Meeting Date: January 14, 2026
Agenda Item No. 03
Batch No. 03

From: thinkon908@aol.com
To: thinkon908@aol.com; FGG, Public Comment; drew.Potter@sdcounty.ca.gov
Subject: [External] Re: FROM DAVID EVANS, ESQ OF CIVEL TO SAN DIEGO SOCIALLY EQUITABLE CANNABIS PROGRAM
Date: Thursday, January 15, 2026 2:21:01 AM

Yesterday at the hearing they were talking about a 600 foot set back. That violates federal law

Property owners (homes or business) who are located near or adjacent to a THC store or grow operation may have the ability to do a RICO lawsuit if their property value is damaged.

We stopped a grow operation in NJ with such a lawsuit.

If a THC store/grow is with 1,000 feet it violates federal law. The Controlled Substance Act.

21 U.S.C.A. § 860. Distribution or manufacturing in or near schools and colleges

(a) Penalty

Any person who violates section 841(a)(1) of this title or section 856 of this title by distributing, possessing with intent to distribute, or manufacturing a controlled substance in or on, or **within one thousand feet of, the real property comprising a public or private elementary, vocational, or secondary school or a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority, or within 100 feet of a public or private youth center, public swimming pool, or video arcade facility, is** (except as provided in subsection (b)) subject to (1) twice the maximum punishment authorized by section 841(b) of this title; and (2) at least twice any term of supervised release authorized by section 841(b) of this title for a first offense. A fine up to twice that authorized by section 841(b) of this title may be imposed in addition to any term of imprisonment authorized by this subsection. Except to the extent a greater minimum sentence is otherwise provided by section 841(b) of this title, a person shall be sentenced under this subsection to a term of imprisonment of not less than one year. The mandatory minimum sentencing provisions of this paragraph shall not apply to offenses involving 5 grams or less of marihuana.

21 U.S.C.A. § 849. Transportation safety offenses

(a) Definitions

In this section--

“safety rest area” means a roadside facility with parking facilities for the rest or other needs of motorists.

“truck stop” means a facility (including any parking lot appurtenant thereto) that--

(A) has the capacity to provide fuel or service, or both, to any commercial motor vehicle (as defined in section 31301 of Title 49), operating in commerce (as defined in that section); and (B) is located within 2,500 feet of the National System of Interstate and Defense Highways or the Federal-Aid Primary System.

(b) First offense

A person who violates section 841(a)(1) of this title or section 856 of this title by distributing or possessing with intent to distribute a controlled substance in or on, or within 1,000 feet of, a truck stop or safety rest area is (except as provided in subsection (b))1 subject to--
(1) twice the maximum punishment authorized by section 841(b) of this title; and
(2) twice any term of supervised release authorized by section 841(b) of this title for a first offense.

In a message dated 1/14/2026 6:43:53 AM Eastern Standard Time, [redacted] writes:

David G. Evans, Esq.
Senior Counsel
Cannabis Industry Victims Educating Litigators (CIVEL)
[redacted]
www.civel.org

January 14, 2026

Chair Pro Tem Supervisor Paloma Aguirre
Supervisor Joel Anderson
Supervisor Terra Lawson-Remer
Supervisor Monica Montgomery Steppe
Supervisor Jim Desmond
Andrew Potter, Executive Officer/Clerk of the Board of Supervisors
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1600 Pacific Highway
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Re: REPORT BACK AND SEEK DIRECTION ON THE DRAFT SOCIALLY EQUITABLE CANNABIS PROGRAM AND RELATED CEQA EXEMPTION (DISTRICTS: ALL)

Dear San Diego County Board of Supervisors

Please be advised that we have been contacted by residents of San Diego County who object to the marijuana industry in the county. What these residents all have in common is good reason to act protectively when facing serious detriment to their properties and to the welfare of the many thousands of children who live in the county.

We represent the victims of the marijuana industry. We see the damage to property values, to employee productivity, to children. We see the extraordinary costs that communities and their taxpaying families and commercial entities bear when these non-FDA approved “medical” and “recreational” marijuana products are sold in their midst; costs that include but are not limited to increased local policing expense due to loitering, petty crimes and burglaries in the immediate area of the dispensary (including the fact that potshops are themselves targets), increased traffic incidents due to impaired drivers, decreased property values of neighboring homes and businesses, increased burden on local hospitals and first responders due to the severe mental and physical health deterioration that is associated with today’s extremely potent marijuana (this is not the weed of the 1970/80s or even 1990’s). See the attached “The Arguments Against Marijuana Retailers Opening in your Community,” and "Marijuana and Violence" and "Risks of Marijuana Use."

In the event that you may not be aware, not only does a marijuana business have significant detrimental effects on the community in which it operates, but its conduct also puts any such business operator - and it’s landlord - squarely in the cross-hairs of Federal violations. What is particularly noteworthy is that Federal law actually escalates marijuana crimes when such violation occurs less than 1000 feet from a school or school property, public or private.

The Federal illegality of any marijuana business

Based on an analysis of federal statues and case law, it is clear that under federal law anyone involved in the manufacturing, distribution or dispensing, or possession with intent to manufacture, distribute or dispense marijuana is subject to federal prosecution under the federal Controlled Substances Act (CSA) because State marijuana laws are preempted by the CSA (FN1). You may also be civilly liable under the Racketeer Influenced and Corrupt Organization Act (RICO).

If you were to allow a marijuana dispensary to lease or purchase your property under federal law you are then involved in the violation of federal law.

Property owners and landlords who rent or provide a location for marijuana facilities are subject to prosecution. It is unlawful to knowingly open, lease, rent, maintain, or use property for the manufacturing, storing, or distribution of controlled substances. 21 U.S.C. 856

The state laws are preempted by the CSA

In Gonzales v. Raich, 545 U.S. 1 (2005), the U.S. Supreme Court concluded that local cultivation, possession and distribution of marijuana was prohibited by the CSA under the Commerce Clause of the U.S. Constitution. [FN2] The Supreme Court acknowledged Congress’s Commerce Clause authority to ban marijuana production, consumption, and distribution. [FN3]

Marijuana is a Schedule I drug and under federal law and it cannot be prescribed for

any medical purpose. A schedule I drug is one that has a high potential for abuse and for which there is no legitimate medical purpose in treatment in the United States and there is a lack of accepted safety for use of the drug or other substance under medical supervision. 21 U.S.C. 812. This was upheld in federal court in 2015 in US v. Pickford,100 F.Supp.3d 981 (ED CA 2015). Classification of marijuana as a Schedule I controlled substance is not arbitrary or capricious or a violation of due process. U.S. v. Greene, 892 F.2d 453 (CA6 1989), certiorari denied 110 S.Ct. 2179.

If marijuana is rescheduled, it will still be illegal under federal law and it will not automatically be approved as a medicine. Unless a marijuana product has been approved by the FDA as a medicine under the federal Food, Drug and Cosmetic Act (FDCA) it may be neither safe or effective and puts patients at risk and is illegal under federal law. 21 U.S.C. § 321 (g)(1) and (p).

As a Schedule I drug, the manufacture, distribution or possession of marijuana is a criminal offense under the CSA. For example:

1. It is unlawful for any person knowingly or intentionally to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance unless it is in accordance with the CSA. 21 U.S.C. 841(a)

2. It is unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner. This exception does not apply to Schedule I drugs such as marijuana, which has no accepted medical use. 21 U.S.C. 844(a)

3. It is unlawful to use any communication facility such as the Internet to commit felony violations of the CSA. 21 U.S.C. 843

4. It is illegal to conspire to commit any of the crimes set forth in the CSA. 21 U.S.C. 846

5. It is unlawful to knowingly open, lease, rent, maintain, or use property for the manufacturing, storing, or distribution of controlled substances. 21 U.S.C. 856. This applies to landlords.

6. Federal law escalates marijuana possession crimes when such violation occurs less than 1000 feet from a school or school property, public or private. Let me be clear – it is unlawful to distribute or manufacture controlled substances within 1000 feet of any schools, colleges, playgrounds, and public housing facilities, and within 100 feet of any youth centers such as the Catholic Church public swimming pools, and video arcade facilities. 21 U.S.C. 860

Federal law also states that “[w]hoever, knowing that an offense against the United States has been committed, receives, relieves, comforts or assists the offender in order to hinder or prevent his apprehension, trial or punishment, is an accessory after the fact.” (18 U.S.C. 3). Under 18 U.S.C. 4, “[w]hoever, having knowledge of the actual commission of a felony cognizable by a court of the United States, conceals

and does not as soon as possible make known the same to some judge or other person in civil or military authority under the United States, shall be fined under this title or imprisoned not more than three years, or both."

Consequences of a violation of the CSA

The consequences of violating the CSA include various fines and terms of imprisonment and civil fines and the forfeiture of any property used to facilitate a violation of the CSA. Anyone who possesses, cultivates or distributes marijuana, even if such acts are legal under state law, is subject to federal sanctions or a Racketeer Influenced and Corrupt Organizations Act (RICO) lawsuit. See Gonzales v. Raich, 545 U.S. 1 (2005), and United States v. Oakland Cannabis Buyers' Cooperative, 532 US 483 (2001).

Property owners and landlords

Property owners and landlords who rent or provide a location for marijuana facilities are subject to prosecution or RICO claims. It is unlawful to knowingly open, lease, rent, maintain, or use property for the manufacturing, storing, or distribution of controlled substances. 21 U.S.C. 856

Financiers and banks

Those who provide financing for marijuana operations may be subject to prosecution. For example, federal anti-money laundering statutes make it illegal to engage in financial transactions designed to promote illegal activities, including drug trafficking, or to conceal or disguise the source of the proceeds of that illegal activity. 18 U.S.C.1956 and 1957

Racketeer Influenced and Corrupt Organizations Act (RICO)

The federal Department of Justice (DOJ) may initiate criminal proceedings under the Racketeer Influenced and Corrupt Organizations Act (RICO). 18 U.S.C. 1962. All property constituting or derived from, directly or indirectly, the proceeds of racketeering activities is subject to forfeiture regardless of any provision of state law. 18 U.S.C. 1963(a)

The RICO statute also gives rise to a civil cause of action which may be brought by a private citizen injured by the racketeering activity where such activity proximately caused the injury. 18 U.S.C. 1964. This was upheld in a federal Colorado case and other federal cases. [FN4] **We successfully litigated such a case in New Jersey.**

The tax consequences of trafficking in marijuana

Trafficking in marijuana has negative tax consequences even if the sale of marijuana is legal under a state marijuana law. The Internal Revenue Code states:
No deduction or credit shall be allowed for any amount paid or incurred during the taxable year in carrying on any trade or business if such trade or business (or the

activities which comprise such trade or business) consists of trafficking in controlled substances (within the meaning of schedule I and II of the Controlled Substances Act) which is prohibited by Federal law or the law of any State in which such trade or business is conducted. 6 U.S.C. 280E (expenditures in connection with the illegal sale of drugs).

Marijuana is a schedule I controlled substance for tax purposes. Provision of marijuana constitutes “trafficking” within the meaning of the Internal Revenue Code section disallowing business expense deductions for expenditures “in connection with the illegal sale of drugs,” even though the activity was pursuant to a state statute. Californians Helping to Alleviate Medical Problems, Inc., v. Commissioner of Internal Revenue, 128 T.C. 173, 93 TCM 3973 (2007).

Any conversation regarding providing the county with additional tax revenue from marijuana sales in reality provides negligible effect on the county’s coffers

Please contact me or have your attorney do so to discuss this matter. I hope that you will refrain from involving yourself in the marijuana industry - it is not a quick fix for income - rather - it opens the door to serious costly legalities and challenges which are ghastly to encounter.

We are supporting lawsuits against the marijuana industry in several states. Please do not make us give attention to San Diego County. For example, in New York we filed a lawsuit against the state cannabis agencies and State Tax Commissioner. The lawsuit claims that the defendants have caused illegal disbursements of state funds in that they are setting up and financing marijuana retail “dispensaries.” The defendants are using tax funds to pay for the administration, capitalization, and provision of low- and zero-interest loans to these stores. The tax funds will assist with the possession with intent to manufacture, distribute, and/or dispense marijuana at these stores by certain “licensees” chosen by the state. **The “licensees” are selected on the basis of being “socially equitable.”**

Sincerely yours,

David G. Evans, Esq.

References

[FN1] Congress enacted the CSA for the purposes of consolidating various drug laws into a comprehensive statute, providing meaningful regulation over legitimate sources of drugs to prevent diversion into illegal channels, and strengthening law enforcement tools against international and interstate drug trafficking. 21 U.S.C. 801 et seq.

[FN2] See also, 21 U.S.C.A. 801 et seq.; 21 U.S.C. 841(a)(1), 844; See, United States v. Hicks,722 F.Supp.2d 829 (E.D. Mich. 2010) (It is indisputable that state marijuana laws do not, and cannot, supersede federal laws that criminalize the possession of marijuana); United States v. $186,416.00 in U.S. Currency, 590 F.3d

942, 945 (9th Cir. 2010) (there is no exception for marijuana distribution or possession under the federal Controlled Substances Act[.]); United States v. Scarmazzo, 554 F.Supp.2d 1102, 1109 (E.D.Cal. 2008) (Federal law prohibiting the sale of marijuana is valid); United States v. Landa, 281 F.Supp.2d 1139, 1145 (N.D.Cal.2003) (“[O]ur Congress has flatly outlawed marijuana in this country”); Assenberg v. Anacortes Housing Authority, 268 Fed. Appx. 643 (9th Cir. 2008) (holding that a plaintiff's use of marijuana rendered him ineligible to reside in federally subsidized housing pursuant to 42 U.S.C. 13661, and that there was no duty to accommodate his drug use), aff'd, cert. denied.

[FN3] The Congressional findings in the CSA provide the Commerce Clause and international treaty legal justification for the CSA.

21 U.S.C.A. 801 Congressional findings and declarations: controlled substances

The Congress makes the following findings and declarations:

(1) Many of the drugs included within this subchapter have a useful and legitimate medical purpose and are necessary to maintain the health and general welfare of the American people.
(2) The illegal importation, manufacture, distribution, and possession and improper use of controlled substances have a substantial and detrimental effect on the health and general welfare of the American people.
(3) A major portion of the traffic in controlled substances flows through interstate and foreign commerce. Incidents of the traffic which are not an integral part of the interstate or foreign flow, such as manufacture, local distribution, and possession, nonetheless have a substantial and direct effect upon interstate commerce because--
(A) after manufacture, many controlled substances are transported in interstate commerce,
(B) controlled substances distributed locally usually have been transported in interstate commerce immediately before their distribution, and
(C) controlled substances possessed commonly flow through interstate commerce immediately prior to such possession.
(4) Local distribution and possession of controlled substances contribute to swelling the interstate traffic in such substances.
(5) Controlled substances manufactured and distributed intrastate cannot be differentiated from controlled substances manufactured and distributed interstate. Thus, it is not feasible to distinguish, in terms of controls, between controlled substances manufactured and distributed interstate and controlled substances manufactured and distributed intrastate.
(6) Federal control of the intrastate incidents of the traffic in controlled substances is essential to the effective control of the interstate incidents of such traffic.
(7) The United States is a party to the Single Convention on Narcotic Drugs, 1961, and other international conventions designed to establish effective control over international and domestic traffic in controlled substances.

[FN4] Marijuana facility adjacent to plaintiff’s land could be sued under RICO if it has interfered with their present use and enjoyment of the land and caused a diminution in

its market value. Safe Streets Alliance v. Hickenlooper, 859 F.3d 865 (CA 10 2017). The Court of Appeals held that:
1. the allegation was sufficient to allege that marijuana growers were engaged in racketeering activity;
2. the allegations were sufficient to allege a pattern of predicate acts;
3. the allegations were sufficient to plausibly plead an injury to landowners.

Sent via email on January 14, 2026 to: PublicComment@sdcounty.ca.gov, drew.Potter@sdcounty.ca.gov

Marijuana Use and Violence

September 20, 2022

There is a clear relationship between marijuana use and violence. Violent episodes, including domestic violence, should be investigated to ascertain any connection to marijuana use. Marijuana use can also be a predictor of violence and thus preventing marijuana use can reduce and prevent violence.

Attached are a number of reports of marijuana involved mass violence - representing 1000s of deaths and 1000s of injuries. We are sure there are many more, however, data collection on the connection to marijuana use and toxicology reports are not often gathered nor made public. Each incident listed has an informational link to the relevant reports of how marijuana is involved with the perpetrator's behavior. The perpetrators of mass killings are often marijuana users or used marijuana heavily in adolescence. Exhibit 1

US SECRET SERVICE REPORT ON MASS ATTACKS AND SUBSTANCE USE

Marijuana use is involved in incidents of mass attacks in which three or more persons are harmed that are carried out in public places within the United States. These acts violate the safety of places where we work, learn, shop, relax, and otherwise conduct our day-to-day lives. They have a devastating impact on our nation as a whole. As the insecurity they caused continues to ripple through our communities, those charged with ensuring public safety strive to identify methods to prevent these types of attacks.

To aid in these efforts, the U.S. Secret Service National Threat Assessment Center (NTAC) examined a sampling of these incidents, to identify key themes for enhancing threat assessment and investigative practices. Regardless of whether these attacks were acts of workplace violence, domestic violence, school-based violence, or terrorism, similar themes were observed in the backgrounds of the perpetrators including 54% of the attackers having a history of illicit drug use and/or substance abuse. This abuse, which included alcohol and marijuana, was evidenced by such factors as the attacker receiving treatment for the abuse, suffering legal consequences, or having significant problems in their personal lives stemming from the abuse. Nearly two-thirds of the attackers (64%) experienced mental health symptoms prior to their attacks. The most common symptoms observed were related to psychosis (e.g., paranoia, hallucinations, or delusions) and suicidal thoughts.[1]

MARIJUANA USE CAUSES MENTAL HEALTH PROBLEMS AND AGGRESSIVE BEHAVIORS

Even for those who use "just" marijuana, there are serious effects on mental health, where it can trigger measurable psychotic symptoms (observable in clinical studies of purified THC) in 40% of individuals with no family history of psychosis;[2 3] and in regular "recreational" users, full-fledged chronic psychotic disorders at a greater rate than any other "recreational" drug, i.e. more than LSD, PCP, cocaine, methamphetamine, amphetamine or alcohol (observable in large epidemiological and register-based studies [4 6]). The risk is elevated about 5-fold by regular use of high strength marijuana.[7]

The elements illustrating marijuana as a causal factor for psychosis were published recently in the journal Addiction.[8] The risk for suicide attempts has been shown to be elevated 7-fold in regular users [9 10], and for completed suicides, as high as 5-fold.[11]. Identical twins studies have demonstrated a clear impact of increased depression 2-fold in the twin who uses,[12] and a large epidemiological

study conducted in the U.S. demonstrated a 2.6-fold increased risk for bipolar disorder, along with an increased risk for panic disorder with agoraphobia.[13] PTSD patients who were marijuana users have been found to make less progress in overcoming their condition and were more likely to be violent.[14] All study outcomes are obviously affected by the strength of the product prevalent at the time of the study, and by the frequency of use.

A recent article in the Journal of Addiction Research & Therapy concludes:

- According to research studies, marijuana use causes aggressive behavior, causes or exacerbates psychosis and produce paranoias. These effects have been illustrated through case studies of highly publicized incidents and heightened political profiles
- These cases contain examples of repeated illustrations of aggression, psychosis and paranoia by marijuana users and intoxication. Ultimately, without the use and intoxication of marijuana, the poor judgment and mis-perceptions displayed by these individuals would not have been present, reducing the risk for actions that result in senseless deaths.
- Import to these assertions, is that the current marijuana is far more potent in THC concentrations, the psychoactive component. Accordingly, and demonstrated in direct studies, more potent marijuana results in a greater risk for paranoid thinking and psychosis. In turn, paranoid behavior increases the risk for paranoid behaviors and predictably associated with aggressive and violent behaviors.
- Marijuana use causes violent behavior through increased aggressiveness, paranoia and personality changes (more suspicious, aggressive and anger).
- Recent illicit and "medical marijuana" (especially grown by care givers for medical marijuana) is of much higher potency and more likely to cause violent behavior.
- Marijuana use and its adverse effects should be considered in cases of acts of violence as Its role is properly assigned to its high association.
- Recognize that high potency marijuana is a predictable and preventable cause of tragic violent consequences.[15]

VIOLENCE AGAINST WOMEN

Marijuana use is associated with intimate partner violence perpetration among men arrested for domestic violence. Marijuana use is positively and significantly associated with psychological, physical, and sexual interpersonal violence perpetration, even after controlling for alcohol use and problems, antisocial personality symptoms, and relationship satisfaction.[16]

MEDIA REPORTS ON MASS VIOLENCE AND MARIJUANA USE

Recently there have been a number of media reports on marijuana and mass violence and psychosis. Exhibit 2.

