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Colorado's landmark marijuana experiment

By Marvin Ventrell, JD

"No thank you," I said to the professional assistant who asked if I needed anything as I waited for the accountant to arrive in the conference room. The office was that of a typical CPA firm of about 20 accountants and a dozen support staff. One would not have known that one-third of the lucrative firm's client base was the marijuana business.

Nor would one know that the founding partner, who joined me for a conversation on the state of the marijuana business, was anything other than a successful business adviser. He in fact was the marijuana industry's leading business consultant, and himself a regular marijuana user.

As we discussed the Colorado legislation that legalized marijuana growth, retail sale and use, he chuckled politely as I explained that the addiction industry for which I worked was very concerned about marijuana legalization in Colorado and the potential for legalization in other states. I explained the concern that increased availability will result in increased use, which in turn will cause increased abuse.

He asked, "Does your industry really think people who wanted to smoke before Jan. 1 chose not to because it was illegal? Do you seriously know anyone who said, 'No, I better not, it's illegal'? Do people understand that marijuana has been readily available, and inexpensive, to anyone who wants it, including children, for decades... that it's easier for minors to get marijuana on the black market than for them to get alcohol on the legal market? Do you really not know that marijuana use is culturally acceptable?"

The accountant added, "We have not created a drug source by legalization; we have simply begun to remove the black market as the source of that drug for the population who chooses to use it. Any increased use will be marginal, because there was no actual lack of supply to begin with."

He was persuasive. I certainly do not know anyone who is choosing to smoke marijuana now simply because it has become legal. That would seem odd to me. Friends and colleagues of my generation (I'm 54) have mostly given up the habit, with just a few exceptions, or smoke only a few times a year.

Nor do I know anyone who wanted to smoke and chose not to because it was illegal. That would be equally peculiar in my experience, which suggests a lot about how we have viewed marijuana policy. Illegality can certainly serve as a deterrent for other types of activities. I also know how readily available weed is, even for kids, having been a teenager once myself and having raised two of them.

Still, just as we don't know for sure that legalization will result in greater use and abuse, we don't know that it will not. I am also unconvinced that we are removing a black market source and creating a less harmful one. I hope that is true, but I cannot be sure.

Discussing the process of moving out of the shadows of a black market and into the light of retail, the accountant described the unique position of serving a newly legal industry. He explained the difficulty of doing business without the full services of the banking industry and any services of the credit card industry. He described the process of taking his team into marijuana businesses, armed with bill-counting machines, and counting tens of thousands of dollars in cash in a single visit. He explained the hardship and dangers inherent in owning a strictly cash business, and said his clients looked forward to more oversight and accountability.

"They want to fill out the forms," he said. "They want to do this right."

I imagined a team of accountants in suits with large briefcases going into the back entrance of a downtown Denver marijuana shop and leaving with those briefcases full of money. I realized at that moment that our society is truly engaged in a landmark social and economic experiment.

Our conversation then seemed a bit surreal as this upper middle class avid golfer, a CPA with a master's degree, married and a father of two, described his and his wife's personal marijuana use patterns. For years, he explained, he and his wife, perhaps with friends, smoked in the evenings a few times per week, as they relaxed at the end of the day with a glass of wine. He explained that his children were forbidden to smoke (same rule as for alcohol) and that they were made aware of the particular dangers of alcohol and marijuana on the developing brain and body of a teenager. To him, the time for legalization had come, and his own use patterns were perfectly normal, no different than broadly accepted moderate alcohol use.

Searching for something to suggest that this surely was an unwise practice, I asked the accountant whether he was concerned about the carcinogenic smoke he was inhaling. Again, he chuckled politely as he explained that his use amounted to inhaling one to two drags of marijuana per use, because one or two hits were plenty given the substance's current strength. Marijuana use and tobacco use are not comparable in terms of the amount smoked, he explained. It's not like you smoke a pack of joints per day, he said.

"So," he asked, "how shall we spend the \$135 million or so in annual tax revenue generated by marijuana sales? I assume we should focus on youth education and prevention and substance abuse treatment generally, just as we should have been focused before legalization. Only now we have the money." And perhaps the public's attention, I thought.

We talked about that and agreed that education, prevention and treatment were appropriate uses for the new tax money. We ended our discussion after I asked whether there was anything he would like to tell addiction professionals.

