

SPECIAL POINTS OF INTEREST:

- Marijuana is Addictive
- Marijuana's potency has increased
- Marijuana impairs judgment
- Marijuana is harmful to health
- Marijuana is not approved as medicine
- Marijuana use impacts society

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MARIJUANA FACTS

A summary of facts from the educational Statewide Marijuana Summit

Madras Oregon ~ October 18, 2012

Is Marijuana Addictive?

Yes. Research finds that approximately 1 in 10 marijuana users become dependent and 1 in 6 if they try before the age of 18. (1)

Research indicates that the earlier young people start using marijuana, the more likely they are to become dependent on marijuana or other drugs later in life. (2)

In 2010, approximately 4.5 million people met the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnostic criteria for marijuana abuse or dependence. This is more than pain relievers, cocaine, tranquilizers, hallucinogens, and heroin combined. (3)

Marijuana treatment

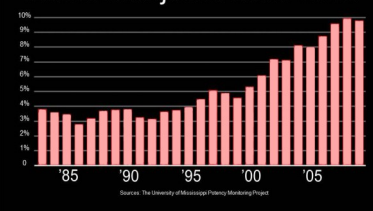
In 2010, over 1 million Americans ages 12 or older reported receiving treatment for marijuana use, more than any other illicit drug. Over the last two decades treatment admissions for marijuana have increased significantly. In 1992, approximately 93,000 people were admitted to treatment with marijuana as the primary drug for which treatment was needed. By 2009, these admissions were estimated at 362,000. (4)

In 2008, nearly 68% of primary treatment admissions for youth between the ages of 12-17 were for marijuana. (5)

What is the potency?

THC (delta -9- tetrahydrocannabinol) is the component of Marijuana that gives the user an intoxication high. CBD (cannabinoid) is an antagonist, which can basically block the action of THC in the brain. Also, CBD has been shown to carry much of the medicinal value of marijuana, such as reducing nausea and convulsions, reducing anxiety, and treating symptoms associated with schizophrenia. (6)

Potency: Increased THC Content in Seized Marijuana 1983-2009



The potency of THC in seized Marijuana has more than doubled since 1983. THC potency was less than 4% in 1983 and was just shy of 10% in 2009. (7) In recent years, marijuana was seized in Yamhill County, Oregon with a THC potency of 33.3% and in Vista, California with a THC potency of 37.2%, yet still with the low CBD. This marijuana is not what people smoked in the 60's, 70's or 80's". (8)

Why is it called medicine?

Voter initiatives have passed in some states to allow marijuana to be used by people with certain medical conditions. The term "Medical Marijuana" is a misnomer. Medicines in the United States are approved by the Food & Drug Administration, not popular vote. (9)

Marijuana users in Prison

There are very few people in State or Federal prison for marijuana-related crimes. In total, one tenth of one percent (0.1 percent) of state prisoners were marijuana possession offenders with no prior sentences. (10)

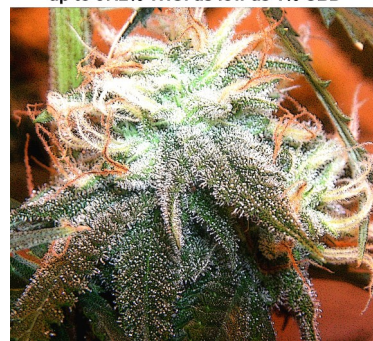
Is Marijuana natural?

There is natural marijuana and man-made marijuana. Marijuana (with seeds) growing in nature, unaltered by human hands, contains relatively low THC and has a relatively high ratio of CBD compared to THC, therefore it isn't very intoxicating. In fact, most chronic marijuana users have derogatory names for natural marijuana, such as "crap, dirt weed, garbage". Man-made marijuana (seedless) is genetically & chemically altered in order to produce a greater, more potent intoxication high. (11)

Natural Marijuana: Brown with Seeds approx. 1%THC: 1%CBD



Man-Made High-THC Intoxicating Marijuana up to 37.2% THC: as low as 1% CBD



What does the data show?



