Reefer Sanity: Seven Great Myths About Marijuana

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Outline

- National Drug Policy Overview
- Current Trends In Drug Use
- Seven Great Myths About Marijuana
- Colorado’s Experience
- Legalization On The Horizon
- Smart Policy

*I Receive No Funding From Any US National Agency, Including The National Institute On Drug Abuse*
Trends in drug use

Current illicit drug use among persons 12 and older: 2012

- **ALL ILLICIT DRUGS**: 23.9
- **MARIJUANA**: 18.9
- **PSYCHOTHERAPEUTICS**: 6.8
- **HEROIN**: 0.3
- **INHALANTS**: 0.5
- **HALLUCINOGENS**: 1.1
- **COCAINE**: 1.6

NSDUH, 2013
Trends in drug use

Current use among persons 12 and older: 2012

- Alcohol: 52.10%
- Tobacco: 26.70%
- Marijuana: 7.30%

NSDUH, 2013
Myth 1: Marijuana Is Harmless and Non-addictive
1 in 6 teens become addicted

1 in 10 adults and 1 in 6 adolescents who try marijuana will becomes addicted to it.

- The adolescent brain is especially susceptible to marijuana use.
- When kids use, they have a greater chance of addiction since their brains are being primed.

Wagner, F.A. & Anthony, J.C., 2002; Giedd. J. N., 2004
Dependence on or Abuse of Specific Illicit Drugs

Persons 12 or Older, 2008

- Cocaine: 1,411
- Heroin: 282
- Inhalants: 175
- Sedatives: 126
- Stimulants: 351
- Hallucinogens: 358
- Tranquilizers: 451
- Marijuana: 4,199
- Pain Relievers: 1,716

Substance Abuse and Mental Health Services Administration. (2009). OSce of Applied Studies. Treatment Episode Data Set (TEDS): 2009 Discharges from Substance Abuse Treatment Services, DASIS.
Addictive Nature of Drugs When Different Drug Use Starts in Adolescence

Today’s marijuana is not the marijuana of the 1960s.

- In the past 15 years, marijuana potency has tripled and since 1960 it grown 5 times stronger.
Average THC and CBD Levels in the US: 1960 - 2011

THC: Psychoactive Ingredient

CBD: NON-Psychoactive Ingredient

Mehmedic et al., 2010
Cannabis-related emergency hospital admission rates have been rising sharply in the US.

- From an estimated 16,251 in 1991 to over 374,000 in 2008

SAMHSA, 2011
Harmful effects on the brain

Marijuana use directly affects the brain

- It affects parts of the brain responsible for:
  - memory,
  - learning attention,
  - and reaction time.

- These affects can last up to 28 days after abstinence from the drug

Giedd. J.N., 2004
Harmful effects on mental health

• Increased risk of mental illness
  • Schizophrenia (6 fold)
  • Psychosis
  • Depression
  • Anxiety

Harmful effects on the lungs

Research shows that marijuana smoke is an irritant to the lungs.

• Results in greater prevalence of:
  • bronchitis,
  • cough,
  • and phlegm production.
Marijuana smoke is carcinogenic.

- It contains 50-70 percent *more* carcinogenic hydrocarbons than tobacco smoke.
- Evidence linking marijuana and cancer is mixed. However, marijuana smoke contains an enzyme that converts hydrocarbons into a cancer-causing form.
- Evidence on cancer is mixed.

Marijuana use has significant effects on IQ and learning

- Persistent and heavy use among adolescents reduces IQ by 6-8 points
- According to a government survey, youth with poor academic results are more than four times likely to have used marijuana in the past year than youth with an average of higher grades.

Meier, M.H., et al., 2012; MacLeod, J., et al., 2004.
Marijuana use is linked to low productivity and job performance

- Linked with:
  - dropping out of school,
  - unemployment,
  - social welfare dependence,
  - and lower self-reported quality of life

Marijuana use is linked to low productivity and job performance

- Employee marijuana use is linked with increased:
  - absences,
  - tardiness,
  - accidents,
  - worker’s compensation claims,
  - and job turnover

NIDA, 2011
Myth 2: Smoked/Eaten Marijuana is Medicine
Marijuana has medical properties, **BUT** we don’t need to smoke or eat it!

We don’t smoke opium to derive the benefits of morphine.

