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MEDICAL MARIJUANA CENTERS AND
URBAN RESIDENT'S PERCEPTION OF CRIME
IN THEIR NEIGHBORHOOD

by

Maura L. Scherrer

A Research Project Presented in Partial Fulfillment
of the Requirements for the Degree
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URBAN RESIDENT'S PERCEPTION OF CRIME
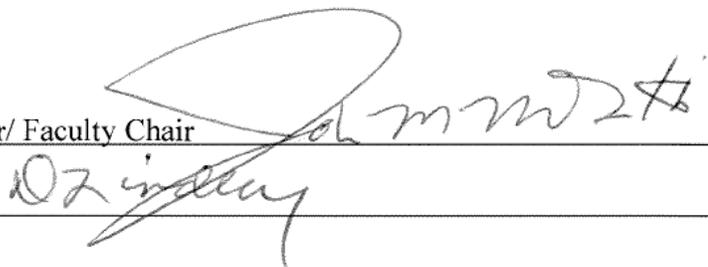
IN THEIR NEIGHBORHOOD

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has been approved

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APPROVED:

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Abstract

Due to the ambiguity of constitutional amendments, multiple state legislations, and municipal ordinances, medical marijuana has become quite a contentious subject. Despite the fact that many Americans approve the use of medical marijuana, they are opposed to medical marijuana centers opening in their own neighborhoods. People are concerned about the 'element' that these centers bring into their neighborhoods as a result of increased pedestrian and vehicle traffic, loitering, open display of drug usage, and the fear of organized crime; comparable to the theory of broken windows, where crime is invited into a community when the wrong element is allowed to enter. This study addressed resident perception between the presence of medical marijuana centers and perceived increased crime rates in Denver, Colorado neighborhoods. Furthermore, this project looked at whether the perception of increased crime is analogous across Denver neighborhoods of varying socio-economic status. However, after investigating further, the findings from this study discovered that the medical marijuana centers and perceived crime might be counterintuitive to what current belief is.

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Introduction

The legalization of medical marijuana is a particularly controversial issue due to the ambiguity of multiple interpretations of constitutional amendments and various states' legislation. Overall, seventy-three percent of Americans are in favor of states allowing marijuana if it has been prescribed by a doctor for medical use only (Broad Public Support, 2010). However, many citizens have expressed concern over a medical marijuana center [aka: dispensary] opening up in their neighborhood (Broad Public Support, 2010). Because a number of medical marijuana centers are located in residential areas, there may be some trepidation as to whether these types of businesses bring in the 'wrong' element of people and increased crime. Taking into consideration James Q. Wilson and George Kelling's Broken Windows Theory, which states that unregulated disorderly conduct damages a community and invites crime, we may be able to see a correlation between crime and the disorder that occurs within neighborhoods if the wrong element is allowed to enter.

Cannabis Sativa Indica, also known as hemp or marijuana, has been used for centuries for such purposes as fiber, medicine, and psychoactive drugs. Hemp, which is actually produced from a type of cannabis, is specifically bred to produce long fibers used for making rope, paper, clothing, and canvas (What is the History, 2011). The marijuana plant was originally grown worldwide specifically for its hemp fibers. Additionally, marijuana seeds were used for birdseed and the plant's buds used for recreational smoking for the euphoric feeling it produces, in addition to medicinal purposes (What is Marijuana, 2011). The plant is thought to have originated in Central Asia and its medicinal use has been documented as far back as 10,000 BC with the discovery of an ancient Romanian ritual brazier that was discovered with the remains of charred marijuana seeds inside of it (The History of Medicinal, 2010).

In today's society, many doctors advocate the use of marijuana for the treatment of pain, nausea, glaucoma, and depression. In a 2000 study by Spanish researcher, Dr. Manuel Guzman, and his research team at the Universidad Complutense de Madrid in Spain, discovered that the THC in marijuana inhibits cancer cell growth by causing the death of cancer cells in a process called autophagy, a catabolic process involving the degradation of a cell's own components (Kubby, 2003).

In November of 1996, California became the first state to vote, and approve, the legalization of medical marijuana. Since that time, 15 more states and District of Columbia have followed suit, all in defiance of federal anti-marijuana laws (16 Legal Medical Marijuana, 2011). On November 7, 2000, the medical marijuana issue was voted on in Colorado, as Ballot Amendment 20, and was approved by 54 percent of the voters (16 Legal Medical Marijuana, 2011). This Colorado Amendment removed state-level criminal penalties for the possession, usage, and cultivation of medical marijuana. However, medical marijuana users must have written documentation from their doctor, clearly stating, that this individual suffers from a debilitating medical condition and has been 'advised' by said doctor that the individual may gain some relief of their ailment from the usage of marijuana (A Guide to Drug-Related, 2001). With the passage of Amendment 20, the Colorado Department of Public Health and Environment (CDPHE) was charged with implementing and overseeing the Medical Marijuana Registry program (The Colorado Medical Marijuana Registry, 2011). By March 2001, the Colorado Board of Health approved the Rules and Regulations relevant to the administration of the Registry program. Effective June 1, 2001, the Registry could accept applications for Registry Identification cards for marijuana for medical use by persons suffering debilitating medical

conditions (The Colorado Medical Marijuana Registry, 2011). Between the years of 2000 to

2007, the state of Colorado had 2,000 registered medical marijuana patients.

To date, there has not been any identified research project conducted in Colorado

regarding a relationship between the presence of medical marijuana centers and resident's

perception of crime as it relates to the presence of centers in their neighborhood. Concerns

surrounding neighborhood safety surface as the potential for disorder arises within the

community as medical marijuana centers increase. Do neighborhood residents perceive the

medical marijuana center as bringing in the wrong type of crowd into a neighborhood, which in

turn brings crime and disorder, as the Broken Windows Theory suggests? To address these

concerns, this research project attempted to determine if there is a relationship between actual

neighborhood crime rates and the resident's perception of crime. Additional comparisons were

made between three Denver neighborhoods of varying socio-economic status; i.e. lower, middle,

and upper status neighborhoods as determined by poverty and income levels established by The

Piton Foundation's 'neighborhood data indicators' based upon the 2010 Census information.

Denver's medical marijuana centers are thought to generate large revenues and the

concern behind the establishment of this type of business, regardless of its location, is the

potential for ties to organized criminal activity, which brings crime into an area. For the center

owner, there is the potential danger of harm befalling them, as there have been centers in other

states where robbers have attacked and murdered the owners, not only at their place of business,

but at their homes as well (California Police Chiefs Association's, 2009, p. 8). For the residents

of a neighborhood where centers are located, there may be the fear for personal safety as the

perception may be that because of the center, crime rates have risen due to the presence of

possible drug dealings, loitering, increased noise levels, increased pedestrians and excessive

vehicle traffic around the center (p. 5).

The threat of increased crime due to the legalization of medical marijuana centers and the

lack of supporting research to ascertain whether crime has indeed increased as a result of these

centers was explored by this research project. Moreover, this project looked specifically at the

types of crimes that most neighborhood resident might notice more easily, the category of crimes

against property. Such crimes would include criminal mischief or property damage due to acts of

vandalism or graffiti, larceny, burglaries or robberies, and loitering as observed in curfew

violations, disorderly conduct, or disturbing the peace. It was anticipated that residents would

observe additional types of crimes; therefore, these, if applicable, would be compared against the

actual crime rate in order to determine resident perceptions.

