Background: Facts About Marijuana

CURRENT MARIJUANA RATES AMONG YOUTH
- Research demonstrates that illegal drug use among youth increases as the perception of risk and social disapproval declines.
- According to the most recent Monitoring the Future (MTF) Study in 2014 fewer high school seniors think occasional marijuana use is risky versus 2013 (16.4% versus 19.5%).
- Also according to the most recent (2014) MTF Study:
  - 1 in every 17 high school seniors (5.8 %) is a current daily or near-daily marijuana user.
  - Many more youth living in a “medical” marijuana state used a marijuana edible in the last year as compared to youth living in “non-medical” marijuana states (40% versus 26%).
- “Medical” marijuana states are clustered at the top of the list in terms of drug addiction and abuse among 12-17 year olds.¹
- Pacula et al found that two features of medical marijuana – home cultivation and dispensaries – are positively associated with youth marijuana use and “have important implications for states considering legalization of marijuana.”²

MARIJUANA IS ADDICTIVE
- 1 in 11 people who ever start using marijuana become addicted.³ In adolescence, the addiction rates jump to 1 in 6.⁴ Increased use rates lead to higher addiction rates.
- More than two-thirds of treatment admissions involving those under the age of 18 cite marijuana as their primary substance of abuse, more than 15 times the rate for alcohol alone.⁵

AGE OF INITIATION IS CRITICAL
- Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults, than those who first use marijuana at age 18.⁶
- In the 1970s, the average age of initiation for marijuana was 19. In 2011, the average age of initiation was 17.5.⁷ The age of initiation for marijuana use is moving in the wrong direction.

MARIJUANA LEGALIZATION WILL INCREASE ACCESS AND AVAILABILITY
- States with medical marijuana laws that have been implemented to include home cultivation and legal dispensaries are positively associated with increased marijuana use in these states.⁸

MARIJUANA USE NEGATIVELY IMPACTS IQ
- A recent study found that those who used marijuana heavily in their teens and continued through adulthood showed a permanent drop in IQ of 8 points. This held true when controlled for socioeconomic status.⁹
- A loss of 8 IQ points could drop a person of average intelligence into the lowest third of the intelligence range.

MARIJUANA USE NEGATIVELY IMPACTS EDUCATIONAL ACHIEVEMENT
- Youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youth with an average grade of A.¹⁰
- High school students who use alcohol or other drugs are up to five times more likely to drop out of school.¹¹

MARIJUANA USE NEGATIVELY IMPACTS SCHOOL ENVIRONMENT
- 66.1% of serious disciplinary actions in public high schools can be attributed to the distribution, possession or use of illegal drugs.¹²
- In Colorado, drug-related suspensions/expulsions increased 32% from school year 2008/2009 through 2012/2013.¹³

MARIJUANA LEGALIZATION WILL NEGATIVELY IMPACT COMMUNITIES
• The C.S. Mott Children’s Hospital National Poll on Children’s Health released in August of 2014, shows that a representative sample of American adults aged 18 and above now rate drug use as the third biggest health problem facing America’s youth.
• If the marijuana industry is like the alcohol industry, there will be more marijuana outlets and marijuana advertisements found in low-income minority communities.\textsuperscript{xiv}

**MARIJUANA POTENCY IS INCREASING**
• In the last 30 years (between 1983 and 2013), the average THC level has nearly tripled. Currently, the average level of THC in seized samples is 15.1%. This compares to an average of less than 4% in 1983.\textsuperscript{xiv}  
• Marijuana concentrates contain between 30-90% THC. They include butane, hash oil, shatter, crumble, dabs, and earwax. The amount of THC can vary widely, even from what is advertised compared to what it actually contains.  
  o Process for creating a concentrate includes a sturdy pick, a specially crafted bong and a blowtorch for butane-gas extraction, which can be explosive.

**MARIJUANA IS BEING MARKETED TO CHILDREN**
• Despite the fact that all of the states that have approved “medical marijuana” initiatives or legalized marijuana have regulations restricting its use to those 18 and older, marijuana is clearly being marketed to children in the form of edibles. This is evidenced by the fact that products such as “Pot Tarts,” “Ring Pots,” “Orange Kush” soda; brownies, etc., are being sold – some even in vending machines.
• Edibles that have up to 100mg of THC are being marketed to children.

**MARIJUANA AND CALLS TO POISON CONTROL**
• Between 2005 and 2011, the call rate to poison centers in states that decriminalized marijuana increased by more than 30% per year, while the call rate in non-legal states did not change.\textsuperscript{xvi}

**MARIJUANA USE NEGATIVELY IMPACTS HIGHWAY SAFETY**
• According to the Colorado Department of Transportation, drivers who tested positive for marijuana in fatal car crashes DOUBLED between 2006 and 2010 (after the dispensaries were opened) while all other fatal car crashes declined for the same time period.\textsuperscript{xvi}  
• 1 in 5 (or 19%) of teen drivers report that they have driven under the influence of marijuana. Only 13% of teen drivers report that they have driven under the influence of alcohol.\textsuperscript{xviii}  
• Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers, fatally injured drivers, and motor vehicle crash victims.\textsuperscript{xx}  
• Driving under the influence of marijuana is associated with a 92% increased risk of vehicular crashes.\textsuperscript{xx}  
• Researchers at the University of Massachusetts, Amherst found 44% of college men said they drove after smoking marijuana in the previous month, compared with 12% who said they drove after drinking.\textsuperscript{xvi}

**MARIJUANA LEGALIZATION WILL NOT RESULT IN INCREASED REVENUE**
• Taxes on marijuana will never pay for the increased social costs that would result from more users. Our nation’s experiences with alcohol and tobacco show that for every dollar gained in taxes, we spent 10 on social costs.\textsuperscript{xxii}  
• Legalizing marijuana will open the doors to a “gray-market”, which would thrive under legalization in order to undercut the legal, taxed market.\textsuperscript{xxii} That is why the criminal market will not disappear under legalization.  
• According to a recent RAND study, legalization will cause the price of marijuana to fall and its use to rise, especially among youth.\textsuperscript{xxv}  
• Colorado is missing $21.5 million in estimated pot taxes because pot smokers are still buying on the black market.\textsuperscript{xxv}
MARIJUANA LEGALIZATION WILL NOT REDUCE CRIMINAL ORGANIZATIONS

- Marijuana accounts for only a portion of the proceeds gained by criminal organizations that profit from heroin, cocaine, and methamphetamine distribution, human trafficking, and other crimes. Legalizing marijuana would not deter these groups from continuing to operate.xxvi

MARIJUANA LEGALIZATION WILL NOT REDUCE INCARCERATION RATES

- According to the United States Sentencing Commission, in 2008, 6,337 people were sentenced in federal court for drug crimes related to marijuana. Of these 6,337, only 1.6% were sentenced for simple possession of marijuana.
- According to the Bureau of Justice Statistics, only 0.4% of prisoners with no prior offenses are in state prisons for marijuana offenses.

A RECENT AUSTRALIAN STUDY ON INDIVIDUALS PRESCRIBED OPIOID PAINKILLERS FOUNDxxvii

- 1 and 6 participants also used “medical marijuana.”
- Were more likely to take opioids in ways not recommended by their doctor.
- Were over twice as likely to have an alcohol use disorder and four times as likely to have a heroin use disorder.
- Medical marijuana users were over 50% more likely to be taking anti-anxiety medications (benzodiazepines), which then combined with opioids are particularly likely to cause an overdose.