

What to Expect

if a Marijuana Cultivation Center or a Marijuana Dispensary Opens in Your Community

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1. Increased marijuana use by YOUNG PEOPLE – Young people may interpret the acceptance of marijuana use, medical marijuana and decriminalized marijuana, accompanied by marijuana advertising and the presence of dispensaries and/or cultivation centers as a green light to use marijuana. For decades, Illinois' laws and firm "no use" marijuana messages have deterred pot use. But today there is a 180° shift occurring in the marijuana messaging Illinois youths receive. When the perception of risk goes down, usage goes up. Is your community "marijuana friendly?"

- Accepting the premise that marijuana is a "medicine" and therefore safe makes a "marijuana friendly" statement.
- Having marijuana dispensaries and/or cultivation centers in your community makes a "marijuana friendly" statement.
- Commercializing marijuana use – such as advertisements and coupons in local publications and marijuana signage makes a "marijuana friendly" statement.

Dr. Chris Thurstone is the medical director for Denver Health's Adolescent Substance Abuse Treatment Program. He testified before the Colorado Statehouse on March 5, 2010. "The ... program is clearly seeing the effects of medical marijuana. Referrals are up about 300% and we have a 2-3 month waiting list for services.

2. Dangers for YOUNG PEOPLE – An **18-year-old high school senior** can get a medical marijuana card. A qualified cardholder can get 2½ ounces of marijuana every 14 days (enough marijuana to make 183 joints, 13 per day). Smoking 3 or 4 joints a day would leave the student with roughly 135 joints to sell or share. The patient could sell the remaining joint for \$250 to \$550. Diversion of medical marijuana would be a problem for schools and communities.

- In addition to selling marijuana for smoking, dispensaries will sell **marijuana-infused edibles – candy, cookies, brownies**, etc. Smoking is a deterrent for some children, but eating sweet edibles is tempting and easily hidden.

- When THC is taken orally there are several significant things which happen that make it potentially unsafe and increases the chance for overdose/poisoning. (THC, delta-9-tetrahydrocannabinol, is the psychoactive ingredient in marijuana.) The new Illinois law establishes an arbitrary amount of 100 milligrams (mg) of active THC per package of marijuana-infused product. There is no scientific research that defines safe dosages of THC, hence the very real threat of overdose/poisoning.

- A “package,” which can be a bag of cookies or a single candy bar, can contain as much as 100 milligrams of active THC, which is excessive. Ten milligrams is considered by many to be a single serving. Products using infused-marijuana butter and oil, which is **CONCENTRATED SUPER STRENGTH MARIJUANA**, have THC levels much higher than contained in the marijuana plant. Portion sizes are problematic. A cookie can have six servings, but cookies and candy bars are usually consumed in an individual serving.
- The onset of action for smoking marijuana is 10–15 seconds and 30–60 minutes for marijuana taken orally. Smoking gives the user an immediate sense of what they are taking and how it is affecting them. With the slow onset of action, oral users are prone to repeat or increase the dose and risk taking too much and accumulating lethal amounts of THC in the body.
- Today, marijuana is much more potent. There is **SUPER STRENGTH MARIJUANA. MARIJUANA CONCENTRATE** can be procured through extraction by using solvents to strip the cannabinoids from the marijuana plant resulting in a THC-rich product. The THC content can reach as high as 80%. Typically, the THC content is 12 to 15 percent but can reach 30 percent with high-tech growing methods. The average THC content in the U.S. was: 1.37% in 1978, 3.59% in 1988, 4.43% in 1998 and 8.49% in 2008. ¹ This is not your father’s marijuana.

3. Serious implications for YOUNG PEOPLE —

- Each year, two-thirds of new marijuana users are under the age of 18. ²
- One in six of these adolescents will go on to develop marijuana use or dependence. ²
- Marijuana use can be very addictive. In Illinois 8,657 marijuana users were admitted for treatment in 2012, of those **34.4 % were 12–17 years of age, and 18.2% were 18–20 years, 17.9% were 21–25%.** ³
- Teens smoking pot see an IQ decline. Teens who start smoking marijuana regularly (20 times a month) before age 18 and are dependent show an average 8 point IQ decline by age 38.⁴
- Diversion of marijuana will become a big problem. Two and a half ounces of marijuana every 14 days is more than an individual can use.
- Students may show up “high” at school. Marijuana compromises academic success by impairing learning, memory, abstract thinking and problem solving. Teens’ brains are not fully developed until their early twenties. Marijuana use can lead to poor attendance, dropping out of school, delinquency and behavioral problems.
- Marijuana can produce severe anxiety and panic, paranoia and psychosis. Hallucinations may occur with high doses of marijuana.

- Marijuana is unlike other drugs. Marijuana is fat soluble rather than water soluble. It rapidly accumulates in fatty tissues in the body and is then slowly released. The half-life of THC, the psychoactive ingredient, is about 7 days and complete elimination of a single dose may take up to 30 days.
- Starting in 2010, more high school seniors smoked marijuana than smoked cigarettes.⁵

4. Driving under the influence of marijuana – Marijuana alone impairs driving. Research shows that a single marijuana joint with a moderate level of THC can impair a person’s ability to drive for more than 24 hours. Alcohol and marijuana together produce higher intoxication than marijuana or alcohol alone. Colorado has seen an increase in marijuana-positive drivers involved in fatal motor vehicle crashes since 2009 when medical marijuana became legal. The NIAAA and NIDA funded study did not find a similar increase in any of the 34 states without medical marijuana.⁶ The more marijuana is smoked and the stronger the potency the higher the likelihood of having an accident, 2.7 times greater risk, according to an epidemiological study by the Columbia University, *Marijuana Use and Motor Vehicle Crashes*, looking at results from nine previous studies conducted in six different countries. The analysis indicated that 28 percent of fatally injured drivers and more than 11 percent of the general driver population tested positive for non-alcoholic drugs, with marijuana being the most commonly detected substance.⁷ California experienced a 96.5 percent increase in fatalities in fatal crashes where the driver tested positive for marijuana.

5. Property values destroyed – Dispensaries and cultivation centers destabilize and devalue neighborhoods, commercial properties, and nearby businesses; they are magnets for crime and violence. Commercial property owners need to understand the clientele and traffic attracted by dispensaries and the structural hazards associated with the grow operations in cultivation centers. There are health hazards associated with growing marijuana. The high levels of moisture required produce mold. High intensity lights (18–24 hours) and heat require a lot of power. Chemicals can leach into the fibers of the building and beyond. The odor of marijuana is pungent. ■

¹ University of Mississippi Potency Project

² SAMSHA, 2010; Hall and Degenhardt, 2009

³ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Service Administration, Treatment Episode Data Set (TEDS) <http://www.dasis.samhsa.gov/webt/quicklink/IL12.htm>

⁴ Persistent Cannabis User Show Neuropsychological Decline from Childhood to Midlife, Dunedin Multidisciplinary Health & Development

⁵ 2010 Monitoring the Future Survey

⁶ More Colorado drivers in fatal car crashes testing positive for marijuana, Science Spotlight, May 27, 2014 <http://www.drugabuse.gov/news-events/news-releases/2014/05/more-colorado-drivers-in-fatal-car-crashes-testing-positive-marijuana>

⁷ Marijuana Increases Car Accident Risk, Health Field, October 14, 2011.

