



LOSING WAGER

"BIG MARIJUANA'S" LEGALIZATION CRUSADE ENDANGERS OUR FUTURE

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CONCERNED WOMEN FOR AMERICA

Concerned Women for America (CWA) is the largest public policy organization for women in the country with hundreds of thousands of supporters and activists across the fifty states.

CWA is profoundly pro-life and pro-family. We are concerned with any policy, however popular, which threatens the stability of the nuclear family and a strong prospect of flourishing for every individual at every stage of life.

CWA's Board of Trustees has identified the prevalence of drug and substance abuse in our country and the move towards normalization and legalization of drugs as a significant development that should be critically studied and addressed.

We seek to establish policies that can help put an end to drug and substance abuse and its normalization and legalization. We seek to educate and enrich every person and family with the knowledge and tools necessary to overcome every obstacle thrown at them in this area. We are not deflated by the magnitude and difficulty of the problem, but are inspired instead to serve families and individuals in earnest.



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INTRODUCTION

Wherever you stand on the current trend towards legalization of marijuana in our country, it is evident that we need more information, not less, both on the effects of marijuana use itself (especially its long-term use) and also on the desired and unintended consequences of the different policies being adopted around the country.

This should be a point of agreement. The more research and evidence we have, the better we will be able to assess the pros and cons of any policy which should lead us to make better decisions.

This report takes a look at the evidence and concludes, after careful review, that, regardless of its popularity, the trend towards legalization is harmful to our nation's future. It goes against the available scientific evidence, and it is, therefore, not good policy. States should fight back against drug abuse, emphasizing prevention at an early age, especially for teens.

No scientific study to date shows marijuana is harmless or safe. This is an undisputed fact. The only question is just how bad it is.

Did you know that the American Medical Association, the American Psychiatric Association, the American Lung Association, The American Society of Addiction Medicine, the American Cancer Society, and the American Academy of Pediatrics, among others, have all expressed concerns about the significant harms of marijuana? Most have called for much caution.

We invite you to examine the evidence and make a determination for yourself. Given how scant the evidence to support the sudden rush towards legalization is, it is certainly reasonable to be skeptical, and we must demand much more transparency and accountability of our policy makers. Some are gambling with our future (our children) by making this harmful drug widely available. We can expect the loss to be great.



WHAT IS IT?

Marijuana is known by many names (weed, pot, herb, grass, bud, Mary Jane, among others). It is a drug made from the dried flowers of the *Cannabis Sativa*. It can be smoked in a cigarette (called "joints") or in pipes (some are called "bongs"). Others, known as "blunts," are rolled in cigar wraps. And, as you have probably heard, it can also be brewed or cooked into "edibles" (tea, brownies, candy, etc.).

Tetrahydrocannabinol (THC) is the chemical that gives marijuana most of its psychological effects.

One of the problems with the rush to legalize marijuana, without any sort of scientifically developed guidelines, is that **most of the times, consumers do not know how much THC there is in what they are consuming.** And the disparity is significant. Especially in recent decades, as experimentation from the result of legalization spreads, the THC levels have increased *dramatically*.

INCREASED POTENCY

The level of THC content in the marijuana of the 1970s and 1980s was three to five percent. Today we are

seeing THC levels between 13 to 30 percent.¹

This is concerning. One laboratory at the University of Mississippi tracking the potency of marijuana has found some, "as high as 37%, according to Dr. Mahmoud ElSohly, the director of the Marijuana Potency Project."²

