

## PART FIVE

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# What about Marijuana?

Even if one takes every reefer madness allegation of the prohibitionists at face value, marijuana *prohibition* has done far more harm to far more people than marijuana ever could.

William F. Buckley, Jr.  
*New York Post*  
February 27, 1999

No drug matches the threat posed by marijuana.

John Walters  
Office of National Drug Control Policy  
November 2003



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## An End to Marijuana Prohibition: The Drive to Legalize Picks Up

Ethan A. Nadelmann

*Ethan A. Nadelmann is the founder and director of the Drug Policy Alliance.*

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**N**ever before have so many Americans supported decriminalizing and even legalizing marijuana. Seventy-two percent say that for simple marijuana possession, people should not be incarcerated but fined: the generally accepted definition of “decriminalization.”<sup>1</sup> Even more Americans support making marijuana legal for medical purposes. Support for broader legalization ranges between 25 and 42 percent, depending on how one asks the question.<sup>2</sup> Two of every five Americans—according to a 2003 Zogby poll—say “the government should treat marijuana more or less the same way it treats alcohol: It should regulate it, control it, tax it, and only make it illegal for children.”<sup>3</sup>

Close to 100 million Americans—including more than half of those between the ages of 18 and 50—have tried marijuana at least

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1. Joel Stein, “The New Politics of Pot,” *Time*, 4 November 2002. Available online at <http://www.time.com/time/covers/1101021104/story.html>. For more polling information, see <http://www.drugpolicy.org/library/publicopinio/>.

2. Ibid.; “Poll Finds Increasing Support For Legalizing Marijuana,” *Alcoholism and Drug Abuse Weekly*, 15, No. 27 (2003): 8; Zogby International, “National Views on Drug Policy” (Utica, New York: Zogby, April 2003). The poll was conducted during April 2003. Forty-one percent of respondents stated that marijuana should be treated in a similar manner as alcohol.

3. Ibid.

once.<sup>4</sup> Military and police recruiters often have no choice but to ignore past marijuana use by job seekers.<sup>5</sup> The public apparently feels the same way about presidential and other political candidates. Al Gore,<sup>6</sup> Bill Bradley,<sup>7</sup> and John Kerry<sup>8</sup> all say they smoked pot in days past. So did Bill Clinton, with his notorious caveat.<sup>9</sup> George W. Bush won't deny he did.<sup>10</sup> And ever more political, business, religious, intellectual, and other leaders plead guilty as well.<sup>11</sup>

The debate over ending marijuana prohibition simmers just below the surface of mainstream politics, crossing ideological and partisan boundaries. Marijuana is no longer the symbol of sixties rebellion and seventies permissiveness, and it's not just liberals and libertarians who say it should be legal, as William F. Buckley Jr. has demonstrated better than anyone. As director of the country's leading drug policy reform organization, I've had countless conversations with police and prosecutors, judges and politicians, and hundreds of others who quietly agree that the criminalization of marijuana is costly, foolish, and destructive. What's most needed now is principled conservative leadership. Buckley has led the way, and New Mexico's former

4. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, *National Survey on Drug Use and Health, 2002* (Maryland: U.S. Department of Health and Human Services, 2003): Table 1.31A.

5. Jesse Katz, "Past Drug Use, Future Cops," *Los Angeles Times*, 18 June 2000; "Alcohol and drug disqualifications," *Military.com*, Military Advantage, 2004, [http://www.military.com/Recruiting/Content/0,13898.rec\\_step07\\_DQ\\_alcohol\\_drug.00.html](http://www.military.com/Recruiting/Content/0,13898.rec_step07_DQ_alcohol_drug.00.html) (17 June 2004).

6. Yvonne Abraham, "Campaign 2000/McCain: Crime and Drugs the Topic in South Carolina," *The Boston Globe*, 9 February 2000.

7. Greg Freeman, "Blagojevich's Pot Use Is Raising Eyebrows, But It Isn't Big News," *St. Louis Post-Dispatch*, 19 September 2002.

8. Bob Dart, "Democrat Hopefuls Pin Hearts on Sleeves; Political 'Oprahization' Means That Confession Is Good for the Poll," *The Austin American Statesman*, 8 December 2003.

9. John Stossel and Sam Donaldson, "Give Me a Break: Politicians Don't Always Do What They Say Or What They Do," *20/20 Friday*, ABC News, 25 August 2000.

10. *Ibid.*

11. See [http://www.norml.org/index.cfm?Group\\_ID=3461](http://www.norml.org/index.cfm?Group_ID=3461).

governor, Gary Johnson, spoke out courageously while in office. How about others?

#### A SYSTEMIC OVERREACTION

Marijuana prohibition is unique among American criminal laws. No other law is both enforced so widely and harshly and yet deemed unnecessary by such a substantial portion of the populace.

Police make about 700,000 arrests per year for marijuana offenses.<sup>12</sup> That's almost the same number as are arrested each year for cocaine, heroin, methamphetamine, Ecstasy, and all other illicit drugs combined.<sup>13</sup> Roughly 600,000, or 87 percent, of marijuana arrests are for nothing more than possession of small amounts.<sup>14</sup> Millions of Americans have never been arrested or convicted of any criminal offense except this.<sup>15</sup> Enforcing marijuana laws costs an estimated \$10 to 15 billion in direct costs alone.<sup>16</sup>

Punishments range widely across the country, from modest fines to a few days in jail to many years in prison. Prosecutors often contend that no one goes to prison for simple possession—but tens, perhaps hundreds, of thousands of people on probation and parole are locked up each year because their urine tested positive for marijuana or because they were picked up in possession of a joint. Alabama currently locks up people convicted three times of marijuana *possession*

12. Federal Bureau of Investigation, Division of Uniform Crime Reports, *Crime in the United States: 2002* (Washington, D.C.: U.S. Government Printing Office, 2003): 234. Available online at <http://www.fbi.gov/ucr/02cius.htm>.

13. 840,000 arrests were made for all other drugs combined. *Ibid.*

14. *Ibid.*

15. There have been more than 11 million marijuana arrests made in the U.S. since 1970. See Federal Bureau of Investigation, *Uniform Crime Reports*, Washington, D.C.: Department of Justice, 1966–2002.

