



Toolkit For States Facing
"Medical" Marijuana & Marijuana Legalization Initiatives



CADCA Public Policy Department
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Background

This guide will give you the tools you need to push back against “medical” marijuana and marijuana legalization initiatives (**see Appendix 1 for a list of states currently facing these initiatives, and links that you can click on to see the full text of these initiatives**). It provides strategies to ensure that you can effectively communicate research-based messages against these initiatives.

The CADCA Guide includes the following information:

Know the Facts and Keep them Simple.....	3
What Should Your Messages Be?	5
What Is Marijuana and What Are Its Effects?	14
Sample Op-Ed.....	17
Effectively Making Your Points During Interviews.....	19
Grasstops Organizing.....	20
Primary Targets for Ballot Initiatives.....	21
Recruit New Allies.....	22
Plug Into Existing Statewide Advocacy Coalitions.....	23
Know and Understand the Rules When Pushing Back Against These Initiatives.....	24
Conclusion.....	25
Appendix 1: States Currently Facing Marijuana Initiatives.....	26
Appendix 2: CADCA's Position Statement on Marijuana.....	27
Appendix 3: Statements from National Organizations that Oppose “medical” marijuana....	31
Appendix 4: Statement from the Director of the National Institute On Drug Abuse (NIDA) on Marijuana’s Lasting Effects on the Brain.....	33
Appendix 5: Hispanic Youth Drug Use Rates.....	34
Appendix 6: Links With Helpful Information On Marijuana	36

Know the Facts and Keep Them Simple

In order to successfully combat “medical” marijuana and marijuana legalization initiatives, our field must play offense, not defense. We need to educate both grassroots influentials (e.g. legislators, the media, scientists) and voters using messages that will resonate with them based on facts and statistics.

Here are the Facts:

- Proponents of “medical” marijuana claim that “medical” marijuana is only for the sick and dying. Yet, studies show that the average user is a 32-year-old white male, and very few of those who seek a recommendation for “medical” marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis. The vast majority (94%) report severe pain as the reason they need a “medical” marijuana license.¹
- In 1979, after 11 states decriminalized marijuana, the United States saw the highest rates of marijuana use in history by teenagers: more than 51 percent by high school seniors that year.²
- Among youths age 12 to 17, marijuana usage rates are higher in states with “medical” marijuana laws (8.6 percent) compared with those without such laws (6.9 percent).³
- Residents of states with “medical” marijuana have marijuana abuse/dependence rates almost twice as high than states without such laws.⁴
- Increased use rates lead to higher addiction rates. Marijuana addiction is real and affects about 1 in 9 people who ever start using the drug (a number similar to alcohol). If one starts using marijuana in adolescence, the addiction rates jump to 1 in 6 users.⁵
- “Medical” marijuana states are clustered at the top of the list in terms of drug addiction and abuse among 12-17 year olds.⁶
- More than two-thirds of treatment admissions involving those under the age of 18 cite marijuana as their primary substance of abuse, more than three times the rate for alcohol and more than twice for all other drugs *combined*.⁷
- Proponents of legalization often compare marijuana use to prescription drugs, alcohol and tobacco, all of which are regulated. Our nation’s experience with even tightly regulated prescription drugs, such as *Oxycontin*, show that increased availability leads to increased misuse, abuse and addiction, even when controls are in place.⁸

¹ O’Connell, T and Bou-Matar, C.B. 2007. Long term cannabis users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, <http://www.harmreductionjournal.com/content/4/1/16>. Nunberg, Helen; Kilmer, Beau; Pacula, Rosalie Liccardo; and Burgdorf, James R. (2011) “An Analysis of Applicants Presenting to a Medical Cannabis Specialty Practice in California,” *Journal of Drug Policy Analysis*: Vol. 4: Iss. 1, Article 1. Available at: <http://www.bepress.com/jdpa/vol4/iss1/art1>. See Colorado Department of Public Health, <http://www.cdphe.state.co.us/hs/medicalcannabis/statistics.html>

² U.S. Department of Justice, Drug Enforcement Administration. May 2003. Speaking Out Against Drug Legalization. p. 15.

³ Wall, M. et al, (2011). Adolescent Cannabis Use from 2002 to 2008: “Higher in States with Medical Cannabis Laws, Cause Still Unclear,” *Annals of Epidemiology*, Vol 21 issue 9, 714-716.

⁴ Cerda, M. et al. (in press). Medical cannabis laws in 50 states: “Investigating the relationship between state legalization of medical cannabis and cannabis use, abuse and dependence.” *Drug and Alcohol Dependence*. Available at <http://www.columbia.edu/~dsh2/pdf/MedicalCannabis.pdf>

⁵ Budney, A. J., Roffman, R., Stephens, R. S., Walker, D. 2007. “Marijuana dependence and its treatment.” *Addict Sci Clin Pract*, Vol 4, Issue 1, pp 4-10.

⁶ United States Department of Health and Human Services, 2009. Substance Abuse and Mental Health Administration. Office of Applied Studies. National Survey on Drug Use and Health.

⁷ Substance Abuse and Mental Health Services Administration. 2009. Office of Applied Studies. Treatment Episode Data Set (TEDS): 2009 Discharges from Substance Abuse Treatment Services, DASIS.

Also see Non-medical cannabis: Rite of passage or Russian roulette? 2011.Center on Addiction and Substance Abuse, Columbia University.

⁸ Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. University of Michigan, 2011 Monitoring the Future Study.

- According to a recent RAND study, legalization would cause the price of marijuana to fall and its use to rise, especially among youth.⁹
- Taxes on marijuana would 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.¹⁰
- Legalizing marijuana would open the doors to a "gray-market", which would thrive under legalization in order to undercut the legal, taxed market.¹¹ That is why the criminal market would not disappear under legalization.
- Legalization would not reduce the burden of the criminal justice system -- it would make our criminal justice system work overtime. Today, alcohol – which is legal – is the cause of over 2.6 million arrests a year. That is a million more arrests than for all illegal drugs combined.¹² If we legalized and regulated marijuana, there would be a set of new laws around sales restrictions that would need to be enforced, on top of current DWI laws which would now have to expand to current illegal drugs.
- Legalization would not curb drug related violence. 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 – so legalizing marijuana would not deter these groups from continuing to operate.
- 33 percent of American adults, ages 18 and older, rate drug abuse as their top health concern for kids. The study shows that of those adults, 49% of Hispanic adults view youth drug abuse as their number one concern, compared to 44% of African American adults and 28% of White adults.¹³

See Appendix 2 for CADCA's official position statement, which contains these and other facts, and Appendix 3 for position papers from other leading national organizations that oppose "medical" marijuana, such as:

- **The American Society of Addiction Medicine;**
- **The American Academy of Pediatrics; and**
- **The National Cancer Network.**

(Note: You can click on the links to see the full texts of these and other major national organizations' position papers.)

⁹ Kilmer, Beau, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun and Peter H. Reuter. 2010. "Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets." Santa Monica, CA: RAND Corporation, http://www.rand.org/pubs/occasional_papers/OP315.



¹⁰ Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. 2009 Jun 27. "Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders." *Lancet* ;373(9682): 2223-33. [Table 4].

¹¹ 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


¹² Criminal Justice Statistics Online, U.S. Department of Justice, Bureau of Justice Statistics, 2002, <http://www.albany.edu/sourcebook/pdf/section4.pdf>



¹³ C.S. Mott Children's Hospital, August 15, 2011. University of Michigan. Volume 13, Issue 3. National Poll on Children's Health.

What Should Your Messages Be?



**If you care about academic performance,
you need to oppose “medical” marijuana**





Why?

