

# CBHDA POSITION ON MARIJUANA AND YOUTH SAFETY

Since enactment of the voter-approved Compassionate Use Act of 1996 (Proposition 215), California's discussions on marijuana policy have been characterized by multiple conflicting interpretations and confusion about the ability and limits of local government authority to regulate marijuana availability in social and commercial settings, with serious inconsistencies between federal, state and local laws.

While many local governments now have ordinances or policy provisions to address marijuana businesses, and concerns often include references to the health and safety of children and youth, *few communities have carefully considered the science on the harmful effects of marijuana use on the developing teen brain and the relationship between availability and teen use.*<sup>i iii</sup>

## MARIJUANA USE POSES SERIOUS RISKS TO TEEN BRAIN DEVELOPMENT

1. Research strongly suggests that marijuana use during adolescence and early adulthood results in impaired neural connectivity in several areas of the brain, including the hippocampus, a critical region associated with learning and memory;<sup>iii</sup>
2. Developmental problems associated with regular marijuana use during adolescence include reduced IQ scores, poorer school performance,<sup>iv</sup> higher school dropout rates, as well as decreased attention, and impaired cognitive and verbal performance;<sup>v</sup>
3. There are no definitive findings on whether or not these impairments are reversible with abstinence or reduced consumption, but research supports an abundance of caution with respect to increased availability and resulting teen marijuana exposure and use;
4. Chronic marijuana use can lead to addiction using the criteria for dependence established in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition. Approximately 9% of those who use marijuana are estimated to be dependent, with the risks of dependency increasing sharply up to 17% as the age of initiation decreases into adolescence;<sup>vi</sup>
5. Like alcohol, marijuana and associated THC-containing products are intoxicants with considerable potential for abuse and dependence, but they also contribute to impaired judgment, and increased susceptibility to psychiatric problems, including depression, insomnia and paranoid delusions;<sup>vii</sup> and,
6. Heavy use can exacerbate the course of illness in patients with schizophrenia and other mental disorders, particularly when there is early age onset.<sup>viii</sup>

In addition to pending state legislation regarding medical marijuana (e.g. AB 266, SB 634), California is likely to have at least one ballot measure in 2016 planning to legalize non-medical use. Many prevention professionals are concerned that widespread availability of an intoxicant like marijuana will lead to more widespread use, and compound problems already posed by legal substances, like alcohol and tobacco. Indeed, a recent *New England Journal of Medicine* article, "Adverse Effects of Marijuana Use," concludes:

*Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements. However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties but also by its availability and social acceptability. In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs not because they are more dangerous than illegal drugs, but because their legal status allows for more widespread exposure.*<sup>ix</sup>

## PREPARING FOR 2016 AND BEYOND

Marijuana is more widely available and more potent than ever before. The national average potency of THC has increased from approximately 4% in 1998 to 15% in 2012, with some dispensaries advertising potencies up to 30%. Increased potency levels, decreasing perception of harm, the increased risk of addiction with adolescent use, the impact on mental health, coupled with the academic consequences of use, have led to increased concern about marijuana use in California teens and young adults.

Research on the effects of marijuana on the developing brain, together with experience from alcohol and tobacco policy in California, provide important guidance for any initiative that would make marijuana legal, including established ways to manage an array of likely negative consequences.

Therefore, the Substance Abuse Prevention and Treatment Committee (SAPT+) of the California Behavioral Health Directors Association (CBHDA) finds that:

### **A. California Should Adopt Strong Policies Shown to Protect Public Health**

Any statewide initiative to legalize marijuana should require both state and local health agencies to play a leadership role in adopting, monitoring and enforcing regulations. The following evidence-based strategies should form the foundation for marijuana policy should legalization occur:

- I. Adoption of a 21-year age limit for the use and possession of non-medical marijuana;
- II. Strict enforcement of laws prohibiting sales or furnishing of marijuana to underage youth conducted by local law enforcement agencies;
- III. Adequate funding of compliance check operations through state and local fees and taxes;
- IV. Restrictions on the types, number, and location of retail outlets, avoiding youth locations;
- V. Prohibition of products that are likely to appeal to youth;
- VI. Strict regulation of marijuana marketing – with limits on advertising and messaging attractive to youth – within constitutional limitations that protect commercial speech.

