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**BRIEF  
FROM THE  
DEPARTMENT OF THE SOLICITOR GENERAL**

**PRESENTED TO THE**

**COMMISSION OF ENQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS**

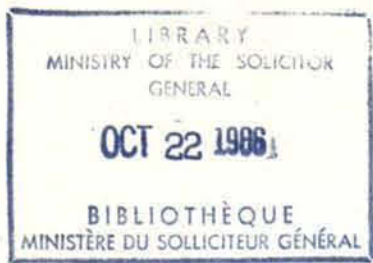
**Ottawa/December 1969**

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Canada. Department of the Solicitor General



BRIEF... presented to the Commission of Enquiry into the  
non-medical use of drugs,

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INTO THE NON-MEDICAL USE OF DRUGS

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Ottawa/December/1969

## INTRODUCTION

This memorandum is submitted to the Commission of Inquiry into the Non-Medical Use of Drugs by the Department of the Solicitor General of Canada. In doing so, the Department believes that it has some knowledge derived from the after-effects of the use of such drugs. It also believes that it is proper, at a time when many individual voices are being heard to favour the non-medical use especially of "soft" drugs, to raise a number of questions about the possible social or other effects of their use.

The Department of the Solicitor General welcomes the examination by this Commission of this question because it is concerned with the proliferation of the non-medical and illegal uses of drugs so far as it pertains to the current scene in Canada. There is today too little knowledge about the use and abuse of these drugs as well as on their effects on the human being and on society.

Among his duties, the Solicitor General has, by law, jurisdiction over reformatories, prisons and penitentiaries; parole and remissions; and the Royal Canadian Mounted Police. While the administration of justice is the prime responsibility of provincial Attorneys General within each province and the Attorney General of Canada for the Territories, the R.C.M.P. has a responsibility for the enforcement of the Narcotics Control Act and the Food and Drug Act under which the use of these drugs is regulated. Federal penitentiaries are often involved in the attempt to retrain and rehabilitate persons with sentences longer than two years whether they be drug addicts or sentenced in connection with drugs or not.

In part, the terms of reference of your Commission is to marshal, from available sources in Canada and abroad, data and information about the present fund of knowledge concerning the non-medical use of sedative, stimulant, tranquillizing, hallucinogenic "and other psychotropic drugs and substances."

On this basis, it would appear that your study is limited largely to what are called "soft" drugs as opposed to "hard" drugs except where the use of "soft" drugs may have a bearing or relation to "hard" drugs and similar questions.

Before taking up the question of "soft" drugs, the Department would like to place before the Commission some information of "hard" drug addicts and users and its experience gained in the treatment of criminal narcotic addicts, particularly at its special prison for narcotic offenders at Matsqui, B.C.

### HARD DRUG ADDICTS

There are 3,804 known narcotic (hard drugs) addicts registered in Canada in 1968. 3,459 are known "street" or criminal addicts (anyone who has either been convicted under the Narcotic Control Act or who is dependent on narcotics and has a criminal background or association; records of cases go back to 1958). 200 are medical addicts (those who may have a medical condition upon which addiction has become superimposed or who may have been

addicted through medical treatment). 145 are professional addicts (a member of the medical related professions, including pharmacists and nurses). Names are dropped from the list of medical and professional addicts if there are no adverse reports from a narcotic standpoint during a period of five years.(1)

There are now 250 narcotic addicts, who represent about seven percent of the 3,450 known criminal narcotic addicts, and 333 users, currently serving sentences in federal penitentiaries. (Table 1). (The term addict should be understood in the sense defined above. The term user is more ambiguous. By and large, it denotes anyone with a history of narcotic use, who may or may not be dependent on drugs at the present time. It also includes anyone who may have used or is dependent on stimulants, barbiturates or tranquillizers).

Some significant facts emerge from Table 1. First, 567 of the 583 addicts and users have committed a prior criminal offence. Second, narcotic addicts and users are likely to commit any one of the serious crimes listed in the Criminal Code; hardly any offence category is excluded. Criminal drug addicts thus will engage in most kinds of unlawful or criminal activity to ensure that they have a steady supply of drugs at all times. A British Columbia study estimates that criminal narcotic addicts spend at least 26 percent of their time in illegal activities for an average illegal income of \$2,693.70 per month(2) to maintain their drug habit.

#### SPECIAL NARCOTIC ADDICTION PROJECT

In 1961, the National Parole Board and the Canadian Penitentiary Service set up a Special Narcotic Addiction Project (referred to as SNAP), the first experiment of its kind in Canada. A group of 16 criminal addicts from B.C. Penitentiary were released on parole. Two years after their release, seven of the 16 were still living in the community, nine had their paroles revoked, but only two of these for further offences. A later follow-up revealed that only three had successfully completed their parole period, and one is still under parole supervision.

In a second phase of this experiment, (SNAP II), 30 men were released under intensive supervision between June and December, 1964. As of October, 1969, 13 of these parolees were still living in the community, nine of whom had successfully completed parole. Of the remaining seventeen, nine had forfeited parole (new crime) and eight had their parole either suspended or revoked (breach of parole regulation).

Notwithstanding the initial results obtained from treatment, and in order to seek more effective treatment of narcotic drug addicts, the Government of Canada built the Matsqui Institution in British Columbia for narcotic offenders.

From the very beginning when the Matsqui Institution was opened in 1966, the Canadian Penitentiary Service and the National Parole Board continued to experiment in the treatment of narcotic addicts both within the institution and in the community. The residential part of the Project was named Pilot Treatment Unit and a sequential numbering system is used to identify each program so as to be able to identify each block of patients who undergo treatment as well as to note each program modification resulting from prior experimentation.(3)

The Pilot Treatment Unit is a therapeutic community in which a small group of narcotic addicts who are selected from the general population at British Columbia Penitentiary live together. The inmates (addicts) undergo a special training program, which includes all facilities and services based on current assumptions about the nature of delinquent addiction. In addition, the patients participate in daily group therapy sessions which last up to two hours.(3)

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(1) Division of Narcotic Control Statistics, 1968  
(2) Murphy, 1969  
(3) Craigen et al

The first experimental group of 10 inmates (PTU I) was treated in the therapeutic community for seven months, beginning on April 25, 1966 and was released on parole (SNAP III) one member at a time between November and December, 1966. Only three were still leading a non-criminal life in the free community after two years; the others had either relapsed or had forfeited their parole. However, an analysis of several indices of behaviour shows that criminal activity was reduced in spite of a high failure rate. A 10½ month follow-up following discharge from the Pilot Treatment Unit 1 revealed that the mean monthly frequency use of opiates, barbiturates, tranquillizers, and hallucinogenic drugs had significantly reduced (Table 2). Moreover, legal employment increased, and correspondingly illicit enterprise decreased. Average monthly earnings from illicit enterprise after exposure to treatment was \$144, a considerably lower sum than the average of \$2,639 prior to treatment.(1) The continuing operation of the Pilot Treatment Units on an experimental basis may provide some solution to the resistant problem of treatment of criminal narcotic addiction.