This research project sought to answer the following research questions:

- Does the presence of medical marijuana centers in Denver, Colorado add to

  resident's perception of increased crime in their neighborhood?

- Are Denver, Colorado resident perceptions of crime parallel across socio-

  economic neighborhoods?

There were limitations that existed with this type of research project. Since medical

marijuana centers are relatively new to Denver, gathering longitudinal data on this subject was

difficult to obtain. The researcher gathered crime statistic data for three prior years, plus the first

quarter for the current year from the three-targeted neighborhoods in Denver. Crime statistics

were collected on a quarterly basis, therefore the researcher analyzed a total of thirteen quarters

of crime data for each neighborhood. Limitations came into play when attempting to ascertain

whether crime had indeed increased or decreased as a result of medical marijuana centers

opening in neighborhoods. Denver currently has medical marijuana centers dispersed throughout

its seventy-seven neighborhoods. To date there is no one single local agency that collects and

maintains crime data as it specifically relates to the presence of medical marijuana centers or any

correlation to increased or decreased crime as a result of the center's presence.

One identifiable obstacle in obtaining data, as it related to crime statistics, was to know

whether the crime was directly related to the presence of a center and marijuana usage.

Currently, Denver does not have systems in place that track marijuana crimes as their own

classification. Therefore establishing whether a crime had been committed as a direct result of

the center's presence was not possible to determine.

Another limitation was that there could be crimes committed that were related to the

presence of medical marijuana centers, but may not have been reported to local law enforcement

agencies. There is speculation that some center burglaries and robberies of clients or center

personnel were not reported because center owners were afraid to bring negative attention to

their businesses. Because the centers already have a negative effect on much of the population,

and it is assumed that the presence of these centers do bring higher crime into a community, local

law enforcement may not be notified when a medical marijuana center or its clients are robbed.

This type of bias is often observed when there is self-reporting of a crime. This is because people

tend to either exaggerate or understate crimes in self-reported surveys. Many times people are

embarrassed to reveal the private details of the commission of the crime, especially when the

crime is committed against a person, rather than against property. Additionally, biases can affect

outcomes as seen with social desirability bias. This occurs when a person reports crime statistics

in a manner that will be viewed favorably by others. Usually this is a statement that either claims

the over reporting of good behavior or the underreporting of bad behavior, or in the case of

medical marijuana centers: no crime against the center vs. minimal crime against the center.

This study was delimited by maintaining resident contact to three of the seventy-seven

Denver neighborhoods, all of which have medical marijuana centers established within their

specified neighborhood boundaries. The three identified neighborhoods were chosen specifically

because of their varying socio-economic status households, which were used to ascertain resident

perceptions of crime from varying viewpoints based upon income levels. If urban resident views

from each specific neighborhood were to be maintained, it was important that only the views of

the identified neighborhoods be considered, especially since residents from varying socio-

economic levels were one of the mainstays of this project.

Additional delimitations came from the utilization of residency status (defined below) as

a secondary factor for qualification into this study. This was necessary because the lower socio-

economic neighborhood researched was a tenement housing area and there are no homeowners

in the projects. Additionally, these residents were more likely to be transient type residents;

therefore, setting a residency limit was necessary. Areas with high concentrations of renters have

more transient individuals, which equates to less time spent in one location, and therefore

residents may not be able to provide their perception of crime as far back as a three-year history.

In order to understand what is meant by the term 'resident', Merriam-Webster's

dictionary defines this as a person who lives in one place permanently or for a long time. For this

research project, a resident was defined as someone who had lived in the same dwelling for five

years or more. To be considered a resident for this study, homeownership was not one of the

qualifying factors because in the Sun Valley neighborhood, one of the geographic areas of the

study, homeownership is not an option. Conversely, many residents have lived in this

neighborhood for over the five-year minimum required for this research project, therefore,

discounting homeownership in lieu of the five-year minimum will be the requirement for

residency.

Review of Literature

In 2700 BC, Chinese Emperor Shen Neng prescribed marijuana tea to treat such ailments as rheumatism, gout, and malaria. As marijuana became more popular, it spread throughout Asia and into the Middle East, Africa, and India where it was used for religious purposes (The History of Medicinal, 2010). Christopher Columbus introduced America to marijuana with the introduction of rope made from hemp. By 1619, the citizens of the Jamestown colony were required to grow cannabis as a crop. Cannabis was the primary crop grown by George Washington at Mount Vernon for the production of fiber (The History of Medicinal, 2010).

Eighteenth century American medical journals recommended the seeds from hemp plants to treat sexually transmitted diseases, incontinence, and various skin inflammations. Physician William O'Shaughnessy with the British East India Company prescribed marijuana as a pain reliever for rheumatism and to assist with the uncomfortable side effects of cholera, tetanus, and nausea caused by rabies (The History of Medicinal, 2010).

The Harrison Act in 1914 specified that drug use was a crime and placed excessive taxes on non-medical uses of drugs. The act was specifically written to regulate cola and opium derivative drugs because, at the time, a small percentage of Americans developed morphine addictions to this type of prescription drug (The Harrison Narcotic Act, n.d.). At this time, marijuana was not specifically listed under the Harrison Act as an illegal drug, however, by 1937 the Marijuana Tax Act made possession, use, and transfer of marijuana illegal under federal law. An exception to this law was made for those who had medical or industrial uses for marijuana, but those people were required to pay an excessively high excise tax for annual fees and renewals (The Marihuana Tax Act, n.d.).

When prohibitionists succeeded in getting the early anti-drug acts passed, they continued to encourage the government to criminalize drugs with added legislation in 1951 when Congress passed the Boggs Act. This Act further increased penalties for drug violators as federal drug legislation combined marijuana and narcotic drugs together under one law (History of Marihuana, n.d.). In 1956, Congress passed the Narcotic Control Act that brought harsher penalties in an effort to eliminate the use and sale of all illicit drugs. This Act not only strengthened the enforcement of narcotics laws, but established additional penalties for the illegal importation of marijuana. This meant that just possessing the drug was sufficient for a conviction for receiving illegally imported marijuana, which meant a felony charge and incarceration as a punishment (History of Marihuana, n.d.).

The Marijuana Tax Act was found to be unconstitutional by the Supreme Court in 1969 because it violated the Fifth Amendment to the Constitution against self-incrimination. Congress reacted by repealing the Marijuana Tax Act, and by introducing, and passing the Controlled Substances Act as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Since the 1970s, the legality of marijuana has been a litigious issue between the public that wants to repeal prohibition and those who wish to maintain it. Since then, many states have begun to decriminalize marijuana (History of Marihuana, n.d.).

In the late 1990s, the legalization of medical marijuana as a method of assisting those with specific medical debilitating illnesses increased. Marijuana advocates ran into problems with medical legalization because the Controlled Substances Act (CSA) of 1970 classified marijuana as a Schedule I drug. According to the CSA, marijuana has a high potential for addiction, has no medical value, and is unsafe to use even under the care of a physician, as defined by Schedule I drug laws (History of Marihuana, n.d.). Therefore, no medical doctor can

legally write a prescription for marijuana or any Schedule I drug, to do so would be a violation of U. S. Federal Laws.

