SAM Smart Approaches to Marijuana
a project of the policy solutions lab

Marijuana Legalization: Where Do We Go From Here? A review of the evidence

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What are our choices for marijuana policy?

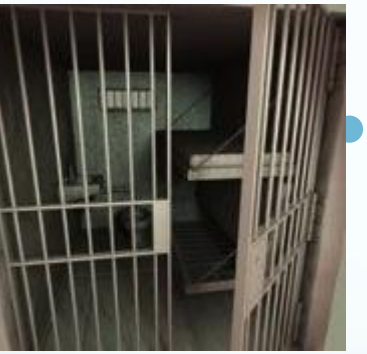
All or Nothing?

Legalization vs. Incarceration-Only

The groups pushing for marijuana legalization have found a way to make their issue resonate with everyday people.

They have reframed the issue so it is about:

- Voting for compassion for the sick and dying



- Reducing our prison population and drug-related crime

- Stimulating the economy

Washington
Montana
Oregon
Nevada
Colorado
California
Arizona
New Mexico
Michigan
Vermont
Maine
New Jersey
Massachusetts
Rhode Island
Maryland
Connecticut
Washington, DC
Delaware
Alaska
Hawaii

Advocates have organized across US states and around the world to push their initiatives.

They have major donors who fund their work and messages.

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.

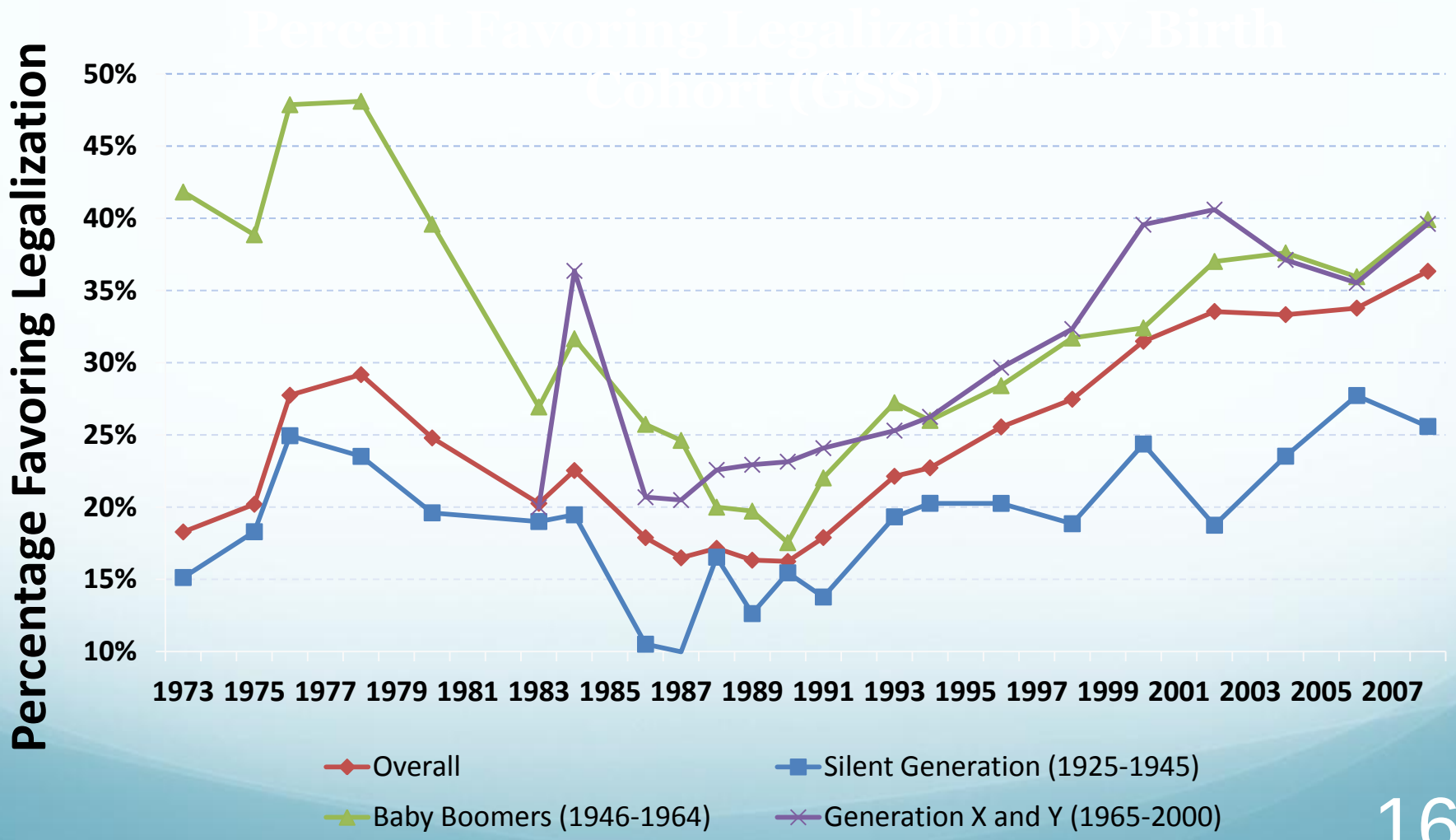
They've mobilized major grassroots and student supporters.

They are present and active in every single academic, think-tank, UN, and other international and domestic discussion on drug policy.

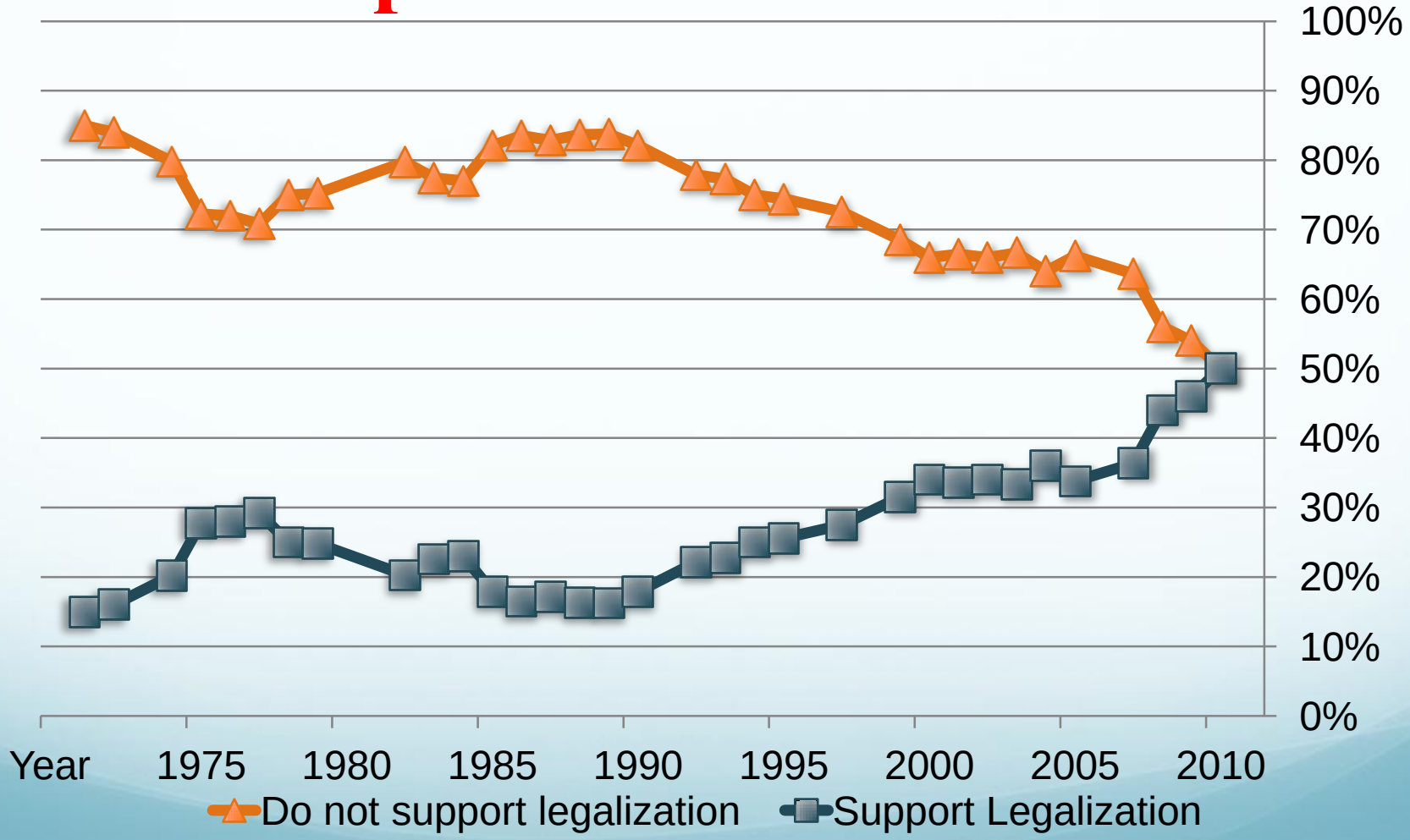
Most of all: They have captured the "sensible" ground, boxing us in as extremists, old fashioned, and moralistic.

What has been the result of their framing of this issue?