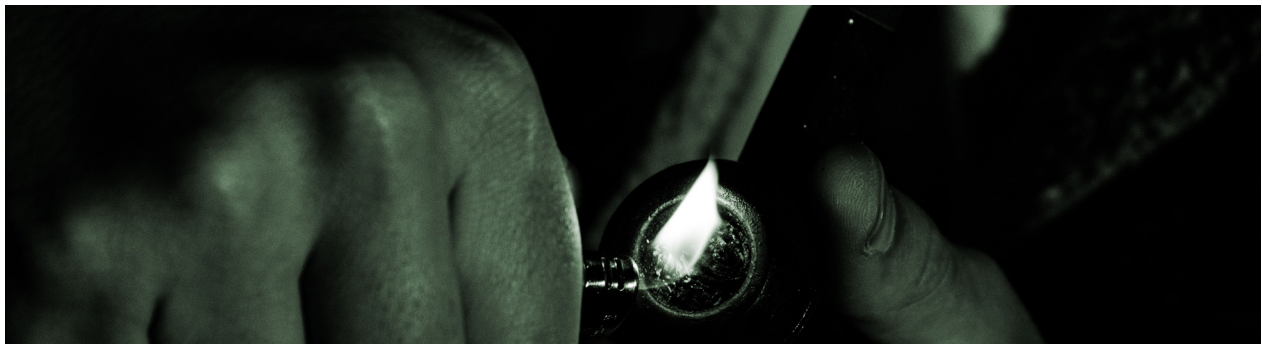
HIGHER RISKS

The increase in potency, paired with increased accessibility, helps explain the increasing number of hospital visits. As it has been reported, in 2011 455,000 patients entered emergency rooms with marijuana in their system, a 19% increase from just two years prior.³ Among people aged 12 to 24, marijuana was by far the top drug sending people to emergency rooms.⁴ The state of Colorado reported a 300

percent increase in hospitalizations involving patients with possible marijuana exposures and diagnoses.⁵

Dr. Stuart Gitlow, a psychiatrist and the president of the American Society for Addiction Medicine, has noticed an increase in psychiatric admissions, too. He "estimates that upwards of 1 in 100 people using high-THC marijuana experience psychotic symptoms." He said, **"If you look at marijuana, the intensity has changed. So I would expect it to have a somewhat higher addictive potential."**⁶ Dr. Christian Thurstone, head of the addiction treatment center in Denver, Colorado, has noted: "It's more difficult to get kids clean because they come in less motivated for treatment, and more addicted."

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¹ Bennett, William J. & White, Robert A., *Going to Pot* xiii (Center Street 2015 Kindle).

² Hellerman, Caleb, "Is Super Weed, Super Bad?" CNN (Aug. 9, 2013), available at <https://www.cnn.com/2013/08/09/health/weed-potency-levels/index.html>

³ Bennett, *supra* at 18.

⁴ "Marijuana Emergency Room Visits Strongly on the Increase," Narconon, available at <https://www.narconon.org/drug-abuse/marijuana/er-visits.html> (last accessed Jan. 8, 2019).

⁵ Colorado Dept. of Public Safety, "Marijuana Legalization in Colorado: Early Findings" (March 2016), available at <http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf>.

⁶ Bennett, *supra* at 20.

ADVERSE EFFECTS

SHORT-TERM

One of the characteristics that make smoking marijuana particularly dangerous is the immediate short-term harmful effects it has on users. The National Institute on Drug Abuse (NIDA) published an article⁷ in *The National Journal of Medicine* documenting some of the side effects, which included:

- **Paranoia and psychosis**
When used in high doses.
- **Impaired short-term memory**
Making it difficult to learn and retain information.
- **Impaired motor coordination**
Interfering with driving skills and increasing the risk of injuries.
- **Altered judgment**
Increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases.



Some studies show that even casual smoking of marijuana can change your brain. Dr. Hans Breiter, a professor at Northwestern University and co-author of a study published in the *Journal of Neuroscience*, said, "People think a little recreational use shouldn't cause a problem, if someone is doing OK with work or school. Our data directly says this is not the case."⁸

Unlike with alcohol, a single smoke of marijuana can have effects that impair a student or employee physically and/or emotionally. Marijuana is usually used to "get high" which, by definition, can have impairing effects on professional, academic, familial, and societal performance.

Use of marijuana is often combined with other substances, like alcohol, further increasing the risk of life-altering decisions that can have harmful consequences for the user *and* those around them.

