



THE DEA POSITION ON MARIJUANA

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DEA'S POSITION ON MARIJUANA

Marijuana is properly categorized under Schedule I of the Controlled Substances Act (CSA), 21 U.S.C. § 801, et seq. The clear weight of the currently available evidence supports this classification, including evidence that smoked marijuana has a high potential for abuse, has no accepted medicinal value in treatment in the United States, and evidence that there is a general lack of accepted safety for its use even under medical supervision.

The campaign to legitimize what is called “medical” marijuana is based on two propositions: first, that science views marijuana as medicine; and second, that the DEA targets sick and dying people using the drug. Neither proposition is true. Specifically, smoked marijuana has not withstood the rigors of science—it is not medicine, and it is not safe. Moreover, the DEA targets criminals engaged in the cultivation and trafficking of marijuana, not the sick and dying. This is true even in the District of Columbia and the 19 states that have approved the use of “medical” marijuana.¹

On October 19, 2009, Attorney General Eric Holder announced formal guidelines for federal prosecutors in states that have enacted laws authorizing the use of marijuana for medical purposes. The guidelines, as set forth in a memorandum from Deputy Attorney General David W. Ogden, makes clear that the focus of federal resources should not be on individuals whose actions are in compliance with existing state laws, and underscores that the Department will continue to prosecute people whose claims of compliance with state and local law conceal operations inconsistent with the terms, conditions, or purposes of the law. He also reiterated that the Department of Justice is committed to the enforcement of the Controlled Substances Act (CSA) in all states and that this guidance does not “legalize” marijuana or provide for legal defense to a violation of federal law.² While some people have interpreted these guidelines to mean that the federal government has relaxed its policy on “medical” marijuana, this in fact is not the case. Investigations and prosecutions of violations of state and federal law will continue. These are the guidelines DEA has and will continue to follow.

On October 13, 2010, Attorney General Holder again reiterated the Department of Justice’s position. In addressing concerns for the possible passing of Proposition 19 in California, a ballot initiative for the legalization of marijuana, he stated that “regardless of the passage of this or similar legislation, the Department of Justice will remain firmly committed to enforcing the CSA in all states. Prosecution of those who manufacture, distribute, or possess any illegal drugs, including marijuana, and the disruption of drug trafficking organizations is a core priority of the Department. Accordingly, we will vigorously enforce the CSA against those individuals and organizations that possess, manufacture, or distribute marijuana for recreational use, even if such activities are permitted under state law.”³

DEA will continue to conduct its mission to enforce the CSA and other actions as so directed by the U.S. Attorney General.

THE FALLACY OF MARIJUANA FOR MEDICINAL USE

SMOKED MARIJUANA IS NOT MEDICINE

In 1970, Congress enacted laws against marijuana based in part on its conclusion that marijuana has no scientifically proven medical value. Likewise, the Food and Drug Administration (FDA), which is responsible for approving drugs as safe and effective medicine, has thus far declined to approve smoked marijuana for any condition or disease. Indeed, the FDA has noted that “there is currently sound evidence that smoked marijuana is harmful,” and “that no sound scientific studies support medical use of marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of marijuana for general medical use.”⁴

The United States Supreme Court has also declined to carve out an exception for marijuana under a theory of medical viability. In 2001, for example, the Supreme Court decided that a ‘medical necessity’ defense against prosecution was unavailable to defendants because Congress had purposely placed marijuana into Schedule I, which enumerates those controlled substances without any medical benefits. *See United States v. Oakland Cannabis Buyers’ Cooperative et al.*, 532 U.S. 483, 491-92 (2001).

In *Gonzales v. Raich*, 545 U.S. 1 (2005), the Court had another opportunity to create a type of ‘medical necessity’ defense in a case involving severely ill California residents who had received physician approval to cultivate and use marijuana under California’s Compassionate Use Act (CUA). *See Raich*, 545 U.S. at 9. Despite the state’s attempt to shield its residents from liability under CUA, the Supreme Court held that Congress’ power to regulate interstate drug markets included the authority to regulate wholly intrastate markets as well. Consequently, the Court again declined to carve out a ‘medical necessity’ defense, finding that the CSA was not diminished in the face of any state law to the contrary and could support the specific enforcement actions at issue.

In a show of support for the *Raich* decision, the International Narcotics Control Board (INCB) issued this statement urging other countries to consider the real dangers of cannabis:

Cannabis is classified under international conventions as a drug with a number of personal and public health problems. It is not a ‘soft’ drug as some people would have you believe. There is new evidence confirming well-known mental health problems, and some countries with a more liberal policy towards cannabis are reviewing their position. Countries need to take a strong stance towards cannabis abuse.⁵

The DEA and the federal government are not alone in viewing smoked marijuana as having no documented medical value. Voices in the medical community likewise do not accept smoked marijuana as medicine:

- The **American Medical Association (AMA)** has always endorsed “well-controlled studies of marijuana and related cannabinoids in patients with serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.” In November 2009, the AMA amended its

policy, urging that marijuana's status as a Schedule I controlled substance be reviewed "with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods." The AMA also stated that "this should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for prescription drug product."⁶

- The **American Society of Addiction Medicine's (ASAM)** public policy statement on "Medical Marijuana," clearly rejects smoking as a means of drug delivery. ASAM further recommends that "all cannabis, cannabis-based products and cannabis delivery devices should be subject to the same standards applicable to all other prescription medication and medical devices, and should not be distributed or otherwise provided to patients ..." without FDA approval. ASAM also "discourages state interference in the federal medication approval process."⁷ ASAM continues to support these policies, and has also stated that they do not "support proposals to legalize marijuana anywhere in the United States."⁸
- The **American Cancer Society (ACS)** "is supportive of more research into the benefits of cannabinoids. Better and more effective treatments are needed to overcome the side effects of cancer and its treatment. However, the ACS does not advocate the use of inhaled marijuana or the legalization of marijuana."⁹
- The **American Glaucoma Society (AGS)** has stated that "although marijuana can lower the intraocular pressure, the side effects and short duration of action, coupled with the lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time."¹⁰
- The **Glaucoma Research Foundation (GRF)** states that "the high dose of marijuana necessary to produce a clinically relevant effect on intraocular pressure in people with glaucoma in the short term requires constant inhalation, as much as every three hours. The number of significant side effects generated by long-term use of marijuana or long-term inhalation of marijuana smoke make marijuana a poor choice in the treatment of glaucoma. To date, no studies have shown that marijuana – or any of its approximately 400 chemical components – can safely and effectively lower intraocular pressure better than the variety of drugs currently on the market."¹¹
- The **American Academy of Pediatrics (AAP)** believes that "[a]ny change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents." While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana.¹²
- The **American Academy of Child and Adolescent Psychiatry (AACAP)** "is concerned about the negative impact of medical marijuana on youth. Adolescents are especially vulnerable to the many adverse development, cognitive, medical, psychiatric, and addictive effects of marijuana." Of greater concern to the AACAP is that "adolescent marijuana users are more likely than adult users to develop marijuana dependence, and their heavy use is associated with increased incidence and worsened course of psychotic, mood, and anxiety

disorders.” “The “medicalization” of smoked marijuana has distorted the perception of the known risks and purported benefits of this drug.” Based upon these concerns, the “AACAP opposes medical marijuana dispensing to adolescents.”¹³

- The **National Multiple Sclerosis Society (NMSS)** has stated that “based on studies to date – and the fact that long-term use of marijuana may be associated with significant, serious side effects – it is the opinion of the National Multiple Sclerosis Society’s Medical Advisory Board that there are currently insufficient data to recommend marijuana or its derivatives as a treatment for MS symptoms. Research is continuing to determine if there is a possible role for marijuana or its derivatives in the treatment of MS. In the meantime, other well tested, FDA-approved drugs are available to reduce spasticity.”¹⁴

In 1999, **The Institute of Medicine (IOM)** released a landmark study reviewing the supposed medical properties of marijuana. The study is frequently cited by “medical” marijuana advocates, but in fact severely undermines their arguments.

- After release of the IOM study, the principal investigators cautioned that the active compounds in marijuana may have medicinal potential and therefore should be researched further. However, the study concluded that “there is little future in smoked marijuana as a medically approved medication.”¹⁵
- For some ailments, the IOM found “...potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation.”¹⁶ However, it pointed out that “[t]he effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications [than smoked marijuana].”¹⁷
- The study concluded that, at best, there is only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. For other ailments, such as epilepsy and glaucoma, the study found no evidence of medical value and did not endorse further research.¹⁸
- The IOM study explained that “smoked marijuana . . . is a crude THC delivery system that also delivers harmful substances.” In addition, “plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect.” Therefore, the study concluded that “there is little future in smoked marijuana as a medically approved medication.”¹⁹
- The principal investigators explicitly stated that using smoked marijuana in clinical trials “should not be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of cannabinoids.”²⁰

Thus, even scientists and researchers who believe that certain active ingredients in marijuana may have potential medicinal value openly *discount the notion that smoked marijuana is or can become “medicine.”*

On October 9, 2002, the Coalition for Rescheduling Cannabis petitioned DEA to initiate proceedings for repeal of the rules or regulations that place marijuana in Schedule I of the CSA. The petition requested that it be rescheduled as “cannabis” in either Schedule III, IV or V of the CSA. DEA accepted this petition for filing on April 3, 2003. In accordance with 21 USC 811(b), after gathering the necessary data, the DEA requested a medical and scientific evaluation and scheduling recommendation for cannabis from the Department of Health and Human Services (HHS). HHS concluded that marijuana has a high potential for abuse, has no accepted medical use in the U.S., and lacks acceptable level of safety for use even under medical supervision. On June 21, 2011 the Administrator of DEA denied the petition to reschedule.²¹

The Coalition for Rescheduling Cannabis appealed the DEA denial of the petition and filed a petition for review with the United States Court of Appeals for the District of Columbia Circuit in October 2012, claiming that DEA’s final order denying their request was arbitrary and capricious. The Court, in reviewing the petition, noted that adequate and well-controlled studies are wanting not because they have been foreclosed, but because they have not been completed. The Court denied the petition for review.²²

The Drug Enforcement Administration supports ongoing research into potential medicinal uses of marijuana’s active ingredients. As of January 2013:

- There are 125 researchers registered with DEA to perform studies with marijuana, marijuana extracts, and non-tetrahydrocannabinol marijuana derivatives that exist in the plant, such as cannabidiol and cannabinol.
- Studies include evaluation of abuse potential, physical/psychological effects, adverse effects, therapeutic potential, and detection.
- Eighteen of the researchers are approved to conduct research with smoked marijuana on human subjects.²³

At present, however, ***the clear weight of the evidence is that smoked marijuana is harmful.***

No matter what medical condition has been studied, other drugs already approved by the FDA have been proven to be safer than smoked marijuana.

The only drug currently approved by the FDA that contains the synthetic form of THC is Marinol®. Available through prescription, Marinol® comes in pill form, and is used to relieve nausea and vomiting associated with chemotherapy for cancer patients and to assist with loss of appetite with AIDS patients.

Sativex®, an oromucosal spray for the treatment of spasticity due to Multiple Sclerosis is already approved for use in Canada, New Zealand, Spain, and the United Kingdom. The oral liquid spray contains two of the cannabinoids found in marijuana – THC and cannabidiol (CBD) - but unlike smoked marijuana, removes contaminants, reduces the intoxicating effects, is grown in a structured and scientific environment, administers a set dosage and meets criteria for pharmaceutical products.²⁴ GW Pharmaceuticals plans to submit Sativex® to the FDA in 2014 as a treatment for cancer pain.²⁵

Organizers behind the “medical” marijuana movement have not dealt with ensuring that the product meets the standards of modern medicine: quality, safety and efficacy. There is no standardized composition or dosage; no appropriate prescribing information; no quality control; no accountability for the product; no safety regulation; no way to measure its effectiveness (besides anecdotal stories); and no insurance coverage. Science, not popular vote, should determine what medicine is.

THE LEGALIZATION LOBBY

The proposition that smoked marijuana is “medicine” is, in sum, false–trickery used by those promoting wholesale legalization.

- The Marijuana Policy Project (MPP) has provided funding and assistance to states and localities to promote “marijuana as medicine” initiatives and legislation for many years. In recent years they have also focused on decriminalizing marijuana and encouraging states to change penalties for possession and use from criminal to civil charges. Yet over the past several years their vision statement has clearly indicated they have a much broader goal of legalizing marijuana. At the same time the marijuana legalization proponents are soliciting support for laws allowing marijuana to be used as medicine, they are working toward “a nation where marijuana is regulated similarly to alcohol.”²⁶
- Ed Rosenthal, senior editor of *High Times*, a pro-drug magazine, once revealed the legalization strategy behind the “medical” marijuana movement. While addressing an effort to seek public sympathy for glaucoma patients, he said, “I have to tell you that I also use marijuana medically. I have a latent glaucoma which has never been diagnosed. The reason why it’s never been diagnosed is because I’ve been treating it.” He continued, “I have to be honest, there is another reason why I do use marijuana . . . and that is because I like to get high. Marijuana is fun.”²⁷
- A few wealthy businessmen—not broad grassroots support—started and sustain the “medical” marijuana and drug legalization movements in the United States. Without their money and influence, the drug legalization movement would shrivel. According to National Families in Action, four individuals—George Soros, Peter Lewis, George Zimmer, and John Sperling—contributed \$1,510,000 to the effort to pass a “medical” marijuana law in California in 1996, a sum representing nearly 60 percent of the total contributions.²⁸
- In addition to the continuing support from these businessmen, other contributors have supported the Drug Policy Alliance and the Marijuana Policy Project and their initiatives, including David Bronner, Rick Steves, Sean Parker, Dustin Moskovitz, Richard Lee, Bob Wilson, Jacob Goldfied, and Irwin Mark Jacobs.²⁹
- In 2000, *The New York Times* interviewed Ethan Nadelmann, Director of the Lindesmith Center (now the Drug Policy Alliance). Responding to criticism that the medical marijuana issue is a stalking horse for drug legalization, Mr. Nadelmann stated: “Will it help lead toward marijuana legalization? . . . I hope so.”³⁰

- 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.³¹
- In 2004, Alaska voters faced a ballot initiative that would have made it legal for adults age 21 and older to possess, grow, buy, or give away marijuana. The measure also called for state regulation and taxation of the drug. The campaign was funded almost entirely by the Washington, D.C.-based MPP, which provided “almost all” the \$857,000 taken in by the pro-marijuana campaign. Fortunately, Alaskan voters rejected the initiative.³²
- In October 2005, Denver voters passed Initiative 100 decriminalizing marijuana based on incomplete and misleading campaign advertisements put forth by the Safer Alternative for Enjoyable Recreation (SAFER). A Denver City Councilman complained that the group used the slogan “Make Denver SAFER” on billboards and campaign signs to mislead the voters into thinking that the initiative supported increased police staffing. Indeed, the Denver voters were never informed of the initiative’s true intent to decriminalize marijuana.³³
- In 2006, the legalization movement funded three state marijuana-related initiatives, which were defeated in the November election. In Colorado, SAFER was behind Amendment 44, which allowed for possession of up to one ounce of marijuana. The amendment was defeated by 60 percent of the vote. In Nevada, Question 7, which was supported by the MPP, sought to permit the manufacture, distribution, and sale of marijuana to adults aged 21 or older. The measure was defeated by 56 percent of the vote. In South Dakota, South Dakotans for Medical Marijuana pushed Measure 4, allowing medical marijuana access. The measure was defeated by 52 percent of the vote.³⁴
- The legalization movement was more successful at the local level in 2006. MPP-funded local groups were able to pass measures in three California cities: Santa Barbara (Sensible Santa Barbara), Santa Cruz (Santa Cruz Citizens for Sensible Marijuana Policy), and Santa Monica (Santa Monicans for Sensible Marijuana Policy); and in Missoula, Montana (Citizens for Responsible Crime Policy). Residents voted to make marijuana possession the lowest law enforcement priority in their cities.³⁵
- Three other legalization groups also won local initiatives: the NORML (the National Organization for the Reform of Marijuana Laws) chapter at the University of Arkansas at Fayetteville helped make possession of one ounce or less of marijuana a misdemeanor in Eureka Springs, Arkansas; Americans for Safe Access assisted Albany, CA with passing Measure D, allowing a medical marijuana dispensary in the City of Albany; and the Drug Policy Forum of Massachusetts helped four districts pass non-binding policy statements from voters allowing for possession of up to one ounce of marijuana be a civil violation subject only to a \$100 fine (2 districts) and allowing seriously ill patients to possess and grow marijuana with a doctor’s recommendation.³⁶

