TEN POINTS ON MARIJUANA REFORM:
Science and Policy Recommendations for the Biden Administration

"...neither legalization nor criminalization..."
Introduction

Contrary to federal law, under which the use and sale of marijuana for any purpose is illegal, beginning in 2012 several states legalized the commercial sale of marijuana. This has led to the rise of public health, safety, and social justice harms, including increased emergency room visits from today’s high potency marijuana; increased addiction rates; increased drugged driving crashes, disproportionate outcomes and ownership, and more.

This document provides a proposed road map for the Biden Administration centered on the President-Elect's marijuana policy position and the platform of the Biden-Sanders Unity Task Force.

Within the scientific and medical community, there is broad agreement that youth should be protected, social justice must be secured, roadways should be safe, and our mental health must be valued.

“AAA opposes the legalization of marijuana for recreational use because of its inherent traffic safety risks and because of the difficulties in writing legislation that protects the public and treats drivers fairly.”
Recommendations

1. Adjust Federal Criminal Penalties for Use; Model Law for States (Congress, DOJ, ONDCP)

2. Commence a Science-Based Education and Awareness Campaign to Discourage Young People from Using Marijuana and Educate Parents on Today’s High Potency THC (HHS/CDC)

3. Expand Options for Marijuana Researchers (Congress, HHS/NIH/NIDA, DOJ/DEA)


5. Appoint Bi-Partisan Commission to Examine Scheduling Options (EOP/ONDCP)

6. Urge Reimbursers to Treat Marijuana Use Disorder (HHS/CMS)

7. Fund Efforts to Monitor Youth Marijuana Marketing (HHS/CDC)

8. Increase Funding for Counterdrug/Marijuana Production Operations (ONDCP/HIDTA, DOJ/DEA)

9. Fund Data Monitoring Systems Like DAWN and ADAM (HHS/SAMHSA, DOJ/BJA)

10. Appoint ONDCP Director Whose Position on Marijuana Is Consistent with the President-Elect, and Elevate to the Cabinet (WHO/PPO)
Recommendations

1. Adjust Federal Criminal Penalties on Use; Model Law for States (Congress, DOJ, ONDCP)
   There is a considerable difference between the *decriminalization* of marijuana and its full *legalization*. In line with President-elect Biden’s views, and the final report of the Biden-Sanders Unity Task Force, criminal penalties for marijuana use should be removed, while people should be directed to brief interventions, and, if necessary, treatment (one in three past year marijuana users meet the criteria for cannabis use disorder). Since penalties on use are mainly a state and local issue -- since federal jurisdiction is usually reserved for large scale, cross-border drug trafficking -- ONDCP, with partner drug program agencies, should draft a model law for states to use as an alternative to full scale legalization. These steps, taken together with the other recommendations here focused on research, prevention, treatment, and supply reduction, represent a science-based, balanced marijuana policy free of for-profit interests. It recognizes the harms of both high potency marijuana and the over-reliance on the criminal justice system. It’s also popular; the graph on the bottom right shows when given more than just two options, people prefer non-legalization policy choices.

Fact: Marijuana use and consumption levels have risen in an era of legalization, and when given more options than just full criminalization or full legalization, people choose other policies like decriminalization.
Recommendations

2. Commence a Science-Based Education and Awareness Campaign to Discourage Young People from Using Marijuana and Educate Parents on Today’s High Potency THC (HHS/CDC)

Polls find most Americans know little about the harms of today’s high potency marijuana. Few understand how much stronger today’s genetically-bred marijuana is. Though new research finds 1 in 3 past year users meet the clinical criteria for a Cannabis Use Disorder (or marijuana addiction) most think marijuana is not addictive. The Centers for Disease Control and Prevention (CDC) should work with experts to create a credible, science-based awareness campaign to transmit what we do and do not know about today’s marijuana.

3. Expand Options for Marijuana Researchers (Congress, HHS/NIH/NIDA, DOJ/DEA)

Two separate marijuana research bills passed the House and Senate in 2020. They would expand on what we know about marijuana; the Biden Administration should urge their passage and in the meantime implement administrative actions to make research easier.
COLORADO TRAFFIC FATALITIES WHERE THE DRIVER TESTED POSITIVE FOR MARIJUANA

(Mean=0.91) (Colorado Department of Transportation, 2019)

83 MARIJUANA BUSINESSES

STATE REGULATORY FRAMEWORKS STRUGGLE TO KEEP UP WITH THE NUMBER OF LICENSED SHOPS.

(83% of Marijuana Businesses (Colorado) vs. 107% of Marijuana Businesses (Alaska) (Oregon Liquor Control Commission, 2019))

MARIJUANA HOSPITALIZATIONS INCREASES SINCE LEGALIZATION

101% COLORADO

45% ALASKA


There was a 25% increase in Cannabis Use Disorder (CUD) among 12-17 year-olds in “legal” states.