THE DANGERS OF THE NEW HIGH POTENCY MARIJUANA

It has been known for 100 years that marijuana is dangerous, but it is has become that much more dangerous in the 21st century, and especially since the legalized marijuana industry has been pushing very potent products that are far more powerful than in the 1970s. They can contain up to 99% THC.[17] The metabolites of marijuana can remain in the body for weeks.

CONCLUSION

The chances for becoming violent are greatest for those who begin using marijuana at a young age or continue using marijuana for many years, or use high-potency marijuana. Research concludes that persistent use of marijuana may cause violent behavior as a result of changes in brain function due to using marijuana over many years. There is a causal relationship between exposure to cannabis and subsequent violent outcomes across a major part of the lifespan.[18]

Lowering the marijuana use in this country will substantially decrease violence in America. We must do better than our current policies that often promote marijuana use.

REFERENCES

1. https://www.secretservice.gov/data/press/releases/2018/18-MAR/USSS_NTAC-Mass_Attacks_in_Public_Spaces-2017.pdf

2. Bhattacharyya S, Crippa JA, Allen P, Martin-Santos R, Borgwardt S, Fusar-Poli P, Rubia K, Kambeitz J, O'Carroll C, Seal ML, Giampietro V, Brammer M, Zuardi AW, Atakan Z, McGuire PK. Induction of psychosis by Δ9-tetrahydrocannabinol reflects modulation of prefrontal and striatal function during attentional salience processing. Arch Gen Psychiatry. 2012; 69(1):27-36.

3. Morrison PD, Nottage J, Stone JM, Bhattacharyya S, Tunstall N, Brenneisen R, Holt D, Wilson D, Sumich A, McGuire P, Murray RM, Kapur S, Ffytche DH. Disruption of frontal θ coherence by Δ9-tetrahydrocannabinol is associated with positive psychotic symptoms. Neuropsychopharmacology. 2011; 36(4):827-836.

4. Niemi-Pynttäri JA, Sund R, Putkonen H, Vorma H, Wahlbeck K, Pirkola SP. Substance-induced psychoses converting into schizophrenia: a register-based study of 18,478 Finnish inpatient cases. J Clin Psychiatry, 2013; 74(1): e94-9.

5. Nielsen, S. M., Toftdahl, N. G., Nordentoft, M., & Hjorthøj, C. Association between alcohol, cannabis, and other illicit substance abuse and risk of developing schizophrenia: a nationwide population based register study. Psychological Medicine, 2017; 47(9):1668-1677.

6. Starzer MSK, Nordentoft M, Hjorthøj C. Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis. Am J Psychiatry, 2018; 175(4): 343-350.

7. Di Forti M, Marconi A, Carra E, Fraietta S, Trotta A, Bonomo M, Bianconi F, Gardner-Sood P, O'Connor J, Russo M, Stilo SA, Marques TR, Mondelli V, Dazzan P, Pariante C, David AS, Gaughran F, Atakan Z, Iyegbe C, Powell J, Morgan C, Lynskey M, Murray RM. Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. Lancet Psychiatry. 2015;2(3):233-238.

8. Miller CL. The disconnect between the science on cannabis and public health campaigns. Addiction. 2017;112(10):1882-1883.

9. Clarke MC, Coughlan H, Harley M, Connor D, Power E, Lynch F, Fitzpatrick C, Cannon M. The impact of adolescent cannabis use, mood disorder and lack of education on attempted suicide in young adulthood. World Psychiatry. 2014;13(3):322-323.

10. Silins E, Horwood LJ, Patton GC, Fergusson DM, Olsson CA, Hutchinson DM, Spry E, Toumbourou JW, Degenhardt L, Swift W, Coffey C, Tait RJ, Letcher P, Copeland J, Mattick RP, for the Cannabis Cohorts Research Consortium. Young adult sequelae of adolescent cannabis use: an integrative analysis. Lancet Psychiatry 2014; 1(4): 245-318.

11. Arendt M, Munk-Jørgensen P, Sher L, Jensen SO. Mortality following treatment for cannabis use disorders: predictors and causes. J Subst Abuse Treat. 2013;44(4):400-406.

12. Agrawal A, Nelson EC, Bucholz KK, Tillman R, Grucza RA, Statham DJ, ... Lynskey MT. Major depressive disorder, suicidal thoughts and behaviours, and cannabis involvement in discordant twins: a retrospective cohort study. The Lancet Psychiatry, 2017; S2215-0366(17)30280-8.

13. Cougle JR, Hakes JK, Macatee RJ, Chavarria J, Zvolensky MJ. Quality of life and risk of psychiatric disorders among regular users of alcohol, nicotine, and cannabis: An analysis of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). Journal of Psychiatric Research, 2015; 66-67, 135-141.

14. Wilkinson ST, Stefanovics E, Rosenheck RA. Marijuana use is associated with worse outcomes in symptom severity and violent behavior in patients with posttraumatic stress disorder. J Clin Psychiatry. 2015;76(9):1174-1180. Marijuana Violence and Law, Journal of Addiction Research & Therapy, January 2017, https://www.omicsonline.org/open-access/marijuana-violence-and-law-2155-6105-S11-014.pdf

15. Marijuana Violence and Law, Journal of Addiction Research & Therapy, January 2017, https://www.omicsonline.org/open-access/marijuana-violence-and-law-2155-6105-S11-014.pdf

Marijuana use is associated with intimate partner violence perpetration among men arrested for domestic violence, Ryan C. Shorey, Ellen Haynes, Meagan Brem, Autumn Rae Florimbio, Hannah Grigorian, and Gregory L. Stuart, Transl Issues Psychol Sci. 2018; 4(1): 108–118. Published online 2018 Mar 1. doi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663469/

Seeing Green? Cannabis Use Associated With Domestic Violence, Wendy L. Patrick, J.D., Ph.D. Psychology Today, 2018

https://www.psychologytoday.com/us/blog/why-bad-looks-good/201810/seeing-green-cannabis-use-associated-domestic-violence

16. https://weedshome.com/thc-a-crystalline-pure-thc/

17. https://www.psychologytoday.com/us/blog/the-new-brain/201603/marijuana-use-may-increase-violent-behavior

EXHIBIT 1

SHOOTERS, TERRORISTS AND MASS KILLERS WHO USED MARIJUANA (MONTH/YEAR)

Complied by Parents Opposed to Pot: https://poppot.org

Marijuana has a reputation for making people relaxed, but like any addictive substance, more and more of the substance is needed to bring the feeling. The problem of violence is most likely to arise with a young age onset of marijuana usage; heavy, persistent usage, and /or high-potency marijuana usage. While around 50% of American adults have tried marijuana, only 10-13 % of adults who use marijuana on any regular basis. Marijuana- using mass killers often stand out because of the chronic and obsessive nature of their marijuana habit. A significant number of marijuana users experience psychotic symptoms. Psychotic killers with mental illness may appear different from political and religious killers, but they often share the trait of persistent, early marijuana use.

See, https://poppot.org/2021/03/23/weed-users-who-committed-or-attempted-mass-violence/

The below are only the mass shootings where marijuana use was mentioned in interviews or toxicology reports. There are many others we may not know about.

Many people associate a peaceful, summer of love mentality with marijuana. Whatever peace that comes over people cannot be sustained with continued use of marijuana. In fact, many people develop anxiety after they begin using marijuana, and start using it whenever they have anxiety thinking that more marijuana will calm them. Marijuana works similarly to other addiction substances in that higher and higher amounts are required just to feel normal. Marijuana use changes the brain in such a way that people do things that they may not have done without the drug's assault on their brains.

These violent offenders who committed or attempted mass murder were allegedly marijuana users. Some of them had psychosis and had deranged, paranoid thinking which may have been triggered by pot use. Others are not so clear, but they appeared to lack a conscience or empathy. Scientific research tells us that people who have schizophrenia and use marijuana, instead of prescribed medicines, they become more violent and vengeful than they otherwise would be.

7/4/22 Bobby Crimo of Highland Park IL shot and killed 6 and injured about 20, in a 4th of July parade and injured many. He was described in social media by a former friend as an "isolated stoner who completely lost touch with reality." https://twitter.com/mtracey/status/1544248652033654784

5/24/22 Uvalde, Texas shooter Salvador Ramos killed 21 (19 students, 2 teachers) and injured 18. He was a marijuana user, which the New York Times first reported and then took down. https://alexberenson.substack.com/p/urgent-the-new-york-times-has-edited/comments

12/27/21 - Lakewood, Colorado shooter Lyndon McLeod took out his anger at several massage parlor owners and co-workers, killing 6 people and trying to kill more. A writer who divulged his planning in books, he appears to have been a long-time pot user because a couple who bought a house from him said he had a large marijuana grow in the house. https://denver.cbslocal.com/2021/12/29/lyndon-mcleod-couple-home-denver-shooting-spree/#.Yc01SXrLOxo.twitter

11/26/21 Ethan Crumbley allegedly shot and killed 4 students at a high school Oxford, MI. He had a troubled history with his parents who had purchased the gun for him, but were known to leave him alone for long periods of time when he was young. While no pot links to the shooter have been found, Eli Crumbley, Ethan's older half-brother who had previously worked at the same diner, was once caught with marijuana at the job and "hinted that his father and stepmother had given it to him, the diner's manager told the Daily Mail. https://www.dailymail.co.uk/news/article-10281863/Neighbor-Michigan-school-shooter-15-claims-warned-authorities-neglected.html

11/20/21 Darrell Brooks, Jr, 39, drove through a Christmas parade in Waukesha, WI, killing 6, including a child. He had a long arrest record including several arrests for marijuana. Was clearly psychotic at the time. On his social media pages, Brooks describes himself as a "stoner." https://www.nationalreview.com/corner/was-the-waukesha-killer-a-stoner/ "... Brooks' attorney, public defender Anna Kees, argued that Brooks was high during the incident, noting that officers who arrested him noticed he smelled of marijuana and his eyes were red and glassy... But District Attorney Susan Opper countered that all Brooks had to do was stop the vehicle, and that even if he was high on marijuana he still committed multiple crimes..." https://www.dailymail.co.uk/news/article-10404189/Waukesha-parade-killer-Darrell-Brooks-stand-trial-murder-probable-cause-hearing-rules.html?ito=native_share_article-masthead

3/22/21 - Ahmad Al Aliwi Al-Issa shot and killed 10 in a grocery store and injured 2, in Boulder, CO. He had a history of mental illness according to the family. Although they don't mention marijuana, 80% of Boulder students allegedly use it, and it may have contributed to his mental illness.
https://www.independent.co.uk/news/world/americas/boulder-shooter-name-colorado-gunman-b1821207.html

12/19 – Grafton Thomas, who recently went after several attendees of a Hannakuh dinner at a rabbi's house in New York. Law enforcement officials said Thomas was arrested before in New York and New Jersey for alleged crimes like menacing and marijuana possession. He fits the pattern of the many who commit hate crimes and use cannabis. https://newyork.cbslocal.com/2019/12/29/new-york-monsey-synagogue-stabbing-attack-grafton-thomas-greenwood-lake/

08/19 Connor Betts gunned down 9 people in Dayton, Ohio. He was a heavy drug user and belonged to a band called Menstrual Munchies. His notebooks and diaries were very disturbing. His hallucinations began when he was in high School. Friend Ethan Kollie said they did hard drugs as well as marijuana and acid 4 or 5 times a week for two years. https://www.yahoo.com/news/2-friend-gunman-ohio-mass-184347593.html

6/19 – Samuel Little the US's most prolific murderer has confessed to killing more than 90 women (and admitted to 5 more in June 2019) over 6 decades has a history of burglary, breaking and entering, assault and battery, assault with the intent to rob, assault with a firearm, armed robbery, assault on a police officer, solicitation of prostitution, DUI, shoplifting, theft, grand theft, possession of marijuana, unlawful flight to avoid prosecution, resisting arrest, battery, false imprisonment, assault with great bodily injury, robbery, rape, and sodomy. https://www.thecut.com/2018/12/how-serial-killer-samuel-little-was-caught.html

5/31/2019 DeWayne Craddock shot and killed 12 employees in Virginia Beach, all co-workers in his municipal office. A neighbor who was interviewed said, "Craddock was in front of his apartment with two other people, smoking what smelled like marijuana," but that was the only reference to drugs we found. He was an engineer who kept to himself. https://www.cnn.com/2019/06/01/us/virginia-beach-suspect/index.html

5/7/2019 Devon Erickson, one of the two shooters at the STEM High School in Highlands Ranch, Colorado, which killed 1 and injured 8, was a daily or near daily pot user. Toxicologist Wanda Guidry said Devon Erickson was severely malnourished because he ingested cocaine, marijuana and cough syrup nearly daily, and he suffered from long-term sleep deprivation and insomnia, The Denver Post reported. "I believe it created psychiatric symptoms... disruption in mood, behavior and thinking," Guidry said of the drugs found in Erickson´s system hours after the shooting."

2/19/19 Gary Martin was a disgruntled worker in Aurora, IL. He was terminated and ended up by shooting 5 people. A neighbor described him as a loner, but said they sometimes smoked weed together, as reported in the Daily Beast. https://www.thedailybeast.com/eyewitness-to-aurora-shooting-gunman-is-a-co-worker-at-henry-pratt-company

2/11/19 Camden Nicholson, age 27, allegedly killed 3, his parents and their housekeeper in a gated community of

Newport Beach. The best description was in LA Times in February 19, 2019: https://www.stoppot.org/2019/02/23/orange-county-murders-horrify-friends-and-neighbors/

1/26/19 Dakota Theriot, a 21-year-old from Louisiana, allegedly killed 4: his parents, his girlfriend and her father and brother. A sheriff called the Dakota Theriot case an "extremely horrific example of failed mental health system." Five people died, but the violent outbreak follows a pattern of family murders linked to pot use and mental illness. (January 26, 2019) https://www.theadvocate.com/baton_rouge/news/crime_police/article_bef1127c-25c4-11e9-a111-8b4106437e1b.html

1/19/19 – Gregory Gago, 42, killed 4, used an axe to kill his 9-month old baby, his girlfriend, his mother and stepfather in Oregon. He grew marijuana on the family farm. https://www.dailymail.co.uk/news/article-6613055/Man-kills-parents-girlfriend-nine-month-old-daughter-rural-Oregon-home.html. The toxicology report showed he had methamphetamine, alcohol and marijuana in his system. **https://www.oregonlive.com/clackamascounty/2019/05/there-is-someone-else-alive-in-this-house-deputies-describe-saving-girl-from-killer-who-wiped-out-family.html/** (January 19, 2019)

12/12/18 Strasbourg, France shooting leaving 3 dead and at least 12 wounded: Suspect, **Cherif Chekatt**, who was on terror watch list was described by neighbors as smoking too much pot, having "lost his marbles" and had a criminal activity. https://www.telegraph.co.uk/news/2018/12/12/strasbourg-shooting-christmas-market-terror-suspect-run-killing/

11/7/18 Ian David Long, 28, was a decorated veteran with PTSD. He killed 13 people at the Borderline Bar and night Club in Thousand Oaks, CA. For a long time we suspected he was a pot user, because his unraveling sounds somewhat similar to others with PTSD who used pot and became crazed. The DA report was recently made public and it showed that marijuana was in his toxicology report. https://www.vcdistrictattorney.com/wp-content/uploads/2020/12/Borderline-Bar-Grill-OIS-Report-12-17-2020.pdf?fbclid=IwAR1BTkfN8PU1SCF2HWNHoQZEfdfZ5I4yuaiOhhtYslGTd_uQOcK4D1tjydY

7/18 Faisel Hassan, Canada: Hussain's family said he suffered from "severe mental health challenges" and struggled with psychosis and depression. Relatives said they tried their best "to seek help for him throughout his life of struggle and pain," but never imagined the "destructive" path he would choose at the end of his life. Canadian press is quiet about his marijuana use, but we suspect it. His brother died of a drug overdose and a sister died in a car crash. He killed two girls, ages 10, 18, and wounded 13 others. https://www.thestar.com/news/canada/2018/07/24/danforth-gunman-not-on-the-radar-of-national-security-agencies-safety-minister-says.html?utm_source=Twitter&utm_medium=SocialMedia&utm_campaign=930am&utm_campaign_id=Crime&utm_content=DanforthShooterReshare2018

7/18 20-year-old Emanuel Lopes shot and killed two: a policeman and a woman in Weymouth, Massachusetts. A heavy drug user, he posted photos of marijuana and a concentrate on his social media pages. The changes in his personality seem to have come over him at age 15, around the time he began using drugs. https://www.masslive.com/news/erry-2018/07/1402e009c49628/who-is-emmanuel-lopes-social-m.html

6/18 Jeremy Webster shot 4 people in Westminster, Colorado, with road rage believed to be the motive. He went after a woman, her two sons and a bystander. He killed the 13 year old. He was licensed to work at medical marijuana dispensary but we don't know much more. **https://heavy.com/news/2018/06/jeremy-john-webster/**

4/22/18 3 a.m. (two days after 4-20 celebrations) **Travis Reinking**, the man who shot and killed 4 people in a Tennessee Wafflehouse, had mental illness and allegedly suffered from schizophrenia. (It is not clear which came first the pot use or the schizophrenia, but we know that marijuana worsens schizophrenia and compromises the treatment of the disease.) Shortly before the incident, Reinking wrote in a journal about plans to drive to Colorado, describing a life in which he would hang out with friends, smoke marijuana, hike in the mountains and "repossess" cars and houses so that he would not have to work, a prosecutor said. https://apnews.com/article/nashville-travis-reinking-6839ec09d4c4a743bc5c31c54b918290

2/14/18 Nikolas Cruz, the Parkland shooter, had a troubled life and developmental disabilities. Yet he took lots of marijuana and Xanax to quiet the voices in his head. While this doesn't show cause and effect, marijuana didn't help his troubles and most likely exacerbated them. He killed 17 students, injured 17, at Marjory Stoneham Douglas High School Parkland, FL At his trial, he said: "I hate drugs, and I believe this country would do better if everyone would stop smoking marijuana and doing all these drugs and causing racism and violence out in the streets." https://www.cnn.com/2021/10/20/us/nikolas-cruz-parkland-shooting-guilty/index.html

11/17 Veteran Shane Kirk who suffered from PTSD, was using marijuana to wean himself from depression medication. Efforts to get him help from the VA failed. He shot and killed 2: his stepfather and wife in front of the three children. He had just returned from Colorado.

11/17 Kevin Neal a pot farmer in Northern Cal shot his wife, neighbors then went on a rampage in Red Bluff, CA shooting and killing 4, hitting a total of 14 people including children at a school. (Had history of psychosis and mental illness. The toxicology reports that only THC was in his blood.

