

To: The Joint Select Committee on the Implementation of Amendment 64
From: Michael Elliott, Executive Director, Medical Marijuana Industry Group
720-382-3009, mike@mmig.org
Date: 3-15-13
Subject: Current Data on Medical Marijuana in Colorado

Table of Contents

1. **CDC Data: Colorado Teen Marijuana Usage Decreasing:** Since Colorado allowed for the sale of medical marijuana through licensed and taxed businesses, Colorado's teen marijuana usage rate decreased *almost 3% (2009 to 2011)*, dropping below the pre-dispensary average, and below the national average. In addition, availability of drugs in Colorado schools has decreased almost 25% since Colorado regulated medical marijuana.
2. New Study: *Alcohol More Damaging* to Teen Brain than Marijuana
3. New Study: **Suicide Rates Fall** When States Legalize Medical Marijuana
4. New Study: Medical Marijuana Dispensaries Not Linked to Neighborhood **Crime**
5. New Study: **Traffic Fatalities Decrease An Average of 9%** After States Pass Medical Marijuana Laws
6. CDOT Data Shows *19% Decrease in Traffic Fatalities* in Years Since Colorado Allowed Medical Marijuana Businesses
7. New Study: DUID Per Se Laws *Do Not* Improve Public Safety
8. New Data: Prescription Drug Overdoses Overtake Traffic Fatalities as Leading Cause of Accidental Death in the United States

Colorado's Teen Marijuana Usage Rate Decreases

For more info:

Michael Elliott, Esq.

Executive Director, Medical Marijuana Industry Group

720-382-3009 – mike@mmig.org

New data from the Youth Risk Behavior Surveillance System (YRBSS), compiled by the Center for Disease Control and Prevention (CDC).

1. **Colorado teen marijuana usage decreasing:** Since Colorado allowed for the sale of medical marijuana through licensed and taxed businesses, Colorado's teen marijuana usage rate decreased *almost 3% (2009 to 2011)*, dropping below the pre-dispensary average, and below the national average.

- a. **Colorado:** Youth marijuana usage in Colorado went down 2.8% (24.8% to 22%) from 2009 to 2011.
- b. **National:** Youth marijuana usage nationwide went up 2.3% (20.8% to 23.1%) from 2009 to 2011.
- c. **National v. Colorado:** Youth usage in Colorado fell below the national average in 2011 (23.1% US v. 22.0% CO).
- d. **Colorado's current rate lower than the pre-dispensary rate:** Colorado's current teen marijuana usage rate is below what it was in 2005, the time immediately before dispensaries.

2. **Availability of drugs in Colorado schools decreasing:**

- a. **Colorado:** Availability of drugs on school grounds in Colorado went down 5% (22.7% to 17.2%) from 2009 to 2011.
- b. **National:** Availability of drugs on school grounds went up nationally almost 3% (22.7% to 25.6%) from 2009 to 2011.
- c. **National v. Colorado:** Availability of drugs on school grounds nationwide is 8.4% higher than in Colorado (25.6% to 17.2%)

3. **Nationwide, MMJ Laws Lead to Reduced Teen Usage:** A new research paper has collected data showing that medical marijuana laws may be responsible for decreased teen marijuana usage.

http://www.iza.org/en/webcontent/publications/papers/viewAbstract?dp_id=6592



Centers for Disease Control and Prevention **Youth**

Your Online Source for Credible Health Information

Online: High School YRBS

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Colorado 2009 and 2011 Results

CHOOSE TABLE CONTENT

Question:

Current marijuana use

Location 1:

Colorado

Year 1:

2009

Location 2:

Colorado

Year 2:

2011

GO

[Remove Location/Year 2](#)

-
-

FILTER DATA

Sex

Include Only:

- Female
- Male
- Both Males and Females

Race/Ethnicity

Include Only:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Multiple Race
- All Races/Ethnicities

Grade

Include Only:

- 9th
- 10th
- 11th
- 12th
- All Grades

[Remove All Filters](#)

VIEW DATA BY DEMOGRAPHICS

Row Variable 1:

Totals Only

Row Variable 2:

No Selection

Row Variable 3:

No Selection

GO

[View Display Options](#)

[Get Link](#)

[Print Table](#)

Used Marijuana One Or More Times (during the 30 days before the survey) Colorado, High School Youth Risk Behavior Survey		
Find out if there is a statistical difference between 2009 and 2011. Select them, then click the button.		
COMPARE TWO >>		
	<input type="checkbox"/>	<input type="checkbox"/>
	2009	2011
Totals		
Total	24.8 (20.4-29.7) [†]	22.0 (19.6-24.5)

Footnotes

†	Percentage, confidence interval
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Content Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health

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United States 2009 and 2011 Results

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CHOOSE TABLE CONTENT

Question:

Current marijuana use

Location 1:

United States

Year 1:

2009

Location 2:

United States

Year 2:

2011

GO

[Remove Location/Year 2](#)

- Table
- Graph

FILTER DATA

Sex

Include Only:

- Female
- Male
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Race/Ethnicity

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Row Variable 1:

Totals Only

Row Variable 2:

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[Print Table](#)

Used Marijuana One Or More Times
(during the 30 days before the survey)
United States, High School Youth Risk Behavior Survey

Find out if there is a statistical difference between 2009 and 2011. Select them, then click the button.

