



*City of Caribou, Maine*

**AGENDA**  
**Caribou City Council**  
**Joint Workshop with the Caribou Planning Board**  
**6:00 P.M. Tuesday, January 17, 2017**  
**Caribou City Council Chambers**

*Municipal Building*  
25 High Street  
Caribou, ME 04736  
*Telephone* (207) 493-3324  
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[www.cariboumaine.org](http://www.cariboumaine.org)

1. Discussion on Recreational Marijuana



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OFFICE OF THE CITY MANAGER  
CARIBOU, MAINE

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To: Mayor and Councilors  
CC: Chairman and Planning Board Members  
From: Austin Bleess, City Manager  
Date: January 17, 2017  
Re: Recreational Marijuana Dispensaries

With the moratorium in place, and recreational marijuana laws set to go into effect in 2017, the Planning Board has been tasked with drafting ordinances that regulate this. There is talk in Augusta about delaying the implementation of these laws until 2018. But as of this writing that is still discussion.

The Planning Board requested this workshop to have a discussion with the community and City Council about the issue. It is an important issue for our community and the state. A healthy and respectful dialogue is required so that everyone can gain more information on the topic and make informed decisions.

The City Council and Planning Board need to decide whether we want to have these establishments in our community at all. During the recent vote 62% of the people in Caribou voted against legalization of recreational marijuana.

The Police Chief recommends that we do not allow marijuana facilities in Caribou. I would agree that is the most prudent step at this point in time.

There are too many unknowns with this law that allowing these operations to set up shop in Caribou would pose large negative impacts on our community and our already stretched city resources.

On the following pages are resources that we have pulled together about marijuana and impacts. There is information from Smart Approaches to Marijuana, and Healthy Aroostook.

There is certainly a lot of information out there on the topic. But the hope for this conversation tonight is to help pave a way forward for the Planning Board as they consider ordinance proposals on the topic.

# Big Marijuana Claims Vs. The Science

<https://learnaboutsam.org/the-issues/big-marijuana-claims-vs-the-science/>

<i>Big Marijuana Claims</i>	<i>Scientific Facts</i>
Legalization is about getting rid of the “War on Drugs”	Legalization is about one thing: making a small number of business people rich. If it were about ending the War on Drugs, recent law changes would be limited to decriminalization. Rather, a host of business interests are getting involved with the legal marijuana trade in Colorado and elsewhere. They have set up private equity firms and fundraising organizations to attract investors and promote items such as marijuana food items, oils, and other products. We also know these industries target the poor and disenfranchised[i] – and we can expect the marijuana industry to do the same in order to increase profits.
Marijuana is not addictive.	Science has proven – and all major scientific and medical organizations agree – that marijuana is both addictive and harmful to the human brain, especially when used as an adolescent. One in every six 16 year-olds (and one in every eleven adults) who try marijuana will become addicted to it.[ii]
Marijuana MIGHT be psychologically addictive, but its addiction doesn’t produce physical symptoms.	To your brain, addiction is addiction. Different addictions have different <i>symptoms</i> , but whether its food, sex, marijuana, or heroin – your brain knows it wants more of that feeling of pleasure. Just as with alcohol and tobacco, most chronic marijuana users who attempt to stop “cold turkey” will experience an array of withdrawal symptoms such as irritability, restlessness, anxiety, depression, insomnia, and/or cravings.[iii] This signals that marijuana can be addictive. Science has shown that 1 in 6 kids who ever try marijuana, according to the National Institutes of Health, will become addicted to the drug. Today’s marijuana is not your “Woodstock weed” – it can be 5-10 times stronger than marijuana of the past.[iv]
Lots of smart, successful people have smoked marijuana. It doesn’t make you dumb.	Just because some smart people have done some dumb things, it doesn’t mean that everyone gets away with it. In fact, research shows that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college.[v] In a study of over 1,000 people in 2012, scientists found that using marijuana regularly before the age of 18 resulted in an average IQ of six to eight fewer points at age 38 versus to those who did not use the drug before 18.[vi] These results still held for those who used regularly as teens, but stopped

	after 18. Researchers controlled for alcohol and other drug use as well in this study. So yes, some people may get away with using it, but not everyone.
No one goes to treatment for marijuana addiction.	More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs. <a href="#">[vii]</a>
Marijuana can't kill or hurt you.	Marijuana may not produce direct overdoses, but tobacco rarely, if ever, does either. But we would not say tobacco can't kill or hurt you, and we would not say marijuana cannot do these things either. Emergency room admissions for marijuana use now exceed those for heroin and are continuing to rise. <a href="#">[viii]</a> The link between suicide and marijuana is strong, as are car accidents – too many of which result in death.
Marijuana does not affect the workplace.	Marijuana use impairs the ability to function effectively and safely on the job and increases work-related absences, tardiness, accidents, compensation claims, and job turnover. <a href="#">[ix]</a>
Marijuana simply makes you happier over the long term.	Regular marijuana use is associated with lower satisfaction with intimate romantic relationships, work, family, friends, leisure pursuits, and life in general. <a href="#">[x]</a>
Marijuana users are clogging our prisons.	We shouldn't give marijuana users criminal records nor deprive them of a second chance, but it's far from the truth to say they are clogging our prisons. 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). In total, one tenth of one percent (0.1 percent) of all state prisoners were marijuana-possession offenders with no prior sentences. 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. <a href="#">[xi]</a>
Marijuana is medicine.	Marijuana may contain medical components, like opium does. But we don't smoke opium to get the effects of morphine. Similarly we don't need to smoke marijuana to get its potential medical benefit. <a href="#">[xii]</a> We need more research.
The sick and dying need medical marijuana programs to stay alive.	Research shows that very few of those seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis; <a href="#">[xiii]</a> and in most states that permits the use of medical marijuana, less than 2-3% of users report having cancer, HIV/AIDS, glaucoma, MS, or other life-threatening diseases. <a href="#">[xiv]</a>

