

Five Criminal Justice Policy Choices in New York: Opinions From the Imagine RIT 2016 Survey

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Introduction

This paper reports the results of a survey taken by nearly 500 people who attended the RIT Imagine Festival in May of 2016. It examines opinions on five criminal justice policy issues confronted in New York State: (1) medical use of marijuana, (2) recreational use of marijuana, (3) accessibility of medication to prevent heroin overdose, (4) police body-worn cameras, and (5) raising the age at which an individual may be treated as a juvenile rather than as an adult when laws are violated. A survey collecting these views was conducted by the Center for Public Safety Initiatives (CPSI) during the Imagine RIT Innovation and Creativity Festival at Rochester Institute of Technology (RIT) in May, 2016. Due to the characteristics of the population which self-selects to attend the festival of science and technical innovation, the survey results are not intended to represent opinions beyond those of the sample participants.

Survey results show moderately high levels of support for what might be described as generally progressive policy choices. When asked how respondents thought others felt about the choices, however, they tended to estimate incorrectly that others were less supportive of the progressive policies that they themselves endorsed.

Background on the Policy Issues

Medical Use of Marijuana

Twenty-three states and the District of Columbia have legalized the use of marijuana for medical purposes yet, at a federal level, the US Food and Drug Administration has not approved marijuana for treatment of any medical condition (Procon, 2016; Thompson, 2015). Studies suggest that marijuana may be useful for treating medical issues such as chronic pain, nerve pain, muscle spasms or spasticity (a muscle control disorder) as well as nausea and poor appetite (Thompson, 2015). Each state has varying restrictions on what medical conditions are approved

for treatment with this drug. Concerns over the use of medical use of marijuana include not enough evidence that marijuana is an effective treatment certain medical conditions, the possibility of abuse, and medical use as the first step in the trend towards legalization of recreational marijuana.

Recreational Use of Marijuana

Currently Alaska, Colorado, Oregon and Washington have legalized the recreational use of marijuana (Governing, 2016). Opponents are concerned that recreational marijuana will be frequently used, risking negative health impacts through second hand smoke and poor function in the lungs and brain of the user. In contrast, medical marijuana use is controlled by a doctor and treatment comes in various forms. Other concerns include addiction, the view that marijuana is a “gateway” to experimenting with other drugs, and fear of an increase in accidents due to impaired states of mind (i.e., driving under the influence or young children gaining access to the drug). Proponents of legalization believe the substance is not necessarily worse than alcohol and personal freedoms should include the use of marijuana. Legal sales may also boost local revenue, decrease support for organized crime and drug dealing, and possible reduce street justice related to drug disputes (National Youth Leadership Network, 2015).

Over the Counter Sale of Heroin Overdose Treatment

In 2014, over 10,500 people in the United States died of heroin overdose (National Library of Medicine, 2015) and this problem continues to increase. In 1971, the United States Food and Drug Administration approved a drug, naloxone or Narcan (brand name), meant to stop a person from dying from a heroin overdose if administered quickly. In 2015, a nasal spray form of naloxone was approved as well. Naloxone is currently carried and administered by first responders. However, there is an ongoing debate concerning its accessibility. Chain pharmacies,

namely CVS but including Walgreens and Duane Reade, are attempting to make naloxone accessible to civilians across the nation (CNN, 2016). Family members and friends of drug users want naloxone to be available for citizens to administer themselves. This would allow citizens to react quickly in order to save their loved one from death in the case of an overdose. On the other hand, there is concern that increased availability of naloxone will encourage drug users to take more risks with heroin since the possibility of death by overdose is lessened.