- In 2007 in Hailey, Idaho, the ballot initiatives to legalize industrial hemp, legalize medical use of marijuana and to allow marijuana laws to receive the lowest enforcement priority passed, but have not been implemented. The initiative to regulate and tax marijuana sales and use failed. Mayor Rick Davis, City Councilman Don Keirn, and Chief of Police Jeff Gunter filed a Declaratory Judgment action alleging that the three initiatives were illegal. “The lawsuit primarily alleges that the three initiatives are illegal because they are contrary to the general laws of the State of Idaho and the United States.”³⁷ Ryan Davidson, director of The Liberty Lobby of Idaho, put the initiatives back on the May ballot, and again they passed. “Davidson’s efforts in Hailey are part of a larger grassroots agenda to have marijuana laws reformed statewide and nationally.”³⁸ In March, 2009 Blaine County 5th District Court Judge Robert Elgee filed a decision to void the initiatives that would have legalized marijuana use in the city and would have made enforcement of marijuana laws the lowest priority for Hailey police. The judge also voided language in the initiative that would have required individual city officials to advocate for marijuana reform.³⁹
- In 2008, with support from the Michigan Coalition for Compassionate Care, Michigan became the 13th state to approve marijuana for medicinal purposes.⁴⁰
- Massachusetts, backed by the Committee for Sensible Marijuana Policy, replaced criminal penalties for one ounce of marijuana with a civil fine in 2008.⁴¹
- Voters in four districts (15 towns) in Massachusetts, supported by local legalization groups, passed a ballot measure to instruct a representative from each district to vote in favor of legislation that would allow seriously ill patients, with a doctor’s written recommendation, to possess and grow small amounts of marijuana for their personal medical use.⁴²
- In the same year, voters in Fayetteville, Arkansas, supported by Sensible Fayetteville, voted to make adult marijuana possession law the lowest priority for local law enforcement.⁴³
- In California, Proposition 5, also known as the Non-Violent Offender Rehabilitation Act, and supported by the Drug Policy Alliance, called for more funding for addiction treatment and decriminalization of up to an ounce of marijuana. This initiative did not pass.⁴⁴
- The legalizers were also less successful in New Hampshire, where although the state legislature approved a bill to legalize “medical” marijuana, Governor John Lynch vetoed the bill in July 2009, citing concerns over cultivation, distribution and the potential for abuse.⁴⁵
- Rhode Island became the 3rd state to allow the sale of marijuana for medicinal purposes. In June 2009, the Rhode Island legislature overrode Governor Circieri’s veto of bills that allow for the establishment of three compassionate care centers regulated by the state department of health.⁴⁶
- New Mexico opened its first “medical” marijuana dispensary in June 2009, becoming the 4th state to allow “medical” marijuana dispensaries.⁴⁷

- In November 2009, Maine became the 5th state to allow dispensaries. The voters also approved the expansion of the “medical” marijuana law, to include defining debilitating medical conditions and incorporating additional diseases that can be included under the law. This effort was funded by the Drug Policy Alliance.⁴⁸
- On November 4, 2009, Breckenridge, Colorado citizens voted to decriminalize possession of up to 1 ounce of marijuana for adults over 21 years of age. The measure, however, is symbolic, because pot possession is still against state law. Sean McAllister, a Breckenridge lawyer who pushed for the decriminalization measure said that “the vote shows people want to skip medical marijuana and legalize pot for everyone.”⁴⁹
- In January 2010, New Jersey became the 14th state to allow the use of marijuana for medicinal purposes. With the most restrictive law in the country, only residents with one of twelve chronic illnesses (not including chronic pain) will be able to get a prescription from their doctor to buy up to two ounces a month from one of six dispensaries.⁵⁰ Implementation of the program, originally scheduled for October 1, 2010, was extended by the state legislature until January 1, 2011, to give the Governor more time to determine who will grow and dispense marijuana.⁵¹
- In Massachusetts voters in 18 legislative districts approved non-binding measures calling on state lawmakers to pass ‘medical’ marijuana legislation or a bill to regulate marijuana like alcohol. The organizers of these measures included the Drug Policy Forum of Massachusetts, the Massachusetts Cannabis Reform Coalition, Suffolk University NORML and the University of Massachusetts Amherst Cannabis Reform Coalition.⁵²
- In November 2010, Arizona became the 15th state to allow the use of marijuana for medicinal purposes. Proposition 203, the Arizona Medical Marijuana Act, sponsored by the Arizona Medical Marijuana Policy Project with financial support from George Soros, passed with 50.13 percent of the vote. The program, which will be established and implemented by the Department of Health Services, allows residents with certain medical conditions to obtain a doctor’s written certification to purchase up to 2.5 ounces of marijuana every two weeks from a state approved dispensary or grow their own if they live 25 miles or more from a dispensary.⁵³
- In South Dakota residents once again refused to support efforts to legalize marijuana. Measure 13, which sought to authorize the possession, use and cultivation of marijuana by and for persons with specific debilitating medical conditions, was defeated by 63.3 percent of the vote.⁵⁴
- In Oregon 58 percent of the voters said no to Measure 74, which would have established a ‘medical’ marijuana supply system and allow for the sale of marijuana and marijuana-laced products in shops throughout the state. The measure was financially backed by billionaire Peter Lewis, a known legalization activist, who resides in Florida.⁵⁵
- In California, voters defeated Proposition 19 (The Regulate, Control and Tax Cannabis Act of 2010), which sought to legalize the possession and cultivation of limited amounts of marijuana

for use by individuals 21 years of age and older. Had it passed, California would have been the first state to legalize marijuana for recreational purposes.⁵⁶ The initiative garnered much debate. Fueled by financial support from legalization activists, including one million dollars each from Oakland cannabis entrepreneur Richard Lee and billionaire George Soros, proponents for the initiative used the media to attempt to sway public opinion.⁵⁷ Nine former DEA Administrators called upon U.S. Attorney General Eric H. Holder Jr. to clarify the federal position and reiterate the law.⁵⁸ In response, Attorney General Holder stated the Department of Justice's position.

“...the Department of Justice will remain firmly committed to enforcing the Controlled Substances Act (CSA) in all states. Prosecution of those who manufacture, distribute or possess any illegal drugs – including marijuana – and the disruption of drug trafficking organizations is a core priority of the Department. Accordingly, we will vigorously enforce the CSA against those individuals and organization who possess, manufacture, or distribute marijuana for recreational use, even if such activities are permitted under state law.”⁵⁹

- In 2011, Delaware became the 16th state to allow the use of marijuana for medicinal purposes. Senate Bill 17 permits doctor recommended use of marijuana for medical purposes for adults with serious medical conditions. The Delaware Department of Health and Social Services will run the program and marijuana must be purchased from state-licensed and regulated centers that would grow, cultivate and dispense the marijuana. The measure was supported by the MPP.⁶⁰
- In Montana, where the 2004 “medical” marijuana program (Initiative 148) was expanding out of control and causing problems throughout the state, legislators began to call for repeal of the law. Governor Schweitzer vetoed the repeal. In response, in 2011 the legislature passed Senate Bill 423, Montana Marijuana Act, which placed additional restrictions on the program, including stricter regulations on businesses and further defining ailments that will qualify under the program. The Governor let the bill pass.⁶¹
- Voters in Kalamazoo, Michigan passed a ballot initiative making the use or possession of small amounts of marijuana by adults the lowest law enforcement priority; however Police Chief Hadley stated that he still intended to follow state and federal law.⁶²
- On May 31, 2012, Connecticut became the 17th state to allow the use of marijuana for medical purposes. Public Act No. 12-55, An Act Concerning the Palliative Use of Marijuana, will be run by the Connecticut Department of Consumer Protection. Persons 18 years of age or older with serious qualifying medical conditions and a physician's recommendation can apply for a registration certificate. Access to marijuana will be supplied through licensed dispensaries run by pharmacists. This measure was also supported by the MPP.⁶³

- In November of 2012, Massachusetts became the 18th state to allow for the use of marijuana for medicinal purposes when it passed Question 3. The program will be run by the Massachusetts Department of Public Health (DPH) and requires persons suffering from debilitating conditions to get a doctor's recommendation before applying for an identification card. Marijuana will be available through DPH-registered "medical marijuana treatment centers." Certain exemptions exist for permission to grow marijuana at home. The ballot initiative was backed by the Committee for Compassionate Medicine and funded in part by Peter Lewis, Chairman of Progressive Insurance, and passed with 63 percent of the vote.⁶⁴
- Voters in six legislative districts (45 towns) in Massachusetts approved non-binding measures favoring federal or state marijuana legalization.⁶⁵
- Voters in three Michigan cities (Detroit, Flint and Grand Rapids) approved initiatives to decriminalize penalties for marijuana use. However, use and possession are still crimes under state law. In Ypsilanti voters approved a measure to make marijuana enforcement the lowest police priority.⁶⁶
- In Chicago, Illinois, the City Council passed an ordinance that allows police to ticket people with small amounts of marijuana instead of arresting them. The intent behind the change is to reduce the amount of paperwork police officers have to do so they can devote their time to more serious law enforcement matters as well as increasing city revenue from ticket fees.⁶⁷
- In Arkansas, Arkansans for Compassionate Care, with funding from the Marijuana Policy Project, pushed for passage of Issue 5, Authorize the Use of Marijuana for Medical Purposes. This initiative lost with 48 percent of the vote.⁶⁸
- Measure 80, Initiative 9, The Oregon Tax Act Initiative, sought to repeal Oregon's marijuana prohibition and replace it with a system of taxation and regulation. Sponsored by the Yes on Measure 80 Campaign, the initiative lost with 46 percent of the vote. The Measure was led by Paul Stanford, owner of the Hemp and Cannabis Foundation Medical Clinics.⁶⁹
- In Montana voters passed Initiative 124 by 66 percent, reaffirming the passage of Senate Bill 423 in 2011. The Marijuana Cannabis Industry Association had submitted the initiative in hopes of repealing Senate Bill 423 and restoring the "medical" marijuana program to the way it was prior to implementation of the Senate Bill.⁷⁰
- Rhode Island passed a bill to decriminalize the simple possession of marijuana. Adults apprehended with up to one ounce of marijuana will receive a \$150.00 fine, with no arrest, jail time or criminal record.⁷¹

- 2012 saw the first state legalize marijuana for recreational purposes. Colorado passed Amendment 64 by 55 percent of the vote, allowing the personal possession and cultivation of marijuana by adults who are 21 and older and for regulated sale of marijuana. It creates a system of state-licensed cultivation, manufacturing and testing facilities, and state-licensed retail stores. This initiative was sponsored by the Campaign to Regulate Marijuana like alcohol, which is funded and staffed by the Marijuana Policy Project, with assistance from SAFER and NORML.⁷² ***Although Colorado has legalized marijuana for recreational purposes, just like with all the states that have legalized marijuana for medical purposes, it is still illegal under federal law.***
- Washington is the second state to legalize marijuana with the passage of Initiative 502 by 55 percent of the vote, allowing for the possession of an ounce of marijuana by adults who are 21 and older and for regulated sales. Washington, unlike Colorado, will not allow home cultivation. This initiative was sponsored by the New Approach Washington, which included support from the Drug Policy Alliance, Peter Lewis, Rick Steves, Harriett Bullitt, former U.S. Attorney John McKay, and former Spokane Regional Health Director Dr. Kim Thorburn.⁷³ ***Although Washington has legalized marijuana for recreational purposes, just like with all the states that have legalized marijuana for medical purposes, it is still illegal under federal law.***
- On July 25, 2007, the U.S. House of Representatives defeated, by a vote of 165-262, an amendment (HR-3093) that would have prevented the DEA and the Department of Justice from arresting or prosecuting medical marijuana patients and providers in the 12 states where medical marijuana was then legal.⁷⁴
- Two Congressional initiatives on marijuana also failed in 2008. HR5842, Medical Marijuana Patient Protection Act and HR5843, Act to Remove Federal Penalties for the Personal Use of Marijuana by Responsible Adults, both died in committee.
- Three Congressional initiatives were introduced in Congress in 2009: HR2835 Medical Marijuana Patient Protection Act; HR2943 Personal Use of Marijuana by Responsible Adults Act of 2009; and HR3939 Truth in Trials Act. None were passed.
- The Consolidated Appropriations Act of 2010 (HR 3288) became law in December 2009 without the “Barr Amendment,” a provision that has been included in the Appropriations bill for the District of Columbia since 1999.⁷⁵ The Barr Amendment had prohibited “... any funds to be used to conduct a ballot initiative which seeks to legalize or reduce the penalties associated with the possession, use, or distribution of any Schedule I substance under the Controlled Substances Act (or any tetrahydrocannabinol derivative).”⁷⁶
- The elimination of the Barr Amendment enabled the District of Columbia to implement Initiative 59, a ballot initiative that was approved in 1998 to allow for the use of marijuana for medical treatment. In May 2010, the District of Columbia City Council approved a bill that would allow chronically ill patients to receive a doctor’s prescription to use marijuana and buy

up to two ounces a month from a city-sanctioned distribution center. The Legalization of Marijuana for Medical Treatment Amendment Act of 2010 became law in July. The District of Columbia government is still working on the details of the program to ensure strict regulatory controls are in place prior to implementation.⁷⁷

- In 2011 two Congressional initiatives were introduced. HR 1983, States' Medical Marijuana Patient Protection Act, and HR 2306, Ending Federal Marijuana Prohibition Act of 2011, both died in committee.
- In 2012 four members of the US House of Representatives attached an amendment to HR5326, the Commerce, Justice, Science and Related Agencies Appropriations Act, 2013, stating that the Department of Justice could not use funding to attack medical marijuana operations in states that had approved 'medical' marijuana. The bill failed.

THE FAILURE OF CANNABIS CLUBS/MARIJUANA DISPENSARIES

The argument that "caregivers" who participate in legalized marijuana efforts are "compassionate" is contradicted by revelations that all too often cannabis clubs are fronts for drug dealers, not health facilities. Even the author of Proposition 215 believes the program is "a joke."

- Reverend Scott T. Imler, co-author of Proposition 215, the 1996 ballot initiative that legalized medical marijuana in California, expressed his disappointment with the way the program has been implemented in a series of interviews in late 2006.
 - "We created Prop. 215 so patients would not have to deal with black market profiteers. But today it is all about the money. Most of the dispensaries operating in California are a little more than dope dealers with store fronts."⁷⁸
 - "When we wrote 215, we were selling it to the public as something for seriously ill people....It's turned into a joke. I think a lot of people have medicalized their recreational use."⁷⁹
 - "What we set out to do was put something in the statutes that said medicine was a defense in case they got arrested using marijuana for medical reasons," Imler says. "What we got was a whole different thing, a big new industry."⁸⁰
- In an interview with National Public Radio in August 2009, Reverend Imler stated that he believes that the law has been subverted. "What we have is de-facto legalization." The article continues, "He never envisioned that medicinal pot would turn into a business, open to virtually anyone."⁸¹

Rev. Imler's observations that 'it's all about the money' are consistent with the financial realities that have been exposed by criminal investigations of cannabis clubs or dispensaries. Cannabis clubs or dispensaries are generating disproportionately large sums of cash through the sales of marijuana and marijuana tainted products when they should be operating as essentially nonprofit enterprises.

- Under California State law, financial responsibilities of cannabis clubs are governed, in part, by the Health & Safety § 11362.765 (c) and the California Attorney General’s Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use (August 2008), which states in relevant part: “a primary caregiver who receives compensation for actual expenses, including reasonable compensation incurred for services provided to an eligible qualified patient or person with an identification card to enable that person to use marijuana under this article, or for payment for out-of-pocket expenses incurred in providing those services....”
- Both by statute and the Guidelines, revenue is framed in the context of “compensation for actual expenses” which should not be attributed beyond those “actual expenses” incurred through the manufacturing of marijuana by the primary caregiver, and only for those limited and quantified “patients.”
- Further the statute, Guidelines and the courts have affirmed reasonable compensation for services or out-of-pocket expenses need to be confined to the context of the primary caregiver wherein those services and out-of-pocket expenses relate to the housing, health, or safety of the qualified patient.
- Therefore, the acquisition of marijuana from the illicit open market and large scale commercial cultivation operations is beyond the statutory limited immunity and renders the commercial enterprise illicit by nature, whether or not resold at cost or at a loss.

Cannabis clubs or dispensaries are generating disproportionately large sums of cash through the sales of marijuana and marijuana tainted products when they should be operating as essentially nonprofit enterprises. Most of these profits are going unreported. According to the California Board of Equalization, the state collects anywhere from \$58 million to \$105 million in taxes from medical marijuana each year from approximately \$700 million to \$1.3 billion in marijuana sales.⁸²

- “There is a clear indication that many dispensaries are intentionally evading their taxes, distributing illegal products and may be laundering illegally acquired money,” Jerome E. Horton, California State Board of Equalization Vice Chairperson.⁸³

Additionally, the Board of Equalization estimated in 2008 that about 300 dispensaries currently pay taxes, with another 500 evading them⁸⁴ (other media outlets have estimated the number of dispensaries to be between 1000-and 1500). If the tax and revenue projections are based on the 300 reporting entities, then, based on California Board of Equalization estimates, total medical marijuana revenues are between \$1.87 and \$3.47 billion per year.

