



Is Legal Cannabis Good for Ojai?

Sunday, July 28, 2019 · 3:00-5:00PM

*We wish to thank our panelists for giving their time
and expertise to this critical matter.*

*We hope this afternoon will provide insight and
community support as we share information
and explore solutions.*

Ojai
CHAUTAUQUA

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The Ojai Chautauqua



The Ojai Chautauqua is part of a 150-year tradition that has thrived across the United States since the 19th century. The concept of the *Chautauqua* is to build community by bringing together ideas, entertainment, discussion, and expertise to local family and community gatherings. Former U.S. President Theodore Roosevelt is quoted as saying that the Chautauqua is "The most American thing in America."

Ojai has modernized the Chautauqua tradition by focusing on today's need to improve civil discourse on controversial subjects, where passions tend to run high. Civil discourse is noticeably absent from many aspects of contemporary life. The result of this failing is not only sad... It is dangerous. Through the Ojai Chautauqua, we hope to develop this essential ability so that together we can affect a positive change that extends far and wide. Visit www.ojaichat.org to view our past panels, to learn about future events, and to contribute to this endeavor.

Ojai Chautauqua Panel



Andy Gilman - Moderator

Andy is the Executive Director of the Agora Foundation. He is a founding parent and former Board President of Ventura Charter School of Arts and Global Education and formerly the Director of Admissions and Outreach for Oak Grove School. Andy also serves on the boards of the Ojai Valley Chamber of Commerce, Summit Charter School, Ojai Rotary, and the Ojai Storytelling Festival. He holds an M.A. degree from St. John's College.



Dr. David Bearman

Dr. David Bearman is the co-founder and Executive Vice President of the American Academy of Cannabinoid Medicine (AACM). He is the former administrator and head physician of the Isla Vista Medical Clinic, former deputy director of the Santa Barbara Regional Health Association, former Director of Health Services at San Diego State University. Dr. Bearman is a university professor, presenter, an expert witness in over 500 law cases, and the author of several books. He has more than 50 years experience in the drug abuse treatment and prevention field. His medical degree is from the University of Washington.

Ojai Chautauqua Panel Continued



Ryan Blatz

A lifelong resident, Ryan Blatz earned a Communications degree from the University of Southern California and then earned a law degree in 2009. Ryan helped lead the initiative to defeat Golden State Water and was a special counsel to the city of Ojai. He opened Ryan Blatz law in 2013 and was elected to the Ojai City Council in 2018. He worked on Ojai's cannabis subcommittee, supporting expansion of the industry to include manufacturing and distribution, while also pushing for responsible taxing of cannabis retail businesses.



Christopher Danch

Christopher Danch earned a B.S. from Cal Poly San Luis, and a J.D. from California Western School of Law. He has a broad, diverse background of law, business, education, environmental issues and community service. He has over 37 years of legal experience including the areas of strategic legal planning and consultation, business law, nonprofit organizations, environmental, agriculture, and natural resource management. His current legal focus is working with Hoban Law Group, one of the premier Cannabis law firms.



James Fryhoff

Captain James Fryhoff has been the Ojai Chief of Police since February 2017. He started his career with the Ventura County Sheriff's Office as a deputy assigned to the Ojai station in 1990. Later he was the former assistant police chief for Thousand Oaks for five years, a senior deputy at the Camarillo Police Department, and was recognized as deputy of the year. He worked closely with city government and community organizations.



Daniel Hicks

Dan Hicks is Manager, Prevention Services - Ventura County Behavioral Health Department. A graduate of Princeton University, Dan has been an alcohol and drug policy advocate for 20 years, working closely with city and county governments, public safety agencies, and retail alcohol establishments. Using national research, local data, and rapidly changing social norms, he now turns his focus to marijuana, widely used in Ventura County and second only to alcohol among young people.



Chelsea Sutula

Since 2011, Chelsea Sutula has been the leader of Sespe Creek Collective, the first licensed dispensary in Ventura County. In recognition of her work raising awareness for prisoners of the drug war, she was named 420 Warrior of the Month by 420 Magazine and 2018 Activist of the Year in the Tokey Awards. Prior to her work in the cannabis industry, Chelsea managed research and design projects for nonprofits and Fortune 500 companies. She holds an MS in Operations Research and a BA in Psychology from Northwestern University.