16. See [http://www.norml.org/index.efm?Group\\_ID=4444&wtm\\_format=print/prohibcost](http://www.norml.org/index.efm?Group_ID=4444&wtm_format=print/prohibcost). See also Marijuana Policy Project, “Marijuana Prohibition Facts 2004,” 2004, <http://mpp.org/pdf/prohfact.pdf> (18 June 2004); Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002): 235.

for 15 years to life.<sup>17</sup> There are probably—no firm estimates exist—100,000 Americans behind bars tonight for one marijuana offense or another.<sup>18</sup> And even for those who don't lose their freedom, simply being arrested can be traumatic and costly. A parent's marijuana use can be the basis for taking away her children and putting them in foster care.<sup>19</sup> Foreign-born residents of the United States can be deported for a marijuana offense no matter how long they have lived in this country, no matter if their children are U.S. citizens, and no matter how long they have been legally employed.<sup>20</sup> More than half the states revoke or suspend driver's licenses of people arrested for marijuana possession even though they were not driving at the time of arrest.<sup>21</sup> The federal Higher Education Act prohibits student loans to young people convicted of any drug offense;<sup>22</sup> all other criminal offenders remain eligible.<sup>23</sup>

17. The Alabama Sentencing Commission, *Recommendations for Reform of Alabama's Criminal Justice System 2003 Report* (Alabama: Alabama Sentencing Commission, March 2003): 22, 23.

18. Estimated by Marijuana Policy Project, based on Bureau of Justice Statistics, *Prisoners in 2001*, U.S. Department of Justice (Washington, D.C.: U.S. Government Printing Office, 2002); Bureau of Justice Statistics, U.S. Department of Justice, *Prison and Jail Inmates at Midyear 2001* (Washington, D.C.: U.S. Government Printing Office, 2002); Bureau of Justice Statistics, U.S. Department of Justice, *Profile of Jail Inmates, 1996* (Washington, D.C.: U.S. Government Printing Office, 1998); Bureau of Justice Statistics, U.S. Department of Justice, *Substance Abuse and Treatment, State and Federal Prisoners 1997* (Washington, D.C.: U.S. Government Printing Office, 1999). All reports available online at <http://www.ojp.usdoj.gov/bjs/pubalp2.htm>.

19. Judy Appel and Robin Levi, *Collateral Consequences: Denial of Basic Social Services Based on Drug Use* (California: Drug Policy Alliance, June 2003). Available online at [http://www.drugpolicy.org/docUploads/Postincarceration\\_abuses\\_memo.pdf](http://www.drugpolicy.org/docUploads/Postincarceration_abuses_memo.pdf).

20. Carl Hiaasen, "New Rules Trap Immigrants with Old Secrets," *The Miami Herald*, 30 May 2004.

21. Paul Samuels and Debbie Mukamal, *After Prison: Roadblocks to Reentry: A Report on State Legal Barriers Facing People With Criminal Records* (New York: Legal Action Center, 2004). Available online at [http://www.lac.org/lac/upload/lacreport/LAC\\_Print\\_Report.pdf](http://www.lac.org/lac/upload/lacreport/LAC_Print_Report.pdf).

22. *Higher Education Act of 1998*, U.S. Code. Title 20, Sec. 1091.

23. According to data from the Department of Education analyzed by Students for Sensible Drug Policy, over 150,000 students have lost aid thus far due to the provision.

This is clearly an overreaction on the part of government. No drug is perfectly safe, and every psychoactive drug can be used in ways that are problematic. The federal government has spent billions of dollars on advertisements and anti-drug programs that preach the dangers of marijuana—that it's a gateway drug, and addictive in its own right, and dramatically more potent than it used to be, and responsible for all sorts of physical and social diseases as well as international terrorism.<sup>24,25</sup> But the government has yet to repudiate the 1988 finding of the Drug Enforcement Administration's own administrative law judge, Francis Young, who concluded after extensive testimony that "marijuana in its natural form is one of the safest therapeutically active substances known to man."<sup>26</sup>

Is marijuana a gateway drug? Yes, insofar as most Americans try marijuana before they try other illicit drugs. But no, insofar as the vast majority of Americans who have tried marijuana have never gone on to try other illegal drugs, much less get in trouble with them, and most have never even gone on to become regular or problem marijuana users.<sup>27</sup> Trying to reduce heroin addiction by preventing marijuana use, it's been said, is like trying to reduce motorcycle fatalities

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See Greg Winter, "A Student Aid Ban for Past Drug Use Is Creating a Furor," the *New York Times*, 13 March 2004; Alexandra Marks, "No Education Funds for Drug Offenders," *Christian Science Monitor*, 24 April 2001; John Kelly, "Students Seeking Aid Not Answering Drug Questions," *Associated Press*, 21 March 2000.

24. See <http://www.mediacampaign.org/mg/index.html>.

25. Theresa Howard, "U.S. Crafts Anti-Drug Message," *USA Today*, 15 March 2004.

26. Drug Enforcement Administration, *In the Matter of Marijuana Rescheduling Petition* [Docket #86-22] (Washington, D.C.: U.S. Department of Justice, 6 September 1988): 57.

27. Based on data from *National Household Survey on Drug Abuse: Population Estimates 1994* (Rockville, MD: U.S. Department of Health and Human Services, 1995); *National Household Survey on Drug Abuse: Main Findings 1994* (Rockville, MD: U.S. Department of Health and Human Services, 1996). See also D. B. Kandel and M. Davies, "Progression to Regular Marijuana Involvement: Phenomenology and Risk Factors for Near-Daily Use," *Vulnerability to Drug Abuse*, Eds. M. Glantz and R. Pickens (Washington, D.C.: American Psychological Association, 1992): 211-253.

by cracking down on bicycle riding.<sup>28</sup> If marijuana did not exist, there's little reason to believe that there would be less drug abuse in the U.S.; indeed, its role would most likely be filled by a more dangerous substance.