- **Because marijuana use negatively effects motivation, memory, AND learning.¹**
- **Because 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.²**

¹ National Institute on Drug Abuse, "Marijuana: Facts Parents Need to Know." 2011. Available at: www.nida.nih.gov/mail/krishibergan1501.php

² Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's National Household Survey on Drug Abuse Report—Marijuana Use among Youths. July 19, 2002. Available at www.samhsa.gov/oas/nheda.htm



**If you care about jobs and employability,
you need to oppose “medical” marijuana**



Why?

**Because More than 6,000 companies
nationwide, and scores of industries and
professions require a pre-employment
drug test.¹**

¹ The Definitive List of Companies that Drug Test, March 2010. Available: www.testclear.com



**Because 6.6% of high
school seniors smoke
marijuana every day¹,
rendering them virtually
unemployable.**

¹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. Monitoring the Future national survey results on drug use, 2011. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. Available: <http://www.monitoringthefuture.org/data/11/data.html#C011deja-drugs>



**If you care about employee productivity,
you need to oppose marijuana legalization.**



Why?

Because studies show that marijuana use is associated with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.¹

¹ National Institute on Drug Abuse (NIDA). (2011). Research Report Series: Cannabis Abuse. Accessed November 2011 at <http://www.drugabuse.gov/ResearchReports/Cannabis/canna094.html>



Because those who tested positive for marijuana on a pre-employment urinalysis test had 55 percent more industrial accidents, 85 percent more injuries, and a 75-percent increase in absenteeism compared with those who tested negative for marijuana use.¹

¹ NIDA, Research Report Series: Cannabis Abuse, 2010.



If you care about the safety of medicines in our country, you need to oppose “medical” marijuana initiatives.



Why?

- Because there is a longstanding, effective national process in place to approve the efficacy and safety of medicines through the FDA and ballot initiatives circumvent this process
- Because there is no scientific basis for using smoked marijuana as a medicine.¹

¹ Institute of Medicine. "Front Matter." *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: The National Academies Press, 1999.



If you care about crime, you need to oppose “medical” marijuana




Why?

- “Medical” marijuana dispensaries in Colorado attract or cause numerous social problems, including: armed robberies, murders, burglaries, money laundering and decreased quality of life in neighborhoods near dispensaries.¹
- Burglaries and armed robberies were reported throughout Michigan at dispensaries in Lansing, Ann Arbor and Battle Creek in 2011.²


¹ Colorado Drug Investigator's Association. *Survey of 29 Colorado Law Enforcement Agencies on Crimes that Occurred at Medical Marijuana Dispensaries between January 2009 to July 2009*. Accessed: <http://www.cd.beaumont.ca.us/DocumentCenter/Home?view=2441>

² McConnell, Michael. “Criminals Soaring With State Pot Law, Cops Say”. *The Daily Tribune* [Michigan]. October 2011. Accessed: <http://baklandcounty.mt.com/3/newsitem.aspx?newsid=513>

CADCA *Building drug-free communities.*



If you care about public safety, you need to oppose “medical” marijuana



CADCA *Building drug-free communities.*




Why?


Because marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims.¹

¹ National Highway Traffic Safety Administration, Drug Involvement of Fatally Injured Drivers, U.S. Department of Transportation Report No. DOT HS 811 415, Washington, DC: National Highway Traffic Safety Administration, 2010.


CADCA *Building drug-free communities.*



According to the Colorado Department of Transportation, drivers who tested positive for marijuana in fatal car crashes DOUBLED between 2006 and 2010



CADCA *Building drug-free communities.*



A 2007 roadside survey of weekend nighttime driver showed that 8.6% tested positive for marijuana, nearly four times the percentage of drivers with a BAC of .08 or more.¹

¹ Compton, R., and Bering, A. Results of the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers. Traffic Safety Facts Research Note, 2007.



If you care about the environment, you need to oppose marijuana legalization.



Why?

Because marijuana grow sites are already having major adverse environmental impacts including¹:

- Vastly increasing the amount of carbon released into the atmosphere, which negatively effects global warming;
- Vastly increasing fish kills from fertilizer runoff that creates toxic aquatic conditions; and
- Poisoning watersheds with arsenic and acaracide, used to keep rodents away from the marijuana plants.

Marijuana legalization will further exacerbate these environmental issues

¹ Allen, Hezekiah, Mattole Resoration Council and Scott Greacen, Friends of the Eel River. The Ugly, the Bad and (Maybe) the Good? (April 17, 2012). Available: www.treesfoundation.org/publications/article-488



If you care about the economy, you need to oppose “medical” marijuana



Why?

Because the total overall costs of substance abuse in the U.S., including productivity, health and crime-related costs, exceed \$600 billion annually.¹

This includes approximately:

- \$235 billion for alcohol
- \$193 billion for tobacco
- \$181 billion for illicit drugs

¹ Office of National Drug Control Policy. The Economic Costs of Drug Abuse in the United States. Executive Office of the President. (Publication No. 207309). 2004. Available at www.oncpi.gov/ondc/publication/pdf/economic_costs.pdf



- Federal and state alcohol taxes raise \$14.5 billion, covering only about 6% of alcohol’s total cost to society.¹
- Federal and state tobacco taxes raise \$25 billion, covering only about 13% of tobacco’s total cost to society.²

¹ Dupont, Robert M. D., Director of the National Institute on Drug Abuse (1973-1976), “Why We Should Not Legalize Marijuana,” April 2010. Available www.nida.nih.gov/files/2010/04/Why_We_Should_Not_Legalize_Marijuana

² ibid



**If you care about youth drug use
and addiction rates, you need
to oppose marijuana
legalization.**



Why?

Because among youths age 12 to 17, marijuana usage rates were higher in states with medical marijuana laws (8.6%) compared with those without such laws (6.9%).¹

¹ Wall, M. et al (2011). Adolescent Cannabis Use from 2002 to 2008: Higher in States with Medical Cannabis Laws. Cause Still Unclear, *Annals of Epidemiology*, Vol 21 Issue 9 Pages 714-716.



Because studies show that states with medical marijuana have higher addiction rates than other states.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2009-2009 National Surveys on Drug Use and Health, 2011.

What Is Marijuana and What Are Its Effects?

Marijuana is the most commonly abused illicit drug in the United States.¹⁴ It is derived from the plant *Cannabis Sativa*.¹⁵ The main psychoactive ingredient in marijuana is delta-9-tetrahydrocannabinol (THC).¹⁶

GENERAL EFFECTS

- THC passes from the lungs into the bloodstream, and is carried up into the brain, producing a high that lasts from one to three hours.¹⁷
- Marijuana use can be associated with dependence, respiratory and mental illness, poor motor performance, and impaired cognitive and immune system functioning, among other negative effects.¹⁸

ADDICTIVE POTENTIAL

- Long-term marijuana use can lead to addiction. Approximately 9 percent of users will become addicted to marijuana. This number increases to 17 percent among those who start young – that is in 1 in 6 users.¹⁹
- In 2006, 10 percent of adults 21 and older who first tried cannabis at age 14 or younger were classified with illicit drug abuse or dependence compared to 2 percent of adults who had first used cannabis at age 18 or older.²⁰

HOW DOES MARIJUANA USE AFFECT THE BRAIN?