In 2009, the Obama administration announced that it would not arrest medical marijuana suppliers as long as they conformed to state laws. The Deputy Attorney General David W. Ogden sent a memorandum on October 19, 2009 titled *Investigations and Prosecutions in States Authorizing the Medical Use of Marijuana* to select United States Attorneys who already had legalized medical marijuana in their state. In his memo, Ogden states that,

> Congress has determined that marijuana is a dangerous drug, and the illegal
>
> distribution and sale of marijuana is a serious crime and provides a significant
>
> source of revenue to large-scale criminal enterprises, gangs, and cartels. One
>
> timely example underscores the importance of our efforts to prosecute significant
>
> marijuana traffickers: marijuana distribution in the United States remains the
>
> single largest source of revenue for the Mexican cartels. The prosecution of
>
> significant traffickers of illegal drugs, including marijuana, and the disruption of
>
> illegal drug manufacturing and trafficking networks continues to be a core priority
>
> in the Department's efforts against narcotics and dangerous drugs, and the
>
> Department's investigative and prosecutorial resources should be directed towards
>
> these objectives (Ogden, 2009).

Despite the law, Ogden goes on to say,

> Prosecution of individuals with cancer or other serious illnesses who use
>
> marijuana as part of a recommended treatment regimen consistent with applicable
>
> state law, or those caregivers in clear and unambiguous compliance with existing

state law who provide such individuals with marijuana, is unlikely to be an

efficient use of limited federal resources (Ogden, 2009).

President Obama's statement and the Ogden memo signaled a change for medical

marijuana advocates, implying that the current administration would be more tolerant of the

marijuana issue, which encouraged marijuana users. Medical marijuana applications poured in,

for both users and caregivers. According to Marco Vasquez, Chief Investigator for the Colorado

Medical Marijuana Enforcement Division (personal interview, May 13, 2011), Colorado

currently has 140,000 registered medical marijuana users, 830 centers – 297 are in Denver alone,

and 1,200 off premises cultivation (OPC) sites. Furthermore, the Colorado Department of Public

Health and Environment (CDPHE), the agency that is administering the Medical Marijuana

Registry program, states that Denver alone has 18,528 registered medical marijuana users, per

their March 31, 2011 data. This accounts for 15 percent of the entire state of Colorado, the

highest percentage for any county in the state.

Analyzing the 16 states that have legalized medical marijuana centers and what people in

those communities believe about these centers, there exists discrepancies over the medical

marijuana issue in regards to reporting and crime rates as a result of these centers being

established. Community activists are convinced there is a strong connection between medical

marijuana centers and rising crime rates, regardless of the area in which the centers are located.

According to Erich Goode in his 1970 book, '*The Marijuana Smokers'* the official stance

by the United States government was that marijuana played a significant role in the commission

of violent crimes. The police and most citizens of that time felt that marijuana was the cause for

criminal activity and violence (Goode, 1970). However, during this time, there was no statistical

evidence demonstrating an association between marijuana and violence. Goode goes on to say

that, marijuana *per se* does not cause crime, but because of released inhibitions and its ability to impair judgment, a user with criminal tendencies will more easily commit crimes while under the influence of marijuana. Moreover, those who use marijuana and are arrested for a marijuana crime are more likely to be involved in other types of drug use and already have a prior criminal record not related to marijuana use (Goode, 1970).

As of 2011, the debate over crime and marijuana still exists; the only difference today is that it is legal in many states and local municipalities, for medicinal purposes only. Newspaper headlines seem to insinuate that medical marijuana centers do bring increased crime into neighborhoods; however, there are no verifiable crime statistics that support this (Corry, Davis, Corry, and Hoban, 2009). These articles are written by reporters with uncredible informants, most of whom are activists and opponents of medical marijuana. According to a 2009 article in the Denver Post newspaper, *Setting the Facts Straight on Medical Marijuana Statistics*, Denver police representative Joe J. Ramirez stated, "There's no obvious trend at this point," when it comes to medical marijuana's broader crime impact on Colorado's local communities.

Community activists want to believe there is a relationship between the establishment of medical marijuana centers and an increase of crime in their neighborhoods. In Los Angeles, California, Police Chief Charlie Beck claims that most medical marijuana clinics are not typically the magnets for crime that critics often portray them to be. Marijuana opponents claim that medical marijuana centers draw criminal activities into neighborhoods, especially crimes such as robberies. However, a 2009 Los Angeles Police Department report showing citywide robberies found the opposite to be true. Beck compared the rates of robberies of medical marijuana centers with those of banks within the city. His statistics reflected that of 350 banks, there were 71 cases of reported robberies as opposed to only 47 reported robberies out of 800 medical marijuana

centers (Castro, 2010). Beck felt a comparison of banks and medical marijuana centers was appropriate because both were potential targets given their large sums of cash.

Kris Hermes, a representative for the Americans for Safe Access (ASA), a California statewide advocacy group for medical marijuana clinics, said he does not believe claims linking dispensaries with increases in crime. Hermes felt the issue of medical marijuana centers attracting crime is centered largely around exaggerated claims by law enforcement officials that excessive crime exists in the first place and these facilities are the source for it (Castro, 2010). Hermes goes on to state that research conducted by ASA has discovered the opposite to be true.

Employing Wilson and Kelling's 1982 Theory of Broken Windows, we can see how these articles addressing public concern over the presence of medical marijuana centers can lead to the misconception that crime will increase due to the 'element' of people the centers will draw. The term 'broken window' is an analogy Kelling and Coles use to describe the correlation between crime and the disorder that occurs within neighborhoods as a result of an undesirable element being present (Kelling and Coles, 1996, p. 19). The Broken Windows Theory postulates that if a window in a building is broken and goes unrepaired, it will not be long before all the building's windows will be broken. The one broken window left unrepaired signals that the building is abandoned and no one cares for it anymore, thus encouraging further vandalism. This becomes an open invitation for others to vandalize the building and break more windows, thus encouraging disorderly conduct and as long as it goes unregulated, it will not only continue, but also invite more acts of disorderly conduct because by all outward appearances, this action is tolerated by the community. Additionally, disorder breeds fear among residents of a community because it 'opens the door' to further instances of crime. Without properly addressing the problem, disorder encourages further decomposition of the community. The 'broken window'

metaphor, in this case, is represented by the medical marijuana center. The concern is if centers are allowed to open in a neighborhood, they will bring in an undesirable element, which in turn brings in crime, thus creating fear among the residents of the neighborhood.

Because medical marijuana is a relatively new issue, little crime data is available that links the presence of medical marijuana centers to increases or decreases of crime within communities. Crime statistics exists for both pre and post-medical marijuana center openings, but a direct crime rate correlation cannot be made from this data. Additionally, no identifiable research in the area of resident's perception of crime can be found relating to the establishment of medical marijuana centers. Therefore, what viewpoints are available are mostly those from marijuana proponents' or opponents' without credible statistics to support their claims that medical marijuana centers bring increased crime into neighborhoods.

Methods

This research study explored Denver, Colorado urban resident's perception of crime as it pertains to the presence of medical marijuana centers within the boundaries of their neighborhoods. Open-ended interviews were conducted to inquire into resident observations and the types of crimes they have noticed within their neighborhood in the last three years, with a focus on the perceived view that crime has increased since the medical marijuana centers were established.

