MONTANA
CANNABIS GUILD

On Cannabis Legalization in Montana

A Document to Counter Reefer Madness in Montana

About this Document:

This document was produced by the Montana Cannabis Guild as a primer for Montana state legislators, regulators, and citizens to use to counter the spread of false information related to cannabis legalization in Montana. Acknowledgements must be made to the Marijuana Policy Project for compiling much of this data.

What is the Montana Cannabis Guild?

The Montana Cannabis Guild (MCG) is Montana's largest member-driven cannabis industry trade association representing Montana's regulated cannabis industries. MCG represents over two dozen regulated cannabis businesses from across Montana. MCG is dedicated to helping create a robust, sustainable, and accessible cannabis industry in Big Sky Country. www.montanacannabisguild.org

What is Reefer Madness?

Reefer Madness generally refers to false, inflated, and unrealistic exaggerations about the harm of cannabis and cannabis liberalization policies on the individual, the state, and society.

But first it was a movie: *Reefer Madness* is a 1936 American propaganda film about drugs revolving around the highly fabricated and melodramatic events that ensue when fictitious high-school students are lured by pushers to try marijuana. The film follows the group's marijuana use and their eventual descent into hyperbolic madness from marijuana addiction.

The film was "rediscovered" in the early 1970s and gained new life as an unintentional satire among advocates of cannabis policy reform. However, critics have called it one of the worst films ever made, and experts recognize that the film presents a wildly false narrative. *Reefer Madness* is available on Amazon Prime Video and other on-demand platforms.

Sadly, much of the misinformation introduced in the film *Reefer Madness* is still presented as fact by opponents of legalization almost 100 years later. To counteract *Reefer Madness*, this document offers clear, concise, and accurate information on cannabis and legalization.

*Cannabis and Alcohol (Not Cannabis vs. Alcohol)

You will notice this document includes many comparisons drawn between cannabis and alcohol, most of which pertain to the relative safety of the former compared to the latter. This information should not be used to express the notion that alcohol should be illegal or that laws governing it should be more restrictive. Alcohol prohibition was a failed policy that produced many of the same problems that are associated with cannabis prohibition.

Rather, the information comparing cannabis and alcohol should be used to highlight the intellectual dishonesty and hypocrisy of laws that allow adults to use alcohol and punish them for using a less harmful substance. It can also be used to highlight the inherent harm associated with such disparate, co-existing policies. Just as it would be bad public policy to prohibit people from choosing to consume beer instead of liquor — it is bad public policy to prohibit adults from consuming cannabis instead of alcohol, if that is what they would prefer.

Key Points Supporting Cannabis Legalization in Montana

Montana voters approved I-190 and cannabis legalization by 57%. Repealing or substantially changing I-190 is contrary to the will of Montanans who overwhelmingly supported I-190 at the ballot box. Those who embrace democratic values will need to think long and hard about going against a policy that 57% of voters approved. Cannabis legalization received more votes in Montana in 2020 than did U.S. Senator Steve Daines, more than all votes cast for all state legislative candidates in Montana combined, and more than Governor Greg Gianforte received. The same voters who elected our new Republican majority also support I-190 and cannabis legalization, regulation, and taxation.

Cannabis is objectively less harmful than alcohol to the consumer and to society. It is less toxic, less harmful to the body, less addictive, and less likely to contribute to violent or reckless behavior. Adults should not be punished for making the safer choice to use cannabis instead of alcohol, if that is what they prefer.

Following the path laid by I-190 for regulating cannabis in Montana will replace the uncontrolled illicit market with a tightly regulated system. Using the detailed framework of I-190 for legalizing and regulating cannabis, Montana authorities actually know who is selling it, where it is being sold, when, and to whom. In jurisdictions where cannabis is legal, it is produced and sold by legitimate, taxpaying businesses instead of drug cartels and criminals. Montana cannabis businesses will be required to test their products and adhere to strict labeling and packaging requirements that ensure cannabis is identifiable and consumers know what they are getting.

Government resources should not be wasted arresting and prosecuting cannabis consumers. Thousands of Montanans are arrested each year for cannabis-related offenses, the vast majority of which are for simple possession of 1 gram or less. Scarce government resources could be better spent on things like our Missing and Murdered Indigenous Women issues or investing in human needs, such as mental health counseling, substance abuse treatment, and activities for at-risk teens.

Enforcement of cannabis prohibition laws disproportionately impacts communities of color. Despite using cannabis at roughly the same rates as whites, Native Americans and people of color in Montana are nearly four -eight times more likely to be arrested for cannabis possession. [3]

According to the University of Montana, cannabis legalization is projected to generate hundreds of millions of dollars in newly taxable economic activity in Montana. Estimates from the University of Montana BBER (Bureau of Business and Economic Research)'s recent study on the economic impact of legalization on the Montana economy show at minimum $50 million a year in new cannabis tax revenue.

Montana Governor Greg Gianforte has included cannabis tax revenues in his state budget, and he recognizes that implementing I-190 and marijuana legalization is simply enforcing the will of the people of Montana who voted in record numbers for cannabis legalization in November 2020.

I-190 was cloned from the medical marijuana program developed by the Montana legislature in 2019. The text of I-190 is virtually identical to the program designed and put in place after years of negotiations and adjustments by the Montana legislature. Montana's successful adoption of I-190 will be a seamless transition from the successful structure adopted for Montana's medical marijuana providers. Adult use marijuana sales will be limited to those current licensed medical marijuana providers who are in good standing with state regulators and taxing authorities.

