

The Social and Legal Effects of Medical Marijuana: State Legislation and Rules

Working Paper #2012-01

March 2012



John Klofas, PhD
Professor and Director, Center for Public Safety Initiatives
Rochester Institute of Technology
John.klofas@rit.edu
585-475-2423

Kyle Letteney
Research Assistant
Center for Public Safety Initiatives
kw11586@rit.edu

Introduction:

“Medical marijuana” has become a significant policy issues in all state jurisdictions as well as with the Federal government. The purpose of this paper is to describe the current legal status of “medical marijuana” across the states. As noted below, New York is among the states in which legislation has been filed in this area. This paper thus provides background information which may be useful understanding the relevant policy issues.

There are currently 16 states and the District of Columbia that have passed legislation allowing the use and distribution of medical marijuana. Marijuana legislation was first passed in California in 1996, and most recently in Delaware in 2011. The rules of medical marijuana differ between states regarding obtaining a possession license, possession amounts, license transfer eligibility, and product sources. These differences have the ability to influence many social factors including drug related crime, the use of drugs, government action, and the public’s perception of the medical marijuana movement.

Medical Marijuana Related Questions:

What social indicators should be considered to assess the impact of medical marijuana?

The introduction of medical marijuana into our society has introduced many social concerns. Specific indicators that can help distinguish the impact of medical marijuana can be found within the medical marijuana movement. A very strong indicator of the impact on medical marijuana can be found within the database of a state’s Department of Health and Human Services. Here the number of licensed medical marijuana patients can be assessed over time to determine whether or not the number of licensed patients has risen or fallen. This indicator can determine the changes in medical marijuana utilization over the course of time which can help medical marijuana states alter legislation as medical marijuana use changes. The database concerning medical marijuana patients can also be used to determine whether or not there is a significant turnover rate within the medical marijuana population. The factor would determine whether or not the patients are indeed seeing benefits of medical marijuana or simply using it for personal reasons.

Another social indicator that that can be used to assess the impact of medical marijuana is whether or not specific organizations have been formed to protect and support medical marijuana. This would indicate whether public supports the idea of the medical marijuana movement through establishment of groups to protect the image of medical marijuana. These organizations have been established in almost every medical marijuana state, but California and Colorado have seen largest increase in these organizations such as the OCBC (Oakland Cannabis Buyers Cooperative), NORML (National Organization for the Reform of Marijuana Laws), and

CAM (Colorado Alternative Medicines). These organizations were formed in an attempt to support medical marijuana use and research; but if more pro medical marijuana organizations were to become established this would be a significant social indicator signifying public support for the medical marijuana movement.

What will be the impact of medical marijuana on the levels of marijuana use?

The medical marijuana market has a significant impact on the consumption of marijuana products even with only 16 states having medical marijuana legislation. Statistics have shown that states with earlier legislation such as California, Oregon, and Washington have seen an increase in the consumption of marijuana. This has been linked to the ever expanding cannabis cultivation in those areas. With abundant marijuana supplies for dispensaries and caregivers there has not been a decrease in marijuana distribution for medical marijuana patients. This brings up the topic of the licensing process for medical marijuana patients. A majority of medical marijuana states have been seeing a steady increase in licensed patients for medical marijuana use. Many of these patients are actually first time marijuana users who would like to try medical marijuana as an alternative for their prescription drugs. With a new market for first time users and with more applications being filed every month; it is still difficult to say whether or not this trend will continue.

How will medical marijuana affect the use of illegal drugs such like heroin and cocaine?

