

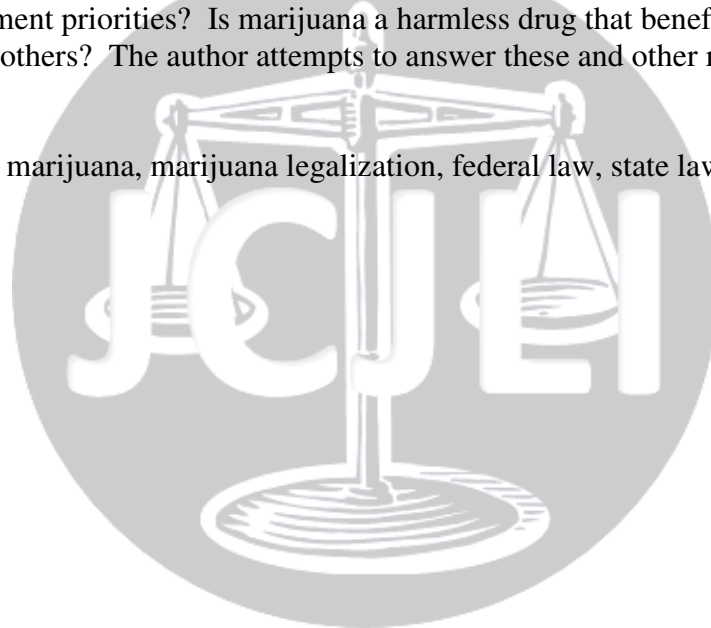
Medical marijuana versus generalized legalization of marijuana: progressing from government altruism to government capitulation

James E. Guffey
National University

ABSTRACT

This paper examines the progression from medical marijuana legalization in 22 states and the District of Columbia to generalized legalization for personal use in 2 states (Colorado and Washington) with Oregon's ballot initiative placing legalization of marijuana on the November 2014 ballot. The author looks at studies and expert opinions in support of both sides of the full legalization issue. Is the leap from medical marijuana to generalized legalization a harmless logical step to take, or is this a leap with profound consequences? Will generalized legalization save billions of dollars now spent on marijuana law enforcement that will go to other, more worthy law enforcement priorities? Is marijuana a harmless drug that benefits the user and presents no harm to others? The author attempts to answer these and other research questions in this study.

Keywords: medical marijuana, marijuana legalization, federal law, state law, marijuana effects.



Copyright statement: Authors retain the copyright to the manuscripts published in AABRI journals. Please see the AABRI Copyright Policy at <http://www.aabri.com/copyright.html>

INTRODUCTION

I want a new drug
One that won't make me sick
One that won't make me crash my car
Or make me feel three feet thick
--Huey Lewis and the News, January 3, 1984

The opening lyrics to “I Want a New Drug” seems more appropriate to describe America’s drug dependence today than perhaps in 1984 when the band released their hit song. It is ironic that the third line reads, “One that won’t make me crash my car,” because this is precisely the fear with smokers of marijuana who decide to drive while under the influence of marijuana.

As a member of the “baby-boomer” generation and former police officer, I have seen the proliferation of one drug after another with various street names such as Mary Jane, Crank, Crack, Meth, Ludes, Roofies, Speed, Acid, Angel Dust, and the code names go on and on. As a police officer in the 1970s and 1980s, I was often hard-pressed to keep up with the latest drug and its “street name.” Crack cocaine was definitely the most prevalent in the 1980s.

Medical Marijuana

In this paper, I want to focus on just one drug that has stood the test of time, and is now being legalized in various forms, either as a medical pain-reducer or outright legalization for anyone who wants to experience the “high” that it brings. This drug is marijuana. Medical marijuana has been legalized in 22 states and the District of Columbia. Medical marijuana can be purchased from authorized medical marijuana dispensaries by anyone in the legalization state who has a medical marijuana card that is issued as a result of a doctor’s authorization. The main ingredient in marijuana, THC, has been determined to be a pain reliever and anti-depressant for patients who suffer from pain and the debilitating psychological effects of a permanent disability. The 22 states and the District of Columbia that have legalized **medical** marijuana are as follows: As indicated in Table 1 (Appendix)

So, almost one-half of the United States has legalized medical marijuana. This suggests that over one-half of the United States (28 states) do not favor the legalization of medical marijuana. It may be that the pressure to conform among the remaining 28 states will result in more states legalizing medical marijuana, but only time will determine this outcome.

