The Center for the Study of Non-Medical Drug Use is a non-profit educational foundation established in 1972 to provide an informed perspective on marijuana and other drugs. The Center's activities include public education, legal programs, and policy evaluation.

The Issue Series is part of the Center's continuing effort to make available to the public diverse ideas, policy proposals, and critical evaluations of existing drug laws and policies.
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FOREWORD

The Sixth Annual NORML Conference of the National Organization for the Reform of Marijuana Laws (NORML), held in December, 1977, marked the beginning of a continuing series of workshops concerning the subject of Women and Marijuana. These discussions have stemmed from the increasing need of the public to be aware of the lack of significant information concerning marijuana use among women. It is estimated that at least 20 million American women have had some experience with marijuana.

Since 1971, the total number of adult women who have tried marijuana, at least once, has doubled. During that same period, the number of regular female marijuana users has also doubled. The number of teenage girls reporting current use of marijuana has tripled. Despite this rapid increase in female marijuana use, there has been virtually no research on the effects of marijuana on the female reproductive and endocrine systems.

Since 1973, less than one percent of the $20 million spent on marijuana research has gone towards studies involving women of childbearing age. Yet one in every four women between the ages of 18 and 25 uses marijuana on a regular basis. There have been no investigations to determine marijuana’s effects on the fetus, nursing or new-born children.

In fact, there has been only a single study, by Dr. Robert Kolodny, which actually used women of childbearing potential. Dr. Kolodney's study, completed in 1977, involved a limited population of chronic, female marijuana smokers. The results of that study, due to be released in early 1979, must be viewed carefully and cannot be expected to answer the many pressing questions which concern the female marijuana user in this country.

With more than eight million women who currently use marijuana on a regular basis, it is obvious that there is a dramatic need for more extensive research and information. As part of its continuing effort to dispense information on matters of drug use in America, The Center for the Study of Non-Medical Drug Use has transcribed the panel discussion on Women and Marijuana which was held on December 10, 1977, as part of the Sixth Annual NORML Conference. It is hoped that this volume will shed some new light on the question of marijuana use among women. It does not pretend to answer all the questions that have been raised, nor does it draw any conclusions. As the Chairperson notes, "This is a beginning."
Panelists

Linda Lucks -- Chairperson, NORML Committee on Women's Concerns

Martha Freeman, M.D. -- Assistant to the Associate Director for New Drug Evaluation, Food and Drug Administration, Bureau of Drugs

Phyllis Lessin, Special Assistant to the Director of the Division of Research, National Institute on Drug Abuse

Melanie Dreher, Ph.D. -- Columbia University School of Public Health

Nancy Wynstra -- Director of Planning and Research, Superior Court, Washington, D.C.

Claudia Booker -- Assistant Executive Director of the D.C. Bar Association
WOMEN AND MARIJUANA
Panel at the Sixth Annual NORML Conference
December 10, 1977

Introduction

Linda Lucks, Chair, NORML Women's Concerns Committee

As a marijuana activist, consumer, woman and mother, I was delighted to have the opportunity, as chair of NORML's 1977 Women's Concerns Committee, to organize and implement this panel of experts on issues concerning Women and Marijuana. Our intent is to begin examining some of the questions that have not been answered or to raise some questions that had not previously been asked. This is the beginning.

To my knowledge, very little has been said or done heretofore which specifically deals with "Women and Marijuana" as a separate issue. Women historically have passed on important information verbally, from "woman to woman" with little if any of that knowledge placed in written form.

The fact that women are still prohibited from being research subjects is an example of their exclusion. Between the years 1973-1977, over $20 million has been spent on marijuana research. Virtually all of that money was spent on research on males.

The particular areas of concern to be addressed during this workshop are: Women and Marijuana Research; Women Convicted of Marijuana Offenses in the Criminal Justice System; and Attitudes toward Women Marijuana Users in Jamaica.

The panelists selected to speak are expert in their various fields who, for the first time, an opportunity to focus on their areas of expertise as they related to women. Their opinions and findings reflect their shared concerns as women.

I'd like to present first of all, Dr. Martha M. Freeman, Assistant to the Associate Director for New Drug Evaluations of the Food and Drug Administration, a graduate of Rochester School of Medicine, board certified in pediatrics. She has served as a reviewing medical officer for New Drug Evaluations at the FDA. Her current responsibilities are coordinator of FDA Advisory Committees and liaison to the American Academy of Pediatrics regarding issues of pediatric drug usage.
Women and Marijuana: FDA Regulations

Dr. Martha M. Freeman

In organizing this workshop Ms. Lucks stated that many women who use marijuana regularly, whether pregnant or not, have expressed concern over the lack of research in women, children and fetuses, concerning drugs in general and marijuana in particular. She requested that I review the present FDA regulations governing the use of women as research subjects, indicate the conditions under which exceptions have been made, consider whether anything can be done (presumably to ease current restrictions) and to indicate whether new regulations are being considered.