District	Yes	No	Yes Majority?	Yes Percentage	No Percentage
SD 01	6431	5161	YES	55.48%	44.52%
SD 02	6992	6091	YES	53.44%	46.56%
SD 03	8917	6233	YES	58.86%	41.14%
SD 04	6410	4803	YES	57.17%	42.83%
SD 05	6411	6168	YES	50.97%	49.03%
SD 06	7122	6201	YES	53.46%	46.54%
SD 07	6637	6136	YES	51.96%	48.04%
SD 08	5586	2369	YES	70.22%	29.78%
SD 09	4624	5546	NO	45.47%	54.53%
SD 10	5430	6583	NO	45.20%	54.80%
SD 11	5744	4027	YES	58.79%	41.21%
SD 12	5044	3623	YES	58.20%	41.80%
SD 13	4787	2930	YES	62.03%	37.97%
SD 14	5284	4976	YES	51.50%	48.50%
SD 15	4631	6675	NO	40.96%	59.04%
SD 16	5116	2482	YES	67.33%	32.67%
SD 17	5377	5559	NO	49.17%	50.83%
SD 18	5334	5722	NO	48.25%	51.75%
SD 19	4522	6377	NO	41.49%	58.51%
SD 20	5091	7455	NO	40.58%	59.42%
SD 21	3954	3059	YES	56.38%	43.62%
SD 22	5452	5194	YES	51.21%	48.79%
SD 23	5188	6304	NO	45.14%	54.86%
SD 24	5859	3941	YES	59.79%	40.21%
SD 25	5183	3030	YES	63.11%	36.89%
SD 26	5619	3741	YES	60.03%	39.97%
SD 27	7141	9323	NO	43.37%	56.63%
SD 28	5129	5494	NO	48.28%	51.72%
SD 29	5997	7038	NO	46.01%	53.99%
SD 30	8138	5821	YES	58.30%	41.70%
SD 31	11866	5280	YES	69.21%	30.79%
SD 32	10035	4955	YES	66.94%	33.06%
SD 33	12820	4214	YES	75.26%	24.74%
SD 34	7933	5804	YES	57.75%	42.25%
SD 35	7099	7765	NO	47.76%	52.24%
SD 36	7115	6845	YES	50.97%	49.03%
SD 37	6646	3079	YES	68.34%	31.66%
SD 38	7508	5930	YES	55.87%	44.13%
SD 39	6049	4071	YES	59.77%	40.23%
SD 40	7989	6266	YES	56.04%	43.96%
SD 41	7911	4799	YES	62.24%	37.76%
SD 42	7294	4508	YES	61.80%	38.20%
SD 43	7137	6818	YES	51.14%	48.86%
SD 44	7327	6983	YES	51.20%	48.80%
SD 45	8236	3669	YES	69.18%	30.82%
SD 46	9468	3577	YES	72.58%	27.42%
SD 47	7514	4210	YES	64.09%	35.91%
SD 48	9778	3646	YES	72.84%	27.16%
SD 49	8074	4668	YES	63.37%	36.63%
SD 50	10088	3188	YES	75.99%	24.01%

I-190 VOTES BY MONTANA STATE SENATE DISTRICT

Montana lawmakers and regulators should reject flawed studies and cherry-picked statistics that currently dominate arguments against I-190 and Montana's voter-approved legalization of cannabis.

Montana joined Colorado, Washington, Alaska, Oregon, California, Maine, Massachusetts, Nevada, Michigan, Arizona, New Jersey, and South Dakota in 2020 when we passed I-190 to legalize, tax, and regulate cannabis. Thirty-six states and the District of Columbia have legalized medical cannabis, and many of them — including our nation's capital — are regulating the cultivation and sale of medical cannabis. None of the fifteen states that have legalized cannabis for adults' use, have faced any significant federal interference and none have repealed their cannabis legalization.

To bolster their arguments, **opponents of cannabis liberalization policies in Montana frequently frame important issues in misleading ways** that appeal to valid concerns but omit crucial context and countervailing evidence. Anti-cannabis organization*s* like the Washington, D.C.-based Project Sam promote falsehoods and exaggerations about the economic and social impacts of marijuana legalization.

These groups cherry-pick studies and information to make their arguments, misrepresenting key data and purposely obstructing a firm grasp of the facts, relevant studies, and data trends for the public and Montana's state legislators.

Many prohibitionist talking points implicitly contain one false assumption in particular — that cannabis prohibition *prevents* cannabis use while legalization *enables* it. This framing allows supporters of prohibition to shift the debate towards a more favorable terrain for them, because they can make the argument about whether cannabis *itself* (rather than *cannabis prohibition*) is good or bad.

Here's the Truth: cannabis will remain available whether legal or not. As a country, we already learned this lesson with alcohol prohibition. Prohibition empowers cartels and criminal enterprises.

Taxing cannabis represents and unprecedented financial opportunity for Montana. In a 2020 report, the University of Montana Bureau of Business and Economic Research (BBER) found that legalizing marijuana is an economic opportunity for Montana, creating nearly 4,000 new jobs and generating more than $50 million in new tax revenues annually.

Despite this economic opportunity, some opponents of legalization are citing a recent study by Colorado Christian University's Centennial Institute that suffers from poor policy analysis. The report claims that Colorado spends "$4.50" to mitigate the effects of marijuana legalization per dollar gained in tax revenue. However, the authors do not include cost estimates for years prior to legalization. Because the authors fail to attempt to isolate the impact, no peer-reviewed academic journal would consider the findings credible.

A true cost-benefit analysis would include all the benefits of legalization– not just state tax revenues. These include added local tax revenues, income taxes, reduced incarceration costs, and decreased policing costs. Similarly, the report fails to estimate the impact of public investments made using new tax revenue from legalized marijuana, such as school construction projects.

Most glaringly, the authors of the Centennial Institute's study fail to include the impact of legalization on economic activity, or gross state product, on the benefits side of the equation. Residents and visitors spent more than $760 million on legal recreational marijuana in Colorado in the 12 months between July 2017 and June 2018. Ignoring this economic activity altogether is another blemish in the Centennial Institute's analysis.