Generational trends in support for legalization in the US (Caulkins)

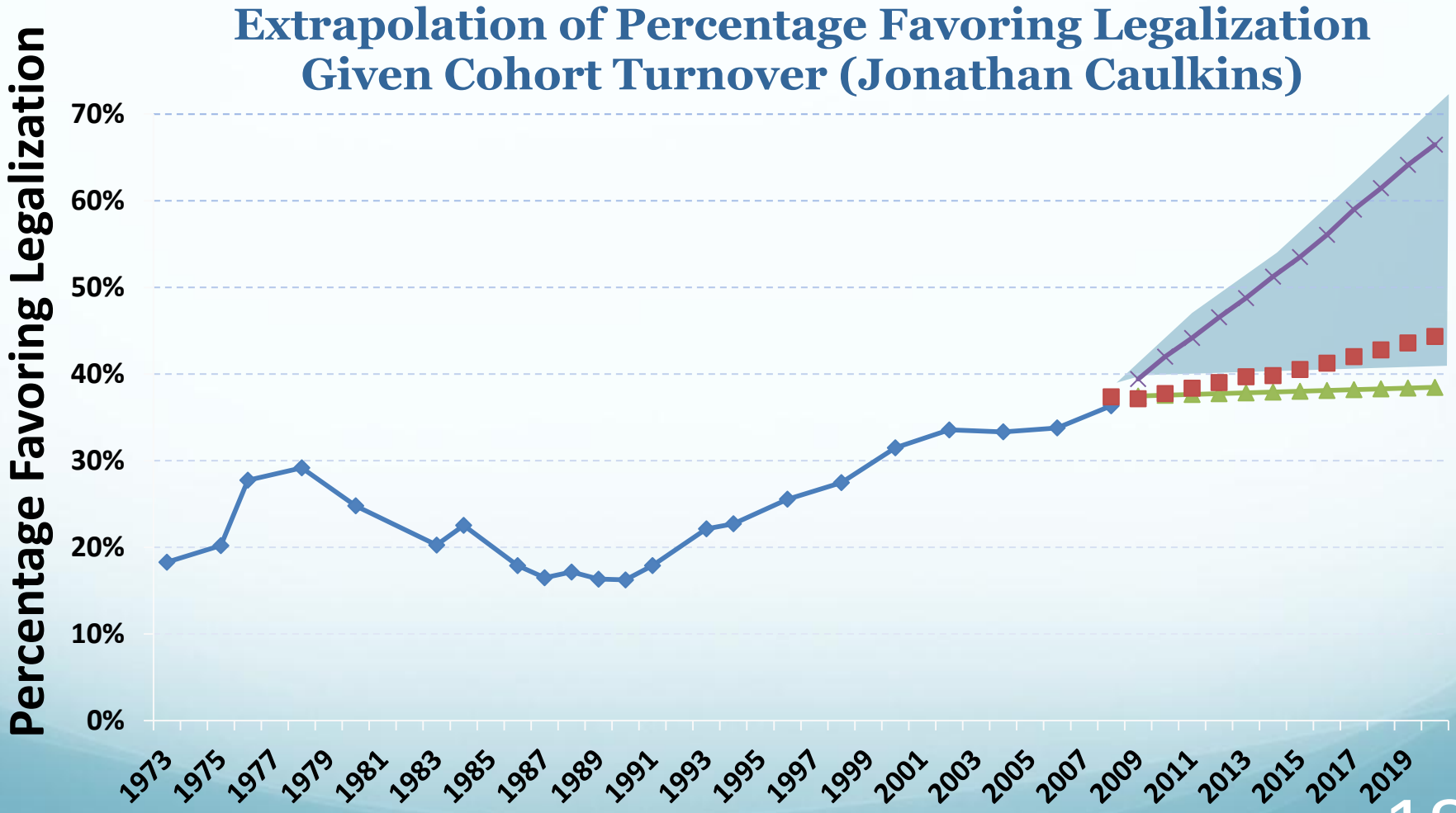


Support for Marijuana Legalization in the United States Has Reached Unprecedented Levels



Sources: Gallup http://bit.ly/olrSEQ and GSS

In one mathematical model, legalization reaches 70% support in 5 years…



Legalization is now a reality in the world.

And it is gaining support in the US every year.

Spent over $250 Million on Legalization

The National Organization for the Reform of Marijuana Laws estimates that Peter Lewis has spent between $40 million and $60 million funding legalization of marijuana campaigns since the 1980s.

Over $50 Million

John Sperling

Factors Leading to Increase in Support

We have been outspent

We have a major messenger problem (generational familiarity)

They are seen and framed as **<u>sensible alternative</u>**

We Are Often on the Defensive

We have not admitted where we have drug policy challenges.

Nontraditional groups have rejected our message.

Our message has become stale: "Party of No".

We Risk Losing Key Groups Traditionally Against Legalization

...racial minorities

...women/soccer moms

...new immigrants

...Independents

...Conservatives

And now two US states have legalized marijuana

When presented with “regulation” and a “new approach” in the form of legalization, more and more groups are choosing that over the “old way” of “prohibition” – which is associated with a “moralistic” drug policy grounded in fear and “Reefer Madness”

This is a MIScharacterization of our view

BUT THAT DOESN'T MATTER ANYMORE

Just like it doesn't matter that no one actually serves prison time for pot…

"PERCEPTION IS REALITY"

We Need a REBRANDING

A "SMART APPROACH"

Not about legalization vs. incarceration

We can be against legalization but also for health, education, and common-sense

We can be against discriminatory laws and practices too.
RECLAIM *"REFORM!"*

This is a about creating a PERMISSION STRUCTURE for others to support us.

Medical MJ gave people "permission" to support legalization

We need to give people "permission" to oppose it.

We Need

A "SMART APPROACH"

Not about legalization vs. incarceration

We can be against legalization but also for health, education, and common-sense

SAM Smart Approaches to Marijuana
a project of the policy solutions lab

Chair, Patrick J. Kennedy

Launched January 10th, Denver

Over 5,000 press mentions

Public Health Board of Trustees

SAM Smart Approaches to Marijuana
a project of the policy solutions lab

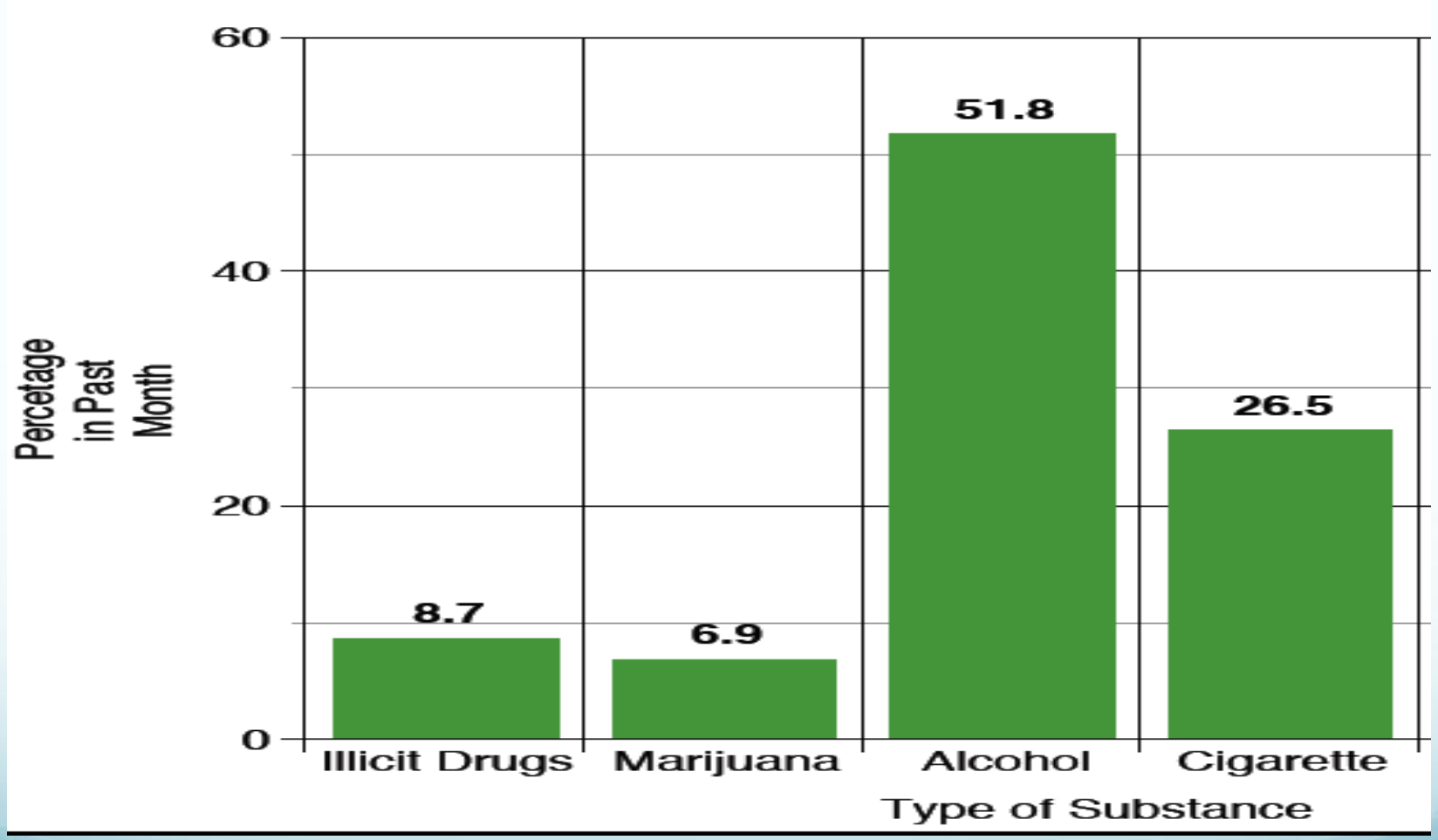
1. **To inform public policy with the science of today's marijuana.**

1. **To have honest conversations about reducing the unintended consequences of current marijuana policies, such as lifelong stigma due to arrest.**