"Yes, about 20% of the U.S. population chooses to smoke marijuana regularly, legal or illegal, and very few of them will develop a problem," he said. "Marijuana has been readily available, and rarely does someone need addiction treatment solely for marijuana. I encourage you to focus your valuable service on real problems, such as alcoholism and opiate addiction and the prescription pill epidemic."

I left, and I glanced back at the office building. Yep, that just happened.

Amendment 64 in Colorado

May you live in interesting times, goes the Chinese proverb. We certainly do here in Colorado and in the addiction industry. On Jan. 1, 2014, approximately 37 authorized stores opened in Colorado and began selling marijuana to anyone 21 and older who wanted it and was willing to pay for it—no other justification required.

Colorado became the first state to approve the sale of marijuana for recreational use, following a period as one of several states that had implemented medical use of marijuana. The Colorado marijuana shops are, in fact, the first stores in the world licensed to sell marijuana legally (overseas, Amsterdam actually tolerates only the sale of marijuana).

The marijuana shops were authorized by Colorado legislation following passage of Amendment 64 by state voters in November 2012. In the months and years to come, it is anticipated that many more such stores will be licensed across the state, and that marijuana shops and the selling of marijuana for recreational use will become commonplace. In addition to stores selling marijuana over the retail counter, retail marijuana growing is also authorized and controlled by the new legislation.

The Colorado Marijuana Enforcement Division has been created to enforce the regulations of the new law and to monitor the system. The division is implementing an inventory system for sellers that requires shops to attach radio frequency ID tags to plants and log them into the state database called Marijuana Inventory Tracking Solutions. The division is growing its workforce. The Denver Post reported that according to Boulder marijuana shop lawyer Jeff Gard, "They are really going to staff this, put boots on the ground."

One recent development: The legal profession in Colorado had been restricted from providing legal counsel under the state's lawyers' ethics code, which prohibits lawyers from assisting clients in unlawful activity (this business remains illegal under federal law). But in late March the Colorado Supreme Court issued a ruling authorizing lawyers to advise clients under the Colorado marijuana laws.

Under the new marijuana law, if you are 21 or older, you can buy up to an ounce of marijuana with a Colorado ID. Nonresidents can buy a quarter of an ounce. One can also share an ounce with another person 21 or older, but no money may be exchanged. One cannot smoke in public, including a pot shop or other establishments governed by the state's Clean Indoor Air Act. Smoking is limited to private properties, with the owner's permission.

Communities and counties can choose not to allow recreational marijuana stores in their jurisdictions; Colorado Springs took this action. One can grow up to six plants at home, but the pot patch must be enclosed and locked. A motorist in Colorado can be ticketed for impaired driving if his/her blood shows more than 5 nanograms of active THC. Law enforcement agencies are developing marijuana impairment detection procedures and are training officers on them.

The Colorado legislation also provided for significant tax revenue from marijuana. Initial projections for fiscal year 2014-2015 show marijuana sales from both medical and recreational marijuana generating \$777 million, placing marijuana as

the third largest Colorado crop, just behind corn and hay and ahead of wheat, barley, potatoes and onions, according to the Colorado Department of Agriculture Legislative Council. Estimates of tax revenue exclusively from recreational sales range from \$50 million to \$134 million annually.

Colorado Gov. John Hickenlooper, whose office projects revenue closer to \$134 million in recreational sales tax in the first year, proposed that annual uses of tax revenue be distributed according to the following six priorities, according to Colorado's Joint Budget Committee:

- \$45.5 million for youth use prevention;
- \$40.4 million for substance abuse treatment;
- \$12.4 million for public health;
- \$3.2 million for law enforcement;
- \$1.8 million for regulatory oversight; and
- \$0.2 million for statewide coordination

An additional \$40 million is designated for school construction through a separate 15% excise tax.

Also, as part of the law, the state launched a website to answer common questions about marijuana and the health impacts related to marijuana use. The website, www.colorado.gov/marijuana, includes answers to questions such as:

- What are the long-term health impacts of marijuana use?
- Is marijuana more harmful to adolescents than adults?
- Is it legal to consume marijuana in public places?
- Can a person be charged for driving under the influence of marijuana?
- Is it safe to eat or drink marijuana-infused products?
- How do I talk to my child about marijuana?

According to a state press release, "State agencies worked together to develop this website as a reliable resource for parents, consumers, tourists and others who want the facts about marijuana's health effects and the laws in Colorado," said Larry Wolk, MD, executive director and chief medical officer at the Colorado Department of Public Health and Environment. The website features current research-based information and resources from the Colorado departments of Transportation, Education, Revenue, Human Services, and Public Health and Environment.