LONG-TERM

The long-term use of marijuana⁹ has destroyed many lives, families and communities. The physical, psychological, and societal harms are many, including:

- **Altered brain development**

Causing the functional impairment of cognitive abilities.¹⁰ A University of Illinois study concluded that adolescent marijuana use may alter how neurons function in brain areas engaged in decision-making, planning, and self-control.¹¹

- **Poor educational outcome**

Increasing the likelihood of dropping out of school. This effect is strongly associated with initial marijuana use early in adolescence.

- **Cognitive impairment**

Showing lower IQ among those who are frequent users during adolescence.

- **Diminished life satisfaction and ultimate achievement**

Based on subjective and objective measures as compared with ratings in the general population.



- **Addiction**

Occurring in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who use daily.

- **Symptoms of chronic bronchitis**

As has come to be expected when smoking.

- **Increased risk of chronic psychosis disorders**

Including schizophrenia in persons with predisposition to those types of disorders.

⁷ Volkow, Nora D., et al. "Adverse Health Effects of Marijuana Use." *N Engl J Med* 370.23 (2014): 2219-27. Print.

⁸ Gilman, Jodi M., et al. "Cannabis use is Quantitatively Associated with Nucleus Accumbens and Amygdala Abnormalities in Young Adult Recreational Users." *THE JOURNAL OF NEUROSCIENCE* 34.16 (2014): 5529. Print.

⁹ All effects discussed in Volkow *supra*. Additional sources where noted.

¹⁰ Volkow ND, Swanson JM, Evins AE, et al. "Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: a review." *JAMA PSYCHIATRY*. 2016;73(3):292-297. doi:10.1001/jamapsychiatry.2015.3278.

¹¹ University of Illinois at Chicago, "Adolescent cannabis use alters development of planning, self-control brain areas," *ScienceDaily*, 6 November 2018, available at <http://www.sciencedaily.com/releases/2018/11/181106150439.htm>.

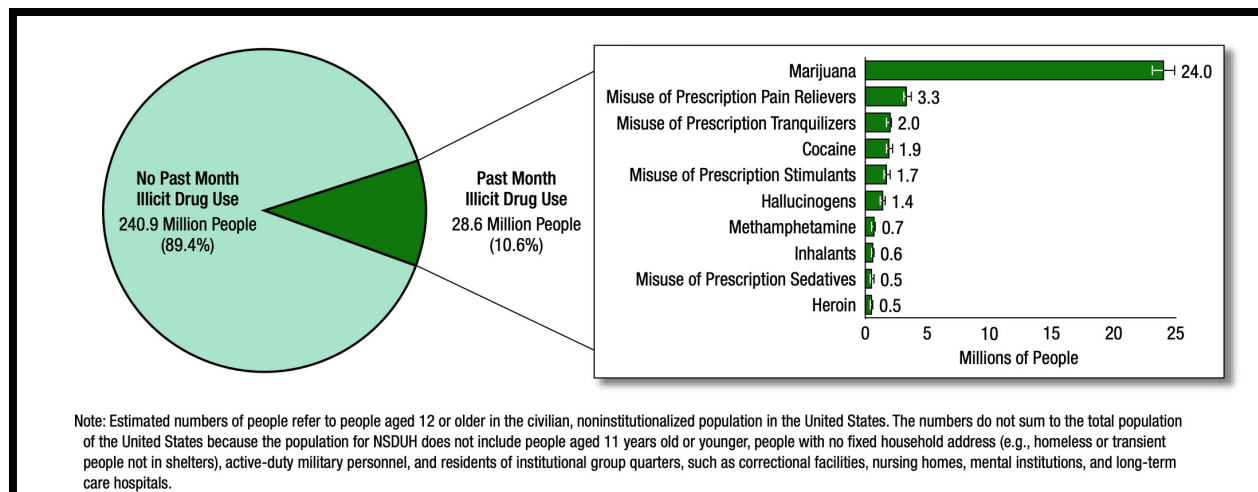
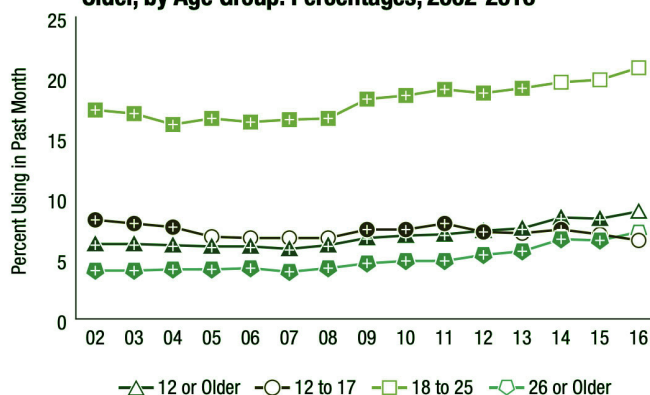
DATA POINTS