Content Summary

Background and Effects

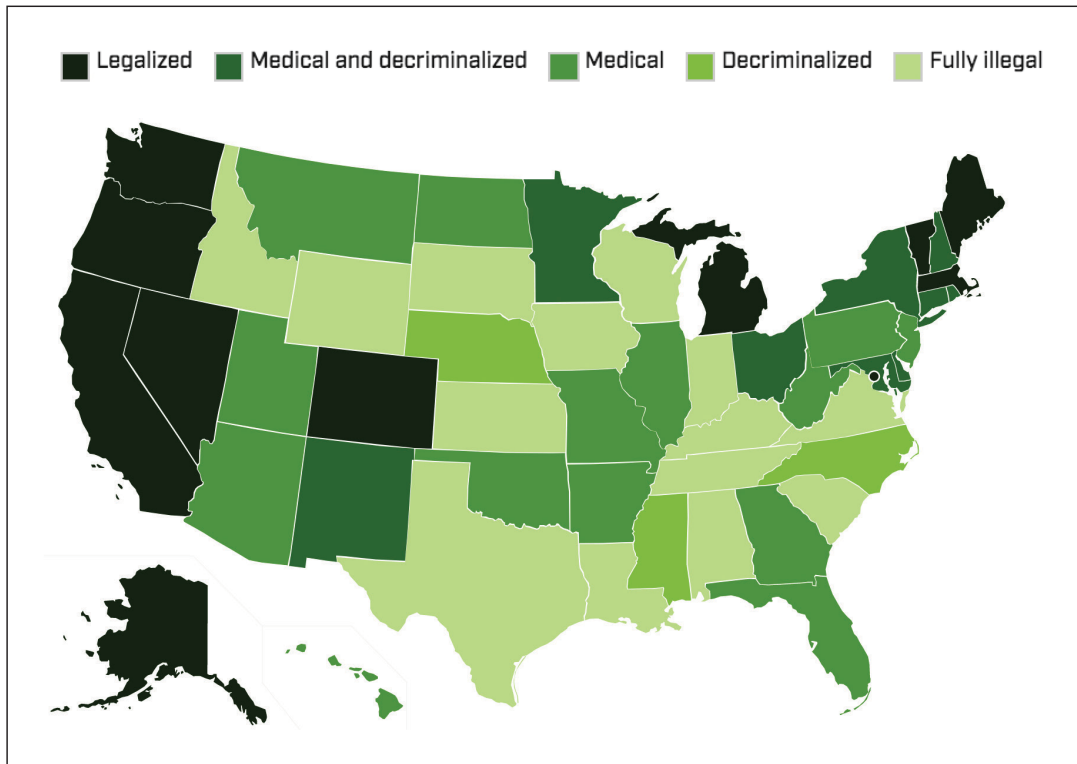
- 1) What is the legal history of Cannabis in the United States?
- 2) Why did Ojai decide to allow the first dispensaries and what limits are in place?
- 3) What have been the benefits and downsides of legal cannabis and having dispensaries in Ojai?
 - a) Tax revenue
 - b) Employment
 - c) Health
 - d) Opioid Use Reduction
 - e) Hospitalization rates
 - f) Traffic safety
 - g) Crime
 - h) Underage use
- 4) What are the challenges the industry is facing?
 - a) Banking
 - b) Security
 - c) Legal uncertainty
 - d) Unlicensed operators
 - e) Hemp-based derivatives/ CBD hype
- 5) What lessons can be learned from the cannabis growing in Santa Barbara County?
- 6) What does the statewide data show?
- 7) What does the longer-range Colorado data show?

Going Forward

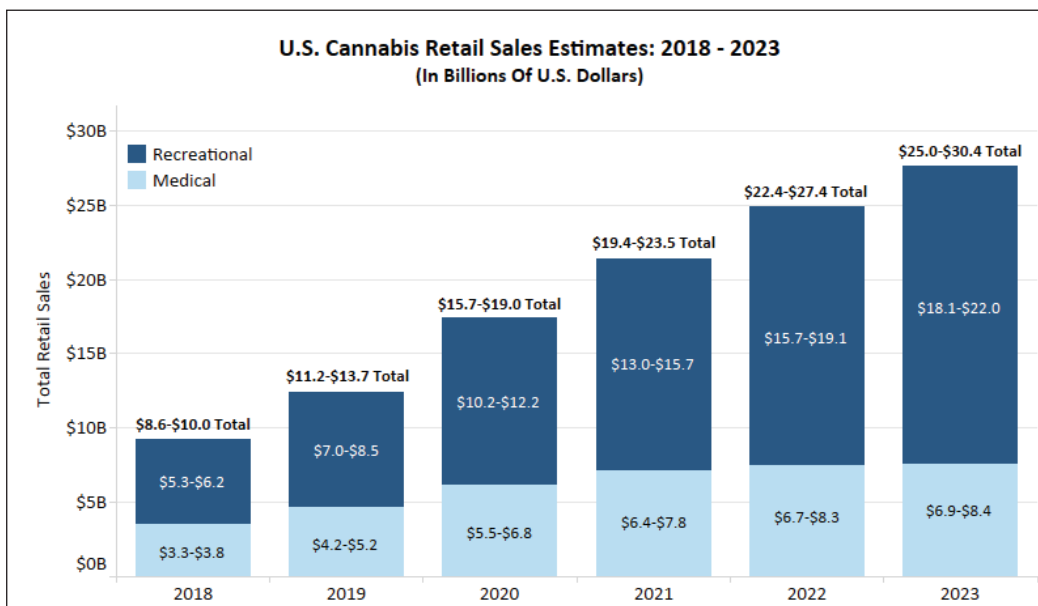
- 1) Taxation and the details of the 2020 ballot? What is the projected revenue if passed?
- 2) What will the impact of allowing manufacturing be in Ojai? What are the limits?
- 3) Can Ojai change its mind about allowing dispensaries/manufacturing and where they are located?
- 4) How will the industry evolve in Ojai?
- 5) Initiative to raise the recreational legal age to 25.
- 6) The need for more research.

The Legal and Financial Landscape

Source: DISA.com - June 2019



Source: Marijuana Business Daily 2019



Estimated Tax Revenue

Source: Forbes

Marijuana Brought In Millions In Tax Revenue Last Year

Estimated 2018 tax revenue in states where recreational marijuana use is legal*

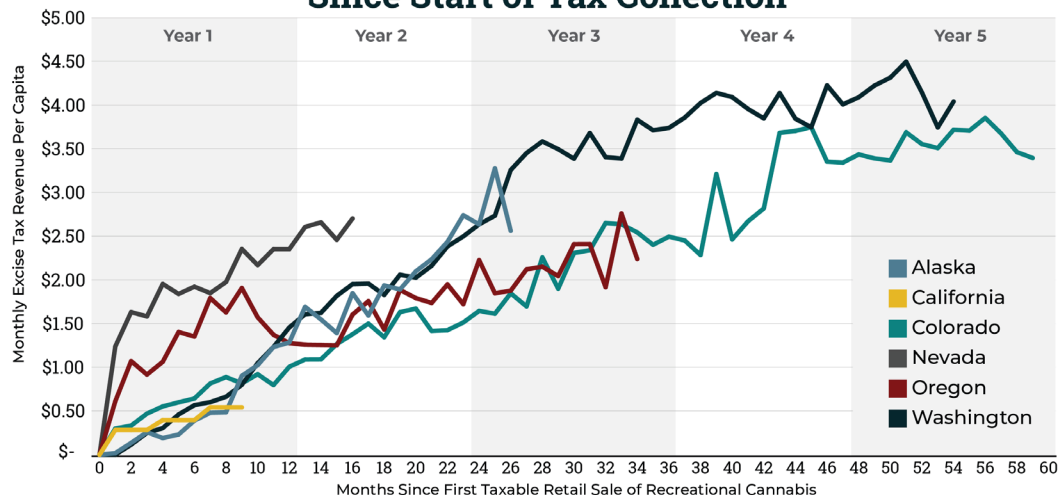


* There are 10 legal states (and D.C.) but only seven currently tax and regulate revenue-producing stores.
Source: Leafly