2. **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.**

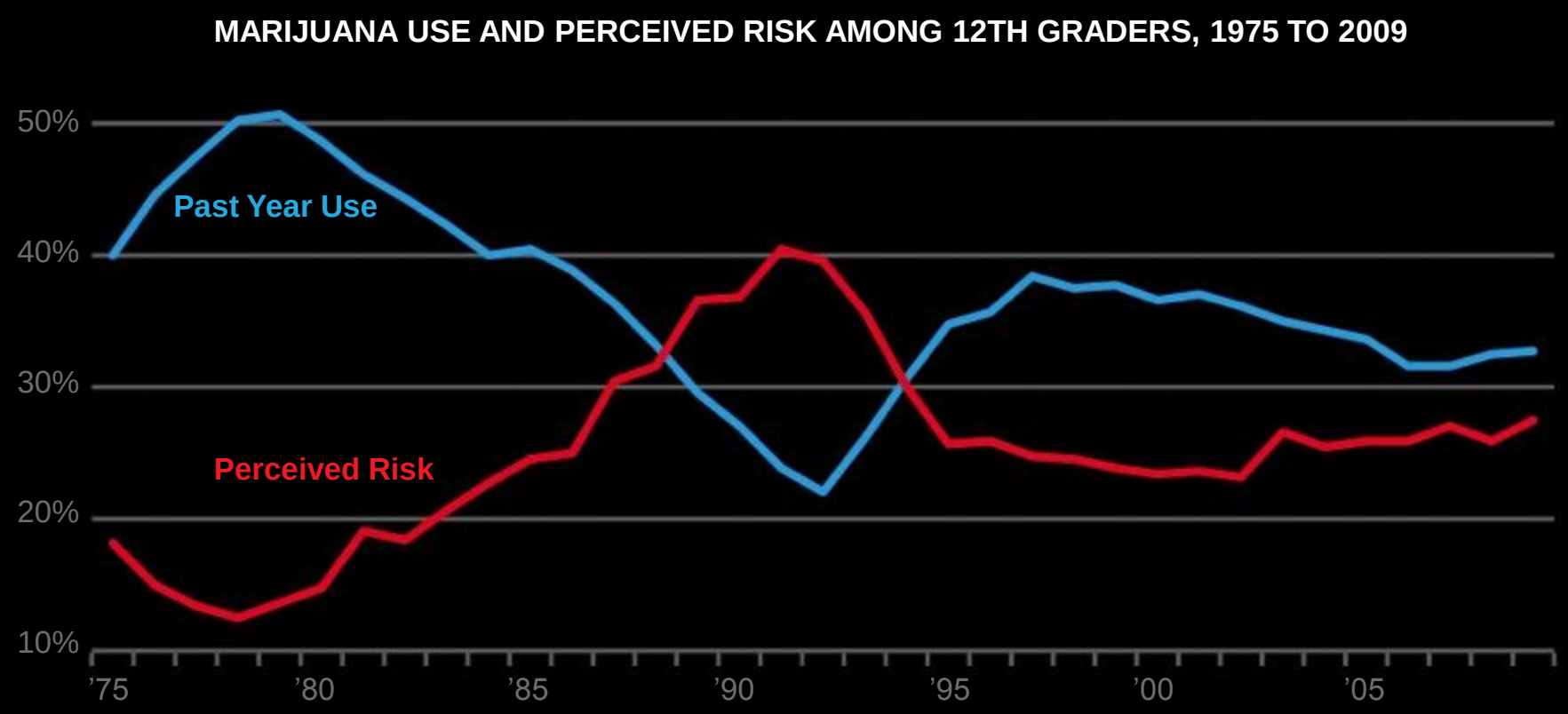
3. **To promote research of marijuana's medical properties and produce pharmacy-attainable medications.**

Current Uses of Major Substances in General Population, 2011



Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

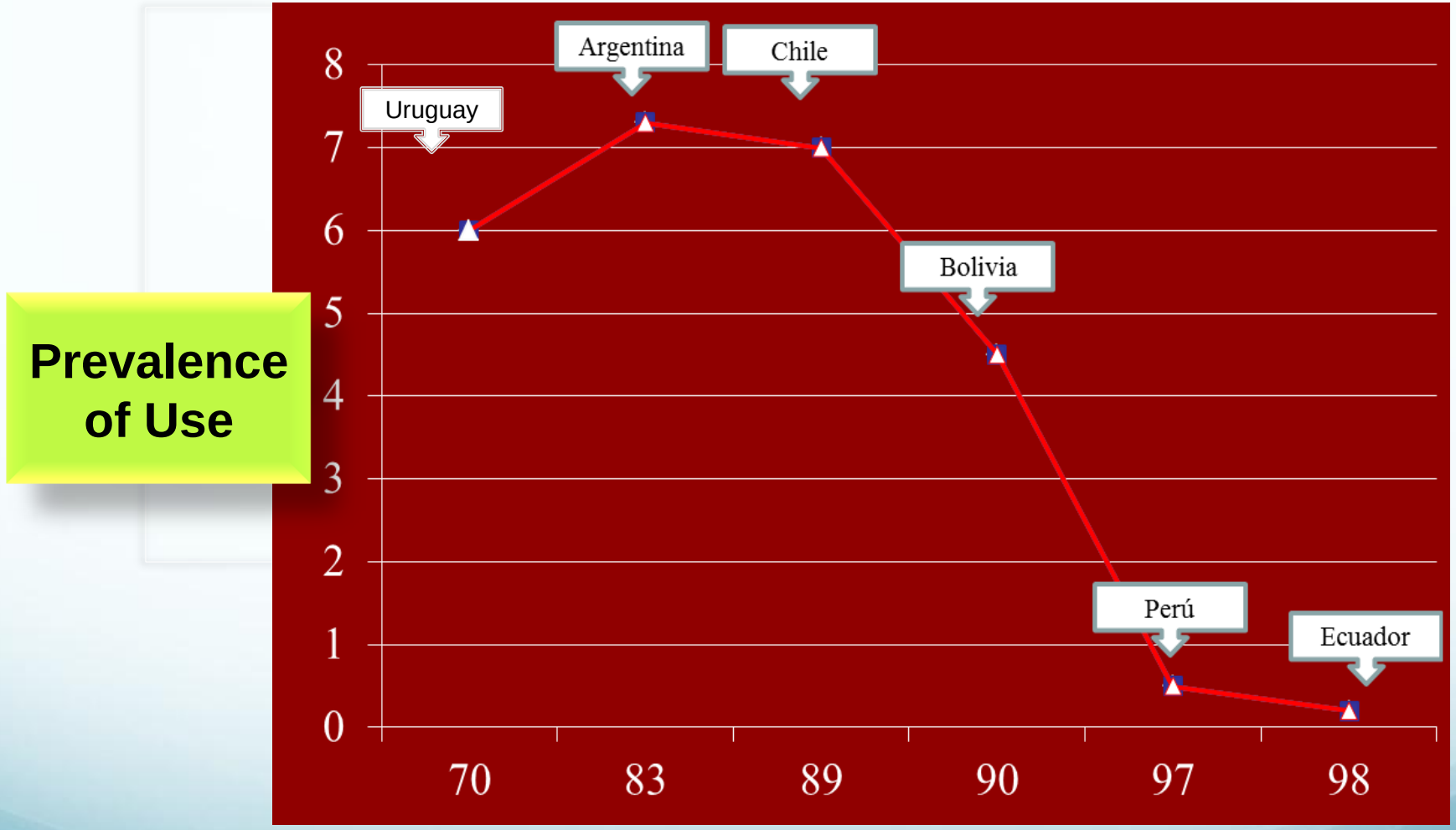
Changes in Perceptions Lead to Changes in Reality



Source: The Monitoring the Future study, the University of Michigan

Perception of Risk Associated with Consumption of Marijuana during Last Year

Drug Use in the Americas 2011 Report (CIDAD)



Perception of Great Risk (%)

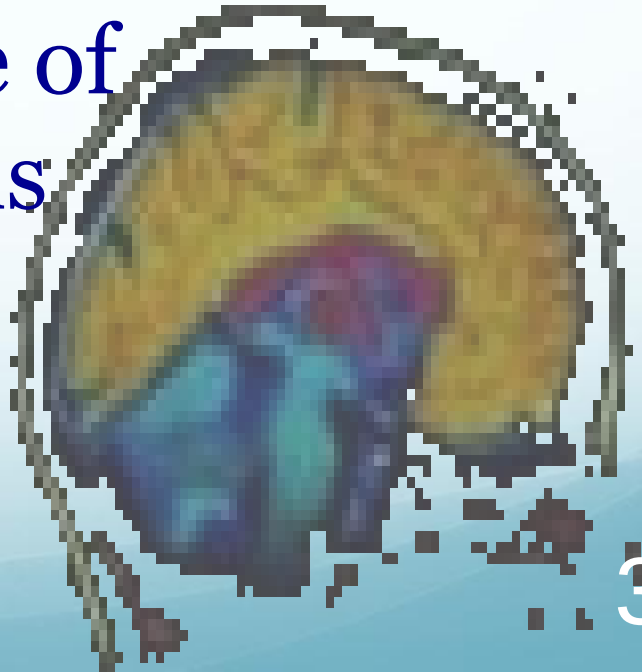
Greater perception of risk reduces consumption

Source: CICAD (2011) Informe del uso de drogas en las Américas 2011

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.

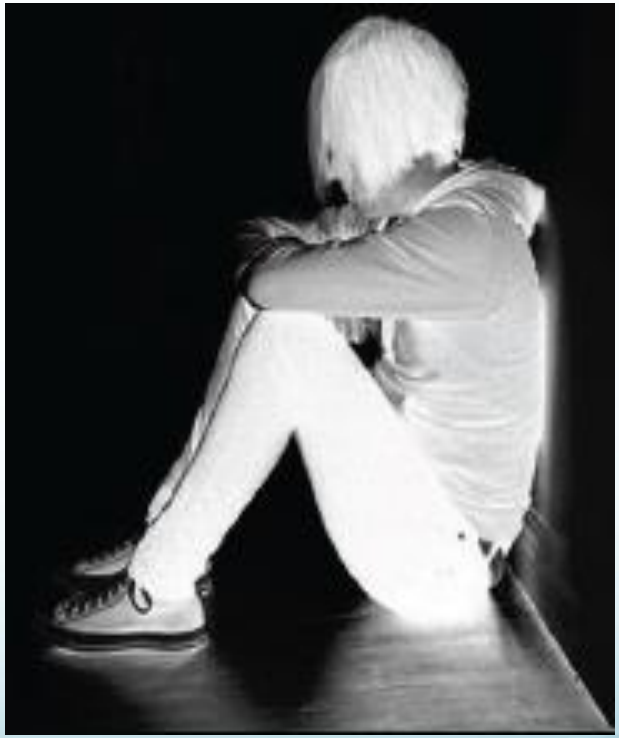


Giedd. J. N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, *1021*, 77-85.

Marijuana's Health Effects

Most people who use marijuana once will stop, and not become addicted.

1 in 6 kids who try marijuana will become addicted.



For people who keep smoking marijuana, the health harms are underappreciated and costly.

