

# WASHINGTONIAN

## High Society

**Medical marijuana is set to arrive in DC this summer. But the drug is already a much bigger part of upper-middle-class life here than you might think.**

By **Alexandra Robbins** Published Wednesday, January 25, 2012

At 8 o'clock on a chilly autumn weeknight, Sara makes her way across DC's Mount Pleasant neighborhood to deliver a cutely wrapped package to the home of a high-powered attorney.

Despite the drugs in her car, she doesn't look nervous, even when she makes an illegal left turn a few blocks after she passes a police van. "Can I do this?" she says. "Is this legal? I can't tell. I'm doing it!"

Nearing the lawyer's home, she says, "If you don't look or act nervous, no one will know." She explains how she regularly brings her deliveries through security at law firms and government agencies: "I look and act professional, I smile, I'm friendly, and you think I'm a legitimate business owner."

Fit, pretty, and just shy of 40, Sara's not what most people picture when they think of a drug dealer. In her Banana Republic sweater and Joe's Jeans, she seems more like a delivery girl for a high-end bakery.

She uses a pseudonym that plays off baking and marijuana—we'll call her Sara Leaf—and is one of a handful of women known as the Nancy Botwins of Washington, after Mary-Louise Parker's character on Showtime's *Weeds*, a suburban single mom who deals pot to support her family.

Two years ago, Sara quit her marketing job "because I was sick of the grind, spending 2½ hours commuting to do something I didn't love anymore." Finding herself with a lot of time, she parlayed a talent for baking into a new job.

Now she bakes marijuana into brownies, cookies, candy, and other treats and sells them—often to people who are chronically or terminally ill and who take the edibles to ease pain and alleviate side effects from chemotherapy and other treatments.

Sara doesn't consider herself a drug dealer, though. When I ask what she calls herself, she pauses. "A gourmet cook? A baker? It's a good question," she says. "The reason I do what I do is to help people. My husband jokes that I'm a 'pharmaceutical redistributor.' "

The distinctions should soon grow even hazier. The DC Council passed a measure in 2010 that legalized medical marijuana for people with certain conditions. According to the DC Department of Health, which will oversee the new medical-marijuana program, dispensaries could open this summer. As the program nears readiness, it

has become clear that our area-in the federal government's back yard-is probably the most complicated place in the country in which to regulate medical marijuana.

Legal or not, the plant already plays a big role in Washington. A 2011 report by the Substance Abuse and Mental Health Services Administration found that about 14 percent of DC residents over age 12 and about 10 percent in Maryland and Virginia had used pot in the past year. The marijuana use cuts across racial and socioeconomic lines.

"This is a town where I could probably kill 200 major careers if I wanted to be a complete prick," says Allen St. Pierre, executive director of the National Organization for the Reform of Marijuana Laws (NORML), which is headquartered on K Street. "Politicians, members of Congress and the Senate, many of their principals-legislative directors, chiefs of staff, communications directors-people in the private sector, **Cato Institute**, American Enterprise Institute, Brookings, police, any number of notable journalists from television, print, radio, many brand names most Americans would recognize pretty quickly-I've smoked with all of them. There is more smoke in DC closets than there is sex."

Marijuana shows up at high-society parties in DC's tony Kalorama and on back patios at embassy functions. It's a staple at both a guys' poker night for well-known DC power players and a moms' Friday-night get-together in Bethesda. About twice a month, one Georgetown businessman hosts after-hours parties at his home where pot and cocaine "are in abundance," says an attendee. Some of the Georgetown elite, professional athletes, Redskinettes, and *Playboy* centerfolds have been known to stop by.

Almost every weekend, one fortyish lawyer puts her toddler to bed ("he's a good sleeper") and then hosts a gathering in her million-dollar Northern Virginia home for about 15 friends-mostly lawyers, executives, and "leisure class" thirty- and fortysomethings. Sometimes she serves wine and cheese, sometimes she cooks, and sometimes they make pizza. Always by the end of the night, a bong appears on her kitchen island.

"It's super-bougie," says a 33-year-old public-relations executive who attends the dinner. "We're talking about politics, current events. These are all highly educated people with at least one advanced degree who don't drink much or smoke cigarettes. At around 9:45-earlier if someone's had a hard day-the bong will come out. We use a long lighter like you'd use to light a gas fireplace, which I always think is funny, and somehow makes me feel more adult. It's fairly tame."

It's also fairly common. For many, a hit before bedtime eases insomnia. "Better pot than Ambien," the PR exec says. For others, it calms the tensions of the 80-hour workweek.

"For people who have really high-producing, high-stress jobs, it's like this is my break in order to release a lot of the stress," says a 37-year-old who used to work in politics. She smokes with friends "in high-ranking government positions, including a friend who interacts with the President every day."

She and other users believe they need to toe a line of secrecy in the nation's capital. "The perception is still 'if you're a pothead, you're a slacker,' " she says. "You don't want everyone to get so comfortable that it's an open secret. It's fine for it to be a

closed secret as long as you're still showing up and getting massive amounts of work done."

The plant is fairly common among lawyers, doctors, and other high earners. "It's rampant in health care," says a Virginia nurse.

But Washington is "schizophrenic" when it comes to marijuana, says Allen St. Pierre: There are plenty of people here who smoke pot, but not many who will talk about it.

"We wear gold marijuana lapel pins when we lobby," St. Pierre says. "In DC, everyone thinks I'm Canadian. They'll go, 'Oh, hey-maple leaf!' And I go, 'No, no, cannabis leaf,' and the immediate facial reaction is either a quirky smile or a furrowing brow as if someone just put a stinky cheese under their nose."