****See Appendix 4 for a message from the Director of the National Institute on Drug Abuse (NIDA) about marijuana’s lasting effects on the brain.**

Effects on Developing Brain Function

- Research confirms that the prefrontal cortex is not fully developed until the early to mid-20s, and that developing brains are more susceptible to all of the negative effects of marijuana use.²¹
- In one of the most comprehensive studies on marijuana to date, researchers found persistent marijuana users who started smoking at a young age had lower IQ scores as adults. These users were also significantly more likely to have attention and memory problems in later life, than their peers who abstained. Even when they stopped using marijuana for a prolonged amount of time, the effects of a lower IQ were still observed.²²

Effects on the Brain

- When someone smokes marijuana, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body.²³
- Marijuana intoxication can cause distorted perceptions, difficulty in thinking and problem solving, and problems with learning and memory.²⁴

¹⁴ National Institute on Drug Abuse. 2010. InfoFacts, Marijuana. Available: <http://www.drugabuse.gov/publications/drugfacts/marijuana>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Hall W & Degenhard L. NIDA, Research Report Series: Cannabis Abuse, 2010. “Adverse health effects of non-medical cannabis use.” *Lancet*, 374:1383-1391.

¹⁸ Pope HG, Gruber AJ, Hudson JI, Huestis MA, Yurgelun-Todd D. “Neuropsychological performance in long-term cannabis users.” *Arch Gen Psychiatry* 58(10):909–915, 2001.

¹⁹ Budney AJ, Vandrey RG, Hughes JR, Thostenson JD, Bursac Z. 2008. “Comparison of cannabis and tobacco withdrawal: Severity and contribution to relapse.” *J Subst Abuse Treat*, e-publication ahead of print.

²⁰ Substance Abuse and Mental Health Services Administration. (2009). Office of Applied Studies. Treatment Episode Data Set (TEDS): 2009 Discharges from Substance Abuse Treatment Services, DASIS.

²¹ Giedd. J. N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, 1021, 77-85.

²² Drummer, O.H., Gerostamoulos, J., Batziris, H., Chu, M., Caplehorn, J.R., Robertson, M.D., Swann, P. The incidence of drugs in drivers killed in Australian road traffic crashes. *Forensic Science International*, 134(2-3), 154-162.

²³ M.H. Meier, Avshalom Caspi, et al. 2012. “Persistent cannabis users show neuropsychological decline from childhood to midlife.” *Proceedings of the National Academy of Sciences*.

²⁴ Herkenham M, Lynn A, Little MD, et al. 1990. “Cannabinoid receptor localization in the brain.” *Proc Natl Acad Sci, USA* 87(5):1932–1936.

²⁴ Ibid

Effects on Cognition

- Teens who are dependent on marijuana show short-term memory deficits as well as delayed recall of visual and verbal information.²⁵
- Even after six weeks of abstinence, marijuana users do not show significant improvement in short-term memory ability. It is important to note that these deficits were not seen in adolescents who use other drugs, suggesting that marijuana has a unique influence on memory and learning.²⁶
- Youth who continue to use marijuana heavily show poorer complex attention functioning as well as slower psychomotor speed, poorer sequencing ability, and difficulties in verbal story memory.²⁷

HOW DOES MARIJUANA USE AFFECT ACADEMIC PERFORMANCE?

- Poor performance in school has been associated with marijuana use, as youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youths with an average grade of A.²⁸

HOW DOES MARIJUANA USE AFFECT THE LEVEL OF EDUCATION?

- Youth who initiate marijuana use by age 13 report less education than those who never use marijuana and those who begin using marijuana after age 13.²⁹
- Those who begin using marijuana before age 13 usually do not go to college, while those who have abstained from marijuana use, on average, complete almost three years of college.³⁰

HOW DOES MARIJUANA USE AFFECT HIGH SCHOOL COMPLETION?

- Students who use marijuana before the age of 15 are three times more likely to have left school by age 16.³¹

HOW DOES MARIJUANA USE AFFECT DAILY LIFE?

- Research clearly demonstrates that marijuana has the potential to cause problems in daily life or make a person's existing problems worse.
- Heavy marijuana abusers have reported that the drug impaired several important measures of life achievement, including physical and mental health, cognitive abilities, social life, and career status.³²

HOW DOES MARIJUANA USE AFFECT YOUR JOB AND YOUR EMPLOYER?

- Even if they decrease their usage later in life, those who begin using marijuana by age 13 are more likely to report lower income.³³
- Several studies associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.³⁴

²⁵ Giedd, J. N. 2004 Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, 1021, 77-85.
Drummer, O.H., Gerostamoulos, J., Batziris, H., Chu, M., Caplehorn, J.R., Robertson, M.D., Swann, P. "The incidence of drugs in drivers killed in Australian road traffic crashes." *Forensic Science International*, 134(2-3), 154-162.

²⁶ Ibid

²⁷ Ibid

²⁸ Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's National Household Survey on Drug Abuse Report. 2002. Marijuana Use among Youths. Available at www.samhsa.gov/oas/nhsda.htm.

²⁹ Eisner, Robin. 2005. "Marijuana Abuse: Age of Initiation, Pleasure of Response Foreshadow Young Adult Outcomes." National Institute on Drug Abuse (NIDA) Notes. 19 (5).

³⁰ Ibid

³¹ Fergusson, D.M., Lynskey, M.T., & Horwood, L.J. 1996. "The short-term consequences of early onset cannabis use." *Journal of Abnormal Child Psychology*, 24(4), 499-512.

³² Gruber AJ, Pope HG, Hudson JI, Yurgelun-Todd D. 2003. Attributes of long-term heavy cannabis users: A case control study. *Psychological Med* 33(8):1415-1422.

³³ Eisner, Robin. 2005. "Marijuana Abuse: Age of Initiation, Pleasure of Response Foreshadow Young Adult Outcomes." National Institute on Drug Abuse (NIDA) Notes. 19 (5).

³⁴ Gruber AJ, Pope HG, Hudson JI, Yurgelun-Todd D. 2003. Attributes of long-term heavy cannabis users: A case control study. *Psychological Med* 33(8):1415-1422.

HOW DOES MARIJUANA USE AFFECT YOUR HEALTH?

Effects on the Heart

- Marijuana increases the heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours.
- It has been estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug.³⁵ This may be due to increased heart rate as well as the effects of marijuana on heart rhythms, causing palpitations and arrhythmias.

Effects on the Lungs

- Marijuana smokers can have many of the same respiratory problems as tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, and a heightened risk of lung infections. A study of 450 individuals found that people who smoke marijuana frequently but do not smoke tobacco have more health problems and miss more days of work than nonsmokers.³⁶ Many of the extra sick days among the marijuana smokers in the study were for respiratory illnesses.
- Other research has shown that marijuana smoke contains carcinogens and is an irritant to the lungs. Marijuana smoke, in fact, contains 50-70 percent more carcinogenic hydrocarbons than does tobacco smoke.³⁷
- Long-term studies have shown that regular marijuana smokers report more symptoms of chronic bronchitis than nonsmokers.³⁸

Mental Health Effects

- Studies have consistently shown a very strong association between chronic marijuana use and mental illness - especially schizophrenia and psychosis, but also including increased rates of anxiety, depression, and suicidal thoughts.³⁹
- When compared with those who have never used cannabis, young adults who began using the drug at age 15 or younger are twice as likely to develop a psychotic disorder, and four times as likely to experience delusional symptoms.⁴⁰
- A number of longitudinal studies throughout the world have found that users who had tried cannabis by age 18 are significantly more likely to be diagnosed with schizophrenia than those who have not used the drug, and approximately 13 percent of cases of schizophrenia could be averted if cannabis use was prevented.⁴¹

HOW DOES MARIJUANA USE AFFECT THE ABILITY TO DRIVE?

- Marijuana use is linked to neurological deficits, including the impairment of motor coordination and reaction time, cannabis use can increase the risk of road accidents in drivers who are under the influence.⁴²

³⁵ Mittleman MA, Lewis RA, Maclure M, Sherwood JB, Muller JE. 2001. "Triggering myocardial infarction by marijuana." *Circulation* 103(23):2805-2809.