Bong (a commonly used marijuana smoking device)

In the US, Marijuana is the most commonly identified illicit drug in fatal accidents - 14% of drivers. (National Institute on Drug Abuse)

Marijuana is the most commonly used illicit drug. Almost 17 million Americans ages 12 and older were current (past month) users of marijuana in 2009. (12) Overall, Oregon is the 4th highest state for marijuana use for persons 12 years of age and older, the 4th highest for teens ages 12-17, the 5th highest for young adults ages 18-25, and the 3rd highest for mature adults ages 26 and above. (13)

Oregon was ranked as the 5th highest state for past 30 day use of marijuana for persons 12 years of age and older (1 in 10 Oregonians) and 5th highest for past year use of marijuana for persons 12 years of age and older (1 in 7 Oregonians). In 2011, 11.1% of Oregon 8th grade students reported past 30 day use of marijuana. (14) In 2012, 23.6% of Oregon 11th grade students reported past 30 day use of marijuana. (15)

Marijuana smoke contains 50-70% more carcinogenic hydrocarbons than tobacco smoke. Marijuana use is not only associated with adverse physical effects, but also mental, emotional, and behavioral changes. (16)

NSDUH studies show youth ages 12-17 who reported past year marijuana use are more likely to sell drugs, steal, carry a handgun, participate in group violence, and attack with intent to harm. (17)



What are the Impaired Driving rates?

Many researchers from around the world have concluded that use of marijuana in conjunction with driving will influence motor coordination and reaction time. The 2012 British Medical Journal concluded that marijuana use doubled the risk of car crashes. Another recent meta-analysis of 9 studies found that marijuana use by drivers is associated with significantly increased risk of being

involved in motor vehicle crashes. Oregon averages 22,000 DUII arrests annually, 60 a day, 7 days a week - and 4 a day are drug DUIIs. The most common "controlled substance" drug category is marijuana. For Drug DUIIs, most prosecutors would like a Drug Recognition Expert (DRE) to assess impairment and accompany their determination with blood work or a urine sample. There are currently

204 DREs in 30 out of the 36 Oregon counties. (18)



Fatality involving marijuana, Oregon 2011 (Photo provided by Oregon State Police)

How does Marijuana impact the environment?

Outdoor marijuana cultivation sites are becoming increasingly common. These "grows" often result in the destruction of natural habitat from diesel spills, pesticide run off, and trash from cultivators. (19) National parks

and other public lands in the United States are used for cannabis cultivation operations, primarily by Mexican criminal groups. Data from the Department of Agriculture Forest Service and the Department of the

Interior indicate that more than 4 million marijuana plants were eradicated from U.S. public lands in 2008 alone. (20) Today a marijuana plant can produce between 10-12 pounds of marijuana. (21)



Oregon public land (Photo by United States Forest Service)

Why would marijuana be altered?

Growers in the Netherlands and Canada have been tinkering with the genetics of marijuana since the early 1980s, including genetic polyploids, tetraploids, and genetically effeminized seeds hybridized to increase THC production while maintaining low levels of CBD. Growers who produce

marijuana almost solely for its euphoric and intoxicating effects increase THC while lowering CBD. CBD isn't intoxicating and growers invested in producing marijuana for intoxicating purposes attempt to keep CBD values low due to its effect of inhibiting the action of the THC.

Very soon a new prescription drug called Sativex will be on the market in the US. Sativex has a one to one ratio of THC:CBD. Sativex is natural, made from "true natural" marijuana (with seeds), as opposed to man-made (seedless) marijuana. In clinical studies on Sativex, the majority of test subjects report low to no feelings of intoxication. (22)



How does the Oregon Medical Marijuana Program work?

