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Changing the Way Americans Think About Marijuana Talking Points

There is a serious drug problem in this country. Marijuana is a much bigger portion of this problem than most people realize.

- Marijuana is the most widely used illicit drug in America—of the approximately 16 million current illicit drug users, 12.2 million (about 77%) are using marijuana¹
- Of the 5.6 million Americans suffering from illegal drug dependence or abuse, 62% are dependent on or are abusing marijuana²
- More young people are now in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined³
- Of all teenagers in drug treatment, about 60 percent have a primary marijuana diagnosis⁴
- The average age of initiation for marijuana use generally has been getting younger. In 2001, 84% reported first using MJ between the ages of 12 and 17⁵

Many of the things Americans “know” about marijuana are myths or misperceptions. People need to know the truth about this harmful drug.

Myth 1: Marijuana is harmless

Facts:

- Health Consequences
 - Smoked marijuana contains 3-5 times more tar and carbon monoxide than comparable amounts of tobacco⁶
 - Marijuana use as a cause for emergency room visits has risen 176 percent since 1994, and now surpasses heroin⁷
 - Smoking marijuana leads to changes in the brain similar to those caused by the use of cocaine and heroin⁸
 - Marijuana affects alertness, concentration, perception, coordination, and reaction time—many of the skills required for safe driving. A roadside check of reckless drivers (not impaired by alcohol) showed that 45% tested positive for marijuana⁹
 - Marijuana abusers are four times more likely to report symptoms of depression, and have more suicidal thoughts than those who never used the drug¹⁰
- Social Consequences

¹ SAMHSA, *National Household Survey on Drug Abuse*, 2001

² Ibid.

³ SAMHSA, *Treatment Episode Data Set*, 1999

⁴ Ibid.

⁵ SAMHSA, *Initiation of Marijuana Use Special Report*, 2001

⁶ NIDA, *InfoFacts Marijuana 13551*

⁷ SAMHSA, *Drug Abuse Warning Network*, 2001

⁸ de Fonseca, R. et al., “Activation of Corticotropin-Releasing Factor in the Limbic System During Cannabinoid Withdrawal” *Science*, Vol. 276, June 27, 1997

⁹ Brookoff, D.; et al., *New England Journal of Medicine*, 331:518-522

¹⁰ Bovasso, G. *American Journal of Psychiatry* 2001; 158:2033-2037

- Poor performance in school has been associated with marijuana use. Youths with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youths with an average grade of A¹¹
- Heavy marijuana use impairs the ability of young people to concentrate and retain information during their peak learning years. THC changes the way sensory information gets into and is processed by the part of the brain that is crucial for learning and memory¹²
- Marijuana users in their later teen years are more likely to have an increased risk of delinquency, more friends who exhibit deviant behavior, more sexual partners, and to engage in unsafe sex¹³
- Economic Consequences
 - Multiple research reports show marijuana levies significant costs to society in the form of lost employee productivity, public health care costs, and accidents
 - American drug users spent \$10.6 billion on marijuana purchases in 1999¹⁴

Myth 2: Marijuana is not addictive

Facts:

- Marijuana is much stronger and more addictive than it was 30 years ago. Average THC levels rose from less than 1% in the late 1970s to more than 7% in 2001. Sinsemilla potency increased from 6% to 13%. THC levels of 20 % and up to 33% have been found in samples of sinsemilla¹⁵
- Of those who try marijuana at least once, nearly one in ten become dependent¹⁶

Myth 3: Youth experimentation with marijuana is inevitable

Facts:

- Marijuana use is not a rite of passage, but a risky behavior with serious consequences
- Surveys show that parents are the biggest influence in their children's decisions about drug use; parents must actively engage in educating their children and help them make healthy decisions
- We know that when we push back against the drug problem, it recedes. Marijuana use has been dramatically lower in the past—even in the last decade—and it can be reduced again
- This is an effort in which every American has a role to play—in homes, schools, the workplace, places of worship, and civic or social organizations. Working together, we can reaffirm healthy attitudes about marijuana use

¹¹ SAMHSA, *National Household Survey on Drug Abuse*, 2000

¹² NIDA, *Marijuana: Facts Parents Need to Know*, November 1998; Pope, H.G. et al. "The Residual Cognitive Effects of Heavy Marijuana Use in College Students" *Journal of the American Medical Association*, 1996 Vol. 275, No. 7

¹³ Brook, J.S. et al. "The risks for late adolescence of early adolescent marijuana use," *American Journal of Public Health* October, 1999

¹⁴ Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs*, 2001

¹⁵ University of Mississippi, *Marijuana Potency Monitoring Project*, 2001

¹⁶ Anthon, J.C. et al. 1994 "Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey" *Experimental and Clinical Psychopharmacology* 2:244-268

Myth 4: Marijuana is not associated with violence, as are drugs like cocaine and heroin. It is the criminalization of marijuana that leads to crime, not the drug itself

Facts:

- It's not simply the trafficking of drugs that causes crime and terror at home and abroad. It's also the behavior of people who have drug dependencies that causes crime
- Research shows a link between frequent marijuana use and increased violent behavior¹⁷
- Youth who use marijuana weekly are nearly four times more likely than non-users to engage in violence¹⁸

Myth 5: Prisons are filled with non-violent, casual marijuana users

Facts:

- Percentage of those in prison had marijuana possession as their most serious offense is less than half of one percent (0.46 %) ¹⁹
- Possession accounts for only 27 percent of drug offenders, and Marijuana violations accounted for only 13 percent of these inmates²⁰
- Those in state prison for drug offenses (about 20 percent of all inmates) are overwhelmingly drug *dealers*. The average amount of marijuana possessed by inmates in federal prison for marijuana possession is 90 pounds²¹

Once people know the facts about marijuana, it is important to take a comprehensive approach to prevent and reduce use

- Our job is to reduce access to and availability of marijuana
 - A 1999 survey found that 57% of kids age 12-17 agreed that marijuana would be “fairly easy” or “very easy” to obtain and was available from a wide variety of sources²²
 - Law enforcement agencies at all levels should intensify detection and removal of marijuana-growing operations as a top priority
- Must reduce the denial gap
 - Of the 5.6 million people who meet the criteria for dependence and abuse (DSM-IV), 4.7 million don't acknowledge they have a problem²³
 - Our responsibility as employers, colleagues, neighbors, family members, and friends is to get the marijuana user beyond denial and into effective treatment and lifelong recovery
- Treatment works
 - Many treatments for marijuana are offered, through a variety of vehicles. There is no “wrong pathway” to treatment
 - The Federal government has sponsored the Cannabis Youth Treatment Study (CYT), which has developed innovative and effective treatment methodologies
 - Using these treatment approaches, days of marijuana use dropped 36% and the number of adolescents with past-month substance-abuse-related problems dropped by 61%

¹⁷ Brook, J.S. et al. “The risks for late adolescence of early adolescent marijuana use,” *American Journal of Public Health* October, 1999

¹⁸ SAMHSA, *Adolescent Self-reported Behaviors and Their Association with Marijuana Use*, 1999

¹⁹ Beck, A. *Bureau of Justice Statistics*, 1999

²⁰ Ibid.

²¹ Federal Bureau of Prisons, 2002

²² SAMHSA, *Initiation of Marijuana Use Special Report*, 2001

²³ SAMHSA, *National Household Survey on Drug Abuse*, 2001

- CYT study found that brief interventions could be very successful, especially with low-severity clients (such as those who are not yet dependent)
- The advantage of brief interventions is that they can be carried out in non-medical environments, by non-medical staff. The screening and brief intervention approach is currently being done in a variety of settings (ERs, social service agencies) and has been found to be both clinically and cost effective
- Drug Courts, court supervised programs where arrestees receive treatment in lieu of incarceration, are one of the most common means of providing treatment for drug users
- Drug courts are expanding rapidly: there are now more than 700 drug courts around the country, with nearly 75,000 people having received treatment instead of incarceration
- Communities can take action now. We urge treatment programs and providers to employ these proven methods. [Materials available at www.health.org]

