

Policy Statement

The Governor’s Office of Drug Policy (ODP) opposes the legalization of marijuana in any form other than specific marijuana-based medications that have received FDA approval. As the state’s lead on substance abuse policy and prevention, ODP evaluates credible scientific research to inform public policy decisions. In response to proposed legislation and ballot initiatives aimed at marijuana legalization, ODP finds it necessary, based on the current evidence, to advise against the legalization of marijuana as a public health and safety measure.

Regarding the medical use of marijuana, ODP believes that the components of the marijuana plant should undergo the same rigorous scientific evaluation by the FDA that all legal medications in the United States are subjected to and approved in accordance with Idaho law.

Background

According to the 2022 National Survey on Drug Use and Health (NSDUH), approximately 62 million Americans (22%) ages 12 and older used marijuana in the past year.¹ In 2022, the percentage of people who used marijuana in the past year was highest among young adults aged 18 to 25 (37%) compared with 19% of adults aged 26 or older and 11% of adolescents aged 12 to 17.² The CDC reports that approximately 3 in 10 people who use marijuana have marijuana use disorder and for those who begin using Marijuana before age 18, the risk of developing a marijuana use disorder is even greater.³

Marijuana is a Schedule 1 controlled substance under the Controlled Substances Act and Idaho law. As such, the use and sale of marijuana for any purpose is illegal in Idaho. However, beginning in 2012 numerous states began legalizing marijuana to some degree. As of 2024, 38 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands have legalized medical marijuana. While 24 states, three territories, and the District of Columbia have legalized recreational marijuana.⁴

¹ 2023 NSDUH Annual National Report. 2024. Substance Abuse Mental Health Services Administration (SAMHSA).

² 2021-2022 NSDUH: Model-Based Estimate Totals. 2024. SAMHSA.

³ Cannabis and Teens, Cannabis and Public Health. 2024. Centers for Disease Control and Prevention (CDC).

⁴ State Medical Cannabis Laws. 2024. National Conference of State Legislators.

Marijuana Legalization Impact

Youth Marijuana Use

According to the CDC, the developing brains of infants, children, and adolescents are especially susceptible to the adverse effects of marijuana use.⁴ Youth, especially those who use marijuana chronically, face a higher risk of experiencing difficulties with problem-solving, memory, coordination, maintaining attention, and social interactions.^{5,6} Moreover, marijuana use initiation during the teenage years has been linked to a higher risk of developing a marijuana use disorder later in life compared to those who initiate use in later years.⁷

According to the 2021-2022 NSDUH state prevalence estimates, past-year marijuana use among 12–17-year-olds has decreased from 15% to 11% nationally. Idaho and its surrounding states have also seen declines in past-year use among this age group. Despite these overall reductions, marijuana use rates among 12–17-year-olds remain 0.7% to 4.6% higher in neighboring states where marijuana is legalized compared to the use rates in Idaho.⁸

Impaired Driving

Marijuana has been shown to impair the skills necessary for driving including coordination, memory, and judgement. Young adults appear to be the population most likely to engage in driving under the influence of marijuana.^{9,10} Studies conducted by the Insurance Institute for Highway Safety (IIHS) on marijuana legalizations impact on crash rates show no increased crash risk associated with marijuana use alone. However, these studies do indicate that legalization is linked to higher crash rates when individuals combine marijuana with alcohol, significantly raising the crash risk more than alcohol use alone.¹¹ This is particularly concerning given the rise in combined use of alcohol and marijuana, which increases the risk of substance-related harms from using both substances simultaneously.¹² For this reason, when states legalize marijuana, their crash rates also increase. A 2018 study from the IIHS

⁵ The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research. 2017. National Academies of Sciences Engineering and Medicine.

⁶ Cannabis use among U.S. adolescents in the era of Marijuana legalization: a review of changing use patterns, comorbidity, and health correlates. 2020. International Review of Psychiatry.

⁷ Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. 2008. Drug and Alcohol Dependence Journal.

⁸ Interactive NSDUH State Estimates. 2024. SAMHSA.

⁹ Cannabis, Impaired Driving, and Road Safety: An Overview of Key Questions and Issues. 2021. Frontiers in Psychiatry.

¹⁰ Drug and Alcohol Crash Risk: A Case-Control Study. 2016. National Highway Traffic Safety Administration.

¹¹ Highway Loss Data Institute, Vol. 56, No. 2. 2021. Insurance Institute for Highway Safety.

