

IN THE SUPREME COURT OF MISSISSIPPI

NO. 2020-M-01199

IN RE INITIATIVE MEASURE NO. 65

**MAYOR MARY HAWKINS BUTLER,
IN HER INDIVIDUAL AND OFFICIAL
CAPACITIES; THE CITY OF MADISON**

PETITIONERS

VERSUS

**MICHAEL WATSON, IN HIS OFFICIAL
CAPACITY AS SECRETARY OF STATE
FOR THE STATE OF MISSISSIPPI**

RESPONDENT

**BRIEF AMICUS CURIAE OF
MISSISSIPPI SHERIFF'S ASSOCIATION
IN SUPPORT OF PETITIONERS**

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CERTIFICATE OF INTERESTED PERSONS

The undersigned counsel of record certifies that the following listed persons have an interest in the outcome of this case. These representations are made in order that the justices of the Supreme Court and/or the judges of the Court of Appeals may evaluate possible disqualification or recusal:

1. Mayor Mary Hawkins Butler, Petitioner;
2. The City of Madison, Petitioner;
3. Secretary of State Michael Watson, Respondent;
4. Kaytie M. Pickett, Adam Stone, Andrew S. Harris, and Jones Walker LLP, Counsel for Petitioners;
5. Chelsea Brannon, Madison City Attorney, Counsel for Petitioners;
6. Attorney General Lynn Fitch, Counsel for Respondent;
7. Assistant Solicitor General Justin Matheny, Counsel for Respondent;

8. Deputy Solicitor General Krissy Nobile, Counsel for Respondent;
9. Mississippi Sheriffs' Association, Amicus Curiae; and
10. William R. Allen; Counsel for Amicus Curiae.

/s/ William R. Allen

WILLIAM R. ALLEN,
Counsel for Mississippi Sheriffs'
Association

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INTEREST OF THE *AMICUS CURIAE*

Pursuant to M.R.A.P 29, the Mississippi Sheriffs' Association ("MSA"), as *amicus curiae*, respectfully submits this brief in support of Petitioner. The MSA is the representative body for Sheriffs in Mississippi whose purposes include promoting the fair and efficient administration of criminal justice in Mississippi as well cooperating with organizations dedicated to the reduction of crime and improvement of law enforcement. The MSA is a voluntary organization whose membership includes the Sheriffs of eighty (80) of Mississippi's eighty-two (82) Counties.

Petitioner seeks review of the Mississippi Secretary of State's ("SOS") determination of the sufficiency of the petition for Initiative Measure No. 65 amending the Constitution to allow qualified patients with debilitating medical conditions to use medical marijuana. Neither Appellants nor Appellees brief address the impact of medical marijuana on the public's health and safety. Because the MSA is dedicated to keeping the peace and protecting the lives and property of this State's citizens, the impact of medical marijuana on the health and safety of Mississippians are issues which the MSA has a substantial legitimate interest in and the outcome of this action will affect its members. The focus of the parties pertains to the validity of the placement of Initiative 65 on the ballot and, as such, the interests of public safety and health may well be overlooked. MSA has a substantial interest in those issues and, thus, submits the following facts which might otherwise escape the Court's attention. M.R.C.P. 29(a).

SUMMARY OF ARGUMENT

Neither the Petitioners' nor the Respondent's brief addresses the potential impact of Initiative 65 on public's health and safety. Because legalization of medical marijuana is a recent trend in the United States, studies on the impact of marijuana legalization are mixed; however,

data to date reveals potential issues pertaining to (1) increased marijuana usage; (2) driving while impaired; (3) general crime; and (4) general public health.

First, data indicates that legalizing medical marijuana will increase usage. Marijuana is already the most used illicit drug in the United States and increased usage will have a corresponding effect of increased addiction. Data suggests marijuana use among adolescents is linked to a decline in IQ as well as potential mental health problems. This lack of a complete understanding of the impacts of the above, make it imprudent to legalize medical marijuana.

