Theories of decriminalization effects

The debate regarding decriminalization of marijuana concerns the sensitivity of the demand for drugs to incremental changes in legal sanctions. This is because the benefits from decriminalization, such as fewer arrests of otherwise law-abiding users of marijuana, are contrasted against the harms from increased use of drugs, on the basis of presumptions such as: marijuana is itself a dangerous drug, marijuana use leads to use of dangerous drugs, or decriminalization of marijuana would lead to legalization of dangerous drugs.

Advocates of decriminalization argue that, at most, decriminalization is expected to cause a small increase in the number of people who use marijuana. Decriminalization of marijuana would also have at most a small positive effect on the frequency of marijuana use. Advocates of decriminalization view alcohol, marijuana and cocaine, more-or-less, as alternative drugs for getting high. Other things equal, if decriminalization reduces the total costs, including money price and legal risks, of marijuana it will shift demand for drugs to marijuana from alcohol and cocaine. Accordingly, decriminalization of marijuana is expected to reduce the use of alcohol and cocaine.

In the anti-decriminalization view, decriminalization of marijuana is a policy that reflects an overall permissive, anything-goes attitude, that promotes disrespect for the law, and that could eventually lead to a "nation of drug zombies." More directly, in the anti-decriminalization view, decriminalization would lead to a large increase in the number of people who use marijuana because decriminalizing sends people, especially young people, "the wrong signal" about marijuana. Decriminalization of marijuana would also increase the frequency of use of marijuana because marijuana--though admittedly not physically addictive--is seen as "psychologically addictive." Finally, since marijuana is seen as "a gateway drug," either exclusively or in conjunction with alcohol, decriminalization would increase the number of people who use cocaine (Theis & Register, 1993).

The decriminalization movement

There are three central arguments supportive of the decriminalization movement which has been advanced in these and other jurisdictions. Perhaps the most powerful and appealing argument for marijuana decriminalization (and/or decriminalizing other drugs) is that it would save a huge amount of government money now being spent on the enforcement of such laws. The basic tenets of the cost saving argument can be summarized as follows:

1. The criminal justice system, ranging from police to corrections, now allocates a significant portion of its budgets arresting, prosecuting, sentencing and incarcerating
marijuana users, dealers and others involved in the illegal drug infrastructure (e.g., transporters, manufacturers of drug paraphernalia, etc.).

2. If these behaviors would no longer be labeled as criminal, criminal justice agencies would reduce the enforcement and processing tasks now associated with such crimes.

3. There is a direct relationship between the proportion of arrests or cases processed for marijuana crimes by the criminal justice system and the amount of money expended by these same agencies.

4. By reducing or eliminating these marijuana related events, there would be a proportionate decrease in the agency expenses. (Austin, 2005).

**Regulation of marijuana**

According to the Marijuana Policy Project (MPP), marijuana prohibition has not worked and nearly 100 million Americans have used marijuana and nearly 15 million use it at least monthly. What prohibition has done is guarantee that society has no control over marijuana. Producers and sellers are unlicensed and completely unregulated. Unlike licensed businesses that sell liquor or tobacco, marijuana sellers operate virtually anywhere and have no incentive not to sell to children or teens. Prohibition guarantees that marijuana will not be inspected for purity or labeled for potency and it insures that the only people selling marijuana will be criminals. The MPP believes that marijuana should be regulated by commonsense controls that require producers, merchants, and users to act responsibly, in contrast to the lack of control from prohibition.

The MPP suggests regulations on the sale of marijuana to that of the sale and use of liquor: sales to only people of the adult age, a crime to sell to a minor or to consume as a minor, and a crime to use while operating a motor vehicle. Opponents of decriminalization suggest that the legality of it would increase the number of users. The MPP responds by stating that people who want to use marijuana are already using it, and there are few adults who would start using marijuana if it were regulated. As for teens, regulation would reduce teen access to marijuana by taking it off the street and putting it into the hands of licensed businesses, which would lose their license if they sold to minors. The MPP cites an example out of the Netherlands, where marijuana is sold in regulated establishments to adults who must show valid identification. Only 9 percent of teenagers are reported to use marijuana in the Netherlands, as opposed to over 20 percent in the U.S. by government estimates. (Marijuana Policy Project, 2008).