It is a well proven maxim that the money from illegal drugs is so substantial that it attracts organized criminal groups and makes criminals out of otherwise honest citizens. All of this is proving true with the cannabis clubs.

- For example: On November 21, Luke Scarmazzo and Ricardo Montes were sentenced in the Eastern District of California to 262 months and 240 months imprisonment, respectively. A

forfeiture judgment of \$8.89 million was imposed. Scarmazzo and Montes were convicted on May 15 of engaging in a Continuing Criminal Enterprise, possession with intent to distribute marijuana, and firearms charges. From 2004 to 2006, Scarmazzo and Montes operated California Healthcare Collective, a medical marijuana dispensary, in Modesto, California, from where they sold marijuana to approximately 400 customers per day, exceeding \$9 million in drug proceeds. This 34-month investigation resulted in the arrest of nine individuals, and the seizure of 1,000 marijuana plants, \$330,000 in U.S. currency, and 11 firearms.⁸⁵

- Drug proceeds generated by dispensaries taint more than just their owners. Depository institutions (banks, savings and loans, etc.) that knowingly avail and continue to afford their products and services to commercialized cannabis cooperatives or clubs in order to meet payroll, utilities, security, maintain leases and acquire additional merchandise, do so in violation of federal anti-money laundering statutes by promoting the specified unlawful activity of drug trafficking.

Neighborhood residents, doctors and other professionals associated with marijuana dispensaries admit there have been problems.

- In a letter to the Editor of the Denver Post, Dr. Christian Thurstone, Medical Director of an Adolescent Substance Abuse Treatment Program in Denver, has seen what impact Colorado's policies regarding "medical" marijuana has had on young adults.
 - "About 95 percent of the hundreds of young people referred to my clinic each year have problems with marijuana. I see teenagers who choose pot over family, school, friends and health every day. When they're high, these young people make poor choices that lead to unplanned pregnancies, sexually transmitted diseases, school dropouts and car accidents that harm people. When teenagers are withdrawing from marijuana, they can be aggressive and get into fights or instigate conflicts that lead to more trouble."
 - Dr. Thurstone talks about a 19-year-old who he was treating for severe addiction for several months. "He recently showed up at my clinic with a medical marijuana license. How did he get it? He paid \$300 for a brief visit with another doctor to discuss his "depression." The doctor took a cursory medical history that certainly didn't involve contacting me. The teenager walked out with the paperwork needed not only for a license to smoke it, but also for a license permitting a "caregiver" to grow up to six marijuana plants for him. My patient, who had quit using addictive substances after a near-death experience, is back to smoking marijuana daily, along with his caregiver."
 - In a three month period, Dr. Thurstone saw over a dozen patients between 18 and 25 with histories of substance abuse who had received a recommendation from other doctors to smoke marijuana.
 - "Kids without licenses tell me about potent pot they buy from caregivers whose plants yield enough supply to support sales on the side."⁸⁶

- The White Mountain Independent reported that “in Colorado treatment centers, clinicians are treating more and more teens for marijuana addiction since the state legalized marijuana for medicinal use. At the Denver Health Medical Center, treatment for referrals has tripled with 83 percent of teens that smoke pot daily saying that they obtained it from a medical marijuana patient.”⁸⁷
- A study by the Associated Press of doctors prescribing ‘medical’ marijuana to patients in California found that beyond a medical license, the physicians do not need to have any relevant training, familiarity with the scientific literature on pot’s benefit and side-effects or special certification. There are no reporting requirements and no central database to track doctors or patients. Researchers identified 233 of these doctors and checked the names against state medical board files, finding that most doctors prescribing marijuana had clean records. However, researchers found that 68 physicians had blemished records. Some of the disciplinary actions against them included fraud, incorrectly prescribing drugs, misuse of prescription or illicit drugs, and negligence. They also found:
 - A San Francisco doctor who received four years’ probation after she failed to heed a psychiatrist’s request to reconsider her marijuana recommendation to a 19-year-old patient suffering from depression. The patient committed suicide six months later. The doctor operates medical marijuana practices in eight cities.
 - A Glendale obstetrician-gynecologist who pleaded guilty last year to billing Medicare for \$77,000 worth of diagnostic tests he never performed while working in Texas. Since moving to Los Angeles, he helped set up pot evaluation offices in 11 locations.
 - A Fresno osteopath who was arrested in June 2008 for driving under the influence of alcohol and whose urine tested positive for marijuana, anti-anxiety drugs and a prescription stimulant. Two months later he was arrested again for driving with a suspended license, and involuntarily hospitalized as a suicide risk. He was convicted in both cases, and DEA revoked his license to prescribe narcotics. He gives pot recommendations at his private practice.⁸⁸
- In a professional pharmacology journal, a doctor of pharmacology wrote, “The ethical quandary that I have as a pharmacist is allowing lay people to open dispensaries for profit and supply marijuana to people without any quality control over what’s dispensed or accountability to those being dispensed this potent drug.”⁸⁹
- According to a Los Angeles press report, homeowners in Fair Oaks, California called the local cannabis club a “free for all.” Conflicts among customers, sometimes 300 per day, had to be resolved by security guards. It was apparent that not all of the customers were legitimate patients. Even Dr. Charles Moser, a local physician who voted for Prop 215, said that he “... saw people coming up on bikes and skateboards, with backpacks, healthy-looking young men.”⁹⁰

Many drug users are taking advantage of the guise of “compassionate care” to obtain and sell marijuana for non-medical use.

- In Great Falls, Montana, school counselors are seeing an increase in the use of marijuana by students. According to Earlene Ostberg, a school Chemical Awareness/Responsive Education Counselor, most of the students that are failing are smoking pot. “When I ask ‘why,’ a lot of kids are real defensive. They say “Mrs. Ostberg, it’s medicinal. I could get a green (medical marijuana) card.”⁹¹
- “The owner of six Los Angeles-area medical marijuana dispensaries was arrested by federal agents ... after an investigation sparked by a traffic accident in which a motorist high on one of the dispensaries’ products plowed into a parked SUV, killing the driver and paralyzing a California Highway Patrol Officer.” The driver had a large amount of marijuana and marijuana edibles in his pickup truck, purchased from the Holistic Caregivers facility in Compton. The owner, Virgil Grant, had an expired business license to operate an herbal retail store. In another of his dispensaries an employee was observed selling \$5,700 worth of marijuana out the back door. Mr. Grant, who had previous convictions on drugs and weapons related-offenses, has been “charged with drug conspiracy, money laundering, and operating a drug-involved premise within 1,000 feet of a school.”⁹²
- A *Rolling Stone* article describes the “wink and nod” given to customers seeking marijuana for non-medical purposes by some dispensaries. “At the counter, a guy in a USC shirt is talking to the goateed clerk (Daniel’s employees are paid approximately twenty dollars per hour, plus a free gram per day). With all the options, the customer -- er, patient -- doesn’t know what to buy.” “The muffins look nice,” he says. “They’re about a gram and a half of hash, which is pretty good,” says the clerk. Then he points to the goo -- super potent powdery hash mixed with honey. “This is what you want,” he says. “This will definitely get you medicated.”⁹³
- A Santa Cruz, California man, Edwin Hoey, was arrested in December, 2006. Deputies found 100 pounds of marijuana at his residence during an investigation. His attorney claimed that his client was providing pot for local medical marijuana dispensaries. However, law enforcement found among his possessions more than \$500,000 in cash and a French wine collection valued at \$150,000. Investigators found that Mr. Hoey was making a big profit from medical pot, some of which he sold to non-medicinal customers on the East Coast.⁹⁴
- A news article reports the ease with which patients are able to obtain medical marijuana. Primary caregivers are authorized by law to grow, transport and provide marijuana to patients. Caregivers do not need any background in health care to hold this status, and they are not required to register with the state. All it takes is an oral or written agreement between the caregiver and a patient designating you as their primary caregiver.⁹⁵
- *Rolling Stone* magazine reported on abuses associated with Proposition 215. “... business is good for ...compassionate caregivers, freedom fighters, botanists in love with the art of growing, Long Beach homeys, Valley Boys, Oakland thugs, and even one savvy gal who wants her girlfriends to sell medical marijuana while wearing pasties. But as in any drug business, a

criminal element persists—storage lockers of product, safes of cash, hustlers trying to rob those lockers and safes, guns to protect one from the hustlers, and the constant risk of arrest.”⁹⁶

- A news reporter for the Santa Cruz *Sentinel* interviewed a defense attorney who acknowledged that he turns away clients who admit they have taken advantage of the law to use marijuana for non-medical purposes. “These people aren't sick... and are simply trying to hide behind the Compassionate Use Act for recreational or profit-making reasons.” This lawyer estimates that up to 30 percent of those seeking his assistance are involved with marijuana for non-medical uses.⁹⁷ Because of abuses associated with the cannabis clubs, law enforcement and localities have cracked down on these fronts for marijuana dealers.
- In Montana, where voters approved “medical” marijuana in 2004, there was an influx of registered “medical” marijuana cardholders. As of June 2009 there were only 2,923 cardholders; in 2010 there were approximately 15,000 cardholders. As a result of this increase, there was a proliferation of storefront dispensaries, with an increase from 919 to over 5,000. The existing law did not have the proper regulations to manage these businesses and ensure public safety.⁹⁸
 - In Billings, the City Council approved a six-month moratorium on new medical businesses in May 2010 after two evenings of violence against dispensaries. They also ordered the closure of 25 of the 81 dispensaries for not being properly registered with the state.⁹⁹
 - In Kalispell, they banned any new “medical” marijuana stores in the city following the bludgeoning death of a patient that authorities believe was related to the theft of “medical” marijuana plants.¹⁰⁰
 - In April 2010 the principal and counselors from Great Falls High School testified that teenagers are smoking more marijuana than ever before. Principal Dick Kloppel stated that “I firmly believe it is directly attributable to the increased availability of the drug through caregivers and cardholders.”¹⁰¹
 - Mikie Messman, Chemical Awareness/Responsive Education Coordinator for the school district testified that the students told her that marijuana relieves their stress. Instead of learning how to cope with stress, they are covering it up. “These kids are using it as medication so they don't have to deal with adolescence,” Messman said.¹⁰²
 - In response to the information provided by school personnel and others who testified, in June 2010 Great Falls city commissioners voted to ban medical marijuana businesses from the city.¹⁰³
 - A block from the state capitol in Helena, the Cannabis Caregivers Network, set up a cannabis caravan, a makeshift clinic, using a band of doctors and medical marijuana advocates roaming Montana to sign up thousands of patients to become “medical” marijuana cardholders. For \$150 patients see a doctor who provides a recommendation that they be allowed to buy and smoke “medical” marijuana. The Montana Medical

Board has been working to curtail the practice of such mass screenings. They recently fined a doctor who participated in a similar clinic for seeing 150 patients in 14 and 1/2 hours, or approximately a patient every six minutes. There was no way a thorough examination, a medical history, discussion of alternative treatments and oversight of the patients could have occurred.¹⁰⁴ One caravan ran a clinic in a hotel in Helena, where they processed between 200 and 300 people seeking a doctor's recommendation. The group then assisted the patient with sending the application and doctor's recommendation to the state health department. Afterwards patients were ushered into another room where half a dozen marijuana providers competed for their business.¹⁰⁵

- In November 2010 the Montana Board of Medical Examiners stated that internet-based video examinations for people seeking approval to use medical marijuana did not meet the Board's standards and requires that doctors must conduct a hands-on physical examination before signing off on someone receiving "medical" marijuana.¹⁰⁶
- In response to all the issues being generated by the medical marijuana program, Senate Bill (SB) 423 was initiated to regulate the program. The bill repeals Montana's 2004 voter-passed law that allows people to use marijuana for some "medical" reasons. SB 423 enacts stricter regulations on businesses and limits who can qualify for "medical" marijuana. Large marijuana growing operations and dispensaries are no longer allowed. People authorized to use marijuana may either grow their own or obtain it without compensation from a provider who can grow it for up to three cardholders. Governor Schweitzer did not veto the bill, allowing it to become law. SB 423 was passed in May 2011.
- In November 2012, the Montana Medical Marijuana Referendum, IR-124, passed, approving the legislative revisions of the 2004 Medical Marijuana Initiative and reaffirming SB 423. However SB 423 is currently subject to a preliminary injunction due to ongoing civil litigation, which blocks parts of Montana's more restrictive medical marijuana law from being enforced.

Although Colorado approved the use of "medical" marijuana in 2000, it wasn't until 2009 that dispensaries began to proliferate throughout the state and the medical marijuana card registry grew by the thousands.

- In order to avoid the problems experienced by other states, legislators wrote bills to regulate the industry. In June 2010 Governor Bill Ritter signed House Bill 1284, which requires that dispensaries be licensed at the state and local level, and still allows localities to ban them. He also signed Senate Bill 109, which requires doctors who recommend medical marijuana to complete a full assessment of the patient's medical history, discuss their medical condition, and be available for follow-up care.¹⁰⁷
- The State's Senior Director of Enforcement at the Department of Revenue, Matt Cook, was put in charge of drawing up a stringent regulation scheme that aims to turn the

- industry into a legitimate enterprise. “We plan to track the entire commodity from the seed to the sale. We will see virtually everything from the time a seed goes into the ground to the time the plants are harvested, cultivated, processed, packaged, stored.” Applying for a license requires completing a form detailing immediate family and personal finance history. No felons need apply. Small dispensaries will pay at least \$7,500 for a license. Rules will require that at least 70 percent of the marijuana is grown there. Every jar of cannabis will have to be labeled with the chemicals used during its production. These regulations will decrease the number of dispensaries and increase public safety.¹⁰⁸
- Colorado will be the first state to regulate production of medical marijuana. Right now patients have no way to verify that the product they are purchasing is what is advertised. Given that marijuana is not approved as a medicine and regulated by the FDA, nor as a legitimate crop that is overseen by the U.S. Department of Agriculture, there are no guidelines to follow.
 - According to an article in Time magazine, “Owners will soon be required to place video cameras throughout the cultivation sites and dispensaries so regulators can log on to the internet and trace the movement of every marijuana bud from the moment its seeds are planted to the point of sale. The video will be transmitted to a website accessible to regulators around the clock. The regulators will dictate where the cameras must be placed and at what angle.¹⁰⁹ A current attempt to challenge the new regulation requiring videotaping as a violation of marijuana patients’ constitutional right to privacy was rejected by the Colorado Supreme Court.¹¹⁰
 - It remains to be seen if the state will continue to operate this way. In November 2012, citizens passed Amendment 64, which legalizes possession of up to an ounce of marijuana and the cultivation of up to six plants by adults 21 and over. The state has until October 2013 to establish a system of regulation for commercial marijuana cultivation and sales.
- According to an article in the *Los Angeles Times*, in 2007 there were 186 marijuana dispensaries registered with the city. Recognizing that hundreds of dispensaries were proliferating across the city, the City Council imposed a moratorium on new ones until regulations are put in place. However, operators were allowed to appeal for a hardship exemption. The City Council did not grant any exemptions, but dispensaries were allowed to open. The City Council has since eliminated the hardship exemption and is proposing an ordinance that would shut down dispensaries that opened during the moratorium.¹¹¹
 - On September 10, 2009, 14 search warrants were served at 14 marijuana dispensaries and six associated residences in San Diego. According to San Diego County District Attorney Bonnie M. Dumanis, “these so-called ‘marijuana dispensaries’ are nothing more than for-profit storefront drug dealing operations run by drug dealers hiding behind the state’s medical marijuana law.” For profit marijuana dispensaries are not legal according to state law. “We have not, and will not prosecute people who are legitimately and legally using medical marijuana.” Residents living near some of the storefronts complained to law enforcement and

local government about the increase in crimes associated with the dispensaries and about their proximity to schools and areas frequented by children.¹¹²