Wagner, F.A. & Anthony, J.C. From first drug use to drug dependence; developmental periods of risk for dependence upon cannabis, cocaine, and alcohol. *Neuropsychopharmacology* 26, 479-488 (2002).

Marijuana's Potential for Harm

This isn't your Woodstock Weed – potency 5x stronger than in 1970s

Connected to changes in adolescent brain resulting in learning and memory problems, IQ loss, less life satisfaction

Doubles risk of car crash

Bronchitis/lung complications - Lung cancer link mixed; still learning

Mehmedic, Z., et, al. A. (2010), Potency Trends of Δ9-THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008. Journal of Forensic Sciences, 55: 1209–1217

Giedd. J. N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, *1021*, 77-85.

M. Asbridge, J. A. Hayden, J. L. Cartwright. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ*, 2012; 344 (feb09 2): e536 DOI:

Tetrault, J.M., *et al.* Effects of cannabis smoking on pulmonary function and respiratory complications: a systematic review. *Arch Intern Med* 167, 221-228 (2007).

Relation to Mental Health

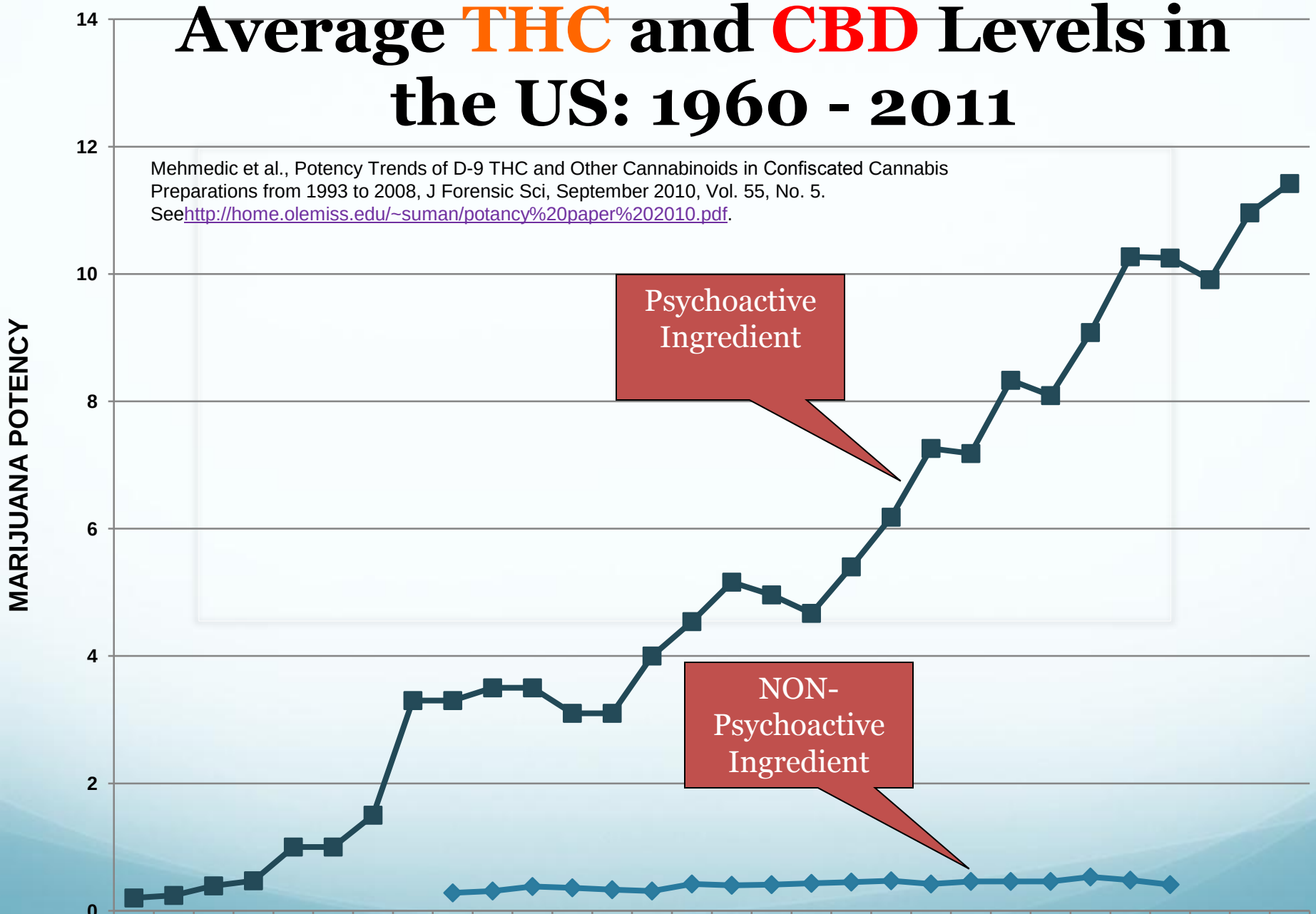
- Increased risk of psychosis
- Risk of schizophrenia increased six-fold

- More treatment resistant

Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study Louise Arseneault, BMJ 2002;325:1212-1213 (23 November)
Andréasson S, Allebeck P, Engström A, Rydberg U. Cannabis and schizophrenia: a longitudinal study of Swedish conscripts. Lancet 1987; ii: 1483-1485.

Average THC and CBD Levels in the US: 1960 - 2011

Mehmedic et al., Potency Trends of D-9 THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008, J Forensic Sci, September 2010, Vol. 55, No. 5. Seehttp://home.olemiss.edu/~suman/potancy%20paper%202010.pdf.



	1960	1965	1970	1974	1978	1980	1983	1984	1985	1986	1990	1992	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
THC	0,2	0,24	0,39	0,47	1	1	1,5	3,3	3,3	3,5	3,5	3,1	3,1	4	4,54	5,16	4,96	4,67	5,4	6,18	7,26	7,18	8,33	8,09	9,08	10,3	10,3	9,91	11	11,4
CBD									0,28	0,31	0,38	0,36	0,33	0,31	0,42	0,4	0,41	0,43	0,45	0,47	0,42	0,46	0,46	0,46	0,53	0,48	0,41			

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

Schiller JS, Lucas JW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(256). 2012.

Centers for Disease Control and Prevention. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2005–2010. Morbidity and Mortality Weekly Report 2011;60(33):1207–12

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)

Cook, P. J. (2007). Paying the tab: The economics of alcohol policy. Princeton, NJ: Princeton University Press.

Can we trust companies and Big Corporations not to target youth and the vulnerable?

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RJR CONFIDENTIAL

DRAFT

I. THE IMPORTANCE OF YOUNGER ADULTS

Within five years, younger adults (18-24) will drop from 18% to 15% 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?

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.

50381 8151

RJ Reynolds (1984 est.)
http://legacy.library.ucsf.edu/tid/eyn18c00

1

STATEMENT OF DAVID GOERLITZ
Former Model for Winston Cigarettes

BEFORE THE

SUBCOMMITTEE ON TRANSPORTATION AND HAZARDOUS MATERIALS

OF THE

HOUSE COMMITTEE ON ENERGY AND COMMERCE

4

have had children tell me that they smoked Winstons so that they could be just like me. For that, I shall always feel guilty.

When the tobacco industry tells you that it doesn't want your children to smoke, that's a big lie. In fact, R.J. Reynolds once gave me a bonus of $4,000 when one of my Winston ads ran on a video scoreboard at a major league ballpark, a place where thousands of children come to see their heroes play baseball all summer long.

The irony was that some of the models who appeared in the Winston ads with me weren't even smokers. One of them, in fact,

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."

Tobacco Institute (1989)
http://legacy.library.ucsf.edu/tid/pvt37b00

DRAFT

SOME THOUGHTS ABOUT NEW BRANDS OF CIGARETTES
FOR THE YOUTH MARKET

At the outset it should be said that we are presently, and I believe unfairly, constrained from directly promoting cigarettes to the youth market: that is, to those in the approximately twenty-one year old and under group. Statistics show, however, that large, perhaps even increasing, numbers in that group are becoming smokers each year, despite bans on promotion of cigarettes to them. If this be so, there is certainly nothing immoral or unethical about our Company attempting to attract those smokers to our products. We should not in any way influence non-smokers to start smoking; rather we should simply recognize that many or most of the "21 and under" group will inevitably become smokers, and offer them an opportunity to use our brands.

Realistically, if our Company is to survive and prosper, over the long term, we must get our share of the youth market. In my opinion this will require new brands tailored to the youth market;

1982

RJ Reynolds (1973)
http://legacy.library.ucsf.edu/tid/mqu46b00

Brown & Williamson (1972)
http://legacy.library.ucsf.edu/tid/wwq54a99

EXHIBIT
HLKTER
25
7/6/98

EXHIBIT

MARKETING INNOVATIONS, INC.

SCARBOROUGH HOUSE, BRIARCLIFF MANOR, N.Y. 10510, USA · PHONE (914) 762-3050

Youth Cigarette - New concepts

MI suggests new ideas for the breath-freshener field...

COLA-FLAVOR

While the government would not permit us to add caffeine to a cigarette, it may be possible to use artificial ingredients to ob-

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.

021635

170042014

18313

Lorillard

A DIVISION OF LOEWS THEATRES, INC. · 2525 EAST MARKET STREET, GREENSBORO, NORTH CAROLINA 27401

June 8, 1979

TO: FILE

SUBJECT: SEDGEFIELD IDEA SESSIONS
June 6-7, 1979

The following paragraphs will summarize the discussions held at the joint sessions in which everyone participated. A later report will document the ideas and suggestions which were discussed within the individual groups but rejected for use in the general meeting.

3. Fruit Flavored Chewing Products

Several avenues were explored in this area with the idea being directed toward younger chewers coming into the market. Many people felt that younger chewers would be attracted to products with less tobacco taste. For example, it was suggested that we investigate the possibility of borrowing switching study data from the company which produces "Life Savers" as a basis for determining which flavors enjoy the widest appeal.

Lorillard (1979)
http://legacy.library.ucsf.edu/tid/sdw88c00

“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.

Will Big Marijuana become the new Big Tobacco?

