WHEREAS, The DBCC has long advocated for reforms to achieve fairness and effectiveness in the criminal justice system; we support policies that promote healthy families and communities; we stand as advocates for civil rights; and we seek a healthcare infrastructure that incorporates best science and compassionate care.

WHEREAS, drug abuse and addiction, directly or indirectly, affects every community and every family. Drugs take a tremendous toll on our society at many levels. Drug use in America costs nearly a half trillion dollars annually, exceeding the combined societal costs of the impact of both cancer and diabetes together.

FURTHERMORE, both legal and illegal drugs are subject to abuse. Abuse of legal drugs has now become epidemic. A third of the nine million abusers of legal drugs are teens. In 2001, for the first time, deaths from prescription drug overdoses exceeded deaths from illegal drugs, an alarming trend that continues today. Accidental prescription drug overdose deaths increased 400% from 1999 to 2008.

GIVEN THESE FACTS, OUR PRESENT DRUG POLICY of prohibition of some drugs is not based on relative risk of societal, family or individual potential for harm, given that some illicit drugs are less addictive and lethal than legal drugs.

WHEREAS, the federal government spent over $15 billion dollars in 2010 on the “War on Drugs”, targeting illicit drugs, spending at a rate of approximately $500 per second. State and local governments spent at least another 25 billion dollars. This taxpayer funded expenditure on the arrest and incarceration of largely nonviolent offenders has led to the development and transferred wealth to a multi-billion dollar for-profit prison and related services industry that has a major financial interest in maintaining the status quo.

WHEREAS, demand for drugs in America has increased since the “War on Drugs” was declared over 40 years ago, and the prohibition-penal system approach has not protected our children from this problem. Despite harsh punishments for use or distribution; teens consistently report on annual surveys that marijuana is easily available.

HENCE, WE RECOGNIZE that our present policy does not adequately control access to harmful substances as evidenced by the prevalence of addiction and incarceration, nor does it protect our children, as evidenced by continued teen drug use.

WHEREAS, the large demand for drugs in the context of prohibition has created an extremely large underground, unregulated and untaxed economy; estimates of the black market in drugs is in the hundreds of billions of dollars annually. This lucrative black market spawns violent crime and corruption as gangs battle for market share. Since Mexico cracked down on the cartels in 2006, there have been over 45,000 drug related murders in Mexico alone.

WHEREAS, the United States has the highest incarceration rate in the world; and this policy has an extraordinarily disparate impact on racial minorities, as African Americans receive prison sentences for drug offenses at 10 times the rate as white offenders, despite consistent evidence that they are no more likely to use or sell illicit drugs than whites .

FURTHERMORE, a public policy change repealing the prohibition of illicit drugs and replacing it with a tax and regulate model would save taxpayers $41 billion a year and boost revenue by almost $47 billion annually.

WHEREAS, an effective drug policy should aim to minimize the harms due to the presence of drugs in society and maximize the potential medical benefits.

WHEREAS, marijuana has an over 4000 year history of human use and is well known to be a safe and well tolerated drug.

In the US, cannabis (marijuana) was widely prescribed until its prohibition, under the Marihuana Tax Act of 1937, a law which was strongly opposed by the American medical establishment. Its inclusion in the Controlled Substances Act of 1970 prohibited medicinal use of marijuana/cannabis by categorizing it as Schedule I, intended only for the most dangerous drugs that have no therapeutic value, are not safe for medical use, and have a high abuse potential. The only access to legal marijuana was through the Food and Drug Administration's Investigational New Drug Program which was closed by the Secretary of Health and Human Services in 1992.

WHEREAS, numerous challenges to the federal scheduling of cannabis by healthcare and legal organizations have been dismissed or rejected. In 1972, National Commission on Marihuana and Drug Abuse recommended decriminalization of cannabis. On September 6, 1998, after reviewing all available medical data, the Drug Enforcement Administration's chief administrative law judge, Francis L. Young, declared that marijuana is "one of the safest therapeutically active substances known" and

recommended making marijuana available by prescription. As recently as July 2011, the DEA refused to act on a petition, stalled in the courts for 10 years, to initiate proceedings to reconsider the scheduling of cannabis.

WHEREAS, the penalty for possessing one marijuana cigarette or growing one plant, even for medical use, can include steep prison sentences; and all users, including patients seeking relief from debilitating health conditions, live in fear of criminal prosecution. The “collateral” damage from a marijuana arrest and conviction can include job loss, loss of federal benefits, including student loans or veterans’ healthcare, or loss of child custody.