Is marijuana dramatically more potent today? There's certainly a greater variety of high-quality marijuana available today than 30 years ago. But anyone who smoked marijuana in the 1970s and 1980s can recall smoking pot that was just as strong as anything available today.<sup>29</sup> What's more, one needs to take only a few puffs of higher-potency pot to get the desired effect, so there's less wear and tear on the lungs.<sup>30</sup>

Is marijuana addictive? Yes, it can be, in that some people use it to excess, in ways that are problematic for themselves and those around them, and find it hard to stop. But marijuana may well be the least addictive and least damaging of all commonly used psychoactive drugs, including many that are now legal.<sup>31</sup> Most people who smoke marijuana never become dependent.<sup>32</sup> Withdrawal symptoms pale compared with those from other drugs. No one has ever died from a marijuana overdose, which cannot be said of most other drugs.<sup>33</sup> Marijuana is not associated with violent behavior and only

28. Lynn Zimmer and John P. Morgan, *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence* (New York: Drug Policy Alliance, 1997): 37–38.

29. *Ibid.*, 134–141.

30. Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002): 130.

31. Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., Eds., *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy of Sciences Institute of Medicine, 1999): 89–91. Available online at <http://books.nap.edu/html/marimed/>.

32. See the findings of the Canadian Committee on Illegal Drugs, available at <http://www.parl.gc.ca/37/1/perlbuss/commbus/senate/com-e/ille-e/rep-e/summary-e.pdf>. Pierre Claude Nolin, Chair, Senate Special Committee on Illegal Drugs, *Cannabis: Our Position for a Canadian Public Policy: Summary Report* (Ontario: Senate of Canada, 2002).

33. I. Greenberg, "Psychiatric and Behavioral Observations of Casual and Heavy Marijuana Users," *Annals of the New York Academy of Sciences*, 282 (1976): 72–84; N. Solowij et al., "Biophysical Changes Associated with Cessation of Cannabis Use: A Single Case



minimally with reckless sexual behavior.<sup>34</sup> And even heavy marijuana smokers smoke only a fraction of what cigarette addicts smoke. Lung cancers involving only marijuana are rare.<sup>35</sup>

The government's most recent claim is that marijuana abuse accounts for more people entering treatment than any other illegal drug. That shouldn't be surprising, given that tens of millions of Americans smoke marijuana while only a few million use all other illicit drugs.<sup>36</sup> But the claim is spurious nonetheless. Few Americans who enter "treatment" for marijuana are addicted. Fewer than one in five people entering drug treatment for marijuana do so voluntarily.<sup>37</sup> More than half were referred by the criminal justice system.<sup>38</sup> They go because they got caught with a joint or failed a drug test at school or work (typically for having smoked marijuana days ago, not

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Study of Acute and Chronic Effects, Withdrawal and Treatment," *Life Sciences* 56 (1995): 2127–2135; A. D. Bensusan, "Marihuana Withdrawal Symptoms," *British Journal of Medicine* 3 (1971): 112.

34. Numerous government commissions investigating the relationship between marijuana and violence have concluded that marijuana does not cause crime. See National Commission on Marihuana and Drug Abuse, *Marihuana: A Signal of Understanding* (Washington, D.C.: U.S. Government Printing Office, 1972): 77; Pierre Claude Nolin, Chair, Senate Special Committee on Illegal Drugs, *Cannabis: Our Position for a Canadian Public Policy: Summary Report* (Ontario: Senate of Canada, 2002). See also Lynn Zimmer and John P. Morgan, *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence* (New York: Drug Policy Alliance, 1997): 7, 88–91.

35. S. Sidney, C. P. Quesenberry, G. D. Friedman, and I. S. Tekawa, "Marijuana Use and Cancer Incidence," *Cancer Cause and Control* 8 (1997): 722–728; Lynn Zimmer and John P. Morgan, *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence* (New York: Drug Policy Alliance, 1997): 7, 112–116; Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002): 155–158.

36. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, *National Survey on Drug Use and Health, 2002* (Maryland: U.S. Department of Health and Human Services, 2003): 4, 5.

37. Substance Abuse and Mental Health Services Administration, *2003 Treatment Episode Data Set: 1992–2001*, National Admissions to Substance Abuse Treatment Services, DASIS Series: S-20 (Maryland: U.S. Department of Health and Human Services, 2003): 122.

38. *Ibid.*

for being impaired), or because they were caught by a law-enforcement officer—and attending a marijuana “treatment” program is what’s required to avoid expulsion, dismissal, or incarceration.<sup>39</sup> Many traditional drug treatment programs shamelessly participate in this charade to preserve a profitable and captive client stream.<sup>40</sup>

Even those who recoil at the “nanny state” telling adults what they can or cannot sell to one another often make an exception when it comes to marijuana—to “protect the kids.” This is a bad joke, as any teenager will attest. The criminalization of marijuana for adults has not prevented young people from having better access to marijuana than anyone else. Even as marijuana’s popularity has waxed and waned since the 1970s, one statistic has remained constant: More than 80 percent of high school students report it’s easy to get.<sup>41</sup> Meanwhile, the government’s exaggerations and outright dishonesty easily backfire. For every teen who refrains from trying marijuana because it’s illegal (for adults), another is tempted by its status as “forbidden fruit.”<sup>42</sup> Many respond to the lies about marijuana by disbelieving warnings about more dangerous drugs. So much for protecting the kids by criminalizing the adults.

39. Ibid.

40. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, “Coerced Treatment Among Youths: 1993 to 1998,” *The DASIS Report*, 21 September 2001.

41. L. D. Johnston, P. M. O’Malley, and J. G. Bachman, *Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings, 2003* (Bethesda, Maryland: National Institute on Drug Abuse, 2004); Ann L. Pastore and Kathleen Maguire, Eds., U.S. Department of Justice, Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics 2001* (Washington, D.C.: U.S. Government Printing Office, 2002): 173.

42. Svetlana Kolchik, “More Americans Used Illegal Drugs in 2001, U.S. Study Says,” *USA Today*, 6 September 2002; Corky Newton, *Generation Risk: How to Protect Your Teenager from Smoking and Other Dangerous Behaviors* (New York: M. Evans and Company, 2001).