#### INTERNATIONAL AGREEMENTS

Turning now to the broader picture, especially relating to the use of "soft" drugs, it should be remembered that in 1961, Canada ratified the Single Convention on Narcotic Drugs(2). (Canada's participation on international agreements concerning drug control represents but one instance of cooperation that goes back to 1909. Indeed, at the present time, Sweden is asking Canada to be co-author of a resolution to the United Nations for the development of an international instrument for the control of psychotropic substances not yet under international control. The resolution calls the abuse of these psychotropic substances "a great danger for society" and a "threat to mankind" if allowed to go unchecked.)

The preparatory work of the Single Convention(3) was preceded by discussions and in-depth studies by the Expert Committee of the World Health Organization on Drugs liable to Produce Addiction. The Expert Committee came to the conclusion that drug addiction was not a unitary dimension and included habituation, physical and psychological dependence as well as drug abuse.(4)

Consequently, the Expert Committee defined drug addiction as: "A state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: 1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; 2) a tendency to increase the dose; 3) a psychic (psychological) and sometimes a physical dependence on the effects of the drug."(4)

The Convention recognizes that, on the one hand, the non-medical use resulting in addiction is a serious evil both to the individual and society. Consequently, the signatory States agreed to take the necessary legislative and administrative measures to limit the use of narcotic drugs, including cannabis sativa, to medical and scientific purposes.

Narcotics include the opiates, morphine, their derivatives and compounds, their synthetic equivalents and cocaine and cannabis sativa with its many derivatives including synthetics.

Even though cocaine and cannabis are not true narcotics, they are classified as such by designation under the Narcotic Control Act(5). The first is a powerful stimulant, and the other is an hallucinogen.

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(1) Murphy, 1968a

(2) Canada, 1964. Narcotics, Single Convention on Narcotic Drugs, 1961.

(3) "20 Years of Narcotic Control under the U.N.", Bulletin of Narcotics.

(4) President's Commission, Task Force Report: Narcotic and Drug Abuse; 1967, p. 1

(5) Canada, 1966. Narcotic Control Act and the Narcotic Control Regulations.

CANNABIS SATIVA

The narcotic which may be of particular interest to the Committee is cannabis sativa. This term is alternately used to define the plant from which narcotics are drawn and the narcotic itself. Cannabis sativa means, in botanical terms, the whole of the Indian hemp plant. The derivatives of this plant include for our purposes:

- (a) pure resin, a substance exuded by the tops of the cultivated female hemp plant just prior to flowering;
- (b) hashish, which is a mixture of about 35 to 47 percent of the resin and flowering tops of the female plant; and
- (c) marihuana, (leaves, stems and flowering tops) which may contain between five to eight grams of crude resin per hundred grams.

As the Committee knows, pure resin is prohibited throughout the world as being very dangerous and deleterious.

Hashish, which is well known in Eastern countries, is also dangerous. This cannabis derivative, the refined resin, is favoured in the organized international narcotics trade as being a more expedient, compact means of transporting the basic ingredients to produce marihuana than to transport the whole Indian hemp plant. International quantities seized are considerable and range from a minimum of 19 tons in 1947, to a maximum of 1331 tons in 1955 and 159 tons in 1963.(1)

Marihuana, made of the dried hemp plant, is bulkier. In the twilight world of international drug trafficking, amateurs may deal with the Indian hemp plant as marihuana. There is never any guarantee, however, that marihuana is either a low potency dried hemp plant, or hashish cut down in strength with weeds. There is certainly no "quality control" on marihuana. And when "hard" drugs are prohibited (and there seems to be universal agreement that they should continue to be) there will always be some elements of the international criminal jet set trying to capitalize on other drugs which are imported or, as in the case of cannabis, "cut" down for more profitable distribution.

(It should be added that confusion exists between the legal and popular meanings of "marihuana". Legally, marihuana is defined as cannabis sativa. However, in this brief, the popular sense will be ascribed to "marihuana" in the manner illustrated in the previous paragraph.)

The Narcotics Control Act bans the possession, trafficking, cultivating and importing of all the drugs mentioned in the Schedule to the Act. A person found guilty of possession or growing cannabis sativa is liable to imprisonment up to seven years. However, an amendment made by the Parliament of Canada in June, 1969 to the Narcotic Control Act, mere possession of cannabis sativa may now be tried by the Courts either by way of indictment or by summary conviction proceedings at the option of the Crown. This means that any case tried summarily may result in a maximum fine of \$1,000 or imprisonment for six months or both.(2) Trafficking and importation are punishable, upon conviction, by life imprisonment, but the latter offence carries a minimum penalty of seven years imprisonment.

So far as is known, no claim has been made that pure cannabis resin or hashish should NOT be banned. All the evidence available over the centuries and throughout the world indicate that these substances are deleterious to the human being.

(1) Commission on Narcotic Drugs, 1966  
(2) Canada, Narcotic Control Act, 1966.

SOME STATISTICS ON MARIHUANA

The discussion about marihuana in contemporary society has waxed and waned since the 1920's, especially in the U.S.A. Of recent years, our "permissive" society has seen developing the argument that young people and many others should not be prevented from using marihuana and other so-called "soft" drugs and that it is wrong that young people should be subjected to criminal penalties for merely "experimenting with pot".

This argument is put forth particularly since an increasing number of young people experiment with marihuana and hashish. Of the new cases which came to the attention of the police in 1968 over one-third are below 20 and over two-thirds are below 24 years of age (Table 3). Preliminary data for 1969 also suggests that the 1968 level of known marihuana and hashish users will be far surpassed.