Forbes statista

Source: Institute on Taxation and Economic Policy

Per Capita Cannabis Excise Tax Revenue By Month Since Start of Tax Collection



Source: ITEP analysis of state revenue reports and U.S. Census population data. Revenue data include state and local excise taxes applying exclusively to cannabis. Excludes state and local general sales taxes, gross receipts taxes, license fees, income taxes, and other levies. Most of the data in this table are reported monthly, with California's quarterly reports being the only exception.

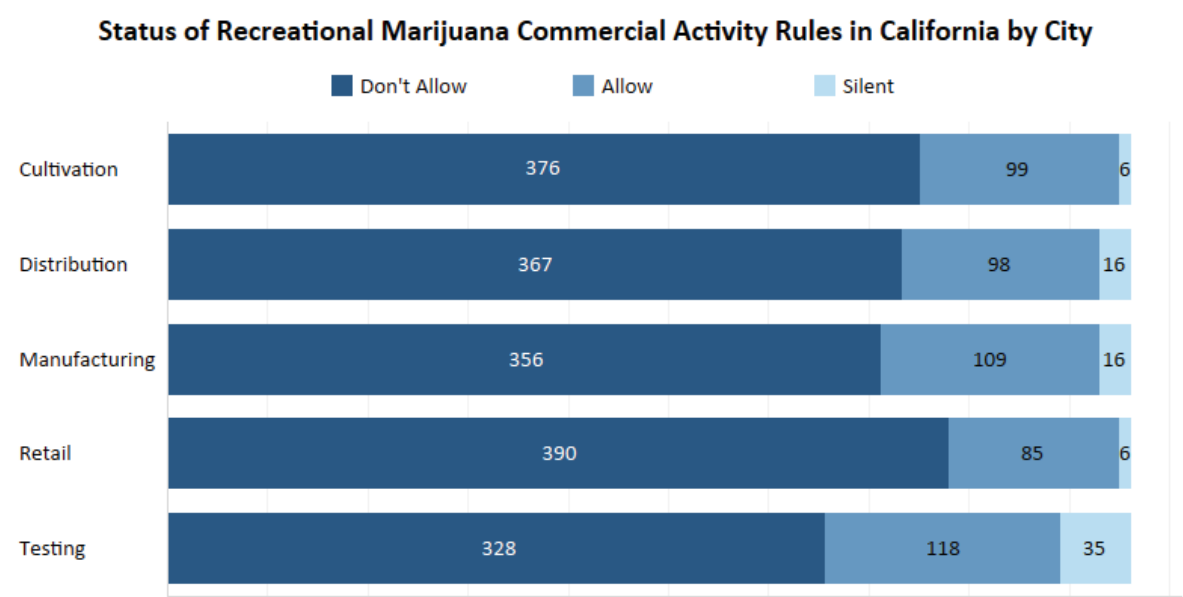
Dispensaries in California

Source: California Bureau of Cannabis Control



Commerce in California Cities

Source: Marijuana Business Daily



Source: Associated Press



Pot bust: California dramatically cuts marijuana tax revenue projections

By ASSOCIATED PRESS • MAY 9, 2019 4:31 PM

California is paying a price for the shaky rollout of its legal marijuana market. State budget documents released Thursday show the Newsom administration is sharply scaling back what it expects to collect in cannabis tax revenue through June 2020 — a \$223-million cut from projections just four months ago. The reduced income for the state treasury means that slower-than-expected pot sales are punching a hole in California’s budget.

Pot bust *continued*

The diminished optimism for retail pot sales comes as shops continue to be undercut by a thriving illicit market, in which consumers can avoid taxes that can approach 50% in some communities. Meanwhile, state regulators have struggled to meet the demand for licensing, and many communities have either banned commercial sales or not set up rules for the legal market to operate.

Gov. Gavin Newsom said it was likely to take five to seven years for the legal market to reach its potential, a point he has made repeatedly. But he also pointed a finger at local communities that have been resistant to legal sales and growing.

"It takes time to go from something old to something new," Newsom said in Sacramento.

"We knew [some counties and cities] would be stubborn in providing access and providing retail locations and that would take even longer than some other states, and that's exactly what's happening," he added.

Josh Drayton of the California Cannabis Industry Assn. credited Newsom with taking a clear-eyed view of the slow-emerging market and scaling back tax projections accordingly.

"I think this administration is being more realistic about the challenges faced by the regulated market," he said.

A projected windfall of tax revenue was a major selling point for legal cannabis in California. Proposition 64, the law approved by voters in 2016 that opened the way for legalizing recreational marijuana for adults, outlined a long list of programs that would benefit from tax dollars collected from pot sales.

State taxes include a 15% levy on purchases of all cannabis and cannabis products, including medical pot. Local governments are free to add taxes on sales and growing, which has created a confusing patchwork of rates around the state.

The market is growing, just not as fast as once expected. The state projects the 15% cannabis excise tax will pull in \$288 million for the year that ends in June, and \$359 million the following year. That's a reduction of \$67 million and \$156 million, respectively, from the governor's January budget forecast.

It now appears certain that the state will fall short of earlier projections, when it expected to collect \$1 billion in new tax revenue annually from pot within a few years. According to the state Finance Department, the excise tax projection was reduced after seeing no growth in the final quarter of 2018. Additionally, the number of places where one can buy legal pot remains limited.

