

EXHIBIT F

THE MARIHUANA PROBLEM IN THE CITY OF NEW YORK

Sociological, Medical, Psychological
and Pharmacological Studies

by the

MAYOR'S COMMITTEE ON MARIHUANA

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Foreword

As Mayor of the City of New York, it is my duty to foresee and take steps to prevent the development of hazards to the health, safety, and welfare of our citizens. When rumors were recently circulated concerning the smoking of marihuana by large segments of our population and even by school children, I sought advice from The New York Academy of Medicine, as is my custom when confronted with problems of medical import. On the Academy's recommendation I appointed a special committee to make a thorough sociological and scientific investigation, and secured funds from three Foundations with which to finance these studies.

My own interest in marihuana goes back many years, to the time when I was a member of the House of Representatives and, in that capacity, heard of the use of marihuana by soldiers stationed in Panama. I was impressed at that time with the report of an Army Board of Inquiry which emphasized the relative harmlessness of the drug and the fact that it played a very little role, if any, in problems of delinquency and crime in the Canal Zone.

The report of the present investigations covers every phase of the problem and is of practical value not only to our own city but to communities throughout the country. It is a basic contribution to medicine and pharmacology.

I am glad that the sociological, psychological, and medical ills commonly attributed to marihuana have been found to be exaggerated insofar as the City of New York is concerned. I hasten to point out, however, that the findings are to be interpreted only as a reassuring report of progress and not as encouragement to indulgence, for I shall continue to enforce the laws prohibiting the use of marihuana until and if complete findings may justify an amendment to existing laws. The scientific part of the research will be continued in the hope that the drug may prove to possess therapeutic value for the control of drug addiction.

I take this occasion to express my appreciation and gratitude to the members of my committee, to The New York Academy of Medicine, and to the Commonwealth Fund, the Friedsam Foundation, and the New York Foundation which supported these important investigations so generously.

F. H. LaGuardia
Mayor

3. The cost of marihuana is low and therefore within the purchasing power of most persons.
4. The distribution and use of marihuana is centered in Harlem.
5. The majority of marihuana smokers are Negroes and Latin-Americans.
6. The consensus among marihuana smokers is that the use of the drug creates a definite feeling of adequacy.
7. The practice of smoking marihuana does not lead to addiction in the medical sense of the word.
8. The sale and distribution of marihuana is not under the control of any single organized group.
9. The use of marihuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking.
10. Marihuana is not the determining factor in the commission of major crimes.
11. Marihuana smoking is not widespread among school children.
12. Juvenile delinquency is not associated with the practice of smoking marihuana.
13. The publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded.