



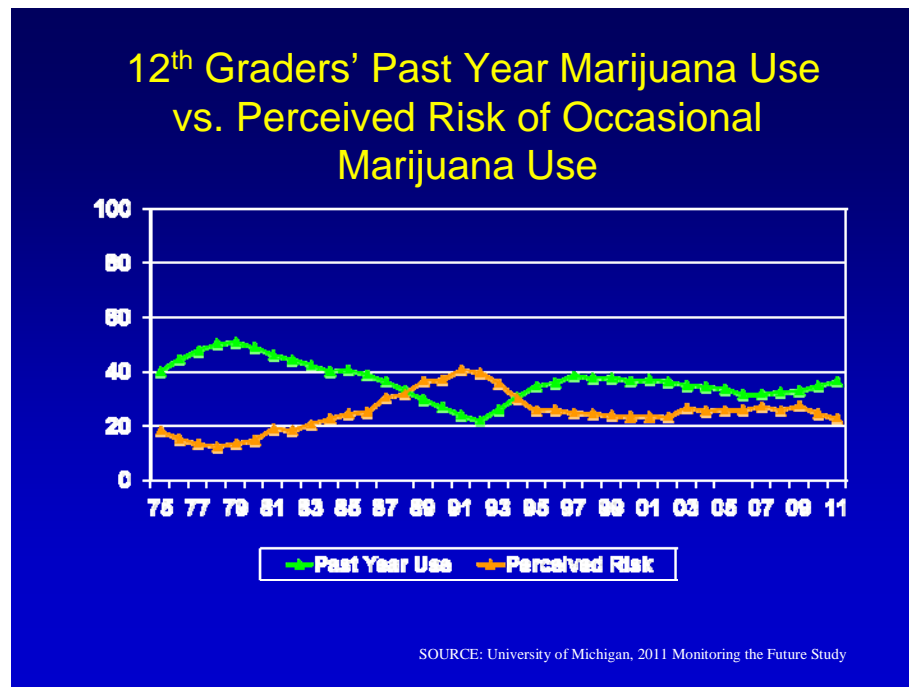
## POSITION STATEMENT ON “MEDICAL” MARIJUANA AND MARIJUANA LEGALIZATION

Community Anti-Drug Coalitions of America (CADCA) strongly opposes any efforts to pass “medical” marijuana initiatives or marijuana legalization.

### ISSUE

***There is a direct correlation between “medical” marijuana initiatives and decreases in perception of harm and social disapproval.***

The 2011 Monitoring the Future Survey reports that 22.7 percent of U.S. high school seniors thought that there was a great risk of harm from smoking marijuana occasionally, down from 26.6 percent in 2003.<sup>1</sup> States that have “medical” marijuana programs have among the lowest perceptions of harm among youth in the nation.<sup>2</sup>



### WHY DOES THIS MATTER?

Efforts to pass “medical” marijuana initiatives further normalize marijuana use among youth and thereby lessen the perceptions of its dangers and negative effects, which will result in increases in youth marijuana use.

<sup>1</sup> Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

<sup>2</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

## **ISSUE**

**States with “medical” marijuana laws have higher rates of marijuana use than states without such laws.<sup>3</sup>**

## **WHY DOES THIS MATTER**

The 2008-2009 State Estimates of Drug Abuse show that four of the top five states, and 14 of the 18 states with the highest percentage of past month marijuana users ages 12-17 are states with “medical marijuana” programs.<sup>4</sup>

## **ISSUE**

**Marijuana is addictive.** The National Institutes of Health found that the earlier marijuana use is initiated, the higher the risk for drug abuse and dependence.

## **WHY DOES THIS MATTER?**

Those who begin using the drug in their teens have approximately a one-in-six chance of developing marijuana dependence.<sup>5</sup> In fact, children and teens are six times likelier to be in treatment for marijuana than for all other illegal drugs combined.<sup>6</sup> Addiction rates among 12-17 year olds are among the highest levels nationally in states that have “medical marijuana” programs.<sup>7</sup>

## **ISSUE**

***Marijuana use negatively impacts adolescent brain development.***

## **WHY DOES THIS MATTER?**

A study by the Children’s Hospital of Philadelphia, and the National Institute on Mental Health, found that adolescents and young adults who are heavy users of marijuana are more likely than non-users to have disrupted brain development. Researchers found abnormalities in areas of the brain that interconnect brain regions involved in memory, attention, decision-making, language and executive functioning skills.

