

2000

A comparison of attitudes of public defenders and the public on drugs issues

Shalini Arora
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Arora, Shalini, "A comparison of attitudes of public defenders and the public on drugs issues" (2000). *Master's Theses*. 2075.
DOI: <https://doi.org/10.31979/etd.xt8w-2ksq>
https://scholarworks.sjsu.edu/etd_theses/2075

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

**A COMPARISON OF ATTITUDES OF PUBLIC DEFENDERS AND THE
PUBLIC ON DRUG ISSUES**

A Thesis

Presented to

The Faculty of the Administration of Justice Department

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Shalini Arora

December, 2000

UMI Number: 1402499

Copyright 2000 by
Arora, Shalini

All rights reserved.

UMI[®]

UMI Microform 1402499

Copyright 2001 by Bell & Howell Information and Learning Company.

All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

Bell & Howell Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2000

Shalini Arora

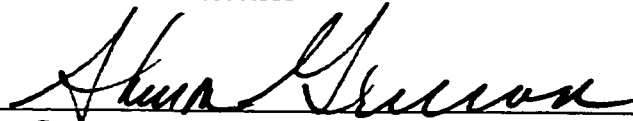
ALL RIGHTS RESERVED

APPROVED FOR THE ADMINISTRATION OF JUSTICE

DEPARTMENT



Dr. Louis M. Holscher

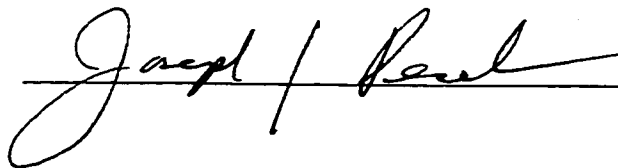


Ms. Sharon Grennan



Dr. Janet R. Johnston

APPROVED FOR THE UNIVERSITY



ABSTRACT

A COMPARISON OF ATTITUDES OF PUBLIC DEFENDERS AND THE PUBLIC ON DRUG ISSUES

by Shalini Arora

This study examines the attitudes of public defenders ($N = 63$) towards legalization of drugs, harm reduction, morality of drug use, violation of rights, deterrent effect of penalties, and the perceived effects of legalization. The results are compared to a sample of university faculty ($N = 51$). University faculty are a segment of the general public and their attitudes can be taken as an indication of the attitudes of the general public. The data was collected using a questionnaire. Descriptive statistics, t-tests, and regression analysis were used for data analysis. The attitudes of the public defenders are different from that of the faculty. Public defenders have a more permissive attitude toward drug issues when compared to the faculty. The media shapes public opinion but it has not publicized the opinions of the practitioners. The opinions of the practitioners and researchers should be better publicized, which can impact drug policy formulation.

To Tarun

ACKNOWLEDGEMENTS

I thank my advisor Dr. Lou Holscher for his guidance and support, without which this thesis could not have been completed. My deepest gratitude to my committee members Ms. Sharon Grennan and Dr. Jan Johnston, who introduced me to the topic of drug abuse and research methods respectively and provided valuable suggestions and information during the many drafts of this thesis. I especially thank Dr. Johnston for the many hours of her time that she spent with me.

I acknowledge the Office of the Public Defender, Santa Clara County. In particular, I am very grateful to Ms. Mary Greenwood, Assistant Public Defender, for allowing me to conduct the survey and for facilitating the survey. I am indebted to Deputy Public Defender Mr. Bernardo Saucedo for his immense help in getting the project started. I acknowledge Deputy Public Defenders Ms. Nona Klippen, Mr. George Abel, and Mr. Ken Mandell for their help in conducting the survey.

Finally, my thanks to Ms. June Turner-Neumann and Ms. Carmen Valencia for keeping track of the surveys for me as they came in the department office.

Table of Contents

Chapter I	Introduction.....	1
Chapter II	Literature Review.....	8
	<i>Marijuana, Alcohol, and Tobacco</i>	8
	<i>Marijuana</i>	8
	<i>Alcohol and Tobacco</i>	9
	<i>Harm Reduction</i>	12
	<i>Violation of Rights and Morality of Drug Use</i>	14
	<i>Violation of Rights</i>	14
	<i>Morality of Drug Use</i>	16
	<i>Deterrent Effect of Penalties</i>	17
	<i>Perceived Effects of Legalization</i>	18
	<i>Legalization and Minorities</i>	19
	<i>Legalization and Increase in Drug Use and Addicts</i>	19
	<i>Legalization and Crime</i>	22
	<i>Legalization and Criminal Justice Cost</i>	24
	<i>Hypotheses</i>	25
Chapter III	Research Methods.....	26
	<i>Sample and Data Collection</i>	26
	<i>Questionnaire</i>	27
	<i>Data Analysis</i>	30

	<i>Coding for Descriptive Statistics</i>	30
	<i>Coding for t-test and Regression Analysis</i>	34
Chapter IV	Results.....	36
	<i>Descriptive Statistics</i>	36
	<i>Test of Hypotheses</i>	38
	<i>Multiple Regression Analysis</i>	40
Chapter V	Conclusions and Discussion	59
	<i>Conclusions</i>	59
	<i>Limitations</i>	63
	<i>Policy Implications</i>	64
References	66
Appendix	Questionnaire.....	71

List of Tables

Table 1	Coding for Background Variable	29
Table 2	Coding for Indices Used in Descriptive Statistics	32
Table 3	Demographic Comparison of Public Defenders and University Faculty	44
Table 4	Percentage of Public Defenders and University Faculty who Agree on Legalization	45
Table 5	Percentage of Public Defenders and University Faculty who Agree on Violation of Rights and Morality of Drug Use	46
Table 6	Percentage of Public Defenders and University Faculty who Agree with the Perceived Effects of Legalization	47
Table 7	Comparison of Attitudes of Public Defenders and University Faculty on Legalization	48
Table 8	Comparison of Attitudes of Public Defenders and University Faculty on Harm Reduction	49
Table 9	Comparison of Attitudes of Public Defenders and University Faculty on Deterrent Effect of Penalties	50
Table 10	Comparison of Attitudes of Public Defenders and University Faculty on the Issue of Violation of Rights and Morality of Drug Use	51
Table 11	Comparison of Attitudes of Public Defenders and University Faculty on the Perceived Effects of Legalization	52
Table 12	Zero Order Correlation Matrix for the Independent Variables Used in the Multiple Regression Analysis	53
Table 13	Multiple Regression Analysis of Dependent Variable (Legalization Variables) Upon Independent Variables	54

Table 14	Multiple Regression Analysis of Dependent Variable (Harm Reduction Variables) Upon Independent Variables	55
Table 15	Multiple Regression Analysis of Dependent Variable (Deterrence Variables) Upon Independent Variables	56
Table 16	Multiple Regression Analysis of Dependent Variable (Rights and Morality Variables) Upon Independent Variables	57
Table 17	Multiple Regression Analysis of Dependent Variable (Effects of Legalization Variables) Upon Independent Variables	58

Chapter I Introduction

American drug policy is a controversial topic. There are people who support the current drug policy and others who claim it is failing. There are two groups of policy advocates, who are often at opposite extremes. One group emphasizes law enforcement to eliminate drug abuse. Enforcement strategy includes both supply and demand reduction, which includes prevention and treatment of drug abuse. This is the current American drug policy (Walker, 1998). The other group believes that the national drug policy should be completely revised. They propose the legalization of drugs. Drug legalization is a radical proposal (Walker, 1998). Prominent people who support legalization are on both the left and right wing politically and have little else in common. Examples of those who support legalization include notable government officials, such as "George Schultz, former secretary of state under Ronald Reagan; William F. Buckley Jr., conservative columnist; Milton Friedman, conservative economist; former U.S. Attorney General Ramsey Clark; Joseph McNamara, [former] police chief of San Jose, California; and Hodding Carter III, spokesman for the state department during the Carter administration" (Weisheit and Johnson, 1992, p.55). Recently, New Mexico governor Gary Johnson, a Republican, became the highest elected official in the country to call for legalization of marijuana, cocaine, heroin and other drugs (May, 1999).

The United States (U.S.) government drug enforcement efforts include interdiction and eradication (Walker, 1998). It hopes to limit the import of drugs by a combination of crop eradication and substitution programs, financial incentives to

growers and punitive measures against the producers and traffickers (Nadelmann, 1989). All these efforts have resulted in increased spending. For example, the federal and state spending on drug control programs has increased from \$1.5 billion in 1981 to a requested expenditure of 18.5 billion in fiscal year 2000 (Bureau of Justice Statistics, 2000). Combined State and local government spending on drug control activities was \$15.9 billion in 1991 (Bureau of Justice Statistics, 2000). Despite these enormous outlays, drug prices have dropped only for marijuana and drug availability has not appeared to be affected. Between 1981 and 1998, the retail price of marijuana (purchase of ten grams or less) increased by 27.5%. However, in the same period, the retail price of cocaine (purchase of one gram or less) dropped by 45%, and that of heroin (purchase of 0.1 gram or less) dropped by almost 60% (Office of the National Drug Control Policy, 1999). In terms of availability, an overwhelming 88.9% of high school seniors in 1999 reported that they could obtain marijuana fairly easily or very easily, 42.6 % said they could obtain cocaine fairly easily or very easily, and 32.1% reported that they could obtain heroin easily or fairly easily (Bureau of Justice Statistics, 1999a).

The U.S. has engaged in the “war on drugs” since at least the mid-1970’s. In 1988, § 5252-B of the Anti-Drug Abuse Act stated, “It is the policy of the United States to create a drug free America by 1995” (as cited in Torruella, 1996). It did not achieve this goal. Criticism of the drug policy by many observers led to the proposal of legalization (Walker, 1998).

Individuals who believe in legalization do so because they believe that the harm caused by the drugs is less than that caused by the policy of prohibition. Their approach

is based on a cost-benefit analysis. Anti-legalists, on the other hand, oppose legalization because they believe that legalizing drugs would cause more problems related to an increase in the number of users and addicts. Nadelmann (1996) has argued that it is not possible to eliminate drug use altogether and writes that the concept of a “drug free society” needs to be abandoned (1996, p. 38). The focus now should be on how to control and manage drug use through community discipline (Nadelmann, 1996). Problematic drug use is inevitable (Torruella, 1996).

If drugs were legalized, legislators would have to pass legislation to that effect. Legislators are guided partly by public opinion. A generally conservative public stance on the issue of drug legalization has resulted in the adoption of conservative government policy. It is also true, however, that public opinion is formed, to some extent, by the media. The majority of Americans (68%) get information on drugs from the media (Blendon & Young, 1998). Media portrayal of the “drug war” is the best way to attract public attention and the drug war is used as a platform by politicians to show that they are tough on crime (Courtwright, 1991). Since the passage of the Harrison Act in 1914, anti-drug propaganda has influenced public opinion so much that politicians fear that they will lose if their opponents argue that they are soft on drugs and crime (McNamara, 1996). Few politicians think that they can speak honestly about drugs without becoming ex-politicians (Jacobs, 1999). They are portrayed as “. . . ‘vote-junkies’ and are unlikely to do anything that they perceive will compromise their supply when their electoral fix is due at each election” (Lenton & Ovenden 1996, p. 784). Politicians refuse to pass legislation regarding drug legalization because public opinion is against it. Public

opposition to drug legalization largely stems from the anti-drug bias of the media. Thus, the issue of public opinion regarding drug policy may be viewed as a loop consisting of politicians and the public, mediated by the media. Media frequently publicizes the opinions of the police and the prosecutors but not of the defense attorneys. Missing from this feedback loop is the opinion of the practitioners, who work with the defendant, and the researchers in the field of criminal justice.

Public opinion can be analyzed using differential association theory (Sutherland & Cressey, 1978). According to this theory, individuals will acquire the cultural patterns to which they are exposed unless there are conflicting patterns. The frequency, duration, priority and the intensity of contact and pattern of thought govern the acquisition of cultural patterns and behaviors. The public has been exposed for many decades to the belief that drugs (the currently controlled substances like marijuana, cocaine, heroin, LSD, methamphetamines) should be illegal and that criminal sanctions are the best option. Public exposure to the opposing belief that the drug problem could be, in part, solved by legalizing them has been absent. Thus, there is a differential exposure for legalization and against legalization, with the outcome that public has taken a general stance against the legalization of drugs. For the public to get a more comprehensive view of the problem, the public must also be informed of the varying opinions of criminal justice practitioners and experts, which may or may not be in favor of the current drug policy. This may affect public attitudes.