(Cerda et. al., 2019)

MARIJUANA PLANT POTENCY

CONCENTRATE POTENCY

(Daily Marijuana Use Among 8th, 10th, and 12th Graders (Miech et al., 2019))

PAST MONTH AND PAST YEAR YOUTH USE IN “LEGAL” STATES OUTPACES SUCH USE IN NON-LEGAL STATES.

(Past Month and Past Year Youth Use in “Legal” States Outpaces Such Use in Non-Legal States (NSDUH State Comparisons, 2019))

ILlicit MARIJUANA PLANTS SEIZED OFF OF COLORADO PUBLIC LANDS

(U.S. Bureau of Land Management, 2017)

2019 DEA DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM

3,232,722 outdoor marijuana plants eradicated

3,210 weapons seized

4,718 arrests made

770,472 indoor marijuana plants eradicated

>29M cultivator assets seized
Already, scientific literature on the harms of marijuana use exists in abundance -- there are over 20,000 peer-reviewed research articles linking marijuana use to troubling health outcomes, according to the National Academy of the Sciences. But more research is critical to sound reforms, and we should make it easier for research into today’s high potent products.


As America learned with Big Tobacco, the full consequences of marijuana commercialization will materialize over decades. However, we do not need to wait that long to understand some key outcomes. For example, data already gathered by HHS finds legalized marijuana states have among the highest rates of marijuana use in the country, and use is sharply increasing in vulnerable demographics, like youth and young adults whose brains are still developing. Given the gap between science and public understanding, a formal, objective, science-based summary of all various outcomes is critical, including:

- Rates of marijuana-related driving fatalities
- Issues with “legally” sold, but contaminated, marijuana vapes (1 in 6 vaping illnesses resulted from legally sold THC vapes per CDC)
- Marijuana-related emergency department visits, hospitalizations, and accidental exposures
- Criminal/cartel markets
- Racial disparities in use and consequences
- Workplace problems, including labor shortages and accidents
“Seeing firsthand how drugs eviscerate urban communities – and understanding how marijuana legalization will impact the health, education, economics, business, liability and litigation complexities of our densely-populated, metropolitan-bookended state – I fully oppose it.”

-Senator Ron Rice (D-State Senator, New Jersey)

**Recommendations**

5. **Appoint Bi-Partisan Commission to Examine Scheduling Options (EOP/ONDCP)**

The issue of marijuana scheduling has been both a point of contention and of frustration within the medical, political, and advocacy community. Years ago, marijuana activists wanted marijuana re-scheduled, down to Schedule II or III, signaling it could be used under certain circumstances. The FDA has reviewed re/descheduling positions several times and has rejected each petition. Legalization advocates soon realized re-scheduling may indeed hurt the marijuana industry (eg by inviting FDA enforcement), so their current strategy is to de-schedule marijuana entirely, which would result in full legalization and commercialization with no public health guardrails.

There is a more sensible middle ground both parties could support. A commission should be appointed to look into all options, including creating a new schedule to allow for more research (eg 1A or 1R) while recognizing the danger of today's marijuana.

6. **Urge Reimbursers to Treat Marijuana Use Disorder (HHS/CMS)**

Cannabis Use Disorder (CUD) is real - affecting 1 in 3 past year users, according to a recent study, and attracting
**PERCEPTIONS OF RISK DECREASE WHILE USE IS ON THE RISE**

![Graph showing increased marijuana use and decreased perceived risk in Colorado (Colorado Division of Criminal Justice, 2019).](image)

**47% of Colorado drivers** who tested positive for marijuana at a level of 5.0+ THC, also had a BAC of 0.08 or higher. (Colorado Division of Criminal Justice, 2019)

The indoor cultivation of one kilogram of marijuana requires 5.2 megawatt hours of electricity and releases 4.5 metric tons of carbon dioxide emissions. (OREGON-IDAHO HIGH INTENSITY DRUG TRAFFICKING AREA, 2018; US ENVIRONMENTAL PROTECTION AGENCY, 2015)

**/YOUTH PAST MONTH VAPING HAS INCREASED DRAMATICALLY SINCE IT WAS FIRST RECORDED IN 2017.**

![Graph showing increase in youth vaping from 2017 to 2019.](image)

**A MAJORITY OF LOCALITIES IN "LEGAL" STATES HAVE OPTED OUT OF MARIJUANA SALES**

![Map showing states with legal marijuana sales and those that have opted out.](image)

**CALLS TO THE POISON CONTROL CENTER FOR MARIJUANA**

![Graph showing increase in calls to poison control centers for marijuana-related exposures.](image)