Moreover, the authors erroneously consider certain items "costs" when they should instead be listed as "benefits." For example, the authors report that taxpayer expenditures on marijuana-related arrests fell from $14.8 million in 2012 before legalization to $7.2 million in 2017 post-legalization. Yet the authors inexplicably use the 2017 figure of $7.2 million and call it a "cost" of legalized marijuana despite the fact that costs have *gone down* by $7.6 million per year since legalization. This should obviously be listed as a benefit, not a cost.

The Colorado Department of Public Health & Environment has reported that "marijuana use has not changed since legalization either in terms of the number of people using or the frequency of use among users." Because marijuana consumption does not significantly change following legalization, researchers fail to find any correlation between legalization and many of the purported social costs. For example, a peer-reviewed study compared motor vehicle crash fatality rates in Colorado and Washington to similar states without recreational marijuana and found that they were not statistically different. Research does, however, find that legalized cannabis mitigates opioid use and abuse.

Montana voters reject the dubious claims made by the Centennial Institute and widely supported I-190 and legalizing, regulating, and taxing recreational marijuana. Montana voters approved I-190 by 57%. Cannabis legalization received more votes in Montana in 2020 than did all state legislative candidates in Montana combined, and more than Governor Greg Gianforte and US Senator Steve Daines received.

A quick examination of the tax benefits and social costs in Colorado where cannabis tax revenue now exceeds $100 million annually shows how deeply flawed the Centennial institute study is and remains. Cannabis legalization is a net positive for state economies.

It is crucial to acknowledge that worrying about potential harms from a particular policy reform like cannabis legalization is reasonable, but promoting falsehoods does a disservice to those who deal with policy that affects the lives of an estimated 15% of Montana's adult population who currently consume cannabis. Montana's cannabis legalization proponents are not dismissive of public health and safety. Rather, they see through the experiences of other states and locales that cannabis legalization *is* both smart and beneficial public policy.

Cannabis Facts

I-190 Acknowledges that Cannabis Is Not Harmless

I-190 allows for a tightly controlled regulated cannabis marketplace that ensures safety and quality control. No drug is entirely harmless, including cannabis, and we've never said it is, but regulation makes cannabis safer. I-190 lays out a detailed system to tightly regulate the adult use cannabis market equal to the system Montana successfully uses to regulate our medical cannabis industry.

We need to be honest about the actual harms of all substances, and it would be irresponsible not to discuss the fact that cannabis is objectively less harmful than alcohol. Independent scientific and government reviews have concluded that the health risks of cannabis are much lower than those of alcohol and tobacco, and that those risks don't justify arresting and jailing responsible, adult cannabis users

Is Montana's Regulated Cannabis Safe for Consumers?

Every objective study on cannabis has concluded that it is less harmful than alcohol to the consumer and to society. Following an "exhaustive and comprehensive" two-year study of cannabis performed by the Canadian government, the chair of the Special Senate Committee on Illegal Drugs reported, "Scientific evidence overwhelmingly indicates that cannabis is substantially less harmful than alcohol."[4] Most Americans recognize that alcohol was a failure and agree adults should have the right to consume alcohol responsibly.[5] It is illogical to punish adults for consuming a less harmful substance, and it is irrational to steer them toward drinking if they would prefer to make the safer choice to use cannabis instead.

The health effects of alcohol consumption are a primary factor in countless deaths.

The health effects of cannabis consumption are not a primary factor in any deaths. According to the Centers for Disease Control and Prevention (CDC), there were more than 35,000 alcohol-induced deaths in the U.S. in 2017 (i.e. deaths caused directly by long-term use and accidental overdose; this does not include deaths caused by unintentional injuries, homicides, and other causes indirectly related to alcohol use). The CDC did not report any cannabis-induced deaths.[6] A study published in *Scientific Reports* in January 2015 found that the mortality risk associated with cannabis was approximately 114 times less than that of alcohol.[7] In January 2017, the National Academies of Sciences released an exhaustive review of cannabis-related research that found no link between cannabis use and mortality.[8]

Many people die from alcohol overdoses. There has never been a confirmed cannabis overdose death. The National Academies of Sciences, Engineering, and Medicine concluded in 2017 that no link has been established between cannabis and fatal overdoses.[9] Meanwhile, the CDC reports an average of more than 2,200 alcohol poisoning deaths per year.[10] The official publication of the Scientific Research Society reported that alcohol is one of the most toxic drugs and that death can result from consuming just 10 times the effective dose (the amount a person would use to experience the desired effect). Cannabis, on the other hand, is one of the least toxic drugs, requiring thousands of times the effective dose to lead to death.[11] In 1988, after hearing two years of testimony, the chief administrative law judge for the U.S. Drug Enforcement Administration (DEA) determined "it is physically impossible to eat

enough cannabis to induce death" and concluded, "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man."[12]

There are far more health-related problems associated with alcohol use than with cannabis use, and the health-related costs associated with alcohol far exceed those associated with cannabis. In 2005, a University of Oxford meta-analysis on cannabis concluded that even long-term cannabis use does not cause "any lasting physical or mental harm. … Overall, by comparison with other drugs used mainly for 'recreational' purposes, cannabis could be rated to be a relatively safe drug."[13] In the mid-1990s, the World Health Organization commissioned a study on the health and societal consequences of cannabis compared to alcohol and other drugs, which concluded the overall risks associated with cannabis are "small to moderate in size" and "unlikely to produce public health problems comparable in scale to those currently produced by alcohol and tobacco."[14] Health-related costs for alcohol consumers are eight times greater than those for cannabis consumers, according to an assessment performed by researchers at the Canadian Centre on Substance Abuse and the Centre for Addictions Research of British Columbia.[15] More specifically, the annual cost of alcohol consumption is $165 per user, compared to just $20 per user for cannabis.

