



Q & A Frequently Asked Questions Not Covered in Talking Points

1. Does SAM believe in decriminalization?

SAM does not use the term “decriminalization” because today it is almost always used interchangeably with “legalization.” It has become a synonym for legalization, so it is not helpful as a term to describe policy.

We also know that keeping something illegal means less people will do it. Kids today list not wanting to break the law/fear of arrest as their #4 out of 19 reasons why they abstain from marijuana, according to the Monitoring the Future study conducted by University of Michigan.

But SAM does believe that people should get interventions and treatment for marijuana problems. SAM also believes that if someone is arrested for marijuana, they should not have a criminal record which could prevent their full recovery and reintegration into society. SAM believes in a health first policy that keeps marijuana illegal – safe from American style commercialization and promotion – but also keeps in mind the health of the user and the safety of him and those around him. That can only happen under a policy where marijuana is illegal but also treated as a public health issue.

2. Does SAM reject law enforcement as a solution?

No, law enforcement is part of a balanced solution to the marijuana problem. In fact, smart law enforcement can reduce crime as well as direct people to treatment. Drug courts, mental health courts, and Project HOPE type programs all have law enforcement as a central component. SAM believes that prevention and treatment should receive more funding, but that is not to say that law enforcement isn't part of the solution.

3. Does SAM believe in a “War on Drugs”?

SAM does not use the term “War on Drugs” (first coined by the media over a hundred years ago) because it is outdated and insufficient as a term to describe the effort to reduce drug use and its consequences. War is a poor analogy as it implies there is a defined end and an enemy. All generations need to be educated about the harm of drugs.

Rather than use a sloppy “war” analogy, SAM supports a balanced public health effort to reduce the use and consequences of marijuana.

4. Does SAM believe in rescheduling marijuana, to Schedule II or III for example, so that we can study the medicinal benefits of marijuana?

SAM wholeheartedly believes that we need to fast-track the FDA process to extract non-smoked medications from the cannabis plant. SAM also believes that in the meantime, before we have more cannabis-based FDA-approved medications, FDA and HHS should administer a program whereby the truly sick and dying can receive yet-to-be approved, non-psychoactive, non-smoked components of marijuana under a special research program. But rescheduling marijuana is neither necessary nor desirable for those actions to happen.

Rescheduling marijuana would do nothing to allow for more cannabis-based medicines. In fact, cocaine is Schedule II today and is not allowed in a widespread fashion. Rescheduling would simply be a symbolic victory for advocates who want to legalize marijuana.

5. Why isn't SAM putting forth very specific proposals for states and localities?

We're getting there. SAM was put together because of the need for a more responsible conversation about marijuana in the US that rejects both extremes – both incarceration and legalization of marijuana.

SAM is going to solicit specific ideas over the next year as to how localities and states can better deal with marijuana in a health-oriented way. In general:

- (a) SAM wants to see more public health messaging of marijuana in the media and in schools
- (b) SAM wants to ensure that people whose only crime is smoking or ingesting marijuana do not carry with them lifelong arrest records that can hurt their chances to exit the illicit economy
- (c) SAM wants to ensure that lawmakers and the public are well informed about the possible consequences of legalization – including the establishment of “Big Marijuana” whose aim is to promote addiction

(d) SAM wants to encourage the development of cannabis-based medications and the establishment of a program to allow the seriously ill to receive non-smoked, non-inhaled/ingested components of marijuana before they are FDA approved

(6) Why does SAM oppose legalization?

Legalization is often seen as a magic bullet – but neither that nor mass incarceration is the answer. Why? When RAND researchers analyzed California’s 2010 effort to legalize marijuana, they concluded that the price of the drug could plummet and therefore marijuana consumption could increase.

We also know that a money-hungry tobacco industry might take over and market marijuana to kids. They’ve already said so.

A consultant’s report to Brown and Williams tobacco company said in 1970, “The use of marijuana...has important implications for the tobacco industry in terms of an alternative product line. [We] have the land to grow it, the machines to roll it and package it, the distribution to market it. In fact, some firms have registered trademarks, which are taken directly from marijuana street jargon. These trade names are used currently on little-known legal products, but could be switched if and when marijuana is legalized. Estimates indicate that the market in legalized marijuana might be as high as \$10 billion annually.”

People also think that legalizing marijuana would give governments much needed revenue. But we know how that story ends. Alcohol and tobacco today provide \$1 in taxes for every \$10 that we as society have to pay in lost social costs, from accidents to health damage.

The Lottery and other forms of gambling have not solved our budget problems, either.

Legalization would also enrich – not cripple – cartels. Cartels don’t even get most of their money from marijuana, according to RAND.

And we know from mining and other industries that illegal actors have a lot to do with so called legal industries. These cartels will only be helped with legalization and more addiction, not hurt.

(7) How does SAM want to reform current laws?

We know that saddling people with lifelong arrest records can be counterproductive. It can hurt people’s chances to stay in recovery if we force them back into the illicit market and provide them no alternatives.

So if we want to treat this like a public health issue – and we do – we need to intervene early on marijuana use, especially with kids.

Imagine if we treated cancer this way; ignore the cancer at the early stages and wait until it reaches Stage 4. That would make no sense. So it doesn't make sense to do this with drug use.

(8) What specific projects will SAM conduct?

- (1) Convene a bipartisan, Blue Ribbon commission of experts to examine U.S. marijuana policies and recommend courses of action.
- (2) Create model state and federal laws on marijuana issues that funnel users to interventions or treatment, and strike an appropriate balance between public safety and public health goals.
- (3) Work with the Food and Drug Administration to develop a program to expedite research into marijuana's potential medical utility as well as offer non-smoked marijuana extracts to the seriously ill.
- (4) Engage in public information campaigns focused on the scientific data on marijuana use, especially for youth, and on the potential impact of a tobacco industry marketing marijuana.
- (5) Convene public dialogues in disadvantaged communities to solicit input about how to better reform current marijuana policies, increase social justice, and reduce incarceration.

(9) How is SAM set up?

SAM is governed by a Board of Directors. It is a non-profit organization.