



# Sheriffs' Association of Texas says "NO" to Marijuana

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## **SHERIFFS' ASSOCIATION OF TEXAS**

### **RESOLUTION 2014**

#### **Sheriffs' Association of Texas Resolution Opposing the Legalization of the Use, Possession, Cultivation, Delivery, and Sale of Marijuana.**

#### **IN SUPPORT OF**

#### **HEALTH AND SAFETY CODE: TITLE 6.**

#### **FOOD, DRUGS, ALCOHOL, AND HAZARDOUS SUBSTANCES**

#### **SUBTITLE C. SUBSTANCE ABUSE REGULATION AND CRIMES**

#### **CHAPTER 481: TEXAS CONTROLLED SUBSTANCES ACT SUBCHAPTER A. GENERAL PROVISIONS**

#### **And**

#### **CONTROLLED SUBSTANCES ACT**

#### **TITLE 21 - FOOD AND DRUGS**

#### **CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL**

#### **SUBCHAPTER I - CONTROL AND ENFORCEMENT**

**WHEREAS**, marijuana, a Schedule I drug under the Controlled Substances Act, is defined as having a high potential for abuse, and has no proven medical use when smoked; and

**WHEREAS**, the American Medical Association, National Cancer Institute, American Cancer Society and the National Multiple Sclerosis Society have rejected smoked marijuana as medicine; and

**WHEREAS**, it is critical that marijuana be subject to the same research, evaluation, analysis, and study as any other potential medicine, under the standards of the U.S. Food and Drug Administration (FDA); and

**WHEREAS**, analysis from the National Institute on Drug Abuse reveals the potency of marijuana has reached the highest level since scientific analysis of the drug began, with THC amounts rising from an average of 4% in the 1980s to an average of 16% in 2013, with many strains much higher; and

**WHEREAS**, the higher potency of today's marijuana may be contributing to the substantial increase in the number of teenagers and adults in treatment for marijuana dependence; and

**WHEREAS**, the Sheriffs believe the effort to legalize marijuana is not in the best interests of the public health, safety and welfare, and we desire to preserve the rights of citizens to live and work in a community where drug abuse is not accepted and citizens are not subjected to the adverse effects of drug abuse; and

**WHEREAS**, the dangers of illegal drugs, such as marijuana, and the threat to public safety caused by their use are well documented in terms of highway safety, criminal activity and domestic violence; and

**WHEREAS**, marijuana is an addictive drug that poses significant health consequences to its users, thus legalization of marijuana will increase drug use and health care costs. In addition, recent studies have linked marijuana use to birth defects, respiratory system damage, cancer, mental illness, violence, infertility, and immune system damage, damage to IQ development; and



**WHEREAS**, legalizing marijuana could increase black market sale of marijuana by Drug Cartels that do not operate within a regulatory system and can and will underprice the legal market; and

**WHEREAS**, black market sales would be concentrated on our nation's youth to whom marijuana would still be illegal under proposed state initiatives; and

**WHEREAS**, states who have legalized medical marijuana have seen an increase in the possession of marijuana by youth after the regulation of medical marijuana dispensaries; and

**WHEREAS**, business owners lose an estimated \$100 billion per year because of substance abuse, and employees who use drugs, including marijuana, are only two thirds as productive as non-users, and the use of drugs contributes to increased thefts, damaged equipment, increased healthcare costs, higher incidents of accidents, and other unnecessary costs in the workplace; and

**WHEREAS**, there are children placed in foster care because of parental substance abuse, including marijuana, and sexual assault is frequently facilitated by substance use and domestic violence offenders often have substance abuse problems; and

**WHEREAS**, the Institute of Medicine reports that the future of medical marijuana "lies in its individual components," and these can be isolated and delivered in a non-smoked fashion; and

**WHEREAS**, this is not a pharmaceutical drug, it is a botanical that contains dozens of "drugs" or molecules within it, not just "low" THC and "high" CBD. Marinol and Cesamet, pills based on THC, marijuana's active intoxicating ingredient, are available at US pharmacies today, and the CBD that is beneficial in marijuana is now available in the US by way of clinical trials of a drug known as Epidiolex that will give us the scientific proof needed to safely and effectively help children with intractable epilepsy.; and

**WHEREAS**, Sativex, an oral spray extract of marijuana containing mainly equal parts THC and CBD (CBD does not produce intoxication and tends to reduce the intoxicating effects of THC), has already been approved in almost two dozen countries and is in the late stages of FDA approval in the U.S.; and

**WHEREAS**, these legally dispensed medications are safer and carry less risk of abuse than smoked marijuana.

**NOW, THEREFORE, BE IT RESOLVED BY THE SHERIFFS' ASSOCIATION OF TEXAS THAT:**

**THE SHERIFFS' ASSOCIATION OF TEXAS IS STRONGLY OPPOSED TO THE LEGALIZATION OF THE USE, POSSESSION, CULTIVATION, DELIVERY, AND SALE OF MARIJUANA, EVEN AS A SO-CALLED MEDICINE.**

**THIS RESOLUTION SHALL BE EFFECTIVE UPON PASSAGE.**

**THIS RESOLUTION WAS ADOPTED BY THE GENERAL MEMBERSHIP OF THE SHERIFFS' ASSOCIATION OF TEXAS ON THE 29<sup>th</sup> DAY OF JULY 2014.**



## **Abstract:**

Considering legalization of Marijuana in Texas is reckless and irresponsible. This Bill is coming out of passion and desperation and not science. It is the sacred role of medical practitioners and law enforcement officers to protect the most vulnerable members of our society – our children. Texas does not want to go down this path, especially with the risks it poses to our future generations. No evidence indicates legalizing marijuana will deter the criminal activity associated with drugs; on the other hand, statistical evidence demonstrates that legalization does have an effect on the number of children who have access to the drug, and that using marijuana can have long term, damaging effects on our youth. Studies have shown that use of marijuana by youth can cause up to an 8 point decline in IQ scores and lead to fewer opportunities for or interest in advancement, lower satisfaction with life, and even suicidal thoughts in teens with other psychosis issues.

Unlike alcohol and tobacco, which are commonly believed to be on the same level as marijuana and are heavily regulated for strength and quality, there are no laws in place, or even proposed to regulate the strength and quality of marijuana. As a result, the marijuana of today is more than 25 times the strength of the marijuana in the 60s, and hospital admissions show that this results in a higher number of admissions in youth that are purely marijuana related. Use of marijuana can also cause birth defects and inhibit the ability to conceive.

In addition, until more research is completed on the efficacy of marijuana's medical components, we have little definitive evidence that compounds in it, other than THC and CBD, have safe medicinal properties. The THC and CBD have already been isolated and developed into legitimate medicines. Additionally, smoking is not a safe delivery system for any substance, as stated by the American Medical Association.

This leads to the question of addiction, and while marijuana may not be addictive in most cases, the same people who are susceptible to alcohol addiction are subject to marijuana addiction. This propensity increases when considered in conjunction with the strength of marijuana available today. The rate of addiction goes up to about 1 in 6 among those who start using marijuana as teenagers and to 25 to 50% among those who smoke marijuana daily.

Why are they coming to Texas last rather than first? Texas doesn't follow; it leads, and the marijuana lobby knows that we don't want it. We have never allowed it, and we never will. Our children are the future of our state, and it is irresponsible of us, as adults, to play fast and loose with their minds and their futures. They are not of an age to make these decisions, so it's up to us to make the right choices.



(NIDA)



## ***Introduction:***

In opposition to changing Texas HB 184, which decriminalizes marijuana, and/or enacting Texas HB 594, which legalizes medicinal marijuana, the Sheriffs' Association of Texas puts forth that legalizing marijuana is reckless and irresponsible. Texas does not want to go down this path, especially with the risks it poses to our future generations. Considerably more research is needed to understand fully all the possible ramifications of widespread marijuana use and how to regulate toxicity of the marijuana available. Older studies may underestimate the effects: Marijuana being sold today contains about four times as much THC, the ingredient that produces the "high," than did the marijuana of even the 1980s.

Advocates of marijuana legalization fail to take into account what we don't know about the drug. In too many instances, this not knowing can cause long-term damage to its victims, especially children, young adults, and even adults who are not prepared for the strength of the marijuana available today.

Zakhary Yost, President of International Chiefs of Police, says, "There is no denying it, the legalization of marijuana will have negative consequences for our communities. There is a clear connection between marijuana use and violent crime. We also know that there has been an increase in the number of drugged driving incidents since the legalization of marijuana in many states. Currently there are over 8,000 drugged driving deaths a year, many of which involved marijuana use. Many of our nations communities are already crippled by drug abuse and addiction, and the legalization of marijuana will further contribute to this epidemic. Legalization is a very slippery slope that will be catastrophic in the long run." (Yost Zakhary. Chief, Woodway Police Department. President IACP)

Research also confirms that the early intake of cannabis is a likely cause for lifetime adverse health issues – both physical and psychological. The early months of Colorado's experiment to legalize marijuana show little to contradict these findings – and little to encourage other states to join in.

Doctor Kevin A. Sabet, executive director of Smart Approaches to Marijuana (SAM) told The New York Times, "I think, by any measure, the experience of Colorado has not been a good one unless you're in the marijuana business. We've seen lives damaged. We've seen deaths directly attributed to marijuana legalization. We've seen marijuana slipping through Colorado's borders. We've seen marijuana getting into the hands of kids." (Colorado Sees Downside)



Doctor Nora Volkow, director of the National Institute on Drug Abuse has this to say about marijuana and our youth.

The message inherent in these and in multiple supporting studies is clear. Regular marijuana use in adolescence is part of a cluster of behaviors that can produce enduring detrimental effects and alter the trajectory of a young person's life—thwarting his or her potential. Beyond potentially lowering IQ, teen marijuana use is linked to school dropout, other drug use, mental health problems, etc. Given the current number of regular marijuana users (about 1 in 15 high school seniors) and the possibility of this number increasing with marijuana legalization, we cannot afford to divert our focus from the central point: Regular marijuana use stands to jeopardize a young person's chances of success—in school and in life.  
(Marijuana's Lasting Effects on the Brain)

Studies have shown that marijuana is particularly harmful to children and youth under 21 years of age. **Marijuana is linked to school failure.** Marijuana's negative effects on focus, memory, and learning can last for days and sometimes weeks, especially for frequent users. "Someone who smokes marijuana daily may have a 'dimmed-down' brain most or all of the time." (Marijuana Facts for Teens) Compared with students who don't use, those who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Research shows that it can also lower IQ in teens who smoke regularly. In addition, longtime marijuana users report being less satisfied with their lives, having memory and relationship problems, poorer mental and physical health, lower salaries, and less career success.

Youths who use marijuana are more likely to

- Drop out of school.
- Have short-term memory issues, which make it difficult to learn and retain information.
- Suffer declines in IQ if used frequently during adolescence or young adulthood.
- Have difficulty with, "motor coordination, interfering with driving skills and increasing the risk of injuries" while operating a vehicle.
- Suffer addiction. About 9 %t of users overall become addicted, but that number rises to 17% percent of those who start as adolescents and shoots up to as much as 50 % among those who use pot daily.



- Suffer social ills. Frequent marijuana use has been linked to lower income, greater need for economic assistance, unemployment, criminal behavior, and lower general satisfaction with life.
- Even as young adults, frequent users are known to have difficulty conceiving due to inhibited sperm motility, and to give birth to children with birth defects. (Marijuana Facts for Teens)

In addition, evidence exists that marijuana is a “gateway drug” to other, even more powerful, illegal drugs (as are alcohol and nicotine). Long-term studies of drug use patterns show that very few high school students use other illegal drugs without first trying marijuana. (Marijuana Facts for Teens).

Numerous questions about legalization and marijuana in general either have no answer, or have negative answers. Therefore, Texas must not move forward with legalization of any form of marijuana. In addition, before we even consider medical marijuana, we as a state must develop a method for keeping it out of the hands of our children. Educational programs must be established and implemented. Regulations must be developed and implemented, and until that happens, decriminalization or legalization of marijuana in any form is not in the best interests of Texas.