¹² Combined use of alcohol & cannabis: Introduction to the special issue. 2021. Psychology of Addictive Behaviors, 35(6), 621-627.

reported that recreational sales of marijuana in Colorado, Oregon and Washington was associated with a 5.2% increase in police-reported crashes.¹³

High Potency Marijuana

Since the mid-1990's, the concentration of THC in marijuana products has been increasing, rising from an average of 4% in 1995 to 16% in 2022.¹⁴ This higher potency marijuana has been linked to increased incidences of psychosis and marijuana use disorders.¹⁵ Although research on the effects of high-potency marijuana use among youth and young adults is limited, it is hypothesized that increased potency may exacerbate the negative effects that marijuana use has been shown to have on the developing brain, such as increased risk of schizophrenia, depression, and anxiety disorders.^{16,17} Additionally, it is theorized that the increased availability of high-potency THC products is associated with a rise in marijuana related emergency department visits.¹⁸

Marijuana Remains a Schedule I Drug

Marijuana is a Schedule 1 substance under the Controlled Substances Act, indicating that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Other drugs in this schedule include heroin, LSD, and MDMA.

Although some states within the U.S. have allowed the use of marijuana for medical purposes, it is the U.S. Food and Drug Administration (FDA) that has the federal authority to approve drugs for medical use in the U.S.¹⁹ To date, the FDA has not approved any whole marijuana products for clinical use. However, the FDA has approved one marijuana-derived drug, Epidiolex (a CBD product), and three synthetic or marijuana-related drug products: Marinol and Syndros (synthetic THC), and Cesamet (a synthetic substance similar to THC). Epidiolex has been approved for the treatment of seizures associated with Lennox-Gastaut syndrome and Dravet syndrome, two severe forms of epilepsy. Marinol, Syndros, and Cesamet are approved for the treatment of nausea and vomiting caused by chemotherapy, and to

¹³ Effect of recreational cannabis sales on police-reported crashes in Colorado, Oregon, and Washington. 2018. Insurance Institute for Highway Safety.

¹⁴ Cannabis Potency Data, 1995 – 2022. 2024. National Institute on Drug Abuse.

¹⁵ Association of marijuana potency with mental ill health & addiction: A systematic review. 2022. *Lancet Psychiatry*, 9(9), 736-750.

¹⁶ Down and High: Reflections Regarding Depression and Marijuana. 2021. *Frontiers in Psychiatry*.

¹⁷ Sex differences in associations between Marijuana use disorder and schizophrenia overall and by age. 2023. *Psychological Medicine*.

¹⁸ The emergency department care of the Marijuana and synthetic cannabinoid patient: a narrative review. 2021. *International Journal of Emergency Medicine*.

¹⁹ Drug Fact Sheet: Marijuana/Cannabis. 2020. U.S. Department of Justice, Drug Enforcement Administration.

address loss of appetite in individuals with HIV/AIDS.²⁰ These approved products are only available with a prescription from a licensed healthcare provider.

Idaho's Marijuana Policy Impact

Over the past 20 years, Idaho has experienced a decline of approximately 3% in past-year marijuana use among youth aged 12-17, while the rate of use among young adults aged 18-25 has increased by about 9.5%. According to the 2021-2022 NSDUH state prevalence estimates, 12% of Idaho youth and 34% of young adults reported past-year marijuana use. These rates are close to the national averages, where 11% of 12–17-year-olds and 37% of 18–25-year-olds reported past-year use. Although usage rates among at-risk population in Idaho remain lower than in surrounding states that have legalized marijuana, the proximity of marijuana dispensaries to the Idaho border is likely contributing to the increase observed among young adults, as higher accessibility to marijuana products is associated with increased marijuana use.²¹ Although marijuana is more accessible than ever before, Idaho's prohibition has helped keep usage rates lower among its most at-risk populations compared to those in surrounding states where marijuana has been legalized.²²



The Idaho Office of Drug Policy is committed to its vision of an “Idaho free from the devastating health, social and economic effects of substance abuse”. ODP will continue to evaluate valid scientific research and advocate for drug policy that protects the health and safety of Idahoans.

²⁰ Marijuana and Cannabinoids: What You Need to Know. 2019. National Center for Complementary and Integrative Health, U.S. Department of Health & Human Services.

²¹ Trajectories of Marijuana use from adolescence into adulthood: Environmental and individual correlates. 2015. *Developmental Psychology*, 51(11), 1650–1663.

²² 2021-2022 NSDUH: Model-Based Estimate Totals. 2024. SAMHSA.