COMPARE TWO >>

Totals	2009	2011
Total	20.8 (19.4–22.3) 16,112 [†]	23.1 (21.5–24.7) 14,970

Footnotes

†	Percentage, confidence interval, cell size
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[Remove All Filters](#)

Content Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health](#)

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Online: High School YRBS

United States 2011 and Colorado 2011 Results

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CHOOSE TABLE CONTENT

Question:

Current marijuana use

Location 1:

United States

Year 1:

2011

Location 2:

Colorado

Year 2:

2011

GO

[Remove Location/Year 2](#)

Table

Graph

FILTER DATA

Sex

Include Only:

- Female
- Male
- Both Males and Females

Race/Ethnicity

Include Only:

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- 12th
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[Remove All Filters](#)

VIEW DATA BY DEMOGRAPHICS

Row Variable 1:

Totals Only

Row Variable 2:

No Selection

Row Variable 3:

No Selection

GO

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[Print Table](#)

Used Marijuana One Or More Times (during the 30 days before the survey) High School Youth Risk Behavior Survey		
<p><i>Find out if there is a statistical difference between United States and Colorado. Select them, then click the button.</i></p> <p style="text-align: center;">COMPARE TWO >>></p>		
Totals	United States 2011	Colorado 2011
Total	23.1 (21.5-24.7) 14,970†	22.0 (19.6-24.5) 1,481

Footnotes

† Percentage, confidence interval, cell size

Content Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health](#)

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Colorado 2005 and 2011 Results

CHOOSE TABLE CONTENT

Question: Current marijuana use

Location 1: Colorado

Year 1: 2005

Location 2: Colorado

Year 2: 2011

[Remove Location/Year 2](#)

FILTER DATA

Sex

- Include Only:
- Female
 - Male
 - Both Males and Females

Race/Ethnicity

- Include Only:
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Multiple Race
 - All Races/Ethnicities

Grade

- Include Only:
- 9th
 - 10th
 - 11th
 - 12th
 - All Grades

[Remove All Filters](#)

VIEW DATA BY DEMOGRAPHICS

Row Variable 1: Totals Only

Row Variable 2: No Selection

Row Variable 3: No Selection

[GO](#)

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Used Marijuana One Or More Times (during the 30 days before the survey) Colorado, High School Youth Risk Behavior Survey		
Find out if there is a statistical difference between 2005 and 2011. Select them, then click the button.		
COMPARE TWO >>		
Totals	2005	2011
Total	22.7 (16.9-29.7) [†]	22.0 (19.6-24.5)

Footnotes

[†] Percentage, confidence interval

Content Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health](#)

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Colorado 2009 and 2011 Results

CHOOSE TABLE CONTENT

Question:

Illegal drug at school

Location 1:

Colorado

Year 1:

2009

Location 2:

Colorado

Year 2:

2011

GO

[Remove Location/Year 2](#)

- Table
- Graph

FILTER DATA

Sex

Include Only:

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Race/Ethnicity

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[Remove All Filters](#)

VIEW DATA BY DEMOGRAPHICS

Row Variable 1:

Totals Only

Row Variable 2:

No Selection

Row Variable 3:

No Selection

GO

[View Display Options](#)

[<< Return to data table](#)

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[Print Table](#)

Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey) Colorado, High School Youth Risk Behavior Survey						
Totals	2009	2011	p-value	2009 More Likely Than 2011	2011 More Likely Than 2009	No Difference
Total	22.7 (19.7-26.1) [†]	17.2 (14.7-20.1)	0.01	<input checked="" type="radio"/>		

Footnotes

†	Percentage, confidence interval
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Content Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health](#)

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Online: High School YRBS



United States 2009 and 2011 Results

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CHOOSE TABLE CONTENT

Question:

Illegal drug at school

Location 1:

United States

Year 1:

2009

Location 2:

United States

Year 2:

2011

GO

[Remove Location/Year 2](#)

- Table
- Graph

FILTER DATA

Sex

Include Only:

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Race/Ethnicity

Include Only:

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VIEW DATA BY DEMOGRAPHICS

Row Variable 1:

Totals Only

Row Variable 2:

No Selection

Row Variable 3:

No Selection

GO

[View Display Options](#)

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[Print Table](#)

Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey) United States, High School Youth Risk Behavior Survey		
<p><i>Find out if there is a statistical difference between 2009 and 2011. Select them, then click the button.</i></p> <p>COMPARE TWO >></p>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	2009	2011
Total	22.7 (20.7–24.9) [†]	25.6 (23.6–27.6)

Footnotes

†	Percentage, confidence interval
---	---------------------------------

Content Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health](#)

