

IOWA LEGISLATIVE SERVICE BUREAU

FINAL REPORT  
OF THE  
DRUG ABUSE STUDY COMMITTEE

NOVEMBER, 1970

## DRUG ABUSE STUDY COMMITTEE

### Tentative Draft

### Final Report

(NOTE: This draft is subject to review and approval by the Committee members.)

House Concurrent Resolution 122 of the Sixty-third General Assembly, adopted at the 1970 session, authorized the Legislative Council to establish a committee of ten members appointed by the President of the Senate and the Speaker of the House, to study "the subject of drug abuse and related matters in order that proper legislative steps may be taken to limit the improper use of drugs and other substances for depressant, stimulant, or hallucinogenic purposes." Under this authority, the Legislative Council on May 7, 1970, created the Drug Abuse Study Committee, to which were appointed Senators Lee H. Gaudineer of Des Moines, Vernon H. Kyhl of Parkersburg, John L. Mowry of Marshalltown, James A. Potgeter of Steamboat Rock, and J. Donald Weimer of Cedar Rapids, and Representatives James T. Caffrey of Des Moines, Willard R. Hansen of Cedar Falls, Joseph C. Johnston of Iowa City, Floyd H. Millen of Farmington, and Nathan F. Sorg of Marion.

The Committee's organizational meeting was held on June 11, at which time Senator Mowry was elected Chairman and Representative Millen was elected Vice Chairman. A total of eight meetings has been held to date, and it will be necessary to hold at least one additional meeting to complete the adaptation to Iowa's needs and circumstances of the model state Uniform Controlled Substances Act, which the Committee has agreed in principle to recommend to the Sixty-fourth General Assembly. An explanation of this bill, recommended to the states earlier this year by the National Conference of Commissioners on Uniform State Laws, appears at the conclusion of this report.

### Context of the Drug Abuse Study

The Legislative Drug Abuse Study was undertaken at a time when a number of other significant developments had occurred or were occurring in related areas.

#### S.F. 1276 - Treatment for Drug Addiction or Dependency

Under the terms of S.F. 1276, passed by the second session of the Sixty-third General Assembly, persons addicted to or dependent upon drugs may seek treatment and rehabilitation from a medical practitioner or hospital without fear of arrest or of being reported to law enforcement authorities for prosecution as a drug

law violator. If the person seeking help is a minor, his parents or legal guardian will not be notified without his permission. This law permits a drug user to break out of the pattern of illegal drug use and try to rehabilitate himself without fearing that he is thereby inviting prosecution for his past drug law violations. Speakers at the Governor's Conference on Drug Abuse, held in Des Moines on May 25-27, 1970, as well as a number of persons meeting with the Drug Abuse Study Committee, have had high praise for the concept of S.F. 1276, and for the Iowa General Assembly's action in passing it.

It has been suggested that implementation of S.F. 1276 has been a problem in some areas of the state because of lack of facilities for treatment of drug users, particularly those who need in-patient care and are unable to pay for it. Representative Hansen, a member of the Drug Abuse Study Committee, has formally requested an Attorney General's opinion on whether present law is adequate to permit persons seeking help in overcoming drug problems to be treated by Iowa's existing community mental health centers. If the answer should be negative, it is anticipated that the Study Committee will consider what legislation is needed in this area.

Drug Law Enforcement by  
Department of Public Safety

Another of the bills passed by the 1970 session of the Sixty-third General Assembly, S.F. 238, transferred primary responsibility for enforcement of Iowa's drug laws from the Board of Pharmacy Examiners to the Department of Public Safety. This legislation took effect on May 8, 1970, at which time five field enforcement agents and a total of \$71,000 in appropriations for their salaries and expenses were transferred to the Department of Public Safety. Subsequent federal grants obtained by the Department under the Law Enforcement Assistance Act, together with matching state funds, have provided an additional \$144,100 to employ seven more field agents, two clerical employees, and a director for the new Narcotic and Drug Enforcement Division. The Department of Public Safety's 1971-73 budget request includes funds for a total of 20 field agents, plus adequate supervisory and clerical personnel, for the Division.

