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DRUG-AIDED RAPE; REPEAL "650-DRUG LIFER" LAW

House Bill 4065 (Substitute H-7)
First Analysis (10-14-97)

Sponsor: Rep. Lyn Bankes
Committee: Judiciary

THE APPARENT PROBLEM:

For years most people's mental picture of a "typical" rape involved an attack by a stranger where the victim was subdued through the use of violence or the threat of violence. Recently that picture has changed in many people's minds as an increasing number of rapes have occurred, particularly on college campuses, where the victim has been surreptitiously given some form of sedative and then was sexually assaulted while he or she was incapacitated by the drug. In spite of the increase in this type of crime, under the Michigan Penal Code a sexual assault on an incapacitated person is only third or fourth degree criminal sexual conduct (CSC) unless certain aggravating factors occur to elevate the crime to first or second degree CSC. In addition, it has been pointed out that current law fails to provide a serious means of dealing with these assailants if they are unsuccessful in accomplishing the sexual assault. It has been suggested that these sorts of CSC cases, where the assailant has used drugs to incapacitate his or her victim, should be treated more seriously than they are currently treated. As a result, legislation has been suggested to criminalize the use of a controlled substance to attempt or to commit criminal sexual conduct. In addition, the legislation would specifically bring *flunitrazepam* and *gamma-hydroxybutyrate* (*GHB*) (another chemical with similar characteristics) under the Public Health Code by placing them into the schedule 4 controlled substance category. (See BACKGROUND INFORMATION for a description of these drugs.)

In another issue, ever since enactment of the so-called "650-drug lifer law" in 1978 -- under which people convicted to possessing, selling, or manufacturing 650 grams (about 1.4 pounds) or more of narcotics, such as heroin or cocaine, must be imprisoned for life without the possibility of parole (see BACKGROUND INFORMATION) -- many people have believed that this part of the Public Health Code needed to be changed.

THE CONTENT OF THE BILL:

House Bill 4065 would amend the Public Health Code to make drug-aided criminal sexual conduct and the attempt thereof a felony and add two substances to the code's schedule of controlled substances. The bill also would repeal the section of the health code mandating life imprisonment for Schedule 1 narcotics (such as heroin) or cocaine (a Schedule 2 drug) offenses involving at least 650 grams (23 ounces) and instead require imprisonment "for life or any term of years."

Controlled substances. The bill would add two drugs, *flunitrazepam* and *gamma-hydroxybutyrate* (*GHB*), to the list of schedule 4 controlled substances. The two substances would both be listed in the schedule 4 class of controlled substances that have a depressant effect on the central nervous system. (For an explanation of drug "schedules" in the health code, see BACKGROUND INFORMATION.)

Drug-aided criminal sexual conduct. The bill would make it a felony to deliver a controlled substance to another person without that person's consent in order to commit or attempt to commit first, second, or third degree criminal sexual conduct, or assault with intent to commit criminal sexual conduct. In such cases it would not matter whether the person delivering the drug had been convicted of the criminal sexual conduct charge. Furthermore, a conviction and sentence for this felony could be given in addition to any other conviction and sentence imposed for any other violation arising out of the same transaction. For example, a person could be convicted and sentenced for both the unconsented delivery and for the commission of the underlying CSC crime arising out of the same transaction. An individual convicted of this felony would be subject to imprisonment for no more than 20 years. (The current punishment for manufacture or possession with intent to deliver a Schedule 4 drug is up to four years imprisonment and/or a fine of up to $2,000.)

Drug lifer law. Currently, the Public Health Code makes it a felony, generally punishable by mandatory imprisonment for life without parole, for the manufacture, creation, delivery, or possession with intent to manufacture, create or deliver a schedule 1 narcotic

drug (which includes opium and its derivatives, including heroin) or a schedule 2 drug (that is, cocaine). (The one exception to this provision applies to juvenile violators who are tried as adults, either in circuit or probate court. Under Public Act 249 of 1996, such juveniles may be punished by imprisonment for at least 25 years instead of mandatory life imprisonment.)

