



# ASSOCIATION OF INDIANA PROSECUTING ATTORNEYS, INC.

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November 3, 2017

Jim McClelland  
Chairman, Indiana Commission to Combat Drug Abuse  
200 W. Washington Street  
Statehouse Room 215  
Indianapolis, IN 46204

Dear Mr. McClelland:

Thank you for your leadership in Indiana's ongoing fight against drug abuse. As you know, this is difficult but important work, and we applaud your efforts to keep Hoosiers safe and healthy.

As the 2018 legislative session approaches, reports abound of efforts to legalize marijuana in the state of Indiana. For the reasons we enumerate below, we respectfully ask the Commission to formally oppose the legalization of marijuana in any form, for any purpose.

### **Marijuana use increases the risk of opioid abuse and other controlled substances.**

Despite claims of the contrary, the legalization of marijuana could further exacerbate Indiana's opioid epidemic. According to a study recently published by the American Journal of Psychiatry, marijuana users were more than twice as likely to abuse prescription opioids. The study surveyed over 30,000 American adults, and this finding held true even when statisticians controlled for age, sex, race, ethnicity, other substance use, mood or anxiety disorders, prior nonmedical opioid use, family history of drug use, alcohol use, depression, and antisocial personality disorder. "[C]annabis use, even among adults with moderate to severe pain, was associated with a substantially increased risk of non-medical prescription opioid use."<sup>1</sup> In the same vein, the Centers for Disease Control and Prevention found in 2015 that marijuana users are actually three times more likely to become addicted to heroin.<sup>2</sup>

Additional studies have concluded that people simply do not substitute marijuana for other drugs. This year, the National Academy of Sciences found that cannabis use actually *predicted* continued opioid use. "[C]annabis use was associated with reduced odds of achieving abstinence from alcohol, cocaine, or polysubstance use after inpatient hospitalization and treatment for substance use disorders."<sup>3</sup>

### **Marijuana is not medicine.**

Information purporting that marijuana is medicine is based on half-truths and anecdotal evidence. Nearly every review of the science concludes that smoked marijuana is not a medicine. Some of its isolated components have shown medical promise. However, in order to be truly effective, these active ingredients must be isolated from the rest of the cannabis plant - as we do, for example, when we create morphine from opium. Many legalization proponents advocate for smoked marijuana to be used as a medicine, but the science on smoking anything is clear: smoking, especially highly-potent whole marijuana, is not a proper delivery method, and even other methods do not ensure a reliable dosage.

In 2017, the Institute of Medicine concluded that there was insufficient evidence for marijuana to be used to treat

dementia, glaucoma, chronic pain-associated depression, cancer, irritable bowel syndrome, amyotrophic lateral sclerosis, epilepsy, and chorea.<sup>4</sup> There was limited evidence for derivatives of marijuana to be used for nausea, multiple sclerosis, and chronic pain, but the Institute did not recommend smoking marijuana for these conditions. Furthermore, no major medical association is in favor of smoked marijuana for widespread medical use. In fact, many major public health organizations have weighed in strongly against the concept, including the American Society of Addictive Medicine, the American Cancer Society, the American Glaucoma Foundation, the National Multiple Sclerosis Society, the American Medical Association, and the Center for Adolescent Substance Abuse Research.

Finally, “whole plant” marijuana is not an approved medicine under the U.S. Food and Drug Administration’s scientific review process. The FDA process for approving medicine remains the only scientific and legally recognized procedure for bringing safe and effective medications to the American public. To date, the FDA has not found marijuana to be either safe or effective medicine for any condition.

### **Marijuana legalization has had devastating effects in other states.**

States that have legalized marijuana have suffered the consequences, particularly in three primary areas – in the workforce, on the roads, and in youth.

As marijuana use has increased in states that have enacted legalization, so has workplace impairment. This translates into serious and extensive impacts to both employees and employers, including reduced employee wellness and increased employer costs. Even when controlling for alcohol use, the National Survey on Drug Use and Health found that marijuana users are 106% more likely to have missed at least one day of work in the last month because they “just didn’t want to be there,” and 40% more likely to have missed at least a day in the last month due to illness and injury.<sup>5</sup> Legalization has also had serious impacts on workforce availability. The CEO of large Colorado construction company GE Johnson has said that his company “has encountered so many job candidates who have failed pre-employment drug tests because of their THC use that it is actively recruiting construction workers from other states.”<sup>6</sup>

Marijuana is directly linked to impaired driving. In 2012, the British Medical Journal concluded that marijuana use doubles the risk of car accidents.<sup>7</sup> Unsurprisingly, marijuana legalization has also caused an increase in traffic fatalities in Washington and Colorado. In Washington, marijuana-related traffic fatalities more than doubled in the year after retail sales of marijuana were allowed.<sup>8</sup> In Colorado, a driver tests positive for marijuana in almost one of every five traffic deaths, a number that has steadily increased since legalization.<sup>9</sup>

Lastly, the impact of marijuana legalization on youth cannot be overstated. Frequent pot use by kids correlates with increased social problems like dropouts and welfare dependency. Since Colorado and Washington legalized marijuana, regular use of the drug among children has been above the national average, and continues to rise faster than the national average. From 2014 to 2015, Colorado youth ranked first in the nation for past month marijuana use, up from fourth in 2011-2012 and fourteenth in 2005-2006.<sup>10</sup> In fact, the National Survey on Drug Use and Health of 2014-2015 found that the top ten states with the highest rate of current marijuana youth use were all medical marijuana states, but the bottom ten were all non-medical marijuana use.

For all of these reasons, we strongly believe both medicinal and recreational marijuana legalization are wrong for Indiana. We urge you to take a stand against these policies that would cause further harm to communities already suffering from the devastating effects of drug abuse. Thank you for your time and consideration.

Sincerely,

David N. Powell  
Executive Secretary

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- <sup>1</sup> Olfson M., et al. Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States. *Am J Psychiatry* 2017.
- <sup>2</sup> Centers for Disease Control. *Today's heroin epidemic Infographics more people at risk, multiple drugs abused*. 7 July 2015.
- <sup>3</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda.
- <sup>4</sup> National Academies of Sciences, Engineering, and Medicine; The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. 12 January 2017.
- <sup>5</sup> National Survey on Drug Use and Health (2014).
- <sup>6</sup> Smart Approaches to Marijuana. *Lessons Learned After 4 Years of Marijuana Legalization*. October 2016.
- <sup>7</sup> The British Medical Journal. *Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis*. 12 December 2011.
- <sup>8</sup> AAA (2016).
- <sup>9</sup> Rocky Mountain HIDTA (September 2015).
- <sup>10</sup> National Survey on Drug Use and Health (2014).