The question of whether or not medical marijuana use will increase the consumption of harder drugs such as heroin and cocaine has been a heated topic amongst both pro and anti-medical marijuana parties. Both sides make their point clear but the lack of significant evidence leaves both without a clear answer. Anti-medical marijuana parties firmly stand alongside with the Federal Governments belief that marijuana is a gateway drug to harder and more destructive drugs. The anti-medical marijuana supporters think that the medical marijuana movement will slowly lead into a massive increase in heroin and cocaine use as marijuana becomes ineffective overtime. The Federal Government uses this as one of their excuses to pursue the closing of all medical marijuana markets. The pro medical marijuana parties have refuted this argument of marijuana as a gateway drug; stating that marijuana is a non-addictive drug and those who use it are not prone to seeking harder drugs. The pro medical marijuana supporters believe that an individual's environment is a key factor in someone's decision of whether or not to use harder drugs and that the majority of those who use medical marijuana have never experimented with harder street drugs. With a lack of evidence to support either argument it is clear that more social indicators are needed to determine whether or not marijuana users are more likely to pursue harder drugs in the future.

How will medical marijuana affect illegal marijuana markets and the neighborhood distribution associated with them?

Medical marijuana has established itself as a commercial enterprise, with thousands of dispensaries and employees who have dedicated their professional careers to the medical marijuana movement. The organized dispensing of an illegal drug has never been seen in the U.S until the introduction of medical marijuana. With medical marijuana now a 10 billion dollar a year industry, it has proven itself as a very influential source of income and wealth. With any market that brings in a large amount of wealth there are markets competing against it. In this case medical marijuana has been fighting a two front battle, one against the federal government and the second against the illegal market of marijuana distribution. With the legitimization of marijuana as a medicine, the illegal market of marijuana has taken a large hit, especially out west where it is very easy for someone to obtain a medical marijuana license and use marijuana without pressure from legal authorities. Whether the weakening of the illegal marijuana market is a positive consequence has yet to be seen, and many have speculated that a weaker illegal marijuana market might force the sale of harder drugs as supply and customers for illegal marijuana begin to dwindle over time. Others speculate that legitimizing users and dealers will all together lessen the need for illegal marijuana, thus decreasing drug and gang related violence.

Many have seen the potential benefits of controlled distribution of marijuana due to the fact that dispensaries are specific areas where marijuana can be purchased. Those who support the idea of legalizing marijuana as a whole believe that controlled distribution would eliminate the neighborhood disturbances that are associated with illegal medical marijuana transactions. Many calls to service for inner city police departments are for public disturbances associated with marijuana sales. Supporters believe that the controlled distribution of medical marijuana has shown the benefits of having specific locations for safe and effective marijuana transactions, allowing the purchasing of marijuana to be in a controlled environment rather than on the streets.

What will be the impact of medical marijuana on property crime?

One issue that every medical marijuana state has faced is the increase in property related crimes linked to the sale or cultivation of medical marijuana. Many dispensaries have faced a number of burglaries due to their ability to hold a large amount of marijuana at any one time. Most of the large branches of dispensaries have invested in security measures similar to a bank, with vaults, safes, front door security, and security cameras. Even with all these security measures many dispensaries have fallen victim to property related crimes. Even medical marijuana patients who grow their own source of medical marijuana have seen an increase in home robberies that target their growing operations. In 2009, Seattle the police responded to over 800 burglaries of a medical marijuana patient's home. Many speculate that local law enforcement do not follow up the burglary of dispensary or a patients home as they would any other burglary primarily because the robbery dealt with the seizing of marijuana. More detailed analysis would be needed to determine whether or not the turnover rate for burglaries involving medical marijuana is in fact

much lower than the turnover rate of burglaries which did not involve medical marijuana. This would help determine whether or not property crimes relating to medical marijuana will in fact increase overtime as cases go unsolved.

What will be the impact on violent crime?