The National Survey on Drug Use and Health's (NSDUH) reports:

In 2016, **28.6 million people aged 12 or older used an illicit drug in the past 30 days**, which corresponds to about 1 in 10 Americans overall (10.6%) but ranges as high as 1 in 4 for young adults aged 18 to 25. Regardless of age, **the illicit drug use estimate for 2016 continues to be driven primarily by marijuana use and the misuse of prescription pain relievers.** Among people aged 12 or older, **24.0 million were current marijuana users** and 3.3 million were current misusers of prescription pain relievers.

In adolescents aged 12 to 17, 6.5 % were current users of marijuana—approximately 1.6 million. The percentage was 20.8 percent for young adults ages 18 to 25 (7.2 million). The figure is 7.2 percent for adults 26 and older, representing about 15.2 million.¹²

Past Month Marijuana Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2016

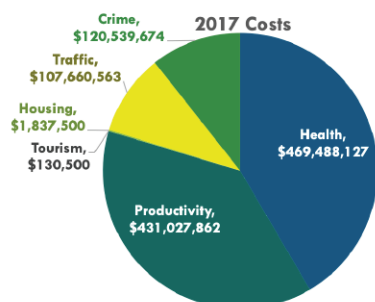


¹² Ahrensbrak, Rebecca, et al. "Key Substance Use and Mental Health Indicators in the United States:

Results from the 2016 National Survey on Drug Use and Health," available at <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>.

ECONOMIC AND SOCIAL COSTS

The Centennial Institute at Colorado Christian University commissioned a study¹³ to understand the economic and social costs of legalized marijuana, concluding:



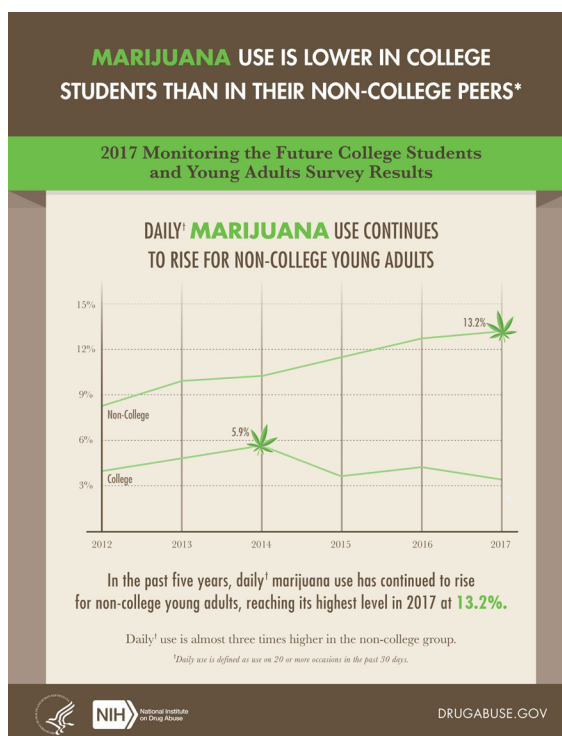
- For every dollar in tax revenue, Coloradans spent approximately \$4.50 to mitigate the effects of legalization.
- Costs related to the healthcare system and from high school drop-outs are the largest cost contributors.
- Research shows a connection between marijuana use and the use of alcohol and other substances.
- Calls to Poison Control related to marijuana increased dramatically since legalization of medical marijuana and legalization of recreational marijuana.
- People who use marijuana more frequently tend to be less physically active, and a sedentary or inactive lifestyle is associated with increased medical costs.
- Adult marijuana users generally have lower educational attainment than non-users.