The bill would delete the current mandatory life sentence for manufacturing or delivering (or possessing with the intent to manufacture or deliver) 650 grams or more of heroin or cocaine and instead specify that the punishment for such a violation would be imprisonment "for life or any term of years."

Effective date. The bill would take effect January 1, 1998.

MCL 333.7218, 333.7401. and 333.7401a

BACKGROUND INFORMATION:

Public Health Code classification of drugs. Under the Public Health Code (and following federal law), controlled substances are classified by the Michigan Board of Pharmacy under one of four "schedules." Scheduled drugs must have the potential for abuse (where, in general, the abuse is "associated with" a stimulant or depressive effect on the central nervous system) and are either (a) illegal and without any medically accepted use in the United States (all schedule 1 drugs), or (b) prescription drugs with medically accepted uses in the United States that have a potential for psychological or physical dependence in addition to the potential for abuse (schedules 2, 3, and 4).

** Schedule 1 drugs -- all of which are illegal -- must have a high potential for abuse and no accepted medical use in treatment in the United States or lack accepted safety for use in treatment under medical supervision (MCL 333.7211). In addition to opiates and opium derivatives (including heroin), schedule 1 includes hallucinogenic drugs (such as LSD and mescaline) and non-therapeutic uses of marijuana.

** Schedule 2 prescription drugs must have a high potential for abuse, a currently accepted medical use in treatment in the United States (or a currently accepted medical use with severe restrictions), and their abuse must have the potential to lead to severe psychic or physical dependence (MCL 333.7213). Schedule 2 includes opium and any of its derivatives (including codeine and morphine), coca leaves and derivatives (including cocaine), other opiates (such as fentanyl, methadone, and pethidine), and substances containing any quantity of such drugs as amphetamine, methamphetamine, methaqualone, amobarbital, pentobarbital, and secobarbital.

** Schedule 3 prescription drugs must have a potential for abuse less than those listed in schedules 1 and 2, have a currently accepted medical use in treatment in the United States, and their abuse must have the potential to lead to moderate or low physical dependence or high psychological dependence (MCL 333.7216). Schedule 3 includes any substance with any quantity of a derivative of barbituric acid and drugs containing limited quantities of codeine, opium, or morphine.

** Schedule 4 prescription drugs must have a low potential for abuse relative to those in schedule 3, have a currently accepted medical use in the United States, and their abuse must have the potential to lead only to limited physical or psychological dependence relative to schedule 3 drugs (MCL 333.7217). Schedule 4 includes such drugs as barbital, chloral hydrate, lorazepam, meprobamate, diazepam (brand name Valium), and phenobarbital.

Flunitrazepam and *Gamma Hydroxybutyrate (GHB)*. Although it is by no means the only drug that has been used for this purpose, *Flunitrazepam*, produced under the trade name Rohypnol, has become known in some circles as the "date-rape drug." *Flunitrazepam*/Rohypnol is a potent hypno-sedative member of the class of drugs known as *benzodiazapines*, of which Valium is the most familiar. However, gram for gram, Rohypnol is between 7 and 20 times stronger than Valium. Because it is colorless, tasteless, and odorless and dissolves quickly in liquids, it has been implicated in an increasing number of rapes across the country, where it been used to incapacitate victims. In these types of cases, the assailant usually places a dose of the drug in the victim's drink. Once the drug has been ingested, particularly if mixed with alcohol, the victim, within 10 - 20 minutes, is effectively unable to resist the rapist's attack. However, although Rohypnol has received the most public attention, it should be noted that any number of other drugs with a sedative effect could be and are being used for the same purpose. *Flunitrazepam*/Rohypnol is currently administratively classified as a schedule 4 controlled substance.