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

- A distinction must be made between raw, crude marijuana and marijuana’s components.
Is marijuana medicine?

No: smoked or inhaled raw marijuana is not medicine

Yes: there are marijuana-based pills available and other medications coming soon

Maybe: research is ongoing
Marijuana has medicinal properties

Studies show that components or constituents within marijuana have medical value.

- For instance, *dronabinol* (also known as Marinol®) contains lab-made THC and is widely available at pharmacies as capsules to treat nausea/vomiting from cancer chemotherapy
Marijuana-based medicines

Marijuana-based medicines are being scientifically developed.

- However this process needs improvement
- Research must be done on marijuana’s components, not the raw, crude plant
Marijuana-based medicines

- **Sativex®** is in the process of being studied in the USA.
- THC:CBD = 1:1
- It is administered via an oral mouth spray
- Already approved in Canada and Europe
Average medical marijuana patients

Profile: 32-year old white male
history of alcohol and substance abuse
no history of life-threatening illnesses

- 87.9% had tried marijuana before age 19
- 75% of Caucasian patients had used cocaine and 50% had used methamphetamine in their lifetime.
Only a small proportion of medical marijuana users report any serious illness

- In Colorado, 2% reported cancer, less than 1% reported HIV/AIDS, and 1% reported glaucoma as their reason for using medical marijuana.

- In Oregon, these numbers are less than 4%, less than 2%, and 1%, respectively.

Colorado Department of Public Health and Environment, 2011; Oregon Public Health Authority, 2011
Majority of medical marijuana users report using marijuana to treat ‘chronic or severe pain’

- 96% in Colorado
- 91% in Oregon
- 93% in Montana

Colorado Department of Public Health and Environment, 2011; Oregon Public Health Authority, 2011; Montana Department of Public Health and Human Services, 2011
Legalization behind the smokescreen

“We will use [medical marijuana] as a red-herring to give marijuana a good name.” —Keith Stroup, head of NORML

to the Emory Wheel, 1979

• Advocates have pushed their agenda through “medicine by popular vote” rather than the rigorous scientific testing system devised by the FDA.
After the Compassionate Use Act passed in California in 1996, Allen St. Pierre, the director of NORML admitted in a TV interview that “in California, marijuana has also been de facto legalized under the guise of medical marijuana”
Medical marijuana has led to increased use

Residents of states with medical marijuana laws have abuse/dependence rates almost twice as high as states with no such laws.

Cerda, M., et al., 2012.
Increased use can lead to increased drugged driving

“Drivers who test positive for marijuana or self-report using marijuana are more than twice as likely as other drivers to be involved in motor vehicle crashes.”

Mu-Chen Li, J.E., et al., 2011
Increased use among teens

“If pot is medicine and sanctioned by the state, then it must be safe to use”

• Among youth (12-17) marijuana use rates in states with medical marijuana is 8.6% compared to 6.9% in states without such laws.

• In states with medical marijuana laws, adolescents’ perception of the harmful effects of marijuana have significantly decreased.

• Pacula et al found that two features – home cultivation and dispensaries – are positively associated with marijuana use and “have important implications for states considering legalization of marijuana.”

• Dispensaries – Are these serving the sick and dying??
Myth 3:
Countless People Are Behind Bars for Smoking Marijuana
Drug Possession Offenders in State Prisons
Percent of State Prisoners, 2004

Bureau of Justice Statistics, 2004
Countless people are NOT behind bars for smoking marijuana

• Only 0.4% of prisoners with no prior offenses are in jail for marijuana possession

• 99.8% of Federal prisoners sentenced for drug offenses were incarcerated for drug trafficking

• The risk of arrest for each joint smoked is 1 for every 12,000 joints

Bureau of Justice Statistics, 2004 and 2012; Kilmer, B., et al., 2010
Among sentenced prisoners under state jurisdiction in 2008, 18% were sentenced for drug offenses.

Of those 18%, 99.8% were sentenced for drug trafficking.

Only 0.2% are for drug possession.
Myth 4:
The Legality of Alcohol and Tobacco Strengthen the Case for Marijuana Legalization
Alcohol and Tobacco: A Model?

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


Alcohol and tobacco use among teens

- 50% and 44% of youth report that they can obtain alcohol and cigarettes, respectively, within a day.

