



Medical Marijuana Distribution Centers (Questions/Answers)

Medical Marijuana Centers (Dispensaries) = De Facto Legalization = Increased Use

Q: *What are the primary factors that affect the rate of drug abuse in a community?*

1. **Price:** Generally, higher cost results in less use and lower cost leads to greater use. This is simple economics.
2. **Availability:** The more readily available a substance is, the greater the use; the less readily available the lower the use. This includes 'search time' which is how long it takes to obtain the drug. The longer it takes, the less inclined some are to use.
3. **Perception of Risk:** Risk includes a) getting in trouble; and b) physical and psychological dangers. The higher perception of risk results in less use and the lower perception of risk leads to greater use.
4. **Public Attitude:** Public includes family units, neighborhoods, communities, states and nations. The more accepting these public units are of drug use the greater the use, and the less accepting the lower the use.

Q: *How do these factors relate when comparing our two legal substances, alcohol and cigarettes, with illegal drugs?*

1. **Alcohol:** Alcohol, unlike illicit drugs, is relatively inexpensive and readily available, has low perception of risk and is publicly acceptable. The results are:
 - Over 130 million people regularly drink alcohol, many to the point of intoxication.¹

- There are almost as many people who meet the diagnostic criteria for alcohol abuse or alcoholism (approximately 14 million)¹ as have used marijuana within the last thirty days (approximately 15 million).⁴
 - More than half of American adults have a close family member who has or has had alcoholism.¹
 - Approximately 25% of U.S. youth are exposed to alcohol abuse or alcohol dependence in the family.¹
 - In 2008 an estimated 11,773 people died in alcohol-impaired driving accidents.⁶
2. **Cigarettes:** The same was true for cigarette smoking when, in 1965, around 50% of our adults regularly smoked cigarettes. That trend is changing. In 2008, approximately 20.6% (46 million) of U.S. adults were current smokers. Consumption per capita went from 4,259 cigarettes in 1965 to 1,691 in 2006.³ Why the change?
- a. Cigarettes have become much more expensive (30 cents a pack to \$5 a pack);
 - b. Cigarettes are less readily available. The days are gone when there was a cigarette pack in almost every pocket, cigarette vending machines in every lobby and ‘cigarette girls’ went from table to table;
 - c. The perception of health risk related to cigarette smoking is extremely high. Also, cigarette smoking is becoming more restrictive (prohibited). There are fewer places an individual can smoke cigarettes. In many regions: hotels, restaurants, bars, public buildings, public transportation, etc. have banned smoking cigarettes. Often cigarette smokers are forced to go outside, away from a building entrance.
 - d. Public attitude has changed toward smokers. They are often frowned upon for having that ‘terrible habit’ and the smell that permeates their clothing.

NOTE: While attempting to prevent widespread drug abuse, it does not make sense to ease restrictions on marijuana use when cigarette smoking restrictions are showing such success. Marijuana has not only more adverse physical and psychological affects than tobacco but it causes intoxication. There is a reason why terms such as ‘stone’ or ‘wasted’ are common among marijuana users.

3. **Summary:**
- 130 million regularly drink alcohol (14 million – alcohol abuse or alcoholism)
 - 46 million regularly smoke cigarettes
 - Approximately 15 million have smoked a marijuana cigarette within the last 30 days

Q: How do medical marijuana distribution centers or dispensaries impact general marijuana use?

1. There are a number of ways that dispensaries encourage marijuana use. They are the same factors that affect the rate of drug use in a community. Dispensaries are 'de facto' legalization of marijuana.
 - a. **Availability:** Dispensaries sell a variety of marijuana products openly to anyone with a medical marijuana card, which is easily attainable. Dispensaries are motivated by profit; the more patients, the greater the profit. When dispensaries in Colorado exploded beginning in February 2009, the number of patients soared from a few thousand to an estimate of over a hundred thousand by the end of 2010.

