Call Governor Quinn to VETO HB 1
Marijuana as "Medicine" - 312-814-2121
The Cost to Teens and Adolescents in Legalizing "Medical" Marijuana

- Each year, two-thirds of new marijuana users are under the age of 18. One in six of these adolescents will go on to develop marijuana use or dependence. *(SAMSHA, 2010; Hall and Degenhardt, 2009)*

- Medical marijuana laws normalize marijuana use, and their use correlates directly to teen's perception of marijuana's harm.

- Marijuana can be addictive. It can compromise academic success by impairing learning, memory, abstract thinking and problem solving; teens' brains are not fully developed. Marijuana use can lead to poor attendance, dropping out of school, delinquency and behavioral problems.

- Marijuana is a gateway drug; for instance, the risk of using cocaine has been estimated to be more than 104 times greater for those who have used marijuana than for those who have never tried it. *(Source: cocaineabuse.net)*

- Teens that start smoking marijuana regularly (20 times a month) before age 18 and are dependent show an average IQ decline of 8 points by age 38. *(Persistent Cannabis User Show Neuropsychological Decline from Childhood to Midlife, Dunedin Multidisciplinary Health and Development Study)*

- Colorado experienced an explosion in their medical marijuana industry and students were able to easily access marijuana from the increased number of registered users. Since 2009, public school suspensions for drug violations increased 45 percent, expulsions for drug violations increased 35 percent, and referrals to law enforcement increased 17 percent.

  In August 2010, Colorado had 104,138 people who hold valid registry cards for medical marijuana. Based upon Colorado's 2010 population of 5,029,169, this is roughly 2 percent. Forty-five minors, under the age of 18, held valid registry cards. *(Source: Colorado Department of Public Health and Environment)*

  In August 2010, Illinois had a population of 12,830,632; 2 percent of Illinois' population is **256,612**. Based upon Colorado's statistics, Illinois could expect **256,612** medical marijuana patients.

- Marijuana is the most widely used illicit drug.

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

  In Illinois 15,759 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://wwwdasis.samhsa.gov/webt/quicklink/IL10.htm

- More high school seniors smoked marijuana than smoked cigarettes according to the 2010 Monitoring the Future Survey.

During the past 12 months, how many times did you drive a car or other vehicle when you had been using **marijuana or other illegal drugs?**	**One or More Times**	**10th Grade 8.5%**	**12th Grade 20.3%**	
During the past 12 months, how many times did you drive a car or other vehicle when you had been **drinking alcohol?**	**One or More Times**	**10th Grade 6.2%**	**12th Grade 16.2%**	

- Illinois Youth Driving Under the Influence (http://iys.cprd.illinois.edu/sites/default/files/PDFs/StateReportApp_IYS_2010.pdf)
- HB30 allows a qualified medical marijuana patient to operate a motor vehicle after 6 hours have passed since consuming marijuana.
  - ✓ 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. *(Leirer et al, 1991)*
  - ✓ Expecting a patient to exercise self-discipline while under the influence of marijuana and refrain from driving for 6 hours is not realistic. This law cannot be enforced.
  - ✓ What is the likelihood that a qualified patient who gets 2½ ounces of marijuana every 14 days (183 joints, 13 per day) is not going to be impaired when they drive? How would someone impaired assess this or make a reasonable judgment about driving?
  - ✓ Marijuana impairs cognitive and psychomotor performance. It can slow reaction time, impair motor coordination, limit short-term memory, and make it difficult to concentrate and perform complex tasks. Spatial perception is distorted and time perception is impaired so that perceived time goes faster than clock time.
  - ✓ One third (33%) of all drivers in the Fatality Analysis Reporting System (FARS), for which there were known drug test results, were positive for one or more drug. Marijuana was the most frequently identified drug, accounting for 28% of drug positive drivers. *(NHTSA 2010)*

- HB30 allows **eighteen-year-olds to have marijuana**. As a qualified patient the high school student would get 2½ ounces of marijuana every 14 days (183 joints, 13 per day). Even the most experienced marijuana all-day–long drug user smokes on average only three to four joints a day.

- Smoking 3 or 4 joints a day of the 183 joints would leave you with roughly 135 joints, or slightly less than 2 ounces (1.8 ounces). The patient could sell the 1.8 ounces of marijuana for $250 to $550. Diversion of medical marijuana would be a problem for schools and teachers.