MSA is also concerned that legalizing medical marijuana will increase marijuana impaired driving. Marijuana usage has physiological impacts that result in bad driving and correlate to more traffic accidents/fatalities. Unfortunately, testing for marijuana impairment is difficult and the absence of a standard for impairment makes this nearly impossible for law enforcement to police. The actual risks of driving impaired seem to decline in drivers' minds the more they consume. Furthermore, data suggests the combination of marijuana and alcohol consumption can have disastrous results on the streets and highways.

Significantly, marijuana is still a Schedule 1 drug under federal law and data indicates that property crime can go up once it is legalized. The marijuana industry largely operates on a cash basis making all components of the industry great targets for criminals.

The impact of marijuana on the public health in general must also be considered as studies show that marijuana can be a "gateway" drug to more illicit substances, cause a loss of IQ, and lead to mental disorders. For all of these reasons, the Court must give the Mississippi Constitution a "plain reading" and void Initiative 65 as being unconstitutionally placed on the ballot.

LEGAL ARGUMENT

While recognizing there is some evidence that marijuana is useful in treating certain diseases and/or symptoms, the potential consequences of legalizing medical marijuana at this time could be disastrous. While those impacts may remain somewhat unclear, they certainly indicate a significant detriment.

I. Increased marijuana usage.

Marijuana is already the most commonly used illegal drug in the United States.¹ An obvious consequence of legalizing medical marijuana is that usage in the State will increase. Furthermore, it is highly unlikely the increase will be limited to adults with a qualifying “debilitating medical condition” as defined in Initiative 65; rather, the increase will almost certainly be across a broad range of age groups. Increased usage is troubling given the correlation of marijuana use with traffic accidents, fatalities and adverse physical and mental health outcomes.²

Marijuana is already the most frequently used illicit drug among teenagers in the United States³. A 2017 Oregon State Police Drug Enforcement Report revealed that as of 2015, sixty percent of 11th graders reported that acquiring marijuana was “easy”.⁴ Even where legalization does not demonstrate an increase in usage, some studies indicate adolescents’ (ages 12-17) perceptions of the “great risk” affiliated with marijuana decreased significantly across a ten year span following legalization.⁵ Were this decreased risk assessment to occur among Mississippi’s youth, the same may well lead to increased consumption. When coupled with the U.S. Department

¹*Know the Risks of Marijuana*, U.S. Dept. Hth, SAMHSA, available at <https://www.samhsa.gov/marijuana>.

² See, *Infra*.

³*Monitoring the Future Survey*, Nat’l Inst. Health, available at <https://www.youtube.com/watch?v=755Vmwgl0ZI&feature=youtu.be>.

⁴ https://media.oregonlive.com/today/other/cannabis_enforcement_oregon%202.pdf

⁵Maxwell & Mendelson, “*What do we know about the impact of the laws related to marijuana?*” *J Addict Med* 2016 Feb; 10(1): 3-12, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733622/>.

of Health & Human Services' explanation that, contrary to popular belief, marijuana is addictive, the risk is greater than perceived.⁶ In fact, according to the Centers for Disease Control and Prevention (CDC), about 1 in 10 marijuana users will become addicted.⁷ For people who begin using marijuana before the age of 18, that number rises to 1 in 6.⁸

This is particularly concerning as use among adolescents is linked to a decline in IQ and is also associated with educational drop out.⁹ Use in adolescence is also associated with the risk for psychotic disorders in adulthood and the development of drug disorders. Furthermore, adolescents using cannabis are four to seven times more likely than adults to develop cannabis use disorder—a diagnosable DSM-5 behavioral disorder.¹⁰

An increase in usage is also frightening given the lack of availability of scientifically valid and clinical trials undertaken to assess the safety and effectiveness of marijuana. For this reason, the American Medical Association (“AMA”) issued a policy stating that cannabis for medicinal use should **not be legalized** through the state legislative, ballot initiative, or referendum process.¹¹

⁶Centers for Disease Control, Marijuana Fact Sheets, available at <https://www.cdc.gov/marijuana/fact-sheets.htm>; *Arkansas Public Health Advisory on Human Use of Products Derived from Cannabis, Including Marijuana and Hemp*; Issued February 13, 2019 available at https://www.healthy.arkansas.gov/images/uploads/pdf/Public_Health_Advisory-Cannabis.pdf; Volkow *et al.*, *Adverse health effects of marijuana use*. *New England Journal of Medicine*. 2014; 370: 2219-27 available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827335/>.