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Colorado 2011 and United States 2011 Results

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CHOOSE TABLE CONTENT

Question: Illegal drug at school

Location 1: Colorado

Year 1: 2011

Location 2: United States

Year 2: 2011 [GO](#)

[Remove Location/Year 2](#)

[Table](#) [Graph](#)

FILTER DATA

Sex

Include Only:

- Female
- Male
- Both Males and Females

Race/Ethnicity

Include Only:

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- All Grades

[Remove All Filters](#)

VIEW DATA BY DEMOGRAPHICS

Row Variable 1: Totals Only

Row Variable 2: No Selection

Row Variable 3: No Selection [GO](#)

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[Get Link](#)
[Print Table](#)

Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey) High School Youth Risk Behavior Survey		
<p><i>Find out if there is a statistical difference between Colorado and United States. Select them, then click the button.</i></p> <p style="text-align: center;">COMPARE TWO >></p>		
Totals	Colorado 2011	United States 2011
Total	17.2 (14.7-20.1) [†]	25.6 (23.6-27.6)

Footnotes

†	Percentage, confidence interval
---	---------------------------------

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March 15, 2013



Teen Marijuana Use May Show No Effect Unlike Alcohol, Study Finds

Posted: 12/21/2012 3:18 am EST | Updated: 12/23/2012 2:04 pm EST

A teen who consumes alcohol is likely to have reduced brain tissue health, but a teen study.

Researchers scanned the brains of 92 adolescents, ages 16 to 20, before and after a half of the teens -- who already had extensive alcohol and marijuana-use histories -- consumed large amounts. The other half abstained or kept consumption minimal, as they had throughout

The before-and-after brain scans of the teens consuming typically five or more drinks a week matter brain tissue health, study co-author Susan Tapert, neuroscientist at University of California San Diego, mean declines in memory, attention, and decision-making into later adolescence and adulthood.

However, the level of marijuana use -- up to nine times a week during the 18 month study -- did not affect brain health. The researchers did not test performance; they only looked at brain scans.

The study was conducted by researchers at UC San Diego and is scheduled to be published in the journal *Clinical & Experimental Research*.

The damage occurs because white matter brain tissue develops throughout adolescence, said Tapert, a postdoctoral fellow at the UC San Diego, and co-author of the study, told HuffPost.

Part of that still-developing brain tissue is where decision-making ability comes from, which is affected by a cycle. If teens decrease their tissue health and cognitive ability to inhibit themselves, that can lead to behavior like excessive substance use," Jacobus said.

While studies showing the deleterious effect of alcohol on adolescents and adults have been consistent, marijuana has not, Tapert said. "One reason is that marijuana can really vary. Different strains have different other marijuana components. For example, some studies have suggested one strain has neuroprotective effects," she said.

The researchers are not sure why alcohol had an effect and marijuana did not. The results are not definitive without more research. They also said they do not know if the reduced brain tissue health is reversible.

Still, Duncan Clark, a medical doctor who was not involved in the study and who said the study is valuable because similar research has only been conducted a one-time test instead of tests over time.

..., associate professor of psychiatry at the University of Pittsburgh Medical Center, said that brain development may be the basis for greater self-control, researchers hope to be able to eventually predict young individuals' likelihood of substance abuse.

Because the researchers followed the subjects for 18 months, they were able to at least compare two groups. But Jacobus conceded that eliminating other factors -- such as genetics, hormones, and drugs -- is very difficult.

Each teen in the study received brain imaging, a detailed substance-use assessment, a substance-use diary, and at the end of the study -- as well as substance-use interviews every six months.

Tapert led another study published in 2009 that looked at people ages 12 to 14 before and after marijuana use. found poorer performance on tests of thinking and memory in the teens who had begun using marijuana. It also found particularly compromised boys' attention span, and girls' comprehension and interpretation.

While this latest study examines marijuana's effect on physical brain tissue, a Duke University study last year looked at the drug's effect on intelligence and performance. That study found that teens who routinely use marijuana experience a term drop in their IQ.

Teen use of marijuana continues to be high, while teens' perception of the drug's harm has declined, a new Michigan study published Wednesday. Nearly 23 percent of high school seniors polled in the study had used marijuana in the month prior.

"It is clear that more research is needed into the long-term effects of marijuana on the brain," Tapert said.

Suicide rates fall when states legalize medical marijuana, says new study

By Scot Kersgaard

Friday, February 24, 2012 at 3:50 pm

A University of Colorado economics professor has co-authored a study, just released by the Institute for the Study of Labor in Bonn, Germany that concludes that suicide rates among young males declines markedly after states legalize medical marijuana. Professors at Montana State University and San Diego State University were also involved in the study. The study is titled "High on Life: Medical Marijuana Laws and Suicide."

CU economics professor Daniel Rees is co-author of a study which concludes that passage of medical marijuana laws leads to a decrease in suicides among young men. (Image: CU Denver)

CU Denver professor Daniel Rees and his coauthors don't say conclusively why suicide rates fall. They offer evidence that marijuana acts as an antidepressant when used moderately, but also note that using marijuana in larger amounts can actually lead to depression.