Commissioner of Public Safety Jack Fulton stated, in a letter dated October 13, 1970, that:

"The legislation that the Department of Public Safety needs, more than any other, with respect to narcotic and drug enforcement in the state is a law requiring that all arrests, and circumstances of the arrest for narcotic and drug violations be reported to this Department. At the present time we are unable to compile a true picture of the drug problem in this state because of the lack of information. We participate in many of the arrests throughout the state, even those involving local enforcement

officials, however, many of those go unreported and we have no knowledge of them.

Therefore, we feel a law is necessary requiring local authorities to report all arrests for drug and narcotic violations and to report the individuals involved, the contraband confiscated, and the circumstances surrounding the arrest. Further a report should be made as to the disposition of the charges. We then could pass on information to other areas of the state and could act as a clearing house with respect to the persons and the drugs, particular types of drugs and narcotics which are moving about the state. We feel that this could be a real service to the local enforcement agencies."

Governor's Consultant on  
Drug Abuse Programming

Dr. Phillip J. Levine, a Drake University pharmacy professor, was appointed Consultant to the Governor on Drug Abuse Programming on March 5, 1970. In this position he has worked energetically toward organization of coordinated, community-based efforts to combat drug abuse by drawing upon existing local and regional resources. After dividing the state's 99 counties into 19 suggested multicounty drug abuse programming areas and identifying resources available to combat drug abuse in each area, efforts to encourage and assist these areas to develop cooperative inter-agency programs were initiated at the May 25-27 Governor's Conference on Drug Abuse. Dr. Levine recently reported that nine of the 19 areas now have some type of program in operation, intended to meet problems in the area of drug abuse which the various area coordinating councils see as existing in the respective areas. \$40,000 in "seed money," drawn from the contingency fund, was released this fall to help the various area programs get into operation.

In his work as Consultant on Drug Abuse Programming, and in meeting with the Drug Abuse Study Committee on two occasions, Dr. Levine has stressed the following points:

1. He sees drug abuse as a symptom of other problems, some personal, some of a community nature.
2. Drug abuse can be combatted effectively only when panic and prejudices regarding the subject are overcome and people are organized to deal with the problem rationally and on an informed basis.
3. Drug abuse programming must be coordinated among and draw upon the existing resources of educational, social, rehabilitation, and law enforcement agencies, both at the community level and at the state level. While an individual or a steering committee should be

responsible for coordinating the work of such agencies in efforts to combat drug abuse, such efforts should not involve the creation of new agencies intended specifically to deal with drug abuse.

Meeting with the Drug Abuse Study Committee on July 22, Dr. Levine suggested establishment of a model drug treatment center in the state which could (1) admit both voluntary and involuntary patients, (2) train persons to function in local communities as counselors for former drug users who need help in reestablishing productive and satisfying patterns of life, and (3) do research on the factors which motivate drug users, so that educational programs to prevent drug abuse may be realistically and effectively oriented. He noted that any such program should be complemented by increased flexibility for courts in handling persons brought before them on drug or drug-related charges.

As this report is written, Dr. Levine is assisting with establishment of a community screening committee in the suburban area immediately west of the City of Des Moines. This screening committee is seen as a pilot project, hopefully the forerunner of similar screening committees elsewhere in the state, having the information and the lines of communication to place persons who seek help with drug problems in contact with the community or regional agency or resource best able to help that particular person with his specific problems.

#### Review of Committee's Work

The eight meetings which the Drug Abuse Study Committee has thus far held, and the research which has been done for the Committee have produced a variety of information and suggestions. As previously noted, Dr. Levine met with the Committee twice, at its June 11 organizational meeting and again on July 22. State Safety Commissioner Fulton reviewed his Department's progress in taking over from the Board of Pharmacy Examiners responsibility for enforcement of Iowa's drug laws, and former Iowa City Police Court Judge Marion Neely discussed the growth of drug problems which he observed during his tenure in that office, at the Committee's second meeting on June 25.