Amendment 64 passed in Colorado with 55% voting in favor, despite opposition from the governor's office and numerous organizations including Harmony Foundation (where I work). The national organization Project SAM (Smart Approaches to Marijuana) organized much of the opposition. According to polling by Public Policy Polling, the same percentage of Coloradans supported the measure one year later as did at the time of passage. Following passage of the law, the governor pledged to respect the will of the voters and focus on sound administration and distribution of the tax revenues.

Harmony Foundation continues to oppose new measures legalizing marijuana and has serious concerns about the Colorado law. Harmony knows, for example, that marijuana plays a seriously detrimental role in our clients' lives and serves as a cross addiction for many. We also know from our new evaluation measures that marijuana initiates the relapse process for our clients who relapse.

We also are moving forward with the process of collecting good data on marijuana use and treatment, and working with the state government on tax revenues, including the considerable funds targeted toward treatment and prevention.

Next stop: the state Capitol

State Rep. Dan Pabon is Assistant Majority Leader in the Democrat-controlled Colorado General Assembly. He is charged with the ominous task of drafting and introducing the first bill in the world to implement a large-scale recreational and medical marijuana tax revenue distribution plan. Together with several advisers, we met over coffee to discuss the plan to spend the money, particularly as it concerned allocation to treatment. Pabon gave me the opportunity to talk about what addiction is and how it is treated.

Suddenly the issue of whether marijuana legalization was a good or bad idea faded away. As I explained that more than 20 million people in the U.S. are addicted to drugs, alcohol, or some combination thereof, and only about 10% get the treatment they need, I realized the gravity of the opportunity in front of us to use this money wisely.

Perhaps as many as 5,000 individuals could be provided addiction treatment with the money allocated in Colorado. Harmony Foundation, Colorado's largest treatment center, treats fewer than 1,000 patients each year currently.

I explained to the group the American Society of Addiction Medicine (ASAM) definition of addiction as a chronic and deadly brain disease, the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of recovery as a successful continuum of care, and the process of getting from active addiction to sustained recovery through the treatment process. We talked about 12-Step history and its continued importance. We discussed the biological, psychological and social nature of the disease of addiction and how a holistic, multi-phase treatment response has become best practice in

the industry. We talked about how there is not a one-size-fits-all response and that varying levels of intervention are required.

I stressed that addiction treatment is a lifelong continuum-of-care process, and that alcoholics and addicts who are willing and get the needed services do extremely well. I could not help but mention that new data from Harmony show that 74% of our clients are clean and sober at the one-year post-treatment mark.

As Rep. Pabon listened intently, I realized that he, like most Americans, did not know that much about addiction or its treatment. However, he, unlike most Americans, was in a powerful position to influence both prevention and treatment outcomes. He was clearly taking his ominous responsibility seriously, and I believed he was genuinely motivated to gather the best information available from the best advisers out there and really get this right. His concern was not the wisdom of the marijuana legislation, but rather how to serve Colorado with newfound addiction treatment resources.

I was impressed with the opportunity to improve our state's response to addiction. This was a new opportunity, and I was grateful to be sitting where I was.

Marvin Ventrell, JD, is Director of Community and Alumni Relations at Harmony Foundation, which is in its 45th year as a residential addiction treatment center in Estes Park, Colo. He is a licensed attorney and in his 30-year career has been a trial lawyer, public policy representative, writer and law school instructor. He previously served as CEO of the National Association of Counsel for Children, where he won national acclaim for his policy advocacy on behalf of at-risk children and families. His e-mail address is mventrell@harmonyfoundationinc.com.

Coming next week: A look at the operations of Colorado marijuana shops, and an analysis of what the field knows and doesn't know about marijuana.

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Making sense of reefer madness in Colorado

By Marvin Ventrell, JD

[\(Read part one\)](#)

The lines no longer extend outside marijuana shop doors in Colorado as they did in the first few days of January, and the numerous marijuana medical and retail shops throughout the Denver metro area now sit relatively modest and inconspicuous. Except, that is, for their typical green signage and amusing names such as The Grove, Premium Weed, Kindman Dispensary, Denver Relief, Natural Remedies, Kind Love, The Releaf Center, The Kind Room, Plnk House Mile High, Herb's Nest, Sacred Seed, Good Chemistry, Colorado Denver Kush Club, and, my personal favorite name, Starbuds.