At issue are the New Drug Regulations, which derive from the Food, Drug, and Cosmetic Act as passed by Congress in 1962. This Act requires FDA to ensure the safety, efficacy, and appropriate labeling of new drugs before they are marketed for use in the prevention, diagnosis or treatment of disease. It also charges FDA with the responsibility for monitoring the distribution and clinical investigation of all new drugs prior to marketing, from the time they are first administered to humans, in order to ensure that the proposed investigations are scientifically sound and involve minimal risk to the subjects. Thus the New Drug Regulations developed to enforce the FD&C Act require the sponsors of all investigational drugs which cross interstate lines to file an IND (Investigational Drug Notice) which must contain chemical data adequate to assure the identity and purity of the new drug substance, data from animal studies defining the pharmacological, behavioral and toxic effects sufficient to justify the proposed studies in humans, and a plan of clinical study which is scientifically and ethically acceptable. Progress reports and protocols for each new study must be submitted as the investigation proceeds in a stepwise fashion through specific phases as follows:

Phase I conducted, usually, in small numbers of healthy young adults to determine dose-range and how the drug is handled in the body; to Phase II efficacy studies in a relatively small number of patients with the target disease, conducted by experts under carefully controlled conditions and close supervision; and finally, when efficacy and reasonable safety have been demonstrated, the expansion into Phase III involving up to several thousand patients under less stringent requirements for monitoring. Depending upon the nature of the drug and the conditions it is intended to treat, studies may be required in particular patient populations such as young women, pregnant women, geriatric subjects, children, etc. The regulations stipulate, however, that appropriate animal studies must precede these special clinical studies. FDA has developed scientific guidelines indicating the specific animal studies required to support different types of investigations, such as reproduction studies prior to administration of the drug to women of childbearing age or to pregnant women.
FDA regulations do not prohibit drug research in women or any other population group, for that matter. They are purposely flexible to allow judgment to be exercised in this regard based on scientific knowledge of the drug and its intended use and on established scientific principles of research. These principles are reflected in the FDA clinical guidelines which were developed in the past few years with the assistance of outside experts in many fields. You may be interested in the following definition and recommendations concerning women of childbearing potential, as provided in the FDA guideline entitled "General Considerations for the Clinical Evaluation of Drugs:"

A woman of childbearing potential is defined as a premenopausal female capable of becoming pregnant. This includes women on oral, injectable, or mechanical contraception (since these methods have a certain failure rate); women who are single; women whose husbands have been vasectomized or whose husbands have received or are utilizing mechanical contraceptive devices. Women in certain institutions, e.g., prisons, although of childbearing potential, could be considered as not in the appropriate environment to become pregnant during administration of an investigational drug. However, women in mental institutions could become pregnant.

The guideline advises that, in general, women of childbearing potential should be excluded from Phase I, and that after adequate information on efficacy and relative safety has been obtained in Phase II usually in men and postmenopausal women, they may be included in Phase III large scale trials provided that reproduction studies have been completed.

All proposals to include young women in Phase II studies are considered by FDA on their individual scientific merit, and weighed against potential risk to her or to her unborn child in the event of undiagnosed pregnancy. This risk/benefit judgment prior to beginning any research in humans is mandated by the International Code of Medical Ethics adopted by the World Medical Association and incorporated in the Secretary's regulations on human research. It is closely related to the legal requirement to obtain the informed consent of all research subjects. Both the legal and ethical issues are extraordinarily complex for this population since neither a valid risk/benefit judgment nor informed consent can be provided on behalf of any fetus involved knowingly or unknowingly in early drug studies. For these reasons early drug studies in women who are or may be pregnant can be justified only if the possible benefit to the woman outweighs the potential risk to the fetus. For example, a drug that might be potentially lifesaving for the woman would override any fetal considerations. FDA has no authority to waive the requirement that these judgments be made. However, as new knowledge accumulates from studies in animals and in humans, the risk/benefit usually shifts favorably toward justifying the inclusion of young women in therapeutic research studies. However, each research proposal is judged individually in this regard.
To date the only study of marijuana approved for including young women concerns its use as an antiemetic in cancer patients to control the severe nausea and vomiting caused by anticancer drugs. Since the anticancer drugs themselves are known to cause fetal damage, any potential fetal risk from the marijuana is outweighed by possible benefit to the woman.

The present FDA policy is under review in determining whether the information now available justifies including women with other disease conditions as research subjects.

Mechanisms for influencing agency policy and decision making include the filing of petitions and appearing before FDA advisory committees, both of which were recently carried out by this organization. You are aware that a detailed review by FDA of marijuana research was prompted by these actions on your part, the results of which will be published for public comment as a basis for considering the requested changes in the scheduling of marijuana under the Controlled Substances Act. You can be sure that all comments received will be carefully considered by the Commissioner and the Secretary before making recommendations to the Department of Justice. The final decision will be made by the Drug Enforcement Administration.

