

Healthy and Drug Free Colorado

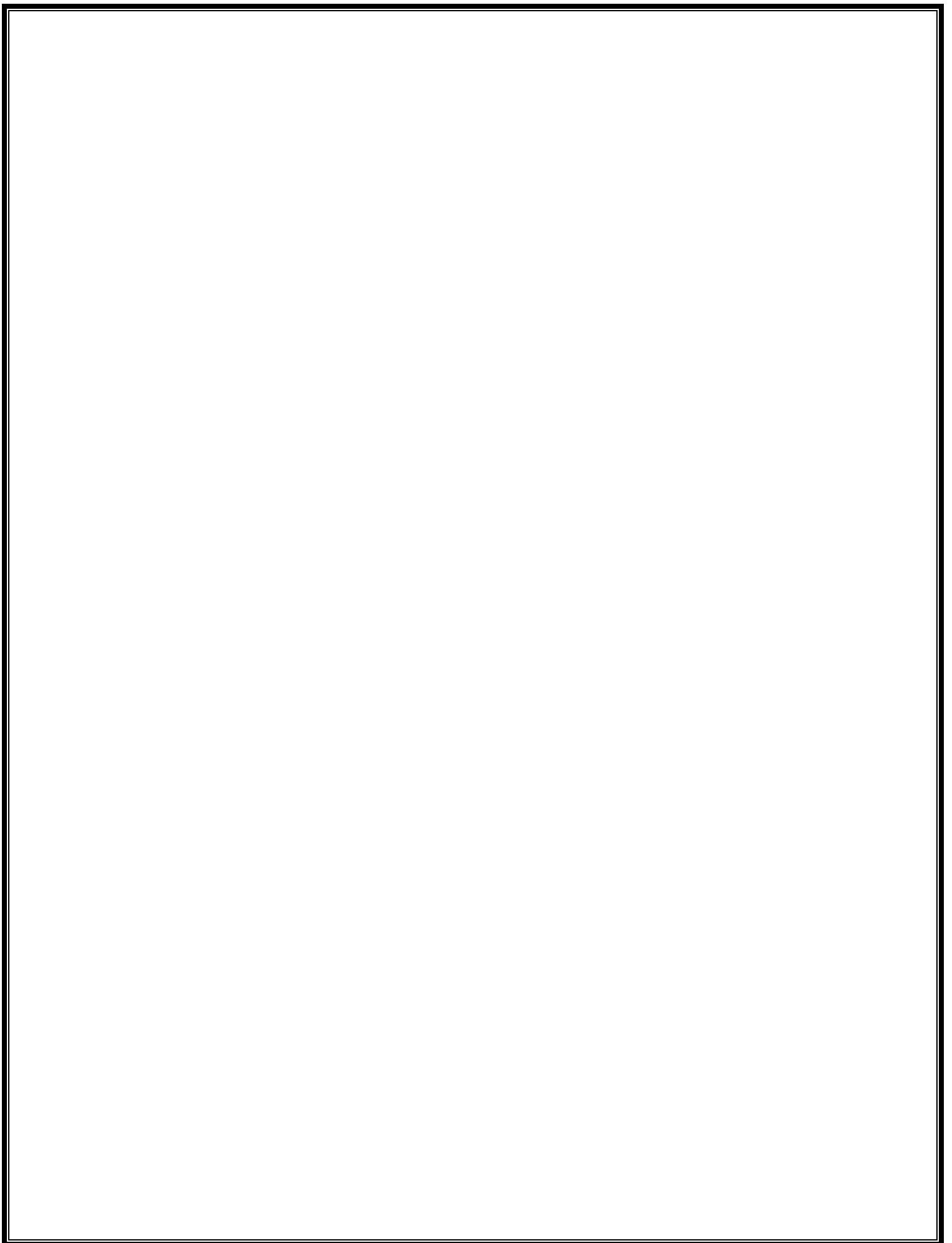


MARIJUANA LEGALIZATION: THE ISSUES

(Everything You Wanted to Know but Didn't Know Who to Ask)

Question and Answer Format

March 2012



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Marijuana Legalization: The Issues

(Questions and Answers)

~ PURPOSE OF DRUG POLICY? ~

Question: *Before we discuss marijuana, can you give me a crash course in drug policy?*

Answer: That's a great place to start. Too many people express opinions about drug abuse without understanding the basic factors involved in drug policy. In this country, drug policy includes enforcement, prevention and treatment, all working together for a common purpose.

Question: *So, what is the purpose of our drug policy?*

Answer: It's very simple: To keep adults and youth from using illicit drugs or the non-medical use of pharmaceutical drugs.

Question: *Why should government care whether people use drugs?*

Answer: Because of the devastating social, human and economic damage caused by drug abuse. Civilized society has a responsibility to protect its citizens by regulating harmful substances that potentially places the individual and others at risk. We enact laws that regulate products from foods to explosives. The more harmful the product the more restrictive the regulations and laws. A few examples include drunk driving, possession of explosives, lead levels, child labor, seatbelts, and speeding. Drugs can be very harmful particularly to the vulnerable youth, where drug abuse often starts.

~ VICTIMLESS CRIME? ~

Question: *But isn't drug abuse a victimless crime?*

Answer: Absolutely not! There are more victims of drug abuse than most other types of crime.

Question: *How do you figure that?*

Answer: First, the **USER IS A VICTIM**. They are ‘self-chosen,’ but regardless, they are victims to the harmful physical and psychological effects of drug use. You probably know of at least one person who has suffered the terrible consequences of drug abuse. You need only to look at the devastation to some of those in the entertainment industry, people who can’t hold a job and are homeless, youth who become school dropouts, and those seeking help in drug treatment centers to see the ravages of drug abuse on the user.

The **SECOND CLASS OF VICTIM IS THE FAMILY OR FRIENDS OF USERS**. Most people become users because they were introduced to drugs by another family member or “so-called friend”. That is just part of the impact. Consider drug-endangered children, drug-dependent newborns, poor parenting, child and spousal abuse, family break-ups, heartbreak, economic costs to the family, etc. Talk to a mother, father, brother or sister of a loved one involved in drug abuse. You will be talking to a victim.

The **THIRD CLASS OF VICTIM** is those innocent **PEOPLE WHO ARE VICTIMIZED BY CRIMINAL ACTS** committed because someone is under the influence of drugs. Hundreds of innocent people are killed every year because of drug-impaired driving. People are assaulted, mugged, murdered, raped, or robbed because somebody is under the influence of drugs. Only a small percentage of crime occurs because the users are seeking money to support their habit. Most crimes committed by users are because they are under the influence. The majority of people arrested for crimes test positive for drugs. The nexus between drug use and violence is indisputable. For instance, in Denver, over 50% of those arrested admitted to being regular marijuana users. Urine tests were positive for marijuana among 40% of adult males arrested.⁶⁶

Lastly, **TAXPAYERS ARE VICTIMIZED** when tax dollars are diverted because substance abuse is a major contributor to costly social problems. Research has repeatedly shown that substance abuse is directly related to poverty, violent crime, academic underachievement, soaring healthcare costs, child abuse, homelessness and teen pregnancy, to name a few. The cost for the current level of drug use has been estimated at \$193 billion annually.¹ That’s approximately \$640 annually for every man, woman and child in the U.S.

~ FACTORS AFFECTING RATE OF DRUG USE ~

Question: *Interesting. I never looked at it that way. I do know some people who fall into those victim classifications. If the goal of drug policy is to limit the number of drug users, then what factors influence the rate of drug use?*

Answer: That's another question that people should understand before forming an opinion on legalizing marijuana. There are **FOUR MAJOR FACTORS** that influence the rate of drug abuse in a community, state or nation.

One is the **PRICE**. It's simple economics. The higher the price, the fewer people use and current users tend to consume less. The lower the price, the greater the number of users and those already using tend to consume more.

Second is **AVAILABILITY**. The more available, the greater the number of users; and conversely the less available, the lower the number of users. Availability includes 'search time', which is the amount of time it takes to obtain drugs. The longer it takes, then the lower the number of users. The recent increase in drug use after a decade of decline has partially been attributed to the 'medical' marijuana dispensaries, which has substantially increased availability. It is no secret that teenagers in Colorado caught with marijuana often admit they get it from a 'medical' marijuana cardholder or a friend who has a buddy with a 'medical' marijuana card.

Third is the **PERCEPTION OF RISK**. The higher the perception of risk, the lower the use and the lower the perception of risk, the higher the use. Risk is broken down into two categories, one being the mental and physical health risk to the individual and secondly the risk of getting into trouble. A survey of New Jersey and California students twenty years ago showed over 70% said they did not use drugs because they were afraid of getting into trouble.^{1a} Public Policy Consultant Sue Thau, citing the Monitoring the Future Survey 2008, shows that 51.5% of high school seniors identified fear of being arrested as one of their main reasons for not using marijuana. Their perception of risk kept them from using drugs.

On the other hand, with the 'medical' marijuana movement, the perception of health risk has gone down (it's a medicine) and use has gone up. A study in the *Annals of Epidemiology* (September 2011) found among youth age 12 to 17 that marijuana use rates were higher in states with 'medical' marijuana laws (8.6%) compared with those without such laws (6.9%). The key is to get out the message about the dangers of drugs both psychologically and physically as well as potential sanctions. The pro-legalization propaganda sends the wrong message by minimizing the danger and risk. Unfortunately, this has been effective.

The last factor is **PUBLIC ATTITUDE**. The more accepting the public is of drug use, the greater the use and the less accepting the lower the use. Public attitude starts with the family unit progressing to the neighborhood, the county/city, the state and to the country. If an individual's family is generally tolerant of drug use, then the odds are that members in that family will tend to use drugs. The same rationale applies to larger units such as communities. It is not surprising that since the public's negative attitude toward tobacco has gained momentum, cigarette smoking has been substantially reduced.

