



Project SAM: A Middle Road Between Legalization and Incarceration

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Project SAM (Smart Approaches to Marijuana)

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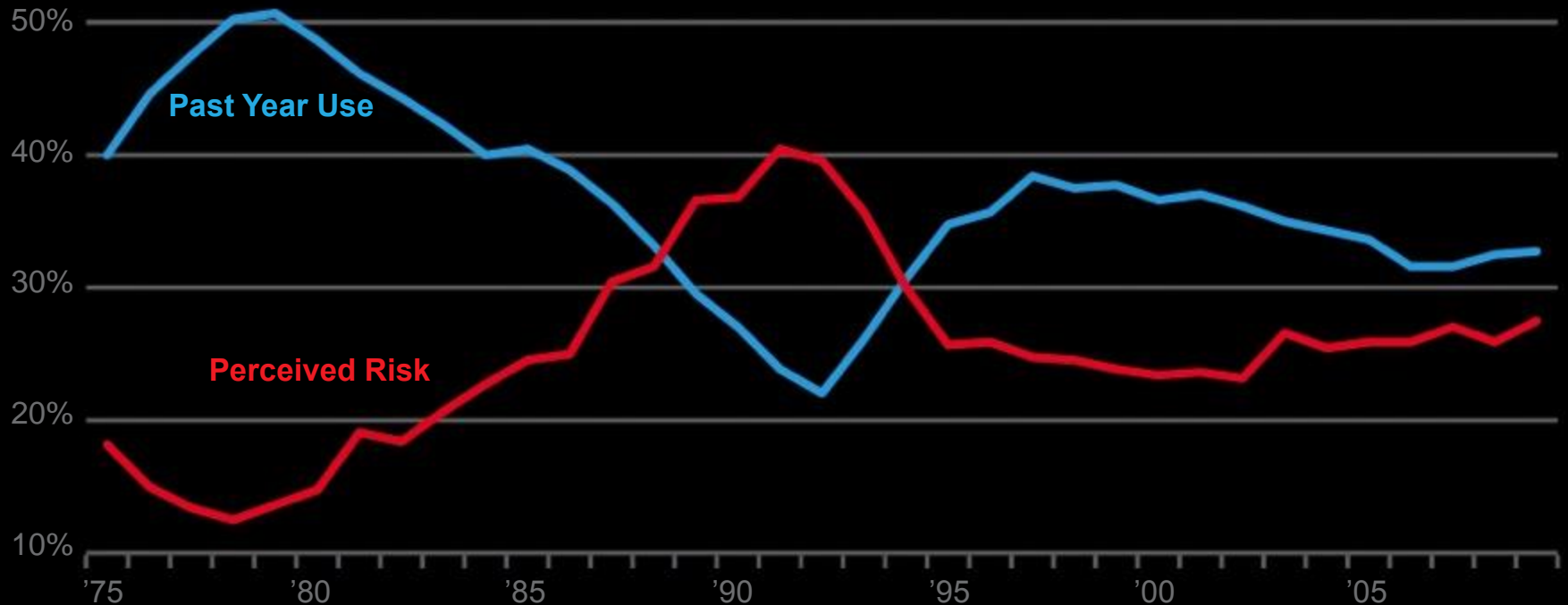
Underpinnings

- Being in favor of health care and mental health is inconsistent with being in favor of legalization.
- Right now, U.S. is on fast track to legalization without proper discussion of pros and cons.
- Project SAM offers a different way of approaching these issues.

Why do we care?

Changes in Perceptions Lead to Changes in Reality

Marijuana Use and Perceived Risk among 12th Graders, 1975 To 2009



Source: The Monitoring the Future study, the University of Michigan

Let's Not Repeat Mistakes of Alcohol & Tobacco

- Use levels for alcohol and tobacco are much higher than marijuana
- Industries *promote* addiction and target kids

Schiller JS, Lucas JW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(256). 2012.

Centers for Disease Control and Prevention. [Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2005–2010](#). Morbidity and Mortality Weekly Report 2011;60(33):1207–12

What incentives do legal corporations have to keep price low and consumption high?

- “Enjoy Responsibly”
- Taxes today for alcohol are 1/5 of what they were during the Korean War (adjusted for inflation)

Alcohol & Tobacco

Money Makers? or Dollar Drainers?

**Alcohol
Costs**

**\$185
billion**

Costs

**\$14
billion**

Revenues

**Tobacco
Costs**

**\$200
billion**

**\$25
billion**

Revenues

State estimates found at <http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em>; Federal estimates found at https://www.policyarchive.org/bitstream/handle/10207/3314/RS20343_20020110.pdf; Also see <http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>; Campaign for Tobacco Free Kids, see “Smoking-caused costs,” on p.2.

“If Only We Treated It Like Alcohol...”