In closing I would say that public review of public health issues is appropriate and I commend Ms. Lucks and her Women's Committee for providing this opportunity for airing issues relating to women, and for exchanging viewpoints from a number of perspectives.

Thank you, Dr. Freeman. I would like to also add for some of you who may not know and for Dr. Freeman and members of the panel who may not know it, NORML has adopted a policy statement to encourage the changes in FDA regulations prohibiting research on women and the organization will be helping and working harder to change these regulations.

My next guest is Phyllis Lessin, who is a marijuana researcher and anthropologist from Los Angeles. She was project administrator, research coordinator and co-investigator of the U.C.L.A. Marijuana Research Project, one of the largest and most comprehensive research projects on the physiological, psychological and potential therapeutic uses of marijuana. She was brought to Washington in 1975 to serve on the staff of the President's Bio-Medical Research Panel. She is now the special assistant to the director of the division of research of the National Institute on Drug Abuse where she is still heavily involved in the marijuana issue.
Women and Marijuana

Phyllis Lessin

I am speaking as a marijuana researcher and not directly as a staff member of the National Institute on Drug Abuse. My major concern about marijuana research is the lack of research on females. As a marijuana researcher in Los Angeles running a very large program, I had to constantly turn away women who requested participation in our research projects -- exclusively done on men. I had to tell women that FDA policy restricts new drug studies on women of childbearing potential.

The FDA has not had a lot of responsibility dealing with recreational drugs, but rather with new drug developments. So marijuana finds itself in a somewhat unique position. It is a drug that is being used possibly by as many females as males, but the studies have been conducted only on men. One of our findings from our research in California was that marijuana had an acute effect and, over a time, a chronic effect on hormonal levels in males. The level of testosterone, one of the male sex hormones, was lowered. I feel that it is important that women be studied, not just women who are post-menopausal, but females who have an active hormonal system, in order to understand what the effects are on the female body. It is important that women be studied not only for the hormonal effects, but also for the effect of marijuana on the rest of the body.

NIDA is currently looking into the areas of female use of marijuana and the effects of this drug on females. We are in the planning stages for several studies to look at the physiological and psycho-social effects of marijuana on both female users and male users. We are not at this time planning on administering the drug, but rather evaluating long-term users of marijuana for its effects. In the future, we will be attempting to identify large populations of female users who could be test subjects in this area.

Another area that NIDA is interested in investigating is the effects of marijuana on childbirth; and we will be attempting to identify a large population of females who have used marijuana during pregnancy and during nursing in order to look at the direct effect on the children of these women to ascertain what the effects of marijuana may be on the children. These are areas that are being discussed.

NIDA has an Office of Programs for Women's Concerns, which is an advocate program for women in the field, primarily the women in treatment and the women who work with female clients. Through this office, there is an advisory group called the Task Force for Women's Concerns. This Task Force has taken as an issue the fact that females may not be adequately tested in new drug studies, including marijuana. One of the statements we feel is quite important is that the restrictions from FDA have been to protect the potential fetus and the fact that females may be pregnant. There is a possibility that females may not be pregnant.
and could sign informed consent forms stating that they are not pregnant. In this case women are only being looked at in terms of their reproductive organs. They are not being seen as a whole system that is unique. Women may be put at greater risk by not knowing what the effects of drugs are, than the risk that they would be taking by being tested. This may be especially true in the case of marijuana, where women may be using it heavily. However, I feel that the FDA has made some moves which appear to be in the right direction and have approved the first step for cancer patients, including females, to be tested. This is an approval that has come within the past few weeks, but has been discussed for several years. Also an advisory committee to the FDA has recently recommended approval for the first test of marijuana on females of child bearing age. However, the requirements are that the women would be required to have had tubal ligations of longer than one year's duration, and have had active sexual lives during that year. I don't know how they are going to ensure that these criteria are being adequately followed.

These are my concerns, and I plan to continue working in this area. The Task Force for Women's Concerns has been meeting informally with people from the FDA and will continue to meet on this issue.*

*(Since this paper was presented, the National Institute on Drug Abuse has submitted a statement to the Food and Drug Administration strongly recommending a change in the prohibition of drug testing on females. This paper was transmitted to the FDA from the Administrator of the Alcohol, Drug Abuse and Mental Health Administration.)