Mental Health

The evidence shows no causal relationship between cannabis use and the onset of mental health conditions. Many opponents misrepresent a 2017 report by the National Academies of Sciences, Engineering, and Medicine, which found an *association* between cannabis use and schizophrenia, not that cannabis use *causes* In fact, the report itself noted, "In certain societies, the incidence of schizophrenia has remained stable over the past 50 years despite the introduction of cannabis into those settings." Surely if marijuana use caused schizophrenia, that would not be the case.

Further, one of the committee members of the study, Ziva Cooper, rebutted the claim that cannabis use causes schizophrenia in a series of Tweets. Cooper wrote, "Since the report, we now know that genetic risk for schizophrenia predicts cannabis use, shedding some light on the potential direction of the association between cannabis use and schizophrenia."
Similarly, if cannabis causes psychosis, rates of psychosis should rise if cannabis use goes up, but that has not happened. According to a report published by the prestigious British medical journal *The Lancet*, cannabis use skyrocketed in the 1960s and 1970s, but there was no significant increase in rates of psychosis.[16] In 2009, researchers at the Keele University Medical School in Britain arrived at a similar conclusion: "[I]ncreases in population cannabis use have not been followed by increases in psychotic incidence."[17]

In late 2005, the British government's scientific advisors on drug policy reviewed the evidence surrounding cannabis and mental illness and determined that the data do not demonstrate that cannabis causes depression, anxiety, or bipolar disorder.[18] Specifically, the British Advisory Council on the Misuse of Drugs concluded, "The evidence for the existence of an association between frequency of cannabis use and the development of psychosis is, on the available evidence, weak." A study published in the journal *Addictive Behaviors* in 2006 found lower rates of depression in cannabis users than in non-users.[19]

There have been a handful of studies that have identified a minor association between chronic cannabis use and increased symptoms of mental health conditions, but other studies have failed to find such a link.[20], [21] Confounding factors such as poly-drug use, family history,

and poverty make it difficult to study cannabis's potential impact on mental health.

Cannabis affects different people differently — like many substances, it can be problematic for some people and beneficial for others. The relationship between cannabis and schizophrenia is a lot like sugar and diabetes. Both illnesses are primarily genetic in origin. Sugar can set off a diabetic attack in vulnerable individuals, and cannabis can set off or worsen a psychotic reaction in schizophrenics or in people with a genetic predisposition to schizophrenia. That's not the same thing as causing the illness in the first place. There are some people who shouldn't use cannabis, just like there are some people who should avoid sugar.

It is worth noting that survey data and anecdotal reports of individuals finding therapeutic relief from depression and other mental conditions are not uncommon. Clinical testing on the use of cannabinoids to treat certain symptoms of mental illness has been recommended.[22]

Motivation and Performance

The claim that cannabis makes people "amotivated" is a myth that has been repeatedly debunked by experts. In its comprehensive 1999 report on cannabis, the National Academy of Sciences' Institute of Medicine concluded, "no convincing data demonstrate a causal relationship between cannabis smoking and these behavioral characteristics."[23] Similarly, an Australian government review produced by several of the world's leading experts concluded, "There is no compelling evidence for an amotivational syndrome among chronic cannabis users."[24] An analysis released by the World Health Organization in 1995 arrived at a similar conclusion.[25] Some studies of college students have found that cannabis consumers actually earn higher grades than non-users.[26]

Any substance or behavior can potentially interfere with an individual's ability to perform well at work or in school. Whether it's cannabis, alcohol, food, too much of it can be problematic for some people. The vast majority of cannabis users do not encounter such problems.

Gateway Theory

The so-called "Gateway Theory" has been debunked repeatedly. Most recently, the National Academies of Sciences, Engineering, and Medicine reported in February 2017 that there is no substantial link between cannabis use and the use of other illegal drugs.[27] A 1999 study by the National Academies' Institute of Medicine found that cannabis "does not appear to be a gateway drug to the extent that it is the cause or even that it is the most significant predictor of serious drug abuse; that is, care must be taken not to attribute cause to association."[28] In June 2015, the *American Journal of Drug and Alcohol Abuse* published research that concluded cannabis use itself was not a risk factor for use of other substances.[29]

If there is a "gateway drug," it is alcohol, which almost always precedes the use of cannabis.[30] But just as alcohol use does not cause people to use cannabis, using cannabis does not cause people to use other illicit drugs. In other words, there is correlation but not causation. Given the wide-scale availability and popularity of alcohol and cannabis, it comes as little surprise that people who use other illicit drugs previously tried alcohol and cannabis.

The vast majority of people who have used cannabis never try any other drugs. About

half of all Americans have used cannabis at some point in their lives.[31] Yet, only 3.4% have ever tried crack, only 1.9% have ever tried heroin, and fewer than 15% of Americans have ever tried cocaine, the second most popular illegal drug after cannabis.[32] If using cannabis caused people to use other drugs, there would be far more users of other drugs.