Marijuana should be rescheduled to facilitate its medical and legitimate use.	Rescheduling is a source of major confusion. Marijuana meets the technical definition of Schedule I because it is not an individual product with a defined dose. You can't dose anything that is smoked or used in a crude form. However, components of marijuana can be scheduled for medical use, and that research is fully legitimate. That is very different than saying a joint is medicine and should be rescheduled. <sup>[xv]</sup> It is important to note, too, that rescheduling does not generally correspond with criminalization or penalization. So if your target is to reduce penalties for use, focusing on rescheduling is the wrong target.
I smoked marijuana and I am fine, why should I worry about today's kids using it?	Today's marijuana is not your Woodstock Weed. The psychoactive ingredient in marijuana—THC—has increased almost six-fold in average potency during the past thirty years. <sup>[xvi]</sup>
Marijuana doesn't cause lung cancer.	The evidence on lung cancer and marijuana is mixed – just like it was 100 years ago for smoking – but marijuana contains 50% more carcinogens than tobacco smoke <sup>[xvii]</sup> and marijuana smokers report serious symptoms of chronic bronchitis and other respiratory illnesses. <sup>[xviii]</sup> True, there is no definitive evidence right now to claim that marijuana causes lung cancer.
Marijuana is not a “gateway” drug.	We know that most people who use pot WON'T go onto other drugs; but 99% of people who are addicted to other drugs STARTED with alcohol and marijuana. So, indeed, marijuana use makes addiction to other drugs more likely. <sup>[xix]</sup>
Marijuana does not cause mental illness.	Actually, beginning in the 1980s, scientists have uncovered a direct link between marijuana use and mental illness. According to a study published in the <i>British Medical Journal</i> , daily use among adolescent girls is associated with a fivefold increase in the risk of depression and anxiety. <sup>[xx]</sup> Youth who begin smoking marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses. <sup>[xxi]</sup> The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia <sup>[xxii]</sup> , are significantly more likely to develop other psychotic illnesses.
Marijuana makes you a better driver, especially when compared to alcohol.	Just because you may go 35 MPH in a 65 MPH zone versus 85 MPH if you are drunk, it does not mean you are driving safely! In fact, marijuana intoxication doubles your risk of a car crash according to the most exhaustive research reviews ever conducted on the subject. <sup>[xxiii]</sup>

Smoking or vaporizing is the only way to get the medical benefits of marijuana.	No modern medicine is smoked. And we already have a pill on the market available to people with the active ingredient of marijuana (THC) in it – Marinol. That is available at pharmacies today. Other drugs are also in development, including Sativex (for MS and cancer pain) and Epidiolex (for epilepsy). Both of these drugs are available today through research programs. <a href="#">[xxiv]</a>
Medical marijuana has not increased marijuana use in the general population.	Studies are mixed on this, but it appears that if a state has medical “dispensaries” (stores) and home cultivation, then the potency of marijuana and the use and problems among youth are higher than in states without such programs, according to research by RAND scientists. <a href="#">[xxv]</a> This confirms research in 2012 from five epidemiological researchers at Columbia University. Using results from several large national surveys, they concluded, “residents of states with medical marijuana laws had higher odds of marijuana use and marijuana abuse/dependence than residents of states without such laws.” <a href="#">[xxvi]</a>
Legalization is inevitable – the vast majority of the country wants it, and states keep legalizing in succession.	The increase in support for legalization reflects the tens of millions of dollars poured into the legalization movement over the past 30 years. Legalization is not inevitable and there is evidence to show that support has stalled since 2013.
Alcohol is legal, why shouldn’t marijuana also be legal?	Our currently legal drugs – alcohol and tobacco – provide a good example, since both youth and adults use them far more frequently than illegal drugs. According to recent surveys, alcohol use is used by 52% of Americans and tobacco is used by 27% of Americans, but marijuana is used by only 8% of Americans. <a href="#">[xxvii]</a>

Colorado has been a good experiment in legalization.	Colorado has already seen problems with this policy. For example, according to the Associated Press: <a href="#">“Two Denver Deaths Linked to Recreational Marijuana Use”</a> . One includes the under-aged college student who jumped to his death after ingesting a marijuana cookie. The number of parents calling the poison-control hotline to report their kids had consumed marijuana has <a href="#">risen significantly in Colorado</a> . Marijuana edibles and marijuana vaporizers have been found in middle and high schools. <a href="#">[xxviii]</a>
We can get tax revenue if we legalize marijuana.	With increased use, public health costs will also rise, likely outweighing any tax revenues from legal marijuana. For every dollar gained in alcohol and tobacco taxes, ten dollars are lost in

	legal, health, social, and regulatory costs. <sup>[xxix]</sup> And so far in Colorado, tax revenue has fallen short of expectations.
I just want to get high. The government shouldn't be able to tell me that I can't.	Legalization is not about just “getting high.” By legalizing marijuana, the United States would be ushering in a new, for-profit industry – not different from Big Tobacco. Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. Cannabis food and candy is being marketed to children and are already responsible for a growing number of marijuana-related ER visits. <sup>[xxx]</sup> Edibles with names such as “Ring Pots” and “Pot Tarts” are inspired by favorite candies of children and dessert products such as “Ring Pops” and “Pop Tarts.” Moreover, a large vaporization industry is now emerging and targeting youth, allowing young people and minors to use marijuana more easily in public places without being detected. <sup>[xxxi]</sup>
Legalization would remove the black market and stop enriching gangs.	Criminal enterprises do not receive the majority of their funding from marijuana. Furthermore, with legal marijuana taxed and only available to adults, a black market will continue to thrive. The black market and illegal drug dealers will continue to function – and even flourish <sup>[xxxii]</sup> – under legalization, as people seek cheaper, untaxed marijuana.

[i] See for example, Jones-Webb R, McKee P, Hannan P, Wall M, Pham L, Erickson D, Wagenaar A. Alcohol and malt liquor availability and promotion and homicide in inner cities. *Substance Use & Misuse*. 2008;43:159–177. Jones-Webb R, Snowden LR, Herd D, Short B, Hannan P. Alcohol-related problems among black, Hispanic and white men: The contribution of neighborhood poverty. *Journal of Studies on Alcohol*.1997;58:539–545. Karriker-Jaffe KJ. Areas of disadvantage: A systematic review of effects of area-level socioeconomic status on substance use outcomes. *Drug and Alcohol Review*. 2011;30:84–95. Karriker-Jaffe KJ, Kaskutas LA. Neighborhood socioeconomic context of alcohol use: A measurement validation study [Abstract 720] *Alcoholism: Clinical and Experimental Research*, 33, Supplement.2009;S1:190A.