Medicinal Effects of Smoking Marijuana

Marijuana has emerged as a medicinal drug because users have reported the pain-relieving effects of the main ingredient in marijuana—THC (Tetrahydrocannabinol). Clinical studies have shown that THC does, in fact, produce a pain relieving result for many patients who suffer chronic pain from various diseases. A survey by the organization ProCon.org (2012) reveals that 54.4 percent of surveyed physicians believe that marijuana should be a medical option for patients with certain debilitating diseases. Another survey by ProCon.org revealed that 10 surgeon generals who answered the same question were split pro-2 and con-2, with 2 not clearly pro or con and 4 whose exact position could not be determined. The ProCon.org website also reports the results of 105 peer-reviewed journal publications that looked at the medicinal quality of smoking marijuana. Their findings indicate that 40 of

the articles supported medical marijuana, 32 were neutral or did not clearly indicate one way or the other, and 33 were clearly opposed to marijuana as a medical treatment for certain patients. The information on ProCon.org is extensive and looks at many aspects of the controversy of legalizing marijuana for medical purposes. The author stresses that this website discusses only the current discussion and legalization of marijuana for *medicinal* purposes. The website does not touch on the legalization of marijuana for recreational use which takes the legalization one step further and makes access to marijuana legal for all residents age 21 or older of a state, regardless of their medical status. This is the focus of this study: Does legalization of medical marijuana migrate to the legalization of marijuana for everyone age 21 or older in a state and, if so, what are the consequences of this migration?

LITERATURE REVIEW

Effects of Marijuana on the Human Body

What exactly are the effects of marijuana on the human body? The website WebMD reports the following symptoms of smoking marijuana.

Physiological Effects of Marijuana.

1. Rapid Heart Rate
2. Increased Blood Pressure
3. Increased Rate of Breathing
4. Red eyes
5. Dry mouth
6. Increased appetite (“munchies”)
7. Slowed reaction time

Psychological Effects of Marijuana.

1. Distorted sense of time
2. Paranoia
3. Magical or “random” thinking
4. Short-term memory loss
5. Anxiety and depression

Both the physiological and psychological effects normally dissipate after a few hours but can last for several days. Marijuana can be detected in hair follicles for as long as 30 days after use. Some medical experts believe, although not proven, that heavy marijuana use can increase one’s risk for lung cancer. O’Leary et al. (2002) and Volkow et al. (1991b) have conducted double-blind, laboratory controlled experiments that strongly support the WebMD’s findings of rapid heart rate, increased blood pressure, and increased rate of breathing. Both the physiological and psychological effects dissipate after a few hours but can last for several days.

Medical Marijuana

As discussed earlier, medical marijuana has been legalized in 22 states and the District of Columbia. Medical marijuana, although controversial, ostensibly has a purpose, if nothing more than altruism. Patients must get a doctor’s approval to be able to obtain a medical marijuana card that in turn can be used to purchase marijuana from a dispensary. This limits the number of users and often restricts the user to smoking the marijuana on the premises of the dispensary. This process also insures that minors will not get access and that marijuana card holders will not sell to minors for fear they will lose their marijuana card. Therefore, even though medical marijuana violates existing federal law, it has altruistic motives and limits access to marijuana to those with the medical card. The adverse effects of marijuana seem to be offset by the pain-relieving qualities of this drug for thousands of patients who feel it soothes their suffering. Nevertheless, there needs to be strict control over who receives medical marijuana cards which seems to be lacking. It has been revealed that a small number of doctors issue the

vast majority of “permissions” for medical marijuana cards in some of the legalization states. It appears that individuals who may not otherwise receive a doctor’s approval go “shopping” for the doctors who are known to give approval to just about anyone who makes an appointment.

Legalization of Marijuana for Recreational Use

As of the penning of this paper, two states have made the leap from medical marijuana legalization to “recreational” marijuana legalization. These two states are Colorado and Washington. Both of these states did so through the initiative process. Colorado Amendment 64 was approved by 55.32percent of the voters and took effect on November 7, 2012. The measure allows anyone 21 or older to purchase limited amounts of marijuana. The law also allows local jurisdictions to license cultivation facilities and retail stores. Colorado has also levied both an excise and sales tax totaling 25percent which can increase to 30percent. The first 40 million dollars in revenue is earmarked for the public school capital construction fund, but the law does not specify what is to be done with revenue over the 40 million (Ballotpedia, n.d.).

Washington State is the second state to legalize recreational marijuana. Washington State’s law is Initiative 502. Washington’s law also legalizes small amounts of marijuana for recreational use for adults 21 years or older. The initiative became law effective on January 1st, 2014. The law was passed by 56percent of the vote on the November 2012 ballot. The law also imposes a 25percent excise tax, and designates the Washington State Liquor Control Board as the enforcement body, and stipulates that legal possession constitutes one ounce of usable marijuana, 16 ounces of marijuana-infused product in solid form, 72-ounces of marijuana-infused product in liquid form or any combination of the three. How the Liquor Control Board will decipher these or weigh them “in the street” is anyone’s guess so enforcement will be difficult at best.

