

What about kids?

Questions Parents Ask About Marijuana Legalization

Americans are increasingly questioning whether it is sound policy to continue our nation's marijuana prohibition. At the same time, we understandably want to know if we legalize adult marijuana use, what might the consequences be for our kids?

The truth is that our current marijuana laws are failing our young people in addition to causing broader harms to our communities. We believe our state and country can and must do better.

We agreed to be sponsors of I-502, the Washington State initiative to regulate and tax marijuana for adults, because we are convinced it is in all of our best interests, for young people and for families, to try a new approach to marijuana. I-502 is the most well-considered, thoughtful proposal we've seen introduced in the U.S., one that clearly prioritizes public health, public safety, and our children.



Roger A. Roffman, DSW
Professor Emeritus of Social Work
University of Washington



Robert W. Wood, MD
Clinical Professor of Medicine
University of Washington



*Roger A. Roffman, professor emeritus, has served on the faculty of the University of Washington School of Social Work since 1972. An emphasis of his research has been design and evaluation of substance abuse interventions, with a focus on marijuana dependence. He is co-editor of *Cannabis Dependence: Its Nature, Consequences, and Treatment* (2006). He also maintains a private practice specializing in substance abuse counseling.*

Dr. Bob Wood served as Director of the HIV/AIDS Program of Public Health-Seattle & King County from 1986 until he retired in 2010. He was appointed by HHS Secretary Donna Shalala to the CDC HIV/STD Prevention Advisory Committee. After retirement, Dr. Wood retains his Clinical Professorship position at the University of Washington, where he serves as Deputy Director of the Sociobehavioral Prevention Research Core of the UW's Center for HIV & STD Research.



Why should we try a new approach to marijuana?

Prohibiting marijuana use by making it criminal is ineffective. Our country has spent four decades and more than \$1 trillion dollars on the War on Drugs. The numbers make it clear that it is not succeeding. We've tried to cut off the supply of marijuana. But, the domestic production and importing of marijuana is a multi-billion dollar black market industry and has been for many years. We've tried to eliminate the demand for marijuana. But, 17 million Americans, and 300,000 Washingtonians, are current users.

Prohibition wastes taxpayer funds. Treating marijuana use as a crime rather than as a health issue is not a good use of taxpayer dollars. Every marijuana possession arrest takes time that a police officer could have used walking a beat, preventing an assault, or solving a burglary. Marijuana cases distract prosecutors and public defenders from more serious matters. They clog the courts and waste jail space, draining precious resources.

The current laws are unjust. When an otherwise law-abiding individual is arrested for possessing marijuana, jailed, fined, and denied opportunities due to a criminal record, respect for our laws and those we ask to enforce them is undermined.

Prohibition fuels violence. Criminal organizations reap enormous profits because marijuana is prohibited. Marijuana has been popular among millions of Americans for many years, and because it is illegal, the black market prices are grossly inflated. Marijuana is therefore a lucrative commodity that fetches hundreds of dollars per ounce, money that has helped finance the current drug war in Mexico responsible for the deaths of nearly 50,000 people in the past five years.

Prohibition increases, rather than reduces, the risks to young people. Prohibition harms teens in several ways: black market profiteers control the marijuana trade and do not check IDs; proven prevention strategies are underfunded and therefore underutilized; science-based education about marijuana is not generally available to the public; and marijuana-specific supports for those who need help are sparse.

What really works to prevent teens from using marijuana?

Preventing teen marijuana use can be effective without criminalizing adult behavior.

Consider youth alcohol and tobacco prevention strategies. Smoking by high school students has decreased sharply in the past 15 years, with 36% reporting having smoked a cigarette in the preceding 30 days in 1997, but only 20% percent in 2009. In 1999, 50% of high school students were current drinkers; that number dropped to 42% in 2009. Programs can effectively change norms about what is acceptable behavior without arresting people.

Here are several examples. School based programs such as the *Life Skills Training* program have long-term effects on reducing marijuana use. Multiple studies have demonstrated that this



approach is effective with a broad range of students including white, middle-class youth and poor, inner-city minority youth. Reductions of up to 75% occurred in the use of tobacco, alcohol, or marijuana: <http://www.colorado.edu/cspv/blueprints/modelprograms/LST.html>.