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[xii] See American Medical Association <http://www.ama-assn.org/resources/doc/csaph/x-pub/i09csaph3ft.pdf> <http://www.ama-assn.org/resources/doc/csaph/x-pub/csaa-01.pdf>. Also see IOM, *Marijuana and Medicine: Assessing the Scientific Base*. <http://www.iom.edu/Reports/2003/Marijuana-and-Medicine-Assessing-the-Science-base.aspx>

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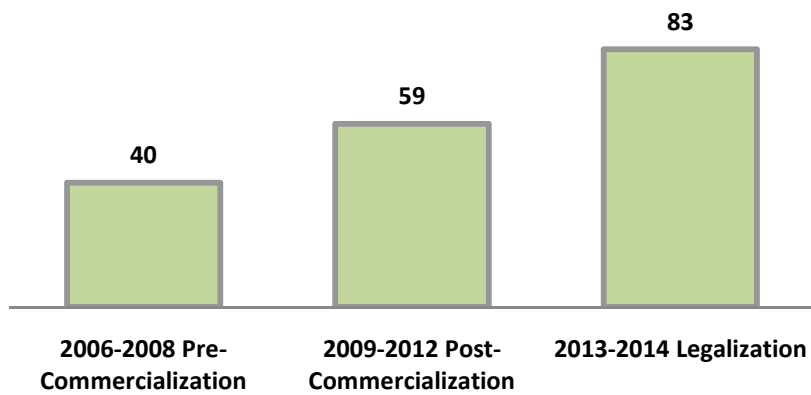
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### AVERAGE NUMBER OF COLORADO TRAFFIC DEATHS RELATED TO MARIJUANA



(Source: Rocky Mtn. HITDA Sept. 2015)

- » Traffic deaths related to marijuana intoxication in Colorado have steadily increased since commercialization and legalization.
- » Marijuana is directly linked to impaired driving. Drivers who use marijuana are **more than twice as likely** as other drivers to be involved in motor vehicle crashes.

### WOULD THE REVENUE OUTWEIGH THE COSTS?

- » With increased use of marijuana, public health costs will also rise. **These costs will most likely outweigh any tax revenues from legal marijuana.**
- » For every dollar gained in alcohol and tobacco taxes, **ten dollars are lost** in legal, health, social, and regulatory costs.

### MARIJUANA USE DAMAGES TEEN BRAINS AND BODIES

- » The levels of tar inhaled by marijuana smokers and the levels of carbon monoxide absorbed are **three to five times** greater than from smoking tobacco.
- » Using marijuana weekly or more has been shown to **double** a teen's risk of depression or anxiety.
- » Teen marijuana use has been linked to **lower academic performance and reduced job prospects**.
- » Students who smoke marijuana tend to get lower grades and are **more likely to drop out of high school** compared to their peers.
- » Long-term marijuana users report decreased overall life satisfaction, including diminished mental and physical health, memory and relationship problems, lower salaries, and less career success.
- » Recent research suggests that people who begin using marijuana heavily as teens may **permanently lose an average of 8 points in IQ** by mid-adulthood.

#### Sources:

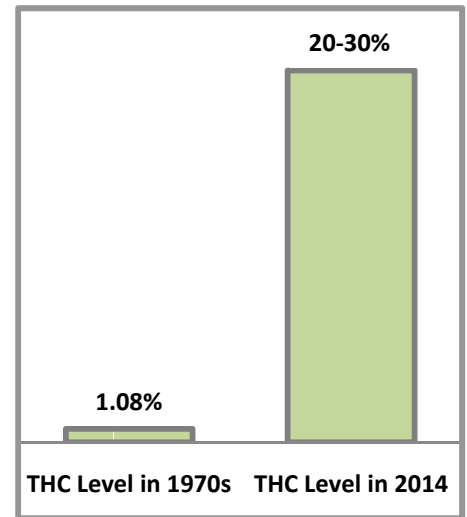
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# MARIJUANA

## Is Legalization Good for Maine? A Look at the Facts

### TODAY'S MARIJUANA

- » THC, or tetrahydrocannabinol, is the compound that acts on the brain to produce a “high.” There are far higher concentrations of THC in today’s marijuana.
- » According to the National Institute on Drug Abuse, higher concentrations of THC in marijuana could mean a *greater chance of an adverse or unpredictable reaction and a greater risk of addiction.*
- » In a 2014 independent lab test of the legalized recreational marijuana in Colorado, an average of **20-30% THC** was found in the samples. That’s a drastic increase from the average THC levels in the seventies.



**EDIBLE MARIJUANA PRODUCTS** have increased in popularity and are taking on many new forms:

MARIJUANA PIXIE STICKS    MARIJUANA COTTON CANDY



MARIJUANA SODA



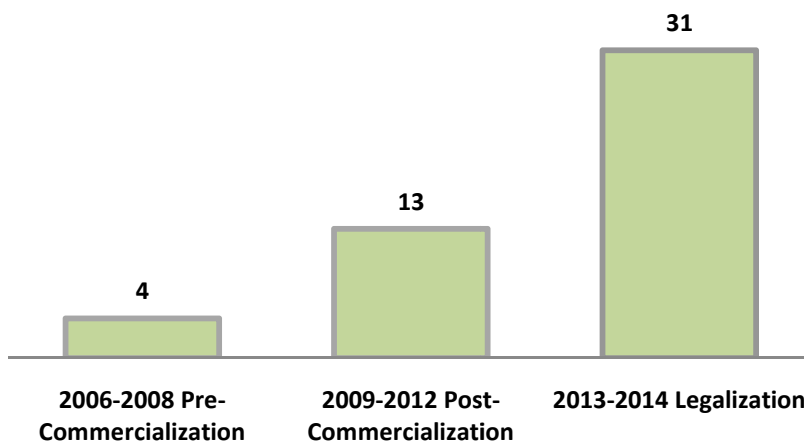
MARIJUANA MINTS



(SAM-Maine, 2015)

### AVERAGE NUMBER OF MARIJUANA-RELATED EXPOSURES IN COLORADO

#### CHILDREN AGES 0-5



(Source: Rocky Mtn. HITDA Sept. 2015)