Sources:


**Drug Situation:** Heroin and cocaine in powder and crack form are the greatest drug threats in Connecticut. Located in close proximity to New York City, Connecticut is an important transit and destination area for drugs. Interstate 95, the major north-south route on the East Coast, extends along Connecticut’s southern shore through Stamford, Bridgeport, New Haven and New London. It connects New York City with Boston and continues to the U.S.-Canada border. Interstate 91 extends from New Haven north to Massachusetts, Vermont and the U.S.-Canada border. These interstates intersect in New Haven and from what is known by law enforcement as the New England Pipeline. (And Interstate 84).

**Cocaine:** Cocaine is still a popular drug of choice and still widely abused in Connecticut, with crack historically preferred over powder, although powder cocaine has recently experienced a surge in popularity among wholesale dealers due to the lower wholesale price of powder cocaine from New York-based suppliers. When needed, cocaine is converted to crack cocaine locally, although wholesale dealers increasingly prefer to sell powder in the interest of greater profit. Cocaine has traditionally, and continues to arrive in Connecticut from New York via automobiles sometimes equipped with sophisticated hidden compartments.

**Heroin:** Demand for heroin remains high and is easily accessible. Popularity of heroin is due, in part, to increased availability of low cost, high purity heroin that can be effectively snorted or smoked rather than injected. Abuse remains widespread, affecting both suburban and urban areas. Connecticut-based Dominican and other Hispanic criminal groups are the dominate transporters and wholesale and midlevel distributors of heroin in the state. As in the past, heroin is still sold on the street in small glassine bags, although fewer have any type of marking or “brand name” on the package. The heroin is primarily being transported into Connecticut from New York City, usually entering the region via one the major interstates in automobiles equipped with hidden hydraulic compartments or “traps.” Large quantities of heroin arrive in the state via shipping services, such as UPS and via airplanes by way of human couriers.

**Marijuana:** Marijuana can still be obtained throughout Connecticut. The majority of high grade marijuana available in Connecticut comes from either Canada, out of state indoor grow operations, Mexico, and or the Southwest areas of the U.S. Marijuana is readily available in the state of Connecticut for individual use and available in multi-ounce/pound quantities for wholesale distribution. Caucasian criminal groups smuggle high quality, Canadian produced marijuana across the U.S.-Canada border primarily via private vehicle. An increase in sophisticated indoor hydroponic marijuana growth sites have been revealed around the state in recent years. These operations are able to bypass detection by the utility companies, therefore evading notification to law enforcement, by
expertly wiring electric connections through an alternate location, and increasingly through the use of generators at grow sites.

**Methamphetamine**: Lab seizures have not increased in Connecticut. All methamphetamine labs seized in the Northeast have been low-capacity labs, usually producing two ounces or less of the drug per production cycle. These labs are usually located inside private residence. No information is available on street level sales of Methamphetamine.

**Club Drugs**: Popularity of MDMA/Ecstasy has slipped, even among college age individuals residing in Connecticut. MDMA is transported from Florida and Mexico via mail services. MDMA is also purchased in New York or Canada and transported to Connecticut.

**Pharmaceutical Drugs**: Diverted pharmaceuticals such as OxyContin, Vicodin, Oxycodone, Hydodocodone, Methadone, Ritalin, Xanax and Diazepam, are highly abused in Connecticut. The diversion and abuse of prescription opiates such as OxyContin, Vicodin, and Percocet are increasing rapidly. Diverted pharmaceuticals typically are obtained through common diversion techniques including prescription fraud, improper prescribing practices, “doctor shopping” (visiting multiple doctors to obtain prescriptions), and pharmacy theft. Local independent dealers and abusers are the primary retail-level distributors of diverted pharmaceuticals in Connecticut.

**Other Drugs**: PCP is typically transported into Connecticut from the southwestern United States and the New York City area through the use of couriers, although local PCP labs have recently been identified in Connecticut. PCP is sprayed on crushed mint leaves or marijuana and then smoked. Loose PCP-laced marijuana, often packaged in a plastic bag, is called “wet” and PCP-laced blunts are called “illy.”