### ***What is Marijuana?***

Marijuana, also known as Cannabis, refers to the dried leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*, which contains the psychoactive (mind-altering) chemical delta-9-tetrahydrocannabinol (THC), as well as other related compounds. This plant material can also be concentrated in a resin called hashish or a sticky black liquid called hash oil.

Marijuana is the most common illicit drug used in the United States. After a period of decline in the last decade, use has been increasing among young people since 2007, as a result of a diminishing perception of risks as a result of increased public debate over the drug’s legal status. Although the federal government considers marijuana a Schedule I substance (having no medicinal uses and high risk for abuse), two states have legalized marijuana for adult recreational use, and 21 states have passed laws allowing its use as a treatment for certain medical conditions. (Drug Facts)

### ***How is Marijuana Used?***

Marijuana is usually smoked in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). It is also smoked in cigars that have been emptied of tobacco and refilled with a mixture of



marijuana and tobacco. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour, odor. Marijuana can also be mixed in food or brewed as a tea. (Drug Facts)

### ***Does marijuana have medicinal value?***

Yes. Research to date has found limited clinical value in some compounds of marijuana, but not in a smoked or raw form. Research has indicated **no medicinal value for marijuana in its smoked form**, and studies are underway to test other more effective forms of delivery in which dosage can be more closely controlled.

- Smoking is an ineffective and illogical way to deliver medicine. In addition to the lack of any way to control the dosage, tar and other harmful compounds are delivered directly to the lungs along with any helpful cannabinoids (compounds in marijuana). (Drug Facts)
- Dr. Robert DuPont, former director of NIDA, says, "There is no acceptable role in modern medicine for using burning leaves as a drug delivery system because smoke is inherently unhealthy."
- Other delivery methods do not minimize the risks; vaporizing does not filter cancer-causing tar or other chemicals, and eating delivers many of the same damaging compounds as well as the insecticides and fungi found in unmonitored crops.
- Clinical research is being conducted into a controlled, tested, safe delivery system (that can be prescribed and managed) of the helpful cannabinoids of marijuana without any of the harmful chemicals or dangerous side effects. (Drug Facts)
- Licensed physicians in Texas may legally prescribe pure THC (Marinol) currently, and clinical trials are currently underway for pure CBD (Epidiolex) that will give us the scientific proof needed to safely and effectively help children with intractable epilepsy.

### ***How Many Teens Abuse Marijuana?***

As we are all aware, teens are the group most subject to peer pressure, and the tendency to believe "everyone else is doing it," often leads teens to try things they wouldn't otherwise. According to NIDA's 2012 "Monitoring the Future" study,

- About 6.5% of 8th graders, 17.0% of 10th graders, and 22.9% of 12th graders had used marijuana in the month before the survey.
- Marijuana use declined from the late 1990s through about 2007. Unfortunately, this trend appears to be reversing.
- Since 2007, annual, monthly, and daily marijuana use increased among 10th and 12th graders while daily use increased among 8th graders.



- In 2012, 6.5% of 12th graders reported using marijuana daily, compared to 5.1% in 2007. (Monitoring the Future)

### ***Don't Doctors prescribe Marijuana?***

No. Doctors cannot prescribe a non-FDA approved substance; they can only recommend it, and they can only do that in medical excuse marijuana states.

- The FDA issued a statement against the use of smoked marijuana in 2006, and the Institute of Medicine study from 1999 found that marijuana should be researched but not used as a medicine in its raw form.
- Doctors are not covered by insurance for recommending a non-FDA approved drug, and there is an undetermined impact on a patient's right to sue for malpractice.
- Although many support cannabinoid research, most of the major medical associations in the US are against the use of smoked or raw marijuana. (Drug Facts)

### ***Smoked Marijuana Does Not Meet the Standards of Modern Medicine***

- Marijuana is not approved by the Food and Drug Administration (FDA), so its use is unregulated.
- The FDA, Substance Abuse and Mental Health Services Administration, and National Institute on Drug Abuse have found no sound scientific studies supporting medical use of crude marijuana.
- The FDA's guidelines for a drug's approval require that certain factors be established: dose quantity; frequency and duration of administration; and interaction with other medicines. None of these has been determined for marijuana.
- Never has smoking been an accepted method of administering any medicine.
- Smoked marijuana has been proven to damage the immune system, cause premalignant cellular changes in the lungs and impair lung function, leaving immune-suppressed patients more vulnerable to infection. (Drug Facts)

### ***What are the risks of smoking marijuana?***

- Physical – Respiratory damage, increased risk of lung cancer, increased heart rate, reproductive damage in both sexes and immunosuppression.



- Marijuana use has also been associated with vascular conditions that increase the risks of myocardial infarction, stroke, and transient ischemic attacks during marijuana intoxication
- Psychological – Paranoia, emotional disorders, increased risk of schizophrenia and other neuropsychiatric disorders, memory loss, increased tolerance to intoxication, addiction to marijuana and other drugs (especially with its increasing potency), loss of ability to concentrate and loss of inhibition.
  - Long-term studies of drug use patterns show that very few high school students use other illegal drugs without first trying marijuana.
- Legal – No matter what laws are passed locally or statewide, marijuana is illegal on the federal level, a ruling upheld by the Supreme Court and enforced by federal officials. (Drug Facts)

### ***Risks to Children***

- Prenatal exposure to drugs can result in an array of emotional, psychological, and physical disorders.
- Children exposed to illicit drugs after birth may suffer significant problems that require additional care, resulting in both personal expenses and costs to society.
- Children exposed to drugs are at a significantly higher risk of both physical and sexual abuse as well as neglect and often have higher rates of anxiety, depression, delinquency and educational and attention problems.
- Parents who abuse drugs are more likely to live in homes in which relatives, friends, and strangers use drugs, exposing children to possible emotional and physical harm.
- Additionally, children that have to be removed from such environments are more likely to engage in crime, drug use, and delinquency.
- Regular marijuana use can be addictive and lead to deteriorating behavior, particularly in young people.
- According to the *2011 National Survey on Drug Use and Health (NSDUH)*, marijuana users account for the highest rate of past year dependence or abuse among all illicit drug use.
- Of the 6.5 million persons aged 12 or older classified with illicit drug dependence or abuse in 2011, marijuana accounted for 4.2 million (63.8%).
- The negative effect of marijuana use on the functional connectivity of the brain is particularly prominent if use starts in adolescence or young adulthood, which may help to explain the finding of an association between frequent use of marijuana from adolescence into adulthood and significant declines in IQ.
- Epidemiologic and preclinical data suggest that the use of marijuana in adolescence could



influence multiple addictive behaviors in adulthood.