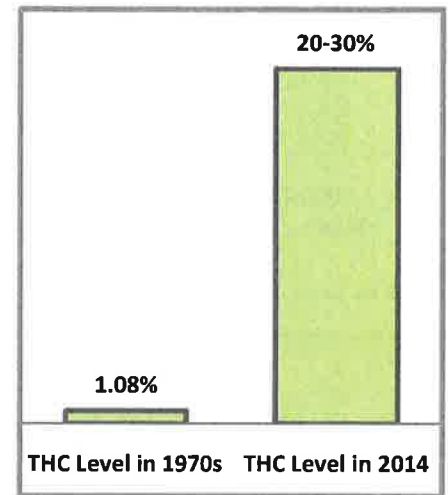
- » Many of these edible products are attractive to children.
- » Since marijuana commercialization and legalization in Colorado, the number of marijuana exposure reports to poison control centers for children ages 0-5 has risen significantly.
- » In 2015, *Colorado recalled 100s of thousands of edibles containing banned pesticides.*

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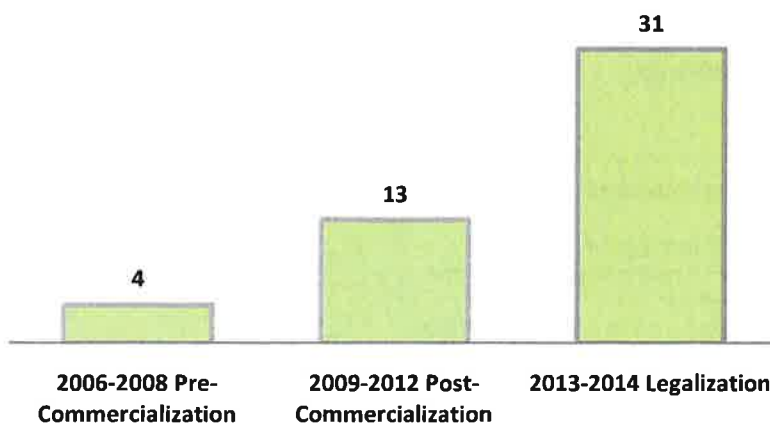
MARIJUANA MINTS



(SAM-Maine, 2015)

### AVERAGE NUMBER OF MARIJUANA-RELATED EXPOSURES IN COLORADO

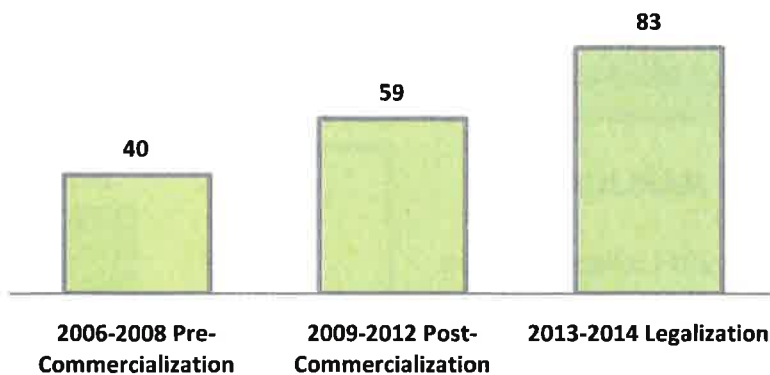
#### CHILDREN AGES 0-5



(Source: Rockv Mtn. HITDA Sept. 2015)

- » Many of these edible products are attractive to children.
- » Since marijuana commercialization and legalization in Colorado, the number of marijuana exposure reports to poison control centers for children ages 0-5 has risen significantly.
- » In 2015, *Colorado recalled 100s of thousands of edibles containing banned pesticides.*

### AVERAGE NUMBER OF COLORADO TRAFFIC DEATHS RELATED TO MARIJUANA



(Source: Rocky Mtn. HITDA Sept. 2015)

- » Traffic deaths related to marijuana intoxication in Colorado have steadily increased since commercialization and legalization.
- » Marijuana is directly linked to impaired driving. Drivers who use marijuana are **more than twice as likely** as other drivers to be involved in motor vehicle crashes.

### WOULD THE REVENUE OUTWEIGH THE COSTS?

- » With increased use of marijuana, public health costs will also rise. **These costs will most likely outweigh any tax revenues from legal marijuana.**

- » For every dollar gained in alcohol and tobacco taxes, **ten dollars are lost** in legal, health, social, and regulatory costs.

### MARIJUANA USE DAMAGES TEEN BRAINS AND BODIES

- » The levels of tar inhaled by marijuana smokers and the levels of carbon monoxide absorbed are **three to five times** greater than from smoking tobacco.
- » Using marijuana weekly or more has been shown to **double** a teen's risk of depression or anxiety.
- » Teen marijuana use has been linked to **lower academic performance and reduced job prospects**.
- » Students who smoke marijuana tend to get lower grades and are **more likely to drop out of high school** compared to their peers.
- » Long-term marijuana users report decreased overall life satisfaction, including diminished mental and physical health, memory and relationship problems, lower salaries, and less career success.
- » Recent research suggests that people who begin using marijuana heavily as teens may **permanently lose an average of 8 points in IQ** by mid-adulthood.

#### Sources:

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# ELECTRONIC NICOTINE DELIVERY SYSTEMS **KEY FACTS**

## Youth use of ENDS continues to rise rapidly in the U.S.

From 2011 to 2015, **past 30-day use** of e-cigarettes increased



more than **10x** for high school students (1.5% to 16.0%)

and nearly **9x** for middle school students (0.6% to 5.3%)



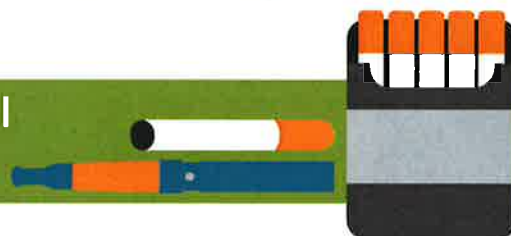
**Nearly 3 million** U.S. middle and high school students were **past 30-day e-cigarette users** in 2015



including about **1 in 7** high school students.<sup>1</sup>

In 2013, more than **a quarter of a million** (263,000) middle and high school students who **had never smoked cigarettes had ever used e-cigarettes**.<sup>2</sup>

Most adult ENDS users also smoke conventional cigarettes, which is referred to as “dual use.”