**~ HOW DO THE LEGAL DRUGS, ALCOHOL AND TOBACCO,
COMPARE TO ILLICIT DRUGS? ~**

Question: *Based on the factors affecting the rate of use, how do our legal drugs, alcohol and tobacco, compare to the illegal drugs?*

Answer: Great question that supports the success of our drug policy. Over half our population regularly uses **ALCOHOL**. We almost have as many people that are addicted to alcohol as use all the illegal drugs combined. Applying the four-prong test, the reason becomes readily apparent. Alcohol is relatively inexpensive, readily available, very little perception of risk and is publicly accepted.

In the case of **TOBACCO**, at one time over 50% of the population was regularly using tobacco. Tobacco was relatively cheap, readily available, had very little perception of risk and was publicly acceptable. However, with the strong educational campaign and prohibitions against tobacco, that trend has been reversed. Today only about 20% regularly smoke tobacco. A pack of cigarettes is very expensive and availability of tobacco has been reduced. Consider years past when almost everybody carried a pack and common courtesy meant offering a cigarette to others. Cigarette vending machines were common, and lounges employed ladies to give customers free cigarettes. The health risk from cigarette smoking has finally been accepted by most people. Lastly, the public no longer has a tolerant attitude toward smokers. Those that smoke often feel like outcasts. Notice we are prohibiting smoking by passing laws on advertising, restrictions where people can smoke, where cigarettes may be kept in retail establishments, etc. It should not be a surprise that this drug policy is working. Yet proponents of drug legalization claim our drug policy doesn't work. That just doesn't make sense.

~ WAS ALCOHOL PROHIBITION A FAILURE? ~

Question: *Just a few more questions before we specifically get into marijuana. I heard that alcohol prohibition during the 20's was a failure. What's your take on that?*

Answer: To be honest, those people that claim prohibition didn't work have watched too many movies. First, you have to consider that alcohol prohibition was under quite different circumstances. This was an attempt to pass a law that the majority of people did not truly support and against a substance that was legal as well as publicly and culturally acceptable. Quite different than today's illicit drugs. Even with that, and given the short period of time (thirteen years the law was in effect) there was an approximate 50% reduction in alcohol consumption, deaths from alcohol-related

diseases, admissions to mental institutions and alcohol-related psychosis.² Remember, prohibition did not prohibit using but only the distribution and sale.

Also, unlike proponents of drug legalization would have you believe, crime during prohibition did not skyrocket. Prior to enforcing prohibition, the murder rate climbed 300% whereas during prohibition the increase was only 30%.³ In fact, both the property and violent crime rate was significantly less than the modern era.⁴ The incidence of alcohol-related arrests declined 50%.^{4a} The Mafia existed as a criminal enterprise before prohibition, during prohibition and after prohibition into current times. That didn't change.

We will never know what would have happened if the prohibition against alcohol had been retained. Thirteen years was an insufficient time to change society's attitude following thousands of years of acceptance. However, you have to admit we would be much better off today if the number of people who regularly use alcohol was as few as the number of people who regularly use marijuana. How many of the hundreds of thousands of people killed by drunk drivers would be alive today, how much less crime, including child and spousal abuse, how many fewer alcoholics, etc?

~ LEGALIZATION EXPERIMENTS IN OTHER COUNTRIES ~

Question: *Haven't some countries experimented with legalizing drugs? What can we learn from them?*

Answer: That's an important question and a good way to project what would happen if we legalized drugs in this country.

We could start out with our own country in the late **1800'S TO EARLY 1900'S PRIOR TO DRUG LAWS**. Drugs were relatively inexpensive, available and legal. The per capita cocaine and opiate use in those days was triple the current cocaine and opiate use. There were as many people then as today (1990) abusing opiates and cocaine with about a third of the population.³ Prior to drug laws, estimates showed as high as 3 million opiate and cocaine addicts⁵ compared to 1.8 million cocaine and heroin users in 2009. The population of the country in 1910 was approximately 91 million compared to 300 million today.

The other experiment in this country we can examine is Alaska. In 1979 **ALASKA'S SUPREME COURT** essentially legalized personal use of marijuana for adults. After that decision, the rate of drug use among Alaskan teenagers was double (51.6%) that of the rest of the nation's teenagers (23.7%).⁶ Marijuana was re-criminalized in Alaska in 1990.

In the 1970's, advocates cited **GREAT BRITAIN'S** decriminalization of heroin as a model drug policy. However, that policy failed resulting in increased addiction (“30 fold in ten years”) and was subsequently discontinued.⁷

Pro-legalizers also initially cited **ZURICH, SWITZERLAND'S PLATZSPITZ PARK** where they began essentially offering free drugs in 1987. This program was supposed to prove all the so-called positive benefits of legalizing drugs. Its advocates expected less crime, more addicts accepting treatment, decreased AIDS and an isolation of addicts. After five years the experiment was abandoned because crime increased, drug-related deaths doubled, AIDS rose and the healthcare system was overwhelmed.⁸

The **NETHERLANDS** has a very liberal drug policy. In the 1970's, after marijuana was normalized, use nearly tripled from 15% to 44% among 18 to 20 year old Dutch youth from 1984 to 1996.⁹ During the same time that teenage drug use was reduced by approximately 50% in the U.S., the Netherlands saw an increase. Dutch teenage (15 to 16 years) marijuana use is double the European average.¹⁰ It is readily apparent that experimentation with legalizing drugs leads to increased use and all the corresponding harmful consequences. The Netherlands is slowly becoming more restrictive and changing their liberal drug policies. Marijuana ‘coffee’ houses have been reduced by 37% and approximately 70% of all Dutch towns have zero tolerance policies toward cannabis cafes.¹¹ The Netherlands is also trying to eliminate marijuana tourists.

Some legalization proponents reference a study citing **PORTUGAL** as being an example where legalization did not result in any significant increase. However most now admit the study was flawed and Portugal can no longer be used as an example that works. The 2010 European Monitoring Center for Drugs and Drug Addiction reveals that drug use among Portugal's general populace is still rising. I'll give you more detail about Portugal's policy later in this session.

The track record on legalization is poor at best. The experiments provide conclusive evidence that legalizing drugs is bad for society. We should not become another experimental lab for failed policies. **LET HISTORY BE OUR TEACHER.**

~ HAS THE DRUG ‘WAR’ BEEN A FAILURE? ~

Question: *Speaking of failed policy, what do you say when people claim that the drug war has been a failure?*

Answer: First of all, the use of the term ‘war’ was a poor choice on the part of the Nixon administration. It's no different than President Lyndon Johnson's “War on Poverty.” The term war leads to an expectation that there will be surrender and total

victory. We will never eliminate drug use, poverty, teen pregnancy, child abuse, bullying or any other problem associated with human behavior. The idea is to limit the number of people involved and thus the subsequent negative impact to individuals and society in terms of economic costs and human suffering. Replace the term ‘war’ with ‘drug policy.’

How do you measure success or failure? That’s very subjective; however:

- Is reducing drug use by 50% over the last 40 years a failure?^{1a}
- Is the fact that a high school senior in 2008 is half as likely to be a current marijuana user than those seniors in 1978⁸¹ a failure?
- Is the reduction of youth drug use by 24% in the last decade a failure?³³
- Is the fact that 91% of our people 12 years or older don’t use drugs a failure?³⁸
- Is the fact that, in Colorado, meth labs and thus related drug-endangered children went from over 300 to fewer than 15 a year a failure?⁷⁵
- Is the fact that less than .6% (1.6 million) of our population use cocaine, .2% (500,000) use methamphetamine and only .01% (200,000) people use heroin a failure?¹⁵

When compared to this nation’s legal drugs, or experiments in legalization, the only conclusion you could objectively reach is that our drug policy has been relatively successful. The key is to continue to work for greater reductions, not support drug legalization and thus greater use. We all should be advocating for sobriety, not intoxication.

~ DRUG LAWS INVADE PRIVACY AND FREEDOM ~

Question: *Okay, one last question. There is a predominant Libertarian view that says that drug laws infringe on individual freedom. How do you respond to that?*

Answer: Some advocates of legalization argue that, “It’s my body and I have a right to do with it as I please, so long as I am the only one affected.” The fatal flaw with this argument is that drug use does negatively impact other people. Just consider the four victim classes of drug use.

All laws, by their nature, restrict a certain degree of freedom. That is the freedom to do as one pleases whenever one pleases regardless of the harm or potential harm to themselves or others. Civilized society has a right and responsibility to regulate behavior in order to protect individuals from their own poor decisions as well as the risk of certain behaviors to others. Drunk driving, traffic regulations, possession of explosives and weapons, incest, child labor and food regulations are but a few examples.

If everyone were mature and socially responsible we probably would need very few laws. We could operate with a few policies and guidelines. However, history and current events have taught us that not everybody is responsible and thus we need laws to keep them from injuring themselves and other people. A society with no laws would result in anarchy.

Freedom is very important. Those classes of drug abuse victims I mentioned earlier also care about freedom. That's the freedom not to be victimized by another's behavior. Individuals may choose illegal behavior but they must bear full responsibility. Extreme Libertarians tend to blame the law, not law violators, even though most citizens choose not to violate the law. Drug legalizers focus on the "so-called" rights of drug users while ignoring the rights of others. Based on their philosophy it is acceptable to allow a small segment of society to get high with impunity while allowing their intoxicated condition to place others at risk. Based on their theory, drunk driving should not be against the law. It should only be punished if the drunk has a crash and kills or maims someone.

~ IS MARIJUANA SAFE? ~

Question: *You keep mentioning the adverse effects of drug use. I agree that some drugs, like methamphetamine, are extremely bad. However, I hear that marijuana is different and relatively safe. How do you respond to that statement?*

Answer: Anyone who purports that marijuana is relatively safe is either intentionally misrepresenting the facts or is extremely misinformed. They would have to totally disregard the thousands upon thousands of studies from nations around the world, by notable and objective researchers and scientists that conclude that marijuana is not safe. This includes some of our most prestigious and respected universities and medical schools. All the other side has is a few studies affiliated with the pro-marijuana lobby that are repeatedly refuted. One of the so-called experts, Dr. Grinspoon, writes, "...marijuana, like aspirin, is a substance known to be unusually safe..." He is also the one that wrote, "Used no more than two or three times a week, cocaine creates no serious problems. Chronic cocaine abuse usually does not appear as a medical problem." This is an example of: "If I say it, it's a fact." That's in spite of the scientific evidence and research to the contrary.