Until the dispensaries open, some patients have to go to great lengths to get marijuana. A DC businessman who was in the end stages of renal failure until his kidney transplant this winter used marijuana to help him sleep and to fend off depression.

He had dialysis treatments three times a week. "It's horribly depressing, but a couple of bowls and you're perked up," he says. The patient, who is in his fifties, got his marijuana from New York, where there are legendary delivery services, then brought it home on Amtrak or the BoltBus. "You could take a body on those things and no one would know," he says.

Sources say it's easier to fly marijuana into Reagan National Airport than Dulles, hiding small bags of pot in toiletries or bringing it in edibles. One of Sara's customers even ate a pot cookie in the air to allay her fear of flying.

"I flew into BWI from California with no problem," says a DC thirtysomething who used to deal marijuana. "I had Jolly Ranchers, lollipops-I just peeled off the stickers. You can suck these candies at work. No issues, no problems, no smell."

Closer to home, customers in Washington often get their marijuana from dealers-almost always found through word of mouth-who work in restaurants. Other local dealers work as lawyers, legal assistants, massage therapists, and in medical sales.

Many buyers mention dealers who are suburban parents. "I know people who have been doing this for their whole career," Sara says. "Most of them are women. Almost all of them are moms."

Dealers say moms are doing much of the buying, too. A longtime dealer who graduated from Churchill High School in Potomac often picked up customers at a busy intersection and conducted the deal while driving them to work. "These people are highly successful professionals and parents who work all day, commute, and don't want to go anywhere else, so they'll pay a little extra for me to do that," he says. "There are a lot of millionaires buying, and a lot of moms."

"Never in front of the kids," says a Fairfax County mother of grade-schoolers. "The kids will be with a babysitter and we'll go to someone's house, play Wii, and pass a bowl around. Or smoke while we're at a barbecue, making dinner, or having margaritas. It's not woven into the fabric of our lives. It's something to look forward to at the end of the week. It really takes the edge off."

The mother, who gets pot from a friend who picks her own buds at another friend's farm in West Virginia, doesn't worry that her children will find out: "My biggest fear is other parents. I don't want my kids' friends to not be allowed to come over anymore or have it be weird for them."

But some parents say they're less concerned about their peers' reactions than they might have been in the past. "In my world, it was completely verboten until a few years ago-the stigma has started to disappear," says a former Republican operative. "But every parent is still vehemently against their kids doing it."

She recently watched the movie *Bad Teacher* with her teenager. During a scene in which Cameron Diaz's character gets high, the Republican operative said to her child, "You know, pot is really bad for you." She explains: "You can't show any bit of daylight on this topic, because if something happens, it's just horrible. But I was sort of giggling inside, because it's like me saying, 'Don't drink' when I have a glass of wine in my hand."

It can be a parental conundrum: lead by example, talk honestly to kids, or flat-out lie. A few parents confiscate their kids' weed and then smoke it themselves.

By the time children hit their twenties, they may become potential smoking buddies. "When I was younger, I had a beer with my dad-to me it's the same thing," says the former dialysis patient, who used to smoke with one of his daughters. "Would I rather my daughter smoke a little weed than get stupid drunk? Yes. And between me and the lamppost, she has excellent sources."

Two days a week, Sara wakes up, does a P90X workout, gathers her hair in a tight topknot, and gets to work in her kitchen.

She makes cannabis-infused butter in a nine-hour process that involves a coffee grinder, cheesecloth, and a carefully watched crockpot. If the butter bubbles, she has to turn off the pot to let it cool-but not so much that the butter firms. She uses about two ounces of cannabis per pound of butter.

Sara herself is a product of suburban upper-class parents who have been married more than 40 years. A former four-sport high-school athlete who maintained a 3.6 GPA in college, she hasn't told her parents how she makes money these days. Her customers are a mix of suburban housewives and professionals such as attorneys, marketing executives, an oncologist, a cardiologist, chefs, and Pentagon staffers. "Everyone I work with is both very hush-hush and all Mercedes and BMWs," she says.

Her first encounter with medical marijuana happened two years ago when a friend who had had several back and neck surgeries asked if Sara would try baking cannabis into treats for her because she didn't want to be dependent on pharmaceuticals. Before Sara agreed, she read up on medical marijuana and concluded it was "logical" that the drug could help people.

"My friend would wake up, do physical therapy, and then, depending on how she felt that day, might eat a brownie," Sara says. "She wanted to be in control of her pain management. She said, 'I don't want to take an OxyContin every day and end up on the couch watching Jerry Springer.' "

On mornings when she's baking, Sara starts with the brownies because they spend the most time in the oven. Then she'll make the cookies, which she bakes at a

relatively low temperature to preserve the THC-the main active ingredient in marijuana-and keep the cookies crisp. For these, she'll use a mix of half cannabis butter and half regular butter. While the cookies cool, she moves on to turtles, lollipops, caramel pops, chocolate-caramel pretzels, or truffles, the last of which require 48 hours' notice because the ganache center takes a day to set.

By evening, after nine or more hours of baking, Sara's back and legs ache, despite the squishy chef mats that blanket her kitchen floor. But she's a one-woman operation, so she'll often spend the next four hours driving across town to deliver her products fresh.

Some of her clients aren't officially "sick"-they may eat her goods to ease anxiety or they may have attention deficit disorder and would rather eat a pot cookie than take Adderall. Sara acknowledges that some of her customers buy "just for the fun," but she adds, "It's not my place to judge."

She has delivered to customers at home, in restaurants, even at a suburban soccer practice. A few customers have special-ordered desserts for birthdays, including an apple pie and a flourless chocolate cake, and customers in Potomac and McLean have hired her to cater private tasting parties.