Alcohol Arrests



2.7 million

Yearly

Marijuana Arrests



847,000

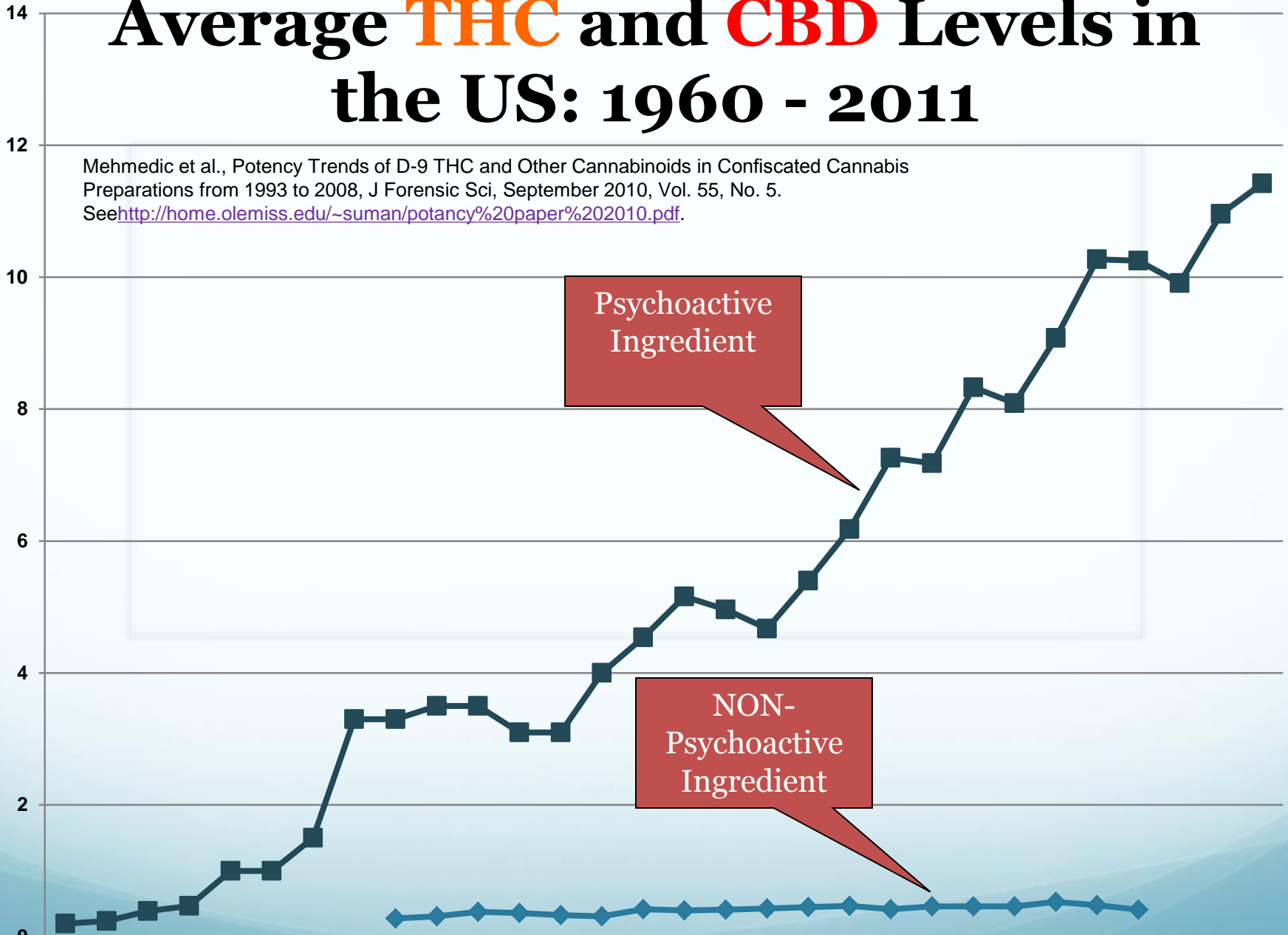
Yearly

(Does ***NOT*** include violence;
Includes violations of liquor laws and driving under the influence)

Average **THC** and **CBD** Levels in the US: 1960 - 2011

Mehmedic et al., Potency Trends of D-9 THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008, J Forensic Sci, September 2010, Vol. 55, No. 5.
 See <http://home.olemiss.edu/~suman/potancy%20paper%202010.pdf>.

MARIJUANA POTENCY



	1960	1965	1970	1974	1978	1980	1983	1984	1985	1986	1990	1992	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
THC	0.2	0.24	0.39	0.47	1	1	1.5	3.3	3.3	3.5	3.5	3.1	3.1	4	4.54	5.16	4.96	4.67	5.4	6.18	7.26	7.18	8.33	8.09	9.08	10.3	10.3	9.91	11	11.4
CBD									0.28	0.31	0.38	0.36	0.33	0.31	0.42	0.4	0.41	0.43	0.45	0.47	0.42	0.46	0.46	0.46	0.53	0.48	0.41			



**Can we trust companies and
Big Corporations not to target
youth and the vulnerable?**

DRAFT

I. THE IMPORTANCE OF YOUNGER ADULTS

Within five years, younger adults (18-24) will drop from 18% to 15% of the total adult population (18+). They will continue to decline in numbers until at least 1995, as the crest of the Baby Bubble pushes farther past age 25.

This shift in the population will cause smokers aged 18-24 to fall from 16% to 14% of all smokers by 1988. Even 13% would not be surprising, since smoking incidence has been declining more rapidly among younger adults than any other age group in recent years (see Appendix A).

Why, then, are younger adult smokers important to RJR?

Why, then, are younger adult smokers important to RJR?

1. VOLUME

Younger adults are the only source of replacement smokers. Repeated government studies (Appendix B) have shown that:

- Less than one-third of smokers (31%) start after age 18.
- Only 5% of smokers start after age 24.

of total smokers without needing to attract a single brand switcher. This gain was the equivalent of a successful two-style new brand introduction, with no cannibalization and no development/introductory costs.

As a company, Philip Morris held more than 60% of these 18-year-olds in 1983 versus RJR's 15-20%, yielding PM a .5 point in-going SOM advantage due only to "new" smokers.

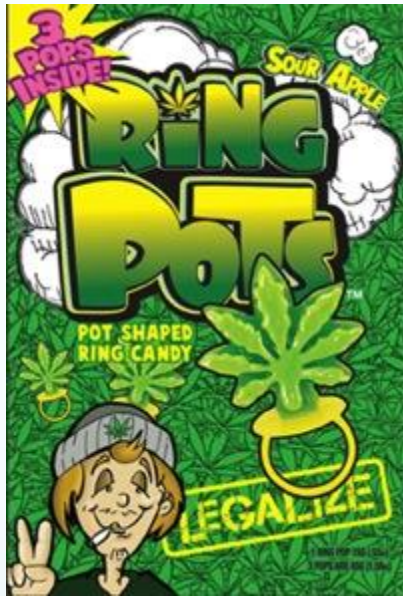
* This assumes 18-year-olds are 10% of the 18-24 group rather than a "fair share" of 14% because of population decline and the fact that some smokers start after age 18.

