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0127 Dangerous Drugs and Drug Abuse Control

Colorado Legislative Council

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DANGEROUS DRUGS

AND

DRUG ABUSE CONTROL

Colorado – LEGISLATIVE COUNCIL

REPORT TO THE

COLORADO GENERAL ASSEMBLY

Research Publication No. 127
December, 1967

COLORADO GENERAL ASSEMBLY

LEGISLATIVE COUNCIL

ROOM 341, STATE CAPITOL
DENVER, COLORADO 80203
222-9911 — EXTENSION 2285
AREA CODE 303

November 27, 1967

To Members of the Forty-sixth Colorado General Assembly:

In accordance with provisions of Senate Joint Resolution No. 42, 1967 session, the Legislative Council submits the accompanying report and recommendations relating to the subject of dangerous drugs and drug abuse in Colorado.

The report and recommendations of the committee appointed to carry out this study was accepted by the Council at its meeting on November 27, 1967, for transmission to the members of the second regular session of the Forty-sixth General Assembly. The Legislative Council has requested that the Governor include the recommended bill among the items for consideration in the second session of the Forty-sixth General Assembly.

Respectfully submitted,

C. P. Lamb

Representative C. P. Lamb
Chairman

CPL/mp

COLORADO GENERAL ASSEMBLY

LEGISLATIVE COUNCIL
ROOM 341, STATE CAPITOL
DENVER, COLORADO 80203
222-9911 — EXTENSION 2285
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November 20, 1967

Representative C. P. Lamb, Chairman
Colorado Legislative Council
Room 341, State Capitol
Denver, Colorado

Dear Mr. Chairman:

In accordance with the provisions of Senate Joint Resolution No. 42, 1967 session, your Committee on the Criminal Code was appointed to continue the work on revision of Colorado criminal laws, to review recommendations of the President's Commission on Crime, to study all aspects of sentencing of offenders, and to make recommendations concerning the need for legislation controlling dangerous drugs and drug abuse in Colorado.

Although the committee is not required to report its findings and recommendations until 1969, its work has been completed in regard to dangerous drugs and drug abuse, and the committee submits the accompanying report and recommendations to the Legislative Council. Because of the seriousness of the drug abuse problem and the need for the state to begin drug treatment programs as well as drug control measures, the committee recommends that the Legislative Council request that the Governor place this subject in his call to the 1968 session of the General Assembly.

The committee has agreed to submit one bill to control the manufacture, sale, distribution, and possession of certain stimulant, depressant, and hallucinogenic drugs. In addition, the bill has been prepared to allow the courts the widest possible latitude in providing treatment of persons who possess these dangerous drugs for personal consumption.

Respectfully submitted,

Raymond E. Wilder

Representative Raymond E. Wilder
Chairman
Criminal Code Committee

REW/mp

FOREWORD

The Legislative Council's Criminal Code Committee was created pursuant to the provisions of Senate Joint Resolution No. 42, 1967 regular session, to study revision of Colorado's criminal laws, to review recommendations made by the President's Commission on Crime, to consider all aspects of sentencing of offenders, and to make recommendations concerning the need for dangerous drug legislation. The members appointed to the committee were:

Rep. Raymond E. Wilder, Chairman
Rep. Ben Klein, Vice Chairman
Sen. David Hahn
Sen. Ruth Stockton
Sen. Anthony F. Vollack
Rep. Thomas Bastien
Rep. Ted Bryant
Rep. John Fuhr
Rep. J. D. MacFarlane
Rep. Phillip Massari
Rep. Harold McCormick
Rep. Hubert M. Safran

Representative C. P. Lamb, Chairman of the Legislative Council, also served as an ex officio member of the committee.

Early in the committee deliberations, the members agreed that the assignment in Senate Joint Resolution No. 42 was greater than could be undertaken at one time. Therefore, the committee decided to concentrate its efforts first on the subject of drugs and drug abuse, since this topic was the only assignment which called for specific legislative recommendations.

The committee wishes to express its appreciation to the numerous local, state, and federal officials, and to the several professional persons who conferred with the committee on the dangerous drug problem.

Phillip E. Jones and Stanley Elofson, senior research analysts for the Legislative Council, had the primary responsibility for the staff work on this study, with the assistance of Ed Isern, research assistant. James C. Wilson, Jr., and Robert Holt, assistant attorneys general, Legislative Reference Office, had the primary responsibility for bill drafting services provided the committee.

November 28, 1967

Lyle C. Kyle
Director

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(3) A study of all aspects of the subject of sentencing of offenders, including a review of action taken in the First Regular Session of the Forty-sixth General Assembly that would have a bearing on the issue of indeterminate sentencing of offenders.

It is the committee's plan to study the three remaining subjects next year and to submit its report and recommendations on these topics for consideration in the 1969 session.

Because the problem of drug abuse was the only specific topic directed under S.J.R. No. 42, the committee decided at its June 8 meeting to undertake its study of the drug abuse problem in Colorado as its first matter of concern. The next meetings, June 28 - 29, July 18, and September 7, were devoted to hearings on drug abuse.

Conferees at these meetings represented training in a variety of professions, academic disciplines, and practical experiences with problems of drug abuse throughout the country and in Colorado. Some strong differences of opinion characterized the statements of the conferees in regard to the proper approach of state legislation to the drug abuse problem. Much of the information in this report was provided by the conferees. An outline of some additional viewpoints of these conferees is included in the background report which follows the committee's report. A listing of the conferees and their responsibilities follows:

Mr. John A. Trainor, Denver Office District Supervisor, Bureau of Narcotics, U.S. Department of Treasury

Mr. John Healey, District Supervisor, Bureau of Drug Abuse Control, Food and Drug Administration, U.S. Department of Health, Education and Welfare

Mr. Donald Fletcher, Manager of Distribution Protection, Smith Kline & French Laboratories, Philadelphia, Pennsylvania

Dr. Hans Schapire, Chief of Psychiatric Services, Colorado Department of Institutions

Mr. Harry Tinsley, Chief of Corrections, Colorado Department of Institutions

Mr. Edward W. Grout, Executive Director, Division of Adult Parole, Colorado Department of Institutions

Dr. Lewis Barbato, Director, Health Services, University of Denver

Dr. Alan Frank, Psychiatrist, Student Health Services, University of Colorado

Mr. Lester Thomas, Director of Research and Programming, Denver County Court

drug abuse laws is that there are relatively few federal agents available to control all aspects of dangerous drug abuse. Speakers from federal agencies urged the committee to recommend state legislation in order to provide for increased manpower and for sharing of information between federal, state, and local authorities.

It would not be realistic to suggest that state legislation on dangerous drugs, even coupled with existing federal laws, will eliminate or prevent future problems of drug abuse in Colorado. As members of the General Assembly are aware, legislation in dangerous drugs control is difficult because of the potential for misuse of practically any substance. It was pointed out to the committee that legislation to control drug use will always lag behind many new drugs with which young people will experiment.

However, Professor Richard H. Blum of Stanford University pointed out that legislation can retard the expansion of drug abuse in two ways. First, the availability of dangerous drugs can be reduced through legislation. Further, legislation can establish legal restrictions which many persons will not want to violate. The committee believes that legislation to retard further extension of the use of dangerous drugs is a matter for serious legislative attention. The problem, however, becomes one of deciding on the most appropriate course of action in the control of drug abuse.

Alternative Solutions to the Dangerous Drug Abuse Problem

The committee concluded that it had the choice of recommending four alternative approaches for legislation. The first alternative would be to maintain the status quo, or make no recommendations. The committee felt that making such a recommendation would be an irresponsible position because of the apparent growth of drug abuse in Colorado. Although there is much yet to be learned concerning long-term effects of dangerous drugs on the human body, the potential dangers and misuse of these drugs outside of laboratories seems sufficient reason to legislate against manufacture, sale, and distribution of these drugs.

A second alternative for legislation could be to simply add a list of dangerous drugs to the existing statutory definitions of narcotic drugs in section 48-5-1, C.R.S. 1963. This approach would place dangerous drugs in the same category as narcotic drugs with the same penalties for narcotic drugs also applying to dangerous drugs. The committee rejected this alternative because of the severity of penalties in the narcotic statutes. It was thought that the majority of the dangerous drug offenders were young people who are potentially productive members of society, but who may be in need of guidance, counseling, and treatment, and who probably do not realize the significance of a felony stigma. Society probably would gain nothing by making these adolescents and young adults felons. Once a person is convicted of a felony, the stigma is present for the rest of that person's life, and his productive capabilities for further education and future employment might be lost.

(b) Pharmacists and practitioners licensed to practice or do business in this state;

(c) Persons who procure such drugs for handling by or under the supervision of pharmacists and practitioners employed by them;

(d) Hospitals which procure such drugs for lawful administration by practitioners;

(e) Officers or employees of appropriate agencies of federal, state, or local governments, pursuant to their official duties;

(f) Licensed manufacturers, wholesalers, clinical researchers, and warehousemen of such drugs.

(2) All combination drugs enumerated as being exempt in the Federal Register, Vol. 32, No. 5, January 10, 1967, pp. 197-203 and as amended in the Federal Register, Vol. 32, No. 56, March 23, 1967, pp. 4406-4407, are exempt from the provisions of this act.

(3) Provisions of subsections (1) through (6) of section 2 of this act do not apply to peyote if said drug is used in religious ceremonies of any bona fide religious

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organization incorporated under the laws of this state.

SECTION 4. Inspection of stock and records. (1) Any dangerous drug in the possession of a manufacturer, wholesaler, carrier, warehouseman, clinical researcher, pharmacist, or practitioner, shall be, during business hours, open to inspection by inspectors of the board, or a law enforcement officer of any political subdivision of this state.

(2) All manufacturers, wholesalers, warehousemen, clinical researchers, pharmacists, and practitioners shall maintain detailed, separate records and inventories relating to dangerous drugs manufactured, purchased, dispensed, stored, transported, and handled, and retain all such records and inventories required by this subsection for a period of two years after the date of the transaction shown by such record and inventory.

SECTION 5. Making files and records available for inspection and copying. Persons required under section 4 of this act to keep files or records relating to dangerous

drugs shall, upon the presentation and delivery of written request of an inspector or employee duly designated by the board or a law enforcement officer of any political subdivision of this state, and after proper showing of credentials, make such files or records available to such officer, inspector, or employee, at all reasonable hours, for inspection or copying, and accord to such officer, inspector, or employee full opportunity to check the correctness of such files or records.

SECTION 6. License required - fee. (1) No person shall experiment with, study, or test any dangerous drug without first obtaining a license as a clinical researcher from the board.

Subsections (1) and (2) of section 6 requires clinical researchers and manufacturers to be licensed by the provisions of this act.

(2) No person knowingly shall produce, or process, or manufacture, any dangerous drugs, for sale in this state without first obtaining a license as a manufacturer of dangerous drugs from the board.

(3) No person, except those licensed under subsections (1) or (2) of this section, or any practitioner, pharmacist,

Subsection (3) of section 6 requires warehousemen, wholesalers, and any other person

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or owner of a pharmacy licensed to practice or do business in this state, shall store, possess for dispensing, or otherwise store or dispense dangerous drugs without first obtaining a license as a dispenser of dangerous drugs or clinical researcher from the board.	not enumerated in this subsection and in subsection (6) to obtain a license as a dispenser of dangerous drugs.
(4) All licenses issued pursuant to this section shall be for a period of one year from the first day of July and may be renewed for a like period annually. The annual license fee shall be one hundred dollars and shall accompany each application for such license or renewal thereof.	Practitioners, pharmacists, and owners of pharmacies are not required to obtain a license because they are controlled by the licensing board of their profession. Also exempt from licensing are agents, employees, and carriers of drugs of persons licensed under this section or by their professional boards.
(5) The board shall specify on each such license the limitations, if any, of the authority of the licensee thereunder.	
(6) Agents and employees of persons licensed pursuant to this section and carriers shall not be required to obtain a license under this section.	
SECTION 7. Qualifications for licenses. (1) (a) No license shall be issued under the provisions of section 6	

(1) through (6) of section 2 of this act; of section 48-5-20 (1), C.R.S. 1963; or similar laws of any other jurisdiction.

(b) No license shall be granted to any person who, within two years prior to application therefor, has been convicted of a willful violation of subsections (7), (8), or (9) of section 2 of this act; of section 48-5-9, C.R.S. 1963; or similar laws of any other jurisdiction.

SECTION 8. Conviction of violation - ground for suspension or revocation of professional license. A conviction of a violation of any of the provisions of this act shall constitute grounds for the suspension or revocation of any license issued to such person under any of the provisions of this act or any law regulating the professions of medicine, osteopathy, pharmacy, dentistry, or veterinary medicine.

SECTION 9. Revocation - hearing - judicial review. (1) The board shall not suspend or revoke any license issued under this act until after it has given the licensee written notice by certified or registered mail, return receipt

(2) Any person who attempts to manufacture or dispense any dangerous drug in violation of section 2 of this act shall be guilty of a felony, and, upon conviction, shall be punished by a fine of not more than one thousand dollars and by imprisonment in the state penitentiary for not less than one nor more than fourteen years.

(3) Any person who has in his possession any dangerous drug with the intent to dispense said drug in violation of the provisions of section 2 of this act, shall be guilty of a felony, and, upon conviction, shall be punished by a fine of not more than one thousand dollars and by imprisonment in the state penitentiary for not less than one nor more than fourteen years.

(4) Any person who violates subsections (7), (8), or (9) of section 2 of this act shall be guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not more than five hundred dollars or by imprisonment in the county jail for not more than one year, or by both such fine and imprisonment.

Records - Offenses

Subsection (4) states that any person can be charged with a misdemeanor if that person fails to keep records or fails to obtain a license under subsection (9) of section 2.

Possession Offenses

There are three penalties for unlawful possession of dangerous drugs. The first offense is a misdemeanor, and the court may sentence the defendant to the county jail for not more than one year, fine the defendant not more than $500,or both imprisonment and fine.

In addition, the court can grant probation, commit the defendant to the care and custody of the department of institutions for a period of time not to exceed one year, or the court may defer trial if the defendant voluntarily commits himself to the care and custody of the department of institutions. In order to have a deferred trial both the prosecution and defendant must consent.

plea of guilty to a violation of said subsection, the court may, with the consent of the defendant and the prosecution, order the prosecution of the offense be suspended for a period not to exceed one year, during which time the court may either place the defendant on probation, or, with the consent of the defendant, commit him to the custody of the department of institutions for rehabilitative treatment.

(b) Upon satisfactory completion of and discharge from probation or commitment to the custody of the department of institutions, as the case may be, the charge against the defendant shall be dismissed with prejudice; but if the conditions of probation, or commitment to the custody of the department of institutions, are violated, the defendant shall be tried for the offense of which he is charged, and, upon conviction, the court shall make disposition as provided in subsection (5) of this section.