#### Seeking the "Why" of Drug Abuse

Perhaps one of the Committee's most significant meetings, which was held on July 10, was its attempt to ascertain at least some of the reasons people abuse drugs. Dr. Robert Bittle, Assistant Professor of Psychiatry at the University of Iowa College of Medicine and a staff member of Psychopathic Hospital in Iowa City, attended the meeting accompanied by three University students-- Jim Holzaepfel, then a recent pharmacy graduate, Bill Kuentzel, a sophomore in pharmacy, and Miss Shirley Mueller, a senior in medicine--who have been active in efforts to inform young people about

the dangers of drug use, and have thereby acquired considerable knowledge of the problems associated with drug use. Also accompanying Dr. Bittle to the meeting were four young adults (only two of whom were or had been University of Iowa students) whom he has treated for the effects of drug abuse. These four persons--two single men and a married couple--were identified to the Committee only as "witness no. 1", "witness no. 2", etc. A full account of their descriptions of their experiences with drugs will be found on pages 8 through 17, inclusive, of the minutes of the Drug Abuse Study Committee meeting of July 10, 1970.

Dr. Bittle reported that "a careful survey indicates that the typical drug user today is a 21-year old white male, of middle class background, who has at one time or another used a number of different drugs." He suggested that those who abuse drugs generally fit into one of the four following categories:

1. Curiosity seekers, who use drugs a few times with no discernable effect on their lives, and thereafter make no further illegal use of drugs.
2. Persons who begin as curiosity seekers, but go on to use drugs in a fairly consistent pattern, ranging from daily to two or three times a week. Dr. Bittle commented that although many individuals are able to do this very successfully over a considerable period of time without getting into trouble, with the law or otherwise, the longer such a pattern is continued the less likely it is that the individual will be able to avoid serious difficulty of one sort or another.
3. Persons with multiple problems and overwhelming anxieties, who can find no way to solve their own problems. Dr. Bittle added that his own studies of drug users in this category indicate that 70 percent of them come from broken homes, where in many instances the father was absent before the eventual drug user reached seven years of age. In some such cases there were a succession of husbands or other men in the home, but the mother was nearly always the dominant figure. Furthermore, the 30 percent of drug users in this category who do not come from broken homes are nearly all from families where the father was either an alcoholic, or was cruel and brutal in either a physical or mental sense, or both.
4. Older persons, many of whom would be considered quite successful in social and economic terms. Abuse of drugs by such persons seems to be more common on the east and west coasts than in the Middlewest at this time, but is not confined entirely to the coastal areas.

(Dr. Levine on another occasion told the Committee there are also persons, whom he termed psychopaths, who simply enjoy using a syringe and seemingly will inject into their bodies almost anything that flows.)

Dr. Erle W. Fitz, Head of the Department of Psychiatry at the College of Osteopathic Medicine and Surgery in Des Moines, which operates the Harrison Treatment and Rehabilitation Center, also presented to the Committee his views on why some persons abuse drugs. A paper by Dr. Fitz, entitled "Drug Abuse: A Quest for Holiness," is attached to the minutes of the Drug Abuse Study Committee's July 10 meeting.

Types of Drugs Abused--The  
Special Problem of Marijuana

An attempt to deal systematically with the various drugs of abuse and their respective effects would be at best lengthy and of questionable value to this report. The situation was perhaps best summarized several years ago by the World Health Organization's Expert Committee on Addiction-Producing Drugs, which observed:

"There is scarcely any agent which can be taken into the body to which some individuals will not get a reaction satisfactory or pleasurable to them, persuading them to continue its use even to the point of abuse--that is, to excessive or persistent use beyond medical need. Probably the only exceptions are agents that have incidental or side effects that prevent such use."\*

However, most drugs of abuse, or items used as drugs of abuse may be classified in one of the following categories:

1. Narcotics (includes opium and its derivatives, such as morphine, codeine, and heroin)
2. Amphetamines (includes a number of preparations intended for use as diet pills or "pep pills")
3. Barbiturates (includes sleeping pills and allied preparations intended for use in treating anxiety, high blood pressure, convulsive disorders, etc.)
4. Hallucinogenics, or psychedelics (includes LSD, mescaline, peyote, etc.; also in some classification systems marijuana is included)

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\* Taken from an excerpt from the Committee's thirteenth report which appears in Second Interim Report of the Special Commission on Drug Abuse Within the Commonwealth of Massachusetts, House Report No. 5640 of the Massachusetts General Court (legislature), published August 18, 1969.