- On November 13, 2009 the Los Angeles City Attorney's Office submitted a new draft medical marijuana ordinance for council to review.¹¹³
- On November 18, 2009, then Los Angeles County District Attorney Steve Cooley warned the Los Angeles City Council that he intends to prosecute dispensaries that sell drugs even if the city's leaders decide to allow those transactions. DA Cooley said that "state laws do not allow medical marijuana to be sold." Both Cooley and City Attorney Carmen Trutanich agreed that recent court decisions clearly stated that collectives cannot sell marijuana over the counter, but can be reimbursed for the cost of growing the marijuana.¹¹⁴ Los Angeles County Superior Court Judge James C. Chalfant agreed that state law does not allow medical marijuana to be sold. "I don't believe that a storefront dispensary that sells marijuana is lawful."¹¹⁵
- In February 2010, then District Attorney Cooley charged Jeff Joseph, operator of a Culver City dispensary with 24 felonies, including selling and transporting marijuana, and money laundering. In addition, the Los Angeles City Attorney's office joined in a civil lawsuit against Joseph and two other dispensaries, charging that they are public nuisances and are operating illegally.¹¹⁶
- In January 2010 the Los Angeles City Council adopted a comprehensive medical marijuana ordinance that enforces strict controls on dispensaries, forcing hundreds of shops to close. Although the ordinance sets the limit to 70, the number would be closer to 150 by allowing those registered with the city in 2007 to remain. New requirements included banning consumption at the dispensary and not locating within 1,000 feet of schools, parks, libraries and other dispensaries.¹¹⁷
- In May 2010 the Los Angeles city prosecutors notified 439 dispensaries that they had to shut down by June 7, 2010. Property owners and dispensary operators were sent letters informing them that violations could lead to six months in jail and a \$1,000 fine. Additional civil penalties could be added.¹¹⁸
- "In Mendocino County, where plants grow more than 15 feet high, medical marijuana clubs adopt stretches of highway, and the sticky, sweet aroma of cannabis fills this city's streets during the autumn harvest,...residents are wondering if the state's embrace of marijuana for medicinal purpose has gone too far....Some residents and law enforcement officials say the California law has increasingly and unintentionally provided legal cover for large-scale marijuana growers – and the problems such big-money operations can attract." On June 3, 2008, the County passed Measure B, which reduced the number of plants allowed to be grown. Numerous initiatives like these throughout the state demonstrate that residents want to see more, not less, regulation of the medical marijuana program.¹¹⁹
- Many cities and counties in California have refused to allow cannabis clubs to operate, despite the passage of Proposition 215. One hundred and seventy-eight cities and 20 counties have

banned cannabis clubs outright; nine counties and 76 cities have moratoria against them; 46 cities and ten counties have ordinances regulating them.¹²⁰

- In San Francisco, things got so out of control that then Mayor Gavin Newsom had to close many of the "clinics" because drug addicts were clustering around them, causing fear among city residents.¹²¹
- In Los Angeles, the decision on how to handle the proliferation of dispensaries continued. The City Council continued to approve and overturn regulations that would control the situation. In October 2012 the Council voted to repeal the ban on medical marijuana dispensaries that it approved a few months prior, again leaving Los Angeles without any law regulating dispensaries.¹²²
- In January 2013 the City Council voted to have city lawyers draft up language for a ballot measure permitting only dispensaries opened prior to the 2007 city moratorium to remain in business. Additionally the proposal would also raise taxes on marijuana sales. Two other medical marijuana initiatives will be on the May ballot as well; one would allow pot shops that meet certain requirements to operate, and would also raise taxes; and the other, backed by a marijuana advocacy group and a labor union that organized dispensary workers, to allow only those opened prior to the 2007 city moratorium to remain open. This second initiative, unlike the city council's, does not limit the locations of the dispensaries. The outcome will decide whether or not there will be 100 or nearly 1,000 dispensaries in Los Angeles and what restrictions they will operate under.¹²³

THE CONSEQUENCES OF MARIJUANA GROWS

- In addition to problems with the cannabis clubs themselves, California residents are also complaining about marijuana grows that supply the clubs. In Willits, California, residents and officials pointed out numerous problems, including the side-effects of resin from a cannabis growing operation that affected residents' health. Additionally, residents complained about the influx of homeless people looking for work at marijuana harvest time. "Since this medical marijuana thing our town has gone to hell," said Jolene Carrillo. "Every year we have all these creepy people. They sleep behind the Safeway and Rays and go to the bathroom there. They go to Our Daily Bread and eat the food poor people need."¹²⁴
- In the city of Arcata, California, LaVina Collenberg discovered that the nice young gentleman who rented her home on the outskirts of town was using it to grow marijuana after a neighbor called to tell her the house was on fire. In the charred remains she found grow lights, 3-foot-high marijuana plants, seeds germinating in the spa, air vents cut through the roof, and water from the growing operation soaking the carpeting and sub-flooring. Fire Protection District Chief John McFarland says "that most local structural fires involve marijuana cultivation." "Law enforcement officials estimate that 1,000 of the 7,500 homes in this Humboldt County community are being used to cultivate marijuana, slashing into the housing stock, spreading building-safety problems and sowing neighborhood discord."¹²⁵

- “Arcata Mayor Mark Wheatley said that marijuana growing has become a quality-of-life issue in this town of 17,000. People from all camps say enough is enough. It is like this renegade Wild West mentality.” Humboldt State University President Rollin Richmond is concerned that “so many houses have been converted into pot farms that the availability of student rentals has been reduced and the community’s aura of marijuana is turning off some prospective students. My own sense is that people are abusing Proposition 215 to allow them to use marijuana...as recreational drugs.”¹²⁶
- A couple in Altadena, California bought their first home, what seemed to be a buyers dream, with fresh paint, carpet and fixtures. After they moved in their dream house became a nightmare. The smell of fresh paint was overtaken by the smell of stachybotrys mold growing throughout the house, forcing them to move and spend over \$42,000 in repairs. Months later an electrical fire put them out again. The mold, bad wiring, and gas leaks all stemmed from the undisclosed past of the house as a marijuana grow.¹²⁷
- The owners of a Satellite Beach house in Brevard County, Florida were told the renters would take care of the lawn and clean the pool themselves. What they didn’t know is that they would be using the water from the swimming pool as part of the irrigation system for a hydroponic indoor marijuana grow in three of the four bedrooms of their home. “They even dug into the foundation of the house to put pipes and wires in,” according to Kathleen Burgess, one of the owners, who estimated the property damage at \$60,000. The Brevard County Sheriff’s Office found 24 marijuana plants inside with a possible yield of 200 pounds of cannabis.¹²⁸

In Oregon, where voters legalized "medical" marijuana for qualifying patients in November 1998, patients must grow their own marijuana or have a licensed grower provide it for them through an unpaid arrangement. While the initiative had good intentions, numerous problems exist.

- According to Lt. Michael Dingeman, Director of the Oregon State Police Drug Enforcement Section, many calls from cardholders are about never receiving the marijuana from their designated growers. The “growers are simply using the cardholders for cover, and selling their crops on the black market. In fact, some county sheriffs estimate that as much as one half of the illegal street marijuana they’re seeing is being grown under the protection of the state’s medical marijuana program.”¹²⁹
- Deputy Chief Tim George of the Medford Police Department says that the region is “swimming in weed,” and the problem keeps getting worse. “People are traveling with large sums of money to buy marijuana. Weed is being shipped out of Oregon at record levels. Medical Marijuana has made it easier for criminals to grow it.”¹³⁰
- Sergeant Erik Fisher of the Drug Enforcement Section of the Oregon State Police says that the perception of the marijuana drug trade is mellow than other drug operations is wrong.” He notes that almost all the distributors and growers carry firearms. “The other striking trend has been the increase in home invasion robberies of medical marijuana folks, and how absolutely violent they can be. We have more home invasions going on with medical marijuana people than any other drug dealer I can think of.”¹³¹

Marijuana grows are also having a negative impact upon our environment.

- In October 2010 the state Department of Fish and Game wardens in California discussed recent cases involving the diversion of water from creeks. “When people divert water from creeks they deprive wildlife of its most basic water need,” said DFG warden and spokesman Patrick Foy. “(Growers) also allow chemicals needed for cultivation to drain back onto the creek...poisoning everything downstream for who knows how long. We walk upstream to find out why the fish have died, and more often now than 25 years ago, we’re finding the cause is marijuana gardens,” Foy said.¹³²
- “Those who cultivate marijuana on public lands pose a safety threat to the public and an environmental threat to the land and to wildlife, said U.S. Attorney Wagner of the Eastern District of California after results of Operation Mountain Sweep were announced.¹³³ Public lands are suffering the effects the illegal marijuana grows long after the crop has been harvested. The growers removed natural vegetation, cut down trees, diverted streams to irrigate the marijuana crops and used chemicals, poisons, rodenticides and insecticides which filter into the ground and streams. Trash and equipment were left behind, littering the natural preserves.¹³⁴
- In California scientists are studying the marijuana grows in the forests to gauge the effects that the marijuana grows are having on the environment.
 - In one remote 37-square mile patch of forest, they counted 281 outdoor pot farms and 286 greenhouses containing an estimated 20,000 plants, fed by water diverted from creeks or a fork of the Eel. It was determined that the farms were siphoning roughly 18 million gallons from the watershed every year, around the time when salmon need it most.
 - The excess potting soil and fertilizer runoff, combined with lower-than-normal river flow because of water diversions, has caused a rash of toxic blue-green algae blooms in North Coast rivers over the last decade. The cyanobacteria outbreaks threaten public health for swimmers and kill aquatic invertebrates that salmon and steelhead trout eat. Officials warn residents in later summer and fall to stay out of certain stretches of water and keep their dogs out – eleven dogs died from ingesting the algae since 2001. It has also affected the recovery of the salmon runs that were improving after damage from years of logging.
 - Every grow leaves its own damage. Urban indoor growers might not pollute the rivers but they guzzle energy. A study in the Journal of Energy Policy calculated that indoor marijuana cultivation could be responsible for nine percent of California’s household electricity use.¹³⁵
- In a study by biologists from the University of California Davis found that potent rat poisons used on large-scale marijuana farms sprinkled throughout the forest lands in the state may be killing off a rare forest carnivore. The study documents the deaths of fishers, reclusive members of the Mustelid family that are candidates for protection under the Endangered

Species Act. Eighty percent of fishers found dead by researchers between 2006 and 2011 had been exposed to high levels of anticoagulant rodenticide. Most of the deaths occurred between mid-April and mid-May, which overlapped with the time period that marijuana farmers used the high levels of commercial pesticides and rodenticides. The concern is that the whole prey group could be wiped out, leading to the collapse or partial collapse of a food chain within the forests.¹³⁶ The study is just one of many that are beginning to examine the negative impact that marijuana grows are having on the environment.

- “The illegal cultivation of marijuana on our National Forest System is a clear and present danger to the public and the environment,” said U.S. Forest Service Law Enforcement Director David Ferrell, testifying before the Senate Caucus on International Narcotics Control.” Natural vegetation and wildlife are killed as growers use liberal doses of herbicides, rodenticides and pesticides, some of them banned in the United States. These chemicals can cause extensive and long-term damage to the ecosystems. Human waste and trash in the grow sites are widespread. Winter rains create severe soil erosion and wash the poisons, this waste and trash into stream and rivers – including the Wild and Scenic Rivers and National Recreation Areas. Cleanup of an acre costs approximately \$5,000. The restoration of the site to re-establish streams cost another \$5,000 per acre. An additional \$5,000 is needed to restore the area to its natural state.¹³⁷

The detection and dismantling of these operations have become increasingly dangerous through the introduction and presence of firearms and “booby-traps” deployed to protect their capital investment. In addition, Mexican drug trafficking organizations (DTOs) have realized that the lucrative California marijuana cultivation business eliminates the need to breach the southern border with contraband. The DTOs have tapped the expanding and voracious consumer appetite through outlets provided by the dispensaries, generating millions of dollars in cash which is easily smuggled south of the border back to the DTOs.

A marked increase in narco-terrorism throughout Mexico has been driven, in part, by the kidnapping and forced servitude of Mexican nationals in working the illicit cultivation operations in northern California (and elsewhere) to avoid retribution to themselves or extended families by the DTOs.

DANGERS OF MARIJUANA

MARIJUANA IS DANGEROUS TO THE USER AND OTHERS

Without a clear understanding of the mental and physical effects of marijuana, its use on our youth, our families, and our society, we will never understand the ramifications it will have on the lives of our younger generation, the impact on their future, and its costs to our society.

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 1970s; today’s marijuana is far more powerful. On May 14, 2009, analysis from the National Institute on Drug Abuse (NIDA)-funded University of Mississippi’s

Potency Monitoring Project revealed that marijuana potency levels in the U.S. are the highest ever reported since the scientific analysis of the drug began.¹³⁸ This trend continues.

- According to the latest data, the average amount of THC in seized samples has reached 15.1 percent. This compares to an average of just under four percent reported in 1983 and represents more than a tripling of the potency of the drug since that time.¹³⁹
- “We are increasingly concerned that regular or daily use of marijuana is robbing many young people of their potential to achieve and excel in school or other aspects of life,” said NIDA Director Nora D. Volkow, MD. “THC, a key ingredient in marijuana, alters the ability of the hippocampus, a brain area related to learning and memory, to communicate effectively with other brain regions. In addition, we know from recent research that marijuana use that begins during adolescence can lower IQ and impair other measures of mental function in adulthood.”¹⁴⁰
- “We should also point out that marijuana use that begins in adolescence increases the risk they will become addicted to the drug,” said Volkow. “The risk of addiction goes from about 1 in 11 overall to 1 in 6 for those who start using in their teens, and even higher among daily smokers.”¹⁴¹

The most recent statistics on the use of marijuana in the United States shows that marijuana use continues to rise.

- In 2011, an estimated 22.5 million American’s aged 12 and older were current (past month) illicit drug users. This represents 8.7 percent of the population 12 and older. Marijuana was the most commonly used illicit drug with 18.1 million past month users.¹⁴²
- The use of illicit drug use among young adults aged 18 to 25 increased from 19.7 percent in 2008 to 21.4 percent in 2011, driven largely by an increase in marijuana use (from 16.6 percent in 2008 to 19 percent in 2011).¹⁴³
- In 2011, an estimated 3.1 million persons aged 12 and older used an illicit drug for the first time within the past 12 months. That equals about 8,400 initiates per day. The largest number of new initiates (7,200) used marijuana (2.6 million).¹⁴⁴
- Among 12 and 13 year olds, 1.3 percent used marijuana; for 14 and 15 year olds, it was 6.7 percent; and for 16 and 17 year olds, it climbed to 15.1 percent.¹⁴⁵
- Nearly 23 percent of high school seniors say they smoked marijuana in the month prior to the survey, and just over 36 percent say they smoked within the previous year. More than 11 percent of eighth graders said they used marijuana during the past year.¹⁴⁶
- An estimated 16.7 percent of past year marijuana users aged 12 and older used marijuana on 300 or more days within the past 12 months. This means that almost 5 million persons used marijuana on a daily or almost daily basis over a 12 month period.¹⁴⁷

- An estimated 39.1 percent (7.1 million) of current marijuana users aged 12 and older used marijuana on 20 or more days in the past month.¹⁴⁸
- Among persons 12 or older, an estimated 1.5 million first-time past year marijuana users initiated use prior to age 18.¹⁴⁹
- According to the 2012 Monitoring the Future Survey, one in every 15 high school seniors (16.5 percent) is a daily or near-daily marijuana user.¹⁵⁰
- The 2011 Partnership Attitude Tracking Study found that nine percent of teens (nearly 1.5 million) smoked marijuana heavily (at least 20 times) in the past month. Overall, past-month teen use was up 80 percent from 2008.¹⁵¹
 - Nearly half of teens (47 percent) have ever used marijuana – a 21 percent increase from 2008.¹⁵²
 - Two out of every five teens (39 percent) have tried marijuana during the past year, an increase from 31 percent in 2008.¹⁵³
 - Past-month use increased 42 percent, from 19 percent in 2008 to 27 percent in 2011 (an increase of 4 million teens).¹⁵⁴
 - Past-year use is up 26 percent from 31 percent in 2008 to 39 percent in 2011 (an increase of 6 million teens).¹⁵⁵
 - Lifetime use is up 21 percent, from 39 percent in 2008 to 47 percent in 2011 (an increase of 8 million teens).¹⁵⁶

Increasingly, the international community is joining the United States in recognizing the fallacy of arguments claiming marijuana use is a harmless activity with no consequences to others.

- Antonio Maria Costa, then Executive Director of the United Nations Office on Drugs and Crime, noted in an article published in *The Independent on Sunday* “The debate over the drug is no longer about liberty; it’s about health.” He continued, “Evidence of the damage to mental health caused by cannabis use—from loss of concentration to paranoia, aggressiveness and outright psychosis—is mounting and cannot be ignored. Emergency-room admissions involving cannabis is rising, as is demand for rehabilitation treatment. ...It is time to explode the myth of cannabis as a ‘soft’ drug.”¹⁵⁷
- The President of the International Narcotics Control Board (INCB), Raymond Yars, voiced grave concern about the recent referenda in the United States that would allow the recreational use of cannabis by adults. “Legalization of cannabis within these states would send wrong and confusing signals to youth and society in general, giving the false impression that drug abuse might be considered normal and even, most disturbingly, safe. Such a development could result in the expansion of drug abuse, especially among young people, and we must remember that all young people have a right to be protected from drug abuse and drug dependency.”¹⁵⁸

“The concern with marijuana is not born out of any culture war mentality, but out of what science tells us about the drug’s effects.”¹⁵⁹

MENTAL HEALTH ISSUES RELATED TO MARIJUANA

There is mounting evidence that use of marijuana, particularly by adolescents, can lead to serious mental health problems.