Along with the issue with property crimes, the issue of violent crime has been a major concern within the medical marijuana society. Law enforcement in medical marijuana states have not seen an increase in violent crime relating to the direct distribution of medical marijuana; but law enforcement has seen an increase in violent crime towards users of medical marijuana. Medical marijuana patients have been seen as prime target for those seeking the high quality marijuana that is dispensed to patients. In many cases medical marijuana patients have been stalked from the moment they walk out of a dispensary and are mugged for their marijuana either as they are walking to their car or walking into their home. Many reports are filed but many are said to have gone unreported due to the awkward relationship between medical marijuana patients and local police. Many dispensaries have petitioned a movement to reform the medical marijuana legislation to include protection for medical marijuana patients. The reform would establish safer methods of distribution for those who wish to keep their identity a secret, such as medical marijuana delivery services, security services, and confidentiality agreements. Many dispensaries have already established similar services, but they are asking for it to be a standard amongst all dispensaries and providers. The legislation reform may in fact decrease the likelihood of violent crime against medical marijuana patients, but talks and agreements are still being decided in states like California, Colorado, Oregon, Washington, Vermont, and Hawaii.

What health issues might be associated with medical marijuana?

A health issue that has become prevalent within the debate about medical marijuana is the health issue associated with the consumption of marijuana. Anti-medical marijuana parties have stuck behind the idea that medical marijuana will in fact cause more health issues to the user rather than help them. The preferred method for consuming medical marijuana is smoking, and many health officials believe that it will cause respiratory issues with extended use. Pro medical marijuana supporters do agree that smoking medical marijuana can be harsh on a patient's respiratory system especially if they are already suffering from a respiratory related illness. This is why dispensaries also have available edible alternatives to consuming medical marijuana. Many dispensaries offer baked goods which have the correctly measured amount of medical marijuana in an easy to consume food; some even offer lozenges for a much easier and discrete way to consume medical marijuana. For the patients that do consume medical marijuana through smoking, it is argued that smoking medical marijuana is less harmful than cigarettes and that an individual does not consume as much smoke smoking marijuana as compared to a cigarette or cigar. Many medical marijuana activists argue that the marijuana plant is less processed than commercial tobacco; which when smoked would release only natural cannabinoid chemicals. The counter argument is that smoking marijuana has just as much if not more harmful chemicals

in it than regular tobacco. It has been proven through scientific research that both marijuana and tobacco release a large amount of different substances once they are smoked but there is no significant evidence that proves smoking marijuana is any less or any more harmful than smoking tobacco.

[Below you will find legal information relating to medical marijuana for states that have passed legislation. You may click on the state name to view the medical marijuana legislation.](#)

State Law and rules for medical marijuana

There are many similarities in state legislation that allows for the distribution and use of medical marijuana. In all jurisdictions that allow medical marijuana a licensed physician is the only individual that can legally endorse the treatment for a patient. A physician must also adhere to regulations regarding legitimate illnesses that qualify for medical marijuana treatment. The illnesses that do qualify for marijuana treatment are one of the following conditions: severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome resulting from the condition or treatment of human immunodeficiency virus (HIV positive patients), glaucoma, acquired immune deficiency syndrome, or cancer. States that currently have medical marijuana also affirm that the physician has to seek approval by the state's Department of Health, or Department of Health and Human Services. These regulations limit those who can obtain medical marijuana, however each state has unique characteristics pertaining to the legalization of medical marijuana. These characteristics are mentioned in the following passages.

Alaska:

Alaska passed its medical marijuana legislation in 1998 following pressure by the State Senate to pass the law. The bill was passed with the title of Ballot Measure 8 with 58% of the votes being in favor of the new law. Alaska then followed the legislation with a set of rules depicting the price of a license to carry medical marijuana, the amount a person could carry or grow, and whether or not Alaska will accept medical marijuana licenses from other eligible states. A license varies in cost for the patient but averages around \$25. An individual in the State of Alaska with the proper medical marijuana license can legally have 1 ounces of usable marijuana, and 6 plants (3 mature, 3 immature). The state has not made available whether or not they will accept other state medical marijuana licenses due to conflicts with medical marijuana eligibility requirements from other states.

Arizona:

Arizona has recently passed their medical marijuana legislation through the State Senate in early 2010. The bill was titled Proposition 203 and was passed by an extremely slight margin with 50.13% of the votes in favor of enacting medical marijuana. A license will cost an individual between \$150 and \$175. The patient and their license are up for a review every 6 months to assess their medical recovery and whether or not medical marijuana is needed. An individual

with a medical marijuana possession license can have 2.5 ounces of usable product and up to 12 plants. Arizona does allow other state licenses as long as those individuals conform to Arizona's laws and regulations regarding medical marijuana.