5. Tranquilizers (includes various preparations intended for use in treating psychotic conditions, relieving anxiety and tension, or controlling hyperactivity)
6. Deliriant (includes various items not usually considered drugs, but which can be so used as to produce significant effects on the mind, such as model airplane glue, plastic cement, paint thinner, gasoline, and various other commercial products)

Some classifications list marijuana as a separate category, rather than placing it among the hallucinogenic or psychedelic drugs.\*

At present, opium and its derivatives are covered by Chapter 204 of the Code of Iowa, the Uniform Narcotic Drug Act, while amphetamines, barbiturates, hallucinogenics, and tranquilizers are regulated under Chapter 204A (Chapter 189, Acts of the Sixty-second General Assembly, 1967). However, marijuana is defined as a narcotic drug under Chapter 204, (and has been so defined under federal law until quite recently) although it is now generally recognized that marijuana is not a narcotic in the scientific sense.

The legal classification of marijuana as a narcotic probably reflects the fact that in the past marijuana has frequently been inaccurately equated with true narcotics in terms of the short-run dangers inherent in its use. The Sixty-third General Assembly in 1969 in effect recognized a distinction between true narcotics and marijuana by reducing the first offense penalty for possession of marijuana "in such quantity that it can logically be inferred that such marijuana is intended for personal use only and is not held for sale to others," and provided the option of a suspended sentence and probation in cases where the court deems recurrence of the violation unlikely. However, marijuana was not removed from its legal classification as a narcotic drug.

Use of marijuana may in some ways be considered to present one of the most difficult aspects of the current drug abuse problem. It is perhaps the drug most readily accessible to and widely used by young people. Relatively little documented scientific evidence is available regarding the effects of its use, particularly the long-term effects, yet there has in recent years and months been considerable discussion in the news media and elsewhere of whether legalization of its use may not be desirable, or inevitable, or both. It is sometimes suggested that use of marijuana has become so widespread,

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\* Examples cited in each listed category drawn from a table appearing on pages 47-48 of Compact, publication of the Education Commission of the States, Vol. 4, No. 3; June, 1970. See also page 5 of minutes of the Drug Abuse Study Committee's meeting of June 11, 1970.

and so accepted by a significant number of people, that it is or soon will become as futile to attempt to enforce laws against it as were efforts to enforce prohibition.

One of the major concerns often expressed about marijuana is that its use may lead the user to experiment with other, more immediately dangerous drugs. In reporting on his survey, Dr. Bittle indicated that many drug users have had experience with both marijuana and harder drugs, but did not state that there is a cause-and-effect relationship. Another of the persons who met with the Committee, Dr. Andrew Weil of Sterling, Virginia, expressed the view that persons who use harder drugs after having used marijuana would in most cases have experimented with the harder drugs anyway. One of the drug users whom Dr. Bittle arranged to have meet with the Committee said he had found that marijuana did not have the serious or damaging effects often ascribed to its use, and that he therefore disregarded similar warnings about LSD, the use of which did cause him serious difficulties.

Some members of the Committee felt that in order to complete an objective review of the drug abuse problem, the Committee should listen to the views of an individual knowledgeable in the area of effects of drug abuse who is an advocate of the legalization of marijuana. Although there was disagreement on this point, it was decided that the Committee staff should try to find such a person, within Iowa if possible, and arrange for his appearance before the Committee. There was no success in attempting to locate a professional person in the fields of medicine or pharmacy in Iowa who advocates legalization of marijuana. Instead, it was arranged for Dr. Weil to meet with the Committee on the afternoon of September 30.

Dr. Weil, who has published articles in medical and scientific journals on marijuana and its effects on users\*, stated that he does not favor the legalization of marijuana "as an isolated step," although he considers its effects mild and believes that it causes little long-term damage to users. However, Dr. Weil theorizes that much drug abuse results from what he views as a virtually universal, innate human desire to achieve "altered states of consciousness," either by chemicals (i.e., alcohol, narcotics or other drugs, etc.) or by other means. Therefore, Dr. Weil considers it futile to attempt to deny such experiences to persons who choose to seek

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\* Andrew T. Weil, Norman E. Zinberg, Judith M. Nelsen, "Clinical and Psychological Effects of Marihuana in Man", Science, Vol. 162, (December 13, 1968), 1234-42.