11/17: Devin Patrick Kelley shot 36 people – killing 26 at the First Baptist Church in Sutherland Springs, TX. The toxicology report showed presence of marijuana. He may have had a criminal arrest for marijuana possession in 2013, although the source is not clear. He was court-martialed from Air Force in 2012, following assaulting his spouse and child. https://www.nbcnews.com/storyline/texas-church-shooting/autopsy-confirms-sutherland-springs-church-gunman-died-suicide-n888051

10/17 Malik Murphy, aged 20, murdered 2: his brother, Noah, 7 and his sister, Sophia, 5, as the family was sleeping, in Colorado Springs. Murphy and his father Vinnie then got into a fight. As Malik tried to stab his father, another brother called 911. One of the first reports of his erratic behavior: "The parents pinpoint a specific day at school

when Malik was 16. Melissa (the mom) says he found a cell phone and instead of returning it to the lost and found, he destroyed it. School officials searched his backpack they found a kitchen steak knife, a little bit of marijuana, and a Bic writing pen he had taken to use to smoke the marijuana out of it. https://www.kktv.com/content/news/Parents-of-son-who-murdered-his-two-younger-siblings-speak-out-461188133.html

7/17 Cosmo DiNardo, a 20-year-old man lured four other young men to his farm where he grew pot in Pennsylvania, for the purpose of selling marijuana to them. He killed all 4 of the men, ages 19-22 and buried them on the property. A year earlier he had been in mental health treatment for schizophrenia. https://www.nytimes.com/2017/07/17/us/bucks-county-pennsylvania-murders-cosmo-dinardo-.html

6/17 James Hodgkinson went from Illinois to Alexandria, Virginia, to protest. He shot at a baseball practice with Republicans, severely wounding Congressman Steve Scalise and four others. A Bernie Sanders supporter with domestic violence/anger issues, he advocated for the legalization of marijuana (suggests but doesn't prove he was a user) in the Press. https://heavy.com/news/2017/06/james-hodgkinson-alexandria-gop-baseball-shooter-shooting-gunman-identified-illinois/

5/17: Salman Abedi the Manchester England bomber had calls about his erratic behavior made around five years before the bombing to Police after Abedi left school, where he was known to have been a marijuana user mixed with gangs in south Manchester. He killed 22 people. https://www.telegraph.co.uk/news/2017/05/26/everything-know-manchester-suicide-bomber-salman-abedi/

5/17 Jeremy Christian knifed and killed 2 men who were defending the Muslim women he was attacking on public transportation in Portland, Oregon. He had declared his love for cannabis and comic books on Facebook. Christian's behavior was consistent with marijuana-induced psychosis. His psych evaluation showed no consistent ideology but his only goal was to be a cannabis farmer in Brazil. https://drive.google.com/file/d/1PfNc0guWsPzGIHYErvUUSXQen7A1Iy4c/view

5/17: Richard Rojas was a troubled man, veteran, with a history of drunken driving bolted from his maroon Honda Accord after his deadly midday rampage in Times Square that left one person dead and 20 others injured. He later told another officer, "I smoked marijuana. I laced the marijuana with PCP," according to the complaint. https://www.dailymail.co.uk/news/article-4522752/Troubled-history-Times-Square-driver-Richard-Rojas.html

10/16 Steven Bourgoin, 36-year-old victim of PTSD. He felt he needed marijuana to be calm, but had a psychotic break. One day he sought but couldn't get psychiatric help in Vermont. He was speeding on a highway, going the wrong way. He killed 5, and the toxicology report showed large amount of THC in his system. https://vtdigger.org/2017/11/28/driver-crash-killed-5-teens-elevated-thc-toxicology-report-shows

9/16: WA Cascades Mall Shooter Arcan Cetin opened fire on random people and killed 5. He blamed cannabis for his behavior. He was only 20, used marijuana and drugs in HS and suffered from PTSD. https://komonews.com/news/local/accused-mall-shooter-faces-murder-charges-bail-set-at-2-million

9/16 Nathan Desai opened fire at a Texas mall. He shot and injured 9. He had fallen apart after the collapse of his law firm and neighbors noticed heavy smell of marijuana from his apartment. Fortunately, none of his victims died. https://ninjapundit.blogspot.com/2016/09/nathan-desai-disgruntled-lawyer-houston.html

7/16 Mohammed Bouhlel, murdered 86 people on July 14, 2016. He plowed into the crowd with a truck on Bastille Day in Nice, France, on the Promenade des Anglais while people celebrated the national holiday. He used very strong cannabis while in high school and had his first psychotic break at age 19. https://www.mirror.co.uk/news/world-news/nice-massacre-monster-mohamed-bouhlel-8436103

7/16 A Japanese man stabbed and killed 19 disabled people at facility in Japan. His name was **Satoshi Uematsu** https://www.japantimes.co.jp/news/2016/08/08/national/crime-legal/sagamihara-massacre-suspect-tests-positive-marijuana-sources/#.Wy_WEyAnaUk
He had been alternately diagnosed with bipolar disorder and marijuana-induced psychosis.

6/16 Omar Mateen Orlando night club shooter admitted to using marijuana and steroids. Clearly his anger and behavior problems went beyond pot use and went back to a very young age, including an incident in second grade when he sang "marijuana, marijuana" in school, instead of "mariposa, mariposa." He killed 49 people and injured 53. (The two ABC News reports we used for this information is no longer available online.)

11/15: Brahim Abdeslam, leader of the bombings at the Bataclan Night Club in Paris was a known marijuana user whose wife said it made him lazy. He and his brother used drugs in his café in Molenbeek Brussels, which was overrun by the smell of marijuana. The attackers killed 130 people, including 90 at the Bataclan theatre. Another 416 people were injured, almost 100 critically. https://www.nzherald.co.nz/world/paris-terror-attacks-ex-wife-of-suicide-bomber-calls-him-a-lazy-pothead/E3HO7P7OV5TJEBN7E35JK5EK4E/?c_id=2&objectid=11547260

11/15: Robert Dear, Planned Parenthood gunman in Colorado moved to CO from North Carolina for marijuana. He shot and killed three people. Forensic psychiatrists declared him unable to stand trial. https://www.nytimes.com/2015/12/02/us/robert-dear-planned-parenthood-shooting.html

10/15 Only 3 weeks earlier, another Colorado Springs shooter named **Noah Harpham** suddenly went psychotic and killed 3. His family was trying to get him into treatment. Marijuana was the only drug in his toxicology report. He suffered from both marijuana and alcohol addiction, and marijuana put him into psychosis http://www.westword.com/news/noah-harpham-killings-police-explain-10-minute-response-delay-after-first-911-call-7306531

8/15: Jody Herring, lost custody of her child because she was erratic and tested positive for THC. She said she took THC pills for pain. She shot and killed a Vermont Social worker and 3 others who were her relatives.

7/15: Chattanooga TN shooter **Mohammad Abdulazeez** killed 4 Marines and a sailor, was a heavy user of marijuana. He had been diagnosed as bipolar. https://

www.washingtonpost.com/politics/chattanooga-shooter-an-aimless-young-man-who-smoked-dope-and-shot-guns/2015/07/18/c213f6a6-2d7d-11e5-a5ea-cf74396e59ec_story.html?utm_term=.9081f0e035fb

6/15 Tunisian beach shooter **Seiffeddine Rezgui**, 23, killed 39 tourists on the beach, many of them British. In addition, he injured 36. According to British journalist Peter Hitchens, he was a cannabis user. https://hitchensblog.mailonsunday.co.uk/2016/07/is-the-latest-mass-murder-really-incomprehensible-.html

6/15 Dylann Roof who shot and killed 9 members of a church in Charleston, South Carolina, was an early marijuana user at age 12, and did other drugs. He was diagnosed with schizophrenia. https://www.wlox.com/story/35435134/new-dylann-roof-documents-unsealed-im-just-a-sociopath/

3/15 Robert Durst arrested – killed 3 or 4 people, including his wife and Susan Berman, a confidant who knew his history. The incidents happened over several years and he always used marijuana. He is a wealthy guy who always evaded police and a true psychopath. https://nypost.com/2015/03/17/robert-durst-had-pot-38-caliber-revolver-when-he-was-arrested/

1/15 Charlie Hebdo murders. A Charlie Hebdo massacre suspect was a pot-smoking, pizza-delivering "loser" before joining the terror group. They killed 12 people and injured 13. http://www.nydailynews.com/news/world/charlie-hebdo-massacre-suspect-pot-smoking-loser-lawy-article-1.2070082

1/15 In South Africa, 20-year-old **Henri Van Breda** murdered his wealthy parents and brother with an axe. His 16-year-old sister survived an attack with brutal head and neck injuries. Initially, Henri, the guilty son, claimed to have been attacked, and that he was not the attacker. Investigations led to the fact that the son was high at the time. He's now in prison. https://www.dailymail.co.uk/news/article-2954720/South-African-student-survived-triple-axe-murder-family-high-drugs-time.html

10/14 Jaylen Fryberg shot four friends in high school cafeteria and turned on himself. His Twitter account exposed that his girlfriend broke up with him because of his marijuana use which she thought pot made him stupid. He admitted that he would need to smoke a whole lot of weed to get over her breaking up with him. https://www.nbcnews.com/storyline/marysville-school-shooting/washington-school-shooter-jaylen-fryberg-happy-popular-students-n233506

10/14 Ottawa terrorist **Michael Zehaf-Bibeau** shot and killed one security officer before he was killed. He had extensive drug history which included much marijuana, as well as PCP: http://nationalpost.com/news/canada/alleged-ottawa-shooter-apparently-had-criminal-past-in-quebec-was-repeatedly-brought-in-on-drug-charges

4/14: Richard Kirk, Colorado father of 3, shot his wife in the head while she is talking to the 911 operator. She explained on the phone that he had eaten a marijuana-laced candy and wanted her to kill him. The defendant was clearly influenced by marijuana-induced psychosis. https://www.theguardian.com/society/2016/may/11/family-sues-marijuana-dispensary-murder-colorado

2/14 Ashton Sachs drove from Seattle to southern California to murder his parents. He tried to murder his brother but left him badly injured. A heavy marijuana user, he had made previous suicide attempts, but blamed his parents for messing up his life. He was supposed to be attending community college in Seattle. Instead of going to class, he smoked pot and played video games. https://www.dailymail.co.uk/news/article-3842272/Orange-County-man-murdered-wealthy-parents-paralyzed-eight-year-old-brother-shooting-attack-luxury-family-home-sentenced-life-prison.html

2014, 2013, 2003 Charles Severance, a man who murdered 3 people in Alexandria, Virginia, by showing up at the doors in daylight, was a frequent political candidate and advocate for legalizing marijuana since the 1990s. http://alexandria.wusa9.com/news/news/1199171-who-charles-severance. The murders took place between 2003 and 2014. He clearly suffered from mental health issues and psychosis consistent with years of marijuana use. https://www.nbcwashington.com/news/local/accused-serial-killer-charles-severance/63218/

1/14: Mall in Columbia (MD) shooter marijuana user **Darion Aguilar** killed 2 and then himself. https://www.washingtonpost.com/local/crime/2014/01/29/a936f5ca-8932-11e3-a5bd-844629433ba3_story.html?_=ddid-6-1641336960

4/13: Boston Marathon bombing, both **Tsarnaev brothers** were heavy marijuana users. They killed 3 people and injured 264. After the incident, it was discovered that Tamerlan Tsarnaev was probably connected to the murders of two men, former friends who bodies were covered in marijuana. https://www3.bostonglobe.com//Page/Boston/2011-2020/WebGraphics/Metro/BostonGlobe.com/2013/12/15tsarnaev/tsarnaev.html?arc404=true

12/12: Jacob T Roberts in Clackamas Town Center OR killed 2 seriously injured 1 and then killed himself a chronic marijuana since age 16. https://www.oregonlive.com/forest-grove/2013/05/clackamas_town_center_shooting.html

7/12: Aurora, Colorado theater shooter, **James Holmes**, was a heavy marijuana user. As the New York Post reported, a neighbor said that he would see him smoking pot by the garbage bins of apartment complex. https://nypost.com/2012/07/21/massacre-suspect-trolled-web-for-sex/#ixzz21GIfphdV. It happened the summer before the vote to legalize, but Coloradans still voted to legalize and didn't seem to notice the connection. He killed 12 and injured 70.

1/11: Tucson Massacre convict **Jared Loughner** was a habitual pot user. He failed a recruitment in the military because of excessive pot use. He killed 6 people and injured 9, including Rep Gabby Giffords. http://content.time.com/time/nation/article/0,8599,2041634,00.html

3/10: Pentagon shooter **John Bedell**'s had a history of mental illness and marijuana abuse. He was given a medical marijuana card when it was bad advice. http://voices.washingtonpost.com/postpartisan/2010/03/the_pentagon_shooter_and_medic.html

5/06 Michael Kennedy, 18, ambushed a police station in Chantilly, Virginia, shooting several rounds and killing two police officers. His father, was a marijuana user and gun

collector who gave his son marijuana. A heavy pot user, the son Michael was very erratic and crazy. https://www.washingtonpost.com/wp-dyn/content/article/2007/08/07/AR2007080700885.html

3/21/05 Red Lake Shootings, killed 7 and injured 5 more. It was posted on social media that **Paul Weise**, the 16-year-old school shooter was a marijuana user. He was a member of the Red Lake Tribe and it occurred on the Red Lake Reservation in Minnesota. https://en.wikipedia.org/wiki/Red_Lake_shootings

7/96 Eric Rudolph, the first abortion clinic terrorist was discharged from army for marijuana use. He killed 2 and injured 120 others. https://www.nytimes.com/2003/06/01/us/suspect-in-96-olympic-bombing-and-3-other-attacks-is-caught.html

4/96 Timothy McVeigh, the Oklahoma City bomber, killed 168. He was known to be a marijuana user, a vet and man with strong anti-government ideology.

1/93 The Brown's Chicken murders in Palatine, IL killed 8 people. **Juan Luna and Jim Degorski** smoked marijuana afterwards. "A woman reported that they drove to her Elgin townhouse where she said the trio smoked marijuana and split the money the men said they had taken from Brown's." Another article says they "smoked a couple of bowls" after the murders. https://www.chicagotribune.com/news/ct-xpm-2002-06-09-0206090449-story.html

10/91 George Hennard who drove a pickup into Luby's cafeteria in Killeen, Texas, and then shot people, killing 23 and himself. He had a previous marijuana arrest in 1989 and underwent substance abuse treatment. https://en.wikipedia.org/wiki/Luby%27s_shooting

1984-1985 Richard Ramirez was convicted of murdering 13 in California. He began smoking marijuana at age 10 with an older cousin who filled his mind lurid stories idealizing violence. https://en.wikipedia.org/wiki/Richard_Ramirez

1984 Suzan and Michael Bear Carson were convicted of 3 bizarre murders on "Murder Mountain" in California. https://www.thedailybeast.com/witch-killers-family-keep-them-in-jail Michael was a stay-at-home marijuana dealer in suburban Phoenix with a degree in Chinese philosophy. His daughter said: "No one could have foreseen this." Typically. your Jewish father doesn't convert to Islam, then to radical Islam, and change it to some weird religion where they grow pot and kill gays.

1983 Bruce Blackman, a Canadian, killed 6 family members in 1983 while high on marijuana, and having psychotic break. He was a heavy user for several years possibly triggering his paranoid schizophrenia. According to court testimony Blackman was on an intense stone from eating and smoking marijuana. Bruce Blackman, British Columbia, killed 6 in his family, on an intense marijuana psychosis, 1983 https://www.reddit.com/r/TrueCrime/comments/5ggm3c/bruce_blackman_familicide/

1978 Stephan, the son of **Jim Jones**, who led 400 to suicide at Jonestown in Guyana, confirmed that Jones used LSD and marijuana. https://simple.wikipedia.org/wiki/Jim_Jones

EXHIBIT 2 - MEDIA REPORTS

See the story on June 1 about pot psychosis and denial. https://video.foxnews.com/v/6307173357112/#sp=show-clips

See the story on May 31 on marijuana and mass killings. https://www.mediamatters.org/fox-news/laura-ingraham-blames-marijuana-mass-shootings

Here is the video of an interview with Dr. Daniel Amen a Child Psychiatrist. Dr. Amen mentions the brain damage caused by marijuana. https://twitter.com/UnfilteredOnFox/status/1530723097086763009?fbclid=IwAR0E6FGW17sB66IHnoBDzwcy-NNIi-OSxp2Ld-zb1266DKpHPfS7aBaOllE

Alex Berenson who has appeared on national media has written a book that documents that marijuana causes psychosis and violence. https://video.foxnews.com/v/6078145753001#sp=show-clips

His book is available on Amazon. https://www.amazon.com/Tell-Your-Children-Marijuana-Violence/dp/1982103671

See, "Chronic Marijuana Use and Violence – Linked?" https://amac.us/chronic-marijuana-use-and-violence-linked/

See, "Blame Legalized Marijuana for Increased Mass Shootings" https://cloudflarepoc.newsmax.com/ronaldkessler/booker-harris-sanders-thc/2022/06/01/id/1072447/

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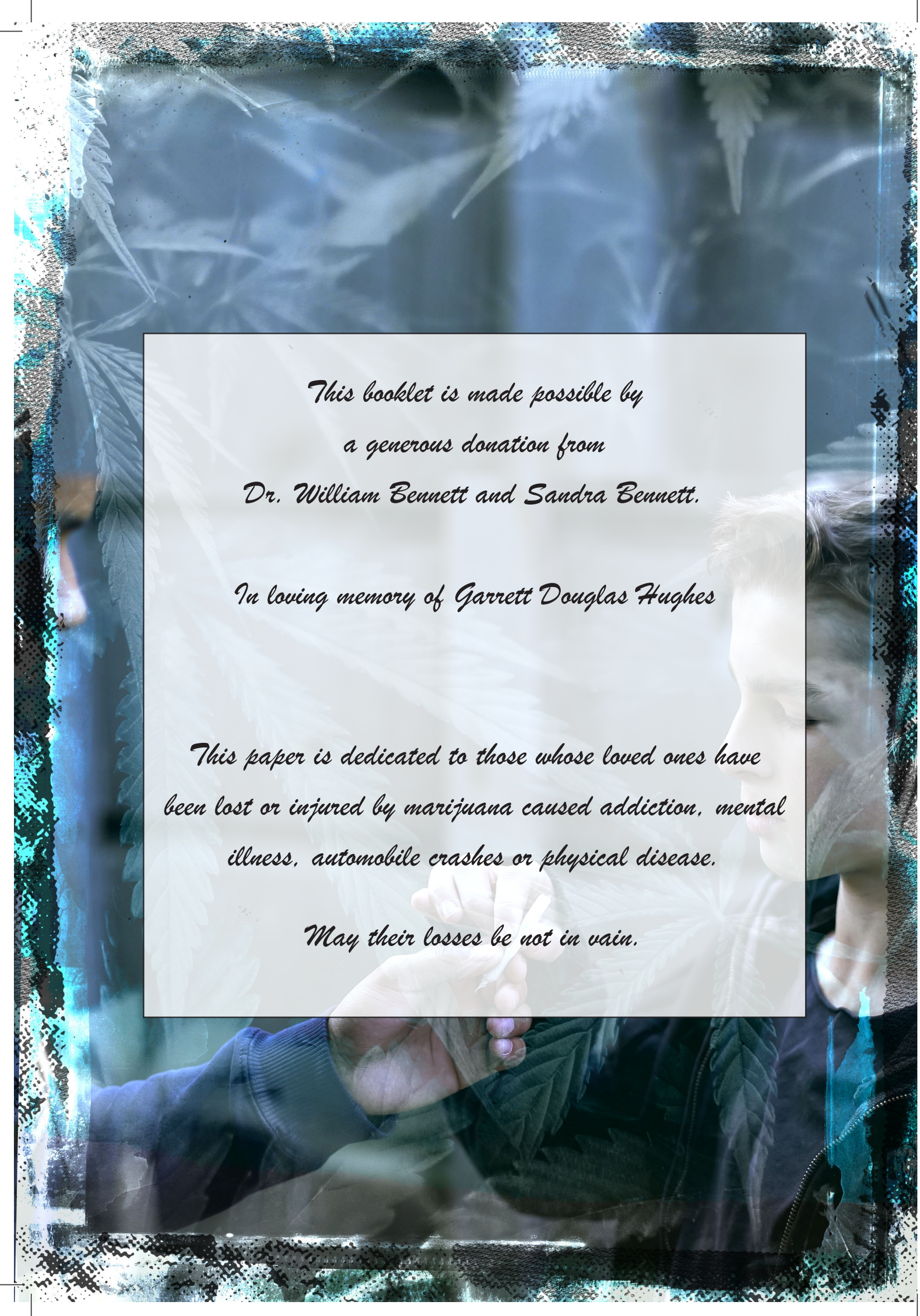
September 1, 2022



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Dr. William Bennett and Sandra Bennett.

In loving memory of Garrett Douglas Hughes

This paper is dedicated to those whose loved ones have been lost or injured by marijuana caused addiction, mental illness, automobile crashes or physical disease.

May their losses be not in vain.

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Americans Against Legalizing Marijuana is an all volunteer IRS approved non-profit 501(c)(3) dedicated to providing information on the harms of marijuana to individuals and our Country based on the premise of

No Use of Any Illegal Drug and No Illegal Use of Legal Drugs

MARIJUANA IS A DANGEROUS DRUG: HERE IS THE SCIENCE

Compared to years past, marijuana and the products derived from marijuana, have much higher THC (Tetrahydrocannabinol) content. THC is the substance in marijuana that is primarily responsible for the psycho-affective effects on a person. The marijuana of today is highly potent, addictive, and the negative effects can be long-acting. Marijuana is classified as a hallucinogenic drug under federal law.

Even though marijuana production, possession, and distribution are illegal under the federal Controlled Substances Act and the federal Food and Drug Administration medicine and food laws, some states have "legalized" marijuana and/or cannabidiol (CBD) under state law due to lobbying by the marijuana industry. However, producing and selling marijuana is still illegal under federal law.[1]

Marijuana and other cannabis products are inherently dangerous substances and even with warnings and "regulation" it is not safe to use or sell or distribute them. The sellers and distributors of these products should be civilly liable for any damages. This includes "medical" marijuana care providers.