• Long-term marijuana use may lead to reduced cognitive ability, particularly in people who begin using it before they turn 18.

• Yearly cost-estimates: \$2,200 for heavy users, \$1,250 for moderate users, \$650 for light users.

• **Sixty-nine percent of marijuana users say they have driven under the influence of marijuana at least once, and 27% admit to driving under the influence on a daily basis.**

• The estimated cost of DUIs for people who tested positive for marijuana only in 2016 approaches \$25 million.



¹³ Centennial Institute at Colorado Christian University, "Economic and Social Costs of Legalized Marijuana" (Nov. 18, 2019), available at <http://www.ccu.edu/centennial/policy-briefs/marijuana-costs/>.

MEDICAL MARIJUANA

The topic of medicinal marijuana in the context of legalization is a red herring. If marijuana is helpful to struggling patients, then it should be developed by the Food and Drug Administration (FDA), as any other drug. Strict guidelines are needed. The FDA has strong, science-based standards it must follow to protect the public from dangerous or ineffective drugs. Yet somehow, when it comes to marijuana, all these standards are being rejected. What drives the efforts to legalize marijuana is not science but sentimental popular opinion.

Despite popular myth, no prescription is needed to buy marijuana in the states which have legalized it. Some give out cards on a letter from a doctor, but marijuana is not being handled as a medicine. Anyone of age who wants to purchase marijuana can do so. This "note" or "letter" from a doctor is very easily accessible. A FOX 5 newsreporter wanted to see how easy it was to get a card in California. He stopped at a "clinic" and said (on recommendation, as it is popularly known) that he suffered from anxiety and couldn't sleep. That was enough. In less than an hour he had his card. The doctor told him he was going to "love" marijuana.¹⁴

Marijuana is overwhelmingly seen as recreational – as "fun." This is hardly contestable. Just take a look at the popular ways it is being delivered. It is marketed as candy, cookies, or brownies, among other playful things (top right).

If marijuana is a medical product, it should be treated as such. But until it is treated that way, we should not buy into this theoretical argument for legalization



purposes alone. Consider that **"never in the history of the FDA has there been an authorized form of medicine that is lit up and inhaled."**¹⁵ There are no standards, no controlled doses or strength, and no way to actually know the content of THC. As a matter of fact, most producers are aiming to have the most potent marijuana they can produce. But for the consumer this can be extremely dangerous, since they can't properly anticipate the results, even within a single producer.

If someone suffers greatly and obtains relief with marijuana, there should be a way to obtain it in a form that conveys the proper message as to its application. In fact the FDA has approved some synthetic forms of marijuana by prescription (Marinol, dronabinol) and is currently considering a spray version of cannabis extract, Sativex. But this is not where the push is; what we are witnessing in states around the country is the opening of the floodgates for the recreational use of marijuana under the guise of medicine. All states who have acted to implement medical marijuana end up eventually accepting a recreational program, too.

¹⁴ "FOX 5 Proves Medical Marijuana Card 'Easy' to Get," available at <https://fox5sandiego.com/2013/04/25/fox-5-proves-medical-marijuana-card-easy-to-get/> (last accessed January 9, 2019).

¹⁵ Bennett, *supra* at 34.



FROM THE EXPERTS

Here is the start of the American Psychiatric Association's Position Statement on Marijuana as Medicine:

"There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development."¹⁶

From the statement of the American Lung Association:

"The American Lung Association is concerned about the health impacts of marijuana use, especially on lung health. We caution the public against smoking marijuana because of the risks it poses to lung health."¹⁷

¹⁶ American Psychiatric Association, "Position Statement on Marijuana as Medicine," Dec. 2013, available at <https://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-2013-marijuana-as-medicine.pdf>.

¹⁷ American Lung Association, "Marijuana and Lung Health" (March 23, 2013), available at <https://www.lung.org/stop-smoking/smoking-facts/marijuana-and-lung-health.html>.

FROM THE EXPERTS (CONT.)