### 2007 Federal Drug Seizures in Connecticut

- **Cocaine**: 52.0 kgs.
- **Heroin**: 4.6 kgs.
- **Methamphetamine**: 1.3 kgs.
- **Marijuana**: 258.3 kgs.
- **Hashish**: 0.0 kgs.
- **MDMA**: 0.0 kgs./88 du
- **Meth Lab Incidents**: 0 (DEA, state, and local)

The DEA’s Position on Marijuana

The following are selected excerpts from the DEA’s website:

For medicinal purposes: There is no consensus of medical evidence that smoking marijuana helps patients. Congress enacted laws against marijuana in 1970 based in part on its conclusion that marijuana has no scientifically proven medical value. The Food and Drug Administration (FDA) is the federal agency responsible for approving drugs as safe and effective medicine based on valid scientific data. FDA has not approved smoked marijuana for any condition or disease. The FDA noted that "there is currently sound evidence that smoked marijuana is harmful," and "that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use."

Effects on user’s health and public safety: Legalization of marijuana, no matter how it begins, will come at the expense of our children and public safety. It will create dependency and treatment issues, and open the door to use of other drugs, impaired health, delinquent behavior, and drugged drivers. This is not the marijuana of the 1970’s; today’s marijuana is far more powerful. Average THC levels of seized marijuana rose from less than one percent in the mid-1970’s to a national average of over eight percent in 2004. And the potency of "B.C. Bud" is roughly twice the national average – ranging from 15 per cent to as high as 25 per cent THC content.

On the legalization lobby: The proposition that smoked marijuana is "medicine" is, in sum, false – trickery used by those promoting wholesale legalization. When a statute dramatically reducing penalties for "medical" marijuana took effect in Maryland in October 2003, a defense attorney noted that "[t]here are a whole bunch of people who like marijuana who can now try to use this defense." The attorney observed that lawyers would be "neglecting their clients if they did not try to find out what ‘physical, emotional or psychological’ condition could be enlisted to develop a defense to justify a defendant’s using the drug. "Sometimes people are self-medicating without even realizing it,”" he said.

Source: http://www.usdoj.gov/dea/marijuana_position.html
Prosecutions for Drug-related Offenses in Connecticut

Possession or control of any quantity of any controlled substance, other than a narcotic substance or a hallucinogenic substance other than marijuana, or less than four ounces of marijuana (CGS § 21a-279 c))

<table>
<thead>
<tr>
<th>Year</th>
<th>Guilty (Conviction Rate)</th>
<th>Not Guilty</th>
<th>Dismissed</th>
<th>Nolled</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3,510 (35%)</td>
<td>1</td>
<td>2,969</td>
<td>3,526</td>
<td>10,006</td>
</tr>
<tr>
<td>2006</td>
<td>3,703 (36.4)</td>
<td>0</td>
<td>2,850</td>
<td>3,615</td>
<td>10,168</td>
</tr>
<tr>
<td>2005</td>
<td>3,134 (33.1)</td>
<td>2</td>
<td>3,052</td>
<td>3,309</td>
<td>9,497</td>
</tr>
<tr>
<td>2004</td>
<td>3,406 (34.2)</td>
<td>1</td>
<td>3,053</td>
<td>3,481</td>
<td>9,941</td>
</tr>
<tr>
<td>2003</td>
<td>3,398 (34)</td>
<td>2</td>
<td>3,288</td>
<td>3,335</td>
<td>10,023</td>
</tr>
<tr>
<td>2002</td>
<td>3,647 (35.8)</td>
<td>0</td>
<td>3,073</td>
<td>3,469</td>
<td>10,189</td>
</tr>
<tr>
<td>TOTALS</td>
<td>20,798</td>
<td>6</td>
<td>18,285</td>
<td>20,735</td>
<td>59,824</td>
</tr>
</tbody>
</table>

Possession or control of a dangerous hallucinogen or more than four ounces of marijuana (CGS § 21a-279 (b))

