HIGH IN THE HIGH COUNTRY

What to do about marijuana and meth in the Mountain West

It's still hard to believe what happened to Ben. We met in 1989, during our freshman year at a respectable enough private university back East. Ben was a stand-up guy, just weird enough for comfort, an outdoorsy Midwesterner. As with so many kids that age, myself included, Ben was a recreational pot smoker. But he was no Jeff Spicoli. He cross-country skied in winter and raced his mountain and road bikes in summer. He got straight A's and had a freakish intolerance for typos in his term papers. Even after smoking half a joint, his punctuation was downright alarming.

By the end of college, Ben was on his way to radio stardom. At 23, he'd secured a sought-after time slot on the airwaves of a progressive university city. But a few years later he changed course and became a cop. Naturally, he got promoted in short order—to narcotics officer. Undercover narcotics officer. Suddenly, Ben the liberal-arts pot smoker was Serpico in polar fleece.

"Are you freakin' kidding me?" I asked him. "I know your weed-smoking days are behind you. But come on… Pot-kettle-black, dude!"

"I don't believe in the drug war, especially when it comes to something as harmless as marijuana," he told me. "But some drugs do a lot of damage to people and the community. I think I can help."

Fast-forward to spring 2009, nearly a decade after a family tragedy sent Ben into a severe depression, followed by a cocaine habit and a string of high-profile, life- and career-altering transgressions that made him a pariah in the community he had intended to help. I'd watched Ben struggle during those years, to the extent that it was possible. He'd be out of touch for months at a time, and when he'd make contact it was to tell me he'd gone on a drug bender, and was now trying to stay clean. By 2009, I figured I'd see him in a casket before I'd hear from him again. Then, last March, an e-mail. Ben was clean, managing a sober house for addicts in Minnesota. He'd really hit rock bottom. "Meth and prostitution." he said. "I was shooting meth and turning tricks to pay for my addiction."

by Mike Kessler
photographs by Peter McBride

"Without medical marijuana, I'd still be taking Percocet and Demerol" —Mr. M, age 33

If you've picked up a newspaper or watched a television report out of the Mountain West in the past year, you're probably aware that two drugs are dominating the headlines—meth and marijuana. But as Ben's experience shows, pot and meth aren't apples to apples. More like apples to rat poison. And no one seems to know what to do about either of them.

Let's start with reefer. The big national headline grabber right now is Colorado's Amendment 20, a measure designed for the state's sick, ailing, or just plain uncomfortable who "might benefit" from a toke of Purple Bubba or Super Silver Haze. Amendment 20 landed on the ballot back in November 2000, and the response it drew was a reminder of why some residents of the Rocky Mountain state like to call it "Mellow-rado." Amendment 20 won 53 percent of the vote.

The so-called Rocky Mountain High amendment is similar to med-pot initiatives in 13 other states, including the mountainous western states of Alaska, California, Montana, Nevada, New Mexico, Oregon, and Washington. The other states are Maine, New Jersey, Rhode Island, Vermont, Hawaii, and Michigan. (Funny that there's pretty good skiing in every med-pot state with the exception of Hawaii and Rhode Island.) Generally speaking, med-pot laws work like this: You, sufferer of chemotherapy-induced nausea, chronic joint pain, migraines, anxiety, post-traumatic stress disorder, pancreatitis, rheumatoid arthritis, HIV, or any number of ailments large and small, get a prescription or written recommendation from a doctor—the same kind of doctor who can prescribe Big-Pharma drugs like Vicodin or Zoloft or Xanax or Ambien or Prednisone or Methotrexate. Permission slip in hand, you're free to grow your own grass or—if the state allows it—buy it from a licensed dispensary, which is often marked with an inconspicuous green cross. Californians may possess eight ounces of useable pot or 18 plants; Montanans get one ounce of useable weed or six plants; med-pot users in Colorado are allowed two ounces or six plants.

So why the current hullabaloo over a 10-year-old, voter-approved amendment designed to help sick people? The answer begins with Uncle Sam. Federal law, which prohibits marijuana use and possession, trumps state law, meaning historically the U.S. Drug Enforcement Administration has been free to batter-ram its way into dispensaries, slap handcuffs on customers, and seize entrepreneurs' livelihoods, a practice that became common in California after that state passed its med-pot amendment in 1996. With the fear of DEA crackdowns, it's no wonder that between 2000 and 2009, only 2,000 Coloradoans registered for med-pot, and dispensaries lurked quietly in the shadows. But that all changed when Barack "I-inhaled" Obama took office and put the kibosh on costly federal raids, leaving states to enforce their own laws.