Our next guest is Dr. Melanie Dreher who is a NIDA post-doctoral fellow at Columbia University. A research project of hers was the Childhood Cannabis Consumption in Jamaica. She did the anthropological pilot project for the Jamaican Ganja Project, recruited the first subjects for that study and compared the prevalence and sale of ganja in three rural communities.
While marijuana use in the United States continues to be about twice as frequent for males as for females, recent data show a clear trend toward an increasing proportion of women among the total population of those who have tried the drug (National Commission on Marihuana and Drug Abuse 1972: 287-288). This steadily decreasing gap in the rate of male and female usage rates has not, however, provided the incentive to investigate the role of women in cannabis activity. Even the major ethnographic research, which purports to view cannabis in the natural setting where all sociocultural parameters may be fully explored, has continued to focus on male social activities and to isolate male subjects for further investigation (Rubin and Comitas 1975; Carter et al. 1976). Consequently, systematically collected data pertaining to the role of women and cannabis are sadly lacking. However, even the incidental references to women that appear in a single volume of cross-cultural information on cannabis use (Rubin 1975) challenge the widely held notion that marijuana is universally a male-dominated activity: in fact, there appears to exist a broad range of female usage rates -- from high participation levels, reported for certain East and South African societies (pp. 95-101), to low female usage in Cambodia (p. 68), West Africa (p. 101) and Nepal (p. 249). In still other societies, female cannabis consumption is confined to specific sectors. For example, reports from Brazil indicate that female usage is greatest among prostitutes and women of nobility (p. 170); in Colombia it is concentrated among the urban middle class (pp. 162-163); and in Mexico it enjoys ritual use by female cult priests (pp. 133-134).

Accounts from other cultures further reveal that women often enjoy a different form and context of consumption than their male counterparts, befitting their different roles in society; e.g., the cannabis infusions and medicines which are ordinarily prepared and administered within the privacy of domestic settings. Cambodian women who have just given birth, for example, are given a small glass of cannabis tea by the midwife before each meal in order to combat post-partum stiffness and to increase the milk supply of nursing mothers (Rubin 1975:70). Vietnamese women use cannabis tea for dysmenorrhea and to produce a feeling of well-being after child birth (p. 71). Jamaican women, as well, prepare ganja (cannabis) teas and tonics for themselves and their families -- both prophylactically, to maintain good health and prevent illness, and therapeutically, for a variety of complaints including upper respiratory infections, asthma, intestinal problems,

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¹The study of cannabis use in three rural Jamaican communities on which this article is based was made possible by a National Institute on Drug Abuse grant (1971-1973), administered by the Research Institute for the Study of Man and the University of West Indies Medical School and by a National Institute of Drug Abuse Research Training Fellowship (1977).
gonorrhea, visual disturbances, marasmus and infant diarrhea, teething discomfort, and depression. Thus claims of minimal female usage may actually mean minimal female smoking. Researchers trained in the North American context, where infusions and ointments are not a prevailing theme in cannabis activity, tend to concentrate their inquiries on social smoking -- a traditionally male-oriented activity in non-western cultures. Since tea and tonic usage commonly occurs in a less obtrusive, more private and more-female oriented context than smoking, such use has remained essentially unexplored. Consequently the apparent male prominence in cannabis activity may be more a reflection of the state of the art than of actual empirical findings.

This is demonstrated quite clearly in the Jamaican example where cannabis tea and tonic consumption enjoys a much broader acceptance, crossing socio-economic, age and sex divisions, while cannabis smoking is ordinarily localized within the adult male working class population. Thus, in one of the three rural communities which provided the basis of this research,"90% of adult women had current experience" with ganja compared with 75% of the men, even though only 20% of the village females had ever smoked ganja compared with nearly 62% of the males.

A brief comparison of the Jamaican male and female life cycles with regard to cannabis reveals the differences between the two types of users. During the first period, infants and children of both sexes are exposed to ganja through the ingestion of ganja teas, tonics and other forms of medicine administered by their parents. This is true even of non-smoking parents who still endorse the health rendering properties of ganja consumed in these forms. Because of the legal penalties and social stigmas attached to ganja use, however, secrecy surrounds this routine procedure and the ganja preparations are commonly disguised by sugar, milk and other flavors such as mint, pimento and anise. Consequently, the youthful consumers -- and even some husbands -- are often unaware that they are being served the tea. In fact, young housewives, who themselves had been given tea regularly as children, report that they first learned the value of ganja medicines and how to prepare them, not from their mothers, but from their mates or slightly older girlfriends and sisters. After these young women establish their own households and begin to boil tea routinely, their mothers may then admit that they had done the same and may even share their ganja supply and receipts with their daughters. For men, inter-generational restrictions continue into adulthood and only in rare instances were father and son observed smoking together.

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2 The geographical features of this particular community permitted widespread cultivation of ganja. Thus, unlike the other communities in which ganja was scarce, many residents of this village had access to uncured cannabis which can be used for teas and tonics.

3 "Current experience" is defined as having consumed ganja in some form within the last three months.
For both males and females, the initial experience with ganja smoking usually occurs in pubescence and most often in the company of older friends and siblings. During the first years after initiation, smoking for both sexes is more often a sporadic act than a regular activity. However, while male users steadily increase and regularize their smoking of ganja, in peer groupings, throughout adolescence, female smoking remains sporadic and experimental if it continues at all beyond the first few tries. A substantial number of adolescent females in all three communities may share an occasional ganja cigarette with friends or siblings. However, their smoking pattern, opposite to that of their male counterparts, never becomes institutionalized with a set pattern of activities, definitive groupings and a code of values. For example, female adolescents are not permitted to participate in the male adolescent smoking sessions that take place every Friday night on the river beach in one of the communities; nor do they form equivalent female ganja-centered peer groupings of their own.