"These are high-society people-I'm wearing dress heels," she says. "They're like cocktail parties, but instead of bruschetta there are cookies, brownies, truffles, and chocolate-covered caramel pretzels. It's not a late-night party, because once everyone has a treat they want to go home and go to bed. It's more like a Tupperware party."

Some Tupperware. Sara uses only organic ingredients because she doesn't want to feed her customers pesticides. Her marijuana, too, is organic-she buys it from certified growers in states where medical marijuana is legal-and she doesn't use nuts in case of allergies: "I want to make someone well, not make them sick."

Sara packages orders in goody bags that reflect her marketing background. She seals each order with a sticker stamped with her logo. A friend designed the logo, and she prints the stickers herself-she buys blank stickers from several different stores and pays cash so they're not traceable.

"I can't farm out my stickers to a company for fear there'll be some crazy right-wing conservative who'll want to turn me in," she says. "I use a reusable sticker so people can peel it off and stick it on something else. That's the guerrilla-marketing part of the branding."

How do you market something that needs to be only semi-visible? How do we brand ourselves?"

These are two of the business questions that people who have applied to run medical-marijuana dispensaries and cultivation centers in DC have been asking consultants such as the man who sits across from me over doughnuts at Poste in downtown DC.

A bespectacled fortysomething in a business suit, Scott Hawkins is in town working on contract as an adviser for several DC applicants. He has a background in agriculture, communications, political fundraising, and hospice care, and he has done

policy work and "business-process consulting" for dispensaries and cultivation centers in Arizona, New Jersey, Maine, and California, where he's based.

But despite having served as a spokesperson for past clients in Maine and California, Hawkins is wary of journalists. He's initially vague about his role in DC. When I ask how many applicants he's working with, he hesitates, then says, "More than two."

He's also quick to correct terminology. "Suppliers" are marijuana growers, not dealers, he says. "Legalization" can't be used as shorthand for "legalization of medical marijuana" because it refers to legalization of recreational use as well. "User" implies a drug addiction; "recreational user" does not. In one conversation he mentions his "lobbying work," but in another he bristles when I ask if he's a lobbyist.

Later, he explains his hesitation: "It's still something of a stealth industry. You want to be known but not excessively visible, which allows you latitude. I can talk to the US Attorney in Northern California and speak with present and former elected officials on both sides of the Bay Bridge because I don't prop myself up. Thus my reticence to promote myself in this."

Like Scott Hawkins, the business of marijuana is balanced on a teetering mountain of nuances. The slightest slip of a word can nudge a connotation from legitimate to sketchy.

Indeed, the raids of four DC stores in October partly came down to semantics. Over three days, police raided the Adams Morgan and Chinatown locations of Capitol Hemp—the city's largest seller of hemp clothing—and two other Adams Morgan stores. Officers seized hundreds of thousands of dollars' worth of merchandise, such as pipes and scales, and arrested ten people.

During the first four years that Capitol Hemp was in business, police left the stores alone. The company sells clothing, shoes, soaps, lotions, and paper made from industrial hemp as well as pipes and paper that can be used for smoking. (For an update on the raids, go to [washingtonian.com/capitolhemp](http://washingtonian.com/capitolhemp).)

According to DC law, when deciding whether an object qualifies as drug paraphernalia, a court can consider factors such as "direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he or she knows, or should reasonably know, intends to use the object to facilitate a violation." The stores' supporters say the wording is too subjective. Allen St. Pierre calls the resulting charges "thought crimes."

"It's a matter of the intent of the person who comes in," Capitol Hemp co-owner Adam Eiding says. "Unless someone tells us they're going to use it illegally, why should we assume they're going to use it for drugs?"

The confusion over the DC law's murky language echoes that of the medical-marijuana industry elsewhere in the country. In several areas that host legal dispensaries, federal and state laws have collided, leading to raids and shutdowns of businesses.

In June, deputy US attorney general James Cole issued a Department of Justice memo warning that growing, selling, and distributing marijuana violates federal law even in states that have legalized it.

Since then, federal prosecutors have intensified efforts to crack down on dispensaries, particularly in California, the first state to legalize medical marijuana. In October, four US Attorneys sent letters to California landlords demanding they halt marijuana sales or they could lose their property and face criminal charges. Nationwide, the IRS ruled that medical marijuana dispensaries can't deduct business expenses such as payroll, security, or rent from their taxes.

"Going after people running above-ground medical-marijuana dispensaries is like shooting fish in a barrel," says Ethan Nadelmann, executive director of the Drug Policy Alliance, which promotes reforms such as regulating marijuana the same way as alcohol. "The feds are spreading fear and confusion within the entire community."

In DC, cultivation-center applicants were required to sign a form that pointed to the fact that, while the centers will be legal in the District, they still technically violate federal law.

"Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws," the form cautioned. "The District of Columbia's law . . . will not excuse any registrant from any violation of the federal laws governing marijuana."

Some experts worry that the drug's risks aren't taken seriously.

"Marijuana is not a harmless substance," says Rafael Lemaitre, director of communications for the Office of National Drug Control Policy. While pot doesn't have the overdose risks of other drugs, he says, it contains carcinogens and can lead to addiction, drugged-driving accidents, cognitive impairment, anxiety, and depression.

"The potency of marijuana has been increasing since the '80s," Lemaitre says. "The average THC content is 10 percent now. That increased potency hasn't been very well reported. A lot of people think it's the same drug our parents grew up with, but the average THC content was 3 to 5 percent then."

