

towards supporting youth programs, environmental protection, and law enforcement, and will be distributed as follows:

- 60% for youth programs (substance use disorder education, prevention, and treatment).
- 20% to clean up and prevent environmental damage resulting from the illegal growing of marijuana.
- 20% for (1) programs designed to reduce driving under the influence of alcohol, marijuana, and other drugs and (2) a grant program designed to reduce any potential negative impacts on public health or safety resulting from the measure.²

What does the passage of Marijuana Legalization Propositions mean for states in the days ahead?

The way marijuana is viewed and approached in such states will change drastically, from illegal for all, to legal for those 21 years and older for recreational use, similar to alcohol. In addition to consumption age limits, the legislation forbids use in public places, and will implement strict policies around regulation, taxation and criminal justice reform. According to one research report,³ the years following a 2011 marijuana reform policy in California (i.e., reducing possession of less than one ounce of marijuana from a misdemeanor to an infraction with a maximum fine of \$100), there were decreases in marijuana arrests and associated harms (including violent death, drug overdose, criminal arrest).

Despite potential benefits in revenue and impact on criminal justice reform, these changes do not come without concern. There are concerns surrounding the lack of DUI regulation and expansion of corporate power over the distribution of harmful substances, similar to big tobacco. In addition, many who oppose the legalization of recreational marijuana use cite the dangers of exposing children (0-11 years), high school-aged adolescents (12-17 years), and college aged youth (18-20 years) to recreational marijuana, with the fear being that underage marijuana use will increase drastically as a consequence.² This concern is supported by waves of epidemiological survey data among youth that show marijuana is the most commonly used substances among youth (adolescents and young adults) across the Country.⁴

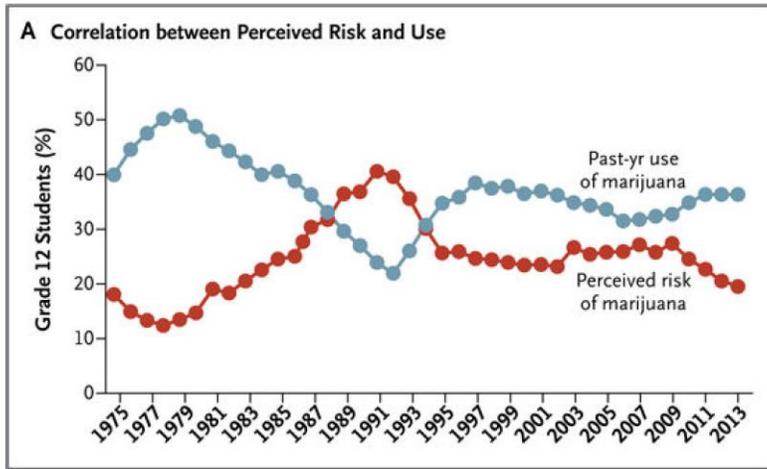
Research shows that marijuana can have adverse impacts on youth, especially research focused on neurological, cognitive, and socio-emotional development. One article published in the New England Journal of Medicine, highlights that adults who smoked marijuana regularly during adolescence are significantly more likely to exhibit impaired neural connectivity (fewer fibers) in specific brain regions, some of which have important implications in learning, memory, IQ, and executive functioning specific to decision-making and self-control/regulation.⁵ Other research shows that marijuana use among youth has been linked to negative social and emotional developmental outcomes, including academic unpreparedness and drop-out, delinquency, poor mental health functioning/well-being, with some types of marijuana causing extreme issues of paranoia, delusions and psychoticism.⁶ As a result of such research, the American Academy of Pediatrics (AAP) recently published an update to their policy statement titled “*Legalization of Marijuana: Potential Impact on Youth.*” In this policy statement, the AAP opposes legalization of marijuana because of the potential harms to children and adolescents.⁷

Considerations for Systems of Care

The legalization of recreational marijuana use will potentially lead to an increase in cannabis use disorder, due to the ease of access to marijuana. For this reason, there will likely be an increase in individuals seeking publically funded substance use treatment programs. While the additional costs for treatment could be partially or entirely covered by the additional funding generated from taxation, it could still increase state and local health program costs.² Another major concern related to the legalization of marijuana is the negative impact it will have on youth values/norms. Most youth hold positive views about marijuana, which have important prevention and treatment implications (i.e., serve as a barrier to enroll in treatment and quit their use of marijuana). As seen in the figure below, over the past years there has been an inverse relationship between

perceived risk of marijuana (attitudes and beliefs related to the risk of using marijuana) and actual marijuana use behaviors among high school adolescents.⁵

Use of Marijuana in Relation to Perceived Risk and Daily Use of Marijuana among U.S. Students in Grad 12, 1975-2013



This research has important implications for prevention and treatment to consider. Below, we list considerations and some potential next steps.

- Hopfer claims that prevention and treatment approaches will need to address perceptions of the safety of marijuana, claims of its medicinal use and consider potential barriers such as family members own use of marijuana.⁸
- One of the recommendations pushed forth by the California Society of Addiction Medicine, Marijuana Policy Task Force is to offer early intervention programs that link youth with counselors skilled in intervening on substance use issues and providing motivational interviewing and drug education.⁹
- SUD organizations should develop protocols for integrating research based materials on brain effects and cognitive, socio-emotional effects of marijuana on adolescent development. A useful resource for SUD providers is the ATTC Network Coordinating Office's Marijuana Lit Series videos, which covers topics such as marijuana's effects on the body, impact on youth development and consequences of legalization. Resources such as these provide evidence-based information on marijuana to help guide providers among a wealth of other information sources.

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Additional Resources:

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