Gamma Hydroxybutyrate (GHB) is a metabolite of gamma-amino butyric acid found in mammalian central nervous systems. It is a central nervous system depressant that can have euphoric and hallucinatory effects. Although not approved for any use by the Food and Drug Administration (FDA), the chemical has been promoted as a steroid alternative, a replacement for L-tryptophan (a food supplement removed from the market last year by the FDA), and has recently gained favor as recreational drug because of its intoxicating effects.

Most commonly found in liquid form, *GHB* has also been used by assailants to incapacitate victims for the purpose of committing sexual assault. *GHB* is not currently included in Michigan's controlled substance schedule either in statute or in administrative law.

The "650-drug lifer" law. Public Act 147 of 1978 amended the Controlled Substance Act (Public Act 196) of 1971 to impose mandatory life imprisonment for the illegal manufacture, delivery, or possession of 650 grams (23 ounces or about 1.4 pounds) or more of any mixture containing Schedule 1 narcotic drugs (that is, opium and its derivatives, such as heroin) or cocaine (a Schedule 2 drug). (Note: The law does not require conviction for 650 grams of pure heroin or cocaine; rather, it applies to any mixture weighing at least 650 grams that contains any amount of, say, heroin or cocaine.) This "650-drug lifer" law amendment to the Controlled Substances Act was to take effect September 1, 1978. However, it was almost immediately repealed and incorporated into the 1978 recodification of the Public Health Code, Public Act 368 of 1978 [specifically sections 7401(2)(a)(I), manufacture and delivery or intent to manufacture or deliver, and 7403(2)(a)(I), possession).

In 1990, the United State Supreme Court ruled [in *Harmelin v Michigan*, 111 S Ct 2680 (1991), Justice White dissenting] that Michigan's "650-drug lifer" law did not violate the "cruel and unusual" provisions of the Eighth Amendment to the U.S. Constitution. However, in June 1991 (in the consolidated cases of *People v. Hassan*, Docket No. 89661, and *People v. Bullock*, Docket No. 89662), the state supreme court (on a 4-3 decision) struck down mandatory life imprisonment for conviction for simple possession as unconstitutional, on the grounds that it violated Michigan's constitutional prohibition against cruel or unusual punishment. While the state attorney general and the Department of Corrections almost immediately argued that the ruling did not apply to convictions for delivery, the Michigan Court of Appeals (in *People v Fluker*) struck down mandatory life imprisonment for delivery of mixtures of 650 grams or more as unconstitutional on the same grounds as the earlier decision on possession. However, in April 1993, the state supreme court overturned the appeals court rulings, thereby reinstating mandatory life imprisonment for delivery of 650 or more grams of a mixture containing heroin or cocaine.

According to the Department of Corrections, as of September 23, 1997, of the 240 prisoners who have ever been sentenced to life terms for drug law offenses, 210 currently are serving sentences, though five of these are no longer serving on the original offense (one had the sentence reversed by the court and was resentenced to life, while the other four had their convictions discharged or reversed by the court and were

resentenced to minimums in the range of 6-20 years, with 30-year

maximums). Of the 205 remaining prisoners serving active sentences, 196 are male and 9 are female; 85 are white, 97 are black, 13 are Mexican, and 10 are "other." In terms of the counties involved, Oakland (with 67), Wayne (with 63), and Macomb (with 22) have the highest numbers. Kent (with 9) and Saginaw (with 8) have the next highest numbers, while Kalamazoo County has 4, and Clinton, Eaton, Genesee, and Washtenaw Counties each has 3. Calhoun County has 2, while Berrien, Ingham, Ionia, Livingston, Monroe, and Van Buren Counties each have 1. With regard to the "650-drug lifer" law, 167 lifers are serving for delivery or manufacture, while 38 are serving for possession. Finally, 173 prisoners have no prior prison record, while 32 do.