In order to obtain primary data, the researcher conducted interviews with 15 individuals in three neighborhoods. Demographic and open-ended interview questions were employed. According to Babbie (2010), research questions need to be designed in a way to not mislead participants, as this causes inconsequential survey results. To avoid this error, Babbie (2010) suggests survey questions be formulated so that they are clear, concise, and free from negativity and bias. Additionally, he suggests that questions should only ask one thing at a time and should be relevant in its meaning. In an attempt to keep the interview questions clear and free from contradiction, this research project asked six demographic questions, which can be found in Appendix A. These questions were used for qualification purposes in order to determine whether the participant lived in one of the specific neighborhoods considered for this research project. Included in Appendix B are open-ended qualitative interview questions, which allowed the researcher to ascertain the resident's overall perception of crime in their neighborhood over the previous three years, and their perceptions of crime in the last year since medical marijuana centers were established in their areas.

The researcher ensured that the interview questionnaires were coded and the information obtained was aggregated for analysis only. Respondents were found via snowball sampling; all

three Denver neighborhoods had a sample size of five participants. This research project utilized

a cross-sectional survey method to gather information on each population within the targeted

neighborhoods at a single point in time.

Secondary quantitative data was also collected for this research project in order to obtain

the actual crime rate data of the three identified Denver neighborhoods previously mentioned.

Crime rate statistics were obtained from the Denver Police Department's 'Data Analysis Unit'.

Crime rates were collected for the previous three years, broken down quarterly, in addition to the

first quarter of this current year. The crime rates have been graphed in the discussion section of

this paper as a baseline trend of the actual crime rate in each specific neighborhood. It is

important to realize that actual numbers of reported offenses were not used to compare one

neighborhood against another due to the differences in sizes and populations of each

neighborhood. For this research project, the baseline data was not intended to be used for

comparison of neighborhoods; it was merely used as a guideline when comparing urban

resident's perception of crime in their specific area as compared to the actual crime rate.

Neighborhoods were selected based on the median annual household income.

Additionally, each neighborhood had one or more medical marijuana centers located within the

boundaries of that neighborhood. The neighborhoods selected were:

Sun Valley Neighborhood

Sun Valley is a central Denver neighborhood, located in West Denver. It is bordered by

Federal Boulevard on the west, 20th Avenue on the north, I-25 freeway on the east, and 6th

Avenue on south (see Table 1 below). Sun Valley consists mostly of industrial areas, parks, city

service buildings and Invesco Field at Mile High. There are only 10 blocks of residential

dwellings in this area and most are publicly subsidized housing. Approximately five-percent of

the neighborhood's population owns their home. Sun Valley's current population is 1,501 people

with an annual median income of $12,333 (Sun Valley Neighborhood, 2011).

Table 1
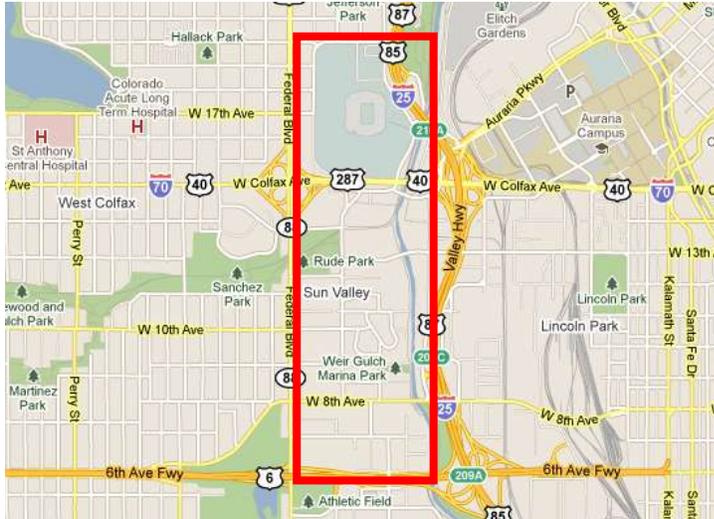
(Sun Valley Neighborhood, 2011).

North Park Hill Neighborhood

Denver's historic Park Hill neighborhood is located just northeast of downtown

Denver. It consists of three sub areas: Northeast Park Hill, **North Park Hill,** and South Park

Hill. The North Park Hill neighborhood is the area chosen as the middle socio-economic

neighborhood. This section's boundaries are Colorado Boulevard on the west, Martin Luther

King Jr. Boulevard on the north, Quebec Street on the east, and East 23rd Avenue on the

south (see table 2 below). Developed in the 1880s, this neighborhood is mostly residential

with a wide variety of housing styles from bungalows and Four Squares to post-World War II

Cape Cods. North Park Hill has many small neighborhood shops, manicured pocket parks,

and has easy access to downtown. The current population is 9,897 people with an annual

median income of $58,392 (Denver Neighborhoods, 2010).

Table 2

(North Park Hill Neighborhood, 2011).

Belcaro Neighborhood

Belcaro is one of Denver's most desirable neighborhoods in the City. It is both wealthy and fashionable and houses some of the most magnificent homes in Denver, including the spectacular Phipps Mansion, which was built in the early 1930s by Colorado Senator Lawrence Phipps. This distinguished neighborhood features large homes, generously sized gardens, and peaceful tree-lined streets. This neighborhood's boundaries are South University Boulevard on the west, Cherry Creek Drive South on the north, Colorado Boulevard on the east, and East Mississippi Avenue on the south; see table 3 below. The population of the Belcaro neighborhood is 3,709 people with an annual median income of $163,552 (Denver's Belcaro Neighborhood, 2011).

Table 3
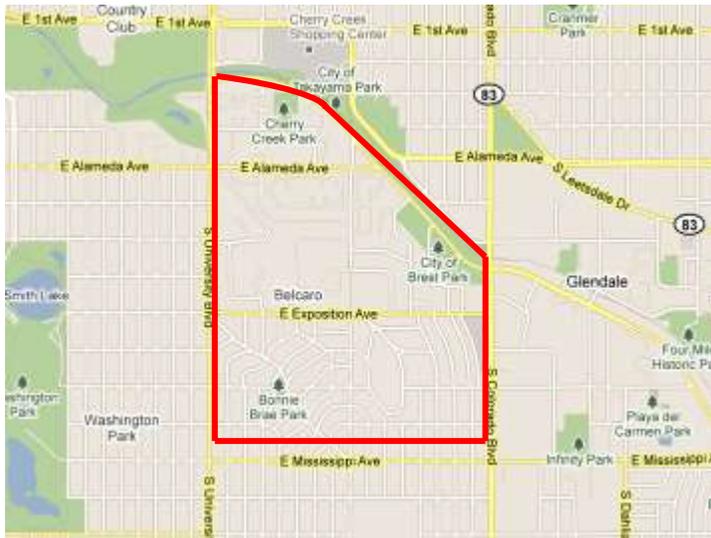
(Belcaro Neighborhood, 2011).

All neighborhoods experience crime and each resident has his/her own perception of crime in their respective areas. By taking a representative sampling from each neighborhood, this research project identified similarities and/or differences in class distinctions when it came to perceptions of crime in each neighborhood.

Results

This research project was designed to ascertain whether Denver urban residents perceived increased crime rates due to the presence of medical marijuana centers in their neighborhoods. Below, each identified neighborhood is presented, with the results from resident surveys indicating their personal perception of crime in their neighborhood.

Sun Valley Neighborhood Survey

Below are the demographics of the five Participants surveyed:

- Participant # 1: 61 year old female, widow, has lived in the projects for 22 years

- Participant # 2: 37 year old female, single, lived in the projects for 16 years

- Participant # 3: 37 year old male, married, lived in the projects for 11 years

- Participant # 4: 31 year old female, single, lived in the projects for 8 years

- Participant # 5: 24 year old male, single, born in the projects, lived there 24 years

Participants were asked about their views of the overall crime in their neighborhood. While all the participants said their neighborhood was 'bad,' three residents further stated that they had seen every crime imaginable in their neighborhood. On a regular basis, this neighborhood experiences drive-by shootings, stabbings, fighting, domestic violence, and participant #1 witnessed a drug related robbery that ended up with the perpetrator's throat being slashed in front of her home. Participant #4 stated there were many nights she and her two children slept on the floor because it is the safest place to avoid stray bullets. Others implied the neighborhood was so bad that the police were afraid to come into it at night to deal with issues that arose; these people do not even bother to call 911 at night.

All participants were then asked if they felt there had been any changes in the volume of crimes in their neighborhood since the medical marijuana centers were established there. Four of

the participants responded that they had not noticed any increases in crimes, nor decreases.

However, one participant felt there had been more crime since the centers were established, Her

reasoning was because her neighbor now smokes marijuana and she can smell it from her home;

she feels this demonstrated an increase is drug crimes.

When participants were asked their overall perception of the medical marijuana centers,

two participants said that they did not care if the centers were present, but added if the center

actually helped people that were in pain and really needed the marijuana for its medicinal uses,

then it was beneficial. Participant #1 had concerns that the person who was the registered

marijuana cardholder could sell the drug to others, but she had not seen or heard of this

happening. The other three participants do not like the medical marijuana centers, all for

different reasons described below:

- Participant #5 said they were a waste and the money could be better spent on helping

  seniors and children and making improvements in the neighborhood.

- Participant #4 felt they were too close to the school and local health clinic; and that it

  exposed neighborhood children to drugs.

- Participant #2 did not like the centers, but gave no specific reasons.

North Park Hill Neighborhood Survey

Below are the demographics of the five Participants surveyed:

- Participant # 1: 60 year old male, married, lived in North Park Hill for 44 years

- Participant # 2: 58 year old male, married, lived in North Park Hill for 14 years

- Participant # 3: 57 year old female, married, lived in North Park Hill for 44 years

- Participant # 4: 41 year old female, married, lived in North Park Hill for 6 years

- Participant # 5: 41 year old male, married, lived in North Park Hill for 6 years

In general, all participants felt they lived in a relatively safe neighborhood. Participant #3 felt there had been a drop in crime within the last three years, however no other participant mentioned this. Participant #4 expressed a concern over previous neighbors that she thought were gang members; they moved six months ago, but rented the house for approximately one year. As long as these tenants were living there, she saw tagging, heard gunshots, loud arguments and fights. Local police were called to this house multiple times; the ATF and FBI had both visited the house on one occasion. Participant #4 also stated that since the renters left the area, all has been very quiet and she feels very safe in this neighborhood. Participant #2 noted that in the last year there was one incident of someone going through the neighborhood and breaking car windows, but that was the only time he remembers anything happening in the fourteen years he has lived in the neighborhood

When asked if participants had noticed any changes in the volume of crimes in their neighborhood since the medical marijuana centers were established, all five participants stated they had not noticed any changes. However, participant #3 said she sees a bit more loitering and more prostitution at the bus stop on the major street below her home, but not necessarily near any medical marijuana center. All five participants said they feel safe in their neighborhood and none had strong concerns regarding the presence of the medical marijuana centers.

When asked their overall perception of the medical marijuana centers, three participants said they do not even notice the centers, and only became aware of them when the news brought it to their attention, or they see someone at the corner with advertising signage. Participants #4 and #5 think there are too many medical marijuana centers and the city needs to regulate them. These same two participants felt the neighborhood had more issues with the liquor store at the corner than the medical marijuana centers.

Belcaro Neighborhood Survey

Below are the demographics of the five Participants surveyed:

- Participant # 1: 58 year old male, married, lived in Belcaro for 25 years

- Participant # 2: 57 year old male, married, lived in Belcaro for 20 years

- Participant # 3: 42 year old female, married, lived in Belcaro for 14 years

- Participant # 4: 16 year old female, single, lived in Belcaro for 14 years

- Participant # 5: 60 year old female, married, lived in Belcaro for 8 years

All five participants said their neighborhood had very low incidences of crime and they felt very safe at home. Participant #2, who lives at the southern border of the Belcaro neighborhood, said there have been break-ins in his section of the neighborhood, but he still felt this was a safe place to live. Participant #3, who lives in the center of Belcaro mentioned one incident where the houses that backed up to the alley had their garages broken into and that her shed was broken into. However, all people who were robbed had their possessions returned to them because the offender's car broke down in the alley and the police caught him. Most people interviewed stated they had no crime concerns within their neighborhood.

When Belcaro participants were asked if they had noticed any changes in crime in their neighborhood since the medical marijuana centers were established, all five stated that there had been no change in crime in their neighborhood.

The overall perception of the medical marijuana centers brought five different comments.

- Participant #1: He did not care about them; it does not affect him at all.

- Participant #2: He does not like them, no reason given.

- Participant #3: She is for the centers.

- Participant #4: This is a 16-year-old girl; her reply was that she was not old enough to understand about these places, so she did not feel qualified to offer

an opinion. She says when she gets older she will know more and thinks she

will not like them because they give out drugs.

- Participant #5: She has mixed emotions, stating they are good for those who

are in pain, but she feels there are too many and they are not sufficiently

monitored; there are no laws/rules surrounding them.

The open-ended survey format gathered urban resident's perception of crime in their

neighborhood as a result of the presence of medical marijuana centers. All participants

volunteered one of three statements when asked whether they noticed any changes in crime since

the medical marijuana centers were established in their neighborhoods; (1) there was less crime,

(2) no changes in crime, or (3) there was more crime. Responses are listed on Table 4, which

also shows a comparison between the varying socio-economic neighborhoods in regards to crime

perceptions.

Table 4
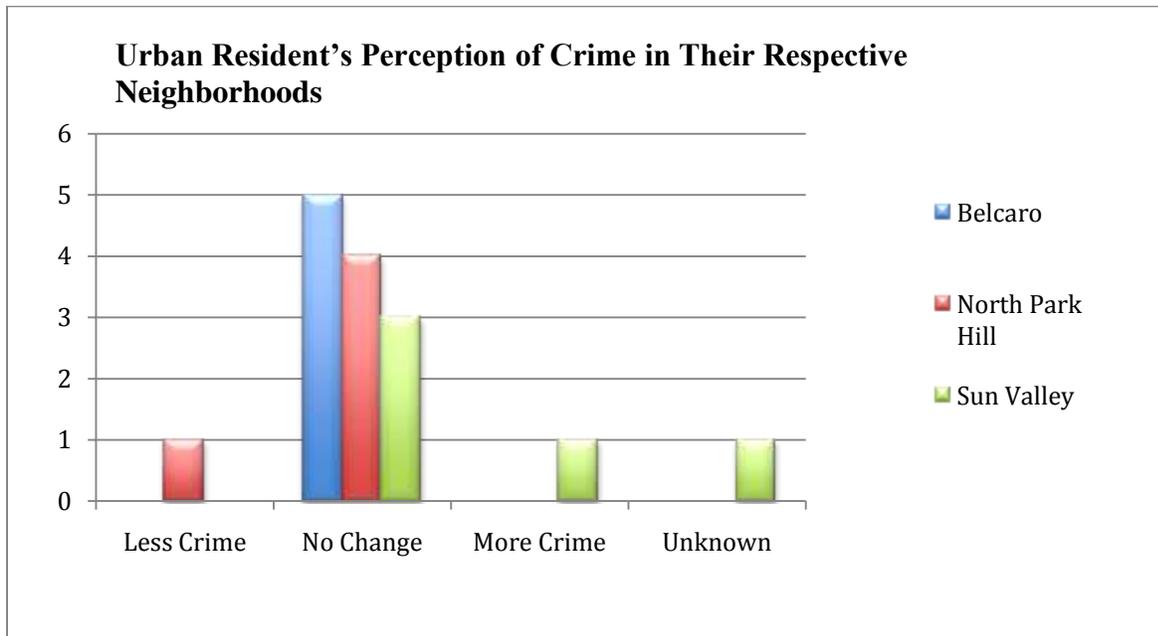
Of the fifteen participants surveyed, five from each neighborhood, Table 4 demonstrates

