

COMMON CONCERNS OF OPPONENTS OF CANNABIS LEGALIZATION

Increased Teen Use

Colorado Department of Public Health & Environment

“Past-month marijuana use among adults and adolescents has not changed since legalization either in terms of the number of people using or the frequency of use.”

Colorado Department of Public Health & Environment. (2016), Monitoring Health Concerns Related to Marijuana in Colorado, Executive Summary
<https://www.colorado.gov/pacific/cdphe/news/marijuana-health-effects-report>

Washington Department of Social and Health Services

“Since marijuana is now more visible in communities with advertising and retail stores, state and community organizations and schools have increased education and prevention efforts to discourage underage use. These efforts may be helping to prevent an increase in use, with 17 percent of 10th graders reporting use in the past month, which has not changed since 2014.”

Washington Department of Social and Health Services (2016), Most Washington Teens Reject Alcohol and Other Drugs <http://www.askhys.net/Docs/HY%20Press%20release.pdf>

Gateway

Institute of Medicine

“Most drug users begin with alcohol and nicotine before marijuana.”

Joy JE, Watson SJ, Benson JA, eds. “Marijuana and medicine: Assessing the science base.” Institute of Medicine. Washington DC: National Academy Press, 1999.

National Institute of Drug Abuse

“Most people who use marijuana do not go on to use other, “harder” substances.”

National Institute of Drug Abuse. (2017, December 12). Marijuana. Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana>

National Institute of Drug Abuse

“Scientists are also conducting preclinical and clinical trials with marijuana and its extracts to treat...substance use disorders; mental disorders.”

National Institute of Drug Abuse. (2017, April 28). Marijuana as Medicine. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

Harm Reduction/Exit

American Journal of Public Health

“Colorado’s legalization of recreational cannabis sales and use resulted in a 0.7 deaths per month ($b = -0.68$; 95% confidence interval = $-1.34, -0.03$) reduction in opioid-related deaths. This reduction represents a reversal of the upward trend in opioid-related deaths in Colorado.”

Melvin D. Livingston, Tracey E. Barnett, Chris Delcher, Alexander C. Wagenaar, “Recreational Cannabis Legalization and Opioid-Related Deaths in Colorado, 2000–2015”, American Journal of Public Health 107, no. 11 (November 1, 2017): pp. 1827-1829.
<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304059?journalCode=ajph>

National Institute of Drug Abuse

“The first [study] found an association between medical marijuana legalization and a reduction in overdose deaths from opioid pain relievers, an effect that strengthened in each year following the implementation of legislation. “

“The second NIDA-funded study, a more detailed analysis by the RAND Corporation, showed that legally protected access to medical marijuana dispensaries is associated with lower levels of opioid prescribing, lower self-report of nonmedical prescription opioid use, lower treatment admissions for prescription opioid use disorders, and reduction in prescription opioid overdose deaths.⁸²Notably, the reduction in deaths was present only in states with dispensaries (not just medical marijuana laws) and was greater in states with active dispensaries.”

National Institute of Drug Abuse. (2017, December 12). Marijuana. Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana> on 2018, January 8

DUI

Countering AAA's Use of Prevalence Data to Imply Causation

AAA's study, Prevalence of Marijuana Use Among Drivers in Fatal Crashes: Washington 2010-2014 found a significant increase in the number of drivers involved in fatal crashes with THC in their system after cannabis legalization but noted the "results of this study do not indicate that drivers with detectable THC in their blood at the time of the crash were necessarily impaired by THC or that they were at-fault for the crash; the data available cannot be used to assess whether a given driver was actually impaired, and examination of fault in individual crashes was beyond the scope of this study."

Prevalence of Marijuana Use Among Drivers in Fatal Crashes: Washington 2010-2014, Tefft BC, AAA Foundation for Traffic Safety, 2016

National Institute on Drug Abuse

The National Institute on Drug Abuse notes that "the role played by marijuana in [traffic] accidents is often unclear, because it can remain detectable in body fluids for days or even weeks after intoxication and because users frequently combine it with alcohol."

National Institute on Drug Abuse, Research Report Series, Marijuana, NIH Publication Number 16-3859, Revised August 2016

Rocky Mountain High Intensity Drug Traffic Area Report (2016)

Similarly, the Rocky Mountain High Intensity Drug Traffic Area report which reported an increase in "marijuana-related" traffic deaths in Colorado after cannabis legalization prefaced the results of the study noting that "marijuana-related" or "tested positive for marijuana" do "not necessarily prove that marijuana was the cause of the incident." The section on "Impaired Driving" also states that, when it comes to traffic fatalities, "marijuana-related" entails "any time marijuana shows up in the toxicology report [of drivers]. It could be marijuana only or marijuana with other drugs and/or alcohol." The statistics cited are prevalence data only; neither evidence of causality or culpability.

The Legalization of Marijuana in Colorado: The Impact, Rocky Mountain High Intensity Drug Traffic Area Investigative Support Center, September 2016

National Highway Traffic Safety Administration

A February 2015 "Drug and Alcohol Crash Risk" study by the National Highway Traffic Safety Administration did find "a statistically significant increase" in crash risk (1.25 times) for drivers who tested positive for THC. But after the researchers controlled for age, gender, ethnicity and alcohol concentration level, increased crash risk associated with marijuana was no longer significant.

Drug and Alcohol Crash Risk, Compton RP & Berning A, National Highway Traffic Safety Administration, 2015

Federal Preemption

Acting U.S. Attorney for Delaware

U.S. Attorney for Delaware David Weiss has indicated that cracking down on state-approved cannabis operations is not a priority for his office despite the recent announcement by Attorney General Sessions rescinding the Cole Memorandum – “We have limited resources and have got to be smart with how we utilize them.”

Crackdown on state-legalized marijuana unlikely in Delaware; Goss, Scott; Delaware News Journal, January 8, 2018

Journal of Health Care Law and Policy

Efforts to crackdown on legal cannabis would be overwhelmingly unpopular, cause an unnecessary conflict between the federal government and states, likely lead to costly litigation, require a commitment of federal resources that the Department of Justice and federal law enforcement don't have, and would constitute an enforcement action that knowingly removes cannabis from a safe, legal, taxed and regulated market and returns billions in annual revenue back to the violent criminal market.

Preemption Under the Controlled Substances Act; Mikos, Robert; Journal of Health Care Law and Policy, Volume 16, Issue 1 (2013)

ER Visits

Colorado Department of Public Health & Environment

“There are indications that policy and education efforts about the potential health effects of marijuana are working. For example, marijuana exposure calls to the Rocky Mountain Poison and Drug Center have decreased since 2015. This includes calls about accidental exposures in children under 9 years old. In addition, the overall rate of marijuana-related emergency department visits dropped 27 percent from 2014 to 2015.”

Colorado Department of Public Health & Environment. (2016) Monitoring Health Concerns Related to Marijuana in Colorado, Executive Summary
<https://www.colorado.gov/pacific/cdphe/news/marijuana-health-effects-report>