I walked into iVita Wellness in North Denver at 9:45 a.m. on a Tuesday. iVita has two Denver locations and sells both medical and recreational products. The entry area is a small waiting room with a Plexiglas partition and a reception person on the other side. The manager, Catie, agreed to meet with me and answer my questions. We talked for 30 minutes in the waiting area before she invited me back into the product room.

Catie was pleasant, knowledgeable and informative. She identified herself as a recent communications graduate of the University of Northern Colorado and a regular marijuana smoker. I asked if she had been a regular user in college and she laughed and said, "I don't think I knew anybody who wasn't." She explained that she did not smoke until evenings now and that it was the policy of iVita that employees not work while stoned.

iVita has about 40 employees including growers and warehouse workers, and the North Denver store has around 250 patients. It is open from 9 a.m. to 6 p.m. and the law prohibits sales after 7 p.m. It is a dual license shop, and Catie explained that the newer recreational clientele was still developing, although she saw a distinction in the two populations. She described the recreational population as primarily low-income and minority. It is notable that the shop is located in a low-income minority neighborhood.

iVita charges approximately \$150 per ounce of smokable marijuana for medical patients and \$350 per ounce for recreational customers. Catie identified tourists, skiers in particular, as a significant component of the recreational trade. She said it has been common for folks to fly into the Denver airport, rent a car, buy weed on their first stop, and head to the mountains for their ski vacation.

After checking my Colorado ID, Catie took me through the locked metal door and into the product room. It was pungent! I viewed the products ranging from buds to chewables (Tootsie Roll-like) to joints (rolled to perfection with a smoking tip), to vapor co2 devices. The medical and recreational products were separated in the glass case and Catie explained that certain products such as chewables were not available to recreational customers because they do not meet the law's child safety container requirements. I could see the recreational products were primarily kept in child-proof pill bottles.

iVita's products are tested by an outside lab and typically contain 20% tetrahydrocannabinol (THC), which provides the "high" for the user. Catie explained that some of the medical products were much lower in THC and much higher in cannabidiol (CBD), which is recognized as having potential medical benefits. (There are 483 known compounds in the plant, including about 84 cannabinoids other than THC. I hinted that I was not totally unfamiliar with marijuana.)

Catie invited me to smell the difference in the high-potency buds and more standard THC buds. I could tell that this was not the marijuana of my college years. The lower-potency buds had the traditional odor of marijuana, a little skunky, but the high-potency buds were extremely pungent and sweet smelling. I had experienced enough and decided to do the next interview by phone.

Erica Freeman and her husband own and operate Choice Organics in Fort Collins, Colo., about one hour north of Denver. I spoke with Erica for 40 minutes about her business and her views on marijuana and legalization. She was pleasant,

professional and forthcoming. She seemed in every way to be a typical hardworking small business owner who cared about her business and her customers. She also is a daily cannabis user, with Hash Oil being her product of choice.

Freeman and her husband began the process of opening a medical dispensary in 2007, and in September 2011 Choice Organics received the first permanent dispensary license in the state (and, she believes, in the U.S.). It opened for business in January 2012, and Freeman says not a single customer came to the store that day. Today it has about 175 regular medical marijuana, red card-carrying patients. The license caps its patient load at 300.

On March 17, 2014, Choice Organics received the first recreational sale license in Larimer County. Now a dual-use medical and recreational shop, it will maintain a focus on medical patients, which Freeman describes as her passion. She and her husband intend to keep the recreational buyer and medical patient sections separate. She describes her medical clientele as professional: mostly doctors, lawyers and nurses. She does not know yet what the recreational client base will be.

Freeman is proud of her "award-winning" grower, who, although they believe in the medicinal value of the whole cannabis plant, can generate varying levels of the 40 or so cannabinoids in a plant, including THC and CBD. While most clients stick with the smokables, she describes a rise in the use of edibles, with a growing interest in Hash Caps that resemble a pill. She describes Ingestible Hash Oil as the gold standard of medical cannabis, selling for \$34 per gram.

Freeman advises her patients relative to the benefits of the various products. She believes the products enhance the quality of people's lives, primarily through pain relief, anxiety reduction, and as a sleep aid. She says her patients are a testament to these benefits every day. She talks about ensuring that patients use appropriate doses, especially if they are new to cannabis or have not used it in a while. A small drop of Hash Oil, for example, smaller than a grain of rice, may be a more-than-adequate dose.