### ***Marijuana Use Would Increase***

- According to a study (Melanie Wall, et al.) comparing data from the National Survey on Drug Use and Health from 2000-2008, states that have legalized marijuana under the guise of medicine have higher marijuana use rates by youth aged 12-17 compared to other states.
- Marijuana is the most widely abused illicit drug in the nation among youth and adults.
- According to the *2012 Monitoring the Future Survey*, 45.2% of high school seniors have tried marijuana and 22.9% have used marijuana in the last 30 days.
- 6.5% of high school seniors smoke marijuana daily.

### ***How can a naturally grown herb be harmful?***

- Arsenic and belladonna are naturally occurring also and quite lethal. Many medicines are derived from plants that are neither safe nor distributed in their raw form because of complications with dosage measurements and negative side effects.
- Tobacco is a plant that grows naturally and was once thought to be safe, even medicinal, but has caused a great deal of damage to our society.
- Alcohol is a natural result of the fermentation process, but we pay a heavy price for its legal abuse.
- There is no specific oversight outlined as to how it is determined whether the cannabis product actually has less than 0.5% THC and greater than 10% CBD.
- There is no specific oversight outlined about what pesticides may or may not be used on marijuana plants.

### ***Since raw marijuana isn't a medicine, why do some people want to "medicalize" it?***

- Many who claim to need marijuana medicinally simply want to use it recreationally. In states with marijuana dispensaries, the vast majority of "patients" are young men between the ages of 18 and 25, not the cancer or AIDS victims used in voter ads to exploit our compassionate nature.
- The claim that smoked marijuana is medicinal is a tactic to legalize marijuana for any purpose and to eventually legalize other drugs for personal use.
- There is great potential to make a lot of money through the sale of marijuana. Tobacco companies, who made a killing on cigarettes to the detriment of so many, have already patented names for marijuana products.



## ***But isn't allowing marijuana for the treatment of health problems a compassionate thing to do?***

- Medicinal marijuana was created by the groups seeking to legalize marijuana as a step on the path to achieve full legalization and has become a device used by special interest groups to exploit the sick and dying and well-meaning voters for their own purposes.
- "Medicalizing" this harmful substance has caused truly ill people to refuse proper medical care, thinking that because marijuana makes them feel better they are getting better. Medical practitioners and others who are truly concerned for the sick have higher standards and greater compassion – we want the ill to receive the medicine they need.
- Rev. Scott Imler, Co-Founder of Prop 215 (California's medical marijuana law) said, "We created Prop 215 so that patients would not have to deal with black market profiteers. But today it is all about the money. Most of the dispensaries operating in California are little more than dope dealers with store fronts."
- **Clinical Conditions with Symptoms That May Be Relieved by Treatment with Marijuana or Other Cannabinoids.\***
  - **Cancer**
    - Cancer and HIV/AIDS – The pill form of the active chemical in marijuana (dronabinol) can be helpful for the nausea associated with chemotherapy or the wasting disease that appears with AIDS, but many other medicines have been tested as safe and more effective and are preferred by oncologists.
  - **Glaucoma**
    - Early evidence of the benefits of marijuana in patients with glaucoma (a disease associated with increased pressure in the eye) may be consistent with its ability to affect a transient decrease in intraocular pressure, but other, standard treatments are currently more effective. THC, cannabidiol, and nabilone (a synthetic cannabinoid similar to THC), but not cannabidiol, were shown to lower intraocular pressure in rabbits. More research is needed to establish whether molecules that modulate the endocannabinoid system may not only reduce intraocular pressure but also provide a neuroprotective benefit in patients with glaucoma.
  - **Nausea**



- Treatment of the nausea and vomiting associated with chemotherapy was one of the first medical uses of THC and other cannabinoids. THC is an effective antiemetic agent in patients undergoing chemotherapy, but patients often state that marijuana is more effective in suppressing nausea. Other, unidentified compounds in marijuana may enhance the effect of THC (as appears to be the case with THC and cannabidiol, which operate through different antiemetic mechanisms). Paradoxically, increased vomiting (hyperemesis) has been reported with repeated marijuana use.
- **AIDS-associated anorexia and wasting syndrome**
  - Reports have indicated that smoked or ingested cannabis improves appetite and leads to weight gain and improved mood and quality of life among patients with AIDS. However, there is no long-term or rigorous evidence of a sustained effect of cannabis on AIDS-related morbidity and mortality, with an acceptable safety profile, that would justify its incorporation into current clinical practice for patients who are receiving effective antiretroviral therapy. Data from the few studies that have explored the potential therapeutic value of cannabinoids for this patient population are inconclusive.
- **Chronic pain**
  - Marijuana has been used to relieve pain for centuries. Studies have shown that cannabinoids acting through central CB1 receptors, and possibly peripheral CB1 and CB2 receptors, play important roles in modeling nociceptive responses in various models of pain. These findings are consistent with reports that marijuana may be effective in ameliorating neuropathic pain, even at very low levels of THC (1.29%). Both marijuana and dronabinol, a pharmaceutical formulation of THC, decrease pain, but dronabinol may lead to longer-lasting reductions in pain sensitivity and lower ratings of rewarding effects.
- **Inflammation**
  - Cannabinoids (e.g., THC and cannabidiol) have substantial anti-inflammatory effects because of their ability to induce apoptosis, inhibit cell proliferation, and suppress cytokine production. Cannabidiol has attracted particular interest as an anti-inflammatory agent because of its lack of psychoactive effects. Animal models have



shown that cannabidiol is a promising candidate for the treatment of rheumatoid arthritis and for inflammatory diseases of the gastrointestinal tract (e.g., ulcerative colitis and Crohn's disease).