<table>
<thead>
<tr>
<th>Year</th>
<th>Guilty (Conviction Rate)</th>
<th>Not Guilty</th>
<th>Dismissed</th>
<th>Nolled</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>91 (19.3%)</td>
<td>0</td>
<td>90</td>
<td>291</td>
<td>472</td>
</tr>
<tr>
<td>2006</td>
<td>107 (21.1)</td>
<td>0</td>
<td>114</td>
<td>286</td>
<td>507</td>
</tr>
<tr>
<td>2005</td>
<td>82 (19.2)</td>
<td>0</td>
<td>105</td>
<td>240</td>
<td>427</td>
</tr>
<tr>
<td>2004</td>
<td>97 (18.9)</td>
<td>0</td>
<td>118</td>
<td>297</td>
<td>512</td>
</tr>
<tr>
<td>2003</td>
<td>88 (17.9)</td>
<td>1</td>
<td>137</td>
<td>265</td>
<td>491</td>
</tr>
<tr>
<td>2002</td>
<td>125 (22.6)</td>
<td>0</td>
<td>137</td>
<td>290</td>
<td>552</td>
</tr>
<tr>
<td>TOTALS</td>
<td>590</td>
<td>1</td>
<td>701</td>
<td>1,669</td>
<td>2,961</td>
</tr>
</tbody>
</table>
Possession with intent to sell any narcotic, hallucinogenic, or amphetamine-type substance or one kilogram or more of marijuana (CGS § 21a-278 (b))

<table>
<thead>
<tr>
<th>Year</th>
<th>Guilty (Conviction Rate)</th>
<th>Not Guilty</th>
<th>Dismissed</th>
<th>Nolled</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>115 (6.5%)</td>
<td>2</td>
<td>132</td>
<td>1,515</td>
<td>1,764</td>
</tr>
<tr>
<td>2006</td>
<td>108 (6.8)</td>
<td>3</td>
<td>127</td>
<td>1,348</td>
<td>1,586</td>
</tr>
<tr>
<td>2005</td>
<td>126 (8.5)</td>
<td>4</td>
<td>138</td>
<td>1,206</td>
<td>1,474</td>
</tr>
<tr>
<td>2004</td>
<td>137 (7.6)</td>
<td>4</td>
<td>127</td>
<td>1,539</td>
<td>1,807</td>
</tr>
<tr>
<td>2003</td>
<td>183 (10.7)</td>
<td>3</td>
<td>106</td>
<td>1,424</td>
<td>1,716</td>
</tr>
<tr>
<td>2002</td>
<td>232 (13.4)</td>
<td>7</td>
<td>92</td>
<td>1,399</td>
<td>1,730</td>
</tr>
<tr>
<td>TOTALS</td>
<td>901</td>
<td>23</td>
<td>722</td>
<td>8,431</td>
<td>10,077</td>
</tr>
</tbody>
</table>

Source: “Marijuana Crimes and Statistics” by Sandra Norman-Eady, Chief Attorney

Compilation of Relevant Literature on Drug Decriminalization

Criminal Penalties of Marijuana Possession in Connecticut

It is illegal for any person to possess or have under his control any controlled substance. Penalties for marijuana possession are enhanced for repeated offenses or when the crime is committed within 1,500 feet of a school or licensed day care center.

At least four ounces of marijuana (CGS § 21a-279(b)): First offense: up to 5 years in prison, up to a $2,000 fine, or both; Subsequent offenses: up to 10 years in prison, up to a $5,000 fine, or both; Alternative sentence: up to 3-year indeterminate jail term with conditional release by correction commissioner.

Less than four ounces of marijuana (CGS § 21a-279(c)): First offense: up to 1 year in prison, up to a $1,000 fine, or both; Subsequent offenses: up to 5 years in prison, up to a $3,000 fine, or both.

Possession within 1,500 feet of an elementary or secondary school or a licensed day care center (CGS § 21a-279(d)): Mandatory 2-year prison sentence running consecutively to the term imposed for possession.

Criminal Penalties of the Sale of Marijuana in Connecticut

It is illegal for anyone to manufacture, distribute, sell, prescribe, dispense, compound, transport with intent to sell or dispense, possess with intent to sell or dispense, offer, give, or administer to another any controlled substance.

Sale by a nonaddict of at least 1 kilogram of marijuana (CGS § 21a-278(b)): Minimum 5-year prison term with a possible maximum term of up to 20 years; Subsequent offenses: mandatory minimum 10-year prison term up to a 25-year maximum term.

Sale by nonaddict adult of drugs to a minor at least two years younger (CGS § 21a-278a (a)): Mandatory 2-year prison term running consecutively to jail term imposed for violating the underlying crime.