In their twenties, young persons begin to establish their own households, and settle into their adult occupational patterns. Peer-oriented social smoking for men continues, but extends to the work context, where it becomes an integral part of the daily round of work parties, lunch breaks, evening visits and the like. For the adult female as well, patterns of ganja use are functionally linked with the ordinary requirements of rural life. As her peer group involvement steadily decreases and her activities and goals take a more familial focus, her ganja activity is then comprised of preparing tea and other medications for her family and possibly smoking alone or in a pre-sexual context with her mate.

A commonly expressed norm that ganja smoking which allegedly affects the brain -- unlike tea drinking, which affects the blood -- should be limited to those who are mentally capable of handling its effects, rationalizes the widely shared opinion that only adult men can participate in smoking regularly and frequently. Women, it is believed, should restrict smoking to occasional use, at most, and preferably in the company of their more experienced mates. The woman who ignores these sex-linked injunctions on peer group smoking is sanctioned through censure and gossip by smokers and non-smokers alike. Moreover, she may be severely rebuked by her mate even though he smokes regularly himself and may actually require her to smoke with him prior to sexual relations.

This norm is exemplified by a twenty-two year old woman, living with her two children and her common-law husband who is employed regularly as a laborer in Guantanamo Bay, Cuba. During his absence, which was often several months at a time, she would frequent her nearby parental home and occasionally smoke ganja in the company of her siblings and their friends. However, on one of his visits home, her husband was informed that his wife "gwan (goes on) like bad pickney (child)". Angry and embarrassed, he reproved her in public. A few individuals were sympathetic to the loneliness of her situation but community support remained essentially with her husband and she was widely criticized for not behaving in a manner befitting a woman of her age and responsibility.

Some women claimed that smoking ganja gave them the quick energy needed to accomplish arduous household tasks.
On the other hand, young women who have had exposure to more sophisticated, urban settings, where they escape the constant vigilance of community censure, are more likely to smoke and continue smoking ganja than their rural-bound counterparts. The young adult daughters of the postmistress in one community for example, admitted experimenting with cannabis while boarding in Kingston to attend secondary school. However, they quickly added that they would never consider smoking ganja in their home community or with any of the local youths for "people would talk" and cause embarrassment to themselves and to their mother.

Not only do rural women give up smoking themselves at this stage, but they encourage their mates, often quite successfully, to discontinue the practice as well. Most, however, ordinarily refrain from exerting such pressure until they are within the protected confines of a legal marriage. In Jamaica, legal marriage has generally been associated with the middle and upper sections or classes while consensual union is normally regarded as the modal mating pattern of the lower sectors. This association has served to link legal marriage with socioeconomic mobility (Clarke 1957:81). The limiting effects of marriage on social ganja smoking are related to this elevated status of legally married persons for whom ganja smoking becomes a socially stigmatized activity which keeps them in regular and intimate contact with persons of inferior social status. Consequently, married women, anxious that their households achieve higher status within the community, and fearful of the jural-legal sanctions on ganja smoking, often insist that their husbands give up ganja smoking activity.

Many wives readily admit that it is not the ganja, itself, to which they are opposed but the associations that their husbands maintain within the context of social smoking. In fact, one woman described how she pleaded with her common-law husband that she would provide him with all the ganja he could smoke (her father was a ganja cultivator) if he would only smoke alone, in the privacy of their home. In some circumstances, the conflict between husband and wife regarding ganja smoking may be more apparent than real: upwardly mobile men are known to use the disposition of their wives toward ganja as a convenient excuse for relinquishing ganja smoking and extricating themselves from the awkward relationships that they, themselves, no longer desire.

Finally, in their declining years, men tend to relinquish cannabis activity. As retired farmers or laborers, they no longer have available funds to purchase ganja nor the opportunity to cultivate it. Moreover, as their former smoking associates have either gone on to a higher social bracket or are deceased, the context and social incentives to smoke ganja are lacking. Women of all social levels, however, even in the grandmother and great-grandmother age groupings, continue preparing, consuming and administering ganja in their role as household caretakers; thus accounting for the greater prevalence of ganja activity among women than among men in at least one community.

Equally significant as the role of women in the consumption of cannabis is their role in commercial ganja activities in Jamaica. Since cannabis is illegal in Jamaica and invokes severe jural-legal penalties, it is necessarily planted in remote
and practically inaccessible sites. For rural women, most of whom have domestic and child care responsibilities which require that they remain close to home, independent commercial ganja cultivation is not a realistic possibility. Thus, even land-owning females play, and are expected to play, a more supportive than direct role in ganja cultivation -- singly managing their households and sustaining the family's legal economic enterprises while their mates spend days and weeks in the bush guarding and tending the ganja crop.