Will Big Marijuana become the new Big Tobacco?

Some Early Lessons from Colorado

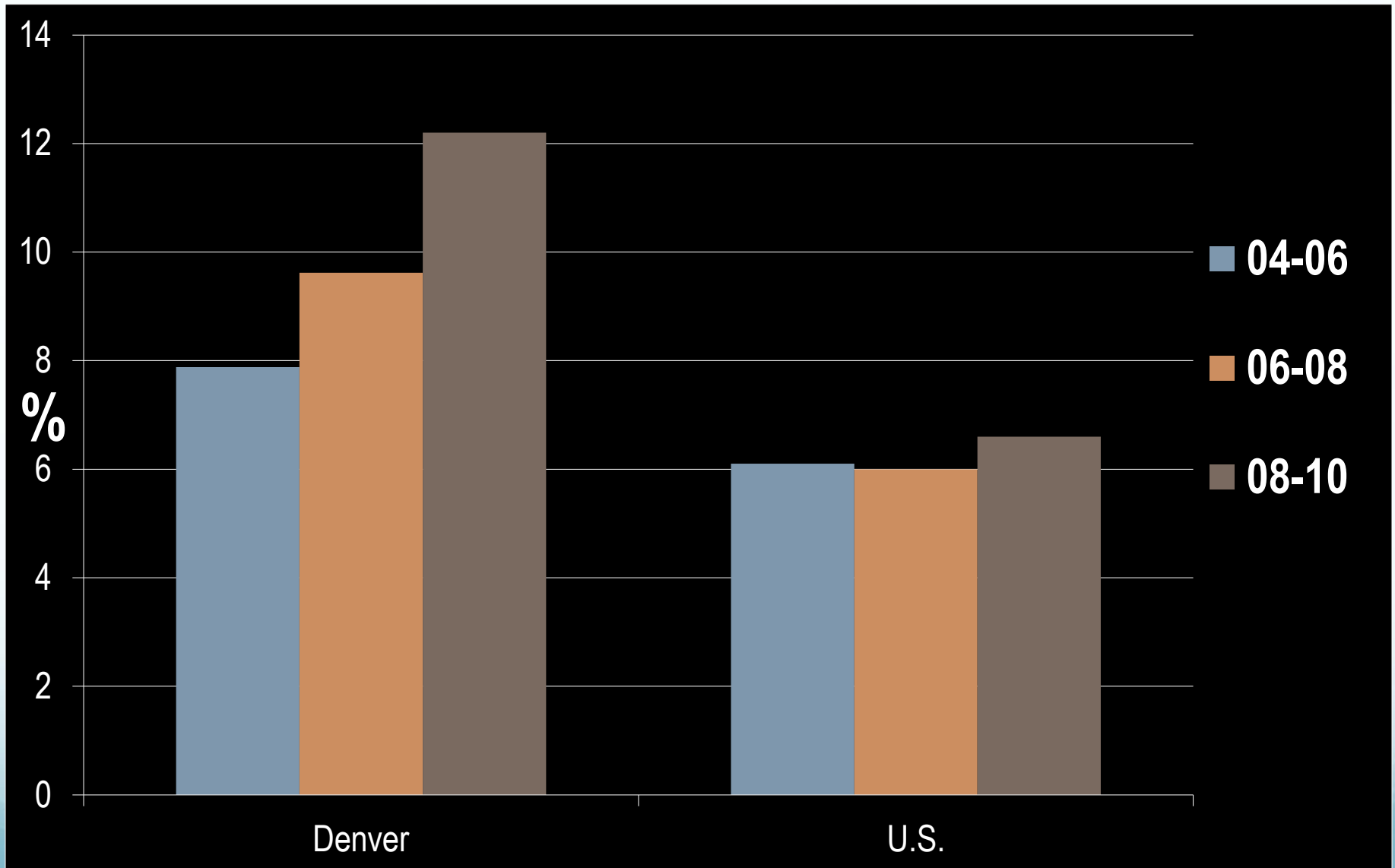


Marketing to Children