## THE MEDICAL DIMENSION

The debate over medical marijuana obviously colors the broader debate over marijuana prohibition. Marijuana's medical efficacy is no longer in serious dispute. Its use as a medicine dates back thousands of years.<sup>43</sup> Pharmaceutical products containing marijuana's central ingredient, THC, are legally sold in the U.S., and more are emerging.<sup>44,45,46</sup> Some people find the pill form satisfactory, and others consume it in teas or baked products. Most find smoking the easiest and most effective way to consume this unusual medicine,<sup>47</sup> but non-smoking consumption methods, notably vaporizers, are emerging.<sup>48</sup>

Federal law still prohibits medical marijuana.<sup>49</sup> But every state ballot initiative to legalize medical marijuana has been approved, often by wide margins—in California, Washington, Oregon, Alaska,

43. Ernest Abel, *Marijuana: The First Twelve Thousand Years* (New York: McGraw Hill, 1982); Martin Booth, *Cannabis: A History* (London: Doubleday, 2003); Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., Eds., *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy of Sciences Institute of Medicine, 1999): 19. Available online at <http://books.nap.edu/html/marimed/>.

44. Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., Eds., *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy of Sciences Institute of Medicine, 1999): 16. Available online at <http://books.nap.edu/html/marimed/>.

45. "Marijuana-Based Drug Developed to Treat MS," *Calgary Sun*, 12 May 2004.

46. Heather Stewart, "Late Again: GW's Cannabis-Based Painkiller," *The Guardian*, 1 May 2004.

47. See Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., Eds., *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy of Sciences Institute of Medicine, 1999): 27–29; and Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002): 171.

48. Dale Gieringer, Joseph St. Laurent, and Scott Goodrich, "Cannabis Vaporizer Combines Efficient Delivery of THC with Effective Suppression of Pyrolytic Compounds," *Journal of Cannabis Therapeutics* 4 (2004): 7–27. A British pharmaceutical company, GW Pharmaceuticals, has developed an oral spray to dispense cannabis to medical-marijuana patients. See <http://gwpharm.co.uk/> for more information.

49. *Schedules of Controlled Substances, U.S. Code, Title 21, Sec. 812.*

Colorado, Nevada, Maine, and Washington, D.C.<sup>50</sup> State legislatures in Vermont,<sup>51</sup> Hawaii,<sup>52</sup> and Maryland<sup>53</sup> have followed suit, and many others are now considering their own medical marijuana bills—including New York,<sup>54</sup> Connecticut,<sup>55</sup> Rhode Island,<sup>56</sup> and Illinois.<sup>57</sup> Support is often bipartisan, with Republican governors like Gary Johnson and Maryland's Bob Ehrlich taking the lead.<sup>58,59</sup> In New York's 2002 gubernatorial campaign, the conservative candidate of the Independence party, Tom Golisano, surprised everyone by campaigning heavily on this issue.<sup>60</sup> The medical marijuana bill now before the New York legislature is backed not just by leading Republicans but even by some Conservative party leaders.<sup>61</sup>

The political battleground increasingly pits the White House—first under Clinton and now Bush—against everyone else. Majorities in virtually every state in the country would vote, if given the chance, to legalize medical marijuana.<sup>62</sup> Even Congress is beginning to turn;

50. Bill Piper et al., *State of the States: Drug Policy Reforms: 1996–2002* (New York: Drug Policy Alliance, 2003): 42. Available online at <http://states.drugpolicy.org>.

51. David Gram, "Vermont's Medical Marijuana Bill to Be Law," *Associated Press*, 20 May 2004.

52. Associated Press, "Hawaii Becomes First State to Approve Medical Marijuana Bill," the *New York Times*, 15 June 2000.

53. Craig Whitlock and Lori Montgomery, "Ehrlich Signs Marijuana Bill; Maryland Governor Weighs Independence, GOP Loyalty," the *Washington Post*, 23 May 2003; Angela Potter, "Maryland Governor Signs Medical Marijuana Bill Into Law," *Associated Press*, 22 May 2003.

54. Ellis Henican, "High Hopes for Pot," *Newsday*, 16 June 2004.

55. Ken Dixon, "State Urged to Legalize Medical Marijuana Use," *Connecticut Post*, 2 April 2004.

56. "Medical Marijuana in Rhode Island," the *Providence Journal*, 19 May 2004.

57. "Medical Marijuana Debate on Hold," the *State Journal-Register*, 3 March 2004.

58. Matthew Miller, "He Just Said No to the Drug War," the *New York Times Magazine*, 20 August 2000.

59. Richard Willing, "Attitudes Ease Toward Medical Marijuana," *USA Today*, 22 May 2003.

60. Seanne Adcox, "Golisano Proposes Medical Use of Marijuana," *New York Newsday*, 17 October 2002.

61. John H. Wilson, "Medical Marijuana Helps Seriously Ill," *Albany Times Union*, 24 March 2004.

62. See Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., Eds., *Marijuana*

last summer about two-thirds of House Democrats and a dozen Republicans voted in favor of an amendment co-sponsored by Republican Dana Rohrabacher to prohibit federal funding of any Justice Department crackdowns on medical marijuana in the states that had legalized it.<sup>63,64</sup> (Many more Republicans privately expressed support, but were directed to vote against.) And federal courts have imposed limits on federal aggression: first in *Conant v. Walters*,<sup>65</sup> which now protects the First Amendment rights of doctors and patients to discuss medical marijuana, and more recently in *Raich v. Ashcroft*<sup>66</sup> and *Santa Cruz v. Ashcroft*,<sup>67</sup> which determined that the federal government's power to regulate interstate commerce does not provide a basis for prohibiting medical marijuana operations that are entirely local and noncommercial. (The Supreme Court let the *Conant* decision stand,<sup>68</sup> but has yet to consider the others.)

State and local governments are increasingly involved in trying to regulate medical marijuana, notwithstanding the federal prohibition. California, Oregon, Hawaii, Alaska, Colorado, and Nevada have created confidential medical marijuana patient registries, which pro-

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*and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy of Sciences Institute of Medicine, 1999): 18; and Richard Schmitz and Chuck Thomas, *State-By-State Medical Marijuana Laws: How to Remove the Threat of Arrest* (Washington, D.C.: Marijuana Policy Project, 2001): Appendix D. Available at [http://www.mpp.org/statelaw/app\\_d.html](http://www.mpp.org/statelaw/app_d.html). For a list of polls results, see <http://www.drugpolicy.org/library/publicopinio/>.

63. Edward Epstein, "Bill to Protect Medicinal Pot Users Falls Short in House," *San Francisco Chronicle*, 24 July 2003.

64. In July 2004, a similar amendment was voted on and once again fell short of passage. See [http://www.drugpolicy.org/news/07\\_08\\_04bincheyvote.cfm](http://www.drugpolicy.org/news/07_08_04bincheyvote.cfm).

