

Effects of Medical Marijuana Legalization

Legalization of marijuana, whether for medicinal or other purposes, often leads to decreases in perceived harm and social disapproval for marijuana, and increases in use among youth. Sending the message that marijuana should be used as medicine is confusing for youth, and has a negative effect on substance abuse prevention efforts.

What the “Medical Marijuana” Statistics Already Say:

- According to the 2006-2007 State Estimates of Substance Use, **all five top states, and ten of the fifteen states** with the highest percentage of past month marijuana users ages (12-17) are states with medical marijuana programs.¹ These states listed by ranking include:
 - 1.) Vermont
 - 2.) Maine
 - 3.) Rhode Island
 - 4.) Montana
 - 5.) New Mexico
 - 8.) Colorado
 - 10.) Alaska
 - 11.) Oregon
 - 13.) Michigan
 - 15.) Washington

- Medical marijuana states now occupy **all four top states, and eight of the top thirteen** states with the highest rates for new marijuana initiates ages (12-17).² These states listed by ranking include:
 - 1.) Vermont
 - 2.) Colorado
 - 3.) Rhode Island
 - 4.) New Mexico
 - 6.) Maine
 - 9.) Oregon
 - 11.) Montana
 - 13.) Hawaii

- The medical marijuana ballot initiative states are clustered at or near the top of the list in terms of drug addiction and abuse. Medical marijuana ballot-initiative states occupy **five of the top six slots, and ten of the top eighteen** slots in ranking of drug addiction and abuse ages (12-17).³ These states listed by ranking include:
 - 1.) Rhode Island
 - 3.) Colorado
 - 4.) Montana
 - 5.) New Mexico
 - 6.) Maine
 - 10.) Nevada
 - 12.) Washington

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2006-2007 National Surveys on Drug Use and Health, 2008

² *Ibid*

³ *Ibid*

- 14.) Alaska
- 16.) Vermont
- 18.) Oregon

- Medical marijuana states rank as **thirteen of the lowest twenty states** for the perception of risk for smoking marijuana once a month ages (12 - 17).⁴ These states listed by ranking include:
 - 31.) Nevada
 - 33.) Michigan
 - 36.) California
 - 37.) Hawaii
 - 38.) Montana
 - 39.) New Mexico
 - 41.) Maine
 - 43.) Oregon
 - 44.) Washington
 - 45.) Alaska
 - 46.) Colorado
 - 48.) Rhode Island
 - 49.) Vermont
- According to the 2006-2007 State Estimates of Substance Use, **Vermont, a medical marijuana state, had the highest rate in the country of past 30 day use of marijuana among students ages (12-17), at 10.98%.**⁵

National Statistics

Age of Initiation:

- Among the 8th-grade respondents in the 2007 Secondary Schools Survey by Monitoring the Future, 5.1% said they had tried marijuana by the end of 6th grade. In 2007, the older respondents give lower retrospective estimates of their marijuana use by 6th grade: 3.9% among 10th-grade respondents and 2.1% among 12th-grade respondents.⁶
- The age of initiation for marijuana use has been decreasing, as 30.4% more 8th grade students report lifetime use of marijuana in 2008, 14.6%, than did in 1992, 11.2%.⁷

Perception of Harm and Social Disapproval:

- In the 2008 Monitoring the Future Survey, the perceived risk for smoking marijuana once or twice, occasionally, and regularly is already decreasing among the 8th grade.⁸
- The social disapproval for smoking marijuana once or twice, or occasionally is already decreasing among the 8th grade.⁹

⁴ *Ibid*

⁵ *Ibid*

⁶ National Institute on Drug Abuse (NIDA), Monitoring the Future, National Survey Results on Drug Use, 1975 – 2007, 2008

⁷ NIDA, Monitoring the Future, Overview of Key Findings, 2008

⁸ *Ibid*

⁹ *Ibid*

- Research demonstrates that softening attitudes generally precede an increase in drug use rates by approximately two years.

Usage Rates Increasing Nationally:

- According to the 2009 National PRIDE Survey data, there was an increase for all grades (6-12) in past 30-day use of marijuana.¹⁰
- The 2008 Monitoring the Future Survey data shows that, for the first time, past 30 day use of marijuana has already eclipsed that of tobacco among 10th graders.¹¹

National Treatment and Emergency Room Statistics:

- From 1997 to 2007, **the number of persons aged 12 or older in treatment for marijuana dependence and abuse increased 45%, from 197,840 to 287,933.**¹²
- In 2007, **60.8% of all youth ages (12-15), and 55.9% of ages (15-19) admitted for drug and alcohol treatment were admitted for marijuana abuse.**¹³
- From 2004 to 2006, **emergency room admissions for all ages where marijuana was implicated increased from 281,619 visits in 2004, to 290,563 in 2006.**¹⁴

What the Research Shows To Support the Need for Prevention:

- Addiction is a developmental disorder that begins in adolescence, sometimes as early as childhood, for which effective prevention is critical.¹⁵
- Addiction is complex and influenced by a number of factors, including genetics, environment and age of first use.¹⁶
- According to studies by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the younger a person first uses drugs or alcohol, the greater the likelihood that they will become dependent and/or addicted to drugs and alcohol as an adult.¹⁷
- Research illustrates that the decline in the use of any illegal drug is directly related to its perception of harm or risk, and social disapproval by the user.

Effective Substance Abuse Prevention Is Unique

It involves:

- Reducing the availability of alcohol, tobacco and drugs;

¹⁰ PRIDE Surveys, 2008-2009 National Summary, Grades 6-12, 2009

¹¹ NIDA, Monitoring the Future, Overview of Key Findings, 2008

¹² SAMHSA, Office of Applied Studies, Treatment Episode Data Set, Drug and Alcohol Services Information System, 2007

¹³ *Ibid*

¹⁴ Drug Abuse Warning Network, National Estimates of Drug Related ED Visits, 2006

¹⁵ Quote by Dr. Nora Volkow, Director of NIDA

¹⁶ NIDA, Reducing the Public Health Burden of Substance Abuse, 2008

¹⁷ National Institute on Alcohol Abuse and Alcoholism (NIAAA), Underage Drinking A Growing Healthcare Concern, 2006

- Reducing access to alcohol, tobacco and drugs;
- Enforcing consequences for alcohol and drug related offenses;
- Changing attitudes and perceptions about the dangers and acceptability of alcohol, tobacco and drugs;
- Changing social norms about alcohol, tobacco and drugs;
- Raising awareness about the costs and consequences of alcohol, tobacco and drugs; and
- Building skills in youth, parents and communities to deal with these issues effectively.

Environmental and Population Level Strategies Are Effective

- The most effective substance abuse prevention is comprehensive and community-wide and includes environmental and population level strategies that are designed to change or strengthen norms against alcohol and drug use.
- Environmental strategies involve changes in legislation, policy and enforcement throughout an entire community.

Increasing the Age of Initiation Is Key

- Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults, than those who first use marijuana at age 18.¹⁸
- Policies, practices, programs and strategies specifically tailored to raising the age of initiation for substance use among youth must be promoted.

Conclusion

Research shows that there is a direct correlation between decreases in perception of harm and social disapproval and increases in drug use. Research also demonstrates that the most effective prevention reduces the access and availability of drugs and increases consequences for use. With national data already showing softening attitudes and across the board increases for drug use – particularly marijuana, which increased in all grades according to the most recent PRIDE Survey data – legalizing medical marijuana and thereby reducing the associated consequences will lead to a certain and significant increase in marijuana use throughout the United States.

¹⁸ The National Household Survey on Drug Abuse (NHSDA) report, 2002