

POSITION STATEMENT



OPPOSES

Ballot Question 3: Medical Use of Marijuana

In November, voters will have the opportunity to vote on Ballot Question 3, Medical Use of Marijuana.

WaylandCares is opposed to Question 3.

As a community coalition working to prevent youth substance abuse, an essential priority is to reduce teen marijuana use through environmental strategies that decrease access to marijuana and increase perception of harm of the drug. Marijuana is a schedule I controlled substance and remains a federally illegal drug; it has not been approved as medicine by the United States Food and Drug Administration. Medicines are determined through rigorous study, research and clinical trial, not through popular vote. Also, medicines are dispensed through the highly regulated pharmaceutical system. Circumventing the existing processes and infrastructure to determine and distribute medicine risks public exposure to fraudulent and/or unsafe medicine.

Current research shows:

- States that have legalized marijuana as medicine are experiencing widespread use and abuse of marijuana. States with "medical" marijuana laws have higher marijuana abuse and dependence rates - almost twice as high than states without such laws.¹
- Medical marijuana is being diverted to youth through increased supply and easy access. 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.² A 2012 study shows that among adolescents in substance abuse treatment in Denver, Colorado, 74% had used someone else's medical marijuana a median of 50 times.³
- 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. Those who begin using the drug in their teens have approximately a one-in-six chance of developing marijuana dependence.⁴ In fact, children and teens are six times likelier to be in treatment for marijuana than for all other illegal drugs combined.⁵ Addiction rates among 12-17 year olds are among the highest levels nationally in states that have "medical marijuana" programs.⁶
- Marijuana use harms adolescent brain development. 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 impaired 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. A new, 2012 longitudinal study indicates an average eight-point drop in IQ among teens who use marijuana.⁷
- "Medical" marijuana initiatives increase youth access to and acceptability of marijuana, and make pot look safe to kids. States that have "medical" marijuana programs have among the lowest perceptions of harm among youth in the nation.⁸ 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 2003.⁹ 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.
- Marijuana use negatively impacts academic achievement. 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.¹⁰
- Marijuana use negatively impacts employability. 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% 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 lead to increased teen use and exacerbate this problem.

- States that have approved “medical marijuana” use have experienced costly highway safety issues. 20% of crashes in the U.S. are caused by drugged driving.¹¹ Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims. 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%).¹²

Massachusetts’ youth smoke marijuana at a rate 30% higher than the national average, where one in three high school students currently smoke marijuana. Our local youth marijuana use rates reflect these state numbers. Ballot Question 3 to legalize marijuana as medicine would increase both access to marijuana, and social acceptability of the drug - and the research clearly shows that these two variables have direct causal link to increased teen marijuana use. The risks of medical marijuana laws outweigh the benefits. Therefore, Ballot Question 3 would cause more harm than good and we are against it.

¹ 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

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

³ Salomonsen-Sautel, S. et al (2012). Medical Marijuana Use Among Adolescents in Substance Abuse Treatment, *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol 51, Issue 7, pages 694-702

⁴ 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.

⁵ 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.

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

⁷ Mieir, Madeline, H., et al (2012). Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. *Proceedings of the National Academy of Sciences of the United States of America*. Published on line at <http://www.pnas.org/content/early/2012/08/22/1206820109.abstract>.

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health

⁹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

¹⁰ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E.. University of Michigan, 2011. *Monitoring the Future Study*

¹¹ National Highway Traffic Safety Administration, 2010.

¹² Office of Traffic Safety, California, 2010. Press Release: “**Drug Use Rises in California Fatal Crashes**”.