California:

California was the first state to enact medical marijuana use in 1996. California Senate had the intention of using the legislation as a test to see how well the state could regulate the distribution of medical marijuana. The legislation was titled Proposition 215 and was passed with 56% of the votes in favor of legalization. The fee for a license varies depending on the county ranging from \$33 to \$66. A medical marijuana license carrier in the state of California can have 8 ounces of usable marijuana and 18 plants (6 mature, 12 immature). As a part of the state legislation the state of California does not allow the use of out-of-state medical marijuana licenses.

Colorado:

The state of Colorado passed its medical marijuana legislation in 2000. The legislation was passed with the title of Ballot Amendment 20 and had a State senate vote of 54% in favor of legalizing medical marijuana. It costs a patient \$90 to obtain a possession license and the license can be renewed through the same method as obtaining the license. A patient can possess 3 ounces of usable marijuana and 6 plants (3 mature, 3 immature). Colorado does not currently accept out-of-state medical marijuana licenses due to their medical marijuana distribution restrictions.

District of Columbia:

The District of Columbia has also recently enacted legislation allowing for the distribution of medical marijuana. The law was passed in 2010 and was known in the senate as Amendment Act B18-622. The legislation passed through the senate with a 13-0 vote in favor of the legalization of medical marijuana. A license to possess medical marijuana does not require a fee. A patient is allowed to possess 2 ounces of dried marijuana; however other forms of the drug are still pending in the state senate. The senate has not yet ruled on the allowance of out-of-state marijuana licenses to be used for distribution in the District of Columbia

Delaware:

Delaware is the most recent state to pass legislation allowing for the medical use of marijuana. The legislation was passed in 2011 and was presented to the Senate as the House Senate Bill 17 and was passed in the House with a vote of 27-14 and in the Senate with a vote of 17-4. There's no fee mentioned in the state legislation to obtain the license once you're granted access to the treatment. An individual may possess up to 6 ounces of usable marijuana. The state of Delaware does allow out-of-state possession licenses.

Hawaii:

Hawaii passed legislation in the year 2000 allowing licensed physicians to suggest and prescribe medical marijuana. The bill was presented to the State Senate as Senate Bill 862 and was passed with a House vote of 32-18 and a Senate vote of 13-12, both in favor of the legal use of medical marijuana. A patient's possession is limited to 3 ounces of usable marijuana and 7 plants (3 mature, 4 immature). The state of Hawaii does not allow out-of-state possession licenses to be used in the distribution of medical marijuana at this time.

Maine:

Maine enacted legislation to legalize medical marijuana in 1999. It was presented to the Senate as Ballot Question 2 and was passed in the Senate with 61% of the vote in favor for the legalization of marijuana for medical use. A license can be purchased for an average price of \$75; prices vary depending on region. The patient is allowed to have 2.5 ounces of usable marijuana and 6 plants. Maine also allows marijuana licenses from out-of-state to be used at their distribution facilities.

Michigan:

Michigan passed the legalization of medical marijuana in 2008. The bill was introduced to the State Senate as Proposal 1 and was passed with a vote of 63% in favor. The cost to carry a medical marijuana license can vary anywhere between \$25-\$100 depending on the medical issue and amount needed. A patient can possess 2.5 ounces of usable marijuana and can have a total of 12 plants as a part of their legal limitations. The state of Michigan allows those with out-of-state marijuana licenses to purchase medical marijuana at designated dispensaries.

Montana:

Montana authorized the use of medical marijuana in 2004 and was presented to the State Senate as Initiative 148. The Senate passed Initiative 148 with a vote of 62% in favor of medical marijuana. A patient with the proper medical marijuana license can have 1 ounce of usable marijuana, 4 plants (mature), and 12 seedlings. Currently Montana does not allow out-of-state of medical marijuana licenses to be used within its borders. The use and distribution of medical marijuana is saved for those who carry state licenses.

