicit substances like cocaine, heroin, and methamphetamine, tried marijuana first, but most marijuana users do not move on to these less common, higher risk drugs. These people also likely tried alcohol, caffeine, tobacco, and milk before ANY illegal drugs, but it does not follow that drinking milk, caffeinated beverages, alcohol, or smoking cigarettes causes a person to try illegal drugs. In reality, more common activities are simply more common, even when similar in some way to a less common activity that is more dangerous.

- Lastly, research indicates that medicinal marijuana programs do not increase adolescent marijuana use, instead they provide a safe medical environment for patients.

**ACTION NEEDED!**

**Medicinal Marijuana in Texas**

- Medicinal marijuana would allow for a safer, more effective choice for many ill people. Moreover, an overwhelming 76% of adult Texans support legalizing marijuana as a medicine. During the last legislative session, H.B. 1491, authored by Rep. Elliott Naishat, which followed previous versions of the same bill, would allow doctors to recommend medicinal marijuana to their patients. Patients arrested for possession of marijuana would be permitted to use their doctor’s recommendation as an “affirmative defense” in court. Additionally, it would provide protection for doctors, enabling them to recommend a valuable alternative to their patients without fear of prosecution and loss of their license, and also to testify on their patients’ behalf. We ask that our Texas Representatives co-sponsor any similar legislation introduced in the upcoming session, and that our Texas Senators introduce a companion bill in the Senate, so that Texans suffering from chronic illnesses may benefit from this effective and safe alternative, if they so choose. Texans deserve the freedom to pursue any treatment recommended by their doctors, without fear of being arrested, prosecuted, and incarcerated for alleviating their suffering with a natural, non-toxic substance.
Currently, California, Alaska, Oregon, Washington, Maine, Colorado, Nevada, Hawaii, Montana, Vermont, Rhode Island, New Mexico, Michigan, New Jersey, Arizona, Delaware, Connecticut, the District of Columbia, and Massachusetts all have medicinal marijuana programs.76-77

For more information on the medicinal uses of marijuana, please review the enclosed publication, Emerging Clinical Applications for Cannabis and Cannabinoids: A Review of the Recent Scientific Literature (enclosed), as well as the reviews and studies listed in the references on pages 10-12.

Figure 4: Emerging Clinical Applications for Cannabis and Cannabinoids: A Review of the Recent Scientific Literature.78
“Industrial hemp,” refers to cannabis grown for the use of its fiber, oil, and seeds. Hemp and medical/recreational marijuana have obvious visual differences, primarily in height and shape (hemp tends to be tall, with few leaves, whereas marijuana tends to be shorter, with more leaves and flowers). These distinctions result in different production and uses of these two distinct varieties of the plant. Further, hemp differs in genetic and chemical makeup, particularly in that it contains less than 0.3% of the psychoactive compound THC (compared to 10%-30% for marijuana). As a result, hemp has no psychoactive effect or “high.”

**FACTS!**

- Hemp is extremely efficient and cost effective, maturing quickly, requiring few resources, and producing a high yield that can be used for a variety of purposes. Hemp can produce more than 25,000 different resources, including, from the fibers: textiles, paper, plastic parts for automobiles and countless other purposes, carpeting, furniture, building materials, and fuel! Further, the oil and seeds, which are high in protein and other nutrients, are useful for dietary purposes; in addition to anti-inflammatory and other beneficial properties of the non-psychoactive cannabinoids found in hemp.

- Hemp does not require herbicides or pesticides to grow, can grow in areas not currently used for farming, cleans polluted soil and leaves it in great condition in a crop rotation cycle, requires relatively little in the way of fertilization, and uses less water than other crops. Hemp's low water usage is particularly relevant for Texas, with our limited water supply and growing population. For these reasons, the value of hemp is primarily as a high profit alternative or rotation crop, particularly in regions where farmers depend upon a single crop, such as tobacco or wheat.

- More than 30 countries allow hemp production, including the European Union. The United States is the only developed country in the world not allowing its farmers to grow hemp! Furthermore, Canada’s hemp exports have recently increased, with 59% imported by the United States. This clearly demonstrates a growing American demand in which we continue to lose out on agricultural, manufacturing, and consumer opportunities. Obviously, Texans pay higher costs for these imported products than if we could simply grow our own hemp for U.S. products, as we have in the past. From the early 17th century until the mid-20th, industrial hemp was grown in the United States, and was widespread. The Declaration of Independence and the U.S. Constitution were both written on hemp paper, and the colony of Jamestown went so far as to require citizens to grow hemp. Hemp was grown and used at least as far back as ancient China.

- Recently, with so many countries producing this valuable commodity, and reaping the benefits, prohibition of hemp in the U.S. has begun to reverse. Four states (North Dakota, Vermont, Oregon, and Maine) have legalized hemp, while six other states support production of hemp, but have not as yet legalized. Rep. Ron Paul's H.R. 1831, Industrial Hemp Farming Act of 2011, had 33 co-sponsors.