By forcing cannabis consumers into the underground market, we are dramatically increasing the possibility that they will be exposed to other more dangerous drugs. According to a 1997 report published by the Netherlands Institute of Mental Health and Addiction: "There is no physically determined tendency toward switching from marijuana to harder substances. Social factors, however, do appear to play a role. The more users become integrated in an environment ('subculture') where, apart from cannabis, hard drugs can also be obtained, the greater the chance that they may switch to hard drugs. Separation of the drug markets is therefore essential."[33]

Potency and Concentrates (Oils, Hashes, Waxes, Kief, "Dabs")

Even the most potent cannabis is far less harmful than alcohol. The Centers for Disease Control and Prevention (CDC) attributes about 35,000 deaths per year in the U.S. to alcohol use alone, including hundreds from overdoses. It attributes zero to cannabis, and there has never been a fatal cannabis overdose in history.[34] "You can die binge-drinking minutes after you've been exposed to alcohol. That isn't going to happen with marijuana," according to Ruben Baler, a health scientist at the National Institute on Drug Abuse (NIDA).[35]

Like alcohol, there are more potent and less potent types of cannabis, and regulating cannabis will ensure consumers know what they are getting. Some people prefer to have a cocktail instead of a beer, and as a result, they know to drink less of it. By regulating cannabis like alcohol, we can ensure it is packaged and labeled properly. It would be unthinkable to sell beer and tequila side-by-side without having them labeled so people know one is far stronger than the other.

If cannabis concentrates are banned, they will end up being produced and sold in the same underground market we are trying to eliminate. We should ensure these products are being produced safely and responsibly by licensed businesses in appropriate locations.

Teen Use

A majority of Montanans voted to make cannabis legal for adults in 2020, and they care just as much about protecting young people as those who wish to keep cannabis illegal. They simply believe regulation would be a more effective way of doing it.

Strictly regulating alcohol and tobacco products and restricting sales to minors have produced significant decreases in use and availability among teens. The rate of teen cannabis use has generally remained steady over the past several years, whereas levels of alcohol and cigarette use have decreased.[36] Over the past several years, cigarette use and availability among teens, which had been sharply increasing in the early 1990s, began steadily declining shortly after the 1995 implementation of the "We Card" program, a renewed commitment to strictly restricting the sale of tobacco to young people, along with a focused effort on public education. Ultimately, we were able to dramatically reduce teen tobacco use without arresting any adults for using tobacco.

Available data suggests that legalizing and regulating cannabis for adult use has not led to increases in teen use. In February 2017, the Colorado Department of Public Health and Environment reported the rate of cannabis use among adolescents "has not changed since legalization either in terms of the number of people using or the frequency of use among users.

…Based on the most comprehensive data available, past-month marijuana use among Colorado adolescents is nearly identical to the national average."[37] It based this conclusion on the results of its biannual Healthy Kids Colorado Survey (HKCS), which found 21.2% of high school students in Colorado reported using cannabis within the past 30 days in 2015 (compared to 21.7% nationwide). This was a slight drop from 22% in 2011, the year before the state approved a legalization initiative. HKCS's 2017 study shows the favorable trend has continued: 19.4% of high school students in Colorado reported using cannabis within the past 30 days in 2017. Washington has had a similar experience since voters legalized cannabis in 2012. The Washington State Healthy Youth Survey, a state-run survey of 37,000 middle and high school students, found that the rate of cannabis use remained basically unchanged from 2012-2018. Similarly, Oregon's Health Teens Survey found no increase from 2013- 2017. The CDC's Youth Risk Behavior Survey conducts large-scale surveys in five legalization states — Alaska, California, Massachusetts, Maine, and Nevada. Its before-and-after data shows no statistically significant increases in high schoolers' past-30-day cannabis use. (Four of the states' data indicated decreases within the confidence interval, while Alaska's data indicated an increase within the confidence interval.)[38]

The head of the National Institute on Drug Abuse (NIDA), Nora Volkow, has acknowledged that cannabis usage rates have not risen in recent years despite changes in policy and public attitudes. "All of those factors have led many to predict that there would be an increase in the pattern of use of marijuana among teenagers and we are not seeing it," she said in an interview in December 2015.[39] She echoed the same point a year later: "We had predicted based on the changes in legalization, culture in the U.S. as well as decreasing perceptions among teenagers that marijuana was harmful [and] that [accessibility and use] would go up. But it hasn't gone up."[40]

Crime and Violence

Decreases in arrests, searches, and convictions are a net benefit. While disparities continue to be found in arrest rates for things like underage consumption and public use after legalization, the overall decrease in arrests results in fewer people of color being arrested or fined. Following legalization, both the number of searches during traffic stops and the disparities in those searches plummeted in both Washington and Colorado.[41] Unnecessary searches can be intrusive, traumatic, dangerous, and destroy trust between law enforcement and communities.

Research generally shows that cannabis — unlike alcohol — is not linked to violent or aggressive behavior. The National Academies of Sciences, Engineering, and Medicine performed an analysis of more than 10,000 scientific abstracts about cannabis and did not appear to find a link between cannabis use and violent behavior. In fact, research often shows cannabis use reduces the likelihood of that an individual will act violently. According to research published in the journal, *Addictive Behaviors*, "Alcohol is clearly the drug with the most evidence to support a direct intoxication-violence relationship," whereas, "Cannabis reduces the likelihood of violence during intoxication."[42]

The U.S. Department of Health and Human Services estimates that 25% to 30% of violent

crimes and 3% to 4% of property crimes in the U.S. are linked to the use of alcohol.[43] According to a report from the U.S. Department of Justice, that translates to nearly 5,000,000 alcohol-related violent crimes per year.[44] By contrast, the government does not even track violent acts specifically related to cannabis use, as the use of cannabis has not been associated with violence. If we truly want to reduce the likelihood of violence in our communities, we should be allowing adults to use cannabis instead of alcohol, if that is what they prefer. Some opponents of cannabis policy reform claim cannabis users commit crimes to support their use of cannabis. Yet, cannabis is no more addictive than coffee, which is why neither cannabis users nor coffee drinkers commit crimes to support their use.