(c) Upon consenting to a suspension of trial as provided in paragraph (a) of this subsection (6), the defendant shall execute a written waiver to his right to a speedy trial.

to seek treatment at a community mental health center during the time spent on probation.

As indicated in the above alternatives, the committee was concerned about the possibility of a bill which could make young people felons, particularly if they experiment with dangerous drugs one or two times. No public good would be accomplished by making these adolescents felons. The purpose of the wide latitude given to the courts is to provide education and treatment programs for these young people.

(d) If a defendant gives his consent to a deferred prosecution under this subsection (6), it shall not be construed as an admission of guilt, nor shall such consent be admitted in evidence in a trial for the offense of which he is charged.

(7) (a) Whenever any person shall be charged with a violation of the provisions of paragraph (5) (a) of this section, the court, prior to trial, and with the defendant's consent, shall cause a probation officer to conduct an investigation of the background of the defendant which shall include, to the extent possible, but not be limited to, such information about his characteristics and circumstances affecting his behavior as may be helpful to the court in determining whether prosecution should be deferred under subsection (6) of this section, or whether probation should be granted if the defendant is adjudged guilty. The court, upon its own motion or upon petition of the probation officer, may order any defendant who is subject to pretrial investigation to submit to a mental or physical examination, or

both. If a mental examination is ordered, the department of institutions, upon request of the court or probation officer, shall furnish such facilities and services as are necessary to conduct such examination.

(b) Upon completion of such pretrial investigation, the probation officer shall submit a written report to the court.

(c) No substantive evidence acquired directly or indirectly for the first time as the result of any such observation and examination shall be admissible on the issue of guilt of the crime charged.

(8) (a) A person who is convicted of a second offense under subsection (5) of this section shall be guilty of a misdemeanor, and upon conviction, shall be punished by :

(b) A fine of not less than five hundred nor more than one thousand dollars, or by imprisonment in the county jail for not less than one nor more than two years, or by both such fine and imprisonment; or

(c) Commitment to the custody of the department of

institutions for a period not less than one year nor more than two years, for rehabilative treatment; or

(d) The court may place the defendant on probation for a period not to exceed one year, and as a condition of such probation the court may require the defendant to obtain treatment and rehabilitation consultation at a community mental health center for such time as a psychiatrist at the center deems necessary to rehabilitate the defendant.

(9) (a) A person who is convicted of a third or subsequent offense under subsection (5) of this section shall be guilty of a felony, and, upon conviction, shall be punished by:

(b) A fine of not less than one thousand nor more than two thousand dollars, or by imprisonment in the state penitentiary for not less than one nor more than fourteen years, or by both such fine and imprisonment; or

(c) Commitment to the custody of the department of institutions for a period not less than one year nor more than fourteen years, for treatment; or

(d) It may place the defendant on probation for a period not to exceed five years, and as a condition of such probation the court may require the defendant to obtain treatment and rehabilitation consultation at a community mental health center for such time as a psychiatrist at the center deems necessary to rehabilitate the defendant.

SECTION 11. Jurisdiction. Exclusive jurisdiction of violations of the provisions of this act is hereby vested in the district courts or juvenile courts of this state.

SECTION 12. Commitment to custody of the department of institutions - special provisions. (1) (a) After a person is committed to the custody of the department of institutions under the provisions of section 10 of this act, but prior to the termination of such commitment, if the court which committed such person receives from the department of institutions a written statement that such person is rehabilitated and that to continue the custody of the defendant would be of no benefit to such person, then the court may:

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SECTION 13. Rules and regulations. (1) The board is hereby authorized to promulgate rules and regulations to implement the provisions of this act.

(2) The state department of public health is hereby authorized to promulgate rules and regulations regarding the approval of studies, tests, or experiments submitted by clinical researchers for the department's approval.

SECTION 14. Severability clause. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

SECTION 15. Repeal. Article 4 of Chapter 48, C.R.S. 1963 is repealed.

SECTION 16. Applicability. This act shall apply only

to violations of the provisions of the act which occur on or after its effective date.

SECTION 17. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

BACKGROUND REPORT

Much has been written and spoken in recent years about the use of drugs in American society. Drug abuse has received attention from the press, magazines, television, and other communication media. Research reports, numerous conferences and symposiums, and other scholarly activities have been devoted to drug abuse problems. Legislative attention has been given to this subject at the federal level, and by state and local governments. Public health officials, psychologists, psychiatrists, the police, federal officers, school officials, welfare personnel, and countless other persons have concentrated a great deal of attention to attempts at controlling drug use.

This report is not an attempt to cover, or even touch upon, all aspects of the problem of narcotics and drug abuse. Instead, the purpose of the report is to supplement with some further detail the report and recommendations of the Criminal Code Committee with regard to the following seven specific areas: 1) the drugs which are abused and their effects on individuals; 2) the extent of drug abuse in Colorado; 3) the various treatment programs for drug users which are being developed in other parts of the country; 4) information received by the committee regarding educational programs for drug control; 5) the question of whether use of "dangerous" drugs will lead to use of narcotic drugs; 6) the relationship between drug use and crime; and 7) additional comments by conferees during committee hearings. In addition, an appended item contains a summary of federal laws and laws of other states controlling drugs with a potential for abuse.1/

1/ Information for this report is taken from the following sources: The Challenge of Crime in a Free Society, a report by the President's commission on law enforcement and administration of justice (Washington, D.C.: Government Printing Office), 1967, (cited as President's Crime Commission); Task Force Report; Narcotics and Drug Abuse, annotations and consultants papers published by the crime commission (cited as Task Force: Drugs); Drug Abuse: Escape to Nowhere, a guide for educators (Philadelphia: Smith Kline & French Laboratories), 1967; Drug Abuse, 2nd ed., a manual for law enforcement officers, published by same source; statements presented to the Criminal Code Committee hearings on June 28 and 29, July 18, and September 7; and information presented to the Colorado Drug Abuse Institute, Vail, Colorado, September 12 and 13, 1967, (cited as Criminal Code Committee Memorandum No. 8).

Abused Drugs and Their Effects

Four types of drugs and their effects on individuals are discussed in this portion of the report -- narcotics (opiates), depressants (sedatives), stimulants, and hallucinogens. In addition, solvents and their effects on individuals are mentioned since solvents can cause physiological and psychological effects in a manner similar to drugs.

Narcotic Drugs

Narcotic drugs need to be defined both in medical and legal terms. A medical definition of a narcotic is any drug that produces sleep or stupor and, at the same time, relieves pain. Legally defined, the term means any drug regulated under the federal and state narcotic laws, even though some of the regulated drugs are non-narcotic by medical definition. Drugs classified medically as narcotics include: morphine and codeine (opium derivatives); heroin (a morphine derivative); and meperidine and methadone (synthetic morphine-like drugs). All of these drugs have a potential for physical and psychological dependence. In addition, the body will develop a tolerance for their usage, requiring increased dosages to have the desired effects.

Cocaine and marihuana are two drugs not considered medically as narcotics; marihuana has been classified a mild hallucinogen, and cocaine is considered a strong stimulant. However, these drugs are included as narcotics under state narcotic laws, and federal penalties for these drugs are the same as for narcotics. (See Appendix A for further information concerning federal law). Present medical evidence indicates that users of these drugs probably will not become physically dependent upon either drug. However, some evidence indicates that these drugs have a potential for creating psychological dependence.

Narcotic drugs, of course, are the most effective pain relievers known to medical science. These drugs are quite often administered by physicians to patients for short-term acute pain resulting from surgery, fractures, and burns, or for relief of pain accompanied with the latter stages of terminal illness such as cancer. Morphine is a common opiate used in treating pain but many other forms of narcotics, both natural and synthetic, are used for medical purposes.

The abuse of narcotic drugs lies in the ability of these drugs to reduce sensitivity to both psychological and physical stimuli and to produce a sense of euphoria. Narcotic drugs are depressants to the central nervous system, and these drugs can produce drowsiness, sleep, and reduction in physical activity. Under the influence of narcotics, the addict is usually lethargic and indifferent to his environment and personal situation. Side effects can include nausea

and vomiting, constipation, itching, flushing, constriction of the pupils of the eyes, and respiratory depression.

When the narcotic supply is removed from the narcotic addict, characteristic withdrawal symptoms develop, which vary according to the degree of physical dependence. Symptoms of withdrawal from narcotics may include: nervousness, anxiety, and sleeplessness; yawning, running eyes and nose, and sweating; enlargement of the pupils, "gooseflesh," and muscle twitching; severe aches of back and legs and hot and cold flashes; vomiting and diarrhea; increased breathing rate; elevation of blood pressure and temperature; and a feeling of desperation and an obsessional desire to secure a dose of narcotics. The latter condition is known as the abstinence syndrome, which lasts longer than any other symptom.

Depressants

Depressants are any of several drugs, including barbiturates, which sedate the user by acting on the central nervous system. Medical uses of these drugs include: treatment of epilepsy, high blood pressure, and insomnia; use in the treatment and diagnosis of mental disorders; and use in almost any illness or special situation which requires sedation.

Barbiturates are reported to be the most widely used and abused of the depressant drugs. Abuse of these drugs may lead to physical and psychological dependence and a tolerance for the drug. When barbiturates are abused, the effects may include drowsiness, staggering, and slurred speech, all of which resemble alcohol intoxication. Other symptoms of barbiturate addiction may include sluggish reactions, erratic emotions, frequent irritability and antagonism, and impressions of euphoria. Death can result from an unintentional overdose of barbiturates or from mixing barbiturates with alcohol or some other sedating drug which creates a greater effect than either drug taken alone (potentiation). Suicidal doses may result in a state of general anesthesia.

Abrupt withdrawal from barbiturates is extremely dangerous and convulsions and dealth can result for a person who is physically addicted and has developed a high tolerance to the drug. During the first eight to twelve hours after the last dose, the addict appears to improve but, after this point, the following symptoms may appear: increasing nervousness; headache; muscle twitching; tremor; weakness; insomnia; nausea; and a sudden drop in blood pressure when the person stands abruptly. Convulsions, which may develop after 72 hours of withdrawal, is the characteristic which distinguishes barbituric withdrawal from narcotic withdrawal.

Stimulants

Stimulants are drugs which stimulate the central nervous system producing excitation, alertness, and wakefulness. Caffeine, found

in coffee, tea, cola, and other beverages, is a commonly used stimulant. Amphetamines, sometimes known as "pep pills," of which there are dozens on the market, were reported by the President's Crime Commission to be the most widely used and abused stimulant in the United States. As mentioned earlier, cocaine is considered separately from the rest of the stimulants because it is controlled under the state and federal narcotic laws, whereas other stimulants are regulated by dangerous drug or other drug control laws. Cocaine was once widely used as a local anesthetic, but this use of cocaine has been supplanted by less toxic drugs. Cocaine reportedly is not abused to a great extent.

Stimulants are used medically for treating narcolepsy (a disease characterized by involuntary attacks of sleep); counteracting the drowsiness caused by sedative drugs; aiding in weight reduction; and relieving mild depression. The latter two uses are the main medical uses for stimulants. Stimulants may produce a temporary rise in blood pressure, palpitations, dry mouth, sweating, headache, diarrhea, pallor, and dilation of the pupils. Such effects are generally seen only with high doses or as side effects with therapeutic doses. Stimulant drugs, excluding cocaine, seldom cause death, even in acute overdosage. However, delusions or hallucinations may result from too large a dose or too sudden an increase in dosage.

Stimulants are abused because they elevate the mood of the user and create a sense of well-being. Most medical authorities are reported to agree that stimulants do not create a physical dependence, and there are no physical withdrawal symptoms. Psychological dependence does develop, and mental depression and fatigue are quite common after the use of stimulants is discontinued. Psychological dependence is an important factor in users' continuance of and relapse to continued stimulant drug abuse. Tolerance also develops in use of these drugs. Symptoms of abuse include talkativeness, excitability, restlessness, insomnia, profuse sweating, urinary frequency, and a tremor of the hands.

Hallucinogens

Hallucinogenic or psychedelic drugs are a very broad group of drugs which distort perceptions by creating dream images and hallucinations. To date, medical uses for hallucinogenic drugs have not been definitely established. Legal possession of hallucinogens is strictly controlled by the federal government. The most widely known of these drugs include DMT (dimethyltryptamine); LSD (lysergic acid diethylamide); mescaline and its salts; and peyote. Provisions of the federal law do not apply to peyote use in bona fide religious ceremonies of the Native American Church. LSD is considered one of the most potent of the hallucinogenic drugs and peyote and mescaline are considered moderately potent. Marihuana was mentioned earlier as being classified medically as a mild hallucinogen.

The general effects of hallucinogenic or psychedelic drugs are fairly widely known due to the large measure of interest by the public and coverage by the news media of the "hippie" movement and to an apparent increase in the use of mind altering drugs by several segments of society. Although hallucinogenic drugs have varying degrees of effects which last for varying lengths of time, users have reported numerous reactions to LSD including: visual distortions of shapes and human forms; sharpening of all senses; bright, vivid hallucinations; and depersonalization or loss of ego identity.

The Medical Society of the County of New York cited the following dangers of LSD use: prolonged psychosis; acting out of character disorders and homosexual impulses; suicidal inclinations; activation of previously latent psychosis; and reappearances of the drug's effects weeks or even months after use. Corresponding with these dangers the same source reported that the LSD user "...is enveloped by a sense of isolation and is often dominated by feelings of paranoia and fear. If large doses are ingested (over 700 mcg.) confusion and delirium frequently ensue. During LSD use, repressed material may be unmasked which is diffucult for the individual to handle."2/ In addition, Dr. Blum told the committee that studies conducted by the National Institute of Mental Health have concluded that chromosome damage has occurred in sub-human animals given large doses of LSD.3/ Because of extreme effects which these drugs may have, authorities are in agreement that hallucinogenic drugs should not be administered other than in a supervised clinical research atmosphere.

Marihuana

This drug is discussed separately from the other major categories of drugs because of its special characteristics which make it difficult to categorize as a narcotic, depressant, stimulant, or hallucinogen. The federal government and all of the states list the drug a narcotic drug but the Medical Society of the County of New York reported that the drug is a mild hallucinogen. The President's Crime Commission said that the effects of the drug are rather complicated, combining both stimulation and depression, with much of the drug's effect depending upon the personality of the user.4/

Marihuana is generally smoked, but the drug can be sniffed or ingested. The mental effects of the drug may include a feeling of euphoria, exaltation, a dreamy sensation accompanied by a free flow of ideas, and a distortion of the sense of time, distance, vision, and hearing. Side effects which may accompany these effects include

2/ President's Crime Commission, p. 215.
3/ Criminal Code Committee Minutes, July 18, 1967, p. 5.
4/ President's Crime Commission, p. 213.

dizziness, dry mouth, dilated pupils and burning eyes, urinary frequency, diarrhea, nausea, and vomiting, and hunger, particularly for sweets. Much of the effect of the drug depends on the personality of the user.