I asked Freeman if there was anything she wanted to say to the addiction community. "Yes. I want them to keep an open mind and mostly to do the scientific research so that my anecdotal data can be backed up." That's right, she said "anecdotal data."

Speaking of data, it was time to gather some.

What we know, and don't

The Colorado treatment facility where I work, Harmony Foundation, opposed legalization because marijuana can be an addictive and dangerous drug, and it is much more so for alcoholics and addicts. While there is much we do not know about marijuana use and how legalization will affect us, there is ample evidence of marijuana's harmful effects. We know:

1. Marijuana is a dangerous and addictive drug. Marijuana addiction results in the dependency, withdrawal and craving symptoms that are at the root of addictive disorders.
2. Marijuana use causes bronchitis and lung complications. Marijuana smoke contains 50 to 70% more carcinogenic hydrocarbons than tobacco smoke.
3. Marijuana is particularly harmful to the still-developing brains of young people. It is connected to changes in adolescent brain development that result in learning, memory problems, and IQ loss.
4. Marijuana use increases the risk of psychosis.
5. Marijuana serves as a gateway drug to even more harmful and more addictive drugs.
6. Marijuana's potency has increased dramatically over the years, with significantly higher THC content than ever before.
7. Marijuana's medical efficacy is limited and frequently overstated, particularly when the drug is taken in its commercial retail form, which has high THC (its intoxicating element) compared to the largely bred out CBD (its potentially medically beneficial element).
8. Marijuana is particularly dangerous for recovering alcoholics and addicts and can lead to relapse into one's primary addictive substance.

In addition, side effects of marijuana include decrease in short-term memory, dry mouth, impaired motor skills, paranoia, and anxiety. Marijuana's psychoactive effects include heightened mood or euphoria, relaxation, and an increase in appetite.

Of all the concerns regarding marijuana use, its damage to the teenage brain may be the most concerning. Krista Lisdahl, director of brain imaging and neuropsychology at the University of Wisconsin, explains that the teenage brain is engaged in an active process to transform itself from a child brain to an adult brain, and marijuana use interferes with that process. She explains that even moderate use of marijuana, or any mind-altering drug, by teens disrupts the brain's development.

Other researchers agree. Investigators from Duke University who assessed IQs from childhood to age 38 among pot users and nonusers found that the population that started using pot in childhood lost about eight IQ points compared to the population that did not smoke (it lost no IQ points). While there is some suggestion that the smokers who lost IQ points may have had other unidentified issues that predisposed them to both IQ loss and the desire to smoke marijuana, there is little debate that marijuana use by teens is very damaging.

All of this is very concerning given that 60% of high school seniors think marijuana is safe and 23% report use in the past month, more than the percentage who report alcohol or cigarette use. The question then is: Does legalization increase or decrease these use patterns, both for teenagers and adults?

Some opponents of legalization argue it is axiomatic that legalization increases availability, and therefore legalization increases use. But proponents of legalization point out an inconsistency in that position. They argue that youths already used more of the illegal drug than the legal drug under marijuana prohibition, and add that by legalizing we will be better able to control use, just as we do for alcohol and cigarettes.

That perhaps becomes the central dilemma of the legalization vs. prohibition debate: Does legalization of marijuana, when accompanied by age and quantity limits and restrictions on location of use, truly increase availability and use of a drug that is widely available and used through a pervasive black market process? The truth is we do not know because we have not yet had the ability to collect and interpret that data. That, however, does not serve as a justification for legalization. To the contrary, lack of data supporting the appropriateness of a proposition serves better as a justification for not engaging in the proposition, particularly where danger to humans is concerned.

That is the view of Herbert Kleber, MD, a prominent drug researcher at Columbia University and former national drug czar. In an NPR report, Kleber explained that we simply do not know enough to know that legalization is a good idea. We don't know what we don't know. Kleber says it has been hard to conduct comprehensive studies on *Cannabis sativa*, the plant that produces marijuana. He says the federal government has not given approval for such studies or for access to the drug itself. Even though Kleber does not support legalization at this time, he does hope the legalization movement will result in more studies.