But it should be made abundantly clear that, even before the Government decided to reduce the possible penalties that might follow indictment for mere possession of marihuana to those entailed by summary conviction, judges across the nation were aware of the problems involved and were dealing as leniently as they thought appropriate with the new breed of "drug" offenders.

For example, out of 1779 convictions under the Narcotic Control Act in 1968, 1429 involved marihuana and hashish (Table 4).<sup>\*</sup> Of the total convictions, 40 percent (715) cases resulted in fines or suspended sentences or probation (Table 5).

The pattern of convictions and sentencing for 1969 is again indicative that judges are sensitive to the problem. There were 1993 convictions related to marihuana and hashish under the several articles of the Narcotic Control Act recorded between January 1 and October 21, 1969 (Table 6.)<sup>\*\*</sup> This is an increase of 39 percent (564 cases) over 1968. Of those convicted 5.4 percent (109 cases) were fined, 50 percent (1,000) were placed on probation or had their sentences suspended, 28 percent (559) were imprisoned for periods varying between one day and six months, 13 percent (265) for six months and less than two years and only three percent (62 cases) were sentenced to penitentiary for two years and over.

Tables 7 to 11 give the number of convictions and the types of sentences awarded for every offence under the Narcotic Control Act for 1969. Of 1576 convicted for possession of marihuana in 1969, 1,001 (almost two-thirds) were fined, placed on probation or given a suspended sentence (Table 7).

Of the 294 persons convicted of trafficking in 1969, less than one-third (82) received the lighter sentences (Table 8).

Of the 114 convictions for possession for purposes of trafficking, well over half (66) were sentenced to prison terms up to two years (Table 9).

Tables 10 and 11 show convictions for importing and cultivating marihuana respectively. To add another dimension, the total number of persons with previous narcotic convictions, is recorded in the right-hand column of Tables 7 to 11.

In summary, it seems that in 1969 to date, 93 percent of those convicted for simple possession of marihuana were fined and/or placed on probation or sentenced to less than six months (64 percent fined and/or placed on probation and 29 percent sentenced to less than six months), seven percent for six months to two years and only half of one percent were sentenced to a federal penitentiary (Table 12). An inspection of the last column of Table 7 will show that most of these last mentioned were repeaters. Those charged with the most serious offences of trafficking, importing and cultivating were awarded more severe sentences. But again, a fairly large proportion

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\* This table uses "marihuana" in the legal sense to cover hashish and all forms of cannabis sativa.

\*\* Here, "marihuana" and hashish are the terms used in the popular sense.

convicted under each offence group were fined and/or placed on probation, while repeaters were awarded heavier penalties. Those who smuggled hashish into the country (eight convictions) were awarded the stiffest penalties (Table 10).

The lenient treatment towards persons possessing marihuana is not being accorded to persons who traffick in or import cannabis in its various forms and especially in the form of hashish. It is true that there are the occasional, amateur traffickers. There are the small "pushers" of marihuana. It is fairly clear that an amount of this "amateur pushing" may not be, of itself, a grievous matter. But it is not certain when an amateur becomes a professional, when greed takes over from excitement, or when the small-time amateur or "pusher" is tied into a more important network of professionals or crime syndicates.

There is ample evidence over the years in police experience in Canada, as well as in adjacent countries - that organized crime "muscles in" on any illegitimate trade where money can be made. Big time money can be made by world traffickers in hashish and other hard drugs. The interests of the criminals is to broaden their markets. And there comes a time when the most "innocent" user or "amateur retailer" of marihuana becomes an unwilling member, at least, of a crime conspiracy which may have its roots in Canada and elsewhere.

#### PHYSICAL AND PSYCHOLOGICAL DEPENDENCE

Those who abuse drugs are usually called "addicts" and "users", but these terms have been employed in so careless a fashion that their meanings evoke many subjective associations. Some say it is not feasible to speak of addictive and non-addictive drugs - it is only possible to differentiate between drugs which are more or less likely to produce addiction.

Because it could not arrive at an acceptable definition of addiction, and because some drugs are addicting and some persons are addictive, the World Health Organization Expert Committee on Addiction-Producing Drugs has recommended that the term "drug dependence" with a modifying phrase linking it to a particular type of drug be used in place of the term "addiction".(1)

Using this criterion it seems that the repeated use of the less potent forms of cannabis does not lead to physical dependence. Unlike the use of opiates and alcohol, mild forms of marihuana rarely lead to physical sickness or withdrawal symptoms.

A recent paper entitled "Marihuana and its Effects" by the Addiction Research Foundation of Ontario states:

"It is generally agreed that chronic marihuana users may discontinue the drug without risk of physical withdrawal symptoms."(2)

Again, unlike the repeated use of opiates and alcohol which require larger and larger doses to produce the same effect, marihuana does not manifestly produce tolerance. But, despite the frequent statements that mild forms of cannabis creates no craving or severe psychic dependence, there are good case descriptions of persons who need to maintain a state of marihuana intoxication for most or all of their waking period and whose social functioning is impaired without it.

Some studies report that heavy use of the potent forms of cannabis (such as hashish, bangh and the like) which occurs in India, Africa and the Middle East, has led occasionally to psychological dependence manifested by a craving for the drug and by unpleasant withdrawal symptoms after prolonged, excessive use. Another study has reported development of tolerance to repeated administrations of a potent synthetic after four to six days.(3)

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- (1) President's Commission: Task Force Report: Narcotic and Drug Abuse, 1967
- (2) Kalant, 1968, p. 3
- (3) Nowlis, 1969, p. 99

## EFFECTS OF MARIHUANA

Marihuana use is accompanied by both physical and psychological effects, and is probably the "raison d'être" why people experiment with it. The reactions, so far as known, and in keeping with recent evidence, vary according to the personality of the user, his expectations, the social setting in which he takes the drug and the dosage level.

Marihuana causes an increasing heart beat, a lowering of body temperature and reddening of the eyes. The psychological effects vary from mood swings (excited, silly or gay to depression), to changes in perception and hallucinations (hallucinogenic effect), amongst others.

The long term physical effects of taking marihuana are not yet known. It is only recently that one of the active ingredients of cannabis, a substance of known chemical structure (A9-THC) has been identified and measured so that studies can be carried out.(1)

Preliminary data of the social effects suggest that it is accompanied by indolence, laziness, neglect of personal hygiene and loss of interest in school work, the latter popularly known as "copping out".