Medical science has concluded that marihuana does not produce physical dependence and there are no withdrawal symptoms. The use of marihuana may result in a slight psychological dependence in some individuals. Researchers have compared the effects of marihuana on an individual as being similar to the effects of a moderate amount of alcohol (also a drug); and, as far as is known, there are few detrimental physical effects on the user.

Since there has been considerable controversy recently concerning the dangers inherent in the use of marihuana, it may be of interest to report on statements presented in meetings of the Criminal Code Committee on this subject. No one who met with the committee advocated the "legalizing" of marihuana in the sense of the state sanctioning its use by removal of all penalties relating to this drug. The committee report pointed out that marihuana is still controlled by the federal law and state statutes could not be in direct contradiction of the federal statutes concerning marihuana. Further, research at the federal level is reportedly in progress to determine more fully the dangers inherent in this drug. This research will undoubtedly take some years to complete.

In view of the lack of research concerning marihuana, it is difficult to state what dangers to society could exist if this drug, or other drugs, were legalized. Dr. Richard H. Blum, director of the psycho-pharmacology project at Stanford University, told the Criminal Code Committee that Morocco is one country where marihuana is legally available; consequently, the drug is found in a much stronger form than in the United States. It was reported that 18 percent of the marihuana users in that country are likely to be hospitalized for marihuana psychosis.5/ Further discussion of the varified risks and reported risks of marihuana is contained in the crime commission Task Force Report: Drugs, pages 24 and 25.

Solvents

The abuse of solvents or "volatile intoxicants" is usually by inhalation or sniffing of fumes to produce a form of intoxication. Substances abused in this manner include, among other materials, glue, gasoline, paint thinner, lighter fluid, and ether. Chief dangers of inhaling or sniffing these substances are the possibility of death by suffocation, the development of psychotic behavior, and the state of intoxication which these substances produce. It is also reported that physical damage to certain body organs and to the nervous

5/ Criminal Code Committee Minutes, July 18, 1967, p. 3.

system is a distinct possibility since many solvents and the ingredients of some types of glue can cause physical damage if taken internally.6/

The consultants to the President's Crime Commission cited two reasons for concern in the identification of sniffers: 1) to prevent danger while they are intoxicated; and 2) to forestall the otherwise very likely development of later dependency on other drugs and presumed criminal associations possibly arising out of interest in illicit drugs. Two recommendations were submitted by the consultants in regard to the identification of sniffers. First would be to encourage school and public health persons to develop new methods for case finding for children engaged in this activity and, secondly, that each school, health, and police agency participate in a community-wide program for the referral of such children to psychiatric treatment.7/

Narcotics and Drug Abuse In Colorado

It is impossible to assess the extent of use of narcotics and dangerous drugs in Colorado on the basis of objective statistical data. Newspapers, television, and other public media may provide some subjective means of measuring the extent of drug abuse, by at least indicating through the volume of articles that the drug problem in Colorado is not insignificant and that the public is interested in this subject. However, reliable, verifiable statistics on the number of drug users, the types and amounts of drugs used, and the groups of persons using drugs are simply not available.

Statistics from police departments on the number of drug abuse arrests may indicate a tremendous percentage increase in police activity in drug control in recent years. Such data, however, may be indicative of increased police attention to problems relating to drug abuse. An increase in percentages may result, in part, from an extremely low base figure in previous years so that even a few arrests for drug abuse would account for a large percentage increase. It is possible that, in the case of dangerous drugs, both the most vigorous advocates and opponents of drug use tend to exaggerate the extent of drug abuse in attempting to prove the validity of their positions toward legislation concerning drug use.

Information received from the regional office of the Federal Bureau of Drug Abuse Control, in operation in Denver since mid-1966, reported 20 investigations opened for the period of July through

6/ Drug Abuse: Escape to Nowhere, p. 43.
7/ Task Force Report: Drugs, pp. 36-37. (Paper by Richard H. Blum, assisted by Mary Lou Funkhouser - Balbaky.)

September, 1966, while for the same period of 1967, 80 investigations were opened on violations of federal dangerous drug laws. No convictions for illegal sale of dangerous drugs were obtained on investigations conducted by the regional office in 1966, but 18 convictions for illegal sale of dangerous drugs were recorded from January through September of this year. These convictions were only for illegal sale of dangerous drugs and do not include any possession cases, which is not an offense under federal statutes.

The preceding comments, however, are not intended to dismiss the seriousness of drug abuse in Colorado. It is obvious from the public media that drugs are being abused and that many segments of the public are concerned with problems attendant with drug use. Even though complete data, or even reliable estimates, are not available on drug use, some generalizations may be made concerning narcotic and dangerous drug abuse throughout the United States and in Colorado.

Narcotics. Taking first the problems of narcotic drugs, this area of drug use does not appear to be as severe as the dangerous drug problem in Colorado, at least in terms of numbers of users. In recent years, the real and absolute numbers of known narcotic addicts in Colorado has declined slightly, with the known number of narcotic addicts in the state now at 305. However, not all addicts are known addicts and it is necessary to multiply the known number by a number of from three to ten as an estimate of the actual number. Using these figures, the total narcotic addict population would vary between approximately 900 and 3,050 addicts.

The President's Crime Commission reported that more than one-half of the known heroin addicts in the United States are in New York and most of the others are in California, Illinois, Michigan, New Jersey, Maryland, Pennsylvania, Texas, and the District of Columbia. The report stated that, where heroin addiction exists on a large scale, it is an urban problem, found largely in areas with low average incomes, poor housing, and high delinquency. The heroin addict was said likely to be male, between the ages of 21 and 30, poorly educated and unskilled, and a member of a disadvantaged ethnic minority group.8/

Hallucinogens. One of the consultant's papers published in Task Force: Drugs reported that the use of hallucinogenic drugs in this country appears to be concentrated in young adults age 20 to 25, but there are signs of rather rapid diffusion to high school age levels and, less rapidly, to middle and older aged adults. The same authors stated that it would be unwise to venture any estimate of the number of Americans who have tried one or another hallucinogen; any numerical estimates must be suspect. In view of the lack of information to the contrary, the following quotation from these consultants to the President's Crime Commission, which concerns the characteris-

8/ President's Crime Commission, pp. 212 - 213.

tics of LSD users in the United States in general, might be applicable to Colorado:

> Until a few years ago, LSD remained limited to an "elite" group of successful professionals, artists, and communications industry personnel, their families and friends. These same groups still appear to be using hallucinogens, but the concentration of use appears to have shifted to younger persons. Among teenagers, motorcycle club members, delinquents, urban poor and minorities, etc., there are reports of spreading interest, suggesting the expected diffusion down the socioeconomic scale. No common psychological or sociological features may be expected among the users of any secular and social drug; different people take drugs for different reasons. Within groups sharing common sociological characteristics it is sometimes possible to differentiate drug-interested persons, regular users, heavy users, etc., on the basis of psychological or background factors...9/

Stimulants, particularly amphetamines, may be subject to abuse or non-supervised medical use by persons seeking to combat lethargy, overweight, and fatigue. Students studying for exams, truck drivers, and night shift workers have been cited as groups using amphetamines. Social and private use has also been reported for persons seeking excitement or mood changes in the sense of "kicks" or "highs". The consultants to the Crime Commission reported that various studies have identified use among late adolescents, including delinquents, but extending to others described as "rebellious," "wild," or simply "party going." Some data was reported to support the view that amphetamine abusers and those prone to dependency were badly adjusted youngsters before using these drugs.10/ A major concern in the control of stimulant drugs is the vast quantities produced (4½ billion tablets in 1962) of which a large percentage, perhaps one-half of the total, is estimated to go into illicit distribution channels.

Barbiturates. As in the case of stimulants, there is little information about which people use barbiturates and how often drugs in this classification are used. The extent of abuse of barbiturates is difficult to assess, especially since case finding procedures are subject to error. One example cited of the problem of identifying drug abuse, including barbiturates, was in a Boston hospital in which only six of 82 cases of drug abusers had been officially reported to an agency.11/

9/ Task Force Report: Drugs, p. 27. (Paper by Blum and Funkhouser - Balbaky.)
10/ Ibid., pp. 29 - 30.
11/ Ibid., p. 34.

In summary, it appears that a changing pattern of drug abuse has been evolving in recent years. A large segment of narcotic drug abuse historically has been found in ghettos or poverty areas of the largest cities in the country. Reasons for this phenomenon are many, but one important factor is that the use of narcotic drugs represents to the user a form of escape from the realities of a poor environment. However, it should be noted that drug abuse occurs in all social and economic classes and persons who can purchase their drugs without resorting to crime or can afford private treatment are less likely to become a part of police records and drug abuse statistics.12/

Dangerous drug abuse, rather than narcotic addiction, is often found in the middle- and upper-economic levels of society. Perhaps it is because drug problems are no longer limited to certain geographic areas or to the lower-economic levels, society as a whole has become more concerned with problems of drug abuse. Abuse of dangerous drugs is said to have a growth pattern starting in older generations and moving down to younger persons, which pattern is the reverse of the narcotic addiction pattern. A number of persons have said, for example, that abuse of hallucinogenic drugs started with college professors and spread to graduate students, then to undergraduates, high school students, and even to younger students.13/ Professor Blum told the Committee that the group of LSD users is becoming younger, even to the extent of elementary school children in California experimenting with the drug.14/ Corresponding with the shifting pattern of drug abuse to include middle- and upper-economic and social levels of society, Professor Blum stated that the younger generation's drug abuse has shifted away from alcohol, narcotics, and other toxic substances to more sophisticated drugs, including LSD, marihuana, and other exotic hallucinogens.15/

It is also pointed out that young people are not the only drug abusers as many respectable adults in all occupations abuse drugs. For example, physicians and others who have irregular sleeping habits and need to sleep immediately after lying down, may have a tendency to abuse depressant drugs. Drug abuse by young persons may be in the form of experimentation and by persons who want to explore life of which drug use is just one aspect. Seldom do young people continue drug abuse. Adolescents who continue using hallucinogenic drugs are said to do so because of some deep-rooted emotional problem.16/

12/ Drug Abuse, p. 15.
13/ Criminal Code Committee Minutes, June 28 and 29, 1967, p. 36.
14/ Ibid., July 18, p. 2.
15/ Ibid., p. 4.
16/ Ibid., June 28 and 29, pp. 33 - 34. (Statement by Dr. L. Barbato, Student Health Services, Denver University.)

Drug Treatment Programs

When considering the development of treatment programs for drug abusers and addicts, the distinctions between "dangerous drugs" -- hallucinogens, stimulants, and depressants -- and "hard narcotics" become somewhat complicated. For example, use of practically any drug or substance can create a psychological dependence for the user, but a physical dependence is generally considered to develop only in use of narcotics and depressants. However, the committee was told that psychological dependence was much more difficult to cure than was physical withdrawal. Further, physical withdrawal from barbiturates and other sedatives (depressant drugs) pose serious difficulties which can require more intensive medical supervision than does withdrawal from opiates. Deaths can occur if dependence to these drugs is not detected and convulsions and delirium occur.17/

In short, it appears that a variety of treatment approaches and facilities would be required to handle the different types of drug abusers. Chronic abusers of hallucinogens, stimulants, or solvents might need to be treated for emotional or psychological problems rather than physical withdrawal. Abusers of depressant drugs appear to need trained personnel and intensive care facilities during the withdrawal stage from drugs followed by psychological counseling programs. A program for narcotic addicts, in order to have a chance for success, requires withdrawal facilities, psychiatric services, and aftercare programs to assist in the addicts' return to the community.

Policy questions concerning treatment programs which need to be answered include whether a treatment program is needed for users of all drugs, including hard narcotics and the dangerous drugs, or should attention be focused on treatment programs for selected drugs? Does the number of narcotic drug users in Colorado warrant the development of a treatment center by the state? If persons use some of the non-narcotic drugs on themselves, without noticeable harm to society, should the state use its resources for a problem which may be considered more troublesome by the general public than it actually is, medically speaking?

As far specific needs for treatment facilities in Colorado, the following excerpt of the statement presented to the committee by Dr. Hans Schapire, Chief of Psychiatric Services of the Colorado Department of Institutions, represents the viewpoint of one person who is familiar with the state's existing facilities and with probable future needs for a narcotic treatment program:

17/ Task Force Report: Drugs, p. 142. (Paper by Jonathan O. Cole, M.D., National Institute of Mental Health.)

As you undoubtedly know, the two federal narcotic hospitals at Lexington, Kentucky, and Fort Worth, Texas, are in the process of being converted into pure research facilities. This means that narcotic addicts from the various states will no longer be able to receive treatment in these two facilities which have been placed under the jurisdiction of the National Institute of Mental Health. The intent of Congress as spelled out in the Narcotic Addiction Rehabilitation Act of 1966 (Public Law 89-793) is the provision of treatment and rehabilitation facilities for the narcotic addict in his own state or community. For this purpose, the Surgeon General has been authorized to make such contractual arrangements as may be necessary with private and public facilities to provide examination and treatment for persons falling under the provisions of this act. It seems therefore highly desirable that both the State Hospital and the Fort Logan Mental Health Center be prepared to treat addiction and habituation so that the most appropriate treatment for the individual be available both on an inpatient and ambulatory basis. As far as Colorado State Hospital is concerned it has now in operation an alcoholic treatment and addiction center housing about 70 patients. The overwhelming majority of these persons are alcoholics. It would not be too difficult to expand existing services and to provide more specialized services for those narcotic addicts who will require care no longer available in the Federal centers. However, 60% of the known addicts in Colorado (total number 200) live in the Denver metropolitan area. I therefore recommend that a specialized treatment unit be developed at the Fort Logan Mental Health Center, staffed by those interested and skilled in the treatment of drug dependence. This new unit should probably be a part of a new division which would include the present alcoholism unit. A careful study would have to be undertaken to determine what, if any, additional construction will be required. However, legislative intent and concern should be expressed by making planning funds available to the Department of Institutions in the next session of the General Assembly.

Even the most modern treatment facility and the most dedicated staff will have poor results unless provisions are made to carry the rehabilitation of the narcotic addict into the community.

> It might be wise in the course of funded planning to learn more about the operations and experiences of the California rehabilitation center, the program of the State of New York, and about certain new methods of treatment of narcotic addicts.[18]

It will be noted that practically all of the treatment programs concern treatment for narcotic addicts, particularly for heroin users. Estimates of Colorado narcotic addicts vary between 900 and 3,000 persons. A more serious problem, in the number of abusers, probably exists in regard to dangerous drug users.