³⁶ Polen MR, Sidney S, Tekawa IS, Sadler M, Friedman GD. 1993. "Health care use by frequent marijuana smokers who do not smoke tobacco." *West J Med* 158(6):596-601.

³⁷ Hoffman, D.; Brunnemann, K.D.; Gori, G.B.; and Wynder, E.E.L. 1975. "On the carcinogenicity of marijuana smoke." In: V.C. Runeckles, ed., *Recent Advances in Phytochemistry*. New York: Plenum.

³⁸ Tetrault, J.M., et al. 2007. "Effects of cannabis smoking on pulmonary function and respiratory complications: a systematic review." *Arch Intern Med* 167, 221-228.

³⁹ Moore TH, Zammit S, Lingford-Hughes A, et al. 2008. "Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review." *Lancet*. 370(9584):319-328.

⁴⁰ McGrath, et al. 2010. "Association between cannabis use and psychosis-related outcomes using sibling pair analysis in a cohort of young adults." *Archives of General Psychiatry*, 67(5):440-447.

⁴¹ UNODC, World Drug Report, 2010. UNODC, "The Cannabis Market, 2011"

⁴² For a comprehensive review, see DuPont, R. et al. 2010. "Drugged Driving Research: A White Paper." Prepared for the National Institute on Drug Abuse. Available at <http://stopdruggeddriving.org/pdfs/DruggedDrivingAWhitePaper.pdf>

Sample Op-Ed

An op-ed, or column located opposite a newspaper's editorial section, is one of the best ways to disseminate your message through the media because you have complete control over content.

Below is a sample op-ed from the Butler County Coalition for Health, Safe and Drug-Free Communities Coalition that was printed in their local paper. Feel free to tailor this op-ed to your state's specific initiative and then work to get it published.

Ohioans need to think hard about "medical" marijuana

By Karen Murray

If the phrase "medical" marijuana makes you think of people in extreme pain getting relief from a life-threatening illness, then consider in the state of California only 2 percent of "medical" marijuana patients have the most serious medical conditions.

This is not about compassion. It is about pot shops in your neighborhood.

Those pushing for "medical" marijuana found a way to make their issue resonate with regular Americans by reframing the issue to be about voting for compassion for sick and dying people. They've organized at the state level to push their initiatives. They built a "Permission Structure" about the acceptability of marijuana use with the general public through promoting "marijuana as medicine."

There are now more "medical" marijuana dispensaries in California and Denver than there are Starbucks.

Ohioans just missed facing two ballot initiatives on the Nov. 2012 ballot. This has bought us time to learn more about this issue, get organized and to be ready when it comes around again.

"Medical" marijuana increased drug use. Two independent, peer-reviewed studies looking at "medical" marijuana in 2000s concluded that states with "medical" marijuana programs had an increase in marijuana use not seen in other states. "Medical" marijuana states are clustered at the top of the list in terms of drug addiction and abuse among 12-17 year olds.

If you care about academic performance in Ohio, you need to be concerned about marijuana legalization. Marijuana use negatively affects motivation, memory and learning. Youth with an average grade of D or below were more than four times more likely to have used marijuana in the past year than those with an average grade of A.

If you care about jobs you need to be concerned about marijuana legalization. Companies, industries and professions nationwide require a pre-employment drug test. According to the Monitoring the Future National Survey Results (2011), 6.6 percent of high school seniors smoke marijuana every day, rendering them virtually unemployable.

If you care about highway safety in Ohio, you need to be concerned about marijuana legalization. Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims, accounting for about 8,600 deaths, 580,000 injuries and \$33 billion in damages each year.

If you care about crime and public safety in Butler County, you need to be concerned about legalization. Marijuana dispensaries lead to increased crime. Since most are cash-only businesses, they tend to attract crime. Dispensaries often are tied to criminal organizations and deal with things like guns and other drugs.

One major justification for legalization remains tempting: the money. Unfortunately, however, the financial taxation benefit of marijuana legalization would never outweigh its cost. The total costs of substance abuse in the U.S., including productivity, health and crime-related costs, exceeds \$600 billion annually (alcohol - \$235 billion, tobacco - \$193 billion and illicit drugs - \$181 billion). Federal and state alcohol taxes raise \$14.5 billion, covering only about 6 percent of alcohol's total cost to society. Tobacco taxes raise \$25 billion, covering only about 13 percent of tobacco's total cost to society. Taxing marijuana will go down just like alcohol, taxes and the lottery.

Finally, if you care about youth drug use rates, you need to be concerned about marijuana legalization. Studies show that states with "medical" marijuana have drug use rates twice the rate of other states.

WHAT TO KEEP IN MIND IN PREPARING YOUR OWN OP-ED

- Contact the newspaper you are targeting to determine proper protocol for submission;
- Tailor the message to your community;
- Make the piece self-contained by giving readers whatever background they need to get your point within the column;
- Include an authorship line that gives your name and brief description of what qualifies you as an expert on the subject discussed in the column; and
- If you get published, distribute a copy of the piece to your membership and use in promotional packets for your coalition.

Effectively Making Your Points During Interviews

If you are asked to participate in a television or radio interview on the subject of marijuana/“medical” marijuana or marijuana legalization initiatives, be sure to develop your messages and key sound bites in advance, and practice your delivery.

It is important to remember to stay on **YOUR TALKING POINTS**. You should not repeat any information that does not make **YOUR** points. Examples of key phrases to bridge to **YOUR** points include:

- The real issue is...
- Taking a broader look...
- Putting that in perspective...
- I might frame the question differently...
- I don't agree with that, but what I can say...
- If what you're asking is...
- Let me put that into context...

When giving any interview, you need to prepare for success. This means:

- Doing your research in advance and knowing all sides of the issue – positive and negative
- Practicing in advance, so that you can:
 - appear spontaneous;
 - develop sound bites; and
 - smile naturally

Grasstops Organizing

When pushing back against “medical” marijuana and marijuana legalization initiatives, it is critical to engage leaders from various sectors, often known as “grasstops leaders” and turn them into champions.

Who Are the Grasstops Leaders That You Need to Turn Into Champions?

- Local, state, and federal elected officials
- Leaders of businesses, membership organizations, professional associations, and congregations
- Leaders of key constituency groups
- Media luminaries in every medium
- Opinion leaders and others who shape public debate (syndicated columnists, scientists, economists, doctors, academics)

Why Do You Need to Engage Them?

- To get on their policy radar screens
- To get them and their organizations to formally support our positions

How to Interest Grasstops Leaders:

- Figure out how the “medical” marijuana and marijuana legalization issues affect them and their constituents/members (**see page 5 for what your messages should be**)
- Discuss these issues in a way that will appeal to them, their mission and their members

How to Get Grasstops Support:

- Identify the leaders of the organization
- Figure out how to get to them
- Meet with them BEFORE the other side does
- Make your case so that it is salient, compelling and resonates with them and their members
- Work with them to formally and PUBLICLY support your positions

Make Your Case:

- Have all relevant facts and figures (**see pages 3 and 4 for talking points**).
- You must also have human interest stories to put a face on the issue

How Will You Use Each Leader To Help You?