This paper discusses the many harms caused by marijuana use that are amply documented by science. The marijuana industry is using the playbook of the tobacco and opiate industries in manipulating public opinion. For over 20 years, the marijuana industry has falsely and fraudulently denied:

1. that marijuana use causes mental illness, birth defects, addiction, violence, cancer and otherwise endangers the health of those who use it and their unborn children;
2. that marijuana is a highly addictive drug that they manipulated in order to sustain addiction;
3. that they marketed and promoted marijuana as not being harmful when in fact it is;
4. that they intentionally marketed to young people under the age of twenty-one and denied doing so;
5. that they concealed evidence to prevent the public from knowing about the dangers of marijuana to protect the industry from adverse litigation results.

We use the term "marijuana" because that is the term for most of the cannabis products that are sold. However, this paper is concerned with all plant derived or synthetic cannabinoid products that require warnings such as cannabidiol (CBD) and Delta 8-THC, Delta 9-THC, Delta 10-THC and THC-O-Acetate and tetrahydrocannabivarin (THCV).[2]

The word “cannabis” refers to all products derived from the plant Cannabis sativa. The cannabis plant contains about 540 chemical substances. The word “marijuana” refers to parts of or products from the plant Cannabis sativa that contain certain amounts of tetrahydrocannabinol (THC). THC is the substance that’s primarily responsible for the effects of marijuana on a person’s mental state. Some cannabis plants contain very little THC. Under U.S. law, these plants are considered “hemp” rather than marijuana. 21 U.S.C. § 802 (16)

The best way for people to avoid these harms is to avoid marijuana and other cannabis products. This paper does not endorse marijuana or cannabis use in any form and opposes its use and legalization and commercialization. We hope that consumers will be deterred from marijuana and cannabis use. The exceptions are the FDA approved cannabinoid-based medicines that can be used under medical direction.

There are definite well-documented risks of physical and mental damage from marijuana and other cannabinoid products. For example, any medicine that the Food and Drug Administration approves requires warnings by the product manufacturer or seller or medical care provider. This is the case where marijuana or any other products of cannabis such as hemp and cannabidiol (CBD) are to be approved for any use by the FDA for medicinal purposes.

The FDA has not approved the cannabis plant for any medical use. However, the FDA has approved several drugs that contain individual cannabinoids. Epidiolex, which contains a purified form of CBD derived from cannabis, was approved for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome, two rare and severe forms of epilepsy. Marinol and Syndros, which contain dronabinol (synthetic THC), and Cesamet, which contains nabilone (synthetic chemical similar to THC) are approved by the FDA. Dronabinol and nabilone are used to treat nausea and vomiting caused by cancer chemotherapy. Dronabinol is also used to treat loss of appetite and weight loss in people with HIV/AIDS.

The few Cannabinoid products that have been approved for use by the FDA, including Epidiolex, Marinol and Cesamet have extensive warnings of the many risks of use. The FDA drug label for Marinol issues a warning that the drug “may cause psychiatric and cognitive effects and impair mental and/or physical abilities. Avoid use in patients with psychiatric history.” The FDA drug label for prescription CBD in the form of Epidiolex issues a warning that the drug may cause “Hepatocellular injury (liver), somnolence and sedation, suicidal behavior and ideation.”[3] While these boxed warnings exist on low potency prescription cannabis products, there may be no warnings on much higher potency federally illegal marijuana products sold at marijuana stores or dispensaries.

Unless there are proper labeling and warnings the consumer has no complete way of knowing the potency or purity of the product, as state-legalized marijuana lacks the quality control of FDA-approved medicines or foods, although in some states the percentage of tetrahydrocannabinol (THC) and cannabidiol (CBD) are listed on the products sold in state-legalized stores or dispensaries.

ABOUT SCHEDULE 1 DRUGS

Drugs are divided up into five "schedules" by federal law depending on their addictiveness, potential harm and usefulness as a medicine. Schedule 5 are the least harmful. The most addictive and dangerous drugs are put into Schedule I. Marijuana is a schedule I drug because: (1) the drug has a high potential for abuse; (2) the drug has no currently accepted medical use in treatment in the United States; and (3) there is a lack of accepted safety for use of the drug under medical supervision.

21 U.S.C. §§ 811, 812(b). Gonzales v. Raich, 545 U.S. 1, 15 (2005). Marijuana as a Schedule I drug cannot be prescribed for any medical purpose. This was upheld in federal court in 2015 in US v. Pickford, 100 F.Supp.3d 981 (ED CA 2015). See also https://www.dea.gov/drug-information/drug scheduling.

1. GENERAL HEALTH RISKS

There are definite health risks associated with the consumption of cannabis derivatives such as tetrahydrocannabinol (THC) and CBD. These health risks can be idiosyncratic and unpredictable in nature even with low potency marijuana. Health risks can also be dependent on biochemical, mental health, and/or other physical and psychological factors. The risks are many and include:

- Psychosis
- Suicides
- Lung damage
- Cancer
- Brain damage
- Neonatal Exposure
- Opioid abuse
- Motor vehicle and home and work place accidents
- Cannabis Hyperemesis Syndrome.[4]

CONCLUSION: Use of marijuana products can cause damage to the user's physical and/or mental health.

2. RISKS TO UNBORN CHILDREN AND PARENTS

There are health risks for mothers and fathers and unborn children associated with the consumption of marijuana. For women who are pregnant, breast-feeding, or planning on becoming pregnant, a warning should be provided. Irreparable damage is being done to the DNA of both male and females and their children by marijuana use. The basic scientific understanding of the damage to DNA has been known for decades.[5]

Cannabinoid use during pregnancy can be harmful to a baby's health. This includes THC and CBD. The chemicals in marijuana (in particular, tetrahydrocannabinol (THC) pass through the mother's system to the baby and may harm the baby's development. Although more research is needed to better understand how marijuana may affect mothers and their babies during pregnancy, the American College of Obstetricians and Gynecologists (ACOG) strongly advises that pregnant women not use marijuana.[6]

The Colorado School of Public Health reports that there is a 50% increase in low birth weights among women who use marijuana during pregnancy. Low birth weight sets the stage for future health problems including infection and time spent in neonatal intensive care.[7]

Prenatal marijuana use has been linked with:

a. Developmental and neurological disorders and learning deficits in children.

b. Premature births, miscarriages, stillbirths.

c. An increased likelihood of a person using marijuana as a young adult.

d. The American Medical Association states that marijuana use may be linked with low birth weight, premature birth, behavioral and other problems in young children.

e. Birth defects and childhood cancer.

f. Reproductive toxicity affecting a father's sperm in spermatogenesis, which is the process of the formation of male gamete including meiosis and formation of sperm cells.

g. Data implicate cannabinoids including cannabidiol (CBD) in a diverse spectrum of heritable congenital anomalies.[8]

Marijuana use is not recommended in pregnancy and is associated with poor health at birth[9] and future cognitive and emotional problems in children. [10] Despite these known risks, a recent investigation into regulated cannabis dispensaries in Colorado found that employees, when asked, recommended cannabis for pregnancy-associated morning sickness 69% of the time and usually did not recommend speaking to the woman's physician first. [11]

CONCLUSION: There are physical and mental health risks for mothers and fathers and unborn children associated with the consumption of marijuana.

3. RISKS TO MENTAL HEALTH

Marijuana use, especially frequently (daily or nearly daily) and in high potency, can cause disorientation and sometimes unpleasant thoughts or feelings of anxiety and paranoia. People who use marijuana are more likely to develop a temporary psychosis (not knowing what is real, hallucinations, and paranoia) and long-lasting mental disorders, including schizophrenia (a type of mental illness where people might see or hear things that are not really there). The association between marijuana and schizophrenia is stronger in people who start using marijuana at an earlier age and use marijuana more frequently. Marijuana use has also been linked to depression, social anxiety, and thoughts of suicide, suicide attempts, and suicide.[12]

Marijuana use can trigger measurable psychotic symptoms (observable in clinical studies of purified THC) in 40% of individuals with no family history of a psychosis. [13] In regular recreational users, it can trigger full-fledged chronic psychotic disorders at a greater rate than any other recreational drug, i.e., more than LSD, PCP, cocaine, methamphetamine, amphetamine or alcohol (observable in large epidemiological and register-based studies).[14] The risk is elevated about 5-fold by regular use of high potency marijuana.[15] The facts illustrating that marijuana is a causal factor for psychoses were published in the journal Addiction. [16]

The major damage found by the National Academies of Sciences Engineering and Medicine in their 2017 report "The Health Effects of Cannabis and Cannabinoids" was that marijuana use was strongly associated with a greater risk of developing schizophrenia. Subsequent research has only strengthened this connection. [17]

The American Psychiatric Association states that:

> *There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.*
>
> *Medical treatment should be evidence-based and determined by professional standards of care; it should not be authorized by ballot initiatives.*
>
> *No medication approved by the FDA is smoked. Cannabis that is dispensed under a state-authorized program is not a specific product with controlled dosages. The buyer has no complete way of knowing the strength or purity of the product, as cannabis lacks the quality control of FDA-approved medicines, although in some states the percentage of delta-9tetrahydrocannabinol (THC) and cannabidiol (CBD) are listed on the products sold in state-legalized stores or dispensaries.*
>
> *Prescribers and patients should be aware that the dosage administered by smoking is related to the depth and duration of the inhalation and therefore difficult to standardize. The content and potency of various Cannabinoids contained in cannabis can also vary, making dose standardization a challenging task.*
>
> *Even non-smoked means of consumption, such as edible forms of cannabis, tinctures, and ointments have variable absorption, bio-availability, and a range of phytocannabinoids and other biologically active compounds which are not measured or controlled for in production.*
>
> *Physicians who recommend use of cannabis for "medical" purposes should be fully aware of the risks and liabilities inherent in doing so.*
>
> *The APA does not endorse cannabis as medicine.*[18]

The state of Colorado warns that use of marijuana concentrates may lead to psychotic symptoms and/or psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality) and mental health symptoms/problems. [19]

CONCLUSION: Use of marijuana products can cause severe damage to the user's mental health including psychotic symptoms and/or psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality) and other mental health symptoms and problems.

4. RISKS OF SUICIDE

There is significant evidence linking cannabis use and suicide, especially in teens and young adults.[20] In 2019, a review of multiple publications found that adolescent cannabis use was associated with increased depression in young adulthood and a tripling of the risk of a suicide attempt.[21] Marijuana is the most prevalent substance found in completed teen suicide in the state of Colorado.[22] A population-based cohort study of Medicaid-enrolled youths with mood disorders found that the presence of cannabis use disorder was significantly associated with an increased risk of nonfatal self-harm, all-cause mortality, and death by unintentional overdose and homicide.[23]

CONCLUSION: Use of marijuana products can cause users to become suicidal or to engage in self-harm.

5. DAMAGE TO MENTAL ABILITY

Research shows that exposure to marijuana is associated with cognitive decline, poor memory, inattention, impaired learning performance, reduced dopamine brain response-associated emotionality, and increased addiction severity in young adults. Marijuana use directly affects brain function - specifically the parts of the brain responsible for memory, learning, attention, decision-making, coordination, emotions, and reaction time. Developing brains, such as those in babies, children, and teenagers, are especially susceptible to the harmful effects of marijuana and tetrahydrocannabinol (THC).[24]

CONCLUSION: Use of marijuana products can cause damage to the user's mental functioning.

6. CARDIAC AND LUNG DAMAGE

There is an emerging literature on serious cardiac events being triggered by potent marijuana use in the young, including fatalities. Stroke, arrhythmias, and

cardiomyopathies are major outcomes of concern. Smoked marijuana, regardless of how it is smoked, can harm lung tissues and cause scarring and damage to small blood vessels.[25]

CONCLUSION: Use of marijuana products can cause damage to the user's heart and cardiac system and lungs.

7. RISKS OF CANCER

Smoked marijuana, regardless of how it is smoked, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana has many of the same toxins, irritants, and carcinogens (cancer-causing chemicals) as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and mucus production, though these symptoms generally improve when marijuana smokers quit.[26]

Independent studies have shown that the risk for testicular cancer is doubled by regular use.[27]

Marijuana use may also cause other cancers. Experimental studies show that Cannabinoids are an important cause of community-wide genotoxicity impacting both birth defect and cancer epidemiology. For example, the State of California has declared that marijuana smoke has been identified through reputable research as carcinogenic, and relates to or causes developmental malformations (teratogenic), and causing other potential harms to the user and those exposed to marijuana smoke. Marijuana may be involved with head and neck cancer, lung cancer, bladder cancer, brain cancer, and testicular cancer and childhood cancers.[28]

CONCLUSION: Use of marijuana products can cause cancer.

8. RISKS OF DEPRESSION

Adolescents who use cannabis have a significant increased risk of depression and suicidality in adulthood.[29] Researchers from McGill and Oxford Universities carried out a systematic review and meta-analysis that included 23,217 individuals from 11 international studies. They found that cannabis use among adolescents is associated with significant increased risk of depression and suicidality in adulthood. The population attributable risk was found to be around 7%, which translates to more than 400,000 adolescent cases of cannabis attributed depression.[30]

CONCLUSION: Use of marijuana products can cause depression in the user.

9. DAMAGE TO CHILDREN

The rate of marijuana exposures in the "medical" marijuana states among children under the age of six was reported in a study published in Clinical Pediatrics. The data comes from the National Poison Data System. 75% percent of the children ingested edible marijuana products such as marijuana-infused candy. Clinical effects include drowsiness or lethargy, ataxia (failure of muscle coordination), agitation or irritability, confusion and coma, respiratory depression, and single or multiple seizures. Because more states are likely to pass legislation legalizing medical and recreational use of marijuana, increased efforts to establish child-focused safety requirements regarding packaging of commercially sold marijuana products are needed to help prevent more children from being exposed to this drug.[31]

In Colorado, one in six infants and toddlers hospitalized for lung inflammation are testing positive for marijuana exposure. This has been a 100% increase since legalization (10% to 21%). Nonwhite kids are more likely to be exposed than white kids.[32]

Marijuana related emergency room visits by Colorado teens is substantially on the rise. They see more kids with psychotic symptoms and other mental health problems and chronic vomiting due to marijuana use.[33]

Marijuana use is tied to concurrent and lasting changes in adolescent cognitive functions, according to a study that tracked high school students for 4 years. Of particular concern was the finding that marijuana use was associated with lasting effects on a measure of inhibitory control, which is a risk factor for other addictive behaviors, and might explain why early onset marijuana use is a risk factor for other addictions.[34]

CONCLUSION: Use of marijuana products can cause damage to the physical and/or mental health of children.

10. BRAIN DEVELOPMENT IN CHILDREN

Marijuana affects brain development. Developing brains, such as those in babies, children, and teenagers, are especially susceptible to the harmful effects of marijuana and tetrahydrocannabinol (THC).[35] Heavy marijuana use has shown visible negative alterations in both brain structure and function.[36]

Research shows that infants exposed to THC before birth suffer a wide array of neurocognitive and neurobehavioral deficits that cascade throughout childhood and adolescence, resulting in adverse social, health, educational and economic

consequences. Exposing the developing brain to marijuana can prime the brain to addiction and have potential negative consequences. Although scientists are still learning about the effects of marijuana on developing brains, studies suggest that marijuana use by mothers during pregnancy could be linked to problems with attention, memory, problem-solving skills, and behavior in their children.[37]

CONCLUSION: Use of marijuana products can damage brain development in children.

11. RISKS OF HIGH POTENCY MARIJUANA

Marijuana products today can be up to 99% THC, the psychoactive chemical in marijuana.[38] The amount of THC in marijuana has been increasing steadily over the past few decades. For a person who's new to marijuana use, this may mean exposure to higher THC levels with a greater chance of a harmful reaction including mental illness.

Limiting the availability of high potency marijuana may be associated with decreased marijuana addiction and mental illness.[39] However, this does not imply that low potency marijuana could be safely or more safely used. Even in small low potency amounts, damage of all kinds can be done to those of all ages and their children.[40]

CONCLUSION: Marijuana products may contain high potency marijuana. High potency marijuana is known to cause many mental health and physical health problems.

12. CANNABIS HYPEREMESIS SYNDROME (CHS)

CHS is now commonly recognized in hospital emergency rooms in long term marijuana users. CHS is potentially fatal and associated with painful retching, vomiting, and abdominal pain.[41]

The state of Colorado warns that use of marijuana concentrates may lead to Cannabis Hyperemesis Syndrome (CHS) (uncontrolled and repetitive vomiting).[42]

CONCLUSION: Use of marijuana products can cause damage to the user's physical and/or mental health. It can cause uncontrollable and repetitive vomiting.

13. RISKS OF VIOLENCE

According to research studies, marijuana use is linked to aggressive behavior and domestic violence and can cause or exacerbate psychoses and produces paranoias all of which can lead to violence and homicide. Marijuana use has also been linked to mass shootings.[43]

PTSD patients who were marijuana users have been found to make less progress in overcoming their condition and were more likely to be violent. Initiating marijuana use after PTSD treatment was associated with worse PTSD symptoms, more violent behavior, and alcohol use. Marijuana may actually worsen PTSD symptoms or nullify the benefits of specialized, intensive treatment.[44]

CONCLUSION: Use of marijuana products can cause the user to become violent.

14. DRIVING AND OPERATION OF MACHINERY

Cognitive capabilities and perceptions can be immediately impaired due to the THC in marijuana and Cannabinoids such as CBD. This can include low levels of THC. THC can impair important skills required for safe driving or operation of machinery by slowing reaction time and the ability to make decisions, impairing coordination, and distorting perception.[45]

Epidemiology data from road traffic arrests and fatalities indicate that after alcohol, THC is the most frequently detected psychoactive substance among driving populations. The data clearly shows a reduced ability to drive safely after THC use.[46] As stated in the Surgeon General's 2016 report Facing Addiction in America, marijuana's THC is a serious threat to the physical and mental health of our children and that its use is a major hazard to public safety.[47]

Based on state data, the state of Colorado warns that use of marijuana's THC may impair the ability to drive or operate machinery.[48]

THC causes a decline in motor performance resulting in delayed reaction times and reduced ability to stay in one's own driving lane. Cognitive functions decline reducing one's ability to maintain sustained attention to driving conditions and leading to poor decision-making, impulse control and memory.[49] The adverse effects

of THC on driving safety have been proven with controlled laboratory experiments driving simulators and real-world driving experiments.[50]

Chronic users build up a tolerance to some, but not all of the effects of THC. To compensate for their tolerance, chronic users consume higher quantities of a drug to obtain their desired effect and are just as impaired as occasional users.[51]

CONCLUSION: Use of marijuana products will cause the user to be unsafe in driving a motor vehicle or operating machinery.

15. POST-TRAUMATIC STRESS DISORDER (PTSD)

The use of marijuana can make PTSD worse and increase the risk of suicide.[52] Those who have PTSD should be warned about its use. The only blind sample clinical study on the response of PTSD patients to marijuana found no benefit as compared to a placebo.[53]

CONCLUSION: Use of marijuana products may be harmful to people with Post Traumatic Stress Disorder.

16. HARMFUL DRUG AND MEDICINE INTERACTIONS

There are many concerns about the interaction between marijuana (cannabis) and medications. Cannabinoid levels can be increased by other medications. Cannabinoids can affect levels of other drugs. Smoking marijuana can increase clearance of some drugs. Additive effects can occur with other drugs. There are potential “red flag” interactions.[54]

Consumers need warning labels on some prescription medications from the pharmacy such as “Do not take with alcohol” or “Do not take with grapefruit juice.” Pharmacies can check for medication interactions.