⁷CDC Marijuana and Public Health, available at <https://www.cdc.gov/marijuana/fact-sheets.htm>; *Arkansas Public Health Advisory on Human Use of Products Derived from Cannabis, Including Marijuana and Hemp*; February 13, 2019; Volkow *et al.*, *Adverse health effects of marijuana use*. *New England Journal of Medicine*. 2014; 370: 2219-27.

⁸*Id.*

⁹*Quiz: What's Your Marijuana IQ?*, available at <https://www.samhsa.gov/sites/default/files/quiz-whats-your-iq-qa.pdf>; Katz, *The National Survey on Drug Use and Health: 2019*, U.S. Dept. Hth, SAMHSA, available at https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf

¹⁰<https://www.ncbi.nlm.nih.gov/books/NBK538131>; *Cannabis (Marijuana) and Cannabinoids: What You Need to Know*, Nat'l Ctr for Complementary and Integrative Hth., available at <https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know>

¹¹*American Medical Association Policy*, available at <https://policysearch.ama-assn.org/policyfinder/detail/cannabis?uri=%2FAMADoc%2Fdirectives.xml-D-95.969.xml>; Robeznieks, *Marijuana policy should be guided by evidence not on the ballot*, AMA, Public Health, available at

Rather, the AMA has found that clinical trials to study the safety and effectiveness of marijuana should take place and all marijuana products not approved by the FDA should include the warning: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."¹²

While science related to marijuana's safety and effectiveness may be lacking, information about its current potency is not. Today's marijuana has three times the concentration of THC compared to twenty-five years ago.¹³ Even though there is little research on how higher potency affects the long-term risks of marijuana use, more THC is likely to lead to higher rates of dependency and addiction.¹⁴

Significantly, Initiative 65 will almost certainly result in an increase in usage of marijuana. The text specifies twenty-two conditions for which medical marijuana can be prescribed, yet also contains an overly broad "catch-all" provision. More specifically, the Initiative allows physicians to dole out marijuana for any "another medical condition of the same kind or class to those herein enumerated and for which a physician believes the benefits of using medical marijuana would reasonably outweigh potential health risks."¹⁵ This catch-all will almost certainly increase usage.

While data and studies on the impact of medical marijuana use by both adults and youth are mixed, multiple studies have linked its usage to damaging impacts on a person's mental and physical health. Given that legalization of medical marijuana will likely increase usage in Mississippi, allowing Initiative 65 to be implemented invites damaging consequences to adults and

<https://www.ama-assn.org/delivering-care/public-health/marijuana-policy-should-be-guided-evidence-not-ballot>.

¹² *Id.*; The Mississippi Medical Ass'n has joined the AMA in its policy towards marijuana. (cite)

¹³ *Know the Risks of Marijuana*, U.S. Dept. Hth, SAMHSA.

¹⁴ *Id.*

¹⁵ *Initiative 65*, Section 4(3), available at <https://www.sos.ms.gov/Elections-Voting/Pages/Initiative-Measure-65.aspx>.

youth alike. Though the long term consequences of marijuana may not well-known, the potential for the same makes clear that legalization does not protect Mississippian's health and safety.