Senate legislation. On October 7, 1997, the Senate Judiciary Committee reported two bills, Senate Bills 280 (S-2) and 281 (S-1), that also would amend the current "650-drug lifer" law. The bills would provide for "parolable life" under certain conditions (if the defendant was a first-time drug offender, had not recently been convicted of a violent felony, and agreed to "cooperate" with the prosecutor). Prosecutors and judges also could act within a year of sentencing on "650" offenses to reduce a life sentence if an imprisoned drug offender assisted in drug investigations. The bills also would reduce the statutory presumptive minimum sentences currently in law for drug offenses involving fewer than 650 grams of drugs.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the bill would have an indeterminate fiscal impact on the Department of Corrections. Under the bill, people convicted of the delivery or manufacture of 650 or more grams of narcotics or cocaine would be eligible for parole after 15 years. Assuming no change in prosecutorial practices or conviction patterns for drug offenses, the bill would begin to decrease state costs of incarceration after the point at which affected offenders began to be paroled. To the extent that the bill decreased time in prison for affected offenders, it would decrease state costs of incarceration. However, actual effects on costs of incarceration may vary according to any changes in prosecutorial practices and conviction patterns that may result from the bill. The HFA notes that in 1996, 9 offenders were sentenced to prison for this offense, and the average age at the time of sentencing is about 33 years old. For fiscal year 1996-97, the cost of incarceration is about $24,350 per prisoner.

With regard to the drug-induced criminal sexual conduct provisions of the bill, the agency reports that to the extent that these changes led to convictions that would not otherwise have been obtained, or to longer prison stays,

they would increase state costs of incarceration. However, to the extent that convicted offenders were sentenced to local punishments, local costs would increase. (10-13-97)

ARGUMENTS:

For:

In spite of the increasing number of incidents of drug-aided rapes, sexually assaulting a person that the assailant knows or should know is incapacitated remains only a third or fourth degree crime under Michigan law. Currently, the penalty for third degree CSC is not more than 15 years imprisonment, while fourth degree CSC is punishable by not more than two years imprisonment and/or a fine of not more than $500. This means that a sexual assault on an incapacitated person where sexual penetration does not occur is merely fourth degree CSC and can be punished by no more than two years in prison and/or a $500 fine. Furthermore, if a would-be rapist uses a controlled substance to drug an intended victim with the intent to sexually assault him or her and there is no sexual contact, the only crime for which the would-be rapist could currently be charged is illegal delivery of a controlled substance. Unfortunately, as is evidenced by the significant and increasing numbers of drug-aided rapes, the current laws are clearly not a sufficient deterrent. By dealing with the behavior, using a drug to incapacitate an intended rape victim, the bill makes it clear that this behavior, which is so clearly predatory and premeditated, will not be tolerated. The bill treats this crime as the outrageous and horrifying crime that it is and provides a strong punishment and hopefully a far more significant deterrent effect than the current law. The bill would have the effect of providing a more significant punishment for both the attempted crime (where the drug is administered to the victim but the would-be rapists intentions are frustrated) and the completed crime than is currently provided for the completed crime itself.

Against:

The bill is too narrow. A number of cases have been reported where drugs have been used to incapacitate victims of robberies, and the bill doesn't deal with this aspect of drug misuse. Clearly, using drugs to incapacitate victims is wrong whether the intent of the assailant is rape or robbery, and punishment for such crimes should send the message that such behavior will not be tolerated.

Additionally, the bill would only deal with sexual assaults on persons who had not voluntarily become incapacitated. Sexually assaulting an incapacitated person, regardless of how he or she became incapacitated, is a crime that warrants serious punishment.

For:

The provisions of the bill make far more sense than previous proposals to reclassify *GHB* and/or *flunitrazepam* as schedule 1 controlled substances. Merely rescheduling one or more particular drugs, will not help to prevent drug-aided rapes. While undoubtedly the use of any drug for the purpose of assisting rapists to overcome their victims is not to be tolerated, it is the behavior (using a drug to incapacitate someone and then to take advantage of that person sexually) that should be punished. Specifically providing for the punishment of that behavior will provide a far more effective message that drugging someone and then raping them is not to be tolerated.