The marijuana plant has over 400 chemicals that include tetrahydrocannabinol (THC), the psychoactive chemical and cannabidiol (CBD). These products are metabolized in the liver and may alter the metabolism of many medications resulting in toxicity or under dosing of the medications. There are 379 drug interactions with THC, 25 major and 354 minor. There are 539 drug interactions with cannabidiol

(CBD), 9 major and 482 moderates. Drug interactions with marijuana products can be life threatening. Marijuana and CBD and all Cannabinoids, may interact with the following medicines:

- Sedatives - such as Barbiturates, lorazepam (Klonopin), lorazepam (Ativan), phenobarbital (Donnatal), zolpidem (Ambien) and others. The sedative effect can be increased.
- Theophylline - decrease the effects of theophylline which is bronchodilator - it opens up the airways in the user's lungs to make breathing easier.
- Disulfiram (Antabuse) - using it and marijuana can cause agitation, trouble sleeping, and irritability.
- Fluoxetine (Prozac) - using it and marijuana can cause irritation, nervousness, jitteriness, and excitation (hypomania).
- Warfarin (Coumadin) - using it and marijuana can increase the chance of bruising and bleeding.[55]

Marijuana and CBD may also interact with

- Zonisamide
- Eslicarbazepine acetate (Aptiom—Sunovion)
- Cyclosporine Calcium channel blockers
- Benzodiazepines
- Haloperidol (Haldol—Johnson & Johnson)
- Atorvastatin (Lipitor—Pfizer)
- Simvastatin
- Antiepileptic drugs (caution with children)
- Clobazam
- Corticosteroids
- Some hospital-administered antibiotics
- Medicines that make patients lethargic (marijuana can accentuate that)
- Marijuana increases the level or effect of a lot of different medications.[56]

Alcohol: The combination of alcohol and marijuana can have severe psychomotor effects impairing driving.[57]

CBD: CBD may potentially interact in a negative way with anti-epilepsy drugs such as:

- Carbamazepine (Tegretol)
- Phenytoin (Dilantin)
- Phenobarbital (Luminal, Solfoton, Tedral)
- Primidone (anti-seizure)[58]

CONCLUSION: Use of marijuana products can cause a harmful interaction with other drugs or medicines. Consult the user's health care provider before use. Inform the user's health care provider of any medications being taken.

17. RISKS OF IMMEDIATE SIDE EFFECTS

Marijuana users should be warned of the possibility that marijuana may cause immediate side effects such as headache, dizziness, drowsiness, dry mouth, nausea, and paranoid thinking. Smoking cannabis might also increase appetite, increase heart rate, change blood pressure, and impair mental functioning. Some reports suggest that smoking cannabis may also increase the risk of heart problems such as heart attack and abnormal heart rhythm.[59]

CONCLUSION: Use of marijuana products can cause immediate harmful side effects.

18. UNLAWFUL USE OUTSIDE OF THE STATE

Some state laws that "legalize" marijuana are clear that it can only be used in that state. The product is unlawful outside the state.[60]

CONCLUSION: Marijuana products cannot be used outside of certain states or be taken across state lines.

19. LACK OF REGULATORY CONTROL

In some states the marijuana product may be produced without regulatory oversight for health, safety, or efficacy and consumers should be warned if this is the case. The State of Colorado warns about this.[61]

CONCLUSION: Marijuana products may be produced without regulatory oversight for health, safety, or efficacy.

20. INTOXICATION MAY BE DELAYED

The intoxicating effects of all forms of marijuana, including marijuana edibles may be delayed. Owing to the idiosyncratic and unpredictable effects of marijuana, there is no way in which its safety and efficacy can be assured. Those who use any cannabinoid product need to be fully apprised of the risks involved in the use of these drugs.[62]

CONCLUSION: Use of marijuana products may cause intoxication that may be delayed.

21. CONTAMINATION

Marijuana consumers should be warned that there may be nonorganic pesticides, fungicides, and herbicides used during the cultivation of the marijuana. The pesticides and fungicides used in marijuana growing are dangerous chemicals.[63] In addition, the cannabis plant is known as a hyper-accumulator; as it grows, it can take up unusually high levels of toxic heavy metals from the soil or growing medium through its roots and potentially into its flowers.[64]

There have been reports of contamination of cannabis/cannabinoid products with microorganisms.[65]

CONCLUSION: Marijuana products may contain microorganisms, nonorganic pesticides, fungicides, herbicides and heavy metals acquired during the cultivation of the marijuana.

22. AGE LIMITS

There are age limits for "legal" consumption under the state laws. However, this implies that marijuana can be safely used or "regulated" if there are age limits. Age limits are of no avail with a substance that has known harmful physical, mental, and psychological effects.[66]

CONCLUSION: Use of marijuana products by anyone under the age of __ may be illegal under state law. Use of marijuana products by any one of any age is illegal under federal law.

23. ADDICTION

One study estimated that approximately 3 in 10 people who use marijuana have Cannabis Use Disorder (CUD). Another study estimated that people who use marijuana have about a 10% likelihood of becoming addicted. The risk of developing CUD is greater in people who start using marijuana during youth or adolescence and who use marijuana more frequently. The following are signs of CUD:

- Using more marijuana than intended.
- Trying but failing to quit using marijuana.
- Spending a lot of time using marijuana.
- Craving marijuana.
- Using marijuana even though it causes problems at home, school, or work.
- Continuing to use marijuana despite social or relationship problems.
- Giving up important activities with friends and family in favor of using marijuana.
- Using marijuana in high-risk situations, such as while driving a car.
- Continuing to use marijuana despite physical or psychological problems.
- Needing to use more marijuana to get the same high.
- Experiencing withdrawal symptoms when stopping marijuana use.[67]

The state of Colorado warns that use of marijuana concentrate may lead to cannabis use disorder/dependence, including physical and psychological dependence. [68]

CONCLUSION: Use of marijuana products may cause the users to develop cannabis use disorder/dependence (addiction), including physical and psychological dependence.

24. PAIN MANAGEMENT

Even though pain management is one of the most common reasons people report for using medical marijuana in the United States, there is limited evidence that marijuana works to treat most types of acute or chronic pain. Further, marijuana legalization is not associated with decreases in opioid overdose deaths and that

prior research findings that it did reduce deaths could be coincidental. Importantly, using marijuana either alone or in combination with opioids has been shown to increase risk for opioid misuse. There is no evidence that marijuana works to treat opioid use disorder. Safe and effective FDA-approved medications are available to treat opioid use disorder.[69]

The potential benefits of cannabis-based medicine (herbal cannabis, plant-derived or synthetic THC, THC/CBD oromucosal spray) in chronic neuropathic pain might be outweighed by their potential harms.[70]

CONCLUSION: Use of marijuana products may cause the users to develop cannabis use disorder/dependence, including physical and psychological dependence. Such products are not good pain relievers.

25. RISKS OF POISONING

Edibles such as food and drink products infused with marijuana, have some different risks than smoked marijuana, including a greater risk of poisoning. Unlike smoked marijuana, edibles can take from 30 minutes to 2 hours to take effect, so some people may eat too much, which can lead to poisoning and/or serious injury. They can cause intoxicating effects that last longer than expected, depending on the amount ingested, the last food eaten, and medications or alcohol used at the same time. They can be unpredictable. The amount of tetrahydrocannabinol (THC), or the concentration or strength, is very difficult to measure and is often unknown in edible products. Many people who use edibles can be caught off-guard by their strength and long-lasting effects.[71]

CONCLUSION: Use of marijuana products may result in poisoning and unpredictable toxic effects.

26. RISKS OF SECONDHAND MARIJUANA SMOKE

The known risks of secondhand exposure to tobacco smoke - including risks to the heart and lungs - raise questions about whether secondhand exposure to marijuana smoke causes similar health risks. Secondhand marijuana smoke contains many of the same toxic and cancer-causing chemicals found in tobacco smoke and contains some of those chemicals in higher amounts.[72]

The state of California warns that marijuana smoke may be cancerous.[73]

CONCLUSION: Secondhand exposure to marijuana smoke has risks including risks to the heart and lungs.

27. RISKS OF MAKING GLAUCOMA WORSE

Recent evidence shows that cannabis in either tetrahydrocannabinol (THC) or cannabidiol (CBD) are both harmful to the eye and have a deleterious effect on glaucoma. CBD has been shown to increase intra-ocular pressure (IOP) the fundamental problem with most forms of glaucoma. THC lowers IOP but the effect is transient and therapeutically worthless. Chronic cannabis use causes damage and loss of retina ganglion cells as does the disease glaucoma. Moreover, ganglion cells are central nervous system tissue, like the cells of the brain, and may serve as a surrogate marker for brain cell loss. This might account for neurological problems associated with heavy cannabis use such as memory loss, lethargy, and poor motivation, permanent IQ loss in youthful users, aggression, psychoses, etc. Half a century of research has found no benefit to any cannabis products in ophthalmology. Use of sham "medical" marijuana, CBD, or any form of cannabis is not recommended for glaucoma or any other eye condition by the American Academy of Ophthalmology or the Glaucoma Society. No physician should ever recommend cannabis use for any of the many forms of glaucoma.[74]

CONCLUSION: Use of marijuana products may make glaucoma worse and may cause eye damage.

28. RISKS OF AUTISM

Marijuana use makes autism scores worse. Autism Spectrum Disease (ASD) "is the commonest form of cannabis-associated clinical teratology."[75] A teratology is a collection of four things having something in common, such as a deformity with four features.

This is likely epidemiologically highly significant for the US, where autistic spectrum disorders have been shown to be growing exponentially. Cannabis use across the US was shown to be independently associated with autism rates across both time and space, to be dose-related, and, based on conservative projections, has been predicted to be at least 60% higher in cannabis-legal states than in states where cannabis was illegal by 2030.[76]

CONCLUSION: Use of marijuana products can make autism scores worse in the user.

29. RISKS OF OPIOID DEPENDANCE

A *PubMed* review of 2,237 titles resulted in 14 studies that met inclusion criteria to review and found cannabis use ranging 6.2 – 38% in chronic opioid users compared to 5.8% in general population. Cannabis use in chronic opioid patients showed statistically significant associations with present and future aberrant opioid-related behaviors.[77]

Many studies show that marijuana use increases the likelihood of opioid use disorder and opioid misuse[78] and it is not a good pain reliever.[79] It might be of some benefit for chronic pain patients who do use the drug to know that marijuana is an intoxicant and like any intoxicant, including beverage alcohol, pain sensations may be dulled while the intoxicated person is under the influence of the intoxicant. And like any other intoxicant, the cause of the pain is not affected by the use of the intoxicant and the pain will return when the effects of the intoxicant wear off.

CONCLUSION: Marijuana products are intoxicants and have been shown to increase the likelihood of opioid use disorder and opioid misuse and they are not good pain relievers.

30. RISKS OF ALLERGIC REACTION

Allergic disease associated with marijuana exposure and use has been reported with increased frequency, including anaphylaxis.[80]

CONCLUSION: Use of marijuana products may cause a life-threatening allergic reaction.

31. RISKS OF SLEEP DISTURBANCE

A large study has shown that marijuana use can cause problems with sleep such as progressive sleep disturbances, and other negative effects to sleep architecture and quality. [81]

CONCLUSION: Use of marijuana products cause problems with sleep such as progressive sleep disturbances, and other negative effects to sleep architecture and quality.

32. RISK OF USE OF CBD

The FDA warns that prescription CBD in the form of Epidiolex may cause hepatocellular injury (liver), somnolence and sedation, suicidal behavior and ideation.[82] Epidiolex is a very pure form of CBD and is derived from hemp and does not contain THC as do some other CBD products.[83]

In addition, CBD products that are not approved by the FDA may be medical fraud, mislabeled or contaminated.[84]

CONCLUSION: Use of CBD may cause hepatocellular injury (liver), somnolence and sedation, suicidal behavior and ideation and exposure to contamination.

33. RISK OF USE WITH EPILEPSY

Cannabinoids, primarily CBD, have been studied for the treatment of seizures associated with forms of epilepsy that are difficult to control with other medicines. Epidiolex (oral CBD) has been approved by the FDA for the treatment of seizures associated with two epileptic encephalopathies: Lennox-Gastaut syndrome and Dravet syndrome. Epileptic encephalopathies are a group of seizure disorders that start in childhood and involve frequent seizures along with severe impairments in cognitive development. However, not enough research has been done on cannabinoids for other, more common forms of epilepsy to allow conclusions to be reached about whether they're helpful for these conditions.[85]

CONCLUSION: Use of cannabis may cause people with epilepsy to not get proper treatment.

34. RISK OF USE AND STROKE

There is growing evidence links cannabis use to cerebrovascular disease, including aneurysmal subarachnoid hemorrhage (aSAH) and acute ischemic stroke. Aneurysmal subarachnoid hemorrhage (aSAH) is a sudden life-threatening bleeding

occurring in the subarachnoid space. In a population-based study, the aSAH incidence was twice as high in cannabis users as in nonusers in a younger age group.[86]

CONCLUSION: Use of cannabis may cause strokes.

35. RISK OF INJURY TO OLDER ADULTS

Cannabis use is associated with an increased risk of injury among older adults.[87]

CONCLUSION: Use of cannabis may increase the risk of injury to older adults.

36. RISK OF USING MARIJUANA AS MEDICINE

Over the past several years, FDA has issued several warning letters to firms that market unapproved new drugs that allegedly contain cannabidiol (CBD). As part of these actions, FDA has tested the chemical content of cannabinoid compounds in some of the products, and many were found to not contain the levels of CBD they claimed to contain. Many contained THC. It is important to note that these products are not approved by FDA for the diagnosis, cure, mitigation, treatment, or prevention of any disease. In addition, the FDA has consistently warned against using any cannabinoid product as a medicine unless it is approved by the FDA. Consumers should beware purchasing and using any such products.[88]

CONCLUSION: Use of marijuana/cannabis as a medicine may not be safe or effective unless approved by the FDA.

END NOTE

We hope this document will guide state officials and legislators on how to protect the public until the marijuana legalization laws are reversed.

ABOUT THE AUTHOR

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He is the author of the following articles published by Thomson Reuters and available on Westlaw:

Marijuana and Product Liability, *Cannabis Law* 300:100

"Medical" Marijuana and Medical Malpractice Liability, *Cannabis Law* 500:100

Client and Case Vetting of Medical Malpractice Cases Involving Marijuana, *Cannabis Law* 500:400

Here are some websites to learn more about marijuana. They all have research and good quality information.

Americans Against Legalizing Marijuana
www.aalm.info

Driving Under the Influence of Drugs (DUID) Victims Voices
http://www.duidvictimvoices.org

Drug Free America Foundation
https://www.dfaf.org

Every Brain Matters
https://everybrainmatters.org

Gordon Drug Abuse Prevention
Gordondrugabuseprevention.com

International Academy on the Science and Impact of Cannabis
https://iasic1.org

Johnny's Ambassadors
https://johnnysambassadors.org/research/

Marijuana Victims Alliance
https://www.mvaa.info

Moms Strong
https://momsstrong.org

Parents Opposed to Pot
https://poppot.org

Smart Approaches to Marijuana.
https://learnaboutsam.org

The Marijuana Report - up to date research
https://themarijuanareport.org

REFERENCES

We wish to acknowledge that some of this information was obtained from the on-line library of the International Academy on the Science and Impact of Cannabis (IASIC). IASIC is an organization of international experts on cannabis who are guided by medicine and science to provide accurate and honest information that guides decision-making. *https://iasic1.org/library/*

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Scott Chipman, Vice President, Americans Against Legalizing Marijuana *www.aalm.info*

ADDITIONAL RECOGNITION

Mark S. Gold, M.D. Distinguished Life Fellow, the American Psychiatric Association, Distinguished Fellow American College of Clinical Pharmacology, Distinguished Fellow, American Society of Addiction Medicine has conducted studies on marijuana that are cited herein.

We also wish to refer the readers to an excellent book Cannabis in Medicine an Evidence-Based Approach, Dr. Kenneth Finn, Editor, published by Springer in 2020. *https://link.springer.com/book/10.1007/978-3-030-45968-0*

This is a comprehensive compilation of multiple facets of cannabis from a medical perspective. It includes several non-medical sections which indirectly impact medicine from a public health and safety perspective. It provides an evidence-based approach to cannabis and medicine. The book includes chapters on:

- The Properties and Use of Cannabis Sativa Herb and Extracts
- Cannabinoid and Marijuana Neurobiology
- The Pharmacodynamics, Pharmacokinetics, and Potential Drug Interactions of Cannabinoids
- Cannabis and Neuropsychiatric Effects
- Cannabis and the Impact on the Pediatric and Adolescent Population
- Acute Emergency Department Presentations Related to Cannabis
- Evidence of Cannabinoids in Pain
- Cannabis in Pulmonary Medicine
- Clinical Cardiovascular Effects of Cannabis Use
- Cannabinoids in Neurologic Conditions
- Ocular Conditions and the Endocannabinoid System
- Cannabis in Oncology and Symptom Management
- Cannabis in Palliative Medicine
- Charting the Pathways Taken by Older Adults Who Use Cannabis: Where Are the Baby Boomers Going Now?
- Cannabis in Dermatology
- Fetal and Neonatal Marijuana Exposure
- Cannabinoids in Gastrointestinal Disorders
- Looking at Marijuana Through the Lens of Public Health
- Cannabis-Impaired Driving: Evidence and the Role of Toxicology Testing
- The Legal Aspects of Marijuana as Medicine

FOOTNOTES

1. Marijuana that is distributed under state laws is derived from the cannabis plant and is thus a "botanical Cannabinoid." 21 U.S.C. § 802 (16). The federal Food and Drug Administration (FDA) has only approved one botanical Cannabinoid, a CBD, as a medicine. All other botanical marijuana/Cannabinoids (THC or CBD) dispensed under state law as medicine or for "recreational use" or as a food or food supplement are illegal under the Food and Drug Administration (FDA) laws. Source: FDA Advisory, What You Need to Know (And What We're Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD, November 25, 2019, available at ***www.fda.gov***.

Gonzales v. Raich, 545 U.S. 1, 15, 22 (2005); Nat'l Org. for Reform of Marijuana Laws (NORML) v. Bell, 488 F. Supp. 123, 136 (D.D.C.1980); 21 U.S.C. § 812.21; 21 U.S.C. 331 and 355 (b)(1)(drug must be safe and effective in use). Elansari v. United States, 2016 WL 4415012 (MD PA 2016); US v. Pickford, 100 F.Supp.3d 981, 1007–1009 (D CA 2015)

2. It is our position that all forms of THC are dangerous. Types of THC include Delta 9 (the most common) and Delta 8-THC, Delta 9-THC, Delta 10-THC and THC-O, also known as THC-O-Acetate.

Delta 8-THC ***https://cen.acs.org/biological-chemistry/natural-products/Delta-8-THC-craze-concerns/99/i31***

Delta 10 -THC ***https://extractionmagazine.com/2020/03/21/the-bizarre-crystallization-of-%CE%B410-thc/***

THC-O, also known as THC-O-Acetate ***https://www.hempgrower.com/article/thc-o-acetate-q-and-a-dr-ethan-russo-credo-science/***

3. Cesamet - has the potential to affect the central nervous system which might manifest itself in dizziness, drowsiness, euphoria "high", ataxia, anxiety, disorientation, depression, hallucinations and psychosis. ***https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/018677s011lbl.pdf***

Marinol - ***https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/018651s025s026lbl.pdf***

Epidiolex - ***https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210365lbl.pdf***

4. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

Summary of the Medical Application of Marijuana: A Review of Published Clinical Studies, U.S. FDA Center for Drug Evaluation and Research, 81 Fed. Reg. 53767 (August 12, 2016).

CDC information

https://www.cdc.gov/marijuana/index.htm
https://www.cdc.gov/marijuana/health-effects/addiction.html
https://www.cdc.gov/marijuana/health-effects/brain-health.html
https://www.cdc.gov/marijuana/health-effects/cancer.html
https://www.cdc.gov/marijuana/health-effects/driving.html
https://www.cdc.gov/marijuana/health-effects/heart-health.html
https://www.cdc.gov/marijuana/health-effects/lung-health.html
https://www.cdc.gov/marijuana/health-effects/mental-health.html
https://www.cdc.gov/marijuana/health-effects/chronic-pain.html
https://www.cdc.gov/marijuana/health-effects/poisoning.html
https://www.cdc.gov/marijuana/health-effects/risk-of-other-drugs.html
https://www.cdc.gov/marijuana/health-effects/second-hand-smoke.html

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events. ***https://emergency.cdc.gov/han/2021/han00451.asp***

https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

https://www.natlawreview.com/article/fda-and-cdc-issue-warnings-regarding-health-risks-using-delta-8-thc-products

https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

Why Marijuana Legalization is a Very Bad Idea
https://acdemocracy.org/why-marijuana-legalization-is-a-very-bad-idea

Predictable and Unpredictable Effects of Marijuana. Published March 4, 2021 by Moms Strong ***https://momsstrong.org/2021/03/04/marijuana-predictable-and-unpredictable-effects***

The disconnect between the science on cannabis and public health campaigns. Miller CL. Addiction. 2017;112(10):1882-1883. ***https://onlinelibrary.wiley.com/doi/full/10.1111/add.13918***

https://www.reuters.com/article/us-health-marijuana-kids/marijuana-related-er-visits-by-colorado-teens-on-the-rise-idUSKBN1HO38A

Colorado Department of Revenue, Marijuana Enforcement Division, Retail Marijuana Code, 1 CCR 212-2; See sections: R1004 (B)(1)(j) and R1005(B)1(h) and R1007.5(B)(1)(g) (hereinafter "1 CCR 212-2.")