RELATED ISSUES

Marijuana v. tobacco and alcohol

- Alcohol and tobacco certainly pose significant risks, especially to young people
- Fortunately, as a result of legal settlements and vigorous public education efforts, many Americans are aware of the dangers of dependence and addiction associated with alcohol and tobacco use

Emphasize:

- Far too many of us are unaware of the pernicious effects of marijuana
- The coalition of public health agencies that has come together to inform parents of the dangers of marijuana use will reinvigorate the public discussion, and will help do for marijuana prevention and treatment what has already been done for tobacco and alcohol

Gateway theory

Direct cause-and-effect relationship between marijuana use and later abuse of other drugs is hard to prove, but studies show that of the people who have ever used marijuana, those who started early are more likely to have other problems:

- 8 times more likely to have used cocaine;
- 15 times more likely to have used heroin;
- 5 times more likely to develop a need for treatment of abuse or dependence on ANY drug

More than 99 percent of heroin or cocaine users started by using marijuana first

Emphasize:

- Important not to trivialize negative consequences of marijuana use on its own
- Parents, especially, must know the truth about the dangers of marijuana use—it can have serious health and social consequences

Medical marijuana

- Our medical system relies on proven scientific research, not popular opinion
- Research has not demonstrated that smoked marijuana is helpful as medicine
- Marinol is a medicine—smoked marijuana is not.
- Smoked marijuana contains more than 400 chemicals, and increases risk of cancer, lung damage, and poor pregnancy outcomes

Emphasize:

- Unfortunately, coverage of the medical marijuana debate has contributed to misperception that marijuana is harmless or may even have health benefits
- Interviews with teens found that some actually believe that marijuana can cure cancer and other serious diseases
- Must dispel the myths that pervade marijuana policy discussions

State initiatives

- Voters at the state and local levels must make decisions that are appropriate for their communities, but they must have accurate information
- Marijuana is being used as a wedge issue by a small minority to push their political agenda of the legalization of all drugs
- Well-financed and organized campaigns have contributed to misperception that marijuana is harmless or may even have health benefits

Emphasize:

- Must dispel the myths that pervade marijuana policy discussions

European Experience / Proposed Canadian Decriminalization

- The “nirvana” offered by the Dutch example is extremely dubious, and the Dutch government is now reconsidering its laws and policies
- Increased availability of marijuana leads to increased use of marijuana and other drugs
 - After coffee shops started selling marijuana in small quantities, use of the drug nearly tripled (from 15 percent to 44 percent) among 18-20 year olds between 1984 and 1996
 - While our nation’s cocaine consumption has decreased by 80 percent over the past 15 years, Europe’s has increased. Hundreds of millions of tons of cocaine and heroin enter Europe from Afghanistan and Colombia each year

Emphasize:

- Parents, teachers, and community leaders must be armed with the facts
- Marijuana has significant health and social consequences that we have to work to prevent

Drug Testing in Schools

- Student drug testing may not be right for every school in every community
- Important for parents, school officials, and community leaders to examine the nature and extent of their youth-drug problem to determine if testing is appropriate for their schools

Emphasize:

- Can be an important tool in preventing and treating youth drug use
- Marijuana use affects the growth and development of young minds, and can inhibit the ability of young people to concentrate and retain information during critical learning years
- Testing provides a way for teens to resist peer pressure

The ONDCP marijuana initiative

- Changing the way Americans think about marijuana
- Cross-cutting effort that engages all ONDCP components, their interagency counterparts, and their community partners
- Major advertising campaign targeting youth and their parents
 - TV, print, radio, and interactive advertising deliver powerful messages to dispel the myths
 - Nearly \$48 million worth of advertising just through December ‘02, and will extend throughout next year
- All deputies and interagency principals are discussing marijuana with the media, at conferences, and at community meetings

Emphasize:

- Encourage officials at all levels of government, educators, and parents to get the facts: marijuana is a dangerous drug
- We all have a role to play in preventing its use among young people and in helping those with a problem to get treatment and stay in recovery