Demand followed. Since Obama's live-and-let-medicate directive, the number of med-pot patients applying with the Colorado health department has spiked five-fold, to nearly 20,000. Twelve dispensaries have opened between Aspen and Glenwood Springs alone. At least three ganja boutiques serve the Vail area and three more service Summit County. A simple Internet search brings up more than 50 retailers in the Denver area. Get yourself a med-pot card in Colorado and you can score a bag of O.G. Kush as easily as you can demo the latest, greatest fat skis or full-suspension mountain bikes.

Not to cast doubt on every doc and "ganjapreneur," but it's hard to believe that behind each prescription pad and green cross is an altruistic caregiver. Not when 75 percent of med-pot recommendations in Colorado are given by a mere 15 doctors,

according to the state attorney general's office. And not when some of those dispensaries often pay doctors for each customer they refer, thereby giving medical professionals a cash incentive to pass out med-pot recommendations like blunts at a Snoop Dogg concert. And that's Colorado. In Los Angeles, it's easier to find a green cross than it is to find a Starbucks, and dispensaries often have doctors on-site, who go by names like Dr. Kush.

"Right now we believe some people are misusing the amendment, and that needs to change," says Mike Saccone, of the Colorado attorney general's office, which opposed, but begrudgingly abides by, Amendment 20. "We want to keep medical marijuana in line with the intentions of the amendment."

Even some med-pot advocates agree that medical marijuana gets into the hands of the not so needy. To get a patient's take on the issue, I called a Mr. M, an Aspen native and resident of nearby Carbondale whose name I was given (with Mr. M's permission) by Aspen's Ute City Medicinals. Mr. M, a 33-year-old skier/cyclist type who holds three jobs to make ends meet, suffers from ulcerative colitis, chronic pancreatitis, and acid reflux. He eats according to his intestinal limitations and doesn't drink alcohol. But he does smoke weed twice daily to offset chronic stomach pain. "Without medical marijuana, I'd still be taking Percocet and Demerol, which never really worked to begin with, and made me unable to function at full capacity," he told me. "Marijuana is without a doubt the only thing that eases my pain. Amendment 20 was created for people like me. But I understand I might be the exception."

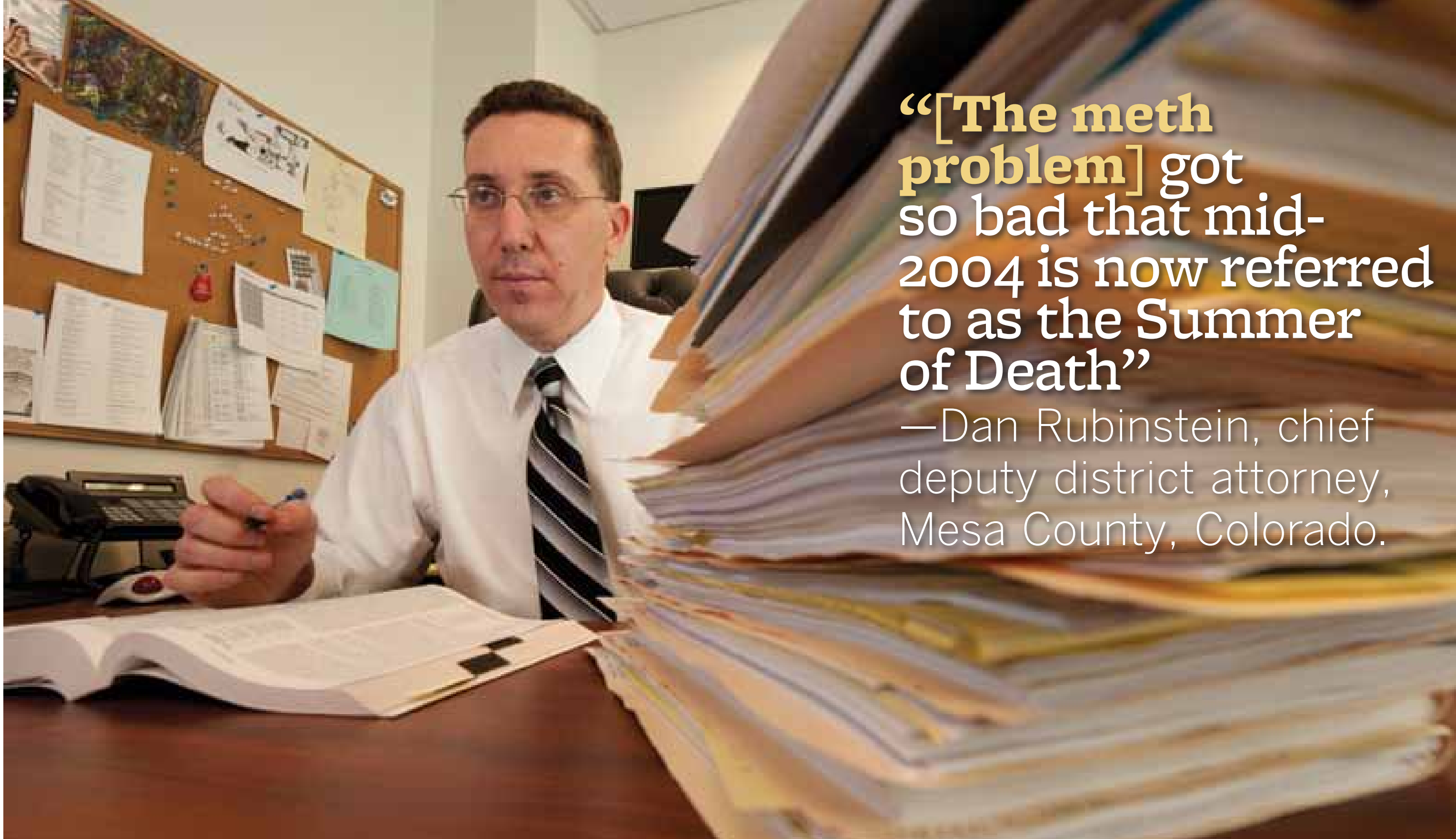
Next, I called Colorado State Senator Chris Romer, who's all for med-pot, but thinks the language of the law is too hazy. In some cases, he said, it's being used for the wrong reasons. "In Colorado, like in California, we're seeing a retail model for medical marijuana sales, which is meant to spur business. This amendment was meant to function on a clinical model, which would serve a community."