However, it is common for women to secretly grow one or two plants for domestic consumption. These may be placed in a well-secluded corner of her kitchen garden or in pots hung high in the branches of a tree so as to escape detection. In fact, it is not unusual for members of the woman's family to be unaware of her endeavor until the ganja is presented for consumption.

In the distributive phase of the ganja complex, on the other hand, there are many women who play an active and independent role as ganja vendors. In the three communities that formed the basis of this research, four of the twenty-five currently practicing large-scale vendors are women. In addition, eight more reported that they had once sold ganja in the past, particularly in times of financial stress; e.g., recently widowed or abandoned women with several small children to raise or women whose mates were unemployed or incapacitated. Vending is a commonplace economic activity for Jamaican women who sell most everything from fish, coconut oil, produce, or hot food to field workers and who may include an inventory of ganja along with their legal commodities.

In the majority of cases, however, women involved in vending do so under the auspices of their mates' enterprise. When male ganja retailers are not at home, women commonly assume responsibility for the business, making the transactions and supervising the male-oriented recreational activity that is taking place in her yard where ganja is sold and distributed. In one case, a woman actually took over her husband's substantial and complicated wholesale trade after he was charged with transporting ganja and sentenced to prison. She ran the operation so efficiently and so profitably that when her husband emerged three years later, they had accumulated enough capital to retire from ganja distribution.

Within this supportive role, even the most reputable women of the community will assume significant risks in ganja activity if they can identify its importance. For example, a sugar estate worker recounted that he was once given the opportunity to purchase a farmwork card that would entitle him to go to Canada as a migrant laborer -- a prized economic opportunity among Jamaica's rural working class. In order quickly to obtain the necessary funds, he decided to visit a ganja cultivator living in the village where he was born, purchase a quantity of ganja and sell it in his own community. In order to allay suspicion, his very respectable wife, who ordinarily would have nothing to do with commercial ganja activity, accompanied him on the journey and carried the half-pound of marihuana in her market basket covered with plantains, bananas and other produce for the bus ride home.

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5 Farmwork cards are issues by the Ministry of Labor and allocated by officials of the incumbent party. Though the selling of cards is illegal, the practice is widespread.
Whether or not a woman actively participates in commercial ganja activities, her husband's ganja retailing imposes potential hardships on her and her household with which she must come to terms. Unlike ganja cultivators who require intense secrecy in order to be successful, ganja retailers require a guarded kind of publicity. Thus, a certain degree of community knowledge of its existence is intrinsic to a thriving perennial herb yard. While necessary, this semi-notoriety renders the position of such a household in the community extremely vulnerable. This is exemplified by the case of a part-time vendor who lived with his common-law wife and seven children: One day a neighbor's dog came into his yard and killed two fowl. Though upset by the incident, his wife judiciously waited until that evening, when her husband returned from the cane fields, to tell him of the day's event. After support, he approached his neighbor to ask for compensation for the fowls. Before he had finished quietly making his complaint, the woman began to shout that she was not responsible and would not pay, "fe oonoo (you) a ganja man an' oonoo can sell ganja fe pay fe fowl run loose. Me nah pay, fe oonoo ha' weed (ganja) money." Though angered by the woman's response, he feared that she might call the police and so returned to his house without rebuking her. His wife, annoyed but also frightened, urged her husband to suspend selling ganja until they found another place to reside. He agreed and the next day took time from work to find a new house to rent in another neighborhood. Though he resumed ganja vending at the new location, the cost in worry, inconvenience and loss of compensation which his wife and family had to suffer as a result of his vending activities was disruptive to both their economic and social life.