~ DANGERS OF MARIJUANA USE ~

Question: *Can you give me some examples of the dangers of marijuana use supported by research and science?*

Answer: To give you even some of the examples with supporting research and science would take a book. I encourage you and others to research the effects of marijuana through various sources, including medical journals. You will be overwhelmed by the information. However, to answer your question, I will give you data that is basically undisputed and supported by ten or more independent studies.

Question: *Can you give the Reader's Digest version?*

~ INTOXICATION ~

Answer: I will try. First, we can all agree that the use of marijuana causes intoxication, which can lead to a variety of unintended negative consequences. The whole purpose of using marijuana is to get 'high'. Users themselves describe it as being 'stoned' or 'wasted'. I don't think anything good comes from being in a mind-altered state. Can you imagine the tragic consequences if everybody who had one glass of wine or a beer became intoxicated? That's what happens when a person smokes a joint.

~ PHYSICAL AND HEALTH EFFECTS ~

Question: *That would be a mess if one drink caused drunkenness. Let me ask you specifically, are there any harmful physical health effects from using marijuana?*

Answer: Studies have repeatedly shown numerous harmful physical health effects from the use of marijuana. Here's a summary of some of those studies:

- Respiratory Damage
 - Marijuana can cause impaired respiratory conditions including reduced lung capacity, lung cysts and chronic bronchitis.¹²
 - An Australian study found that "bullous" lung disease occurred in marijuana smokers twenty years earlier than tobacco smokers. Often caused by exposure to toxic chemicals or long-term exposure to tobacco smoke, bullous is a condition in which the air trapped in a lung causes obstruction to breathing and eventual destruction of the lungs.¹³
 - The Yale School of Medicine reports that long term exposure to marijuana smoking is linked to daily cough, frequent chest illness, heightened risk of lung infection, and a greater tendency toward

obstructed airways.¹⁴

- Cancer Causing

- Marijuana smoke contains 50 to 75% more cancer-causing agents than smoked tobacco.¹⁵
- In September 2009, marijuana smoke was added to the list of “chemicals known to the state to cause cancer or reproductive toxicity” by the California Environmental Protection Agency Office of Environmental Health Hazards.
- Marijuana elevates the risk of testicular cancer and creates an eight-fold rise in lung cancer risk.¹³
- Frequent or long term marijuana use may significantly increase a man’s risk of developing the most aggressive type of testicular cancer. This cancer tends to strike early between the ages of 20 and 25 and accounts for about 40% of all testicular cancer cases.¹⁶
- Smoking marijuana is linked to early bladder cancer.¹⁷

- Cell Damage

- Doctor Nicholas Pace, of the New York Chapter of the National Council on Alcoholism, noted that marijuana is fat soluble like DDT. DDT was banned partially because of the damage it causes accumulating in body cells and organs.
- Dr. Pace noted that marijuana contains 421 known chemicals, including cannabinoids, which are fat soluble and dissolve in cell membranes making it difficult for protein to enter the cells. Every function in the living cell depends on protein. Studies have shown it takes about three days to get rid of one-half of the THC in a single marijuana cigarette and thirty days for all of it. If a person smokes one joint every Saturday night, the cannabinoids stack up on top of one another. Unlike alcohol, which is water soluble, an ounce of alcohol is metabolized and completely excreted from the body within twelve hours.
- Doctor Akira Miroshima, authority on cytogenetics and formerly of Columbia University College of Physicians and Surgeons, stated “...in my twenty years of research on human cells, I have never found any other drug, including heroin, which comes close to the DNA damage caused by marijuana.”

- There are over 300 studies about the cell damage done from fat soluble marijuana. Two of the cells directly affected are the sperm and ovum, which can lead to sexual dysfunction. This includes the lack of sexual desire, lower frequency of orgasm, impotency and retarded development of sex organs during adolescence.¹⁸
- Brain scans show 'holes' (decreased activity in blood flow) in the areas of the brain covering language, memory, anger management, emotional control and motor coordination.¹⁹
- Impact on Heart
 - Marijuana increases heart rates by 20 to 100% shortly after smoking and this affect can last up to three hours.²⁰
 - Harvard University researchers report that the risk of heart attack is five times higher than usual an hour after smoking marijuana.²¹
- Marijuana is Toxic
 - Marijuana smoke contains seven times more tar and carbon monoxide than cigarette smoke.²²
 - Marijuana smoke contains ammonia levels twenty times higher than tobacco smoke as well as hydrogen cyanide and nitric oxide at levels three to five times higher in marijuana smoke than tobacco smoke.²³ These substances are toxic and can be poisonous to the human body.
 - Doctor Robert C. Gilkeson, who spent three years in neuropsychological research, notes that marijuana is a known intoxicant, which means it is a poison. "Anyone who smokes or ingests more than the equivalent of one marijuana cigarette every thirty days will accumulate acute neurotoxin substances in his or her body."
- Effects on Pregnancy and Fetus
 - Smoking marijuana during pregnancy adversely affects the fetus and results in smaller brain-weight babies with smaller head size, cardiac murmurs, small eye openings, broad low nasal bridge and low-set ears. Forty-one percent of pot smokers' babies require oxygen resuscitation at birth according to Dr. Claus Staisch of the University of California at Los Angeles, in a paper titled *Marijuana*.
 - Scientists at Sweden's Karolinska Institute conducted a study demonstrating how smoking marijuana damages the fetal brain.²⁴

- Prenatal marijuana exposure has a significant effect on school-age intellectual development.⁸²

I can't understand why anyone with some knowledge about the harmful health effects of marijuana use would want to subject their body to that abuse. Too many people have said after it's too late, "I should have listened."

Question: *Wasn't there a recent study that said pot smoking won't harm lungs?*

Answer: Not exactly. A study published in the January 11, 2012 issue of the *Journal of the American Medical Association* simply reported that occasional pot smoking doesn't appear to cause a decline in lung capacity that leads to breathing problems. The study looked at only one outcome; i.e., lung capacity measured by the ability to blow hard into a tube. The coauthor, Dr. Stefan Kertesz, did note that marijuana smoke irritates the lungs, causing coughing and phlegm production. The limited study did not address all the other studies indicating even occasional pot smokers have a higher risk of lung disease, like cancer. Numerous independent research studies of marijuana users confirm that smoking marijuana definitely has negative respiratory effects.

~ ADDICTION ~

Question: *I notice that you didn't mention addiction as a physical effect. Is marijuana addictive?*

Answer: You're right; addiction is a physical effect of marijuana use. The evidence of the addictive nature of marijuana is overwhelming not only from medical researchers, scientists and treatment providers, but users themselves. Darryl Inaba, executive director of the Drug Detoxification Section of the Haight-Ashbury Free Clinic in San Francisco with twenty-eight years of treatment experience, stated without reservation that marijuana is, in fact, addictive. He acknowledged that the marijuana of the 90's was different than the marijuana of the 60's when he stated, "We are dealing with a different drug era."²⁵ There are more than 4 million Americans classified as meeting the criteria for marijuana addiction²⁶ with 830,000 being youth.²⁷

According to Dr. Madras, of the Harvard Medical School, marijuana addiction rates are higher than alcohol. Studies show that 13.7% or over 18 million of the 136 million regular alcohol users are considered abusers or dependent. When compared to marijuana, over 25% or 4.3 million of the 16.7 million regular marijuana users are considered abusers/dependent.²⁸ According to Dr. Christian Thurstone, director of Denver Health's Substance Abuse Treatment Education Prevention Program, "One in ten people who try marijuana become addicted to it." He also demonstrates that the earlier the use the more likely an individual is to become addicted to marijuana.

~ PSYCHOLOGICAL OR MENTAL HEALTH IMPACT ~

Question: *Are there any negative psychological or mental health effects of using marijuana?*

Answer: There are many studies that show that marijuana use affects mental health. The Food and Drug Administration has concluded that, “Marijuana is a dangerous mind-altering drug.”²⁹ According to Dr. Mary Pickett of the Harvard Medical School, young people who smoke pot are six times more likely than others to develop psychosis, three times more likely to have hallucinations, and four times more likely to have delusions. She states that side-effects can appear years after they have quit.³⁰ In fact, teens who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users.³¹

Doctor Gurley, the San Francisco City Public Health Administrator, confirmed what other studies have determined: “Recent high-quality longer-term robust research involving thousands upon thousands of people over a generation of time in several populations has shown that marijuana, especially among teen boys, leads to measurable increases in the future development of schizophrenia...” Professor Robin Murray, of the London Institute on Psychiatry, confirmed Dr. Gurley’s statement when he said, “...at least 10% of all people with schizophrenia in the UK would not have developed the illness if they had not smoked marijuana.”³² Repeated studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, suicidal thoughts and schizophrenia.³³

Dr. Eric Voth, chairman of the Institute on Global Drug Policy, cites studies and notes: “As the drug becomes stronger, we are seeing clear connections between marijuana use and depression, psychotic behavior, schizophrenia, bipolar disorder and anxiety disorders.”

~ BRAIN ~

Question: *Is there any other adverse impact from the use of marijuana?*

Answer: Yes, I was saving this for last because of its immediate effect on even the first time user of marijuana. That deals with the impact on the brain, which controls what we do daily. Marijuana narrows the arteries in the brain and causes blood flow problems which can cause memory loss, attention deficits and impaired learning ability.³⁵ No one can honestly argue that smoking marijuana doesn’t negatively affect the brain; particularly those areas dealing with memory, coordination, concentration, perception, problem-solving, and reaction time. There are so many studies and research projects confirming brain impairment that a person would have to be in complete denial to think otherwise. It also doesn’t take a rocket scientist to realize that, when an individual is under the influence of marijuana, their ability to function in a learning environment, drive a vehicle, or work is impaired. This is not

conducive to a healthy lifestyle and has a great potential of risk to not only themselves but to those around them.