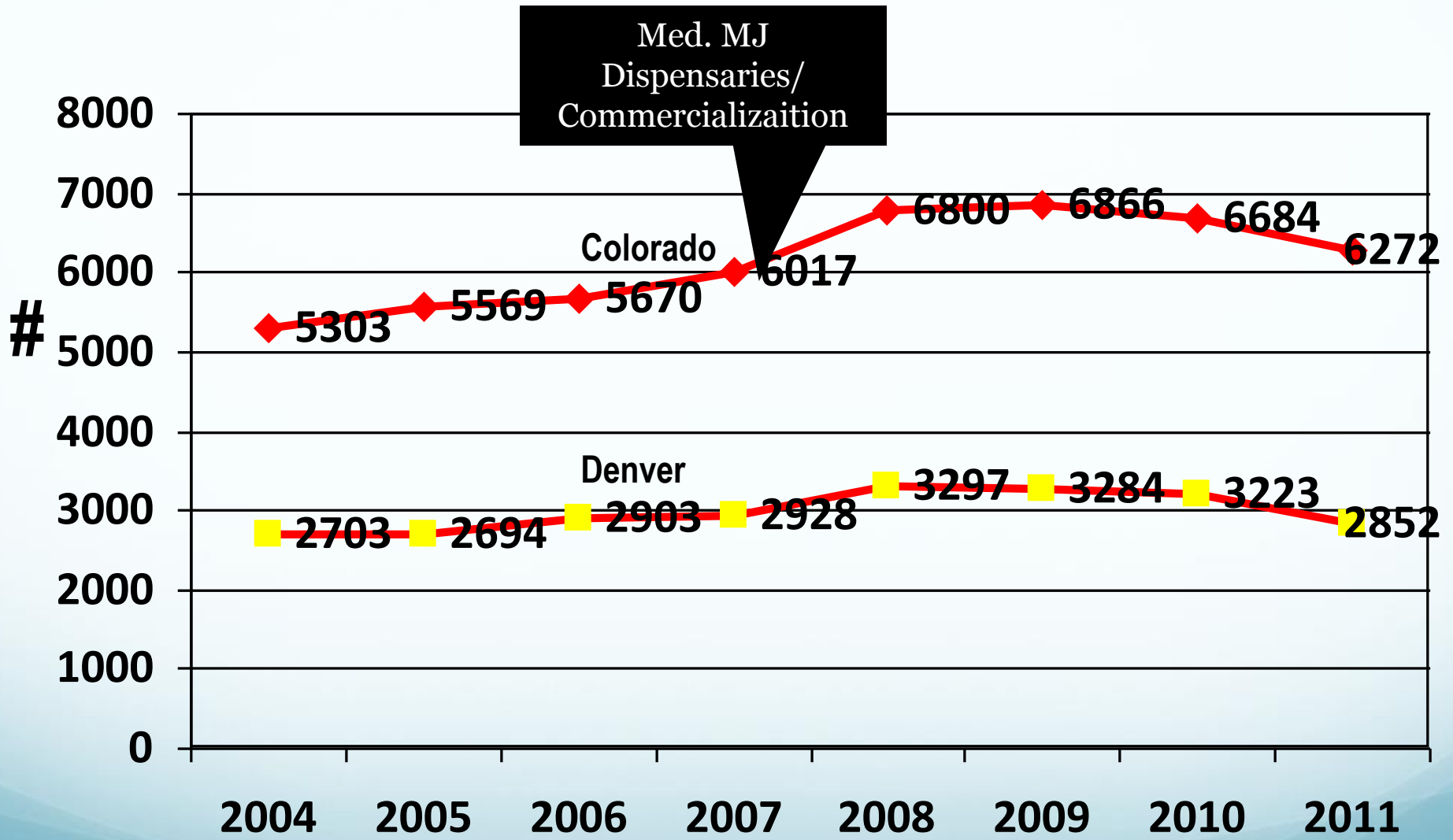




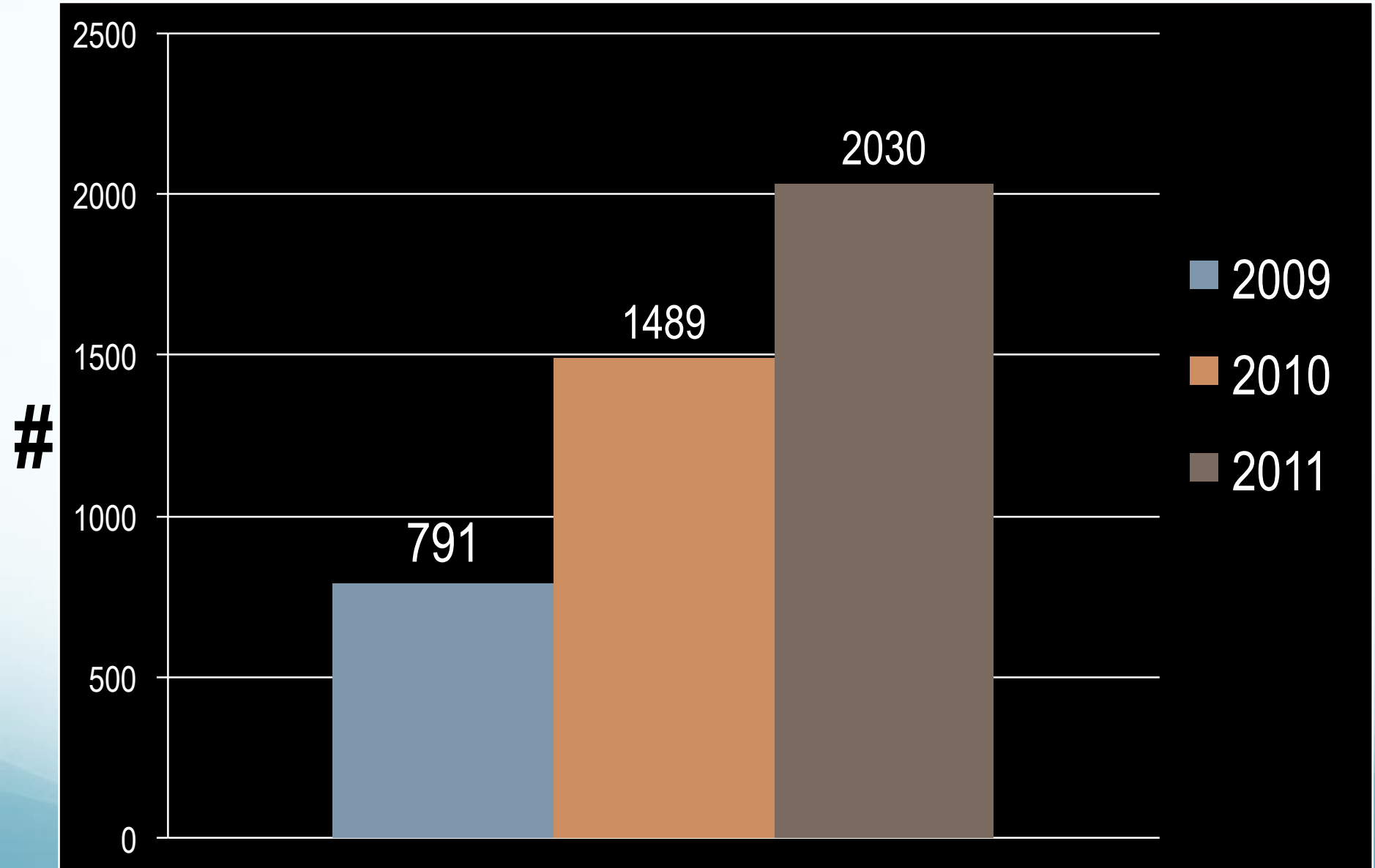
Past month marijuana use – age 12 and over