II. **Impaired Driving.**

A particularly dire impact legalization of medical marijuana may result in pertains to the safety of Mississippi's traffic ways. Studies have found a direct relationship between blood THC concentration and impaired driving ability.¹⁶ Marijuana can have dangerous effects on drivers including, but not limited to, slower reactions, lane weaving, decreased coordination, and difficulty reacting to signals and sounds on the road.¹⁷ It is clear that marijuana significantly impairs judgment, motor coordination, and reaction time.¹⁸ The dangerous effects of marijuana impaired drivers can, in turn, have dangerous, and sometimes fatal, effects on other drivers.

A. **Data appears to show increase in motor vehicle accidents, including fatalities.**

Data shows that marijuana is the illicit drug most frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones.¹⁹ Two studies found that drivers with THC in their blood were roughly twice as likely to be culpable for a fatal crash as drivers who had not used drugs or alcohol.²⁰ The number of drivers involved in fatal crashes in Colorado²¹

¹⁶ *Marijuana Research Report*, Nat'l Inst. On Drug Abuse.

¹⁷ *Marijuana Research Report*, Nat'l Inst. On Drug Abuse, available at <https://www.samhsa.gov/marijuana>.

¹⁸ *Id.*; *Marijuana-Impaired Driving—A Report to Congress*, U.S. DOT, Nat'l Traffic Safety Administration, available at https://www.ncsbn.org/NHTSA_marijuana_impaired_driving_report_to_congress.pdf.

¹⁹ Brady & Li, *Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 1999–2010*. *Am J Epidemiol*. January 2014: kwt327, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939850/>.

²⁰ Biecheler et al., SAM survey on “Drugs and Fatal Accidents” Search of Substances Consumed and Comparison between Drivers Involved Under the Influence of Alcohol or Cannabis, *Traffic Inj. Prev.* 2008; v. 9(1):11-21, available at https://www.researchgate.net/publication/5514608_SAM_Survey_on_Drugs_and_Fatal_Accidents_Search_of_Substances_Consumed_and_Comparison_between_Drivers_Involved_under_the_Influence_of_Alcohol_or_Cannabis;_DRUID_Final_Report:_Work_Performed,_Main_Results_and_Recommendations. EU DRUID Programme; 2012, available at <http://www.roadsafetyobservatory.com/Evidence/Details/10940>.

²¹ Colorado legalized medical marijuana in 2000 and recreational marijuana in 2012. See, Colorado Amend. 20 & 64.

who tested positive for marijuana has more than doubled since 2013 following Colorado's legalization of recreational marijuana.²²

It is worth noting, that in a survey of Colorado and Washington drivers who reported using marijuana in the past month, 43.6% reported driving under the influence of marijuana in the past year and 23.9% had driven **within one hour of using marijuana** at least five times in the past month.²³ Similarly, a joint study conducted by the University of Colorado, Johns Hopkins University, and Harvard Medical School regarding the impact of legalization in Colorado revealed there are higher rates of traffic fatalities while driving under the influence of marijuana.²⁴

Given the known impacts of how marijuana usage affects motor skills, such data implies Mississippi's traffic ways will become more dangerous.

B. Testing difficulties can obscure data and enforcement.

Law enforcement agencies face great difficulty surrounding testing drivers for marijuana impairment. Unlike with alcohol, there is no chemical test for marijuana impairment that quantifies the amount of marijuana in the body, indicates the degree of impairment, and the risk of crash involvement that results from the use of marijuana.²⁵ The psychoactive ingredient in marijuana—THC—simply does not correlate well with impairment.²⁶ This is because the human body processes THC differently than alcohol and THC can remain in a user's system weeks after

²² *Traffic fatalities linked to marijuana are up sharply in Colorado. Is legalization to blame*, Denver Post, Aug. 25, 2017, available at <https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/>.