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<sup>3</sup> Cerda, M. et al. (2011). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug and Alcohol Dependence*. Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>; and Wall, M. et al (2011). Adolescent

Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, *Annals of epidemiology*, Vol 21 issue 9 Pages 714-716.

<sup>4</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

<sup>5</sup> Wagner, F.A. & Anthony, J.C. (2002). From first drug use to drug dependence; developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropsychopharmacology*, 26, 479-488.

<sup>6</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. CASA white paper, *Non-Medical Marijuana II: Rite Of Passage Or Russian Roulette?* 2008.

<sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

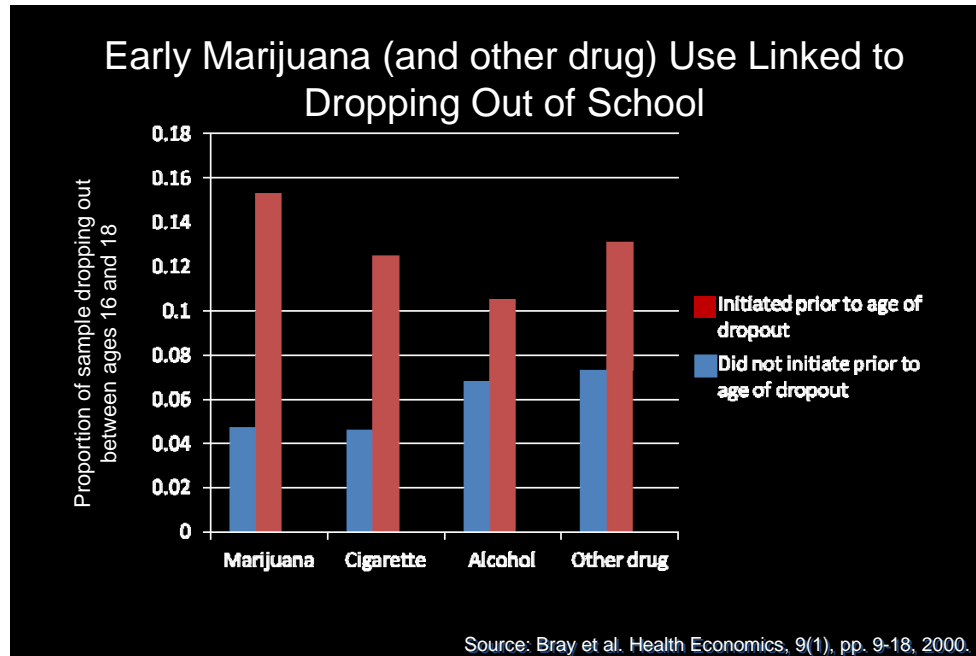
## **ISSUE**

### **Marijuana Use Negatively Impacts Academic Achievement**

#### **WHY DOES THIS MATTER?**

Youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youth with an average grade of A.<sup>8</sup>

The more a student uses drugs such as marijuana, the lower their grade point average is likely to be and the more likely they are to drop out of school.<sup>9</sup>



“Medical” marijuana initiatives could lead to increased use and abuse rates which in turn could increase dropout rates for America’s youth, impacting future academic success and employability.

## **ISSUE**

***“Medical” marijuana initiatives could negatively impact employability.***

#### **WHY DOES THIS MATTER?**

More than 6,000 companies nationwide and scores of industries and professions require a pre-employment drug test, according to The Definitive List of Companies that Drug Test (available at [www.testclear.com](http://www.testclear.com)). 6.6% of high school seniors already smoke marijuana on a daily basis would fail any required pre-employment drug test at the more than 6,000 companies that require it. “Medical” marijuana initiatives would exacerbate this problem.

<sup>8</sup> Substance Abuse and Mental Health Services Administration’s (SAMHSA), 2010 National Survey on Drug Use and Health (NSDUH).