Nevada:

Nevada passed state legislation allowing for the distribution and use of medical marijuana in 2000. The bill was called Ballot Question 9 and was passed with a vote of 65% in favor of the legalization of medical marijuana. A medical marijuana license can be acquired for around \$150 and an individual with a marijuana license can have 1 ounces of usable product and 7 plants (3 mature, 4 immature). Currently the state of Nevada does not allow out-of-state registry licenses and only caters to those who have Nevada marijuana licenses.

New Jersey:

New Jersey has passed recent legislation legalizing the use of marijuana for medical purposes. The bill was passed in 2010 and was presented to the State Senate as Senate Bill 119 and was voted in with a House vote of 48-14 and a Senate vote of 25-13. The cost of a medical marijuana license for a patient in New Jersey can vary anywhere between \$25 to \$200 dollars depending on the patients unique needs. A medical marijuana patient can have 2 ounces of marijuana, but is not allowed to own or grow plants. New Jersey has not yet ruled on whether or not to allow out-of-state licenses; but future senate proposals will decide on the matter.

New Mexico:

New Mexico endorsed legislation regarding the use of medical marijuana in 2007. The bill known as Senate Bill 523 was passed with a House vote of 36-31 and a Senate vote of 32-3. There is no cost to the patient to obtain a medical marijuana license and a licensed patient can have 6 ounces of usable treatment and 16 plants (4 mature, 12 immature). New Mexico law does not allow out-of-state marijuana licenses to be used.

Oregon:

Oregon is one of the many west coast states that passed their medical marijuana legislation in 1998. The Senate was presented Ballot Measure 67 which was voted in with 55% in favor of legalizing medical marijuana. A patient can obtain a license with a deposit of \$100 to \$150. Oregon is known as the “medical marijuana state”, with the largest allowed possession. Oregon allows their medical marijuana patients to possess 24 ounces of marijuana, and 24 plants (6 mature, 18 immature). Oregon currently does not accept marijuana licenses from other states and saves distribution for state licenses holders only.

Rhode Island:

Rhode Island approved medical marijuana legislation in 2006. The legislation was titled Senate Bill 0710 and was passed by the House with a vote of 52-10 and by the Senate with a vote of 33-1. Once the patient is cleared by the Department of Health they can receive a license for \$10-\$75 depending on the patient’s needs. A patient with a valid possession license can carry 2.5 ounces of usable marijuana and have 12 plants. Rhode Island allows the use of out-of-state medical marijuana licenses but those who use their out of state licenses must adhere to the possession limit rules mentioned in the legislation.

Vermont:

Vermont permitted the use of medical marijuana in 2004 with legislation that was passed through the State Senate. The legislation was called Senate Bill 76 and was passed through the House with a vote of 22-7 and was passed through the Senate with a vote of 82-59. The patient can purchase a license for \$50 once they’ve been approved by a physician. The patient is allowed to have 2 ounces of usable marijuana and 9 plants (2 mature, 7 immature). Vermont currently does not allow the use of out-of-state possession licenses.

Washington:

Washington authorized the use of medical marijuana in 1998 and was passed through the State Senate in a bill labeled Initiative 692 with a favorable vote of 59%. In the state of Washington, there is no monetary deposit needed for a medical marijuana license. The individual is subject to the removal of the treatment if symptoms improve or the treatment is inefficient. Possession rules in the state of Washington allow patients to have 24 ounces of usable medicine and 15 plants. Washington does not approve of medical marijuana licenses from other states; possession and distribution of medical marijuana in Washington is reserved for those who carry Washington state licenses.