An example of the change in public attitudes due to publicized opinions of experts is smoking. Starting in 1964, a series of reports by the Surgeon General on smoking and

health played a role in changing the attitude of Americans towards smoking ("First Step", 1999, p. 6B), and achieving this did not require making tobacco illegal. It is reasonable to believe that if the public became more aware about various aspects of drug problem, it could have an impact on public attitudes.

As alluded to above, the media and practitioners in the field influence public opinion. However, most criminal justice practitioners are unlikely to come forward openly with their views, especially if they hold opinion contrary to the current government stance. This is because they are involved in implementation of the drug policies and act as the middlemen for executing the government's policy. Klieman and Saiger note "... judges, prosecutors, probation and juvenile officers, and even an occasional police officer – *say quietly (and for the most part off the record)* [italics added] that drug prohibition has failed and a new course is needed" (1990, p. 528).

This is an exploratory study that examines the anonymous views of public defenders, who are practitioners in the field of criminal justice, towards drug legalization. Although they are government employees and not researchers, public defenders have considerable knowledge (both legal and practical) in illegal drugs and are familiar with the issues and facts regarding the current drug problem. Most of the defendants who have contact with the criminal justice system are indigent and are represented by a court appointed attorney or the Public Defender's office, depending on the county. As a result, public defenders have an intimate knowledge of defendants, as they are privy to confidential information because of access under the lawyer-client privilege. Considering the unique position of the public defenders it would be insightful to examine

their attitudes towards drug legalization. The results are compared with a random sample of university faculty.

It is likely that there would be a cognitive dissonance among public defenders regarding attitudes—some would be for legalization and others would be against legalization. Like the general public, public defenders are exposed to the anti-drug message of the media, but as a part of their job public defenders represent defendants charged with drug offenses. They are confronted with anti-drug messages, but represent “drug” defendants. This is akin to the psychological state of cognitive dissonance where there is an inconsistency in knowledge or cognitions. As the dissonance arises out of inconsistent knowledge that increases tension, it can be reduced by eliminating the inconsistency (Festinger, 1962; Wicklund & Brehm, 1976). Taking a stance for or against the legalization issue can reduce the inconsistency.

This study thus examines the attitudes held by the public defenders and compares it to university faculty. University faculty is not representative of the general public, however they represent one part of the general public. The attitude of the faculty can be taken as an indication of the attitude of the general public. A comparison sample of university faculty was chosen because the educational status is similar to that of public defenders. Hence, the study attempts to control for the effects of education on the attitudes towards drug issues.

Five key attitudinal components of public defenders and the faculty are studied in this research: attitude towards legalization of various drugs, harm reduction, violation of

rights and morality of drug use, deterrent effect of penalties and the perceived effects of legalization.

Legalization, for the purposes of measurement in the questionnaire used in this study, is defined as lifting of all legal sanctions associated with the sale, use, and possession of *all* currently illegal drugs for all ages. This approach is the diametric opposite of the current “zero-tolerance” drug policy. Most people hold attitudes in between these two extremes. There are many variants in between these two extremes of policy that have been proposed, like the removal of criminal penalties for the possession of some drugs and the sale of some drugs for adults only or removal of penalties for possession of marijuana by adults (Walker, 1998).

Chapter II Literature Review

At least five different components of the drug legalization debate can be categorized. In the following literature review, these components are reviewed. First, “gateway” drugs like marijuana, alcohol, and tobacco are discussed. After this, various means of harm reduction are enumerated. Third, the issue of violation of rights and morality of drug use is discussed. Fourth, the deterrent effect of penalties is examined. Lastly, the perceived effects of legalization are given.

Marijuana, Alcohol, and Tobacco

Marijuana, alcohol, and tobacco are called the “gateway” drugs in the sense that people who use them have a greater opportunity to use or experiment with other drugs. Also, the histories of most addicts show that the first drug they used or abused was alcohol or tobacco (Inaba, Cohen, and Holstein, 1997). Marijuana offers some medical benefits and there are some health benefits to drinking alcohol (Inaba, Cohen, and Holstein, 1997 and Dufour, 1996). Alcohol and tobacco are legal but marijuana is not legal. Thus, these drugs are treated differently by the criminal justice system.

Marijuana

Marijuana is currently the most commonly used illicit drug. Five percent of the U.S. population age 12 and older reported past month usage of marijuana in 1998 compared to 0.1% for heroin, according to the Substance Abuse and Mental Health Administration (1999).

Medically, marijuana is used by Acquired Immune Deficiency Syndrome (AIDS) patients, cancer patients to counteract the effect of chemotherapy, glaucoma patients, and people suffering from other debilitating diseases like multiple sclerosis. The active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC). This ingredient can be extracted from the plant and given to patients in the form of pill known as marinol (Inaba, Cohen, and Holstein, 1997). Patients, however, prefer to smoke or ingest marijuana because it offers two advantages that the pill lacks. First, is the quick onset of the drug's effect and second, patients can regulate the dosage to get pain relief but avoid sedation. A problem with using marijuana for medical purposes is that there is a variation in the THC potency of marijuana plants. Some forms of marijuana are shown to increase intraocular pressure, instead of decreasing it. Also, smoking marijuana damages the respiratory system like cigarettes and heavy use suppresses the immune system—an unwanted effect for AIDS patients with an already compromised immune system (Inaba, Cohen, and Holstein, 1997).

Alcohol and Tobacco

It is interesting to compare alcohol and tobacco. The moderate use of alcohol has been shown to reduce the risk of developing blood clots, which leads to heart attacks and strokes, and increases the level of high-density lipoproteins, which is also called “good cholesterol” (Dufour, 1996). However, the human cost of alcohol and tobacco use is more severe than the costs of all illegal drugs combined. Alcohol is the cause of more than 100,000 deaths annually, 24% of these due to drunken driving and 18% due to alcohol related ailments like cirrhosis of the liver (Doyle, 1996). In contrast, according to

the Drug Abuse Warning Network, a total of 9743 deaths in 1997 resulted from illicit drug abuse, usually drug overdoses (Bureau of Justice Statistics, 1999a). Annual deaths attributed to smoking are 400,000 (National Institutes of Health, 2000).

In 1992, the total economic cost of alcohol abuse was estimated to be \$148 billion and for illegal drug abuse the estimate was \$98 billion (Harwood, Fountain, & Livermore, 1992). This is the most recent year for which data is available (National Drug Control Strategy Network, 1998). However, the distribution of alcohol and drug costs differs significantly. Two-thirds of the \$148 billion costs of alcohol abuse was related to lost productivity, either due to alcohol-related illness (45.7%) or premature death (21.2%) – a total of almost \$99 billion. Whereas, for drug abuse, more than one-half of the \$98 billion estimated costs was associated with drug-related crime like federal drug traffic control, property damage, and police, legal, corrections services, lost legitimate production due to drug-related crime careers, and lost productivity of victims and incarcerated perpetrators of drug-related crimes available (National Drug Control Strategy Network, 1998). Despite the high toll, both financial and human, exacted by alcohol and tobacco, their abuse is considered a health issue and not a criminal one with the exception of driving under the influence.

A potential reason for the differential treatment of alcohol and tobacco and other illegal drugs could be that alcohol has a special place in American culture and history that was maintained even during the alcohol Prohibition of the 1930's. Alcohol is an integral part of American social life. As for tobacco, its widespread use is not only due to its

psychoactive effects, but also that it can be integrated into everyday life with minimal disruption (Nadelmann, 1989).

A majority of Americans have used these two drugs in their lifetime. For example, in 1997, according to Substance Abuse and Mental Health Administration, 81.9% of the people had used alcohol in their lifetime and 70.5% of the people had used tobacco (1999). This widespread use has probably resulted in a more permissive attitude towards them. For example, polls show that only 3% of the public believes that drinking should be prohibited entirely (Rasmussen Research Poll, 1999), while 23% believe that cigarettes should be illegal (Opinion Dynamics, 1998). Compared to this, only 15% of the public favors legalizing all drugs (Gallup Organization, 1995). The support for marijuana legalization, however, is higher. According to a poll conducted by the Gallup organization, 43% of the general public supports marijuana legalization for medicinal purposes and 28% support the general legalization of marijuana (1999).

The statistics regarding the attitudes of both the public defenders and faculty regarding prohibition of alcohol and tobacco and the legalization of hard drugs (marijuana, cocaine, heroin, LSD, and methamphetamines) will be examined. The first hypothesis that will be tested is that public defenders are more likely to favor the legalization of marijuana and other illegal drugs for *medical purposes* than the faculty. It is assumed that public defenders are better able to separate the anti-drug message of the media from the medical benefits of the illegal drugs and hence are more likely to support medical legalization of drugs.

Harm Reduction

Harm reduction means reducing or minimizing the personal and social harm caused by drug use rather than making abstinence the primary goal. An example of harm reduction is providing drug users with clean hypodermic needles. It is known that the sharing of needles among drug users is a significant cause of AIDS. Intravenous drug users diagnosed with AIDS represented 24% of AIDS cases in men and 47% of those in women in 1997 (Center for Disease Control, 1998). Under current California law, possession of hypodermic needles is unlawful (California Health and Safety Code § 11364). Legalizing the possession of hypodermic needles and a wider funding for the needle exchange program may reduce the spread of AIDS and other infectious diseases. Polls show that 18% of people surveyed strongly believe and 16% somewhat believe that needle exchange programs decrease the spread of HIV virus and do not contribute to more drug use (The Polling Company, 1998).

A study comparing the changes over time in HIV prevalence in injecting drug users worldwide, for cities with and without needle-exchange programs, found that needle exchange programs led to a reduction in HIV incidence among injecting drug users. This finding strongly supports the view that needle exchange programs are effective (Hurley & Jolley, 1997). Also, an experimental program in Swiss prisons has found that syringe exchange reduces the spread of AIDS but does not seem to encourage drug use (Nelles, Fuhrer, Hirsbrunner, & Harding, 1998).

Another example of harm reduction involves substituting a legal for an illegal drug addiction. Methadone maintenance, for instance, is a treatment for heroin addiction.

Methadone is a synthetic opiate that reduces drug craving and prevents withdrawal symptoms for 24-72 hours. Heroin on the other hand, is short acting and is illegal (Inaba, Cohen, & Holstein, 1997). Currently, methadone is available only through special clinics. Polls show that 30% of the people strongly agree and 28% somewhat agree that methadone should be available at doctors' offices (The Polling Company, 1998). The National Consensus Development Panel (1998) agreed that methadone maintenance treatment is effective in reducing illicit opiate drug use, reducing crime, enhancing social productivity, and reducing the spread of AIDS and hepatitis.

It has been argued that legalization of drugs can, in itself, contribute to harm reduction. If drugs are legalized and the government regulates the production, distribution, and sale, the purity and price of the drug can be controlled. One of the major causes of overdoses is that the purity of street drugs varies widely. Also, expensive drugs (with a high street price) like heroin are often diluted with powdered milk, sugar, baby laxative, aspirin, Ajax, quinine, or talcum powder (Inaba, Cohen, & Holstein, 1997). The user injects these additives into the bloodstream along with the drug leading to serious infection and even death.

Treatment is another way to reduce harm. Treatment can be voluntary or mandated by law. Treatment has the added benefit of being economical. According to a RAND study, "treatment is seven times more cost-effective than domestic drug enforcement in reducing cocaine use and 15 times more cost-effective in reducing the social costs of crime and lost productivity" ("White House," 1994).

The second hypothesis that will be tested is that university faculty are more likely to support mandatory treatment of addicts than the public defenders because public defenders are more attuned to the difference between mandatory and voluntary treatment.

Violation of Rights and Morality of Drug Use

Some believe that the current drug policy violates the rights of the criminal defendants and some believe that drugs should remain illegal, as it is immoral to use drugs. These aspects are discussed below.