**PERCENT INCREASE IN CALLS TO THE POISON CONTROL CENTER FOR MARIJUANA EXPOSURES FOLLOWING LEGALIZATION IN THE STATE.**

![Graph showing increase in calls to poison control centers for marijuana-related exposures following legalization.](image)

**IMPAIRED DRIVING PERCEPTIONS**

![Graph showing perceptions of impaired driving after marijuana use.](image)

**The indoor cultivation of one kilogram of marijuana requires 5.2 megawatt hours of electricity and releases 4.5 metric tons of carbon dioxide emissions.** (OREGON-IDAHO HIGH INTENSITY DRUG TRAFFICKING AREA, 2018; US ENVIRONMENTAL PROTECTION AGENCY, 2015)
attention from the DSM-V. Reimbursers need to understand acknowledge marijuana addiction, and the Centers for Medicare and Medicaid Services should educate insurers and work with treatment centers to expand help for those who need it.

7. **Fund Efforts to Monitor Youth Marijuana Marketing (HHS/NIH/CDC)**

The sudden emergence of a for-profit marijuana industry has meant mass marketing of gummies, sodas, candies, ice creams and other items appealing to youth. New technology and rapid commercialization has driven an increase in the popularity of marijuana consumption through vaping devices. Like they do with the alcohol industry, HHS should fund research efforts to study and monitor the marijuana industry and their propensity to market to youth and downplay the addictive potential of their products.

8. **Increase Funding for Counterdrug/Marijuana Production Operations (ONDCP/HIDTA, DOJ/DEA)**

Legalization efforts have not eliminated the need to target the illegal marijuana production market. Indeed in many
cases it has meant that the illegal market has grown stronger. Efforts to eradicate marijuana are funded through several federal-state-local partnerships. These efforts should increase given the proliferation of the underground market.

9. Fund Data Monitoring Systems Like DAWN and ADAM (HHS/SAMHSA, DOJ/BJA)

Data monitoring systems are crucial to our ability to assess the effects of policies and make changes to increase public health and safety. Data on emergency room admissions (DAWN) and arrestees (ADAM) need to be resurrected to better understand current trends. Understanding the impact of predatory industry practices on under-served communities must be a priority. Additionally, widespread dissemination of other national surveys (eg MTF, NSDUH) and state subsets should be a priority.

10. Appoint ONDCP Director Whose Position on Marijuana Is Consistent with the President-Elect, & Elevate to the Cabinet (WHO/PPO)

President-elect Biden (and the Unity Task force) has made it clear he opposes the legalization of marijuana, and instead favors removing criminal penalties and increasing research. The President-elect understands the damage marijuana can bring, and that the marijuana industry is resembling other for-profit addiction industries, like Big Tobacco, and so the Director of National Drug Control Policy should reflect these views. The Director should also be made a cabinet level position, as it was in the Administrations of William J. Clinton and George W. Bush.

Not Only Potency, But Consumption Levels: What Do Users Look Like Today?

(Caulkins, 2018)

The change in marijuana potency today (daily users) versus 20 years ago (average weekend user) is akin to the caffeine change from one 20 oz cola a day, to thirty-three 16 oz cappuccinos a day.
IMPACT ON COMMUNITIES OF COLOR AND LOW-INCOME POPULATIONS

Marijuana legalization poses a significant threat to low-income and minority communities. Though industry proponents suggest that marijuana legalization will alleviate injustices against socioeconomically disadvantaged populations, disparities in arrest, use and other criminal justice-related rates have persisted in states that legalized marijuana. In terms of ownership, the marijuana industry does not look anything like America.

While it is important to evaluate the impact of incarceration within certain communities, it is also important to understand the impact of marijuana legalization on those same communities. It is inappropriate to suggest that only through marijuana legalization will social justice be achieved or criminal justice inequity remedied. In fact, no such effect has been demonstrated in the states where marijuana was made “legal.”
Though marijuana legalization has passed through ballots in several states, the picture at the local level is very different. The perception that legalization is welcomed by the citizens of marijuana-friendly states is not accurate. Proposition 64, the marijuana ballot measure in California, received just over 57% of the vote when it appeared on the ballot in 2016. Yet 80% of California localities have denied marijuana businesses from setting up shop (Alfosni, 2019). This means that the approximately 630 stores licensed by the state are concentrated within 20% of the towns and cities.
What is the American Medical Association (AMA) Position on Recreational Marijuana?
"Our AMA...

(1) believes that cannabis is a dangerous drug and as such is a serious public health concern;

(2) believes that the sale of cannabis for recreational use should not be legalized;

(3) discourages cannabis use...."

- Cannabis Legalization for Recreational Use, H-95.924