²³ *Drug-Impaired Driving, A Guide for States*, Governors Highway Safety Administration, https://www.ghsa.org/sites/default/files/2017-04/GHSA_DruggedDriving2017_FINAL.pdf

²⁴ Missouri Med-- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690273/#b2-ms116_p0164; Legalizing recreational marijuana use in Colorado, Oregon and Washington has resulted in collision claim frequencies that are about 3 percent higher overall than would have been expected without legalization, a new Highway Loss Data Institute (HLDI) analysis shows. <https://www.iihs.org/news/detail/legalizing-recreational%20marijuana-is-linked-to-increased-crashes>

²⁵ NHTSA, p. 13, https://www.ncsbn.org/NHTSA_marijuana_impaired_driving_report_to_congress.pdf

²⁶ *Id.*

consumption.²⁷ While testing for Marijuana can demonstrate the “presence” of the drug, there is no precise measure for “impairment.” In addition, while the nationally recognized level of impairment for drunken driving is .08 g/mL blood alcohol concentration, there is no similar national standard for drugged driving.²⁸ Clearly, the lack of a definitive standard presents a significant problem to Mississippi Sheriffs and other law enforcement agencies in ensuring the State’s roads and highways remain safe.

Proponents of legalizing marijuana frequently point out that data on marijuana’s impact on traffic accidents/fatalities is imprecise. For example, the Denver Post reports that Taylor West, former deputy director of the National Cannabis Industry Association, stated that “unlike alcohol, THC can remain detectable in the blood stream for days or weeks, when any impairment wears off in a matter of hours...so all those numbers really tell us is that, since legal adult-use sales began, a larger number of people are consuming cannabis and then, at some point ... (are) driving a car.”²⁹ This argument, however, begs the question—why authorize an, until now, illicit drug that will almost certainly have dangerous implications on highway and road safety when the effects are not definitively known? Given the correlations between marijuana use and traffic accidents demonstrated in Colorado and other States, public policy dictates the more prudent step is to further study this issue rather than implement medical marijuana and hope for the best.

C. Risk of Impaired driving decreases with consumption.

²⁷ Insurance Institute Information, <https://www.iii.org/article/background-on-marijuana-and-impaired-driving>

²⁸NHTSA, p. 13; CDOT, ?? (bloodstream THC is an inaccurate measure of impairment because tolerance varies widely based on individual characteristics); <https://www.chicagotribune.com/business/ct-biz-driving-on-pot-getting-around-20190429-story.html> (roadside testing for marijuana is not as straightforward as testing for alcohol).

²⁹ Denver Post

Unfortunately, it is also worth noting that there is a growing false perception that driving high on marijuana is not dangerous.³⁰ A survey by the Colorado Department of Transportation reveals that the more often people consumed marijuana, the less dangerous they considered driving high to be dangerous. That is, the more often they consumed the drug, *the safer they felt to drive*.³¹ Many daily users considered driving under the influence of cannabis to be safe, and some even reported they drove better after using cannabis because they were calmer.³²

Similarly, a Harris Poll conducted on behalf of the Property Casualty Insurers Association of America revealed that only two in five persons surveyed believed driving under the influence of marijuana contributed to more motor vehicle crashes.³³

Given that marijuana significantly impairs judgment, motor coordination, and reaction time, the fact that there is a false perception that marijuana usage does not impact traffic safety is troubling.³⁴

D. Risk of driving under influence of marijuana and alcohol.

Finally, the risk of impaired driving associated with marijuana in combination with alcohol appears to be greater than that for either by itself.³⁵ According to the Mississippi Department of Transportation, in 2016, drunk driving fatalities represented eighteen percent of Mississippi's total

³⁰The Cannabis Conversation, https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving/assets/2020/cannabis-conversation-report_april-2020.pdf

³¹<https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving/data>.

³² *Id.*

³³ <https://www.apci.org/media/news-releases/release/50904/>

³⁴ National Institute on Drug Abuse, *Marijuana Report*, <https://www.drugabuse.gov/publications/research-reports/marijuana/does-marijuana-use-affect-driving>; U.S. DOT, *Nat'l Traffic Safety Administration*, https://www.ncsbn.org/NHTSA_marijuana_impaired_driving_report_to_congress.pdf (marijuana can impair critical abilities necessary for safe driving).