~ IMPAIRED DRIVING ~

Question: *You just said using pot negatively affects driving. I've heard that people under the influence of pot tend to drive slower and more cautiously because they know they are impaired and therefore are actually safer drivers.*

Answer: That's exactly what the pro-legalizers would want you to believe but it doesn't pass the test of logic and simply isn't true. Most every drunk, before getting in their car and driving, felt they were capable of safely getting to the next location. Many times, unfortunately for their victim, they were wrong. Remember that being under the influence also affects your decision-making ability. It's ridiculous to think that somebody with impaired perception, coordination, concentration and reaction time can safely operate a vehicle. To think that most people under the influence of marijuana are safer drivers flies in the face of hundreds of independent objective studies. I will give you a few examples:

- The National Highway Traffic Safety Administration has found that marijuana significantly impairs one's ability to safely operate a motor vehicle. They cite: decreased car handling performance, inability to maintain headway, impaired time and distance estimation, increased reaction time, lack of motor coordination, and impaired sustained vigilance.³⁵
- Even the National Organization for the Reform of Marijuana Laws (NORML), who supports legalizing marijuana, recognizes the dangers of driving after having smoked marijuana. They note motorists should be discouraged from driving if they have recently smoked marijuana.³⁶
- A 2005 study of over 10,000 drivers involved in fatal car crashes showed that driving under the influence of cannabis almost doubles the risk of fatal road crashes.³⁷ A recently released (February 2012) study in the February 10, 2012 issue of the *British Medical Journal* involving a sample of 49,411 people confirms that marijuana use doubles the chances of a vehicle crash. The study reports that drivers who consume marijuana within three hours of driving are twice as likely to have a vehicle crash than those not under the influence.
- In 2007, the European Monitoring Centre for Drugs and Drug Addiction published a paper on drugs and driving. Data from this study on impaired driving and crashes showed that cannabis was one of the most prevalent drugs involved in the Netherlands. In Slovenia 35.7% of drivers had consumed cannabis and, in Sweden, 25% of the drivers had THC in their blood samples.

- The French National Institute for Transportation and Safety Research published a 2005 study in the *British Medical Journal* in which research concluded that the risk of being responsible for a fatal crash increased as the blood concentration of THC increased. Research demonstrated that even small amounts of marijuana could double the chance of a driver suffering a crash and larger dosages could more than triple the risk.
- Youth driving a vehicle are normally at high risk let alone when they drive after having smoked marijuana. In a survey, 14% of high school seniors admitted to driving their vehicle after having smoked marijuana (2010).³⁸
- The risk of an automobile crash is almost 2.7 times higher among marijuana users than non-users. The more marijuana smoked, in terms of frequency and potency, the greater the likelihood of a crash, according to the Columbia University School of Public Health.³⁹
- In Colorado, the number of traffic fatalities caused by driving under the influence of drugs is steadily increasing. According to the Colorado Department of Transportation, there were 115 drugged-caused traffic fatalities in Colorado in 2010. The department found that in 2005, 35% of impaired driving fatalities were caused by drugs, which went to 40% in 2006, 44% in 2007, 46% in 2008 and 48% in 2009. Officials place much of the blame of the steady increase in drugged driving fatalities on marijuana or, more specifically, ‘medical’ marijuana. Glen Davis, manager of CDOT’s Impaired Driving Program, stated, “You have a substance that causes impairment that is more readily available than it was two years ago”.⁴⁰
- Last year in Colorado an estimated 50 people were killed because of marijuana-impaired drivers.⁴¹ That’s about 10% of all vehicle crash fatalities (540 killed in 2008). Alcohol accounts for approximately 40% of traffic fatalities⁷⁸ which is directly related to the fact that seven times more people use alcohol and there are as many addicted to alcohol as use marijuana. If legalized, we can expect 20% to 30% of all fatalities would be related to marijuana-impaired driving.
- In California, from 2005-2010, 1,240 people were killed in traffic crashes in which the driver had used marijuana.⁴¹
- In 2009 28% of all fatally-injured vehicle drivers tested positive for marijuana use.⁴²
- More people driving on weekend nights were under the influence of marijuana (8.3%) compared to alcohol (2.2%).⁴³
- A study of 182 truck crashes causing death found that 12.8% of the drivers were under the influence of marijuana and 12.5% were under the influence of alcohol.⁴⁴

Can there be any doubt that driving under the influence of anything, including marijuana, places the driver and others at an extreme risk of crashes, serious injury and fatalities? To deny that fact, a person would have to be either extremely uninformed or purposely misrepresenting the facts for their own agenda. Their agenda would result in more people driving under the influence of marijuana and more car crashes resulting in serious bodily injury and death.

Question: **I seem to remember some kind of study involving the Yale University School of Medicine that found the impaired driving effects of cannabis were inconclusive. Are you aware of that study and what are your thoughts?**

Answer: Yes, I'm aware of the study. I think many jumped to conclusions based on media headlines and what they wanted to hear. What they didn't take time to do is review the study results. The study published in the National Institute of Health Public Access, *AMJ ADDICT*, 2009 was conducted by two medical doctors and one PhD connected with the Connecticut Health Care/Yale University School of Medicine. This study identified a number of variables including high risk behavior, age, sex, tolerance, absorption rates, dosage, etc. They concluded that the effects of marijuana vary more between individuals than the effects of alcohol. They state, "Although cognizant studies suggest that cannabis may lead to unsafe driving, experimental studies have suggested that it can have an opposite effect." They go on, "In summary, laboratory tests and driving studies show cannabis may acutely impair several driving-related skills in a dose-related fashion, but that the effects between individuals varies more than they do with alcohol because of tolerance, differences in smoking techniques and different absorption of THC." They state that case control studies are inconsistent but suggest that low levels of THC do not increase the rates of accidents, and may even decrease them. Serum concentration of THC higher than 5 mg/mL are associated with an increased risk of accidents. They conclude that, "Overall though, case control and culpability studies have been inconclusive, a determination reached by several other recent reviewers."

They do warn that, "In the meantime, patients who smoke marijuana should be counseled to have a designated driver if possible, to wait at least three hours after smoking before driving; if not, that marijuana is particularly likely to impair monotonous or prolonged driving, and that mixing marijuana with alcohol will produce much more impairment than either drug used alone."

Question: ***Wasn't there another recent study that showed that states that had legalized 'medical' marijuana actually had a drop in traffic deaths?***

Answer: Yes; however, this study has been referred to as 'junk science' at its worst. The study concluded, "Although we make no policy recommendations it certainly appears as though medical marijuana laws are making our highways safer".

This absurd conclusion has numerous problems including but not limited to:

- The Institute for the Study of Labor in Germany, which published this faulty study, has a number of members and researchers with ties to the Soros Foundation, or billionaire George Soros, who is one of the major contributors and proponents behind legalizing drugs.⁴⁵
- It should be noted that the Institute for the Study of Labor in Germany is not a scientific journal. This discussion paper is not a scientific study nor has it been reviewed by scientists nor been submitted for peer review. At best it is a preliminary study with several flaws.
- The so-called ‘medical marijuana states’ selected were Montana, Rhode Island and Vermont, although there are at least ten others they could have selected. It is obvious that these states were ‘cherry-picked’ to get a desired outcome. Vermont and Rhode Island are not typical ‘medical’ marijuana states because the law is very restrictive and very few people have been permitted to use ‘medical’ marijuana. In Vermont, there are only 349 registered users and in Rhode Island only 3,000. Those numbers are way too small to affect the general population on driving data.⁴⁶
- In Montana, the authors contended there were 27,000 registered ‘medical’ marijuana users in 2011. They failed to mention that the study ended in 2009. At that time, Montana only had 6,000 registered users and only 800 the year before. The vast majority of growth occurred after the study. The authors also failed to cite that from 2007 to 2009 drug-impaired driving increased significantly for driving under the influence of cannabis. In 2009, 44% of drug impaired drivers in Montana had cannabis in their systems.⁴⁶
- The study period was 2005 to 2009, prior to the explosive increase of ‘medical’ marijuana use. For instance, in Colorado beginning in 2009 through 2011, ‘medical’ marijuana users went from about 6,000 to 130,000.
- The authors ‘so-called’ research ignored numerous other scientific studies by reputable researchers, organizations and universities that show smoking marijuana increases the risk of traffic crashes. There are many factors that influence the number of traffic fatalities that the authors of this flawed study didn’t factor into their conclusion.
- In the U.S., traffic fatalities dropped in 2010 for the fifth straight year and there is no correlation with ‘medical’ marijuana. Experts in traffic and fatalities, such as the National Highway Traffic Safety Administration, attributed the decrease to high visibility of police enforcement, sobriety checkpoints, public awareness campaigns, safer cars, better road design, faster emergency medical services and state strategic highway safety plans. Decreases in road fatalities include such factors as weather, driving distance, which the economy can affect, single-year blips, and fewer miles driven

because of recession.⁴⁷

- An analysis published in the peer review 2012 addition of *Epidemiology Review* looked at nine studies conducted over the past two decades on marijuana and car crash risk. Their conclusion? “Drivers who tested positive for marijuana, or self-reported using marijuana, are more than twice as likely as other drivers to be involved in motor vehicle crashes.”

~ IMPACT SPECIFICALLY ON YOUTH ~

Question: *Wow, you really trashed that study. Besides what you have already mentioned, are there other dangerous effects that are specific to teenager use?*

Answer: That is a very perceptive question. Professionals dealing with drug abuse can unequivocally state that the signs of a teenager using marijuana include apathy, disrespect, disinterest in activities, lower grades, frequent mood changes, depression and isolation from family. Doctor Thurstone, who was mentioned earlier, acknowledges that adolescent exposure to marijuana causes a permanent, cognitive deficit and changes in the brain structure/functioning.³⁴ I already mentioned that teenagers using marijuana are three times more likely to have suicidal thoughts than non-users. I also mentioned that close to a fourth of those classified as meeting the criteria for marijuana addiction are youth. The earlier a youth uses marijuana the more likely they are to become addicted and/or to develop psychosis/schizophrenia. The highest rate of emergency room visits, because of marijuana use, is among young patients.