Growing in Santa Barbara County

Source: Los Angeles Times excerpt



The world's largest pot farms, and how Santa Barbara opened the door

By JOE MOZINGO STAFF WRITER • JUNE 12, 2019 5 AM

In a sandy draw of the Santa Rita Hills, a cannabis company is planning to erect hoop greenhouses over 147 acres — the size of 130 football fields — to create the largest legal marijuana grow on Earth. Across the Santa Ynez River, two miles away, a farmer is planting the planet's second-biggest grow, at 83 acres. Several operations are already as large as what industry trackers say are the world's other behemoths, in Colorado and British Columbia, with a dozen more slated to be much bigger.

Santa Barbara County's famed wine region — with its giant live oaks and destination tasting rooms — and the quiet beach town of Carpinteria have become the unlikely capital of California's legal pot market. Now row after row of white plastic hoop houses sprawl amid rolling vineyards and country estates, and coastal bungalows and schools carry the whiff of backcountry Humboldt.

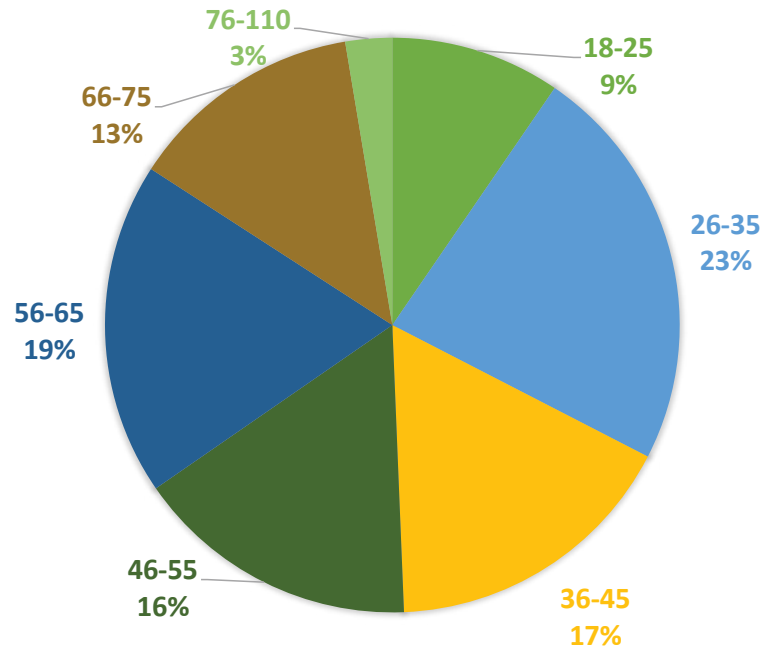
Lobbied heavily by the marijuana industry, Santa Barbara County officials opened the door to big cannabis interests in the last two years like no other county in the nation, setting off a largely unregulated rush of planting in a region not previously known for the crop. County supervisors voted not to limit the size and number of marijuana grows. They chose not to vet growers' applications for licenses or conduct site inspections.

They decided to tax the operations based on gross revenue instead of licensed square footage, as Humboldt and Monterey counties do, even though the county has no method to verify the numbers. So far, the county has received a fraction of what its consultants had predicted...

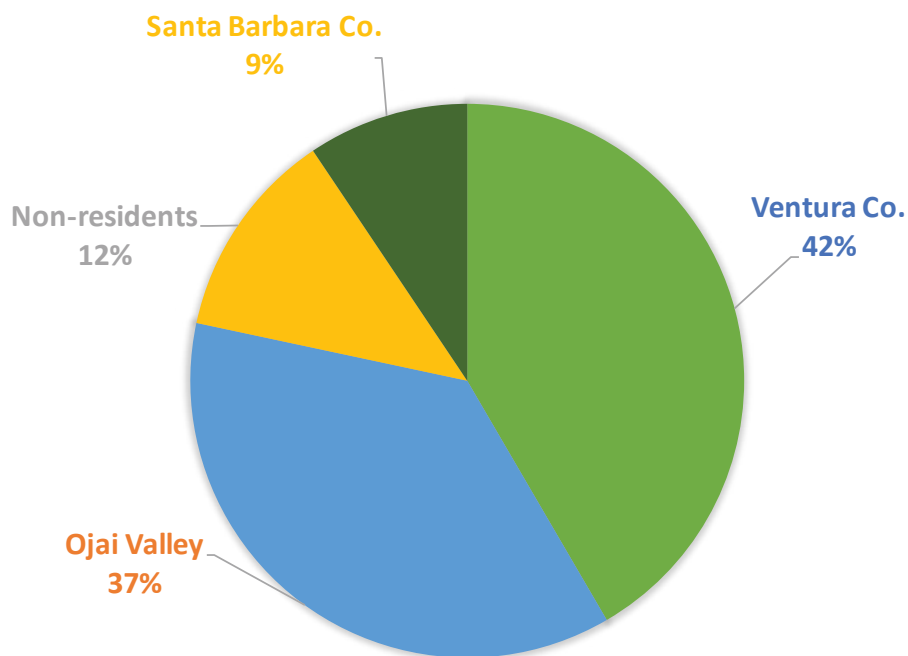
Ojai Demographics

Source: Sespe Creek Collective

Age Range of Dispensary Customers



Dispensary Customers by Region



Five Year Colorado Study

Source: Colorado Department of Public Safety - October 2018

In 2013, the Colorado General Assembly passed SB 13-283 directing the Colorado Division of Criminal Justice (DCJ) within the Department of Public Safety to conduct a study of the impacts of Amendment 64, which legalized the retail sale and possession of recreational marijuana for adults over age 21.

The full study can be found online at https://cdpsdocs.state.co.us/ors/docs/reports/2018-SB13-283_Rpt.pdf.