The question, therefore, which needs to be answered at this time is this: what are the long-term physical, psychological and social effects of marihuana under controlled systematic testing? Our experience with the effects of alcohol and tobacco are examples of the harm which can ensue from widespread usage prior to complete scientific evaluation of the effects. The relationship between cigarette smoking and cancer has only recently been demonstrated.

For those who make comparisons between the effects produced by alcohol consumption with the presumed beneficial effect of cannabis use, it should be said that the Government of Canada has demonstrated increased concern regarding alcohol abuse. Realizing that alcohol is psychotropic in its effects and can produce aggressive and offensive behaviour and result in untold personal and property damage from traffic accidents alone(2), the Government of Canada recently amended the Criminal Code to authorize a peace officer to require anyone whom he suspects of being impaired by alcohol or a drug to supply a breath sample. The English and Swedish experience with this kind of legislation has appreciably decreased the number of traffic fatalities in those countries.

In this context, the point is not so much that "soft" drugs are no more dangerous than tobacco or alcohol. We do know that tobacco is deleterious to health and does add to the social and hospital costs of the nation. We do know that the excessive use of alcohol by many individuals leads to great losses to the nation because of fatal and other car accidents, through the disorganization of families because of alcoholic addiction and because alcoholism is no small factor (up to 60 percent of the cases) in the lives of persons behind prison walls. The question really is: do Canadians want to allow themselves to use "soft" drugs indiscriminately when all the social effects seen so far lead one to believe that they are no better than alcohol or tobacco and probably worse and more disabling when used indiscriminately by the undiscerning.

## MARIHUANA AS A STEPPING STONE TO THE USE OF OTHER SOFT DRUGS OR HARD DRUGS

Among those responsible for the enforcement of the law there is concern whether the use of marihuana leads to the use of narcotics. For example, is marihuana a stepping stone to heroin

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(1) Nowlis, 1969, p. 98

(2) In 1968, there were 45,274 offences for driving while impaired and driving while intoxicated reported by Police. Dominion Bureau of Statistics, May, 1969; Preliminary Statistics - Police Administration, Crime and Traffic, Canada, 1968.

or morphine use? An unequivocal answer to this question would solve the riddle confronting legislators.

It is important to demonstrate beyond question whether or not marihuana leads to hard drugs.

Another serious issue facing law enforcement agencies as regards the stepping stone theory is that if the latter is valid, then sooner or later organized criminal syndicates will take over (if they have not already done so) the distribution of marihuana with the intention of breeding potential hard drug clients. Indeed, whether or not this theory is supported, there is money to be made in the field of the international and domestic narcotic trades; the crime syndicates are already there and will continue to expand their activities into all "legitimate" markets.

The evidence in support of the stepping stone theory is not direct. A Vancouver study conducted to determine whether or not the use of marihuana might lead to the use of hard drugs did not indicate that marihuana possesses this quality, except in isolated cases. However, the authors did find that marihuana leads to LSD usage and that using the latter drug can and does result in medical complications<sup>(1)</sup>.

Paulus and Williams also noted that many young people who were interviewed preferred "pot" but used LSD more frequently because of the then legal sanctions against marihuana, namely, penalties ranging up to seven years imprisonment upon conviction,<sup>(1)</sup> when in fact, there were no legal penalties against LSD. This may undergo some change now since illegal possession of LSD constitutes an offence under Section IV of the Food and Drugs Act and the expectation that the maximum penalty of up to three years imprisonment on conviction may act as a deterrent. It is also apparent that LSD does create more immediately visible and more dangerous problems than appears to be the case in marihuana. This may contribute to a lessening of the use of LSD among those more knowledgeable and, as a consequence of their example, among newcomers to this field.

A similar study conducted by the Addiction Research Foundation of Ontario lends support to the finding that marihuana and LSD tend to go together<sup>(2)</sup>.

Consequently, on the basis of known studies, it would seem more tenable to hold the view that the steps are marihuana, hashish and LSD with some variants, such as "speed" "STP" or "DMT", depending on the group and the social setting. This, in effect, is a "drug culture". There is much evidence to suggest that there are drug cultures in Montreal, Toronto, Vancouver and other centers in Canada. These groups are to be found on the fringes of universities, high schools, in small restaurants, and discotheques.

The socio-cultural setting also conditions what the user expects to feel as well as how he is supposed to behave. This singular fact is probably the most dangerous aspect about the drug culture. If the social setting is anti-social, then soft drugs may predispose the person to act out according to the norms of the group. If the group believes that a drug is an aphrodisiac, it may result in deviant sexual behaviour. Moreover, there is also the pressure, both physical and psychological, which a group brings to bear on the individual. There is no doubt that smoking marihuana is a socially contagious disease in that its advocates are great proselytizers<sup>(3)</sup>.

The actual evidence for the stepping stone theory is based on ex-post facto studies of delinquent narcotic addicts. Donald E. Miller, Chief Counsel, United States Bureau of Narcotics, quotes the following experiences obtained from 100 consecutive heroin addicts on their experiences with marihuana:

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- (1) Paulus and Williams, 1967
- (2) Addiction Research Foundation, 1969
- (3) Paulus and Williams, 1966

"It may stimulate criminal conduct in any of the following ways: 1) use by criminals to fortify their courage prior to committing crimes; 2) chronic use resulting in general derangement and demoralization; 3) use resulting in the lowering of inhibitions and bringing out suppressed criminal tendencies, and 4) use resulting in panic, confusion or anger induced in otherwise normal persons who have not been previous users"(1).

A 1967 study of narcotic addicts from city areas in the United States revealed that more than 80 percent had previously used marihuana.(2)

This finding is partially supported by a Canadian study carried out at Matsqui, B.C. on a small but randomly selected group of convicted narcotic drug offenders(3). The study revealed that narcotic addicts, by and large, tend to abuse any and all drugs. Several indices of behaviour were calculated to describe drug taking during the two years before incarceration at Matsqui. The group not only used a monthly average of 69 opiate doses, but each member of the group also consumed a greater amount of alcohol than the general population, and took an average of 12 barbiturates and six tranquillizers per month, as well as one dose of marihuana during the same two-year period(3).

These studies do not show a direct cause and effect link between the use of marihuana and narcotics; but they strongly support the finding that a person who is predisposed to abuse one drug is very likely to abuse another. Further, through the medium of the drug culture, a member who is initiated to marihuana, and is predisposed to use drugs will undoubtedly experiment with more potent substances such as hashish. Drugs which produce temporary states of euphoria are especially prone to abuse.

