

Marijuana: Costly to Our Youth

Talking Points and Research Citations

FACT	DETAILS	RESEARCH CITATION(S)
1. Increased access to marijuana will increase use	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.	US Dept of Justice, Drug Enforcement Administration. May 2003. Speaking out Against Drug Legalization, pg 15.
	After coffee shops started selling marijuana in the Netherlands and use of the drug became normalized, marijuana use between 1984 and 1996 nearly tripled—from 15 percent to 44 percent—among 18- to 20-year-old Dutch youth. The Dutch government is now reconsidering its laws and policies regarding drugs.	MacCoun, R., & Reuter, P. Interpreting Dutch cannabis policy: Reasoning by analogy in the legalization debate. <i>Science</i> . 278, 47-52, 1997: http://ist-socrates.berkeley.edu/~maccoun/scienc97.html
2. Marijuana negatively affects youth achievement	Associated with lower academic achievement; 8 point irreparable reduction in IQ for youth who start using marijuana before the age of 18.	Meier, M., et al. 2012. Persistent cannabis users show neuropsychological decline from childhood to midlife. Proceedings of the National Academy of the Sciences, October 2, 2012, Vol. 109, No. 40.
	Heavy marijuana use impairs the ability of young people to concentrate and retain information during their peak learning years.	Crystal, J.D., Maxwell, K.W., & Hohmann, A.G. Cannabinoid modulation of sensitivity to time. <i>Behavioural Brain Research</i> , April 2003. Abstract: http://dx.doi.org/10.1016/S0166-4328(03)00062-7
	Marijuana use has been associated with poor performance in school. One report showed that youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youths with an average grade of A.	Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. <i>The NHSDA Report: Marijuana Use Among Youths</i> , July 2002: http://www.samhsa.gov/oas/2k2/YouthMJuse/YouthMJuse.htm

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	In one study, heavy marijuana abusers reported that the drug impaired several important measures of life achievement, including physical and mental health, cognitive abilities, social life, and career status	Gruber AJ, Pope HG, Hudson JI, Yurgelun-Todd D. Attributes of long-term heavy cannabis users: A case control study. <i>Psychological Med</i> 33(8):1415–1422, 2003.
	Several studies associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.	www.drugabuse.gov
3. Marijuana is addictive	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.	Budney, A. J., Roffman, R., Stephens, R. S., Walker, D. 2007. "Marijuana dependence and its treatment." <i>Addict Sci Clin Pract</i> , Vol 4, Issue 1, pp 4-10.
	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 <i>combined</i> .	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.
	More young people are now in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined.	Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, <i>Treatment Episode Data Set</i> , 2000: http://www.dasis.samhsa.gov/teds00/5.1a.htm

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4. Driving under the influence of marijuana is a problem	Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty with thinking and problem solving as well as problems with learning and memory. Research has shown, that in chronic users, marijuana's adverse impact on learning and memory can last for days or weeks after the acute effects of the drug wear off. As a result, someone who smoke marijuana every day may be functioning at a suboptimal intellectual level all of the time.	As reported by the National Institute on Drug Abuse: www.drugabuse.gov/publications/drugfacts/marijuana and 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.
	Drunk, drugged or distracted driving increases the risk of motor vehicle crashes. In a comprehensive study on unsafe driving by high school students, 30 percent of seniors reported driving after drinking heavily or using drugs, or riding in a car whose driver was under the influence of alcohol or other drugs, at least once in the prior two weeks.	As reported by PARENTS The ANTI-DRUG: www.theantidrug.com and O'Malley P. and Johnston L. Unsafe driving by American high school seniors, 2001-2006. Journal of Studies on Alcohol and Drugs; 68(6):834-42, November 2007. http://druggeddriving.org/duid/monitoring_druggeddriving01-6.pdf .
	In 2009, 28% of all fatally injured drivers tested positive for marijuana use.	Cesar Analysis of 2009 National Highway Transportation and Safety Administration FARS Data
5. Marijuana use is linked to other drug related crimes and neighborhood problems	Research shows a link between frequent marijuana use and increased violent behavior.	<i>Adolescent Self-reported Behaviors and Their Association with Marijuana Use</i> , Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1999: http://www.samhsa.gov/press/980922fs.htm

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6. Controls <u>ARE</u> effective in reducing drug abuse	Marijuana is often compared to prescription drugs, alcohol and tobacco, all of which are regulated. Our nation's experience with even tightly regulated prescription drugs, such as <i>Oxycontin</i> , show that increased availability leads to increased misuse, abuse and addiction, even when controls are in place.	Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. University of Michigan, 2011 Monitoring the Future Study.
	We know that when we push back against the drug problem, it recedes. Marijuana use has been dramatically lower in the past—even in the last decade—and it can be reduced again.	Johnston, L.D., O'Malley, P.M., & Bachman, J.G. <i>Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students</i> (NIH Publication No. 02-5106). Bethesda, MD: National Institute on Drug Abuse, c. 503 pp. 2002: http://monitoringthefuture.org/pubs/monographs/vol1_2001.pdf
7. Most youth DON'T use marijuana	More than 90% (91.1%) of 8 th graders HAVE NOT used marijuana in the past 30 days. Only 8.9% of 8th graders across Oregon have used marijuana in the past 30 days.	2012 Student Wellness Survey Statewide averages for 8th graders regarding 30-day use.
	Almost 80% (78.2%) of 11 th graders HAVE NOT used marijuana in the past 30 days. Only 21.8% of 11th graders across Oregon have used marijuana in the past 30 days.	2012 Student Wellness Survey Statewide averages for 11th graders regarding 30-day use.
8. Taxing marijuana won't pay for increased social and health related costs	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.	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." <i>Lancet</i> ;373(9682): 2223-33. [Table 4].

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9. Marijuana use, cultivation and distribution is contrary to federal law	<p>Federal law does not recognize “medical marijuana” as a legal substance.</p> <p>“Regardless of state laws to the contrary, there is no such thing as “medical” marijuana under Federal law. Marijuana continues to be a Schedule I substance meaning that it has no currently accepted medical use and a high potential for abuse.”</p>	<p>Office of National Drug Control Policy website: http://www.whitehouse.gov/ondcp/federal-laws-pertaining-to-marijuana</p>
	<p>Cultivating, selling or distributing marijuana violates federal law and the US Dept. of Justice considers enforcing federal law against significant traffickers a priority.</p> <p>“...persons who are in the business of cultivating, selling, or distributing marijuana, and those who knowingly facilitate such activities, are in violation of Federal law, and are subject to Federal enforcement action, including potential prosecution. The (US Department of Justice) DOJ guidelines do not legalize marijuana. The DOJ guidance explicitly states that marijuana remains illegal under Federal law. Enforcing Federal law against significant traffickers in illegal drugs including marijuana remains a core Department of Justice priority.”</p>	<p>Office of National Drug Control Policy website: http://www.whitehouse.gov/ondcp/federal-laws-pertaining-to-marijuana</p>

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	<p>Any marijuana use is unacceptable for persons employed in safety-sensitive jobs which are subject to US Dept. of Transportation regulations.</p> <p>“The DOT Compliance Notice explicitly reiterated that DOT regulation does not recognize “medical” marijuana under a state law to be a valid medical explanation for a transportation employee’s positive drug test. Pursuant to DOT regulation, Medical Review Officers will not verify a drug test as negative based upon information that a physician recommended that the transportation employee use marijuana as medicine. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation’s drug testing regulations to use marijuana.”</p>	<p>Office of National Drug Control Policy website: http://www.whitehouse.gov/ondcp/federal-laws-pertaining-to-marijuana</p>