They also note that the sale of alcohol to young males declines in states that legalize medical marijuana and note that alcohol is a known depressant the use of which can lead to suicidal thoughts. Rees did not return a phone call seeking comment.

from the study:

Using state-level data for the period 1990 through 2007, we estimate the effect of legalizing medical marijuana on suicide rates. Our results suggest that the passage of a medical marijuana law is associated with an almost 5 percent reduction in the total suicide rate, an 11 percent reduction in the suicide rate of 20- through 29-year-old males, and a 9 percent reduction in the suicide rate of 30- through 39-year-old males.

...

We conclude that the legalization of medical marijuana leads to an improvement in the psychological wellbeing of young adult males, an improvement that is reflected in fewer suicides.

...

In an often-cited article, Hamermesh and Soss (1974) argued that negative shocks to happiness may reduce expected lifetime utility to the point where an individual will decide to take his or her own life. The negative relationship between legalization and suicides among young adult males is consistent with the argument that marijuana can be used to cope with such shocks. However, estimates provided by Anderson et al. (2011) provide an alternative explanation. These authors found that the passage of MMLs (medical marijuana laws) led to sharp decreases in alcohol-related traffic fatalities, self-reported alcohol use, and per capita beer sales. The strong association between alcohol consumption and suicide related outcomes found by previous researchers (Markowitz et al. 2003; Carpenter 2004; Sullivan et al. 2004; Rodriguez Andres 2005; Carpenter and Dobkin 2009) raises the possibility that medical marijuana laws reduce the risk of suicide by decreasing alcohol consumption.

Speaking recently at the University of Denver, Amanda Reiman, Ph.D, the director of research at the Berkeley Patients Group and a lecturer at the University of California, Berkeley, said that marijuana has medical value even for people not suffering from one of the ailments that medical marijuana laws typically allow people to use marijuana for.

“We deontologically believe that drug use is inherently wrong, which is why it is hard for us to believe there are responsible users. Do you really have to be sick to get benefit from cannabis?” she asked rhetorically.

She said that when you ask people why they smoke marijuana, the most common answer is that it helps them relax. “The word medical is redundant when talking about cannabis. Relaxation itself is medicinal.”

Reiman’s words were echoed on the DU panel by University of California law professor Marsha Cohen, who said that when asked why they smoke marijuana, people answer “‘It makes me feel better.’ That makes it medicinal use,” she said.

Mason Tvert, executive director of SAFER (Safer Alternative for Recreational Enjoyment) and one of the organizers of a ballot initiative to regulate marijuana like alcohol, which will probably be on the Colorado ballot in November, said he was not surprised by the study’s conclusions.

“We know marijuana has medicinal value, and we know that people living with pain sometimes kill themselves,” Tvert said. He added that the connection with alcohol use was intriguing. “Every credible study ever done proves that marijuana is safer than alcohol,” he said.

The Colorado Independent contacted numerous mental health/suicide prevention organizations but could not find anyone willing to comment for this article. Needless to say, other studies have reached other conclusions regarding the effect of marijuana on mental health. For one such perspective, [click here](#).

Categories & Tags: [Health Care](#) | [amanda reiman](#) | [daniel rees](#) | [marsha cohen](#) | [Mason Tvert](#) | [Medical Marijuana](#)

HOME OPINION WASHINGTON WHISPERS STEM DEBATE CLUB



Report: Medical Marijuana Dispensaries Not Linked to Neighborhood Crime

Study of California dispensaries finds no increased crime levels

By JASON KOEBLER

June 6, 2012

It's long been the argument of law enforcement and anti-medical marijuana advocates that the government-sanctioned pot dispensaries cause an uptick in crime, especially burglary and muggings. The only problem is that argument isn't necessarily true, according to a new study funded by the National Institutes of Health.

On its face, the argument makes sense—medical marijuana dispensaries feature large caches of high quality drugs, and its customers overwhelmingly walk in with a huge wad of cash and walk out with a desirable product. But the study, published in the *Journal of Studies on Alcohol and Drugs*, found that neighborhoods with medical marijuana dispensaries in Sacramento were no more likely to have crime than other neighborhoods.

[Your Friendly Neighborhood Pot-Growing Store]

The study's authors say their research may debunk a 2009 report by the California Police Chiefs Association that said marijuana dispensaries "have been tied to organized criminal gangs, foster large [marijuana growth] operations, and are often multi-million-dollar profit centers."

"Because they are repositories of valuable marijuana crops and large amounts of cash, several operators of dispensaries have been attacked and murdered by armed robbers both at their storefronts and homes, and such places have been regularly burglarized," the report continues. "Drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside dispensaries are also common ancillary by-products of their operations."

Arguments such as those are common by opponents of medical marijuana legalization, which will soon be available in as many as 17 states and the District of Columbia.