#### THE DRUG CULTURE

The predisposition to abuse a drug is an inherent danger to the individual and society. This opinion received support from Dr. Sidney Cohen who discussed "The Stimulants, the Sedatives and the Hallucinogens" before a United States Sub-Committee Investigating Juvenile Delinquency in September 1969(4).

Dr. Cohen discussed the drug-using sub-culture and the relationship among various drugs. He pointed to the ease with which a drug culture will shift from one drug to another. "The Haight-Ashbury district, for example, is now a 'speed' culture. Three years ago it was an 'acid scene', now more than a third are on 'speed' alone or combined with other drugs"(4). He further stated that the similarities between the effects of cocaine and large amounts of amphetamines are remarkable.

There is no reason to believe that the same phenomenon is not happening in Canada. There is every reason to believe that the drug culture and the predisposition to abuse drugs in combination will influence a great number of youths to experiment with various drugs until they are "hooked" to any one of the available drugs on the illicit market.

To summarize it would appear that:

- (a) Mild forms of cannabis use predispose users to more potent drugs;
- (b) cannabis use promotes the formation of special groups - drug cultures - which initiate their members to other drugs, including LSD and amphetamines;

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(1) Miller, 1967, p. 11

(2) U.S. Public Health Service Publication No. 1827

(3) Murphy, 1968

(4) Cohen, 1969

- (c) some of the consequences of belonging to these groups are the onting out of activities such as school attendance, nursuit of a career, and other social responsibilities.

#### PENALTIES AND DRUGS

Law enforcement statistics, of course, cannot be expected to specify the extent of drug use, neither for barbiturates and amphetamines nor for hallucinogens, because there is no reliable method of determining what percentage of users get caught. Surveys by behavioural scientists across Canada indicate that the use of all drugs is considerably higher than the number of convictions.(1) The population of users is not confined to any particular region of the country (like heroin users for instance) but is distributed across Canada in metropolitan regions and smaller cities, in suburbs and rural areas.

Again, it is evident that the penalty structures for the offence of possession of the so-called "soft" drugs are not only lenient but that law enforcement is not so sustained as to lead to a definite "containment" as in the case of "hard" drugs usage. Indeed, it is a nice question whether the courts should be lenient or should mete out heavier penalties in harmony with the potential danger of a drug to society.

The United States Senate has shown increasing concern with appropriate legislation on this point recently and is now considering a new penalty structure in keeping with recent knowledge from the social, medical and criminological sciences. It is not uncommon to be physically attacked by drug users in large American cities and most law enforcement officers estimate that 50 percent of criminal activity is committed either by criminals under the influence of some drug (generally "soft" drugs) or for the purpose of obtaining drugs. The City of Washington is a case in point, and a person crosses that city after dark at his peril.

The Department cannot emphasize enough the problems which may affect society by the indiscriminate abuse and misuse of "soft" drugs. Putting aside such aspects as "non-productivity" in our technological era, allowing for much greater freedom of the individual to decide how he will deal with his own body and soul, there remains the clear fact that an increasing number of all segments of society are taking soft drugs, tranquillizers, and the like. If the results of the "drug culture" were to affect individuals only, and even a large number of individuals who lived out their life in solitude and happiness and contentment, this would be one thing. But in the megalopolises it does seem the drug sub-cultures may lead to widespread disruption of the peaceful society (as outlined in the previous paragraph) and may adversely affect some of the best minds of the coming generation which otherwise might be devoted to the constructive and even more difficult pursuits of giving intellectual and moral leadership in the increasingly complex technological space era. Clearly, those involved in trying to maintain a balance between individual freedom and orderly and lawful existence for an ever developing and expanding society have their work cut out for them.

These problems are causing real concern in the U.K. and U.S.A. There is one question that is certainly troublesome to some people. Of recent months, provincial and municipal governments, laymen and scientists as well as federal government agencies and leaders have become increasingly concerned about environmental pollution. People are bothered by smelters, by heating plants, by jets which pollute the atmosphere. Canadian society is losing patience with itself and its corporate manifestations which are polluting its sources of fresh water. Provincial and federal governments are banning pesticides which affect cereals, meat and man. Indeed, 1-calorie colas are being withdrawn by companies because cyclamates may harm people. Large sums of money are being spent

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(1) Addiction Research Foundation, 1969, Bernard, et al 1969, Laforest, 1969, Paulus and Williams, 1966, Stoddard et al, 1969, Unwin, 1968.

annually to decrease the abuse of alcohol and tobacco and its effects on the individual. And great concern is being expressed about the pollution of the Arctic ocean or the killing of plankton and life in the oceans. Yet, in the name of individual freedom, men and women of all classes of the Canadian nation are asking that they be allowed to pollute themselves further by drugs of unknown quality: in the name of individuality, immature youngsters at schools are being conditioned - and in some cases almost forced - to take drugs in violation of their own, deep-seated individual right to freedom. These are some of the very bothersome and disquieting factors which face men and women who have a responsibility for government in Canada.

In view of the widespread abuse and "mixing" of drugs and realizing that use of one drug tends to lead to the use of another, the United States is reviewing the sentencing structure in the light of current knowledge. Four schedules have been suggested. The first one includes those drugs with "no recognized medical use", for example, heroin, marihuana and LSD. The intention is to prohibit all manufacture, distribution and dispensing of these drugs except for legitimate research. The second schedule includes those drugs which are highly addictive but have some medical use, for instance, cocaine, morphine and methadone. The third schedule includes those drugs which lead to moderate dependence, such as amphetamines, barbiturates and lesser drugs. The fourth schedule presents those drugs which have the least potential for abuse and do not require a prescription.<sup>(1)</sup>

It is proposed that each one of these schedules has a penalty structure, which can be tailored to the offender and his offence. The proposed law makes a distinction between a user and a trafficker and provides increasingly severe penalties for a second and subsequent offence and a mandatory minimum penalty for professional criminals.

The intent of the law is clear. The U.S. Government expects to achieve the following goals: 1.-to enable law-enforcement bodies to provide meaningful regulation over legitimate sources of supply and at the same time to enable law enforcement to deal more effectively with illicit traffics; 2.- to enable the courts to deal more consistently with different classes of offenders, yet maintain the deterrent effect of the law; 3.- to enable correctional agencies to initiate appropriate programs consistent with the type of offenders who have to be treated and imprisoned; 4.- to permit the accumulation of data on drugs so that as scientific and law enforcement data come to light, a drug can be moved rapidly from one schedule to another, either to increase or to reduce the potential penalty.