Alcohol is a particularly significant factor in the prevalence of domestic violence and sexual assault, whereas cannabis is not. This is not to say that alcohol causes these problems; rather, its use makes it more likely that an individual prone to such behavior will act on it. For example, investigators at the Research Institute on Addictions reported, "The use of alcohol… was associated with significant increases in the daily likelihood of male-to-female physical aggression," whereas the use of marijuana was "not significantly associated with an increased likelihood of male partner violence."[45] Specifically, the odds of abuse were eight times higher on days when men were drinking; the odds of severe abuse were 11 times higher. The Rape, Abuse and Incest National Network' (RAINN) webpage dedicated to educating the public about "Drug Facilitated Sexual Assault" highlights alcohol as the "most commonly used chemical in crimes of sexual assault" and provides information on an array of other drugs that have been linked to sexual violence.[46] The words "marijuana" and "cannabis" do not appear anywhere on the page.

Legalization has not corresponded with increased crime rates. Government-published data, academic research, and the experiences of many law enforcement officials indicate that cannabis policy reform does not increase crime rates. Relying on statistics from the FBI's Uniform Crime Reports, peer-reviewed studies have analyzed changes after passage of both adult-use legalization and medical cannabis laws. Contrary to assertions made by some opponents of legalization, there is no compelling basis for claims that legalizing cannabis and establishing regulated markets undermines public safety.

Cannabis prohibition leads to violence. Virtually all the crime associated with cannabis is a direct result of its prohibition. Cannabis prohibition has relegated the sale of cannabis to criminal enterprises. In doing so, it is exposing many consumers to more harmful people and products. And since cannabis is illegal, these individuals are unable to rely on law enforcement officials to step in when business-related disputes and incidents occur. Violence is often employed to expand turf, which results in violence that affects not just cannabis dealers and consumers, but the broader communities of which they're a part. A peer-reviewed paper in *The Economic Journal* supports the argument that legalizing cannabis reduces crime by displacing illicit markets traditionally controlled by drug cartels and illicit distributors.[47] Meanwhile, legalizing cannabis also frees up police time for crimes with victims. In a 2018 analysis, experts at Washington State University found that police solved significantly more violent and property crimes after passage of legalization laws in Colorado and Washington.[48]

Montana's experiences with medical cannabis dispensaries and retailers have demonstrated that there is no link between regulated cannabis businesses and crime Montana's medical cannabis market since 2016 is a model of compliance and stands as a success story for regulation and taxation**.** Recent tax data for Montana's medical cannabis market suggest sales have topped $130 million a year and virtually no increase in cannabis related crimes or traffic incidences in Montana.

Closing existing cannabis businesses will only bolster the black market. A 2017 study funded by the National Institute on Drug Abuse (NIDA) found that the *closure* of dispensaries around Los Angeles was associated with an *increase* in crime in surrounding areas.[49] The following year, researchers from RAND reported a "negative and significant relationship between dispensary allowances and property crime rates."[50]

Driving Under the Influence

In Montana, even with the passage of I-190, it is currently illegal to drive while impaired by cannabis. Montana has an established prohibition on driving under the influence of marijuana and that remains intact under I-190.

Data and research studies cast doubt on the link between legalization and increased traffic safety problems. Though some research has found a modest increase in traffic fatalities in Colorado and Washington post-legalization, other studies have reached different conclusions, and there are good reasons to doubt claims that legalization causes an increase in fatal crashes.

A paper published by the National Bureau of Economic Research analyzed the rates of drivers found with THC (cannabis's primary psychoactive ingredient) in their systems after fatal car crashes from 2013 to 2016. The researchers then compared the patterns of THC-positive drivers in Colorado and Washington during that time period to those in other states. In a summary of their results, the authors wrote, "We find the synthetic control groups saw similar changes in marijuana-related, alcohol-related and overall traffic fatality rates despite not legalizing recreational marijuana."

Furthermore, according to data from the Fatality Analysis Reporting System, four of the eight states that legalized cannabis from 2012 through 2016 saw decreased rates of fatal car crashes following passage of legalization laws. These reduced crash rates were greater than the reduction seen on the national level over the same time period.

Data from the Colorado Department of Transportation do not support the assertion that cannabis-impaired driving is becoming a more significant problem in the state. In 2016 (when the state initiated uniform reporting procedures for cannabis impaired driving cases), there were 51 "cannabis-involved fatalities." In 2017 and 2018, the state reported 35 and 31, respectively.[51]

Employment Issues and Drug Testing

I-190 allows employers to maintain and create employment policies that prohibit the use of cannabis by employees on and off the job. Montana's recently passed legalization law does not require employers to change their employment or drug testing policies.

There are laws in place that ensure employers have the ability to prohibit the use of cannabis by employees in "high-risk" or "safety-sensitive" positions. Don't be fooled by opponents who claim making cannabis legal for adults will result in surgeons, pilots, truck drivers, and electrical line workers performing their jobs under the influence of cannabis.

Adults should not be punished for using cannabis outside of the workplace unless there is some sort of extenuating circumstance, just as they should not be punished

for consuming alcohol outside of the workplace. It's worth noting that alcohol can produce a hangover, which can negatively affect an employee's performance the day after he or she consumes it, whereas cannabis does not produce hangovers.

Employees should not perform potentially dangerous work when impaired by *anything*, be it sleep deprivation, prescription drugs, over-the-counter medication, or alcohol. The best way to keep workplaces safe is to ensure employees are fit to perform their duties. Cognitive awareness impairment alertness testing is likely a better solution than periodically testing employees' urine for specific substances.

Adopting I-190 is not be a violation of the Federal Drug Free Workplace Act and puts no employers at risk. The FDFW Act simply requires employers to have a drug policy and to have penalties for violations of that policy.

This is a new industry, and we have the opportunity to immediately create responsible regulations. I-190 institutes detailed and broad rules covering advertising, labeling, testing, serving sizes, additives, permissible financial interests, production caps, licensing classes, etc. The members and supporters of the Montana Cannabis Guild are pushing for strong and sensible regulations that are needed in order to establish and maintain a legitimate cannabis industry.