[Americans Supporting Ending Federal Crackdowns on Medical Marijuana]

"There's law enforcement and city officials debating whether these dispensaries were attracting undesirables, and there's the other side, the dispensary owners, saying maybe these concerns were unfounded," says co-author Nancy Kepple, a doctoral student at the UCLA Luskin School of Public Affairs. "But neither side had any evidence that supported either claim."

The UCLA study looked at crime rates in 95 areas of Sacramento in 2009, before the city enacted regulations on where dispensaries could be located and had fewer restrictions on what security measures dispensary operators had to meet.

"Whatever security measures were done, the owners chose to do it for themselves [in 2009]. We specifically selected this time because it was based on a free-market situation," says Kepple.

Although the researchers aren't sure why there was no uptick in crime around dispensaries, they suspect that security guards and cameras have an impact on keeping criminals out. Or, as Kepple wrote in the report, it could be that marijuana dispensaries just don't increase crime any "more than any other facility in a commercially-zoned area."

[Why the Oregon Attorney General Race Has National Implications for Marijuana Laws]

Several high-profile murders in San Francisco and Hollywood dispensaries and burglaries in San Francisco, Santa Cruz, and Colorado Springs have made dispensary-based crime national news, but those cases aren't representative of a larger trend, Kepple and her co-author, Bridget Freisthler, say.

"Because of the type of business dispensaries are, any crime there has been well-publicized, bringing more attention to the issue," Freisthler says. "Neighborhood residents get up in arms and it takes a life of its own." She says pot dispensaries appear to be no more likely to be victimized by burglars than liquor stores or other commercial spots.

Still, the authors realize there are potential holes in their study. They say they need to study crime rates in other cities and need to study crime trends over time to determine whether dispensaries have long-term impacts on neighborhood crime.

"This is really just the start, and [our findings] seem contrary to what the public debate has been saying," Kepple says. "We wanted to start



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DRUGS

Why Medical Marijuana Laws Reduce Traffic Deaths

By Maia Szalavitz | Dec. 02, 2011 | 2 Comments

States that legalize medical marijuana see fewer fatal car accidents, according to a new study, in part because people may be substituting marijuana smoking for drinking alcohol.

Sixteen states and the District of Columbia, have legalized medical marijuana since the mid-1990s. For the new study, economists looked at 1990-2009 government data on marijuana use and traffic deaths in the 13 states that had passed legalization laws during that time period. The data were from the National Household Survey on Drug Use and Health and the National Highway Traffic Safety Administration.

Comparing traffic deaths over time in states with and without medical marijuana law changes, the researchers found that fatal car wrecks dropped by 9% in states that legalized medical use — which was largely attributable to a decline in drunk driving. The researchers controlled for other factors like changes in driving laws and the number of miles driven that could affect the results.

Medical marijuana laws were not significantly linked with changes in daytime crash rates or those that didn't involve alcohol. But the rate of fatal crashes in which a driver had consumed any alcohol dropped 12% after medical marijuana was legalized, and crashes involving high levels of alcohol consumption fell 14%.

MORE: Study: Legal Medical Marijuana Doesn't Encourage Kids to Smoke More Pot

The authors found that medical marijuana laws reduced crashes in men more than in women — by 13% compared to 9% — in line with data showing that men are more likely to register as medical marijuana users than women.

The overall reduction in traffic deaths was comparable to that seen after the national minimum drinking age was raised to 21, the authors note.

"We were astounded by how little is known about the effects of legalizing medical marijuana," lead author Daniel Rees, professor of economics at the University of Colorado-Denver, said in a statement. "We looked into traffic fatalities because there is good data, and the data allow us to test whether alcohol was a factor. ... Traffic fatalities are an important outcome from a policy perspective because they represent the leading cause of death among Americans ages 5 to 34."

The authors also found that in states that legalized medical use, there was no increase in marijuana smoking by teenagers — a finding seen in other studies as well. But, in many cases, the laws were linked with an increase in marijuana smoking among adults in their 20s; this rise was accompanied by a reduction in alcohol use by college age youth, suggesting that they were smoking weed instead.

Studies have consistently found that while mixing either marijuana or alcohol with driving is unadvisable, driving high is much safer than driving drunk. Research on stoned driving is inconsistent, with some studies finding impairment and others not; the alcohol data, however, is clear in establishing a link between drinking and significant deterioration in driving skills. The data also consistently shows that using both drugs together is worst of all.



PETE STARMAN / GETTY IMAGES

MORE: Study: Whites More Likely to Abuse Drugs Than Blacks

Driving under the influence of marijuana seems to be less risky because people who are high tend to be aware that they are impaired and compensate, while alcohol tends to increase recklessness and create false confidence. Also, people are more likely to smoke weed at home or in private, rather than out at bars or other public events that require driving to get to.

