



Policy Statement on Marijuana Legalization

The Governor's Office of Drug Policy opposes 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

Since 1996, more than half of U.S. states have adopted laws legalizing medical and/or retail marijuana for consumption by their citizens. Data collected in these states are showing evidence of negative effects as a result of such measures.

Youth use of marijuana has increased.

According to the most recent data released by the National Survey on Drug Use and Health (NSDUH), Coloradoans of all age groups (12-17, 18-25, 26 and over) rank in the top six among the 50 states and D.C. for past-year marijuana use and marijuana initiation. The top 19 states in which past month marijuana use among youth aged 12 to 17 is the highest all have legal retail or medical marijuana. (SAMHSA, 2014-2016).

The percentage of youth in Colorado that tried marijuana for the first time in the past year is 47% higher than the national average and 84% higher than in Idaho. (SAMHSA, 2014-2016).

One out of three Denver high school juniors and seniors surveyed are marijuana users; a 20 percent increase from 2013 to 2015 (Colorado Department of Public Health & Environment, Health Kids Colorado, Region 20 High School Summary Tables, 2013, 2015).

While freshman and sophomore past month use overall decreased in Colorado, use by juniors and seniors went up for a net increase in high school use from 19.7 percent in 2013 to 21.2

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percent in 2015 (Colorado Department of Public Health & Environment, Health Kids Colorado, 2013, 2015).

Impaired driving has increased.

The number of Washington drivers with active tetrahydrocannabinol (THC) in their blood in fatal driving accidents increased by more than 122 percent between 2010 and 2014 (Northwest High Intensity Drug Trafficking Area, Marijuana Impact Report, 2016).

The percentage of Colorado vehicle operators who were found positive for marijuana increased from 8.82 percent in 2009 to 20.56 percent in 2016 (National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2006-2011; CDOT, 2012-2016).

Poison control calls and emergency department visits have increased.

Calls to Washington's Poison Control Center related to marijuana-infused products increased 36.11 percent from 2014 to 2016, and calls related to marijuana oils increased by 105 percent (Northwest High Intensity Drug Trafficking Area, Marijuana Impact Report Volume 2, 2017).

The Colorado Hospital Association reported that marijuana-related emergency room visits increased from 8,197 in 2011 to 18,255 in 2014 (Colorado Hospital Association, Colorado Department of Public Health & Environment, Emergency Department Visit Dataset).

Marijuana remains a Schedule I drug.

The U.S. Drug Enforcement Administration recently refused to downgrade marijuana from its federal status as a Schedule I controlled substance. Chuck Rosenberg, acting DEA administrator, stated, "This decision is based on whether marijuana, as determined by the FDA, is a safe and effective medicine. And it's not" (Johnson, NPR, 2016).

The DEA and Food and Drug Administration's decision is consistent with major medical organizations including the American Medical Association, which states, "(1) cannabis is a dangerous drug and as such is a public health concern" (AMA, 2018), and the American Society for Addiction Medicine, which states, "ASAM does not support the legalization of marijuana and recommends that jurisdictions that have not acted to legalize marijuana be most cautious and not adopt a policy of legalization until more can be learned from the "natural experiments" now underway in jurisdictions that have legalized marijuana" (ASAM, 2015).

Likewise, the American Academy of Pediatrics opposes "medical marijuana" outside the regulatory process of the FDA and opposes legalization of marijuana due to potential harms to children and adolescents (AAP, 2015).

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Pharmaceutical grade marijuana products show promise.

At the December 2016 American Epilepsy Society meeting, researchers presented research on Epidiolex[®], a highly purified, cannabidiol oil (CBD), derived from the marijuana plant. One study showed 43 percent of Dravet syndrome patients taking Epidiolex experienced a 50 percent or greater reduction in convulsive seizures (Cross, Devinsky, Laux, et al). Another study conducted with Lennox Gastaut syndrome showed that 44.2 percent of patients taking Epidiolex had 50 percent or greater reduction in seizures (Thiele, Mazurkiewicz-Beldzinska, Benbadis, et al, 2016).

In June 2018, the FDA approved Epidiolex[®] to treat seizures associated with these two rare, severe forms of epilepsy in patients two years of age and older. The FDA commissioner stated that “the FDA will continue to support rigorous scientific research on potential medical treatments using marijuana and its components that seek to be developed through the appropriate scientific channels” (FDA, 2018).

Artisanal cannabidiol products are not regulated by the FDA and research has shown such products contain inconsistent levels of CBD and THC. Vandrey, et al (2015) found that only 17 percent of medical marijuana products were accurately labeled (pg. 2491) and Bonn-Miller, et al found that only 31% of CBD products purchased online contain the amount of CBD advertised on the label.

Drug Policy in Idaho

Idaho’s current drug policy is working. According to the National Survey on Drug Use and Health (NSDUH) Idaho ranked 36th for the percentage of residents 12 and older that used marijuana in the past year (11.6%). Colorado and Alaska, both retail marijuana states, had a percentage nearly twice as high (23.1% and 23.0%, respectively) than Idaho for the same measure (SAMHSA, 2014-2016).

NSDUH further reports that Idaho ranks 37th (6.9%) for past month marijuana use among individuals 12+. Colorado and Alaska are both 2.3 times higher (16.03% and 15.92%, respectively) than Idaho for the same measure (SAMHSA, 2014-2016).

Lastly, it is important to understand that marijuana legalization does not decrease other illicit drug use. NSDUH reports the following:

- Washington D.C. ranks 1st, Oregon ranks 6th, Colorado ranks 9th, Alaska ranks 11th and

Washington state ranks 14th for past year cocaine use. Idaho ranks 45th for the same measure (SAMHSA, 2014-2016).

- Washington D.C. ranks 1st, Oregon ranks 12th, Colorado ranks 13th, Washington state ranks 18th, and Alaska ranks 26th for past month alcohol use. For the same measure, Idaho ranks 41st (SAMHSA, 2014-2016).
- Alaska ranks 2nd, Oregon ranks 11th, Washington ranks 12th, Washington D.C. ranks 14th, and Colorado ranks 25th for heroin use in the past year. For the same measure, Idaho ranks 30th (SAMHSA, 2014-2016).
- For past month use of all illicit drugs other than marijuana, which includes prescription drugs, cocaine and crack, heroin, hallucinogens, inhalants, and methamphetamine, Washington D.C. ranks 1st, Oregon ranks 4th, Alaska ranks 8th, Colorado ranks 11th, and Washington ranks 16th. For the same measure, Idaho ranks 28th (SAMHSA, 2014-2016).

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.

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