Controlling the Illicit Market

According to existing data, within a few years of implementation of a state cannabis regulation laws, intrastate demand should be fully satisfied by the regulated market, if enough supply and outlets are allowed. 15% of Montana adults consumed cannabis before the passage of I-190. Bringing 150,000+ consumers into a regulated and taxed marketplace is good for the state and a source of new tax revenue. The Colorado Marijuana Enforcement Division's Market Size Demand for Marijuana in Colorado Market 2017 Update reported that, "Colorado's preexisting illicit marijuana market for residents and visitors has been fully absorbed into the regulated market."

"Legalization" vs. "Decriminalization" vs. "Regulation"

I-190 is the most realistic and effective alternative to prohibition. Under I-190
: there will be a strictly enforced legal age limit for purchasing and using cannabis; cannabis and cannabis-infused products would be produced, distributed, and tested by state licensed businesses; adults of legal age would be permitted to grow limited amounts of cannabis for personal use (similar to home-brewing); and adult use cannabis would be subject to a 20% tax.

The term "legalization" without mentioning "regulation" often leaves far too much to the imagination. Would it be available to people of all ages or only to those 18 and older or 21 and older? Would it be legal like tomatoes? Would it be sold only in state-licensed businesses? Referring to "legalizing and regulating cannabis" or "treating cannabis similarly to alcohol" makes it more apparent that cannabis would be legal only for adults.
Only in a legal, *regulated* market can consumers and the environment benefit from rules to prevent the use of dangerous pesticides, testing and potency laws, and environmental protections.

The word "decriminalization" can be a source of confusion. It generally refers to a system of reduced penalties for possession of a small amount of cannabis (usually a fine but not jail, oftentimes without formal arrest and booking), with more severe penalties retained for cultivation, sales, and possession of

larger amounts. Decriminalization is not the best solution because it leaves cannabis production and distribution in the criminal market and continues to punish adults for responsible cannabis use.

Project SAM's "third way" is a false promise. The proper balance between incarceration and unrestrained legalization is regulation. Any policy that keeps cannabis illegal for adults is not a "third way," it's the same way we've been treating cannabis for decades. We need a cannabis policy that reflects the realities of cannabis and minimizes the harm surrounding it. Cannabis is relatively safe for responsible adult use, it is widely available and commonly used, and it's not going anywhere anytime soon. As such, its production and distribution should be regulated and controlled, not left to the underground market. Coercive treatment programs that give arrestees the choice to go to treatment are not viable alternatives.

Federal Law

The U.S. Department of Justice (DOJ) made it exceptionally clear that states can regulate the cultivation and sale of cannabis for adult use. In an August 2013 memo, then-Deputy Attorney General James Cole said the DOJ would refrain from interfering as long as states are establishing and enforcing regulations that adequately address specific federal interests, such as restricting cannabis sales to minors and preventing inter trafficking. In fact, the DOJ memo acknowledged that regulating cannabis might be more effective than prohibition when it comes to addressing those interests. In particular, it notes that the establishment of large for-profit cannabis businesses could be beneficial.[52]

While former Attorney General Jeff Sessions rescinded the Cole memo, in practice his Justice Department did not appear to target any businesses in compliance with it. Moreover, former Attorney General William Barr adopted the Cole memo as policy, and both the incoming Biden administration and majority Democrat US House and Senate have made clear they intend on taking even further executive and legislative action to loosen cannabis laws.

Citations

[1] Jeffrey Jones, "U.S. Support for Legal Marijuana Steady in Past Year," *Gallup*, October 23, 2019. https://news.gallup.com/poll/267698/support-legal-marijuana-steady-past-year.aspx
[2] https://www.pewresearch.org/fact-tank/2019/11/14/americans-support-marijuana-legalization/
[3] American Civil Liberties Union. "A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform," April 2020. .
[4] Special Senate Committee on Illegal Drugs. *Final Report: Cannabis: Our Position for a Canadian Public Policy.* (2002).
[5] Wagenaar AC, Harwood EM, Toomey TL, Denk CE, Zander KM. "Public opinion on alcohol policies in the United States: Results from a national survey." *Journal of Public Health Policy* 21 (2003): 303–27.
[6] Kochanek KD, Murphy SL, Xu JQ, Arias E, "Deaths: Final data for 2017," *National Vital Statistics Reports* Vol. 68 No. 9 (2019): 13. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf
[7] Lachenmeier DW, Rehm J. "Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach." *Scientific Reports* 5 (2015): 8126.
[8] National Academies of Sciences, Engineering, and Medicine. "The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research." (2017).
[9] Ibid.
[10] Centers for Disease Control. "Vital Signs: Alcohol Poisoning Deaths — United States, 2010–2012." *Morbidity and Mortality Weekly Report* Vol. 63 No. 53 (2015): 1238-1242.
[11] Gable, Robert. "The Toxicity of Recreational Drugs: Alcohol is more lethal than many other commonly abused substances," *American Scientist* Vol. 94 No. 3 (2006): 206-208.
[12] Young, Francis L. "In the Matter of Marijuana Rescheduling Petition." *DEA Docket No. 86–22*, September 6, 1988.
[13] Iverson, Leslie, "Long-term Effects of Exposure to Cannabis," *Current Opinions in Pharmcacology* 5 (2005): 69–72.
[14] Hall, Wayne. "A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine, and Opiate Use." (1995). National Drug and Alcohol Research Centre.
[15] Thomas G, Davis C. "Cannabis, Tobacco and Alcohol Use in Canada: Comparing risks of harm and costs to society." *Visions Journal* Vol. 5 No. 4 (2009): 11.
[16] W. Hall, "Is Cannabis Use Psychotogenic?," *Lancet* 367 (2006): 193–5.
[17] Frisher, et al., "Assessing the Impact of Cannabis Use on Trends in Diagnosed Schizophrenia in the United Kingdom from 1996 to 2005," *Schizophrenia Research* 113 (2009): 123–8.
[18] Advisory Council on the Misuse of Drugs, "Further Considerations on the Classification of Cannabis Under the Misuse of Drugs Act 1971," December 2005.
[19] T.R. Denson and M. Earleywine, "Decreased Depression in Marijuana Users," *Addictive Behaviors*, April 2006.
[20] Moore, et al., "Cannabis Use and Risk of Psychotic or Affective Mental Health Outcomes: A Systemic Review," *Lancet* 370 (2007): 319–28.
[21] Ferdinand, et al., "Cannabis Use Predicts Future Psychotic Symptoms, and Vice Versa," *Addiction* 100 (2005): 612–18.
[22] C.H. Aston, et al., "Cannabinoids in Bipolar Affective Disorder: A Review and Discussion of Their Therapeutic Potential," *Journal of Psychopharmacology*, Vol. 19, No. 3, 2005.
[23] U.S. National Academy of Sciences, Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C: National Academy Press, 1999).
[24] W. Hall, L. Degenhardt, and M. Lynskey, "The Health and Psychological Effects of Cannabis Use," Commonwealth of Australia, National Drug Strategy, Monograph Series No. 25, 2001.
[25] W. Hall, R. Room, and S. Bondy, *WHO Project on Health Implications of Cannabis Use: A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use,* Geneva, Switzerland: World Health Organization, August 28, 1995.