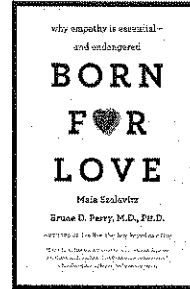
The research was published by IZA, a nonprofit labor research organization associated with the University of Bonn in Germany. It is a working paper, which means it has not yet been subjected to peer review.

Maia Szalavitz is a health writer at TIME.com. Find her on Twitter at @maiasz. You can also continue the discussion on TIME Healthland's Facebook page and on Twitter at @TIMEHealthland.



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Maia Szalavitz is a neuroscience journalist for TIME.com and co-author of *Born for Love: Why Empathy is Essential — and Endangered*.



Szalavitz's latest book is *Born for Love: Why Empathy Is Essential — and Endangered*. It is co-written with Dr. Bruce Perry, a leading expert in the neuroscience of child trauma and recovery.

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Colorado Drugged Driving Fact Sheet

Revised Aug. 9, 2011

- In 2007...
 - 554 people were killed in traffic crashes in Colorado
 - 17% (92) of the total deaths involved a driver who tested positive for drugs
 - 81 drivers involved in fatal crashes tested positive for drugs
 - 28% (23) of the drivers who tested positive for drugs had ingested marijuana
 - Of the drivers involved in fatal crashes who tested positive for alcohol and/or drugs (195), 42% (81) tested positive for drugs.

- In 2008...
 - 548 people were killed in traffic crashes in Colorado
 - 15% (84) of the total deaths involved a driver who tested positive for drugs
 - 72 drivers involved in fatal crashes tested positive for drugs
 - 43% (31) of the drivers who tested positive for drugs had ingested marijuana
 - Of the drivers involved in fatal crashes who tested positive for alcohol and/or drugs (171), 42% (72) tested positive for drugs.

- In 2009...
 - 465 people were killed in traffic crashes in Colorado
 - 19% (88) of the total deaths involved a driver who tested positive for drugs
 - 82 drivers involved in fatal crashes tested positive for drugs
 - 45% (37) of the drivers who tested positive for drugs had ingested marijuana
 - Of the drivers involved in fatal crashes who tested positive for alcohol and/or drugs (177), 46% (82) tested positive for drugs.

- In 2010...
 - 448 people were killed in traffic crashes in Colorado
 - 14% (62) of the total deaths involved a driver who tested positive for drugs
 - 55 drivers involved in fatal crashes tested positive for drugs
 - 58% (32) of the drivers who tested positive for drugs had ingested marijuana
 - Of the drivers involved in fatal crashes who tested positive for alcohol and/or drugs (126), 44% (55) tested positive for drugs.

Data only includes drivers who were tested for drugs and results that were reported to CDOT.

Colorado Law Enforcement Drug Recognition Experts (DREs)

- Drug Recognition Experts (DREs) are law enforcement officers who are highly trained to recognize impairment in drivers under the influence of drugs, and to identify which category of drug is causing the impairment.
- The number of certified DREs has risen from 86 in 2005 to 173 as of July 1, 2011. There are expected to be over 190 DREs statewide by the end of 2011.
- From 2005 to 2010, the number of evaluations conducted by DREs each year has nearly doubled, from 465 (2005) to 910 (2010).
 - 2005 – 465
 - 2006 – 511
 - 2007 – 668
 - 2008 – 729
 - 2009 – 810
 - 2010 -- 910
- On average, between 2005 and 2010, roughly 58% of all DRE evaluations came up with a result of marijuana as a drug involved.
- From 2009 (391) to 2010 (599), there was a 35% increase in the number of DRE evaluation that came up with a result of marijuana as a drug involved.
 - 2005 – 300
 - 2006 – 304
 - 2007 – 335
 - 2008—429
 - 2009 – 391
 - 2010 - 599

Sources:

Colorado FARS (Fatality Analysis Reporting System)

Colorado Drug Recognition Experts Annual Reports, 2005-2010

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New Drugged Driving Laws Have Little or no Impact on Traffic Deaths, All 50 States Urged to Adopt Such Laws

A new study by economists at the University of Colorado Denver and Montana State University reveals that so-called "per se" drugged driving laws have no discernible impact on traffic fatalities. Per se laws set thresholds for controlled substances above which drivers are considered impaired.

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Denver, Colo. (PRWEB) January 14, 2013

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A new study by economists at the University of Colorado Denver and Montana State University reveals that so-called "per se" drugged driving laws have no discernible impact on traffic fatalities.

Per se laws set thresholds for controlled substances above which drivers are considered impaired.

Since 1990, 11 states have passed zero-tolerance drugged driving laws making it illegal to drive with detectable levels of a controlled substance in the system. Five other states have passed similar laws specifying non-zero limits for controlled substances or their metabolites.

"These laws are intended to make the job of prosecuting drugged drivers easier," said Daniel Rees, professor of economics at the University of Colorado Denver who co-authored the study with D. Mark Anderson, assistant professor of economics at Montana State University. "In states without these laws, prosecutors must rely on field sobriety tests or evidence that a motorist was driving erratically in order to prove impairment."