- According to Nora Volkow, the Director of the National Institute of Drug Abuse, “Regular marijuana use in adolescence is known to be a part of a cluster of behaviors that can produce enduring detrimental effects and alter the trajectory of a young person’s life – thwarting his or her potential. Beyond potentially lower IQ, teen marijuana use is linked to school dropout, other drug use, mental health problems, etc. Given the current number of regular marijuana users (1 in 15 high school seniors) and the possibility of this increasing with marijuana legalization, we cannot afford to divert our focus from the central point: regular marijuana use stands to jeopardize a young person’s chances of success – in school and in life.”¹⁶⁰
- A major study published in the Proceedings of the National Academy of Sciences in August 2012 provides finding that long-term marijuana use started in teen years does have a negative effect on intellectual function. The more dependent the person becomes on marijuana, the more significant the impairment. The impairment was significant in five different cognitive areas, especially executive function and processing speed. Participants who used cannabis heavily in their teens and continued through adulthood showed a significant drop in their intelligence quotient (IQ) - an average of eight points. Those who started using marijuana regularly after age 18 showed minor declines. Those who never used marijuana showed no decline. Even after stopping cannabis use, neuropsychological deficits were never recovered among those who started smoking during their teen years.¹⁶¹
- “Nearly one in ten first-year college students at a mid-Atlantic university have a cannabis use disorder (CUD) according to a NIDA-funded study of drug use conducted by investigators from the Center for Substance Abuse Research at the University of Maryland.” “Students who had used cannabis five or more times in the past year – regardless of whether or not they met the criteria for CUD – reported problems related to their cannabis use, such as concentration problems (40.1 percent), regularly putting themselves in physical danger (24.3 percent), and driving after using marijuana (18.6 percent).”¹⁶²
- According to a recent report by the Office of National Drug Control Policy on teens, depression and marijuana use:¹⁶³
 - Depressed teens are twice as likely as non-depressed teens to use marijuana and other illicit drugs.
 - Depressed teens are more than twice as likely as their peers to abuse or become dependent on marijuana.

- Marijuana use can worsen depression and lead to more serious mental illness such as schizophrenia, anxiety, and even suicide.
 - Teens who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users.
 - The percentage of depressed teens is equal to the percentage of depressed adults, but depressed teens are more likely than depressed adults to use marijuana than other drugs.
- Researchers from the University of Oulu in Finland interviewed over 6,000 youth ages 15 and 16 and found that “teenage cannabis users are more likely to suffer psychotic symptoms and have a greater risk of developing schizophrenia in later life.”¹⁶⁴
 - John Walters, then the Director of the Office of National Drug Control Policy, Charles G. Curie, then the Administrator of the Substance Abuse and Mental Health Services Administration, and experts and scientists from leading mental health organizations joined together in May 2005 to warn parents about the mental health dangers marijuana poses to teens. According to several recent studies, marijuana use has been linked with depression and suicidal thoughts, in addition to schizophrenia. These studies report that weekly marijuana use among teens doubles the risk of developing depression and triples the incidence of suicidal thoughts.¹⁶⁵
 - Dr. Andrew Campbell, a member of the New South Wales (Australia) Mental Health Review Tribunal, published a study in 2005 which revealed that four out of five individuals with schizophrenia were regular cannabis users when they were teenagers. Between 75-80 percent of the patients involved in the study used cannabis habitually between the ages of 12 and 21.¹⁶⁶ In addition, a laboratory-controlled study by Yale scientists, published in 2004, found that THC “transiently induced a range of schizophrenia-like effects in healthy people.”¹⁶⁷
 - In a presentation on “Neuroimaging Marijuana Use and Effects on Cognitive Function” Professor Krista Lisdahl Medina suggests that chronic heavy marijuana use during adolescence is associated with poorer performance on thinking tasks, including slower psychomotor speed and poorer complex attention, verbal memory and planning ability. “While recent findings suggest partial recovery of verbal memory functioning within the first three weeks of adolescent abstinence from marijuana, complex attention skills continue to be affected. Not only are their thinking abilities worse, their brain activation to cognitive task is abnormal.”¹⁶⁸

Many of these effects of using marijuana affect all ages, not just youth.

- Memory, speed of thinking, and other cognitive abilities get worse over time with marijuana use, according to a study published in the March 14, 2006 issue of *Neurology*, the scientific journal of the American Academy of Neurology. The study found that frequent marijuana users performed worse than non-users on tests of cognitive abilities, including divided attention and verbal fluency. Those who had used marijuana for 10 years or more had more problems

with their thinking abilities than those who had used marijuana for 5-to-10 years. All of the marijuana users were heavy users, which was defined as smoking four or more joints per week.¹⁶⁹

- Australian researchers report that long-term, heavy cannabis use may be associated with structural abnormalities in areas of the brain which govern memory, emotion, and aggression. Brain scans showed that the hippocampus was 12 percent smaller and the amygdala 7 percent smaller in men who smoked at least 5 cigarettes daily for almost 10 years. Dr. Mura Yucel, the lead researcher stated that “this new evidence plays an important role in further understanding the effects of marijuana and its impact on brain functions. The study is the first to show that long-term cannabis use can adversely affect all users, not just those in the high-risk categories such as the young, or those susceptible to mental illness, as previously thought.”¹⁷⁰
- A two-year study by the National Cannabis Prevention and Information Centre, at the University of New South Wales in Sydney, Australia found that cannabis users can be as aggressive as crystal methamphetamine users, with almost one in four men and one in three women being violent toward hospital staff or injuring themselves after acting aggressively. Almost 12 percent were considered a suicide risk. The head of the Emergency Department at St. Vincent’s Hospital, Gordian Fulde, said “that most people still believed marijuana was a soft drug, but the old image of feeling sleepy and having the munchies after you’ve smoked is entirely inappropriate for modern-day marijuana. With hydroponic cannabis, the levels of THC can be tenfold what they are in normal cannabis so we are seeing some very, very serious fallout.”¹⁷¹
- Carleton University researchers published a study in 2005 showing that current marijuana users who smoke at least five “joints” per week did significantly worse than non-users when tested on neurocognition tests such as processing speed, memory, and overall IQ.¹⁷²
- U.S. scientists have discovered that the active ingredient in marijuana interferes with synchronized activity between neurons in the hippocampus of rats. The authors of this November 2006 study suggest that action of tetrahydrocannabinol, or THC, might explain why marijuana impairs memory.¹⁷³
- According to an Australian study, there is now conclusive evidence that smoking cannabis hastens the appearance of psychotic illnesses by up to three years. Dr. Mathew Large from the University of New South Wales reports that “...in addition to early cannabis smoking bringing on schizophrenia it brings it on early by an average of 2.7 years early – earlier than you would have otherwise developed it had you not been a cannabis smoker. The risks for older people is about a doubling of the risk.” “For young people who smoke cannabis regularly, instead of having around a one percent chance of developing schizophrenia during their life they will end up with something like a five percent chance of developing schizophrenia.” Philip Mitchell, head of Psychiatry at the University stated that while “this research can’t distinguish about whether cannabis causes schizophrenia or brings it out in vulnerable people...it makes it very clear that cannabis is playing a significant role in psychosis.”¹⁷⁴

- Doctors at Yale University documented marijuana's damaging effect on the brain after nearly half of 150 healthy volunteers experienced psychotic symptoms, including hallucinations and paranoid delusions, when given THC, the drug's primary active ingredient. The findings were released during a May 2007 international health conference in London.¹⁷⁵
- According to Margaret Trudeau, "Marijuana can trigger psychosis." "Quitting cannabis has been an important part of my recovery from mental illness," Margaret Trudeau, ex-wife of former Canadian prime Minister Pierre Trudeau, reported at a press conference at the Canadian Mental Health Conference in Vancouver on February 15, 2007. "Every time I was hospitalized it was preceded by heavy marijuana use."¹⁷⁶
- A pair of articles in the *Canadian Journal of Psychiatry* reflects that cannabis use can trigger schizophrenia in people already vulnerable to the mental illness and assert that this fact should shape marijuana policy.¹⁷⁷
- Robin Murray, a professor of psychiatry at London's Institute of Psychiatry and consultant at the Maudsley Hospital in London, wrote an editorial which appeared in *The Independence on Sunday*, on March 18, 2007, in which he states that the British Government's "mistake was rather to give the impression that cannabis was harmless and that there was no link to psychosis." Based on the fact that "...in the late 1980s and 1990s psychiatrists like me began to see growing numbers of young people with schizophrenia who were taking large amounts of cannabis" Murray claims that "...at least 10 percent of all people with schizophrenia in the UK would not have developed the illness if they had not smoked cannabis." By his estimates, 25,000 individuals have ruined their lives because they smoked cannabis. He also points out that the "skunk" variety of cannabis, which is very popular among young people in Great Britain, contains "15 to 20 percent THC, and new resin preparations have up to 30 percent."¹⁷⁸
- Dr. John MacLeod, a prominent British psychiatrist states: "If you assume such a link (to schizophrenia with cannabis) then the number of cases of schizophrenia will increase significantly in line with increased use of the drug." He predicts that cannabis use may account for a quarter of all new cases of schizophrenia in three years' time.¹⁷⁹
- A study by Scientists at the Queensland Brain Institute in Australia on long-term marijuana use and the increased risk of psychosis confirms earlier findings. "Compared with those who had never used cannabis, young adults who had six or more years since first use of cannabis were twice as likely to develop a non-affective psychosis (such as schizophrenia)," McGrath wrote in a study published in the *Archives of General Psychiatry Journal*. "They were also four times as likely to have high scores in clinical tests of delusion."¹⁸⁰
- A study published in the March 2008 *Journal of the American Academy of Child and Adolescent Psychiatry* cited the harm of smoking marijuana during pregnancy. The study found a significant relationship between marijuana exposure and child intelligence. Researchers concluded that "prenatal marijuana exposure has a significant effect on school-age intellectual development."¹⁸¹

- A study by doctors from the National Institute of Drug Abuse found that people who smoked marijuana had changes in the blood flow in their brains even after a month of not smoking. The marijuana users had PI (pulsatility index) values somewhat higher than people with chronic high blood pressure and diabetes, which suggests that marijuana use leads to abnormalities in the small blood vessels in the brain. These findings could explain in part the problems with thinking and remembering found in other studies of marijuana users.¹⁸²

PHYSICAL HEALTH ISSUES RELATED TO MARIJUANA

Marijuana use also affects the physical health of users, both short and long term.

- In 2011, according to the Drug Abuse Warning Network (DAWN), there were 1,252,000 emergency department (ED) visits involving an illicit drug. Marijuana was involved in 455,668 of these visits, second only to cocaine.¹⁸³
- ED visits for marijuana increased 19 percent between 2009 and 2011.¹⁸⁴
- Among ED visits made by patients aged 20 or younger resulting in drug misuse or abuse, marijuana was the most commonly involved illicit drug (143.9 visits per 100,000).¹⁸⁵
- On an average day in 2008 there were 723 drug related ED visits for youth 12 to 17 years of age. Of those visits, 129 involved marijuana.¹⁸⁶
- Under the Safe Drinking Water and Toxic Enforcement Act of 1986, the Governor of California is required to revise and republish at least once a year the list of chemicals known to the state to cause cancer or reproductive toxicity. On September 11, 2009, the California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, published the latest list. The list includes a new chemical added in June, marijuana smoke, and lists cancer as the type of toxicity.¹⁸⁷
- A study by researchers at the Erasmus University Medical Center in Rotterdam, Netherlands found woman who smoked pot during pregnancy may impair their baby's growth and development in the womb. The babies born to marijuana users tended to weigh less and have smaller heads than other infants, both of which are linked to increased risk of problems with thinking, memory, and behavioral problems in childhood.¹⁸⁸
- A long-term study of over 900 New Zealanders by the University of Otago, New Zealand School of Dentistry has found that "heavy marijuana use has been found to contribute to gum disease, apart from the known effects that tobacco smoke was already known to have."¹⁸⁹
- A study from Monash University and the Alfred Hospital in Australia has found that "bullous lung disease occurs in marijuana smokers 20 years earlier than tobacco smokers. Often caused by exposure to toxic chemicals or long-term exposure to tobacco smoke, bullae is a condition where air trapped in the lungs causes obstruction to breathing and eventual destruction of the lungs." Dr. Matthew Naughton explains that "marijuana is inhaled as extremely hot fumes to the peak inspiration and held for as long as possible before slow exhalation. This predisposes

to greater damage to the lungs and makes marijuana smokers more prone to bullous disease as compared to cigarette smokers.”¹⁹⁰

- In December 2007 researchers in Canada reported that “marijuana smoke contains significantly higher levels of toxic compounds -- including ammonia and hydrogen cyanide -- than tobacco smoke and may therefore pose similar health risks.” “Ammonia levels were 20 times higher in the marijuana smoke than in the tobacco smoke, while hydrogen cyanide, nitric oxide and certain aromatic amines occurred at levels 3-5 times higher in the marijuana smoke.”¹⁹¹
- Marijuana worsens breathing problems in current smokers with chronic obstructive pulmonary disease (COPD), according to a study released by the American Thoracic Society in May 2007. Among people age 40 and older, smoking cigarettes and marijuana together boosted the odds of developing COPD to 3.5 times the risk of someone who smoked neither.¹⁹²
- Scientists at Sweden’s Karolinska Institute, a medical university, have advanced their understanding of how smoking marijuana during pregnancy may damage the fetal brain. Findings from their study, released in May 2007, explain how endogenous cannabinoids exert adverse effects on nerve cells, potentially imposing life-long cognitive and motor deficits in afflicted new born babies.¹⁹³
- A study from New Zealand reports that cannabis smoking may cause five percent of lung cancer cases in that country. Dr. Sarah Aldington of the Medical Research Institute in Wellington presented her study results at the Thoracic Society conference in Auckland on March 26, 2007.¹⁹⁴
- Researchers at the Fred Hutchinson Cancer Research Center in Seattle found that frequent or long-term marijuana use may significantly increase a man’s risk of developing the most aggressive type of testicular cancer, nonseminoma. Nonseminoma is a fast-growing testicular malignancy that tends to strike early, between the ages of 20 and 35, and accounts for about 40 percent of all testicular-cancer cases. Dr. Stephen Schwartz stated that researchers are still studying the long-term health consequences of marijuana smoking, especially heavy marijuana smoking and “in the absence of more certain information, a decision to smoke marijuana recreationally means that one is taking a chance on one’s future health.”¹⁹⁵
- According to researchers at the Yale School of Medicine, long-term exposure to marijuana smoke is linked to many of the same kinds of health problems as those experienced by long-term cigarette smokers. “[C]linicians should advise their patients of the potential negative impact of marijuana smoking on overall lung health.”¹⁹⁶
- While smoking cigarettes is known to be a major risk factor for the bladder cancer most common among people age 60 and older, researchers are now finding a correlation between smoking marijuana and bladder cancer. In a study of younger patients with transitional cell bladder cancer, Dr. Martha Terriss found that 88.5 percent had a history of smoking marijuana. Marijuana smoke has many of the same carcinogen-containing tars as cigarettes and may get even more into the body because marijuana cigarettes are unfiltered and users tend to hold the smoke in their lungs for prolonged periods. Dr. Terriss notes that more research is needed, but

does recommend that when doctors find blood in a young patient's urine sample, they may want to include questions about marijuana use in their follow-up.¹⁹⁷

- Smoking marijuana can cause changes in lung tissue that may promote cancer growth, according to a review of decades of research on marijuana smoking and lung cancer. However, it is not possible to directly link pot use to lung cancer based on existing evidence. Nevertheless, researchers indicate that the precancerous changes seen in studies included in their analysis, as well as the fact that marijuana smokers generally inhale more deeply and hold smoke in their lungs longer than cigarette smokers, and that marijuana is smoked without a filter, do suggest that smoking pot could indeed boost lung cancer risk. It is known, they add, that marijuana smoking deposits more tar in the lungs than cigarette smoking does.¹⁹⁸
- Smoking three cannabis joints will cause you to inhale the same amount of toxic chemicals as a whole pack of cigarettes according to researchers from the French National Consumers' Institute. Cannabis smoke contains seven times more tar and carbon monoxide than cigarette smoke. Someone smoking a joint of cannabis resin rolled with tobacco will inhale twice the amount of benzene and three times as much toluene as if they were smoking a regular cigarette.¹⁹⁹
- According to research, the use of marijuana by women trying to conceive or those recently becoming pregnant is not recommended, as it endangers the passage of the embryo from the ovary to the uterus and can result in a failed pregnancy. The researchers from Vanderbilt University say a study with mice has shown that marijuana exposure may compromise the pregnancy outcome because an active ingredient in marijuana, tetrahydrocannabinol (THC), interferes with a fertilized egg's ability to implant in the lining of the uterus.²⁰⁰
- Infants exposed to marijuana in the womb show subtle behavioral changes in their first days of life, according to researchers in Brazil. The newborns were more irritable than non-exposed infants, less responsive, and more difficult to calm. They also cried more, startled more easily, and were jitterier. Such changes have the potential to interfere with the mother-child bonding process. "It is necessary to counter the misconception that marijuana is a 'benign drug' and to educate women regarding the risks and possible consequences related to its use during pregnancy," Dr. Marina Carvahlo de Moraes Barros and her colleagues concluded.²⁰¹
- Marijuana smoking has been implicated as a causative factor in tumors of the head and neck and of the lung. The marijuana smokers in whom these tumors occur are usually much younger than the tobacco smokers who are the usual victims of these malignancies. Although a recent study published by the Medical College of Georgia and Stanford University suggests a causal relationship between marijuana exposure and bladder cancer, larger scale epidemiologic and basic science studies are needed to confirm the role of marijuana smoking as an etiologic agent in the development of transitional cell carcinoma.²⁰²
- According to a 2005 study of marijuana's long-term pulmonary effects by Dr. Donald Tashkin at the University of California, Los Angeles, marijuana smoking deposits significantly more tar and known carcinogens within the tar, such as polycyclic aromatic hydrocarbons, into the

airways. In addition to precancerous changes, marijuana smoking is associated with impaired function of the immune system components in the lungs.²⁰³