Violation of Rights

Harsh sentencing policies for people convicted of drug offenses has been a strategy of the war on drugs (Walker, 1998). The eighth amendment to the U. S. Constitution prohibits excessive bail and fines and cruel and unusual punishment. Michigan has the harshest drug laws in the country. A mandatory life sentence without parole is imposed on anyone convicted of possessing 650 grams or more of cocaine or heroin with the intent to sell ("Michigan Legislators," 1997).

California also has harsh laws. The use or being under the influence of cocaine, heroin, and methamphetamines is a misdemeanor and is punishable by a minimum sentence of ninety days to more than a year in the county jail (California Health and Safety Code § 11550). Possession of 28.5 grams of marijuana (other than concentrated cannabis) or less is a misdemeanor and is punishable by fine of one hundred dollars (California Health and Safety Code § 11357). Possession of more than 28.5 grams of marijuana (other than concentrated cannabis) is punishable by imprisonment in the

county jail for a period of six months or a fine of five hundred dollars or both (California Health and Safety Code § 11357). Possession of concentrated marijuana is punishable by a fine of up to five hundred dollars or imprisonment in the county jail for one year or both or imprisonment in the state prison (California Health and Safety Code § 11357).

Possession of heroin and cocaine is punishable by imprisonment in the state prison (California Health and Safety Code § 11350). Possession of LSD (Lysergic Acid Diethylamide) and methamphetamines is punishable by imprisonment in the county jail for one year or in the state prison (California Health and Safety Code § 11377).

The sale of marijuana is punishable by imprisonment in the state prison for a period of two, three, or four years (California Health and Safety Code § 11360). Sale or possession for sale of heroin and cocaine is punishable by imprisonment in the state prison by two, three, or four years (California Health and Safety Code § 11351 and 11352). Sale of LSD or methamphetamines is punishable by imprisonment for a period of two, three, or four years in the state prison (California Health and Safety Code § 11379). Possession for sale of LSD and methamphetamines is punishable by imprisonment in the state prison (California Health and Safety Code § 11378).

To some, drug laws represent a violation of fundamental rights. Robert W. Sweet, a District Judge in New York City, comments that, "The Framers of the Constitution acknowledged that individuals possess certain rights which are not enumerated in the text of the Constitution and not contingent upon the relationship between individual and Federal Government" (Sweet, 1996, p. 45). According to Torruella, the courts have refused to recognize some narrowly defined rights as

fundamental, such as the right to possess marijuana or cocaine (1996). According to John Stuart Mills, criminal sanctions cannot and should not attempt to modify individual behavior that results in no harm to others (Castell, 1947). Others argue that Mills' concept of liberty does not extend to drug use, as it harms others in the form of domestic violence, child abuse, and the number of drug-impaired, addicted and abandoned children (Rosenthal, 1991).

Supporters of the current drug policy say that drug addiction is a form of enslavement and argue that the state should take action "not just to free addicts from chains of chemical dependency that take away the freedom to be all that God meant them to be, but to prevent those bonds from shackling them" (Califano, 1997, p. 46). This is countered with the argument that the government's job is not to protect people from themselves. A person should be able to engage in drug use because that right to ingest substances is a part of the right to self-determination, which is based on a constitutional foundation yet undeclared (Torruella, 1996).

Morality of Drug Use

Morality of drug use is an important argument against legalization. William Bennet, former director of the Office of the National Drug Control Policy, considers drug use and control as moral issues (Ostrowski, 1990). He has called drug legalization "morally scandalous" (Goode, 1998). Professor Erich Goode has referred to people who oppose legalization on moral grounds as cultural conservatives. They contend that drug abuse occurs due to lack of self-control and that drug use is immoral and a repugnant

vice. Drugs should be outlawed because their use represents a repudiation of tradition and conservative values (Goode, 1998).

Polls show that 45% of the public believes that a breakdown in moral values is a major reason some Americans use illegal drugs (Louis Harris & Associates, 1997). Walker (1998) talks about this sense of public hysteria over drugs. "Scare stories about reefer madness, crack babies, or drug gangs prevent us from thinking clearly about drug policy" (Walker, 1998, p.244). This sense of public hysteria may be manifested as a morality issue. Due to this sense of public hysteria, the faculty, who are a segment of the general public, are more likely to perceive drug use as a moral issue. Thus, the third hypothesis is that drug use is more likely to be a moral issue with the faculty than the public defenders.

Deterrent Effect of Penalties

Both the federal and state drug policies emphasize harsh penalties based on the premise that imprisonment deters the offender (Meares, 1998). However, the increase in the number of inmates incarcerated on drug offenses contradicts this assumption. From 1990 to 1996 the increase in drug offenses among state inmates almost doubled from 149,700 to 237,600. In 1996, an estimated 109,200 jail inmates were being held for drug offenses compared to 87,400 in 1989. Prisoners sentenced for drug offenses in 1996 constituted the largest group of federal inmates (59.0%), up from 53.0% in 1990 (Bureau of Justice Statistics, 1999b). Drug law enforcement is a classic example of "deterrence-worship in public policy" (Meares, 1998). Despite these statistics almost half the public

strongly supports making the penalties more severe for possession and sale of drugs (Gallup Organization, 1995). Since the faculty represents a portion of the public, it is hypothesized that faculty would be more likely than public defenders to agree that the penalties deter.

If it is argued that incarceration does not deter but rather incapacitates, then incapacitation of drug offenders by incarceration seems to an impractical approach. For instance, according to the Substance Abuse and Mental Health Administration (1997), an estimated 1.7 million Americans were current users of cocaine in 1996, whereas the number of state inmates held for drug offenses was 237,600. This means that only about 14.0% of the people who actually commit a drug offense are incarcerated. This is a conservative estimate, as the number of people who abuse other illicit drugs has not been taken into account. Even a 100% increase in incarceration would leave a majority of drug offenders free in society. Walker (1998) concluded imprisonment has not had any deterrent or incapacitative effect.

Perceived Effects of Legalization

There are several potential effects of legalization that cannot be tested unless drugs are legalized. Some believe that legalization would increase drug use among minorities and increase the number of addicts. Right now it is, “. . . impossible to predict whether or not legalization would lead to much greater levels of drug abuse” (Nadelmann 1989, p 944). Others believe that legalization would decrease crime and the cost of the criminal justice system. Each of these arguments is examined below.

Legalization and Minorities

Many people fear that legalization will increase drug use by minorities. Minorities have been implicated in the drug problem, perhaps due to the pattern of concentration of the vice market in stigmatized, and segregated communities (Kornblum, 1991). Evidence shows that the war on drugs has been fought in minority communities. There is also a disproportionate representation of minorities in the criminal justice system. Racial minorities are arrested for drug offenses at a disproportionately higher rate and this difference is reflected in the prison population (Walker, Spohn, & DeLone, 2000). For instance, the percentage of Blacks and Hispanics in jails for drug offenses was 55.3% compared to 14.1% for Whites (Sourcebook of Criminal Justice Statistics, 1999). In contrast, the findings of the National Household Survey on Drug Abuse indicate that most users of currently illicit drugs are Whites (Substance Abuse and Mental Health Administration, 1999). Whites constitute 72% of all users, Blacks constitute 15% and Hispanics constitute 10% (Substance Abuse and Mental Health Administration, 1999). Current data shows that the percentage of Hispanics using drugs is lower than the percentage of Whites. For the U.S. population age 12 and older, six percent of the White population is a current user of illicit drugs. 5.1% of Hispanic population is a current user of illicit drugs. For the black population the figure is slightly higher (7.9%) (Substance Abuse and Mental Health Administration, 1999).

Legalization and Increase in Drug Use and Addicts

It has been argued that if drugs are easier to obtain and less expensive more people will use them (Califano, 1997). Pro-legalists claim that a well-designed and

implemented policy should not result in an increase in major drug use (Nadelmann, 1989). However, 62% of the public believes that drug use would increase if drugs like heroin and cocaine were made legal (The Polling Company, 1998). Nadelmann (1989) believes that it is unlikely that the currently illicit drugs would become popular like alcohol and tobacco if legalized.

Currently, there is no data available on the number of drug abusers and addicts, it is difficult to accurately predict the increase in drug use and the subsequent increase in the number of addicts or drug abusers if drugs are legalized. However, an estimate of the number of addicts and drug abusers can be extrapolated based on the past thirty-day use of drug. However, it should be noted that this is only an estimate as all drug users are not addicts or drug abusers. For instance, in 1997, 5.1% of the population had used marijuana in the past thirty days (Substance Abuse and Mental Health Service Administration, 1999). Even if the use in the past thirty days is taken to mean daily use in the past thirty days and it is assumed that these are the numbers of drug abusers or addicts, the percentage of marijuana abusers or addicts seems to be small. Similarly in 1997, for cocaine, heroin and hallucinogens, the percentage of people who had used it in the past thirty days was 0.7%, 0.2%, and 0.8% respectively (Substance Abuse and Mental Health Service Administration, 1999). Assuming that all the past month users are drug abusers or addicted to the drug, they constitute a small percentage of the population.

However, the number of addicts or drug abusers as a percentage of the people who have tried drugs in their lifetime is not that small. In 1997, 32.9%, 10.5%, 0.9%, and 9.6% of the population age 12 and older had tried marijuana, cocaine, heroin and

hallucinogens in their lifetime respectively but only 5.1%, 0.7%, 0.2%, and 0.8% of the population had used marijuana, cocaine, heroin and hallucinogens in the past thirty days (Substance Abuse and Mental Health Service Administration, 1999). Again, assuming use in the past thirty days to be an abuse or an addiction to the drug 15.5%, 6.7%, 22.2%, and 8.3% of the population who have tried marijuana, cocaine, heroin, and hallucinogens respectively are drug abusers or addicts. It should be noted that these percentages may be overestimates because of the assumption made and also because many drug addicts are poly drug users. On the other hand, these percentages may be an underestimate as usage and addiction are not separate entities but rather are on a continuum as usage or experimentation can escalate to addiction quickly (Inaba, Cohen, and Holstein, 1997). Thus, these numbers should be interpreted with caution as they are only extrapolations of the current trends and the actual increase in the number of addicts can only be better estimated if drugs were legalized.

The aging out of addicts is another aspect that should be considered during a discussion of the increase in drug use or addicts. According to Conklin (1997), a majority of people who are drug addicts "age out" of addiction. Samples of addicts do not include older addicts and this lack of older addicts cannot be solely accounted for by deaths due to overdose (Conklin, 1997). For example, in 1997 the percentage of the U.S. population reporting "past month use" of illicit drugs in the 18-25 age category was 17.6% which dropped to 4.9% in the 26 and older age category (Substance Abuse and Mental Health Service Administration, 1999). This is cross-sectional data and longitudinal data would be conclusive, however the 12.7% drop in drug use reported by

the higher age category suggests that as people get older, they stop using drugs. Here again it is assumed that use in the past thirty days is an abuse or an addiction to the drug.

To sum up, "The full impact of legalization remains entirely a matter of speculation....Legalization is a high-risk gamble..." (Walker, 1998, p. 266). Depending on who is asked, the answer to whether legalization would cause an increase in drug use or addicts, or drug use among minorities would vary.