From the American Medical Association:

"[C]annabis is a dangerous drug and as such is a public health concern."¹⁸

From the American Academy of Pediatrics:

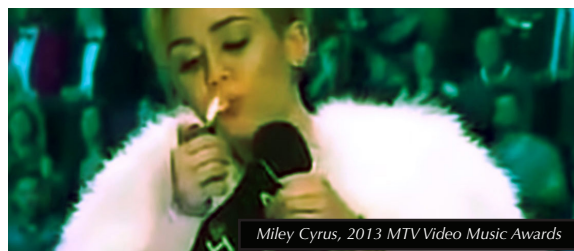
For adolescents, marijuana can impair memory and concentration, interfering with learning, and is linked to lower odds of completing high school or obtaining a college degree. It can alter motor control, coordination and judgment, which may contribute to unintentional deaths and injuries. Regular use is also linked to psychological problems, poorer lung health, and a higher likelihood of drug dependence in adulthood.

The AAP opposes medical marijuana outside of the usual process by the Food and Drug Administration to approve pharmaceutical products.¹⁹

Drs. Samuel Wilkinson and Deepak Cyril D'Souza from the Yale School of Medicine:

"Evidence supporting [marijuana's] efficacy varies substantially and in general falls short of the standards required for approval of other drugs by the FDA."²⁰

THE NON-EXPERTS



Hollywood, music, and other entertainers' blatant promotion of marijuana use also reveals much about the topic. Their glorification of the drug as harmless and indeed "cool" exposes the fact that the substance is not looked at with the seriousness that is characteristic of medical treatments, but with the carelessness and derision of adolescent rebellion.

Their irresponsible behavior has been detrimental to our youth who imitate their behavior, while lacking the resources to deal with the consequences of their bad judgment, unlike their wealthy incentivizers.

¹⁸ Nelson, Steven, "AMA Reaffirms Opposition to Marijuana Legalization" (Nov. 20, 2013) available at <https://www.usnews.com/news/articles/2013/11/20/ama-reaffirms-opposition-to-marijuana-legalization>.

¹⁹ "American Academy of Pediatrics Reaffirms Opposition to Legalizing Marijuana for Recreational or Medical Use," (Jan. 26, 2015), available at <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/American-Academy-of-Pediatrics-Reaffirms-Opposition-to-Legalizing-Marijuana-for-Recreational-or-Medical-Use.aspx>

²⁰ Bennett, *supra* at 61.



We couldn't escape the scientific truth about smoking though, and we have reacted with strong force against "Big Tobacco." An extreme caution warning is placed on smoking. Millions of dollars in public funding campaigns has sought to discourage it, and we have been fairly successful in delegitimizing the industry and slowly trying to turn back the tide on its widespread use. But not before much damage was done to many lives, families, and communities. Putting profits before people claimed the life of millions. Why are we repeating the same mistakes with "Big Marijuana"?

BIG MARIJUANA? (CONT.)

SAM (Smart Approach to Marijuana), an organization dedicated to "preventing another big tobacco" notes:

Like Big Tobacco of yesteryear, Big Marijuana knows that it needs lifelong addicted customers to prosper. Addictive industries generate the lion's share of their profits from addicts, not casual users. This means that creating addicts is the central goal. And — as every good tobacco executive knows (but won't tell you) — this, in turn, means targeting the young.²¹

In fact, SAM notes some of the same old tobacco players see marijuana as the next step for them. "According to internal documents that the government forced Big Tobacco to release during its historic court settlement, those companies are ready to pounce on the golden opportunity of drug legalization. It is no wonder that the parent company of Phillip Morris, Altria, recently bought the domain names 'AltriaCannabis.com' and 'AltriaMarijuana.com.'"²²

The numbers back up the idea that the young are being targetted. Since Colorado, Washington, Oregon, Alaska, and Washington, D.C., legalized marijuana, "past-month use" of the drug has continued to rise above the national average among youth aged 12–17.²³ Colorado toxicology reports show the percentage of adolescent suicide victims testing positive for marijuana has increased. In Anchorage school suspensions for marijuana use and possession increased more than 141% from 2015 (when legalization was implemented) to 2017.²⁴

In a 2017 graph (below), SAM drives home the growing problem of commercialization. Legalization has led Colorado to have more marijuana stores than McDonalds and Starbucks combined.²⁵

²¹ SAM, "Big Tobacco 2.0 Big Marijuana," available at <https://learnaboutsam.org/the-issues/big-tobacco-2-0-big-marijuana/> (last accessed Jan. 9, 2019).