Marijuana smokers realize if a person wants to use marijuana with impunity, he/she need only to obtain a card. With a card, a person can not only legally possess and use marijuana but legally purchase up to the equivalent of 108 cigarettes at a time from dispensaries. As long as there is profit, there will be rogue doctors who will improperly recommend marijuana. Rest assured the individuals operating dispensaries will know which doctors to refer to potential clients.

- b. **Perception of Risk:** Since marijuana is legal both for the dispensary and the user, there is no risk of getting into trouble. An individual with a card can buy and possess up to 2 ounces of marijuana at a time. The articles and advertisements by pro-marijuana proponents profess that marijuana is relatively safe. The fact that the public has called marijuana a medicine fortifies the belief that it is relatively safe, which is the same issue with pharmaceutical drug abuse: "How can a medicine be unsafe to use?" Furthermore, dispensaries have the right to advertise their products. We have already seen dispensary advertising that directly targets young people, who are most vulnerable to the effects of advertising and the ill effects of marijuana.
 - c. **Public Attitude:** Public attitude, or at least the perception of public attitude toward marijuana, has become much more tolerant, particularly with the medical marijuana issue.

NOTE: Three of the four factors that lead to increased drug use are present with the medical marijuana industry and de facto legalization of marijuana. Society should not be surprised at the future results.

For the first time in a decade, the decline in marijuana use among youth (down 23% from 2001 to 2006)⁸ has stopped with a slight

'uptick' between 2007 and 2009.⁴ Many drug experts cite the medical marijuana movement as affecting teens attitudes on marijuana.

Q: *But isn't marijuana a relatively harmless drug?*

Any drug that causes intoxication is not harmless. The pro-marijuana movement plays down, in public, the intoxicating effect of marijuana. In private, many brag about being 'stoned' and the high THC content of marijuana they smoked. The effects of being 'wasted' or 'stoned' are seldom positive on the individual, the individual's family or friends and on society in general. The effects of marijuana intoxication vary with the individual, just as they do with alcohol.

There are thousands of studies from medical and other legitimate research professionals that have documented the adverse affects of marijuana use. These studies can be found online and at the University of Mississippi's Research Institute of Pharmaceutical Sciences. These adverse affects include, but are not limited to:

- Intoxication
- Reduced coordination
- Distorted perception
- Concentration difficulties
- Impaired learning functions
- Dependence
- Respiratory illness
- Impaired brain development
- Impaired short-term memory
- Greater risk of cancer

These adverse effects, in turn, increase the prevalence of auto accidents, risky sexual behaviors that lead to HIV and teen pregnancy, school drop-out, and violence, etc. Furthermore, there is no debate among researchers that marijuana is both psychologically and physically addictive, especially for adolescents and young adults. Does this sound safe and benign?

- The most common drug for which users seek treatment help is marijuana.⁹
- There were 375,000 emergency hospital visits involving marijuana.⁷
- Marijuana is the leading cause of substance dependence other than alcohol.²

Q: *With the de facto legalization, or total legalization of marijuana, how much would use increase?*

That is a difficult question to answer as one cannot positively predict the exact percentage of increase. The most commonly quoted figure based on other legalization experiments is that it would likely double. Another important question to ask is how much of an increased use is acceptable so that a small minority of our population can get 'stoned' with impunity. The answer should be "None." It only takes one incident to cause death of a son, daughter, husband or wife in a head-on collision because somebody drove under the influence of marijuana. Many responsible and caring people

would forgo alcohol if the 11,000 moms, dads, children, aunts, uncles, grandparents who are killed every year by a drunk driver could be spared. Accidents from marijuana impaired driving are relatively common.