For drugs which are physically addicting, reports indicate that some experimental programs have been more successful than previous programs, which have detoxified the addict, but returned him to his old environment. Generally, more successful treatment programs consist of controlled withdrawal in a hospital setting, rehabilitation programs, and aftercare treatment. The basic elements of a program developed by the Boston state hospital may be of interest in illustrating one program developed for narcotic and barbituric drug users by a state institution.[19]

It is interesting to note that most of the patients admitted to this program were said to have severe character disorders for which they need assistance nearly as much as for their drug addiction problem. Prior to their admittance to the program, the patients were reported to have averaged three arrests, usually for crimes committed to procure drugs. The patients represented a wide variety of work experiences but are below average in work skills and abilities. The educational level of the addicts was said to range widely, with as low as the third grade level and a median at the tenth grade level.

When the addict is first admitted, he is examined physically, and a drug withdrawal program is initiated. If the addict uses narcotics, methadone, a synthetic narcotic drug, is used for about four weeks in decreasing quantities during withdrawal. If the addict has a barbital dependence, nembutal is administered in decreasing quantities during withdrawal, for approximately six weeks. If after a reasonable length of time an addict cannot be withdrawn under this treatment method, he is referred elsewhere.

Use of drugs during the withdrawal phase was described as an adjunct to other forms of treatment. For example, during and after

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18/ Criminal Code Committee Minutes, June 28 and 29, pp. 20 - 21.
19/ Criminal Code Committee, Memorandum No. 8, pp. 2-3. (Notes on treatment program by Dr. David J. Myerson, Psychiatrist, Boston State Hospital.)

withdrawal, the addict begins to develop a few basic work habits by assignment to the shop area. An addict may feel depressed and there may be a considerable disparity between his aspirations and his actual work level.

After withdrawal is completed, the patient is given a series of tests to determine whether he should return to school for further education or should be sent directly into the job placement program. The treatment program maintains a job placement file and jobs are found for the addict. The center tries to scale the addict's employment to realistic work standards that offer reasonable chances of success. At this point in the program the hospital ward becomes a half-way house with the addict going to school or his job during the day, and returning to the ward at night. Group therapy sessions are held in the evenings in which the addicts can discuss problems. These group therapy sessions were said to provide a safety valve for release of the addict's daily problems.

When the addict is fully employed and has developed some basic work habits, he is released to an out-patient status and the aftercare program begins. The aftercare program is concerned with physical and mental problems and consists of frequent visits, health care, and readjustment to family life and society. Studies have concluded that a drug addict abuses his health and continues to neglect his health for a long period of time after withdrawal. The family life generally lacks love and other family problems may be present. Frequently, the spouse of the ex-addict treats him as if he was still addicted to drugs. The program provides family relation services and may bring in other social agencies in an attempt to bring the family closer together. If at any time there is evidence that the ex-addict is using drugs, he is readmitted to the ward.

Several other experimental programs have been initiated in an effort to find better or more permanent treatment programs for drug abusers. Some of these programs are mentioned below.20/

(1) Methadone maintenance is a program of substituting methadone for heroin. The program was started in New York by Drs. Vincent P. Dole and Marie Nyswander. In this program the addict is withdrawn from heroin and gradually methadone is administered until a daily dose is stabilized. The effect of methadone is to block the euphoric effects of heroin and methadone does not produce euphoria sedation or distortion of behavior. The addict returns daily to the clinic for a dose of methadone. Tests are made for the presence of heroin, and if a test is positive (i.e., heroin found in the addict's system), he is removed from the program. No meaningful conclusions have been made

20/ Ibid., pp. 7-8. (Notes from Dr. Patrick Hughes, National Institute of Mental Health. See also, President's Crime Commission Report, pp. 225 - 228.)

from the program, because of the newness of the program. Patients in the hospital in which this program has been used and school dropouts in slum areas are said to be enthusiastic about the possibilities of this approach. The crime commission reported that the results of research on this subject are fragmentary and final judgments on its suitability are not yet possible.

(2) Halfway Houses. Several communities have established halfway houses. The houses frequently will have ex-addicts on the staff for liaison and orderly duties. Group therapy and guidance will be major functions of the house. An attempt will be made to change the addict's environment. No pressure is made to have the addict obtain a job immediately upon joining the house, although the persons in the house are expected to assume responsibilities for the house while living there.

(3) Haight-Ashbury Medical Clinic was recently established by the University of California Medical School. The clinic is open to treat any hippie who wants medical treatment for social and other diseases as well as for "bad trips" on LSD. This program is too new to formulate any conclusions concerning appropriate treatment for LSD users. However, one consultant to the President's Crime Commission indicated that abusers of LSD and other hallucinogens who develop psychiatric symptoms (schizophrenic-like or panic reactions) can probably be adequately handled in conventional psychiatric settings.

(4) Community Addiction Centers have been established in store fronts in a few large cities. One major purpose of these centers is to dispel the commonly held belief that drug addicts cannot be treated. Ex-addicts have been working in these centers and block workers, including VISTA members and local residents, cooperate in educational programs concerning drugs for the particular block or area.

As for treatment for abusers of stimulant and depressant drugs, it has been suggested that some combination of intensive supervision and treatment plus regular monitoring to detect relapse might be useful. However, the same source stated that more study of the groups abusing these drugs is needed urgently as a basis for clearer recommendations. It will be recalled that withdrawal from depressants may require more intensive medical supervision than does withdrawal from "hard" narcotics. Thus, some specialized training may be necessary for personnel in institutions which might handle cases of depressant drug abuse.

It should be pointed out that in treatment programs developed thus far for depressant drug abusers, the prognosis for cure of physical dependence is poor, and the problems presented are reported to be similar to problems encountered in the treatment of opiate addicts. However, a strong argument can be made for an effort in the direction of treatment programs rather than taking a punitive approach toward these drugs. One of the consultants of the crime com-

mission report compared a punitive approach for depressants with the futility of that approach for alcoholic and narcotic addicts.

> While little is known about punitive approach toward users of "medical depressant or stimulant drugs," it may be expected that as in the case of alcoholics and narcotic addicts a punitive approach to users who have lost control over their use will result in a "revolving door" or a repetitive cycle of arrest, release and arrest, or arrest, conviction, imprisonment, release and arrest. In neither the case of the alcoholics nor narcotic addicts has it been shown that such a process aids the user to abandon his habit. The only thing that such a process accomplishes is to keep dependent users off the streets for some period of time. In the case of alcoholism it has been referred to as "life imprisonment on the installment plan." If the sole object of this process is to keep dependent users off the streets, the object could be better accomplished either by longer prison terms or by long periods of nonpunitive isolation from society.
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> Isolation would be based on the view that addicts and habitual users commit crimes and sell drugs to support their habits, or for other reasons, and introduce nonaddicts to drugs. This view has been advanced to support long periods of isolation for narcotics and addicts irrespective of whether a particular addict has committed a crime other than possession or use... The known facts certainly do not warrant it in the case of addicts and habitual users of "medically depressant and stimulant drugs...."
>
> If it is feared that dangerous drug abusers will introduce nonusers to drugs and distribute drugs, they may be punished for trafficking offenses including possession for the purpose of sale or distribution. If it is feared that use will lead to crime, the user may, unless he should be determined irresponsible, be punished for the crimes he commits. If particular abusers are dangerous to themselves or others because of mental illness or otherwise meet general requirements for hospitalization of the mentally ill, they should be treated as other mentally ill persons and isolated for the safety of society and of themselves and for any possible treatment that may be afforded to them.

> If they only possess or use drugs and are not sufficiently disturbed by their use to meet usual standards for commitment as mentally ill, or as long as there is little likelihood that they can be successfully treated, they should not be subjected to nonpunitive isolation...21/

Drug Education Programs

Several criticisms of present drug education programs were mentioned to the Criminal Code Committee. The educational issues raised might best be summarized in the questions: Who needs to be educated in regard to drug abuse? How can the most beneficial educational programs be developed?

Professor Blum and several other conferees told the committee that, in general, the best approach to the drug abuse problem was through education. It is necessary to teach youths that, if it is necessary to explore, it is important to have the proper education to explore. Attitudes toward drugs should be formed early, beginning in the elementary schools. Parents should begin teaching children informally the dangers of drug abuse. Dr. Blum said that adolescents should have a basic grounding of drug education by age fourteen.

An educational approach toward drugs requires that teachers be well educated on drug problems before they begin to teach students. One problem mentioned in regard to some educational programs was that the students will known more about drugs than do the teachers. The crime commission verified previous conclusions that public and professional education in the field was inadequate and was "clouded by misconceptions and distorted by persistent fallacies." Professor Blum stated that many educational attempts were archaic with the proper methods and aids simply not available to teachers.

It was also noted by Dr. Blum that parents, the police, and medical doctors need to be included in the drug education program since these persons are in a position of influencing patterns of drug use in the society. One specific suggestion was that state funds be made available to educate law enforcement officers in drug abuse and drug control.22/

21/ Task Force Report: Drugs, pp. 104 - 105. (Paper by Michael P. Rosenthal, Associate Professor of Law, Rutgers, the State University, School of Law, Camden, New Jersey.)

22/ Criminal Code Committee Minutes, July 18, pp. 4, 10.

A staff member of the state department of public health suggested that an educational program include the teaching of safe use of prescribed drugs which are used in every day medicine, many of which are extremely potent. This topic should be interwoven into the health curriculum of the schools so that future citizens have a complete understanding of both the dangers and benefits of modern drugs. It was reported that the Colorado Public Health Association is developing a project to formulate curriculum material on this subject.[23]

The possibility of children experimenting with drugs at an earlier age, because of their knowing about drugs, was acknowledged by Dr. Blum as a possible danger of a drug education program. However, this remark was qualified by the statement that children are going to hear about dangerous drugs sooner or later, and it will be better for the children to have a well-rounded drug education which would provide an intelligent choice on whether to experiment with dangerous drugs. If the children are inclined to experiment, at least they will have knowledge of the drugs with which they are experimenting.[24]

It may be easier to cite the need for increased educational efforts in regard to drug abuse than it is to present a workable program through which young persons can be accurately and adequately informed on the dangers of drug abuse. A sound drug education for teachers in elementary grades, as well as in junior high and high schools, appears to be one of the first necessary steps. Use of technically qualified professional persons, including medical doctors and pharmacists, by the schools in developing drug educational programs could be highly significant. Some educational materials can be obtained from pharmaceutical manufacturers, federal offices, and from film libraries. In view of criticisms discussed earlier of some of the teaching materials that are being used, it is important to carefully evaluate the drug education information being presented in the schools.

The Question of Dangerous Drugs Progressing to Use of Narcotic Drugs

Another consideration to be noted concerns the possible progression of drug use from dangerous drugs to hard narcotics. There are some popular beliefs that a correlation exists between marihuana use and later addiction to heroin. Similar beliefs might be held in regard to use of other dangerous drugs and the future use of "hard"

23/ Criminal Code Committee Minutes, June 28 and 29, p. 59.
24/ Ibid., July 18, p. 12.

narcotics. Dr. Blum reported to the President's Crime Commission that "The evidence from college students and utopiate and news articles is clear that many persons not in heroin-risk neighborhoods who experiment with marihuana do not 'progress' to 'hard' narcotics."[25] In another paper to the Commission Dr. Blum stated:

> Most persons who experiment with marihuana do not try heroin, some heroin users...even in slum cultures...have not first tried marihuana, and among heroin users first trying marihuana a number of other common factors are also likely to be present. Among these may be experimentation with other illicit drugs reflecting a general pattern of drug interest and availability.[26]

Dr. Alan Frank, a psychiatrist at the University of Colorado Student Health Services, in speaking of LSD use, explained that certain people need a crutch throughout life and will search until they find their crutch. Drugs, to many persons, represent a crutch. If one of the milder drugs does not give the desired effect, an individual will search for a stronger drug to obtain the necessary support.[27] Taking this view, it could be concluded that the personality makeup of these persons, rather than the use of milder drugs, could push these persons into the use of narcotics.

Dr. Blum also stated to the committee that the best theory on drug addiction assumes that a certain pre-mental pattern must be present before a person will become addicted to drugs. Also, the use of drugs over a long period of time was said to increase the chances for drug addiction. This latter theory on drugs was compared with a similar pattern found in use of alcohol leading to alcoholism.[28]

Drug Use and Crime

Another important question on which there has been considerable discussion over a long period of time concerns the possible correlation between drug use and crime. The President's Crime Commission and the consultant's papers provided considerable discussion to the question of a possible relationship between drug abuse and crime. This subject is complicated by a lack of adequate evidence, particularly in regard to use of marihuana and crime. Any relationship between crimes and drugs appears to depend upon such factors as the

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25/ Task Force: Drugs, p. 24. (Paper by Blum and Funkhouser - Balbaky).
26/ Ibid., p. 53. (Paper by Blum and Braunstein).
27/ Criminal Code Committee Minutes, June 28 and 29, p. 39.
28/ Ibid., July 18, p. 3.

personality of the individual using the drug, the drug being used, and the person's style of life before and after using the drugs. In discussions of this topic it is advisable to consider the users of hard narcotics separately from the users of certain dangerous drugs.

Two reasons were pointed out whereby persons who are addicted to hard narcotics are not able to maintain their addiction without running afoul of the criminal law. First, an addict has a constant need for drugs which must be purchased and possessed before they can be consumed. Purchase, possession, and sale of opiates, in general, are criminal offenses under state and federal laws. The commission also noted that many states have prohibitions against the possession of paraphernalia, such as needles and syringes, designed for use by narcotic addicts. Thus, the commission concluded, the narcotic addict lives in almost perpetual violation of one or several criminal laws which pertain directly to the use of drugs.

The second conflicting area concerns offenses of the fund-raising variety. Assaultive or violent acts, contrary to popular belief, were said to be the exception rather than the rule for the heroin addict, since the drug has a calming and depressant effect. However, in order to support the narcotic habit, the addict must usually turn to crime, particularly the theft of property.

The following statistics used by the President's Crime Commission were supplied by the Federal Bureau of Investigation. A total of 4,385 people identified as heroin users had an average criminal career (the span of years between the first arrest and last arrest) of twelve years during which they had averaged ten arrests. Six of these arrests, on an average, were for offenses other than narcotics.29/ Dr. Blum pointed out to the committee that many narcotic addicts had criminal records before they became addicted to narcotics. They show trends of continued use of narcotics and they will also continue criminal activities.30/

In regard to a correlation between crime and violence and use of marihuana, the President's Crime Commission said that differences of opinion are absolute and the claims are beyond reconciliation. One view is that marihuana is a major cause of crime and violence and another is that marihuana has no association with crime and only a marginal relation to violence. In essence, the Commission reported that neither side could prove their case based on present evidence but suggested the following hypothesis in regard to crime and violence occurring with the use of marihuana:

29/ President's Crime Commission, pp. 221 - 222.
30/ Criminal Code Committee Minutes, July 18, p. 7.

