

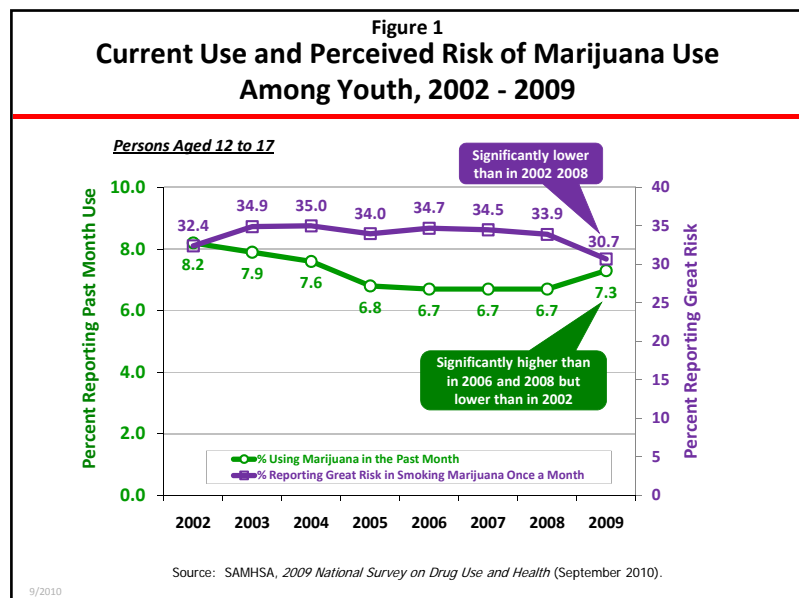
Marijuana Legalization

Marijuana is the most commonly used illicit drug in the United States, with nearly 17 million Americans age 12 and older reporting past-month use, and 374,000 people entering an emergency room annually with a primary marijuana problem.¹ The downward trend in youth marijuana use during the late 1990s has ended. According to the 2009 National Survey on Drug Use and Health, past-month marijuana use among 12- to 17-year-olds climbed 9 percent from 2008 (6.7%) to 2009 (7.3%), as shown in figure 1.²

Not surprisingly, this increase coincides with a softening of youth attitudes about the risks of marijuana (figure 1). Among 12- to 17-year-olds, the perception of great risk in smoking marijuana once a month declined from 2008 (33.9%) to 2009 (30.7%).³

Recently, there have been increasing efforts to legalize marijuana. The Obama Administration has consistently reiterated its firm opposition to any form of drug legalization. Together with Federal partners and state and local officials, the Office of National Drug Control Policy is working to reduce the use of marijuana and other illicit drugs through development of strategies that fully integrate the principles of prevention, treatment, recovery, and effective supply reduction efforts. Proposals such as legalization that would promote marijuana use are inconsistent with this public health and safety approach.

In the highly charged debate over legalization, many troubling misperceptions have gained currency. It is critical these false assumptions be addressed and clarified using the best evidence available. A careful examination of the facts leads to the following conclusions about the dangers of marijuana use and the likely consequences of legalization:

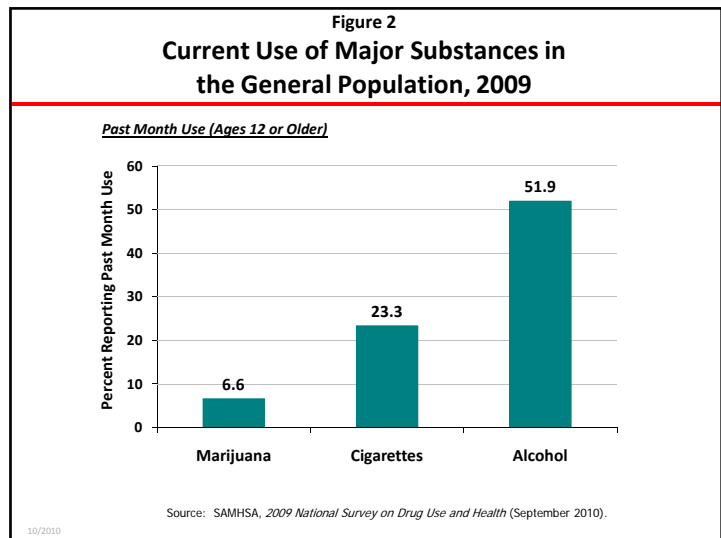


Marijuana use is harmful and should be discouraged

- ❖ Marijuana use is associated with dependence, respiratory and mental illness, poor motor performance, and impaired cognitive and immune system functioning, among other negative effects.⁴
- ❖ Marijuana intoxication can cause distorted perceptions, difficulty in thinking and problem solving, and problems with learning and memory.⁵
- ❖ Studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, suicidal thoughts, and schizophrenia.⁶
- ❖ Other research has shown marijuana smoke to contain carcinogens and to be an irritant to the lungs. Marijuana smoke, in fact, contains 50-70 percent more carcinogenic hydrocarbons than does tobacco smoke.⁷

Legalization would lower price, thereby increasing use

- ❖ A recent report from the RAND Corporation, “Altered State,” discusses how legalization would cause the price of marijuana to plummet, triggering increases in use of the drug.⁸
- ❖ Illegality helps keep prices higher. And because drug use is sensitive to price, especially among young people, higher prices help keep use rates relatively low.⁹
- ❖ Use of the legal substances alcohol and tobacco far outpaces the use of marijuana (figure 2), a strong indication that laws reduce the availability and acceptability of substances.
- ❖ Our experience with even tightly regulated prescription drugs, such as *Oxycontin*, shows that legalizing drugs widens availability and misuse, even when controls are in place.