At the time of this printing, Colorado's legislature was hammering out details of a 60-plus page document—an amendment to Amendment 20—that would further regulate the sale of med-pot, much the way we regulate the sale of alcohol by keeping retailers away from schools, applying fees and taxes, ensuring that doctors follow up with patients, and enforcing a 21-year-old age limit.

It was a common sense move to manage the de-facto legalization brought on by retail dispensaries, but Gary Lindstrom, a 67-year resident of Breckenridge and retired Colorado state senator, has another idea: Don't legalize marijuana exclusively for sick people. Just legalize it—period.

Before his service in politics, Lindstrom, who assured me he's not a pot smoker, was a New York City cop and Breckenridge undersheriff for more than 30 years; he also worked for many years at the Summit County coroner's office. "In a lifetime of law enforcement and with the coroner's office, I've never seen a marijuana-related injury or death," he told me. Often times, he explained, police departments make marijuana arrests "because they receive federal and state grants that are based on activity. They're just toeing the line, which is what most people in the world of law enforcement have always done."

For another opinion, I called Sergeant Stewart Curry of the Basalt, Colorado police. He didn't preach legalization, but he assured me that pot was of little concern. "Pot is everywhere in this valley, and it's never been an issue," he said. "We don't get domestic-violence calls or bar-fight calls about stoned people. Pot mellows people out. The real problem drug is alcohol."



Back over a couple of passes in Breckenridge, the people seem to agree. Late last year, voters in the town of 2,400 went to the ballot box and approved—three to one—an outright decriminalization of marijuana. You can't buy the stuff legally or smoke it in public, but Breckenridge cops won't be making petty, time-consuming, and costly arrests if they come across a baggie or a joint while going about their business. "Some people see the Breckenridge vote as a crack in the door toward full-scale legalization," Lindstrom added. "And why shouldn't it be? We're wasting billions trying to enforce a stupid law."

So now to the real killer: crystal meth. Maybe you've joked about it when gassing up at an Idaho truck stop or checking into a fleabag Wyoming motel. But meth, which took hold in the rural and Western U.S. in the early 90s, is tough to joke about even for black humor. It's the bastard by-product of ephedrine or pseudoephedrine, the ingredients that make some cold medicine ill suited for a good night of sleep. You can smoke it, snort it, or shoot it. Regardless, you lose. In user-speak, meth makes you wired with dopamine-fueled euphoria that lasts up to 12 hours before causing crashes that would humble Keith Richards. Meth is cheap and easy to make—all you need is a stove and something to cut it with, like, say, rat poison, or any number of toxins that, when flushed down toilets and sinks, can kill every living organism downstream. When improperly cooked, a bad batch of meth can blow that Interstate 80 motel sky-high. People on meth are manic and twitchy, paranoid, and prone to erratic, often superhuman violent behavior. And they'll do anything for their next fix.