Lessons from Colorado

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EVALUATIONS
GET YOURS TODAY
THE DOCTOR IS IN

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DOCTOR
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$60.00
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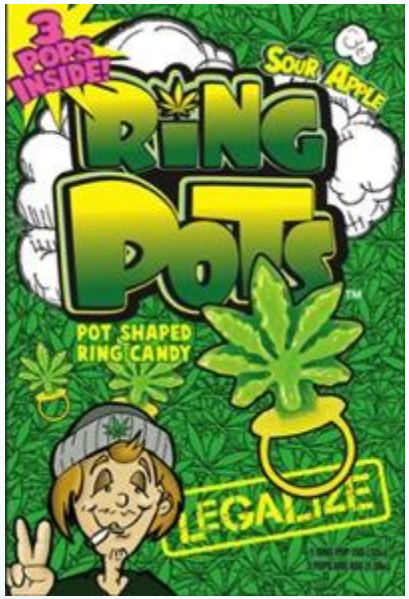
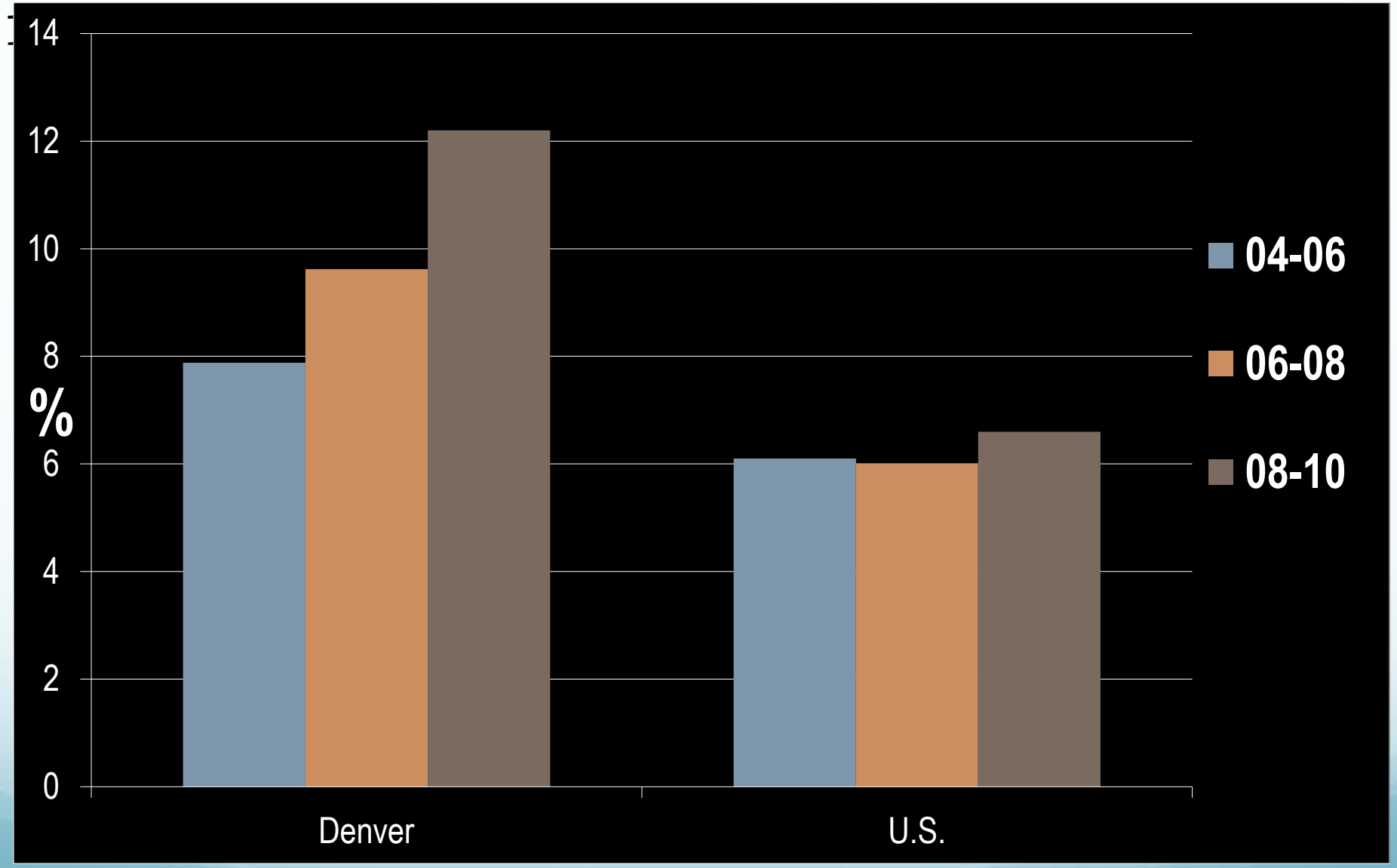
Marketing to Children



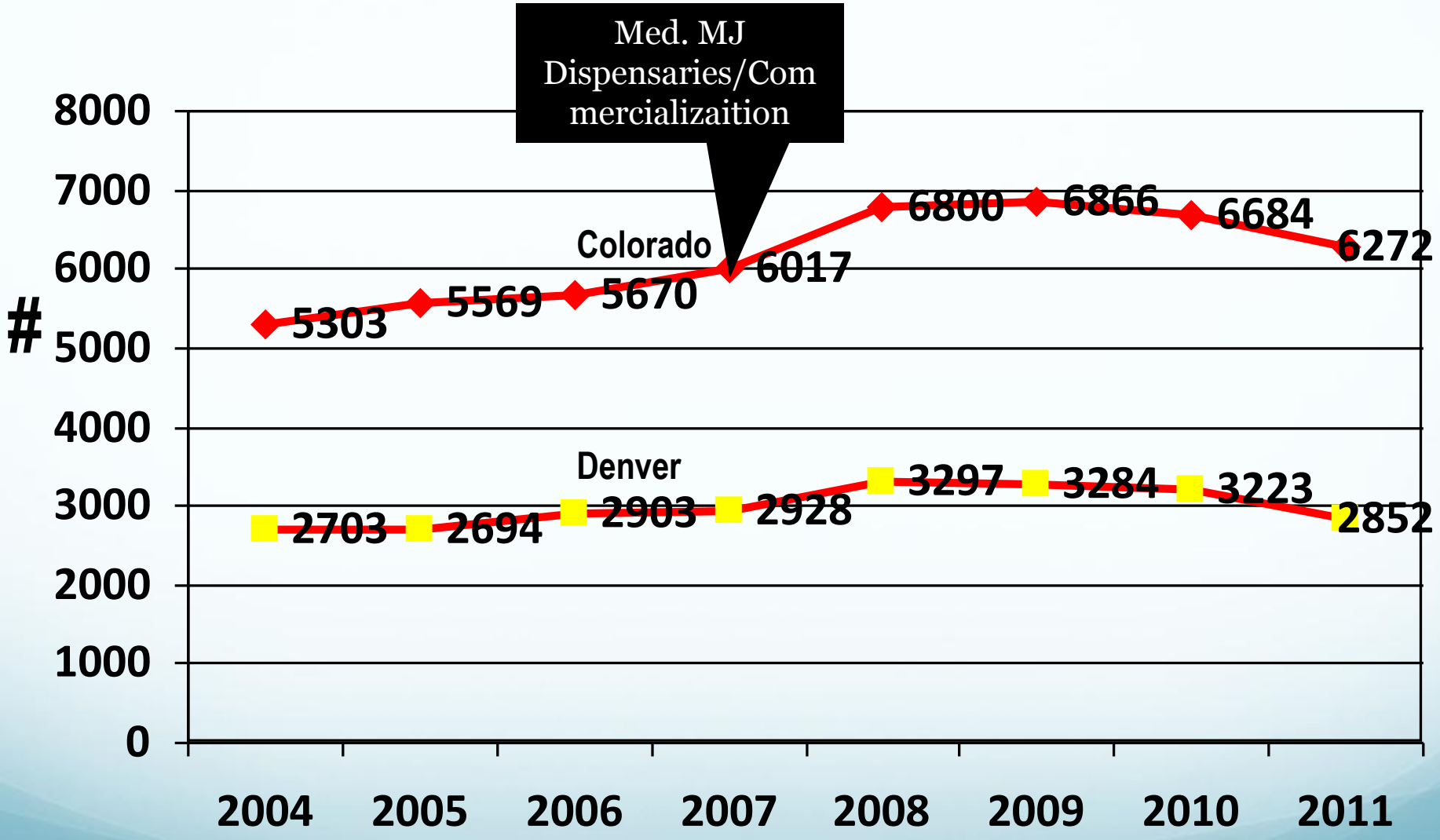
VAN NELL

Past month prevalence of marijuana use –



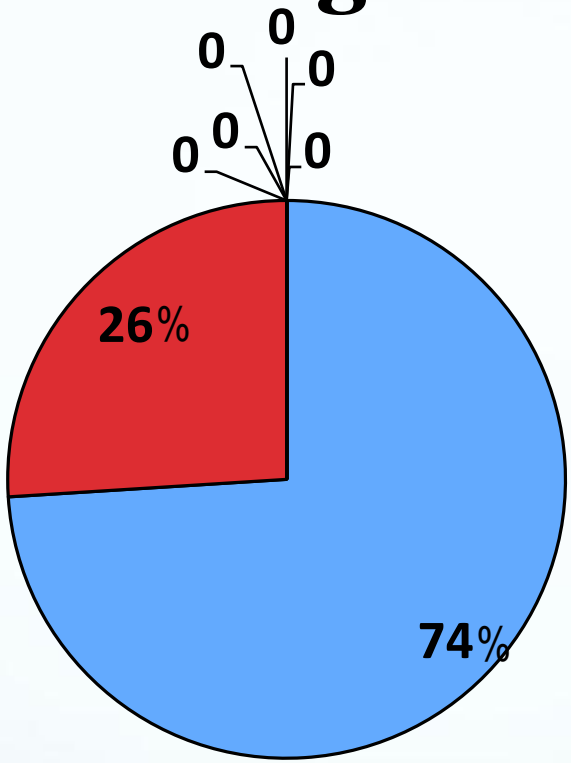
Source: National Survey on Drug Use and Health