Related Data

Marijuana itself is not an approved medicine under the FDA's scientific review process, yet 16 states & the District of Columbia have permitted marijuana to be sold as "medicine" for various conditions. (23)

In 1998 Oregon voters passed Measure 67 allowing medical use of marijuana within limits and established a permit system. 7 plants per cardholder allowed (3 mature, 4 immature, possess 3oz)

In 2006 SB 1085 passed. Advisory Committee enacted requiring appointed members of the committee be persons who possess regis-

try identification cards, designated primary caregivers of persons who possess registry identification cards, and advocates of the Oregon Medical Marijuana Act. (ORS 475.303) SB 1085 also allowed 24 plants per cardholder (6 mature, 18 immature, & possess 24 oz). Caregivers can grow for four cardholders.

As of 10/1/12, the OMMP had 56,939 cardholders, less than 5% use for cancer, more than 90% use for pain. Persons under the age of 18 may be issued a card under the OMMP. There is no oversight of the quality of marijuana grown &

caregivers are not required to have education to grow marijuana. Caregivers are 18 years of age or older. (24)



A physician writes a statement of their patient's qualifying medical condition, they cannot write a prescription for marijuana. (ORS 475.326)

13.3% of Oregon 11th graders report they have obtained their marijuana from a medical card holder or grower. (25)

Addiction counselors & juvenile justice staff frequently report that at least half of their marijuana smoking juveniles report they have obtained their marijuana from a medical grower or card holder. (26)

In 2011, there was 300 HIDTA DHE/HIT illegal drug seizures. 222 out of 300 (74%) were marijuana & 144 of the 222 (65%) were related to medical marijuana. (27)

Is marijuana an approved medicine?

The U.S. Federal Government is the single largest funder of research on marijuana in the world. No major medical association has come out in favor of smoked marijuana for widespread medical use. The raw marijuana plant material itself containing hundreds of unknown components has **not** met the Food and Drug Administration's (FDA) standards of safety and efficacy. But that does not mean marijuana has no medicinal value. The FDA has determined that some constituents of marijuana do, and they are available

today in pill form. Research is also investigating other safe delivery methods for these types of medications and the Drug Enforcement Administration has granted hundreds of licenses to researchers investigating the possible medical value of components within marijuana. The National Institutes of Health funds a number of these studies. Research into how components of marijuana may affect our brains & bodies is an exciting area of science. But we don't smoke opium to reap the benefits of morphine, nor do we chew

willow bark to receive the effects of aspirin. Similarly, we should not have to smoke marijuana to get potential therapeutic effects from its components. (28)

"According to Oregon law, I can authorize legal use of marijuana by certain patients. But I don't recommend smoking it as the form of use due to the serious health implications. It is also frustrating that I can permit use but, unlike any other controlled substance I might prescribe, I have no way to monitor my patients use of marijuana." (29)

Sativex is an oral mucosal spray that isn't smoked. It is a natural cannabinoid medicine with low to no intoxication that is approved in Canada and Europe for muscle spasms and difficult to treat pain. Sativex is in advanced trials in the US. (30)

What about marijuana legalization?

In 1978, Keith Stroup with NORML bragged "We are trying to get marijuana reclassified medically. If we do that, (we'll do it in at least 20 states this year for chemotherapy patients) we'll be using the issue as a red herring to give marijuana a good name." (31) In 2012, MASCANN/NORML spokesperson said "Stepping stone to legalization? I hope so. That's the plan. Decriminalize 2008. Medical 2012. Legal 2016. Yes we want to legalize! We will

completely legalize for everybody in 2016". (32) Advocates of marijuana claim legalizing it will result in economic revenue and reduced drug trafficking cartels. Research shows if legalized, marijuana use will go up resulting in more social costs to society. We can look at alcohol and tobacco, two substances that are legal. Alcohol generates about \$14 billion dollars in revenue yet costs about \$185 billion. Tobacco

generates about \$25 billion in revenue and costs about \$200 billion. In addition, criminal organizations can simply undercut prices to keep their share of the market since most legalization proposals call for taxes on drugs. There are many ways to reduce incarceration and other related consequences without legalizing drugs. Some solutions: Prevention, Treatment, Recovery, Smart Enforcement,

and International Efforts. Ultimately the question is this: "Is the right to get high and buy legal pot worth the risk to kids in the form of greater addiction and learning deficits, the risk to society to have another legal entity advertising an addictive substance, and the risk to our economy in the form of greater safety and health costs (like car crashes, the cost to health care, and the costs of a newly regulated system)?" (33)

What impact does marijuana have on youth?