Local residents who choose to use marijuana face a range of penalties, depending on where they're caught. In DC, possession of marijuana is a misdemeanor punishable by up to six months in jail and a fine of up to \$1,000. In Virginia, a first-possession offense is punishable by up to 30 days in jail and a fine of up to \$500. The Virginia state legislature killed a bill aiming to decriminalize possession in 2011.

In Maryland, possession of any amount is punishable by up to a year in jail and a fine of up to \$1,000. In May 2011, Maryland governor Martin O'Malley signed a bill that removes criminal penalties and fines for defendants who present evidence of medical necessity. Maryland is exploring the possibility of a medical-marijuana program.

Typical penalties for first-time offenders caught with a small amount of marijuana are not severe. In DC, a first-possession charge usually results in a year of probation, according to the US Attorney's office. In Montgomery County, the State's Attorney's Office says most first-timers are diverted to drug-treatment-and-education programs.

DC has the highest per-capita marijuana-arrest numbers, according to Shenandoah University criminal-justice professor Jon Gettman, former national director of NORML-though Gettman notes that DC reports its data differently than the states, so

the ranking is imprecise. Maryland ranks fifth, Virginia 25th. "DC also has some of the highest usage levels in the nation," Gettman says.

Nationally, marijuana use varies little among races. In the 2010 National Survey of Drug Use and Health, nearly 12 percent of white people and 14 percent of African-Americans reported having used marijuana in the previous year. But in 2007, Gettman found that 91 percent of DC's marijuana arrests were of black people.

That doesn't mean that police are targeting blacks, Gettman says. "The areas that get the greatest priority for police patrols tend to be where there are large African-American populations," he says. "Marijuana use is fairly equal in the two populations, but for example, in the District there's a lot more enforcement activity in Anacostia or parts of Northeast than there would be in Georgetown or Cleveland Park."

The disparity leaves most affluent white marijuana users feeling pretty safe. A fortysomething university professor who lives on DC's upper Connecticut Avenue keeps his stash in a glass jar in a freezer. About once a month, he and his wife smoke for "date night" after their two children go to bed. "To get caught in my big, fancy house, someone outside would have to smell pot and call the police, who would come in and see that I have some small amount," he says. "I can't imagine that would get me in big trouble. I feel buffered by privilege."

Distributors don't share that feeling. A thirtysomething woman in the legal industry who once took over her neighbor's drug-dealing business for a summer says there are strict protocols among dealers with upper-class clientele. Customers would call and ask to "come by."

"I'd say, 'Okay, how much money do you owe me?,' which is code for 'How much are you buying?' " the dealer says. "I worked on 24-hour turnaround when I was 'helping people out'-that's what we call it."

Juggling a day job and an illicit after-hours enterprise left her exhausted. "The hours I had to keep were ridiculous. The [supplier] would show up at 3 in the morning with several pounds of marijuana. I would count out anywhere between \$20,000 and \$30,000." Then she'd try to catch a few hours of sleep before getting up for work.

The day before Sara and I were scheduled to meet for the first time, she bowed out.

"A Botwin just got busted and another one's hot, so I'm on high alert," she said. Word had gotten out among the Botwins-the handful of DC-area women dealers who bring to mind the *Weeds* main character-that two people had been followed from a dealer's Adams Morgan home. "One was followed all the way to Virginia," Sara said.

As a result, Sara got a new cell phone, started rotating the cars she uses for deliveries, and began changing customers' rendezvous points at the last minute. When we meet a few weeks later, though, the chatter among dealers seems to have calmed down.

From the high-powered attorney's Mount Pleasant home, she drives to a popular bar, where a server spots Sara and places an order. Sara goes to her car, which is filled with unmarked paper bags, each containing individually wrapped brownies, turtles, cookies, and lollipops. She fills a goody bag, drops in a reminder that she's available to make holiday treats, and seals it with one of her stickers.



Back in the bar, the server returns. "Here's your bill," he says, putting a receipt for a nonexistent drink on the counter. She hands over the bag—a typical order contains about a dozen treats—and takes the receipt and the envelope of cash beneath it. "I don't have to pay for a drink anywhere in town," she says.

She has two more deliveries and another bar drop-off scheduled for tonight. A customer who ordered brownies for a bachelorette party has rescheduled for the next morning. By tomorrow, Sara will have made \$500 for her two days of work this week.

Sara charges \$10 a cookie, which nets her about \$2.50 profit. Each cookie contains approximately a quarter gram of cannabis. She doesn't recommend eating more than half a cookie at a time, and she warns customers to "be home or somewhere safe" the first time they try her goods.

Sara lives mainly off her husband's income. But she says her job is fun and that helping people is worth the risk. She tries not to focus on what would happen if she were busted: "What would they do, weigh the cookies? Test them to see how much is in them? How would they even decide what to do?"

What scares her more, she says, is the prospect of one of her customers getting arrested: "Imagine someone with Stage IV cancer, rotting away in jail because they bought a pot cookie trying to enjoy the last [days] of their lives."

DC Department of Health director Mohammad Akhter says he isn't worried that the dispensaries will clash with local or federal law enforcement.

"There is no other program in the country that is so tightly controlled," he says. "We are very vigilant in terms of doing it right, so there will not be an opportunity for someone to come in and shut it down."

DC's health department is scheduled to announce in late March the applicants who are eligible to receive licenses to open the city's ten cultivation centers, which will grow the medical marijuana. In May, the department plans to announce which applicants are eligible to register dispensaries for selling the medical marijuana.

This summer, the dispensaries should be able to open for business. DC residents who have specific illnesses, such as cancer, HIV/AIDS, or glaucoma, can then ask physicians for a medical-marijuana prescription. Unlike in some other parts of the country, easy-to-fake conditions such as headaches and back pain won't qualify—at least not at first. Once patients register with the health department and receive an ID card, they can fill the prescription at a dispensary.