Crime

Data suggests that law enforcement and prosecutors are aggressively pursuing cases against black market activity. The quantity of cases filed for serious marijuana-related crimes has remained consistent with pre-legalization levels, however **organized crime cases have generally increased since 2008**.

Felony marijuana court case filings (conspiracy, manufacturing, distribution, and possession with intent to sell) declined from 2008 to 2014, but increased from 2015 through 2017.

The most recent increase in filings might be in part because legislation changed the legal indoor plant count, providing law enforcement agencies with greater clarity and tools to increase their enforcement of black market activity.

Felony filings in 2017 (907) were still **below** 2008 filings (1,431).

Filings in organized-crime cases followed a similar pattern, with a dip in 2012 and 2013 followed by a **significant increase** since 2014.

There were 31 organized crime case filings in 2012 and 119 in 2017.

Filings for juveniles under 18 remain at the **same level** as pre-legalization.



DUI and Traffic Fatalities

The impact of marijuana consumption on the safety of drivers is a major focus, as any fatality on our roadways is a concern. More data about the impairing effects of marijuana and more consistent testing of drivers for marijuana are needed to truly understand the scope of marijuana impairment and its relation to non-fatal crashes.

The number of trained Drug Recognition Experts increased from 129 in 2012 to 214 in 2018, a 66% increase. Thousands of additional officers have been trained in Advanced Roadside Impairment Detection.

Colorado State Patrol (CSP) DUI cases overall were **down** 15% from 2014 to 2017.

The percentage of CSP citations with marijuana-only impairment has **stayed steady**, at around 7%. The percentage of CSP citations with any marijuana nexus **rose** from 12% in 2012 to 17% in 2016, then **dropped** to 15% in 2017.

About 10% of people in treatment for a DUI self-reported marijuana as their primary drug of abuse, compared to 86% who report alcohol as their primary drug of abuse.

The percent of drivers in fatal crashes who tested positive for Delta-9 THC at the 5ng/mL level **decreased** from 11.6% in 2016 to 7.5% in 2017.

The number of fatalities where a driver tested positive for any cannabinoid (Delta 9 or any other metabolite) **increased** from 55 (11% of all fatalities) in 2013 to 139 (21% of all fatalities) in 2017.

Seizures on Public Lands

Seizures on public lands are an indicator of the size of the black market in Colorado. Data reported by the National Forest Service, National Park Service, Bureau of Land Management and Drug Enforcement Agency (DEA) show that federal agencies have made significant seizures of marijuana on public lands and illegal indoor grows both prior to legalization and since 2012, with very large seizures in recent years.

The Drug Enforcement Agency's cannabis eradication of outdoor and indoor grows **did not show a trend** from 2006 to 2017. For example, eradication of outdoor plants ranged from as many as 29,655 in 2009 to as few as 2,059 in 2017.

Similar to trends seen with other law enforcement activity, seizures on public lands **dipped** significantly in 2013 and 2014 compared to 2009-2012. Seizures then **rose continuously** from 2015-2017. In 2017 alone, more than 80,000 plants were seized on public lands.



Five Year Colorado Study *continued*

Source: Colorado Department of Public Safety - October 2018

Diversion Out of State

Diversion out of state is another indicator of the size of the black market, and is a must-track data point as we aim to work with our federal and state partners to diminish illegal activity related to marijuana.

The number of seizures reported via the El Paso Intelligence Center **increased** from 2012 (286) to 2015 (768) but **decreased** in 2016 (673) and 2017 (608).

Marijuana seizures by the US Postal Inspection Service have **increased steadily** since 2010, from 15 parcels seized containing 57 pounds of marijuana in 2010 to 1,009 parcels containing 2001 pounds in 2017.



Hospitalizations & ER Visits

These are critical data points so we can track harmful exposure to children, inappropriate usage, and other drivers of marijuana-related hospitalizations. These and related data points prompted legislative and regulatory developments between 2014 and 2016, including child-resistant packaging requirements, requirements for edibles to be marked with a universal symbol so they can be identified even outside their packaging, limitations on the total amount of active THC in an individual retail marijuana edible, and prohibitions on the manufacturing and sales of edibles in the shape of a human, animal, or fruit.

Rates of hospitalization with possible marijuana exposures **increased steadily** from 2000 through 2015. Human marijuana exposures reported to the Rocky Mountain Poison and Drug Center **increased significantly** from pre-legalization to 2014, then **flattened out** from 2014-2017.



School Discipline & Achievement

New data points are helping us gain a better understanding of school discipline; overall the state is **not seeing an impact** of recreational marijuana use on high school graduation and drop-out rates.

The total number of suspensions, expulsions, and law enforcement referrals for any reason has **remained consistent** post-legalization.

Marijuana was the most common single reason for school expulsions (22%) and law enforcement referrals (24%) in the 2016-17 school year, the first full year where marijuana was reported separately as a reason for disciplinary action.

Graduation rates are up and drop-out rates are down since 2012. The Graduation rate **rose steadily** from a 10-year low point of 72 percent in the 2009-2010 school year to 79 percent in the 2016-2017 school year. Over that same time period, the **drop-out rate decreased** from 3.1 percent to 2.3 percent.



Youth Usage & Attitudes (12-17 years)

Surveys show Colorado is **not experiencing an increase** in youth usage of marijuana. Preventing negative impacts on youth has been a focus of various state efforts, including public education campaigns that raise awareness about the health and legal consequences of teen marijuana use. The Marijuana Impacts report compiles and analyzes data previously released in the National Survey on Drug Use and Health (NSDUH) and the Healthy Kids Colorado Survey (HKCS) to examine trends related to youth usage and impacts.

The youth marijuana rate reported via NSDUH for the 2015/16 school year (9.1%) was **the lowest** it's been since 2007/08 (9.1%).