Marijuana use by teens has shown to have a profoundly negative effect on their development. (34) Results of the 2009 NSDUH study indicate that more than 3.3 million 12-17 year olds were past-year marijuana users, and that 830,000 youth in that age group displayed the characteristics of marijuana dependence or abuse in the past year. (35)

The adolescent brain is especially susceptible to marijuana use. That means that when kids use, they have a greater chance of addiction since their brains are being primed. If marijuana is used regularly before the age of 18, new research shows that IQ drops by 8 points at age 38, even when that person has stopped. (36)

The consequences of marijuana abuse: impairs memory, attention, judgment, cognitive function, coordination, balance, vision, and learning. Research has shown that some babies born to women who used marijuana during pregnancy display altered responses to visual stimuli, increased tremulousness, and high-pitched cry.



In school, pre-natal marijuana-exposed children are more likely to show gaps in: problem-solving skills, memory, and the ability to remain attentive. (37)

What states have marijuana legalization ballot measures in 2012?

State	Oregon BM80	Washington I502	Colorado A64
Age Limit	21 years	21 years	21 years
Can I possess it?	NO LIMIT	Up to 1oz.	Up to 1oz in public.
Can I grow it?	NO LIMIT for personal use	No growing allowed, must be purchased from licensed distributor.	Up to 6 plants (3 immature, 3 mature).
Can I sell it?	Only with a license and only to the OCC	Only with a license, and only to licensed retailers or processors.	Only with a license to licensed processors.
Can I smoke in public?	Yes. But, only in signed areas inaccessible to minors.	No.	No.
Where can I buy it?	State run stores	State run stores	State run stores.

According to polls, of the three states with marijuana legalization ballot measures, Oregon is least likely to pass. According to Rasmussen Poll: Single men with no children are the most likely of all groups (ethnicity, political party, sex, etc.) to vote in favor of legalization. Women with children are the most likely "no" voters. Additionally, SurveyUSA's polling on Prop 19 in California, reveals that women had the biggest change of heart prior to voting. Early polls showed women in favor of Prop 19, however, by the eve of the vote, women significantly pulled back against Prop 19. (38)

(Chart table at left provided by Eric Martin)

Who were the presenters and panelists at the educational Summit?

The Statewide Marijuana Summit held in Madras Oregon on Oct 18 2012 was coordinated by BestCare Treatment Services Prevention. Speakers were: Dr. Kevin Sabet Ph.D. (former drug control policy advisor to the White House), Eric Martin (Policy and Legislative Liaison), Jewell Begin (Former Miss

Teen Oregon), Umatilla County Sheriff John Trumbo, Sgt. Michael Iwai (Oregon State Police), Gary Cima (Frontline Warrior), Dr. Debbie Coelho Ph.D. (Juniper Ridge Clinic), Jefferson County DA Steven Leriche, Aaron Cossel (Oregon Medical Marijuana Program), Tiffany Telfer (Chief of Staff for Senator Chris Telfer), Jeffer-

son County Sheriff Jim Adkins, Heather Crow-Martinez (BestCare Program Director), Tim Fields (Culver HS Principal), Sonya Littledeer-Evans (Jefferson County Juvenile Justice Supervisor), Patrick Carey (DHS Child Welfare District Manager), Frank Hanson (Marshall HS Student Services Coordinator)

Summit coordinated by:

BestCare Treatment Services Prevention Office
PO Box 500
Madras, OR 97741
www.BestCarePrevention.org
(541)475-4884



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