The most interesting part of the law which leads to skepticism regarding the motives of politicians to get behind and pass marijuana legalization laws is the State’s Office of Financial Management estimate of annual marijuana tax revenue of \$560 million for the first year and rising thereafter. Eighteen and seven-tenths percent of the revenue is earmarked for the general fund which is \$104,720,000. No wonder politicians are eager to pass recreation marijuana laws. This is precisely why Oregon and Washington, D.C. are eager to get their initiatives on the November 2014 ballot (Wikipedia, 2014).

Studies on the Marijuana-Crime Connection

The most definitive study of the marijuana-crime connection was conducted by Morris et al. (2014). Morris and his team analyzed UCR data for 20 states and the District of Columbia which had legalized medical marijuana at the time of their study. Their study was a longitudinal study for the years 1990-2006 that looked at the 7 Part-1 crimes in the 20 states and DC which had passed legalized medical marijuana laws. Without going into great detail on their study, they controlled for several variables that could impact the outcome of their study. Their independent variable was the implementation of medical marijuana legislation and their dependent variable was crime rate as defined in the UCR Part 1 for the years of their study—1990-2006.

They found that the crime rates in the 20 states and DC were not increased during the time period studied (1990-2006).

In sum, these findings run counter to arguments suggesting the legalization of marijuana for medical purposes poses a danger to public health in terms of exposure to violent crime and property crimes. To be sure, medical marijuana laws were not found to have a crime exacerbating

effect on any of the seven Part 1 crimes (p. 10).

Although an argument can be made that the correlation between some of the Part 1 crimes (rape and auto theft, for example) and medical marijuana use is weak or non-existent, the author believes this study was done with significant controls to accept the results. Crimes that are more directly related to marijuana use and medical marijuana legalization are driving under the influence of drugs (DUID), possession for sale of marijuana, and distribution of marijuana for sale are more difficult to determine because these specific crimes are not tracked by the UCR.

Federal Law Prohibiting Marijuana Possession and Sale

The U.S. Department of Justice, Drug Enforcement Administration has classified marijuana as a Schedule 1 drug. This means that marijuana, as established by the federal government, has a high potential for abuse, has no accepted medical use, and there is a lack of accepted safety for use of the drug or other substance under medical supervision. Convictions result in a fine of \$1,000 or incarceration for a year for possession of small amounts through life in prison for cultivation of 1,000 plants or more or sale of 1,000 kilograms or more (NORML, n.d.). Are these penalties excessive and out-of-date with current demand for legalization of marijuana? The federal government established marijuana as a dangerous drug many years ago, and there is nothing in the way of studies to suggest that marijuana has gotten less dangerous over the years.

METHODOLOGY

The methodology for this paper has several parts. First the author examines the UCR crimes for Colorado since its passage of the legalization for recreational use effective January 2013 to the present to see if there has been an increase in UCR part 1 crimes. This is an examination of the UCR data similar to the Morris et al. study discussed earlier without the controls used by Morris et al.

Second, the author examines the health care costs of alcoholism in the U.S. because alcoholism is frequently compared with marijuana as an addiction for some users. Finally, the author examines the estimated cost of local, state, and federal enforcement of marijuana laws as a comparison with the medical costs of treating marijuana addiction.

Colorado Part 1 Crime Rates Since the Passage of Colorado Amendment 64

There has been 1.5 years since the implementation of Colorado Amendment 64 (January 2013-present). The FBI published UCR Table 4, Crime in the United States, Preliminary Semi-Annual Report, January 2013-June 2014. This Table contains the Part 1 crimes for the State of Colorado, and shows crime rates for the 11 cities with populations over 100,000 (Arvada, Aurora, Boulder, Centennial, Colorado Springs, Denver, Fort Collins, Lakewood, Pueblo, Thornton, and Westminster). The Table shows the 2012 crime rates and the 2013 crime rates through June 2013 for each of these cities. The author used this data to determine the trend of Part 1 crimes. Table 2 below shows the raw data:

As indicated in Table 2 (Appendix)

The author used the Table 2 data to develop Table 3 below:

As indicated in Table 3 (Appendix)

Data for 1.5 years does not show a trend. This is clearly a limitation of Table 3. Nevertheless, the table does give us preliminary data to make assumptions about the crime rates in these 11 cities since the passage of Amendment 64. Overall violent crime in these 11 cities has increased by 13.95 percent; property crimes have remained steady. What types of violent crimes could be influenced by legalization of marijuana? For murder, rival drug dealers, who see their share of the sale of marijuana diminishing due to legalization, might murder their rival drug dealers to gain a larger territory. This might be particularly so with rival gangs. For rape, the increase might be the result of unconsciousness due to passing out and being more vulnerable. For assault, the increase could be the result of purchasers being assaulted by someone who cannot afford to buy the recreational marijuana and sees an easy “target” coming out of a dispensary. Another possibility is home invasion robbery, particularly in homes being used as marijuana grow houses.

