



CYSA Summary of Position
Opposition to Legalization and Commercialization of Marijuana
For the State of Connecticut

On behalf of the Connecticut Youth Services Association (CYSA), we feel that it is imperative ***that the State of Connecticut carefully consider the serious public health and safety implications for any legislation that would legalize and commercialize the sale of marijuana. Because of these implications for youth and families, CYSA must oppose any such legislative proposals.*** CYSA is urging the Governor and all Connecticut legislators to carefully consider the available research and to weigh both the financial and human costs associated with legalization. Whatever the intended goal of legalization, it would come at **substantial detriment to the safety, health and welfare our youth and families.**

CYSA is on the side of our youth and families

As the mission of CYSA is “...promoting the well-being of Connecticut’s children, youth, and families,” and the statutory charge of all Youth Service Bureaus (YSBs) is to function as the “coordinating unit of community-based services to provide comprehensive delivery of prevention, intervention, treatment, and follow up services” (CGS 10-19m), it is our duty to inform the public as to the **numerous negative health and public safety implications for youth and families** that would come with legalization. YSBs often serve as lead agencies for their local substance abuse prevention coalitions. Their cross-sector efforts to reduce adolescent substance abuse are rooted at the community level and broadly utilize evidenced-based programs for prevention, counseling, social services, juvenile justice and diversion. They are contending with the realities of adolescent marijuana use on a regular basis.

SAM (Smart Approaches to Marijuana) and its Connecticut chapter produced a number of reports that summarize the data from the states where marijuana has been legalized. In review of these reports, in addition to our own data and research, there is overwhelming evidence of numerous public health and safety issues that have accompanied legalization in other states.

Legal marijuana means more marijuana

The **primary concerns** for youth related to legalization are the potential **increase in access** to marijuana products and the **increased exposure to positive messaging** regarding general use of marijuana. This would result from increased number of available marijuana products including edibles, waxes and vapes, plus increased product promotion and advertisement. Our youth are among the most susceptible to damage related to marijuana abuse, given exposure during adolescence is connected to a whole host of potential health problems. As normal brain development continues until approximately age twenty-six, the youth population through the formative years of adolescence and young adulthood is at greater risk. Medical research overwhelmingly demonstrates the impact of marijuana to the developing brain and body, altering the development with potentially permanent effects. The CDC warns “when marijuana users begin using as teenagers, the drug may reduce attention, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions.” Other studies show increased risk for mental health problems and further substance abuse.

Youth use rates tend to be higher in states where marijuana is legalized

The youth abuse rates between states with legalized marijuana and those without or with limited legalization (decriminalized and/or legalized for only medicinal purposes) show a clear association between legal marijuana and higher rates of adolescent use. The National Survey on Drug Use and Health (NSDUH) conducted by the federal government combines two years of data for comparison purposes. According to the federal 2016-2017 NSDUH data, of the nine states and the District of Columbia that have legalized marijuana, seven, including D.C., Vermont, Oregon, Maine, Washington, Massachusetts and Nevada, saw increases in teen 30-day marijuana use from 2015-16 to 2016-2017, for ages 12-17.

Utilizing that data and comparing to states with or without legalized marijuana, past month usage by ages 12-17, also shows:

- Eight of the top ten states for teen use have legalized retail marijuana, and the other two have legalized medical marijuana. The top three states in teen usage, Vermont, Oregon, and Maine, have all legalized retail marijuana.
- Colorado and Alaska saw declines 2015-16 to 2016-2017, however Colorado still ranks 6th and Alaska 9th in the nation for the highest youth 30-day use rates.
- Of the ten states with the least teen marijuana 30-day use, none have legalized retail marijuana, and only one has legalized medical marijuana.
- Of the bottom seven states with lowest rates for perception of harm, all seven are among the national leaders in 30-day use rates AND use rates over the past year.

Comprehensive SAM Report – evidence of concern

According to the March 2018 SAM report *“Lessons Learned from Marijuana Legalization in Four U.S States and D.C.”* the data from the first states where marijuana has been legalized suggests:

- Increases in marijuana-related crimes and **juvenile** offenses.
- Higher rates of marijuana-related driving fatalities.
- More marijuana-related emergency room visits, hospitalizations, and accidental exposures.
- Expansion of a lucrative criminal market.
- Increases in workplace problems, including labor shortages and accidents.