> One likely hypothesis is that, given the accepted tendency of marihuana to release inhibitions, the effect of the drug will depend on the individual and the circumstances. It might, but certainly will not necessarily or inevitably, lead to aggressive behavior or crime. The response will depend more on the individual than the drug. This hypothesis is consistent with the evidence that marihuana does not alter the basic personality structure.31/

In discussing drug use and crime with the committee, Dr. Blum mentioned that the hallucinogens may cause the user to engage in some bizarre acts and also have caused some suicides. Statistics on amphetamine use were said to show no causal relationship between the drug and crime. Cocaine was reported to show some evidence of causing agitation, but the direct relationship of the drug to crime was remote. It is interesting to note that Dr. Blum said that one known causal relationship between drug use and crime was with alcohol. Crimes committed under the influence of alcohol were described as crimes of violence, although studies on this subject have shown that the person committing such an act and the person against whom the act was committed have had previous histories of committing acts of violence.32/

Possibly the best summary of the question of a relationship of drug use to crime is the following quotation from Dr. Blum in a paper to the President's Crime Commission:

> .../T/he best evidence to date suggest that the drug-crime relationship depends upon the kinds of persons who choose to use drugs, the kinds of persons one meets as a drug user, and on the life circumstances both before drug use and those developing afterward by virtue of the individual's own (e.g., dependent or addictive) response and society's response to him (prohibition of use, arrest, and incarceration, etc.). In spite of popular beliefs to the contrary, one dare not assume that drug-dependency *qua* dependency leads inevitably to any particular type of social conduct, including criminality. Insofar as some activities are part of obtaining and using the drugs themselves, these will be repeated

31/ President's Crime Commission, p. 225.
32/ Criminal Code Committee Minutes, July 18, pp. 7-8.

but these activities may or may not be criminal depending, as we have noted, on the laws and social circumstance of the person.33/

Additional Statements to the Committee

In addition to the material previously included in the Committee Report and Recommendations and in the Background Report, a number of other statements were submitted and considerable discussion was held with the conferees who met with the committee on June 28 and 29, July 18, and September 7. Copies of the complete statements and the discussions with these conferees are available in the committee minutes. However, in order to provide a more complete picture of the variety of points of view expressed in these hearings and to mention some additional issues presented to the committee, a brief outline of the statements of four conferees is presented below.

Mr. John Gray, Detective, Intelligence and Narcotics Bureau, Denver Police Department.34/ Detective Gray's position on dangerous drugs was to favor stringent legislation controlling all dangerous drugs because the drug abuse problem in Colorado has grown to large proportions in recent years. The problem was due primarily to an influx of "hippie type subcultures." This influx is due to a lack of state legislation controlling dangerous drugs. Strong laws concerning dangerous drugs would discourage hippies from coming to Colorado for they would know they would be dealt with firmly if they did enter the state.

For adequate control of the drug abuse problem, the police departments in Colorado need strong penalties for unlawful possession and use of the dangerous drugs. It is difficult and expensive to control dangerous drug abuse without possession penalties because of the difficulty of proving unlawful sale. Undercover agents buying unlawfully possessed drugs must be specially trained, and they can be used as an undercover agent only once in any one area. With strong possession and use penalties, it would be unnecessary to prove unlawful sale, and undercover agents would not have to be used. Detective Gray said that a weakness of the federal law is that it fails to make possession and use of dangerous drugs illegal.

33/ Task Force: Drugs, p. 23. (Paper by Blum and Funkhouser - Balbaky).
34/ Criminal Code Committee Minutes, June 28 and 29, 1967, pp. 42 - 46.

Mr. Lester Thomas, Denver Juvenile Court.35/ Mr. Thomas has worked primarily in the area of solvent abuse. He was opposed to any state legislation which would make solvent abuse a crime and suggested two reasons why solvent abuse should not be a crime. First, any attempt to control all solvents would fail because of the wide use of solvents which can be abused.

Second, the only solvent abuser who would be prosecuted would be those children who are from the lower income families who have serious family, economic, and social problems with which they must cope. Making these children delinquents or attaching a stigma of glue sniffer would only cause greater problems for the child. Mr. Thomas said that children who sniffed glue alone, away from his peers, needs psychiatric help and education, and therapy is needed for the whole family.

Mr. Joseph Arnold, Special Ministry to Young Adults, United Church of Christ.36/ Mr. Arnold felt that the committee had not heard from enough disciplines concerned with drug use to develop a comprehensive idea on a total drug legislation program. The committee should listen to authorities from certain religious elements, artists, and the intellectual element of society, Mr. Arnold said. Each of these groups claim that use of hallucinogenic drugs benefits their group in some way, and these people should be given a chance to explain their point of view and to prove their claims about drug use.

From a personal view, Mr. Arnold favored drug legislation along the lines adopted by the federal government with penalties for illegal sale, distribution, and manufacture of drugs. He pointed out that young people should not be made felons because of their experimenting mind. Mr. Arnold urged the committee not to be pushed into hasty drug legislation by public pressure since the lives affected most by drug legislation are adolescents.

Dr. Alan Frank, Psychiatrist, Student Health Services, University of Colorado.37/ Dr. Frank spoke to the committee as a psychiatrist, not as a member of the University staff. The drug abuse problem was said to be impossible to solve. The use of dangerous drugs is basically a moral issue or conflict between generations. Legislators have to separate moral attitudes from objectivity in reaching a decision on the use of drugs. The older elements of society generally reject drug abuse, and the younger generation is more willing to experiment with new ideas. Dr. Frank pointed out that use of alcohol, tobacco, and coffee were capital crimes in various parts of the world during the 18th Century. The question

35/ Ibid., pp. 39 - 41.
36/ Ibid., September 7, 1967, pp. 1 - 6.
37/ Ibid., June 28 and 29, 1967, pp. 36 - 39.

to be answered before legislation is passed is where do these drugs fit into society.

Dr. Frank said that while he did not advocate use of dangerous drugs, he was opposed to severe possession penalties. Drug legislation should be concerned with the sources of dangerous drugs.

The best approach to the LSD problem was through education, Dr. Frank stated. Explain all aspects of LSD in terms adolescents can understand; talking in adult terms gives young people the impression that what is said about LSD is adult propaganda. If adolescents are given the proper education, at least they will be able to make an intelligent decision on whether or not to take LSD when they are confronted with the situation.

APPENDIX A

COMPILATION OF FEDERAL LAWS REGARDING NARCOTICS AND DRUGS

Harrison Narcotic Act. Termed the first effective narcotics control measure, this law initiated a policy which is still the basis of present drug control programs. Enacted as a revenue measure, the Treasury Department is designated as the enforcement agency.

As a revenue measure, the Harrison Act imposes a tax of one cent per ounce on narcotic drugs produced or imported in the United States and sold or removed from consumption or sale. The tax is imposed upon the following narcotic drugs: opium, isonipecaine, coca leaves and opiates; compounds, manufactures, salts, derivatives, or preparations of the foregoing; and substances chemically identical to the foregoing.

Payment of the tax must be evidenced by stamps affixed to the package or container. No person may purchase, sell or distribute narcotic drugs unless he does so from a stamped package. Possession of narcotics in unstamped containers is "prima facie evidence of a violation."

The act allows the Secretary of the Treasury to determine whether a pharmaceutical preparation containing a narcotic drug combined with other ingredients should warrant application of the law. Except for the dispensing of narcotic drugs to a patient by a practitioner "in the course of his professional practice only" and the sale, dispensing, or distribution of narcotic drugs by a dealer to a consumer in pursuance of a practioner's prescription, sale or transfer of narcotic drugs is unlawful except in pursuance of a written order or a recipient on an official form supplied by the Treasury Department.

Persons in the vocation involving the handling of narcotic drugs must register annually with the Treasury Department and pay an occupational tax graduated from one dollar to 24 dollars per year. They are also required to keep records, make them available to law officers, and file returns as required by the Secretary of the Treasury.

Traffic in narcotic drugs without registration is a separate offense, independent of failure to register. Thus, the transportation of narcotic drugs in interstate commerce by persons not registered is prohibited except for employees and agents of registrants within the scope of their employment or other authorized persons within the scope of their employment.

marihuana, morphine, opium, paraldehyde, peyote, or suphonmethane- or chemical derivatives of the foregoing.

2) Prescription is required for the dispensing of a drug intended for use by man which:

(a) contains certain narcotic and other substances or substances designated by regulation as "habit forming,"

(b) is not safe except under the supervision of a licensed practitioner because of its potentiality for harmful use, or

(c) is limited to use under the professional supervision of a licensed practitioner under procedures for the introduction of new drugs into interstate commerce.

3) No new drugs may be introduced into interstate commerce unless an application filed with the Secretary of Health, Education and Welfare is in effect with respect to such drug.

4) Annual registration is required of establishments that manufacture, compound, or process drugs and that wholesale or distribute any depressant or stimulant drug. The 1962 Drug Act established registration requirements. The depressant and stimulant drug registrations were added by the Drug Abuse Control Amendments of 1965 which established special federal controls over depressant, stimulant, and hallucinogenic drugs.

Section 301 of the Federal Food, Drug and Cosmetic Act, as amended in 1962 and 1965, enumerates prohibited acts as follows:

(a) Introduction or delivery into interstate commerce of adulterated or misbranded foods, drugs, devices, or cosmetics.

(b) Their adulteration or misbranding in interstate commerce.

(c) Their receipt and delivery in adulterated or misbranded state.

(d) The introduction or delivery into interstate commerce of any article in violation of temporary permit controls (applicable to food) or in violation of procedures for the introduction of new drugs.

(e) Refusal to permit access to records of interstate shipment of food, drugs, devices, or cosmetics or to make records or reports required under procedures for the introduction of a "new drug."

(f) Refusal to permit entry and inspection of certain establishments in which foods, drugs, devices, and cosmetics are manufactured or held.

(g) Manufacture of adulterated or misbranded foods, drugs, devices, and cosmetics.

(h) The giving of certain false guarantees regarding good faith in receiving or delivering such articles.

(i) Certain false use of identification devices required under law, doing of certain acts which cause a drug to be counterfeit, or the sale, dispensing, or holding for sale or dispensing of a counterfeit drug.

(j) Misuse of trade secret information.

(k) Certain acts resulting in adulteration or misbranding of foods, drugs, devices, or cosmetics in interstate commerce.

(l) Representing or suggesting in labeling or advertising that approval of a new drug application is in effect or that the drug complies with new drug introduction procedures.

(m) Violation of laws governing the coloring of margarine.

(n) The use in sales promotion of any reference to a report or analysis furnished under inspection procedures.

(o) In the case of prescription drugs, failure of the manufacturer, packer, or distributor to maintain or transmit to requesting practitioners true and correct copies of all printed matter required to be included in the drug package.

(p) Failure of drug manufacturers and processors and depressant or stimulant drug wholesalers, jobbers, or distributors to register with the Secretary of Health, Education, and Welfare.

(q) Relative to stimulant or depressent drugs: manufacturing, processing, or compounding, except by registered drug firms for legal distribution; distributing such drugs to persons not licensed or authorized to receive them; possession of stimulant or depressant drugs except as authorized by law; failure to prepare, obtain, or keep required records, and to permit inspection and copying of such records; refusal to premit entry or inspeciion as authorized; filling or refilling prescriptions for these drugs in violation of law.

Imprisonment for not more than one year or a fine of not more than $1000, or both, is the penalty for violation of any of these prohibitions. If the violation is committed after a previous conviction has become final, or is made with intent to defraud or mislead, the violator is subject to imprisonment for not more than three years or a fine of not more than $10,000, or both.

Drug Abuse Control Amendments. In January, 1963, President Kennedy established a President's Advisory Commission on Narcotic and Drug Abuse. The Commission made 25 recommendations, the influence of these being seen in the amendments of 1965.

The Drug Abuse Control Amendments of 1965 impose more stringent controls on stimulant, depressant, and hallucinogenic drugs. The new law, which became effective in 1966, begins with a declaration by Congress that these drugs need not move across state lines to be subject to its regulations. The law notes that "in order to make regulation and protection of interstate commerce in such drugs effective, regulation of intrastate commerce is also necessary" because of the difficulties of determining place of origin and consumption and because relulation of interstate but not intrastate commerce "would discriminate against and adversely affect interstate commerce in such drugs."

The amendments add to the body of law a definition of depressant or stimulant drug as:

(a) one which contains barbituric acid or its salts or a derivative therefrom which has been designated under federal law as habit forming;

(b) one which contains amphetamine or its salts or a substance designated as habit forming by the Secretary of Health, Education, and Welfare because of its stimulant effect on the central nervous system; and

(c) one containing a substance designated by regulation as having a "potential for abuse" because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect. Narcotic drugs are specifically excluded.

Lysergic acid and lysergic acid amide are drugs covered by the amendments of 1965, along with mescaline and its salts, peyote, and psilocybin. The act also prohibits the possession of depressant or stimulant drugs except by seven classes of persons--who can be generally described as manufacturing or doing research upon the drugs.

No prescription for a depressant or stimulant drug may be filled or refilled more than six months after the date of its issuance, and no refillable prescription may be refilled more than five times. However, prescriptions may be renewed, in writing or orally (if reduced to writing and filed by the pharmicist), by the prescribing practitioner and then again refilled to the same extent as an original prescription.

APPENDIX B

NARCOTIC AND DANGEROUS DRUG LEGISLATION IN OTHER STATES

I. State Narcotic Laws

Narcotics

Narcotics are divided into five groups by federal law and the uniform state narcotic laws: (1) opium and its derivatives -- morphine, heroin, etc.; (2) coca leaves and its derivatives (cocaine); (3) cannabis (marihuana); (4) the meperidine (pethidene) group; and (5) opiates (substances with an addiction forming or sustaining liability similar to morphine or cocaine).

Even though marihuana and cocaine are defined as narcotics by law, pharmacologists report that marihuana is a mild hallucinogen and cocaine is a strong stimulant, and, except by law, neither drug is related in any way to the narcotic family. (For further discussion of characteristics of drugs, see President's Crime Commission Report, p. 213.)

Uniform Narcotic Drug Laws

The uniform narcotic drug act was first promulgated by the Commissioners on Uniform State Laws in 1932. Except for California and Pennsylvania, all states have adopted the Uniform Narcotic Drug Act. However, both California and Pennsylvania have narcotic drug laws which are described on pages 8 and 9 of this memorandum.

In general, the important features of the Uniform Narcotic Drug Law are as follows: (1) licensing of pharmacists selling or distributing narcotics; (2) licensing of manufactures of narcotics; (3) records of narcotics dispensed must be kept by physicians, dentists, veterinarians, pharmacists, manufactures, and anyone else who can legally dispense narcotic drugs; (4) a listing of narcotic drugs that are exempt from law; (5) authorized possession of narcotic drugs; and (6) severe penalties for illegal manufacture, sale, distribution, and possession of narcotic drugs. Marihuana has no known medical use and possession of this drug is illegal under provisions of the Uniform Narcotic Act. Possession of heroin is also illegal, and federal law bans importation of heroin.