New York (pending):

Medical Marijuana legislation was Introduced by Senate Health Committee Chair Tom Duane (D) and referred to Health Committee on February 1st 2011. The pending legislation is said to legalize the possession, manufacture, use, delivery, transfer, transport or administration of marijuana by a certified patient or designated caregiver for a certified medical use. It directs the department of health to monitor such use and promulgate rules and regulations for registry identification cards. The legislation sets a possession limit of 2.5 ounces. There are currently no rules on home grown methods, but the health committee is set to debate whether or not home grown methods would be allowed. The New York medical marijuana legislation is still in its infancy and is subject to change.

State Repeal Attempts:

Since early 2011 several medical marijuana states have attempted to pass a repeal bill against medical marijuana legislation. Montana's House speaker, Mike Milburn, a Republican and sponsor of Montana's medical marijuana repeal bill, said he thought that the arguments about medical use was encouraging recreational use and creating a path to legalization. He said he feared drug conflicts in Montana's cities and the destruction of Montana's youth. If the legislation is passed by the Montana Senate, it would face an uncertain fate on the desk of Gov. Brian Schweitzer, a Democrat, who has said he believes the laws need to be stricter, but he has not currently taken a position on the repeal. New Mexico's Republican governor, Susana Martinez, has also expressed interest in a repeal of New Mexico's medical marijuana legislation. Susana Martinez believes that the legitimacy of medical marijuana use is questionable and believes that medical marijuana may cause a push towards legalization. Medical marijuana states such as Colorado and New Jersey have begun setting stricter rules and regulations concerning the growing and distribution of medical marijuana because public figures are concerned about reports saying that growers and users are abusing the medical marijuana system by not abiding by the rules and regulations.

Medical Marijuana and the Federal Government:

Many federal agencies have responded to the ever increasing market for medical marijuana. In particular the DEA (Drug Enforcement Administration) has made it their mission to stop medical marijuana distribution by enforcing federal drug laws. The DEA believes there is no consensus

of medical evidence that marijuana helps patients. Congress enacted laws against marijuana in 1970 based on its conclusion that marijuana has no proven medical value. The FDA (Food and Drug Administration) is the federal agency responsible for approving drugs as safe and effective medicine based on valid scientific data. The FDA has not approved smoked marijuana for any condition or disease. The FDA noted that "there is currently sound evidence that smoked marijuana is harmful," and "that no scientific studies supported medical use of marijuana for treatment in the United States."

In 2001, the Supreme Court affirmed Congress's 1970 judgment about marijuana in *United States v. Oakland Cannabis Buyers' Cooperative*, which held that, given the absence of medical usefulness, medical necessity is not a defense to marijuana prosecution. The OCBC brought the case to the Court of Appeals which concluded that the medical necessity defense was a legally cognizable defense. Today the Oakland Cannabis Buyers Cooperative is one of the largest distributors of medical marijuana licenses. Furthermore, in *Gonzales v. Raich*, 125, the Supreme Court reaffirmed that the authority of Congress to regulate the use of potentially harmful substances through the federal Controlled Substances Act includes the authority to regulate marijuana of a purely intrastate character, regardless of a state law purporting to authorize "medical" use of marijuana.

California's Federal Government Conflict:

Federal prosecutors announced in October 2011 that they were launching an aggressive campaign of shutting down dispensaries and arresting medical marijuana users, citing a creation of large for profit enterprises that were more concerned with making money than with helping patients. Attorneys have filed lawsuits in all four of California's federal districts, arguing in part that the government had reversed an earlier position, invoked during a lawsuit, to leave alone legal dispensaries. California's medical marijuana industry occupies a very large market, legal under state law but still banned under the federal Controlled Substances Act, which also states that marijuana has no medicinal benefit. A 2009 memo written by former Deputy Attorney General David W. Ogden instructed federal prosecutors to focus their efforts on traffickers rather than patients and cannabis organizations that were within state laws. A 2011 statement issued by Deputy Attorney General James M. Cole signaled a shift from Ogden's view, taking aim at those who cultivate or sell marijuana illegally under federal law. The Justice Department has recently sent letters to California cities warning them against expanding the medical marijuana market.