Launching a medical-marijuana program in the seat of the federal government brings additional challenges, among them the residents who are the same politicians who classify medical marijuana as illegal. Says Scott Hawkins: "I think the challenges that they'll be facing in trying to execute and operationalize this program is a bit of a David-and-Goliath story."

Another obstacle is space. The cultivation centers can't open within 300 feet of preschools, primary or secondary schools, or recreation centers. Almost all of the applicants plan to set up shop in Ward 5, in Northeast DC.

Dispensary and cultivation-center applicant "Caldwell"-a "serial entrepreneur" who asks me to use his middle name because he's concerned that speaking to the press might affect his application chances-says he hopes to get into the business for two reasons.

First, he says, "my mother died of complications with MS and my stepmother, whom I adored, died of pancreatic cancer. I would have done anything that would've made her able to eat better and kept her out of pain." Second, Caldwell sees a business opportunity akin to "getting involved with alcohol at the end of Prohibition," he says. "If you can be successful in Washington, you can be successful anywhere." He envisions developing a model here that he can apply to a franchise in other states as they legalize medical marijuana.

Caldwell's 300-page applications detail a meticulous approach. When a customer buys marijuana from his dispensary, the package will be labeled with the THC content and have tags that indicate the dispensary, the patient's name, and the date of sale.

"Our database will be able to follow that back all the way to seed," Caldwell says. "An ounce of good pot is going to cost you \$400 to \$600 on the street." Medical marijuana will be priced similarly, he says, if not higher, "because you know exactly what you're getting."

Like Caldwell, Sara views her job as providing a form of health care. "It's like when someone's sick, you bring them chicken soup," she says.

She knows what she's doing is illegal, but she says she doesn't feel remorse about it: "I am not dealing nuclear arms or weapons. I am not selling crack or another addictive substance. I am providing comfort medicinally in a way that should be legal."

Yes, some of her customers eat her treats just to get high, but Sara believes they usually do so because of an underlying problem. "If they do it before they go out, is it because they have 'social anxiety?' " she says.

Other buyers-she calls her medical customers "patients"-have cancer and want the effects of THC without having to smoke it. A woman dying of lung cancer orders Sara's lollipops to stimulate her appetite, which disappeared with chemotherapy.

Another client was the daughter of a Navy SEAL who had late-stage cancer and died this winter. "He had never done a drug in his life," Sara says. "She brought him a half dozen cookies and said, 'I know you're fundamentally against it, but I think it could bring you relief.' She sent me a heartbreaking letter saying that for the first time in several years she had her daddy back for the afternoon. He was relaxed, and he was able to enjoy his family without being in utter, excruciating pain. That's why I do what I do."

Last summer, the Drug Enforcement Administration formally rejected a nearly decade-long effort to reclassify marijuana, which remains in the most heavily restricted category of the Controlled Substances Act. DEA administrator Michele Leonhart stated that among the reasons for rejecting the petition was that marijuana "has no currently accepted medical use in treatment in the United States."

But a growing body of medical research supports the therapeutic benefits of marijuana.

"Eventually it's going to be recognized as a wonder drug of our times," says Lester Grinspoon, associate professor emeritus of psychiatry at Harvard Medical School and coauthor of *Marihuana: The Forbidden Medicine*. "Marijuana is much less expensive than the pharmaceutical products it will replace; like penicillin, it's remarkably nontoxic; it has no side effects, unless you consider being a little high a side effect; and it has such versatility."

Grinspoon, a longtime marijuana advocate, and others say the drug can be used to treat a list of conditions such as glaucoma, migraines, nausea and vomiting (whether caused by chemotherapy or other problems), Crohn's disease, irritable bowel syndrome, mild to moderate depression, and chronic pain.

Some patients are turning to marijuana to assist with end-of-life care—"palliative" is becoming a medical-marijuana industry buzzword—and three of Sara's customers have died.

"It's really a blow," she says. "You just wish they could have found you faster. If it was legal, who knows—maybe they could have lived their lives in less pain. And we wouldn't have to be secretive and sneaky about it."

Dealers say they're not worried that the dispensaries will take a piece of their business. "There are not enough distributors for all of the buyers," says a former DC dealer. "People are always looking for new contacts and new sources."

Sara isn't accepting new customers, though she doesn't mind if her current patients and friends buy her treats in bulk and distribute to their own networks. "For now, very few people know who I am, and that's perfect," she says.

Ultimately, the types of customers Sara serves may end up shaping marijuana policy in the District and elsewhere.

In the meantime, some see signs that anti-pot attitudes are changing. "In the past, even people who enjoyed using it would never talk about policy in public because it was such a contentious issue," says Morgan Fox of the Marijuana Policy Project, a DC-based non-profit. "Now they're willing to talk about policy, and that's a real indicator of where things are."

And perhaps, say some proponents, where things are going. The medical-marijuana debate encompasses many issues, among them local and national politics, public-health policy, and alternative medicine, says Scott Hawkins, the business adviser helping dispensary applicants. He says that because the DC government is so bent on doing it right by creating a strictly regulated program, it could become a national model: "This little hamlet of DC will be known as the prognosticator of the entire country."

Sara, meanwhile, dreams of "going legit"—giving up her illicit business and selling her products openly. Showing off photos of Halloween treats she baked—spiders made of pretzels, caramel, chocolate, and sprinkles—she laments that she can't advertise them. But she already has a financial backer in place for when the dispensary owners in DC are ready to hire bakers to create their edibles.

"Can you imagine?" she says. "I could do wedding cakes!"

