Project SAM: A Middle Road Between Legalization and Incarceration

Patrick J. Kennedy
Kevin A. Sabet, Ph.D.
Project SAM (Smart Approaches to Marijuana)
www.learnaboutsam.org
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


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?

“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

See [http://home.olemiss.edu/~suman/potency%20paper%202010.pdf](http://home.olemiss.edu/~suman/potency%20paper%202010.pdf).
Can we trust companies and Big Corporations not to target youth and the vulnerable?
I. THE IMPORTANCE OF YOUNGER ADULTS

Within five years, younger adults (18-24) will drop from 18% to 13% 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?

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.

-2-
Will Big Marijuana become the new Big Tobacco?

Some Early Lessons from Colorado
MEDICAL MARIJUANA
EVALUATIONS
GET YOURS TODAY
THE DOCTOR IS IN

MARIJUANA DOCTOR
Special
$60.00
2ND FLOOR

MEDICAL MARIJUANA CARDS
TRUSTED & EXPERIENCED FOR OVER 5+ YEARS
(888)436-2420
www.DOC420.com
Marketing to Children

Images of various products marketed to children, including:
- Ring Pots
- Cheeba Chews
- Mr. Greenbud chocolate
- Buddafinga chocolate
- Kellogg's Pot Tarts
- Cannabis-themed beverages

These products use colorful packaging and imagery that may appeal to children.
Past month marijuana use – age 12 and over

Source: National Survey on Drug Use and Health
Substance Treatment Admissions for Marijuana
Metro Denver

Source: Drug/Alcohol Coordinated Data System
Blood tests for DUId positive for THC - Colorado

Source: Colorado Department of Public Health and the Environment
CO Traffic Fatalities with a THC+ Driver

- 2006: 33
- 2007: 32
- 2008: 9
- 2009: 41
- 2010: 47
- 2011: 59

Med. MJ Dispensaries/Commercialization
Use of “regulated” marijuana by Denver teens

Substance treatment = 74% YES

Primary Care = 72% NO

Source: Salomonse-Sautel et al. (2012), JAACAP 51:694-702; Thurstone et al., under review
Average urine drug screen results

Source: Thurstone et al., in preparation
CO Drug-Related Suspensions/Expulsions

Source: Colorado Department of Education
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.”

CBS4 - McGuire, Jo. Drug Testing Company Sees Spike In Children Using Marijuana, Denver Post, March 6, 2013
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?
www.learnaboutsam.org

Email
info@learnaboutsam.org