



RESOLUTION

JACKSON COUNTY, MICHIGAN

Resolution Opposing the Recreational Use of Marijuana

This resolution does not relate to the use of marijuana approved for medical purposes in compliance with current state law

Drug Free Jackson is a coalition of local community members, agencies, and stakeholders dedicated to creating a safe and healthy community free of substance misuse. Drug Free Jackson has created the following resolution with the goal of educating the public of the potential unforeseen consequences of the legalization of recreational marijuana.

WHEREAS, proposals for the recreational use of marijuana are being placed on the ballot in communities across Michigan; and

WHEREAS, there is significant evidence demonstrating that non-medical or recreational use of marijuana has a profoundly negative impact on our youth, particularly teenagers; and

WHEREAS, youth use rates increase as availability and access increases^{vi}; and

WHEREAS, Jackson County youth report a decreased perception of risk of marijuana use and the *Michigan Profile for Healthy Youth Survey* reports in 2016-2017 that only 35% percentage of students surveyed thought marijuana use was risky, compared to 47% in 2015-2016; and

Whereas, Monitoring the Future, 2017 reports that marijuana use increased to 24% among adolescents in 8th, 10th and 12th grades combined, and one in ten 12th grade students vaped marijuana in the past year; and

WHEREAS, *MATFORCE, the Yavapai County Substance Abuse Coalition in Arizona* reports that drug related school expulsions spiked 45% in Colorado, a state which has legalized medical and recreational marijuana use, in the years after legalization; and

WHEREAS, *The National Institute on Drug Abuse* reports that one in six teens that use marijuana become addicted to its use^{xii}; and

WHEREAS, frequent use by adolescents is associated with impaired learning, memory, math, and reading, as well as failure to graduate from high school^{vii}; and

WHEREAS, marijuana is now the number one reason kids enter treatment for substance abuse—more than alcohol, cocaine, heroin, meth, ecstasy, and other drugs combinedⁱ; and

WHEREAS, *National Highway Traffic Association* reports that driving under the influence of marijuana is associated with an increased risk of car crashes, especially fatal crashes; and

WHEREAS, states that have legalized marijuana for medicinal use have seen an increase in marijuana-related traffic deaths^{ix}, and

WHEREAS, *Michigan Transportation Research Institute* reports that driving under the influence of marijuana is associated with an increased risk of car crashes, especially fatal crashes; marijuana driving related fatalities increased by 67% from 2007 to 2015. And from 2014 to 2015, it went up 20% in one year; and

WHEREAS, the University of Colorado, Denver reports that marijuana-impaired driver related fatalities have risen 114% in Colorado since that state legalized the use of marijuana; and

WHEREAS, *Join Together* reports that the active ingredient in marijuana, Tetrahydrocannabinol(THC), has increased significantly from an average of 1% in 1970 to 30% in 2013, and concentrates can be as much as four-times stronger in concentration, making today's marijuana an alarmingly more potent drug; and

WHEREAS, marijuana is still illegal under federal law under the Controlled Substances Act, which does not differentiate between medicinal and recreational marijuana use, and local governments who accept tax revenue from marijuana facilities, as well as organizations that accept donations from marijuana facilities, could be held liable under federal law; and

WHEREAS, increased consumption of marijuana would likely lead to higher public health and financial costs for society. Addictive substances like alcohol and tobacco already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxationⁱⁱ; and

WHEREAS, for every \$1 gained from alcohol and tobacco tax revenues, \$10 is lost in legal, health, social and regulatory costs; and

WHEREAS, substance users are almost four times more likely to be involved in workplace accidents^{xii}; and

WHEREAS, substance users are less likely to be productive on the job and are more likely to miss work^{xii}, and

WHEREAS, emergency room admissions for marijuana use now exceed those for heroin and are continuing to rise; and the link between suicide and marijuana is strongⁱⁱⁱ; and

WHEREAS, the advertising of marijuana is currently unrestricted and unregulated in the State of Michigan; and

WHEREAS, several marijuana products use colorful packaging and names that can be easily confused for similar food and candy products; and