Law Enforcement Cost Reduction for Non-Enforcement of Marijuana Laws

A ubiquitous argument for legalization of marijuana is that it obviously will result in less law enforcement costs due to less police time being devoted to pursuing and arresting marijuana smokers, growers, and dealers. Shocking dollar figures of the savings are offered by marijuana legalization proponents. Are these figures accurate?

James Austin (2014) succinctly clarifies the marijuana law enforcement cost-debate with some erroneous assumptions. Austin claims that there is no link between marijuana use and crime in general, and this is a fallacious statement because the Mexican drug cartels murder rivals; marijuana growers on federal lands have been known to “shoot it out” with law enforcement officers who come upon their field, and there is absolutely no reason to believe that this will change with legalization. When marijuana becomes more and more expensive due to state taxes, users will continue to buy marijuana from street dealers, who will continue to kill each other for a greater share of the market. Murder and aggravated assault are crimes that law enforcement must investigate, regardless of the fact that the assailants are criminals assaulting other criminals.

To Austin’s credit, he does recognize that law enforcement costs are a fixed budgetary amount, independent of any figures offered by marijuana legalization advocates that there will be law enforcement savings by shifting law enforcement efforts away from marijuana enforcement to more “serious” crimes that deserve the attention of law enforcement. Austin states,

The primary problem with these estimates is that while they accurately reflect the proportionate level of costs they are not useful in estimating the savings to be realized if marijuana sales and possession were no longer criminalized. In fact, this somewhat simplistic and static cost-benefit model generates highly misleading and exaggerated cost savings claims because it fails to recognize that government agency budgets are relatively fixed and operate independent of the level of activities or events (arrests, prosecutions, and sentencing) reported by the agency (2014, para 8).

The Abilene Paradox Revisited

Dr. Jerry B. Harvey (1988) introduced the Abilene Paradox concept in 1988, but the precepts behind the concept are as applicable today as they were in 1988. Space in this paper does not permit a lengthy discussion of the Abilene Paradox. Below is a condensed explanation of what Harvey more commonly referred to as The Management of Agreement:

1. Organizational members (state politicians in this case) agree privately as to the nature of the situation or problem facing the organization (legalize marijuana or not).
2. Organizational members agree privately, as individuals, as to the steps that would be required to cope with the situation or problem they face (legalize marijuana because this seems to be what the people of the state want by referendum).
3. Organizational members fail to communicate their desires and/or beliefs to one another. In fact, they do just the opposite and thereby lead one another into misperceiving the collective reality (certainly there must have been legislators in Colorado and Washington who believed that legalization was a mistake but capitulated when confronted by lobbyist and the dollar figures from taxes).
4. With such invalid and inaccurate information (not considering the risks to all of the citizens of their respective states), organizational members make collective decisions that lead them to take actions contrary to what they should do, and thereby arrive at results that are counterproductive to the organization's intent and purposes (governments are established to pass laws that make the lives of all citizens better and free from harm, which is not the case with legalizing marijuana) (p. 2).

FINDINGS

Increase in Violent Crime in Colorado Since Passage of Amendment 64

Table 3 (Appendix) shows clearly that there is a trend of increasing violent crimes in the 11 Colorado cities with a population of 100,000 or greater since the passage of Amendment 64. Whether the cause of this increase is due to the passage of Amendment 64 is debatable; however, there is reason for concern. If this trend continues, there will be a stronger argument for marijuana legalization being a contributor. This certainly suggests that future research is in order to determine if this trend continues. Any argument that marijuana legalization does not contribute to UCR Part 1 crime is fallacious. Legalization will not suddenly eliminate the cartels, marijuana grows in remote areas and particularly on federal forest properties, or marijuana house grows so prevalent in California foreclosed homes.

Increase in Health Care Costs Associated with Marijuana Legalization

There is substantial health risk to marijuana in whatever form it is ingested. According to Dr. Ana Tagilafarro (2014), marijuana presents many health risks. Marijuana can severely affect the lungs. She cites a New Zealand study that found one marijuana cigarette can cause as much lung obstruction as 2.5 to 5 tobacco cigarettes. Marijuana can be contaminated with *Aspergillus*, a fungus that can be fatal. She noted that scientist have exposed mice to low doses of THC to both young and old mice and results show that less mature mice had significantly slower and more abnormal brain functions, indicating that juvenile marijuana users are at greater

risks. Tagliaferro also notes that pregnant women who smoke marijuana show lower birth weight, poorer eyesight and a higher incidence of a defect in the heart. These babies also have a higher risk of developing asthma, chest infections and breathing problems. Cognitive problems also showed up as lower scores in verbal, memory and reasoning ability tests at ages three and four. Finally, Tagilaferro notes that evidence shows that approximately 9percent of adult marijuana users become addicted, but this figure leaps to 17percent when teens use the drug. When adults use the drug daily, the addiction rate jumps to 25-50 percent.