³⁵ Hartman RL, Huestis MA. Cannabis effects on driving skills. *Clin Chem.* 2013;59(3):478-492. doi:10.1373/clinchem.2012.194381; Hartman RL, Brown TL, Milavetz G, et al. Cannabis effects on driving lateral control with and without alcohol. *Drug Alcohol Depend.* 2015;154:25-37. doi:10.1016/j.drugalcdep.2015.06.015.

traffic deaths. Nearly 10,000 people per year die on Mississippi's roadways due to drunk driving and combining alcohol with medical marijuana will likely lead to an increase in traffic deaths.³⁶

While there are a multitude of studies dealing with the impact of marijuana usage on traffic accidents and crime, frankly, the data is mixed as to potential outcomes. Nevertheless, studies certainly show, at a minimum, a correlation between marijuana usage and adverse traffic outcomes. The lack of a definitive causal link is no reason to move forward without caution. To the contrary, public policy demands greater insight via scientific study before releasing marijuana on the streets of this State. This Court should weigh this public policy in favor of voiding Initiative 65's presentation on the ballot.

III. General Impact on Crime

Law enforcement officers are gravely concerned about the impact medical marijuana will have on their conducting investigations, establishing probable cause, determining search and seizure procedures, and addressing public safety concerns.

A. Federal Law Criminalizes Marijuana possession/usage.

It is of the utmost significance that the Court remember that marijuana, in any form, is still a Class 1 scheduled drug under the Controlled Substances Act and is illegal according to federal law. The Supremacy Clause of the United States Constitution promotes national uniformity by precluding state law from interfering with the enforcement of federal law. U.S. Const., art. VI, cl. 2. "Where enforcement of...state law would handicap efforts to carry out the plans of the United States, the state enactment must...give way." *James Stewart & Co. v. Sadrakula*, 309 U.S. 94, 103-104 (1940). Thus, to avoid a constitutional crisis, "compliance with both federal and state regulations is a physical impossibility," the "state law is nullified to the extent that it actually

³⁶ MDOT, Facts and Stats, <https://mdot.ms.gov/safetyseducation/parents/facts-and-stats/>.

conflicts with federal law.” *Hillsborough Cnty., Fla. v. Automated Med. Labs.*, 471 U.S. 707, 713 (1985); See, *Gade v. Nat’l Solid Wastes Mgmt. Ass’n*, 505 U.S. 88, 98 (1992).

Authorizing medical marijuana presents a direct conflict with federal law and would obviously impact Mississippi law enforcements ability to police drug crimes.³⁷

B. Increased Property Crime.

There is also legitimate concern that legalization of medical marijuana will lead to increased crime, whether burglary or theft, based on the marijuana business largely being a cash-only business. Prior to the Federal Government issuing guidelines allowing banks to work with marijuana businesses in compliance with new state legalization laws, banks had, and many still have, a general reluctance to do business with marijuana growers and dispensaries.³⁸ Banking officials continue to fear they will still be subject to investigation for accepting cash that drug-sniffing dogs can target by smelling marijuana on the bills or that they could be prosecuted under money laundering laws for accepting funds from legalized businesses. As a result, the marijuana business remains a cash business. Such businesses are an enticing target for criminals.

Colorado law enforcement officials have observed that criminals are targeting marijuana-related businesses, knowing they may have large sums of cash.³⁹ Even marijuana couriers transporting marijuana from one location to another are at risk and have been robbed.⁴⁰ Notably, a

³⁷ This impact would not only interfere with criminal enforcement of drug laws but will also affect domestic-related policy as in Mississippi, the habitual use of marijuana has been found to be sufficient grounds for divorce. *Carambat v. Carambat*, 72 So.3d 505 (Miss. 2011).

³⁸ *Colorado’s legalization of Marijuana and the Impact on Public Safety, A Practical Guide for Law Enforcement*, p. 19.