65. See <http://www.drugpolicy.org/marijuana/medical/challenges/cases/conant/index.cfm>.

66. The U.S. Supreme Court will hear *Raich v. Ashcroft* this fall. See [http://www.drugpolicy.org/library/legalmateria/wamm\\_raich\\_facts.cfm](http://www.drugpolicy.org/library/legalmateria/wamm_raich_facts.cfm); Eric Bailey, "Stage Set for Legal Showdown Over Pot," *Los Angeles Times*, 19 May 2004.

67. "Leave Medical Marijuana Group Alone, Judge Tells Government," the *New York Times*, 22 April 2004. See also <http://www.drugpolicy.org/law/marijuana/santacruz/>.

68. Linda Greenhouse, "Supreme Court Roundup; Justices Say Doctors May Not Be Punished for Recommending Medical Marijuana," the *New York Times*, 15 October 2003.

tect bona fide patients and caregivers from arrest or prosecution.<sup>69</sup> Some municipal governments are now trying to figure out how to regulate production and distribution.<sup>70</sup> In California, where dozens of medical marijuana programs now operate openly, with tacit approval by local authorities, some program directors are asking to be licensed and regulated.<sup>71,72</sup> Many state and local authorities, including law enforcement, favor this but are intimidated by federal threats to arrest and prosecute them for violating federal law.<sup>73</sup>

The drug czar and DEA spokespersons recite the mantra that “there is no such thing as medical marijuana,” but the claim is so specious on its face that it clearly undermines federal credibility.<sup>74</sup> The federal government currently provides marijuana—from its own production site in Mississippi—to a few patients who years ago were recognized by the courts as bona fide patients.<sup>75</sup> No one wants to

69. National Organization for the Reform of Marijuana Laws, “Summary of Active State Medical Marijuana Programs,” July 2002, [http://www.norml.org/index.cfm?Group\\_ID=3391](http://www.norml.org/index.cfm?Group_ID=3391) (June 2004).

70. Laura Counts, “Oakland to Limit Marijuana Outlets,” *Tri-Valley Herald*, 18 April 2004. Also see information on San Francisco’s Proposition S, available at [http://www.drugpolicy.org/news/11\\_06\\_02props.cfm](http://www.drugpolicy.org/news/11_06_02props.cfm).

71. Amy Hilvers, “‘Pot Club’ Thrives in Oildale,” the *Bakersfield Californian*, 26 May 2004.

72. Laura Counts, “Medical Marijuana Merchant Defies Oakland Order to Close,” the *Oakland Tribune*, 2 June 2004.

73. Doug Bandow, “Where’s the Compassion?,” *National Review Online*, 19 December 2003. Available at <http://www.mapine.org/drugnews/v03/n1964/a06.html>. See also Michael Gougis, “Medical Marijuana Tug of War: Lenient Sentences Underscore Conflicting State and Federal Pot Laws,” *Daily News of Los Angeles*, 12 December 2003; Clarence Page, “Drug Warriors Trampling Rights of Medical Marijuana Proponents,” *Salt Lake Tribune*, 12 February 2003.

74. Andrea Barthwell, “Haze of Myths Clouds Value of Medical ‘Pot,’” the *Republican*, 27 July 2003; Alan W. Bock, “UNSPIN//Marijuana, Medicine, and Ed Rosenthal: The Issue: Medical Marijuana and Federal Law,” *Orange County Register*, 9 February 2003; Ian Ith and Carol M. Ostrom, “Feds Pose Challenge to Use of Medical Marijuana,” the *Seattle Times*, 16 September 2002; and Josh Richman, “Drug Czar Coolly Received in Bay Area; Federal Stance on Medical Marijuana Won’t Be Relaxed, Walters Says,” the *Daily Review*, 18 November 2003.

75. David Brown, “NIH Panel Cautiously Favors Medical Study of Marijuana,” the

debate those who have used marijuana for medical purposes, be it Santa Cruz medical-marijuana hospice founder Valerie Corral or *National Review's* Richard Brookhiser.<sup>76</sup> Even many federal officials quietly regret the assault on medical marijuana. When the DEA raided Corral's hospice in September 2002, one agent was heard to say, "Maybe I'm going to think about getting another job sometime soon."

#### THE BROADER MOVEMENT

The bigger battle, of course, concerns whether marijuana prohibition will ultimately go the way of alcohol Prohibition, replaced by a variety of state and local tax and regulatory policies with modest federal involvement.<sup>77</sup> Dedicated prohibitionists see medical marijuana as the first step down a slippery slope to full legalization.<sup>78</sup> The voters who approved the medical-marijuana ballot initiatives (as well as the wealthy men who helped fund the campaigns<sup>79</sup>) were roughly divided

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*Washington Post*, 21 February 1997; Ray Delgado, "Many Patients Call Government Marijuana Weak; Medicinal Cigarettes Loaded With Stems, Seeds, Researchers Say," *San Francisco Chronicle*, 16 May 2002; Lester Grinspoon and James B. Bakalar, *Marihuana: The Forbidden Medicine* (Connecticut: Yale University Press, 1997): 45–66.

76. Richard Brookhiser, "Drug Warriors Are Repeating Earlier Errors; Considering His Past Abuse, Bush Should Be Sympathetic to Reforms," *Chicago Sun-Times*, 25 May 2001; Richard Brookhiser, "In Dull Election, My Vote Is Going to Marijuana Man," *New York Observer*, 4 November 2002; Richard Brookhiser, "Madness of Pot Prohibition Claims Yet Another Victim," *New York Observer*, 24 July 2000; Richard Brookhiser, "The Sick Shouldn't Be Victims of the Drug War," *Buffalo News*, 20 July 2003; Richard Brookhiser, "Why I Support Medical Marijuana," Congressional Testimony, House Judiciary committee, Subcommittee on Crime, 6 March 1996. Available online at [http://www.norml.org/index.cfm?Group\\_ID=4451](http://www.norml.org/index.cfm?Group_ID=4451).

77. Raymond B. Fosdick, *Toward Liquor Control* (New York: Harper, 1933); David E. Kyvig, *Repealing National Prohibition*, 2nd Edition (Ohio: Kent State University Press, 2000).