Mark Kleiman, Ph.D., a UCLA public policy professor, has a different view. He does not believe there are adequate justifications to keep marijuana illegal. He relies on information showing that most marijuana users are casual, moderate users who smoke no more than one joint per week, and that may not be a problem for anyone. He is concerned that the percentage of habituated users could increase with legalization, but agrees that there is no way of knowing at this time.

Data show that 16 million Americans use marijuana at least once per month and 11% of those users fit the definition of dependence, in that use interferes with their life and they have been unable to cut back. This is compared to dependence by 23% of opioid users, 17% of cocaine users, and 15% of alcohol users.

Researchers also are beginning to discuss what is known and unknown about driving under the influence of cannabis. Kleiman reports a study that compared driving by stoned heavy marijuana users with that of drivers who just met the legal limit for alcohol impairment. The study found that the marijuana users and alcohol users were impaired at about the same level. While that is evidence that marijuana might not be as dangerous as alcohol for driving, it still shows driving impairment for marijuana.

Kleiman also points out that a marijuana high lasts for a long time, and drivers may drive thinking they are no longer high when they actually are. He also points out that marijuana combined with even a small amount of alcohol is much more dangerous.

What we think

Twenty states and Washington, D.C., allow the sale of medical marijuana. Colorado and Washington have legalized recreational marijuana, although Washington has not yet implemented the law. Seventeen states are considering legalizing recreational use. 12 states and Washington, D.C., are considering decriminalizing small amounts of marijuana.

It would appear, then, that Americans have reached some conclusions about how we have managed this drug as a society, and believe it is time for a change in policy. Bloomberg Business News recently reported that a majority of Americans favor legalization and would be motivated to vote if such a measure were on the ballot. According to a George Washington University Battleground poll of 1,000 likely voters, 73% support allowing marijuana for legal medical purposes and 53% favor decriminalization.

Bloomberg reported, "Marijuana legalization and marijuana decriminalization is at a tipping point. ... Support crosses party lines, though younger and single voters—who tend to vote for Democrats—are more motivated by those issues," according to one of the pollsters.

It is significant that President Obama said in a recent interview with The New Yorker, that although he discourages marijuana use and thinks it is unhealthy, "I don't think it is more dangerous than alcohol." The president talked about how he smoked pot as young person and how he came to view it as a bad habit and a vice. A society in which the president

can speak this honestly about marijuana seems a very different one from that in which candidate Bill Clinton fashioned his "I didn't inhale" message.

Perhaps more revealing than the president's statements was the recent CNN interview of Hazelden Betty Ford Foundation Vice President of Public Affairs William Cope Moyers. Asked what he thought of the president's remarks, he said that he agreed with the president, stating, "The president was right and I laud his willingness to speak out...." Moyers was particularly complimentary of Obama's parenting messages to his children.

None of that, however, means that Moyers or Hazelden support legalization. Moyers added that marijuana was a gateway drug to crack cocaine for him, and that more than half of Hazelden's young addiction clients report marijuana as their first drug. He said that while many people will use marijuana without a problem, just like alcohol, others will not. He agreed with the president's marijuana and alcohol comparison and with the notion that legalization could in fact increase addiction rates. He stated that the war on drugs and criminalization are failed marijuana policies and the country needs new ones.

All of this suggests that we are at a crossroads with marijuana law and policy in our states and in our country. Few continue to argue that the traditional war on drugs represents good policy. Many call for legalization as a solution, and perhaps just as many oppose it. Decriminalization of possession and use provides some agreeable middle ground but is not a comprehensive solution, and it would seem to leave a black market criminal economy in place.

So the devil is in the details, and the details are not fully available.

How we think matters

Marijuana occupies a unique, difficult-to-grasp place in our culture. It is illegal, but not necessarily taboo. It is a black market drug, but is not viewed in the same company of other black market drugs such as cocaine or heroin. It is presumed to be unhealthy by most, but not necessarily dangerous.

Marijuana has been illegal since the early 20th century, yet has grown steadily in acceptance and use. It was once a feared and mysterious drug of artists and musicians, but became a mainstay expression of cultural revolution in the 1960s. Its use continues to grow and it is common now for respected and influential citizens, from the president of the United States to business leaders, to discuss their own marijuana use publicly.

Since the 1960s, federal drug enforcement policy has relied on the proposition that marijuana must stay illegal largely because it is a gateway drug. Defense of illegality policy has therefore relied on what the drug could lead to, rather than what it inherently is. Federal policy itself is at least a tacit admission that marijuana is not as dangerous as other illegal drugs. At the same time, marijuana remains categorized as a Schedule I drug (those that are most dangerous and harmful), together with heroin and LSD. For many, this demonstrates a lack of credibility by the federal government.