Effects of delta-9-trans-tetrahydrocannabinol in man, H Isbell, C W Gorodetzsky, D Jasinski, U Claussen, F von Spulak, F Korte, Psychopharmacologia 1967;11(2):184-8. doi: 10.1007/BF00401256. https://pubmed.ncbi.nlm.nih.gov/4871478/

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, November, 2016, Chapters One and Two and Appendix D pp.65-66 at: ***https://store.samhsa.gov/sites/default/files/d7/priv/surgeon-generals-report.pdf***

Severe Multisystem Dysfunction in a case of high level exposure to smoked cannabis. Reece A.S. Br. Medical Journal - Case Reports. Published online 2nd September 2009; 2009. ***http://casereports.bmj.com/content/2009/bcr.08.2008.0798.long***

Chronic Toxicology of Cannabis. Reece A.S. Clinical Toxicology, 2009; 47(6): 517-524. PMID: 19586351. DOI:10.1080/15563650903074507 ***http://www.tandfonline.com/doi/abs/10.1080/15563650903074507?journalCode=ictx20***

Delta-8 tetrahydrocannabinol, also known as delta-8 THC, is a psychoactive substance found in the *Cannabis sativa* plant, of which marijuana and hemp are two varieties. Delta-8 THC is one of over 100 cannabinoids produced naturally by the cannabis plant but is not found in significant amounts in the cannabis plant. As a result, concentrated amounts of delta-8 THC are typically manufactured from hemp-derived cannabidiol (CBD). It is important for consumers to be aware that delta-8 THC products have not been evaluated or approved by the FDA for safe use in any context. They may be marketed in ways that put the public health at risk and should especially be kept out of reach of children and pets.
https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

Geotemporospatial and Causal Inference Epidemiological Analysis of US Survey and Overview of Cannabis, Cannabidiol and Cannabinoid Genotoxicity in Relation to Congenital Anomalies 2001–2015. Albert Stuart Reece, Gary Kenneth Hulse. Accepted in 2021 for publication in Environmental Epigenetics. Data implicate cannabinoids including cannabidiol (CBD) in a diverse spectrum of heritable Congenital Anomalies. Sigmoidal non-linear dose-response relationships are of grave concern. These transgenerational genotoxic, epigenotoxic, chromosomal-toxic putatively causal teratogenic effects strongly indicate tight restrictions on community cannabinoid penetration.

Respiratory Effects of Cannabis. Reece A.S. Drug Watch International Newsletter 22/12/2007. 12(2): 1. ***http://www.drugwatch.org/component/search/?searchword=respiratory%20effects%20cannabis&ordering=newest&searchphrase=all&limit=20***

Cannabis as a Cause of Giant Cystic Lung Disease. Reece A.S. Q Journal of Medicine, 2008; 101(6): 503. PMID: 18375474. ***https://doi.org/10.1093/qjmed/hcn040***

https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/

A recent study looked at over a million emergency room encounters and found marijuana patients had higher odds of most medical and behavioral diagnoses, especially in the use of other substances, mental health disorders, social anxiety disorder, HIV/AIDS, PTSD, depression, and bipolar disorder. Source: Medical conditions of primary care patients with documented cannabis use and cannabis use disorder in electronic health records: a case control study from an academic health system in a medical marijuana state, Padwa, et. al. Substance Abuse Treatment, Prevention, and Policy volume 17, Article number: 36 (2022) ***https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00467-1***

5. ***https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf***

Surgeon General's Warning on Marijuana, 1982 ***https://www.cdc.gov/mmwr/preview/mmwrhtml/00001143.htm***

National Institute of Drug Abuse Monograph 44. Marijuana's Effects on the Endocrine and Reproductive Systems. M. Braude, ed. (1984) ***https://www.semanticscholar.org/paper/Marijuana-effects-on-the-endocrine-and-reproductive-Braude/3a953e01f8cc6446e4d08db31b0ee157342c3858***.

6. ***https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation.***

https://www.cdc.gov/marijuana/health-effects/pregnancy.html

7. ***https://www.sciencedaily.com/releases/2018/04/180423125052.htm***

8. Four longitudinal studies of children born after prenatal cannabis exposure (PCE) show increased adverse neurodevelopmental outcomes including impaired executive function, visuomotor processing deficits, heightened startle responses, impulse control, heightened susceptibility to addiction in later life, emotional behaviors, and motor defects. ***https://www.psychiatrictimes.com/view/cannabis-pregnancy-rejoinder-exposition-cautionary-tales***

The relationship between cannabis and male infertility, sexual health, and neoplasm: a systematic review, S Rajanahally, O Raheem, M Rogers, W Brisbane, K Ostrowski, T Lendvay, T Walsh PMID: 30767424 DOI: 10.1111/andr.12585. ***https://pubmed.ncbi.nlm.nih.gov/30767424/***

Correlates and consequences of Prenatal Cannabis Exposure (PCE): Identifying and Characterizing Vulnerable Maternal Populations and Determining Outcomes in Exposed Offspring, Brents L., In: Preedy V.R., ed. Handbook of Cannabis and Related Pathologies: Biology, Pharmacology, Diagnosis and Treatment. Vol 1. London: Academic Press; 2017:160-170.

Cannabis in Pregnancy – Rejoinder, Exposition and Cautionary Tales. Albert Stuart Reece, MBBS, FRCS, FRCS, FRACGP, MD, Gary Kenneth Hulse, BBSc, MBSc, PhD.Psychiatric Times, October 9, 2020, ***https://www.psychiatrictimes.com/view/cannabis-pregnancy-rejoinder-exposition-cautionary-tales***

Prenatal marijuana exposure impacts executive functioning into young adulthood: An fMRI study. Smith AM, Mioduszewski O, Hatchard T, Byron-Alhassan A, Fall C, Fried PA. Neurotoxicol Teratol. 2016;58:53-59.

Geotemporospatial and Causal Inference Epidemiological Analysis of US Survey and Overview of Cannabis, Cannabidiol and Cannabinoid Genotoxicity in Relation to Congenital Anomalies 2001–2015. Albert Stuart Reece, Gary Kenneth Hulse. Accepted in 2021 for publication in Environmental Epigenetics. Data implicate cannabinoids including cannabidiol (CBD) in a diverse spectrum of heritable Congenital Anomalies. Sigmoidal non-linear dose-response relationships are of grave concern. These transgenerational genotoxic, epigenotoxic, chromosomal-toxic putatively causal teratogenic effects strongly indicate tight restrictions on community cannabinoid penetration.

The risks of marijuana use during pregnancy. Volkow ND, Compton WM, Wargo EM. JAMA. 2017;317(2):129-130. ***https://www.drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby***

https://www.drugabuse.gov/publications/research-reports/marijueffectivemedicine

Risk of Selected Birth Defects with Prenatal Illicit Drug Use, Hawaii, 1986-2002, Journal of Toxicology and Environmental Health, Part A, 70: 7-18, 2007 ***http://pubmed.ncbi.nlm.nih.gov/17162495***

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation

https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2018.pdf

Trends in Marijuana Use Among Pregnant and Nonpregnant Reproductive-Aged Women, 2002-2014. Brown QL, Sarvet AL, Shmulewitz D, Martins SS, Wall MM, Hasin DS. JAMA. 2017;317(2):207-209. ***https://pubmed.ncbi.nlm.nih.gov/27992619/***

Known Cannabis Teratogenicity Should be Carefully Considered. Reece A.S. BMJ Rapid Response. Accepted 06/08/2018. ***https://www.bmj.com/content/362/bmj.k3357/rr-0***

Impacts of Cannabinoid Epigenetics on Human Development: Reflections on Murphy et. al. Cannabinoid Exposure and Altered DNA Methylation in Rat and Human Sperm. Reece A.S., Hulse G.K. Epigenetics 2018; 13: 1208-1221." Accepted Epigenetics 14th June 2019. doi: ***https://doi.org/10.1080/15592294.2019.1633868*** .

Cannabis Teratology Explains Current Patterns of Coloradan Congenital Defects: The Contribution of Increased Cannabinoid Exposure to Rising Teratological Trends. Reece A.S. Hulse G.K. Clinical Pediatrics. Published online 9th July 2019. ***https://doi.org/10.1177/0009922819861281***

Unrolling and Unravelling Far-Reaching Implications of Cannabis Use in Pregnancy Study. Reece A.S., Comment in JAMA Network Online Accepted 31st July 2019. See Comments Tab. ***https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2738343***

Cannabis Consumption Patterns Parallel the East-West Gradient in Canadian Neural Tube Defect Incidence: An Ecological Study. Reece A.S., Hulse G.K., Accepted for Global Pediatric Health 20th October 2019. ***https://journals.sagepub.com/doi/pdf/10.1177/2333794X19894798***; ***https://doi.org/10.1177/2333794X19894798***

Canadian Cannabis Consumption and Patterns of Congenital Anomalies: An Ecological Geospatial Analysis. Reece A.S., Hulse G.K., Accepted in Journal of Addiction Medicine, 6th January 2020. MS No. JAM-D-00715R3. ***https://journals.lww.com/journaladdictionmedicine/Abstract/publishahead/Canadian_Cannabis_Consumption_and_Patterns_of.99248.aspx, ePublished 13th March 2020.***

Cannabis in Pregnancy – Rejoinder, Exposition and Cautionary Tales. Reece A.S., Hulse G.K., Accepted for Publication in Psychiatric Times, 18/07/2020. ePublished 10/10/2020. ***https://www.psychiatrictimes.com/view/cannabis-pregnancy-rejoinder-exposition-cautionary-tales***

Neurological, Epigenomic and Multigenerational Adverse Outcomes of Prenatal Cannabis Exposure. Reece A.S. Comment on Association of Comorbid Behavioral and Medical Conditions With Cannabis Use Disorder in Pregnancy by Meinhofr A., Hinde J.M., Keyes K.M. JAMA Psychiatry. Published October 5th 2021. ***https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2785860***

9. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

Cannabis Use During the Perinatal Period in a State With Legalized Recreational and Medical Marijuana: The Association Between Maternal Characteristics, Breastfeeding Patterns, and Neonatal Outcomes, Crume et al., Journal of Pediatrics. 2018. Epub 2018 Mar 28. doi: 10.1016/ j. jpeds.2018.02.005. ***https://pubmed.ncbi.nlm.nih.gov/29605394/***

Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services. ***https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know***

10. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

A longitudinal study of the impact of marijuana on adult memory function: Prenatal, adolescent, and young adult exposures, Willford JA, Goldschmidt L, De Genna NM, Day NL, Richardson GA. Neurotoxicology and Teratology, 2021-03-01, Volume 84, Article 106958, ***https://www.psychiatry.pitt.edu/neurotoxicology-and-teratology-longitudinal-study-impact-marijuana-adult-memory-function-prenatal***

11. ***Recommendations From Cannabis Dispensaries About First-Trimester Cannabis Use*** Dickson, Betsy MD; Mansfield, Chanel MPH; Guiahi, Maryam MD, MSc; Allshouse, Amanda A. MS; Borgelt, Laura M. PharmD; Sheeder, Jeanelle PhD; Silver, Robert M. MD; Metz, Torri D. MD, MS, Obstetrics & Gynecology: June 2018 - Volume 131 - Issue 6 - p 1031-1038 doi: 10.1097/AOG.0000000000002619, ***https://journals.lww.com/greenjournal/Abstract/2018/06000/Recommendations_From_Cannabis_Dispensaries_About.13.aspx***

https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/

12. ***https://www.cdc.gov/marijuana/health-effects/mental-health.html***

Medicinal Marijuana, Stress, Anxiety, and Depression: *Primum non nocere*. Gold M.Mo Med. 2020 Sep-Oct;117(5):406-411. PMID: 33311739; PMCID: PMC7723145. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7723145/***

Symptoms of ADHD or marijuana use? Graham NA, DuPont RL, Gold MS. Am J Psychiatry. 2007 Jun;164(6):973; author reply 973-4. doi: 10.1176/ajp.2007.164.6.973a. PMID: 17541060. ***https://ajp.psychiatryonline.org/doi/10.1176/ajp.2007.164.6.973***

Induction of psychosis by 9-tetrahydrocannabinol reflects modulation of prefrontal and striatal function during attentional salience processing. Bhattacharyya S, Crippa JA, Allen P, Martin-Santos R, Borgwardt S, Fusar-Poli P, Rubia K, Kambeitz J, O'Carroll C, Seal ML, Giampietro V, Brammer M, Zuardi AW, Atakan Z, McGuire PK. Arch Gen Psychiatry. 2012; 69(1):27-36. ***https://pubmed.ncbi.nlm.nih.gov/22213786/***

Disruption of frontal θ coherence by Delta 9-tetrahydrocannabinol is associated with positive psychotic symptoms. Morrison PD, Nottage J, Stone JM, Bhattacharyya S, Tunstall N, Brenneisen R, Holt D, Wilson D, Sumich A, McGuire P, Murray RM, Kapur S, Ffytche DH. Neuropsychopharmacology. 2011; 36(4):827-836. ***https://pubmed.ncbi.nlm.nih.gov/21150914/***

Substance-induced psychoses converting into schizophrenia: a register-based study of 18,478 Finnish inpatient cases. Niemi-Pynttäri JA, Sund R, Putkonen H, Vorma H, Wahlbeck K, Pirkola SP. J Clin Psychiatry, 2013; 74(1): e94-9; ***https://pubmed.ncbi.nlm.nih.gov/23419236/***

Association between alcohol, cannabis, and other illicit substance abuse and risk of developing schizophrenia: a nationwide population-based register study. Nielsen, S. M., Toftdahl, N. G., Nordentoft, M., & Hjorthøj, C. Psychological Medicine, 2017; 47(9):1668-1677. ***https://pubmed.ncbi.nlm.nih.gov/28166863/***

Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis. Starzer MSK, Nordentoft M, Hjorthøj C. Am J Psychiatry, 2018; 175(4): 343-350. ***https://pubmed.ncbi.nlm.nih.gov/29179576/***

Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. Di Forti M, Marconi A, Carra E, Fraietta S, Trotta A, Bonomo M, Bianconi F, Gardner-Sood P, O'Connor J, Russo M, Stilo SA, Marques TR, Mondelli V, Dazzan P, Pariante C, David AS, Gaughran F, Atakan Z, Iyegbe C, Powell J, Morgan C, Lynskey M, Murray RM. Lancet Psychiatry. 2015;2(3):233-238. ***https://pubmed.ncbi.nlm.nih.gov/26359901/***

The impact of adolescent cannabis use, mood disorder and lack of education on attempted suicide in young adulthood. Clarke MC, Coughlan H, Harley M, Connor D, Power E, Lynch F, Fitzpatrick C, Cannon M. World Psychiatry. 2014;13(3):322-323. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4219077/***

Major depressive disorder, suicidal thoughts and behaviours, and cannabis involvement in discordant twins: a retrospective cohort study. Agrawal A, Nelson EC, Bucholz KK, Tillman R, Grucza RA, Statham DJ, Lynskey MT. The Lancet Psychiatry, 2017; S2215-0366(17)30280-8. ***https://pubmed.ncbi.nlm.nih.gov/28750823/***

Quality of life and risk of psychiatric disorders among regular users of alcohol, nicotine, and cannabis: An analysis of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). Cougle JR, Hakes JK, Macatee RJ, Chavarria J, Zvolensky MJ. Journal of Psychiatric Research, 2015; 66-67, 135-141. ***https://pubmed.ncbi.nlm.nih.gov/26022838/***

Cannabis, a Significant Risk Factor for Violent Behavior in the Early Phase Psychosis. Two Patterns of Interaction of Factors Increase the Risk of Violent Behavior: Cannabis Use Disorder and Impulsivity; Cannabis Use Disorder, Lack of Insight and Treatment Adherence, Moulin et al., 2018 Frontiers in Psychiatry (Forensic Psychiatry). https://doi.org/10.3389/ fpsyt.2018.00294, ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039574/pdf/fpsyt-09-00294.pdf***

The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. Di Forti et al., Lancet Psychiatry 2019. ***https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30048-3/fulltext***

A recent study looked at over a million emergency room encounters and found marijuana patients had higher odds of most medical and behavioral diagnoses, especially in the use of other substances, mental health disorders, social anxiety disorder, HIV/AIDS, PTSD, depression, and bipolar disorder. Source: Medical conditions of primary care patients with documented cannabis use and cannabis use disorder in electronic health records: a case control study from an academic health system in a medical marijuana state, Padwa, et. al. Substance Abuse Treatment, Prevention, and Policy volume 17, Article number: 36 (2022) ***https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00467-1***

13. Induction of psychosis by 9-tetrahydrocannabinol reflects modulation of prefrontal and striatal function during attentional salience processing. Bhattacharyya S, Crippa JA, Allen P, Martin-Santos R, Borgwardt S, Fusar-Poli P, Rubia K, Kambeitz J, O'Carroll C, Seal ML, Giampietro V, Brammer M, Zuardi AW, Atakan Z, McGuire PK. Arch Gen Psychiatry. 2012; 69(1):27-36. ***https://pubmed.ncbi.nlm.nih.gov/22213786/***

Disruption of frontal θ coherence by Delta 9-tetrahydrocannabinol is associated with positive psychotic symptoms. Morrison PD, Nottage J, Stone JM, Bhattacharyya S, Tunstall N, Brenneisen R, Holt D, Wilson D, Sumich A, McGuire P, Murray RM, Kapur S, Ffytche DH. Neuropsychopharmacology. 2011; 36(4):827-836. ***https://pubmed.ncbi.nlm.nih.gov/21150914/***

14. Association between alcohol, cannabis, and other illicit substance abuse and risk of developing schizophrenia: a nationwide population-based register study. Nielsen, S. M., Toftdahl, N. G., Nordentoft, M., & Hjorthøj, C. Psychological Medicine, 2017; 47(9):1668-1677. ***https://pubmed.ncbi.nlm.nih.gov/28166863/***

Substance-induced psychoses converting into schizophrenia: a register-based study of 18,478 Finnish inpatient cases. Niemi-Pynttäri JA, Sund R, Putkonen H, Vorma H, Wahlbeck K, Pirkola SP. J Clin Psychiatry, 2013; 74(1): e94-9. ***https://pubmed.ncbi.nlm.nih.gov/23419236/***

Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis. Starzer MSK, Nordentoft M, Hjorthøj C. Am J Psychiatry, 2018; 175(4): 343-350. ***https://pubmed.ncbi.nlm.nih.gov/29179576/***

15. Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. Di Forti M, Marconi A, Carra E, Fraietta S, Trotta A, Bonomo M, Bianconi F, Gardner-Sood P, O'Connor J, Russo M, Stilo SA, Marques TR, Mondelli V, Dazzan P, Pariante C, David AS, Gaughran F, Atakan Z, Iyegbe C, Powell J, Morgan C, Lynskey M, Murray RM. Lancet Psychiatry. 2015;2(3):233-238. ***https://pubmed.ncbi.nlm.nih.gov/26359901/***

16. The disconnect between the science on cannabis and public health campaigns. Miller CL. Addiction. 2017;112(10):1882-1883. ***https://onlinelibrary.wiley.com/doi/full/10.1111/add.13918***

17. Health Effects of Cannabis and Cannabinoids: Current State of Evidence and Recommendations for Research. ***http://nationalacademies.org/hmd/-/media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-chapter-highlights.pdf***

18. APA Official Actions. Position Statement in Opposition to Cannabis as Medicine. Approved by the Board of Trustees, July 2019 ***https://www.psychiatry.org/home/policy-finder?k=opposition%20to%20cannabis%20as%20medicine=0/RS=Wlizl3nsWiy2HzyekKlvQ.mqyQA-***

https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2021.21030320?s=09

19. ***https://sbg.colorado.gov/sites/sbg/files/211101%20MED%20Educational%20Resource.pdf***

20. The impact of adolescent cannabis use, mood disorder and lack of education on attempted suicide in young adulthood. Clarke MC, Coughlan H, Harley M, Connor D, Power E, Lynch F, Fitzpatrick C, Cannon M. World Psychiatry. 2014;13(3):322-323. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4219077/***

Major depressive disorder, suicidal thoughts and behaviours, and cannabis involvement in discordant twins: a retrospective cohort study. Agrawal A, Nelson EC, Bucholz KK, Tillman R, Grucza RA, Statham DJ, Lynskey MT. The Lancet Psychiatry, 2017; S2215-0366(17)30280-8. ***https://pubmed.ncbi.nlm.nih.gov/28750823/***

21. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis. Gobbi et al., JAMA Psychiatry 2019. doi: 10.1001/jamapsychiatry.2018.4500. ***https://pubmed.ncbi.nlm.nih.gov/30758486/***

22. Colorado Violent Death Reporting System. 2016. Go to the below Colorado website and click on the box that lists "methods, circumstances and toxicology" and then click on the age box for 15-19 years olds. The marijuana data will appear. ***https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/1?:embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4)***

https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/

23. Association of Cannabis Use With Self-harm and Mortality Risk Among Youths With Mood Disorders, Cynthia A. Fontanella, PhD; Danielle L. Steelesmith, PhD; Guy Brock, PhD; et al Jeffrey A. Bridge, PhD; John V. Campo, MD; Mary A. Fristad, PhD,JAMA Pediatr. 2021;175(4):377-384. doi:10.1001/jamapediatrics.2020.5494; ***https://jamanetwork.com/journals/jamapediatrics/article-abstract/2775255***

24. ***https://www.cdc.gov/marijuana/health-effects/brain-health.html***

Cannabis-Induced Hypodopaminergic Anhedonia and Cognitive Decline in Humans: Embracing Putative Induction of Dopamine Homeostasis. Blum K, Khalsa J, Cadet JL, Baron D, Bowirrat A, Boyett B, Lott L, Brewer R, Gondré-Lewis M, Bunt G, Kazmi S, Gold MS. Front Psychiatry. 2021 Mar 30;12:623403. doi: 10.3389/fpsyt.2021.623403. PMID: 33868044; PMCID: PMC8044913. ***https://pubmed.ncbi.nlm.nih.gov/33868044/***

https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/

A recent study looked at over a million emergency room encounters and found marijuana patients had higher odds of most medical and behavioral diagnoses, especially in the use of other substances, mental health disorders, social anxiety disorder, HIV/AIDS, PTSD, depression, and bipolar disorder. Source: Medical conditions of primary care patients with documented cannabis use and cannabis use disorder in electronic health records: a case control study from an academic health system in a medical marijuana state, Padwa, et. al. Substance Abuse Treatment, Prevention, and Policy volume 17, Article number: 36 (2022) ***https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00467-1***

25. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

https://www.cdc.gov/marijuana/health-effects/lung-health.html

American Heart Association Council on Cardiovascular Disease in the Young. Noninherited risk factors and congenital cardiovascular defects: current knowledge: a scientific statement from the American Heart Association Council on Cardiovascular Disease in the Young: endorsed by the American Academy of Pediatrics. Jenkins KJ, Correa A, Feinstein JA, Botto L, Britt AE, Daniels SR, Elixson M, Warnes CA, Webb CL, Circulation. 2007;115(23):2995-3014. ***https://pubmed.ncbi.nlm.nih.gov/17519397/***

French Association of the Regional Abuse and Dependence Monitoring Centres (CEIP-A) Working Group on Cannabis Complications. Cannabis use: signal of increasing risk of serious cardiovascular disorders. Jouanjus E, Lapeyre-Mestre M, Micallef J; J Am Heart Assoc. 2014 Apr 23;3(2): e000638. ***https://pubmed.ncbi.nlm.nih.gov/24760961/***

Sudden unexpected death under acute influence of cannabis. Hartung B, Kauferstein S, Ritz-Timme S, Daldrup T. Forensic Sci Int. 2014;237: e11-13. ***https://pubmed.ncbi.nlm.nih.gov/24598271/***

Cannabis-related stroke: case series and review of literature. Singh NN, Pan Y, Muengtaweeponsa S, Geller TJ, Cruz-Flores S. J Stroke Cerebrovascular Dis. 2012;21(7):555-60. ***https://pubmed.ncbi.nlm.nih.gov/21367621/***

Role of cannabis in cardiovascular disorders. Goyal H, Awad HH, Ghali JK., J Thorac Dis. 2017;9(7):2079-2092. ***https://pubmed.ncbi.nlm.nih.gov/28840009/***

Cardiovascular Complications of Marijuana and Related Substances: A Review. Singh A, Saluja S, Kumar A, Agrawal S, Thind M, Nanda S, Shirani J., Cardiol Ther. 2017 Dec 7. doi: 10.1007/s40119-017-0102-x. [Epub ahead of print]. ***https://pubmed.ncbi.nlm.nih.gov/29218644/***

26. ***https://www.cdc.gov/marijuana/health-effects/lung-health.html***

27. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

Causal Inference Multiple Imputation Investigation of the Impact of Cannabinoids and Other Substances on Ethnic Differentials in US Testicular Cancer Incidence. Reece A.S., Hulse G.K. Accepted BMC Public Health 13th April 2021. ***https://bmcpharmacoltoxicol.biomedcentral.com/articles/10.1186/s40360-021-00505-x***

Ever use of marijuana had a 2-fold increased risk of testicular germ cell tumor compared to never users in a study of 163 patients in LA County between 1986 – 1991. "Population-based case control study of recreational drug use and testis cancer risk confirms an association between marijuana use and nonseminoma risk." Lackson JC, Carroll JD, Tuazon, E, Castelao EJ, Bernstein L, Cortessis VK. Cancer. 2012;118(21):5374-83. ***https://pubmed.ncbi.nlm.nih.gov/22965656/***

Patients with testicular germ cell tumors have increased in the United States, 187 patients diagnosed with this cancer between 1990-1996 were more likely to be frequent marijuana users (daily or greater) than controls (odd ratio 2.2). Traber B, Sigurdson AJ, Sweeney AM, Strom SS, McGlynn KA. Marijuana use and testicular germ cell tumors. Cancer. 2011;117(4):848-53. doi: 10.1002/cncr.25499. ***https://pubmed.ncbi.nlm.nih.gov/20925043/***

28. See: August 2009, Reproductive and Cancer Hazard Assessment Branch Office of Environmental Health Hazard Assessment, ***https://oehha.ca.gov/media/downloads/proposition-65/chemicals/finalmjsmokehid.pdf***

Epidemiological Overview of Multidimensional Chromosomal and Genome Toxicity of Cannabis Exposure in Congenital Anomalies and Cancer Development. Reece A.S., Hulse G.K., Accepted in Scientific Reports June 13th 2021. ***https://www.nature.com/articles/s41598-021-93411-5***, This study confirms experimental studies showing that cannabinoids are an important cause of community-wide genotoxicity impacting both birth defect and cancer epidemiology at the chromosomal hundred-megabase level.

29. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

A recent study looked at over a million emergency room encounters and found marijuana patients had higher odds of most medical and behavioral diagnoses, especially in the use of other substances, mental health disorders, social anxiety disorder, HIV/AIDS, PTSD, depression, and bipolar disorder. Source: Medical conditions of primary care patients with documented cannabis use and cannabis use disorder in electronic health records: a case control study from an academic health system in a medical marijuana state, Padwa, et. al. Substance Abuse Treatment, Prevention, and Policy volume 17, Article number: 36 (2022) ***https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00467-1***

30. Association of cannabis use in adolescence and risk of depression, anxiety and suicidality in young adulthood: A systematic review and meta-analysis. Gobbi G, Atkin T, Zytynski T et al., JAMA. 2019;76(4):426-434. doi:10.1001/jamapsychiatry.2018.4500. ***https://pubmed.ncbi.nlm.nih.gov/30758486/***

31. ***http://journals.sagepub.com/doi/full/10.1177/0009922815589912***

32. ***https://www.sciencedaily.com/releases/2016/04/160430100247.htm***

33. ***https://www.reuters.com/article/us-health-marijuana-kids/marijuana-related-er-visits-by-colorado-teens-on-the-rise-idUSKBN1HO38A***

34. ***https://www.medpagetoday.com/neurology/generalneurology/75472***

35. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

https://www.cdc.gov/marijuana/health-effects/brain-health.html

Adverse Effects of Cannabis on Adolescent Brain Development: A Longitudinal Study. Camchong J, Lim KO, Kumra S., Cereb Cortex. 2017 Mar 1;27(3):1922-1930. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5963818/***

Persistent cannabis users show neuropsychological decline from childhood to midlife. Meier MH, Caspi A, Ambler A, Harrington H, Houts R, Keefe RS, McDonald K, Ward A, Poulton R, Moffitt TE., Proc Natl Acad Sci U S A. 2012 Oct 2;109(40): E2657-2664. ***https://pubmed.ncbi.nlm.nih.gov/22927402/***

36. Brain structural changes in cannabis dependence: association with MAGL. Manza et al., Molecular Psychitry. 2019. Comchong et al., Cerebral Cortex. 2017. doi: 10.1093/cercor/bhw015. ***https://www.nature.com/articles/s41380-019-0577-z***

https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/

37. The risks of marijuana use during pregnancy. Volkow ND, Compton WM, Wargo EM. JAMA. 2017;317(2):129-130. ***https://pubmed.ncbi.nlm.nih.gov/27992628/***

https://www.drugabuse.gov/publications/research-reports/marijuanalletter-director

https://www.drugabuse.gov/publications/research-reports/marijuanalmarijuana-safe-effectivemedicine

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, November, 2016, Chapters One and Two and Appendix D pp.65-66 at: ***https://www.surgeongeneral.gov/library/2016alcoholdrugshealth/index.html***

Risk of Selected Birth Defects with Prenatal Illicit Drug Use, Hawaii, 1986-2002, Journal of Toxicology and Environmental Health, Part A, 70: 7-18, 2007 ***https://pubmed.ncbi.nlm.nih.gov/17162495***

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation

38. THC Crystals: The Purest THC on the Planet. ***https://internationalhighlife.com/thc-crystals-pure-thc/***

See Colorado law: 1 CCR 212-2

The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist, by Elizabeth Stuyt, MD 482/15:6 November/December2018 Missouri Medicine, ***https://pubmed.ncbi.nlm.nih.gov/30643324/***

39. ***https://iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/***

Association of High-Potency Cannabis Use With Mental Health and Substance Use in Adolescence. Hines, et.al. 2020, JAMA Psychiatry doi:10.1001/jamapsychiatry.2020.1035. ***https://pubmed.ncbi.nlm.nih.gov/32459328/***

The impacts of marijuana dispensary density and neighborhood ecology on marijuana abuse and dependence, Christina Maira, et, al, ***https://www.sciencedirect.com/science/article/abs/pii/S037687161500318X***

40. ***https://sbg.colorado.gov/sites/sbg/files/211101%20MED%20Educational%20Resource.pdf***

Why Marijuana Legalization is a Very Bad Idea - Marijuana as a Contributor to the Opioid Crisis, the Homeless Problem, and Societal Unrest and Its Harm to the Brain, Body, Future Generations, and Environment Published October 22, 2020 by the American Center for Democracy at ***https://acdemocracy.org/why-marijuana-legalization-is-a-very-bad-idea/***.

Effects of delta-9-trans-tetrahydrocannabinol in man, H Isbell, C W Gorodetzsky, D Jasinski, U Claussen, F von Spulak, F Korte, Psychopharmacologia 1967;11(2):184-8. doi: 10.1007/BF00401256. ***https://pubmed.ncbi.nlm.nih.gov/4871478/***

41. Cannabinoid hyperemesis syndrome: a cause of refractory nausea and vomiting in pregnancy. Alaniz VI, Liss J, Metz TD, Stickrath E.,Obstet Gynecol. 2015;125(6):1484-1486. ***https://pubmed.ncbi.nlm.nih.gov/25774930/***

42. ***https://sbg.colorado.gov/sites/sbg/files/211101%20MED%20Educational%20Resource.pdf***

43. Marijuana Violence and Law, Journal of Addiction Research & Therapy, January 2017, ***https://www.omicsonline.org/open-access/marijuana-violence-and-law-2155-6105-S11-014.pdf***

Cannabis, a Significant Risk Factor for Violent Behavior in the Early Phase Psychosis. Two Patterns of Interaction of Factors Increase the Risk of Violent Behavior: Cannabis Use Disorder and Impulsivity; Cannabis Use Disorder, Lack of Insight and Treatment Adherence, Moulin et al., 2018 Frontiers in Psychiatry (Forensic Psychiatry). https://doi.org/10.3389/ fpsyt.2018.00294, ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039574/pdf/fpsyt-09-00294.pdf***

Secret Service Report on Mass Attacks in Public Places (2020) ***https://www.secretservice.gov/sites/default/files/reports/2020-09/MAPS2019.pdf***

Seeing Green? Cannabis Use Associated With Domestic Violence, Wendy L. Patrick, J.D., Ph.D. Psychology Today, 2018 ***https://www.psychologytoday.com/us/blog/why-bad-looks-good/201810/seeing-green-cannabis-use-associated-domestic-violence***

Violence and Cannabis Use: A Focused Review of a Forgotten Aspect in the Era of Liberalizing Cannabis, Laura Dellazizzo, Stéphane Potvin, Maria Athanassiou and Alexandre Dumais, Psychiatry, 16 September 2020; ***https://www.frontiersin.org/articles/10.3389/fpsyt.2020.567887/full***

Marijuana use is associated with intimate partner violence perpetration among men arrested for domestic violence, Ryan C. Shorey, Ellen Haynes, Meagan Brem, Autumn Rae Florimbio, Hannah Grigorian, and Gregory L. Stuart, Transl Issues Psychol Sci. 2018; 4(1): 108–118. Published online 2018 Mar 1. doi: ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663469/***

The link between pot and mass shootings may be closer than we think By Miranda Devine, August 7, 2019 ***https://nypost.com/2019/08/07/the-link-between-pot-and-mass-shootings-may-be-closer-than-we-think/***

Marijuana use is prevalent among men arrested for domestic violence," the study concluded. "Our findings demonstrated that marijuana use was positively associated with intimate partner violence perpetration among men arrested for domestic violence." Marijuana Use and Domestic Violence: Is There a Connection?, by Michael Kraut ***https://www.losangelesduiattorneyblog.com/marijuana-use-and-domestic-violence-is-there-a-connection/***

https://www.preemploymentscreen.com/another-reason-to-test-for-marijuana-is/

Vaping is linked to adolescents' propensity for crime, study shows, May 28, 2019, University of Texas at San Antonio. A new study explores emerging drug use in the form of adolescent vaping and its association with delinquency among 8th and 10th grade students. ***https://www.sciencedaily.com/releases/2019/05/190528193030.htm***

44. Marijuana use is associated with worse outcomes in symptom severity and violent behavior in patients with posttraumatic stress disorder. Wilkinson ST, Stefanovics E, Rosenheck RA.,J Clin Psychiatry. 2015;76(9):1174-1180. ***https://pubmed.ncbi.nlm.nih.gov/26455669/***

45. ***https://www.cdc.gov/marijuana/health-effects/driving.html***

https://www.fda.gov/consumers/consumer-updates/some-medicines-and-driving-dont-mix

Cannabis effects on driving skills.Hartman RL, Huestis MA., Clin Chem 2013; 59:478-92. ***https://pubmed.ncbi.nlm.nih.gov/23220273/***

46. ***http://www.wsp.wa.gov/breathtest/docs/webdms/DRE_Forms/Publications/drug/Human_Performance_Drug_Fact_Sheets-NHTSA.pdf***

https://www.drugabuse.gov/publications/drugfacts/drugged-driving

www.drugabuse.gov/related-topics/drugged-driving

https://obamawhitehouse.archives.gov/ondcp/drugged-driving www.drugabuse.gov/drugs-abuse/marijuana

47. Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, November, 2016, Chapters One and Two and Appendix D pp.65-66 ***https://addiction.surgeongeneral.gov/sites/default/files/front-matter.pdf***

48. ***https://sbg.colorado.gov/sites/sbg/files/211101%20MED%20Educational%20Resource.pdf***

Colorado has a drugged driving problem. ***http://www.duidvictimvoices.org/colorado-drugged-driving-data***

49. The Effects of Cannabis Compared with Alcohol on Driving. Sewell RA, Poling J, Sofuoglu M., Am J Addict. (2009); 18(3) 185-193. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722956/***

50. Acute and Chronic Effects of Cannabinoids on Human Cognition - A Systematic Review. Broyd SJ, van Hell HH, Beale C, Yücel M, Solowij N., Biological Psychiatry April 1, (2016) 79:557-567. ***https://pubmed.ncbi.nlm.nih.gov/26858214/***

Cannabis Effects on Driving Skills. Hartman RL, Huestis MA. Clin Chem 59:3 478-492 (2013) ***https://pubmed.ncbi.nlm.nih.gov/23220273***

Cannabis effects on driving lateral control with and without alcohol. Hartman RL, Brown TL, Milavetz et al. Drug and Alcohol Dependence Sept 1 (2015), 154: 25-37. ***https://pubmed.ncbi.nlm.nih.gov/26144593/***

51. Simulated driving performance among daily and occasional cannabis users. Brooks-Russell A, Brown T, Friedman K et al., Accident Analysis and Prevention 160 (2021) 106326. ***https://pubmed.ncbi.nlm.nih.gov/34403895/***

52. Cannabis Use Disorder and Post-Deployment Suicide Attempts in Iraq/Afghanistan-Era Veterans, Kelsie Adkisson, et, al. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6525085/pdf/nihms976102.pdf***

Interactive effects of PTSD and substance use on suicidal ideation and behavior in military personnel: Increased risk from marijuana use. Allan NP, Ashrafioun L, Kolnogorova K, Raines AM, Hoge CW, Stecker T., Depress Anxiety. 2019 Sept 2. doi: 10.1002/da.22954. ***https://pubmed.ncbi.nlm.nih.gov/31475423/***

53. The short-term impact of 3 smoked cannabis preparations versus placebo on PTSD symptoms: A randomized cross-over clinical trial. Bonn-Miller MO, Sisley S, Riggs P, Yazar-Klosinski B, Wang JB, Loflin MJE, Shechet B, Hennigan C, Matthews R, Emerson A, Doblin R., PLoS One. 2021 Mar 17;16(3): e0246990. ***https://pubmed.ncbi.nlm.nih.gov/33730032/***

54. Drug interactions with cannabinoids, Tony Antoniou, et, al. CMAJ. 2020 Mar 2; 192(9): E206. doi: 10.1503/cmaj.191097 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7055953/*

https://scitechdaily.com/cannabis-use-could-cause-harmful-toxic-drug-interactions-with-prescription-medications/

55. Drugs.com. Look under Interactions Checker for Cannabis and Cannabidiol

Cannabis - Uses, Side Effects, and More. *https://www.webmd.com/vitamins/ai/ingredientmono-947/cannabis*

The pharmacokinetics and the pharmacodynamics of cannabinoids, Catherine J Lucas, et, al, Br J Clin Pharmacol, . 2018 Nov;84(11):2477-2482. doi: 10.1111/bcp.13710. Epub 2018 Aug 7. *https://pubmed.ncbi.nlm.nih.gov/30001569/*

An interaction between warfarin and cannabidiol, a case report. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5789126*

https://health.usnews.com/health-care/patient-advice/articles/2018-03-08/how-does-marijuana-interact-with-medications

High on Cannabis and Calcineurin Inhibitors: A Word of Warning in an Era of Legalized Marijuana. *https://www.hindawi.com/journals/crit/2016/4028492/*

In a recent and most extensive study of commercial marijuana products ever conducted, researchers analyzed over 90,000 samples from over six legal states and found widespread mislabeling issues regarding the psychoactive contents of myriad products. The study showed that the prevailing labeling system is not an effective or safe way to provide information about these products. The current labeling of marijuana products is a profound disservice to consumers. It is a cause for concern. Source: The phytochemical diversity of commercial Cannabis in the United States, Smith et. al., Published: May 19, 2022, PLOS *https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0267498*

56. Drug interactions with cannabinoids, Tony Antoniou, et, al. CMAJ. 2020 Mar 2; 192(9): E206. doi: 10.1503/cmaj.191097 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7055953/*

The pharmacokinetics and the pharmacodynamics of cannabinoids, Catherine J Lucas, et, al, Br J Clin Pharmacol, 2018 Nov;84(11):2477-2482. doi: 10.1111/bcp.13710. Epub 2018 Aug 7. *https://pubmed.ncbi.nlm.nih.gov/30001569/*

Pharmacists tread carefully into the world of medical cannabis. *http://www.pharmacytoday.org/article/S1042-0991(17)31966-7/fulltext*

High on Cannabis and Calcineurin Inhibitors: A Word of Warning in an Era of Legalized Marijuana. *https://www.hindawi.com/journals/crit/2016/4028492/*

Cannabis Interactions. *https://www.drugs.com/drug-interactions/cannabis.html*

Medical Cannabis Adverse Effects & Drug Interactions. DC Department of Health. *https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Medical%20Cannabis%20Adverse%20Effects%20and%20Drug%20Interactions_0.pdf*

https://www.leafly.com/news/health/cannabis-cannabinoids-drug-interactions

Marijuana
https://www.rxlist.com/marijuana/supplements.htm
CBD-drug Interactions: Role of Cytochrome P450
https://www.projectcbd.org/science/cannabis-pharmacology/cbd-drug-interactions-role-cytochrome-p450

Can Marijuana Cause Deadly Drug Interactions? *https://www.livescience.com/56356-marijuana-drug-interactions.html*
57. Driving Under the Influence of Alcohol, Marijuana, and Alcohol and Marijuana Combined Among Persons Aged 16–25 Years - United States, 2002–2014 *https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6448a1.htm?s_cid=mm6448a1_CBD*

Drug interactions with cannabinoids, Tony Antoniou, et, al. CMAJ. 2020 Mar 2; 192(9): E206. doi: 10.1503/cmaj.191097 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7055953/*

58. Is CBD Oil Harmful or Healing? What No One is Telling You. *https://www.thehealthyhomeeconomist.com/cbd-oil-dangers/#comment-643247*

Drug interactions with cannabinoids, Tony Antoniou, et, al. CMAJ. 2020 Mar 2; 192(9): E206. doi: 10.1503/cmaj.191097 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7055953/*

The pharmacokinetics and the pharmacodynamics of cannabinoids, Catherine J Lucas, et, al, Br J Clin Pharmacol, . 2018 Nov;84(11):2477-2482. doi: 10.1111/bcp.13710. Epub 2018 Aug 7. *https://pubmed.ncbi.nlm.nih.gov/30001569/*

Epidiolex - *https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210365lbl.pdf*

59. Cannabis - Uses, Side Effects, and More *https://www.webmd.com/vitamins/ai/ingredientmono-947/cannabis*

Studies Warn of These New Marijuana Side Effects *https://www.eatthis.com/news-studies-marijuana-side-effects/*

60. See Colorado law: 1 CCR 212-2

61. See Colorado law: 1 CCR 212-2

62. See Colorado law: 1 CCR 212-2

63. See Colorado law: 1 CCR 212-2

California Health & Safety Code § 25249.6.