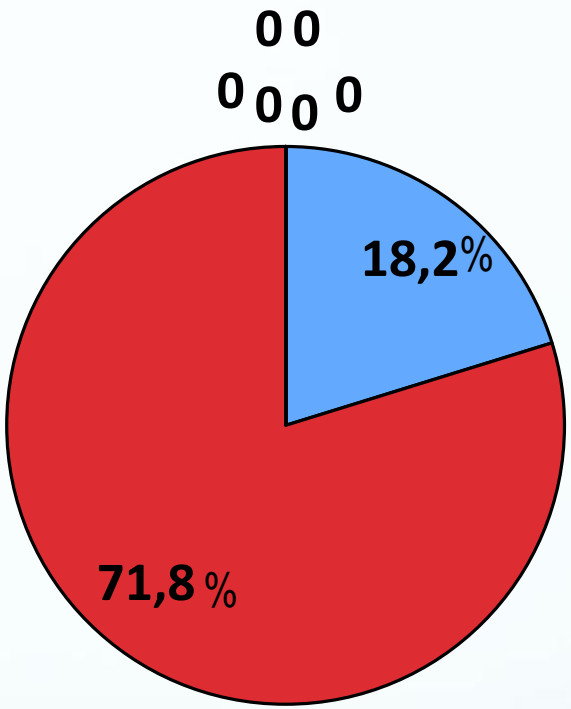
Number substance treatment admissions for marijuana - Denver metro



Source: Drug/Alcohol Coordinated Data System

Use of "regulated" marijuana by Denver teens





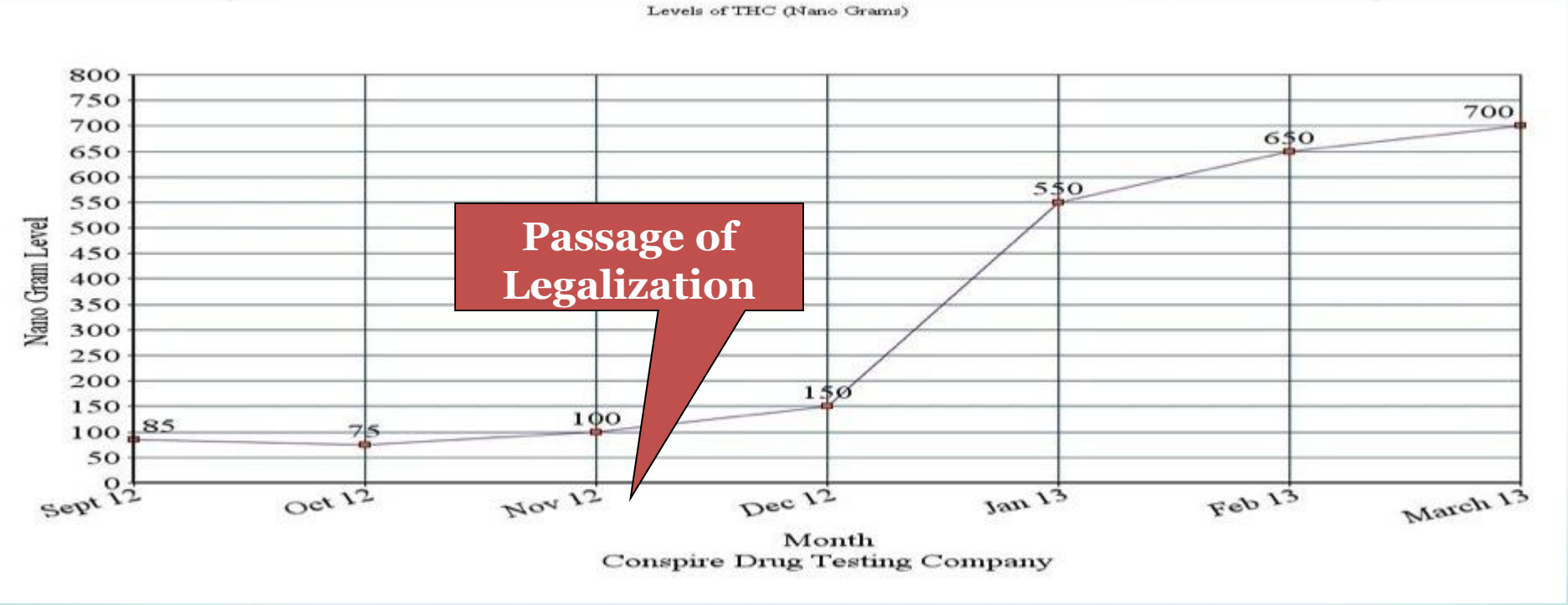
Substance treatment = 74% YES

Primary Care= 72% NO

Source: Salomonse-Sautel et al. (2012), *JAACAP* 51:694-702; Thurstone et al., under review

Colorado: Drug Testing Company Sees Spike in Children Using Marijuana

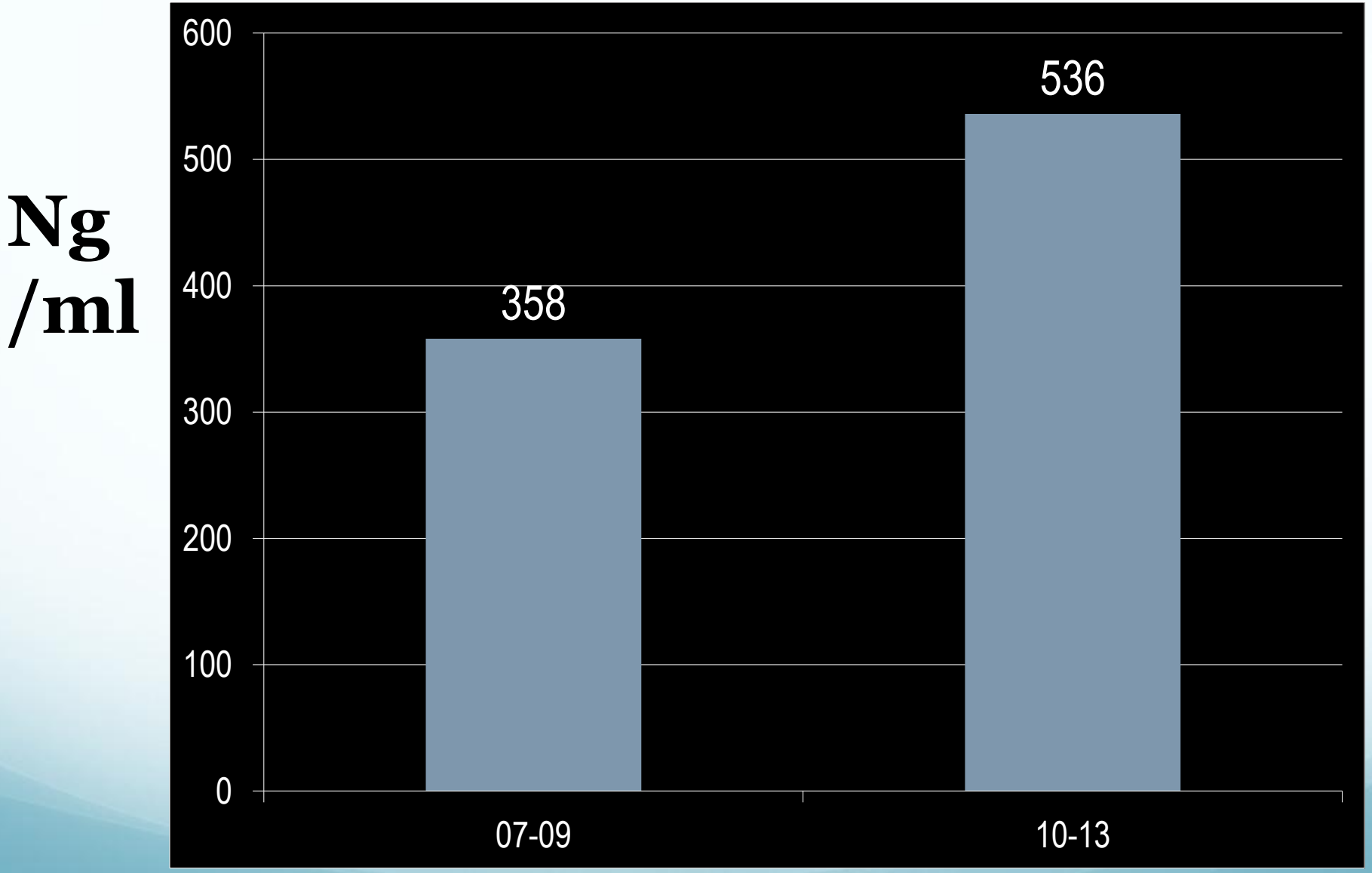
Levels of THC (Nano Grams) after passage of



