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Dear Friend,

We are happy to announce SAM Honorary Advisor Patrick Kennedy and SAM President Kevin Sabet have penned an [op-ed](#) in today's Washington Post about marijuana.

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Yours,  
SAM Team

**Don't let Big Marijuana prioritize profits over public safety**

By Patrick Kennedy and Kevin Sabet

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Last month, White House press secretary Sean Spicer sent shock waves through the nascent - but growing - marijuana industry when he indicated that the Trump administration intends to pursue "greater enforcement" regarding non-medical marijuana. The comments drew quick rebuke from elected officials in several states that have begun experimenting with pot legalization.

Certainly, we shouldn't lock people up for marijuana use or low-level offenses, or revert to a "Reefer Madness"-style war on drugs. But we should also recognize legalization for what it is: the large-scale commercialization and marketing of an addictive - and therefore highly profitable - substance.

Many marijuana advocates have one goal in mind: to get rich. What we need, therefore, is a federal enforcement strategy that not only promotes human rights and social justice, but also actively targets and deters the special interests driving Big Marijuana.

Simply put, the current fragmented patchwork of laws governing marijuana in states is unsustainable. Despite the oft-repeated refrain that marijuana enforcement is an issue of "states' rights," the consequences of legalization are not confined by geographic borders. Since Colorado legalized, marijuana has streamed into neighboring states and emboldened drug trafficking organizations there. In fact, in Nebraska and Oklahoma, the inflow of marijuana trafficking has been so dramatic that the states sued Colorado. Interstate drug tourism is thriving, with companies in states with legal pot advertising across state lines and online.

The courts also agree that marijuana is not a "states' rights" question. In 2005, the Supreme Court examined this issue in *Gonzales v. Raich*, where the federal government had enforced the law concerning marijuana plants in someone's yard. The highest court ruled 6 to 3 that federal law supersedes state law when it comes to enforcing drug statutes - even in states where marijuana is legal (in this case for medicinal purposes) - because marijuana sales affect interstate commerce. If that is true with pot plants in someone's yard, then surely large, industrialized pot growers catering to out-of-state tourists also affect interstate commerce.

Issues of federalism aside, federal enforcement would serve as a needed check against an exploding for-profit marijuana industry that often prioritizes profits over public health and safety. In states with legal marijuana, special interests have built industrial-scale growing and dangerous THC extraction operations and are looking to advertise the product on television. They're targeting minority communities to sell their products and - increasingly - financing politicians to do their bidding. There are now more pot shops concentrated in poor communities of color in Denver than anywhere else.

And while advocates are quick to tout tax revenue as a counterbalance to this arrangement, like with the lottery, the funds are less than expected. In Washington state, more than half of the revenue promised for drug prevention and treatment programs didn't materialize. And in Colorado, bureaucracy to regulate the industry continues to consume a large percentage of the revenue made.

According to the AAA Foundation for Traffic Safety, fatal crashes in Washington state involving drivers who had recently used marijuana more than doubled after legalization. Colorado has seen similar increases. In states that have legalized, youth marijuana use now exceeds the national average, the black market continues to thrive and employers struggle with more drug-impaired workers than before pot was legalized.

More heavy users of marijuana are reporting to drug treatment, and there have been more school infractions among kids caught with pot. Worse still, the only statistically representative national survey on marijuana use found last year that Colorado is the No. 1 state for youth marijuana use in the country.

Without action, the marijuana industry is poised to become the next Big Tobacco - a profit-hungry special-interest group looking after profits, not public health. We need to acknowledge that marijuana comes with its own set of health risks, including a strong link to psychosis and schizophrenia, memory loss and low academic achievement.

Meanwhile, the industry is already bringing us back to the bad old days of smoking in restaurants, and the tobacco industry itself has been eyeing marijuana since the 1970s. We cannot forget the century-long fight against cigarettes - and the trillions of dollars and millions of lives it cost our country. We need smarter solutions - now is the time to find them.

## Is marijuana addictive?

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Marijuana use can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder.<sup>18</sup> People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.<sup>19</sup>

Marijuana use disorders are often associated with *dependence*—in which a person feels withdrawal symptoms when not taking the drug. People who use marijuana frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and/or various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks.<sup>20,21</sup> Marijuana dependence occurs when the brain adapts to large amounts of the drug by reducing production of and sensitivity to its own endocannabinoid neurotransmitters.<sup>22,23</sup>

Marijuana use disorder becomes addiction when the person cannot stop using the drug even though it interferes with many aspects of his or her life. Estimates of the number of people addicted to marijuana are controversial, in part because epidemiological studies of substance use often use dependence as a proxy for addiction even though it is possible to be dependent without being addicted. Those studies suggest that 9 percent of people who use marijuana will become dependent on it,<sup>24,25</sup> rising to about 17 percent in those who start using in their teens.<sup>26,27</sup>

In 2015, about 4.0 million people in the United States used or were dependent on marijuana;<sup>3</sup> 138,000 voluntarily sought treatment for their marijuana use.<sup>28</sup>

### Rising Potency

Marijuana potency, as detected in confiscated samples, has steadily increased over the past few decades.<sup>2</sup> In the early 1990s, the average THC content in confiscated marijuana samples was roughly 3.7 percent. In 2014, it was 6.1 percent.<sup>29</sup> Also, newly popular methods of smoking or eating THC-rich hash oil extracted from the marijuana plant (a practice called *dabbing*) may deliver very high levels of THC to the person. The average marijuana extract contains more than 50 percent THC, with some samples exceeding 80 percent. These trends raise concerns that the consequences of marijuana use could be worse than in the past, particularly among those who are new to marijuana use or in young people, whose brains are still developing (see "[What are marijuana's long-term effects on the brain?](#)").

Researchers do not yet know the full extent of the consequences when the body and brain (especially the developing brain) are exposed to high concentrations of THC or whether the recent increases in emergency department visits by people testing positive for marijuana are related to rising potency. The extent to which people adjust for increased potency by using less or by smoking it differently is also unknown. Recent studies suggest that experienced people may adjust the amount they smoke and how much they inhale based on the believed strength of the marijuana they are using, but they are not able to fully compensate for variations in potency.<sup>30,31</sup>

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