According to HKCS, the proportion of high school students reporting using marijuana ever in their lifetime or reporting past 30-day use remained **statistically unchanged** from 2005 to 2017. According to HKCS, the proportion of students trying marijuana before age 13 **went down** from 9.2% in 2015 to 6.5% in 2017.



Alcohol was the most common substance students reported using at any point in their lives (59%) followed by e-cigarettes (44%) and then marijuana (35%).

Cannabis and Driving

Source: Ventura County Behavioral Health

CANNABIS AND DRIVING DON'T MIX

DID YOU KNOW? IT'S ILLEGAL...



...TO DRIVE AFTER USING CANNABIS.

You can get a DUI for cannabis, alcohol, prescription medication or any other drug that can impair your ability to drive.

...TO HAVE AN OPEN CONTAINER IN A VEHICLE. Put it in the trunk.

...TO SMOKE OR CONSUME IN A VEHICLE.

A DUI CAN COST YOU:



- More than \$16,000 for a first conviction
- A criminal record
- Loss of driver's license
- Additional jail time if there are injuries

IT'S RISKY:

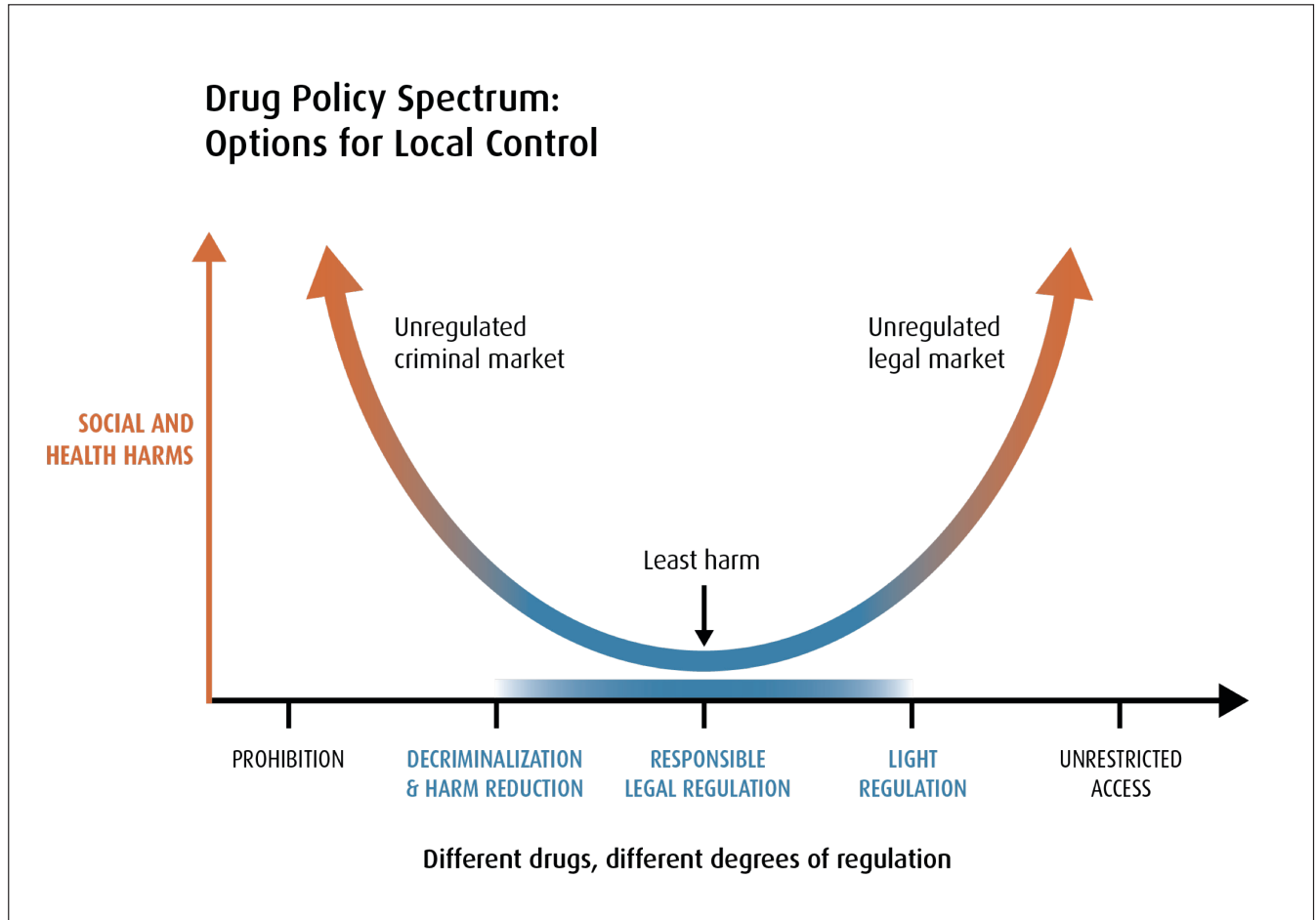


- Reduces reaction time
- Slows coordination
- Distorts perception
- In combination with alcohol, affects driving more than either alone

PLAN AHEAD. Get a ride, not a DUI.

Drug Policy

Source: Global Commission Drug Policy



Health

Source: The National Academies of Science, Engineering, and Medicine

Over the past 20 years, significant changes have taken place in the policy landscape surrounding cannabis legalization, production, and use. To date, 28 states and the District of Columbia have legalized cannabis for the treatment of medical conditions (NCSL, 2016). Eight of these states and the District of Columbia have also legalized cannabis for recreational use. These landmark changes in policy have markedly changed cannabis use patterns and perceived levels of risk. Based on a recent nationwide survey, 22.2 million Americans (12 years of age and older) reported using cannabis in the past 30 days, and between 2002 and 2015 the percentage of past month cannabis users in this age range has steadily increased (CBHSQ, 2016).