Though a few heavy smokers claimed that they would not trust a woman who does not herself smoke ganja, in general, the ideal woman is simply tolerant of her mate's ganja smoking and supports his enterprises in production and distribution. A frequently cited case in which the wife did not approach this ideal involves a farming couple who, now in their sixties, are inactive landowners. In the early days of their marriage, the husband allegedly grew a bumper crop of ganja in order to construct a large house for his family. Throughout the entire process of cultivation and curing, he told no one of his venture, including his wife. However, on the night that he was preparing to take the ganja to town by mule, he asked his wife to help him load the cart. When she saw the entire field storage shed filled with cured ganja, she angrily accused him of being a "ras dirty ganja man". The husband, shocked and infuriated by his wife's reaction, nevertheless loaded the cart himself, marketed the ganja in Kingston, and returned with more than enough money to finish the house. When he emptied the bag of money on the table, his wife supposedly reversed her opinion and excitedly asked her husband when he would plant the next crop. Her husband became even more incensed and shouted that he would never again risk going to jail for a "greedy, craven woman." The house was built as scheduled but the couple's relationship steadily deteriorated and the husband established a union outside the marriage which has persisted to the present. His wife, in retaliation, refused to do more than minimal housekeeping. Consequently, while the house is structurally one of the finest in the community, it suffers in appearance from lack of care and upkeep. The marital history of this couple is well known throughout the village and often recounted as an example of the destructive powers of an unsupportive woman.
Thus, the prevailing sentiment among vendors and cultivators, alike, is that commercial ganja enterprises cannot function effectively without at least the implicit support of their mates. Not only are such efforts inherently more difficult without the woman's understanding and encouragement but they are potentially more dangerous. According to police, a large proportion of the information they receive pertaining to ganja cultivation and vending comes directly or indirectly as a result of domestic rifts. A representative incident involves a small scale, part-time ganja dealer who was living in consensual union with a woman. Eventually they had a falling out which centered primarily on his relationship with another woman and they separated. A week later he returned to pick up some clothing and other personal articles he had left in her house. She refused, however, to let him in and a quarrel ensued which attracted several neighbors and passers-by. Soon the police arrived and after inquiring into the matter, instructed the woman to let him have his belongings. As she angrily watched him put his things into the police jeep, she suggested that as long as he was taking his possessions he could also remove the "tin a fool-fool sum't'ing" (tin can containing ganja cigarettes for sale) from underneath the veranda and put that in the jeep as well. He gave her a frightened glance and several men standing around cautioned her to be quiet: "Daughter, nah send de man a jal." The police did not acknowledge the remark though they later confided that they had indeed heard the comment and had chosen not to act on it. The extent to which a woman will go either to assist her mate in commercial ganja activity or to undermine him depends on both her control and her investment in the relationship. Thus it is not surprising to find the most successful vendors (in terms of length of time in business) enjoying either extremely stable unions or no union at all.6

Thus, while a more systematic investigation remains to be done, it is evident that women in Jamaica are indeed ganja consumers and intensely knowledgeable about its properties and effects, its preparation and administration, and the intricacies of production and distribution. Moreover, the supportive role which they play in their mates' ganja activity is essential to the smooth functioning of commercial ganja enterprises. In summary, the data pertaining to women and ganja use in Jamaica are simply one more example of the complex integration of cannabis activity with other features of the society. Women don't appear in peer-oriented smoking groups mainly because their ordinary socioeconomic activity has familial and inter-generational, rather than peer, focus. In societies or social groupings such as the Jamaican working class, where sex roles are distinct and separated and where women are excluded from many of the more visible and social activities, female involvement with cannabis must be sought in the more private domain of

6 The potential threat that women pose to their mate's illegal ganja activity is symbolized in the several taboos related to planting of ganja. For example, among the cultivators of one community there is almost universal agreement that some degree of sexual abstinence or precautions are necessary to insure the success of the crop. A few claim that it is permissible to engage in sexual intercourse provided seven days elapse before returning to the crop. Others maintain that washing in the river with germicidal soap suffices to handle the crop again. In other communities no such strong injunctions were mentioned; however, avoidance of contact of any nature with a menstruating female is reported in all three communities. Though the function of these various prohibitions warrants further analysis, it is significant that the most severe sexual injunctions occur in the community where unions are most brittle.
the household context. It is likely that a serious inquiry in other societies of the role of women in cannabis use would produce similar findings. Obviously, studies of men's work and men's social life, alone, will not elucidate the role of women and the degree of their participation in cannabis behavior.

7 Shariff and associates, for example, conducting an ethnographic study of drug use and commerce in an Hispanic community, have revealed life cycle patterns of female marihuana use remarkably similar in incidence and content to that of males of the same generation.

My next guest is Nancy Wynstra, Director of Planning and Research, of the D.C. Superior Court. Nancy is responsible for the operation of various court drug programs, judicial training programs, experimental projects and the Superior Court in D.C. has been pro-marijuana decriminalization for several years.
Nancy Wynstra

In preparation for this panel, I looked at marijuana possession cases and related offenses in the Superior Court over the last two years. And I started looking with the preconception that women were going to be treated differently in marijuana cases as they are in almost every other kind of case that goes through the court system. I didn't find that to be the case and I wasn't sure at the end whether I was happy or sad about it, but I was very surprised.

It looks as if the court reflected the general public's change in attitude toward marijuana use. It is generally regarded as something primarily recreational and nobody, the prosecutors, the judges, or anyone else, is very concerned about it. In 1976, there were 1900 marijuana defendants in the Superior Court. In the first 11 months of 1977, there were 1700. In both years, about 88% of those defendants were male, 12% were female. Both in 1976 and 1977, about 65% of the total cases were either nolle prossed or no papered. The decision was made not to go forward with the prosecution for whatever reason. Of the defendants who actually went through the system and were sentenced, about 8% of the males were incarcerated; I think it was a total of 17.

One woman during that two year period was incarcerated and I was very curious as to why. So I went and got out the jacket. She was in on three other charges in addition to her marijuana charge and she didn't show up for trial three times. She was tried before a judge who has a standard policy of locking up anyone who does not show up for trial. So it didn't appear to relate very much to marijuana use.

