

August \_\_, 2025



**To the Honorable Members of the Georgia General Assembly**

Georgia is witnessing the fastest shift in marijuana\* availability in its history. Georgians for Responsible Marijuana Policy (GRMP) — together with prevention, treatment, recovery, business and public-safety partners — requests the General Assembly to keep the well-being and safety of Georgia’s children and adults, including highway and workplace safety, and costs to the tax payer, at the center of marijuana-related deliberations.

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**Our concerns with increased use and potency of THC:**

**Intoxicating Hemp-Derived Products**

Unregulated, high-potency hemp derivatives expose Georgians - including children - to highly potent, psychoactive THC. And, even *regulated* hemp consumables with delta-9 THC under 0.3% can be intoxicating when taken in quantity, with health and safety ramifications.

**Addiction and Cannabis Use Disorder**

Increased normalization of THC contributes to the growing ease with which individuals – especially youth – can develop cannabis use disorder, a mental disorder which can include impaired functioning and eventual dependence.

**Medical Marijuana**

Rapid expansion of “medical” use is outpacing FDA review, medical association support, and traditional doctor–patient safeguards.

**Commercial Marijuana (Recreational) Legalization**

Commercial legalization in other states has not eliminated the illicit market and has introduced new public-health burden and costs to taxpayers.

**Youth Access & Development**

Current social normalization makes high-potency THC products easily accessible to minors despite well-documented harm to youth brain development and, with long term use, to IQ.

**Roadway Safety**

Marijuana can impair critical driving skills, while Georgia lacks adequate testing and reporting to deter and track such drug-impaired driving.

**Workplace Productivity,  
Safety & Liability**

Marijuana use can undermine labor-force reliability and increase employers' legal exposure in safety-sensitive industries.

**Pregnant &  
Breast-Feeding Mothers**

THC readily crosses the placenta and enters breast milk, yet retail staff without medical training routinely recommend marijuana for morning sickness.

**Justice &  
Access to Treatment**

Replacing misdemeanor penalties with civil fines removes the legal leverage drug courts and other courts can use to steer individuals into underutilized education and treatment programs—missing a critical opportunity for early intervention.

**Environmental Impact**

Large-scale marijuana cultivation strains land, water, and energy resources at levels comparable to—or exceeding—traditional agriculture.

**Closing**

Marijuana policy touches every sector—from pediatric medicine to traffic safety, from workplace liability to environmental stewardship. We respectfully ask that the General Assembly weigh these interdisciplinary findings as it considers Georgia's path forward.

Please feel free to contact me at [mmumper@GaMarijuanaPolicy.org](mailto:mmumper@GaMarijuanaPolicy.org) or **404-444-4029** for additional data or referrals to experts.

Sincerely,

*Michael Mumper, MBA*  
Executive Director  
Georgians for Responsible Marijuana Policy

**\* Note on the usage of “marijuana” and “cannabis” terminology**

In this letter, we primarily use the term “**marijuana**” because it remains the most widely recognized and commonly understood term by the general public, the media, and many policymakers. While the term “**cannabis**” is increasingly used in legal and medical contexts, it can sometimes obscure the fact that we are referring to a **psychoactive product with known risks**, including addiction and youth harm. Where legal or scientific precision is necessary — such as referencing state law or clinical studies — we use “cannabis” to maintain accuracy and alignment with statutory or medical language. This deliberate terminology balance is intended to enhance clarity, credibility, and public understanding.

# Evidence Base and Scientific Findings to Support our Concerns

## 1. Intoxicating Hemp-Derived Products

**Overarching concerns:** *Two issues: (a) Unregulated, high-potency hemp derivatives expose Georgians - including children - to highly potent, psychoactive THC. And (b), even regulated hemp consumables with delta-9 THC under 0.3% can be intoxicating when taken in quantity, with health and safety ramifications.*

- Semi-synthetic cannabinoids like Delta-8, sold in gummies and vapes, can exceed **90% THC**, and are available in gas stations and online without regulated potency or contaminant testing (National Academies, 2017).
- In March 2024, 21 **State Attorneys General — including Georgia AG Chris Carr — warned Congress that unregulated intoxicating hemp products are endangering public health, especially youth**, and urged federal action to close loopholes allowing “cannabis-equivalent” products in states that have not legalized marijuana (State Attorneys General, 2024).
- A 2024 national survey found **11.4% of 12th-graders had used Delta-8 THC** in the prior year (Harlow et al., 2024).
- More than **250 Delta-8 THC poison-control calls involving children under six** have been logged in Georgia since 2021 (Dr. Gaylord Lopez, Georgia Poison Center, personal communication, 2024).
- Research shows that even a single serving (7.2mg) of hemp-derived product with THC under 0.3% produced moderate cognitive impairment and subjective intoxication, confirming that even regulated hemp can impair function in adults (Elder et al., 2025).