²² *Id.*

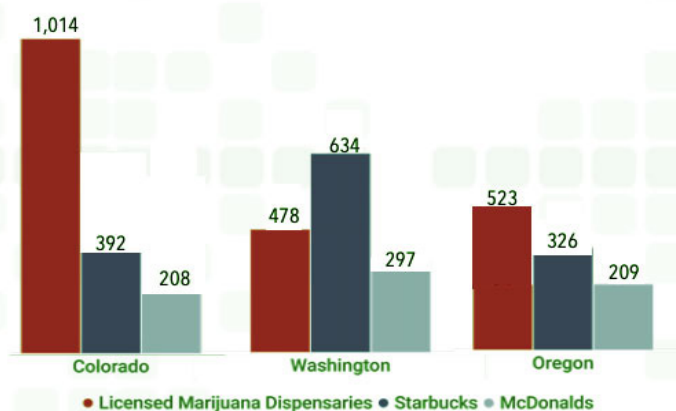
²³ Colorado Department of Public Health & Environment [CDPHE], 2017.

²⁴ Wohlforth, C., "Marijuana School Suspensions More Than Doubled After Legalization," *Anchorage Daily News* (Jan. 11, 2018), available at <https://www.adn.com/opinions/2018/01/11/marijuana-school-suspensions-more-than-doubled-after-legalization/>.

²⁵ SAM, "Lessons Learned from Marijuana Legalization in Four U.S. States and D.C." (March 2018), available at <https://learnaboutsam.org/wp-content/uploads/2018/04/SAM-Lessons-Learned-From-Marijuana-Legalization-Digital.pdf>

BUSINESS COMPARISON 2017

SOURCE: Colorado Department of Revenue; Starbucks Coffee Company, Corporate Office Headquarters; McDonalds Corporation, Corporate Office Headquarters; Washington State Liquor & Cannabis Board. Licensing. February 26, 2018. Information obtained from https://lcb.wa.gov/sites/default/files/publications/Public_Records/2017/MarijuanaApplicants.xls; Oregon Liquor Control Commission. http://www.oregon.gov/olcc/marijuana/Documents/Approved_Retail_Licenses.pdf



CONCLUSION

The scientific data available to date goes overwhelmingly against a rush to legalize marijuana. States that have already legalized it are gambling with our children's lives. And every scientific indication suggests that, as with tobacco, it is a losing wager.

The cultural shift in support of marijuana practically guarantees that, as with tobacco, we will have to do much damage control to push back against "Big Marijuana" with its powerful lobby.

Americans spent more on marijuana last year than they spent on pornography and video games combined.²⁶ Can you believe that? We can expect to pay a steep price in our workforce, our healthcare system, in our families and communities as the widespread use continues to take its toll.



States rushing to legalize marijuana are gambling with our children's lives, and every scientific indication suggests that, as with tobacco, their move towards legalization is a losing wager.

A compassionate response to this topic requires us to work against efforts to further normalize marijuana smoking.

The appeal of the Apostle Paul in 1 Peter 5:8 to "Be sober-minded ..." comes to mind. Marijuana is not a harmless drug. It should not be treated as such.

If marijuana can be used as medicine, the usual protocols and standards should be used to deliver it in a way that conveys its serious nature. "Smoking pot" as a way of self-medicating depression or anxiety should never be attempted or encouraged. It is a recipe for disaster, not just for the individual, but for entire communities.

Lawmakers should lead the way by treating this topic seriously, beyond the political considerations of its popularity.

²⁶ Bennett, *supra* at 121.



Concerned Women for America (CWA) is leading a movement dedicated to impacting the culture with Christian principles through prayer, education and public policy.