Sale of illegal drugs within 1,500 feet of an elementary or secondary school, a licensed day care center, or a public housing project (CGS § 21a-278a (b)): Mandatory 3-year prison term running consecutively to any jail term imposed for violating the underlying drug sale crime.

Hiring a minor to sell illegal drugs in violation of the laws prohibiting illegal drug sales (CGS § 21a-278a (c)): Mandatory 3-year prison term running consecutively to the underlying drug sale crime.

Overview of Marijuana in Connecticut

Marijuana is the most widely available and commonly abused drug in Connecticut. However, the drug poses a lower threat than cocaine or heroin because marijuana abusers and distributors usually do not commit violent crimes and because the drug’s effects are generally less debilitating than those associated with other illicit drugs. Connecticut has had fewer treatment admissions to publicly funded facilities for marijuana abuse than for heroin or cocaine abuse; however, the number of treatment admissions is increasing.

Marijuana Abuse

Marijuana is the most commonly abused drug in Connecticut. According to the 1999 National Household Survey on Drug Abuse, 5.2 percent of Connecticut residents surveyed reported having abused marijuana in the past month compared with 4.7 percent nationwide. More Connecticut residents reported abusing marijuana than any other drug.

Many high school students in Connecticut have reported abusing marijuana, and many believe that the drug poses fewer risks than heroin, cocaine, or LSD (lysergic acid diethylamide). According to the Governor’s Prevention Initiative for Youth 2000 Student Survey, the percentage of ninth and tenth grade males who reported using marijuana in the 30 days prior to the survey decreased, from 29.9 percent in 1997 to 24.9 percent in 2000. The percentage of ninth and tenth grade females also decreased, from 23.9 percent in 1997 to 18.9 percent in 2000. Additionally, 21.5 percent of ninth and tenth grade students surveyed reported that abusing marijuana was only “a little bit wrong,” and 12.0 percent reported it was “not wrong at all.”

Violence

Although marijuana abusers generally do not commit violent crimes, the distribution of marijuana occasionally is associated with violent crime in Connecticut. Most violent crime associated with marijuana distribution in the state occurs between rival criminal groups and gangs. Some marijuana distributors commit violent crimes to protect or expand their markets.

Source: http://www.justice.gov/ndic/pubs07/997/index.htm
Current Cost-Effective Drug Policy

From the Washington State Institute for Public Policy

The following are selected excerpts from the “Drug Courts for Adult Defendants: Outcome Evaluation and Cost-Benefit Analysis” report, originally published in March, 2003:

Emergence of Drug Courts

In the last decade, the number of drug courts has grown rapidly in the United States. The nation’s first drug court was started in 1989 in Miami, Florida. Since then, drug courts have been implemented throughout the United States. Many of these drug courts handle adult cases exclusively, some are juvenile drug courts, a few are combination drug courts that focus on the family, and some are tribal drug courts. The growth in the number of drug courts was stimulated by early favorable evaluations and by the availability of federal funding. The earliest evaluations of drug courts, published in the mid-1990s, seemed to confirm that they did lower recidivism rates and that they saved taxpayers more money than they cost. At the same time, the federal government developed grant programs designed to encourage the implementation of new drug courts.

The basic theory behind drug courts is that, for certain defendants with substance abuse problems, subsequent criminal activity can be reduced if the defendant’s drug abuse can be treated successfully. Drug courts attempt to do this more efficiently than regular criminal courts via specialization. The testable proposition is whether focused and timely drug court resources can be more effective than regular criminal court in reducing recidivism by: a) getting a defendant into drug treatment, and b) keeping a defendant in treatment by requiring frequent appearances before the drug court judge.

The extra resources that drug courts devote to participants causes drug courts, on average, to be more expensive than regular criminal courts. A cost analysis was conducted for their evaluation and found that drug courts cost $3,891 more per defendant than processing similar cases through regular criminal courts. These additional expenses pay for the frequent use of court resources as well and the expenses of drug treatment, urinalysis, and the drug court staff. The cost-benefit question for their evaluation is whether the extra $3,891 per defendant is a good investment. That is, if drug courts reduce recidivism rates, do the benefits of the reduced subsequent crime outweigh the extra costs?