Rescheduling one or two particular drugs would merely lead to the use of other drugs with similar sedative effects for the same improper purpose. In fact, according to the testimony of the drug's manufacturer and others, there is already a long list of drugs that are being used for this purpose.

Against:

The bill's placement of *GHB* and *flunitrazepam* in schedule 4 is inappropriate. Neither drug meets the criteria for schedule 4 because neither is accepted for medical use in treatment in the U.S. and furthermore, the evidence would suggest that the potential for abuse of these drugs is high, not low. Because these drugs dissolve easily in liquids and are fast acting, they can easily be given to an unsuspecting victim, and quickly and effectively eliminate the potential victim's ability to resist. Thus, they are ideal drugs for a would-be rapist to use on an intended victim. As such, it is their availability for this misuse that the law should attempt to restrict along with providing specific criminal sanctions for the behavior. Thus, it seems that *GHB* and *flunitrazepam* would be more appropriately included with the schedule 1 controlled substances.

Response:

According to Hoffmann-La Roche, the pharmaceutical company that produces *flunitrazepam*/
Rohypnol, the drug does have legitimate medically accepted uses. *Flunitrazepam*/Rohypnol, since its introduction in 1971, has been licensed for use in 64 countries around the world. It is prescribed by physicians worldwide and used by more than a million people each day as a sedative for treatment of severe sleep disorders or as a pre-anesthetic for some patients prior to surgical or diagnostic procedures. The manufacturer argues that *flunitrazepam*/Rohypnol has not been marketed in the United States because at the time it was introduced the company felt that the U.S. market for this type of medication was already saturated with similar products, including one offered by Hoffmann-La Roche itself.

Furthermore, it should be noted that according to a representative of Hoffmann-La Roche, Rohypnol has been reformulated so that the drug has a bitter taste, blue color and is less soluble. The company is currently in the process of applying for permission to market the new form of Rohypnol in the countries where the current version of the drug is sold.

Reply:

Although *flunitrazepam*/Rohypnol may be licensed for use in other countries, until it is licensed for use in the United States it still doesn't fit the criteria for schedule 4 controlled substances under the Public Health Code, which specifically refers to currently accepted medical uses "in the United States.

For:

With regard to proposed amendments to the "650-drug lifer law", the arguments for the bill can be categorized as issues concerning fairness/proportionality, effectiveness, and costs to the taxpayers/prison overcrowding.

First, if justice is making sure that the punishment fits the crime, then the law as it stands is not just. The law mandates the same punishment, no matter what the circumstances, and imposes a harsher penalty for trafficking in certain minimum "drug mixtures" than for other, violent crimes.

The "650-drug lifer" law currently provides a nonparolable life sentence for everyone convicted under it, regardless of the circumstances of the case, the potential for rehabilitation, or whether the defendant is a young, first-time, non-violent "mule" (or street dealer), or the big-time drug dealer (so-called "drug kingpin") the law purportedly originally was intended to target. In fact, the law reportedly has caught mostly low-level couriers (often, addicts and first-time offenders who engage in this activity to support their drug "habit") and, at the most, mid-level drug dealers, when it has worked at all. And sometimes it has resulted in blatant miscarriages of justice, as in cases involving a large element of entrapment of addicted users who otherwise never would have become involved in dealing relatively large amounts of drugs.

Moreover, the punishment simply does not fit the crime in many cases, and in fact is disproportionately harsh when compared to sentences for more violent crimes, where the criminal is eligible for parole. Only first-degree murder carries with it the same penalty as the "650-drug lifer" law, while other violent crimes -- such as rape, second-degree murder, and armed robbery -- carry much lesser sentences, including the possibility of parole. Surely these violent crimes should be punishable

by sentences more severe than those currently meted out for dealing drugs.