Marijuana simply does not fit neatly into the drug enforcement or addiction treatment world. It is different, it is unique, and it is confusing. That makes thoughtful assessment of legalization efforts very difficult.

My brief exploration of marijuana law and culture has perhaps been informative but offers no solutions. My experience does, I believe, show one thing: Our views on marijuana are fashioned very much by our own culture and personal experience. As such, they may be more ideological than evidence-based.

For 15 years, I worked as a lawyer in a medical and mental health community at the University of Colorado Hospital and Medical School. I learned a lot about the way people think and reason, largely because scientists and lawyers do not think alike. I was particularly influenced by the renowned American psychiatrist Brandt Steele, MD. Steele was already in his 80s when I began working with him; he died in his late 90s. He had been a pioneering World War II psychologist, identifying what became known as PTSD. He worked with the Freud family, and he co-authored the landmark 1962 article in the *Journal of the American Medical Association* called The Battered Child, which exposed child abuse as a reality due to the sound collection of medical data. He had seen and done a lot and had documented ways in which America made public policy by using, misusing, ignoring, or failing to collect scientific data. He said to me on numerous occasions, "Where we stand depends on where we sit."

Steele had learned that individuals' cultural and personal experiences form their views to a tremendous extent. He learned that our current position, the view from the seat we occupy, influences our positions more than we realize. We are, Steele believed, ideological thinkers far more than we are evidence-informed thinkers. Where we stand depends on where we sit, and that is not the way to make important law and policy.

And we all sit somewhere. William Cope Moyers is the privileged son of an influential liberal political and spiritual family, smoked pot, became a crack addict, recovered, and works for Hazelden. The CPA I visited is a Libertarian, smokes pot, and has a successful career as a marijuana business adviser. Dan Pabon is a politician with a considerable obligation to produce mistake-free landmark legislation. Erica Freeman and Catie are marijuana industry owner and staff, use marijuana, and regularly witness patients describe the benefits of marijuana.

I am a privileged white American male raised in a middle class white neighborhood. I went to Catholic school (where pot was floating around in 7th grade) and attended private and public college and law school. I became a lawyer at 24. I didn't understand how privileged and entitled I was until my 40s, and much of that came through recovery. My childhood environment bordered on Libertarianism, and I was taught self-reliance and that the government should allow us to make our own mistakes.

I was a cool kid and an athlete, and we smoked pot and drank with the cheerleaders and most of us quit and became successful professionals, husbands and fathers. I live in Colorado and don't understand why anyone would live anywhere else. Coloradoans are fit and educated. We play golf, drink and critique microbrew beer, debate the best martini bars, ski, read books, eat kale chips, and fly fish. Many Coloradoans see all that as entirely consistent with smoking weed.

That is who I am and how I think. It is an image I hold and a perspective I have. It is where I sit. And even though I work in the addiction treatment industry and treasure a life of recovery, I find the outrage from some colleagues in the addiction industry over legalizing marijuana surprising and confusing.

Yet after review of the evidence, I must acknowledge that legalization carries serious dangers with it and that we probably do not have enough data to try it. My incredulity at the vocal opposition to legalization is based significantly on my human experience and inexperience, not on critical thinking. So I must step back and examine where my views come from. I think we all need to do that in order to reach good decisions and make good policy.

For better or worse, legalization has come to Colorado and it is an experiment that is just beginning. We Coloradoans, we addiction professionals, and we policy-makers have an unparalleled opportunity to influence and then use wisely the significant revenue from legalization. We also have the opportunity to gather data we have never had, study the effects of legalization, and provide the kind of evidence that will allow for honest assessment from both pro- and anti-legalization advocates. We also have the rare attention of policy-makers and the public to provide an awareness and education around addiction.

What matters now is *how* we think.

Marvin Ventrell, JD, is Director of Community and Alumni Relations at Harmony Foundation, which is in its 45th year as a residential addiction treatment center in Estes Park, Colo. He is a licensed attorney and in his 30-year career has been a trial lawyer, public policy representative, writer and law school instructor. He previously served as CEO of the National Association of Counsel for Children, where he won national acclaim for his policy advocacy on behalf of at-risk children and families. His e-mail address is mventrell@harmonystation.org.

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