Illinois' New Medical Marijuana Law and Its Potential Unintended Consequences

The Law As It Pertains to Kids —

Eighteen-year-olds can get medical marijuana cards without parental permission.

A qualified cardholder can get 2.5 ounces of marijuana every 14 days.

The law qualifies "pain" as a "debilitating medical condition."

The law does not limit the THC level.

- The immediate effects of the medical marijuana law will likely be felt by kids and their families. It allows eighteen-year-olds, high school seniors, to get medical marijuana cards without a parent's permission.
- A loophole in the medical marijuana law qualifies "pain" as a "debilitating medical condition" under the diagnosis of Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I), Causalgia, and CRPS (Complex Regional Pain Syndromes Type II). These conditions allow people to feign chronic pain to receive a medical marijuana card.
- A qualified card holder can get 2.5 ounces of marijuana every 14 days (183 joints, 13 per day). Even the most experienced marijuana all-day-long drug user smokes on average three to four joints a day.

Diversion of medical marijuana will instantly become a widespread problem with older students selling or giving marijuana to younger students. Parents will be up-in-arms. Increasing youth access to marijuana will increase youth addiction, school failures, behavioral problems, drugged driving, drug dealing and mental illness.

• Each year, two-thirds of new marijuana users are under the age of 18. (SAMSHA, 2010; Hall and Degenhardt, 2009)

 The medical marijuana law does not limit the THC level; higher THC levels lead to greater intoxication, impairment and irresponsible carelessness. (THC, delta-9-tetrahydrocannabinol, is the psychoactive ingredient in marijuana.) Medical marijuana is a hardcore drug and not one for young people.

Marijuana growers and users are constantly trying to increase the potency, and there is nothing in the law preventing it.

Some THC levels are now running 25%. Marijuana has morphed into a hardcore drug. A former pot smoker gives a first person account of taking a rip off a bong of "Master Kush."

"I was panting and having a slow tortuous panic attack that made both my hands go numb with pins and needles. I took my shirt off and lay on the cold floor to cool down but then my feet went numb too. It was hell. And it kept getting worse. I was writhing around on the floor trying to find a position that didn't feel like the world was going to end. The room was spinning and every time I opened my eyes, it felt like I was looking through someone else's glasses. I vascialted [sic] from panting panic attacks on the couch to lying on the floor to cool down."

"You know that feeling when you're blind drunk and you realize you had better throw up or you're going to die of alcohol poisoning? That's what this felt like. I couldn't see straight."

"I've done heroin and MDMA and acid and I gotta say. This is about the same level of intensity. It's about as intense as anyone can feel without throwing up or passing out." (McIness, Gavin, "Has Pot Become a Hard Drug," April 26, 2013)

- Illinois students using marijuana in 2010:
 - 8% of eighth graders, 18.3% of tenth graders and 25.3% of twelfth graders reported current marijuana use.
 - 30% of students who use marijuana receive mostly C's, D's and F's while only 12% of students who do NOT use marijuana receive mostly C's, D's, and F's.
 - **32%** of students who use marijuana report symptoms of depression compared to 22% of students who do NOT use marijuana. (2010 Illinois Youth Survey)

- In Illinois, <u>15,759</u> marijuana users were admitted for treatment in 2010 36.4% were 12-17 years, 18.2% were 18-20 years, and 18.8% were 21-25 (http://www.dasis.samhsa.gov/webt/quicklink/IL10.htm)
- More Illinois Youth Drive Under the Influence of Marijuana Than Alcohol (http://iys.cprd.illinois.edu/sites/default/files/PDFs/StateReportApp IYS 2010.pdf)

During the **past 12 months, how many times** One or 10th Grade 12th Grade **did you drive a car** when you had been **using** More Times 8.5% 20.3% **marijuana or other illegal drugs?**

During the **past 12 months, how many times** One or 10th Grade 12thGrade **did you drive a car** when you had been More Times 6.2% 16.2% **drinking alcohol?**

- In 2009-2010 Colorado experienced a medical marijuana industry boom. At the same time disciplinary actions, primarily attributed to marijuana possession and use, jumped to a 10-year high. Suspensions for drug violations at Colorado public schools increased 45%, expulsions for drug violations increased 35%, and referrals to police increased 17%. (Understand the Big Deal: How Marijuana Harms Youth, Colorado Department of Education, Dropout Prevention and Student Engagement)
- Three-quarters of teenage patients in two Denver area drug treatment programs used someone else's medical marijuana. (Vimont, Celia. 74 Percent of Teens in CO Substance Abuse Treatment Programs Used Diverted Medical Marijuana, The Partnership At Drugfree.org, June 29, 2012)

Bad for Communities

- An immediate effect will likely be felt by communities. Local governments, business and property owners will be irate to learn that there is nothing they can do to prevent a dispensary (one of 60) or cultivation center (one of 22) from setting up operations nearby. The medical marijuana law denies municipalities Home Rule. [Section 140. (Page 62)]
- Other states have found dispensaries to threaten businesses and residences abutting them. They destabilize and devalue neighborhoods and commercial property. Dispensaries are magnets for crime and violence. The San Francisco Police Department found a significant concentration of violent crimes and property crimes around dispensaries, including murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglaries, larceny-theft and motor vehicle theft.

- Property owners CANNOT refuse to lease a commercial property for a cultivation center while knowing the property may be damaged. They can expect associated crime, and it will have a negative impact on neighboring businesses. [Section 40. (a) (1) (Page 25)]
- The medical marijuana law disregards the health hazards associated with growing marijuana. The high levels of moisture required produce mold, Strachybotrys atra and Stachybotrys chartarium. Humidity level is like a greenhouse. Chemicals can leach into fibers of the building and under doors and into other units. Ventilation is needed to maintain CO2 for the plants. The odor of marijuana is pungent. If a commercial property shares a ventilation system, there will be problems. Grow operations will structurally compromise a building. Cleaning up a property that has housed a marijuana grow operation requires safety measures.