○ **Multiple sclerosis**

- Nabiximols (Sativex, GW Pharmaceuticals), an oromucosal spray that delivers a mix of THC and cannabidiol, appears to be an effective treatment for neuropathic pain, disturbed sleep, and spasticity in patients with multiple sclerosis. Sativex is available in the United Kingdom, Canada, and several other countries and is currently being reviewed in phase 3 trials in the United States in order to gain approval from the Food and Drug Administration.

○ **Epilepsy**

- In a recent small survey of parents who use marijuana with a high cannabidiol content to treat epileptic seizures in their children, 11% (2 families out of the 19 that met the inclusion criteria) reported complete freedom from seizures, 42% (8 families) reported a reduction of more than 80% in seizure frequency, and 32% (6 families) reported a reduction of 25 to 60% in seizure frequency. Although such reports are promising, insufficient safety and efficacy data are available on the use of cannabis botanicals for the treatment of epilepsy.<sup>73</sup> However, there is increasing evidence of the role of cannabidiol as an antiepileptic agent in animal models. (The use of Cannabis for Medical Purposes) according to the Bill, a child can be prescribed medical marijuana after failing only 2 standard anti-epilepsy medications. Although that is the definition of intractable epilepsy, this would allow tremendous leeway in many less severely affected children getting access to this product.
- This bill states at least 2 FDA-indicated treatments for epilepsy must have failed. However, many of the drugs that we use to treat childhood epilepsy are actually "off label" as we are using them in children younger than the approved age or for a type of epilepsy that the drug is not on-label for. How are these issues going to be sorted out?

### ***Treatment and Addiction Rates Would Rise***

- Regular marijuana use can be addictive and lead to deteriorating behavior, particularly in young people.
- According to the *2011 National Survey on Drug Use and Health* (NSDUH), marijuana users account for the highest rate of past year dependence or abuse among all illicit drug use.
- Of the 6.5 million persons aged 12 or older classified with illicit drug dependence or abuse in 2011, marijuana accounted for 4.2 million (63.8%).



- Approximately 9% of those who experiment with marijuana will become addicted (according to the criteria for dependence in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition [DSM-IV]).
- The number goes up to about 1 in 6 among those who start using marijuana as teenagers and to 25 to 50% among those who smoke marijuana daily.
- According to the 2012 National Survey on Drug Use and Health, an estimated 2.7 million people 12 years of age and older met the DSM-IV criteria for dependence on marijuana, and 5.1 million people met the criteria for dependence on any illicit drug.

### ***Education Would be Adversely Affected***

- Regular use of marijuana compromises the ability to learn and to remember information by impairing the ability to focus, sustain, and shift attention.
- Long-term use reduces the ability to organize and integrate complex information.
- A recent study published in the *British Journal of Medicine* reports that adolescents who started using marijuana before the age of 18 when their brains were still developing and continued to use into adulthood, experienced as much as an 8-point decline in IQ scores.
- Altered brain development\*
- Poor educational outcome with increased likelihood of dropping out of school\*
- Cognitive impairment, with lower IQ among those who were frequent users during adolescence\*

### ***Injuries and Deaths from Impaired Driving Would Increase***

- Marijuana use affects coordination, decision-making and perception, which directly impacts impaired driving.
- It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims.
- A recent meta-analysis of nine epidemiological studies concluded that drivers who test positive for marijuana are more than twice as likely as other drivers to be involved in a crash.
- Five years after establishing a “medical” marijuana program, California saw a near 100% increase in fatal crashes where at-fault drivers tested positive for marijuana.
- According to the Colorado Department of Transportation, drivers testing positive for marijuana doubled between 2006-2010, following an influx of pot shops and significant increases in registered “medical” marijuana users.
- Both immediate exposure and long-term exposure to marijuana impair driving ability; marijuana is the illicit drug most frequently reported in connection with impaired driving and accidents, including fatal accidents.
- According to a meta-analysis, the overall risk of involvement in an accident increases by a factor of about 2 when a person drives soon after using marijuana. In an accident



culpability analysis, persons testing positive for THC (typical minimum level of detection, 1 ng per milliliter), and particularly those with higher blood levels, were 3 to 7 times as likely to be responsible for a motor-vehicle accident as persons who had not used drugs or alcohol before driving.

- In comparison, the overall risk of a vehicular accident increases by a factor of almost 5 for drivers with a blood alcohol level above 0.08%, the legal limit in most countries, and increases by a factor of 27 for persons younger than 21 years of age. Not surprisingly, the risk associated with the use of alcohol in combination with marijuana appears to be greater than that associated with the use of either drug alone.

### ***Mass Marketing of Marijuana Would Launch and Expand***

- Restrictions on tobacco advertising would not apply to marijuana.
- Ads promoting marijuana products, such as cookies and candy bars, will be in magazines and newspapers as well as on radio and television.
- Colorado media recently reported a marijuana dispensary's phone ads were soliciting kids.

### ***Accidents, Liability and Insurance Rates for Employers Would Increase***

- Marijuana use adversely impacts employee performance and safety, major issues for businesses and industry.
- Safety, absenteeism, turnover rates, tardiness, productivity, work quality, and liability lawsuits are concerns for employers.
- A study found employees who tested positive for marijuana have 55% more industrial accidents and 85% more injuries compared to non-users.
- Employees who abuse drugs are five times more likely than non-users to injure themselves or others and cause 40% of all industrial fatalities.
- A study showed those testing positive for marijuana had absentee rates 75 times higher than non-users.
- Businesses are less likely to stay or move into a state where drug related risks are high.

### ***Pot Shops Would Proliferate Just as with Pill Mills***

- Data from states that have passed similar laws show that less than 10% of medi-pot users are cancer, HIV/AIDS, or glaucoma patients.
- Over 90% cite "chronic pain," an indefinable term that is being used to cover medical conditions such as headaches and minor arthritis.
- The consequences of failing to narrowly define pain that is allowed to be treated with powerful and addictive medications are well known.
- The proliferation of "pill mills" pushing the abuse of legal pain medications is the consequence of criminal doctors and med-seeking patients who have taken advantage of loose regulations.