## 2. Addiction and Cannabis Use Disorder

**Overarching concern:** *Increased normalization of THC contributes to the growing ease with which individuals – especially youth – can develop cannabis use disorder, a mental disorder which can include impaired functioning and eventual dependence.*

- According to the CDC, about **3 in 10 people who use marijuana develop some form of cannabis use disorder**, with higher risk for those who begin use in adolescence or use frequently (Hasin et al., 2015, as cited by CDC, 2024).
- Adolescents who start using marijuana are **2–4 × more likely than adults to develop cannabis use disorder** within two years (Connor et al., 2021)
- Liberalization of marijuana laws is associated with increased rates of CUD, particularly among young adults, and highlighted a **rise in treatment admissions in jurisdictions with legal recreational markets** (Hall & Lynskey, 2020).

## 3. Medical Marijuana

**Overarching concern:** *Rapid expansion of “medical” use is outpacing FDA review, medical association support, and traditional doctor–patient safeguards.*

- Georgia’s patient registry has grown to **≈31,000 enrollees** in 2025, with **74 % certified for intractable pain or PTSD**, two diagnoses that lack high-quality randomized-trial evidence for marijuana. (Georgia Department of Public Health, personal communication, 2024 and 2025).
- The U.S. Departments of Veterans Affairs & Defense **do not recommend marijuana for PTSD** because benefits remain unproven and risks remain high (Department of Veterans Affairs & Department of Defense, 2023)
- There are rising concerns that for-profit providers of medical marijuana registration cards can have financial conflicts of interest that **blur clinical judgement and fragment patients’ primary care**. (Withanarachchie, Rychert, & Wilkins, 2023)

#### 4. Commercial Marijuana (“Recreational”) Legalization

**Overarching concern:** *Commercial legalization in other states has not eliminated the illicit market and has introduced new public-health burden and costs to taxpayers.*

- A recent meta-analysis of nine legal states found **illicit sales still accounted for 35-60 % of total marijuana transactions three years post-legalization** (Rutgers Center of Alcohol & Substance Use Studies, 2021).
- According to a study by the Federal Reserve Bank of Kansas City, for states that have legalized marijuana, average state income per capita grew by 3 percent, house prices by 6 percent, and population by 2 percent. However, **substance use disorders, chronic homelessness, and arrests increased by 17%, 35%, and 13%, respectively** (Brown, Cohen, & Felix, 2023).
- A comprehensive 2025 meta-analysis of 24 observational studies involving ~200 million individuals found that cannabis use is associated with a 29% increased risk of acute coronary syndrome, a 20% higher risk of stroke, and a doubling in cardiovascular disease–related mortality, demonstrating that **regular marijuana use contributes to serious, chronic cardiovascular disease** (Storck et al., 2025)
- **Emergency department visits related to marijuana use rose by 521%** in California from 2008 to 2022. (California High Intensity Drug Trafficking Areas, 2025)
- Emergency-department visits for cannabis-related psychosis among youth rose **43 % in Colorado after retail sales began** (Joshi et al., 2025).
- Most common **substance found in toxicology screens of Colorado high school students who died by suicide (ages 10–19) was THC**, found in 37% of 2019–2020 cases. (Rocky Mountain HIDTA, 2021)
- Secondhand marijuana smoke carries **many of the same toxicants as tobacco smoke** and can deliver psychoactive THC to bystanders (Cone et al., 2015; Moir et al., 2008) .