A study of 129 college students found that heavy users of marijuana have impaired critical learning skills such as attention and memory, and remain impaired twenty-four hours after they have not used marijuana.⁴⁸ Another study of first-year college students conducted at a mid-Atlantic university demonstrated behavior inconsistent with learning; such as 40% had concentration problems, 24% put themselves in physical danger, 14% gave up important activities, 14% overslept or missed class, etc.⁴⁹ Studies reveal that high school students, who receive D's and F's, are five times more likely to be current marijuana users compared to students receiving A grades.³⁸ Fourteen percent of high school seniors admitted to driving their vehicle after having smoked marijuana, which is a dangerous and high-risk decision.³⁸ Other impacts include marijuana users are more likely than non-users to engage in delinquent and dangerous behavior. They are more likely to engage in violent behavior (fights/assaults).⁹ Also, teenagers who use marijuana are more likely to have multiple sexual partners and engage in unsafe sex.⁵⁰

Those are some of the consequences to youth which can affect them for the rest of their lives. Risky and dangerous behavior, delinquency including violence, multiple sex partners and learning disabilities including impairment of brain development are just some examples of why it is important to keep marijuana an illegal drug. It is very difficult to understand why anyone would want to legalize marijuana. If the

pro-marijuana groups were honest, they would have to admit legalizing marijuana would increase “pot” use among our teenagers.

~ EMPLOYMENT ~

Question: *My goal someday is to have my own business. Is there any indication that those who regularly use marijuana make high risk employees?*

Answer: That’s another good question and one that should concern employers and fellow employees. Safety, absenteeism, turnover rate, tardiness, productivity, work quality, and lawsuits are significant liabilities for employers with marijuana-using employees. Employees who tested positive for marijuana had 55% more industrial accidents and 85% more injuries compared to those that tested negative on a pre-employment exam.⁵¹ Also, those testing positive for marijuana had an absentee rate 75% higher than those who tested negative.⁵² Employees who abuse drugs are five times more likely than non-users to injure themselves or co-workers and cause 40% of all industrial fatalities.⁷ The study found that 38-50% of all Workers’ Compensation claims were related to substance abuse.⁵² There is no doubt in my mind that if I were an employer I would not want to hire somebody who regularly used marijuana or any other drug.

~ MARIJUANA DEATHS? ~

Question: **I heard it said that, unlike alcohol, nobody has died because of marijuana use. Is that accurate?**

Answer: That is a very misleading statement. What they actually mean is that, unlike alcohol, nobody has died of a marijuana overdose and thus concludes it is safer than alcohol. As far as we know, nobody has died of a marijuana overdose. However, people have died directly from using marijuana through cancer and respiratory problems, and indirectly from vehicle fatalities, industrial accidents, violent behavior and suicide. Many of the pro-marijuana legalizers have a tendency to give only partial or distorted information. Tell the families of the five California highway workers killed by a truck driver under the influence of marijuana that marijuana doesn’t cause death.

~ DON’T MOST POLICE BELIEVE IT’S SAFER TO DEAL WITH POT USERS THAN DRUNKS? ~

Question: *Speaking of alcohol, I have heard that cops would much rather deal with somebody ‘stoned’ on pot than somebody drunk on alcohol. You’ve been a cop for a number of years, how do you feel about that?*

Answer: I would prefer not to deal with anybody intoxicated on anything. Since their mind has been altered, their behavior is not going to be normal. The behavior that results

from being intoxicated often deals more with the individual's personality, what is going on in their life at the time, their mood, and perception of a threat (a cop). These factors and others dictate how they will react in a given situation. I've dealt with mellow drunks and pot smokers. I have dealt with violent drunks and pot smokers. Whenever somebody is intoxicated, you have to deal with them very carefully because you don't know what may trigger them to behave violently.

~ ALCOHOL COMPARED TO MARIJUANA ~

Question: *I continually hear a comparison between marijuana and alcohol in the argument as to why marijuana should be legalized. What is your response to that comparison?*

Answer: There are some similarities between these two substances but many more dissimilarities. Marijuana does cause intoxication whereas alcohol can cause intoxication. Both substances are addicting with negative health and psychological consequences to the user. Users of both substances create an enormous burden on society in terms of the costs, victimization, and human misery. Those engaged in alcohol and marijuana impact our criminal justice system. Both substances adversely affect youth in terms of learning, juvenile high-risk behavior, suicide, and other unintended consequences including traffic crashes causing serious injuries and death. Abuse of alcohol and use of marijuana contribute nothing positive to our society but rather are extremely detrimental to individuals and others affected by the results of their use.

Those are similarities; now let's look at some of the differences. The first major difference is that most people use alcohol as a beverage and don't drink to become intoxicated whereas with using marijuana the sole purpose is intoxication. That's why the marijuana users seek a higher content THC level and use terminology such as 'stoned' and 'wasted'. A more factual analogy between the two substances would be to compare drunkenness to marijuana use. Can you imagine the devastation to society if everybody who took a drink became intoxicated or if there were as many people smoking a joint as having a drink? Visualize driving away from Coors Field after a Rockies game with that number of fans stoned on marijuana.

Another difference is there are almost twice as many arrests for alcohol violations (2.7 million)⁶⁴ as there are for all the illegal drugs combined. That counters the argument that legalizing marijuana would have less impact on our criminal justice system. Isn't legalizing a drug supposed to reduce arrests? Nationwide, very few people are jailed for marijuana violations. In Colorado only 7% of all arrests are for a drug violation. Methamphetamine and cocaine make up the majority of drug arrests in Colorado.

Marijuana addiction rates are higher than alcohol. In 2009 there were 16.7 million regular users of marijuana of which 25.7% were considered abusers/dependant.

Alcohol has 136 million regular users with only 13.7% considered abusers/dependent.⁵³

Another major difference is that over 50% of our population 12 years old or older are considered regular users of alcohol and only about 8% of our population 12 years old or older are considered regular users of marijuana. There are more people considered alcoholics than regularly use marijuana. The reason for the overwhelming effects of alcohol on our society is because there are so many people who use and abuse alcohol. I can't imagine what our country would be like if over 50% of our population was regular users of marijuana. The fact that approximately 25% of current marijuana users are considered addicted would mean we would have over 30 million adults and teenagers addicted to marijuana.

Drinking alcohol has long been a culturally-accepted behavior whereas smoking marijuana is relatively new and not publicly accepted.

A user of alcohol can overdose and die from drinking too much whereas, as far as we know, nobody smoking marijuana has overdosed and died. There is a concern by some that, as the THC levels continue to increase, this may change.

The proponents of legalizing marijuana tend to point out the similarities between alcohol and marijuana and then make the big leap that marijuana should thus be legal because alcohol is legal. Alcohol and cigarette smoking both have a devastating impact on individuals and our society. How is that rational for legalizing another substance that has a devastating impact on society? That's especially true when that substance is smoked and causes intoxication. It's almost as if the pro-marijuana groups make the argument that it isn't fair for marijuana to be illegal when alcohol and cigarettes are legal.

~ WHY NOT REGULATE MARIJUANA LIKE ALCOHOL? ~

Question: *Can we regulate marijuana like alcohol?*

Answer: No. Marijuana is a Schedule I illegal substance under federal law and federal law pre-empts state law. Alcohol is legal under both federal and state law. No matter what a state does, marijuana would still be federally illegal to use, possess, or distribute. This conflict would mean that the state was actually authorizing individuals to violate federal law, endorsing criminal enterprise and laundering funds coming from the criminal enterprise into government budgets.

The 'medical' marijuana centers in Colorado are good examples of government's inability to regulate an illegal substance. The regulation system is being circumvented and the intent of the law is being scammed. Diversion is common, particularly for youth and the out-of-state market. Remember, profit for these centers is based on number of customers and amount of marijuana distributed. This entire movement is less about compassion and more about making money and/or de facto legalization

of marijuana. All a person has to do is examine the advertising to see who many of these centers are targeting. It's the not sick, AIDS or cancer patients but generally young people, particularly males. The question to ask is: Would you want to regulate marijuana like alcohol only to see similar results like increased use, addiction, high risk behavior, traffic fatalities, poor employees, negative learning environment, etc.? Alcohol is the perfect example of why we should keep marijuana illegal. I don't celebrate the fact that we have 8.7% of our population regularly using marijuana; however, that is much better than 50%.

~ IS THE THC POTENCY HIGHER? ~

Question: *You mention potency of the THC in marijuana. Is THC the intoxicant ingredient and has it gone up?*

Answer: Yes it is, and the THC content of marijuana continues to increase. Back in the 60's and 70's when the marijuana users talked about being 'stoned' and 'wasted', the marijuana potency level varied somewhere around 2%. That increased to an average of about 5% in 2003 to 10% in 2009. The high grade marijuana, often called sinsemilla, rose from 6.58% in 1981 to 14.1% in 2003. These figures come from the University of Mississippi's Marijuana Potency Monitoring Project. Some marijuana has been tested at over 30%. In the marijuana-liberal Netherlands, they are calling for any marijuana over 15% THC to be considered a hard drug. It's clear that the marijuana that some of the parents and grandparents used pales in comparison to the potency of marijuana today.