In 2012/2013, 1.9% of adults were **past 30 day e-cigarette users**, including **9.4% of conventional cigarette smokers**.<sup>3</sup>

Among adult **past 30 day e-cigarette users**, **76.8% were also current cigarette smokers** (i.e., “dual users”) in 2012/2013.<sup>3</sup>

**Nicotine poses dangers to pregnant women and fetuses, children, and adolescents. Youth use of nicotine in any form, including ENDS, is unsafe.**<sup>4,5</sup>

Nicotine is highly addictive.<sup>4</sup>

Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.<sup>4,5</sup>

Poisonings have resulted among users and non-users due to ingestion of nicotine liquid, absorption through the skin, and inhalation.<sup>6</sup> E-cigarette exposure calls to poison centers increased from one per month in September 2010 to 215 per month in February 2014, and over half of those calls were regarding children ages 5 and under.<sup>6</sup>

- Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.<sup>5</sup>
- According to the Surgeon General, the evidence is already sufficient to warn pregnant women, women of reproductive age, and adolescents about the use of nicotine containing products such as smokeless tobacco, dissolvables, and ENDS as alternatives to smoking.<sup>4</sup>



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

CS2606251-B

Any combusted tobacco use at any age is dangerous.

The **burden of death and disease** from tobacco use in the U.S. is overwhelmingly caused by cigarettes and other combusted tobacco products.<sup>4</sup>

There is **no safe level** of exposure to secondhand tobacco smoke.<sup>7</sup>

In order for adult smokers to benefit from ENDS, they must completely quit combusted tobacco use. Smoking even a few cigarettes per day is dangerous to your health.



Smokers who cut back on cigarettes by using ENDS, but who don't completely quit smoking cigarettes, aren't fully protecting their health:

- Smoking just **1-4 cigarettes a day doubles the risk** of dying from **heart disease**.<sup>8</sup>
- **Heavy smokers** who reduce their cigarette use by half still have a very high **risk for early death**.<sup>9</sup>



Benefits of quitting smoking completely:

- **Heart disease risk is cut in half 1 year after quitting** and continues to drop overtime.<sup>4</sup>
- Even **quitting at age 50 cuts your risk in half** for early death from a smoking-related disease.<sup>4</sup>

ENDS are not an FDA-approved quit aid.



Currently the **evidence is insufficient** to conclude **that ENDS are effective for smoking cessation**.



**Seven medicines** are approved by the FDA for smoking cessation, and are proven safe and effective when used as directed.<sup>10</sup>

ENDS aerosol is NOT harmless "water vapor" and is NOT as safe as clean air.<sup>18</sup>

- ENDS generally emit lower levels of dangerous toxins than combusted cigarettes. However, in addition to nicotine, **ENDS aerosols can contain heavy metals, ultrafine particulate, and cancer-causing agents like acrolein**.<sup>11</sup>
- ENDS aerosols also contain propylene glycol or glycerin and flavorings.

- Some ENDS manufacturers claim that the use of propylene glycol, glycerin, and food flavorings is safe because they meet the FDA definition of "Generally Recognized as Safe" (GRAS). However, **GRAS status applies to additives for use in foods, NOT for inhalation**. The health effects of inhaling these substances are currently unknown.

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

## ENDS are aggressively marketed using similar tactics as those proven to lead to youth cigarette smoking.



Although the advertisement of cigarettes has been banned from television in the United States since 1971, ENDS are now marketed on television and other mainstream media channels.<sup>2</sup>



**Spending on advertising of ENDS tripled each year from 2011 to 2013.**<sup>12,13</sup> Sales of ENDS also increased dramatically over a similar period.<sup>14</sup>

ENDS marketing has included **unproven claims of safety** and use for smoking cessation, and statements that they are **exempt from clean air policies that restrict smoking**.<sup>4</sup> These messages could:

- Promote situational substitution of ENDS when smokers cannot smoke cigarettes, rather than complete substitution of ENDS for cigarettes.
- **Undermine clean indoor air standards**, smokefree policy enforcement, and tobacco-free social norms.



NO SMOKING  
IN THIS AREA

In a randomized controlled trial, adolescents who viewed e-cigarette TV advertisements reported a significantly greater likelihood of future e-cigarette use compared with the control group. They were also more likely to agree that e-cigarettes can be used in places where smoking is not allowed.<sup>15</sup>

**Some ENDS companies are using techniques similar to those used by cigarette companies that have been shown in the 2012 Surgeon General's Report to increase use of cigarettes by youth**, including: candy-flavored products; youth-resonant themes such as rebellion, glamour, and sex; celebrity endorsements; and sports and music sponsorships.<sup>13,16</sup>



**Visual depictions** of ENDS use in advertisements may serve as smoking cues to smokers and former smokers, **increasing the urge to smoke and undermining efforts to quit or abstain** from smoking.<sup>17</sup>

## Given the currently available evidence on ENDS, several policy levers are appropriate to protect public health:

- **Prohibitions on marketing or sales** of ENDS that result in youth use of any tobacco product, including ENDS.
  - **States laws prohibiting sales of ENDS to minors** that feature strong enforcement provisions and allow localities to develop more stringent policies are more likely to help prevent youth access.<sup>18</sup>
- **Prohibitions on ENDS use in indoor areas** where conventional smoking is not allowed could:<sup>18</sup>
  - **Preserve clean indoor air standards** and protect bystanders from exposure to secondhand ENDS aerosol.
  - **Support tobacco-free norms.**
- When addressing potential public health harms associated with ENDS, it is important to simultaneously **uphold and accelerate strategies found by the Surgeon General to prevent and reduce combustible tobacco use**, including tobacco **price increases**, comprehensive **smoke-free laws**, high-impact media campaigns, barrier-free cessation treatment and services, and comprehensive **statewide tobacco control programs**.<sup>4,18</sup>

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)



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## Top 10 Messages Against Legalization\*

### Emphasize the “Big Three”

1. **Legalization in Colorado has produced negative consequences** – pot gummy bears marketed to kids<sup>1</sup>, more stoned people on the roads, and more positive workplace drug tests and overall marijuana prevalence.<sup>2</sup> As such, **the majority of localities in Colorado have now banned sales.**
2. **Marijuana legalization will usher in America’s new version of “Big Tobacco.”** Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. The former head of Strategy for Microsoft has said that he wants to “mint more millionaires than Microsoft” with marijuana and that he wants to create the “Starbucks of marijuana.”<sup>3</sup>
3. **Today’s marijuana is not your Woodstock weed.** In the 1960s and ‘70s, THC levels of the marijuana smoked by baby boomers averaged around 1%, increasing to just under 4% in 1983, and almost tripling in the subsequent 30 years to around 14% in 2014.<sup>4</sup>