Legalization and Crime

Crime associated with drugs is categorized in three ways. First, is the *drug-defined offenses* e.g. drug possession or use. This is discussed further in the next section. Second, is the *drug-related offenses*, offenses caused by the pharmacological effects of the drug, like violent behavior or property crime committed to obtain money to buy drugs. Third, is crime associated with *drug-using lifestyle*, where drug use and crime are part of a deviant lifestyle¹ in which frequency of involvement in illegal activity is increased because drug users may not participate in the legitimate economy and are exposed to situations that encourage criminal activity (Bureau Of Justice Statistics, 1994). If drugs are legalized, it will eliminate drug-defined crimes like drug trafficking, sale, possession, or use of illegal drugs. Legalization advocates argue that the single most important reason for the ineffectiveness of law enforcement strategy in reducing supply or trafficking has been the profit generated by the illegal drug market (Courtwright, 1991). Drug trafficking is almost the largest source of illegally earned

¹ Here it is interpreted that the term "deviant" was used by the Bureau of Justice not in the moral sense but in the statistical sense.

income in the United States, far outstripping the market for illegal gambling or prostitution. It seems unlikely that total annual revenues are much less than \$25-30 billion (Kleiman, 1986). Additionally, "Criminal law enforcement is inherently weak in the face of a strong public demand for a product or service" (Walker, 1998, p. 254). The economic theory of price inelasticity explains why the criminal law is unsuccessful. In a normal market for luxury goods, as the price of a commodity increases, consumers will respond to price increases by cutting back consumption. This is referred to as price elasticity. In markets where demand is inelastic, the buyers are willing to pay a higher price because they are eager to consume the same quantity of the product. The price of black market drugs rises as the penalties are made harsher or as enforcement is increased. Increased penalties for drug offenses represent a greater risk for the dealers and traffickers. The higher prices will deter the non-addict from continuing drug use but will not deter the addict, as the addict's demand for drugs is inelastic. Any decrease in consumption is offset by the price increase. Increasing enforcement will increase the money at stake and thus make the markets more able to support organized crime (Elkins, 1991).

Drug legalization might reduce drug-related crime but its impact on total crime might not be significant because data shows that drug-related crime does not constitute the major proportion of the crime committed. In 1996, 19.0% of the state prisoners and 16.0% of the federal inmates said that they had committed their offense to get money for drugs. Further, only 7.0% of the victims of violent crime perceived that the offender was

under the influence of drugs at the time of the commission of the crime, (Bureau of Justice Statistics, 1996).

According to the Bureau of Justice Statistics (1994), drug-related offenses and a drug-using lifestyle are major contributors to the U.S. crime problem. Although arrestees frequently test positive for recent drug use, merely testing positive for drug use does not establish that the crime was caused by drugs. Drugs and crime are related, but it is a complex relation (Walker, 1998). Criminals are more likely to use drugs than law-abiding citizens, but studies of high-rate offenders show that many began their criminal activity before they started using drugs. For others, drug use occurred before they started engaging in criminal activity, and, for others, involvement in drugs and crime occurred at the same time (Walker, 1998). In these cases, crime is associated with a deviant lifestyle. It is hard to prove drug use as a causal factor of crime and “most crimes occur from a variety of factors...so even when drugs are a cause, they are likely to be only one factor among many” (Bureau of Justice Statistics, 1994). Hence, crime caused by a deviant lifestyle is unlikely to decrease with drug legalization. This implies that the “impact on crimes associated with deviant lifestyles, which include the vast majority of robberies and burglaries, would be very limited” (Walker, 1998, p. 248). If overall crime rate is considered, the crime rate would decrease due to many fewer drug laws.

Legalization and Criminal Justice Costs

The production, sale, possession and purchase of illegal drugs like marijuana, cocaine, heroin and other controlled substances are a crime in themselves. They are drug-defined crimes. If drug laws were repealed, these acts would no longer be crimes.

This would also reduce the cost of the criminal justice system on drug offenses, which is expected to be nearly nine billion in fiscal year 2000 (Bureau of Justice Statistics, 2000).

Hypotheses

In addition to examining the descriptive statistics the following five hypotheses will be tested:

1. Public defenders are more likely to favor the legalization of marijuana and other illegal drugs for medical purposes than the university faculty.
2. Faculty are more likely to support mandatory treatment of addicts than the public defenders because public defenders are more attuned to the difference between mandatory and voluntary treatment.
3. Drug use is more likely to be a moral issue with the faculty than with the public defenders.
4. Public defenders would agree that the penalties do not have a deterrent effect whereas faculty would agree that the penalties deter.
5. Faculty are more likely than the public defenders to believe that legalization would cause an increase in number of addicts.

These hypotheses are based on the reasoning that public defenders are criminal justice practitioners who work closely with the defendants and are familiar with the current trends and statistics. Further, their legal training allows them to appreciate differences that the general public may overlook.

Chapter III Research Methods

Sample and Data Collection

The population for this study was comprised of two groups. One group consisted of all the public defenders in the Public Defender's Office of the Santa Clara County in San Jose, California. There were exactly one hundred public defenders in the Public Defender's Office at the time this survey was conducted. The data collection involved administering a questionnaire to public defenders who attended training sessions held at their office. To ensure that all the public defenders received the questionnaire, a copy of the survey along with a pre-postage paid envelope was left in each public defender's mailbox. To increase the response rate, each public defender was contacted by telephone and requested to complete the anonymous survey. A total of 63 responses were received from the public defenders.

In order to match the comparison group with the public defenders, a random sample of full-time university faculty was chosen. The sample of faculty roughly matches the public defenders in terms of educational level as both the groups have graduate degrees. Most faculty have a doctoral degree whereas the public defenders have a professional graduate degree. A total of 112 surveys were mailed out to a random sample of faculty at San Jose State University in San Jose, California through campus mail. To increase the response rate, each faculty was contacted by telephone and requested to complete the anonymous survey. A total of 51 responses were received from the faculty.

The data was collected between March and May 2000. The attitude of public defenders and the faculty was measured on five different aspects—drug legalization, harm reduction, deterrent effect of penalties, violation of rights and morality of drug use, and perceived effect of legalization.

Questionnaire

The questionnaire designed for this study was an attitude questionnaire. The attitudes were measured on a Likert scale where the responses ranged from 'agree strongly' with the statement made through 'neither agree nor disagree' to 'strongly disagree'. The questionnaire was expected to take about 10 minutes to complete. The questionnaire along with the variables used for each question is given in the Appendix. It consisted of close-ended questions except for one question (Appendix, question 34). Questions were asked pertaining to attitudes towards drug legalization (Appendix, questions 1-11), harm reduction (Appendix, questions 12-15), the deterrent effect of penalties associated with drug-related crimes (Appendix, questions 16-18), the morality of drug use and violation of rights (Appendix, questions 19-22), the perceived effects of legalization (Appendix, questions 23-28), and demographic information (Appendix, questions 29-34).

Drug legalization included questions pertaining to attitudes towards legalization of drugs for medical purposes, legalization of drugs with restrictions for minors, legalization of specific drugs like marijuana, cocaine, heroin, lysergic acid diethylamide (LSD), and methamphetamines with restrictions for minors, and the attitudes towards

prohibition of alcohol and tobacco for all ages. Harm reduction included questions pertaining to attitudes towards mandatory treatment of addicts, attitudes towards needle exchange programs, methadone therapy and treatment and education. Deterrent effect of penalties included questions pertaining to attitudes towards the deterrent effect of fines, jails, and prisons for being under the influence of drugs, for possession of drugs or for sale of drugs. Morality of drug use and violation of rights measured if respondents felt that drug use represented a breakdown of moral values or if it was immoral to use drugs, if drug laws were too harsh or infringed on civil liberties. The perceived effects of legalization asked if the respondents felt if drug use and number of addicts would increase if drugs are legalized and if crime and cost of criminal justice system would decrease due to drug legalization.

Background information included questions on political ideology, race, gender, if the respondents had children, marital status, years of law experience or teaching experience, and age.

A variable Vocation was created to indicate the respondents' professional background. The coding for the background variables is shown in Table 1. For the background variable Marital, the category 'never married' was renamed 'single' so that respondents who had indicated that they had domestic partners were then coded as single (as in the original questionnaire there was no category for domestic partners). The logic was that even if the respondents had domestic partners, their legal status (at least in California) was single.

Table 1***Coding for Background Variables***

Background Variable	Coding
Political ideology	1: Extremely liberal 2: Liberal 3: Slightly liberal 4: Moderate 5: Slightly conservative 6: Conservative 7: Extremely conservative 8: None
Race	1: White 2: Hispanic/Latino 3: Black/African American 4: Asian 5: Other
Gender	1: Male 2: Female
Children	1: Yes 2: No
Marital status	1: Married 2: Single 3: Widowed 4: Divorced 5: Separated
Years practicing law or teaching	Continuous variable
Age	1: 25-29 years 2: 30-34 years 3: 35-39 years 4: 40-44 years 5: 45-49 years 6: 50-54 years 7: 55-59 years 8: 60 years and older

Except for the demographic information, all the variables were measured on a five point Likert scale. In these responses the respondents are asked if they agreed strongly (coded as 1), agreed (coded as 2), neither agreed nor disagreed (coded as 3), disagreed (coded as 4) or disagreed strongly (coded as 5) with the statements made. No response on a question or a response of 'don't know' was treated as missing data.

Data Analysis

Data analysis was undertaken using Statistical Package for Social Sciences (SPSS, Inc, 1997). Descriptive statistics, t-tests, and regression analysis were carried out.

Coding for Descriptive Statistics

For the descriptive statistics (SPSS, Inc, 1997), all the Likert scale responses were collapsed to a three point scale and re-coded to agree (coded as 1), neither agree nor disagree (coded as 2), and disagree (coded as 3). As all the dependent variables were measured by asking more than one question, for the descriptive statistics, indices were created from the three point Likert responses. These indices (codings are given in Table 2) were:

Medind, a combination of Grassmed and Drugsmed, measures attitude towards legalization for medical reasons.

Drugind, a combination of Cocaine, Heroin, Acid, and Meth, measures attitude towards legalization of drugs. Grass is not included in this index as it is considered a gateway drug (Inaba, Cohen, & Holstein, 1997) to the other harder drugs like cocaine, heroin, LSD, and amphetamines.

Alccgind, a combination of Cigarette and Alcohol, measures attitude towards prohibition of alcohol and cigarettes.

Harmind, a combination of Needle, Methadone, and Treated , measures attitude towards harm reduction.

Fineind, a combination of Influenza-f, Possession-f, and Sale-f, measures attitude towards the deterrent effect of fines.

Jailind, a combination of Influenza-j, Possession-j, and Sale-j, measures attitude towards the deterrent effect of jail sentences.

Prisonind, a combination of Possession-p and Sale-p, measures attitude towards the deterrent effect of prison sentences.

Libertyind, a combination of Liberty and Harsh, measures attitude towards violation of rights.

Moralind, a combination of Values and Morality, measures attitude towards the morality of drug use.

Effectind, a combination of Crime and Cost, measures attitude towards the effects of legalization.

The background variable Race was dichotomously re-coded as 1 and 0 where 1 category was White and 0 was other (Hispanic, Black, Asian, and other). The background variable Gender was dichotomously re-coded as 1 and 0 where 1 category was male and 0 was female. The background variable Children was dichotomously re-coded as 1 and 0 where 1 meant that the respondents had children and 0 was that

Table 2
Coding for Indices used in Descriptive Statistics

Index	Description of the Indexes	Component Variables	Coding
Medind	Measures percentage of respondents who agree with legalizing marijuana and other drugs for medical use	Grassmed Drugsmed	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables
Drugind	Measures percentage of respondents who agree with legalizing cocaine, heroin, LSD, and methamphetamine with restriction for minors	Cocaine Heroin Acid Meth	0: Neither or disagree 1: Agree on one variable 2: Agree on two variables 3: Agree on three variables 4: Agree on all four variables
Alccgind	Measures percentage of respondents who agree with prohibition of alcohol and cigarettes for all ages	Cigarett Alcohol	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables
Harmind	Measures percentage of respondents who support various means of harm reduction	Needlex Methadon Txedu	0: Neither or disagree 1: Agree on one variable 2: Agree on two variables 3: Agree on three variables
Fineind	Measures percentage of respondents who agree that fines have a deterrent effect	Influ-f Posses-f Sale-f	0: Neither or disagree 1: Agree on one variable 2: Agree on two variables 3: Agree on three variables
Jailind	Measures percentage of respondents who agree that jail sentences deter	Influ-j Posses-j Sale-j	0: Neither or disagree 1: Agree on one variable 2: Agree on two variables 3: Agree on three variables
Prisonind	Measures percentage of respondents who agree that prison sentences deter	Posses-p Sale-p	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables

Libertyind	Measures percentage of respondents who agree that drug laws violate rights and are harsh	Liberty Harsh	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables
Moralind	Measures percentage of respondents who agree that drug use is immoral and represents breakdown of moral values	Values Morality	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables
Effectind	Measures percentage of respondents who agree that legalization will decrease crime and cost of criminal justice system	Crime Cost	0: Neither or disagree 1: Agree on one variable 2: Agree on both variables

respondents had no children. The background variable Marital were dichotomously re-coded as 1 and 0 where 1 meant the respondent was married and 0 was other (single, widowed, divorced, and separated). Polid was collapsed and re-coded as liberal (coded as 1), moderate (coded as 2), and conservative (coded as 3). Age was re-coded as a continuous variable Ageconts by substituting the midpoints of the interval widths for each category. The last category had no upper limit and midpoint was guessed to be 65 years (Dowdall, Logio, Babbie, and Halley, 1999).