It is interesting to note that increases in emergency room admissions because of marijuana use directly correlates with increases of marijuana potency over the years.⁷ From 1992 – 2002 there was a 162% increase in treatment admissions for marijuana use as a primary substance of abuse.⁵⁴

~ HOW AVAILABLE IS MARIJUANA AND DO LAWS DETER? ~

Question: *I hear some teenagers say that marijuana is easy to get. I also hear people say that teenagers are not deterred because something is illegal, as attested to by the fact that so many underage youth abuse alcohol, which is illegal for them. What is your position on these two areas related to teens?*

Answer: Availability is one of the four factors in determining the rate of drug abuse within a community. Keep in mind availability includes the amount of time it takes to obtain marijuana, which is referred to as 'search time'. The longer the search time the less likely the individual is to use marijuana. For some teenagers, marijuana is very easy to get and, for others, not so. A Columbia University study shows that four out of ten teens say they can get marijuana within a day. Whether that is readily available or not is subjective; but remember, the longer it takes the less likely a teen is to use. By

the same token, that study shows that six out of ten teenagers would have difficulty actually obtaining marijuana within a day and thus less likely to use.⁵⁵

The general statement that teens are not deterred by the illegality of an act is an unfair indictment on today's teenagers. The fact that the majority of our teenagers do not regularly use marijuana speaks to their good judgment as well as the fact it is expensive, not readily available, carries a significant perception of risk including legal sanctions and is not publicly acceptable.

Former director of the Michigan Office of National Drug Control Policy Robert Petersen sites a past study where nearly seven out of ten teenagers in New Jersey and California, who did not use drugs, said the fear of getting in trouble with the law was a major deterrent to drug use.⁵⁶

Public Policy Consultant Sue Thau, citing the *Monitoring the Future Survey 2008*, shows that 51.5% of high school seniors cited fear of being arrested as one of their main reasons for not using marijuana.

If whether a substance was illegal or legal had no impact on teen drug use, then it would stand to reason all those experiments with legalizing drugs would have had no impact on the rate of drug abuse among youth. History shows when legal sanctions were lifted that teen use increases substantially.

Beside availability and perception of risk, youth are also affected by the two other factors related to drug use: public tolerance or acceptance of use and price. If parents strongly disapprove of marijuana use then their kids are 6.5 times less likely to use marijuana than those that express no strong opinion.⁵⁷

A recent report from the RAND Corporation, "Altered State," discusses how legalization would cause the price of marijuana to plummet, triggering increases in use of the drug.³³

~ RATE OF MARIJUANA USE ~

Question: *How many people use marijuana in this country?*

Answer: That's a good question. We have to be careful, when discussing this subject, that the same definition is being used. The pro-legalizers like to use a distorted figure of anyone who ever used marijuana. That obviously inflates the figures. Actually, a current marijuana user is someone who smoked a joint within the last thirty days.

The figures that most people use are from the *2009 National Survey on Drug Use and Health*. The figures below are for current users 12 years old or older. There are approximately 250 million people who are 12 years old or older in this country.

Drug Type

- 21.8 million current users (8.7%) of any illicit drug
- 16.7 million current users (6.7%) of marijuana
- 1.6 million current users (.6%) of cocaine, which includes crack cocaine
- 800,000 current users (.3%) of ecstasy
- 500,000 current users (.2%) of methamphetamines
- 200,000 current users (.01%) of heroin

Age

- 8.7 percent of our population 12 years old or older were considered current users of any illicit drug
- 6.3% of those 26 years or older were considered current users of any illicit drugs
- 21.2% of those between 18 and 25 were considered users of any illicit drugs
- 10% between the ages of 12 and 17 were considered current users of any illicit drug
- 7.3% of those aged 12 to 17 were considered current users of marijuana in 2009 compared to 6.7% in 2008³³

~ IF LEGALIZED, WOULD USE INCREASE? ~

Question: *I assume from everything you said about legalization experiments and our legal drugs that you believe marijuana use would substantially increase if legalized. Is that your position?*

Answer: Absolutely. There is no question that all of the evidence points to at least a doubling or tripling of use if marijuana were legalized. A person would have to disregard all legalization experiments, history and legitimate studies in order to claim use would not substantially increase. They have no evidence to support their 'feeling' that marijuana use would not increase "very much." If they conceded that use would significantly increase, they lose the debate. To me, that's playing Russian roulette with our kids.

Even one of the major advocates of legalizing marijuana, Ethan Nadelmann (chairman of the Drug Policy Alliance) wrote that, “All the benefits of legalization would be for naught however if millions more Americans were to become drug abusers.”^{1a} Even if there was only a 10% increase in use, millions more Americans, including teens, would be using. Nadelmann is right! Rather than repeat myself, I would refer you back to the discussion on ‘Factors Affecting the Rate of Drug Use’, ‘How Do Alcohol, Tobacco and Illicit Drugs Compare’, and ‘Legalization Experiments.’ All the evidence supports a substantial increase in marijuana use should it become legal.

Currently, if we examine the ‘de facto’ legalization of marijuana through the ‘medical’ marijuana movement, we have seen a disturbing trend of increased marijuana use over the last couple of years. After a decade of decline, teen marijuana use over the last couple of years has increased. Teenagers see less risk since marijuana is a ‘medicine’, availability has increased and there’s a perception of greater public tolerance in many of those states that have ‘medical’ marijuana. *Drug and Alcohol Dependence* published a study by Columbia University researchers who found the residents of states with medical marijuana had marijuana abuse/dependence rates almost twice as high as states without such laws.⁷⁶

~ PORTUGAL’S EXPERIENCE WITH LEGALIZATION ~

Question: *I know you referenced this earlier but can you be a little more specific about Portugal’s experience with legalization?*

Answer: You are probably right to go back over this since some of the pro-legalizers still reference Portugal as a successful experience with legalizing drugs.

Actually, drugs have not been legalized in Portugal but rather have been decriminalized. Personal use and possession are prohibited but are treated through an administrative process rather than a criminal one. Anyone possessing in excess of a ten-day supply can be arrested and drug trafficking is still a criminal offense. The Portuguese system still involves prevention, treatment and law enforcement much like the system that exists today in the United States.

The misinformation about the success of Portuguese drug decriminalization policy came from a study by the Cato Institute. The Cato Institute is a Washington think-tank committed to libertarianism and an advocate of drug legalization. The Institute invited attorney Glenn Greenwald to conduct a study of drug policy in Portugal. After only three weeks in Portugal Greenwald returned to the United States and wrote a book characterizing the Portuguese drug policy as a huge success. There were numerous problems with the study including:

- Greenwald was selective in the age category he used and largely disregarded the 20 to 24 year old age group in which drug use increased 50%. Doctor

Manuel Coelho, chairman of the Association for Drug Free Portugal, in reviewing the study states, “If one glances at the numbers related to the prevalence in the total Portuguese population, there isn’t a single drug category, not one, that has decreased since 2001.” “Between 2001 and 2007, drug consumption in Portugal increased by 4.2% in absolute terms...”⁵⁸

- Portugal remains the country of the highest incidence of IDU (injection drug use) related AIDS and it is the only country recording a recent increase. The number of new cases of HIV/AIDS and hepatitis-C in Portugal recorded among drug users is eight times the average found in other member states in the European Union.⁵⁸
- Other studies such as the one by the European Monitoring Center for Drugs and Drug Addiction (2010) differed with the Cato report revealing that drug use among Portugal’s general populace is still rising.
- Some pro-drug legalizers have conceded the flaws in Greenwald’s study and are no longer citing Portugal as a successful model for drug legalization.

~ MARIJUANA ARRESTS AND PRISON ~

Question: *One of the main arguments of the pro-legalizers is the number of people arrested and in prison for marijuana possession and its tremendous impact and cost to our criminal justice system. Is their information accurate?*

Answer: Since the truth is not on their side, many have a tendency to misuse statistics and only provide partial information. For instance, in a debate one pro-legalizer said there were over 800,000 arrests for marijuana possession in the United States. What he failed to point out is that most are minor misdemeanors, resulting in fines, diversion or informal probation and not jail. In many states like Colorado, possession of certain amounts results in only a citation with a fine. In Colorado, possession of 2 ounces or less of marijuana (112 to 168 marijuana cigarettes) is a citable offense (like a traffic ticket) with a fine of \$100. Other facts related to this issue include:

- The *FBI Uniform Crime Report (2007)* reveals that only approximately 13% of all arrests in this country are for drug violations. In Colorado, the number of arrests is even less at only 7%. Out of 186,030 adult arrests in Colorado for 2009, only 14,050 were for drug offenses. It’s even less for juveniles with 3,332 arrests. This is according to *Crime and Criminal Justice in Colorado 2010*.
- *Crime and Criminal Justice in Colorado* also reports that drug arrest data collected and analyzed of 2006 district court files showed that 56% were for methamphetamine, 31% for cocaine/crack and only 18% for marijuana.

- According to the Bureau of Justice Statistics 2008 report, 80% of state inmates are in prison for crimes other than drug offenses and only .3% are imprisoned for possession of marijuana. Those in prison for possession often are a result of plea bargaining. An example of plea bargaining is when an individual is arrested for distribution or possession for sale of large amounts and pleads to possession to get a lesser sentence. For instance, in the federal prison system, only 1.6% were sentenced by the federal courts for possession of marijuana. Of those federal inmates, the median amount of marijuana possessed was 115 pounds.⁵⁹ This seems a little excessive for simple possession for personal use and is typical of a trafficker plea bargaining down to simple possession.
- In Colorado, only 1% of court commitments to prison in 2010 involved marijuana charges. There were more court commitments to prison for traffic-related offenses (185) as for all marijuana offenses (91).⁶⁰

You can see how many pro-legalizers disregard facts and exaggerate statistics. If you listen to them, you would think our prisons are packed with 'innocent' victims of our marijuana laws, which is totally false. In fact, our prisons are packed with individuals who use drugs and commit crimes while under the influence.