Tax revenue would be offset by higher social costs

- ❖ The costs to society of alcohol and tobacco – substances that are legal and taxed – are much greater than the revenue they generate.
- ❖ Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion. Combined, these amounts are less than 10 percent of the estimated \$185 billion in alcohol-related costs to health care, criminal justice, and the workplace in lost productivity.¹⁰
- ❖ Tobacco does not yield net revenue when taxed. Each year, Americans spend more than \$200 billion on the social costs of smoking, but only about \$25 billion is collected in taxes.¹¹

Legalization would further burden the criminal justice system

- ❖ Legalizing marijuana would increase use of the drug and, consequently, the harm it causes, thus adding to the burden on the criminal justice system. Arrests for *alcohol*-related crimes, such as violations of liquor laws, public drunkenness, and driving under the

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influence, totaled nearly 2.7 million in 2008. Marijuana-possession arrests under current laws in 2008 totaled around 750,000.¹²

- ❖ Most people whose only crime is marijuana possession do not go to prison. A survey by the Bureau of Justice Statistics showed that 0.7% of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes).¹³ Other independent research has shown that the risk of arrest for each “joint,” or marijuana cigarette, smoked is about 1 arrest for every 12,000 joints.¹⁴

Legalization would do little, if anything, to curb drug violence

- ❖ Marijuana accounts for only a portion of the proceeds gained by criminal organizations that profit from drug distribution, human trafficking, and other crimes, so legalizing marijuana would not deter these groups from continuing to operate.
- ❖ Under the most commonly proposed legalization regime – one that imposes high taxes on marijuana – violent drug cartels would simply undercut legal prices to keep their market share. With increased demand for marijuana resulting from legalization, these groups would likely grow stronger.

¹ SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

Drug Abuse Warning Network (DAWN), SAMHSA, 2010. Found at <https://dawninfo.samhsa.gov/>

² SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

³ SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

⁴ See Moore, B.A., et al, Respiratory effects of marijuana and tobacco use in a U.S. sample, *Journal of General Internal Medicine* 20(1):33-37, 2005. Also see Tashkin, D.P., Smoked marijuana as a cause of lung injury, *Monaldi Archives for Chest Disease* 63(2):93-100, 2005. Other evidence on the effect of marijuana on lung function and the respiratory system, and the link with mental illness, can be found in expert reviews offered by Hall W.D, and Pacula, R.L. (2003), *Cannabis use and dependence: Public health and public policy*. Cambridge, UK: Cambridge University Press., and Room, R., Fischer, B., Hall, W., Lenton, S., and Reuter, P. (2009), *Cannabis Policy: Moving beyond stalemate*, The Global Cannabis Commission Report, the Beckley Foundation. Room et al. write, “Cannabis use and psychotic symptoms are associated in general population surveys and the relationship persists after adjusting for confounders. The best evidence that these associations may be causal comes from longitudinal studies of large representative cohorts.” Further, on page 26, they write: “...animal studies suggest that high doses of cannabis extracts and of THC impair immune functioning.” Also see Degenhardt, L. & Hall, W. (2006), Is cannabis a contributory cause of psychosis? *Canadian Journal of Psychiatry*, 51: 556-565. A major study examining young people and, importantly, a subset of sibling pairs was released in February 2010 and concluded that marijuana use at a young age significantly increased the risk of psychosis in young adulthood. See McGrath, J., et al. (2010), Association between cannabis use and psychosis-related outcomes using sibling pair analysis in a cohort of young adults, *Archives of General Psychiatry*.

⁵ Pope HG, Gruber AJ, Hudson JI, Huestis MA, Yurgelun-Todd D. Neuropsychological performance in long-term cannabis users. *Arch Gen Psychiatry* 58(10):909–915, 2001.

⁶ Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007.

⁷ Hoffman, D.; Brunnemann, K.D.; Gori, G.B.; and Wynder, E.E.L. On the carcinogenicity of marijuana smoke. In: V.C. Runeckles, ed., *Recent Advances in Phytochemistry*. New York: Plenum, 1975.

⁸ Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter, *Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*, RAND, 2010.

⁹ For example, see: Williams, J., Pacula, R., Chaloupka, F., and Wechsler, H. (2004), “Alcohol and Marijuana Use Among College Students: Economic Complements or Substitutes?” *Health Economics* 13(9): 825-843.; Pacula R., Ringel, J., Suttrop, M. and Truong, K. (2008), *An Examination of the Nature and Cost of Marijuana Treatment Episodes*. RAND Working Paper presented at the American Society for Health Economics Annual Meeting, Durham, NC, June 2008. Jacobson, M. (2004), “Baby Booms and Drug Busts: Trends in Youth Drug Use in the United States, 1975-2000,” *Quarterly Journal of Economics* 119(4): 1481-1512.

¹⁰ See <http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399>. Also Harwood, H. (2000), *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods and Data*. Report prepared for the National Institute on Alcoholism and Alcohol Abuse.

¹¹ 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.

¹² Federal Bureau of Investigation (2008) *Uniform Crime Reports*, Washington, DC. Available at: <http://www.fbi.gov/ucr/ucr.htm>

¹³ “Substance Abuse and Treatment, State and Federal Prisoners, 1997.” BJS Special Report, January 1999, NCJ 172871.

<http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf>

¹⁴ Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter, *Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*, RAND, 2010.



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