

Policy Statement

The Governor’s Office of Drug Policy 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’s position is that components of the marijuana plant should be evaluated by the same rigorous, scientific FDA process through which every legal medication in the United States is tested.

Background

According to the [2020 National Survey on Drug Use and Health](#) (NSDUH), 49.6 million Americans ages 12+ used marijuana in the past year – a 39% increase in past year use since 2015.¹ Marijuana use is more prevalent among young adults. In 2020, the percentage of people who used marijuana in the past year was highest among young adults aged 18 to 25 (34.5%) compared with 16.3% of adults aged 26 or older and 10.1% of adolescents aged 12 to 17. Recent research estimated that approximately 3 in 10 people who use marijuana have marijuana use disorder. For people who begin using marijuana before age 18, the risk of developing marijuana use disorder is even greater.²

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 2021, 36 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands have legalized medical marijuana.³ While 18 states, two territories, and the District of Columbia have legalized recreational marijuana.⁴ Data collected in these states are showing evidence of negative effects as a result of such measures.

¹ [2014-2015 NSDUH: Model-Based Estimated Totals. 2017. SAMHSA.](#)

² [Marijuana and Public Health, Data and Statistics. 2021. Centers for Disease Control and Prevention.](#)

³ [State Medical Cannabis Laws. 2021. National Conference of State Legislators.](#)

⁴ [Cannabis Overview. 2021. National Conference of State Legislators.](#)

Youth use of marijuana has increased.

Across the US, the top ten states with the highest rate of current marijuana youth use were all states with legalized medical marijuana, whereas the bottom ten were all non-medical-marijuana states.⁵

Marijuana use can have permanent effects on the developing brain. When teenagers use marijuana, the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. Additionally, teens who smoke marijuana report lower grades and high school completion rates and are at higher risk of mental health issues and impaired driving.⁶ An estimated 17% of youth who use marijuana develop a cannabis use disorder.⁷

➤ *Examples: Oregon and Washington*

According to the 2018-2019 NSDUH state prevalence estimates, both Oregon and Washington (both states with legalized medical and recreational marijuana) rank in the top four states for past month marijuana use among youth ages 12-17.⁷ In 2019, an estimated 55,000 and 89,000 youth ages 12-17 used marijuana in the past year, in Oregon and Washington, respectively. In comparison, an estimated 19,000 Idaho youth ages 12-17 used marijuana during that same period.⁸

Impaired driving has increased.

Marijuana significantly impairs judgment, motor coordination, and reaction time, and studies have found a direct relationship between blood THC concentration and impaired driving ability. In the U.S., marijuana is the illicit drug most frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones.⁹

➤ *Example: Colorado*

According to the Rocky Mountain High Intensity Drug Trafficking Area, in Colorado traffic deaths in which drivers tested positive for marijuana use increased 109%, while all Colorado traffic deaths increased 31% since recreational marijuana was legalized. This equated to one person killed every 3 days in 2018 compared to one person killed every 6½ days in 2013.¹⁰

⁵ [The Legalization of Marijuana in Colorado: The Impact. 2017. Rocky Mountain HIDTA.](#)

⁶ [What You Need to Know about Marijuana Use in Teens. 2017. NCCDPHP, CDC.](#)

⁷ [2018-2019 NSDUH: Model-Based Prevalence Estimates. 2021. SAMHSA.](#)

⁸ [2018-2019 NSDUH: Model-Based Estimated Totals \(in Thousands\). 2021. SAMHSA.](#)

⁹ [Does marijuana use affect driving? 2020. NIDA.](#)

¹⁰ [The Legalization of Marijuana in Colorado: The Impact. 2019. Rocky Mountain High Intensity Drug Trafficking Area.](#)

Poison control calls and emergency department visits have increased.

A growing share of retail cannabis sales are manufactured cannabis products, which may contain higher levels of tetrahydrocannabinol (THC) than unprocessed cannabis plant materials, resulting in greater short-term effects (e.g., cognitive and psychomotor impairment). A 2021 study published by the Journal of the American Medical Association found that U.S. poison control centers are increasingly receiving calls about adverse events associated with exposures to manufactured cannabis products and that higher rates of calls in legal states suggest that continued increases may be expected with adult cannabis use legalization in more states.¹¹

Poison control centers across the country have reported seeing a spike in the number of children who have ingested THC after consuming marijuana edibles, rising from just 19 cases in 2010, before recreational pot was legalized in any state, to 554 cases in 2020. About 400 of those cases were children under age 5.¹²

➤ *Example: Massachusetts*

When Massachusetts legalized marijuana in late 2018, there were just 52 cases. By 2020, that figure was 257, according to Massachusetts' Poison Control Center.

Marijuana remains a Schedule I drug.

Marijuana is a Schedule I substance under the Controlled Substances Act, meaning 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.

Although some states within the U.S. have allowed the use of marijuana for medicinal purposes, it is the U.S. Food and Drug Administration that has the federal authority to approve drugs for medicinal use in the U.S.¹³ To date, the FDA has not approved a marketing application for any marijuana product for any clinical indication. The FDA has, however, approved one cannabis-derived and three cannabis-related drug products. These approved products are only available with a prescription from a licensed healthcare provider.

FDA has approved Epidiolex, which contains a purified form of the drug substance CBD for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 1 year of age and older. It has also approved Epidiolex for the treatment of seizures associated with tuberous sclerosis complex in patients 1 year of age or older. That means FDA

¹¹ [Trends and Characteristics of Manufactured Cannabis Product and Cannabis Plant Product Exposures Reported to US Poison Control Centers, 2017-2019. 2021. JAMA Network.](#)

¹² [As more states legalize marijuana, more children accidentally ingest THC-laced edibles. 2021. The Washington Post.](#)

¹³ [Drug Fact Sheet: Marijuana/Cannabis. 2020. U.S. Department of Justice, Drug Enforcement Administration.](#)

has concluded that this particular drug product is safe and effective for its intended use.

The agency also has approved Marinol and Syndros for therapeutic uses in the United States, including for the treatment of anorexia associated with weight loss in AIDS patients. Marinol and Syndros include the active ingredient dronabinol, a synthetic delta-9- tetrahydrocannabinol (THC) which is considered the psychoactive component of cannabis. Another FDA-approved drug, Cesamet, contains the active ingredient nabilone, which has a chemical structure similar to THC and is synthetically derived.¹⁴

Drug Policy in Idaho

Idaho's current drug policy is working. According to the 2019-2020 NSDUH state prevalence estimates, Idaho ranks 29th for the percentage of residents ages 12 and older that used marijuana in the past year (15.99%). In comparison, estimates for past year use among residents ages 12+ in Oregon and Washington were nearly twice as high (27.82% and 26.65%, respectively) as Idaho during the same period.

Furthermore, the 2019-2020 NSDUH estimates found that Idaho ranks 32nd (9.69%) for past month marijuana use among individuals ages 12 and older. In contrast, past month use among residents ages 12+ in Oregon and Washington was more than, or nearly more than, two times higher (19.26% and 18.66%, respectively) than Idaho during the same period.¹⁵

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.

¹⁴ [FDA Regulation of Cannabis-Derived Products, Including CBD. 2021. U.S. Food and Drug Administration.](#)

¹⁵ [2019-2020 NSDUH: Model-Based Prevalence Estimates \(50 States and the District of Columbia\), 2021, SAMHSA.](#)