Review of Prior Drug Court Evaluations

Using standard statistical techniques, the Washington State Institute for Public Policy analyzed the results of 30 studies to determine the average effect that drug courts have been shown to have in reducing crime. They found that adult drug courts, on average, produce a statistically significant reduction in recidivism. They estimate that without drug court, about 45.8 percent of drug court eligible offenders will be reconvicted for a felony after an eight-year follow-up period. With drug court, based on their review of the 30...
studies, they estimate the recidivism rate would drop to 39.7 percent. This represents a 13.3 percent reduction in recidivism rates.

Summary of Findings from Studying Six Washington State Drug Courts

1) Nationally, drug courts appear to reduce recidivism. They began their analysis by reviewing all previous drug court evaluations undertaken in the United States. They identified 30 evaluations with reasonably strong research designs and found that adult drug courts, on average, have been shown to reduce recidivism rates by 13.3 percent, a statistically significant reduction.

2) Their evaluation of five Washington drug courts indicates that they reduce recidivism. They evaluated six adult drug courts in Washington operating during 1998 and 1999 to test whether Washington’s drug courts reduce recidivism rates. They found that five of these drug courts, compared with regular criminal court, reduce recidivism by a statistically significant 13 percent, a reduction almost identical to our finding for the national average. However, the King County drug court failed to reduce recidivism significantly.

3) Drug courts are more expensive to operate than regular criminal courts. They estimate that these five drug courts cost $3,891 more per participant than if the defendant had been processed through regular criminal court. These extra drug court costs pay for the intensive use of court resources (the judge, court personnel, prosecutor, and defense attorney) as well as the costs of drug treatment.

4) Overall, drug courts produce more benefits than costs. Drug courts cost more to operate, but they also reduce recidivism rates. Therefore, the economic question is whether the benefits of reduced recidivism outweigh the extra costs. They found that the five adult drug courts generate $1.74 in benefits for each dollar of costs. That is, the 13 percent reduction in recidivism rates achieved by the drug courts saves taxpayers and crime victims more money than the cost of drug courts. As with any business, however, a key to profitability is keeping costs under control: drug courts must control operating costs in order to provide a positive cost-benefit return for taxpayers.

Their report is found online: http://www.wsipp.wa.gov/rptfiles/drugcourtMar2003.pdf
The Budgetary Implications of Marijuana Prohibition

The following are selected excerpts from a report by Jeffrey A. Miron, Visiting Professor of Economics, Harvard University:

Government prohibition of marijuana is the subject of ongoing debate. Advocates believe prohibition reduces marijuana trafficking and use, thereby discouraging crime, improving productivity and increasing health. Critics believe prohibition has only modest effects on trafficking and use while causing many problems typically attributed to marijuana itself.

One issue in this debate is the effect of marijuana prohibition on government budgets. Prohibition entails direct enforcement costs, and prohibition prevents taxation of marijuana production and sale. If marijuana were legal, enforcement costs would be negligible and governments could levy taxes on the production and sale of marijuana. Thus, government expenditure would decline and tax revenue would increase.

Miron’s report estimates the savings in government expenditure and the gains in tax revenue that would result from replacing marijuana prohibition with a regime in which marijuana is legal but taxed and regulated like other goods. The report is not an overall evaluation of marijuana prohibition; the magnitude of any budgetary impact does not by itself determine the wisdom of prohibition. But the costs required to enforce prohibition, and the transfers that occur because income in a prohibited sector is not taxed, are relevant to rational discussion of this policy.

The policy change considered in his report, marijuana legalization, is more substantial than marijuana decriminalization, which means repealing criminal penalties against possession but retaining them against trafficking. The budgetary implications of legalization exceed those of decriminalization for three reasons. First, legalization eliminates arrests for trafficking in addition to eliminating arrests for possession. Second, legalization saves prosecutorial, judicial, and incarceration expenses; these savings are minimal in the case of decriminalization. Third, legalization allows taxation of marijuana production and sale.

Miron’s report concludes that marijuana legalization would reduce government expenditure by $7.7 billion annually. Marijuana legalization would also generate tax revenue of $2.4 billion annually if marijuana were taxed like all other goods and $6.2 billion annually if marijuana were taxed at rates comparable to those on alcohol and tobacco. These budgetary impacts rely on a range of assumptions, but these probably bias the estimated expenditure reductions and tax revenues downward.

Source: http://www.prohibitioncosts.org/mironreport.html