The medical costs of treating marijuana addiction and the degenerative health effects such as premature births, lung disease, and special education for children whose cognitive ability is impaired will be astronomical and equal to, if not greater than, the cost of treating alcoholism.

Potential Law Suits by Marijuana Addicted Users

Just as tobacco smokers have brought law suits against the tobacco industry, the future portends law suits against states that have legalized marijuana and the marijuana distribution centers that these states have sanctioned. To believe otherwise is myopic. Previous discussion touched on the possibility that smoking marijuana can cause the same diseases that have been linked to tobacco such as lung cancer, emphysema, and chronic obstructive pulmonary disease. We have witnessed the federal and state governments sue tobacco companies, raise taxes on cigarettes in an attempt to make them cost prohibitive, and place labels on cigarettes with dire warnings of the consequences of smoking. All of this was done with the objective of putting the tobacco companies out of business, which, of course, has not happened. Have Colorado and Washington States now opened another Pandora's Box?

Alcohol Plus Marijuana: Do Two Wrongs Make a Right?

One of the commonly expressed justifications for the legalization of recreation marijuana is that the United States tried and failed to criminalize alcoholic beverages during the period known as the Prohibition Era. Lives were lost in murderous retaliation between rival suppliers, and the U.S. government spent millions of dollars and created a new law enforcement agency (The Alcohol, Tobacco, and Firearms Agency) in an attempt to enforce Prohibition. In the end the 21st Amendment repealed the 18th Amendment and alcohol was once again legally consumed. Should this be an argument in favor of legalizing marijuana for recreational use? Is marijuana use among Americans so prevalent and the demand so great that the federal government should capitulate and declare marijuana a legally possessed drug and allow all 50 states to pass legalization laws? The author's opinion is clearly this is not the case and there are many reasons to justify the federal government taking a stand against any further legalization of marijuana by the states and bringing law suits against the states that have. The conclusions section of this paper will enumerate in detail the reasons for taking a stance.

Will Legalization Bring an End to Drug Cartels and Importation of Marijuana from Mexico?

There is no reason to believe that legalization will suddenly end the lucrative smuggling of marijuana across the U.S.-Mexican border or the growing of marijuana on illegal farms on federal lands. In fact, legalization, with its 25-30 percent taxation, will make marijuana on the illicit market more attractive to the budget-conscious consumer. The same is true for the illegal marijuana farms. The cost of enforcing illegal importation of marijuana and policing marijuana grow farms will not change. Legalization is not a law enforcement cost reducer as proponents of legalization have espoused.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Legalization of marijuana for recreational use is ill-conceived and a violation of federal law. This seems to be a case of “the silent majority” remaining mute on this issue. This in turn allows the vocal proponents and their allies to exert pressure on state legislators to legalize a drug that has been declared a Schedule I illegal drug by the federal government under the Controlled Substances Act of 1970. A Schedule I drug is one that is a dangerous substance that has no recognized medical use and that has a high potential for abuse. In addition to marijuana, heroin, LSD and ecstasy are Schedule I substances. The labeling of marijuana as a Schedule I drug has not changed, and this paper has shown significant evidence that marijuana affects brain function and development, particularly in juveniles.

David Frum (2014) succinctly examined the marijuana legalization frenzy in Colorado and Washington that is poised to spread to Oregon and other states which see an opportunity to get into the drug sales business and reap tax benefits. Frum emphasizes what has been stressed in this paper—“that persistent and heavy marijuana use among adolescents has been shown to reduce their IQs as adults by 6 to 8 percent. Studies have also shown that adolescents who start using cannabis before age 17 are 3 times more likely to attempt suicide” (p. 24).

There is no reason to believe that legalization of marijuana will keep marijuana out of the hands of juveniles. In fact, as parents smoke their joints in the evening and their children watch sends the message that this is acceptable behavior. Studies have shown that children of parents who smoke cigarettes are significant more likely to become smokers themselves. The same prognosis is in store for marijuana-smoking parents.

Earlier in this paper, the author addressed the oft-cited argument that alcohol and tobacco are legal so marijuana should be, also. Frum notes that an important difference is that alcohol and tobacco are drugs on the decline. “Since 1980, per capita consumption of alcohol has dropped almost 20 percent. One-third of Americans smoked tobacco in 1980; fewer than one-fifth smoke today. DUI fatalities have decreased by than one-half since 1982” (2014, p. 24).