- Work to get their organization to take a public position
- Contact target policymakers
- Attend meetings with policymakers
- Convene a meeting
- Engage other community leaders/elected officials
- Host an event
- Submit a letter to the editor or op-ed (**see page 17 for a sample op-ed and tips for getting it published**)
- Talk to reporters
- Raise money
- Activate their supporters on your issue
- Lend their specific expertise (scientists/legal experts)
- Spread the word through their internal and external communication channels

Do The Work For Them:

- Give them the talking points you want them to deliver
- Supply the letter/op-ed you want them to send
- Write the press release for them and send it in a form that they can easily send out on their own letterhead

Primary Targets for Ballot Initiatives

In addition to securing the support of grassroots leaders, it is also critical to secure widespread support throughout the community.

- Since ballot initiatives are in the hands of the voters and public at large, your primary targets include members of the community, such as:
 - Business leaders
 - Parents
 - Teachers
 - Activists
 - Clergy
 - Community groups
 - Civic organizations
 - Scientists and researchers

Recruit New Allies

It is critical to think outside the box and recruit allies and groups you may not typically work with. In determining who these additional allies can be, think about groups that would be most directly adversely affected by these initiatives. Consider targeting:

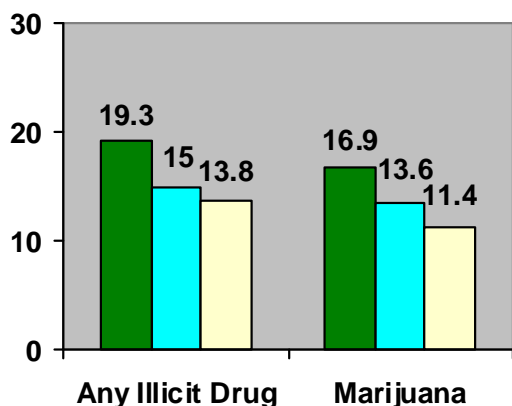
- new immigrant groups;
- religious groups;
- underserved populations; and
- women and moms

Example of How To Recruit New Allies

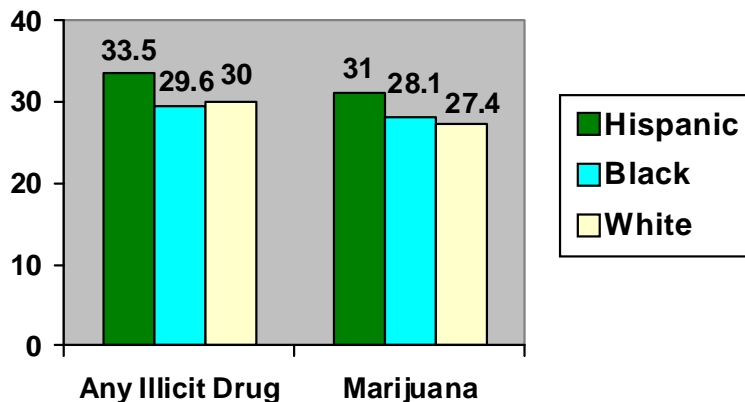
If a targeted group you want to recruit is the Hispanic community, you could get them interested in working with you on organizing against “medical” marijuana and marijuana legalization initiatives by showing them facts and figures that are specific to their community. For example:

- The latest Monitoring the Future Study reports that in 2011, more 8th and 10th grade Hispanic youth used marijuana, heroin, crack, cocaine, ecstasy, methamphetamine and other illicit drugs annually than African American and White youth.⁴³

8th Grade Annual Prevalence of Drug Use Among Races in 2011



10th Grade Annual Prevalence of Drug Use Among Races in 2011



- Given the high rates of drug use among Hispanic youth and the fact that students who use marijuana before the age of 15 are three times more likely to have left school by age 16,⁴⁴ Hispanic youth are at increased risk for dropping out of school. In fact, the National Center for Education Statistics reports that Hispanic youth have considerably higher dropout rates than White and African American youth.⁴⁵

****See Appendix 4 for a more detailed fact sheet on Hispanic youth drug use rates**

⁴³ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

⁴⁴ Fergusson, D.M., Lynskey, M.T., & Horwood, L.J. (1996). "The short-term consequences of early onset cannabis use." *Journal of Abnormal Child Psychology*, 24(4), 499-512.

⁴⁵ U.S. Department of Education, National Center for Education Statistics. (2011). *The Condition of Education 2011* (NCES 2011-033), [Indicator 20](#).

Plug Into Existing Statewide Advocacy Coalitions

Working with statewide advocacy coalitions can be extremely helpful when pushing back against “medical” marijuana and marijuana legalization initiatives. In several of the states facing ballot initiatives this November, there are organized efforts to oppose them. Below is the contact information for these groups. **Coalitions are free to oppose these initiatives but if you are federally funded, you cannot use any federal or state dollars to do so. You can, however, use funds from non-governmental sources or do this during non-working hours on your own time.**

Colorado

Healthy and Drug Free Colorado

Contact: Tom Gorman

Email: tgorman@rmhidta.org

Phone: 303-671-2180, ext. 223

Website: www.healthydrugfreecolorado.org

Massachusetts

Massachusetts Prevention Alliance

Contact: Heidi Heilman

Email: heidiheilman@mapreventionalliance.org

Phone: 508-439-0926

Website: www.mapreventionalliance.org

Washington

Washington Association for Substance Abuse and Violence Prevention

Linda Thompson

Email: lthompson@gssac.org

Phone: (509) 922-8383

Website: <http://wasavp.org/marijuana-education-toolkit/>

Key Messages Being Delivered By Existing Statewide Advocacy Coalitions (as developed by the Massachusetts Prevention Alliance)

- **Real compassion requires real medicine**
- **Marijuana is not medicine, and it's not proven to be safe.** For those who are suffering from real illness, there are FDA approved, marijuana-based alternatives available and more are coming. Medicine should not be determined through popular opinion. Medicine should be determined through rigorous study, research and clinical trial.
- **Informed voters vote "No".** When you learn the specifics and implications of what this ballot question would allow, it is startling: **INSERT YOUR STATE SPECIFIC INFORMATION HERE.** The loopholes and opportunities for an exploited, abused system are enormous.
- **This experiment is failing in other states.** Retail pot shops, increased street supply, growing rates of teen use and addiction, crime, community decay, and violation of federal law have created costly legal and public health and safety chaos. Our state is smarter than this.

Know and Understand the Rules When Pushing Back Against These Initiatives

Federal Tax Laws and Federal Election Laws for 501(c)(3) Nonprofit Organizations

Federal tax election laws can seem intimidating to organizations. If you wish to learn more on what your 501(c)(3) nonprofit organizations can and cannot do please contact The Alliance for Justice (<http://www.afj.org/>) to obtain The Rules of the Game: An Election Year Legal Guide for Nonprofit Organizations.

*The term “federal tax law” means those federal laws, regulations and rulings under the Internal Revenue Code (“IRC”) of 1986. The term “federal election law” means those federal laws, regulations and ruling under the Federal Election Campaign Act (“FECA”) of 1971.

Initiatives/Propositions - Opportunities for Nonprofits Under the 1976 Lobby Laws

Note: Coalitions are free to support or oppose initiatives/propositions but if you are federally funded, you cannot use any federal or state dollars to do so. You can, however, use funds from non-governmental sources or do this during non-working hours on your own time.