Q: *Given the poor state of our economy, wouldn't taxing marijuana dispensaries boost our government's income?*

Taxing marijuana would create additional revenue. However, experience shows the additional revenue would not even come close to off-setting additional costs associated with increased use. The two legal substances which are highly taxed prove the point. Taxes on alcohol account for \$14.5 billion in revenue but alcohol abuse costs \$185 billion.⁷ In the case of tobacco, taxes account for \$25 billion but the cost to society is \$200 billion.⁷ That means taxes pay for 8% and 12% respectively for all the adverse effects of alcohol and tobacco use. It doesn't require a degree in economics to understand a poor investment. One can reasonably expect the same type of figures with marijuana taxation.

Q: *Can't the marijuana distribution centers or dispensaries in Colorado be regulated to eliminate the abuse?*

Under the current law, there is no way to regulate the dispensaries or marijuana distribution industry to eliminate abuse and the impact of de facto legalization. These marijuana centers can grow six marijuana plants or possess two ounces per patient. There is no way of verifying how often a patient purchases marijuana, which patient(s) they are growing for, how much goes out the back door, how much they are giving to other dispensaries, etc, etc. unless they have an inspector on site at each dispensary. There are not enough investigators or inspectors to thoroughly regulate the industry that is motivated by profit. There is also no way to control the marijuana once it is purchased. According to a treatment provider and school resource officers, many teens admit getting their marijuana from card holders.

Q: *What groups would generally oppose and what groups generally favor dispensaries?*

The witnesses at the Colorado state capitol testifying against the dispensary model as a part of HR 1284 were drug abuse experts from treatment, prevention/education and law enforcement. The witnesses in favor of dispensaries and loose regulations were the dispensary owners, some 'patients' and those who favored marijuana legalization.

Q: *What is the upside of local jurisdictions banning dispensaries?*

The positive aspect of banning dispensaries in the local jurisdiction includes:

- The city and/or county would be honoring the intent of the majority of voters who approved Amendment 20 as a patient/caregiver model and not marijuana distribution centers.
- The city and/or county would be honoring and respecting federal law as opposed to sanctioning federal law violators. Additionally, the city and/or county would be respecting the laws of the majority of the states in this nation.
- The city and/or county would not be sending out a hypocritical message as it relates to drug abuse education in its schools.
- The city and/or county would be eliminating the cost of policing and responding to crime and incidents at the marijuana distribution centers.
- The city and/or county would be sending a clear message to its citizens and youth that drug abuse is not okay in its jurisdiction.
- The citizens and youth would not have to be concerned about seeing marijuana glorified by storefronts and/or advertisements in their community.
- The city or county officials would be heeding the advice of their drug abuse experts not only in law enforcement but also treatment and prevention that dispensaries are de facto legalization which will lead to increased drug abuse in their community.
- The city or county officials in these tight economic times would not have to deal with the additional cost of increased marijuana use through calls for police services, accidents, treatment, hospital emergency admissions, adverse incidents in schools, increased drop-outs, etc.
- The city or county officials would truly be doing their part to make their communities 'drug free.'

Q: What is the downside to banning dispensaries?

- The few legitimate patients in the community might have to travel a little further to get their medical marijuana as would primary caregivers for the homebound legitimate medical marijuana patients.
- The city or county ban may initially upset dispensary owners and marijuana users who might stage protests.
- The marijuana legalizers and dispensary owners most likely will sue over the constitutionality of HR 1284 as well as the banning of dispensaries in local jurisdictions.

PLEASE DO THE RIGHT THING!

¹ **Alcoholism** – SAMHSA Health Information Network

² Dr. Robert Dupont, former director of NIDA Community, April 20, 2010 Commentary

³ American Lung Association, February 2010 Report

⁴ University of Michigan Study, 2010 for NIDA

⁵ **2010 National Drug Threat Assessment**

⁶ National Highway Traffic Safety Administration, 2008

⁷ ONDCP Director Gil Kerlikowske Statement, March 4, 2010

⁸ **National Drug Control Strategy**, February 2007

⁹ Treatment Episode Data Set Highlights, 2009, SAMHSA