There is great merit in this approach, for it recognizes that several classes of drugs constitute a danger and regulation is a necessity, at least until more knowledge is acquired.

In addition to restructuring the penalty schedule, the United States Congress is now considering a bill (second reading passed by the Senate) to appropriate \$29 million to be spent over a three-year period for an educational campaign to teach people "the use and abuse of drugs."

## CONCLUSIONS

At present, there is an abundance of opinion on the subject of the non-medical use of sedative, stimulant, tranquillizing, hallucinogenic and other psychotropic drugs, but a great scarcity of knowledge. The need for additional knowledge therefore is imperative so as to determine what should be the future course or courses of action to be taken.

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(1) Mitchell, 1969, p. 10

It is the Department's view that none of the substances under discussion should be made more readily available until there is more systematic evidence obtained through controlled experimentation to indicate the need for such action or that by doing so there would be no pollution of mankind.

Respectfully submitted,

Department of the Solicitor General

E.A. Côté  
Deputy Solicitor General

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TABLE 1

Number of Users and Addicts Actually Incarcerated in  
Federal Penitentiaries, Including Offence for Which  
Presently Convicted and First Offence, Sept. 30, 1969

Judicial Division, Dominion Bureau of Statistics

	Present Offence			First Offence		
	Total	User	Addict	Total	User	Addict
Capital Murder	4	3	1	2	1	1
Non-Capital Murder	8	7	1	1	1	—
Attempted Murder	3	2	1	1	1	—
Manslaughter	11	6	5	1	1	—
Attempted Suicide	—	—	—	1	—	1
Rape	7	7	—	1	—	1
Indecent Assault on Female	2	2	—	1	1	—
Gross Indecency	—	—	—	2	—	2
Assault Peace Officer	3	1	2	14	6	8
Assault With Intent	9	4	5	5	3	2
Assault Causing Bodily Harm	2	2	—	19	11	8
Common Assault	—	—	—	12	8	4
Robbery	39	33	6	26	18	8
Break, Enter with Intent	19	11	8	44	26	18
Break, Enter and Theft	84	55	29	69	40	29
Escape	24	22	2	5	2	3
Theft	93	61	32	221	118	103
Forgery, Fraud, False Pretences	33	19	14	36	19	17
Possession Stolen Property	23	13	10	23	15	8
Possession Dangerous Weapon	3	1	2	11	8	3
Possession Housebreaking Inst's	4	1	3	3	1	2
Possession Counterfeit Money	2	—	2	—	—	—
Vagrancy	—	—	—	33	18	15
Keep Bawdy House	1	1	—	2	1	1
Arson	3	3	—	3	1	2
Willful Damage	1	1	—	7	5	2
Mischief	1	—	1	9	6	3
Conspiracy	1	1	—	—	—	—
Possession of Drugs	112	40	72	13	8	5
Possession of Drugs for Traffic	26	12	14	3	3	—
Trafficking in Drugs	39	18	21	6	3	3
Breach of Juvenile Del. Act	—	—	—	2	2	—
Breach of Traffic Act	1	1	—	7	6	1
Parole Violator	16	4	12	—	—	—
Habitual Offender	8	1	7	—	—	—
Dangerous Sexual Offender	1	1	—	—	—	—
<b>Total</b>	<b>583</b>	<b>333</b>	<b>250</b>	<b>583</b>	<b>333</b>	<b>250</b>

TABLE 2

Change in Magnitude from Response from T<sub>1</sub> (2-Year Period Immediately Prior to Beginning of Sentence from Which Paroled) to T<sub>2</sub> (Approximately 10½-Month Period Following Release on Parole, TRP I, October 15, 1967.  
(Murphy, 1968b)

	T <sub>1</sub> Mean	T <sub>2</sub> Mean	P (Prob. Means=)
Legal Employment (L.E. %)	31.20%	83.30%	.002
Illicit Enterprise (L.E. %)	60.20%	14.30%	.007
All Narcotics, Mean Monthly Frequency	81.00	19.40	.012
Alcohol, fl.oz/100 lb. body weight per month	12.30	27.70	.077
Opiates Mean Monthly Frequency	79.90	18.50	.042
Barbiturates Mean Monthly Frequency	1.00	.80	.205
Psychedelics Mean Monthly Frequency	3.70	.30	.174
Legal Employment, Average Monthly Earnings \$		\$383.30	
Illicit Enterprise, Average Monthly Earnings \$		\$144.00	

TABLE 3

FREQUENCY OF NEW CASES OF  
MARIHUANA USERS BY AGE GROUPS  
FOR 1968 (DIVISION OF NARCOTIC CONTROL,  
DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

	MALE	FEMALE	TOTAL
Under 20	1087	257	1344
20 - 24	937	156	1093
25 - 29	205	33	238
30 - 34	43	2	45
35 - 39	19	2	21
40 - 49	16	2	18
50 - 59	1	-	1
60 - 69	-	-	-
70 or over	-	-	-
Not Known	62	8	70
TOTALS	2370	460	2830

TABLE 4

CONVICTIONS UNDER NARCOTIC CONTROL ACT  
FOR THE CALENDAR YEAR 1968

PROVINCE	3(1)	4(1)	4(2)	5(1)	6(1)	3(3)	Total	Mari- huana	Heroin	Mor- phine	Codeine	Pethi- dine	Pimino- dine	Metha- done	Anileri- dine	Opium	Oxyco- done	Cocaine	Total
Nfld.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
P.E.I.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N.S.	11	1	-	-	-	-	12	12	-	-	-	-	-	-	-	-	-	-	12
N.B.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
QUE.	147	27	35	2	1	-	212	188	19	2	-	1	-	1	-	-	1	-	212
ONT.	495	90	65	-	-	-	650	581	47	6	1	7	4	2	1	-	-	1	650
MAN.	46	2	13	-	1	-	62	57	2	-	-	2	-	-	-	-	-	1	62
SASK.	16	5	3	-	-	-	24	22	-	-	-	1	1	-	-	-	-	-	24
ALTA.	130	15	11	-	1	2	159	142	2	3	1	9	-	2	-	-	-	-	159
B.C.	404	117	27	-	4	17	659	426	209	4	-	-	-	18	-	1	1	-	659
YUKON	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1
TOTAL	1340	257	154	2	7	19	1779	1420	279	15	2	20	5	23	1	1	2	2	1779