- Smoked marijuana has also been associated with an increased risk of the same respiratory symptoms as tobacco, including coughing, phlegm production, chronic bronchitis, shortness of breath and wheezing. Because cannabis plants are contaminated with a range of fungal spores, smoking marijuana may also increase the risk of respiratory exposure by infectious organisms (i.e., molds and fungi).²⁰⁴
- Marijuana takes the risks of tobacco and raises them. Marijuana smoke contains more than 400 chemicals and increases the risk of serious health consequences, including lung damage.²⁰⁵
- An April 2007 article published by the *Harm Reduction Journal*, and funded by the pro-legalization Marijuana Policy Project, argues that the use of a vaporizer has the potential to reduce the danger of cannabis as far as respiratory symptoms are concerned. While these claims remain scientifically unproven, serious negative consequences still remain. For example, driving skills are still impaired, heavy adolescent use may create deviant brain structure, and 9-12 percent of cannabis users develop symptoms of dependence. A vaporizer offers no protection against these consequences.²⁰⁶
- According to two studies, marijuana use narrows arteries in the brain, “similar to patients with high blood pressure and dementia,” and may explain why memory tests are difficult for marijuana users. In addition, “chronic consumers of cannabis lose molecules called CB1 receptors in the brain’s arteries,” leading to blood flow problems in the brain which can cause memory loss, attention deficits, and impaired learning ability.²⁰⁷
- A small study (50 patients) was conducted by the University of California San Francisco from 2003 to 2005, leading researchers to find that smoked marijuana eased HIV-related foot pain. This pain, known as peripheral neuropathy, was relieved for 52 percent of the patients in the controlled experiment. Dr. Donald Abrams, director of the study said that while subjects’ pain was reduced he and his colleagues “found that adverse events, such as sedation, dizziness and confusion were significantly higher among the cannabis smokers.”²⁰⁸
- In response to this study, critics of smoked marijuana were quick to point out that while THC does have some medicinal benefits, smoked marijuana is a poor delivery mechanism. Citing evidence that marijuana smoke is harmful, Dr. David Murray, then chief scientist at the Office of National Drug Control Policy, noted that “People who smoke marijuana are subject to bacterial infections in the lungs...Is this really what a physician who is treating someone with a compromised immune system wants to prescribe?”²⁰⁹
 - Dr. Murray also said that the findings are “not particularly persuasive” because of the small number of subjects and the possibility that subjects knew they were smoking marijuana and had an increased expectation of efficacy. He expressed the government's support for pain relief for HIV-affected individuals and said that while “We’re very much supportive of any effort to ameliorate the suffering of AIDs patients,

the delivery mechanism for THC should be pills, and not smoked marijuana, which can cause lung damage and deliver varying dosages of THC.”²¹⁰

- Researchers involved with the University of California San Francisco project admitted that there may be a problem with efforts to gauge the effects of marijuana vs. the effects of a placebo. Some users were immediately able to acknowledge that their sample was indeed cannabis because of the effects of that substance. One participant, Diana Dodson said, "I knew immediately [that I received cannabis] because I could feel the effects."²¹¹
- Pro-marijuana advocates were encouraged by a medical study published in *Cancer Epidemiology, Biomarkers & Prevention*. The study, published in October 2006, was based on interviews with people in Los Angeles (611 who developed lung cancer, 601 who developed cancer of the head or neck regions, and 1,040 people without cancer who were matched [to other subjects] on age, gender, and neighborhoods). The study found that people who smoke marijuana do not appear to be at increased risk of developing lung cancer.²¹² While this study's findings differed from previous studies and researchers' expectations, "[o]ther experts are warning that the study should not be viewed as a green light to smoke pot, as smoking marijuana has been associated with problems such as cognitive impairment and chronic bronchitis."²¹³ The National Institute on Drug Abuse (NIDA) continues to maintain that smoking marijuana is detrimental to pulmonary functions.
 - In its October, 2006, issue of *NIDA Notes*, mention is made of the most recent Tashkin study. "Biopsies of bronchial tissue provide evidence that regular marijuana smoking injures airway epithelial cells, leading to dysregulation of bronchial epithelial cell growth and eventually to possible malignant changes." Moreover, he adds, because marijuana smokers typically hold their breath four times as long as tobacco smokers after inhaling, marijuana smoking deposits significantly more tar and known carcinogens within the tar, such as polycyclic aromatic hydrocarbons, in the airways. In addition to precancerous changes, Dr. Tashkin found that marijuana smoking is associated with a range of damaging pulmonary effects, including inhibition of the tumor-killing and bactericidal activity of alveolar macrophages, the primary immune cells within the lung."
 - NIDA also comments on the Tashkin study in the *Director's Notes* from February 2007. While acknowledging that the study concluded "that the association of these cancers with marijuana, even long-term or heavy use, is not strong and may be below practically detectable limits...these results may have been affected by selection bias or error in measuring lifetime exposure and confounder histories."²¹⁴
 - In October 2006, one of the study's authors, Dr. Hal Morgenstern, Chair of Epidemiology at the University of Michigan School of Public Health, said although the risk of cancer did not prove to be large in the recent study, "I wouldn't go so far as to say there is no increased cancer risk from smoking marijuana."²¹⁵
- The British Lung Foundation's 2012 survey of 1,000 adults found that a third wrongly believed that cannabis did not harm your health. The survey also revealed that 88 percent thought

tobacco cigarettes were more harmful than cannabis ones, although the risk of lung cancer is actually 20 times higher from a cannabis cigarette than a tobacco cigarette. Part of the reason for this is that people smoking cannabis take deeper puffs and hold them for longer than tobacco smokers. This means that a person smoking a cannabis cigarette inhales four times as much tar and five times as much carbon monoxide as someone smoking a tobacco cigarette. The Foundation warned that smoking one cannabis cigarette increase the chances of developing lung cancer by as much as an entire packet of 20 cigarettes. “It is alarming that, while new research continues to reveal the multiple health consequences of smoking cannabis, there is still a dangerous lack of public awareness of quite how harmful this drug can be,” said Dame Helena Shovelton, Chief Executive of the British Lung Foundation. “We therefore need a serious public health campaign – of the kind that helped raise awareness of the dangers of eating fatty food or smoking tobacco – to finally dispel the myth that smoking cannabis is somehow a safe pastime.”²¹⁶

- A large international study by researchers from the University of Adelaide found that women who use marijuana during pregnancy double the risk of giving birth prematurely. Preterm or premature births, which is at least three weeks prior to the due date, can result in serious and life-threatening health problems for the baby, and increased health problems in later life, such as heart disease and diabetes.²¹⁷

MARIJUANA AS A PRECURSOR TO ABUSE OF OTHER DRUGS

- Teens who experiment with marijuana may be making themselves more vulnerable to heroin addiction later in life, if the findings from experiments with rats are any indication. “Cannabis has very long-term, enduring effects on the brain,” according to Dr. Yamin Hurd of the Mount Sinai School of Medicine in New York, the study’s lead author.²¹⁸
- Marijuana is a frequent precursor to the use of more dangerous drugs and signals a significantly enhanced likelihood of drug problems in adult life. The *Journal of the American Medical Association* reported, based on a study of 300 sets of twins, “that marijuana-using twins were four times more likely than their siblings to use cocaine and crack cocaine, and five times more likely to use hallucinogens such as LSD.”²¹⁹
- Long-term studies on patterns of drug usage among young people show that very few of them use other drugs without first starting with marijuana. For example, one study found that among adults (age 26 and older) who had used cocaine, 62 percent had initiated marijuana use before age 15. By contrast, less than one percent of adults who never tried marijuana went on to use cocaine.²²⁰
- Columbia University’s National Center on Addiction and Substance Abuse (CASA) reports that teens who used marijuana at least once in the last month are 13 times likelier than other teens to use another drug like cocaine, heroin, or methamphetamine and almost 26 times likelier than those teens who have never used marijuana to use another drug.²²¹

- Marijuana use in early adolescence is particularly ominous. Adults who were early marijuana users were found to be five times more likely to become dependent on any drug, eight times more likely to use cocaine in the future, and fifteen times more likely to use heroin later in life.²²²
- Healthcare workers, legal counsel, police and judges indicate that marijuana is a typical precursor to methamphetamine. For instance, Nancy Kneeland, a substance abuse counselor in Idaho, pointed out that “in almost all cases meth users began with alcohol and pot.”²²³
- An estimated 3.1 million persons aged 12 or older – an average of approximately 8,400 per day - used a drug other than alcohol for the first time in the past year according to the 2011 National Survey on Drug Use and Health. More than two-thirds (68 percent) of these new users reported that marijuana was the first drug they tried.²²⁴
- Nearly one in ten high school students (9 percent) report using marijuana 20 times or more in the past month according to the findings of the 2011 Partnership Attitude Tracking Survey.²²⁵
- Teens past month heavy marijuana users are significantly more likely than teens that have not used marijuana in the past to: use cocaine/crack (30 times more likely); use Ecstasy (20 times more likely); abuse prescription pain relievers (15 times more likely); and abuse over the counter medications (14 times more likely). This clearly denotes that teens that use marijuana regularly are using other substances at a much higher rate than teens who do not smoke marijuana, or smoke less often.²²⁶

DEPENDENCY AND TREATMENT

- “The basic rule with any drug is if the drug becomes more available in the society, there will be more use of the drug,” said Thomas Crowley, a University of Colorado psychiatry professor and director of the university’s Division of Substance Dependence. “And as use expands, there will be more people who have problems with the drug.”²²⁷
- A study of substance abuse treatment admissions in the United States between 1998 and 2008, found that although admission rates for alcohol treatment were declining, admission rates per 100,000 population for illicit drug use were increasing. One consistent pattern in every region was the increase in the admission rate for marijuana use which rose 30 percent nationally.²²⁸
- California, a national leader in ‘medical’ marijuana use, saw admission for treatment for marijuana dependence more than double over the past decade. Admissions grew from 52 admissions per 100,000 population in 1998 to 113 per 100,000 in 2008, an increase of 117 percent.²²⁹
- “[R]esearch shows that use of [marijuana] can lead to dependence. Some heavy users of marijuana develop withdrawal symptoms when they have not used the drug for a period of time. Marijuana use, in fact, is often associated with behavior that meets the criteria for substance dependence established by the American Psychiatric Association.”²³⁰

- Of the 22.5 million Americans aged 12 or older who used illicit drugs in the past 30 days in 2011, 18.1 million used marijuana, making it the most commonly used illicit drug in 2011.²³¹
- Marijuana was the illicit drug with the highest rate of past year dependence or abuse in 2011; of the 6.5 million persons age 12 or older classified with illicit drug dependence or abuse, 4.2 million had marijuana dependence or abuse (representing 1.6 percent of the total population aged 12 or older and 63.8 percent of all those classified with illicit drug dependence or abuse).²³²
- Among all ages, marijuana was the second most common illicit drug responsible for treatment admissions in 2010 after opioids, accounting for 18 percent of all admissions--outdistancing cocaine, the next most prevalent cause.²³³
- The proportion of admissions for marijuana as the primary substance of abuse for persons aged 12 or older increased from 14 percent in 2000 to 18 percent in 2010.²³⁴
- Thirty-nine percent of primary marijuana admissions were under age 20 (versus 11 percent of all admissions).²³⁵
- Twenty-four percent of primary admissions had first used marijuana by age 12 and another 31 percent by age 14.²³⁶
- In 2010, 87 percent of adolescent treatment admissions involved marijuana as a primary or secondary substance.²³⁷

DANGERS TO NON USERS

DELINQUENT BEHAVIORS

Marijuana use is strongly associated with juvenile crime.

- In a 2008 paper entitled *Non-Medical Marijuana III: Rite of Passage or Russian Roulette*, CASA reported that in 2006 youth who had been arrested and booked for breaking the law were four times likelier than those who were never arrested to have used marijuana in the past year.²³⁸
- According to CASA in their report on *Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind*, youth who use marijuana are likelier than those who do not to be arrested and arrested repeatedly. The earlier an individual begins to use marijuana, the likelier he or she is to be arrested.
- Marijuana is known to contribute to delinquent and aggressive behavior. A June 2007 report released by the White House Office of National Drug Control Policy (ONDCP) reveals that teenagers who use drugs are more likely to engage in violent and delinquent behavior. Moreover, early use of marijuana, the most commonly used drug among teens, is a warning

sign for later criminal behavior. Specifically, research shows that the instances of physically attacking people, stealing property, and destroying property increase in direct proportion to the frequency with which teens smoke marijuana.²³⁹

In a report titled *The Relationship between Alcohol, Drug Use, and Violence among Students*, the Community Anti-Drug Coalitions of America (CADCA) reported that according to the 2006 Pride Surveys, during the 2005-2006 school year:

- Of those students who report carrying a gun to school during the 2005-2006 year, 63.9 percent report also using marijuana.
- Of those students who reported hurting others with a weapon at school, 68.4 percent had used marijuana.
- Of those students who reported being hurt by a weapon at school, 60.3 percent reported using marijuana.
- Of those students who reported threatening someone with a gun, knife, or club or threatening to hit, slap or kick someone, 27 percent reported using marijuana.
- Of those students who reported any trouble with the police, 39 percent also reported using marijuana.²⁴⁰
- According to ONDCP, the incidence of youth physically attacking others, stealing, and destroying property increased in proportion to the number of days marijuana was smoked in the past year.²⁴¹
- ONDCP reports that marijuana users were twice as likely as non-users to report they disobeyed school rules.²⁴²
- Youths aged 12 to 17 who had engaged in fighting or other delinquent behaviors were more likely than other youths to have used illicit drugs in the past month. In 2011 past month illicit drug use was reported by 18.5 percent of youths who had gotten into a serious fight at school or work compared with 8 percent of those who had not engaged in fighting at school or work, and by 45.1 percent of those who had stolen or tried to steal something worth over \$50 in the past year compared with 8.7 percent who had not attempted or engaged in such theft.²⁴³

DRUGGED DRIVERS

Drugged driving, also referred to as impaired driving, is driving under the influence of alcohol, over-the-counter-medications, prescription drugs, or illegal drugs.