Bad for Traffic Safety

- The medical marijuana law allows a qualified medical marijuana card holder to drive under the influence of marijuana unless the card holder is found to be "impaired."
- In 1997, Illinois adopted a law against driving under the influence of cannabis, and for 16 years the people of Illinois have been safer because of the law.
- The law takes extreme measures to allow medical marijuana card holders to drive under the influence of cannabis with impunity. It scrubs blood and urine testing from the DUID statute and replaces it with only a Standardized Field Sobriety Test. This, even though, the NHTSA Highway Safety Specialist in Enforcement and Justice Services stated that the Standardized Field Sobriety Test by itself will not detect cannabis impairment.
- Colorado's Fatal Crashes Involving THC Increased <u>148%</u>.

Between 2006 and 2011, 240 people were killed in Colorado in crashes where the driver tested positive for THC, the psychoactive ingredient in marijuana. The number of fatalities with drivers under the influence of marijuana has increased over the years, while state-wide fatal crashes have decreased.

In Colorado during the five-year period, 2006 to 2011, fatal crashes involving THC increased 148%.

	THC	Total State	Percent	
	Fatal Crashes	Fatal Crashes	THC	
Year				
2006	21	721	2.9%	
2007	23	789	2.9%	
2008	31	712	4.4%	
2009	37	653	5.7%	
2010	42	600	7.0%	
2011	52	587	8.9%	

(Source: Colorado Department of Transportation)

Bad for Business

 Businesses will likely aggressively oppose medical marijuana dispensaries or cultivation centers opening up close-by. Potential liability for businesses and municipalities will be staggering. The law allows a card holder to smoke marijuana and then drive a vehicle or operate machinery.

In Philadelphia, PA, a 42-year-old man high on marijuana and operating an excavator at a demolition site killed six people and injured thirteen others.

- Illinois' medical marijuana bill will likely make doing business in Illinois more costly and difficult:
 - 1. By attempting to make **medical marijuana card holders a protected**
 - 2. By compromising the safety of drug-free workplaces.
 - By requiring employers to strengthen workplace policies, to relentlessly enforce the rules and to be ever vigilant.
 - By limiting the pool of drug-free applicants to recruit.
 - By expending financial and other resources in litigating cases involving liability, discrimination, on-the-job accidents and workplace policies.

Bad for Health of Illinois Citizens

 The Food and Drug Administration (FDA) has concluded that marijuana has a high potential for abuse, has no accepted medical use in the United States, and lacks an acceptable level of safety for use even under medical supervision.

- It is not wise to replace the FDA process with Illinois legislators.
- Marijuana is a Schedule I drug. Marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States and has a lack of accepted safety for use of the drug or other substance under medical supervision. No prescriptions may be written for Schedule I drugs.

This was upheld by the United States Court of Appeals for the District of Columbia Circuit on January 22, 2013.

Bad for Neighborhoods

- This will be a nightmare for the unsuspecting citizens of Illinois. The medical marijuana law has been branded by politicians as a compassionate, caring law to help "sick" people. There will be serious unintended consequences. Based upon other states' experience, roughly only 5 percent of the medical marijuana card holders are seriously ill people.
- Illinois can expect over 250,000 medical marijuana card holders. This is based upon Colorado's experience; in 2010, slightly over 2 percent (2.121%) of Colorado's population held medical marijuana cards.
- The law will put tons of marijuana on the streets. If there were 100,000 medical marijuana card holders there could be 15,625 pounds (7.8 tons) of marijuana in circulation every 14 days. This is not the type of commerce Illinois citizens want.

Good for Mexican Drug Cartels

Legalizing medical marijuana increases the customer base for Mexican drug cartels because there are a lot of card holders who can legally possess marijuana. Mexican cartels will compete with Illinois dispensaries and cultivation centers for their business, and they won't be paying income taxes, business taxes and real estate taxes. Once the Cartels establish a customer base they can offer their consumers other drugs. (Kocherga, Angela, Legalized pot increases competition for Mexican drug cartels, www.khou.com, May 16, 2013)

Mexican drug cartels are already operating in Illinois; Chicago is America's
distribution hub for the cartels, according to Jack Riley, the head of the Drug
Enforcement Administration's Chicago office, DEA. Cartels are dispatching
operatives to Illinois, often to small towns and middle-class suburbs.

Riley argues that cartels should be seen as an underlying cause of Chicago's high murder rate. He also says, "It's probably the most serious threat the United States has faced from organized crime."

Once established, the cartels may expand into other criminal enterprises such as prostitution, kidnapping-and-extortion rackets and money laundering. (Associated Press, Mexican drug cartels reportedly dispatching agents deep inside US, www.foxnews.com, April 1, 2013) (Bradley, Ben, Chicago police, feds target Mexican drug cartels, WLS-TV/DT, June 7, 2012)

The Metro East and the St. Louis area are one of the Mexican cartel Midwest capitals. "Granite City was ground zero for the distribution of cocaine in the Metro East area," reported Steven Wigginton, U.S. Attorney for the Southern District of Illinois. The head of the cartel network, Ivan Vasquez-Gonzalez, lived in Granite City until being promoted to Chicago. He reported directly to the Sinaloa cartel in Mexico. (Fazal, Farrah. Mexican drug cartels operating in St. Louis, Metro East neighborhoods, www.KSDK.com, April 29, 2013)

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