**SIDEBAR:**

**Word on the Street**

We sent interns out to survey 100 adults in downtown DC-lots of lawyers, doctors, and government employees, plus a nightclub promoter, an actor, and more. Here's what they had to say about marijuana.

**Have you ever smoked pot?**

73 Yes

**If yes, how recently?**

27 No

Today: 2

This week: 7

This year: 15

In the last five years: 11

Five to twenty years ago: 11

Twenty or more years ago: 12

"Not sure" or "long ago": 11

**If you wanted to buy pot, do you think you would be able to get some?**

Yes: 72

No: 24

Not Sure: 4

**If yes, how long do you think it would take?**

15 mins. or less: 8

Less than an hour: 5

A day or less

A couple of days: 12

A week: 2

Other: 27\*

\*"No idea" or "Not long"

**If legalizing marijuana-which is a multibillion-dollar industry-could bail out the US economy, would you support it?**

Yes: 72

No: 27

Other: 1

**What would you do if you were at a party and someone started smoking pot?**

"High-five them."

-Male, 23, works in commercial-real-estate finance and lives in DC

"I'd ask them to stop. I have a son who struggles with abuse of marijuana, so I'm very sensitive to that."

-Male attorney, 41, lives in McLean

"I'd feel endangered, worried that the police would come."

-Male economist, 29, lives on Capitol Hill

"I'd leave the room."

-Female research analyst and yoga teacher, 36, lives in Silver Spring

"I wouldn't worry about it because it's not my business. People abuse alcohol all the time and we don't tell them to stop."

-Female journalist, 26, lives in DC's Adams Morgan

**Do you believe that marijuana is a gateway drug?**

Not sure: 16

"If you start out with people with no self-control."

-Female government employee, 49, lives on Capitol Hill

Yes: 25

"It was for me."

-Male, 27, works in video production, lives in Fairfax

No: 59

"That's ridiculous."

-Male, 49, writer, lives in DC's Dupont Circle

**Does marijuana have medicinal benefits?**

Yes: 83

No: 3

Not sure: 14

**If you or a loved one had a medical condition for which marijuana could help, would you want to have access to it?**

Yes: 89

Not sure: 13

No: 8

**What should the penalty be for possession of a small amount of marijuana?**

A fine: 61

Jail time: 1

Both: 2

Neither: 28

Not sure: 8

**Should the penalty for driving while stoned be more or less than the penalty for drunk driving?**

Don't know/it depends: 6

More: 10

"The thing with drugs, once you start taking them, you become an addict. You shouldn't be driving at all. If you take a little bit, you might want more."

-Male, 35, works for a nongovernmental organization and lives in Falls Church

Less: 18

"You shouldn't do it, but it's not as bad as driving intoxicated with alcohol. If anything, you drive more carefully because you're paranoid. You want to drive slower."

-Female researcher, 24, lives in Falls Church

Same: 66

"Honestly, they don't prosecute enough. They should all go to jail. I've worked emergency rooms. I've had to tell too many parents their kids are dead."

-Female physician, 58, lives in Mount Vernon

**SIDEBAR:**

**Best Buds**

**This isn't 1960s pot. In competitions held throughout the year in several marijuana-friendly states, High Times magazine's Medical Cannabis Cup seeks out the best strains being offered to patients. (Yeah, we were surprised this contest is legal, too.) Here's a selection of winners from last year's competitions.**

By Michael Gaynor

**Sour Grape**

The winner in Denver's hybrid category, which recognizes the best blend of indica and sativa strains. Indicas are known for their "body high" effect, as opposed to sativas' "mental high." Hybrids are supposed to deliver a balanced, lighter high.

**Obamanator**

Taking a gold medal in Detroit, this "highly uplifting" organic sativa strain blends Kenyan and Hawaiian seeds in honor of the first President to admit that he inhaled.

### **Granddaddy Urkle: The "G" Cut**

This indica is a cross between two strains known for their purple tint. Smokers believe it has a grape flavor, and High Times says it's a good choice for pain relief and insomnia.

### **Snowdawg**

The origins of this sativa can be traced to a premium Colorado strain called Chemdawg. According to the grower, Snowdawg is especially beneficial for PTSD, depression, headaches, and "light muscular pain."

### **Bay 11**

A first-place sativa winner in San Francisco, this strain has a high 20-percent THC content. (The average "good" weed has around 15 percent.) Medical users say it helps with anxiety and depression.

### **Sour OG Kush**

This hybrid combines two popular sister strains, Sour Diesel and OG Kush, known for their flavor, aroma, and potency. "It's one-hit-wonder stuff," says Nico Escondido, High Times' cultivation editor.

### **SIDEBAR:**

#### **Who can get a Prescription?**

**The DC law that legalizes medical marijuana spells out which conditions and treatments qualify patients to obtain a marijuana prescription. The law also contains a clause that would allow the District to expand the list. According to the DC Department of Health, no other conditions are currently on the table, but the city's government will consider adding more after assessing the program's early stages.**

By Marshall Worsham

### **Conditions**

HIV/AIDS

Glaucoma

Conditions characterized by severe and persistent muscle spasm, such as multiple sclerosis

Cancer

### **Treatments**

Chemotherapy

Treatments involving azidothymidine or protease inhibitors (found in anti-retrovirals and other drugs used to treat or prevent viral infections)

Radiotherapy

### **SIDEBAR:**

#### **"One of Us Lit a Joint in the Oval Office"**

**It used to be that getting caught smoking pot ruined any chance of a political career. How things have changed.**

By Tevi Troy

## 1950s

**Dwight Eisenhower** forbids the showing of **Robert Mitchum** movies in the White House theater because of the actor's 1948 arrest for marijuana possession.