WHEREAS, the present federal classification of marijuana and the resulting bureaucratic controls impede additional scientific research into marijuana's therapeutic potential, thereby making it nearly impossible for the Food and Drug Administration to evaluate and approve marijuana through standard procedural channels;

WHEREAS, the federal marijuana prohibition applies to everyone, including the sick and dying. Of all the negative consequences of prohibition, none is as tragic as the denial of medicinal cannabis to the tens of thousands of patients who could benefit from its therapeutic use.

WHEREAS, in 1999, despite the DEA Scheduling, the US National Academy of Science, Institute of Medicine (IOM) and other mainstream medical researchers report that marijuana has a significant margin of safety relative to drugs, both legal and illicit. Furthermore, in 2011, the NIH National Cancer Institute published a data base of medical data on cannabis (PDQ) that reports therapeutic applications of use and relative good safety profile, largely due to research advanced in recent years in countries that have lifted restrictions on cannabis access for medical use and research.

WHEREAS, the scientific evidence indicates that marijuana is far less dangerous than alcohol or tobacco. Around 50,000 people die each year from alcohol poisoning. Similarly, more than 400,000 deaths each year are attributed to tobacco smoking. By comparison, marijuana is nontoxic and cannot cause death by overdose. According to the prestigious European medical journal, The Lancet, "The smoking of cannabis, even long-term, is not harmful to health. ... It would be reasonable to judge cannabis as less of a threat ... than alcohol or tobacco."

WHEREAS, despite the growing evidence of the relative safety of the use of marijuana, marijuana arrests increased +1100 percent since 1980; and in 2005, 42.6% of all drug arrests were for marijuana offenses, and marijuana possession arrests accounted for 79% of the growth in drug arrests. There have been more than 11.2 million marijuana arrests in the United States since 1995, including 858,408 in 2009 – significantly more than for all violent crimes combined. One person is arrested for marijuana every 37 seconds. About 88% of all marijuana arrests are for possession – not manufacture or distribution.

WHEREAS, According to government surveys, some 25 million Americans have smoked marijuana in the past year, and more than 15 million do so regularly despite harsh laws against its use. A study released in December 2006 found that marijuana is now the leading cash crop in the U.S., exceeding the value of corn and wheat combined.

WHEREAS, since 1996, 16 states and the District of Columbia have passed laws allowing for medical use of cannabis, providing state protection from arrest for medical use for nearly one third of all Americans.

WHEREAS, the overwhelming majority of citizens want medical marijuana legalized, including the most socially conservative areas of the South;

FURTHERMORE, many mainstream religious groups have taken positions in support of legislation to allow for use of medical marijuana to seriously ill people and their physicians and caregivers without criminal sanctions.

FURTHERMORE, in 2011, for the first time since polling began, a majority of Americans support full legalization of marijuana.

WHEREAS, the United States Conference of Mayors in 2011 passed a Resolution to call for the end of the "War on Drugs" and reiterated its support for the National Criminal Justice Commission Act of 2011, citing the following facts that support the notion that our penal system does not reduce harm, is not relative risk based, and has serious racial disparities in its application.

FURTHERMORE, in July 2011, the NAACP passed an historic resolution called "A Call to End the War on Drugs, Allocate Funding to Investigate Substance Abuse Treatment, Education, and Opportunities in Communities of Color for A Better Tomorrow."

HENCE, WE RECOGNIZE that the current approach to the "War on Drugs" is a costly failure. It empowers criminal cartels, destroys lives, infringes on civil rights, and fails to reduce drug use or availability.

NOW, THEREFORE, BE IT RESOLVED, that the CBCC affirms this RESOLUTION urge our elected representatives, our candidates and our platform to call for policy changes to reduce incarceration, reform U.S. drug policy, eliminate racial inequities, and expand access to substance abuse treatment, mental health services and healthcare as needed by individuals and families — goals consistent with our party's values; we need to move to a "harm reduction" model of combating the problem of drug abuse.

AND WE ARE FURTHER RESOLVED to urge the federal Administration to heed the recommendations of our major medical organizations to remove marijuana from Schedule I of the Controlled Substances Act to enable more unfettered research on its therapeutic use, and to ultimately explore options to allow for access to marijuana and cannabis products under manageable tax, health care, and law enforcement policies, policies similar to those used to control alcohol.