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

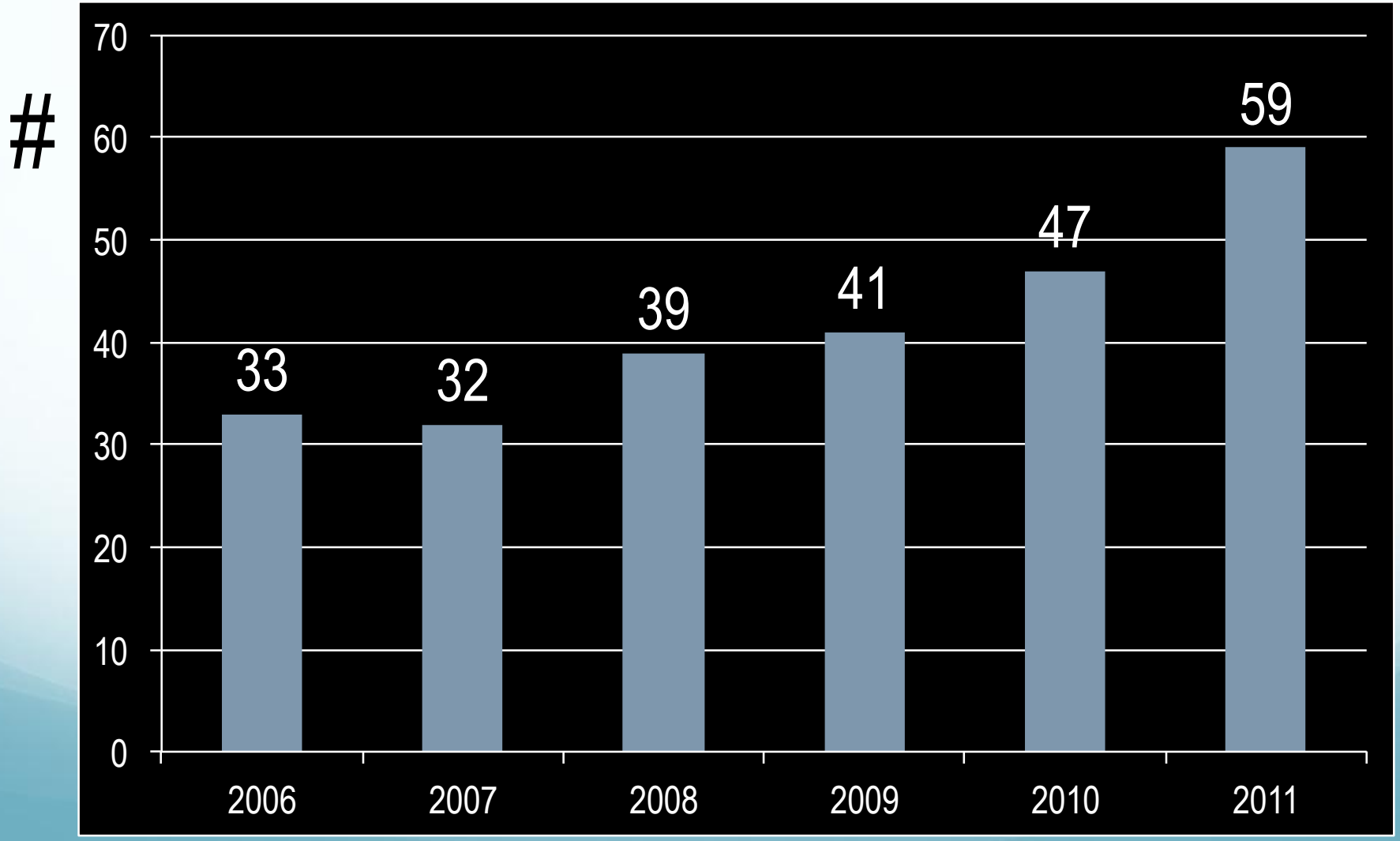
- High School Student: "I've seen a lot more people just walking down the street smoking (joints)…it has kind of gotten out of hand."

Average urine drug screen results

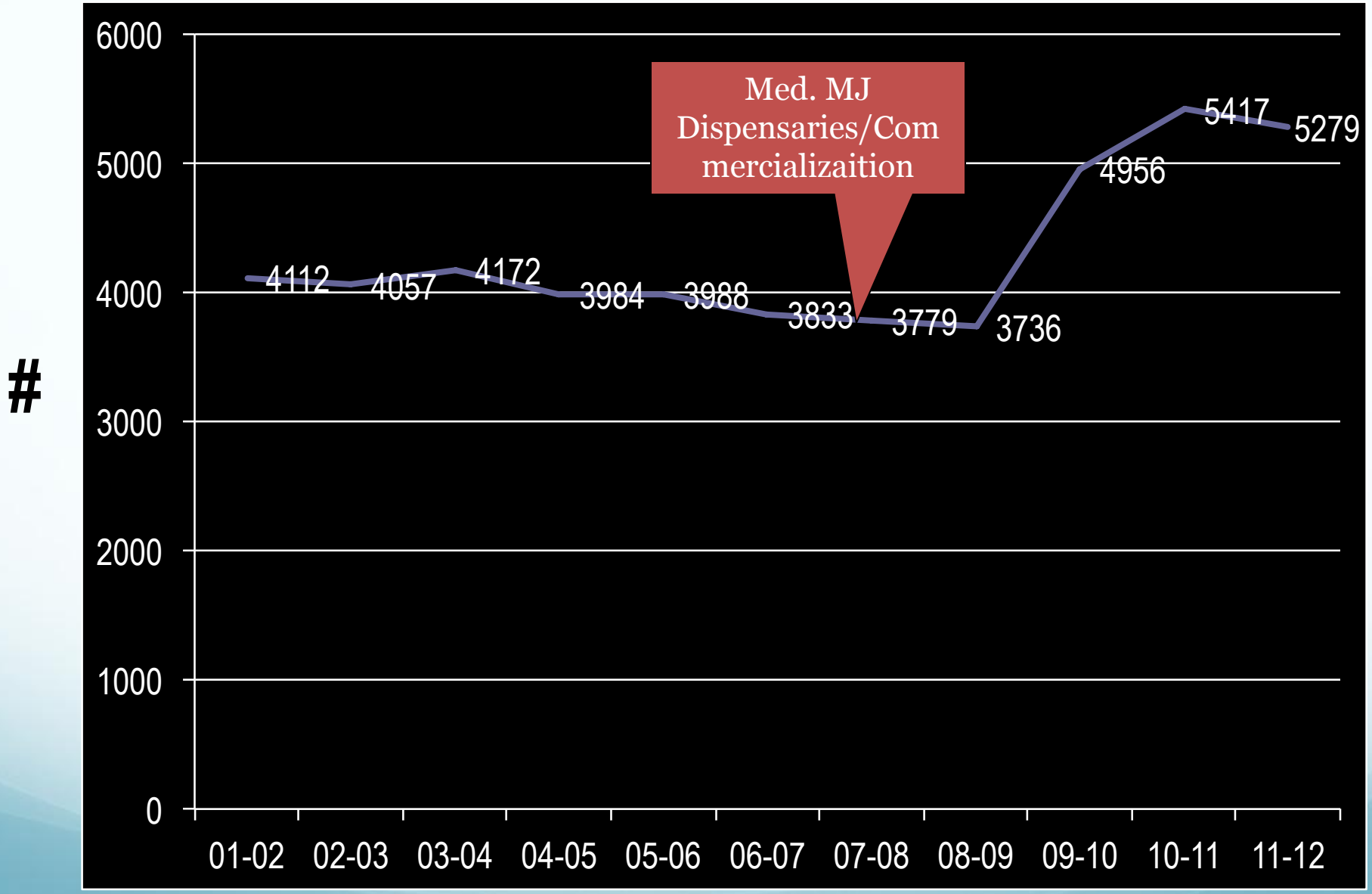


Source: Thurstone et al., in preparation

CO Traffic Fatalities with a THC+ driver



Drug-Related Suspensions/Expulsions - Colorado



Source: Colorado Department of Education

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"

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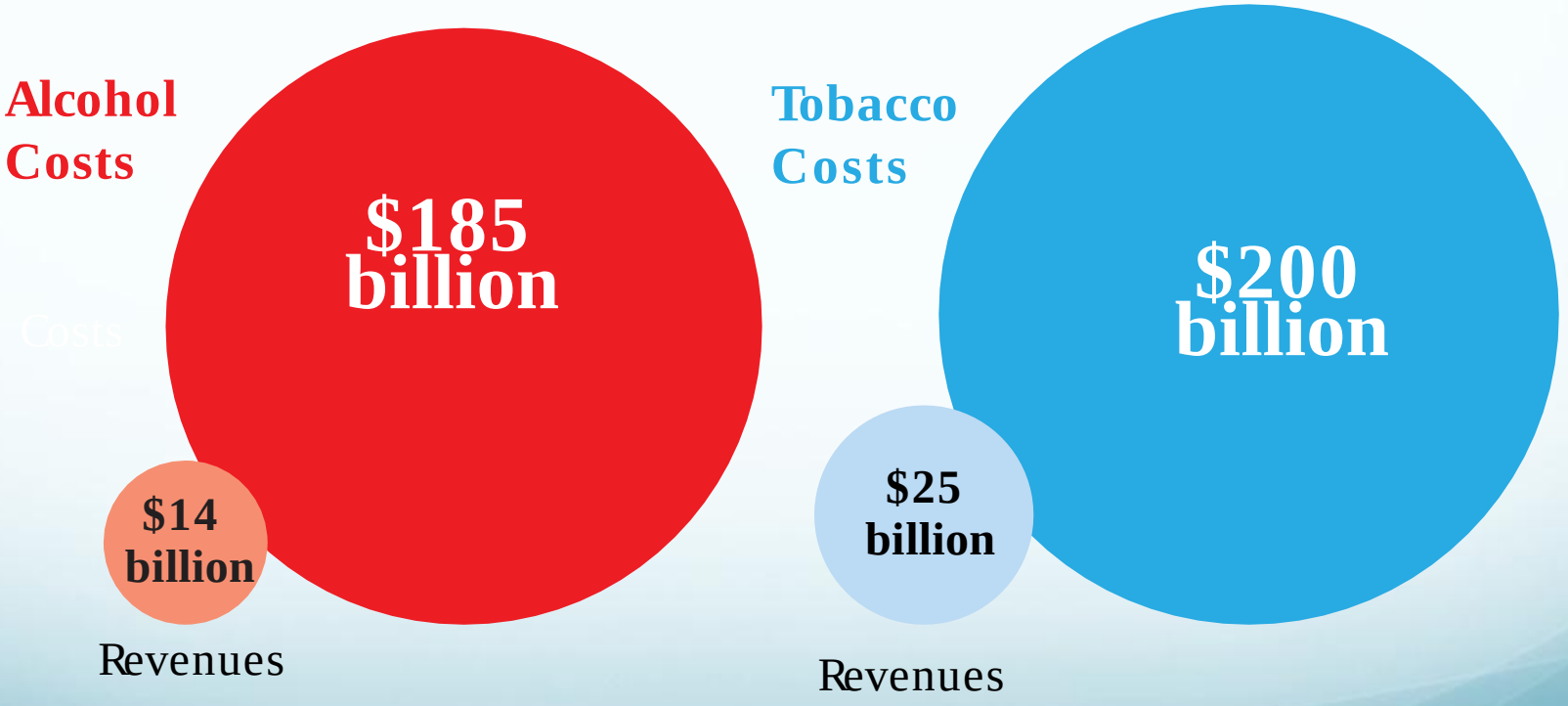
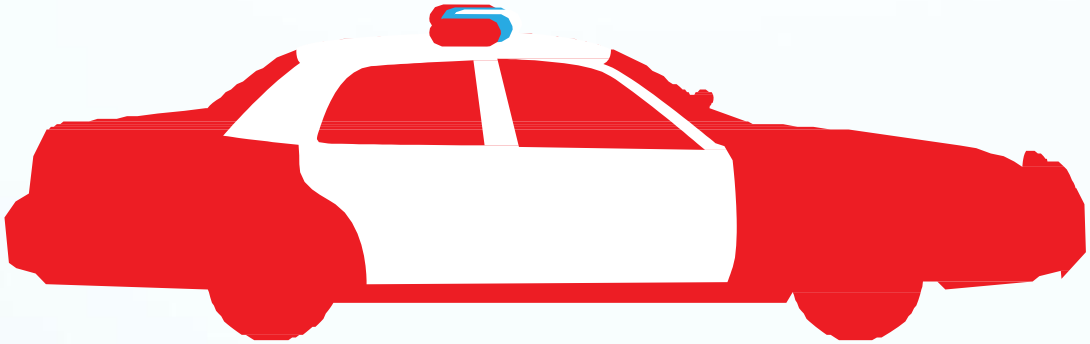
The Straight Facts on Marijuana

Alcohol & Tobacco
Money Makers or Dollar Drainers



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.