"My obsession was trolling the Internet for sex for money," my old friend Ben once told me. "Sometimes I'd have two laptops going for hours at a time. I was so attached to the computers that I'd urinate into plastic bottles so I wouldn't have to tear myself away from the computer screen. If I did tear myself away, it would be to meet someone for risky sex, sometimes four or five times a day."

Self-mutilation is yet another common side effect of meth use. Yes, meth users sometimes tear their skin off. Use it for a few months and the stuff makes your teeth fall out of your head, hence the street term, "meth mouth." Meth causes heart attacks, seizures, and convulsions, and it cripples the part of your brain that advises against risky sex or robbing a convenience store for your next fix. It's no wonder that meth has gained nicknames such as White Bitch, Devil's Dandruff, and High-Speed Chicken Feed.

According to the Centers for Disease Control and Prevention, 12 million Americans have tried meth, and as many as 600,000 used it last month. In 2005, according to a frequently cited Rand Corporation study, meth was attributed to nearly one thousand premature deaths. Most users are between 18 and 34; most first-timers are in their early 20s. And it's not just for bikers, truckers, and scrawny Idaho kids named Travis. "People think of meth as a poor white-man's drug, a drug for bikers and truckers," Kent MacLennan at the Colorado Meth Project, recently told me. "But it doesn't discriminate. We see and hear about addicts from every demographic across the state."

One of the few points of light in the dark world of the meth epidemic, The Meth Project was founded in 2005 by billionaire and part-time Montana resident Tom Siebel, who thought that the state's meth problem had run amok, and that the $4 billion in meth-related national criminal justice costs wasn't doing much to solve the problem. "Clearly we weren't arresting and prosecuting our way out of the meth epidemic," Siebel Foundation executive director, Robin Rootenberg, told me. "So we focused our efforts on prevention and education by reaching people in the most effective way possible—advertising." Maybe you've seen the organization's "Not Even Once" commercials, which feature disturbing testimonials from nice kids who tried meth, only to become rotten-toothed, lesion-covered criminals chasing their next fix, or de facto prostitutes, like my old buddy Ben. It's difficult to quantify the effectiveness of the ads, but, coincidence or not, Montana has dropped from the fifth most meth-addled state to an impressive 39th.

Besides Montana and Colorado, the Meth Project, which is headquartered in California, also has bustling offices in Hawaii,

Georgia, Illinois, Idaho, Wyoming, and Arizona. Six of its eight offices are in the western U.S. For good reason. In Montana, despite the state's progress, half of all foster-care admissions are meth-related. In Idaho, 53 percent of prisoners are locked up on meth-related offenses. Colorado ranks eighth on the list, which is easy to believe if you've spent more than a day or two in the oil-and-gas towns of the Western Slope, or, for that matter, driven tough streets in Denver or Pueblo. "It got so bad that mid-2004 is now referred to as the Summer of Death," says Dan Rubinstein, chief deputy district attorney for Mesa County. "There were two very high-profile murders around that time, one of which involved a meth-user driving through Grand Junction and shooting at police officers." Rubinstein also told me about two area lawyers who were convicted for possession and sales of meth. Unlike many in law enforcement, Rubinstein believes that sending meth-users to jail won't solve the problem. He helped form a meth task force, which, while dedicating lots of resources to law enforcement, also focuses heavily on prevention and treatment. "People on meth take desperate measures to support their addiction," he said. "We're working hard to make meth unavailable, and to teach people that it's not worth it." Rubinstein says crime in Mesa County has been dropping steadily since the task force went to work.

The Rand Corporation estimates that more than 200,000 inmates in the U.S. are locked up for crimes attributable to meth. Federal money spent on treatment may be as high as $40 million per year, according to the same study, which also notes that the total cost to taxpayers (taking into consideration prison sentences, treatment, loss of productivity, etc.) is $40 billion. Meantime, the U.S. Office of National Drug Control Policy's drug-prevention budget has decreased every year since 2007. And while meth-specific prevention and education remains the focus of the ONDCP's media campaigns, the budgets for TV, radio, Internet, and advertising are only about $100 million, or an average of $2 million per state.

Now, I'm no drug policy analyst. Nor am I some dreamy pot legalization advocate. The last time I smoked with any regularity was back when my friend Ben and I would listen to Pink Floyd in our dorm rooms. But given what we know about the high cost of crystal meth—in western states and elsewhere—and the relative harmlessness of marijuana, isn't it time we think about a shift in priorities?