that overall, 80 percent of the participants did not feel there was any change in crime in their

respective neighborhoods as a result of the presence of medical marijuana centers. Broken down

by neighborhood, the results were as follows:

- Belcaro: 100% saw no increase in crime.

- North Park Hill: 80% saw no increase in crime, 20% felt crime decreased.

- Sun Valley: 60% saw no increase in crime, 20% felt crime increased and 20% had

  no idea.

Discussion

Very little research on the subject of locally run medical marijuana centers had been

performed in regards to increases (or decreases) in crime rates as a result of the center's

presence. What modest information that was available for similar types of research varied

considerably as to whether there had been any substantial impact on crime rates due to the

presence of medical marijuana centers in neighborhoods. However, one report was located on the

subject of crime rates as they pertained specifically to medical marijuana centers in Denver. On

January 28, 2010 Tracie Keesee, Division Chief of Research, Training and Technology Services

at the Denver Police department sent a memorandum to the Denver Chief of Police, the Division

Chief of Investigations, and the Denver Department of Safety regarding reported criminal

offenses that had occurred within 1,000 feet of Denver medical marijuana centers. Data for this

report came from the City and County of Denver's Treasury office, which provided a list of all

the medical marijuana centers that opened up in Denver prior to December 1, 2009.

All criminal offenses were compared against City and County of Denver reported

criminal offenses for the periods ending December 2008 and December 2009. Additionally, the

report specified that the data collected was from centers that had an opening date before

December 1, 2009. Table 5 shows a comparison between reported crimes in the City and County

of Denver and reported crimes within 1,000 feet of Denver medical marijuana centers.

Table 5

Reported Offenses in the City and County of Denver
Comparing December 2008 to December 2009
Overall City vs. Within 1,000 Feet of Medical Marijuana Centers
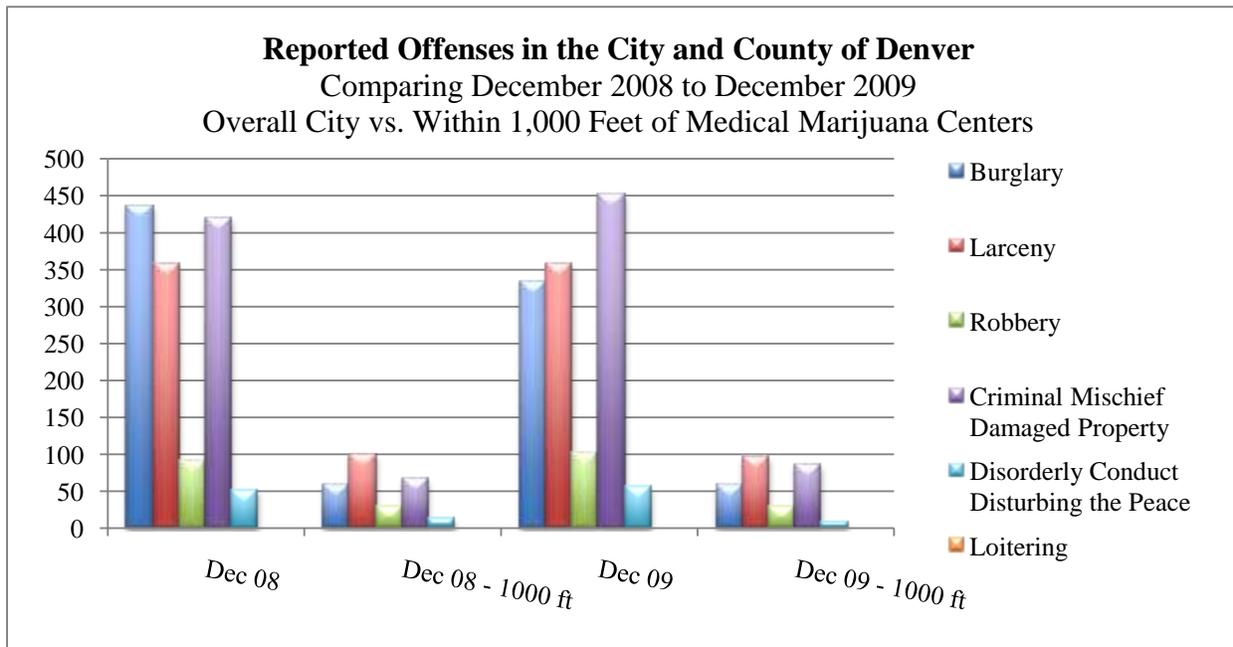
Comparing December 2009 to December 2008, there are visible changes in most of the

reported offenses within the City and County of Denver, with most offenses increasing during

this period:

- Burglary decreased by 23.8%

- Larceny shows no change

- Robbery increased by 10.9%

- Criminal Mischief/Damaged Property increased by 7.6%

- Disorderly Conduct and Disturbing the Peace increased by 7.7%

- Loitering remains consistent at zero

There are visible decreases in most of the reported offenses within a 1,000-foot area around

medical marijuana centers:

- Burglary decreased by 1.7%

- Larceny decreased by 3.0%

- Robbery shows no change

- Criminal Mischief/Damaged Property increased by 27.9%

- Disorderly Conduct and Disturbing the Peace decreased by 37.5%

- Loitering remains consistent at zero

The overall statistics illustrate that reported criminal offenses for the periods ending December 2008 and December 2009 show, that despite a rising trend in overall crime rates for the City and County of Denver, the average reported criminal offenses around medical marijuana centers had decreased.

The crime rates above are for the entire City and County of Denver; therefore, this data was used solely as a general baseline to assist in determining how residents perceived the overall crime in their neighborhoods as compared to actual crime rates. Since this research project was centered on three specific neighborhoods of varying socio-economic levels, it is additionally important to obtain actual crime rate statistics for each specific neighborhood, outlining the six criminal offenses being researched. Below, each identified neighborhood is presented with tables of actual crime rate data for the previous twelve quarters, plus the first quarter of 2011.

Sun Valley

Table 6 shows the actual crime rates in Sun Valley, broken down by quarters. Specific crimes seem to rise and fall together, with the exception of criminal mischief and property damage, which spiked dramatically in the 4th quarter of 2009 for unknown reasons. Several crimes have sporadic zero occurrences, and loitering has not been a problem.

