

The “Big Blunt Picture” Community Guide for Addressing Medical Marijuana

One consistent fact concerning Medical Marijuana is the lack of research surrounding the effects this new industry will have on illicit drug use of youth or adults. The current Federal legislation disallows the scale of research needed to evaluate this potential. Both the American Medical Association (AMA) and the Drug Enforcement Agency (DEA) have not changed how marijuana is classified,

“Marijuana is a Schedule I substance under the Controlled Substances Act (CSA). Schedule I drugs are classified as having a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use of the drug or other substance under medical supervision.”³

The Schedule I classification of marijuana disallows broad research of the potential medicinal benefits or risk factors of marijuana use. This leads to a lack of evidence to base regulatory policies upon.

Federal Regulatory Process

The lack of regulation at the manufacturing and distribution levels is of greatest concern to public safety. All food products are regulated by the FDA in order to protect the public’s health. Similarly, all pharmaceuticals are rigorously tested and then regulated by the FDA at the manufacturing, distributing, and prescribing levels. Medical Marijuana, because of its Schedule I classification by the DEA, does not fall under any of these regulatory measures. The initial and most immediate concern for Colorado citizens is not how to regulate medicinal marijuana, but rather how to conduct enough independent research to make informed decisions on the future regulation of medicinal marijuana.

Medical experts emphasize the need to reclassify marijuana as a Schedule II drug to facilitate rigorous scientific evaluation of the potential therapeutic benefits of cannabinoids and to determine the optimal dose and delivery route for conditions in which efficacy is established. This research could provide the basis for regulation by the Food and Drug Administration (FDA).¹

¹Supporting Research into the Therapeutic Role of Marijuana.
<http://proxychi.baremetal.com/csdp.org/research/medmarijuana.pdf>. (2008).

²The Center on Alcohol Marketing and Youth.
[http://www.camya.org/research/Youth Exposure to Alcohol Ads on TV Growing Faster Than Adults/index.html](http://www.camya.org/research/Youth%20Exposure%20to%20Alcohol%20Ads%20on%20TV%20Growing%20Faster%20Than%20Adults/index.html). (2010).

³U.S. Drug Enforcement Administration. <http://www.justice.gov/dea/concern/marijuana.html>. (2010).

For more resources and to find out how to contact the Regional Prevention Consultant in your region, visit www.rpscolorado.org.



Potential Community Efforts

As prevention professionals, it is important to understand how this new landscape may affect illicit drug use among youth and adults. This document offers guidance in evaluating the local conditions in which this new legislation may be affecting your community. Current questions surrounding medicinal marijuana in Colorado are primarily focused on the dispensaries.

Potential Community Efforts:

- Limiting/Regulating Advertising of Marijuana
- Limiting/Regulating Marijuana Dispensary Locations (Outlet Density)
- Educating Legislators on the Current Recommendations by the American College of Physicians concerning a lack of research leading to a lack of regulation of Medicinal Marijuana

Marketing/Advertising

Marketing and messaging is a constant whether the product is bread, milk, alcohol or in this case medical marijuana. Young people in particular are susceptible to being influenced by marketing practices.

“Exposure to alcohol advertising and marketing increases the likelihood that young people will start drinking, or that they will drink more if they are already consuming alcohol. A wide range of studies has established the association between exposure to alcohol marketing and youth drinking behavior, even after controlling for a variety of variables such as parental monitoring or socioeconomic status.”²

Large local efforts could be utilized here. Limiting the messaging and advertising that young people see will assist in decreasing the social norm being created that, “Marijuana is not harmful.” Limiting the exposure to advertising of a harmful product is proven to decrease risk factors that *can interrupt the process of positive social development in youth. These factors increase the probability of substance abuse, as well as delinquency, violence, teen pregnancy, dropping out of school, and other problem behaviors in young people.*

"Community laws and norms favorable toward drug use" is a risk factor and predictor for youth problem behavior with substance abuse.

"Parental laws and norms favorable toward the problem behavior" is another risk factor.

Research demonstrates that perceived parental permissiveness towards substances can increase the risk for youth substance use/abuse.

"Early initiation of a problem behavior" contributes to the risk of substance use/abuse in youth.

Dispensary Density

The amount of dispensaries, or outlet density, within certain municipalities or regions is also a local concern. There is no evidence to suggest that this will increase illicit drug use or crime, but some hypothesis have been drawn from what is currently known about alcohol outlet density and the correlation to increased alcohol consumption, crime, and general public harm. The lack of research though limits the strength of this hypothesis, and therefore, broader deductions about dispensaries and their business practices must be considered.