

The Public Health Consequences of Marijuana Legalization

The Obama Administration continues to oppose legalization of marijuana and other illegal drugs because this approach runs counter to the public health approach to drug policy. Evidence shows our drug problem is a major public health and safety threat, and drug addiction is a disease that can be successfully prevented and treated. Legalizing drugs would increase their availability and normalize their use, leading to increased negative health consequences, particularly among young people. Drug legalization also undermines preventative health strategies, a keystone in improving overall public health in the United States.

MARIJUANA USE POSES SIGNIFICANT RISKS TO PUBLIC HEALTH

Marijuana places a significant strain on our health care system, and poses considerable danger to the health and safety of the users themselves, their families, and our communities. We know that marijuana use, particularly long-term, chronic use that began at a young age, can lead to dependence and addiction.ⁱ Marijuana is not a benign drug:

- In 2011, approximately 4.2 million people met the diagnostic criteria for abuse or dependence on marijuana.ⁱⁱ
- Marijuana use is associated with addiction,ⁱⁱⁱ respiratory illnesses,^{iv} and cognitive impairment.^v
- Marijuana is also the second leading substance for which people receive drug treatment^{vi} and a major cause for visits to emergency rooms.^{vii}
- Studies also reveal that marijuana potency has almost tripled over the past 20 years,^{viii} raising serious concerns about implications for public health – especially among adolescents, for whom long-term use of marijuana may be linked with lower IQ (as much as an average 8 point drop) later in life.^{ix}

INCREASED AVAILABILITY LEADS TO INCREASED HEALTH AND SAFETY COSTS

Scientific research shows us that increasing the availability of drugs can lead to increased use, and growth in the consequences of that use:

- Legality increases the availability and acceptability of drugs, as we see with alcohol and tobacco – which far outpaces the use of illegal drugs.^x
- Increased availability and acceptability of marijuana would likely lead to increased consumption of the drug.^{xi}
- Increased consumption leads to higher public health and financial costs for society. Addictive substances like alcohol and tobacco, which are legal and taxed, already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxation.^{xii}

LEGALIZATION WILL NOT SOLVE PUBLIC HEALTH OR SAFETY CHALLENGES

Research also shows that policies that would make drugs more available would likely not eliminate the black market or improve public health and safety. Recent reports from the nonpartisan RAND Institute found that the potential economic benefits from legalization had been overstated:^{xiii,xiv}

- Marijuana legalization would not eliminate the black market for the drug.
- And dramatically lowered prices could mean substantially lower potential tax revenue for states.

It is for these reasons the Administration continues to oppose legalization, and instead focuses on drug prevention, treatment, support for recovery, and innovative criminal justice strategies to break the cycle of drug use and crime. This approach is helping improve public health and safety in communities across the United States.

For more information, please visit ONDCP's Marijuana Resource Center:

www.whitehouse.gov/ondcp/marijuanainfo

ⁱ Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268. Available: <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1994-45545-001>

ⁱⁱ Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012]. Available: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig7-2>

ⁱⁱⁱ Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268. Available: <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1994-45545-001>

^{iv} Polen MR, Sidney S, Tekawa IS, Sadler M, Friedman GD. Health care use by frequent marijuana smokers who do not smoke tobacco. *West J Med* 158(6):596-601, 1993. Available at <http://www.ncbi.nlm.nih.gov/pubmed/8337854>

^v Meier et al., "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*. [August 27, 2012]. Available: <http://www.pnas.org/content/early/2012/08/22/1206820109>

^{vi} Substance Abuse and Mental Health Services Administration. *Treatment Episode Data Set (TEDS), Substance Abuse Treatment Admissions by Primary Substance of Abuse, 2010*. U.S. Department of Health and Human Services. [2012]. Available: <http://www.dasis.samhsa.gov/webt/quicklink/US10.htm>

^{vii} Substance Abuse and Mental Health Services Administration. *Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. U.S. Department of Health and Human Services. [July 2012]. Available: <http://www.samhsa.gov/data/2k12/DAWN096/SR096EDHighlights2010.pdf>

^{viii} Mehmedic, Zlatko, et al., "Potency Trends for Δ^9 -THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008." *Journal of Forensic Sciences*, Vol. 55, No. 5. [September 2010]. Available: <http://home.olemiss.edu/~suman/potancy%20paper%202010.pdf>

^{ix} Meier et al., "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*. [August 27, 2012]. Available: <http://www.pnas.org/content/early/2012/08/22/1206820109>

^x Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012]. Available: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>

^{xi} Kilmer, Beau, et al., *Altered States? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*. RAND Corporation. [2010]. Available: http://www.rand.org/content/dam/rand/pubs/occasional_papers/2010/RAND_OP315.pdf

^{xii} Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006*. *American Journal of Preventive Medicine* - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045). Available: [http://www.ajpmonline.org/article/S0749-3797\(11\)00538-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(11)00538-1/fulltext)

^{xiii} Kilmer, Beau, et al., *Reducing Drug Trafficking Revenues and Violence in Mexico: Would Legalizing Marijuana in California Help?* RAND Corporation. [2010]. Available: http://www.rand.org/content/dam/rand/pubs/occasional_papers/2010/RAND_OP325.pdf

^{xiv} Kilmer, Beau, et al., *Altered States? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*. RAND Corporation. [2010]. Available: http://www.rand.org/content/dam/rand/pubs/occasional_papers/2010/RAND_OP315.pdf