78. John L. Mica, "Should the Federal Government Study the Effects of Medical Marijuana? Do Not Waste Taxpayers' Dollars," *Roll Call*, 21 June 1999.

79. George Soros, "The Drug War 'Cannot Be Won': It's Time to Just Say No to Self-Destructive Prohibition," the *Washington Post*, 2 February 1997.

between those who support broader legalization and those who don't, but united in seeing the criminalization and persecution of medical marijuana patients as the most distasteful aspect of the war on marijuana. (This was a point that Buckley made forcefully in his columns about the plight of Peter McWilliams, who likely died because federal authorities effectively forbade him to use marijuana as medicine.<sup>80</sup>)

The medical marijuana effort has probably aided the broader anti-prohibitionist campaign in three ways. It helped transform the face of marijuana in the media, from the stereotypical rebel with long hair and tie-dyed shirt to an ordinary middle-aged American struggling with MS or cancer or AIDS.<sup>81</sup> By winning first Proposition 215, the 1996 medical-marijuana ballot initiative in California, and then a string of similar victories in other states, the nascent drug policy reform movement demonstrated that it could win in the big leagues of American politics.<sup>82</sup> And the emergence of successful models of medical marijuana control is likely to boost public confidence in the possibilities and virtue of regulating nonmedical use as well.

In this regard, the history of Dutch policy on cannabis (i.e., marijuana and hashish) is instructive. The "coffee shop" model in the Netherlands, where retail (but not wholesale) sale of cannabis is de facto legal, was not legislated into existence. It evolved in fits and starts following the decriminalization of cannabis by Parliament in 1976, as consumers, growers, and entrepreneurs negotiated and collaborated with local police, prosecutors, and other authorities to find an acceptable middle-ground policy.<sup>83</sup> "Coffee shops" now operate

80. William F. Buckley, Jr., "The Legal Jam," *National Review Online*, 15 May 2001; William F. Buckley, Jr., "Peter McWilliams, R.I.P.," *National Review*, 17 July 2000; William F. Buckley, Jr., "Reefer Madness," *National Review*, 14 July 2003.

81. Compare the photographs that accompany the following two articles: Tom Morganthau et al., "Should Drugs Be Legal?," *Newsweek*, 30 May 1988; Geoffrey Cowley et al., "Can Marijuana Be Medicine?," *Newsweek*, 3 February 1997.

82. Bill Piper et al., *State of the States: Drug Policy Reforms: 1996–2002* (New York: Drug Policy Alliance, 2003). Available online at <http://states.drugpolicy.org>.

83. Robert J. MacCoun and Peter Reuter, *Drug War Heresies: Learning from Other Vices, Times, and Places* (New York: Cambridge University Press, 2001): 238–264.



throughout the country, subject to local regulations.<sup>84</sup> Troublesome shops are shut down, and most are well integrated into local city cultures. Cannabis is no more popular than in the U.S. and other Western countries, notwithstanding the effective absence of criminal sanctions and controls.<sup>85</sup> Parallel developments are now underway in other countries.

Like the Dutch decriminalization law in 1976, California's Prop 215 in 1996 initiated a dialogue over how best to implement the new law.<sup>86</sup> The variety of outlets that have emerged—ranging from pharmacy-like stores to medical “coffee shops” to hospices, all of which provide marijuana only to people with a patient ID card or doctor's recommendation—play a key role as the most public symbol and manifestation of this dialogue. More such outlets will likely pop up around the country as other states legalize marijuana for medical purposes and then seek ways to regulate distribution and access. And the question will inevitably arise: If the emerging system is successful in controlling production and distribution of marijuana for those with a medical need, can it not also expand to provide for those without medical need?

Millions of Americans use marijuana not just “for fun” but because they find it useful for many of the same reasons that people drink alcohol or take pharmaceutical drugs. It's akin to the beer, glass of wine, or cocktail at the end of the workday, or the prescribed drug to alleviate depression or anxiety, or the sleeping pill, or the aid to sexual function and pleasure.<sup>87</sup> More and more Americans are apt to

84. A. C. M. Jansen, “The Development of a ‘Legal’ Consumers’ Market for Cannabis—The ‘Coffee Shop’ Phenomenon,” *Between Prohibition and Legalization: The Dutch Experiment in Drug Policy*, E. Leuw and I. Haen Marshall, Eds. (New York: Kugler Publications, 1996).

85. Craig Reinerman, Peter D. A. Cohen, and Hendrien L. Kaal, “The Limited Relevance of Drug Policy: Cannabis in Amsterdam and in San Francisco,” *American Journal of Public Health* 94 (2004): 836–842.

86. Michael Pollan, “Living With Medical Marijuana,” *New York Times Magazine*, 20 July 1997.

87. See Pierre Claude Nolin, Chair, Senate Special Committee on Illegal Drugs,

describe some or all of their marijuana use as “medical” as the definition of that term evolves and broadens. Their anecdotal experiences are increasingly backed by new scientific research into marijuana’s essential ingredients, the cannabinoids.<sup>88</sup> Last year, a subsidiary of the *Lancet*, Britain’s leading medical journal, speculated whether marijuana might soon emerge as the “aspirin of the 21st century,” providing a wide array of medical benefits at low cost to diverse populations.<sup>89</sup>

Perhaps the expansion of the medical-control model provides the best answer—at least in the United States—to the question of how best to reduce the substantial costs and harms of marijuana prohibition without inviting significant increases in real drug abuse. It’s analogous to the evolution of many pharmaceutical drugs from prescription to over-the-counter, but with stricter controls still in place. It’s also an incrementalist approach to reform that can provide both the control and the reassurance that cautious politicians and voters desire.

In 1931, with public support for alcohol Prohibition rapidly waning, President Hoover released the report of the Wickersham Commission.<sup>90</sup> The report included a devastating critique of Prohibition’s failures and costly consequences, but the commissioners, apparently fearful of getting out too far ahead of public opinion, opposed

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*Cannabis: Our Position for a Canadian Public Policy: Summary Report* (Ontario: Senate of Canada, 2002); Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002).