“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

Federal Bureau of Investigation (2008) UniformCrime Reports, Washington,DC. http://www.fbi.gov/ucr/ucr.htm

FACTS:
More Drug Use = More Problems

Heavy Marijuana Use Lowers IQ[1]

- 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.

- **A loss of 8 IQ points could drop a person of average intelligence into the lowest third of the intelligence range.**

[1]M.H. Meier, Avshalom Caspi, et al. 2012. "Persistent cannabis users show neuropsychological decline from childhood to midlife." Proceedings of the National Academy of Sciences

Legalization = Cheaper Drugs = More Use

RAND Study:

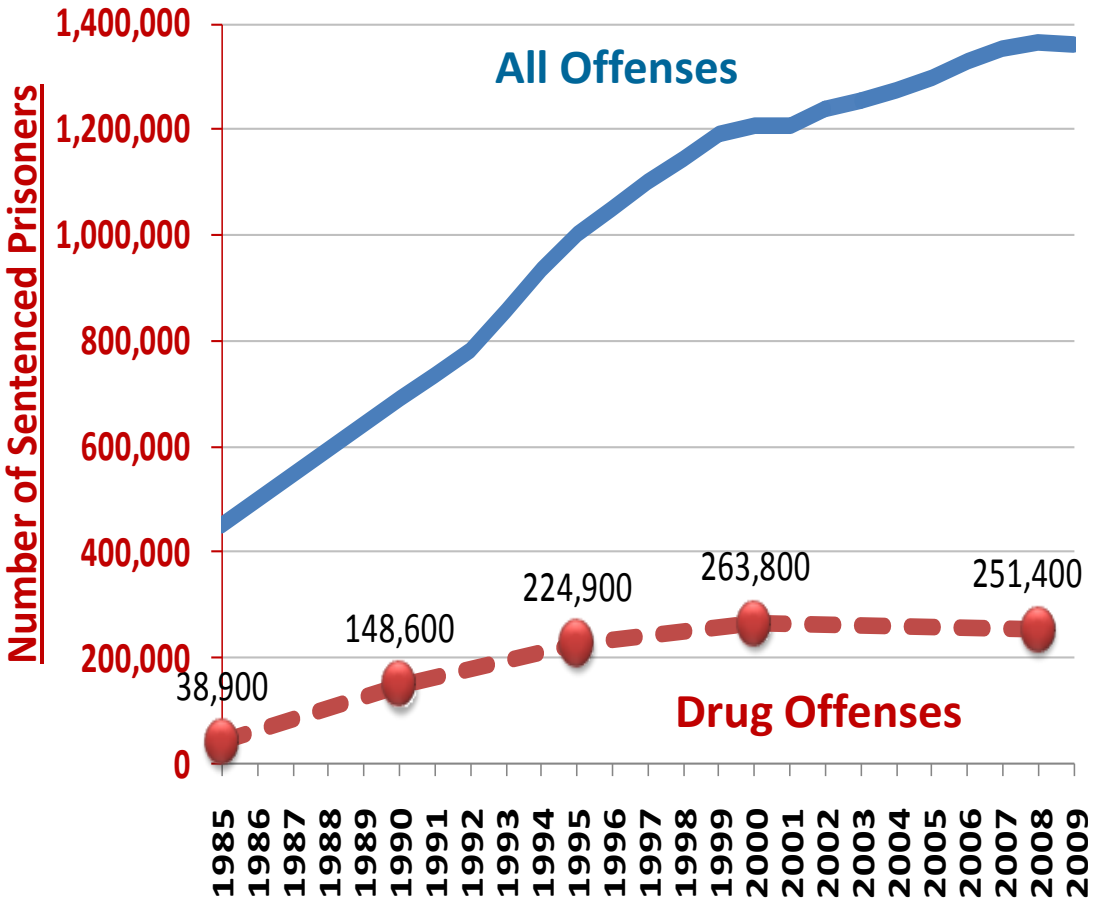
- Pre-Tax Price Could Drop **More Than 80%**
  - Consumption Will Increase
  - Tax evasion a major concern

Kilmer, Beau, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun and Peter H. Reuter. 2010. "Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets." Santa Monica, CA: RAND Corporation, http://www.rand.org/pubs/occasional_papers/OP315.

Fixing 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

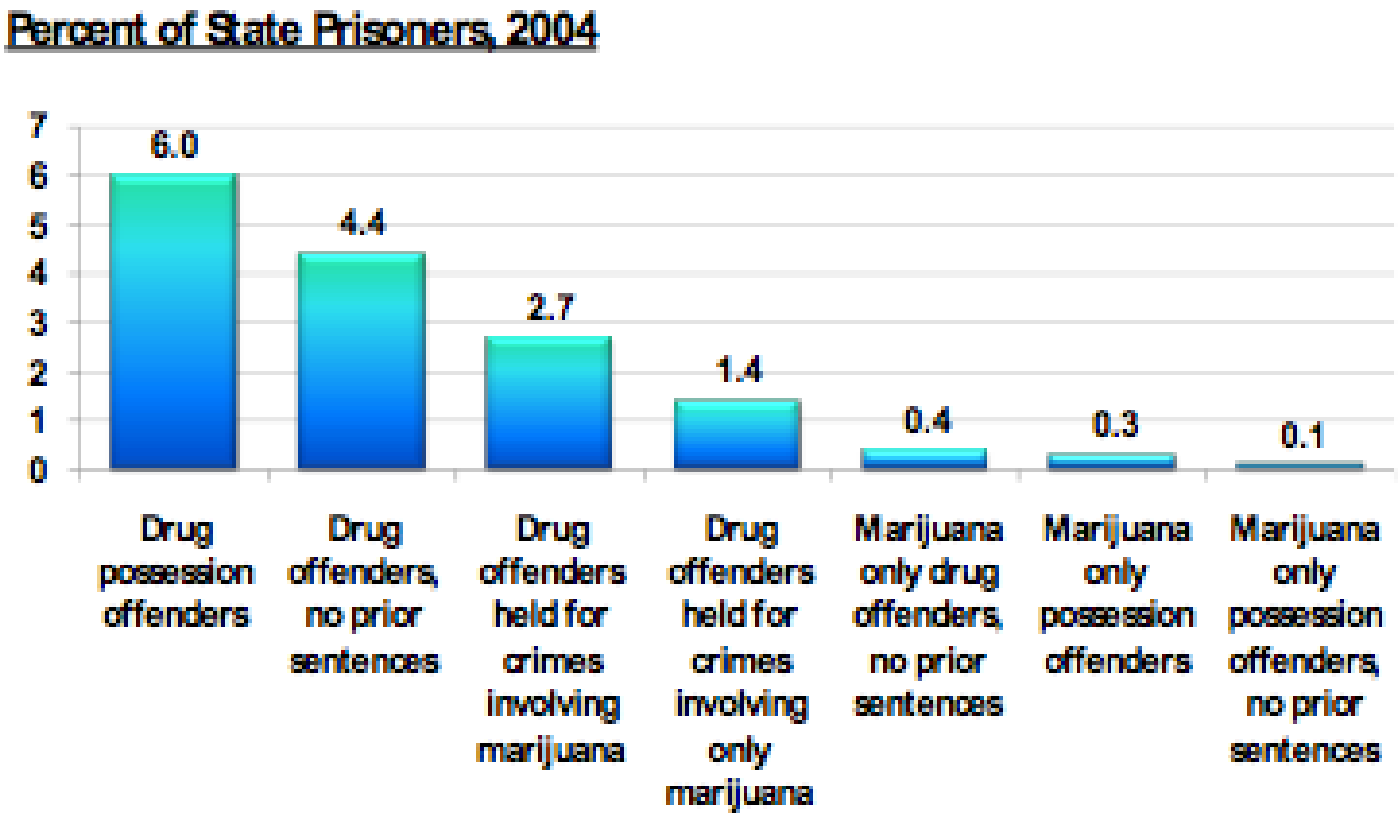
Estimated Number of Sentenced Prisoners and Drug Offenders Under State Jurisdiction, 1985 to 2009



Source: Bureau of Justice Statistics, *Prisoners in 2009* (December 2010); *Prisoners in 1996* (June 1997).

E1

Drug Possession Offenders in State Prisons



Source: Bureau of Justice Statistics, 2004 *Survey of Inmates in State Correctional Facilities*. Unpublished special tabulations (February 2006).

12/2010

Is marijuana medicine?

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.

California average medical marijuana patient statistics, found at: O'Connell, T and Bou-Matar , C.B. (2007). Long term cannabis users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*,

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 the individual components that may have medical use.
- *Sativex* is in the process of being studied
- Approved in Canada and across Europe
- Administered via an oral mouth spray, THC:CBD - 1:1

Bayer Health. Fact Sheet – Sativex. April 13, 2005.
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/notices-avis/conditions/sativex_fs_fd_091289-eng.php

We don’t smoke opium to benefit from morphine.

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

We need to decrease access and availability.

So, 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?

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