Secondly, despite claims that the law was and is an indispensable and effective anti-drug weapon, the law never did achieve its purported goal of ridding the streets of drug pushers and serving as a deterrent to drug trafficking, as even its original sponsor and many influential former supporters now admit. In fact, many influential voices in law enforcement -- including the Macomb County prosecutor himself, once a strong proponent of the law -- now advocate giving judges, not prosecutors or parole boards, primary authority over sentencing (along with, perhaps, enforcing truth-in-sentencing policies that would guarantee that minimum sentences would not be reduced by "good time" credits or other means). In fact, it can be argued that the draconian nature of the punishment has served as a disincentive for convicting people under this law, and for bargaining down offenses, so the whole purported point of the law is blunted if not rendered moot.

Finally, despite a huge prison expansion program over the past decade, prisons still are overcrowded. Mandatory life sentences for certain drug convictions -- as well as other mandatory, if lesser, sentences for drug-related crimes -- threatens the state's limited prison capacity and already overburdened taxpayers. The policy not only doesn't make sense financially, it also can result in the early release -- due to lack of space -- of such violent offenders as rapists and armed robbers, who probably pose a greater danger to more of the state's citizens than those involved in illegal drugs.

Against:

Proponents of the law continue to argue that it was designed as, and is in fact, a deterrent to drug trafficking. Some even say that it is law enforcement's most valuable tool in the war against drugs. As for the argument that there is a lack of "proportion" between sentencing for violent crimes such as rape, second-degree murder, and armed robbery -- none of which carry nonparolable life sentences -- and the nonparolable life sentences for trafficking in large amounts of drugs, proponents of the law point out that just because a drug dealer may not be engaged in any immediate, visible violence in the drug transaction, selling drugs is, in fact, as bad as premeditated murder. In fact, it is argued that severe sentences are justified for drug trafficking because the crime is, in fact, as deadly as premeditated murder. Trafficking in large amounts of drugs is more deadly than first-degree murder, in many cases, because unlike premeditated murder, which often involves only a single victim, 650 grams or more of heroin or cocaine affects -- if not destroys -- the lives of hundreds of people who come into contact with it. And drug trafficking damages society as a whole, including many of its children who live in poverty and perhaps come to see it as a way of getting the things they'll never have even if they got and held down regular jobs. Moreover, if people believe that there is an improper discrepancy between sentences for obviously violent crimes such as rape, second-degree murder, and armed robbery and sentences for drug trafficking, then perhaps the sentences for these violent crimes should be increased rather than decreasing the sentences for drug trafficking.

Response:

It should be pointed out that many people have the misperception that the law applies to trafficking in 650 grams or more of pure heroin or cocaine, which is not the case. In fact, it applies to any mixture containing these drugs, so that someone who is caught dealing a smaller but purer amount of these drugs will receive a lesser, parolable sentence, while someone who is caught dealing a mixture of at least 650 grams containing, say, only one percent heroin or cocaine, is subject to the much harsher penalty. So the incentive in the current law actually is to deal in purer -- and far more deadly, at least until "cut" or diluted for the street -- but smaller amounts of these drugs. Further, with regard to the detrimental effect that the example that the "easy" money from drug trafficking can have on children living in poverty, it can equally be argued that it is the poverty, and not the trafficking in illegal drugs per se, that constitutes the real, and much more difficult to solve, problem.

Against:

The House Judiciary Committee's addition to the bill of the provision to repeal the current "650-drug lifer" law came as a surprise to most people. Such an important change in a decades-old controversial provision deserves to have more discussion than has been afforded so far in the legislative process, and in fact a number of groups otherwise supportive of this proposed change in the law have expressed concerns over both the lack of retroactivity in the amendment's current form and in the fact that, like the state supreme court's earlier decision ruling the law's life-without-parole provisions for simple possession of mixtures of 650 grams or more containing heroin or cocaine, the proposed amendment could have the paradoxical effect that people convicted of delivering large amounts of drugs could have shorter sentences than the presumptive minimum sentences currently in place for trafficking in drug amounts under 650 grams. In addition, some people believe that the whole concept of so-called mandatory minimums is questionable, and that judicial sentencing discretion properly rests with the judiciary, not the legislature, and should be changed accordingly.