Frum notes that a 2013 study of Colorado teens in drug treatment found that 74 percent had shared someone else’s medical marijuana. Further evidence that the marijuana industry and advocates are seeking to lure in those under 21 are the products designed to appeal to the youngest consumers: cannabis-infused soda, cannabis-infused chocolate taffy, and cannabis-infused jujubes. Head shops are now legally selling “synthetic pot”, which are herbs sprayed with cannabinoids (synthetic THC). New Hampshire police have reported finding juveniles passed out in parks or in catatonic states. California has seen one teen death as a result of synthetic pot. Teens will find a way to get marijuana in any form they can; legalized recreational marijuana just makes it much easier for them to do so.

Sedentary and Hungry Marijuana Smokers

In the Literature Review, the author identified Increased Appetite (munchies) as one of the psychological symptoms of smoking marijuana. Another effect of marijuana smoking is lethargy. When lethargy is combined with increased consumption of calories, the inevitable result is weight gain. Researchers and physicians at The Centers for Disease Control and Prevention have determined that one-third of Americans are obese. The Center also estimates that the annual medical costs of obesity is 147 billion dollars. These figures cannot be attributed to marijuana smoking alone; nevertheless, continued legalization of marijuana will certainly become a new contributing factor. Who will pay for the ever-increasing medical costs that will be exacerbated by marijuana smokers? The answer is clearly the same as it is now: the American taxpayer and American medical insurance purchaser. Therefore, indirectly, the non-marijuana smoking citizens will be paying for the ills of the marijuana smokers.

Let's Legalize Anabolic Steroids

Proponents of anabolic steroids could make a similar argument in favor of their drug as have the proponents of marijuana. Anabolic steroids are a synthetic form of testosterone. Steroids are legally prescribed to treat hypogonadism, a condition in which the testes do not produce sufficient testosterone for normal growth, development, and sexual functioning. The primary medical uses of these compounds are to treat delayed puberty, some types of impotence, and wasting of the body caused by HIV infection or other diseases (National Institute on Drug Abuse, 2014). However, steroids are much more popular with athletes in general and professional athletes in particular because they can enlarge muscles, increase strength and speed, and make a good athlete even better and more competitive. Prescriptions are not given to athletes for this purpose so they must get the drug from illicit sources. Famous cases of athletes using steroids are baseball players, Barry Bonds, Alex Rodriguez, and Roger Clemens; and cyclist, Lance Armstrong. These athletes sought to take their performance beyond their natural capabilities by purchasing and using illegally obtained steroids. Ostensibly the steroids worked because all four of these athletes excelled to the highest level of competition in their respective sports. Many fans of these sports expressed displeasure when these athletes were either prosecuted or banned from their sport.

Comparing steroids with marijuana, the similarity is “why don't we just give the public what they want!” If steroids make athletes better athletes, the federal government and states should make steroids legal so that the fans can enjoy more home runs and more winning cyclist. The only known death of a professional athlete to admit to using anabolic steroids is Lyle Alzado, who played for the Oakland Raiders super bowl team of 1985. Nevertheless, his death was never linked directly to his steroid use. Many other known and unknown athletes have used anabolic steroids and show no adverse symptoms. Consequently, the risks are minimal and the public demand is great. This is the same argument given by the marijuana legalization proponents. Legalization of steroids would allow the states to regulate its distribution and, best of all; the politicians could tax the sales at 25-30 percent as is the case with marijuana.

Police Officer Selection and Marijuana Use

Legalization of recreational marijuana means that marijuana use can no longer be a factor in screening out police officer applicants. Applicants for police officer positions in Colorado and Washington can now admit to marijuana use and not have this be a screening-out factor. In fact, when hired as a police officer in these states, the officer can continue smoking marijuana during his or her off-duty hours. These officers can join in with others during their off-duty time and be a part of weed-parties. Is this the image the states want to portray for their enforcers of the laws?

Recommendations

If the U.S. Department of Justice stands by and tacitly allows the states to continue passing legalized recreational marijuana laws, the marijuana market will continue to grow and lobbyist will infiltrate state after state with bags of money to promote their continued expansion. Proof of this is the power of the NRA in preventing Congress and the states from weakening any existing gun laws.

Marijuana enforcement should not be a law enforcement priority, but this does not mean the drug should be legalized. Frum (2014) recommends civil penalties and treatment versus jail

or prison for repeat users. Fines are the best method of sanctioning marijuana use, and these fines should be progressive for repeated use. However, sales of marijuana or possession of large amounts which indicates sales has to continue being at least what is termed a wobbler in California law. A wobbler allows district attorneys to charge a crime either as a misdemeanor or a felony depending on priors or other extenuating circumstances. Marijuana use by juveniles, which should be considered more serious and receive greater criminal justice resources, should be handled exclusively through the restorative justice process. The funds received from fines should be used exclusively for drug treatment centers and mass media campaigns directed at youths 12-21. These public service ads should show video of juveniles passed out from smoking marijuana, and MRIs of how marijuana depletes the brain's growth, resulting in a lower IQ. These sorts of campaigns have worked over the years to drastically reduce tobacco and alcohol use and abuse. There is no reason to believe that it will not work to reduce the dependence on marijuana.