- We cannot afford to enhance the disaster of pill mills by adding pot shops to the mix. Like pill mills, pot shops are in business to make money and will sell to anyone who produces a recommendation which can be obtained by paying a fee and claiming any medical condition, even a headache.
- Dispensaries claim to operate as nonprofits, but they have been tied to organized crime gangs and are often multi-million dollar profit centers.
- Common byproducts related to dispensaries include: drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, robberies of customers just outside the facilities, and the loss of other commercial businesses who don't want to be located in the vicinity of marijuana dispensaries.

### ***Black Market Sales and Diversion Would Increase***

- Since “medical” marijuana will be readily available for adults who can qualify to use under a multitude of alleged medical conditions, it’s likely that black market sales will heavily target their remaining market – our youth.
- Similar to the Florida experience with prescription drugs, states that have legalized marijuana under the guise of medicine have seen it diverted for recreational abuse.
- A study of one Colorado treatment center reported that, although they were not registered medi-pot users, 48% of adolescents in treatment obtained marijuana from someone with a “medical” marijuana license.
- The Rocky Mountain High Intensity Drug Trafficking Area has documented that Colorado’s “medical” marijuana is being diverted inside Colorado and to 23 states across the country. (Drug Free America Q & A)



## **THE USE OF CANNABIS FOR MEDICAL PURPOSES**

In a study published in the Journal of Global Drug Policy and Practice, Josephine H. Baxter, Herschel M. Baker, and A. Stuart Reece MD, examined the use of smoked marijuana as a medicine and compared the benefits to the harms. Evidence showed no medical value in smoked Marijuana. However, there is medicinal value in extracts which need further study and FDA approval. That study is synopsized below.

### **SYNOPSIS: THE USE OF CANNABIS FOR MEDICAL PURPOSES**

Across the globe there is increasingly widespread discussion about the use of cannabis for medical purposes. Often termed 'medical marijuana', the matter has reached high levels of government in many countries, with some political and community leaders incorporating it into their policy development. In Australia, there is currently a New South Wales Parliamentary Inquiry into 'The Use of Cannabis for Medical Purposes'. In the United States a number of state jurisdictions have made decisions on 'medical marijuana' that contravene Federal Law. (1)

Of interest is the fact that the concept of 'medical marijuana' did not originate from those in the medical profession, but rather through a drug legalization lobby. These lobby groups generally focus on 'smoked' marijuana as the vehicle for administering cannabis.

The following facts are not controversial in that they are settled in the epidemiological and scientific literature. The long term smoking of cannabis is associated with numerous respiratory complaints and numerous psychiatric disorders. Cannabinoids are known to shut down synaptic transmission between neurones which accounts for its sedative effects. Since synaptic function and traffic intensity rates are coupled to synaptic structure and neuronal network architecture, cannabis use in key



developmental periods, such as adolescence and intrauterine growth, is believed to alter brain microstructure and network function accounting for the various neuropsychiatric deficits. Cannabis is associated with driving under the influence of cannabis (DUIC) and high rates of motor vehicle accidents and fatalities. Long-term longitudinal studies have repeatedly shown that adolescent cannabis use is associated with a gateway effect increasing the use of other hard drugs in later life, and of severely impairing the long-term life trajectory reducing the attainment of normal life goals such as marriage, and continuing productive employment.

Other effects which have been demonstrated in the literature include genetic and chromosomal damage, harm to cellular metabolism and mitochondrial energy production, alteration of the appetite control mechanism, association with eight cancers, various circulatory disorders including heart attack, and impaired fertility and germ cell defects. When exposure occurs in utero, there is an association with many congenital abnormalities including cardiac septal defects, anotia, anophthalmos, gastroschisis and anencephaly.

In addition, over 1,500 toxic chemicals have been identified in the smoke of cannabis, including carbon monoxide, carcinogens and irritants. These all greatly affect the body's respiratory and cardiovascular systems in a similar manner to the known effects of smoking tobacco. Moir et al's 2007 study of marijuana smoke found ammonia at levels up to 20-fold greater than that found in tobacco, hydrogen cyanide at concentrations 3-5 times those in tobacco smoke, and confirmed the presence of known carcinogens and other chemicals implicated in respiratory diseases. The Institute of Medicine of Washington DC produced a detailed table, which shows a comprehensive comparison of the chemicals in cannabis and tobacco.

The effect of Cannabis on the developing brain is well documented:

- Since synaptic function and traffic intensity rates are coupled to synaptic structure



and neuronal network architecture, cannabis use in key developmental periods is believed to alter brain microstructure and network function accounting for the various neuropsychiatric deficits, especially when cannabis exposure occurs in key developmental periods such as adolescence and intrauterine growth.

- Cannabis is associated with driving under the influence of cannabis (DUIC) and high rates of motor vehicle accidents and fatalities.
- Adolescent cannabis use has been shown repeatedly by long-term longitudinal human studies to be associated with a gateway effect, increasing the use of other hard drugs in later life; and of severely impairing the long-term life trajectory, reducing the attainment of normal life goals such as marriage, and long-term productive employment.

Other effects which have been demonstrated in the research include:

- effects of genetic and chromosomal damage,
- damage to cellular metabolism and mitochondrial energy production,
- alteration of the appetite control mechanism,
- association with eight cancers,
- various circulatory disorders including heart attack, impaired fertility and germ cell defects,
- When exposure occurs in utero, association with many congenital abnormalities including cardiac septal defects, anotia, anophthalmos, gastroschisis and anencephaly.

## Synopsis Conclusion

Given the overwhelming evidence on the harms associated with cannabis, we conclude that governments and society should stand firmly against any change that would relax the law on the use of cannabis for medical purposes. To achieve this, governments and community leaders should implement comprehensive, ongoing public



education programs in all jurisdictions. The goal of these programs would be to inform communities of the well documented ill-effects of cannabis use, to both the physical and mental health of the individual, and to the families and the community as a whole. We acknowledge that currently there is research on the development of processed 'nabiximols' - non-smoked extracts of cannabis. Some contend that this could be a way forward for regulated medical use of extracts of cannabis that are neither smoked nor psychoactive.