- The principal concern regarding drugged driving is that driving under the influence of any drug that acts on the brain could impair one's motor skills, reaction time, and judgment. Drugged driving is a public health concern because it puts not only the driver at risk, but also passengers and others who share the road.²⁴⁴
- In Montana, where there has been an enormous increase in "medical" marijuana cardholders, Narcotics Chief Mark Long told a legislative committee in April 2010 that "DUI arrests involving marijuana have skyrocketed, as have traffic fatalities where marijuana was found in the system of one of the drivers."²⁴⁵
- In 2011 there were 9.4 million persons aged 12 and older who reported driving under the influence of illicit drugs during the past year. The rate was highest among young adults aged 18 to 25.²⁴⁶
- Drugs that may affect driving were detected in one of every seven weekend nighttime drivers in California during the summer of 2012. In the first California statewide roadside survey of alcohol and drug use by drivers, 14 percent of drivers tested positive for drugs and 7.4 percent of drivers tested positive for alcohol, and just as many as tested positive for marijuana as alcohol.²⁴⁷
- Since 2000, Liberty Mutual Insurance and Students Against Destructive Decisions (SADD) - have been conducting a study of teens driving under the influence. Their most recent report, released in February 2012, found that nearly one in five teens have gotten behind the wheel after smoking marijuana.
 - They also found that driving under the influence of marijuana (19 percent) is a greater threat than driving under the influence of alcohol (13 percent). What greatly concerned the researchers is that many teens don't even consider marijuana use a distraction to their driving.²⁴⁸
 - "Marijuana affects memory, judgment, and perception and can lead to poor decisions when a teen under the influence of this or other drugs gets behind the wheel of a car," said Stephen Wallace, Senior Advisor for Policy, Research and Education at SADD. "What keeps me up at night is that this data reflects the dangerous trend toward acceptance of marijuana and other substances compared to our study of teens conducted just two years ago."²⁴⁹
 - The study also found that most teen drivers would not drive while under the influence if asked by their passengers not to. However, even more alarming is that teen passengers are less concerned about riding in a car with a driver who has smoked marijuana than one who has used alcohol.²⁵⁰
- A study in the British Medical Journal on the consequences of cannabis impaired driving found that drivers who consume cannabis within three hours of driving are nearly twice as likely to cause a vehicle collision as those who are not under the influence of drugs or alcohol.²⁵¹

- A study in the *Epidemiologic Reviews* by researchers from Columbia University found that drivers who get behind the wheel after smoking pot run more than twice the risk of getting into an accident. This risk is even greater if the driver had also been drinking alcohol. “As more states consider medical use of marijuana, there could be health implications,” said senior author Gouhua Li.²⁵²
- Researchers at the Pacific Institute for Research and Evaluation in Maryland studied a government data base on traffic fatalities and examined the data from 44,000 drivers involved in single-vehicle crashes who died between 1999 and 2009. They found that 24.9 percent of the drivers tested positive for drugs and 37 percent had blood-alcohol levels in excess of .08, the legal limit. The study is one of the first to show the prevalence of drug use among fatally injured drivers. Among the drivers who tested positive for drugs, 22 percent were positive for marijuana, 22 percent for stimulants, and 9 percent for narcotics.²⁵³
- In a study of seriously injured drivers admitted to a Maryland Level-1 shock-trauma center, 65.7 percent were found to have positive toxicology results for alcohol and/or drugs. Almost 51 percent of the total tested positive for illegal drugs. A total of 26.9 percent of the drivers tested positive for marijuana.²⁵⁴
- The percentage of fatally injured drivers testing positive for drugs increased over the last five years according to data from the National Highway Traffic Safety Administration (NHTSA). In 2009, 33 percent of the 12,055 drivers fatally injured in motor vehicle crashes with known test results tested positive for at least one drug compared to 28 percent in 2005. In 2009, marijuana was the most prevalent drug found in this population – approximately 28 percent of fatally injured drivers who tested positive tested positive for marijuana.²⁵⁵
- Recognizing that drugged driving is a serious health and safety issue, the National Organization for the Reform of Marijuana Laws (NORML) has called for a science-based educational campaign targeting drugged driving behavior. In January of 2008, Deputy Director Paul Armentano released a report titled, *Cannabis and Driving*, noting that motorists should be discouraged from driving if they have recently smoked cannabis and should never operate a motor vehicle after having consumed both marijuana and alcohol. The report also calls for the development of roadside, cannabis-sensitive technology to better assist law enforcement in identifying drivers who may be under the influence of pot.²⁵⁶
- In a 2007 National Roadside Survey of alcohol and drug use by drivers, a random sample of weekend nighttime drivers across the United States found that 16.3 percent of the drivers tested positive for drugs, compared to 2.2 percent of drivers with blood alcohol concentrations at or above the legal limit. Drugs were present more than 7 times as frequently as alcohol.²⁵⁷
- According to a National Institute of Drug Abuse (NIDA) funded study, a large number of American adolescents are putting themselves and others at great risk by driving under the influence of illicit drugs or alcohol. In 2006, 30 percent of high school seniors reported driving after drinking heavily or using drugs, or riding in a car whose driver had been drinking heavily or using drugs, as least once in the prior two weeks. Dr. Patrick O’Malley, lead author of the study, observed that “Driving under the influence is not an alcohol-only problem. In 2006, 13

percent of seniors said they drove after using marijuana while ten percent drove after having five or more drinks.” “Vehicle accidents are the leading cause of death among those aged 15 to 20,” added Dr. Nora Volkow, Director of NIDA. “Combining the lack of driving experience among teens with the use of marijuana and/or other substances that impair cognitive and motor abilities can be a deadly combination.”²⁵⁸

- A June 2007 toxicology study conducted at the University of Maryland’s Shock-Trauma Unit in Baltimore found that over 26 percent of injured drivers tested positive for marijuana. In an earlier study, the U.S. National Survey on Drug Use and Health estimated that 10.6 million Americans had driven a motor vehicle under the influence of drugs during the previous year.²⁵⁹
- A study of over 3000 fatally-injured drivers in Australia showed that when marijuana was present in the blood of the driver they were much more likely to be at fault for the accident. And the higher the THC concentration, the more likely they were to be culpable.²⁶⁰
- The National Highway Traffic Safety Administration (NHTSA) has found that marijuana significantly impairs one’s ability to safely operate a motor vehicle. According to its report, “[e]pidemiology data from road traffic arrests and fatalities indicate that after alcohol, marijuana is the most frequently detected psychoactive substance among driving populations.” Problems reported include: decreased car handling performance, inability to maintain headway, impaired time and distance estimation, increased reaction times, sleepiness, lack of motor coordination, and impaired sustained vigilance.²⁶¹

OTHER CONSEQUENCES OF MARIJUANA USE

- In Massachusetts in 2009 the possession of one ounce of marijuana went from a criminal charge to a civil fine. Police and District Attorneys want residents to know that smoking weed is not a victimless crime. Middlesex District Attorney Gerard T. Leone Jr. says that he fears that “decriminalization has created a booming ‘cottage industry’ for dope dealers to target youths no longer fearing the stigma of arrest or how getting high could affect their already dicey driving. What we’re seeing now is an unfortunate and predictable outcome. It’s a cash and carry business. With more small-time dealers operating turf encroachment is inevitable. This tends to make drug dealers angry.” Wellesley Deputy Police Chief William Brooks III, speaking on behalf of the Massachusetts Chiefs of Police Association said “the whole thing is a mess. The perception out there among a lot of people is it’s ok to do it now, so there’s an uptick in the number of people wanting to do it...Most of the drug-related violence you see now – the shootings, murders – is about weed.” Several 2010 high-profile killings have been linked by law enforcement to the increased market:
 - The May fatal shooting of a 21-year-old inside a Harvard University dorm, allegedly in a bid to rob him of his pot and cash.
 - The June murder of a 17-year-old in Callahan State Park, where he was lured by two men seeking revenge in a fight over marijuana.

- The September massacre of four people in Mattapan, including a 21-year-old woman and her 2-year-old son, over an alleged pot-dealing turf dispute.
- The September fatal shooting of a 29-year-old man, by four men, one a high school senior, in connection with robbery and murder of a drug dealer.²⁶²
- Children often bear the consequences of actions engaged in by parents or guardians involved with marijuana.
 - In Bradenton, Florida a Highway Patrol officer tried to stop a man speeding on I-75. The driver did not stop until he ran up on the median and crashed into a construction barrel. In the car the troopers found three small children, forty pounds of marijuana and several thousand dollars in cash.²⁶³
 - A Hamilton, Montana man put his three toddlers in the back seat of his one ton Chevy pickup and then partied with a friend as he drove along the highway. At 50 miles an hour he swerved into another car killing the owner. While partying with his friend in the vehicle he had smoked two bowls of pot.²⁶⁴
 - An Ohio mother is accused of teaching her two-year-old daughter smoke pot and recording the incident on her cell phone.²⁶⁵
 - A Virginia mother and her roommate were charged with reckless child endangerment after her two-year-old daughter ingested an unknown amount of marijuana in a motel room.²⁶⁶
 - A California couple was arrested after a video surfaced of them allowing their 23-month-old son to use a marijuana pipe. The video showed the child smoking the pipe. The pipe was tested and found to have marijuana residue in it. Both parents said they had medical marijuana cards, but could not explain why they would give it to their child and then videotaped the incident.²⁶⁷
 - Cincinnati, Ohio police arrested a woman for allegedly giving her three children, ages seven, four and one marijuana. The seven-year-old told the school counselor that she had been forced to smoke marijuana. All three children tested positive for marijuana.²⁶⁸
 - In Stockton, California a two-year-old girl was in critical condition after ingesting marijuana resin. Although four adults were home at the time, none were supervising the child when she found a jar lid containing resin.²⁶⁹
 - Two toddlers in Louisiana were hospitalized after ingesting marijuana and amphetamines. A search warrant of the home found several unsecured bottles of prescription medication and a hand-rolled cigar containing marijuana.²⁷⁰
- In Santa Clara, California, in one week in December, four dispensaries and one marijuana grower were hit by vandals, burglars, or armed robbers. At one location four suspects robbed the victim by throwing him to the floor, holding a piece of metal to his throat, and demanding

marijuana and money. At one dispensary, the owner, who is paralyzed and in a wheelchair, was closing up the shop when armed robbers knocked him over and barged in. The robbers tied him up and took marijuana and cash.²⁷¹

- The Los Angeles Police Department investigated a series of robberies and shootings at marijuana dispensaries. Over a one week period in June 2010 a Northridge dispensary robbery left one employee in critical condition after being shot in the face; the shooting was the second at that business that year and the third dispensary to be targeted in three days. Two people were fatally shot in a pot shop robberies in Echo Park and Hollywood, and a third person was wounded.²⁷²
- On March 4, 2010, a California man was killed after opening fire on two Pentagon Police Officers. In a story on MSNBC, the Friday before the incident, John Patrick Bedell's parents had warned local authorities that his behavior had become erratic and that he was unstable and had a gun. Bedell was diagnosed as bipolar and had been in and out of treatment programs for years. His psychiatrist, J. Michael Nelson, said "Bedell tried to self-medicate with marijuana, inadvertently making his symptoms more pronounced."²⁷³ Bedell had been given a prescription for medical use of marijuana in 2006 for chronic insomnia. According to long-time friend Reb Monaco "he was not a person who should have been issued a medical clearance to use marijuana, but he was."²⁷⁴
- A marijuana dealer kidnapped and murdered a 15 year-old boy after he got angry at the teen's half-brother for owing him a \$2,500 drug debt.²⁷⁵
- A 27-year-old lawyer, Oxford educated, fell to his death from the top floor of a London building following years of treatment for cannabis-induced mental illness. The February 2007 inquest revealed that he had been suffering from bi-polar affective disorder-manic depression, which "may have been triggered by cannabis use."²⁷⁶
- Marijuana also creates hazards that are not always predictable. In August 2004, two Philadelphia firefighters died battling a fire that started because of tangled wires and lamps used to grow marijuana in a basement closet.²⁷⁷
- All six people aboard a Piper Cherokee were killed when it crashed soon after take-off on Hamilton Island in North Queensland, Australia on September 2002. Toxicologist Professor Olaf Drummer told the inquest that blood tests on the 27-year-old pilot indicated that he had used marijuana either in the hours leading up to the crash or he could have been a regular user.²⁷⁸
- Grant Everson and three friends armed with box cutters and a shot-gun slipped into Everson's parents' Chaska, Minnesota home demanding money to open a coffeehouse in the marijuana-friendly City of Amsterdam. Although Grant lost his nerve, his friends proceeded to shoot and kill his mother. All four were arrested. Their alibi was that they had been sleeping in the same Burnsville apartment after a night of smoking marijuana and playing video games.²⁷⁹

The National Transportation Safety Board investigation of a small plane crash near Walnut Ridge, Arkansas, killing a passenger and the pilot, was a result of pilot error. Pilot Jason Heard failed to fly high enough and maintain enough airspeed to avoid a stall. The report notes that Pilot Jason Heard had enough marijuana in his system to have contributed to the accident.²⁸⁰

MARIJUANA AND INCARCERATION

Federal marijuana investigations and prosecutions usually involve hundreds of pounds of marijuana. Few defendants are incarcerated in federal prison for simple possession of marijuana.

- In 2008, according to the United States Sentencing Commission (USSC), 25,337 people were sentenced in federal court for drug crimes under six offense categories. Marijuana accounted for 6,337 (25 percent). Looking even further, of the 6,337 people sentenced, only 99 people or 1.6 percent, were sentenced for “simple possession” of marijuana.²⁸¹
- According to a Bureau of Justice Statistics survey of state and federal prisoners published in October 2006, approximately 12.7 percent of state prisoners and 12.4 percent of federal prisoners were serving time for a marijuana-related offense. This is a decrease from 1997 when these figures were 12.9 percent and 18.9 percent respectively.²⁸²
- Between October 1, 2005 and September 30, 2006, there were 6,423 federal offenders sentenced for marijuana-related charges in the U.S. Courts. Approximately 95.9 percent of the cases involved trafficking.²⁸³
- In Fiscal Year 2006, there were 25,814 offenders sentenced in federal court on drug charges. Of those, only 1.6 percent (406 people) were sentenced for simple possession.²⁸⁴
- According to the White House Office of National Drug Control Policy, “Many inmates ultimately sentenced for marijuana and possession were initially charged with more serious crimes but were able to negotiate reduced charges or lighter sentences through plea agreements with prosecutors. Therefore the ...figure for simple possession defendants may give an inflated impression of the true numbers, since it also includes these inmates who pled down from more serious charges.”²⁸⁵
- While illicit drugs are implicated in three-quarters of incarcerations (75.9 percent), few inmates are incarcerated for marijuana possession as their controlling or only offense. Inmates incarcerated in federal and states prisons and local jails for marijuana possession as the controlling offenses accounted for 1.1 percent of all inmates and 4.4 percent of those incarcerated for drug law violations. Those incarcerated for marijuana possession as their only offense accounted for .9 percent of all inmates and 2.9 percent those incarcerated for drug law violations.²⁸⁶
- Findings from the 2008 Arrestee Drug Abuse Monitoring System (ADAM II), which surveys drug use among booked male arrestees in ten major metropolitan areas across the country, shows the majority of arrestees in each city test positive for illicit drug use, with as many as 87 percent of arrestees testing positive for an illegal drug. Marijuana is the most commonly

detected drug at the time of the arrest. In seven of the ten sites arrestees who are using marijuana are using it on the average of every other day for the past 30 days.²⁸⁷

THE FOREIGN EXPERIENCE WITH MARIJUANA

There is no uniform drug policy in Europe. Some countries have liberalized their laws, while others have instituted strict drug control policies, which mean that the so called “European Model” is a misnomer. Like America, the various countries of Europe are looking for new ways to combat the worldwide problem of drug abuse.

In recent years the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) has reported a tendency among European countries to make a stronger distinction between those who use drugs and those who sell or traffic drugs. This distinction is reflected in the reduction of penalties for drug use in some countries, though others have not changed or increased penalties. EMCDDA reports that recently, the penalties for drug offenses in Europe have generally increased.

Offenses related to drug use or possession for use continued to comprise the majority of drug law offenses in 2010; between 2005 and 2010, there was an estimated 19 percent increase in the number of offenses related to drug use in Europe.²⁸⁸ Cannabis continues to be the illicit drug most often mentioned in reported drug law offenses in Europe. In a majority of European countries, offenses involving cannabis accounted for between 50 to 90 percent of reported drug law offenses in 2010. Between 2005 and 2010, the number of drug law offenses involving cannabis increased in 15 reporting countries, resulting in an estimated increase of 20 percent in the European Union.²⁸⁹

Although most cannabis offenses are still related to the use or possession of the drug, many countries report that their policy is now to prioritize measures targeting trafficking and supply.²⁹⁰

The increase in domestic cannabis production and its resulting negative effects were noted in the EMCDDA 2010 Annual Report. According to Wolfgang Götz, the Director of the EMCDDA, “Organized crime gangs have woken up to the profits that can accrue from the large-scale cultivation of cannabis near its intended market. The collateral damage of this development is the rising level of violence and criminality within urban communities, which is now triggering new action by the national and European law-enforcement bodies.”²⁹¹

Europe still seizes far more cannabis resin than herbal cannabis, which suggests that domestic herbal cannabis production is posing a greater challenge to interdiction efforts, especially when it takes the form of indoor production. This causes greater concern about the collateral damage that the presence of drug production sites can cause to local communities and because of evidence of the involvement of organized criminal gangs.²⁹²

Europe is also experiencing the same concerns with youth and the health effects resulting from cannabis use as America does. A range of acute and chronic health problems have arisen. Treatment needs are growing. Dependence is increasingly recognized as a possible consequence of regular cannabis use, even among young users, and the number of individuals seeking help due to their cannabis use is growing in some European Countries. Cannabis clients are reported to be the youngest client groups entering treatment, with the mean age of 25 years. Young people citing cannabis as their

primary drug represent 76 percent of reported treatment entrants aged 15 to 19 years of age, and 86 percent of those younger than 15.²⁹³