1. In recent years, initiatives/propositions have become increasingly popular as a means of achieving legislative change at the state and local level. Nonprofits can play an important and potentially leading role in initiative/proposition processes and they should know the very favorable legal latitude for such involvement. Following is information to help 501(c)(3) organizations understand that if they “elect” to come under the 1976 law, their participation in initiatives/propositions will be enhanced by advantageous lobbying expenditure limits.
2. An **initiative** or **proposition** is a procedure by which a specified number of voters propose a statute, constitutional amendment, or ordinance and compel a popular vote on its adoption. One good example of nonprofits’ effective use of the initiative process to achieve their program goals is the continuing successful efforts of state and local affiliates of the American Cancer Society, the American Heart Association, and the American Lung Association. Working together as part of coalition, they had the banning of smoking in public facilities put to a vote in a number of states and communities.
3. You Should Know:
 - Communications to the public that refer to an initiative/proposition are treated as direct lobbying, not grassroots lobbying. Under the 1976 lobby law, IRS regulations recognize that in initiatives and similar procedures, the public itself is the legislature.
 - Nonprofits can do more on behalf of an initiative/proposition than when they conduct grassroots lobbying of a government legislature. Nonprofits’ limit for spending on direct lobbying is four times as much as the limit on grassroots lobbying.
 - Example: A nonprofit in a newspaper ad can refer to a specific initiative/proposition, reflect a view on the proposal, and urge readers not only to vote for or against the initiative, but also to ask their neighbors to do likewise. The nonprofit can then charge all of it as direct lobbying*. Normally such activity is considered grassroots lobbying.

*The foregoing only extends to public charities that elect to come under the 1976 lobby law. For 501(c)(3)s that do not make that election, work on ballot initiatives cannot be a “substantial part” of their activities, along with other lobbying efforts. For further information see “The 1976 Law Governing Charity Lobbying.”

Conclusion

“Medical” marijuana and marijuana legalization initiatives severely undermine prevention efforts across the country. Our hope is that this guide is useful in pushing back against these initiatives. If you have any questions about this guide or marijuana initiatives in your state, contact Kelly Lieupo, Public Policy Director, at (703) 706-0560 ext. 241 or Lindsay Houff, Public Policy Associate, at (703) 706-0560 ext. 255.

Appendix 1:

States Currently Facing Marijuana Ballot Initiatives

MARIJUANA LEGALIZATION INITIATIVES

Colorado Marijuana Legalization Amendment, Amendment 64: This measure would legalize marijuana in the state. Amendment 64 would remove all legal penalties for personal possession of up to one ounce of marijuana and for the home-growing of up to six marijuana plants. Click [here](#) for the ballot language.

Oregon The Cannabis Tax Act Initiative, Measure 80: This measure would create a seven-person statewide cannabis commission to regulate the cultivation and sale of cannabis. Click [here](#) for the ballot language.

Washington Marijuana Legalization and Regulation, Initiative 502: This measure would legalize the production, possession, delivery and distribution of marijuana. The initiative would regulate the sale of small amounts of marijuana to people 21 and older. Click [here](#) for the ballot language.

“MEDICAL” MARIJUANA INITIATIVES

Arkansas “medical” marijuana Question: The measure would allow the use of “medical” marijuana. The state Department of Health would sell “medical” marijuana cards. Marijuana would be purchased from dispensaries or patients could grow a maximum of six plants for themselves. Click [here](#) for the ballot language.

Massachusetts “medical” marijuana Initiative, Question 3: The measure would legalize the use of “medical” marijuana in the state. Click [here](#) for the ballot language.

Montana Referendum 124: The Referendum seeks to enact a “medical” marijuana program that would create a registry program for the cultivation, manufacture, transportation, and transfer of marijuana by certain individuals. Click [here](#) for the ballot language.

Appendix 2:



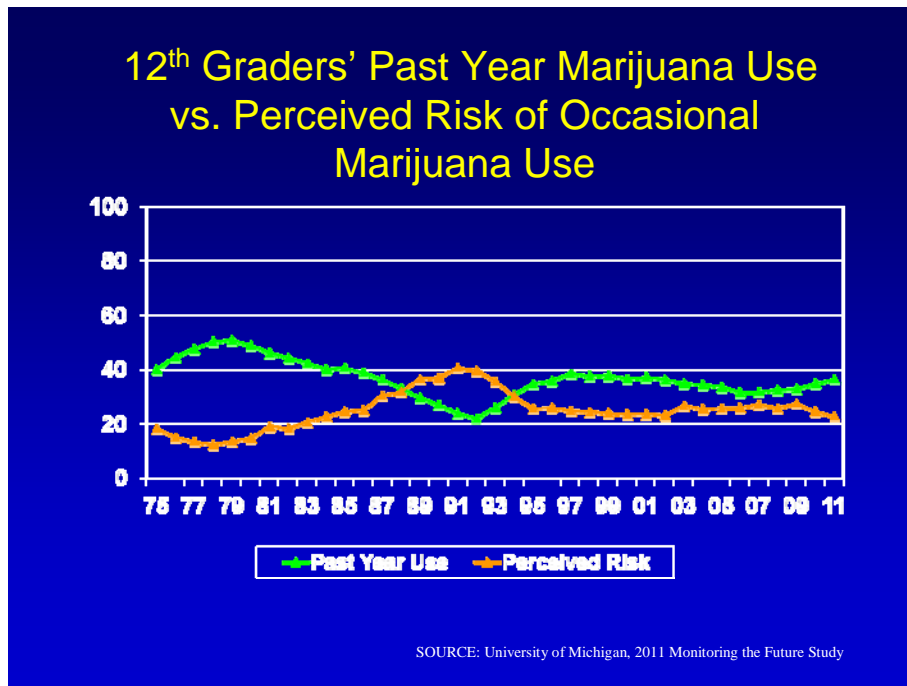
POSITION STATEMENT ON “MEDICAL” MARIJUANA AND MARIJUANA LEGALIZATION

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 2003.⁴⁶ States that have “medical” marijuana programs have among the lowest perceptions of harm among youth in the nation.⁴⁷



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.

⁴⁶ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

⁴⁷ 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.⁴⁸

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.⁴⁹

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.⁵⁰ In fact, children and teens are six times likelier to be in treatment for marijuana than for all other illegal drugs combined.⁵¹ Addiction rates among 12-17 year olds are among the highest levels nationally in states that have “medical” marijuana programs.⁵²

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.

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.⁵³ 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.⁵⁴

⁴⁸ 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. 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.

⁴⁹ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

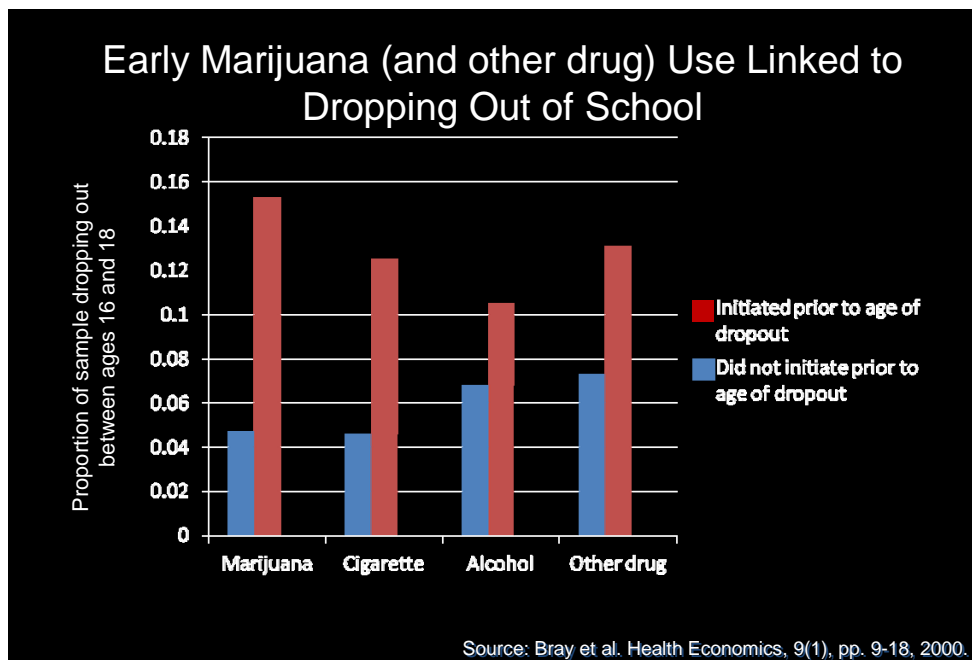
⁵⁰ Wagner, F.A. & Anthony, J.C. 2002. From first drug use to drug dependence; developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropsychopharmacology*, 26, 479-488.