Use of Body-Worn Cameras by Police

Cases such as those of Michael Brown and Eric Garner have called into question the actions of police officers with witness claims of excessive use of force. Whether in favor of the officer or the civilian, public requests for more evidence have surged. The idea is to have interactions between police and civilians documented on video by body-worn cameras. Footage is intended to catch the full interaction, unlike cellular phone videos taken by private citizens that sometimes may be missing parts of an interaction which becomes a questionable use of force. Some people believe body-worn cameras will hold police accountable for their negative actions, or may illustrate a justification for use of force. Other people fear that cameras will incriminate civilians or may take away an officer's discretion. Some of the public are concerned that officers will act differently on camera, and that footage may not be representative of an officer's typical behavior. Also, the question of who has access to body-worn camera footage is important as the public calls for transparency from law enforcement.

Many concerns about body-worn cameras are influenced by departmental policies on the cameras' use, for instance when to turn the cameras on and off or what situations need to be recorded. Some jurisdictions across the country that have cameras do not have policies for their use, and policies that do exist are not uniform. Policies for the use of body-worn cameras by the

Rochester Police Department are still being finalized with the police union at the time of this report writing.

Raise the Age

Raise the age refers to increasing the age at which an individual can be treated as a juvenile in the justice system. The only states that try people under eighteen as adults are North Carolina and New York; people arrested who are ages sixteen and seventeen are treated as adults in NY courts (Raise the Age, 2016). Proponents of raising the age refer to brain science and adolescent development studies that show a person's brain is not fully developed until the mid-twenties. Studies also illustrate negative effects of incarcerating young people with adults, rather than in youth facilities, as young people are at higher risk than adults for physical and sexual assault, and recidivism rates for felony offense are higher (Raise the Age, 2016).

Other people believe violent offenders should be held accountable for crimes regardless of one's age. By the age of sixteen, an individual's moral conscious is developed and the person should know right from wrong especially for petty crimes or non-premeditated crimes. In contrast, if a young person is sociopathic with violent tendencies, they need to be kept away from the public for safety reasons. Harsh punishments may be a deterrent to others, or a young adult incarcerated with adults may learn lessons that deter them from a life of crime.

The Survey

CPSI has developed a "Brief Survey Method" where respondents are asked to provide opinions on a small number of questions in a format that takes under five minutes to complete. We distributed brief surveys near the CPSI booth at the annual Imagine RIT festival on May 7, 2016. Surveys were completed by a total of 472 adults¹. Participants gave their opinion on five

¹ Survey results represent views of participants over the age of eighteen (due to parental consent issues for those under eighteen).

statements about criminal justice policies applied to New York State, then provided their best estimate of how many other people who took the survey agreed with each statement. A copy of the survey can be found in Appendix A.

Survey Results

Demographic Breakdown

The survey included demographic questions concerning age, gender, parenthood, level of education, and area of residence. Survey respondents were from 20 US states and two Canadian providences. The majority of respondents (82%) lived in New York State and more than half of the total participants (61%) are from Rochester or Monroe County, NY. Nine percent of survey participants reported some high school or high school as their maximum education level. The majority of respondents (64%) reported some college, an AS or BS degree. The majority of participants (44%) were ages 18 to 29, and only 4% were in the oldest age range (70 to 89). Appendix B contains tables with respondent demographics.

Agreement with Each Statement

Figure 1 below displays the percentage of participants that agreed with each statement in the survey. Almost all respondents agreed that the medical use of marijuana should be permitted in New York State. In contrast, only about half of respondents thought marijuana should be legal for recreational use. Most people (78%) believed police should wear body cameras. Over half of participants supported the wider distribution of heroin overdose medication, and just less than half believed the age at which an individual could be tried as a juvenile should be raised.