Table 6
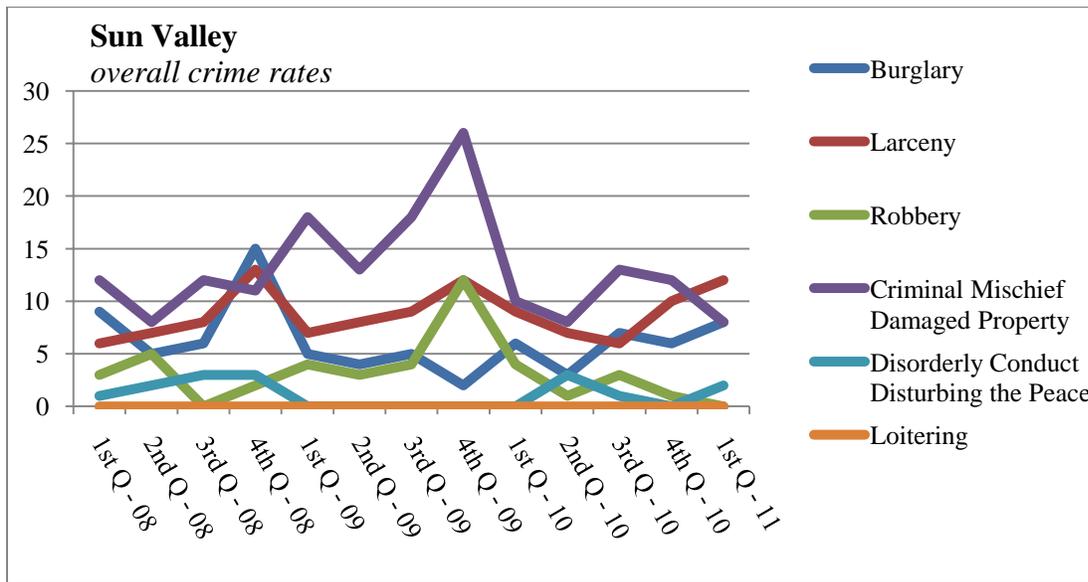
(Data analysis unit, 2010).
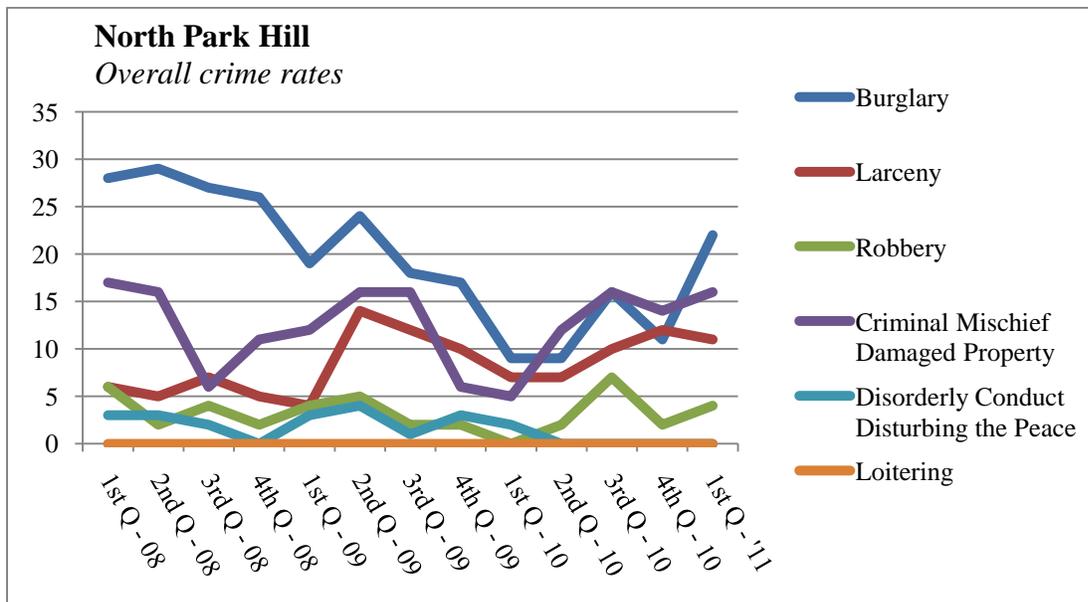
North Park Hill

Table 7 shows the actual crime rates, broken down by quarters, for the North Park Hill neighborhood. Beginning in the second quarter of 2009, there is a visible drop in all crimes prior to the first quarter of 2010. Ironically, this was approximately the same time the medical marijuana centers began moving into Denver neighborhoods.

Table 7

(Data analysis unit, 2010).

Belcaro

Table 8 shows the actual crime rates, broken down by quarters. The crimes of loitering, disorderly conduct/disturbing the peace and robbery are all very low for this neighborhood. There are issues with burglary, criminal mischief/property damage and larceny, but these crimes are relatively low compared to the two other neighborhoods in this research project. There is a large drop in the first two quarters of 2009, which correlates with the opening of medical marijuana centers in Denver neighborhoods.

Table 8
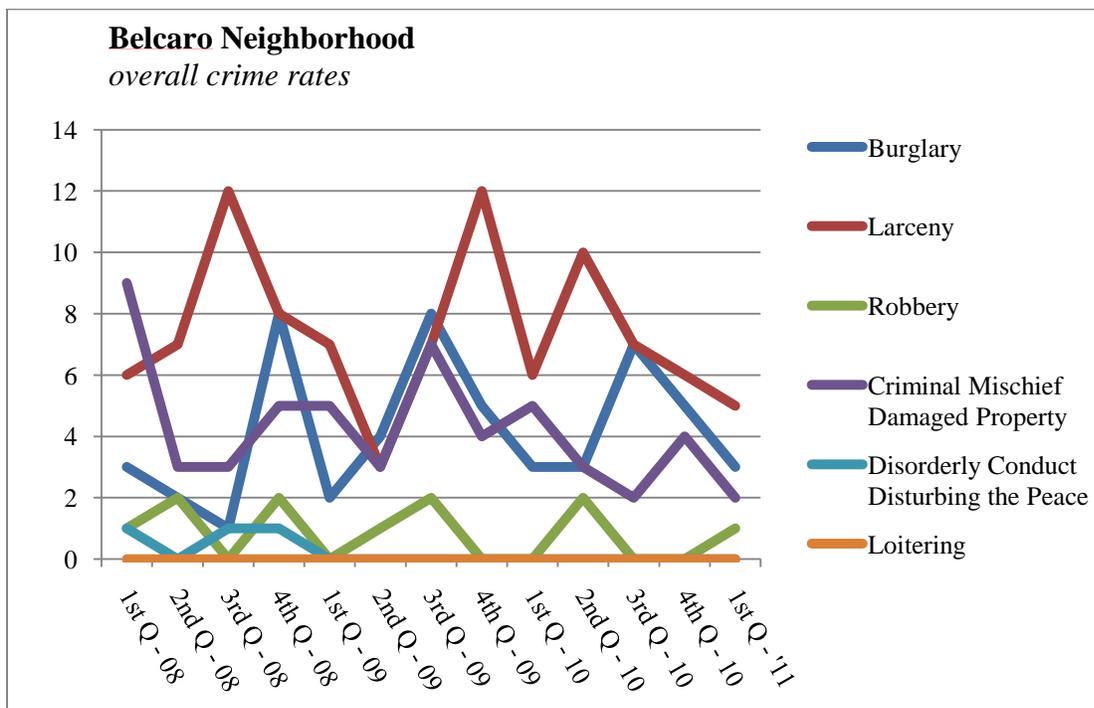
(Data analysis unit, 2010).