- Youth are least likely to report that they can get marijuana within a day (31%); 45% report that they would be unable to get marijuana at all.
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 (adj for inflation)

Will legalization diminish the power of cartels and the black market?

- Marijuana accounts for 15-25% of revenues gained from drug trafficking groups
- More money is found in human trafficking, kidnapping, and other illicit drugs

Kilmer, B., et al., 2010
Will legalization diminish the power of cartels and the black market?

• In a legal market, where drugs are taxed and regulated (for instance to keep THC potency below a certain level or to prevent sale to minors), the black market has every incentive to remain

• Legalizing marijuana would not deter these groups from continuing to operate

Kilmer, B., et al., 2010
‘Big marijuana’

Can we trust companies and Big Corporations not to target youth and the vulnerable?
The “Yale MBAs Are Here”

Steve DeAngelo

Troy Dayton
ArcView
with investors at the
Washington Athletic Club
‘Big marijuana’

“The use of marijuana ... has important implications for the tobacco industry in terms of an alternative product line. [We] have the land to grow it, the machines to roll it and package it, the distribution to market it. In fact, some firms have registered trademarks, which are taken directly from marijuana street jargon. These trade names are used currently on little-known legal products, but could be switched if and when marijuana is legalized. Estimates indicate that the market in legalized marijuana might be as high as $10 billion annually.”

From a report commissioned by cigarette manufacturer Brown and Williamson (now merged with R.J. Reynolds) in the 1970s.
Within five years, younger adults (18-24) will drop from 18% to 15% of the total adult population (184). 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.

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 HOME advantage due only to ‘new’ smokers.

* This assumes 18-year-olds are 10% of the 18-24 group rather than a “fair share” of IAE because of population decline and the fact that some smokers start after age 18.
Of course, children aren’t the only targets of the tobacco industry. Once, when I asked an R.J. Reynolds executive why he and his colleagues didn’t smoke, he responded point-blank that "We don’t smoke the sh—, we just sell it . . . We reserve that ‘right’ for the young, the poor, the black and the stupid."
PROJECT:

Apple Flavor

Apples connote goodness and freshness and we see many possibilities for our youth-oriented cigarette with this flavor. Apple cider is also a possibility.

Sweet Flavor Cigarette

We believe that there are pipe tobaccos that have a sweet aromatic taste. It's a well known fact that teenagers like sweet products. Honey might be considered.

Brown and Williamson, 1972: http://legacy.library.ucsf.edu/tid/wwq54a99
‘Big marijuana’

‘The 2\textsuperscript{nd} Annual National Marijuana Business Conference And Expo’ – Nov. 6-8, 2013 in Seattle

- Expecting nearly 600 people including:
  - Dispensary owners and license holders
  - Professional cultivators
  - Edibles and infused product makers
  - Ancillary goods and services firms, from attorneys to security technology
  - Investors and angel investing group leaders

- Conference registration costs $600
Will Big Marijuana become the new Big Tobacco?
Several vending machines and billboards have already emerged throughout the country.
A variety of medical marijuana products and ‘edibles’ can be found at dispensaries:

- Brownies, carrot cake, cookies, peanut butter, granola bars, ice cream
- Many such as ‘Ring Pots’ and ‘Pot Tarts’ are marketed with cartoons and characters appealing to children:
Alcohol and Tobacco legalization teach us there is no money in this for anyone other than Big Marijuana
Myth 5: Legal Marijuana Will Solve the Government’s Budgetary Problems
Will legalization solve budgetary problems?

- Few people are currently in jail for smoking marijuana
- Arrests and regulatory costs will increase with legal marijuana
“If Only We Treated It Like Alcohol…”

2.7 million
Arrests for alcohol-related crimes in 2008
(Does NOT include violence; Includes violations of liquor laws and driving under the influence)

847,000
Marijuana-related arrests in 2008
Alcohol & Tobacco: Money Makers or Dollar Drainers?

- For every 1$ gained from alcohol and tobacco tax revenues, $10 is lost in legal, health, social, and regulatory costs

Urban Institute and Brookings Institute, 2012; Tax Policy Center, 2008
Alcohol & Tobacco: Money Makers or Dollar Drainers?