Despite this reported rapid rise in the use of cannabis, both for medical purposes and for recreational use, conclusive evidence regarding the short- and long-term health effects of cannabis use remains elusive. While a myriad of studies have examined cannabis use in all its various forms (Calabria et al., 2010; Whiting et al., 2015, 2016; WHO, 2016), often these research conclusions are not appropriately synthesized, translated for, or communicated to policy makers, health care providers, state health officials, or other stakeholders who have been charged with influencing and enacting policies, procedures, and laws related to cannabis use. Unlike other substances whose use may confer risk, such as alcohol or tobacco, no accepted standards for the safe use or appropriate doses are available to help guide individuals as they make choices regarding the issues of if, when, where, and how to use cannabis safely and, in regard to therapeutic uses, effectively (Freeman et al., 2014; Marsot et al., 2016). **Moreover, studying the potential health impacts of cannabis presents its own set of unique challenges. Current challenges include the existence of certain regulations and policies that restrict access to cannabis products suited for research purposes (e.g., Schedule I status; regulatory approvals), the limited availability of funding for comprehensive cannabis research, and crosscutting methodological challenges.** Additionally, researchers are often unable to obtain the necessary quantity, quality, or type of cannabis product to address cutting-edge public health research questions.

Therapeutic Effects of Cannabis and Cannabinoids

- In adults with chemotherapy-induced nausea and vomiting, oral cannabinoids are effective antiemetics.
- In adults with chronic pain, patients who were treated with cannabis or cannabinoids are more likely to experience a clinically significant reduction in pain symptoms.
- In adults with multiple sclerosis (MS)-related spasticity, short-term use of oral cannabinoids improves patient-reported spasticity symptoms.
- For these conditions the effects of cannabinoids are modest; for all other conditions evaluated there is inadequate information to assess their effects.

- Risks Factors -

Cancer

- The evidence suggests that smoking cannabis does not increase the risk for certain cancers (i.e., lung, head and neck) in adults.
- There is modest evidence that cannabis use is associated with one subtype of testicular cancer.
- There is minimal evidence that parental cannabis use during pregnancy is associated with greater cancer risk in offspring.

Cardiometabolic Risk

- There is limited evidence of a statistical association between cannabis use and the triggering of acute myocardial infarction (cannabis smoking), Ischemic stroke or subarachnoid hemorrhage, decreased risk of metabolic syndrome and diabetes, and increased risk of prediabetes.
- There is no evidence to support or refute a statistical association between chronic effects of cannabis use and the increased risk of acute myocardial infarction.

Respiratory Disease

- Smoking cannabis on a regular basis is associated with chronic cough and phlegm production.
- Quitting cannabis smoking is likely to reduce chronic cough and phlegm production.
- It is unclear whether cannabis use is associated with chronic obstructive pulmonary disorder, asthma, or worsened lung function.

Injury and Death

- Cannabis use prior to driving increases the risk of being involved in a motor vehicle accident.
- In states where cannabis use is legal, there is increased risk of unintentional cannabis overdose injuries among children.
- It is unclear whether and how cannabis use is associated with all-cause mortality or with occupational injury.

Psychosocial

- Recent cannabis use impairs the performance in cognitive domains of learning, memory, and attention. Recent use may be defined as cannabis use within 24 hours of evaluation.
- A limited number of studies suggest that there are impairments in cognitive domains of learning, memory, and attention in individuals who have stopped smoking cannabis.
- Cannabis use during adolescence is related to impairments in subsequent academic achievement and education, employment and income, and social relationships and social roles.

Risk of Adolescent Use

Source: U.S. Department of Health & Human Services

Risks of Adolescent Marijuana Use

Health Risks Vary by Type of Use

Marijuana can be used in different ways, including smoking, vaping, eating as an “edible,” or dabbing, which means smoking or inhaling marijuana in the form of hash oil or wax. Over the past decades, the typical percentage of tetrahydrocannabinol (THC), the most active ingredient in marijuana, has increased in marijuana and marijuana products, making them more potent. There are different health risks associated with different methods of using marijuana. For example:

- Smoking marijuana can lead to breathing problems.
- Eating marijuana is linked with a greater risk of poisoning.

High amounts of THC can increase the risk for negative effects. **The consequences of being exposed to high levels of THC, including addiction, are still not well-understood.**

Using marijuana and alcohol together can be especially unpredictable and harmful. Driving under the influence of marijuana can also lead to injury or death for users and those sharing the road with them.

Health Effects Can Be Long-Term

While policy, public opinion, and the perception of harm are changing, researchers are still studying the long-term health effects of marijuana. **Most people agree that marijuana use hurts adolescents more than adults.** However, anyone who uses marijuana may suffer from negative health effects, such as testicular cancer, heart attacks, respiratory disease, a weakened immune system, pregnancy complications, and low birthweight. In addition to physical health effects, marijuana use also is linked with cognitive problems; low academic achievement and other educational outcomes; impaired social functioning; and mental health disorders, including depression and anxiety.

Brain Development

Research on marijuana use and its long-term effects on the human brain have shown mixed results. Still, a fair amount of research shows marijuana can have negative effects for adolescents. Such effects can include:

- Changes to the brain’s structure (including size and how areas are connected)
- Lower quality of brain connections
- Less blood flow to parts of the brain

These changes may hurt brain functioning in adolescents. Marijuana use has been linked to lower IQ scores as well as poorer memory and attention. There is added concern because adolescence is an important time in development when young people's brains are building the connections to improve executive functioning (e.g., self-control, creative thinking, and decision-making skills).

Scientists still have many questions about how marijuana affects the brain long-term. Factors that can shape marijuana's effects on the brain include when someone starts using marijuana, how often they use it, and whether they use other substances at the same time. To provide a clearer picture, several studies are underway. For example, the National Institutes of Health Adolescent Brain Cognitive Development (ABCD) study is gathering a large sample of data across several sites and over many years.

While scientists work to have a better understanding of the specifics, the fact remains – the brains of young people grow and are formed up through their mid-20s. It is important to protect those brains by preventing exposure to substances that could harm them.