### Other points:

A. **More on Colorado.** Highlights from 2014, when retail marijuana businesses began operating in Colorado, include, rapid changes in just one year after legalization†:

- 32% increase in marijuana-related traffic deaths in just one year from 2013
- Colorado youth usage (ages 12 - 17) ranks 56% higher than the national average
- 29% increase in the number of marijuana-related emergency room visits
- 38% increase in the number of marijuana-related hospitalizations
- Seizures of illegal Colorado marijuana increased another 34%

#### 1. Marijuana is especially harmful to kids and adolescents.

- Marijuana contributes to psychosis and schizophrenia<sup>5</sup>, addiction for 1 in 6 kids who ever use it once<sup>6</sup>, and it reduces IQ among those who started smoking before age 18.<sup>7</sup>
- According to data from the 2012 National Survey of American Attitudes on Substance Abuse, **alcohol and cigarettes were the most readily accessible substances for youth 12 to 17**, with 50% and 44%, respectively, reporting that they could obtain them within a day. Youth were *least* likely to report that they could get marijuana within a day (31%); **45% report that they would be unable to get marijuana at all.**<sup>8</sup>

#### 2. Marijuana use will increase under legalization

- **Because they are accessible and available, our legal drugs are used far more than our illegal ones.** According to recent surveys, alcohol use is used by 52% of Americans and tobacco is used by 27% of Americans. Marijuana is used by 8% of Americans.<sup>9</sup>
- When RAND researchers analyzed California's 2010 effort to legalize marijuana, they concluded that the price of the drug could **plummet and therefore marijuana consumption could increase.**<sup>10</sup>

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\* Adapted from “Reefer Sanity: Seven Great Myths About Marijuana” by Dr. Kevin A. Sabet (Beaufort Books, 2013)

† See Rocky Mountain HIDTA Report, September 2014

3. Marijuana legalization will increase public costs.
  - **For every \$1 in alcohol and tobacco tax revenues, society loses \$10 in social costs, from accidents to health damage<sup>11</sup>.** The Lottery and other forms of gambling have not solved our budget problems, either.
  - Few people are currently in prison for marijuana possession (in fact, only 0.1% of prisoners with no prior offenses<sup>12</sup>) and **current alcohol arrest rates are over three times higher than marijuana arrest rates.**<sup>13</sup>
4. People are not in prison for small time marijuana use.
  - Statistics on state-level prisoners reveal that **0.3% of all state inmates were behind bars for marijuana possession only** (with many of them pleading down from more serious crimes).<sup>14</sup>
  - 99.8% of federal prisoners sentenced for drug offenses were incarcerated for drug **trafficking.**<sup>15</sup>
  - The risk of arrest for each joint smoked is **1 in 12,000.**<sup>16</sup>
5. Drug cartels and the black market will continue to function under legalization.
  - A recent RAND report showed that **Mexican drug trafficking groups only received a minority of their revenue (15-25%) from marijuana.** For them, the big money is found in illegal trade such as human trafficking, kidnapping, extortion, piracy, and other illicit drugs.<sup>17</sup>
  - And we know from mining and other industries that illegal actors have a lot to do with so called legal industries. These cartels will only be helped with legalization and more addiction, not hurt.
6. Neither Portugal nor Holland provides any successful example of legalization.
  - Independent research reveals that in the Netherlands, where marijuana was commercialized and sold openly at “coffee shops,” **marijuana use among young adults increased almost 300%.**<sup>18</sup> Now, the Dutch are retreated from their loose policies.
  - **There are signs that tolerance for marijuana in the Netherlands is receding.** They have recently closed hundreds of coffee shops, and today Dutch citizens have a higher likelihood of being admitted to treatment than nearly all other countries in Europe.<sup>19</sup>
  - In Portugal, use levels are mixed, and despite reports to the contrary, **they have not legalized drugs.** In 2001, Portugal started to refer drug users to three person “panels of social workers” that recommend treatment or another course of action. As the European Monitoring Center’s findings concluded: “the country does not show specific developments in its drug situation that would clearly distinguish it from other European countries that have a different policy.”<sup>20</sup>
7. Marijuana has medicinal properties, but we shouldn’t smoke the plant in order to derive those benefits, just like we do not smoke opium to get the benefits of morphine.
  - In states with medical marijuana laws, the average user is a **male in his 30s with no terminal illness and a history of drug abuse.**<sup>21</sup>
  - **Less than 2% of users have cancer or AIDS.**<sup>22</sup>
  - Residents of states with medical marijuana laws have abuse and dependence rates **almost twice as high as states with no such laws.**<sup>23</sup>
  - Research should be conducted to produce pharmacy-attainable, non-smoked medications based on marijuana.
8. Experience from Colorado is not promising.
  - Two independent reports released in August 2013 document how Colorado’s supposedly regulated system is not well regulated at all.
  - Teen use has increased in the past five years. **Currently, the marijuana use rate among Colorado teens is 50% above the national average.**<sup>24</sup>
  - Drug-related referrals for high school students testing positive for marijuana has increased.<sup>25</sup>
  - Medical marijuana is easily diverted to youth.<sup>26</sup>
  - While the total number of car crashes declined from 2007 to 2011, **the number of fatal car crashes with drivers testing positive for marijuana rose sharply.**<sup>27</sup>

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# The Danger of Marijuana Edibles