Andrew T. Weil, "Cannabis", Science Journal, Vol. 5A, No. 3, 36-42.

Andrew T. Weil, "Adverse Reactions to Marihuana; Classification and Suggested Treatment", New England Journal of Medicine, Vol. 282, No. 18, 997-1000.

them through drugs, and would prefer that society structure its laws so that such persons may have access to drugs in protective and controlled situations. A more complete explanation of Dr. Weil's views as presented to the Drug Abuse Study Committee may be found on pages 6 through 14, inclusive, of the minutes of the Committee's September 30, 1970, meeting.

### The Uniform Controlled Substances Act

In August, 1970, the National Conference of Commissioners on Uniform State Laws recommended to the states a model Uniform Controlled Substances Act. At Chairman Mowry's request, this Uniform Act was reviewed for the Study Committee on September 30 by Mr. Roy Kinsey of the legal staff of the federal Bureau of Narcotics and Dangerous Drugs. The Uniform Act, which is closely related to the new federal Comprehensive Drug Abuse Prevention and Control Act, (Public Law 91-513) signed by the President on October 27, was then placed in Iowa draft form for further consideration by the Committee on November 11. At that time, the Committee voted to recommend, in principle, passage of the Uniform Act by the Sixty-fourth General Assembly, with the proviso that the final version of the Iowa draft of the Uniform Act remains subject to approval by the Study Committee.

Adoption of the Uniform Controlled Substances Act by Iowa appears desirable in order to bring Iowa's drug laws into conformity with the new federal law and thereby facilitate coordinated state and federal law enforcement efforts in this area. It may be noted that the concept on which the new federal law and the Uniform Act are based is that the federal government should concentrate its efforts on the organized drug traffic and drug profiteers, and on controlling shipments of drugs into and out of this country, while the states concentrate on enforcing laws against personal possession and use of drugs by individuals, and on rehabilitating drug users.

The Uniform Act has a number of other features which commend it to the Drug Abuse Study Committee.

1. The Uniform Act establishes five schedules of controlled substances (drugs), grouped according to the degree of danger inherent in their use and whether the substance in question has any recognized medical use. The Uniform Act as recommended to the states by the National Conference of Commissioners on Uniform State Laws is structured so as to permit an appropriate graduated scale of penalties for offenses relating to the respective schedules and classifications of drugs, and it is anticipated that such a schedule of penalties will be included in the final Iowa draft of the Uniform Act. While both the new federal law and the Uniform Act list marijuana in schedule I (drugs having "high

potential for abuse", "no currently accepted medical use", and "lack of accepted safety for use . . . under medical supervision"), it is no longer legally classified as a narcotic. The new federal law provides mitigated penalties for first offense convictions of simple possession or of distributing "a small amount of marijuana for no remuneration." It is anticipated that provision for discretionary probation in such cases, and for expungement of the court records in certain circumstances, will be included in the final Iowa draft of the Uniform Act.

2. The Uniform Act includes provisions which it appears would be suitable for use in helping to control situations such as the July 31-August 2 "rock festival" at Wadena, Iowa. The Study Committee at one time had before it a draft of a separate bill for this purpose, which was referred to the special subcommittee of the joint Law Enforcement Committees set up to consider the need for such legislation.
3. The Uniform Act sets up procedures for forfeiture of vehicles involved in illegal transportation of drugs, for which no provision is presently made in Iowa law. Here again, the Study Committee had considered a separate bill for this purpose prior to receiving the Uniform Act.

The Uniform Act as written for the National Conference of Commissioners on Uniform State Laws is premised on the assumption that each state has a single agency with jurisdiction over drug laws. Since Iowa now divides this jurisdiction between the Board of Pharmacy Examiners and the Department of Public Safety's Division of Narcotic and Drug Law Enforcement, one particularly important problem in preparing the Uniform Act for introduction in Iowa is to determine which powers and duties should be assigned to each of these agencies. Senator Mowry, Chairman of the Study Committee, has asked the Attorney General's office to assist in preparation of the final draft.

It is presently anticipated that the Drug Abuse Study Committee will meet in early or mid-December to review the revised Iowa draft of the Uniform Controlled Substances Act.