Interestingly, about 10% of the men who were convicted received fines. No women were fined. And 96% of the women sentenced on marijuana possession charges received probation, compared to 80% of the men.

I think it's probably clear the women who come into the criminal justice system on marijuana charges probably have the same kind of problems as women who come in on other charges. They are not job-ready. They are not job-trained. They have low incomes. They have bad self-esteem. But it doesn't show anywhere in the way the marijuana cases are handled. One of the things that we thought would probably be the case, would be that women would be thought less likely to come into the system just on a marijuana offense, that they would almost always come into the system because they were picked up primarily on another charge, a traffic charge, prostitution, larceny, something like that and the marijuana was found incidentally, so that charge was passed on. Again, that did not turn out to be the case, although that is definitely the folk-wisdom. I talked to police officers. I talked to prosecutors. They assured me that I would find that was the case. That it was very unusual for a woman to be brought into court just on a marijuana charge. Well, about 50% of all the marijuana offenses that came into the court do involve another charge and it breaks down about the same for men and women; about 50% of the men and about 50% of the women come in on another charge. We
looked specifically at prostitution and larceny offenses because in the folklore these were regarded as being closely connected with marijuana possession. Interestingly, in 1976, 6% of the women who came in through this system had an associated prostitution charge. In 1977, 4% of them did. None of the men in those years had a related prostitution charge. In 1976, 6% of the women had a related larceny charge, while 3% of the men had a related larceny charge. In 1977, 4% of both men and women had a related larceny charge.

The conclusion I have to draw, albeit a little reluctantly, is, at least in the District of Columbia, women are not being processed differently on marijuana offenses than men are. And that women are being processed on marijuana offenses in much fewer numbers than men are. I don't know why that is.

I'd like now to introduce Claudia Booker who is D.C. Coordinator for NORML and is the Assistant Executive Director of the D.C. Bar Association. She has been the legal counselor for maximum security inmates at Lorton Reformatory and coordinated the study of D.C. women at Alderston Federal Prison.
Claudia Booker

Yesterday I made a few comments at the women's political caucus about my interests in the area of women smokers, women defendants in the marijuana field. I would like to give you those comments as we only have about five minutes.

Very few studies have been done or articles written on the women drug dealers in this country. I'm sure we all know for a fact that there are numerous women who deal drugs, who sell marijuana. Very little has been written about them. Very little has been told to NORML about what their needs are, what the specific problems they have are and how this organization can better respond to their needs. Sure, we know the end result of getting caught is getting busted and going to jail. But what is it like for a woman to go to jail? What types of things happen to her? One question that Linda asked me was, "Well, what happens when you get convicted of selling marijuana? Does your husband wait to divorce you and use that as grounds for taking your children away from you?"

Sure, you probably lose your vote, but what other rights do women lose by being convicted of dealing marijuana? I had the experience of spending some time at Alderson, which is the only women's federal penitentiary in America. And I had a chance to experience the psychological games that the prison system has perfected on women. The various ways they have of destroying your dignity, your self-respect and your sexual identity. Taking it away from you.

And I think that one thing that NORML, the women of NORML and interested people in NORML, should do is seriously take it upon yourself in this next year to educate all of us, to educate all the women and educate all the public on exactly what is the life of being a woman dope dealer in this country. How can this organization better respond to it? What are your concerns that have yet to be crystalized and zeroed in on by NORML? It's one thing to be a man and deal drugs. If some man takes your money, you can always go buy a gun and go point it up the side of his head and say, "I'm going to kick your ass." But if you're a 5'2", 105 pound woman, what are you going to do? Cry? So they have concerns that we might better be able to handle, to aim in on.

I'd like to have us see how can we, maybe through legislation, lobbying, helping change the FDA regulations dealing with experimentation on women of child-bearing age, how can we focus in, either through state legislatures or the prosecutor's office, on finding out exactly what factors are considered, how we can help out in defending women, how we can insure that they do not lose their children or the right to have their children with them if they go to jail. I would really, really like to also have some information, and we have High Times and Head and a few other culture magazines at our beck and call most of the time, I'd like to see us sit down, give them information, write articles on what it is like to be a woman dope dealer in this country and disburse this information to the public. Thank you.
Linda Lucks

I want to thank everyone for coming and especially my panelists and all the other women on the Women's Committee that helped me put this together. A lot of questions that I had were answered and a lot more were raised. I hope that we use this next year, before the next Conference, to communicate with each other. One of the things we did at the Women's Committee yesterday was to sign a piece of paper and start a network so that we can communicate with each other, which hasn't been done before. We're planning to do that. If anyone has information that can answer some of these questions or raise more, please send them to me. I can be reached through the NORML office and I would like to start collecting information and I would like to see more articles written, as Claudia said. And I'm hoping that next year we will have much more information to report. Thank you all.