³⁹ *Id.*

⁴⁰ *Id.*

number of empirical studies have found that marijuana use enhances the likelihood of engaging in property crimes and other forms of serious delinquent behavior.⁴¹

While the Marijuana industry argues that legalization will reduce crime, data is inconclusive. A joint study conducted by the University of Colorado, Johns Hopkins University, and Harvard Medical School pertaining to the impact of marijuana legalization in Colorado, however, determined there was no reduction in crime.⁴²

Similarly, the National Association of Assistant United States Attorneys has noted that citizens in states that have legalized medical marijuana have seen the abuse of such laws, which has created: (1) Increased violence directed toward marijuana dispensary owners and employees. (2) Increased burglaries of marijuana dispensaries; (3) Lack of effort on the part of dispensary owners/employees to control unlawful or nuisance behavior in and around the business or to comply with state laws designed to regulate medical marijuana use; (4) Increased loitering, noises, litter, and property damage, smoking of marijuana in public areas; (5) An influx of criminal elements into the neighborhoods where dispensaries are located; and (6) Increased sales of marijuana to juveniles under the age of eighteen (18) or to customers who are young and do not have an illness or a serious medical condition.⁴³

Recent science does show a clear relationship between marijuana use and violence. An article in the *Journal of Addiction Research & Therapy* show that marijuana use causes aggressive

⁴¹ Brook et al., *Earlier Marijuana Use and Later Problem Behavior in Columbian Youths*, *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 42, Issue 4, April 2003 (marijuana use associated with increased risks for violent experiences); Pacula & Kilmer, *Marijuana and Crime: Is there a Connection Beyond Prohibition*, NBER Working Paper No. 11046, Oct. 2003 (there is a positive association between use of marijuana and violent, property and income producing crime).

⁴²Evans, *Marijuana Legalization Will Cause Many Problems for Missouri Law Enforcement and Schools*, *Missour Medicine*, Vol 116(3), 2019 May-Jun., available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690273/>.

⁴³ *Id.*

behavior, causes or exacerbates psychosis and produce paranoias.⁴⁴ Ultimately, without the use and intoxication of marijuana, the poor judgment and misperceptions displayed by these individuals would not have been present, thereby reducing the risk for actions that result in senseless deaths. Again, inasmuch as current marijuana is far more potent in THC concentrations (the psychoactive component), there is a greater risk for paranoid thinking and psychosis. In turn, paranoid behavior increases the risk for paranoid behaviors and predictably associated with aggressive and violent behaviors. In another study, researchers found that marijuana dependence was related to a 280 percent increase in the odds of violence.⁴⁵

Finally, the impact on juvenile crime is an area of major concern. In one study, authors found that youths who tested positive for marijuana had a significantly higher number of referrals to juvenile court for nondrug felonies than those testing negative for marijuana use.⁴⁶ While study results have been mixed, the potential correlation of drug use on crime rates merits more research before authorizing the use of medical marijuana.

IV. Public Health Impacts of Authorizing Medical Marijuana

The overall impact of legalization of medical marijuana on the public health cannot be understated. Some research suggests that marijuana use is likely to precede use of other illicit substances and the development of addiction to other substances.⁴⁷ For instance, a study using longitudinal data from the National Epidemiological Study of Alcohol Use and Related Disorders

⁴⁴ Miller & Oberbarnscheidt, *Marijuana Violence and Law*, Journal of Addiction Research & Therapy. Jan, 2017. <https://www.omicsonline.org/open-access/marijuana-violence-and-law-2155-6105-S11-014.pdf>.

⁴⁵ Arseneault, et al., *Mental Disorders and Violence in a Total Birth Cohort*, Arch Gen Psychiatry 57: 979–986.

⁴⁶ Dembo, et al. *Further examination of the association between heavy marijuana use and crime among youths entering a juvenile detention center*. J Psychoactive Drugs 19: 361–373; Dembo et al., *Heavy marijuana use and crime among youths entering a juvenile detention center*, J Psychoactive Drugs 19: 47–56.