Australia

- In March 2012 changes were made to West Australia's Misuse of Drugs Act, enacting stronger penalties for the possession and growing of marijuana. These changes were a result of concerns over the health and safety of children and the negative side effects of marijuana use and growth.²⁹⁴
- On October 11, 2009 Premier Colin Barnett announced that the Government "would introduce legislation to repeal the Cannabis Control Act 2003 and make changes to the Misuse of Drugs Act 1981 and the Young Offenders Act 1994, sending a clear message that the current State Government did not endorse illicit drug use." "The new anti-cannabis laws will mark the start of the Liberal-National Government's fight to turn around eight years of a soft-on-drugs approach by the previous Labor government which has left lives ruined."²⁹⁵
- In a reversal of their 2006 official position, the Australian Medical Association has called on the state government of Western Australia to introduce harsher marijuana laws. The AMA cited a recent review of international research on the links between marijuana and mental illness. AMA president Dr. Rosanna Capolingua said that "soft marijuana laws certainly do not help support the message that marijuana is not a soft drug."²⁹⁶
- Drug Free Australia official Craig Thompson is urging the community, young people in particular, to change their thinking about cannabis because of its serious effects on health. "The road fatalities caused by cannabis-intoxicated drivers, links to cannabis and psychosis, birth defects and greater potency of the drug are just a few issues of enormous concern," Mr. Thompson said.²⁹⁷

Canada

- Canada's ban on marijuana was upheld by Ontario's top court, striking down an earlier court decision that said Canada's laws related to medicinal pot were unconstitutional. The court found the serious illness doesn't give a person an automatic right to use marijuana.²⁹⁸
- In November 2012 the government of Ottawa set new, tougher mandatory penalties for pot. A six-month jail term for growing six marijuana plants was approved. "Today our message is clear that if you are in the business of producing, importing or exporting of drugs, you'll now face jail time," Justice Minister Rob Nicholson said.²⁹⁹
- In August 2006, Ontario gave new powers to police, utilities and municipalities to crack down on marijuana grow operations and methamphetamine labs running from residential locations. The province's anti-drug legislation was toughened to protect communities and allows police to work more effectively with citizens in identifying and uprooting marijuana operations. New provisions to the law include allowing water and power utilities officials to inspect buildings suspected to house marijuana grow operations.³⁰⁰

- After a large decline in the 1980s, marijuana use among teens increased during the 1990s as young people became “confused about the state of federal pot law” in the wake of an aggressive decriminalization campaign, according to a special adviser to Health Canada’s Director General of Drug Strategy. Several Canadian drug surveys show that marijuana use among Canadian youth has steadily climbed to surpass its 26-year peak, rising to 29.6 percent of youth in grades 7-12 in 2003.³⁰¹

Denmark

- In May 2012, the Social Democratic Justice Minister Morten Bokslov rejected the request to experiment with hash bars or cannabis cafes in Copenhagen. The government is against increasing availability and use, since it has harmful side effects.³⁰²

The Netherlands

- The Netherlands has led Europe in the liberalization of drug policy. “Coffee shops” began to emerge throughout The Netherlands in 1976, offering marijuana products for sale. Possession and sale of marijuana are not legal, but coffee shops are permitted to operate and sell marijuana under certain restrictions, including a limit of no more than 5 grams sold to a person at any one time, no alcohol or hard drugs, no minors, and no advertising. In The Netherlands it is illegal to sell or possess marijuana products. So coffee shop operators must purchase their marijuana products from illegal drug trafficking organizations.
- On January 2, 2007, the majority of the City Council in Amsterdam voted in favor of introducing a city-wide ban on smoking marijuana in public in areas where young people smoking joints have been causing a public nuisance. Their decision was based upon the success of the experimental ban in DeBaarsjes.³⁰³
- According to a *New York Times* article, “The mayor (of Maastricht) wants to move most of the city's 16 licensed cannabis clubs to the edge of town, preferably close to the border” (with Belgium and Germany). Mayor Gerd Leers is reacting to growing concerns among residents who “complain of traffic problems, petty crime, loitering and public urination. There have been shootings between Balkan gangs. Maastricht's small police force...is already spending one-third of its time on drug-related problems.” Cannabis clubs have drawn “pushers of hard drugs from Amsterdam, who often harass people on the streets.” The clubs have also attracted people looking to buy marijuana in quantity. Piet Tans, the police spokesman also stated that “People who come from far away don't just come for the five grams you can buy legally over the counter...They think pounds and kilos; they go to the dealers who operate in the shadows.”³⁰⁴
- Moving the clubs did not prove to be an effective strategy to deal with the problem. As of January 1, 2010, coffee shops in the province of Limburg (which includes Maastricht) will be accessible only to registered members. Justice Minister Ernst Hirsch Ballin also stated that “it would become easier to keep minors out of the coffee shops.”³⁰⁵

- Although the Dutch government regulated what goes on in coffee shops, they have never legalized or regulated how the shops got their marijuana supply. The volume of sales generated by customers from bordering countries and tourists have made these shops regional suppliers. This has resulted in the creation of an illegal cultivation industry involving organized crime and money laundering.
- Paul Schnabel, director for the Social and Cultural Planning Office, a government advisory board, said that the move reflects a growing view that the tolerance policies have not controlled the ills associated with drugs and prostitution. “There’s a strong tendency in Dutch society to control things by allowing them...” “Dutch society is less willing to tolerate than before.”³⁰⁶
- Due to international pressure on permissive Dutch cannabis policy and domestic complaints over the spread of marijuana “coffee shops,” the Government of the Netherlands has reconsidered its legalization measures. After marijuana became normalized, consumption nearly tripled – from 15 percent to 44 percent – among 18 to 20 year-old Dutch youth.³⁰⁷ As a result of stricter local government policies, the number of cannabis “coffeehouses” in the Netherlands was reduced – from 1,179 in 1997³⁰⁸ to 737 in 2004, a 37 percent decrease in 7 years.³⁰⁹
- About 70 percent of Dutch towns have a zero-tolerance policy toward cannabis cafes.³¹⁰
- Dr. Ernest Bunning, formerly with Holland’s Ministry of Health and a principal proponent of that country’s liberal drug philosophy, has acknowledged that, “[t]here are young people who abuse soft drugs . . . particularly those that have [a] high THC [content]. The place that cannabis takes in their lives becomes so dominant they don’t have space for the other important things in life. They crawl out of bed in the morning, grab a joint, don’t work, smoke another joint. They don’t know what to do with their lives.”³¹¹
- “Contrary to what is often claimed by supporters of the Dutch drug policy, cannabis usage by young people in The Netherlands is not lower but actually higher than average in Europe,” according to the findings of the 2007 European School Survey on Alcohol and Other Drugs (ESPAD). “The Netherlands scores above the European average. Over one-quarter (28 percent) of the youngsters aged 15 and 16 surveyed said they have used cannabis sometime in their life, compared with an average of 19 percent in Europe. Current Cannabis usage (at least once in the month prior to the survey) is more than double the European average in The Netherlands (15 percent versus 7 percent).”³¹²
- An article published in April 2009 summarizes the challenge now faced by the Dutch as a result of their drug policies. “The Netherlands has risen in the ranking order of 35 European countries from number 12 in 2003 to number 5 on recent cannabis usage...The Dutch youngsters, possibly due to the liberal climate, widely believe that cannabis is innocent. The proportion of school children that thinks regular cannabis usage involves big risks is the lowest in the Netherlands (50 percent) of all countries surveyed.”³¹³
- In May 2011 the Dutch Cabinet announced that plans were moving ahead to ban foreigners from the country’s cannabis coffee shops. The plan is to turn coffee shops into private clubs

limiting membership to 1,500 members (Dutch citizens or legal residents). The intent behind this change in law is to address the nuisance and criminality associated with the coffee shops and drug trafficking.³¹⁴ Implementation country-wide began on January 1, 2013.

- Intense lobbying by city authorities in Amsterdam, which feared the loss of tourist revenue, appealed to the newly elected government. The government did not change the law, but is allowing a more liberal interpretation of its implementation by letting cities ascertain how they will apply it.³¹⁵
- In October 2011 the Dutch government said it would move to classify high-potency marijuana (THC content 15 percent or greater) alongside hard drugs such as cocaine and ecstasy. Justice Minister Ivo Opstelten reiterated this plan to the parliament in November 2012, saying the plan was to classify strong strains of marijuana and cannabis as a Class A drug.³¹⁶

Portugal

- In July 2001, Portugal decriminalized all drugs, increased drug education efforts, and expanded the drug treatment programs. Drug possession for personal use and drug usage are still legally prohibited, although treated through an administrative process rather than a criminal one. Instead of being placed in the judicial system they are sent to dissuasion commissions run by the government. The commissions, made up of doctors, lawyers, and social workers, encourage addicts to undergo treatment and stop recreational users from becoming addicts.
- Anyone having enough drugs to exceed a ten day supply can be arrested, sentenced to jail, or given a criminal record. Drug trafficking is still a criminal offense.
- There is still much debate upon the success of this initiative. Those on each side of the legalization debate argue as to whether or not things improved in Portugal as a result of the decriminalization of use or as a result of the prevention efforts and accessibility of treatment programs. There are many different views on the measurement of the successes or failures of this initiative. Would the same results have happened if Portugal offered the emphasis of drug education and the accessibility of drug treatment without decriminalizing drug use? Would treating drug use and addiction as a health problem rather than a criminal justice problem have produced similar results?
- Clearly there is still plenty of work that needs to be done. The 2010 EMCDDA report reveals that drug use among the general population is still rising. The number of Portuguese aged 15 to 64 who have ever tried drugs has climbed from 7.8 percent in 2001 to 12 percent in 2007. Cannabis use went up from 7.6 percent to 11.7 percent.³¹⁷
- What is clear is that Portugal believes that it is a combination of prevention, education, treatment and law enforcement that is needed to address the drug situation – no one aspect alone can effectively eradicate drug use and the problems it causes. This is the same strategy that is used by the United States.

United Kingdom

- A 2009 Scottish Social Attitudes Survey on public attitudes toward illegal drugs and misuse in Scotland found a reversal in the tolerant attitudes toward cannabis. Support for legalization fell from 37 percent in 2001 to 24 percent in 2009. Even among those that had tried cannabis, support for legalization fell from 70 percent in 2001 to 47 percent in 2009. Attitudes for prosecution for possession hardened during the same time period. In 2001, 51 percent felt that people should not be prosecuted for possession of a small amount of cannabis for personal use, but in 2009 only 34 percent concurred. Most startling was the fact that the shifts were most prevalent among 18-24 year-olds. In 2001, 62 percent of this age group was in favor of legalization; in 2009, only 24 percent felt that way.³¹⁸
- In a statement to the press, Home Secretary Jacqui Smith announced on May 8, 2008 that cannabis is being reclassified back to a Class B drug, sending a strong message that the drug is harmful. Addressing the House of Commons, Secretary Smith cited the need to update public policies to match recent scientific evidence about the serious harms of marijuana use; “the enforcement response must reflect the danger that the drug poses to individuals, and in turn, to communities.”³¹⁹
- A major newspaper in England, *The Independent on Sunday*, reversed its very public stance in support of marijuana. After a pro-cannabis editorial appeared in 1997, 16,000 people marched on London’s Hyde Park. The editorial and the subsequent march were credited with forcing the government to downgrade the legal status of cannabis to class C. However, an editorial in the March 18, 2007 issue, titled “Cannabis: An Apology,” states that the paper is reversing its decision. “In 1997, when this paper called for decriminalization, 1,600 people were being treated for cannabis addiction. Today, the number is 22,000.” Concerns such as the record number of teenagers requiring drug treatment as a result of smoking skunk (a highly potent cannabis strain) and the growing proof that skunk causes mental illness were cited among the reasons for this reversal.³²⁰
- In March 2005, British Home Secretary Charles Clarke took the unprecedented step of calling “for a rethink on Labour’s legal downgrading of cannabis” from a Class B to a Class C substance. Mr. Clarke requested that the Advisory Council on the Misuse of Drugs complete a new report, taking into account recent studies showing a link between cannabis and psychosis and also considering the more potent cannabis referred to as “skunk.”³²¹
- In 2005, during a general election speech to concerned parents, British Prime Minister Tony Blair noted that medical evidence increasingly suggests that cannabis is not as harmless as people think and warned parents that young people who smoke cannabis could move on to harder drugs.³²²

OTHER CONSIDERATIONS

MARIJUANA USE AMONG YOUTH IS RISING AS PERCEPTION OF RISK DECREASES

- Historical drug trends from the national Monitoring the Future Survey show that when anti-drug attitudes soften there is a corresponding increase in drug use in the coming years. An adolescent's perception of risks associated with substance use is an important determinant of whether he or she engages in substance abuse. Youths who perceive high risk of harm are less likely to use drugs than youths who perceive low risk of harm.
- The 2011 Monitoring the Future Survey noted that daily or near daily marijuana use, defined as use on 20 or more occasions in the past 30 days rose significantly in the 8th, 10th and 12th grades in 2010 and rose slightly higher again in 2011. This translates to one in every 15 high school seniors smoking pot on a daily or near daily basis, the highest rates that has been seen in thirty years – since 1981.³²³
- One explanation for the resurgence is that perceived risk of harm from use of the marijuana, even on a daily basis, has fallen sharply for marijuana over the past five years, and it declined in all three grades in 2011. Teens' disapproval of marijuana use also has fallen over the past three or four years, suggesting a lowering of peer norms against use.³²⁴
- In 2012 the annual use of marijuana by 8th, 10th and 12th graders remained at about the same levels as 2011. However, the perception of risk continued to decline. According to the study's principal investigator, "One important variable that has been a lead indicator of use – namely the amount of risk teenagers perceive to be associated with marijuana use – continued its sharp decline in 2012 among teens, which would suggest further increase in use in the future."³²⁵
- According to the Results from the 2011 National Survey on Drug Use and Health, between 2007 and 2011 the percentage of adolescents who perceived great risk from smoking marijuana once or twice a week decreased from 54.6 to 44.8 percent, and the rate of past month marijuana use among adolescents increased from 6.7 to 7.9 percent.³²⁶
- According to the Partnership Attitude Tracking Survey, 2011 Parents and Teens, nine percent of teens (1.5 million) smoked marijuana heavily (at least 20 times in the past month). Between 2008 and 2011, past month use is up 42 percent, past year use is up 26 percent and lifetime use is up 21 percent among teens.³²⁷
- Teens report seeing more of their peers smoking marijuana; only 26 percent say that in their school most teens don't smoke marijuana. Also, 71 percent of teens say they have friends that smoke marijuana regularly, up from 64 percent in 2008.³²⁸
- A continuing erosion of anti-marijuana attitudes was also noted; only about half of teens (51 percent) say they see great risk in using marijuana, down from 61 percent in 2005.³²⁹

- Media also plays a role in changing the perception of marijuana use. Nearly half (45 percent) of teens say that the music they listen to makes marijuana seem cool and almost half (47 percent) agree that movies and television shows make drugs seem like the thing to do.³³⁰

ERADICATION

- During 2011, DEA's Domestic Cannabis Eradication/Suppression Program supported the eradication of 5,783,127 plants in the top seven marijuana producing states (California, Tennessee, Kentucky, Washington, West Virginia, Oregon and Texas).³³¹
- During the 2011 eradication season, a total of over 6.7 million marijuana plants were eradicated across the United States.³³²

APPENDIX

ACRONYMS USED IN “THE DEA POSITION ON MARIJUANA”

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|--------|--|
| AAP | American Academy of Pediatrics |
| ACS | American Cancer Society |
| ADAM | Arrestee Drug and Alcohol Monitoring |
| AMA | American Medical Association |
| BBC | British Broadcasting Company |
| BMA | British Medical Association |
| CADCA | Community Anti-Drug Coalitions of America |
| CB1 | Cannabinoid Receptor 1: one of two receptors in the brain’s endocannabinoid (EC) system associated with the intake of food and tobacco dependency. |
| CBD | Cannabidiol, one of the cannabinoids found in marijuana |
| CMCR | Center for Medicinal Cannabis Research |
| DASIS | Drug and Alcohol Services Information System |
| DEA | Drug Enforcement Administration |
| EMCDDA | European Monitoring Center for Drugs and Drug Addiction |
| FDA | Food and Drug Administration |
| HIV | Human Immunodeficiency Virus |
| INCB | International Narcotics Control Board |
| IOM | Institute of Medicine |
| IOP | Intraocular Pressure |
| LSD | Diethylamide-Lysergic Acid |
| MS | Multiple Sclerosis |
| MTF | <i>Monitoring the Future</i> , an annual survey conducted by the University of Michigan on youth drug use |
| NHTSA | National Highway Traffic Safety Administration |
| NIDA | National Institute on Drug Abuse |
| NMSS | National Multiple Sclerosis Society |
| NORML | National Organization for the Reform of Marijuana Laws |
| NSDUH | National Survey of Drug Use and Health |
| ONDCP | Office of National Drug Control Policy |
| TEDS | Treatment Episode Data Set |
| THC | Tetrahydrocannabinol, the main psychoactive substance found in the marijuana plant |
| USSC | United States Sentencing Commission |

ENDNOTES

- ¹ As of May 31, 2013, the District of Columbia and 19 states have decriminalized certain marijuana use for claimed medical-related purposes. Those states are Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. Although the Maryland law was signed by the Governor on May, 2, 2013 it will not be effective until October 1, 2013. Although Colorado and Washington approved the use of marijuana for recreational purposes for adults 21 and over in November 2012, it still remains illegal under federal law.
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