For example, Doctor Kevin A. Sabet, in his work with 'Smart Approaches to Marijuana' (SAM), recently stated:

*"SAM wants to encourage the development of cannabis-based medications and the establishment of a program to allow the seriously ill to receive non-smoked, non-inhaled/ingested components of marijuana before they are FDA approved".*

However, given the weight of evidence demonstrated in this paper, we emphasize that any measure of government policy that could influence increased 'recreational' use would be highly detrimental.

It is a vital time for all community stakeholders, decision makers and leaders of nations to acknowledge that modern epidemiological and scientific studies show a continually increasing case against increased cannabis use because of the high risk to the health of users, their children, and in the overall social costs to the wider community. These are largely supported in the serious scientific literature. As such, it is not appropriate to have a public discussion about policies which will potentially increase its use, and cause an exponential increase in harm and community cost.



## ***Findings from Colorado:***

Data from Rocky Mountain HIDTA shows the growth in Marijuana use among youth between the time medical marijuana was legalized and the time recreational marijuana was legalized.

### **Findings:**

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- **Youth (ages 12 – 17 years) Current Marijuana Use, 2011**
  - National average for youth was **7.64 percent**.
  - Colorado average for youth was **10.47 percent**.<sup>1</sup>
  - In 2012, the Colorado average was **39 percent** higher than the national average
  - Colorado was ranked **4<sup>th</sup>** in the nation
  - In 2006, Colorado was ranked **14<sup>th</sup>** in the nation for past month marijuana usage among youth
  - There was a **26 percent** increase in youth (ages 12 to 17 years) monthly marijuana use in the three years after medical marijuana was commercialized (2009) compared to the three years prior to commercialization<sup>1</sup>.
  - The top ten states for the highest rate of current marijuana use were all medical-marijuana states whereas the bottom ten were all non-medical-marijuana states.
  
- **Students' Current Marijuana Use**
  - In 2011, nearly **one out of four** of the Boulder County School District high school students (9<sup>th</sup> - 12<sup>th</sup> grade) surveyed indicated that they were current marijuana users. This is more than three times the national rate.
  - In academic school years 2008 – 2010, an average of **20.75 percent** of Adams County high school students surveyed indicated they were current marijuana users (at least once in the last 30 days). That number increased 39 percent during academic years 2010 – 2012 to **28.85 percent**.
  - In the academic school years 2008 – 2010, an average of **5.65 percent** of Adams County middle school students surveyed indicated they were current marijuana users (at least once in the last 30 days).
  - That number increased 50 percent during academic years 2010 – 2012 to **8.5 percent**.
  - Drug-related suspensions/expulsions increased 32 percent from school years 2008/2009 through 2012/2013. The vast majority were for marijuana violations.



- **Colorado Springs Drug Testing High School Referrals**
  - Drug-related referrals for high school students testing positive for marijuana have increased each year from 2007 – 2012.
    - During 2007 – 2009 an average of **5.6 students** tested positive for marijuana.
    - During 2010 – 2012 the average number of students who tested positive for marijuana increased to **17.3 students** per year.
    - In 2007, tests positive for marijuana made up **33 percent** of the total drug screenings, by 2012 that number increased to **57 percent**.
  - Detected THC levels in the students increased by **76 percent** after 2009.
    - 2007 – 2009 the average THC level quantified = 225 nanograms.
    - 2010 – 2012 the average THC level quantified = 396 nanograms.
  
- **Current Marijuana Use Rates for 12<sup>th</sup>-Graders**
  - In 2011, the average of 12<sup>th</sup> graders using marijuana in the last 30 days:
    - Nationally – **28.0 percent** (**22.6 percent** according to the National Institute for Drug Abuse [NIDA])
    - Colorado – **31.2 percent**
    - Denver Public Schools – **32 percent**
    - Boulder County High Schools – **36 percent**
  
- **High School Senior Daily Use of Marijuana**
  - Nationally in 2011, of the 12<sup>th</sup> grade respondents, **6.6 percent** reported smoking marijuana daily, which is the highest level since 1981 when the rate was 7 percent.
  - In 2011, **7.8 percent** of Colorado's high school seniors reported using marijuana 40 or more times per month.
  - Another **2.9 percent** reported using marijuana between 20 and 39 times a month.

## Related Material:

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- **Colorado Department of Education- Drug Related Suspensions and Expulsions**
  - There was a **32 percent** increase in drug-related expulsions and suspensions from the 2008 - 2009 academic year to 2009 - 2010 academic year.
  - For the academic years ending in 07, 08, and 09, drug



related expulsions/suspensions remained stable with an average of 3,782.

- For the academic years ending in 10, 11, and 12, drug-related expulsions/suspensions increased to an average of 5,217. This is a **37 percent** increase.

According to HIDTA, Emergency Room admissions related solely to marijuana have also increased.

## Findings:

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- **Drug Abuse Warning Network (Ages 12 – 17) Data:**
  - Colorado ER visits per year related to marijuana only:
    - 2005 – 2008 = **741** average visits per year
    - 2009 – 2011 = **800** average visits per year
  - In 2011, Colorado ER data showed that marijuana-related incidents accounted for **26 percent** of the total ER visits, compared to **21 percent** nationally. The rate in 2005 was **20 percent**.
  - Average percent of ER admissions for marijuana only:
    - 2005-2008 = Nationally – **18 percent**
    - Colorado – **25 percent**
    - 2009-2011 = Nationally – **19.6 percent**
    - Colorado – **28 percent**
  - From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits.
  - Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
  - In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

## Related Material:

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- **At Children’s Hospital in Aurora, Colorado<sup>1</sup> – (Younger than 12 Years):**
  - January 1, 2005 to September 30, 2009, 790 patients younger than 12 were admitted to the emergency room for unintentional ingestions. None were treated for marijuana exposure.
  - October 1, 2009 to December 31, 2011, 588 patients younger than 12 were admitted to the emergency room for unintentional ingestions. Fourteen of them were treated for marijuana exposures. Seven of the exposures were from marijuana-infused food products.