This report also touts the marijuana industry as already very powerful in their ability to develop new products while manipulating the active ingredient of THC for higher potency, and then marketing very effectively. While CYSA must highlight the risks for youth and families, **all of Connecticut’s citizens are at risk** for implications to health and public safety.

Prevention efforts - like fighting a forest fire with funding for a garden hose

YSBs are on the front lines of the prevention efforts across the state, partnering with schools, municipalities, law enforcement, local community groups, and local prevention councils. It is the intent of all prevention programs to empower youth to be directly involved to help their peers. The impact of these programs can be powerful but often fall short of changing the larger culture. Prevention and education efforts at the community level face a daunting task to prevent and treat adolescent substance abuse, especially with limited funding and staffing resources to overcome the powerful influences within

the greater culture that lower perception of harm for substances and often fail to adequately curb youth access. Alcohol and tobacco industries can easily outspend and out-advertise prevention efforts. If we are to judge the capacity of current regulatory and prevention resources by these standards, we must question our ability to limit access and promotion of marijuana if it is added to the list of legalized substances.

Regulating marijuana like alcohol and tobacco – Reaching for a low bar

According to a Federal Trade Commission report in 2014, underage drinking remains a major public health problem and a leading cause of death for people under age 21 **despite** its prohibition for youth. The report looked at aggressive advertising and large percentages of marketing budgets as the main drivers of the industry’s multi-billion dollar revenues. Current state and federal regulatory systems for legalized recreational substances such as alcohol are largely reliant on these companies to police themselves, and are simply not sufficient to prevent alcohol from being among frequently abused substances for youth. The tobacco industry has a very dubious history when it comes to deception and targeting teen consumers. With the recent advent of e-cigarettes, there has now been a resurgence in the nicotine market with younger consumers.

Recent spikes in nicotine abuse by youth have been attributed to the mass marketing of vaping products that by their physical design and flavored pods are very attractive to youth. These flavors include options such as “bubble gum”, “mango”, and “crème brule”. This has become such an issue that the FDA now refers to this trend as an “**epidemic**” and threatened sanctions against the one of the industry’s most profitable company, Juul. While the alcohol and tobacco/nicotine industries historically deny that they intend to target youth, they continue to cast wide marketing nets that perpetually ensnare our youth. It is easy to foresee how marijuana vapes and edible products infused with THC such as gummy bears, soda, and cookies will be further developed and mass-marketed along this same profitable path. One may also foresee the greater challenges that will be faced by parents and schools alike to detect these marijuana products that may come into their homes and school facilities.

While we cite accidental exposure data above, we also ask that we pause and consider the potential risk that edibles like gummies and cookies would have on youth for accidental exposure, especially young children. Because they are manufactured to look and taste like other household consumables, there remains a potential for adults and children to unknowingly confuse them.

Impacts to communities of color and juvenile justice

We understand that there are several implications focusing on racial and economic justice that lend folks to supporting the legalization of marijuana however it draws a number of challenges to the same issues that perpetuate structural and systemic issues to communities of color.

There is evidence that retail marijuana could disproportionately impact Connecticut’s communities that are predominately populated with black and brown people. Several studies sourced below, including *“The impacts of marijuana dispensary density and neighborhood ecology on marijuana abuse and dependence”* have suggested the potential exists for marijuana dispensaries to be located with more density in under-resourced communities; which could disproportionately impact communities of color. Studies of outlet density have consistently recommended the need for specific regulations to limit the

number of dispensaries in areas considered at risk for overexposure, in addition to bolstering prevention and treatment resources in such areas; putting these increased needs into immediate contest with already needed social services and resources. There are many variables to consider when determining the potential impact of retail marijuana in any specific location, and clearly Connecticut would benefit from more time to observe how other states manage the development of the marijuana industry. More research is needed.