Addiction

Marijuana, like some other brain-altering substances, can be addictive. **Nearly one in 10 marijuana users will become addicted.** Signs that someone might be addicted include being unable to stop using marijuana, using it even though they know it is causing problems, and using marijuana instead of joining important activities with friends and family. People who frequently use marijuana often report withdrawal symptoms. These symptoms include being irritable or restless, having a small appetite, experiencing cravings, and problems with mood and sleep. These symptoms can last up to two weeks after the last use. In 2015, about four million people in the United States met the standards for being diagnosed with a marijuana use disorder.

Starting to use marijuana at a younger age can lead to a greater risk of developing a substance use disorder later in life. **Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.**

Legal Status of Marijuana

Marijuana is illegal under federal law. It is also illegal to drive under the influence of alcohol or drugs, including marijuana.

State laws vary and are subject to change, but as of August 2017, people under the age of 21 cannot buy recreational marijuana, and people over 21 cannot give marijuana to people under 21. **The most recent research suggests that, to date, states with medical marijuana laws have not seen an increase in adolescent use.**

Marijuana and the FDA

Source: The Food and Drug Administration

Looking for Treatment

The FDA understands that caregivers and patients are looking for treatment options for unmet medical needs. In some instances, patients or their caregivers are turning to marijuana in an attempt to treat conditions such as seizures and chemotherapy-induced nausea.

Untested Drugs can have Unknown Consequences

Over the last few decades, there has been significant interest in the potential utility of marijuana for a variety of medical conditions, including those that already have FDA-approved therapies. More recently, several states have also passed laws that remove state restrictions on health care professionals using marijuana as a medical treatment for a variety of conditions. A number of other states are considering similar legislation regarding the use of marijuana in medical settings.

FDA's Role in the Drug Approval Process

The FDA has not approved marijuana as a safe and effective drug for any indication. The agency has, however, approved one specific drug product that contains the purified substance cannabidiol, one of more than 80 active chemicals in marijuana, for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 2 years of age and older. The FDA has also approved two drugs containing a synthetic version of a substance that is present in the marijuana plant and one other drug containing a synthetic substance that acts similarly to compounds from marijuana but is not present in marijuana. The FDA is aware that there is considerable interest in the use of marijuana to attempt to treat a number of medical conditions, including, for example, glaucoma, AIDS wasting syndrome, neuropathic pain, cancer, multiple sclerosis, chemotherapy-induced nausea, and certain seizure disorders...

FDA Supports Sound Scientific Research

The FDA also has an important role to play in supporting scientific research into the medical uses of marijuana and its constituents in scientifically valid investigations as part of the agency's drug review and approval process. As a part of this role, the FDA supports those in the medical research community who intend to study marijuana. FDA also supports research into the medical use of marijuana and its constituents through cooperation with other federal agencies involved in marijuana research.

Several states have either passed laws that remove state restrictions on the medical use of marijuana and its derivatives or are considering doing so. The FDA supports researchers who conduct adequate and well-controlled clinical trials which may lead to the development of safe and effective marijuana products to treat medical conditions. We have talked to several states, including Florida, Georgia, Louisiana, New York and Pennsylvania, who are considering support for medical research of marijuana and its derivatives to ensure that their plans meet federal requirements and scientific standards.

Letter on Proposed Research in Utah

Source: David Bearman, MD

To: Salt Lake Tribune
From: David Bearman, MD - Executive VP, The American Academy of Cannabinoid Medicine
Re: Proposed Cannabis Research in Utah

(Excerpt) Recently you ran an article that a Utah lawmaker wanted the state “to fund a university study on adverse health affects of medical cannabis.” Before wasting taxpayer dollars on this unneeded effort, he should check on the billions of dollars the federal government has spent on its futile effort to find some significant adverse effects of cannabis...

Here is what history and the experts have to say about the medicinal use of cannabis:

- 1) 2637 BC to present, Cannabis has been used as a medicine for over 4,000 years. It appears in every major material medica.
- 2) 1850s-1942, Cannabis was in the United States Pharmacopeia (USP).
- 3) 1892, Sir William Osler, M.D., considered the founder of modern medicine, wrote in the first textbook of internal medicine that cannabis was the best treatment for migraines.
- 4) Late 19th to early 20th century, cannabis was the third most common ingredient in patent medicine and prescription medicine.
- 5) 1920s, American physicians wrote three million cannabis-containing prescriptions a year.
- 6) 1937, The AMA's Chief legal counsel, Dr. William C. Woodward, former president of the APHA (1914) and former commissioner of Health for Washington DC (1893-1913) “the AMA knows of no dangers from the medical use of cannabis.”
- 7) 1942, Dr. Morris Fishbein, long-time editor of JAMA said cannabis was the best treatment for migraines.
- 8) 1972, The Schaffer Commission, Nixon's hand-picked commission, after a two-year investigation, recommended in their report, “Marijuana, A Signal of Misunderstanding” legalizing cannabis for recreational use.
- 9) In 1985 the FDA approved THC (Marinol) as a prescription drug.
- 10) 1988, After a two-year rescheduling hearing the DEA's Chief Administrative Law Judge recommended rescheduling cannabis to schedule I. In his Finding of Fact, he found that cannabis was one of the safest therapeutic agents known to man.
- 11) 1999, the Institute of Medicine found that the side effects of cannabis were in the same range as the vast majority of prescription drugs.

In addition to THC (Marinol) being used for over one-third of the century without any significant untoward effects, tincture of cannabis (Nabixamol) is legal to prescribe in 24 countries. This whole cannabis plant alcohol extract has been studied and used therapeutically since 1999. It is legal to prescribe in 24 countries. Cannabis has been extensively studied with over 25,000 articles on cannabis, cannabinoids and the endocannabinoid system appearing in peer-reviewed medical journals.



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CHAUTAUQUA

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