Coding for T-test and Regression Analysis

For the t-test and regression analysis (SPSS, Inc, 1997), the five-point Likert scale responses for each of the dependent variables were used. As all aspects were measured by asking more than one question, composite variables were created. These composite variables were the mean of the component variables and were:

Medical, a mean of Grassmed and Drugsmed, measures attitude towards legalization for medical reasons.

Drugs, a mean of Cocaine, Heroin, Acid, and Meth, measures attitude towards legalization of drugs. Grass is not included in this composite as it is considered a gateway drug (Inaba, Cohen, and Holstein, 1997) to the other harder drugs like cocaine, heroin, LSD, and amphetamines.

Alccg, a mean of Cigarette and Alcohol, measures attitude towards prohibition of alcohol and cigarettes

Harm, a mean of Needlex, Methadon, and Txedu , measures attitude towards harm reduction.

Fine, a mean of Influ-f, Posses-f, and Sale-f, measures attitude towards the deterrent effect of fines.

Jail, a mean of Influ-j, Posses-j, and Sale-j, measures attitude towards the deterrent effect of jail sentences.

Prison, a mean of Posses-p and Sale-p, measures attitude towards the deterrent effect of prison sentences.

Liberty, a mean of Liberty and Harsh, measures attitude towards violation of rights.

Moral, a mean of Values and Morality, measures attitude towards the morality of drug use.

Effect, a mean of Crime and Cost, measures attitude towards the effects of legalization.

The background variable Race was dichotomously re-coded as 1 and 0 where 1 category was white and 0 was other (Hispanic, Black, Asian, and other). The background variable Gender was dichotomously re-coded as 1 and 0 where 1 category was male and 0 was female. The background variable Children was dichotomously re-coded as 1 and 0 where 1 category meant that the respondents had children and 0 was that respondents had no children. The background variable Marital were dichotomously re-coded as 1 and 0 where 1 category was married and 0 was other (single, widowed, divorced, and separated). Polid was collapsed and re-coded as liberal (coded as 1), moderate (coded as 2), and conservative (coded as 3). For regression analysis Age was used as a continuous variable.

Chapter IV Results

Descriptive Statistics

The average age of public defenders is less than that of the faculty. The mean age of the public defenders in the sample is 39.84 (± 9.22) years and that of the faculty is 51.48 (± 9.78) years. The average number of years the public defenders have been practicing law is also less than the average number of years the faculty have been teaching. The average number of years that the public defenders in this sample have been practicing law is 10.22 (± 7.61) years and the number of years the faculty have been teaching is 18.00 (± 10.83) years. For the faculty (in the California State University system, whose faculty was chosen for this study) there is no upper limit of age at which they retire. This might result in the greater mean age for the faculty. This might also account for the greater average number of years the faculty have been teaching as compared to the number of years the public defenders have been practicing law. A description of the sample is given in Table 3. There is a greater disparity in the gender ratio for the public defenders than the faculty. The faculty consists of 48% females whereas females constitute less than 40% of the sample of public defenders. Only half of the public defenders have children whereas two-thirds of the faculty have children. The two samples differ in their marital status also. Almost two-thirds of the faculty are married whereas only half of the public defenders are married. Public defenders are more liberal than the faculty. Three-fourths of the public defenders are liberal whereas three-fifths of the faculty are liberal. There is also a greater racial disparity in the faculty

sample than the public defender sample. Nearly three-fifths of the public defenders are white whereas seven-tenths of the faculty are white. Thus, although the two samples are similar in educational level, they differ in terms of demographics.

As shown in Table 4, the public defenders appear to be more permissive in their attitude on all the aspects that were included in this study. On the issue of legalization, 100% the public defenders agree that marijuana should be legalized for medical purposes but only 85.7% of the faculty agree. On the issue of legalizing both marijuana and other drugs for medical purposes, two thirds of the public defenders agree whereas only half of the faculty agree. Only one third of the faculty feel that all drugs should be legalized with restrictions on minors, but two-fifths of the public defenders feel that all drugs should be legalized with restrictions on minors. Only about six percent of the faculty and less than two percent of the public defenders favor the legalization of all drugs for all ages. Both public defenders and the faculty are against the prohibition of alcohol and cigarettes, two of the three gateway drugs. A majority of the respondents are also in favor of legalizing marijuana, the third gateway drug, with restrictions for minors. Nearly three-fifths of the faculty favor marijuana legalization and four-fifths of the public defenders favor marijuana legalization.

Public defenders favor various methods of harm reduction like needle exchange, methadone, and treatment and education almost unanimously (95.2%) compared to the faculty (73.9%). However, a smaller percentage of public defenders (37.1%) are for mandatory treatment of addicts compared to the faculty (57.1%).

On the issue of the deterrent effect of penalties, a very small percentage of public defenders feel that the penalties have a deterrent effect. For example, in the sample less than five percent of the public defenders believe that fines have a deterrent effect whereas six times as many faculty responded that fines have a deterrent effect. The faculty was three times more likely than public defenders to respond that jail sentences deter. Only one quarter of the public defenders responded that prison sentences act as a deterrent whereas more than half the faculty agreed that prison sentences deter.

As shown in Table 5, public defenders almost unanimously agree that drug laws are harsh but less than half the faculty perceive the drug laws to be harsh (Table 5). Also, the faculty is three times more likely to respond that drug use is a moral issue. However, public defenders do not think that drug use is an issue of morality.

As shown in Table 6, less than one third of the public defenders believe that drug use will increase due to legalization whereas more than half the faculty agrees that legalizing drugs will result in increased drug use. Similarly, almost two fifths of the faculty agree that drug legalization would cause an increase in the number of addicts whereas almost one fourth of the public defenders believe the same.

Test of Hypotheses

The results of the t-test bear out the pattern found in the descriptive statistics². The results are shown in Tables 7 –11. The public defenders are more likely to agree

² The only exception is the variable "legalizing drugs for all ages" where there is a slight inconsistency between the descriptive data and the t-test result. For this variable, t-test mean is 4.35 (for public defenders) and 4.65 (for the faculty) (Table 7). This implies that both public defenders and faculty are not

with legalization of marijuana and other drugs for medical purposes than do the faculty (Table 7). The public defenders are also more inclined to legalize marijuana than the faculty. Public defenders are more inclined to legalize all drugs than faculty (Table 7). The t-tests for the variable 'legalizing with restriction on minors' and 'prohibiting both alcohol and cigarette' were not statistically significant. Both the faculty and the public defenders disagree that drugs should be legalized for all ages.

The public defenders are significantly less likely to support mandatory treatment of addicts than the faculty. Both public defenders and the faculty support the wider availability of methadone, needle exchange, and treatment but public defenders are significantly more in favor of other harm reduction methods like methadone, needle exchange and treatment and education than the faculty (Table 8).

As shown in Table 9, the public defenders significantly disagree that fines act as a deterrent. They are also more likely than the faculty to disagree that jail and prison sentences deter.

As shown in Table 10, the public defenders differ significantly from the faculty on the harshness of drug laws. They are more likely to agree that drug laws violate civil rights and for them drug use is not a moral issue.

in favor of legalizing drugs for all ages. In relative terms, this implies that public defenders are more likely to favor legalizing for all ages compared to the faculty. On the other hand, descriptive data for this variable shows that less than two percent of the public defenders are in favor of legalizing for all ages compared to six percent of the faculty. In order to be consistent with the t-test result, the percentage of public defenders favoring legalization of all drugs should have been greater than the faculty. This discrepancy can probably be explained by the fact that for the t-test, the original data was used i.e. a Likert scale ranging from 1 (strongly agree) through 5 (strongly > disagree), but for calculating the descriptive statistics, the data was collapsed to a three point Likert scale i.e. 1 (agree), 2(neither), and 3 (disagree).

Public defenders agree that drug legalization will result in a decrease in crime and cost of the criminal justice system. They are more likely than the faculty to believe that crime and the cost of the criminal justice system will decrease due to legalization (Table 11). The public defenders are more likely to disagree that drug use will increase, drug use among minorities will increase, or the number of addicts will increase due to drug legalization (Table 11).

Multiple Regression Analysis

To ensure that the difference in the findings between the samples is because of professional backgrounds and not because of demographic characteristics of the sample, multiple regression analysis was undertaken. Due to the fact that the dependent variables do not follow a normal distribution, the results of the regression analysis are exploratory in nature and should be treated with caution. For the multiple regression model, the independent variables used were Age, Children, Gender, Marital, and Vocation. The correlation coefficients for all pairs of independent variables were less than 0.5 (Table 12). Thus a multiple regression analysis was carried out. The results of the regression analysis are shown in Tables 13-17 and are consistent with the results from the t-test. Data was not interpreted where the adjusted R^2 for the model was not significant.

The results of the multiple regression analysis for the legalization variables are shown in Table 13. The variables Age and Vocation are significant on the issue of legalizing drugs (including marijuana) for medical use (Table 13). As can be seen from the standardized regression coefficient (β), Vocation is a much stronger predictor of

attitude towards legalization than Age. Attitude towards legalization for medical purposes becomes permissive as age of the respondent increases. Public defenders are more likely to agree to legalizing drugs for medical purposes than the faculty. For the prohibition of both alcohol and cigarettes, the significant variables are Age, Children, and Gender. Older respondents oppose prohibition and respondents with children favor prohibition of both alcohol and cigarettes. Males oppose prohibition and females favor prohibition.

In terms of harm reduction, (Table 14), the only significant variable is Vocation. Public defenders are against mandatory treatment but support more methadone therapy, needle exchange, and treatment and education than the faculty.

The results of the multiple regression analysis for the deterrence variables are shown in Table 15. In measuring the deterrent effect of fines, the significant variables were Gender and Vocation. As can be seen from the standardized regression coefficient (β), Vocation is a stronger predictor of attitude towards deterrent effect of fines than Gender. Males agree that fines have a deterrent effect. Public defenders disagree that fines act as a deterrent. In measuring the deterrent effect of jail sentences, the significant variables were Age, Gender and Vocation. As can be seen from the standardized regression coefficient (β), Vocation is a stronger predictor of attitude towards deterrent effect of penalties than Age or Gender. For jail sentences, older respondents disagree that jail sentences have a deterrent effect. Males agree that jail sentences have a deterrent effect. Public defenders disagree that jail sentences have a deterrent. In measuring the deterrent effect of prison sentences, the significant variables were Gender and Vocation.

Again, as can be seen from the standardized regression coefficient (β), Vocation is a stronger predictor of attitude towards deterrent effect of penalties than Gender. Males agree that prison sentences have a deterrent effect. Public defenders disagree that prison sentences have a deterrent.

The results of the multiple regression analysis on the issue of rights violation and morality are shown in Table 16. On the issue of violation of rights, the significant variables are Gender, Marital, and Vocation. From the standardized regression coefficient (β), it is clear that Vocation is a stronger predictor of attitude towards violation of rights and morality than Gender or Marital. Males, married respondents and public defenders agree that drug laws violate rights. In measuring the harshness of drug laws, the only significant variable was Vocation. Public defenders agree that drug laws are harsh. In measuring the morality of drug use, the only significant variable was Vocation. Public defenders disagree that drug use is immoral and represents a breakdown of moral values.