**ACTION NEEDED!**

Legalization of hemp would allow Texas farmers the opportunity to grow an efficient and environmentally-friendly crop with more than 25,000 uses. We ask that our Texas Representatives and Senators introduce bills allowing for hemp farming or co-sponsor any similar legislation introduced in the future.
Summary

Clearly, enforcement of marijuana prohibition depletes enormous amounts of much needed public funds, interferes with vital doctor/patient relationships, deprives sick citizens of a safe and effective medicine, and restricts farmers from growing an efficient, environmentally-friendly cash crop whose demand is increasing worldwide. In this recession, the most fiscally responsible choice on this issue would be for Texas to legalize, tax, and regulate marijuana, as Colorado and Washington states have done recently.99-100 Decriminalizing possession alone would generate savings of $760 million annually, at $10,000 per arrest.101-102 Ending marijuana prohibition altogether would save an estimated $7.7 billion each year, as well as producing an estimated $6.2 billion in tax revenue.103 Regulation and a legal market would bring additional benefits of increased border safety, more effective treatment-based programs for drug addicts, and prohibiting sale to minors. Safe, effective medicinal marijuana would allow for doctors and patients to choose the most appropriate medicine for patients' needs. Lastly, legalizing hemp would provide farmers a valuable option for a rotation crop and reap its benefits in water and soil conservation and high productivity, as well as bringing Texas into a lucrative commercial market that the U.S. has been left behind in for far too long.

As our representatives, please author, co-sponsor, or submit companion bills for any legislation involving decriminalizing marijuana (such as H.B. 184, sponsored and already submitted for the 2013 session by Rep. Harold V. Dutton, Jr. of District 142, reducing possession of up to one ounce of marijuana from a Class B to a Class C misdemeanor), instituting medicinal marijuana programs or affirmative defenses for patients (such as H.B. 1491, previously sponsored by Rep. Elliott Naishtat of District 49, allowing a medical necessity defense for patients and protection for caregivers who support their patients’ choice in court), the legalization of hemp for our farmers, as well as any future bills legalizing, taxing, and regulating marijuana for responsible adult use.

Thank you for your time. If you have any questions, or would like additional information, please contact us at (512) 931-4367(HEMP) or takeasteptexas@texasnorml.org.
Medicinal Marijuana Endorsements and Statements of Support

Leading National and International Medical, Religious, and Legal Organizations Supporting Physician-Supervised Access to Medicinal Marijuana:

- The American Medical Association (AMA)
- The American Academy of HIV Medicine (AAHIVM)
- The National Cancer Institute
- American Anthropological Association
- The American Bar Association (ABA)
- American Civil Liberties Union (ACLU)
- The American Nurses Association (ANA)
- The American Public Health Association (APHA)
- Arthritis Research Campaign
- British Medical Association
- HIV Medicine Association of the Infectious Diseases Society of America
- The Lymphoma Foundation of America (LFA)
- The National Association for Public Health Policy
- National Black Police Association
- The National Nurses Society on Addictions
- The Episcopal Church
- The Presbyterian Church USA
- The United Church of Christ
- The United Methodist Church’s Board of Church and Society
- The Union of Reform Judaism
- The Unitarian Universalist Association

State/Local Medical Marijuana Endorsements and Statements of Support

- AIDS Care Ocean State
- AIDS Foundation of Chicago
- AIDS Project Rhode Island
- Alaska Nurses Association
- Associated Medical Schools of New York
- California Academy of Family Physicians
- California Legislative Council for Older Americans
- California Medical Association
- California Nurses Association
- California Pharmacists Association
- Florida Medical Association
- Hawaii Nurses Association
- Iowa Democratic Party
- King County Bar Association (Washington)
- The Medical Society of the State of New York
- Michigan Democratic Party
- Minnesota Nurses Association
- Minnesota Public Health Association
- Minnesota AIDS Project
- Minnesota Senior Federation
- Mississippi Nurses Association
- Multiple Sclerosis California Action Network
- New Jersey State Nurses Association
- New Mexico Medical Society
- New York AIDS Advisory Council
- New York AIDS Coalition
- New York County Medical Society
- New York State AIDS Advisory Council
- New York State Hospice and Palliative Care Association
- New York State Nurses Association
- New York Statewide Senior Action Council
- North Carolina Nurses Association
- Physicians for Social Responsibility (Oregon)
- Rhode Island ACLU
- Rhode Island Medical Society
- Rhode Island State Nurses Association
- San Francisco Medical Society
- Senior Agenda Coalition (Rhode Island)
- Texas Democratic Party
- Texas Medical Association
- Texas Nurses Association
- United Nurses and Allied Professionals (Rhode Island)
- Virginia Nurses Association
- Whitman-Walker Clinic
- Wisconsin Nurses Association
- Wisconsin Public Health Association

- The United Methodist Church’s Board of Church and Society has said, “Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to sanctions for using marijuana if the patient’s physician has told the patient that such use is likely to be beneficial.”
• The Presbyterian Church supports “the use of Cannabis sativa or marijuana for legitimate medical purposes as recommended by a physician.”

• The Episcopal Church urges “the adoption by Congress and all states of statutes providing that the use of marijuana be permitted when deemed medically appropriate by duly licensed medical practitioners.”

• The United Church of Christ has stated, “We believe that seriously ill people should not be subject to arrest and imprisonment for using medical marijuana with their doctors’ approval.”

• The Unitarian Universalist Association issued a resolution in support of ending “the practice of punishing an individual for obtaining, possessing, or using an otherwise illegal substance to treat a medical condition.”

• The Union of Reform Judaism passed a resolution to “advocate for the necessary changes in local, state and federal law to permit the medicinal use of marijuana and ensure its accessibility for that purpose.”

• “When appropriately prescribed and monitored, marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients. We support state and federal legislation not only to remove criminal penalties associated with medical marijuana, but further to exclude marijuana/cannabis from classification as a Schedule I drug.” –American Academy of HIV Medicine, 2003
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