The Office of National Drug Control Policy (ONDCP) recently announced a goal of reducing drugged driving by 10 percent within three years. In an effort to achieve this goal, the ONDCP is encouraging all 50 states to prohibit driving with detectable levels of a controlled substance in the system.

Although there is anecdotal evidence that the new drugged driving laws make prosecution easier, this is the first study to examine their effectiveness.

Using state-level data from the Fatality Analysis Reporting System (FARS) for the period 1990-2010, Anderson and Rees examined the relationship between adopting controlled substance thresholds for drivers and traffic fatalities. They found that the relationship is statistically indistinguishable from zero and concluded that there is no evidence that these limits reduced traffic deaths.

"Our study is particularly timely given that Washington voters recently passed Initiative 502, which legalized the recreational use of marijuana but prohibited driving with THC levels equal to, or greater than, 5 nanograms per milliliter of blood," Anderson said. "Setting a THC standard for drivers may, in the future, be viewed by voters as a necessary complement to legalizing marijuana for recreational or medicinal use."

The FARS data represent a census of all fatal injuries resulting from motor vehicle accidents in the United States and include information on when the accident took place. Using this data, Anderson and Rees distinguished between nighttime and daytime traffic fatalities. They also distinguished between weekend and weekday traffic deaths.

Although the percentage of drivers testing positive for marijuana and other controlled substances is highest during the night and on weekends, they found no evidence that these laws, which have been adopted by 16 states, led to a reduction in traffic fatalities at either time.

"There is strong evidence that drivers under the influence of marijuana have slower reaction times than drivers who are not under the influence of marijuana," Rees said. "As currently implemented, these laws have no discernible impact on traffic fatalities."

The study, which is under review, is available as an IZA working paper at: <http://www.iza.org/en/webcontent/personnel/photos/index.html?key=4915>. IZA is a private, independent research institute. For more information about IZA see: <http://www.iza.org/en/webcontent/about/index>.

The University of Colorado Denver offers more than 130 degrees and programs in 13 schools and colleges and serves more than 28,000 students. The University of Colorado Denver is located on two campuses: the Denver Campus and the Anschutz Medical Campus in Aurora, Colo.

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Drug deaths now outnumber traffic fatalities in U.S., data show

Fueling the surge are prescription pain and anxiety drugs that are potent, highly addictive and especially dangerous when combined with one another or with other drugs or alcohol.

September 17, 2011 | By Lisa Girion, Scott Glover and Doug Smith, Los Angeles Times

Propelled by an increase in prescription narcotic overdoses, drug deaths now outnumber traffic fatalities in the United States, a Times analysis of government data has found.

Drugs exceeded motor vehicle accidents as a cause of death in 2009, killing at least 37,485 people nationwide, according to preliminary data from the U.S. Centers for Disease Control and Prevention.

While most major causes of preventable death are declining, drugs are an exception. The death toll has doubled in the last decade, now claiming a life every 14 minutes. By contrast, traffic accidents have been dropping for decades because of huge investments in auto safety.

Public health experts have used the comparison to draw attention to the nation's growing prescription drug problem, which they characterize as an epidemic. This is the first time that drugs have accounted for more fatalities than traffic accidents since the government started tracking drug-induced deaths in 1979.

Fueling the surge in deaths are prescription pain and anxiety drugs that are potent, highly addictive and especially dangerous when combined with one another or with other drugs or alcohol. Among the most commonly abused are OxyContin, Vicodin, Xanax and Soma. One relative newcomer to the scene is Fentanyl, a painkiller that comes in the form of patches and lollipops and is 100 times more powerful than morphine.

Such drugs now cause more deaths than heroin and cocaine combined.

"The problem is right here under our noses in our medicine cabinets," said Laz Salinas, a sheriff's commander in Santa Barbara, which has seen a dramatic rise in prescription drug deaths in recent years.

Overdose victims range in age and circumstance from teenagers who pop pills to get a heroin-like high to middle-aged working men and women who take medications prescribed for strained backs and bum knees and become addicted.

A review of hundreds of autopsy reports in Southern California reveals one tragic demise after another: A 19-year-old Army recruit, who had just passed his military physical, took a handful of Xanax and painkillers while partying with friends. A groom, anxious over his upcoming wedding, overdosed on a cocktail of prescription drugs. A teenage honors student overdosed on painkillers her father left in his medicine cabinet from a surgery years earlier. A toddler was orphaned after both parents overdosed on prescription drugs months apart. A grandmother suffering from chronic back pain apparently forgot she'd already taken her daily regimen of pills and ended up double dosing.

Many died after failed attempts at rehab — or after using one too many times while contemplating quitting. That's apparently what happened to a San Diego woman found dead with a Fentanyl patch on her body, one of five she'd applied in the 24 hours before her death. Next to her on the couch was a notebook with information about rehab.