## 1970

**Elvis Presley** visits President **Richard Nixon** and requests the honorary title of federal agent-at-large in the Bureau of Narcotics and Dangerous Drugs. In a photo with Nixon, Presley looks stoned. That same year, Jefferson Airplane's **Grace Slick** and activist **Abbie Hoffman** claim to have plotted to spike Nixon's tea with LSD at a White House function. According to Slick, Secret Service agents pulled them from line before they got inside.

## 1975

President **Gerald Ford's** 23-year-old son, **Jack**, admits to the *Oregonian* that he has smoked pot. "I don't think that's so exceptional for people growing up in the 1960s," Jack Ford tells the paper, comparing moderate marijuana use to drinking beer and wine. President Ford publicly disapproves of his son's smoking but praises his honesty.

## 1977

During a visit to the **Jimmy Carter** White House, a member of the music trio Crosby, Stills & Nash fires up a doobie. "It was funny, man," says **David Crosby** afterward. "One of us, and I will not say who, lit a joint in the Oval Office just to be able to say he'd done it, you know?"

## 1980

Singer **Willie Nelson** claims to have smoked "a big fat Austin torpedo" on the White House roof in full view of the Secret Service.

## 1983

First Lady **Nancy Reagan** appears on the NBC sitcom *Diff'rent Strokes* to urge little Arnold Jackson, played by **Gary Coleman**, to "just say no."

## 1987

President **Ronald Reagan** withdraws the Supreme Court nomination of Judge **Douglas Ginsburg** because Ginsburg smoked marijuana while a member of Harvard's faculty.

## 1989

President **George H.W. Bush** picks former Education Secretary **William Bennett** as White House "drug czar." Bennett once went on a date with rocker Janis Joplin, who later died of a drug overdose.

## 1992

In a TV interview, presidential candidate **Bill Clinton** says: "When I was in England, I experimented with marijuana a time or two, and I didn't like it and didn't inhale and never tried it again."

## 1999

In his run for the White House, **George W. Bush** faces questions about his suspected pot use and whether he tried harder drugs. He refuses to answer and simply says: "When I was young and irresponsible, I was young and irresponsible."



According to family friend and author **Doug Wead**, Bush privately admitted smoking pot.

**2008**

In his 1995 memoir, *Dreams From My Father*, **Barack Obama** admitted having smoked marijuana and doing "maybe a little blow," making him the only President who has confessed to cocaine use. In the '08 presidential campaign, Obama mocks **Bill Clinton's** "didn't inhale" denial: "I never understood that line. The point was to inhale."

**SIDEBAR:**

**United States of Marijuana**

**In 1973, Oregon was the first state to decriminalize-or remove criminal charges for-the possession of a small amount of pot. In 1996, California legalized the use, possession, and cultivation of marijuana with a doctor's recommendation. Today, 16 states and DC have legalized medical marijuana.**

By Marshall Worsham

" States in which marijuana possession is always a criminal offense

" States that have decriminalized marijuana possession under certain conditions

" States in which medical marijuana is legal

" States that have decriminalized marijuana possession and have legalized medical marijuana

**SIDEBAR:**

**How Dangerous Is Pot?**

**It's virtually impossible to overdose on marijuana, but the drug does have certain risks**

By Michael Gaynor and Ali Eaves

Americans are always told that drugs are bad for them, but at what point do they become lethal? Robert Gable, an emeritus professor in the School of Behavioral and Organizational Sciences at Claremont Graduate University in California, set out to answer that question for a variety of psychoactive substances, including marijuana.

First, Gable determined the "effective" dose of each drug-for example, two shots of vodka will get the average teenager buzzed. The second statistic is the "lethal" dose: Twenty shots of vodka can turn that buzz into a killer. **By dividing the lethal dose by the effective dose, Gable came up with each drug's "safety margin."**For alcohol, the margin is 10, because ten times the effective dose will likely kill you. Marijuana's safety margin: 1,000.

Here are the safety margins for a variety of substances. Some drugs-marijuana, LSD-have a very low number of recorded human fatalities. In those cases, the lethal dose was extrapolated mainly from animal studies. It should be noted that much lower doses of any of these drugs can lead to serious complications in individual users.

There are no documented cases of overdose deaths from smoking or ingesting marijuana. But according to the Substance Abuse and Mental Health Services Administration, about 375,000 ER visits in the US were due to marijuana in 2009.

That figure includes anything attributable mainly to marijuana, such as car accidents caused by a stoned driver.

The drug also has long-term health hazards. Studies have shown links between chronic marijuana use and mental-health problems including increased rates of anxiety, depression, and schizophrenia. Marijuana smoke can also contain up to 70 percent more carcinogens than tobacco smoke. And withdrawal symptoms can echo those of a drug such as nicotine—from irritability and anxiety to sleeping difficulties and craving.

### **Safety Margins**

Heroin: 6

Alcohol: 10

DXM: 10

Cocaine: 15

Ecstasy (MDMa): 16

Prozac: 100

LSD: 1000

Marijuana: 1000

### **SIDEBAR:**

#### **Where Washington's Illegal Weed Comes From How marijuana makes its way from the Mexican cartels to a front door in our region By Shane Harris**

Most marijuana sold in Washington is grown in Mexico. Drug cartels manage the land themselves or force farmers to grow the crops. These are the same cartels responsible for the violence that has swept across Mexico and into the United States.

After the marijuana is harvested, dried, and packaged, it comes across the border. Often the cartels bribe truck drivers to hide the pot in their legitimate cargo—which frequently consists of produce such as lettuce and strawberries.

The trucks make their way to Washington, often stopping in Atlanta and North Carolina to drop off groceries—or weed.

