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October 30, 2015

TO: Each Health Deputy

FROM: Wesley L. Ford, M.A., M.P.H., Director
Substance Abuse Prevention and Control

SUBJECT: **SAPC WHITE PAPER: "THE NEED FOR A PUBLIC HEALTH APPROACH TO MARIJUANA POLICY"**

This is to provide you with a copy of the Substance Abuse Prevention and Control (SAPC) White Paper on some of the key potential impacts of the commercialization of marijuana.

As you may know, California has recently passed comprehensive legislation to regulate the flourishing medical marijuana market. Furthermore, major voter initiatives to legalize recreational marijuana are expected on the ballot in November 2016. Regardless of the results of the 2016 elections, marijuana is and will continue to be a public health issue, and efforts must be taken now to inform the public about marijuana use and its impact.

The paper emphasizes the importance of the coordination of efforts between both public health and enforcement agencies to prioritize public health and safety. SAPC will disseminate this paper in print and digitally, to provide community leaders and organizations with information to facilitate candid discussion and assessment of the impact of marijuana within their communities, as well as to share practical and positive policies.

If you have any questions or need additional information, please let me know.

WLF:hs

Attachment

c: Cindy Harding, M.P.H.
Joshua Bobrowsky
Lauren Dunning

The Need for a Public Health Approach to Marijuana Policy

Marijuana legalization has become a topic of national debate in recent years. In California, this debate is reaching a crucial juncture as voters approach a decision on whether to approve a recreational marijuana initiative in 2016. With the latest polls showing California support for legalization at 53%[1], campaigns regarding legalization will push the marijuana debate into the public forum more than ever before. Discussing marijuana use and the potential of legalization requires considerations of complex policy issues, weaving in personal and societal perspectives on health, substance use, criminal justice systems, the role of law and the legal system, environmental concerns, and more.

However, regardless of one's views on the legalization or prohibition of marijuana, it is undeniable that the commercialization of marijuana and marijuana products could have detrimental effects on the health, safety, and well-being of our communities. Therefore, increased efforts are needed now to protect public health, strengthen substance abuse treatment programs, and educate the public with reliable information about the individual and public health impacts of marijuana use.

Marijuana is the most widely used illegal drug in the United States,[2] and generally available for recreational use despite widespread prohibition. Roughly 80% of 12th graders in the U.S. report that marijuana is either "fairly easy" or "very easy" to obtain.[3] This is troublesome, as while the health effects of marijuana use are still not fully understood, research strongly suggests that marijuana use during adolescence and early childhood results in impaired brain development, affecting learning and memory.[4]

Medical marijuana, currently legal in California and 22 other states, has been used with promising results for the treatment of chemotherapy-induced nausea and vomiting, movement disorders, and epilepsy.[5] However, the scientific community is still identifying the individual effects of dozens of its various compounds, and recent reviews of treatment outcomes have concluded that there is insufficient evidence to justify recommending marijuana as a treatment for the majority of the conditions it is currently used to treat.[6] [7] [8] Furthermore, chronic marijuana use can lead to addiction, with the risks of dependency increasing sharply up to 17% as the age of initiation decreases into adolescence.[9]

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[1] Public Policy Institute of California. *Californians' Attitudes toward Marijuana Legalization*, 2015.
[2] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Table 1.24A: Marijuana use in lifetime, past year and past month among persons aged 12 or older, by demographic characteristics: numbers in thousands*, 2011 and 2012.
[3] Monitoring the Future. *Trends in availability of drugs as perceived by 12th graders*.
[4] Ventura County. *"Marijuana and Your Kid's Brain," Marijuana in Ventura county: A Gateway for Discussion*, 2014.
[5] National Institute on Drug Abuse. *DrugFacts: Is Marijuana Medicine*? http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine.
[6] Belendiuk, K. A., Baldini, L. L., & Bonn-Miller, M. O. Narrative review of the safety and efficacy of marijuana for the treatment of commonly state-approved medical and psychiatric disorders. *Addiction science & clinical practice*, 2015.
[7] Vandrey, R., Raber, J. C., Raber, M. E., Douglass, B., Miller, C., & Bonn-Miller, M. O. (2015). Cannabinoid dose and label accuracy in edible medical cannabis products. *JAMA*, *313*(24), 2491-2493.
[8] Whiting, P. F., Wolff, R. F., Deshpande, S., Di Nisio, M., Duffy, S., Hernandez, A. V., ... & Kleijnen, J. Cannabinoids for medical use: a systematic review and meta-analysis. *Jama* 2015.
[9] National Institute on Drug Abuse (NIDA). *Drugfacts: Marijuana*, 2015.

Additionally, marijuana use can cause considerable public harm. Driving under the influence of marijuana has twice the risk of a crash than driving sober.[10] Driving under the influence of both alcohol and marijuana again doubles the risk of accidents with marijuana alone.[11] In LA County, traffic accident fatalities involving marijuana experienced a sharp increase directly following enactment of the Medical Marijuana Program in 2003, which allowed storefront dispensaries.[12] Risks of unintentional Δ9-tetrahydrocannabinol (THC-the primary psychoactive compound in marijuana) exposure among children are likewise significant.[13] Finally, explosions and environmental contaminations are increasing with the precipitous rise of butane processing to produce highly potent THC concentrates.[14]

Despite these concerns, current popular culture is saturated with images normalizing, if not venerating, marijuana consumption, especially for youth. Following the legalization of recreational marijuana in Washington and Colorado, as well as legal or practical decriminalization in many states, mainstream media is increasingly flooded with conflicting messages that all marijuana consumption is either a) dangerous and life-threatening, or b) safe and natural, if not medically necessary. In contrast, health departments and local governments can be a resource for unbiased and accurate information about marijuana, and need to evaluate how they can contribute in this regard.