88. J. M. McPartland and E. B. Russo, “Cannabis and Cannabis Extracts: Greater Than the Sum of Their Parts?,” *Journal of Cannabis Therapeutics* 1 (2001): 103–132; R. Mechoulam, L. A. Parker, and R. Gallily, “Cannabidiol: An Overview of Some Pharmacological Aspects,” *Journal of Clinical Pharmacology*, 42 (2002): 11S–19S; R. G. Pertwee, “The Pharmacology and Therapeutic Potential of Cannabidiol,” *Cannabinoids*, Ed. V. DiMarzo (The Netherlands: Kluwer Academic Publishers, 2004).

89. David Baker, Alan Thompson, et al., “The Therapeutic Potential of Cannabis,” *The Lancet Neurology*, 2 (2003): 294.

90. See <http://www.drugtext.org/library/reports/wick/Default.htm> for the complete text of the Commission’s report.

repeal.<sup>91</sup> Franklin P. Adams of the *New York World* neatly summed up their findings:

Prohibition is an awful flop.  
We like it.  
It can't stop what it's meant to stop.  
We like it.  
It's left a trail of graft and slime  
It don't prohibit worth a dime  
It's filled our land with vice and crime,  
Nevertheless, we're for it.<sup>92</sup>

Two years later, federal alcohol Prohibition was history.

What support there is for marijuana prohibition would likely end quickly absent the billions of dollars spent annually by federal and other governments to prop it up. All those anti-marijuana ads pretend to be about reducing drug abuse, but in fact their basic purpose is sustaining popular support for the war on marijuana. What's needed now are conservative politicians willing to say enough is enough: Tens of billions of taxpayer dollars down the drain each year. People losing their jobs, their property, and their freedom for nothing more than possessing a joint or growing a few marijuana plants. And all for what? To send a message? To keep pretending that we're protecting our children? Alcohol Prohibition made a lot more sense than marijuana prohibition does today—and it, too, was a disaster.

91. David E. Kyvig, *Repealing National Prohibition*, 2nd Edition (Ohio: Kent State University Press, 2000): 111–115.

92. As cited in David E. Kyvig, *Repealing National Prohibition*, 2nd Edition (Ohio: Kent State University Press, 2000): 114.

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## No Surrender: The Drug War Saves Lives

John P. Walters

*John P. Walters is the director of the White House Office of National Drug Control Policy.*

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The prospect of a drug-control policy that includes regulated legalization has enticed intelligent commentators for years, no doubt because it offers, on the surface, a simple solution to a complex problem. Reasoned debate about the real consequences usually dampens enthusiasm, leaving many erstwhile proponents feeling mugged by reality; not so Ethan Nadelmann, whose version of marijuana legalization (“An End to Marijuana Prohibition,” *National Review*, July 12) fronts for a worldwide political movement, funded by billionaire George Soros, to embed the use of all drugs as acceptable policy. Unfortunately for Nadelmann, his is not a serious argument. Nor is it attached to the facts.

To take but one example, Nadelmann’s article alleges the therapeutic value of smoked marijuana by claiming: “Marijuana’s medical efficacy is no longer in serious dispute.” But he never substantiates this sweeping claim. In fact, smoked marijuana, a Schedule I controlled substance (Schedule I is the government’s most restrictive category), has no medical value and a high risk of abuse. The Food and Drug Administration notes that marijuana has not been approved for any indication, that scientific studies do not support claims of marijuana’s usefulness as a medication, and that there is a lack of accepted safety standards for the use of smoked marijuana.

The FDA has also expressed concern that marijuana use may

worsen the condition of those for whom it is prescribed. Legalization advocates such as Nadelmann simply ignore these facts and continue their promotion, the outcome of which will undermine drug-prevention and treatment efforts, and put genuinely sick patients at risk. The legalization scheme is also unworkable. A government-sanctioned program to produce, distribute, and tax an addictive intoxicant creates more problems than it solves. First, drug use would increase. No student of supply-and-demand curves can doubt that marijuana would become cheaper, more readily available, and more widespread than it currently is when all legal risk is removed and demand is increased by marketing.

Second, legalization will not eliminate marijuana use among young people any more than legalizing alcohol eliminated underage drinking. If you think we can tax marijuana to where it costs more than the average teenager can afford, think again. Marijuana is a plant that can be readily grown by anyone. If law enforcement is unable to distinguish “legal” marijuana from illegal, growing marijuana at home becomes a low-cost (and low-risk) way to supply your neighborhood and friends. “Official marijuana” will not drive out the black market, nor will it eliminate the need for tough law enforcement. It will only make the task more difficult. In debating legalization, the burden is to consider the costs and benefits both of keeping strict control over dangerous substances and of making them more accessible.

The Soros position consistently overstates the benefits of legalizing marijuana and understates the risks. At the same time, drug promoters ignore the current benefits of criminalization while dramatically overstating the costs. Government-sanctioned marijuana would be a bonanza for trial lawyers (the government may wake up to find that it has a liability for the stoned trucker who plows into a school bus). Health-care and employment-benefits costs will increase (there is plenty of evidence that drug-using employees are less pro-

ductive, and less healthy), while more marijuana use will further burden our education system.

The truth is, there are laws against marijuana because marijuana is harmful. With every year that passes, medical research discovers greater dangers from smoking it, from links to serious mental illness to the risk of cancer, and even dangers from in utero exposure. In fact, given the new levels of potency and the sheer prevalence of marijuana (the number of users contrasted with the number of those using cocaine or heroin), a case can be made that marijuana does the most social harm of any illegal drug. Marijuana is currently the leading cause of treatment need: Nearly two-thirds of those who meet the psychiatric criteria for needing substance-abuse treatment do so because of marijuana use. For youth, the harmful effects of marijuana use now exceed those of all other drugs combined.

Remarkably, over 40 percent of youths who are current marijuana smokers meet the criteria for abuse or dependency. In several states, marijuana smoking exceeds tobacco smoking among young people, while marijuana has become more important than alcohol as a factor in treatment for teenagers. Legalizers assert that the justice system arrests 700,000 marijuana users a year, suggesting that an oppressive system is persecuting the innocent. This charge is a fraud. Less than 1 percent of those in prison for drug violations are low-level marijuana offenders, and many of these have “pled down” to the marijuana violation in the face of other crimes.