Conclusion

This research project aspired to answer the question of whether the the presence of medical marijuana centers added to resident's perception of increased crime in their Denver, Colorado neighborhood. Based on this researcher's survey results of residents in the three urban Denver neighborhoods, the resulting data indicated that the presence of medical marijuana centers did not affect resident's perception of crime in their respective neighborhoods. In fact, most stated there has been no changes in crime since the centers were established. Additionally, based upon the 2008 and 2009 statistics obtained from the City and County of Denver that compared reported criminal offenses, both citywide and within 1,000 feet of medical marijuana centers, it appears that crime around the medical marijuana centers is considerably lower than citywide crime rates; a much different depiction than originally perceived.

The second question this research project proposed to answer was to determine whether resident perceptions of crime were parallel across socio-economic boundaries. Crime occurs in all neighborhoods regardless of socio-economic levels. Interestingly, despite the fact that crime rates may vary within each neighborhood, it is the resident's perception of crime in their own neighborhood that varies considerably. In Sun Valley, the worst area as far as crimes goes, with drive by shootings, murders, and assaults, the residents here experienced more crime than most people do. Yet their perception as far as increases or decreases in crime rates was similar to those residents in the Belcaro neighborhood, one of the wealthiest neighborhoods in Denver, with exceptionally low perception of crime. While both neighborhood residents acknowledge a crime rate, neither saw differences in their respective area's crime rates since the medical marijuana centers became so popular on every corner.

In conclusion, the two misconceptions about medical marijuana centers from the urban resident's perspective have been debunked: (1) Medical marijuana centers have not contributed to an increase in crime in any neighborhood, and (2) regardless of socio-economic status, urban residents view crime rates comparatively.

Interestingly, the Broken Windows Theory was disproven in all of the surveyed neighborhoods. The assumption was because the medical marijuana centers were present, this would invite an undesirable element into neighborhoods, and that in turn would bring disorder into the area. According to the residents in the surveyed neighborhoods, since the medical marijuana centers were established, there had not been increases in the types of crimes the Broken Windows Theory suggests. Low-level, nuisances-type offenses such as open drug usage, loitering, broken windows (literally), small neighborhood gangs, noise ordinance violations, graffiti and tagging, have not shown an increase in any of the neighborhoods.

Based on the findings of this research project, public perception in Denver does not support the contention that crime will increase because of the presence of medical marijuana centers, but there is concern that there are too many centers in the City. Most people surveyed did not have a problem with the center in general, but found the overabundance of centers to be ridiculous. They appear to be on every corner and in multiple locations. Additional concerns surround the lack of monitoring of the centers, and a lack of regulations governing their locations (i.e. placement of centers too close to schools). Since California was the first state to allow medical marijuana centers, they have learned from their mistakes in their attempts to regulate medical marijuana. California offers three tips that Colorado could benefit from in their attempts to regulate medical marijuana: (1) limit the eligible conditions for licensing; (2) limit the number of dispensaries; (3) and tax the marijuana (Ludlum and Ford, 2010).

Since Denver currently has 297 centers within the city, one suggestion for a future direction would be to place a moratorium on new centers. Other states have realized the adverse consequences of too many medical marijuana centers and have begun to place restrictions in their cities. In early 2011, the city of Los Angeles created an ordinance that limited the number of medical marijuana centers to 70 within city limits and created more strict supervision over the centers (Ward, 2010). Laws in Arizona have also placed limits on medical marijuana centers, allowing only one center for every ten pharmacies in the state, currently there are just 124 medical marijuana centers in the entire state (Danielson, 2011).

Currently, Colorado is taking steps towards regulating the medical marijuana centers by requiring that they be licensed at the local and state levels. Additionally, new laws direct the center's owners to grow at least 70 percent of the marijuana they sell. However, the public thinks more should be done to govern medical marijuana.

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Tables

Table 1

Map showing the borders of the Sun Valley neighborhood in Denver

Table 2

Map showing the borders of the North Park Hill neighborhood in Denver

Table 3

Map showing the borders of the Belcaro neighborhood in Denver

Table 4

Resident's perception of crime within their neighborhoods across socio-economic boundaries

Table 5

Reported criminal offenses in the City and County of Denver for the periods of December 2008

to December 2009

Table 6

Sun Valley neighborhood actual overall crime rates

Table 7

North Park Hill neighborhood actual overall crime rates

Table 8

Belcaro neighborhood actual overall crime rates

Appendix A

Close-Ended and Open-Ended Demographic Questions

This survey instrument was designed for the gathering of information during a personal interview. Your name will not be recorded on this document, as the information is strictly anonymous. Instead, all surveys will be coded in order to protect the identity of the participant. If you do not know the exact answer to a question, please provide an estimate. If you are uncomfortable with answering a question please indicate so and we will move on leaving that question blank. The information collected from this study will be aggregated to also ensure anonymity of participants. Further, the information will be stored for a period of three years with the Department of Criminology at Regis University. Thank you again for your participation in this important research study.

1. Gender: [ ] Male   [ ] Female

2. Age (current): _____

3. Marital Status: [ ] Married/Partner   [ ] Single   [ ] Widow/Widower

4. Do you own your home: [ ] Yes   [ ] No

5. How long have you lived at this current address: _____

6. What are your cross streets?: _____

Appendix B

Open-Ended Qualitative Interview Questions

This interview tool was designed for the gathering of information during a personal interview. Your name will not be recorded on this document, as the information is strictly anonymous. Instead, all surveys will be coded in order to protect the identity of the participant. If you do not know the exact answer to a question, please provide an estimate. If you are uncomfortable with answering a question please indicate so and we will move on leaving that question blank. The information collected from this study will be aggregated to also ensure anonymity of participants. Further, the information will be stored for a period of three years with the Department of Criminology at Regis University. Thank you again for your participation in this important research study.

1. When thinking about overall crime in your neighborhood, what has the condition of your neighborhood been like in the last three years? _____
_____
_____
_____

2. Have you notices changes in your neighborhood since the medical marijuana centers went in?
_____
_____
_____

3. What specific issues have you noticed in your neighborhood since the opening of medical marijuana centers? _____
_____
_____

4. What is your overall perception of the medical marijuana centers? _____
_____
_____

5. Have you seen more of any of the following since the medical marijuana centers went in?
[ ] vandalism, graffiti, tagging   [ ] disorderly conduct
[ ] property damage   [ ] disturbing the peace
[ ] burglaries or robberies   [ ] criminal mischief
[ ] loitering   [ ] Other _____
[ ] curfew violations

Referrals: _____

Appendix C

Raw Data from Demographic Survey

Results of Demographic Survey				
Neighborhood	**Age**	**Gender**	**Marital Status**	**Residency Years**
Sun Valley				
Participant #1	61	Female	Widow	22
Participant #2	37	Female	Single	16
Participant #3	37	Male	Married	11
Participant #4	31	Female	Single	8
Participant #5	24	Male	Single	24
North Park Hill				
Participant #1	60	Male	Married	44
Participant #2	58	Male	Married	14
Participant #3	57	Female	Married	44
Participant #4	41	Female	Married	6
Participant #5	41	Male	Married	6
Belcaro				
Participant #1	58	Male	Married	25
Participant #2	57	Male	Married	20
Participant #3	42	Female	Married	15
Participant #4	16	Female	Single	15
Participant #5	60	Female	Married	8