At one-year follow-up, the *Project Towards No Drug Abuse* participants who received the 12-session program experienced a 22% prevalence reduction in 30-day marijuana use: <http://www.colorado.edu/cspv/blueprints/modelprograms/TND.html>.

Family programs like Guiding Good Choices promote healthy, protective parent-child interactions and reduce children's risk for early substance use initiation: <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP07.html>.

The National Institute on Drug Abuse has published a guide for parents on teen drug abuse prevention programs: <http://www.nida.nih.gov/pdf/prevention/InBrief.pdf>.

Sadly, despite the fact we know they work, effective programs are not widely or well implemented. A recent study found that only 35% of schools are using such evidence-based programs. This may be due to a lack of funding, which I-502 would address.

How should a new approach work?

A legalization policy should draw from the successes and failures of alcohol and tobacco laws, like I-502 does. In the success category, teenage alcohol- and tobacco-usage rates have declined considerably since the late 1970s. Our experience shows that prevention can work and help establish community norms that make clear society neither approves nor tolerates underage use. In the failure category, youth are commonly enticed to use alcohol and tobacco via relentless advertising and cheap prices.

A new approach to marijuana should emphasize:

- ✓ ***Science-based knowledge about marijuana to inform teens' decisions.*** One of the costs of the prolonged U.S. "War on Drugs" has been an undermining of the credibility of law enforcement and public health leaders.
- ✓ ***Separation of marijuana from the black market.*** Street dealers do not risk losing a business license if they sell to youth, sell adulterated marijuana, or offer other, "harder" drugs.
- ✓ ***Greater investment in evidence-based prevention strategies.*** Although much has been learned about effective methods for preventing teens from using marijuana and other drugs, as well as treating those who experience problems, insufficient funding has prevented science-based approaches from being widely implemented.



Aren't teens at special risk if they use marijuana?

First, a caveat. Proving that smoking marijuana does or does not cause certain problems is tricky. Here's an example:

- ✓ It's possible that smoking marijuana causes teens to do poorly in school.
- ✓ It's also possible that teens who are already doing poorly begin using marijuana to feel better.
- ✓ A third possibility is that something else in a teen's life (for example, depression) leads to both poor school performance and to using marijuana.

We can't say for certain which of the above is true. So, we'll use our professional judgment in making educated conclusions about teens and marijuana.

Regularly using marijuana while a teenager likely contributes to poorer school performance and a greater risk of dropping out before graduation. Teens who begin using marijuana before the age of 15 are at particular risk. What probably happens is that a teen who is having problems in life adds to them by using marijuana regularly, finds that being high interferes with learning, becomes involved with friends who reject school, and desires to more quickly become adult.

Early and regular use of marijuana during adolescence likely contributes to the use of other illegal drugs. One explanation is that buying marijuana from an illegal seller gives the teen the opportunity to buy other drugs. Another is that teens who are experiencing life problems are drawn to marijuana, alcohol, tobacco, and other illegal drugs.

Beginning to use marijuana during adolescence and using it frequently may increase the risk of psychiatric disorders. Marijuana may be one factor that contributes to depression and anxiety in adolescents. It's also possible that teens who experience emotional distress turn to marijuana to self-medicate. There is some evidence that frequent use of marijuana during adolescence correlates with increased risk of schizophrenia later in life, particularly for those with a family history of mental illness.

Some teens who use marijuana do so safely. We usually hear about the problems: a teen driving high and causing an accident or the distress experienced by families when a teen becomes a heavy user. Less visible are those adolescents who experiment with marijuana and do not become derailed from healthy development and pro-social involvement in the home, in school, at work, and in the community.

How it all adds up for us. We believe it is in their best interest to discourage young people from using marijuana. In those who do use it, however, we should do what we can to delay the age of first use and discourage heavy use.



Won't youth use go up if we legalize marijuana for adults?

We can't say for certain. No state in the U.S. or any other country has adopted the multi-faceted policy incorporated in I-502.