TABLE 5

TOTAL CONVICTIONS UNDER NARCOTIC CONTROL ACT, 1968  
(DIVISION OF NARCOTIC CONTROL, DEPARTMENT OF  
NATIONAL HEALTH AND WELFARE)

Province	Fine Only	Probation S/S	Indefinite Period	Under 6 mos.	6 mos. to less than 1 yr.	1 yr. to less than 2 yrs.	2 yrs. to less than 3 yrs.	3 yrs. to less than 4 yrs.	4 yrs. to less than 5 yrs.	5 yrs. to less than 6 yrs.	6 yrs. to less than 7 yrs.	7 yrs. to less than 8 yrs.	8 yrs. to less than 9 yrs.	9 yrs. to less than 10 yrs.	10 yrs. and over	TOTAL
NEWFOUNDLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PRINCE EDWARD ISLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NOVA SCOTIA	2	5	-	5	-	-	-	-	-	-	-	-	-	-	12	
NEW BRUNSWICK	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
QUEBEC	2	76	5	81	14	9	12	2	-	1	-	6	1	-	3	212
ONTARIO	7	340	8	127	89	47	13	5	1	4	1	3	2	-	3	650
MANITOBA	2	33	-	11	7	4	2	-	3	-	-	-	-	-	-	62
SASKATCHEWAN	-	11	-	4	4	4	-	1	-	-	-	-	-	-	-	24
ALBERTA	3	61	-	47	22	17	4	3	1	1	-	-	-	-	-	159
BRITISH COLUMBIA	17	156	8	152	149	70	53	22	19	7	-	-	-	-	6	659
YUKON	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
TOTAL	33	682	21	428	285	151	84	33	24	13	1	9	3	-	12	1,779

TABLE 6

NUMBER OF CONVICTIONS FOR MARIHUANA AND HASHISH OFFENCES  
 BY TYPES OF SENTENCES AND PROVINCE RECORDED BETWEEN 1ST JANUARY AND 21 OCTOBER, 1969  
 (DIVISION OF NARCOTIC CONTROL, DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

Province	Fine Only	Probation S/S	Indefinite Period	Under 6 mos.	6 mos. to less than 1 yr.	1 yr. to less than 2 yrs.	2 yrs. to less than 3 yrs.	3 yrs. to less than 4 yrs.	4 yrs. to less than 5 yrs.	5 yrs. to less than 6 yrs.	6 yrs. to less than 7 yrs.	7 yrs. to less than 8 yrs.	8 yrs. to less than 9 yrs.	9 yrs. to less than 10 yrs.	10 yrs. and over	TOTAL
NEWFOUNDLAND	-	1	-	-	-	-	-	1	-	-	-	-	-	-	2	
PRINCE EDWARD ISLAND	7	3	-	1	-	-	-	-	-	-	-	-	-	-	11	
NEW BRUNSWICK	-	9	-	6	-	3	-	1	1	1	-	-	-	1	22	
QUEBEC	20	129	1	117	22	10	19	1	2	1	-	2	-	-	324	
NOVA SCOTIA	4	23	-	4	-	-	-	-	-	-	-	-	-	-	31	
ONTARIO	30	483	7	108	61	17	4	1	-	-	-	-	-	-	711	
MANITOBA	9	33	1	27	5	6	2	-	-	-	-	-	-	-	83	
ALBERTA	2	99	-	27	26	16	7	1	-	-	-	-	-	-	178	
SASKATCHEWAN	-	19	-	15	2	-	-	-	-	-	-	-	-	-	36	
BRITISH COLUMBIA	37	201	12	230	62	35	8	3	3	2	-	1	-	-	594	
YUKON	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
TOTAL	109	1000	21	536	178	87	40	8	6	4	-	3	-	1	1,993	

TABLE 7

NUMBER OF CONVICTIONS AND TYPES OF SENTENCES AWARDED BY AGE GROUPS  
IN CANADA FOR THE OFFENCE OF POSSESSION OF MARIHUANA AND HASHISH  
(ARTICLE 3 (1) OF THE NARCOTIC CONTROL ACT) FOR THE PERIOD  
FROM JANUARY 1, 1969 TO OCTOBER 21, 1969 (DIVISION OF NARCOTIC CONTROL,  
DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

AGE GROUP	FINE ONLY	PROB. & SUSP. SENT.	INDEF. PERIOD	UNDER 6 MOS.	6 MOS. TO LESS THAN 1 YR.	1 YR. TO LESS THAN 2 YRS.	2 YRS. TO LESS THAN 3 YRS.	3 YRS. TO LESS THAN 4 YRS.	4 YRS. TO LESS THAN 5 YRS.	5 YRS. TO LESS THAN 6 YRS.	6 YRS. TO LESS THAN 7 YRS.	7 YRS. TO LESS THAN 8 YRS.	8 YRS. TO LESS THAN 9 YRS.	9 YRS. TO LESS THAN 10 YRS.	10 YRS. TO LESS THAN 15 YRS.	TOTAL	TOTAL NUMBER OF PERSONS WITH PREVIOUS NARCOTIC CONVICTIONS
UNDER 18	19	234	7	10	3	3	-	-	-	-	-	-	-	-	-	276	2
18-19	40	310	2	120	24	1	-	-	-	-	-	-	-	-	-	497	17
20-24	25	304	-	268	46	7	-	1	-	-	-	-	-	-	-	651	17
25-29	12	43	-	51	13	1	-	-	-	-	-	-	-	-	-	120	4
30-34	2	5	-	4	3	-	-	-	-	-	-	-	-	-	-	14	2
35-39	-	4	-	7	-	-	-	-	-	-	-	-	-	-	-	11	1
40-49	-	3	-	2	-	1	-	-	-	-	-	-	-	-	-	6	1
50-59	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
TOTAL	98	903	9	462	90	13	-	1	-	-	-	-	-	-	-	1,576	45

TABLE 8

NUMBER OF CONVICTIONS AND TYPES OF SENTENCES AWARDED BY AGE GROUPS  
IN CANADA FOR THE OFFENCE OF TRAFFICKING IN MARIHUANA AND HASHISH  
(ARTICLE 4(1) OF THE NARCOTIC CONTROL ACT) FOR THE PERIOD  
FROM JANUARY 1, 1969 TO OCTOBER 21, 1969 (DIVISION OF NARCOTIC CONTROL,  
DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