APPENDIX

Table 1—States That Have Legalized Marijuana for Medicinal Purposes

State	Year Passed
1. Arizona	2010
2. California	1996
3. Colorado	2000
4. Connecticut	2012
5. DC	2010
6. Delaware	2011
7. Hawaii	2000
8. Illinois	2013
9. Maine	1999
10. Maryland	2014
11. Massachusetts	2012
12. Michigan	2008
13. Minnesota	2014
14. Montana	2004
15. Nevada	2000
16. New Hampshire	2013
17. New Jersey	2010
18. New Mexico	2007
19. New York	2014
20. Oregon	1998
21. Rhode Island	2006

22. Vermont

2004

23. Washington

1998

Table 2 - January 2012-June 2013 Part 1 Crime Rates for the 11 Cities in Colorado with Population >100,000

City		Population	Violent crime	Murder	Rape	Robbery	Aggravated assault	Property crime	Burglary	Larceny-theft	Motor vehicle theft
ARVADA	2012	109,029	77	0	13	21	43	1,270	193	1,001	76
	2013		75	0	17	13	45	1,366	168	1,108	90
AURORA	2012	336,952	743	8	103	245	387	5,048	920	3,674	454
	2013		714	10	117	240	347	5,328	952	3,917	459
BOULDER	2012	100,257	102	0	17	24	61	1,442	233	1,148	61
	2013		142	0	23	13	106	1,333	223	1,066	44
CENTENNIAL	2012	104,022	78	0	19	18	41	703	152	512	39
	2013		86	5	20	12	49	571	88	456	27
COLORADO SPRINGS	2012	432,287	975	11	203	229	532	8,500	1,734	6,021	745
	2013		884	14	180	191	499	8,564	1,744	5,899	921
DENVER	2012	628,545	1,826	20	200	527	1,079	10,807	2,334	6,777	1,696
	2013		1,765	20	216	492	1,037	11,237	2,290	7,295	1,652
FORT COLLINS	2012	148,792	203	1	26	21	155	2,020	281	1,674	65
	2013		177	0	35	14	128	1,813	239	1,512	62
LAKEWOOD	2012	146,404	316	0	44	75	197	3,038	420	2,376	242
	2013		321	4	59	59	199	3,536	436	2,800	300

City		Population	Violent crime	Murder	Rape	Robbery	Aggravated assault	Property crime	Burglary	Larceny-theft	Motor vehicle theft
PUEBLO	2012	109,065	391	4	12	93	282	3,318	908	2,195	215
	2013		466	1	84	110	271	3,561	867	2,486	208
THORNTON	2012	123,115	149	1	24	23	101	1,603	228	1,228	147
	2013		126	3	31	18	74	1,445	182	1,095	168
WESTMINSTER	2012	109,461	120	0	13	20	87	1,364	197	1,046	121
	2013		120	1	9	28	82	1,430	212	1,039	179

Source: UCR Table 4 Crime in the United States, Colorado, Cities over 100,000 population. Retrieved on August 13, 2014, from http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/preliminary-semiannual-uniform-crime-report-january-june-2013/tables/table-4-cuts/table_4_offenses_reported_to_law_enforcement_by_state_colorado_through_idaho_2013.xls

Table 3 – Percent Change in Crime Rate for the 11 Colorado Cities with Population >100,000 for the Period January 2012-June 2013

City	Violent Crime percent change	Murder percent change	Rape percent change	Robbery percent change	Aggravated Assault percent change	Property Crimes percent change	Burglary percent change	Larceny percent change	Motor Vehicle Theft percent change
Arvada	-2.6	Unchanged	+30.7	-38	+4.7	+7.6	-13	+10.7	+18.4
Aurora	-3.9	+25	-13.6	-2	-10.33	+5.5	-3.5	+6.6	+1.1
Boulder	+39.2	Unchanged	+35.3	-45.8	+73.8	-7.6	-4.3	-7.1	-27.9
Centennial	+10.3	+500	+5.2	-33.3	+19.5	-18.8	-42.1	-10.9	-30.8
Colorado Springs	-9.33	+23.3	-11.3	-16.6	-6.2	+80	+50	-2.0	+23.6
Denver	-3.3	Unchanged	-6.6	-3.9	+4.0	+40.0	+19.0	+7.6	-2.6
Ft. Collins	-12.8	-100	+34.6	-33.3	-17.4	-10.24	-14.9	-9.7	-4.6