⁵¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. 2008. CASA white paper, “Non-”medical” marijuana II: Rite Of Passage Or Russian Roulette?”

⁵² Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

⁵³ Substance Abuse and Mental Health Services Administration’s (SAMHSA), 2010 National Survey on Drug Use and Health (NSDUH).

⁵⁴ Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. 2011. University of Michigan, Monitoring the Future Study



“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). 6.6 percent 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.

ISSUE

20 percent of crashes in the U.S. are caused by drugged driving.⁵⁵ 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 percent) was greater than the percentage that were using alcohol (7.6 percent).⁵⁶

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.

⁵⁵ National Highway Traffic Safety Administration, 2010.

⁵⁶ Office of Traffic Safety, California, 2010. Press Release: “Drug Use Rises in California Fatal Crashes”.

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.

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.⁵⁷

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 percent increase in use.

WHY DOES THIS MATTER?

According to a RAND Corporation (a non-partisan think-tank) 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 percent increase in use.⁵⁸ 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.

⁵⁷ 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

⁵⁸ 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

Appendix 3:

National Health Organizations That Oppose “Medical” Marijuana

American Glaucoma Society (AGS) states that marijuana’s mood altering side effects and short duration of action, coupled with a lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time. Click [here](#) to view the organization’s full position statement.

National Comprehensive Cancer Network (NCCN) has stated that the use of marijuana is not recommended for management of chemotherapy-induced nausea and vomiting, and is not part of the NCCN Clinical Practice Guidelines of Oncology in Antiemesis. Click [here](#) to view the organization’s journal article on this issue.

National Multiple Sclerosis Society (NMSS) states that there are serious uncertainties about the benefits of marijuana relative to its side effects and that studies completed thus far have not provided convincing evidence that marijuana or its derivatives provide substantiated benefits for symptoms of MS. Click [here](#) to view the organization’s full position statement.

Narcotics Enforcement Officers Association (NEOA) has gathered extensive material on the subject of “medical” marijuana and found that the overwhelming majority of the scientific evidence to date has shown that marijuana is a dangerous drug, that no recognized medical authority recommends the use of crude marijuana as medicine, and that all recognized medical groups oppose the "medicalization" of marijuana. Click [here](#) to view the organization’s full position statement.

The American Academy of Child and Adolescent Psychiatry (AACAP) has stated its concern about the negative impact of “medical” marijuana on youth. Adolescents are especially vulnerable to the many adverse developmental, cognitive, medical, psychiatric, and addictive effects of marijuana. Of particular concern to our field, adolescent marijuana users are more likely than adult users to develop marijuana dependence, and their heavy use is associated with increased incidence and worsened course of psychotic, mood, and anxiety disorders. Furthermore, marijuana's deleterious effects on cognition and brain development during adolescence may have lasting implications. Click [here](#) to view the organization’s full position statement.

The American Academy of Ophthalmology (AAO) states that that no scientific evidence has been found that demonstrates increased benefits and/or diminished risks of marijuana use to treat glaucoma compared with the wide variety of pharmaceutical agents now available. Click [here](#) to view the organization’s full position statement.

The American Academy of Pediatrics (AAP) opposes the legalization of marijuana. Marijuana is the illicit substance most commonly abused by adolescents. Any change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents. Click [here](#) to view the organization’s full position statement.

The American Cancer Society (ACS) states that better and more effective treatments are needed to overcome the side effects of cancer and its treatment. The ACS does not advocate the use of inhaled marijuana or the legalization of marijuana. The ACS also states that for most symptoms, there are more effective drugs already on the market. Click [here](#) to view the organization’s full position statement.

The American Society of Addiction Medicine (ASAM) asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration. ASAM rejects smoking as a means of drug delivery since it is not safe. Click [here](#) to view the organization's full position statement.

Appendix 4:

Statement from the Director of the National Institute On Drug Abuse (NIDA) on Marijuana's Lasting Effects on the Brain⁵⁹

We repeatedly hear the myth that marijuana is a benign drug—that it is not addictive (which it is) or that it does not pose a threat to the user's health or brain (which it does). A major [new study](#) published last week in *Proceedings of the National Academy of Sciences* (and funded partly by NIDA and other NIH institutes) provides objective evidence that, at least for adolescents, marijuana is harmful to the brain.

The new research is part of a large-scale study of health and development conducted in New Zealand. Researchers administered IQ tests to over 1,000 individuals at age 13 (born in 1972 and 1973) and assessed their patterns of cannabis use at several points as they aged. Participants were again tested for IQ at age 38, and their two scores were compared as a function of their marijuana use. The results were striking: Participants who used cannabis heavily in their teens and continued through adulthood showed a significant drop in IQ between the ages of 13 and 38—an average of 8 points for those who met criteria for cannabis dependence. (For context, a loss of 8 IQ points could drop a person of average intelligence into the lowest third of the intelligence range.) Those who started using marijuana regularly or heavily after age 18 showed minor declines. By comparison, those who never used marijuana showed no declines in IQ.

Other studies have shown a link between prolonged marijuana use and cognitive or neural impairment. A [recent report](#) in *Brain*, for example, reveals neural-connectivity impairment in some brain regions following prolonged cannabis use initiated in adolescence or young adulthood. But the New Zealand study is the first prospective study to test young people *before* their first use of marijuana and again *after* long-term use (as much as 20+ years later). Indeed, the ruling out of a pre-existing difference in IQ makes the study particularly valuable. Also, and strikingly, those who used marijuana heavily before age 18 showed mental decline even after they quit taking the drug. This finding is consistent with the notion that drug use during adolescence—when the brain is still rewiring, pruning, and organizing itself—can have negative and long-lasting effects on the brain.

While this study cannot exclude *all* potential contributory factors (e.g., child abuse, subclinical mental illness, mild learning disabilities), the neuropsychological declines following marijuana use were present even after researchers controlled for factors like years of education, mental illness, and use of other substances. Mental impairment was evident not just in test scores but in users' daily functioning. People who knew the study participants (e.g., friends and relatives) filled out questionnaires and reported that persistent cannabis users had significantly more memory and attention problems: easily getting distracted, misplacing things, forgetting to keep appointments or return calls, and so on.

Unfortunately, the proportion of American teens who believe marijuana use is harmful has been declining for the past several years, which has corresponded to a steady rise in their use of the drug, as shown by NIDA's annual Monitoring the Future survey of 8th, 10th, and 12th graders. Since it decreases IQ, regular marijuana use stands to jeopardize a young person's chances of success in school. So as another school year begins, we all must step up our efforts to educate teens about the harms of marijuana so that we can realign their perceptions of this drug with the scientific evidence.