Similarly, Connecticut would benefit from more time to observe the implications of legalization on the juvenile justice system. Early evidence from other states where marijuana was legalized is quite concerning, as it indicates increases in juvenile offenses which causes greater risk factors among youth of color. According to Kevin Sabet's 2018 report "Marijuana and Legalization Impacts" "...juvenile marijuana-related arrests have increased among African American and Hispanic teens in Colorado after legalization." Legalization for adults will not mean legalization for youth. According to "Monitoring the Future (2018)," studies have shown that the use of marijuana among adolescents happens at similar rates across race, black and brown youth find themselves subjected to enforcement at much higher rates. As it looks to be apparent in legalized states, this increase in access trickles down to all youth but puts certain youth at higher risk than others, perpetuating issues of systemic bias and further over representing youth of color in our justice system.

We've seen the impacts over the last decades of differentiated enforcement and how the "war on drugs" has impacted both the state and the nation. Decriminalizing marijuana for adults was an important step to ensure that drug enforcement policies could be corrected from placing undue harm on communities of color. We support the state to continue in efforts to undo the harm caused by these policies and expunge the records of those with past cannabis convictions, however we believe this is possible without having to leverage further legalization and commercialization of the substance.

As YSB-run Juvenile Review Boards and other related processes play an integral role in community-based diversion from court, we have concerns about the impact legalization will have on youth access to marijuana and the subsequent arrest of young people for possession of those drugs. Should marijuana legalization place an additional burden on the community-based diversion system, the state must ensure that adequate resources and services are available for screening, early intervention and referral to treatment, as needed. Without it, it further pushes YSBs into the struggles of moving their limited resources away from prevention and positive youth development to meet a growing level of juvenile justice related responsibilities.

High Risk and Low reward

If the desire is to truly minimize the access and messaging to youth regarding marijuana if legalized, there must be serious attention paid to **regulate, monitor and enforce limits on access and advertising** as well as **more funding for community-based prevention and treatment efforts**. Legislators should take this into account as they consider legislative proposals that would include legalizing marijuana, as these costs may far exceed tax revenue from projected marijuana sales. The SAM report "The Projected Costs of Marijuana Legislation in Connecticut for 2018" projects these costs **far** in excess of any tax revenue. Add to that the costs associated with the potential for additional strain on the State systems responsible for healthcare, law enforcement and juvenile justice.

If legislators believe that legalization is still a path to pursue, one must question the readiness of Connecticut to take this on, and greater risk to enact this legislation especially with the prevalence of other concerning health trends for youth. Rates of youth depression and anxiety have been on the rise, along with rates of teen suicide. Current research suggests that marijuana use during adolescence only adds to risk factors for mental health problems including depression and psychosis. A study by Gobbi, et al, (2019) suggests adolescent marijuana use may lead to higher risk for suicide as a young adult. There must also be concern for the ongoing opioid epidemic. While marijuana may be viewed by some as a marginally safer alternative for those who may abuse drugs, marijuana remains a substance that by itself is addictive and that dependence can lead to long term abuse and/or to abusing more dangerous types of substances like opioids.

Is CT truly willing to risk so much potential harm with so much unknown?

One must ask the question of how legalization may be viewed in terms of its potential impact on public health and safety for youth and families. Is legalization considered a zero impact? That would appear far from likely. Is it likely to be a potential help or further hindrance in the efforts to address existing public health concerns? Will it create new ones? What are the costs associated with both? Even if one views legalization without much concern for public health or even believes we can figure it out “on the fly”, the fact remains that the available research from other states still lacks longitudinal data on the implications of legalization and commercialization over time. Legalization at the state level is still very new. The states that have legalized retail marijuana are learning firsthand about the public health impacts and are being forced to deal with them. In the coming years we all will learn more about these impacts and corresponding public health policies and programs that may serve to better insulate our youth and families from the risks and concerns outlined here. Are we truly prepared to be a part this uncharted process at this early stage?

Developing policy that aligns with public health and safety needs for youth

Before the State of Connecticut opens its door for commercial marijuana for its citizens, we urge our leaders to consider their desire for legalization and question whether solutions rooted in health and community wellness would be better suited for addressing our population’s unmet needs. **As a State, we must consider the implications of a public health policy that places a higher value on recreational drug use than it does our state’s need to address and reduce adolescent substance use while improving health outcomes for all.**

YSBs are a resource

In addition to these considerations and concerns, we also ask that you engage your local YSB or CYSA when making such critical policy decisions. As our roles allow us to work on macro and micro issues across multiple sectors from juvenile justice, behavioral health, to prevention, our network of YSBs have a unique understanding of our communities, our state, and our youth. Additionally, we may also be able to convene groups of youth themselves for discussions, as each YSB facilitates a student advisory groups for these such purposes, so that you may hear directly from them. As always, we look forward to building a state that lifts up all its youth so that they may raise up Connecticut.