Lakewood	+106	+400	+34.1	-21.3	+1.0	+16.4	+3.81	+17.8	+24
Pueblo	+19.2	-75	+600	+18.3	-3.9	+7.3	-4.5	+13.3	-29.3
Thornton	-15.4	+200	+29.1	-21.7	-26.7	-9.9	-10.8	-4.5	+14.3
Westminster	Unchanged	+100	-30.8	+40	-5.7	+4.8	+7.6	+60	+47.9
Totals = Difference between - and +	+13.95	+97.94	+64.25	-14.35	+2.97	0.0	-79.3	-79.3	0.0

REFERENCES

- Austin, J. (2014). The decrim. movement. *National Organization for Reform of Marijuana Laws*. Retrieved on August 10, 2014, from <http://norml.org/component/zoo/category/rethinking-the-consequences-of-decriminalization-marijuana>
- Ballotpedia. (2012). Colorado marijuana legalization initiative, amendment 64 (2012). Retrieved on August 15, 2014, from [http://ballotpedia.org/Colorado_Marijuana_Legalization_Initiative_Amendment_64_\(2012\)](http://ballotpedia.org/Colorado_Marijuana_Legalization_Initiative_Amendment_64_(2012)).
- Frum, D. (2014). Don't go to pot: The case against the legalization of marijuana. *The Daily Beast*. Retrieved on August 20, 2014, from
- Harvey, J.B. (1988, Summer). The abilene paradox: The management of agreement. *Organizational Dynamics*, pp. 17-43. Retrieved on August 21, 2014, from <http://www.rmastudies.org.nz/documents/AbileneParadoxJerryHarvey.pdf>.
- Morris, R.G.; TenEyck, M.; Barnes, J.C.; Kovandzic, T.V. (2014, March 26). The effect of medical marijuana laws on crime: Evidence from state panel data, 1990-2006. *PLOS ONE*, DOI: 10.1371/journal.pone.0092816. Retrieved on August 18, 2014, from <http://www.plosone.org/article/info%3Adoi%F10.1371%Fjournal.pone.0092816#pone.0092816-American/>
- National Institute on Drug Abuse. (2006). *What are anabolic steroids?* Retrieved on August 22, 2014, from <http://www.drugabuse.gov/publications/research-reports/anabolic-steroid-abuse/what-are-anabolic-steroids>.
- National Organization for Reform of Marijuana Laws. (n.d.). *Federal laws and penalties*. Retrieved on August 11, 2014, from <http://norml.org/laws/item/federal-penalties-2>.
- O'Leary, D.S.; Block, R.I.; Koepfel, J.A.; Flaum, M.; Schultz, S.K.; Andreasen, N.C.; Ponto, L.B.; Watkins, G.L.; Hurtig, R.R.; & Hickwa, R.D. (2002). Effects of smoking marijuana on brain perfusion and cognition. *Neuropsychopharmacology*, 26(6), 802-816.
- Pro-Con.org. (2014). Medical marijuana: pros and cons. Should marijuana be a medical option? Retrieved on August 5, 2014, from <http://medicalmarijuana.procon.org/view.answers.php?questionID=1325>.

- Szalavitz, M. (2011, October 18). Heavy drinking costs the u.s. \$223.5 billion annually: CDC. Time Magazine. Retrieved on August 23, 2014, from <http://heartland.time.com/2011/10/18/heavy-drinking-costs-the-u-s-223-5-billion-annually-cdc/>.
- Tagliaferro, A.G. (2014). Marijuana also affects the mind and one's whole life through addiction. *Narconon International*. Retrieved on August 16, 2014, from <http://www.narconon.org/drug-abuse/marijuana/mind.html>
- UCR. (2014). Crime in the u.s. table 4, colorado, cities over 100,000 population. Retrieved on August 13, 2014, from http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/preliminary-semiannual-uniform-crime-report-january-june-2013/tables/table-4-cuts/table_4_offenses_reported_to_law_enforcement_by_state_colorado_through_idaho_2013.xls.
- Volkow, N.D.; Gillespie, H.; Mallani, M.; Tancredi, L.; Hollister, L.; Ivanovic, M.; & Frant, C. (1991a). Use of positron emission tomography to investigate the action of marijuana in the human brain. *Advanced Bioscience Laboratories*, 80, 3-11.
- WebMD. (2012, July 23). Marijuana use and its effects. *Substance Abuse and Addiction Health Center*. Retrieved on August 5, 2014, from <http://webmd.com/mental-health/addiction/marijuana-use-and-its-effects>.
- Wikipedia. (2014, July 7). *Washington initiative 502*. Retrieved on August 12, 2014, from http://en.wikipedia.org/wiki/Washington_Initiative_502.

