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Greenville County Commission on Alcohol and Drug Abuse Medical Marijuana Position Statement:

The Greenville County Commission on Alcohol and Drug Abuse asserts that marijuana and any other substance that is deemed as medicine should be subject to the same standards and processes for approval as outlined by the U.S. Food and Drug Administration (FDA).

Marijuana and other substances should only be deemed “legal” or “approved” for medical purposes by the FDA and not by voter or legislative initiatives that may compromise public safety.

- Smoked marijuana is not a safe route of administration and should not be approved.
- Edible forms of marijuana carry a high potential for overdose and accidental use by children and should not be an approved route of administration.
- The dispensary model of medical marijuana sales is not a safe and appropriate means of conducting business in a manner that preserves public health and should not be used.
- Any substance approved for medicinal purpose should be prescribed on a legal doctor’s script and dispensed through a licensed pharmacy.
- All substances used for medical purposes should be manufactured by approved pharmaceutical companies by standards that ensure efficacy and consistency of potency.
- All substances used for medical purposes should be administered through medically approved routes of administration: pill or tablet, elixir, transdermal patch, inhaler, etc.

Marijuana is addictive. Estimates from research suggest that about 9 percent of users become addicted to marijuana. This number increases to about 17 percent among those who start young and to 25-50 percent among people who use marijuana daily.[1] Behind alcohol, Marijuana is currently the 2nd most diagnosed chemical dependency in South Carolina (DAODAS, Patient Substance Use Profile 2016).

Marijuana use affects the developing brain. Brain research indicates the impairment of structural development in some regions of the brain following prolonged marijuana use that began in adolescence or young adulthood.[2] Marijuana use is associated with cognitive impairment, including lower IQ among adult chronic users who began using marijuana at an early age.[3]

The Greenville County Commission on Alcohol and Drug Abuse stands with the following public health, community, and civic organizations in opposition to the legalization of medical marijuana: DAODAS Director Sara Goldsby, SC Law Enforcement Division (SLED) Chief Mark Keel, State Attorney General Alan Wilson, President of the SC Sheriffs Association - Cherokee County Sheriff Steve Mueller and his fellow officers, SC Medical Association (President March E. Seabrook, MD), The American Medical Association, the American Society of Addiction Medicine, the American Psychiatric Association, the Community Anti-Drug Coalitions of America, the Drug-Free Action Alliance, the U.S. Drug Enforcement Agency (DEA), and many others.



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Recreational Marijuana Position Statement:

The Greenville County Commission on Alcohol and Drug Abuse is opposed to the legalization of marijuana for recreational purposes. Increased access to marijuana by the public will increase substance use disorders, family collapse and harm to children, and other public health problems with wide reaching consequences.

Drugged driving is a significant threat to our roadways. Marijuana significantly impairs coordination and reaction time and is the illicit drug most frequently found to be involved in automobile accidents, including fatal ones.[4]

Marijuana use has a significant impact on the workplace. There is a 78% increase in absenteeism among marijuana users; 85% more workplace injuries occur with marijuana users; and there are 64% more disciplinary problems for those who use marijuana as opposed to those who don't. (JAMA)

Adolescents are especially vulnerable to the many adverse effects of marijuana. Heavy use during adolescence is associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders across the lifespan (AACAP). Substance use in school age children has a detrimental effect on their academic achievement. Students who received earned D's or F's were more likely to be current users of marijuana than those who earned A's (45% vs. 10%).[5]

Marijuana use consistently predicts a greater likelihood of involvement in crime and the criminal justice system. There is a consistent link between frequent marijuana use and violent crime and property damage among juveniles (NADCP).

There are many challenges associated with the legalization of recreational marijuana. Although proponents readily point to the revenue that may be generated, the social costs and unintended consequences of marijuana create an enormous burden on taxpayers and human service systems. The existing legal tobacco and alcohol industries demonstrate that the social costs of tobacco and alcohol use are exponentially greater than state and local revenues generated by the sale of these substances.

References

[1] Anthony, JC; Warner, LA, Kessler, RC. 1994. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology* 2:244-268.

[2] Zalesky A, et al. 2012. Effect of long-term cannabis use on axonal fibre connectivity. *Brain: A Journal of Neurology*. 135 (7): 2245-2255. Available at <http://brain.oxfordjournals.org/content/135/7/2245.full.pdf+html>

[3] Meier et al., "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*.

[4] Brady JE, Li G (2014) Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 199-2010," *American Journal of Epidemiology* [Epub ahead of print].

[5] Centers for Disease Control and Prevention, Department of Health and Human Services. Alcohol and Other Drug Use and Academic Achievement. 2010. Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/alcohol_other_d...