States Which Have adopted the Uniform Narcotic Drug Law, and Any General Statutory Change Therefrom

Uniform Narcotic Drug Act

Table of States Wherein Act Has Been Adopted*

State	Year Enacted	General Statutory Notes**
Alabama	1935	Inserts two sections relating to notice, hearing and commitment of drug addicts. Code of Ala., Tit. 22, §§ 249, 250.
Alaska	1943	
Arizona	1935	Inserts section providing for confinement and treatment in the state hospital for the insane of persons convicted under this act. A.R.S. § 36-1022.
Arkansas	1937	
Colorado	1935	
Connecticut	1935	Includes a section providing for search and seizure on a sworn complaint or affidavit. Laws 1955, c. 188, added section providing for regulations for enforcement and for public hearings upon proposals to promulgate new or amended regulations. C.G.S.A. §§ 19-244 et seq.
Delaware	1935	Inserts sections relating to confinement and treatment of addicts and manufacture, possession and sale of hypodermic needles. 16 Del. C. §§ 4714, 4716.
Florida	1953	Inserts section providing for examination and treatment of habitual users of narcotic drugs, which was amended by L. 1935, c. 17120; L. 1947, c. 23823, § 2; L. 1949, c. 25035, § 11; L. 1951, c. 26484, § 10; L. 1953, c. 28233, § 4, and L. 1955, c. 29615, § 33. F.S.A. § 398.18.

State	Year Enacted	General Statutory Notes**
Georgia	1935	Inserts section providing for filing of an affidavit as to use of narcotic drugs, and investigation and treatment of users of any narcotic drug. L. 1952, p. 324, § 9, substituted "Georgia State Board of Pharmacy" for "State Commissioner of Agriculture" wherever appearing in the Act. Code §§ 42-815, 42-818, 42-820.
Hawaii	1931	Adopts Uniform Act, but makes so many changes that it is not feasible to set out differences. Laws 1929, Act 71, § 3, provided for use of word "podiatrist" wherever necessary in this Act. R.L.H. 1955 §§ 52-10 to 52-39.
Idaho	1937	Inserts section providing for punishment of violations for which no penalty is specifically provided. I.C. § 17-2822.
Illinois	1957	Laws 1957, p. 2569, repealed original enactment by L: 1935, p. 723, and enacted a new act which is substantially similar to the Uniform Act, but contains many variations and additional phraseology which are impractical to indicate by statutory notes. S.H.A. ch. 38, §§ 22-1 to 22-49.
Indiana	1935	
Iowa	1965	Substitutes "pharmacist" for "apothecary" throughout and inserts section relating to search warrants. Laws 1965, c. 195, repealed provisions of the Uniform Narcotic Act adopted by L. 1937, c. 114 and reenacted new provisions substantially similar to the Uniform Act but which include numerous changes, additions and omissions which are impractical to indicate by statutory note. I.C.A. §§ 204.1-204.25.

State	Year Enacted	General Statutory Notes**
Kansas	1957	Contains an additional section relating to the adoption of ordinances by cities to control traffic in narcotic drugs, and substitutes "pharmacist" for "apothecary" throughout Act. G.S. 1959 Supp. § 65-2501 et seq.
Kentucky	1934	Inserted provisions relating to the power of the State Board of Health or the State Dept. of Health to maintain action to restrain or enjoin any violation of this Act; search and seizure, and possession, sale or use of narcotics in penal institutions. KRS 218.010 et seq.
Louisiana	1934	Inserts section providing for searches and seizure, affidavits and warrants, and penalties for making false affidavits. LSA-R.S. 40:972.
Maine	1941	Laws 1965, c. 431, § 16 added provision relating to forfeiture of contraband narcotics and making destruction of substance in premises to be searched, prima facie evidence that destroyed substance was unlawfully possessed narcotics. 22 M.R.S.A. § 2367.
Maryland	1935	Inserts section regulating possession of hypodermic syringes and needles, Code 1957, art. 27, § 297.
Massachusetts	1957	Enacted provisions relating to the sale, possession and distribution of narcotic drugs which are patterned after the Uniform Act provisions, but because of the many variations therefrom which cannot be set out in statutory notes, reference should be made to the State code. M.G.L.A. c. 94, § 197 et seq.
Michigan	1937	
Minnesota	1937	Inserts section relating to enforcement of act. M.S.A. § 618.12.
Mississippi	1936	

State	Year Enacted	General Statutory Notes**
Missouri	1937	Laws 1953, p. 625, added section relating to search warrants, and seizure of narcotics. Laws 1957, p. 679, inserted provisions relating to forfeiture of vehicle or craft transporting narcotic drugs, and regulations by the director of division of health. Sections 195.025, 195.135, 195.145, 195.195, RSMo 1959, V.A.M.S.
Montana	1937	Inserts five sections relating to search, seizure and forfeiture of drugs. R.C.M. 1947, §§ 54-112 to 54-116.
Nebraska	1935	
Nevada	1937	Adopted Uniform Act by L. 1933, c. 51; Comp. Laws §§ 5090 to 5090.25. This enactment, however, was held unconstitutional because of defective title, and the Uniform Act was again enacted, without reference to the prior statute, by L. 1937, c. 23. N.R.S. 453.010-453.240.
New Hampshire	1963	
New Jersey	1933	
New Mexico	1935	Contains numerous additional provisions. 1953 Comp. §§ 54-7-1 to 54-7-49.
New York	1933	Adds sections setting up the bureau of narcotic control, and relating to use of opium pipes and to obtaining drugs from one physician while under treatment from another. McKinney's Public Health Law, §§ 3302, 3303, 3304, 3312, 3340, 3343, 3350, 3351.
North Carolina	1935	Inserted provisions relating to the possession of hypodermic syringes and needles, growing narcotic plants by unlicensed persons, seizure and forfeiture of vehicles, vessels or aircraft used in transporting narcotics, and reports by physicians. G.S. §§ 90-108, 90-111.1 to 90-111.3.

State	Year Enacted	General Statutory Notes**
North Dakota	1917	
Ohio	1935	Laws 1955, p. 178, amended entire act which contains many variations and additional phraseology which are impractical to indicate by statutory notes. Laws 1959, p. 1044, amended provisions relating to record of drugs, drug contents, exemptions and penalties, but because of the many variations from the Uniform Act, reference should be made to the State Code. R.C. § 3719.01 et seq.
Oklahoma	1935	Contains additional provisions relating to classification of new products as narcotic drugs and dispensation of narcotics on oral prescription pursuant to the rules and regulations of the Secretary of Treasury of the United States. 63 Okl. St. Ann. §§ 401.1, 425.
Oregon	1935	Adds following section: "The Board of Pharmacy shall make all needed rules and regulations for carrying the provisions of this act into effect." Laws 1961, c. 572, added provisions relating to exempt status of narcotics. ORS 474.010-474.990.
Rhode Island	1934	Contains several additional sections. Gen. Laws 1956, §§ 21-28-1 to 21-28-67.
South Carolina	1934	
South Dakota	1935	
Tennessee	1937	Act contains an additional provision relating to proceedings before licensing boards. T.C.A. § 52-1317.

State	Year Enacted	General Statutory Notes**
Texas	1937	Laws 1953, c. 328, p. 812, § 5, added a section requiring fingerprinting and photographing of persons arrested and persons convicted, and requiring the courts to notify the Department of Public Safety of the disposition of any case. Vernon's Ann. P.C. art. 725b, § 18a.
Utah	1953	Repealed original enactment by L. 1935, c. 80, and enacted a new act which is substantially similar to the Uniform Act as amended in 1952; includes a section providing for seizure and disposition of narcotics and dope pipes or apparatus. U.C.A. 1953, 58-13a-1 et seq.
Vermont	1951	Laws 1951, No. 170, §§ 135-158, repealed original enactment by L. 1945, No. 113 and reenacted substantially similar provisions. 18 V.S.A. §§ 4141-4163.
Virginia	1934	
Washington	1959	Inserts section relating to search and seizure. Laws 1959, c. 27 repealed the former adoption by L. 1951, c. 22 and reenacted substantially similar provisions. RCW 69.33.220-69.33.970.
West Virginia	1935	Inserts three sections relating to search warrants, chloral hydrate and malonylurea. Code, §§ 16-8A-19 to 16-8A-21.
Wisconsin	1935	Adds sections relating to advertising narcotics, possession of opium pipes, possession and use of marijuana and drug addicts. W.S.A. 161.26 to 161.30.

State	Year Enacted	General Statutory Notes**
Wyoming	1937	Inserts section relating to issuance of warrant. W.S. 1957, § 35-362.

* Quoted from Uniform Laws Annotated, Volume 9B, 1966, pp. 409-410, 412-414.

** Because of the numerous amendments to the various state enactments of the Uniform Narcotic Drug Act, it is not feasible to attempt to show all of the resulting variations by statutory notes, and it is suggested that reference be made to the particular state code for the text of the corresponding provisions.

States Which Have Not Adopted the Uniform Narcotic Drug Law

California has a comprehensive narcotic law which is found in West's Anno. California Codes -- Health and Safety, Section 11000 et seq.

All drugs found in the uniform narcotic drug law are listed under California's narcotic drug law, although California lists each drug separately (Sec. 11001). California also has provisions for an exempt list (Sec. 11200) and provisions for keeping records (Ch. 3, Arts. 3-6) which are also similar to the uniform law. Unlike the uniform law, California has made provisions for a Division of Narcotic Enforcement found in the State Department of Justice (Sec. 11100). The chief and all inspectors of the division have all of the powers and duties of police officers of the state (Sec. 11105).

Physicians dispensing narcotic drugs are licensed by the state and, upon the request of the physician or upon request of the state, a physician can have his narcotic license revoked (Sec. 11163). Narcotic addicts cannot receive narcotics from a physician unless the addict has received permission from the division (Sec. 11164). California's narcotic law provides for treatment of narcotic addicts (Ch. 4, Arts. 1 and 2).

The penalties for illegal manufacture, sale, distribution, transportation, and possession of narcotic drugs, including marihuana and cocaine, are generally more severe than the uniform narcotic drug law (Ch. 5). For example, illegal transportation and illegal sale or distribution carries a felony penalty of from five years to life for the first offense (Section 11531). The final chapter of the California narcotic law, Chapter 7, provides for enforcement of the law.

The Pennsylvania drug law includes the same features as contained in the uniform narcotic drug law. (Purdon's Penna. Stat. Anno., Vol. 35, Health and Safety -- Ch. 6, Section 780 et seq.) However, the Pennsylvania act is unique because it includes

provisions for both narcotics and dangerous drugs which other states usually provide in separate statutes.

II. Current State Laws Controlling Dangerous Drugs

Dangerous Drugs

The dangerous drug classification, as described by the federal food and drug administration, contains four large categories of non-narcotic drugs for control purposes. (Under federal law both marihuana and cocaine are narcotics.) The four groupings are: (1) depressants; (2) stimulants; (3) hallucinogens; and (4) combinations drugs -- stimulants and depressants combined.

The depressants are probably the most dangerous of this group because tolerance develops -- larger quantities of the drug are required to receive the same effects -- and both physical and psychological dependence develops. During withdrawal, the abstinence syndrome is present and, unless proper medical care is given to the addict, he may die during withdrawal. Medical authorities believe that addiction to depressants presents a greater danger than addiction to narcotics. Under current federal law, the depressants which are controlled (by generic classification and not by trade names) include: (1) Chloral hydrate (chloral); (2) ethchlorvynol (placidyl); (3) ethinamate (valmid); (4) glutethimide (doriden); (5) methyprylon (noludar); (6) paraldehyde; (7) lysergic acid; (8) lysergic acid amide; (9) chloral betaine (beta-chlor); (10) chlorhexadol (lora); (11) petrichloral (periclor); (12) sulfondiethylmethane (tetronal); (13) sulfonethylmethane (trional); (14) sulfonmethane (sulfonal).

Stimulants are drugs which stimulate the central nervous system. Like depressants, tolerance can develop for stimulants. However, physicians agree that physical dependence does not develop so there are no withdrawal symptoms from stimulants. Stimulants do create a psychological dependence. Stimulants controlled by federal law (by generic classification) include: (1) d-, dl-methamphetamine (d-, dl-desoxyephedrine) and their salts, and (2) phenmetrazine (preludin) and its salts.

Probably the greatest controversy in recent years has been over the use of hallucinogens. There is, at present, no known medical use for these drugs, and they are legally available only to qualified clinical investigators. Experimentation with hallucinogens has brought many controversies into the foreground. As was discussed in committee hearings, some researchers claim that LSD can cause damage to the chromosomes. Other investigators believe that prolonged use will cause permanent damage to the normal brain patterns. What is known about these drugs are: (1) tolerance does not develop; (2) there is no physical dependence, which means there

are no withdrawal symptoms; (3) psychological dependence probably can develop, such as in use of alcohol and tobacco; and (4) people who use hallucinogens continuously probably have some inner problems which are removed when the hallucinogenic drug is administered.

Current federal law controls the following hallucinogenic drugs (by generic classification): (1) DMT (dimethyl-tryptamine); (2) LSD; LSD-25 (d-lysergic acid diethylamide); (3) mescaline and its salts; (4) peyote (provisions of the federal law do not apply to non-drug use in bona fide religious ceremonies of the Native American Church.); (5) psilocybin, psilocibin; (6) psilocyn, psilocin.

Model State Drug Abuse Control Act

The model state drug abuse act was promulgated by the U.S. Department of Health, Education, and Welfare. This act has the endorsement of the pharmaceutical manufactures because a uniform act will make it easier to meet state regulations. The Federal Bureau of Drug Abuse Control also would like to have the act passed because it is very similar to federal law. A drug abuse act would also aid the bureau because the bureau could then work with local police agencies.

Important features of the act include: (1) requires a system of record keeping for all people dealing with dangerous drugs; (2) provides for inspections of records; (3) gives inspector all powers and duties of other law enforcement agencies; (4) gives the inspector powers of search and seizure; (5) provides penalties for illegal manufacture, sale or distribution, and possession (penalties are left to the discretion of the state); and (6) seizure of illegal drugs without a search warrant and possible confiscation of vehicles involved in transportation of illegal dangerous drugs.