- **Drug Abuse Warning Network – (Adults):**

- Since 2006, the percentage of young adults (ages 18 - 20) in Colorado admitted to the emergency room for marijuana-related events has remained relatively consistent. The percentage rate has varied between 17 percent and 19 percent of emergency room admissions over a six-year period. The rates with these age groups also widely fluctuated between 2006 and 2011 and don't appear to indicate a trend.
- A review of ages 21 to 65+ admitted to the emergency room for marijuana-related events showed the percentage to be slightly above the national average. Nationally, the rate was 8.2 percent compared to 9.5 percent for Colorado.
- From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits.
- Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
- In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

- **Additional Statistics**

- The number of pets poisoned from ingesting marijuana has increased four-fold in the past six years.
- Colorado estimates for annual revenue from the sale of recreational marijuana varies from \$65 million (.6 percent of all expected general fund revenue) to \$118 million (1.2 percent of all expected general fund revenue)
- The majority of counties and cities in Colorado have banned recreational marijuana businesses
- THC potency has risen from an average of 3.96 percent in 1995 to an average of 12.33 percent in 2013

In addition, poison control center contacts related to marijuana increased.

## Findings:

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- **Young children (ages 0 to 5) marijuana-related exposures in Colorado**
  - During the years 2006 – 2008, the average number of marijuana-related exposures for ages 0 to 5 was **four** per year.
  - For the years 2009 – 2012, the average number of marijuana-related exposures for ages 0 to 5 was **12** per year.
    - This is a **200** percent increase.
  - Marijuana-related exposures for children ages 0 to 5 have continued to



increase, and are now up 268 percent from 2006–2009 to 2010-2013.

- Colorado's rate of marijuana-related exposures is triple the national average.

- **Colorado marijuana-related exposure all ages**

- The annual average reported in Colorado marijuana-related exposure cases for all ages for 2006 – 2008 was **57** compared to an average of **73.6** for 2009 - 2011.<sup>1</sup> This is an increase of **29 percent**.

- **All ages Colorado marijuana-related exposures**

- The annual average Colorado marijuana-related exposure cases for all age groups in 2006 – 2008 compared to 2009 – 2011 increased except ages 18 – 25 years.
  - Ages 0 – 5 = **200 percent** increase
  - Ages 6 – 12 = **60 percent** increase
  - Ages 13 – 14 = **92 percent** increase
  - Ages 15 – 18 = **7 percent** increase
  - Ages 18 – 25 = **28 percent** decrease
  - Age 26+ = **69 percent** increase

- **Colorado School Resource Officer Survey**

In June 2014, 100 school resource officers (SROs) completed a survey concerning marijuana at schools. The majority were assigned to high schools with an average tenure of 5-1/2 years as an SRO. They were asked for their opinion to a number of questions including:

- Since the legalization of recreational marijuana, what impact has there been on marijuana-related incidents at your school?
  - 89 percent reported an increase in incidents
  - 11 percent reported no change in incidents
- What were the most predominant marijuana violations on campus?
  - 51 percent reported possession of marijuana
  - 37 percent reported being under the influence during school hours
    - 6 percent reported possession of marijuana-infused edibles
    - 4 percent reported sharing marijuana with other students
    - 2 percent reported selling marijuana to other students
- **Impaired Driving:**
  - Traffic fatalities involving operators testing positive for marijuana have increased 100 percent from 2007 to 2012.
  - The majority of driving-under-the-influence-of-drugs arrests involve



marijuana and 25 to 40 percent were marijuana alone.

- Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013.

- **College Aged Students**

- There was a **20 percent** increase in college age (18 to 25 years) monthly marijuana use in the three years after medical marijuana was commercialized (2009) compared to the three years prior.<sup>1</sup>
- College Age (ages 18 to 25 years) Past Month Marijuana Use, 2012<sup>1</sup>
- Colorado average was **26.81 percent**.
  - In 2012, the Colorado average was **42 percent** higher than the national average.
  - Colorado was ranked **3<sup>rd</sup>** in the nation for monthly marijuana use among young adults.

- **Adult Marijuana Use:**

- In 2012, 26.81 percent of college age students (ages 18 – 25 years) were considered current marijuana users compared to 18.89 percent nationally. Colorado, ranked 3<sup>rd</sup> in the nation, was 42 percent higher than the national average.
- In 2012, 7.63 percent of adults ages 26 and over were considered current marijuana users compared to 5.05 percent nationally. Colorado, ranked 7<sup>th</sup> in the nation, was 51 percent higher than the national average.
- In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana which is a 16 percent increase from 2008.



- **Revenue**

Estimated revenue for recreational marijuana retail sales:

- FY2013/2014 – **\$35 million**<sup>1</sup> or .3 percent of expected general fund revenue
- FY2014/2015 – **\$118 million**<sup>1</sup> or 1.2 percent of expected general fund revenue

Proposed expenditure plan for revenue FY2013/2014 and FY2014/2015<sup>2</sup> (in millions)

\$45.5	Youth marijuana use prevention
\$40.4	Substance abuse treatment
\$12.4	Public health
\$1.8	Regulatory oversight
\$3.2	Law enforcement and public safety
<u>\$.2</u>	Statewide coordination
\$103.5	<b>Total</b>

This is in addition to \$29 million already allocated for enforcement and public safety.<sup>2</sup>



### ***Conclusion:***

In conclusion, I ask you, why are they coming to Texas last rather than first? Texas doesn't follow, it leads, and the marijuana lobby knows that we don't want it. We have never allowed it, and we never will.

Too much evidence points to the dangers of decriminalizing marijuana, and none indicates any medicinal value to smoked marijuana. Until there is considerably more research into the efficacy of marijuana in any form, and a method is developed to control the dosage available in any given form of the drug, it would be a wildly reckless and irresponsible chance to take with the future of our children. They are our hope for the future. What value could there possibly be in dimming their mental capacity? Drug use has consequences, not only legal, but also physical, mental, and emotional. We must not inflict those consequences on our children.

Our children are the future of our state, and it is irresponsible of us, as adults, to play fast and loose with their minds and their futures. They are not of an age to make these decisions, so it's up to us to make the right choices.



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