#### 5. Youth Access & Development

**Overarching concern:** *Current social normalization makes high-potency THC products easily accessible to minors despite well-documented harm to youth brain development and, with long term use, to IQ.*

- Hemp consumables—including gummies with up to **0.3 % Delta-9 THC per serving**—**are sold in grocery and convenience stores**; age-21 signage is common, yet **online vendors often do not verify age**. (Egan, Villani, & Soule, 2023)
- Adolescents who start using marijuana are **2–4 × more likely than adults to develop cannabis use disorder within two years** (Connor et al., 2021).
- **48.8 % of current teen users report driving while high** (Li et al., 2020).
- **Colorado youth (ages 12–17) ranked #1 in the nation for marijuana use**, 74% above the national average in 2019/2020. (Rocky Mountain HIDTA, 2021)
- Georgia law sets **no minimum age for “low-THC” product certification** for most eligible conditions. (O.C.G.A. § 31-2A-18, 2024)

## 6. Roadway Safety

**Overarching concern:** *Marijuana can impair critical driving skills, while Georgia lacks adequate testing and reporting to deter and track such drug-impaired driving.*

- Marijuana slows reaction time and decision-making, increasing crash risk; it is now the **most common drug detected (after alcohol) in fatally injured drivers** (Brooks-Russell et al., 2024).
- One quarter of Colorado **traffic deaths involved THC** in 2022, up from 13 % a decade earlier (National Safety Council, 2023).
- **THC impairment remains difficult to detect** in both fatal and non-fatal crashes, and current testing methods do not reliably indicate real-time impairment. (GRMP internal analysis, 2025).
- **Crash-related toxicology data is often incomplete or missing** due to testing refusals, procedural barriers, and inconsistent follow-up by reporting agencies (GRMP internal analysis, 2025).

## 7. Workplace Productivity, Safety & Liability

**Overarching concern:** *Marijuana use can undermine labor-force reliability and increase employers’ legal exposure in safety-sensitive industries.*

- Employees testing positive for marijuana had **55 % more industrial accidents, 85 % more injuries, and 75 % greater absenteeism** (National Institute for Occupational Safety and Health [NIOSH], 2020).
- Because THC is fat-soluble and remains in the brain, **complex cognitive and motor impairment can last ≥6 hours after smoking** even when blood levels fall (National Academies of Sciences, 2017).
- **No rapid breath- or blood-based test can yet indicate real-time impairment**, complicating workers-compensation and OSHA compliance (Smart Approaches to Marijuana, 2024).

## 8. Pregnant & Breast-Feeding Mothers

**Overarching concern:** *THC readily crosses the placenta and enters breast milk, yet retail staff without medical training routinely recommend marijuana for morning sickness.*

- THC exposure in utero is associated with **lower birth-weight and later neuro-behavioral problems** (National Academies of Sciences, 2017).
- Secret-shopper studies show **nearly 70 % of dispensary “budtenders” suggest marijuana for pregnancy-related nausea** despite professional-society warnings (Dickson et al., 2018)

## 9. Justice & Access to Treatment

**Overarching concern:** *Replacing misdemeanor penalties with civil fines removes the legal leverage drug courts and other courts can use to steer individuals into underutilized education and treatment programs—missing a critical opportunity for early intervention.*

- Of 19 Georgia localities that have lowered penalties, **only 2 integrate formal drug education, screening and treatment referral**, missing a chance to intervene early (GRMP internal analysis, 2023).
- National data show **24 % of people who knew they needed treatment could not find it, and 21 % could not afford it** (SAMHSA, 2023).
- Up to 90% of people with a substance use disorder—including cannabis use disorder—do not believe they need treatment or are unaware of their condition, making it **unlikely they will seek help voluntarily without structured interventions** such as court-mandated diversion or screening programs (SAMHSA, 2023).
- Drug courts that retain criminal accountability while offering diversion reduce recidivism by **≈12 % on average** (Office of Justice Programs—National Institute of Justice, 2021).

## 10. Environmental Impact

**Overarching concern:** *Large-scale marijuana cultivation strains land, water, and energy resources at levels comparable to—or exceeding—traditional agriculture.*

- Outdoor grows in western states have contributed to **deforestation, stream-flow reduction, and pesticide runoff harmful to wildlife** (Carah et al., 2017).
- Indoor cultivation can consume **ten times more electricity per square foot than an average office building**, raising both carbon emissions and utility costs (Mills, 2012).

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*Additional information sources available upon request.*