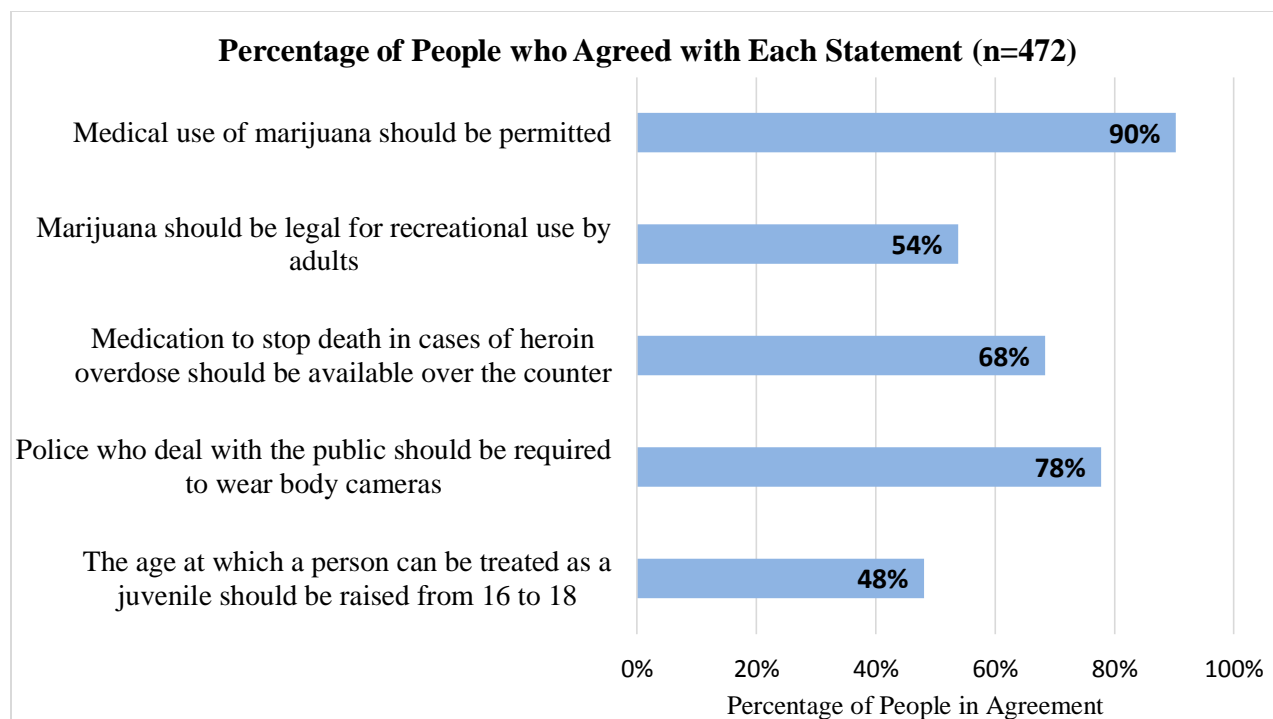


Figure 1. Percentage of the 472 People Surveyed That Agreed with Each Policy Statement.

Agreement with Statements by Demographics

Table 1 below displays the percentage of participants that agreed with each statement in the survey by age, gender, and parenthood. For most of the policy statements, the largest percent of people in agreement were those ages 18 to 29 and the lowest percent was the oldest age range (70 to 89). This pattern was reversed on the statement that the police who deal with the public should be required to wear body cameras. In this case, the largest amount of agreement (89%) came from those ages 70 to 89 while the least agreement came from people 18 to 29 (76%) and 50 to 69 year olds (77%). While respondents from the 70 to 89 age range supported raise the age more than the legalization of recreational marijuana, the small number of elders surveyed (19 out of 472) makes it difficult to say these results are representative for this age group at large.

There were slightly more males surveyed (54%) than females (46%). Both genders responded very similarly to every question, though in almost every case a larger percentage of

women agreed with the statements. The largest separation in responses between genders (only 7% difference) occurred both for the belief that marijuana should be legal for use by adults (which more men agreed to) and that the age at which a juvenile can be tried as an adult should be raised to 18 (which more women agreed to).

Slightly more than half of the people surveyed (51%) did not have children. The percentage of people who do not and do have children responded with agreement at almost the same level to almost every policy statement. Agreement that marijuana should be legalized for recreational use by adults is the only statement where parenthood made a large difference in participants’ level of agreement as 21% more people without children support this policy.