The results of the multiple regression analysis on the perceived effects of legalization are shown in Table 17. In measuring that legalizing will cause increase in drug use, the only significant variable was Vocation. Public defenders disagree that drug legalization will cause an increase in drug use. In measuring that legalizing will cause increased in drug use among minorities, the only significant variable was Gender and Vocation. From the standardized regression coefficient (β), it is clear that Vocation is a stronger predictor of attitude towards perceived increase in drug use by minorities than Gender. Males agree that legalizing drugs will cause an increase in drug use among

minorities. Public defenders disagree that drug legalization will cause an increase in drug use among minorities. In measuring that legalizing will cause increase in number of addicts, the only significant variable was Gender and Vocation. Here the standardized regression coefficients (β) shows that Gender was a slightly better predictor of attitude towards increase in number of addicts than Vocation. Males agree that legalizing drugs will cause an increase in number of addicts. Public defenders disagree that drug legalization will cause an increase in number of addicts.

Except for issue of increase in number of addicts due to legalization and the prohibition of alcohol and cigarettes, the above data indicate that Vocation is the most significant variable affecting attitudes towards drug issues and it explains the most variation in the data.

Table 3***Demographic Comparison of Public Defenders and University Faculty***

	Variable	Public Defenders		Faculty	
		<i>N</i>	(%)	<i>N</i>	(%)
Gender	Male	39	62.9	26	52.0
	Female	23	37.1	24	48.0
Children	Yes	31	50.8	33	66.0
	No	30	49.2	17	34.0
Marital	Married	36	59.0	39	78.0
	Other	25	41.0	11	22.0
Political Identity	Liberal	45	73.8	29	61.7
	Moderate	12	19.7	11	23.4
	Conservative	4	6.6	7	14.9
Race	White	39	62.9	35	70.0
	Other	23	37.1	15	30.0

Table 4***Percentage of Public Defenders and University Faculty who Agree on Legalization***

Variable	Public Defenders		Faculty	
	<i>N</i>	(%)	<i>N</i>	(%)
Legalizing marijuana	63	79.4	49	59.2
Legalizing drugs (including marijuana) for medical use	61	67.2	47	48.9
Legalizing all drugs with restrictions on minors	60	38.3	46	30.4
Legalizing all drugs for all ages	60	1.7	49	6.1
Legalizing heroin, cocaine, LSD, and amphetamines	62	29.0	49	22.4
Prohibiting both alcohol and cigarettes	63	4.8	50	6.0

Table 5***Percentage of Public Defenders and University Faculty who Agree on Violation of Rights and Morality of Drug Use***

Variable	Public Defenders		Faculty	
	N	(%)	N	(%)
Drug laws violate civil rights	62	45.2	49	32.7
Drug laws are harsh	62	95.2	45	46.7
Drug use is immoral or represents breakdown of moral values	62	3.2	47	36.2

Table 6***Percentage of Public Defenders and University Faculty who Agree with the Perceived Effects of Legalization***

Variable	Public Defenders		Faculty	
	<i>N</i>	(%)	<i>N</i>	(%)
Drug legalization will decrease crime and generate savings in the criminal justice system	61	77.0	41	68.3
Legalization will cause increased drug use	60	31.7	39	48.7
Legalization will cause increased drug use among minorities	58	25.9	34	44.1
Legalization will cause increase in number of addicts	60	26.7	42	38.1

Table 7

Comparison of Attitudes of Public Defenders and University Faculty on Legalization

Variable	Agency	N	Mean	S.D. (±)	Levene's Test for Equality of Variance (Sig.)	t	Sig. (1-tailed) p
Legalizing marijuana	P.D. Faculty	63 49	1.98 2.59	1.24 1.51	.01	-2.28	≤.05
Legalizing drugs (including marijuana) for medical use	P.D. Faculty	61 47	1.61 2.28	0.63 1.14	.00	-3.63	≤.001
Legalizing with restriction on minors	P.D. Faculty	60 46	3.12 3.54	1.37 1.46	.54	-1.55	n.s.
Legalizing for all ages	P.D. Faculty	60 49	4.35 4.65	0.73 0.88	.54	-1.96	≤.05
Legalizing all four hard drugs-heroin, cocaine, LSD, and amphetamines	P.D. Faculty	62 49	3.31 3.84	1.22 1.50	.16	-2.04	≤.05
Prohibiting both alcohol and cigarettes	P.D. Faculty	63 50	4.26 4.09	0.96 0.96	.02	0.95	n.s.

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

n.s.: not significant

Table 8***Comparison of Attitudes of Public Defenders and University Faculty on Harm Reduction***

Variable	Agency	N	Mean	S.D. (±)	Levene's Test for Equality of Variance (Sig.)	t	Sig. (1-tailed) <i>p</i>
Mandatory treatment of addicts	P.D. Faculty	62 49	3.13 2.63	1.32 1.22	.34	2.03	≤.05
Wider availability of methadone, needle exchange and treatment	P.D. Faculty	63 46	1.31 1.80	0.38 0.82	.00	-3.73	≤.001

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

Table 9***Comparison of Attitudes of Public Defenders and University Faculty on the Deterrent Effect of Penalties***

Variable	Agency	N	Mean	S.D. (±)	Levene's Test for Equality of Variance (Sig.)	t	Sig. (1-tailed) <i>p</i>																				
Fine as a deterrent	P.D.	62	4.17	0.91	.01	4.42	≤.001																				
	Faculty	43	3.22	1.20				Jail as a deterrent	P.D.	61	3.75	1.04	.06	3.71	≤.001	Faculty	42	2.93	1.19	Prison as a deterrent	P.D.	61	3.45	1.15	.08	3.01	≤.01
Jail as a deterrent	P.D.	61	3.75	1.04	.06	3.71	≤.001																				
	Faculty	42	2.93	1.19				Prison as a deterrent	P.D.	61	3.45	1.15	.08	3.01	≤.01	Faculty	42	2.71	1.32								
Prison as a deterrent	P.D.	61	3.45	1.15	.08	3.01	≤.01																				
	Faculty	42	2.71	1.32																							

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

Table 10***Comparison of Attitudes of Public Defenders and University Faculty on the Issue of Violation of Rights and Morality of Drug Use***

Variable	Agency	N	Mean	S.D. (±)	Levene's Test for Equality of Variance (Sig.)	t	Sig. (1-tailed) p
Drug laws violate civil rights	P.D. Faculty	62 49	2.72 3.43	1.29 1.41	.36	-2.73	≤.01
Drug laws are harsh	P.D. Faculty	62 45	1.26 3.04	0.65 1.49	.00	-7.53	≤.001
Drug use is immoral and represents breakdown of moral values	P.D. Faculty	62 47	4.22 3.44	0.71 1.03	.01	4.46	≤.001

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

Table 11***Comparison of Attitudes of Public Defenders and University Faculty on the Perceived Effects of Legalization***

Variable	Agency	N	Mean	S.D. (±)	Levene's Test for Equality of Variance (Sig.)	t	Sig. (1-tailed) <i>p</i>
Legalization will decrease crime and cost of criminal justice system	P.D.	61	1.88	0.91	.13	-1.86	≤.05
	Faculty	41	2.26	1.15			
Legalization will cause increase in use	P.D.	60	3.55	1.19	.29	2.68	≤.01
	Faculty	39	2.87	1.30			
Legalization will cause increased drug use among minorities	P.D.	58	3.64	1.18	.06	2.78	≤.01
	Faculty	34	2.88	1.39			
Legalization will cause increase in number of addicts	P.D.	60	3.62	1.15	.44	2.46	≤.01
	Faculty	42	3.02	1.26			

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

Table 12

Zero-Order Correlation Matrix for the Independent Variables Used in the Multiple Regression Analysis

	Age	Children	Gender	Marital	Vocation
Age	1.00				
<i>N</i>	111				
Children	0.45**	1.00			
<i>N</i>	110	111			
Gender	0.01	0.06	1.00		
<i>N</i>	111	111	112		
Marital	0.31**	0.49**	0.11	1.00	
<i>N</i>	110	110	111	111	
Vocation	-0.52**	-0.15	-0.11	-0.20	1.00
<i>N</i>	111	111	112	111	114

** $p \leq .01$ (2-tailed). * $p \leq .05$ (2-tailed)

Table 13

Multiple Regression of Dependent Variable (Legalization Variables) Upon Independent Variables

Dependent Variable	Independent Variable	Unstandardized Regression Coefficient <i>B</i>	Standardized Regression Coefficient β	Model	
				Adjusted R^2	<i>df</i>
Legalizing marijuana	Age	8.72	0.01	0.01	5,101
	Children	0.13	0.04		
	Gender	-0.16	-0.06		
	Marital	-0.15	-0.05		
	Vocation	-0.60 [†]	-0.21 [†]		
Legalizing drugs (including marijuana) for medical use	Age	-0.11*	-0.25*	0.12**	5,97
	Children	0.24	0.12		
	Gender	5.66	0.03		
	Marital	0.19	0.09		
	Vocation	-0.82***	-0.43***		
Legalizing all drugs with restriction on minors	Age	-8.00	-0.12	-0.01	5,95
	Children	2.88	0.01		
	Gender	-0.23	-0.08		
	Marital	-0.10	-0.04		
	Vocation	-0.60 [†]	-0.21 [†]		
Legalizing cocaine, heroin, LSD, and amphetamines	Age	-8.42	-0.13	0.02	5,100
	Children	0.17	0.06		
	Gender	-0.16	-0.06		
	Marital	-0.43	-0.15		
	Vocation	-0.74*	-0.27*		
Prohibiting both alcohol and cigarettes for all ages	Age	0.11*	0.24*	0.07*	5,102
	Children	-0.44 [†]	-0.22 [†]		
	Gender	0.40*	0.20*		
	Marital	-0.20	-0.09		
	Vocation	0.30	0.15		

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

*** $p \leq .001$. ** $p \leq .01$. * $p \leq .05$. [†] $p \leq .1$

Table 14

Multiple Regression of Dependent Variables (Harm Reduction Variables) Upon Independent Variables

Dependent Variable	Independent Variable	Unstandardized Regression Coefficient <i>B</i>	Standardized Regression Coefficient β	Model	
				Adjusted R^2	<i>df</i>
Making treatment mandatory for addicts	Age	0.10	0.17	0.04 [†]	5,100
	Children	-0.47	-0.18		
	Gender	-0.41	-0.16		
	Marital	-8.14	-0.03		
	Vocation	0.60*	0.23*		
Methadone, needle exchange, and treatment available	Age	-3.09	-0.10	0.13**	5,98
	Children	9.38	0.07		
	Gender	0.17	0.13		
	Marital	0.14	0.10		
	Vocation	-0.53***	-0.40***		

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

*** $p \leq .001$. ** $p \leq .01$. * $p \leq .05$. [†] $p \leq .1$

Table 15

Multiple Regression of Dependent Variables (Deterrence Variables) Upon Independent Variables

Dependent Variable	Independent Variable	Unstandardized Regression Coefficient <i>B</i>	Standardized Regression Coefficient β	Model	
				Adjusted R^2	<i>df</i>
Fines act as a deterrent	Age	8.94	0.17	0.24***	5,94
	Children	0.12	0.05		
	Gender	-0.61**	-0.26**		
	Marital	-0.22	-0.09		
	Vocation	1.21***	0.52***		
Jail sentences act as a deterrent	Age	0.13*	0.24*	0.22***	5,93
	Children	-0.24	-0.10		
	Gender	-0.75***	-0.31***		
	Marital	-5.53	-0.02		
	Vocation	1.13***	0.47***		
Prison sentences act as a deterrent	Age	0.12	0.20	0.16***	5,92
	Children	-0.26	-0.10		
	Gender	-0.76**	-0.29**		
	Marital	2.17	0.01		
	Vocation	1.05***	0.41***		

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

*** $p \leq .001$. ** $p \leq .01$. * $p \leq .05$.

Table 16

Multiple Regression of Dependent Variables (Rights and Morality Variables) Upon Independent Variables

Dependent Variable	Independent Variable	Unstandardized Regression Coefficient <i>B</i>	Standardized Regression Coefficient β	Model	
				Adjusted R^2	<i>df</i>
Drug laws violate rights	Age	-3.62	0.01	0.10**	5,100
	Children	0.44	0.16		
	Gender	-0.59*	-0.21*		
	Marital	-0.58 [†]	-0.20 [†]		
	Vocation	-0.69*	-0.25*		
Drug laws are harsh	Age	3.06	0.05	0.40***	5,96
	Children	0.21	0.07		
	Gender	-3.08	-0.01		
	Marital	-0.13	-0.04		
	Vocation	-1.76***	-0.62***		
Drug use is immoral and represents a breakdown of moral values	Age	-3.33	-0.07	0.16***	5,98
	Children	-0.27	-0.14		
	Gender	-3.60	-0.02		
	Marital	-0.12	-0.06		
	Vocation	0.62**	0.32**		