Furthermore, adequate revenues for enforcing regulations, monitoring industry activities, evaluating impacts, and funding effective prevention, treatment and education programs, must be ensured.

### **B. State and Local Governments Play a Critical Role in Protecting Teen Health and Safety**

Legal drugs in California provide important lessons about efforts to protect youth from exposure and to delay the age of first drug use. Chief among these is the critical role of state and local government in developing, enhancing and enforcing effective strategies to protect the health and safety of young people, while operating within state regulatory structures.

Therefore, CBHDA also:

- I. Recognizes the constitutional powers of California counties and cities to protect the health and welfare of their communities and its residents – including, especially, youth;
- II. Supports legislative judgments made by locally-elected officials about potentially dangerous or unhealthy land uses and given deference to protecting youth; and,
- III. Urges local governments, under existing and proposed California state policies of marijuana regulation, to consider the research on marijuana and teen brain development, and to exercise their duty and discretion to either: adopt a program, modify a program, or to opt out completely.

## IMPACTS SUPPORT AN ABUNDANCE OF CAUTION

The SAPT+ Committee neither supports nor opposes proposals for legalization of marijuana for non-medical purposes. However, great caution is warranted for all policymakers given the lessons learned over the last 80 years since Prohibition was repealed, and more than 30 years of tobacco prevention policy.

Legal drugs are extremely profitable industries, yet tremendously costly for Americans, both in terms of mortality and impacts to public services.

- A leading cause of disease and a major contributor to health care costs, tobacco kills some 480,000 Americans every year.<sup>x</sup>
- In 2004, diabetes cost society \$131.7 billion, cancer cost society \$171.6, while alcohol cost \$185 billion. The total cost of substance abuse addiction that year was \$559 billion.<sup>xi</sup>

## CONCLUSION

To protect youth from long-term harms, policymakers *must* develop regulatory strategies that are far more robust and sustainable than currently envisioned. Increased youth use leads to increased addiction, and increased addiction leads to an increase in the health and social problems that accompany addiction such as lost productivity and diminished quality of family life.

Policy deliberations about marijuana in California continue to focus largely on the perceived benefits of making marijuana legal, and frequently point to alcohol regulation as a model. However, the public health impacts of alcohol to California communities suggest something quite different. Marijuana cannot be treated like any “ordinary commodity” and marijuana policy *must* be health-driven, not profit-motivated. These important decisions will affect all of California, for generations to come.

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<sup>i</sup> Volkow, N., et. al., (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*.

<sup>ii</sup> Jager & Ramsey, 2008; Rubino & Parolaro, 2008; Jacobus et al., 2009

<sup>iii</sup> Ventura County, “Marijuana and Your Kid’s Brain” (2015). *Marijuana in Ventura County: A Gateway for Discussion*, © 2014, Ventura County Behavioral Health. <http://venturacountylimits.org/resources/article/E413A9/marijuana-and-your-kids-brain-video>

<sup>iv</sup> Fergusson, DM., et al. (2010). Cannabis and Educational Achievement: Findings from Three Australian Cohort Studies. *Drug and Alcohol Dependence*, Vol. 110, Issue 3, August 2010.

<sup>v</sup> Meier MH, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Pros Natl Acad Sci USA*. 2012;109:E2657-2664

<sup>vi</sup> National Institute on Drug Abuse (NIDA 2015). *DrugFacts: Marijuana*. <http://www.drugabuse.gov/publications/drugfacts/marijuana>.

<sup>vii</sup> Murray, Robin M., MD. Marijuana and Madness: Clinical Implications of Increased Availability and Potency. *Psychiatric Times. Marijuana and Madness: Clinical Implications of Increased Availability and Potency*. 30 Apr. 2015.

<sup>viii</sup> Ibid.

<sup>ix</sup> Volkow, N, et. al., (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*.

<sup>x</sup> Health Effects of Cigarette Smoking.” *Centers for Disease Control and Prevention*. 06 Feb. 2014.

<sup>xi</sup> Sabet, K. (2013). *Reefer sanity: Seven great myths about marijuana*. New York: Beaufort Books, p. 124.