Dangerous Drugs Controlled By States

State	Depressants*	Hallucinogens*	Stimulants*	None
Alabama		x		
Alaska	x			
Arizona	x	Possibly**	x	
Arkansas	x	x	x	
California	x	x	x	
Colorado		Peyote only		
Connecticut	x	x	x	
Delaware	x			
Florida	x	x	x	
Georgia	x	x	x	

State	Depressants*	Hallucinogens*	Stimulants*	None
Hawaii	x	x	x	
Idaho	x	x	x	
Illinois				x
Indiana	x	x	x	
Iowa				x
Kansas				x
Kentucky	x		x	
Louisiana	x	x	x	
Maine	x	x	x	
Maryland	x	Possibly**	x	
Massachusetts	x	x	x	
Michigan	x	x	x	
Minnesota	x	x	x	
Mississippi	x		x	
Missouri	x	x	x	
Montana	x	x	x	
Nebraska	x	x	x	
Nevada	x	x	x	
New Hampshire				x
New Jersey	x	x	x	
New Mexico	x	x	x	
New York	x	x	x	
North Carolina	x	x	x	
North Dakota	x			
Ohio	x			
Oklahoma	x		x	
Oregon	Possibly**	Possibly**	Possibly**	
Pennsylvania	x	Possibly**	x	
Rhode Island	x		x	
South Carolina	x	x	x	
South Dakota	x		x	
Tennessee	x	x	x	
Texas	x	x	x	
Utah	x	x	x	
Vermont				x
Virginia	x	x	x	
Washington	x	x	x	
West Virginia	x	x	x	
Wisconsin	x		x	
Wyoming	x	x	x	

* These classifications are broad, and some states do not control all drugs under the general classification.

** Any state which has given the authority to an agency to name dangerous drugs could have already included these drugs under rules and regulations which would not be found in the statutes.

States Which Have Adopted the Model Drug Abuse Control Act

Arkansas -- Arkansas Statutes Anno., Vol 7A, Title 82 Chapter 11.

Arkansas recently passed the model drug abuse control act. However, the law library does not have Arkansas' 1967 Session Laws at this time, and the staff is unable to provide the exact citation. From information received from the Federal Bureau of Drug Abuse Control, Arkansas has provisions for strong possession penalties, seizure of controlled dangerous drugs without a search warrant, and state inspectors have all police powers.

Georgia -- Code of Georgia Anno., Book 14A, Title 42, Chapter 42-7 and 42-99. Georgia Laws of 1966, Vol. 1, Chapter 501 (S.B. 80) p. 371.

With the 1966 amendment to Georgia's Dangerous Drug Act (Ch. 42-7), Georgia has all of the provisions found in the model drug abuse control act -- Chapter 1, Section 1, Ga. L. 1966, page 372. The penalty for violation of the dangerous drug law is a misdemeanor.

Hawaii -- Hawaii adopted the model drug abuse control act in 1967. Hawaii's 1967 Session Laws are not available, and a citation cannot be given. According to information received from the Federal Bureau of Drug Abuse Control, Hawaii's law includes: (1) possession penalties; (2) seizure of illegal dangerous drugs without a search warrant; and (3) seizure of vehicles used in transporting illegal dangerous drugs. All other features of the model act are the same.

Idaho -- Idaho Code, Vol. 7, Health and Safety, Title 37, Chapter 33.

Idaho has adopted the model drug abuse control act. The agency administering the law is the Idaho State Board of Pharmacy (Sec. 37-3320). The penalty for illegal manufacture, illegal sale or distribution, illegal possession, and selling counterfeit drugs is a felony. Violations of other prohibited acts is a misdemeanor (Sec. 37-3304).

Minnesota -- Minnesota had laws regulating depressant drugs and peyote, but in the 1967 legislative session, Minnesota passed the model drug abuse control act. This information was received from the Federal Bureau of Drug Abuse Control, and since Minnesota has not sent their 1967 Session Laws to the law library, the staff is unable to provide a statute citation.

Nebraska -- According to the Federal Bureau of Drug Abuse Control, Nebraska adopted the model drug abuse control act. Unlawful possession of dangerous drugs is subject to seizure without a search warrant, and vehicles used in transportation of illicit dangerous drugs are subject to confiscation.

New Jersey -- New Jersey Session Law Service, 1967, No. 1, Chapter 314, p. 25 et seq.

New Jersey has adopted the model drug abuse control act. There are no special provisions for confiscation of illicit dangerous drugs or vehicles used in transportation of illegal dangerous drugs. Penalty for violating the act is a misdemeanor, punishable by fine only (Sec. 9, p. 31).

New Mexico -- New Mexico Statutes 1953, Vol. 8, Part 2, Sections 54-6-25 to 54-6-51.

Controlled drugs are stimulants, depressants, and hallucinogens (Sec. 54-6-27F). Illicit dangerous drugs are subject to seizure without a search warrant. Vehicles transporting these drugs are also subject to confiscation (Sec. 54-6-31). Penalties for violation of the New Mexico Drugs and Cosmetics Law are: (1) violation of Sec. 54-6-28A, B, C, and G is a misdemeanor on first offense and a felony on the second and subsequent offenses (illegal manufacture, illegal sale or distribution, and illegal possession of dangerous drugs) -- Sec. 54-6-51A.

New York -- New York has passed the model drug abuse act controlling dangerous drugs, but no further information is available.

South Carolina -- Code of Laws of South Carolina, Vol. 7, Title 32, Section 32-1505 et seq.

During the 1966 legislative session South Carolina passed the model drug abuse control act, controlling stimulants, depressants, and hallucinogens (Sec. 32-1505). Seizure of illegal dangerous drugs may be made only if a search warrant has been properly executed (Sec. 32-1510.2). No provisions are made for confiscating vehicles used in transportation of illegal dangerous drugs. Penalties for violation of the law include: (1) first offense a misdemeanor -- maximum $2,000 fine or two years imprisonment or both; (2) second offense -- fine of not less than $2,000 nor more than $5,000 or imprisonment of not less than two nor more than 5 years -- discretion of the court; and (3) third and subsequent offenses -- imprisonment of not less than five nor more than ten years with no probation or suspension. Sec. 32-1510.3.

Tennessee -- From information received from the Federal Bureau of Drug Abuse Control, Tennessee passed the model drug abuse control act during the 1967 legislative session, but no further information is available.

Utah -- Utah Code Anno., Vol. 6, Title 53, Sections 58-33-1 to 58-33-8.

During the 1967 legislative session, Utah passed the model drug abuse control act, which controls stimulants, depressants, and hallucinogens (Sec. 58-33-1). Utah law gives authority to the

department of business regulation to seize illegal dangerous drugs and vehicles used in transportation of illegal dangerous drugs without a search warrant (Sec. 58-33-5). Penalties include: (1) sale to a minor -- felony; and (2) any other violation is a misdemeanor (Sec. 58-33-4).

Virginia -- Code of Virginia, Vol, 7, Title 54, Sections 54-446.3 to 54-446.13.

Virginia has adopted the model drug abuse control act. Controlled drugs are stimulants, depressants, and hallucinogens (Sec. 54-446.3). It is unlawful to illegally possess, sell or distribute, or manufacture these dangerous drugs (Sec. 54-446.4). Records are to be kept for three years (Sec. 54-446.5). The law makes no mention of seizure of dangerous drugs or seizure of vehicles transporting illegal dangerous drugs. Penalties for violation of the act include a misdemeanor for the first offense and a felony for any subsequent offense (Sec. 54-446.11).

Wyoming -- Session Laws of Wyoming, 1967, Chapter 158, pp. 462-471.

Wyoming has enacted the model drug abuse control act which controls stimulants, depressants, and hallucinogens (Sec. 1, p. 463). Illegal dangerous drugs can be seized with a search warrant and vehicles used in transporting illegal dangerous drugs can be confiscated (Sec. 5, p. 465). Penalty for violation of the law is a misdemeanor (Sec. 4, p. 465).

States Controlling Stimulants, Depressants, and Hallucinogens or Have Given an Agency Authority to Add Dangerous Drugs to a Dangerous Drug List, but Have Not Adopted the Model Drug Abuse Control Act

Arizona -- Arizona Revised Statutes Anno., Vol. 10, Section 32-1964 to 32-1975.

Arizona controls stimulants and depressants, and in addition the state board of pharmacy has the authority to add dangerous drugs to the list (Sec. 32-1964). Records of sale of dangerous drugs shall be kept for five years (Sec. 32-1965). Arizona law makes it unlawful to illegally sell or possess dangerous drugs (Sec. 32-1968). The penalty provided by the law is a misdemeanor (Sec. 32-1975).

California -- West's Anno. California Codes; Business and Professions Section 4210 et seq. and Health and Safety Section 11901 et seq.

Stimulants and depressants are controlled drugs in California -- Business and Professions Code Section 4211. Everyone dealing with stimulant and depressant drugs are required to obtain a license from the state (Sec. 4222). Whenever stimulant or depressant drugs are administered or dispensed records of the sale have to be kept (Sec. 4227 and Sec. 4232). Possession of stimulant or depressant drugs without a prescription is illegal (Sec. 4230). Any violations of

the dangerous drug law will carry the penalty of a misdemeanor (Sec. 4233), and in the case of a doctor or pharmacist, conviction may result in suspension or revocation of any license issued under the provision of the Business and Professions Code (Sec. 4238). The state board of pharmacy shall have inspectors with powers and duties of legally empowered peace officers (Sec. 4221). Inspectors shall have the power to inspect inventory stocks of dangerous drugs and records pertaining to sale of dangerous drugs (Sections 4231 and 4232).

In 1966, California passed a new law restricting dangerous drugs. This law included stimulants, depressants, and hallucinogenic drugs (LSD and DMT) -- Health and Safety Code, Section 11901. Unlawful possession of restricted drugs shall on the first offense be a misdemeanor and upon each offense thereafter a felony (Sec. 11910). Unlawful sale or distribution, manufacture, transportation, etc., shall be a felony (Sec. 11912). Anyone attempting to involve a minor in restricted dangerous drugs shall be, upon conviction, sentenced to the state penitentiary (Sec. 11913). The provisions of the law do not apply to legal clinical investigators of LSD and DMT (Sec. 11916).

Connecticut -- The 1967 session of the Connecticut Legislature passed a dangerous drug abuse law; however, the 1967 Connecticut Session Laws have not been received by the law library and the staff will not be able to give the citation of the law. According to information received from the Federal Bureau of Drug Abuse Control, Connecticut's drug abuse law was patterned after the model drug abuse control act, but the Connecticut law is more comprehensive.

Florida -- Florida Statutes Anno., Title 27, Sections 404.01 to 404.15.

Controlled drugs in Florida are stimulants and depressants (Sec. 404.01). Prohibited acts include: unlawful possession and failure to keep records (Sec. 404.02). Anyone dealing with stimulants or depressants is required to keep records for a period of two years (Sec. 404.05). Records shall be open to inspectors from the Florida State Board of Health (Sec. 404.06). Any stimulants or depressants not meeting the requirements of the chapter shall be labeled contraband and shall be subject to seizure and confiscation by any law enforcement officer (Sec. 404.07). Any vehicle, vessel, or aircraft carrying contraband shall also be subject to seizure and forfeiture (Sec. 404.08). The Florida Board of Health has the authority to make rules and regulations deemed necessary to implement the law (Sec. 404.12). Penalty for violation of the law is a felony (Sec. 404.15). Anyone licensed to administer drugs may have his license revoked upon conviction of any violation of the law (Sec. 404.14). The Florida Legislature amended Chapter 404 by adding a new section, Section 404.001. The name of the law was changed to the Florida Drug Abuse Law (Chapter 67-136, 1967 Regular Session). The only important change in the law was the addition of hallucinogenic drugs to the list of controlled drugs (Sec. 404.01(3)).

Indiana -- Burns Indiana Statutes Anno., Vol. 7, Part 1, Health Code, Title 35, Sections 35-3331 to 35-3339.

The Indiana Dangerous Drug Act controls stimulants, depressants, and hallucinogenic drugs (Sec. 35-3332J). Unlawful acts include: (1) illegal sale; (2) illegal possession; (3) failure to keep records of sales; (4) refusal to permit inspection of records; and (5) attempting to obtain drugs by fraud (Sec. 35-3333). Upon conviction of these unlawful acts the penalty is a felony (Sec. 35-3338).

Louisiana -- Louisiana Revised Statutes 1950, Title 40, Public Health and Safety, Part X, Narcotics Sub-Part D, Sections 1031 to 1046.

Louisiana law controls stimulants, depressants, and hallucinogenic drugs (Sec. 1032). Unlawful acts include: (1) illegal sale; (2) illegal possession; (3) failure to keep records; (4) refusal to open records to inspectors; and (5) attempting to obtain dangerous drugs by fraud (Sec. 1033). Louisiana law has provisions for clinical researching of dangerous drugs (Sec. 1035). Records are to be kept as may be reasonably required by the state board of pharmacy (Sec. 1036). The state board of pharmacy shall have the authority to inspect records (Sec. 1037). All illegally possessed dangerous drugs are considered contraband subject to seizure and confiscation by any law enforcement officer (Sec. 1038). Penalty for violation of the Louisiana dangerous drug law is a fine of not more than $1,000 or imprisonment in the parish jail for two years or both. For each subsequent offense punishment shall be not more than a $5,000 fine or confinement in the state penitentiary for a period of not more than five years, or both imprisonment and fine (Sec. 1046).

Maine -- Maine Revised Statutes Anno., Vol 12, Title 22, Health and Welfare, Section 2201 et seq., as amended by the Maine Session Laws 1967.

The board of commissioners of the profession of pharmacy shall regulate all stimulants and depressants (Sec. 2201). It is unlawful to possess or sell depressant drugs unless a prescription for the drugs has been obtained from a doctor (Sec. 2210). In the amended law a new section (2212B) makes it a felony to possess hallucinogenic drugs. Anyone found with illegal possession of drugs enumerated in Sections 2201 to 2210 (Narcotic drugs mentioned in these sections are not discussed) shall be guilty of a felony. If a person is found under the influence of these enumerated drugs, the individual is guilty of a felony. Inspectors shall have the right to inspect all records (Sec. 2215).

Section 2368 (a section in Maine's narcotic law) concerning licensing of manufacturers and wholesalers was amended in 1967 to prohibit any manufacturing of hallucinogenic drugs. Clinical researchers shall be licensed and controlled by the bureau of health. Penalty for illegally manufacturing hallucinogenic drugs is administered under the narcotics penalties.

Maryland -- Anno. Code of Maryland, Art. 27, Sec. 307 et seq. and Art. 43, Sections 285 and 289 as amended in 1966.

Maryland defines dangerous drugs as any drug intended for man which may have potentially harmful effects unless administered under the supervision of a physician (Sec. 307). The state department of public health is authorized to promulgate the necessary rules and regulations for the administration of the act (Sec. 312). Violation of the act is a felony (Sec. 313). Unlawful acts are: (1) illegal possession of stimulants and depressants; (2) failure to keep records; and (3) illegal manufacture of a stimulant drug -- Laws of Maryland 1966, Chapter 377, pp. 666-669.

Massachusetts -- Massachusetts General Laws Anno., Ch. 94, Art. 187A et seq. as amended in 1967.