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Sources

Center for Disease Control. "Marijuana and Public Health: Marijuana: How Can It Affect Your Health?" Page last reviewed 2/27/2018. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/index.htm>

Center for Disease Control. "Suicide rising across the US". National Center for Injury Prevention and Control Page last reviewed: June 7, 2018 <https://www.cdc.gov/vitalsigns/suicide/index.html>

Christina Mair, Bridget Freisthler, William R. Ponicki, Andrew Gaidus. "The impacts of marijuana dispensary density and neighborhood ecology on marijuana abuse and dependence." *Drug Alcohol Depend.* Author manuscript; available in PMC 2016 Sep 1. Published in final edited form as: *Drug Alcohol Depend.* 2015 Sep 1; 154: 111–116. Published online 2015 Jun 23. doi: 10.1016/j.drugalcdep.2015.06.019

Gobbi G, Atkin T, Zytynski T, et al. "Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis". *JAMA Psychiatry.* Published online February 13, 2019. doi:10.1001/jamapsychiatry.2018.4500

Jacobus, Joanna and Tapert, Susan F., "Effects of Cannabis on the Adolescent Brain", *Current Pharmaceutical Design* (2014) 20: 2186. <https://doi.org/10.2174/13816128113199990426>

Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2018). *Demographic subgroup trends among adolescents in the use of various licit and illicit drugs, 1975–2017* (Monitoring the Future Occasional Paper No. 90). Ann Arbor, MI: Institute for Social Research, The University of Michigan. Retrieved from <http://www.monitoringthefuture.org/pubs/occpapers/mtf-occ90.pdf> (Tables 13, 14, and 15).

Haug, S., Núñez, C. L., Becker, J., Gmel, G., & Schaub, M. P. (2014). "Predictors of onset of cannabis and other drug use in male young adults: results from a longitudinal study". *BMC public health*, 14, 1202. doi:10.1186/1471-2458-14-1202

Katina C. Calakos, Shivani Bhatt, Dawn W. Foster, Kelly P. Cosgrove. "Mechanisms Underlying Sex Differences in Cannabis Use" *Current Addiction Reports*, 2017, Volume 4, Number 4, Page 439

Miller, T. and Hendrie, D. "Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis". DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009.

National Institute of Mental Health. "Suicide." The National Institute of Mental Health Information Resource Center Page last updated May 2018 <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

National Survey on Drug Use and Health: Comparison of 2015–2016 and 2016–2017 Population Percentages (50 States and the District of Columbia). SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015, 2016, and 2017

Report of the Federal Trade Commission. "Self-Regulation in the Alcohol Industry March 2014" Federal Bureau of Consumer Protection and Bureau of Economics. <https://www.ftc.gov/reports/self-regulation-alcohol-industry-report-federal-trade-commission-0>

Sabet, Kevin. "Marijuana and Legalization Impacts". 23 *BERKELEY J. CRIM. L.* (2018).

SAM (Smart Approaches to Marijuana) Summary Report. "Lessons Learned From Marijuana Legalization In Four U.S. States And D.C. March 2018". <http://optoutnewton.org/wp-content/uploads/2018/07/SAM-Lessons-Learned-From-Marijuana-Legalization-Digital.pdf>

Stoecker, W. V., Rapp, E. E., & Malters, J. M. (2018). "Marijuana Use in the Era of Changing Cannabis Laws: What Are the Risks? Who is Most at Risk?". *Missouri Medicine*, 115(5), 398-404.

U.S Food & Drug Administration. "Statement from FDA Commissioner Scott Gottlieb, M.D., on new steps to address epidemic of youth e-cigarette use." September 12, 2018. <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm620185.htm>

Yuyan Shi, Kristin Meseck, Marta M. Jankowska. "Availability of Medical and Recreational Marijuana Stores and Neighborhood Characteristics in Colorado." *J Addict.* 2016; 2016: 7193740. Published online 2016 Apr 24. doi: 10.1155/2016/7193740