AGE GROUP	FINE ONLY	PROB. & SUSP. SENT.	INDEF. PERIOD	UNDER 6 MOS.	6 MOS.	1 YR.	2 YRS.	3 YRS.	4 YRS.	5 YRS.	6 YRS.	7 YRS.	8 YRS.	9 YRS.	10 YRS.	TOTAL	TOTAL NUMBER OF PERSONS WITH PREVIOUS NARCOTIC CONVICTIONS
					TO LESS THAN 1 YR.	TO LESS THAN 2 YRS.	TO LESS THAN 3 YRS.	TO LESS THAN 4 YRS.	TO LESS THAN 5 YRS.	TO LESS THAN 6 YRS.	TO LESS THAN 7 YRS.	TO LESS THAN 8 YRS.	TO LESS THAN 9 YRS.	TO LESS THAN 10 YRS.	TO LESS THAN 15 YRS.		
UNDER 18	3	26	4	5	-	1	-	-	-	-	-	-	-	-	-	39	-
18-19	3	38	5	22	17	10	4	1	-	1	-	-	-	-	-	101	7
20-24	2	10	1	25	34	33	9	4	4	1	-	-	-	-	-	123	13
25-29	-	-	-	2	10	5	10	1	1	1	-	-	-	-	-	30	6
30-34	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40-49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50-59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	8	74	10	54	61	50	23	6	5	3	-	-	-	-	-	294	26

TABLE 9

NUMBER OF CONVICTIONS AND TYPES OF SENTENCES AWARDED BY AGE GROUPS  
IN CANADA FOR THE OFFENCE OF POSSESSION FOR PURPOSE OF TRAFFICKING IN  
MARIHUANA & HASHISH (ART. 4(2) OF THE NARCOTIC CONTROL ACT  
FOR THE PERIOD FROM JANUARY 1, 1969 TO OCTOBER 21, 1969 (DIVISION OF  
NARCOTIC CONTROL, DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

AGE GROUP	FINE ONLY	PROB. & SUSP. SENT.	INDEF. PERIOD	UNDER 6 MOS.	6 MOS. TO LESS THAN 1 YR.	1 YR. TO LESS THAN 2 YRS.	2 YRS. TO LESS THAN 3 YRS.	3 YRS. TO LESS THAN 4 YRS.	4 YRS. TO LESS THAN 5 YRS.	5 YRS. TO LESS THAN 6 YRS.	6 YRS. TO LESS THAN 7 YRS.	7 YRS. TO LESS THAN 8 YRS.	8 YRS. TO LESS THAN 9 YRS.	9 YRS. TO LESS THAN 10 YRS.	10 YRS. TO LESS THAN 15 YRS.	TOTAL	TOTAL NUMBER OF PERSONS WITH PREVIOUS NARCOTIC CONVICTIONS
UNDER 18	-	8	1	4	2	-	3	-	-	-	-	-	-	-	18	1	
18-19	-	5	1	1	6	2	-	-	-	-	-	-	-	-	15	1	
20-24	1	7	-	8	15	20	7	3	1	-	-	-	-	-	62	4	
25-29	-	1	-	1	1	3	6	1	1	-	-	-	-	-	14	1	
30-34	-	-	-	-	2	1	1	-	-	-	-	-	-	-	4	-	
35-39	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
40-49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
50-59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL	1	21	2	14	26	26	17	3	2	1	-	-	-	1	114	7	

TABLE 10

NUMBER OF CONVICTIONS AND TYPES OF SENTENCES AWARDED BY AGE GROUPS  
IN CANADA FOR THE OFFENCE OF IMPORTING MARIHUANA AND HASHISH  
(ARTICLE 5(1) OF THE NARCOTIC CONTROL ACT) FOR THE PERIOD FROM JANUARY 1, 1969  
TO OCTOBER 21, 1969 (DIVISION OF NARCOTIC CONTROL ACT,  
DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

AGE GROUP	FINE ONLY	PROB. & SUSP. SENT.	INDEF. PERIOD	UNDER 6 MOS.	6 MOS. TO LESS THAN 1 YR.	1 YR. TO LESS THAN 2 YRS.	2 YRS. TO LESS THAN 3 YRS.	3 YRS. TO LESS THAN 4 YRS.	4 YRS. TO LESS THAN 5 YRS.	5 YRS. TO LESS THAN 6 YRS.	6 YRS. TO LESS THAN 7 YRS.	7 YRS. TO LESS THAN 8 YRS.	8 YRS. TO LESS THAN 9 YRS.	9 YRS. TO LESS THAN 10 YRS.	10 YRS. TO LESS THAN 15 YRS.	TOTAL	TOTAL NUMBER OF PERSONS WITH PREVIOUS NARCOTIC CONVICTIONS
UNDER 18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20-24	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
25-29	-	-	-	-	-	-	-	-	-	-	2	-	-	1	3	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40-49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50-59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	-	-	-	3	-	-	1	4	-	-



TABLE 12

PERCENT DISTRIBUTION OF TYPES OF SENTENCES AWARDED IN CANADA  
FOR EVERY OFFENCE UNDER THE NARCOTIC CONTROL ACT FOR THE  
PERIOD FROM JANUARY 1, 1969 TO OCTOBER 21, 1969  
(DIVISION OF NARCOTIC CONTROL, DEPARTMENT OF NATIONAL HEALTH AND WELFARE)

	SECTION 3(1) POSSESSION	SECTION 4(1) TRAFFICKING	SECTION 4(2) POSSESSION FOR PURPOSES OF TRAFFICKING	SECTION 5(1) IMPORTING	SECTION 6(1) CULTIVATING
Fine Only	6	3	1	-	-
Probation and Suspended Sentence	57	25	18	-	60
Indefinite Period *	1	3	2	-	-
Under 6 Months	29	18	12	-	-
6 Months to less than 1 year	6	21	23	-	20
1 year to less than 2 years	1	17	23	-	-
2 years and more	.05	13	21	100	20
<b>TOTAL</b>	<b>100**</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

\* Indefinite period, imprisonment for 1 day or more, but less than 2 years  
\*\* Rounded figures to the nearest tenth