Table 1. Percentage of Participants in Agreement with each Statement by Demographics.

		Legal Medical Marijuana	Legal Recreational Marijuana	Medication for Heroin Overdose	Body-worn Cameras	Raise the Age
Gender	Males	89%	57%	68%	77%	42%
	Females	92%	50%	69%	79%	55%
Age	18-29	92%	66%	72%	76%	50%
	30-49	90%	45%	66%	80%	50%
	50-69	89%	44%	68%	77%	44%
	70-89	84%	32%	53%	89%	47%
Parenthood	Have Children	89%	43%	67%	78%	47%
	Do Not Have Children	92%	64%	70%	77%	49%

Perceptions of Other Participants’ Views

Table 2 below shows how many other survey respondents participants believed would agreed with each policy statement. Most participants did not estimate others’ opinions accurately, instead either overestimating or underestimating the percent of other people that agree with them. For example, 56% of participants thought most survey respondents would agree that medical marijuana should be permitted while the actual results show that 90% (or “almost all”) people agreed. Participants underestimated the level of agreement of others on this

statement. In fact, only 24% of participants believed “almost all” other respondents felt the same way they did.

For the medical use of marijuana and police use of body cameras participants estimated lower than the actual results. This suggests that people do not believe that their views are in the majority although their views *are* more common across all participants surveyed. For more accessibility of medication to stop heroin death, participants estimated higher than the results which shows respondents believed that their views were more widespread than they actually were. There were two policy statements in which participants estimated accurately, that only “some” people agreed that the age at which a person can be treated as a juvenile should be raised from 16 to 18, and that marijuana should be legal for recreational use by adults.

Table 2. Respondents’ Perceptions of the Views of Other Survey Participants.

Statements	Almost All	Most	Some	Very Few	Actual Percentage of People who Agreed with the Statement
Medical use of marijuana should be permitted.	24%	56%¹	18%	2%	90%
Marijuana should be legal for recreational use by adults.	6%	30%	53%	11%	54%
Medication to stop death in cases of heroin overdose should be available over the counter.	15%	35%	41%	9%	68%
Police who deal with the public should be required to wear body cameras.	28%	43%	26%	3%	78%
The age at which a person can be treated as a juvenile should be raised from 16 to 18.	10%	32%	47%	11%	48%

Note 1: Figures in bold show the highest estimates of what participants believed other people would think.

Conclusion

The Imagine RIT festival allowed for a sampling of the general public that is otherwise difficult to come by. It is an ideal venue for this methodology of a short, content heavy survey

when participants have limited time and interest in discussion. CPSI gathered data reflecting primarily New York State citizens' opinions on the topics of medical marijuana, recreational use of marijuana, availability of heroin overdose medication, the use of police body-worn cameras, and raising the age of a juvenile.

The characteristics of our sample surveyed at a technology fair may be reflected in the progressive views collected as the majority of participants agreed with all policy statements, except for raising the age a person can be treated as a juvenile in New York State. Though people did not believe their views would be in the majority, more respondents than estimated supported the use of body-worn cameras and medical marijuana. In contrast, participants correctly guessed that they were not in the majority when agreeing with raise the age, which is the policy statement that received the lowest level of overall support (48%). Body-worn cameras and medical marijuana have had frequent media coverage over the last year, perhaps leading to wider support in society from more groups than people realized.

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APPENDIX B: Additional Demographics of Survey Participants

Table 3: Maximum Level of Education Reported by Participants by Number and Percentage of Respondents.

Maximum Education Level	Number of Participants	Percentage of Participants
Some High School	4	1%
High School	39	8%
Some College	145	31%
AS	16	3%
BS	141	30%
MS	88	19%
PhD	39	8%
Total	472	100%

Table 4: Age Range of Participants by Number and Percentage of Respondents.

Age Range	Number of Participants	Percentage of Participants
18-29	208	44%
30-49	119	25%
50-69	126	27%
70-89	19	4%
Total	472	100%