Substance Treatment Admissions for Marijuana Metro Denver

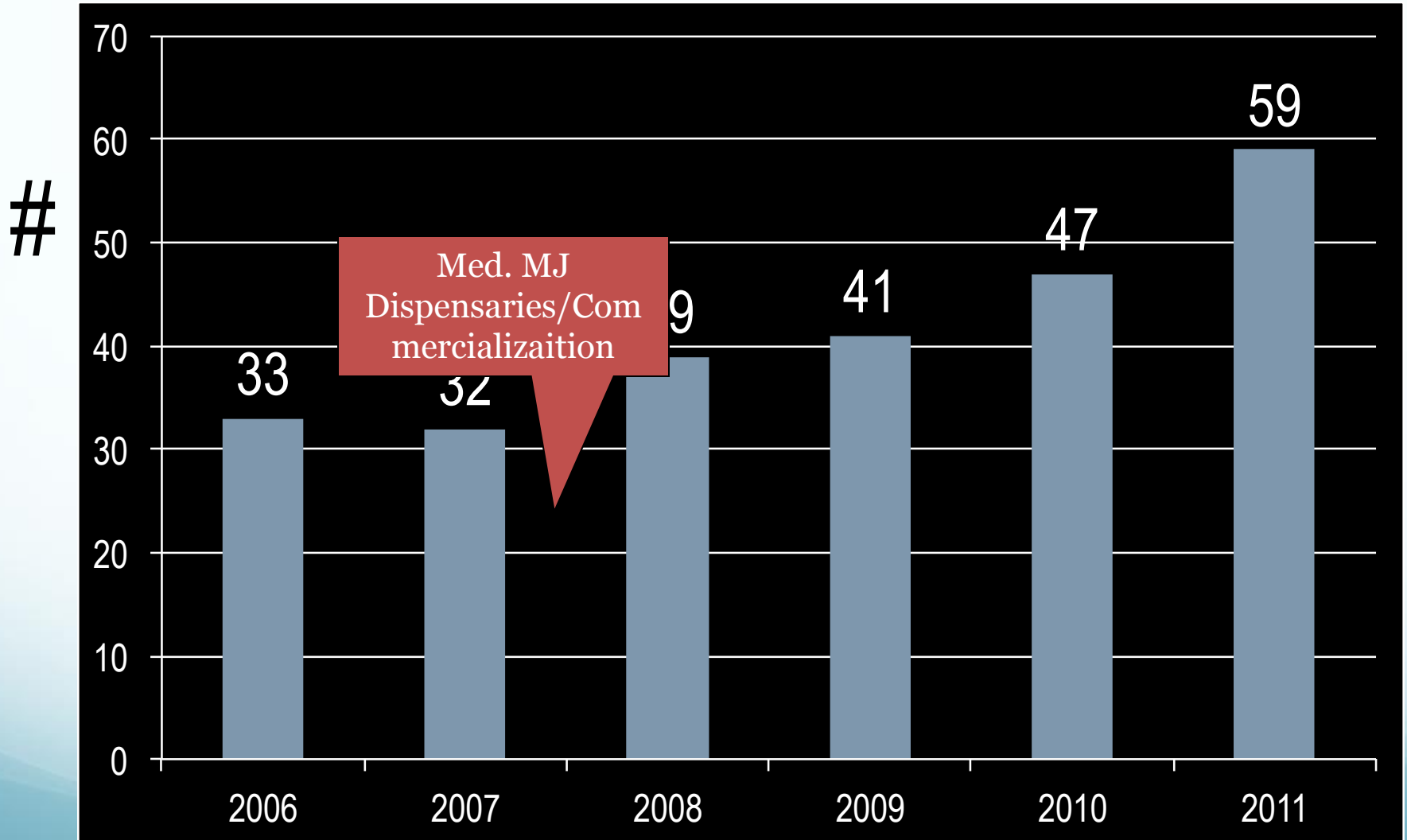


Blood tests for DUID positive for THC - Colorado

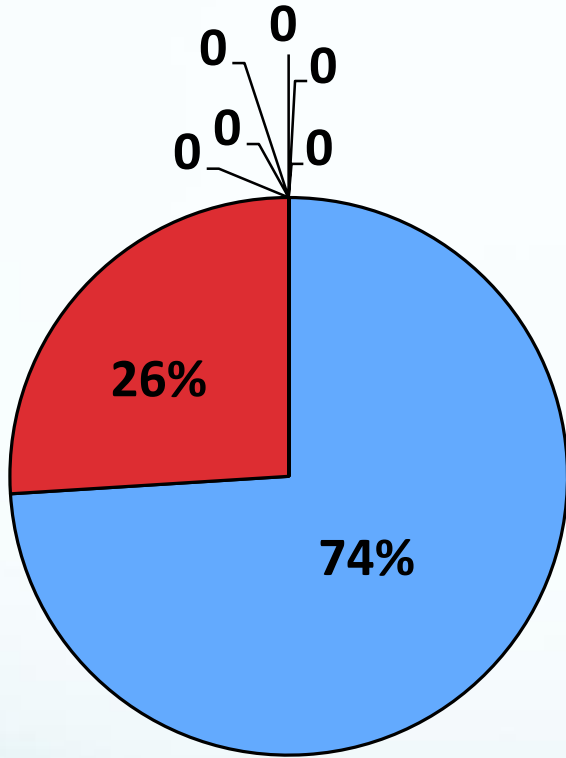


Source: Colorado Department of Public Health and the Environment

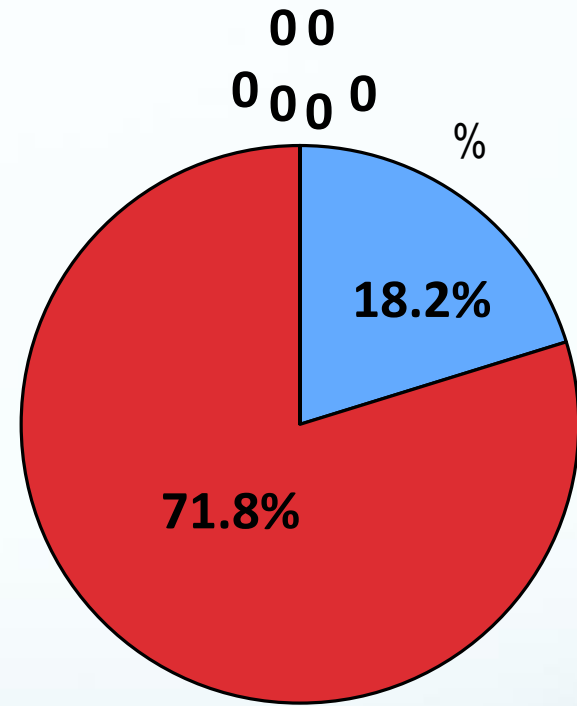
CO Traffic Fatalities with a THC+ Driver