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

*** $p \leq .001$. ** $p \leq .01$. * $p \leq .05$. [†] $p \leq .1$

Table 17

Multiple Regression of Dependent Variables (Effects of Legalization Variables) Upon Independent Variables

Dependent Variable	Independent Variable	Unstandardized Regression Coefficient <i>B</i>	Standardized Regression Coefficient β	Model	
				Adjusted R^2	<i>df</i>
Legalizing will cause decrease in crime and cost	Age	-2.72	-0.06	0.01	5,91
	Children	0.32	0.15		
	Gender	-0.16	-0.08		
	Marital	7.68	0.03		
	Vocation	-0.35	-0.17		
Legalizing will cause increase in drug use	Age	-2.17	-0.04	0.08*	5,89
	Children	-0.13	-0.05		
	Gender	-0.38	-0.15		
	Marital	-0.35	-0.13		
	Vocation	0.52 [†]	0.20 [†]		
Legalizing will cause increased drug use among minorities	Age	-5.43	-0.09	0.09*	5,82
	Children	-9.47	-0.04		
	Gender	-0.52 [†]	-0.19 [†]		
	Marital	0.32	0.12		
	Vocation	0.72*	0.27*		
Legalizing will cause increase in number of addicts	Age	1.56	0.03	0.11**	5,92
	Children	-0.14	-0.06		
	Gender	-0.63*	-0.25*		
	Marital	-0.34	-0.13		
	Vocation	0.55 [†]	0.22 [†]		

Note. The responses are measured on a Likert scale where 1 = strongly agree, 2 = agree, 3 = neither, 4 = disagree, and 5 = strongly disagree.

*** $p \leq .001$. ** $p \leq .01$. * $p \leq .05$. [†] $p \leq .1$

Chapter V Conclusions and Discussion

Conclusions

As was mentioned in the introduction, the issue of public opinion regarding drug policy is a loop consisting of politicians and public mediated by the media. So far, the media has provided an anti-drug message. Missing from this feedback loop is the opinion of practitioners, especially the defense side, and the researchers. Justice system professionals are likely to have different attitudes because of their exposure to the system, knowledge of the legal principles and familiarity with current trends and statistics. This theoretical argument was borne out in the findings. It was found that the attitude of the public defenders is different than that of the faculty.

The first hypothesis that public defenders were more likely than the faculty to favor legalization of currently all illegal drugs for medical purposes was supported. It is possible that the faculty perceives the legalization for medical purposes as a step towards overall legalization of all drugs and hence are not in favor of medical legalization. Also, besides marijuana, other illegal drugs are infrequently used for medicinal purposes, and perhaps the reasoning could be that under medical pretexts drugs might be abused. If this is the rationale behind the faculty's opposition to legalization for medical use, then this implies that regardless of medical benefits, the public defenders view legalization more favorably than the faculty. This is a reflection of the attitude held by the public defenders on the ineffectiveness of the current drug policy.

It should be noted that the sample of the faculty is not representative of the general public. The polls (Gallup Organization, 1999) show that only 43% of the general public favors legalizing marijuana for medical purposes, whereas in this study 87.5% of the faculty favors medical legalization of marijuana. In this study, the sample of the faculty differs from the public most strikingly in the level of education. It can be inferred that educational level has a positive effect on the attitude towards legalization of marijuana for medical purposes.

Public opinion polls show that only 3% (Rasmussen Research Poll, 1999) and 23% (Opinion Dynamics, 1998) of the public supports the prohibition of alcohol and cigarettes respectively. The percentages of public defenders and the faculty supporting prohibition is less than the percentages in the public opinion polls. These results may be attributed to the higher educational level of the two groups (public defenders and faculty) than the general public. Perhaps an opposition to prohibition, as discussed in the introduction, is because alcohol has a special place in American culture that was maintained even during the Prohibition of the 1930's. Additionally, a majority of Americans have used alcohol and tobacco in their lifetime. Thus, it can be concluded that personal use of drugs is an indicator of a positive attitude towards drug use, even though the harm caused by these drugs has been documented. Out of all the illegal drugs, greatest support was for the legalization of marijuana. Again, this might be because marijuana is the most widely used illicit drug. Here again, these attitudes are a reflection of the personal use of marijuana. In general, there is more tolerance for the "gateway"

drugs than hard drugs. As for the legalization of hard drugs, both public defenders and faculty are more against legalization of all hard drugs without restriction on minors.

The data supports the second hypothesis that public defenders were more likely to oppose mandatory treatment of addicts than the faculty. The faculty are more likely to support mandatory treatment. On the other hand, both the public defenders and faculty support the treatment and education of addicts. It should be mentioned again that there is a distinction between mandatory treatment and voluntary treatment, which the public defenders are more aware of by virtue of their legal training. This might account for the difference in attitudes. It is possible that, to the faculty, treatment (whether mandatory or voluntary) represents a non-invasive means of dealing with the drug problem. Similarly, it is expected that the general public would also be more inclined to support mandatory treatment.

Public defenders were more likely to favor various methods of harm reduction than the faculty. This contradicts the previous finding where the faculty supports mandatory treatment, which is one form of harm reduction. However, harm reduction involves not only treatment and education but also needle exchange and methadone therapy. It is possible that the faculty believe that these methods of harm reduction would introduce ambiguity about drug use.

Support was found for the third hypothesis that public defenders were less likely to believe that drug use is a moral issue than the faculty. The morality of drug use is perhaps fostered by the sense of public hysteria and the media and this prevents a rational discussion on drug issues. It is likely that the general public would even more strongly

believe that drug use is immoral. Morality is an issue with the faculty but not with the public defenders. Clearly, the morality issue is influenced by professional background. Practitioners of criminal justice are less likely to view drug use as a morality issue. It is expected that if morality of drug use is an issue with this highly educated sample of faculty, it would even more so be an issue with the public. Here the presumption is that the more educated a person, the less his or her reliance on the morality argument.

The fourth hypothesis was also supported. The public defenders were more likely than the faculty to believe that penalties do not have a deterrent effect. This is probably because public defenders have more factual information than the faculty, being a part of the criminal justice system.

The last hypothesis was also supported. Public defenders were less likely to believe that the number of addicts would increase than the faculty. Overall, public defenders envision a less dismal scenario if drugs are legalized as compared to the faculty. However, this is an area of speculation. Currently there is no data in the U.S. to support the perception that drug legalization would not cause an increase in the number of addicts.

Public defenders were more likely to agree that legalization will cause a decrease in crime and cost of the criminal justice system than the faculty. Here it is possible that the faculty believes that the legalization might cause more drug use and thereby increase crime due to the pharmacological effects of the drug and the criminal justice system expenditure would also increase due to processing of all these cases.

The findings indicate that there is no cognitive dissonance among the public defenders regarding attitudes towards drug issues. Public defenders, like the public, are exposed to the anti-drug message of the media and the accompanying panic generated, but still favor general legalization of drugs more than the faculty, oppose mandatory treatment, do not consider morality as an issue in drug use, and perceive that addicts will not increase with drug legalization.

This study was an exploratory study. Future studies should attempt to survey the attitudes of other criminal justice practitioners, like district attorneys, judges, and correction officers, plus social workers and mental health workers. The comparison group should be a better representation of the public. An attempt should be made to discern the reasons for the difference in attitudes, which can help in the formulation of a more effective drug policy.

Limitations

In this study, public defenders were chosen because they have a unique position in the criminal justice system - they are privy to confidential information about defendants. However, public defenders are not representative of all criminal justice practitioners. Similarly, a sample of university faculty was chosen because they have a similar educational level as the public defenders. However, a sample of the faculty is not representative of the general public. Thus, caution should be used in generalizing these results to all criminal justice practitioners and the general public. It is possible that a survey of district attorneys, judges or correction officials would show a different result.

Similarly, a survey of public who have only a high school education may yield a different result. However, this study is a starting point for a discussion about both the public's and justice system practitioner's attitudes on drug issues.

The two samples are somewhat similar in educational level but vary in demographics. The average number of years the faculty have been teaching is greater when compared to the number of years the public defenders have been practicing law. Additionally, the faculty sample is older, has a nearly equal gender ratio, and more faculty are married and have children than the public defenders. It is possible that these demographic differences between the two groups might have an effect on attitudes towards drug issues. However, the exploratory regression analysis indicates that the most significant factor affecting attitudes on most of the drug issues is the professional background and not the demographic variables.

A methodological limitation was that the responses were measured on a Likert scale, which included a 'neither' category. This prevented the collapsing of the data to dichotomous responses and hence a multiple logistic regression could not be carried out. Multiple logistic regression would have been a useful analytical tool, as the data in this study did not follow a relatively normal distribution.

Policy Implications

In general, the attitudes of the public are different from those of criminal justice practitioners. The media shapes public opinion and the media has not publicized the opinions of practitioners and researchers. The portrayal of the drug issue has been lopsided, with the result that the public does not have a comprehensive view of the drug

problem. The opinions of practitioners and researchers should be well publicized, and a debate should be initiated about the current drug policy. Then public opinion should be measured, which can better guide policy formulation.

At this time, even though the public favors mandatory treatment of addicts, it may not conform with the individual's right to self-determination or the right to choose (public defenders are more likely to believe that drug laws violate rights). This is a legal issue and should be an aspect in the formulation of drug policy. Drug policy should better reflect the opinions of legal experts.

Current drug penalties are harsh, but are still not acting as a deterrent (public defenders are less likely to perceive penalties as a deterrent than the faculty). This means that the current drug policy needs to be revised so that alternative penalties or other means can be devised to reduce drug use, possession, and sale. Treatment and education of addicts, since it is one of the means that finds support with both practitioners and the public, should be emphasized.

At this time, the effects of legalization--increase in number of addicts, drug users or the decrease in crime and cost of the criminal justice system--are only estimates or beliefs of the respondents. Before formulating any policy that proposes legalization, pilot programs in several areas should be tested to examine the effects of legalization.

References

- Blendon, R. J., & Young, J. T. (1998). The public and the war on illicit drugs. *The Journal of American Medical Association*, 279, 827-836.
- Bureau of Justice Statistics. (1994). Drugs and Crime Data [On-line]. Available: <http://www.ojp.usdoj.gov/bjs/pub/pdf/drrc.pdf> Accessed June 9, 2000.
- Bureau of Justice Statistics. (1996). Drugs-related crime [On-line]. Available: <http://www.ojp.usdoj.gov/bjs/dcf/duc.htm> Accessed June 9, 2000.
- Bureau of Justice Statistics. (1999a). Drug use [On-line]. Available: <http://www.ojp.usdoj.gov/bjs/dcf/du.htm> Accessed: June 11, 2000.
- Bureau of Justice Statistics. (1999b). Correctional populations and facilities [On-line]. Available: <http://www.ojp.usdoj.gov/bjs/dcf/correct.htm> Accessed June 11, 2000.
- Bureau of Justice Statistics. (2000). Drug control budget [On-line]. Available: <http://www.ojp.usdoj.gov/bjs/dcf/dcb.htm> Accessed November 13, 2000.
- California Health and Safety Code, Deering's California Codes Annotated § 11350 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11351 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11352 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11357 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11360 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11364 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11377 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11379 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>

- California Health and Safety Code, Deering's California Codes Annotated § 11378 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- California Health and Safety Code, Deering's California Codes Annotated § 11550 (1999) [On-line]. Available: <http://web.lexis-nexis.com/universe/>
- Califano, J. A., Jr. (1997, March), Legalization of narcotics: Myths and reality. *USA today Magazine*, p. 46-47.
- Castell, A. (Ed.). (1947). *On liberty by John Stuart Mill*. New York: Appleton-Century-Croft.
- Center for Disease Control (1998). The HIV/AIDS Epidemic in the United States, 1997-1998 [On-line]. Available: http://www.cdc.gov/nchstp/hiv_aids/pubs/facts/hivrepfs.htm Accessed January 1, 2000.
- Conklin, J. E. (1997). *Criminology* (6th ed.). Boston: Allyn and Bacon.
- Courtwright, D. T. (1991). Drug legalization, the drug war, and drug treatment in historical perspective. *Journal of Policy History*, 3, 393-414.
- Dowdall, G., Logio, K., Babbie, E., & Halley, F. (1999). *Adventures in Criminal Justice Research*. Thousand Oaks, California: Pine Forge Press.
- Doyle, R. (1996). Deaths due to alcohol. *Scientific American* [On-line]. Available: <http://www.health.org/pressrel/alcart.htm> Accessed December 25, 1999.
- Dufour, M. C. (1996). Risks and benefits of alcohol use over the life span. *Alcohol Health & Research World*, 20, 145-151.
- Elkins, D. (1991). Drug legalization: Cost effective and morally permissible. *Boston College Law Review*, 32, 575-627.
- Festinger, L. (1962). *A Theory of Cognitive Dissonance* (1st ed.). Stanford, California: Stanford University Press.
- First Step. (1999, December 16). *San Jose Mercury News*, p. 6B.
- Gallup Organization. (1995). Roper center for public opinion research [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000.
- Gallup Organization. (1999, March 19-21). Americans oppose the general legalization of marijuana [On-line]. Available: <http://www.gallup.com/poll/releases/pr990409.asp> Accessed December 18, 1999.