⁴⁷ *Marijuana Research Report*, Nat'l Inst. On Drug Abuse, found at <https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-gateway-drug>.

found that adults who reported marijuana use during the first wave of the survey were more likely than adults who did not use marijuana to develop an alcohol use disorder within three (3) years.⁴⁸ In addition, people who used marijuana and already had an alcohol use disorder at the outset were at greater risk of their alcohol use disorder worsening.⁴⁹

Significantly, according to the United States Health and Human Services' Substance Abuse and Mental Health Services Administration, marijuana can cause permanent IQ loss of as much as eight points when people start using it at a young age.⁵⁰ These IQ points cannot be recouped, even after quitting marijuana.⁵¹ Furthermore, studies link marijuana use to depression, anxiety, suicide planning, and psychotic episodes.⁵²

In 2017, the American Academy of Child and Adolescent Psychiatry warned that marijuana impacts the developing brain, even beyond early childhood.⁵³ They note that “heavy use during adolescence is associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders”—with as many as one in six adolescents developing a cannabis use disorder.⁵⁴ The Academy also cites longer-term complications of marijuana use, including “increased risk of motor vehicle accidents, sexual victimization, academic failure, lasting decline in intelligence measures, psychopathology, addiction, and psychosocial and occupational impairment.”⁵⁵

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Know the Risks of Marijuana*, SAMHSA, found at <https://www.samhsa.gov/marijuana>; Meier, et al., *Persistent cannabis users show neuropsychological decline from childhood to midlife*, Proc Natl Acad Sci U S A. 2012 Oct 2;109(40).

⁵¹ *Id.*

⁵² *Id.*

⁵³ American Academy of Child and Adolescent Psychiatry Policy Statement: Marijuana Legalization, May 2017, found at https://www.aacap.org//AACAP/Policy_Statements/2014/AACAP_Marijuana_Legalization_Policy.aspx.

⁵⁴ *Id.*

⁵⁵ *Id.*

There is substantial evidence from animal research and a growing number of studies in humans that indicate that marijuana exposure during development can cause long-term or possibly permanent adverse changes in the brain.⁵⁶ Several studies have linked marijuana use to increased risk for psychiatric disorders, including psychosis (schizophrenia), depression, anxiety, and substance use disorders.⁵⁷ Yet, whether and to what extent it actually causes these conditions is not always easy to determine.

According to the American Psychiatric Association and other authorities, current evidence supports, at a minimum, a strong association of marijuana use with the onset of psychiatric disorders.⁵⁸ Ultimately, marijuana is not approved for use by the United States Food and Drug Administration and remains illegal. There is a lack of rigorous medical review of its impacts. While it is not known if marijuana use is the cause of correlating mental health conditions, the lack of understanding should give this Court pause as it examines the validity of Initiative 65. This lack of knowledge regarding the overall health impacts of marijuana usage makes it all the more difficult to understand why the State would permit legalization.

CONCLUSION

For the reasons stated hereinabove, the MSA respectfully requests this Court consider the above and, pursuant to public policy, engage in a plain reading of the Mississippi Constitution which will void Initiative 65 as being unconstitutionally placed on the ballot.

⁵⁶ National Institute on Drug Abuse, Marijuana Report, found at <https://www.drugabuse.gov/publications/research-reports/marijuana/what-are-marijuanas-long-term-effects-brain>.

⁵⁷ *Id.*

⁵⁸ Evans, *Marijuana Legalization Will Cause Many Problems for Missouri Law Enforcement and Schools*, Missouri Medicine, The Journal of the Missouri State Medical Association; available at; American Psychiatric Association, Position Statement in Opposition to Cannabis as Medicine, July 2019, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690273/>.

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing with the Clerk of Appellate Courts using the MEC system which sent notification of such filing to the following counsel of record:

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This the 14th day of December, 2020.

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