<sup>9</sup> Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E.. University of Michigan, 2011. Monitoring the Future Study

## **ISSUE**

***20% of crashes in the U.S. are caused by drugged driving.<sup>10</sup> Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims.***

## **WHY DOES THIS MATTER?**

States that have approved “medical marijuana” use have experienced costly highway safety issues:

- The Colorado Department of Transportation found that after passing “medical marijuana” legislation in the state, drivers who tested positive for marijuana in fatal car crashes DOUBLED between 2006 and 2010.
- In 2010, six cities in California conducted nighttime weekend voluntary roadside surveys and found that the percentage of drivers who tested positive for marijuana (8.4%) was greater than the percentage that were using alcohol (7.6%).<sup>11</sup>

Given that marijuana is already the most prevalent illegal drug detected in impaired drives, and the fact that states that have already implemented “medical” marijuana laws have seen these numbers drastically increase, “medical” marijuana initiatives would only serve to further compromise highway safety.

## **ISSUE**

***States that have fully implemented “medical” marijuana programs, to include dispensaries, are experiencing public safety issues.***

## **WHY DOES THIS MATTER?**

States that have fully implemented “medical” marijuana programs are now experiencing “buyer’s remorse”. They have seen first-hand that dispensaries lead to increased crime and adversely affect the quality of life in their communities. In fact, according to an October 2011 article in the *Daily Tribune* in Oakland County, Michigan, burglaries and armed robberies were reported throughout Michigan at dispensaries in Lansing, Ann Arbor and Battle Creek in 2011. As a result of these increases in crime and other public safety issues, localities that were once strongly in favor of “medical” marijuana, such as Los Angeles, have voted to shut down all “medical” marijuana dispensaries.

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<sup>10</sup> National Highway Traffic Safety Administration, 2010.

<sup>11</sup> Office of Traffic Safety, California, 2010. Press Release: “Drug Use Rises in California Fatal Crashes”.

## **ISSUE**

The total overall costs of substance abuse in the U.S., including loss of productivity, health and crime-related costs exceed \$600 billion annually. This includes approximately \$235 billion for alcohol, \$193 billion for tobacco, and \$181 billion for illicit drugs.<sup>12</sup>

## **WHY DOES THIS MATTER**

“Medical” marijuana initiatives and marijuana legalization will lead to increased usage, dependence and addiction rates, which are linked to lost productivity as well as increased health and crime related costs. Taxes for alcohol and tobacco only cover a small percentage of the cost they impose on society. Given our nation’s poor track record with recouping the major societal costs and consequences of alcohol and tobacco, it is foolish to think that legalizing and taxing marijuana would cover the increased societal costs caused by its increased use and abuse.

## **ISSUE**

***Legalizing marijuana would significantly decrease the price of the drug and could result in an up to 50% increase in use.***

## **WHY DOES THIS MATTER?**

According to a RAND Corporation study, if marijuana is legalized the price would drop significantly and would lead to an increase in use, abuse and addiction among youth and the population at large. In fact, the study reports that marijuana legalization would cause up to a 50% increase in use.<sup>13</sup> This can have widespread ramifications in areas such as adolescent brain development, the academic achievement of our nation’s youth, employability, highway and public safety, as well as the economy.

## **CONCLUSION**

“Medical” marijuana and legalization need to be opposed because they will:

- Reduce the perception of harm associated with marijuana use;
- Increase the number of new initiates;
- Increase the number of daily users and those addicted to marijuana; and
- Increase societal health and safety costs related to increased use and abuse.

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<sup>12</sup> Office of National Drug Control Policy, 1992 – 2002 Report, *The Economic Costs of Drug Abuse in the United States*. Available at: [https://www.ncjrs.gov/ondcppubs/publications/pdf/economic\\_costs.pdf](https://www.ncjrs.gov/ondcppubs/publications/pdf/economic_costs.pdf)

<sup>13</sup> Kilmer, B., Caulkins, J. P., Pacula, R. L., MacCoun, R. J., & Reuter, P. H. (2010). *Altered State? Assessing How marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*. Santa Monica, CA: RAND Drug Policy Research Center. Available: [http://www.rand.org/content/dam/rand/pubs/occasional\\_papers/2010/RAND\\_OP315.pdf](http://www.rand.org/content/dam/rand/pubs/occasional_papers/2010/RAND_OP315.pdf)