[26] M. Earleywine, *Understanding Marijuana*, Oxford University Press, 2002.

[27] National Academies of Sciences, Engineering, and Medicine. "The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research." (2017).

[28] U.S. National Academy of Sciences, Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C: National Academy Press, 1999).

[29] Thompson, Dennis, "Marijuana Study Counters 'Gateway' Theory," *HealthDay*, July 10, 2015.

[30] Kirby, T. and Barry, A. E. (2012), "Alcohol as a Gateway Drug: A Study of U.S. 12th Graders," *Journal of School Health*, 82: 371–379. doi: 10.1111/j.1746-1561.2012.00712.x

[31] Gallup Poll, July 19, 2017.

[32] U.S. Office of Applied Studies, *2015 National Survey on Drug Use and Health: Detailed Tables*. Accessed online August 28, 2017.

[33] Netherlands Institute of Mental Health and Addiction, *Cannabis Policy: An Update* (Utrecht: Trimbos Institute, 1997).

[34] Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013. *Available at* http://apps.nccd.cdc.gov/DACH_ARDI/Default.aspx

[35] Brownstein, Joseph. "Marijuana vs. Alcohol: Which Is Really Worse for Your Health?" *livescience*, January 21, 2014.

[36] University of Michigan/National Institute on Drug Abuse, *Monitoring the Future National Survey Results on Drug Use, 1975–2019*. (Fewer than 80% of 12th graders reported marijuana was "fairly easy" or "very easy" to obtain in each 2015, 2017, 2018, and 2019. The lowest figure since the survey began was reported in the most recent year, 2019: 78.4%.)

[37] Ibid.

[38] For sources, *see* https://www.mpp.org/issues/legalization/teen-marijuana-use-does-not-increase/.

[39] Hasin, Deborah S., et al. "Medical marijuana laws and adolescent marijuana use in the USA from 1991 to 2014," *The Lancet Psychiatry*, Vol. 2, Issue 7, 601-608.

[40] Colorado Department of Public Health and Environment. "Monitoring Health Concerns Related to Marijuana in Colorado: 2016. Changes in Marijuana Use Patterns, Systematic Literature Review, and Possible Marijuana-Related Health Effects." (2017).

[41] Sam Petulla and Jon Schuppe, "Police Searches Drop Dramatically in States that Legalized Marijuana," *NBC News*, June 23, 2017.

[42] Hoaken, P. & Stewart, S. (2003). Drugs of abuse and the elicitation of human aggressive behavior. *Addictive Behaviors 28*, 1533-1554.

[43] U.S. Department of Health and Human Services, *10th Special Report to the U.S. Congress on Alcohol and Health*, June 2000.

[44] U.S. Department of Justice Bureau of Justice Statistics, *Alcohol and Crime: Data from 2002 to 2008*. *Available at* http://www.bjs.gov/content/acf/apt1_crimes_by_type.cfm

[45] Fals-Stewart, F., Golden, J., & Schumacher, J. (2003). Intimate partner violence and substance use: A longitudinal day-to-day examination. *Addictive Behaviors 28*, 1555-1574.

[46] Rape, Abuse and Incest National Network. *Drug Facilitated Sexual Violence*. Retrieved August 21, 2014, from https://rainn.org/get-information/types-of-sexual-assault/drug-facilitated-assault

[47] Gavrilova, E., et al. (2017). Is Legal Pot Crippling Mexican Drug Trafficking Organisations? The Effect of Medical Marijuana Laws on US Crime. *The Economic Journal*.

[48] Makin, D.A., et al. (2018). Marijuana Legalization and Crime Clearance Rates: Testing Proponent Assertions in Colorado and Washington State. *Police Quarterly*.

[49] Chang, T., Jacobson, M., "Going to Pot?: The Impact of Dispensary Closures on Crime," March 2017.

[50] Hunt, P. (2018). High on Crime? Exploring the Effects of Marijuana Dispensary Laws on Crime

[51] Accessed from https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving/drugged-driving#collapse11

[52] U.S. Department of Justice, *Memorandum for All United States Attorneys: Guidance Regarding Marijuana Enforcement*, August 29, 2013. *Available at* http://www.justice.gov/opa/pr/2013/August/13-opa-974.html