Use of “regulated” marijuana by Denver teens

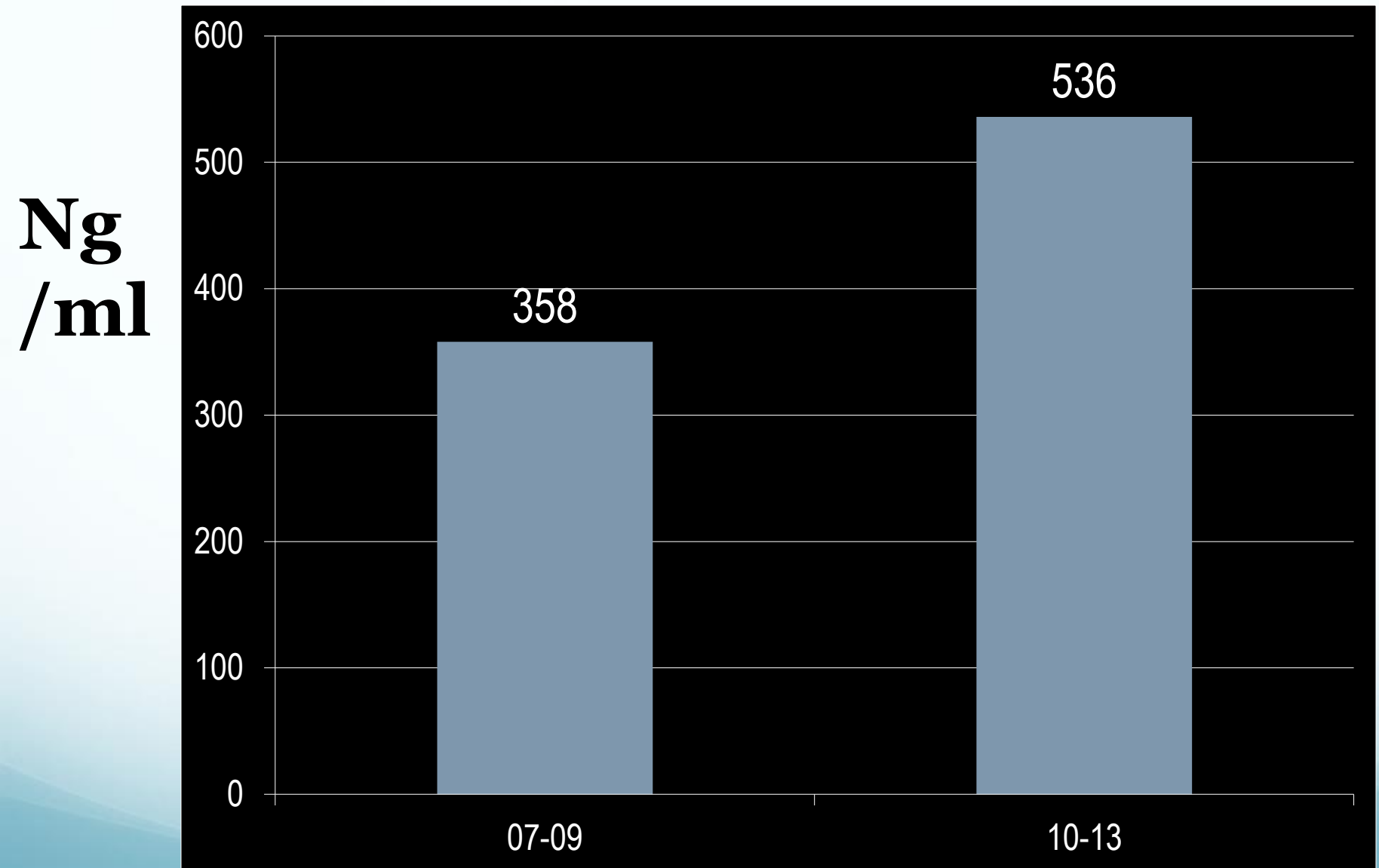


Substance treatment = 74% YES

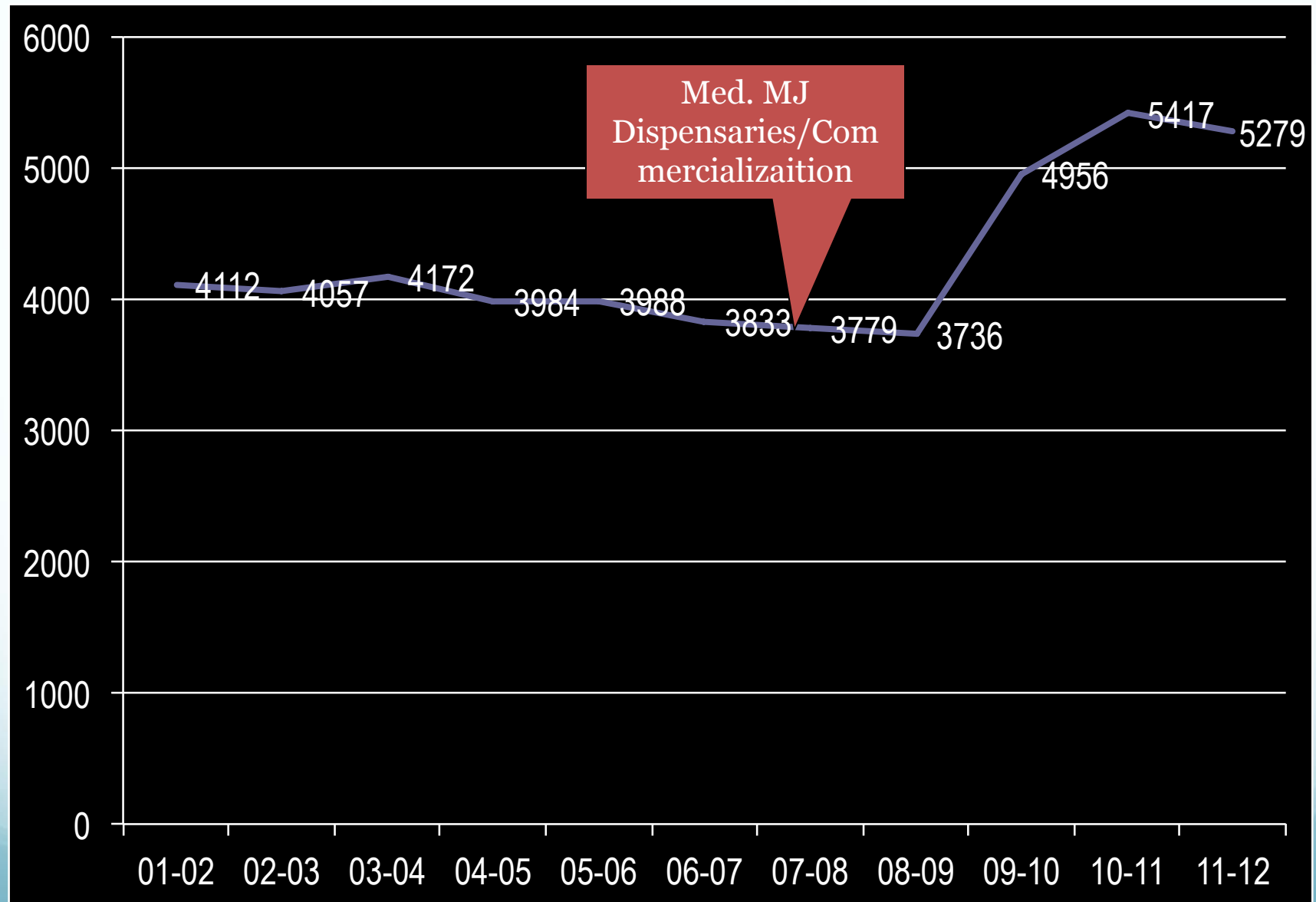


Primary Care = 72% NO

Average urine drug screen results

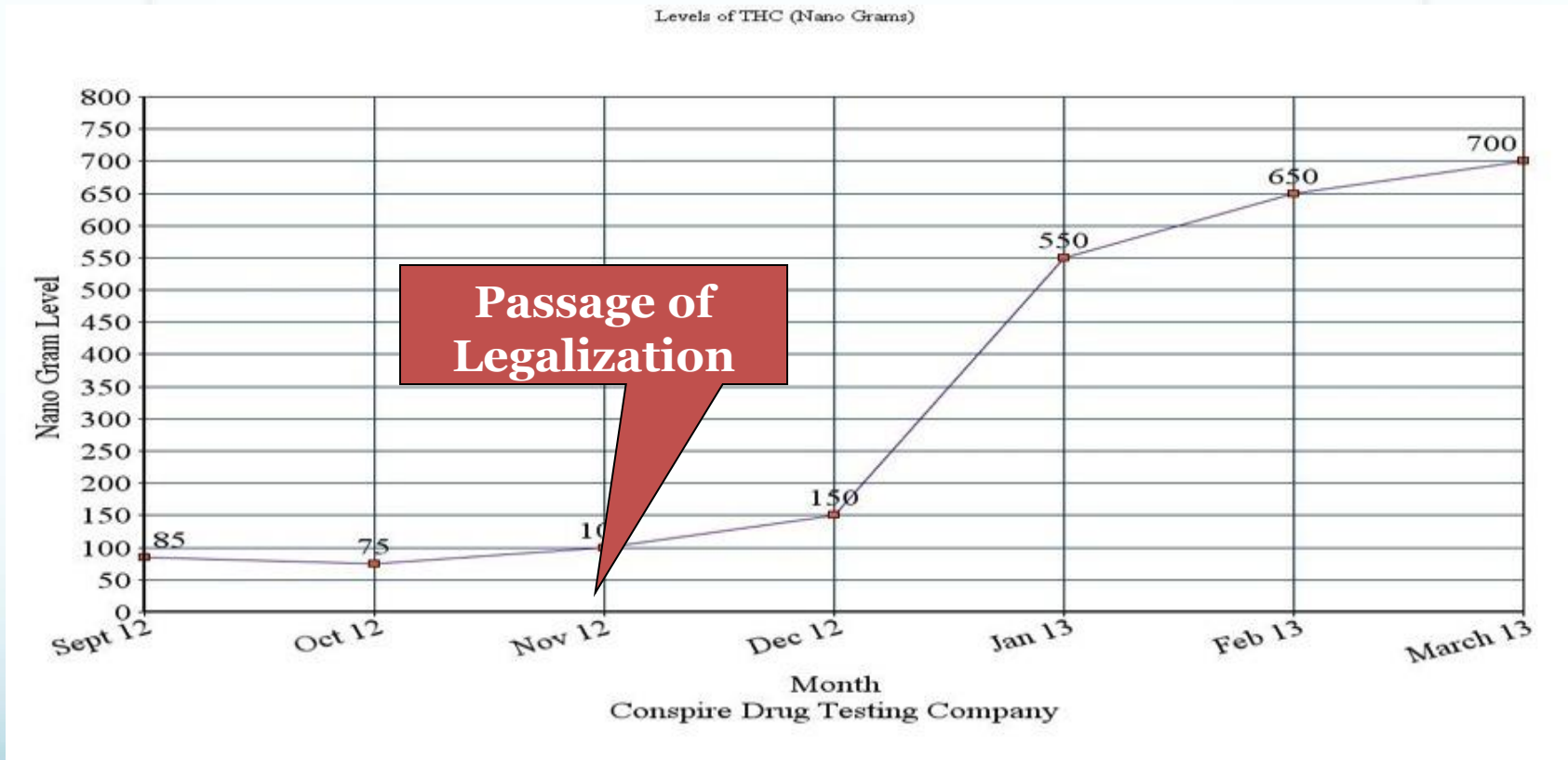


CO Drug-Related Suspensions/Expulsions



Colorado: Drug testing company sees spike in children using marijuana

Levels of THC (Nano Grams) after passage of Amendment 64:

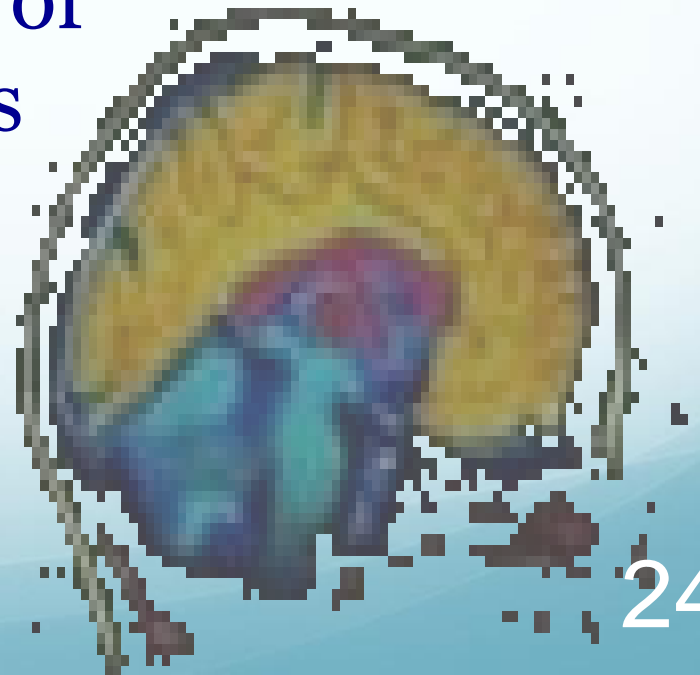


High School Student: “I’ve seen a lot more people just walking down the street smoking (joints)...it has kind of gotten out of hand.”

Marijuana and Kids

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.



Mixed Bag on Regulations

- Heavily influenced by CO's massive medical marijuana industry
- No explicit restrictions on character packaging, edibles, candies
 - But you can't have "Hostess Pot Twinkies"
- Advertising only allowed in "Adult Periodicals"
 - Now being challenged on 1st Am. grounds

**So what are our choices for
marijuana policy?**

All or nothing: Legalization vs. Prohibition



Current Debate

- Debate focuses on gains, not potential drawbacks, of legalization.
- One major potential drawback is increased use among young people

We Need *A “Smart Approach”*

Not about legalization vs. incarceration