Under Massachusetts law harmful (dangerous) drugs include stimulants, depressants, and hallucinogens (Sec. 187A and 1967 Regular Session Ch. 49). Illegal sale is a misdemeanor (Sec. 94-187A). Illegal possession of dangerous drugs is a misdemeanor (Sec. 94-187B).

Michigan -- Michigan Statutes Anno., Vol. 13, Regulations Under Police Powers, Title 18, Sections 18.1101 to 18.1108 as amended.

Michigan law controls the sale and possession of stimulants and depressants. Records of sale must be kept by all licensed dispensers of these drugs (Sec. 18.1101). All records must be kept for a period of two years (Sec. 18.1104). Anyone guilty of any violation of Section 18.1101 to 18.1105 is guilty of a misdemeanor. Anyone distributing, selling, or in possession of any hallucinogenic drugs except exemption provided for by the Federal Food Drug and Cosmetics Act is guilty of a felony (Sec. 18.1106 -- amended during the 1966 legislative session, Mich. Stat. Anno., Statute Release No. 7, p. 305). Administration of the act is carried out by the state board of pharmacy (Sec. 18.1108).

Missouri -- Missouri Revised Statutes, Cumulative Supplement 1965, Chapter 195.240 et seq.

Illegal possession, illegal sale or distribution, and illegal manufacturing of stimulant and depressant drugs is a felony in Missouri (Sec. 195.240 and 195.270). From information received from the Federal Bureau of Drug Abuse Control, Missouri has included hallucinogenic drugs under this statute, but the 1967 Missouri Session Laws are not available and the staff cannot give a citation.

Montana -- Revised Codes of Montana 1947, Replacement 2, Part 2, Title 27, Section 27-701 et seq.

Stimulant and depressant drugs are controlled in Montana (Sec. 27-716). Any violation of Section 27-716 shall be deemed a

misbranding of a drug or device. The penalty for misbranded drugs or devices is a misdemeanor (Sec. 27-705). It is unlawful to manufacture, sell or distribute, and possess any hallucinogenic drugs as defined by federal law unless authorized by the Montana Department of Public Health or under provisions of the federal act (Sec. 27-724). Penalty for violation of Section 27-724 is a misdemeanor on first offense and a felony on the second or subsequent offenses (Sec. 27-725).

Nevada -- Statutes of Nevada, 1965 Special Session, 1966 Special Session, and 1967 Regular Session, Vol. 2, pp. 1629 et seq.

Nevada controls stimulants and depressants (Sec. 13, p. 1631). Records of dangerous drugs are to be kept and open to inspection by authorized inspectors (Sec. 18, p. 1633). Unlawful sale of dangerous drugs to a minor is a felony (Sec. 20, p. 1633). Unlawful possession of dangerous drugs is a misdemeanor (Sec. 21, pp. 1633 and 1634). Hallucinogenic drugs are controlled by Sec. 48, p. 1636 of the law. It is a misdemeanor to illegally possess, sell or distribute and manufacture any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug, and Cosmetic Act (Sec. 62, p. 1639).

North Carolina -- General Statutes of North Carolina, Vol. 2C, Section 90-111.3 et seq. as amended in 1967.

Stimulants and depressants are controlled drugs in North Carolina (Sec. 90-113.1). Prohibited acts under the law include: (1) illegal sale or distribution; and (2) illegal possession of stimulants and depressants (Sec. 90-113.2). The board of pharmacy is the controlling agency (Sec. 90-113.6). Records are to be kept for a period of two years (Sec. 90-113.5). Penalty for violation of the law is first offense a misdemeanor and each offense thereafter a felony (Sec. 90-113.7). In 1967 a new subsection (b) was added to Sec. 90-113.7 which gave the state authority to seize and dispose of any vehicle, vessel, or aircraft under 7,000 pounds which is used for transportation of stimulants or depressants.

The North Carolina narcotic drug act was also amended in 1967. Added to the narcotics definition were all hallucinogenic drugs (Sec. 90-87). The hallucinogens are now subject to all provisions of the uniform narcotic drug law.

Oregon -- Oregon Revised Statutes, Vol. 3, Title 37, Chapter 475.010 et seq.

The drug advisory council has the authority to designate dangerous drugs (Sec. 475.010). The staff was not able to determine which drugs are controlled in Oregon. Sale or possession of dangerous drugs without a prescription is illegal (Sec. 475.100). Violation of Section 475.100 is a misdemeanor (Sec. 475.990 (2)).

Pennsylvania -- Purdon's Penna. Statutes Anno., Title 35, Section 35-780-1 et seq.

Dangerous drugs which are controlled are : (1) stimulants; (2) depressants; and (3) any other drug, because of its toxicity or potentiality for harmful effect is considered unsafe for use except under a physician administration (Sec. 780-2 (h)). The secretary of health after consultation with the Pennsylvania Drug, Device, and Cosmetic Board has the authority to add drugs to the dangerous drug list (Sec. 780-2 (h)). All possession of dangerous drugs, except as provided by law, is contraband (Sec. 780-2 (v)). Records of dangerous drug sales and purchases are to be kept for two years, and the records are open to inspection by authorized persons (Sec. 780-9). Any persons dealing in dangerous drugs must register with the secretary of health (Sec. 780-11). All contraband drugs are subject to seizure (Sec. 780-12). Unlawful acts include: (1) illegal manufacture; (2) illegal sale or distribution; and (3) illegal possession (Sec. 780-4 (a)). Penalties for violation of the dangerous drug portion of the law is a misdemeanor for the first offense and a felony for each subsequent offense (Sec. 780-20 (a)).

Texas -- Vernon's Penal Code of the State of Texas, Vol. 2, Article 726d et seq. as amended.

Dangerous drugs which are controlled in Texas include stimulants, depressants and hallucinogens (Art. 726d, Sec. 1, as amended in 1966 and 1967). Prohibited acts include illegal manufacture, illegal sale or distribution, and illegal possession (Art. 726d, Sec. 3). Records are to be kept and open to inspection (Art. 726d, Sec. 6). Dangerous drugs unlawfully possessed are subject to seizure (Art. 726d, Sec. 8). Penalties include: (1) first offense -- a maximum fine of $3,000 or imprisonment for not less than 30 days nor more than two years or both; and (2) second or subsequent offense a felony.

Washington -- Revised Code of Washington, Vol. 9, Title 69, Chapter 69.40 et seq as amended in 1965).

Dangerous drugs are any drugs which require a prescription (Sec. 69.40.063). Upon receiving a search warrant dangerous drugs can be seized (Sec. 69.40.100). Any place distributing dangerous drugs illegally shall be deemed a public nuisance (Sec. 69.40.080). Unlawful acts include: (1) illegal sale or distribution; (2) illegal possession; and (3) illegal manufacture of dangerous drugs (Sec. 69.40.061, 69.40.063, 69.40.080, 69.40.090, and 69.40.100). Stimulants and depressants are specifically named as dangerous (Sec. 69.40.060). Penalties for violation of this law include: (1) first offense -- a misdemeanor; (2) second offense -- gross misdemeanor -- Maximum of $1,000 fine or one year imprisonment or both; (3) third or subsequent offense -- a felony; and (4) sale or distribution to a minor -- a felony (Sec. 69.40.070). According to information received from the Federal Bureau of Drug Abuse Control, hallucinogenic drugs were added as controlled drugs during the 1967 regular session. No information is available from the law library and an exact citation is not possible.

West Virginia -- Acts of the Legislature of West Virginia 1965, Chapter 133, pp. 503-508.

West Virginia controls stimulants and depressants specifically and hallucinogens by reference to the federal law and any amendments to the federal law (Sec. 1(1), p. 504). Prohibited acts include: (1) unlawful sale or distribution; and (2) illegal possession of dangerous drugs (Sec. 2, pp. 506 and 507). Regulations to implement this law are made by the state board of pharmacy (Sec. 4, p. 508). Illegal dangerous drugs can be seized with a search warrant (Sec. 5, p. 508). Penalty for violation of the act is: (1) first offense -- fine not to exceed $1,000 or imprisonment for not more than five years; and (2) second or subsequent offense -- a felony (Sec. 6, p. 508).

States Controlling Some Dangerous Drugs

Alabama -- Act No. 430, Acts of Alabama, Special Session 1966, p. 575.

Alabama law makes it unlawful to possess, transport, deliver, sell, offer for sale, bater, or give away in any form LSD, psilocybin, or any other drug or compound known as psycotomimetics (hallucinogens) (Sec. 1). Section 4 of the act provides for a felony penalty for illegal possession, transportation, and sale or distribution.

Alaska -- Alaska Statutes, Title 17, Chapter 15.

Section 17.15.010 states that it shall be unlawful to sell, barter, distribute, or give away depressant drugs. The penalty for illegal sale is a misdemeanor (Sec. 17.15.040).

Colorado -- Sections 48-4-1 to 48-4-4, C.R.S. 1963.

Colorado controls sale or distribution of anhalonium and peyote (Sec. 48-4-2). The penalty for illegal sale is a misdemeanor (Sec. 48-4-3).

Delaware -- Delaware Code Anno., Title 16, Sections 4901 to 4905.

Delaware controls depressant drugs (Sec. 4901). The law requires the keeping of records, and the proper labeling of containers (Secs. 4903 and 4904). There are no provisions for penalties.

Kentucky -- Kentucky Revised Statutes, Title 18, Public Health.

Depressant drugs are controlled by Kentucky law (Sec. 217.461). Unlawful acts include: (1) illegal sale; (2) illegal manufacture; and (3) illegal possession (Sec. 217.462 (1)). Records of sale must be maintained for at least two years and the records shall be open to inspection to authorized representatives of the state board of

health and the state board of pharmacy (Sec. 217.511). Kentucky law controls stimulants under section 217.720. It is unlawful to illegally possess, sell, and manufacture stimulants (Sec. 217.730). The state board of health and the state board of pharmacy shall regulate this law. Inspectors shall have all police powers (Sec. 217.790). There is no specific regulation requiring keeping of records for stimulant drugs. Penalty for violation of the depressant law is a misdemeanor (Sec. 217.992). Penalty for violation of the stimulant law is a misdemeanor.

Mississippi -- Mississippi Code 1942, Anno., Vol. 5A, Public Welfare, Sections 6831-01 to 6831-12.

Controlled drugs in Mississippi are stimulants and depressants (Sec. 6831-01). Prohibited acts include: (1) illegal distribution or sale; (2) illegal possession; and (3) failure to keep records or refusal to allow inspectors to inspect records (Sec. 6831-02). Manufacturers and pharmacists are required to keep records of stimulants and depressants for two years (Sec. 6831-05). Records shall be open to inspectors from the state board of pharmacy upon written request (Sec. 6831-05). The state board of pharmacy is authorized to promulgate the necessary rules and regulations for the administration of the acts (Sec. 6831-07). Violation of this law is a felony (Sec. 6831-08).

North Dakota -- North Dakota Century Code Anno., Vol. 3, Chapter 19, Article 19 et seq.

North Dakota controls depressant drugs (Sec. 19-19-02). Anyone dispensing depressants must keep records of their depressant drug inventory and records of sale (Sec. 19-19-06). These records are open to inspection for inspectors from the board of pharmacy (Sec. 19-19-07).

It is unlawful to illegally sell or distribute depressants or illegally possess barbiturates (Sec. 19-19-03). Penalty for violating the law is a misdemeanor.

Ohio -- Page's Ohio Revised Code, Title 37, Sections 3719.23 et seq. as amended.

Depressants are controlled drugs in Ohio (Sec. 3719.23). Unlawful acts include: (1) illegal sale or distribution; and (2) illegal possession (Sec. 3719.24). Inventory and sale records must be kept for two years (Sec. 3719.26). These records can be inspected by authorized agents of the board of pharmacy (Sec. 3719.27). Penalty for any violation of the provisions of this law is a misdemeanor (Sec. 3719.99 (I) (1967)).

Oklahoma -- Oklahoma Statutes Anno., Title 63, Sections 465.11 to 465.19 as amended.

Oklahoma controls stimulant and depressant drugs (Sec. 63-465.11). Unlawful acts include: (1) illegal possession; and (2) illegal sale or distribution (Sec. 63-465.12). Records are to be

kept for two years, and these records are open to inspection by agents of the board of pharmacy (Secs. 63-465.13 and 465.17). Violation of the act is a misdemeanor on the first offense and a felony for each subsequent offense (Sec. 63-465.19, 1966 amendment).

Rhode Island -- General Laws of Rhode Island, Vol. 4, Sections 21-29-1 to 21-29-23.

Rhode Island controls stimulants and depressants (Sec. 21-29-2). Important unlawful acts are: (1) illegal possession; (2) illegal sale or distribution; and (3) failure to keep records (Sec. 21-29-3). Records of inventory and sales must be kept for two years (Sec. 21-29-8 and 21-29-9). Records are open to inspectors (Sec. 21-29-10). All unlawfully possessed stimulants or depressants are contraband and subject to seizure (Sec. 21-29-11). Any vessel, vehicle, or aircraft used in transportation of contraband is subject to forfeiture (Sec. 21-29-12). The board of pharmacy has the authority to make rules and regulations necessary to carry out provision of this law (Sec. 21-29-17). Any licensed physician or pharmacist violating this act may have his license suspended or revoked (Sec. 21-29-19). Unlawful sale of stimulants or depressants to a minor is a felony (Sec. 21-29-20). For violation of the general provisions of the law the penalty for first offense is a misdemeanor and each subsequent offense a felony (Sec. 21-29-21).

South Dakota -- South Dakota Code, 1960 Supp., Title 22, Chapter 22.13A, Sections 22.13A01 to 22.13A09 as amended by chapter 106 Session Laws of South Dakota 1965.

Controlled drugs in South Dakota are depressants and stimulants (Sec. 22.13A02 and 22.13A10). Important unlawful acts include: (1) illegal sale or distribution; (2) illegal possession; and (3) failure to keep records (Secs. 22.13A03 and 22.13A11). Records are to be kept for two years (Sec. 22.13A06), and records are to be open to inspection by authorized agents of the state board of health (Sec. 22.13A07). Penalties for violation of this law are a misdemeanor on first offense and a felony for each subsequent offense (Sec. 22.9933).

Wisconsin -- Wisconsin Statutes 1965, Vol. 1, Chapter 151, Section 151.07.

Dangerous drugs controlled in Wisconsin are stimulants and depressants (Sec. 151.07 (1) (a). Sale and possession of illegal dangerous drugs is prohibited (Sec. 151.07 (4), 151.07 (7). The state board of pharmacy is the administrator of the law (Sec. 151.07 (9). Penalty for violation of the law is a misdemeanor (Sec. 151.07 (10).

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* In the compilation of dangerous drug laws of states, pages 46 through 56, the following shall apply: unless otherwise stated a misdemeanor is any penalty with a maximum of $1,000 fine or one year imprisonment or both; unless otherwise stated, a felony is any penalty over $1,000 fine or one year imprisonment or both.