⁵⁹ National Institute on Drug Abuse. September 2012. Messages from the Director: Marijuana's lasting effects on the brain. Available at <http://www.drugabuse.gov/about-nida/directors-page/messages-director/2012/09/marijuana%E2%80%99s-lasting-effects-brain>

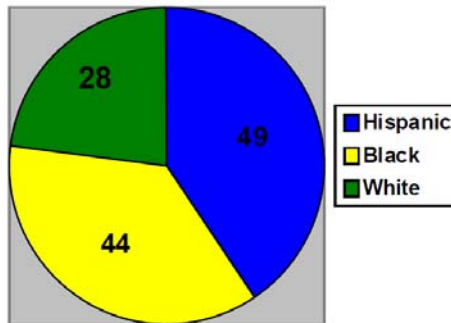
Appendix 5:

Drug Use Among Hispanic Youth



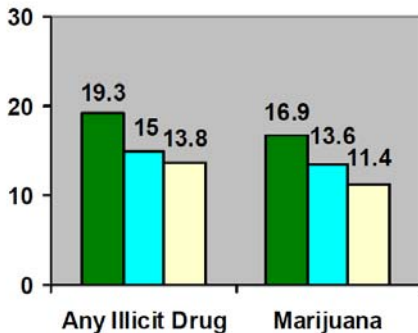
Drug Abuse In The Hispanic Community

- According to a recent C.S. Mott Children's Health Survey, 33% of American adults, ages 18 and older, rate drug abuse and obesity as their top health concerns for kids.¹
- The study shows that of those adults, 49% of Hispanic adults view youth drug abuse as their number one concern, compared to 44% of Black adults and 28% of White adults.²

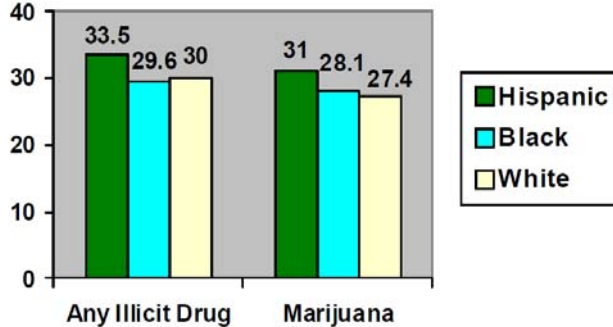


- The latest Monitoring the Future Study reports that in 2011, more 8th and 10th grade Hispanic youth used marijuana, heroin, crack, cocaine, ecstasy, methamphetamine and other illicit drugs annually than African American and White youth.³

8th Grade Annual Prevalence of Drug Use Among Races in 2011



10th Grade Annual Prevalence of Drug Use Among Races in 2011



- Given the high rates of drug use among Hispanic youth and the fact that students who use marijuana before the age of 15 are three times more likely to have left school by age 16,⁴ Hispanic youth are at increased risk for dropping out of school. In fact, the National Center for Education Statistics reports that Hispanic youth have considerably higher dropout rates than White and African American youth.⁵

¹ C.S. Mott Children's Hospital (August 15, 2011). University of Michigan. Volume 13, Issue 3. National Poll on Children's Health.

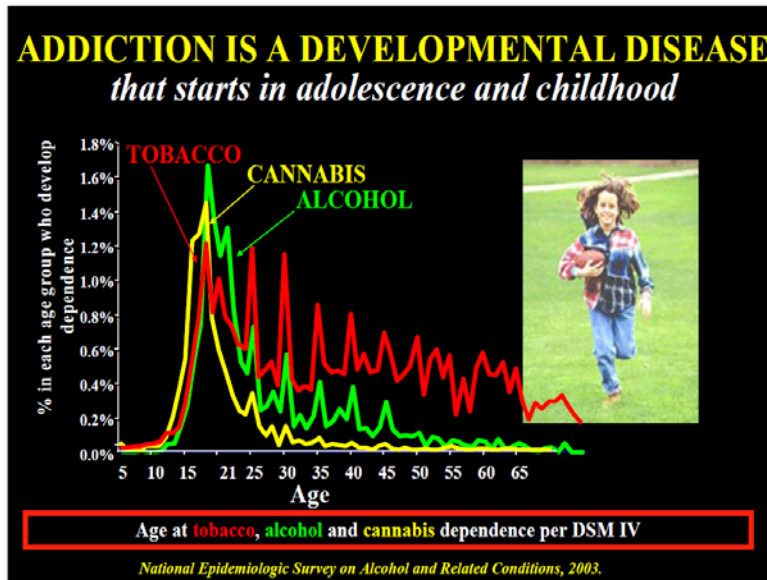
² Ibid

³ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

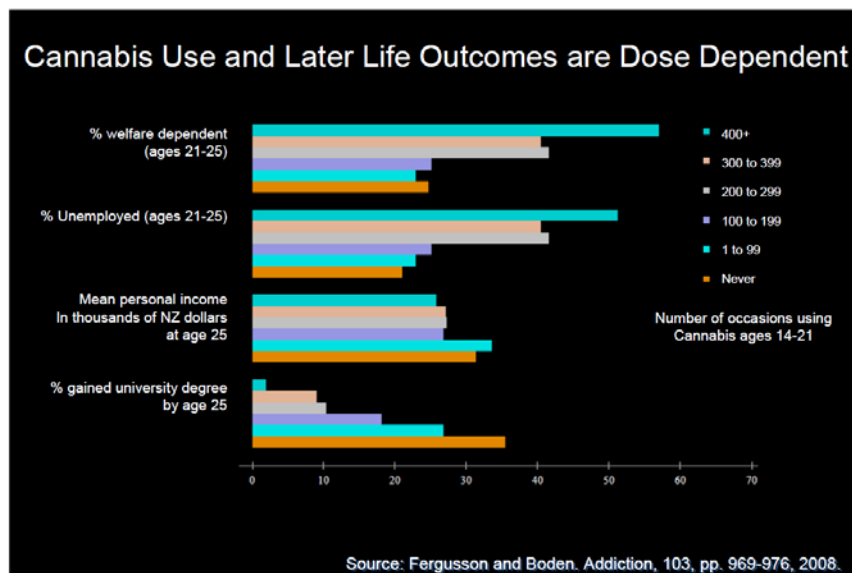
⁴ Fergusson, D.M., Lynskey, M.T., & Horwood, L.J. (1996). "The short-term consequences of early onset cannabis use." *Journal of Abnormal Child Psychology*, 24(4), 499-512.

⁵ U.S. Department of Education, National Center for Education Statistics. (2011). *The Condition of Education 2011* (NCES 2011-033), [Indicator 20](#).

- Youth who use marijuana are far more likely to have a lifelong addiction to the drug.



- Early and persistent marijuana use reduces lifetime earnings and employment.



Given the alarming drug use rates among Hispanic youth, it is critical to focus more attention and resources on effective community-wide drug prevention approaches in Hispanic communities and among Hispanic youth to prevent use before it starts.

Appendix 6:

Links With Helpful Information On Marijuana

(NOTE: When you get to the main page on each of these links, enter “marijuana” into the search engine)

- [American Society of Addiction Medicine \(ASAM\)](#)
- [Californians for Drug Free Youth \(CADFY\)](#)
- [Community Anti-Drug Coalitions of America \(CADCA\)](#)
- [Drug Free America Foundation \(DFAF\)](#)
- [National Association of State Alcohol and Drug Abuse Directors \(NASADAD\)](#)
- [National Center on Addiction and Substance Abuse at Columbia University \(CASA\)](#)
- [National Council on Alcoholism and Drug Dependence \(NCADD\)](#)
- [Save Our Society From Drugs \(SOS\)](#)
- [Students Against Destructive Decisions \(SADD\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [The Drug Enforcement Administration \(DEA\)](#)
- [The National Association of Drug Court Professionals \(NADCP\)](#)
- [The National Institute on Drug Abuse \(NIDA\)](#)
- [The Office of National Drug Control Policy \(ONDCP\)](#)
- [The Partnership at DrugFree.org](#)
- [U.S. Food and Drug Administration \(FDA\)](#)