The vast majority of those in prison on drug convictions are true criminals involved in drug trafficking, repeat offenses, or violent crime. The value of legal control is that it enables judicial discretion over offenders, diverting minor offenders who need it into treatment while retaining the authority to guard against the violent and incorrigible. Further, where the sanction and supervision of a court are present, the likelihood of recovery is greatly increased. Removing legal sanction endangers the public and fails to help the offender. Proponents of legalization argue that because approximately half of

the referrals for treatment are from the criminal-justice system, it is the law and not marijuana that is the problem.

Yet nearly half of all referrals for alcohol treatment likewise derive from judicial intervention, and nobody argues that drunk drivers do not really have a substance-abuse problem, or that it is the courts that are creating the perception of alcoholism. Marijuana's role in emergency-room cases has tripled in the past decade. Yet no judge is sending people to emergency rooms. They are there because of the dangers of the drug, which have greatly increased because of soaring potency. Legalization advocates suggest that youth will reduce their smoking because of this new potency. But when tobacco companies were accused of deliberately "spiking" their product with nicotine, no one saw this as a public-health gesture intended to reduce cigarette consumption.

The deliberate effort to increase marijuana potency (and market it to younger initiates) should be seen for what it is—a steeply increased threat of addiction. Proponents of legalization argue that the fact that 100 million Americans admit on surveys that they have tried marijuana in their lifetime demonstrates the public's acceptance of the drug. But the pertinent number tells a different story. There are approximately 15 million Americans, mostly young people, who report using marijuana on a monthly basis.

That is, only about 6 percent of the population age twelve and over use marijuana on a regular basis. To grasp the impact of legal control, contrast that figure with the number of current alcohol users (approximately 120 million). Regular alcohol use is eight times that of marijuana, and a large part of the difference is a function of laws against marijuana use. Under legalization, which would decrease the cost (now a little-noticed impediment to the young) and eliminate the legal risk, it is certain that the number of users would increase.

Can anyone seriously argue that American democracy would be strengthened by more marijuana smoking? The law itself is our safeguard, and it works. Far from being a hopeless battle, the drug-control

tide is turning against marijuana. We have witnessed an 11 percent reduction in youth marijuana use over the last two years, while perceptions of risk have soared. Make no mistake about what is going on here: Drug legalization is a worldwide movement, the goal of which is to make drug consumption—including heroin, cocaine, and methamphetamine—an acceptable practice. Using the discourse of rights without responsibilities, the effort strives to establish an entitlement to addictive substances.

The impact will be devastating. Drug legalizers will not be satisfied with a limited distribution of medical marijuana, nor will they stop at legal marijuana for sale in convenience stores. Their goal is clearly identifiable: tolerated addiction. It is a travesty to suggest, as Ethan Nadelmann has done, that it is consistent with conservative principles to abandon those who could be treated for their addiction, to create a situation in which government both condones and is the agent of drug distribution, and to place in the hands of the state the power to grant or not grant access to an addictive substance. This is not a conservative vision. But it is the goal of George Soros.



*Snapshot*

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## Western States Back Medical Marijuana

MSNBC

This selection originally appeared on MSNBC.com on November 4, 2004 (available online at <http://msnbc.msn.com/id/6406453/>).

**W**ith Montana's approval of a medical marijuana initiative, nearly three-fourths of Western states now have such laws—while only two of the 37 states outside the West have adopted them.

Why is the West so much more receptive to the idea?

From a procedural standpoint, it's just easier to get pot issues on Western ballots because most states in the region allow such initiatives. Nationwide, just 24 states allow citizens to put issues on the ballot by petition, bypassing the Legislature. Eleven of those states are in the West.

But activists and political scientists also say Westerners are less willing than other Americans to tell their neighbors what they can and can't do. And historically, Western states tend to be in front on social trends.

"I would guess many of the people that voted for it probably don't use marijuana, but they don't want to say their neighbors can't," said Steven Stehr, political science professor at Washington State University.

"Westerners have a stronger belief in a kind of individualism in the old-fashioned frontier sense," said Sven Steinmo, a University of Colorado political scientist and board member for the Center of the American West.

The population also is newer than the rest of the country and

states don't have deeply ingrained traditions, said David Olson, political scientist at the University of Washington.

"Our politics in the West are much less constrained . . . and it gives opportunities for initiatives like the death with dignity issue in Oregon or medicinal marijuana. You name it," Olson said.

### *Oregon Rejects Ambitious Program*

Montana has become the eleventh state in the country—and the ninth Western state—to allow medical marijuana. The approval came even as Montana voted by wide margins to ban gay marriage and to re-elect President Bush, a Republican.

"We always say in Montana we're extraordinarily independent, so we'll vote for contradictory things," said Jerry Calvert, political science professor at Montana State University in Bozeman.

The Montana initiative passed 62 percent to 38 percent, support that marijuana reform groups say was the highest ever for a medical marijuana ballot initiative.

Oregon voters rejected a measure that would have dramatically expanded its existing medical marijuana program. That may have been too ambitious even for the West, said Bruce Mirken, spokesman for the Marijuana Policy Project.

Alaska, which also has an existing medical marijuana law, rejected a measure to decriminalize the drug, though marijuana groups were impressed that 43 percent of voters there supported it.

Outside the region, voters in Ann Arbor, Mich., and Columbia, Mo., approved local medical marijuana measures.

The 9th U.S. Circuit Court of Appeals in San Francisco has ruled that states are free to adopt medical marijuana laws so long as the marijuana is not sold, transported across state lines or used for non-medicinal purposes. The ruling covers only those Western states in the circuit. The Bush administration has appealed the ruling to the U.S. Supreme Court.

*Western States Back Medical Marijuana*

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Besides the favorable initiative process in the West, the region is also usually the start of progressive political movements that work their way East, said Keith Stroup, executive director of the National Organization for the Reform of Marijuana Laws.

In addition to Montana, Western states that allow medical marijuana are Alaska, California, Colorado, Hawaii, Nevada, Oregon and Washington state. Arizona has a law permitting marijuana prescriptions, but no active program.

Maine and Vermont are the only states outside the West with existing medical marijuana laws.

For now, medical marijuana has not only found acceptance in the West, but the region may set the tone for proposals across the country.

“As medical marijuana becomes more regulated and institutionalized in the West, that may provide a model for how we ultimately make marijuana legal for all adults,” said Ethan Nadelmann, executive director for the Drug Policy Alliance.