- HB30 would place a dispensary in each of the 59 senate districts, each dispensary could expect to serve 4,332 medical marijuana cardholders, not including primary caregivers. Every patient can have a primary caregiver who also gets a medical marijuana card. With a parent's or guardian's permission a minor can receive a medical marijuana card.

- "…rates of consumption of a drug in a population correlate directly with availability: …" *(The College of Drugs and Dependence, CPDD)*

- For adolescents in treatment and recovery the possibility of medical marijuana is frightening. "…diverted medical marijuana use among adolescent patients in substance abuse treatment is very common, and adolescents who used medical marijuana reported an increased level of deleterious behaviors. …Most

adolescent patients have used medical marijuana on multiple occasions." *(Medical Marijuana Use among Adolescents in Substance Abuse Treatment)*

- Students show up "high" on medical marijuana — High schools can expect situations similar to what happened in San Diego, CA when two teens were suspended for showing up at Grossmont Union High School District high, using a medical marijuana card as their excuse.

- Schools can't refuse to enroll a medical marijuana patient — *HB30 Section 25. (a) (1) No school, employer, or landlord may refuse to enroll or lease to, or otherwise penalize, a person solely for his or her status as a registered qualifying patient or a registered designated caregiver, unless failing to do so would put the school, employer, or landlord in violation of federal law or unless failing to do so would cause it to lose a monetary or licensing-related benefit under federal law or rules.*

How would a school enforce drug free school rules if the school cannot refuse to enroll a medical marijuana patient? Medical marijuana laws normalize marijuana use. The message sent to youth is that if marijuana is a medicine then it must be safe. Marijuana is a gateway drug; most cocaine and heroin users used marijuana first. Marijuana is connected to depression, psychosis and schizophrenia. *(Royal College of General Practitioners, UP International January 16, 2005 London)*

Youth Marijuana Use Up In Medical Marijuana States

Marijuana Use among Youths in Medical Marijuana States Compared to Illinois Youth Use

Marijuana Use	Past Year Use		Past Month Use		Perception of Great Risk	
Medical Marijuana States	**12-17**	**18-25**	**12-17**	**18-25**	**12-17**	**18-25**
			Percentages			
Alaska	15.87	35.44	9.18	25.21	27.96	17.09
Arizona	14.25	29.25	7.26	**17.07***	28.76	22.74
California	15.07	32.07	7.68	18.67	28.19	22.49
Colorado	18.55	38.50	10.19	24.31	22.15	14.95
Delaware	15.50	35.93	7.49	22.54	30.69	18.58
DC	14.66	33.06	7.51	19.51	22.67	16.89
Hawaii	14.39	31.08	7.75	19.08	29.25	21.66
Maine	14.17	39.65	8.45	26.15	29.10	14.98
Michigan	14.13	32.26	7.85	18.90	31.48	17.60
Montana	15.51	34.80	8.80	22.11	29.35	16.42
Nevada	16.40	**28.99***	8.97	18.31	30.73	22.87
New Jersey	11.65	30.03	**6.12***	17.39	29.41	18.57
New Mexico	16.79	**29.08***	9.22	**15.73***	30.99	23.16
Oregon	18.29	37.35	8.69	23.84	26.52	15.22
Rhode Island	16.35	39.43	9.11	27.09	28.44	14.33
Vermont	16.64	45.02	9.73	30.56	23.95	11.73
Washington	15.28	34.07	7.73	**17.18***	29.05	16.57
National Average	**13.28**	**29.08**	**6.98**	**17.30**	**32.28**	**21.75**
Illinois	**13.31****	**27.86***	**7.26****	**16.16***	**32.75**	**22.30**

(Source: National Survey of Drug Use and Health, NSDUHS 2008-2009, www.oas.samhsa.gov/2k9state/AppB.pdf)

*** Marijuana Use Under National Average**

**** Illinois' Marijuana Use over National Average**

"Medical" marijuana is critical to full legalization.

"The key to it is medical access, because once you have hundreds of thousands of people using marijuana under medical supervision the whole scam is going to be bought. Once there's medical access…then we will get full legalization."

~Richard Cowan,
former director of the National Organization for the Reform of Marijuana.

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