Alcohol Costs

$185 billion

$14 billion

Revenues

Tobacco Costs

$200 billion

$25 billion

Revenues

Myth 6: Portugal and Holland Provide Successful Examples of Legalization
Neither Holland nor Portugal have legalized ANY drug
Legalization: Experience elsewhere?

No modern nation has tried legalization, though most Western countries do not imprison people for simple marijuana possession.

- Use rates in the Netherlands, Portugal, and Italy in the last 10 years are lower for some drugs and higher for others.

- The Dutch experienced a three-fold increase in marijuana use among young adults after commercialization expanded.
Portuguese policy

In 2001, Portugal changed policy to send users with small amounts of drugs to “dissuasion panels” – social worker panels who refer individuals to treatment, administer fine, etc.

Portugal also implemented robust treatment plan
Results are mixed

- Youth use has increased since 2001
- Deaths have gone down
- The impact of the policy unclear, despite extreme rhetoric
Dutch policy

The Dutch established the Non-enforcement Policy in 1976 and saw the birth of “Coffee Shops”
Results

- Experienced a three-fold increase in marijuana use among young adults

- Before Non-Enforcement, the Dutch always had lower rates of drug use than the US.
  - Holland is now #1 country in Europe with marijuana treatment need

- Scaling back policy
  - Coffee Shops Closing
  - Cannot sell to non-residents
Myth 7:

Prevention, Intervention, and Treatment are Doomed to Fail – So Why Try?
Policy Implications
Why is This Our Field’s Chief Policy Issue Today?
It is the discussion that...

✔ Completely changes our work environment

✔ Has the potential to overpower our best researched, most perfectly executed programs and strategies

✔ Is funded with more money, resources, and political clout than all groups in the field combined

✔ Has very little opposition
George Soros

- Spent over $250 Million on Legalization
- International focus
Peter Lewis

- Between $50-$70 M on legalization
- Focuses on the US

Primarily responsible for US-led initiatives – fully funds the MARIJUANA POLICY PROJECT
Over $50 Million

John Sperling
University of Phoenix
They’ve secured legislative champions at all levels – local, state, federal, international.
They’ve gotten the attention of editorial boards and media – including print, television and social media.
Case of Sanjay Gupta:

“Gupta Changes His Mind On Weed”
They’ve mobilized major grassroots and student supporters.
They are present and active in every single academic, think-tank, UN, and other international and domestic discussion on drug policy.
Most of all: They have captured the “sensible” ground, boxing us in as extremists, old fashioned, and moralistic.
What has been the result of their framing of this issue?
Support for Marijuana Legalization in the United States Has Reached Unprecedented Levels

Views of Legalizing Marijuana: 1969-2013

% saying marijuana should be...

1969 12  
1970 17  
1971 24  
1972 75  
1973 78  
1974 73  
1975 78  
1976 75  
1977 73  
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1979 73  
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2011 73  
2012 75  
2013 73  

National Policy

After 50 years of a movement to legalize marijuana, 2 states have now done it – Colorado and Washington

Marijuana Still Illegal Under Federal Law and Laws of 48 states
DOJ Guidance from Holder

Holder did not endorse legalization

He said that the government would defer its right to challenge states in court “right now”
DOJ Guidance from Holder

He laid out major areas of importance, including:

- **youth use increases**
- **drugged driving/health consequences**
- **advertising for youth**
But has this already happened?
Colorado post-2009

- Passed medical marijuana in 2001
- But no dispensaries until the mid-2000s
- Between 2006 and 2012, medical marijuana cardholders rose from 1,000 to over 108,000
- The number of dispensaries rose from 0 to 532
Increased teen use

Marijuana use among Colorado teens is currently:

- **fifth** highest in the nation
- 50% above national average

**NSDUH, 2013**
Distribution to minors

Drug-related referrals for high school students testing positive for marijuana increased. Average 5.6% of students per year between 2007 and 2009. Average of 17.3% per year between 2010 to 2012. Rose by over 150%.

Rocky Mountain HIDTA, 2013
Distribution to minors

In 2007, tests positive for marijuana made up 33% of the total drug screenings, by 2012 that number increased to 57%
Medical marijuana is easily diverted to youth

• Teens who know somebody with a medical marijuana license are more like than those who don’t to report ‘fairly’ or ‘very’ easy access to marijuana

• 74% of Denver-area teens in treatment said they used somebody else’s medical marijuana an average of 50 times

Thurstone, 2013; Salomonsen-Sautel et al., 2012
Denver high schools

- 29% of Denver high school students used marijuana in the last month

- If Denver were an American state, it would have the HIGHEST public high school current use rates in the country
Percent difference between national and Colorado past-month teen marijuana usage averages – 2006 and 2011

- 2006: 9.41%
- 2011: 28.73%
In Colorado, fatalities involving drivers testing positive for marijuana rose by 112%.