Once the marijuana is in Washington, an independent drug distributor meets the truck and takes his portion of the cargo. Some local distributors first fly to Mexico to make arrangements for the shipment.

Distributors sell to local dealers. The Drug Enforcement Administration says that wholesale Mexican marijuana in Washington sells for \$950 to \$2,000 a pound, depending on the quality.

The local dealers then use their own networks to sell marijuana at the street level. Those who buy weed from a dealer close to the source pay lower prices, while those who want it delivered to their home pay a premium.

Sources: Customs and Border Protection Agency, Drug Enforcement Administration

**SIDEBAR:****Have You Used Marijuana in the Last Month?**

**That was one of the questions asked in the 2006, 2007, and 2008 National Surveys on Drug Use and Health. The data shows that pot users are spread fairly evenly across the District and that marijuana is less popular in the suburbs.**

Ward 1: 11.4%

Ward 2: 10.7%

Ward 3: 8.4%

Ward 4: 6.4%

Ward 5: 10.5%

Ward 6: 7.6%

Ward 7: 7.9%

Ward 8: 10.3%

Northern Virginia: 5.3%

Maryland

Montgomery County: 4.6%

Prince George's County: 4.5%

Anne Arundel County: 4.5%

**SIDEBAR:****Good Medicine?****What scientific research has to say about medical marijuana**

By Melissa Romero

Though marijuana hasn't been approved by the Food and Drug Administration, there's lots of interest in the plant's potential to help those suffering from cancer, HIV/AIDS, Alzheimer's disease, and other conditions.

Marijuana was used in Chinese medicine as early as 3000 bc to relieve pain and cramps. Modern research has found that tetrahydrocannabinol, or THC-the most active psychoactive ingredient in marijuana-reduces nausea and vomiting among cancer patients undergoing chemotherapy. A 2011 study in the journal *Anesthesia and Analgesia* showed that cannabidiol, the second-most common chemical in marijuana, prevents pain caused by a chemotherapy drug.

THC also has been proven effective in stimulating appetites, especially among those suffering from degenerative diseases, including HIV/AIDS. The FDA approved Marinol, a capsule drug containing THC, in 1985 for cancer patients and in 1992 for people with AIDS. Alzheimer's patients suffering from anorexia-a common consequence of the disease-also gained weight and exhibited less disturbing behavior after taking Marinol, according to a study in the *International Journal of Geriatric Psychiatry*.

Among people with neuropathic pain caused by traffic accidents or nerve damage, low doses of smoked marijuana improve mood and act as a sleeping aid, according to researchers at McGill University Health Centre in Canada.

The validity of more extreme claims on marijuana's medicinal effects, such as its ability to stunt tumor growth, remain in debate. While a Harvard study found that THC reduced the size of lung-cancer tumors by 50 percent, other research has found that it may trigger other cancers' growth.

**SIDEBAR:**

**Meet the Applicants**

**The competition for a seat at the DC medical-marijuana table resembles a two-year-long college-application process. Since the law took effect in 2010, prospective growers and dispensers have gone through pages upon pages of waivers and applications, months of waiting, and a few rounds of cuts.**

**Those still standing are vying for one of five dispensary licenses and ten cultivation-center licenses from DC. Here are two of them. By Michael**

**Gaynor**

**Montgomery Blair Sibley**

DC lawyer Montgomery Blair Sibley has been in the spotlight on many occasions: suing the Supreme Court, representing the "DC madam" in 2007, and getting suspended from legal practice, to name a few. He took on a new cause in 2010 when he started the DC Marijuana Growers Association and registered to open a cultivation center.

Sibley wants to resolve the legal contradiction that medical-marijuana growers and dispensers find themselves in: a gray area in which their trade is allowed by state but not by federal law. He has filed a suit against President Obama and Attorney General Eric Holder to, as Sibley says, "cover my ass so in case they do give me a license they can't arrest me."

**On opponents to medical marijuana:**

"They need to go down to Whitman-Walker Clinic and speak to those suffering from debilitating diseases like AIDS. You can't spend the day with those folks and come away thinking anything other than whatever they need to do to manage their health problems is their business and nobody else's."

**On the future of medical marijuana:**

"I believe it's going to be a major campaign issue. President Obama simply lied in 2008 when he promised not to use Department of Justice resources against dispensaries. I think 35 million pot smokers are going to take him to task for that. Hippie baby boomers are all retiring, and they just want to sit around, let their hair grow, and get high. So sooner or later, they're going to vote themselves the right to do so."

**Montel Williams**

Former talk-show host Montel Williams has become an advocate of medical marijuana since his multiple-sclerosis diagnosis more than a decade ago. In addition to starting the Montel Williams MS Foundation, he became involved with the Abatin Wellness Center, a high-end medical-marijuana dispensary that opened last year in Sacramento.

Williams is part of a group seeking to open an Abatin dispensary in DC as well as two cultivation centers in the city's Ward 5. He had a setback in December when the

landlord of his planned Adams Morgan dispensary pulled out of the deal. Abatin's team is searching for alternate locations.

**On how marijuana has helped him:**

"When I turned to medical cannabis, it helped assuage not only some of my neuropathic pain-make it more bearable, livable, lessen its impact on my daily life-but it also had the ability to stop some of my spasticity and cramping. And I was still capable of functioning and working. This was the choice for me."

**On the role of DC in the**

**nationwide debate:**

"DC's medical-cannabis law is one of the most stringent in the country. And what better place in America to ensure that patients who need it can get it than in the nation's capital? Doing it right next door to any one of the political offices or agencies that come over and scrutinize it, so they can understand that this can be done in an effective way."