**EDIBLE MARIJUANA IS VERY DIFFERENT—  
AND MORE DANGEROUS—THAN JOINTS AND  
OTHER MARIJUANA PRODUCTS**

1



**Kid-friendly:** comes in shapes & colors attractive to children, like **candy and soda**

2

**95%**

**Potent:** often made w/ concentrates of up to **95% pure THC** (joints are ~ 15% THC)

3



**Aggressive marketing:** free samples, billboard advertising, and other **Big Tobacco tactics**

4



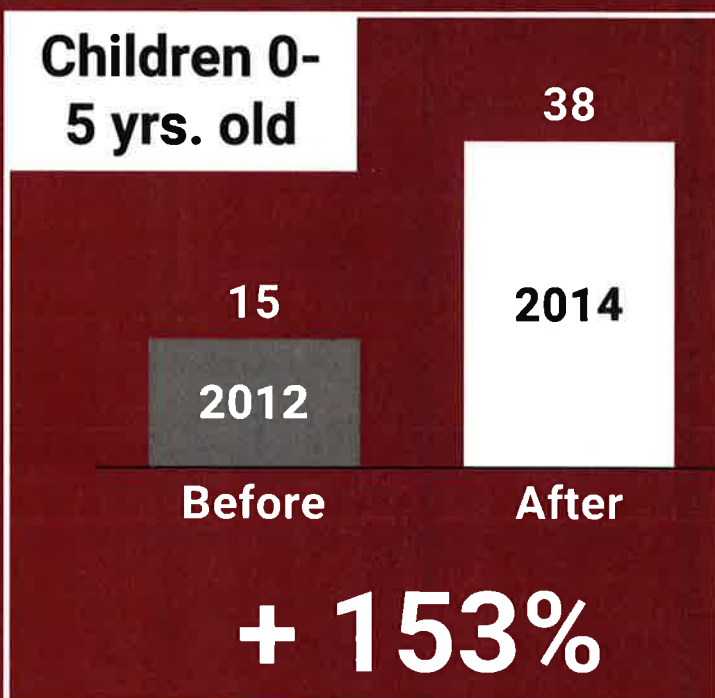
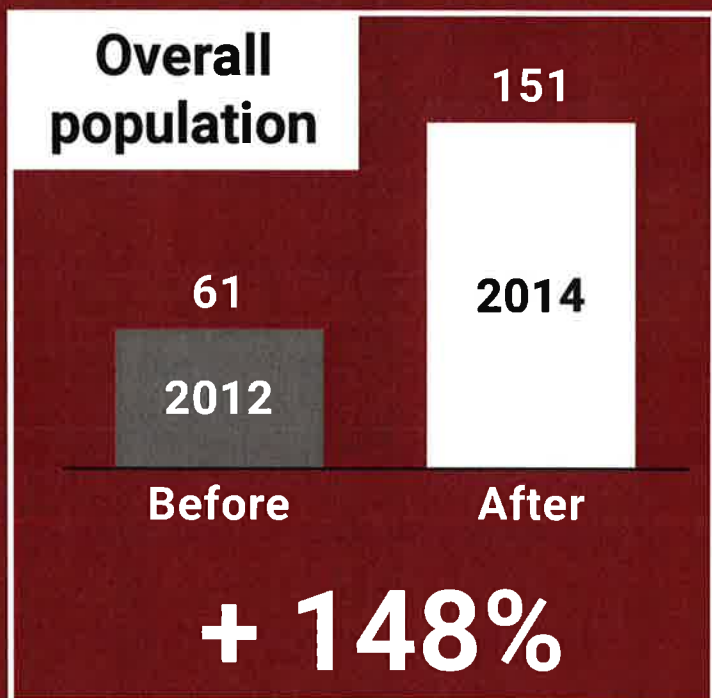
**Contaminants:** In 2015, CO recalled 100s of thousands of edibles containing **banned pesticides**

5



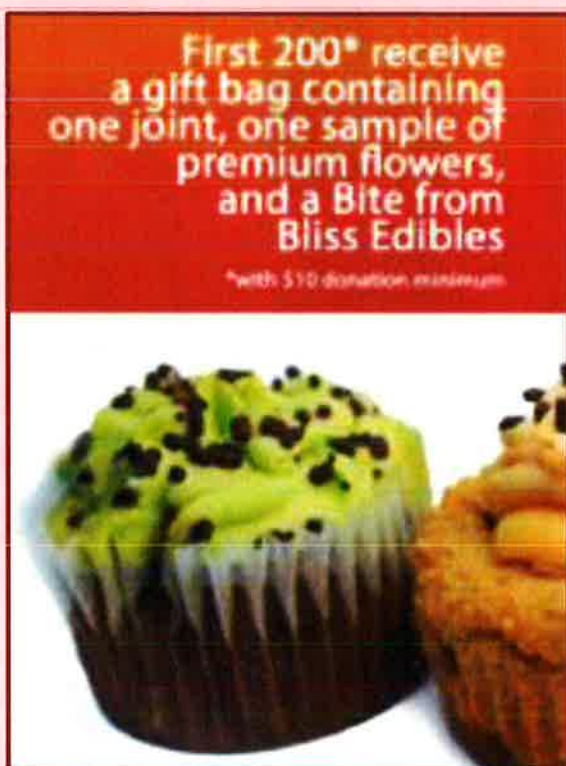
**Fighting regulation:** The pot industry has lobbied hard against regulation (e.g., warning labels, dosing rules, and bans on ads targeting kids)

# THE RESULT: EMERGENCY CALLS FOR MJ POISONING IN COLORADO SKYROCKETED POST-LEGALIZATION



Source: Rocky Mtn. HITDA (Sep. 2015)

## REAL POT EDIBLES & FREE SAMPLE ADS





## QUICK FACTS

### Who is in jail and prison for marijuana?

- A rigorous government analysis of who is in jail or prison for marijuana found that less than 0.7% of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes).<sup>i</sup>
- Federal data show that the vast majority (99.8 percent) of Federal prisoners sentenced for drug offenses were incarcerated for drug trafficking.<sup>ii</sup>

### What about treating marijuana like alcohol?

- Under legalization, more people, not fewer, will be ensnared in the criminal justice system. A fact most people do not know is that alcohol — not cocaine, heroin or marijuana — is responsible for 2.6 million arrests every year. That is 1 million more arrests than for all illegal drugs combined. The reason? Alcohol is used so much more commonly than illegal drugs. People are being arrested for violating liquor laws, driving while intoxicated and public drunkenness (the 2.6 million number doesn't even include violent crimes that result from alcohol use. That isn't to say that current drug policies aren't also costly to the criminal justice system. They are. But that is precisely why we need smarter enforcement policies — not legalization, which would very likely compound the current costs.

### The Myth of the Infamous Tax Revenue

- Any tax revenue gained from legal marijuana would be quickly offset by the social costs. Let's take a look at two legal substances:

- 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.

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..<sup>iv</sup>

### Drug Cartels and The Black Market

- The truth is, marijuana legalization would do nothing to diminish the power of the cartels, primarily because marijuana accounts for a tiny share of revenues gained by drug trafficking groups. For them, the big money is found in sexier illegal trade, such human trafficking, kidnapping, extortion, piracy and other illicit drugs.<sup>v</sup>
- Marijuana accounts for only a portion of the proceeds (about 15--20%) 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.