Mu-Chen Li, J.E., et al., 2011; Colorado Department of Transportation, 2006
While the total number of car crashes declined from 2007 to 2011, the number of fatal car crashes with drivers testing positive for marijuana rose sharply.
Increased ER admissions

In 2011, marijuana-related incidents accounted for 26 percent of the total ER visits, compared to 21 percent nationally.
Increased ER admissions

Rise in marijuana-related ER visits from 2006 and 2012:

- 200% for kids under 5
- 60% for kids 6-12
- 92% for kids 13-14

Rocky Mountain HIDTA, 2013
Diversion of marijuana

As the price for marijuana plummets in legalization states, we can expect cheap marijuana to be sold in non-legalization states for a handsome profit.

- According to the El Paso Intelligence Center (EPIC) National Seizure System, in 2012, there were 274 Colorado marijuana interdiction seizures destined for other states compared to 54 in 2005.
Poor regulation

Two independent reports released in August 2013 document how Colorado’s supposedly regulated system is not well regulated at all
The Colorado State Auditor concluded that:

- The state had not “established a process for caregivers to indicate the significant responsibilities they are assuming for managing the well-being of their patients,” and that the state “cash fund” was out of compliance.
Poor regulation

The Colorado State Auditor concluded that:

- 50% of ALL recommendations made by only TWELVE physicians
The city of Denver Office of the Auditor concluded that:

- The city of Denver “does not have a basic control framework in place for effective governance of the...medical marijuana program.”
- The medical marijuana records are “incomplete, inaccurate, inaccessible.”
- And that many dispensaries are operating without licenses.
4/20 Rally in Denver
4/20 Rally in San Francisco
Responsible Regulations?

- Heavily influenced by CO’s massive medical marijuana industry
- Allowing character packaging, edibles, candies
  - Can grow much more than you sell
- Advertising allowed in “Adult Periodicals”
Legalization on the horizon

With the DOJ’s announcement that it will not enforce the CSA, the reform group, Marijuana Policy Project (MPP), announced its plan to get legalization on the ballot in 10 states by 2017.
These states include:

- California
- Nevada
- Arizona
- Oregon
- Hawaii
- Alaska
- Maine
- New Hampshire
- Vermont
- Maryland
- Massachusetts
- Rhode Island
MPP is currently supporting a petition – the “Campaign to Regulate Marijuana” – to place legalization on the 2014 ballot

If passed:
- The manufacture, sale, and possession of up to one ounce of marijuana becomes legal for adults over 21.
- Creates establishments such as: marijuana retail stores and marijuana infused-product manufacturers
Initiatives supported by MPP are in place to put legalization on the ballot by 2016 and 2017 in:

- Arizona
- California
- Maine
- Nevada
- Hawaii
- Maryland
- New Hampshire
- Rhode Island
- Vermont

Also on the horizon...

Oregon
Montana
Massachusetts
If passed...

In all of these states, if the proposed amendments are passed, the retail sale and production, and possession of marijuana will become legal.
So What Are Our Choices?

All or nothing?

Legalization ("Regulation") vs. Incarceration ("Prohibition")
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, 2013 in Denver

Over 5,000 press mentions

Public Health Board of Trustees

10 state-wide affiliates
Project SAM

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.
SAM is a national group with state and local partners.
SAMIA (SAM Interstate Alliance)

State partners who work on state/local issues

Can be separate 501 (c) (4) or PAC or simply an informal entity
“We cannot promote a comprehensive system of mental health treatment and marijuana legalization, which increases permissiveness for a drug that directly contributes to mental illness.”

- Patrick J. Kennedy, former congressman
“A world of legal drugs will be a world in which the fates of the top one third of Americans and the lower two thirds will diverge even more than they already do. We have opened more roads to self-harm. Must we now open another?”

- David Frum, Daily Beast columnist
“The unregulated tobacco industry is a worldwide public health disaster. We should learn from our mistakes, not repeat them with marijuana.”