Since then all four of California's federal court jurisdictions say that the Department of Justice has deceived marijuana producers by flipping its own policy. Medical marijuana advocates continue to support the 2009 statement that the Obama campaign enacted promising to respect state medical marijuana laws. After a short time the federal government has steadily moved toward more strict marijuana policies, even as more states continue to consider medical

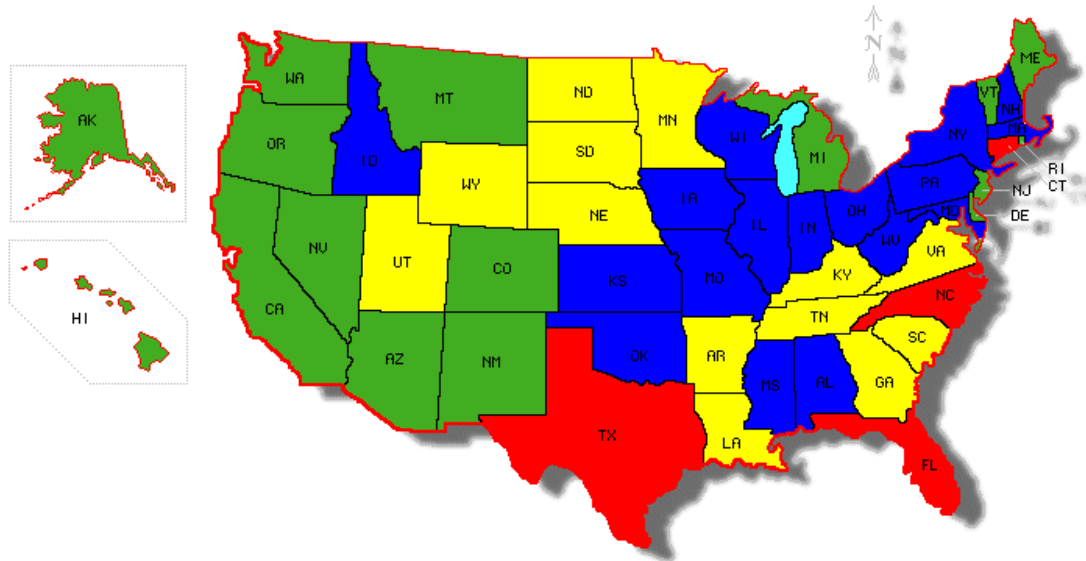
marijuana legislation. The suits claim patients' rights to make their own health decisions are protected by the 9th Amendment, and that the Commerce Clause prevents the federal government from getting involved in an issue related to state marijuana trade. The California lawsuits argue that the federal government is violating the 14th Amendment requiring equal protection under the law because medical marijuana programs in Colorado are not facing any federal sanction. National medical marijuana advocacy group, Americans for Safe Access filed its own lawsuit in October 2011 challenging the federal crackdown of medical marijuana users and dispensaries. That lawsuit states that recent raids of licensed dispensaries and letters warning city officials that they could face government action for trying to regulate medical marijuana constitutes as an illegal power assertion under the 10th Amendment which give the state's legislative authority not explicitly reserved for the federal government.

Conclusion:

With so much variety in state legislation, it is important to analyze and understand these in order to better understand the affect medical marijuana legalization may have on a range of issues including drug markets. For example, before we can understand the relationship between medical marijuana and crime, or neighborhood disorder, we must understand how these laws may affect the black market economy. In future papers, we will consider crime data pre- and post-legalization to assess the impact this legislation has had.

Current Medical Marijuana Legislation in the U.S.

- - Legal Med Marijuana
- - Pending Legislation
- - Failed Legislation
- - No Action



References

Legislative References:

AN ACT RELATING TO THE MEDICAL USE OF MARIJUANA, S. Res. 76, 76th Leg., 1st (Vt. 2003).

Alaska Ballot Measure 8, H.R. Res. 17.37.010, 10th Leg., 1st (Alaska 1999).