We can be against legalization but also
for health, education, and common-sense



Chair, Patrick J. Kennedy

**Launched January 10th, Denver
Over 5,000 press mentions
Public Health Board of Trustees**

**Local Affiliates in CA, MA, VT, HI,
and more in 2013**

1. To inform public policy with the science of today's marijuana.
2. To have honest conversations about reducing the unintended consequences of current marijuana policies, such as lifelong stigma due to arrest.
3. To prevent the establishment of Big Marijuana that would market marijuana to children — and to prevent Big Tobacco from taking over Big Marijuana. Those are the very likely results of legalization.
4. To promote research of marijuana's medical properties and produce pharmacy-attainable medications.

Current Situation

- Less than 3% of state “medical marijuana” users have cancer, HIV, or glaucoma.
 - Could exacerbate symptoms (American Glaucoma Society)
- Vast majority are white males in 30s and 40s with self-diagnosed pain.
- Vast majority of cancer doctors and other physicians do not recommend smoking or ingesting marijuana.

Current Situation

- Relative to areas without them, areas with medical marijuana “dispensaries” connected to crime, youth access, and increased abuse.
- Voting on medicine? Bypassing scientific, FDA process, in favor of larger political and legalization agendas.
- Most major medical groups oppose state-based smoked marijuana as medicine (eg AMA, ACS).

This doesn't mean that components in marijuana do not have medical properties.

These are being scientifically developed.

However, the process should be improved.

Cannabis-Based Medicines

- Research on the efficacy of cannabinoids is not focused on raw/crude marijuana, but in individual components that may have medical use.
- *Sativex* is being studied
- Approved in Canada and across Europe
- Administered via an oral mouth spray, THC:CBD - 1:1



We don't smoke opium to benefit from morphine.

So we don't need to smoke marijuana to receive its potential benefits.

To decrease access and availability

A smart approach might look like this:

- Increased community-based prevention through community coalitions to empower schools, parents, physicians and other health care professionals to prevent marijuana use among youth
- Increased screening and brief interventions in health care settings
- Increased access to treatment
- Increased access to recovery-oriented services
- Greater number of drug treatment courts and HOPE Probation programs

Thank You!

Questions?

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