- Kimber Richter, tobacco researcher, University of Kansas
Smart Approach

Addressing current policy:

• People should not be stigmatized for their past use
• No sense in incarcerating users
• People need job and economic opportunities; by being blocked from them they will re-enter the illicit market
Non-legalization reforms

• Robust community-based prevention programs
  • community coalitions

• Criminal justice intervention programs
  • Probation reforms
  • Drug treatment courts

• Non-drug interventions
  • Housing
  • Education
  • Healthcare
What Can You Do?

• We need a movement!
• People need to hear your voice!
RECRUIT CHAMPIONS
Who are the grassttops leaders that you need to turn into champions?
• Legislators at every level of government

• Executive branch leaders, at every level of government

• Media luminaries in every medium

• Business leaders

• Other key influentials (faith leaders, civic leaders, foundation leaders, other)
Why Do You Need to Engage Them?

• To get on their policy radar screens

• To get them and their organizations to formally support our positions
How To Interest Grasstosps Leaders:

- Figure out how the marijuana legalization issues affect them and their constituents/members.

- Discuss these issues in a way that will appeal to them, their mission and their members.
How to Get Grasstops Support

- Must identify the leaders of the organization
- Must figure out how to get to them
- Must meet with them BEFORE the other side does
- Must make our case so that is salient, compelling and resonates with them and their members
- Must work with them to **FORMALLY** and **PUBLICLY** support your position
- Must do all the work for them
How to Frame Our Messages to Win Back The Public
Changing the Frame:

- From negative to positive
- From “old” to “new”
Marijuana legalization will increase drug use and workplace related consequences.
According to the American Council for Drug Education in New York, employees who abuse drugs are:

- 10 times more likely to miss work
- 3.6 times more likely to be involved in on-the-job incidents
- 5 times more likely to file a workers’ compensation claim.
Fact:
6.5% of high school seniors smoke marijuana every day\(^1\), rendering them virtually unemployable.

New Frame:

If your community cares about jobs and employability, you need to care about reducing marijuana use.
Old Message

Marijuana use is bad for memory, motivation and learning
Facts:

• A recent study found that those who used cannabis heavily in their teens and continued through adulthood showed a permanent drop in IQ of 8 points.
• Marijuana use negatively effects motivation, memory, AND learning.¹
• Youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youth with an average grade of A.²
• The more a student uses marijuana, the lower their grade point average is likely to be and the more likely they are to drop out of school.³

If you care about academic performance, you need to care about youth marijuana use.
Connecting the dots for elected officials is crucial if we want results!
Trends in support of legalization correlate with perceived risk of use

Percentage of People Agreeing

- No or Slight Risk
- Favor Legalization
Which demographic groups did not like Prop 19 (in CA)?

- Overall Swing Voters
- Liberal
- Income Under $40K
- Male
- Income $40K-$80K
- Age 18-34
- Income $80K+
- Female
- Age 55+
- Immigrant
- Education HS or less
- Parents of Children in Public Schools
- Latino

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International comparison of legalization

Support of Legalization - US vs. Australia

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<th>Year</th>
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<th>Australia</th>
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‘Big Marijuana’
Can we trust companies and Big Corporations not to target youth and the vulnerable?
AFROUHA 
IN
Meet the Entrepreneurs and Investors
Firing Up a New Industry
BY ROGER PARLOFF
The “Yale MBAs Are Here”

Steve DeAngelo

Troy Dayton
We're at a tipping point where it's starting to feel like marijuana legalization is no longer a question of if -- but when. But what about the other drugs? My colleagues and I at the Drug Policy Alliance are committed to ensuring the decriminalization of all drug use becomes a political priority.”

Now he does not just mean to remove arrests for small amounts... he says: “Many of the reasons why marijuana legalization makes sense can be applied to drugs more generally” --which appears to mean that this is about legalization/full retail sales of all drugs.

-HuffPost
Key Messages We Need to Use

- Highlight Big Tobacco – Big Marijuana Argument
- This is about legalizing all drugs – not just marijuana
- Top health authorities in US do not want legalization
- By increasing use, legalization will hurt workforce development and learning outcomes.
We Need to Join Together to Prevent the Most Catastrophic Policy Our Field Has Seen in More than 100 Years!