Amendment Act B18-622, S. Res. B18-622, 1st Leg., 1st (D.C. 2010)

Ballot Question 9, S. Res. R095-01, 438A Leg., 2-13 (Nev. 2001)

California Senate Bill Number: SB 420 Bill Text, S. Res. 420, 6th Leg., 2.5

Colorado Ballot Initiative 20, S. Res. 20, 14th Leg., XVIII (Colo. 2000)

ENGROSSED SUBSTITUTE SENATE BILL 6032, S. Res. 6032, 60th Leg., 1st (Wash. 1998).

HOUSE CS FOR CS FOR SS FOR SENATE BILL NO. 94(FIN), S. Res. 11.71.030, 1st Leg., 1st (Alaska 1999).

Maine Medical Marijuana Act, S. Res. 2, 22nd Leg., 1st (Me. 1999).

Medical Use of Marijuana, S. Res. 862, 329th Leg., 1st (Haw. 1999).

Montana Medical Marijuana Act, S. Res. 148, 37th Leg., 1st (Mont. 2004).

Oregon H.B. 3052, S. Res. 3052, 70th Leg., regular (Or. 1999).

PROPOSAL 08-1 PROPOSED LEGISLATIVE AMENDMENT, S. Res. 08-1, 8th Leg., 1st (Mich. 2008).

Proposition 215: Text of Proposed Law, S. Res. 215, 8th Leg., 2nd (Cal. 1996).

PROPOSITION 203, S. Res. 203, 36th Leg., 1st (Ariz. 2010).

RELATING TO FOOD AND DRUGS -- THE EDWARD O. HAWKINS AND THOMAS C. SLATER MEDICAL MARIJUANA ACT, S. Res. LC01364, 791st Leg., 1st (R.I. 2006).

SENATE BILL NO. 17, S. Res. 17, 146th Leg., 16th (Del. 2010).

SENATE CONCURRENT RESOLUTION No. 140, H.R. Res. 140, 214th Leg., 1st (N.J. 2010).

SENATE CONCURRENT RESOLUTION No. 140, H.R. Res. 140, 214th Leg., 1st (N.J. 2010).

TITLE V-A MEDICAL USE OF MARIHUANA, S. Res. 3360, 1st Leg., 1st (N.Y. 2011).

Academic References:

Burrus, R., Jr. (1999, September). Do Efforts to Reduce the Supply of Illicit Drugs Increase Turf War Violence? A Theoretical Analysis. *Journal of Economics and Finance*, 23(3), 226-234.

Jensen, E., Gerber, J., & Mosher, C. (1999, March/April). Social Consequences of the War on Drugs: The Legacy of Failed Policy. *Criminal Justice Policy Review*, 15(1), 1-22.

Joy, J., Watson, S., & Benson, J. (1997). Marijuana and Medicine Assessing the Science Base. *NATIONAL ACADEMY PRESS*, 1-170.

Khatapoush, S., & Hallfors, D. (2004, September). "SENDING THE WRONG MESSAGE": DID MEDICAL MARIJUANA LEGALIZATION IN CALIFORNIA CHANGE ATTITUDES ABOUT THE USE OF MARIJUANA? *Journal of Drug Wars*, 4(34), 1-21.

Kreit, A. (2004). *THE FUTURE OF MEDICAL MARIJUANA: SHOULD THE STATES GROW THEIR OWN?* (Unpublished doctoral dissertation). University of Pennsylvania, Pennsylvania.

Kubrin, C., & Weitzer, R. (2000). Retaliatory Homicide: Concentrated Disadvantage and Neighborhood Culture. *SOCIAL PROBLEMS*, 50(2), 157-180.

Pacula, R., Chriqui, J., Relchmann, D., & Terry-McElrath, Y. (2001, October). State Medical Marijuana Laws: Understanding Their Laws and Limitations. *RAND Corporation and the National Bureau Economic Research*, 13, 1-41.

SHOULD MARIJUANA BE RESCHEDULED? [Medical Marijuana Research]. (2007, July). Retrieved 2007-2012, from Private Sponsors website: ProCon.org