- Goode, E. (1998). Strange bedfellows: Ideology, politics, and drug legalization. *Society*, 35, 18-28.
- Harwood, H., Fountain, D., & Livermore, G. (1992). The economic costs of alcohol and drug abuse in the United States, 1992 [On-line]. *National Institute on Drug Abuse* (NIH Publication No. 98-4327). Available: <http://www.health.org/puns/qdocs/alcohol/economic.htm> Accessed December 25, 1999
- Hurley, S. F. & Jolley, D. J. (1997). Effectiveness of needle-exchange programs for prevention of HIV infection. *Lancet*, 349, 1797-1800.
- Inaba, D. S., Cohen, W. E., & Holstein, M. E. (1997). *Uppers, downers, all arounders*. (3rd ed.). Ashland, Oregon: CNS Publications, Inc.
- Jacobs, J. (1999, December 13). Drugs-for addicts is smart policy--is dumb politics? A bold plan from Campbell. *San Jose Mercury News*, p. 7B.
- Kleiman, M. A. R., & Saiger, A. J. (1990). Drug legalization: The importance of asking the right question. *Hofstra Law Review*, 18, 527-565.
- Kleiman, M. (1986). Data analysis and requirements for policy toward drug enforcement and organized crime [On-line]. *President's commission on Organized Crime*. Available: <http://www.druglibrary.org/schaffer/GOVPUBS/amhab/amhabc9.htm> Accessed December 23, 1999.
- Kornblum, W. (1991). Drug legalization and the minority poor. *The Milbank Quarterly*, 69, 415-436.
- Lenton, S., & Ovensden, C. (1996). Community attitudes to cannabis use in western Australia. *Journal of Drug Issues*, 26, 783-804.
- Louis Harris & Associates, (1997). Roper center for public opinion research [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000.
- May, P. (1999, October 18). N. M. governor's aim: debate on drug war. *San Jose Mercury News*, p. 1A, 8A.
- McNamara, J. (1996). The war on drugs is lost. *National Review*, 48, p. 38-40.
- Meares, T. L. (1998). Social organization and drug law enforcement. *American Criminal Law Review*, 35, 191.

- Michigan legislators revisit drug law.(1997). *Corrections Today*, 59, 14.
- Nadelmann, E. A. (1989). Drug prohibition in the United States: Costs, consequences, and alternatives. *Science*, 245, 939-947.
- Nadelmann, E. A. (1996). The war on drugs is lost. *National Review*, 48, p. 38-40.
- National Consensus Development Panel. (1998). Effective Medical Treatment of Opiate Addiction. *The Journal of the American Medical Association*, 280, 1936.
- National Drug Control Strategy Network. (1998). Drug use trends [On-line]. Available: <http://www.nsdn.org/mayjun98/trends1.html> Accessed: January 28, 2000.
- National Institutes of Health (2000). Facts about smoking [On-line]. Available: http://rex.nci.nih.gov/NCI_Pub_Interface/Smoking_Facts/about.html Accessed: June 11, 2000.
- Nelles J., Fuhrer, A., Hirsbrunner, H. P., & Harding, T. W. (1998). Provision of syringes: the cutting edge of harm reduction in prison? *British Medical Journal*, 317, 270-273.
- Office of the National Drug Control Policy. (1999). Drug data summary [On-line]. Available: <http://www.whitehousedrugpolicy.gov/pdf/95253.pdf> Accessed: June 11, 2000.
- Opinion Dynamics (1998). Roper center for public opinion research [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000.
- Ostrowski, J. (1990). The moral and practical case for drug legalization. *Hofstra Law Review*, 18, 607-702.
- The Polling Company. (1998). Roper center for public opinion research [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000. [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000.
- Rasmussen Research Poll. (1999). Roper center for public opinion research [On-line]. Available: <http://web.lexis-nexis.com/universe/> Accessed: February 4, 2000.
- Rosenthal, M. (1991). In opposition to drug legalization. *University of California, Davis*, 24, 637-654.

- Sourcebook of Criminal Justice Statistics (1999). Persons under correctional supervision [On-line]. Available: www.ojp.usdoj.gov/bjs/abstract/scjs97.htm Accessed January 26, 2000.
- Substance Abuse and Mental Health Service Administration. (1997). Preliminary Results from the 1996 National Household Survey on Drug Abuse [On-line]. Available: <http://www.health.org/pubs/nhsda/96hhs/rtst1010.htm#E9E10> Accessed: June 11, 2000.
- Substance Abuse and Mental Health Service Administration. (1999). Summary of findings from the 1998 National Household Survey on Drug Abuse [On-line]. Available: <http://www.samhsa.gov/OAS/NHSDA/98SummHtml/TOC.htm> Accessed: January 26, 2000.
- Sutherland, E. H. & Cressey, D. R. (1978). *Criminology* (10th ed.). Philadelphia: Lippincott.
- Sweet, R. W. (1996). The war on drugs is lost. *National Review*, 48, p. 44-45.
- Toruella, J. R. (1996). One judge's attempt at a rational discussion of the so-called 'war on drugs' [On-line]. Available: <http://www.vcl.org/judges%20saying/toruella> Accessed December 23, 1999.
- Walker, S. (1998). *Sense and nonsense about crime and drugs* (4th ed.). Belmont, CA: West/Wadsworth Publishing Company.
- Walker, S., Spohn, C., & DeLone, M. (2000). *The color of justice: Race, ethnicity, and crime in America* (2nd ed.). Australia: Wadsworth.
- Weisheit, R. A., & Johnson, K. (1992). Exploring the dimensions of support for decriminalizing drugs. *The Journal of Drug Issues*, 22, 53-73.
- White House Rejects RAND Study on Drug Treatment. (1994, July) [On-line]. Available: <http://www.ndsn.org/JULY94/RAND.html> Accessed January 1, 2000.
- Wicklund, R. A. & Brehm, J. W. (1976). *Perspectives on cognitive dissonance*. Hillsdale, New Jersey: Lawrence Erlbaum Associates.

Appendix: Questionnaire

Survey on Drug Issues

Variable name is given in bold text.

The following questions ask your opinion on drug legalization. Please indicate if you Strongly agree, Agree, neither agree nor disagree, Disagree, Strongly disagree or Don't know.

1. Marijuana should be legalized for medical purposes. **Grassmed**
 - Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know

2. All other drugs should be legalized for medical purposes. **Drugsmed**
 - Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know

3. All drugs should be legalized with restrictions for minors. **Leggrass**
 - Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know

4. All drugs should be legalized for all ages. **Legall**
 - Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know

5. Marijuana should be legalized with restrictions for minors. **Grass**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
6. Cocaine should be legalized with restrictions for minors. **Cocaine**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
7. Heroin should be legalized with restrictions for minors. **Heroin**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
8. LSD should be legalized with restrictions for minors. **Acid**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
9. Amphetamines should be legalized with restrictions for minors. **Meth**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
10. Tobacco should be made illegal for all ages. **Cigarette**
- Strongly agree
 - Agree
 - Neither

- Disagree
- Strongly disagree
- Don't know

11. Alcohol should be made illegal for all ages. **Alcohol**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

The following statements ask your opinion on treatment of addicts and harm reduction. Please indicate if you Strongly agree, Agree, neither agree nor disagree, Disagree, Strongly disagree or Don't Know.

12. Addicts should be required to undergo mandatory treatment. **Txman**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

13. Government should fund the needle exchange program widely. **Needlex**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

14. Methadone replacement therapy for heroin should be made available widely. **Methadon**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

15. Emphasis should be on drug treatment and education rather than punishment. **Txedu**

- Strongly agree
- Agree

- Neither
- Disagree
- Strongly disagree
- Don't know

The following statements ask your opinion about the penalties associated with drug charges in the United States. Please indicate if you Strongly agree, Agree, neither agree nor disagree, Disagree, Strongly disagree or Don't Know.

16. For being *under the influence of illegal drugs*,

Fines act as a deterrent for defendants. **Infl-f**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

Jail sentences act as a deterrent for defendants. **Influ-j**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

17. For the *possession of illegal drugs*,

Fines act as a deterrent for defendants. **Posse-f**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

Jail sentences act as a deterrent for defendants. **Posse-j**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

Prison sentences act as a deterrent for defendants. **Posse-p**

- Strongly agree

- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

18. For the *sale of illegal drugs*,

Fines act as a deterrent for defendants. Sale-f

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

Jail sentences act as a deterrent for defendants. Sale-j

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

Prison sentences act as a deterrent for defendants. Sale-p

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

The following statements ask your opinion about the issue of individual rights regarding drug charges in the United States. Please indicate if you Strongly agree, Agree, neither agree nor disagree, Disagree, Strongly disagree or Don't Know.

19. Drug laws infringe on civil liberties. Liberty

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

20. Penalties under the current drug laws are too harsh. Harsh

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

The following statements ask for your opinion on the morality of drug use and costs/effects of drug legalization. Please indicate if you Strongly agree, Agree, neither agree nor disagree, Disagree, Strongly disagree or Don't Know.

21. Drug use represents a breakdown of our moral values. **Values**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

22. It is immoral to use illegal drugs. **Morality**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

23. Legalizing drugs implies endorsement to use drugs and sends out the wrong message.

Message

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

24. The number of drug users will increase with drug legalization. **Incuse**

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know

25. Legalizing drugs will lead to an increase in the number of addicts. **Addicts**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
26. Legalizing drugs will lead to an increased drug use among minorities. **Minority**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
27. Drug-related crime will decrease if drugs are legalized. **Crime**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know
28. Legalizing drugs can generate significant savings in criminal justice system costs. **Cost**
- Strongly agree
 - Agree
 - Neither
 - Disagree
 - Strongly disagree
 - Don't know

The following questions ask about demographics. Please indicate your position.

29. What is your political ideology? **Polid**
- Extremely Liberal
 - Liberal
 - Slightly Liberal
 - Moderate
 - Slightly Conservative
 - Conservative
 - Extremely Conservative
 - None

30. Which ethnic background do you identify yourself with? **Race**

- White
- Hispanic/Latino
- Black/African American
- Asian
- Other _____

31. What is your gender? **Gender**

- Male
- Female

32. Do you have children? **Children**

- Yes
- No

33. What is your marital status? **Marital**

- Married
- Never Married
- Widowed
- Divorced
- Separated

34. How many years have you been practicing law as a public defender or teaching at the university level? _____ Years. **Years**

35. Which age category do you belong to? **Age**

- 25 – 29 years
- 30 – 34 years
- 35 – 39 years
- 40 – 44 years
- 45 – 49 years
- 50 – 54 years
- 55 – 59 years
- 60 years and older

THANK YOU VERY MUCH FOR YOUR COOPERATION.