~ DRUG USE AND CRIME ~

Question: *Can you back up that statement that most people in prison are there related to their drug use?*

Answer: That's not a problem. For instance:

- A study by the U.S. Department of Justice showed that 35% of inmates reported they were under the influence of drugs at the time they committed their crime. Marijuana and hashish were cited as the most frequently used at the time of the crime.⁶¹
- A study published in the *International Journal of Addiction* involving interviews with 268 inmates in New York prison for homicide revealed that 70% had used marijuana within twenty-four hours of committing the crime and felt they experienced some effect from the drug at the time of the crime.⁶² Twenty-five percent felt the homicide was related to their use of marijuana before the crime.⁶²
- A study conducted in Denver, Colorado revealed that 39% of violent crime arrestees and 34% of domestic crime arrestees tested positive for marijuana.⁶³
- Pro-legalizers state that, by legalizing drugs, it would result in a reduction in costs to the criminal justice system. However, just the opposite has shown to

be true using alcohol, a legal substance, as a model. In 2008, there were 2.7 million alcohol-related arrests or 40% more than for all the illicit drugs combined.⁶⁴ Wasn't legalization supposed to reduce crime, not increase it?

- Young people who use marijuana weekly are nearly four times more likely than non-users to engage in violence.⁶⁵
- Eighty percent of court commitments to Colorado prisons in FY2010 had a moderate to severe substance abuse problem.⁶⁰
- In 2010 in Denver, over 50% of arrestees admitted to being regular marijuana users. Urine tests among adult male arrestees showed 40% tested positive for marijuana.⁶⁶

~ ARE DRUG LAWS RACIAL? ~

Question: *I have heard it said that drug laws are racial and a disproportionate number of African-Americans are arrested for drug violations compared to Caucasians. I even heard drug laws being referred to as the new 'Jim Crow' laws. Do you believe that to be true?*

Answer: I don't think it is appropriate to blame the law because some people choose to violate the law. That type of thinking is based on the theory that the law is at fault and not the person. That concept would then have to apply to all laws. It's not difficult to go through life without committing a felony.

However, back to your question. It is true nationally that 3.5 times more African-Americans are arrested for drug offenses than whites.⁶⁷ The question is, what does that mean? Is it because 3.5 times more African-Americans are involved with serious drug offenses than whites, or is law enforcement unfairly targeting African-Americans for drug violations. There could be a number of factors involved. When examining the question, it is important to consider that nationally 3.5 times more African-Americans were also arrested for violent crimes than whites and 6 times more were arrested for murder and robbery than whites.⁶⁷ I don't believe drug laws or enforcement are racial but rather there may be something else going on related to this issue. It may be tied to behavior caused by drug use.

For instance, in 2009 approximately 12.9% of the U.S. population was black yet blacks accounted for 48.7% of the murder/non-negligent manslaughter arrests, 55% of robbery arrests, 40.1% of weapon violations, 33.5% of aggravated assault arrests and 31.8% of drug arrests.⁸⁰ You decide if drug laws are racist. If they are, then so are the other laws. I think that is an unreasonable conclusion.

For comparison purposes, in Colorado 4.4% of the population is black yet blacks account for 11.89% of all arrests. It's just a little less for drug violations at 11.4%.⁷⁹

In Denver in 2010, 28% of arrestees were classified as black and 70% tested positive for drug use.⁶⁶

Possibly one of the most positive things we can do for some minority communities is to significantly reduce the amount of drug abuse among teenagers and young adults. We need to do a much better job so that these young people can reach their full potential. The use of drugs and being under the influence is not conducive to a healthy, successful life contributing to the community and society in general.

~ TAX REVENUE FROM LEGALIZATION ~

Question: *Another argument by the pro-legalizers is that if we legalize marijuana, it would bring significant tax revenue into our economically-hurting government entities. That seems logical. Is there any counter to that?*

Answer: That is another assumption not based on fact or experience. One drug legalizer mentioned a study that estimates something like \$65 billion in tax revenue would be generated if drugs were legalized in this country. How they came up with that figure escapes me. The RAND study, dealing with California's Proposition 19 in 2010 to legalize marijuana, objectively showed that there were too many factors involved to be able to make any kind of accurate predictions. RAND concluded that the social costs of the drug and projected tax revenue are unknown given uncertainties of state taxes, tax evasion, shape of the demand curve, etc.⁶⁸ There is no way to specifically determine how many more people would use marijuana or the increase in use by those currently using marijuana, what the price or tax rate would be, the impact of the black market and other factors that would have a significant impact on revenue versus cost. I find it interesting that the pro-marijuana legalization groups argue marijuana use would not go up very much if it were legalized. However, when they talk about all the tax revenue from legalizing marijuana, they have to account for a fairly significant increase in use to support the dollar amounts they cite. Can't have it both ways!

- The best way to estimate the potential revenue versus the cost of legalization would be to examine the two legal drugs. In the case of alcohol, in 2007 the federal and state governments collected approximately \$14.5 billion in revenue from the sale of alcohol. That covered only 10% of the overall alcohol-related costs (\$185 billion) for healthcare, lost productivity, criminal justice, traffic crashes and deaths, etc.⁶⁹ That would be equivalent to somebody giving you \$145 to complete a project but not telling you that the materials and supplies will cost you \$1,880. Don't take the job as it's a poor investment.

In the case of tobacco, this country collects approximately \$25 billion in taxes from the sale of tobacco products but spends more than \$200 billion on all the social costs related to the adverse effect of tobacco use.⁷⁰ That means that the taxes collected only cover about 12% of the cost. That, again,

is like accepting \$250 to complete a project but finding out the supplies and materials are going to cost \$2,000.

It is reasonable to conclude that the figures with marijuana would mirror those of alcohol and tobacco. That would make legalizing marijuana an extremely bad investment. This is 'blindside' economics at its worst and doesn't pass the logic test.

- Another example is California where in 2005 they collected \$38.69 per capita from the sale of alcohol and tobacco. That sounds like a lot of money until considering the \$545.09 cost per capita that the state of California spent on social and healthcare costs related to the widespread use of alcohol and tobacco.⁷⁰
- Another way of looking at the revenue versus cost is that the Center for Disease Control estimates that the revenue from a pack of cigarettes averages \$1.81, but the economic costs associated with smoking cigarettes are approximately \$7.18 per capita.⁷¹ That's not a good investment.

~ MEXICAN DRUG CARTELS AND PROFITS ~

Question: *If we legalize marijuana in Colorado, wouldn't it help reduce Mexican drug cartels' income and thus impact the violence perpetrated by these cartels throughout Mexico?*

Answer: That sounds like a good theory but there is a lot more to the Mexican drug cartels and violence than marijuana trafficking. There are major issues in Mexico that contribute to the power of the cartels, including the corruption in government. As long as various levels of government are corrupt and conspiring with criminal enterprises, it will be impossible to neutralize these cartels. There is also an assumption that all the cartels' money and violence comes from drug trafficking. That assumption is wrong. In the case of a cartel blowing up a casino and killing fifty-two people, that was related to the casino not willing to pay extortion money. In the case of the kidnapped school teachers in Acapulco, that was a case of the teachers not willing to pay part of their salary as extortion money to the cartels.

Some tend to blame U.S. drug use for all of Mexico's issues but don't consider that only about 10% (21.8 million) of the estimated worldwide users of drugs (200 million)⁷⁷ come from the U.S. We are not the only nation supplied with drugs by Mexican cartels.

When California was attempting to legalize marijuana under Proposition 19 in 2010, a RAND study examined the cartel argument. They found that, in this country's most populous state, legalizing marijuana would only affect between 2% and 4% of the cartels' profits. That surely would not put them out of business. California has six times the population of Colorado.

The cartels are criminal enterprises that will continue as predators on innocent people regardless of whether it is embezzlement, extortion, kidnapping, drugs, prostitution, human slavery, etc. Until Mexico's problems from their economy to corruption are corrected, unfortunately, they will continue to see the powerful cartels flourish.

~ FEDERAL VS. STATE LAW ~

Question: *Can a state legalize a substance that is against the law federally?*

Answer: The state can eliminate criminal sanctions for drug violations, which simply means that there would be no provisions for state and local officers to arrest and charge someone in state court. However, drug violations would still be illegal. The arrest would have to be based on the federal U.S. codes and prosecuted in federal courts. The U.S. Supreme Court has ruled that federal law pre-empts state law. This presents a dilemma similar to what we are experiencing with the 'medical' marijuana industry. Although some states have approved the use and distribution of 'medical' marijuana, this is in direct conflict with federal law. Under federal law, these distribution centers and grow operations are criminal enterprises subject to arrest and seizure. In fact, state employees helping regulate these operations are technically aiding and abetting a criminal enterprise. The money going to state and local governments could constitute money laundering. This doesn't seem consistent with a country under the rule of law that respects the law.

~ CALIFORNIA MEDICAL ASSOCIATION ~

Question: *I heard in late 2011 that the California Medical Association recommended that marijuana be re-scheduled and legalized. Is that accurate?*

Answer: Basically, yes. It came as a shock that a medical association would favor legalizing a substance that was so harmful to health. This is contrary to the practice of good healthcare and the position of other medical groups. It defies logic, especially when considering the contents of the Hippocratic Oath governing physicians' practice of medicine. "I will prevent disease whenever I can, for prevention is preferable to cure." The CMA had to disregard all the scientific and medical studies concerning the harmful health effects of marijuana, including addiction. Many feel that this was a political move for some underlying reason and not one based on what is best for the health and safety of the citizens of California.

The Institute for Behavior and Health has encouraged the California Medical Association to reconsider its position because the legalizing of marijuana is not in the best interests of public health. There are thousands and thousands of independent scientific studies and medical research that demonstrates significant health problems associated with smoking marijuana. It is untenable that a physicians' association

would favor legalization, creating an increase in use and harmful health effects. It would appear that this was not a medical decision.

~ MARIJUANA RESEARCH RESTRICTED ~

Question: *I hear the pro-marijuana crowd talk about the federal government and impeding research, particularly as it relates to 'medical' marijuana.*

Answer: There are 288 studies to research the constituents in marijuana or cannabinoids by the National Institute of Health⁷³. The National Institute on Drug Abuse contracts with the University of Mississippi to cultivate marijuana for research purposes. All studies show a variety of potential efficacies of marijuana for different medical needs and they also show a range of significant side-effects including cognitive impairment and intoxication. None of the legitimate studies support smoked marijuana as a legitimate delivery mechanism. As of 2011, DEA has registered 111 researchers to perform bona fide research with marijuana, marijuana extracts, THC extracts and marijuana derivatives such as cannabinoids.⁹ The fact that marijuana is a Schedule I drug has not been a significant barrier to research. The Institution of Medicine, in 1999, declared there is no future for smoking marijuana as a medicine but there may be a future for individual cannabinoids if they are shown to be safe and effective for specific indications.

