

Legal Medical Marijuana Has Caused Problems for Local Communities

Medical Marijuana, 2011

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According to the Great Falls, Montana, *Tribune*, at an October 2009 medical marijuana health screening in that city, a Dr. Patricia Cole of Whitefish examined 150 patients in 14 and a half hours. That's an average of one every six minutes. Dr. Cole is affiliated with the Missoula-based "Montana Caregivers Network" (MCN), which promotes the traveling "Cannabis Caravans" in the Treasure State. And these aren't conducted in hospitals or clinic settings. They can be set up in a conference room in a local hotel. For a fee (\$150, or \$100 for veterans and low-income people) a doctor examines you and decides if you are eligible—depending on your specific physical or psychological complaint—for a card that permits you to be prescribed medical marijuana from a personal "caregiver." Some submitted paperwork and payment for the "examination" and an additional \$25 registration fee is all it takes to be issued a card, as no formal medical records are required, only a stated complaint such as chronic headaches or insomnia or back pain. And a card permits not only access to the marijuana retail outlets and licensed caregivers, but also allows one to grow a limited amount of the weed for one's own use.

The Legalization of Medical Marijuana in Montana

The *Tribune* goes on to relate that the Montana Board of Medical Examiners has frowned on Dr. Cole's entrepreneurial adventures amongst the stoners, and fined her \$2,000 for promoting "inadequate standards of care." It further noted that Dr. Cole "did not document medical histories [or] discuss proper dosing ... [or] document a risk analysis of medical marijuana." Dr. Cole is Montana's first physician to be so disciplined. The Montana Caregivers Network supplied her with legal counsel and paid her fine. The above is illustrative of the problems Montana is now dealing with as a poorly written law light on regulation is currently implemented.

Small municipalities lack the law enforcement capability to deal with criminality related to the dispensing of medical marijuana.

In 2004, 62% of Treasure State voters approved Initiative 148 [the Montana Medical Marijuana Act], which legalized medical marijuana for "certified patients" with a "debilitating medical condition" (i.e., cancer, AIDS, glaucoma, etc.). In October 2009, the [Barack] Obama administration ordered federal prosecutors to cease prosecuting medical marijuana patients in the legalized states. Montana—one of fourteen states and the District of Columbia to have legalized medical marijuana—now has 15,000 registered "patients," up from 3,000 a year ago [June 2009]. It turns out there [are] a lot of sick folks riding the Cannabis Caravan in Montana. "Before the doors even open the parking lot has 300 kids throwing Frisbees and playing Hacky Sack," Mark Long, narcotics chief for the Montana Department of Justice told the *Wall Street Journal* [WSJ].

The Problems Caused by Legal Marijuana

However, the brave new world of medicinal dope has a darker side than hippies tossing around Frisbees. In Kalispell a man was murdered who was tied to the theft of medical marijuana. There have been related assaults in the Missoula area. In Billings, Montana's largest city, there have been two firebombings of medical marijuana outlets and "Not in our town" spray painted on the walls. The Billings City Council, with 80 licensed weed dispensaries already in the city of 100,000, has lately instituted a six-month moratorium on an additional 25 more. "It's an absolute nightmare," Billings Mayor Tom Hanel told the *WSJ*. "My prediction is that it's only going to get worse if we continue to allow it." Kalispell and Great Falls have also followed the moratorium route, as have the small towns of Anaconda near Butte, and Cascade near Great Falls. These last two (and scores of others in the state) underscore the simple fact that small municipalities lack the law enforcement capability to deal with criminality related to the dispensing of medical marijuana. And here's an interesting set of statistics: Montana has roughly 1,000 licensed pharmacies, from small town drugstores to those found in chain retail stores such as Walmart; and in the last few years it's accumulated 5,000 caregivers (mostly growing marijuana at home) and storefront outlets. And another: 9% of Montanans on probation or on parole from the state correctional system are in possession of medical marijuana cards.

The Montana Caregivers Network is an interesting entity. It's a nonprofit whose executive director Jason Christ is the poster boy for medical marijuana in the Treasure State. Christ has attracted much media attention leading "smoke-ins" around the state, where he has made a show of lighting up in front of the State Capitol in Helena and within sight of police headquarters in Missoula. For Christ, medical marijuana (and it would seem legalization in general) is a public crusade. A typical quote: "I honestly feel like this has become a civil rights issue." MCN has recently instituted online "TeleClinics," physician exams via webcam; that is, it is now possible to access the Cannabis Caravan via cyberspace. That'll certainly save MCN rental fees for all those hotel conference rooms. But one wonders what the Montana Board of Medical Examiners thinks of such an impersonal and medically unethical doctor-patient encounter?

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The Dichotomy of Urban and Small Towns

There is a definite dichotomy seen in Montana's medical marijuana controversy. Initiative 148 was very popular in urban Montana; cities such as Billings, Helena, Great Falls, Butte, and the liberal college towns of Missoula and Bozeman. Not so much in small towns across the vast rural reaches of the Treasure State. Urban Montana mustered the votes to pass 148. What is it about medical weed and university towns, not only in Montana, but across the country?

Missoula, population 70,000, is home to the University of Montana. There are a dozen storefront outlets and 400 registered caregiver/growers serving 1,800 (and growing) card carriers. According to a story in the *Missoulian*, many residents laud the fact that medical marijuana is giving a previously moribund commercial real estate market a boost, as more storefront outlets open. And garden supply stores are booming. Bozeman, population 35,000, and home to Montana State University, has 500 caregivers. One in 70 people in Bozeman is a caregiver. These are two cities populated for much of the year by thousands of young, vigorously healthy college students. Maybe there's a high rate of card carriers among the more long-in-the-tooth administrations and faculties.

The Future of Montana's Law

Montana seems to be learning the lessons of California, a state always incubating bad ideas. After a decade of dispensary expansion, Los Angeles has now started to tightly regulate medical weed, and is closing many outlets (L.A. has more of these than it has Starbucks) that are home to criminal activity and gang infiltration. Missoula isn't Los Angeles, but the same sort of problems are already cropping up there.

The Montana state legislature will join the fray during its next session in January 2011, when it will take up legislative reform related to filling the many abuse-ridden regulatory holes in the 2004 initiative. And there are calls from some of its Republican members to simply repeal the whole mess. So the question remains: Who—if anybody—will be permitted to get high under the Big Sky?

Further Readings

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Source Citation

Croke, Bill. "Legal Medical Marijuana Has Caused Problems for Local Communities." *Medical Marijuana*. Ed. Noël Merino. Detroit: Greenhaven Press, 2011. Current Controversies. Rpt. from "High Under the Big Sky." *American Spectator* (2 June 2010). *Opposing Viewpoints In Context*. Web. 29 May 2013.

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