## Marijuana and Health

### Addiction

- 1 in 10 people who try marijuana becomes addicted to it, developing a dependence that produces withdrawal and cravings. If marijuana use starts in adolescence, the chances of addiction are 1 in 6.<sup>vi</sup>
- Long-term studies from the United States and New Zealand have shown that regular cannabis smokers report more symptoms of chronic bronchitis than non-smokers.<sup>vii</sup>
- And today's marijuana is not the marijuana of the 1960s: potency has grown five-fold or more in the past 30 years.

### The Brain and Mental Health

- Marijuana use directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention and reaction time. These effects can last up to 28 days after abstinence from use of the drug.<sup>viii</sup>
- Science confirms that the adolescent brain, particularly the part of the brain that regulates complex cognitive behavior, personality expression, decision making and social behavior, is not fully developed until about the age of 25. Developing brains are especially susceptible to all of the negative effects of marijuana and other drug use.<sup>ix</sup>
- Marijuana use has been shown to be significantly linked with mental illness, especially schizophrenia and psychosis, and also depression and anxiety.<sup>x</sup>

<sup>i</sup> "Substance Abuse and Treatment, State and Federal Prisoners, 1997." BJS Special Report, January 1999, NCJ 172871.

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

<sup>iii</sup> <http://bjs.ojp.usdoj.gov/content/pub/pdf/fjs09st.pdf>

<sup>iv</sup> 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.

<sup>v</sup> 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](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.

<sup>vi</sup> Kilmer, Beau, Jonathan P. Caulkins, Brittany M. Bond and Peter H. Reuter. Reducing Drug Trafficking Revenues and Violence in Mexico: Would Legalizing Marijuana in California Help?. Santa Monica, CA: RAND Corporation, 2010. [http://www.rand.org/pubs/occasional\\_papers/OP325](http://www.rand.org/pubs/occasional_papers/OP325).

<sup>vii</sup> 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).

<sup>viii</sup> <http://www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2007/02/effects-of-marijuana-smoking-on-pulmonary-function-and-respirato.html>

<sup>ix</sup> Hall W & Degenhard L (2009). Adverse health effects of non-medical cannabis use. *Lancet*, 374:1383-1391

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

<sup>x</sup> 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. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

# Colorado's Experience with *de facto* Legalization of Retail Sales after "Medical" Marijuana Expansion post-2009

- » 2006-2012: Medical MJ cardholders rose from **1,000** to over **108,000**
- » Licensed dispensaries rose from **zero** to **532**

## MJ Use Among Colorado Teens...



- » **Fifth** highest in the nation
- » **50%** above the national average

**10.7%**  
(Colorado)

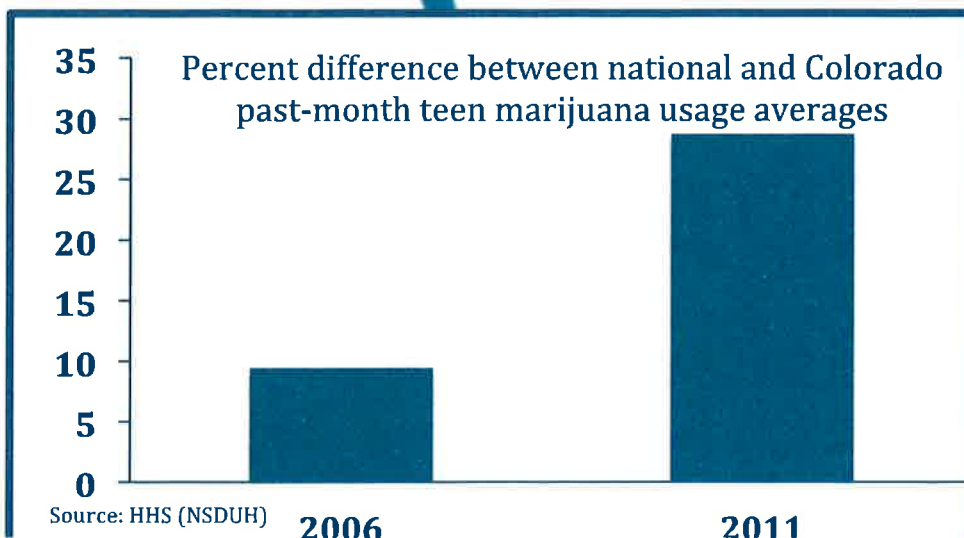
**7.6%**  
(USA)

Source: HHS  
(NSDUH)

» **29%** of Denver high school students used pot in the last month

» If Denver were a **state**, it would have the **highest** public high school past-month use rates in the **country**

Source: Healthy Kids Colorado, 2012

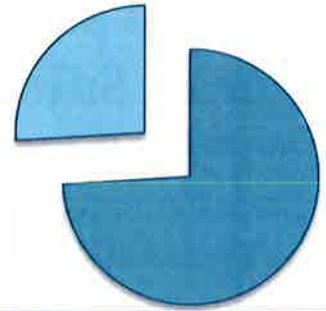


» **29%** above national average in 2011

» **9%** above national average in 2006

**74%** of Denver-area teens in **treatment** said they used **somebody else's** medical marijuana an average of **50 times**

Source: Salomonsen-Sautel et al., 2012



MJ-related ER visits for **children under five** rose by **200%** between 2006 and 2012

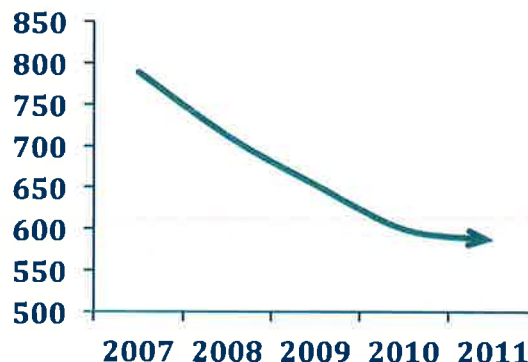


Source: Thurstone, 2013

**Traffic fatalities** involving drugged drivers rose from **7.1%** in 2008 to **13%** in 2011



While the **total** number of car crashes **declined** between 2007 and 2011....



...the number of fatal car crashers with **drivers testing positive for MJ** rose sharply during those same years.

Source: CO Dept of Transportation

