

NARCOTIC ENFORCEMENT OFFICERS ASSOCIATION

POSITION ON LEGALIZATION OF MARIJUANA

To Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington, and other distinguished Members of the Judiciary Committee:

The Connecticut Narcotic Enforcement Officers' Association (CT-NEOA), in conjunction with the National Narcotic Officers' Coalition, opposes all efforts at the local, state, and Federal levels to decriminalize, legalize, or normalize marijuana possession, production, and use. This includes efforts to legalize marijuana under the auspices of a "medical" necessity. Smoked marijuana is a dangerous psychoactive substance that has caused untold pain and suffering to individuals, families, and communities. The Food and Drug Administration and American Medical Association have deemed smoked marijuana not to be a medicine. And contrary to popular belief, marijuana has been evaluated to have little or no medicinal benefit as a smoked drug, and the respiratory damage caused by the inhalation of marijuana is greater than that of cigarettes.

The facts on marijuana are as alarming as they are clear. Based on law enforcement data, the vast majority of substance abusers and addicts initiated their drug use with marijuana. In fact, more than half of young people in treatment for substance abuse are receiving treatment for marijuana as their number one drug of abuse. Additionally, marijuana is the most prevalent illegal drug detected in testing following traffic fatalities and accidents involving illegal drugs, a fact with grave impacts on public safety.

Considering these facts, the CT-NEOA is disappointed that some people would actively advocate for decriminalizing, "medicalizing", or outright legalizing marijuana sales and possession. The CT-NEOA disapproves – in the strongest possible terms – of all efforts to decriminalize, legalize or to "medicalize" herbal cannabis or smoked marijuana – at the local, state, and Federal levels. Legalizing chemically addictive drug substances is not the right thing to do, from any side – be it a criminal justice position, health-care approach or social perspective.

In short, the repercussions of softening marijuana policies would be devastating. By reducing penalties and actively promoting "medical" qualities of a smoked substance, policy-makers would remove the negative social stigma associated with marijuana use. With dropped barriers of deterrence, and increased access to marijuana, abuse of other, more harmful chemical substances is tacitly encouraged and enabled. Furthermore, making marijuana abuse more acceptable would also lead to a substantial increase in use. Even social scientists who advocate various decriminalization policies admit that decreased perception of harm and the perception of social disapproval leads to decreased use.

The truth is undeniable: Increased drug use would have disastrous, wide-ranging consequences, the effects of which will be highly difficult to roll back. Increases in marijuana use and other drug use would lead to increased addiction rates, increased workplace incidents, increased health care and emergency costs, increased addiction treatment demand, increased public health burden borne by states and local governments, increased insurance premiums, and increased traffic fatalities and accidents. When advocates of softening drug policy say government would save millions in enforcement costs, they say nothing of new costs that would have to be borne by taxpayers to deal with all of the above consequences. Even if there were no negative social consequences to decriminalization or legalization, the economics just don't make sense.

Advocates of decriminalization and legalization suggest that prohibition fosters a massive black market for narcotics and that removing the prohibition would eliminate the black market.

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While sales of addictive chemicals offer rich incentives for those who disregard societal health and welfare, creating a legal and regulated market for marijuana and other substances would never completely eliminate criminal profit incentives. Often they accelerate criminal enterprises, such as gambling, alcohol and tobacco. The black market for cigarettes illustrates the point; organized criminal groups reap enormous profit by exploiting tax disparities of legal items. Rest assured, criminal groups engaged in marijuana sales – and other drugs – would quickly exploit any legal loopholes for illicit advantage, ensuring that dangerous substances are still available to anyone who wants them – regardless of legal status.

Those who believe that drug enforcement and the overall “war on drugs” has failed are wrong. Drug use by teens has decreased substantially since the early 1980s. Violent crime, property crime, burglaries and theft are all significantly less prevalent than they were even 15 years ago – each has declined by more than 30%. Strong enforcement practices, multijurisdictional task force operations, effective prevention messages, improved intervention strategies, and meaningful sentencing policies have all played a part in this success. The CT-NEOA flatly rejects any notion that drug enforcement has failed and that decriminalization or legalization is the only answer to the problem. As an example:

- At one point in Los Angeles County, there were more “medical marijuana” shops than Starbucks coffee shops.
- Along a 20-mile stretch of Ventura Boulevard, one “medical marijuana” shop could be found every ¼ mile.
- Of the total prescriptions filled for “medical marijuana” in Los Angeles, only 1.5% were for cancer, glaucoma, or AIDS patients; the remaining 98.5% were for “soft tissue injuries,” “sleeping problems,” and other issues.
- Of all prescriptions written, 70% were for persons under the age of 40.
- There were four (4) marijuana dispensaries in 2004; ninety-eight (98) in 2006; one hundred eighty-seven (187) in 2007; between February and June of 2009, there were four hundred eighty-one (481) submitted applications for marijuana dispensaries.
- Many marijuana exhibits examined were found to hold high levels of pesticides, including DDT, with most samples originating in Mexico
- There is no delivery system approved by the Food and Drug Administration for ingestion of marijuana.
- The State of Montana has moved to repeal the medical marijuana law as the result of safety, health concerns and stigma of being compared as a source state similar to that of Mexico and Columbia

The CT-NEOA believes that an effective drug policy is rooted in sound prevention and education programming; proven and effective addiction treatment and intervention; and strong enforcement of laws against production, trafficking, sales, and possession of dangerous substances. Recent successes would be threatened by the softening of our public policy approach to marijuana. The fact remains that, while research continues into the medical efficacy of the chemical components of cannabis, herbal cannabis and smoked marijuana is an addictive and dangerous substance that has no medicinal value. This would greatly hinder companies who offer drug-free work environments from remaining in Connecticut. We strongly disapprove of efforts to make this substance more available to the public, particularly vulnerable American youth.

Michael Rinaldi, President of the Connecticut Narcotic Enforcement Officers Association