WHEREAS, as part of the Master Settlement Agreement, tobacco companies are not allowed to market or advertise directly or indirectly to youth, to use cartoons in marketing, or advertise on billboards^x; and

WHEREAS, in the state of Colorado, where recreational and medicinal marijuana is legal, advertising retail marijuana is prohibited on TV, on radio, in print, and via the internet when 30 percent or more of the audience is reasonably expected to be under the age of 21. Advertising or signage that specifically targets individuals under the age of 21, including the use of cartoon characters, is also prohibited^{xi}, and

WHEREAS, the state of Colorado prohibits the advertising of marijuana that is visible to members of the public from any street, sidewalk, park or other place, including billboards^{xi}; and

WHEREAS, in the state of Colorado, retail marijuana establishments are not allowed to sponsor charity, sporting or similar events unless the establishment has reliable evidence that no more than 30 percent of the audience at the event and/or viewing the advertising in connection with the event is reasonably expected to be under the age of 21^{xi}, and

WHEREAS, marijuana legalization would not eliminate the black market for the drug^{iv,v}; and

WHEREAS, it is not possible to foresee and mitigate all the associated risks and impact to our communities through the recreational use of marijuana; and

WHEREAS, Drug Free Jackson recognizes the need to educate all sectors of our community regarding the dangers of non-medical marijuana use;

THEREFORE BE IT RESOLVED, Drug Free Jackson is opposed to the legalization of marijuana for general use; and, be it

FURTHER RESOLVED, that Drug Free Jackson urges local governments to consider scientific facts and historical evidence in deciding what is best for our communities; and, be it

FURTHER RESOLVED, that Drug Free Jackson urges local businesses and schools to refuse to allow advertising and signage for marijuana and/or the distribution of publications or media that have such advertising on their premises; and, be it

FURTHER RESOLVED, that Drug Free Jackson urges local organizations, non-profits, and schools to refuse donations or sponsorships from the marijuana industry; and, be it

FURTHER RESOLVED, Drug Free Jackson encourages others to oppose the recreational use of marijuana for general use including the adoption of similar resolutions in opposition to the general use of legalization of non-medical marijuana.



Resolution adapted from *SRSLY Resolution To Protect Our Communities from the Marijuana Industry and The Michigan Prevention Association*

ⁱ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Center for Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through October 15, 2012.

ⁱⁱ Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006*. American Journal of Preventive Medicine - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045)

ⁱⁱⁱ SAMHSA, Center for Behavioral Health Statistics and Quality. (2011). *Drug abuse warning network, 2008: National estimates of drug-related emergency department visits* (HHS Publication No. SMA 11-4618). Rockville, MD: Author.

^{iv} Kilmer, Beau, et al., *Reducing Drug Trafficking Revenues and Violence in Mexico: Would Legalizing Marijuana in California Help?* RAND Corporation. [2010].

^v Kilmer, Beau, et al., *Altered States? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*. RAND Corporation. [2010]

^{vi} Michigan Profile for Healthy Youth Survey (2015-2016)

^{vii} *Medical and Recreational Marijuana from a Public Health Perspective: Michigan Association for Local Public Health, et. al.*

^{viii} Urban Institute and Brookings Institute, 2012; Tax Policy Center, 2008

^{ix} Cerda, M., et al. (2012). Medical marijuana laws in 50 states: Investigating the relationship between state legislation of medical marijuana and marijuana use, abuse and dependence. *Drug & Alcohol Dependence*, 120(1-3). Retrieved from <http://www.sciencedirect.com/science/article/pii/S0376871611002742>

^x Master Settlement Agreement. Retrieved from: www.publichealthcenter.org/topics/tobacco-control/tobacco-control-litigation/master-settlement-agreement

^{xi} Colorado Department of Revenue Marijuana Enforcement Division. (2013). Permanent rules related to the retail of marijuana code. R1100 Series – Signage & Advertising. (107-117). Retrieved from www.colorado.gov/pacific/sites/default/Retail%20Rules,%20Adopted%20090913,%20Effective%20101513%5B1%5D_0.pdf

^{xii} National Institute on Drug Abuse: www.drugabuse.gov