~ ONE OUNCE EQUALS HOW MANY MARIJUANA CIGARETTES? ~

Question: *How many marijuana cigarettes can you actually get out of an ounce of marijuana?*

Answer: One ounce of marijuana is 28 grams. A marijuana cigarette varies from .3 to .5 grams per cigarette. A person could get between fifty-six and eighty-four marijuana cigarettes out of an ounce.

According to the pro-marijuana legalization National Organization for the Reform of Marijuana Laws (NORML), the number of marijuana cigarettes (joints) in an ounce depends upon the potency of the product involved. However, a typical joint has been estimated to weigh about .4 grams; thus an ounce of standard marijuana would produce about sixty marijuana cigarettes whereas an ounce of 12% THC level sinsemilla would produce about 120 cigarettes. That is based on the fact that the same dose can be had in a slender .25 gram joint of 10 to 12% THC level sinsemilla.⁷⁴

~ PRO-MARIJUANA SUPPORTERS ~

Question: *Who seems to be the primary major contributors to pro-marijuana initiatives?*

Answer: According to information from California for Drug Free Youth in California the pro-legalization Proposition 19 of 2010, George Soros (Open Society Institute), John Sperling (University of Phoenix) and Peter Lewis (Progressive Insurance) contributed the majority of the funds to try to pass the legalization of marijuana in California (Proposition 19 – 2010). The organizations favoring legalizing marijuana include the National Organization for the Reform of Marijuana Laws (NORML), Marijuana Policy Project and Drug Policy Alliance.

~ TEN REASONS NOT TO LEGALIZE MARIJUANA ~

Question: *Can you give me your top ten reasons why you don't believe marijuana should be legalized?*

Answer:

- **IT WOULD STILL BE ILLEGAL.** In July 2011, the federal government reaffirmed marijuana as a Schedule I substance; i.e., no accepted medical use and high abuse potential. Therefore, its possession and use remains a federal crime. Since federal law pre-empts state law, marijuana would still be illegal in Colorado.
- **MARIJUANA POSSESSION/USE IS NOT IMPACTING THE CRIMINAL JUSTICE SYSTEM.** Proponents often make misleading statements about marijuana arrests and the jail population. In Colorado, the use and possession of less than two ounces (112 – 168 cigarettes) is treated as a traffic violation with a fine and not jail time.
- **WHY REPEAT AMSTERDAM'S MISTAKE.** People would be attracted to Colorado for the wrong reasons. We need tourists attracted by our pristine streams and beautiful mountains, not as the mecca for getting 'stoned.'
- **NEGATIVE IMAGE OF COLORADO.** If marijuana is legalized under Colorado law, our state would be considered the 'POT CAPITAL' of the nation. This notoriety would have a negative impact on attracting new businesses and families deterred by Colorado's image and quality of life issues. This could also impact decisions to send students to Colorado's institutes of higher education.
- **HARM TO EXISTING BUSINESSES AND THE ECONOMY.** Substance abuse studies have shown that businesses and employers will experience greater rates of absenteeism, industrial accidents and tardiness as well as less productivity with a potential work force regularly using marijuana. This not only results in economic losses, but conflicts with the federal Drug Free Workplace Act's requirements and companies losing federal contracts. Businesses would be less likely to stay or

move into a state where drug use related risks are high.

- **BLINDSIDE ECONOMICS.** At best, potential tax revenue generated by legalizing marijuana will cover only 15% of the collateral costs to our community such as: increased drug treatment, emergency room visits, crime, health care, traffic crashes and school ‘drop-outs’ to name just a few of the costs related to marijuana use.
- **MARIJUANA USE WOULD INCREASE.** Marijuana use and its negative health, behavioral and society impacts will increase among both youth and adults. The best estimates from experts project that the number of regular users would at least double and likely triple in the most vulnerable 12 – 25 age range.
- **TREATMENT AND ADDICTION RATES WOULD RISE.** Regular marijuana use can be addictive and lead to deteriorating behavior, particularly in young people. In 2009, 830,000 youth had marijuana addiction characteristics. Sixty-eight percent of youth in drug treatment are there for marijuana use.
- **ADVERSE EFFECT ON THE EDUCATIONAL ENVIRONMENT.** As parents and citizens, we have a responsibility to prepare our youth for a healthy and successful future. The basis for their future lies in providing them with a quality educational environment. If marijuana was legalized, it is estimated that 20 – 30 percent of our school-aged children will become regular marijuana users. That will negatively affect their attendance, concentration, memory, brain development and thus academic achievement and participation in a positive educational setting.

Walt Disney: “Our greatest natural resource is the mind of our children”

Let’s not allow those minds to be polluted with pot.

- **DEATHS FROM IMPAIRED DRIVING WOULD INCREASE.** Marijuana use affects coordination, decision-making and perception which directly results in impaired driving. Annually, approximately fifty people are killed in Colorado traffic accidents due to people driving under the influence of marijuana. With the increased use of marijuana, we can project that figure will at least double.

Marijuana Legalization: The Issues Supplement 1 (August 2012)

ISSUE: IS THE SLIGHT DIP IN COLORADO HIGH SCHOOL STUDENT MARIJUANA USE TIED TO “MEDICAL” MARIJUANA REGULATIONS?

Question: *I heard that there is a report showing a decrease in Colorado teen marijuana use from 2009 to 2011. Some claim the decrease is due to Colorado regulating “medical” marijuana beginning in July 2010. What is your response to that claim?*

Answer: It is incredulous that marijuana advocates are now claiming that a possible slight dip in marijuana use by Colorado teens is attributed to “medical” marijuana dispensaries. However, that shouldn’t be a surprise since they are also taking credit for less suicides and traffic fatalities in Colorado. Factually, there has been no legitimate causal relationship established between “medical” marijuana and any of these three issues. Following their “logic”, and using the same study, they should also claim credit for students being involved in less physical fights, having had less physically-forced sexual intercourse, using less tobacco and alcohol and reduced rates of use for cocaine, methamphetamine, and steroids. It is amazing the length some will go to glorify marijuana. Not only does it cure most types of diseases and illnesses, but now marijuana resolves all kinds of social behavior. Apparently they don’t allow facts, research or science to get in the way of the ”spin” to push their agenda.

Question: *So what exactly are the facts?*

Answer: A 2011 Centers for Disease Control (CDC) Youth Risk Behavior Surveillance System reported that student current marijuana use in Colorado went down slightly from 24.8% to 22% and that nationally there was a slight increase of 20.8% to 23.1%. The question then becomes what exactly does this mean?

Examining the raw data used in the survey shows that the differences are “statistically insignificant,” thus potentially there is no difference. The CDC cites the limitations in its own survey. The report states additional study research is needed to assess the effect of such things such as socio-economic, educational, cultural and racial/ethnic factors. They also cite limitations in the study such as the fact that only teenagers who attend a school were surveyed. They point out that under-reporting or over-reporting of behavior cannot be determined. Apparently the pro-marijuana lobby disagrees with CDC’s assessment of its own study.

Other drug studies examined show some slight differences in rates of use. Those studies include the *National Survey on Drug Use and Health* by the U.S. Department of Health and Human Services and *Monitoring the Future national survey results on drug abuse, 1975 – 2011* by the University of Michigan, sponsored by the National Institute on Drug Abuse. Studies show a “non-significant” material increase in 2011 but somewhat lower percentages than the CDC study. Slight increases or decreases over a two-year period of time does make a trend but is well worth examining and monitoring for any causal relationships with other factors.

It should also be noted that other statistics gathered in Colorado by various school districts show increases in drug violations, primarily marijuana. Over the past four years suspensions for drug violations, primarily marijuana, have increased 45%, expulsions by 35% and referrals to police 17%. The Colorado Department of Education reports an increase in 8th, 10th and 12th grader marijuana use from 2009 to 2011 and a significant increase in daily use in all three grades. If one was looking for a tie between “medical” marijuana use and teens, they should examine a recent University of Colorado School of Medicine study that showed 73.8% of teens in treatment reported using someone else’s “medical” marijuana a median of fifty times.

One thing everyone can agree with is marijuana use among our most vulnerable group is too high. Drug experts cite the lessening of the perception of risk and increased availability among teens as playing a significant role in the rate of drug use among our students.

Question: *I also heard about suicide and traffic fatalities, which you mentioned earlier. What is your take on that?*

Answer: The Colorado Department of Public Health and Environment Office of Suicide Prevention *Annual Report 2010-2011*, released November 2011, contradicts the pro-marijuana lobby spin. This office reports that, in 2010, Colorado experienced the second highest single year of total number of suicides in state history with 867 deaths. In 2009, when dispensaries exploded in Colorado, the rate was even higher. Contrary to marijuana advocates, the experts cite that economic strain and personal financial crisis had been well documented as precipitating the event. They state that it is a clear and direct relationship between the rate of unemployment and suicide.

As far as traffic fatalities consistent with national figures, they have declined for the fourth straight year in Colorado, from 2008 to 2011. The decline started before the marijuana dispensary boom. Traffic experts credit safer vehicles, better police enforcement, more wearing of seatbelts, less miles driven due to the economy and gas prices, and public awareness campaigns. However, unfortunately, in 2012 Colorado traffic fatalities are up 19% compared to the same period in 2011, according to the Colorado Department of Transportation. It will be interesting to

see what kind of “off-the-wall” reasoning the pro-marijuana lobby gives for this change.

I think this is a good lesson for all of us that we have to be careful with sound bites versus solid facts based on sound foundations.

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