The seeds of the problem were planted more than a decade ago by well-meaning efforts by doctors to mitigate suffering, as well as aggressive sales campaigns by pharmaceutical manufacturers. In hindsight, the liberalized prescription of pain drugs "may in fact be the cause of the epidemic we're now facing," said Linda Rosenstock, dean of the UCLA School of Public Health.

In some ways, prescription drugs are more dangerous than illicit ones because users don't have their guard up, said Los Angeles County Sheriff's Sgt. Steve Opferman, head of a county task force on prescription drug-related crimes. "People feel they are safer with prescription drugs because you get them from a pharmacy and they are prescribed by a doctor," Opferman said. "Younger people believe they are safer because they see their parents taking them. It doesn't have the same stigma as using street narcotics."

Lori Smith said she believes that's what her son might have been thinking the night he died six months shy of his 16th birthday. Nolan Smith, of Aliso Viejo, loved to surf, sail and fish with his brother and father. He suffered from migraines and anxiety but showed no signs of drug abuse, his mother said.

The night before he died in January 2009, Nolan called his mother at work, asking for a ride to the girls basketball game at Aliso Niguel High School. Lori told him she couldn't get away.

When Nolan didn't come home that evening, his parents called police and his friends. His body was found the next morning on a stranger's front porch.

A toxicology test turned up Zoloft, which had been prescribed for anxiety, and a host of other drugs that had not been prescribed, including two additional anti-anxiety drugs, as well as morphine and marijuana.

All investigators could give the family were theories.

"They said they will have parties where the kids will throw a bunch of pills in a bowl and the kids take them without knowing what they are," Lori said. "We called all of his friends, but no one would say they were with him. But he must have been with someone. You just don't do that by yourself."

The triumph of public health policies that have improved traffic safety over the years through the use of seat belts, air bags and other measures stands in stark contrast to the nation's record on prescription drugs. Even though more people are driving more miles, traffic fatalities have dropped by more than a third since the early 1970s to 36,284 in 2009. Drug-induced deaths had equaled or surpassed traffic fatalities in California, 22 other states and the District of Columbia even before the 2009 figures revealed the shift at the national level, according to the Times analysis.

The Centers for Disease Control collects data on all causes of death each year and analyzes them to identify health problems. Drug-induced deaths are mostly accidental overdoses but also include suicides and fatal diseases caused by drugs.

The CDC's 2009 statistics are the agency's most current. They are considered preliminary because they reflect 96% of death certificates filed. The remaining are deaths for which the causes were not immediately clear.

Drug fatalities more than doubled among teens and young adults between 2000 and 2008, years for which more detailed data are available. Deaths more than tripled among people aged 50 to 69, the Times analysis found. In terms of sheer numbers, the death toll is highest among people in their 40s.

Overdose deaths involving prescription painkillers, including OxyContin and Vicodin, and anti-anxiety drugs such as Valium and Xanax more than tripled between 2000 and 2008.

The rise in deaths corresponds with doctors prescribing more painkillers and anti-anxiety medications. The number of prescriptions for the strongest pain pills filled at California pharmacies, for instance, increased more than 43% since 2007 — and the doses grew by even more, nearly 50%, according to a review of prescribing data collected by the state.

Those prescriptions provide relief to pain sufferers but also fuel a thriving black market. Prescription drugs are traded on Internet chat rooms that buzz with offers of "vikes," "percs" and "oxys" for \$10 to \$80 a pill. They are sold on street corners along with heroin, marijuana and crack. An addiction to prescription drugs can be costly; a heavy OxyContin habit can run twice as much as a heroin addiction, authorities say.

On a recent weekday morning, Los Angeles County undercover sheriff's deputies posing as drug buyers easily purchased enough pills to fill a medicine cabinet on a sidewalk a few blocks south of Los Angeles City Hall.

The most commonly abused prescription drug, hydrocodone, also is the most widely prescribed drug in America, according to the U.S. Drug Enforcement Agency. Better known as Vicodin, the pain reliever is prescribed more often than the top cholesterol drug and the top antibiotic.

"We have an insatiable appetite for this drug — insatiable," Joseph T. Rannazzisi, a top DEA administrator, told a group of pharmacists at a regulatory meeting in Sacramento.

In April, the White House Office of National Drug Control Policy announced initiatives aimed at stanching prescription drug abuse. The plans include a series of drug take-back days, modeled after similar programs involving weapons, in which consumers are encouraged to turn leftover prescription drugs in to authorities. Another initiative would develop voluntary courses to train physicians on how to safely prescribe pain drugs, a curriculum that is not widely taught in medical schools.

Initial attempts to reverse the trend in drug deaths — such as state-run prescription drug-monitoring programs aimed at thwarting "doctor-shopping" addicts — don't appear to be having much effect, experts say.

"What's really scary is we don't know a lot about how to reduce prescription deaths," said Amy S.B. Bohnert, a researcher at the University of Michigan Medical School who is studying ways to lower the risk of prescription drugs.

"It's a wonderful medical advancement that we can treat pain," Bohnert said. "But we haven't figured out the safety belt yet."

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