However, the new law will have “teeth.” Provisions have been included in the initiative that anticipate the need to both closely monitor the new law's impact and make needed corrections:

- ✓ Tight restrictions on marijuana advertising to minimize exposure to people under 21.
- ✓ Regular review of tax levels to maintain balance between undercutting the black market and discouraging use by youth, who are more sensitive to price than adults
- ✓ Strategic earmarking of new marijuana taxes:
 - Evidence-based prevention strategies
 - The biennial Healthy Youth Survey, which measures young people's behaviors and attitudes, including those toward marijuana
 - The Building Bridges program to prevent school drop out by at-risk youth
 - Research on the short-term and long-term effects of marijuana use, and science-based public education materials
 - Marijuana Quitline like successful Tobacco Quitline
 - Cost-benefit evaluation by the Washington State Institute for Public Policy
 - Washington's Basic Health Community Health Centers

We can also make some educated projections. We can learn from other places where adult marijuana use is not treated as a crime.

In 1976, the Netherlands adopted a policy of not enforcing criminal laws against possession or sale of small amounts of marijuana. Specialized “coffee shops” opened, selling small amounts of marijuana. The Dutch adjusted their rules about the coffee shops from time to time to respond to use patterns, much as I-502 will allow. Youth rates of marijuana use in the Netherlands have been consistently lower than those of American youth.



How can parents talk with teens about marijuana?

Parents have a big influence, even when it doesn't show. Teens listen to their parents when it comes to decisions about drug use. Two-thirds of youth ages 13-17 say fear of losing their parents' respect is one of the main reasons they don't smoke marijuana or use other drugs. So, talking openly with children and staying actively engaged in their lives is important. Parents need to clearly communicate and model their expectations about marijuana use.

Professor Mitch Earleywine (State University of New York) offers some pointers:

Conversations encourage young people to express thoughts and feelings while lectures stifle good communication. When opportunities arise (“Some cop came to school today and told us a bunch of lies to get us to not smoke pot”), be interested in what’s being said. Active listening, repeating back and paraphrasing, and acknowledging feelings are likely to make the young person feel heard and subsequently give you opportunities to express values and expectations that he or she will take in.

Be interested in the pros and cons. Express interest in what your teen thinks about marijuana, including positive views, and whether he or she has used it or is thinking about doing so. Being openly interested makes it more likely a teen will be willing to give you the chance to explore his or her willingness to choose not to use marijuana or to make a change in use.

Be aware that misinformation about marijuana is common. Trying to protect young people has encouraged exaggeration. On the one hand, it’s rarely acknowledged that most adults who use marijuana do so without harm, but on the other, it’s often claimed that marijuana is harmless. A useful website for science-based knowledge about marijuana is offered by the Alcohol and Drug Abuse Institute at the UW: <http://adai.uw.edu/marijuana/>. Also see:

Marijuana: Facts Parents Need to Know. This publication for parents is available from NIDA: <http://drugabuse.gov/MarijBroch/parents/>.

Marijuana: Facts for Teens, the companion guide: <http://drugabuse.gov/MarijBroch/teens/>.



How can a teen receive help for a marijuana problem?

TYPES OF TREATMENT

Alcohol/Drug Information School is an 8-hour class that discusses the physiological effects and pharmacology of alcohol and other drugs.

Outpatient Counseling typically involves weekly sessions covering physiological effects of substance abuse, communication skills, life and refusal skills, and learning to be abstinent.

Intensive Outpatient Treatment typically involves afternoon sessions three times a week for a certain period of time followed by less frequent sessions.

Inpatient Treatment provides counseling and support group sessions in a residential setting, for varying lengths of time dependent on level of need (e.g., 28-35 days, 30-120 days).

Self-Help Fellowship. Marijuana Anonymous is a fellowship (www.marijuana-anonymous.org) that uses the basic 12 steps of recovery founded by Alcoholics Anonymous.

HELP AND REFERRAL SERVICES

Substance Abuse Treatment Facility Locator. A searchable directory of drug and alcohol treatment programs around the country:
<http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>.

The Teenline. A crisis intervention and referral service for youth, parents, families, friends and professionals: (206) 722-4222 or (877) 345-8336.

Alcohol/Drug Help Line. An information and referral line: (206) 722-3700 (Seattle area or cell phone) or (800)562-1240.

Washington Recovery Help Line. A 24-hour crisis intervention and referral service: (866) 789-1511.

Teen Link. A confidential teen-answered help line available 6:00 to 10:00 p.m.: (866) 833-6546.

23 Apr 2012