Local jurisdictions must also advocate for a regulatory system in which public health messages are not lost. This can be achieved in part by preventing business practices that promote excess consumption and dependency. Allowing marijuana to be treated as an ordinary commodity in the marketplace would result in incentives to increase profits at the cost of public health. Experiences with the tobacco and alcohol markets, as well as gambling regulations, have shown that unfettered privatization and commercialization of dependence-inducing products or activities results in more outlets, longer hours of operation, increased marketing activity, and increased sales and use.[15] Instead, local agencies and community leaders should be actively engaged to push for: strict enforcement of age restrictions to limit the use of marijuana by adolescents; time and date restrictions on commercial sales; control of the location and density of outlets; standardized monitoring and testing of marijuana products coupled with proper labeling; and increased retailer liability so commercial establishments share in not only the profits, but the risks of public marijuana consumption.[16]

Over-commercialization can be avoided by regulations that limit the economic and political power and size of the marijuana industry. The concentration of market power in the hands of a few large private entities with broad marketing power would allow them to promote widespread and heavy use to increase sales and profits.[17] As has happened with the alcohol and tobacco industries, such power players can also use their political resources to obstruct regulations limiting marketing and access, at the expense of responsible public health policies. Instead, marijuana can and should be regulated in

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[10] M. Asbridge, J. A. Hayden, J. L. Cartwright. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. 2012

[11] Robbe, H. Marijuana's impairing effects on driving are moderate when taken alone but severe when combined with alcohol. Human psychopharmacology: clinical and experimental. 1998

[12] Los Angeles County Department of Public Health Substance Abuse Prevention and Control, Medical Director's Brief No. 4, September 2015.

[13] Onders, B., Casavant, M. J., Spiller, H. A., Chounthirath, T., & Smith, G. A.. Marijuana Exposure Among Children Younger Than Six Years in the United States. Clinical Pediatrics. 2015.

[14] FEMA (2013) "Hash Oil Explosions Increasing Across US." Emergency Services Bulletin February, 2013.

[15] Pacula Rosalie, Kilmer Beau, et. al. *Developing Public Health Regulations for Marijuana: Lessons from Alcohol and Tobacco.* American Journal of Public Health, vol 106, No. 6. June 2014.

[16] American Public Health Association. *Regulating Commercially Legalized Marijuana as a Public Health Priority*, 2014.

[17] Blue Ribbon Commission on Marijuana Policy. *Pathways Report: Policy Options for Regulating Marijuana in California*, 2015.

partnership with state and local health and enforcement departments as a public health priority, with proper regulatory controls to reduce use and abuse.

Furthermore, similar to tobacco and alcohol, advertising and marketing of marijuana should be restricted, if not banned, in areas and media with high exposure to children and youth. Limited commercial advertising, coupled with policies designed to prevent the concentration of market and political power in a few commercial entities, would allow messaging about individual and public health to better reach not just the general public, but policy makers, regulators, and other key stakeholders.

Finally, substance use disorder prevention and treatment must be strengthened to deal with the increased demand for services. Funding should be available for public health efforts to provide comprehensive and accurate substance use information and prevention tools. To effectively decrease use and abuse, such efforts at education and prevention should be coupled with substance use treatment for those who need it.[18] While some have proposed that tax revenues from commercial marijuana could subsidize these services, funding and support for education and prevention should be available well in advance of any policy change.

The role of local governments in developing effective regulatory strategies to protect public health and safety is crucial. Many of the most effective alcohol and tobacco prevention efforts were implemented city-by-city as land use policies, conditional use laws, density and proximity restrictions, and with the local enforcement of State laws. Local governments are better connected to their communities to assess the impact of marijuana, and develop and test strategies responsive to their community needs.[19] A candid consideration of the potential impacts of commercial marijuana at the local level is currently needed, with a focus on access to and availability of marijuana products for youth, informing consumers, and protecting vulnerable populations from marijuana-related harms. State and County departments can support the prevention efforts in their jurisdictions by providing research and evaluation support, model policies, and other technical assistance.

State and local governments, along with other community leaders and policy makers, need to coordinate their efforts to effectively expand and exercise their authority to set a public health framework for the current and future consumption of marijuana. This is a critical time for leaders in Los Angeles County to become advocates for a public health approach to marijuana policy, and ensure that the health and safety of our communities are not left behind.

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[18] CDC. *State and Community Interventions. Best Practices for Comprehensive Tobacco Control Programs*, 2014.

[19] Caulkins, Kilmer, Fleinman, et.at., *Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions*. RAND Research Report, 2015.

Recommendations

- Support policies that limit over-commercialization of marijuana.
- Support policies that limit advertising and marketing of marijuana to areas and media with high exposure to youth.
- Support funding for accurate, unbiased public health messaging about marijuana use.
- Support funding for substance use disorder treatment.
- Assess the potential impacts of commercial marijuana at the local level, with a focus on: (1) access to and availability of marijuana products for youth; (2) informing consumers; and, (3) protecting vulnerable populations from marijuana-related harms.
- Coordinate efforts across public health and enforcement agencies to ensure a public health framework for current and future marijuana use.
- Advocate for a public health approach to marijuana policy, putting public health, not revenue and profits, as a priority.

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