Marijuana, for some sick people, is good medicine. It's the analgesic that takes the pain out of mountain-worn knees after a long day of skiing, the Pepto for guys like Mr. M who can't enjoy a meal without getting a stomachache. For others, it's the equivalent of an evening glass of wine to quell the anxiousness brought on by daily life. If used responsibly, for recreation or for illness, marijuana may be the most innocuous drug available. Worst-case scenario, it turns you into Jeff Spicoli. And I'd rather live in a world of stoners than one full of rabid werewolves willing to rob a cabbie so they can buy a few bucks' worth of White Death.

So what would drug reform look like? Dollar signs—that's what. It's hard to put an exact figure on marijuana, but some say it's among the most lucrative cash crops in the nation—a $35 billion industry, up there with corn and wheat. According to the D.C.-based Marijuana Policy Project, it's the number-one cash crop in 12 states. A study by Harvard University researcher Jeffrey Miron asserts that as a nation we could generate as much as $7 billion dollars a year from the sale of marijuana. (The pro-legalization Marijuana Policy Project commissioned Miron, but his study was peer-reviewed and remains widely uncontested.) By legalizing marijuana nationwide, says Miron, we'd save up to $14 billion on the enforcement of marijuana laws—mostly petty busts and arrests that put pot smokers into the "system," radically reducing their social status and increasing their chances of future incarceration. That kind of money could go a long way toward education, prevention, and treatment of substances that are truly harmful.

Sound like a pipe dream? Earlier this year, California's Public Safety Committee approved a legalize-and-tax marijuana bill (AB 390). Because marijuana is a mostly underground industry, exact numbers are hard to come by, but Steven Gutwillig, spokesperson for the Drug Policy Alliance Network's Los Angeles branch, told me that, "According to the state tax board, we'd be looking at approximately $1.4 billion in annual tax revenue." Not a bad option for a state that's $20-plus billion in the red.

If passed, AB 390 would allow individual counties within California to decide whether or not to legalize, regulate, and tax marijuana. "This could create a complicated patchwork of wet and dry counties," Gutwillig said. "But it would be an opportunity for people here and across the country to see that legalization can be executed in a safe manner, according to what voters want."

To the opposition, marijuana-fueled tax revenue sounds a lot like blood money. As Bob Cooke, a retired member of the California Narcotics Association recently told the safety committee, "The mere consideration of an attempt to trade human misery for tax dollars smacks of the cynical throwing away of countless human beings."

Cooke's logic is legless. Ninety years ago, the United States tried an experiment known as prohibition. It turned alcohol into a black-market commodity that made gangsters rich—tax-free. But we drank anyway. In 1933, Congress had the good sense to lift the ban on alcohol, and instead regulate and tax it.

In the meantime, more than half a century of marijuana prohibition has done little to stop us from getting high. And as we've seen with the med-pot issue, it's led us to spend resources on a thinly veiled attempt at legalization that's using the medical community, and the ailing, as pawns.

Maybe the former cop and state senator Gary Lindstrom is right. "It's time we call a spade a spade, legalize the stuff, and tax the crap out of it," he told me. "Then we can put our money and resources to better use, like trying to stop the abuse of drugs that do real harm."

I reached my friend Ben on the phone a few weeks ago. It took several days to hear back from him, which concerned me. My hunch was correct. A few months ago, he relapsed. By which I mean he's using meth on a regular basis. "Ironically it was opiates that got the relapse rolling," he told me. "A doctor prescribed me cough syrup with codeine, and I foolishly didn't turn it down. It made me feel good. So when I was finished with it, I took some Vicodin, and from there it just snowballed." Ben told me he's now using "on average about a gram of meth a day—intravenously, of course." He's lost his job, and was recently hospitalized for a staph-infection scare.

"I'm sorry," I said, rather lamely. "I hope you pull through."

Before we hung up, I asked him a final question: What should we do about marijuana and meth, the two drugs that are making headlines these days?

"When was the last time you saw a child abandoned or abused because of pot use?" he asked. "When was the last time you saw lives destroyed and violent crimes committed over weed? As a former narcotics officer, as an addict who's tried every drug in the book and lived in the drug underworld and the gay underworld for nearly a decade, as someone who's spent years around recovering and rehabilitating addicts—I have never, ever seen marijuana do any significant harm."

Ben was talking a mile a minute. He caught his breath and started up again.

"But meth. Nothing is so destructive. Don't even get me started. I could go on forever—especially since I shot a quarter gram an hour ago." ms+L