Response:

Given that the Senate also is moving legislation dealing with drug offenses, the amendment to the House bill can in fact provide the occasion for further debate and discussion about both approaches to amending this law, about which even its original sponsor is quoted (in a Mackinac Center for Public Policy "Viewpoint on Public Issues") as now saying, "The statute is flawed because it eliminates a judge's ability to exercise discretion. It has been used to snare too many who fit the language, the letter of the act, but who in no way fit the intent, the spirit of the act."

POSITIONS:

Hoffman-La Roche, the pharmaceutical company that produces Rohypnol, supports the sexual assault provisions of the bill and has no position on the changes in the "drug-lifer" law. (10-8-97)

The Department of Community Health supports the original concept of the bill to classify *Flunitrazepam* as a schedule 1 drug and would also support the scheduling of *GHB*. The department takes no position on the criminal and sentencing aspects of the bill. (10-9-97)

The Department of State Police supports the scheduling of *flunitrazepam* and *GHB,* and is neutral on the "650-drug lifer" amendment to the bill. (10-13-97)

Planned Parenthood Affiliates of Michigan supports the sexual assault provisions of the bill and takes no position on the "lifer law" provisions. (10-9-97)

Michigan NOW supports the concept of the bill. (10-8-97)

The Michigan Appellate Assigned Counsel supports the elimination of mandatory minimums but has concerns that the bill doesn't address the sentencing for quantities less than 650 grams. (10-13-97)

The State Appellate Defenders Office supports removal of mandatory minimums and the return of judicial discretion for all controlled substance offenses. (10-13-97)

The Michigan Judges Association has long supported leaving sentencing discretion with the trial judge. (10-10-97)

The Prosecuting Attorneys Association of Michigan supports the concept of the sexual assault provisions of the bill and takes no position on the "lifer law" provisions. (10-9-97)

Michigan Families Against Mandatory Minimums (MI FAMM) supports the repeal of the "650-drug lifer" law. (10-10-97)

The Macomb County Prosecuting Attorney supports the

bill. (10-14-97)

The Michigan League of Women Voters has not yet had an opportunity to see the bill as reported, and so cannot yet take a position on the repeal of the "650-drug lifer" provisions; however, the league would be concerned if the repeal were not retroactive and if the other mandatory minimum drug sentencing provisions were not addressed. (10-10-97)

The Michigan Council on Crime and Delinquency supports the bill but would like to see it made retroactive. (10-10-97)

The Michigan Catholic Conference supports the "650-drug lifer" amendment. (10-13-97)

The National Lawyers Guild (Ann Arbor chapter) supports the bill's amendment to the "650-drug lifer" law. (10-13-97)

The Mackinac Center for Public Policy supports repealing or modifying the "650-drug lifer" law. (10-13-97)

The Criminal Defense Attorneys of Michigan support the bill's amendment to the "650-drug lifer" law. (10-13-97)

The NAACP -- Detroit Central Branch supports repealing the "650-drug lifer" law. (10-13-97)

Attorneys Against Excessive Mandatory Minimums supports the bill's "650-drug lifer" law amendment. (10-13-97)

The Metropolitan Detroit Senior Citizens Council supports the bill's "650-drug lifer" law amendment. (10-13-97)

The Archdiocese of Detroit Criminal Justice Ministry supports elimination of the "650-drug lifer law" and other mandatory minimum sentences for nonviolent drug offenders. (10-13-97)

The American Civil Liberties Union supports the amendment to remove mandatory minimum sentences; the ACLU believes there is no justification for life imprisonment for any drug offense without judicial discretion. (10-14-97)

The American Friends Service Committee Prison Project supports the bill. (10-13-97

Analysts: W. Flory/S. Ekstrom