California declared that marijuana smoke is a carcinogen. Evidence on the Carcinogenicity of Marijuana Smoke, August 2009, Reproductive and Cancer Hazard Assessment Branch Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, *https://oehha.ca.gov/media/downloads/proposition-65/chemicals/finalmjsmokehid.pdf*

Marijuana Pesticide Contamination Becomes Health Concern As Legalization Spreads *http://www.huffingtonpost.com/2013/05/24/marijuana-pesticides-contamination_n_3328122.html*

Legal marijuana in California brings host of environmental rules *https://www.thecannabist.co/2018/01/01/california-marijuana-legalization-environmental-regulations/95680/*

In a recent and most extensive study of commercial marijuana products ever conducted, researchers analyzed over 90,000 samples from over six legal states and found widespread mislabeling issues regarding the psychoactive contents of myriad products. The study showed that the prevailing labeling system is not an effective or safe way to provide information about these products. The current labeling of marijuana products is a profound disservice to consumers. It is a cause for concern. Source: The phytochemical diversity of commercial Cannabis in the United States, Smith et. al., Published: May 19, 2022, PLOS *https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0267498*

64. Cannabis Contaminants: Regulating Solvents, Microbes, and Metals in Legal Weed Nate Seltenrich, Environmental Health Perspectives. *https://ehp.niehs.nih.gov/doi/full/10.1289/EHP5785*

65. Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services.
https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

66. See Colorado law: 1 CCR 212-2

67. ***https://www.cdc.gov/marijuana/health-effects/addiction.html***

Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services.
https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

Cannabis use without vaping appears to be declining among adolescents in the United States, while cannabis use with vaping is accelerating; frequent cannabis vaping is especially increasing, with consistent increases across almost all adolescent demographic groups. Cannabis use among US adolescents remains highly associated with other substance use. A recent study showed that heavy and frequent use of cannabis is increasing among U.S. adolescents, and vaped systems for products for both cannabis and nicotine are growing in number and the potential for transition to cannabis use disorder especially at frequent levels of use, these results indicate a necessity for public health intervention and increased regulation. Source: Frequency of adolescent cannabis smoking and vaping in the United States: Trends, disparities and concurrent substance use, 2017–19, Addiction, Keyes, et, al. 19 May 2022 ***https://doi.org/10.1111/add.15912https://onlinelibrary.wiley.com/doi/epdf/10.1111/add.15912***

68. ***https://sbg.colorado.gov/sites/sbg/files/211101%20MED%20Educational%20Resource.pdf***

69. Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services.
https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

https://www.cdc.gov/marijuana/health-effects/chronic-pain.html

Why Marijuana Will Not Fix the Opioid Epidemic, by Kenneth Finn, MD. ***https://www.msma.org/uploads/6/2/5/3/62530417/why_marijuana_will_not_fix_the_opioid_epidemic_mayjune_2018_momed.pdf***

Current research on marijuana for pain is lacking. Finn, K, ***http://www.poppot.org/2017/06/26/current-research-marijuana-pain-lacking/***

70. Mücke M, Phillips T, Radbruch L, et al. Cannabis-based medicines for chronic neuropathic pain in adults. Cochrane Database of Systematic Reviews. 2018;(3):CD012182. ***https://pubmed.ncbi.nlm.nih.gov/29513392/***

71. ***https://www.cdc.gov/marijuana/health-effects/poisoning.html***

72. ***https://www.cdc.gov/marijuana/health-effects/second-hand-smoke.html***

73. Evidence on the Carcinogenicity of Marijuana Smoke, August 2009, Reproductive and Cancer Hazard Assessment Branch Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, ***https://oehha.ca.gov/media/downloads/proposition-65/chemicals/finalmjsmokehid.pdf***

74. Effect of sublingual application of cannabinoids on intraocular pressure A pilot study. Tomida L Azuara-Blanco A, House, Glaucoma 2006:15:349-353 ***https://pubmed.ncbi.nlm.nih.gov/16988594/***

Delta 9-tetrahyrocannadiol and cannabidiol differentially regulate intraocular pressure. Opthalmol Visual Science 2018:59:5904-5911, Millet S. Daily I., Leishman E.
https://pubmed.ncbi.nlm.nih.gov/30550613/

Association between regular Cannabis use and ganglion cell dysfunction. Schwitzer T. Schwan R. Albusisson E. JAMA Ophthalmology. 2017:135:54-60
http://jamanetwork.com/journals/jamaophthalmology/fullarticle/2589167

Marijuana use among patients with glaucoma in a city with legalized medical marijuana use. Belyea DA, Albabshan P. del Rio-Gonzalez A, JAMA Opthalmology 2016:134:259-264. ***https://pubmed.ncbi.nlm.nih.gov/26719907/***

Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services.
https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

75. Effect of Cannabis Legalization on US Autism Incidence and Medium-Term Projections. Reece AS and Hulse GK. Clinical Pediatrics. Vol 4, Iss 2, No:154
https://www.longdom.org/open-access/effect-of-cannabis-legalization-on-us-autism-incidence-and-medium-term-projections.pdf

In a study, 3,080 young adult Australian twins were used to assess ADHD symptoms, autistic traits, substance use, and substance use disorders. Great ADHD symptoms and autistic traits scores were associated with elevated levels of cannabis use and cannabis use disorder. DeAkwis D, et al. ADHD Symptoms, Autistic Traits, and Substance Use and Misuse in Adult Australian Twins. Journal of Studies on Alcohol and Drugs, March 2014. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3965675/***

76. Epidemiological Association of Various Substances and Multiple Cannabinoids with Autism in the USA. Reese SA and Hulse GK. Clinical Pediatrics., Vol 4, Issue2, No: 155. Cannabinoids with Autism in USA. Accepted 22nd May 2019. Clinical Pediatrics: Open Access. Published 31st May 2019. ***https://www.longdom.org/open-access/epidemiological-associations-of-various-substances-and-multiple-cannabinoids-with-autism-in-usa.pdf***

77. The Prevalence and Significance of Cannabis Use in Patients Prescribed Chronic Opioid Therapy: A Review of the Extant Literature. Reisfield GM et al., Pain Med. 2009;(8):1434-41.
https://pubmed.ncbi.nlm.nih.gov/19793342/

78. Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States. Olfson M, Wall M, Liu S, Blanco C., American Journal of Psychiatry. 2017;175(1):47–53. ***https://pubmed.ncbi.nlm.nih.gov/28946762/77.***

Why Marijuana Will Not Fix the Opioid Epidemic, by Kenneth Finn, MD. ***https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6140166/***

Patterns and correlates of medical cannabis use for pain among patients prescribed long-term opioid therapy. Nugent SM, Yarborough BJ, Smith NX, Dobscha SK, Deyo RA, Green CA, Morasco BJ. Gen Hosp Psychiatry. 2018; 50:104-110. ***https://pubmed.ncbi.nlm.nih.gov/29153783/***

79. Pain, cannabis use, and physical and mental health indicators among veterans and non-veterans: results from National Epidemiologic Survey on Alcohol and Related Conditions-III. By Matthew C Enkema,Deborah S Hasin,Kendall C Browne,Malki Stohl,Dvora Shmulewitz,David S Fink,Mark Olfson,Silvia S Martins,Kipling M Bohnert,Scott E Sherman,Magdalena Cerda,Melanie Wall,Efrat Aharonovich,Salomeh Keyhani,Andrew J Saxon

Findings failed to support the hypothesis that cannabis use improves mental or physical health for veterans with pain. Providers treating veterans with pain in medical cannabis states should monitor such patients closely for cannabis use disorder. ***https://www.physiciansweekly.com/pain-cannabis-use-and-physical-and-mental-health-indicators-among-veterans-and-non-veterans-results-from-national-epidemiologic-survey-on-alcohol--and-related-conditions-iii***

The Association Between Cannabis Use and Aberrant Behaviors During Chronic *Opioid* Therapy for Chronic Pain. Pain Medicine, DiBenedetto DJ, Weed VF, Wawrzyniak KM, Finkelman M, Paolini J, Schatman ME, Herrera D, Kulich RJ. ***https://academic.oup.com/painmedicine/article/19/10/1997/4396356***

In adults with chronic low back pain, does the use of inhaled cannabis reduce overall opioid use? Smaga S and Gharib AMR. Evidence Based Practice 2017; 20(1): e10 ***https://journals.lww.com/ebp/Abstract/2017/01000/In_adults_with_chronic_low_back_pain,_does_the_use.25.aspx***

Surgeon General Wary Of Marijuana As An Opioid Alternative ***https://www.thefix.com/surgeon-general-wary-marijuana-opioid-alternative***

Current research on marijuana for pain is lacking. Finn, K, ***http://www.poppot.org/2017/06/26/current-research-marijuana-pain-lacking/***

80. Cannabis sativa: the unconventional "weed" allergen. Ocampo TL and Rans TS., Ann Allergy, ***https://pubmed.ncbi.nlm.nih.gov/25744904/***

81. Recent cannabis use and nightly sleep duration in adults: a population analysis of the NHANES from 2005 to 2018; Calvin Diep, Chenchen Tian, Kathak Vachhani, Christine Won, Duminda N Wijeysundera1, Hance Clarke, Mandeep Singh and Karim S Ladha; Correspondence to Dr Karim S Ladha, Department of Anesthesiology and Pain Medicine, University of Toronto, Toronto, ON M5S 1A1, ***https://rapm.bmj.com/content/early/2021/11/24/rapm-2021-103161***

82. FDA drug label for Epidiolex. ***https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210365lbl.pdf***

83. ***https://www.fda.gov/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products***

84. ***https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know***

Medical Fraud, Mislabeling, Contamination: All Common in CBD products, Evans, David G. Missouri Medicine, National Cannabis Review: Are CBD and THC Valid Medicines? September/October 2020, ***https://www.omagdigital.com/publication/?i=676730***

Published by Thomson Reuters and available on Westlaw:

Marijuana and Product Liability, Cannabis Law 300:100

"Medical" Marijuana and Medical Malpractice Liability, Cannabis Law 500:100

Client and Case Vetting of Medical Malpractice Cases Involving Marijuana, Cannabis Law 500:400

85. Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services. ***https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know***

86. Cannabis Use and Delayed Cerebral Ischemia After Aneurysmal Subarachnoid Hemorrhage
Joshua S. Catapano, Kavelin Rumalla, Visish M. Srinivasan, Mohamed A. Labib
Originally published 5 Jan 2022; https://doi.org/10.1161/STROKEAHA.121.035650Stroke. 2022;53:e42–e43; ***https://www.ahajournals.org/doi/10.1161/STROKEAHA.121.035650***

87. Cannabis (Marijuana) and Cannabinoids: What You Need To Know, National Center for Complementary and Integrative Medicine, National Institutes of Health, U.S. Department of Health and Human Services.
https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

88. ***https://www.fda.gov/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products***

FDA Advisory, What You Need to Know (And What We're Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD, November 25, 2019, available at www.fda.gov.
https://www.fda.gov/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding

National Cannabis Review: Are CBD and THC Valid Medicines? September/October 2020, ***https://www.omagdigital.com/publication/?i=676730***

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Doctors Warn
Cannabis Can Cause Serious Health Hazards
IASIC, the International Academy on the Science and Impact of Cannabis, is a medical organization of doctors who educate on the impacts of cannabis, based on the scientific and medical literature. IASIC is a non-partisan and non-political group created to facilitate informed decisions when considering health and cannabis policy.
Thousands of peer-reviewed medical articles have been published on the harms of cannabis and marijuana: Emergency Department (ED) Visits, Psychosis, Suicide, Brain Development, Neonatal Exposure, Opioid Use, Traffic Fatalities, High Potency Use, Problematic Use and Cannabis Hyperemesis Syndrome.
While we support FDA-approved cannabis-based products that have met the rigor of scientific study, it is our conclusion, based on review of the scientific evidence, that the negative impacts of cannabis strain our health care and addiction treatment resources to an extent that far surpasses the perceived benefits.
Calling attention to the growing science on the risks of cannabis, we see an urgent need for smart public health policies that follow the science, prevent addiction, and decrease mental illness, including psychosis, depression, and suicide.
IASIC, The International Association on Science and Impact of Cannabis wants the public and our leaders to be informed decision makers.
Scan to read the full article with citations or visit www.iasic1.org/doctors-warn-cannabis-can-cause-serious-health-hazards/
www.IASIC1.org
Please make your donations to support this public health non profit organization at www.IASIC1.org/donate
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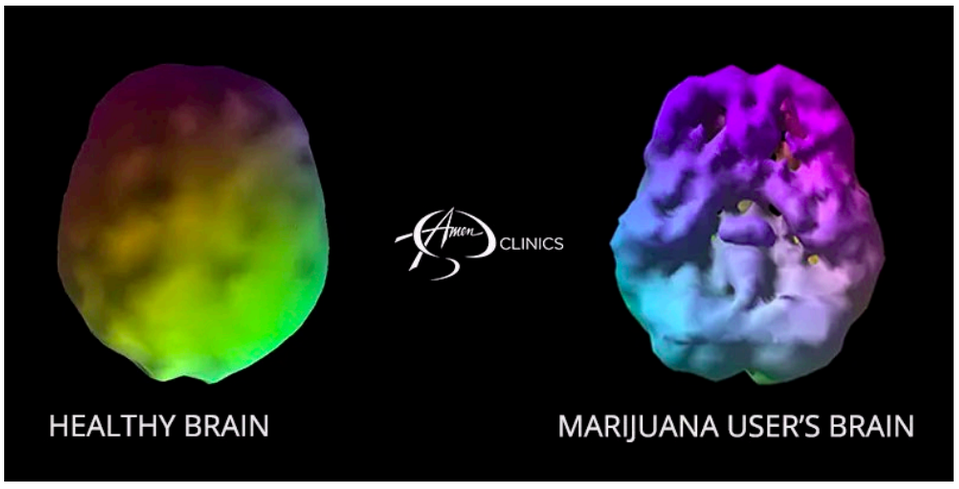
YOUR BRAIN IS AMAZING - DON'T RUIN IT WITH POT

Reported rates of marijuana use have more than doubled in the past decade. Medical marijuana is now legal in nearly half of US states and is increasing access to the drug for current and potential future users. Although it is often portrayed as harmless, and sometimes even therapeutic, there has not been nearly enough studies done to prove this. In fact, marijuana is often prescribed for issues like anxiety, though studies cannot comprehensively show this to be true. The current available information of the impact marijuana has on the neurophysiology of the brain show, predominantly, depressive effects.



In a recent study using PET imaging to demonstrate the release of dopamine in the striatum, a region of the brain that is involved in working memory, impulsive behavior, and attention, results showed that heavy marijuana use has similar dopamine releasing behaviors as cocaine and heroin with addiction. Several studies in chronic cannabis users show structural changes to the hippocampus persist, even after six months of abstinence.

U.S. Surgeon General Dr. Vivek Murthy has already warned that we're too quick to legalize the popular drug when research still hasn't shown whether or not it's truly safe. With Amen's new research, there is proof that Dr. Murthy's concerns are well warranted.

Just published in the most recent Journal of Alzheimer's Disease, the research finds that, after studying imaging of 1,000 cannabis users' brains, there were signs of noticeable deficiencies of blood flow. The study, which included 25,168 non-cannabis users, and 100 healthy controls, shows a scary and obvious difference in blood flow levels for those that used cannabis. Additionally, those that used marijuana showed a significant lack of blood flow in the right hippocampus, the area of the brain that helps with memory formation. This part of the brain is severely affected with those that suffer from Alzheimer's disease.

Our research has proven that marijuana users have lower cerebral blood flow than non-users. The most predictive region separating these two groups is low blood flow in the hippocampus on concentration brain SPECT imaging.This work suggests that marijuana use has damaging influences in the brain – particularly regions important in memory and learning and known to be affected by Alzheimer's. Our research demonstrates that marijuana can have significant negative effects on brain function. The media has given a general impression that marijuana is a safe recreational drug, this research directly challenges that notion.

Several studies of perfusion imaging in marijuana users have shown similar results compared to ours. A small O15 PET study in a sample of 12 marijuana users used a randomized clinical trial design to examine brain perfusion before and after marijuana use. The study results found frontal, temporal and occipital lobe hypo-perfusion – all findings concordant with our study.

https://www.amenclinics.com/blog/amen-research-marijuana-affects-blood-flow-brain/

Americans Against Legalizing Marijuana

AALM.info

We advocate for No Use of Illegal Drugs and No Illegal Use of Legal Drugs

AALM Literature Available Upon Request

Ten Truths About Pot

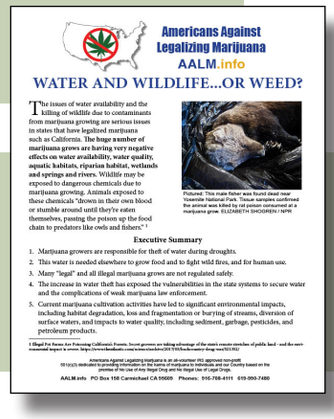
This packet debunks 10 of the most common myths surrounding marijuana use.

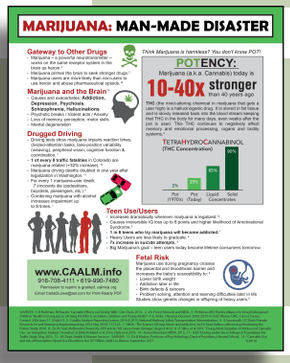
Available free - Suggested donation: $2.00 each

Water and Wildlife...Or Weed?

This 8-page brochure documents in detail the impact of illegal marijuana grows on our water supply and on wildlife.

Available free - Suggested donation: $0.50 each





Flyer - Marijuana Man-Made Disaster

This one-page handout summarizes the negative impact of marijuana and debunks some of the myths surrounding marijuana use.

Available free - Suggested donation: $0.10 each

The Risks of Marijuana Use

This 40-page booklet documents the risks and consequences of marijuana use.

Available free - Suggested donation: $10.00 each

These documents are available in PDF Format, along with many other resources, at www.AALM.info

AALM's Position Papers

AALM has several position papers covering the major issues of marijuana use.

Americans Against Legalizing Marijuana is an all-volunteer IRS approved non-profit 501(c)(3) dedicated to providing information on the harms of marijuana to individuals and our Country based on the premise of No Use of Any Illegal Drug and No Illegal Use of Legal Drugs.

AALM.info PO Box 158 Carmichael CA 95609 Phones: 916-708-4111 619-990-7480

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Americans Against Legalizing Marijuana

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Local Control

The Arguments Against Marijuana Retailers Opening in your Community

Aaron Weiner, PhD
aaron@weinerphd.com

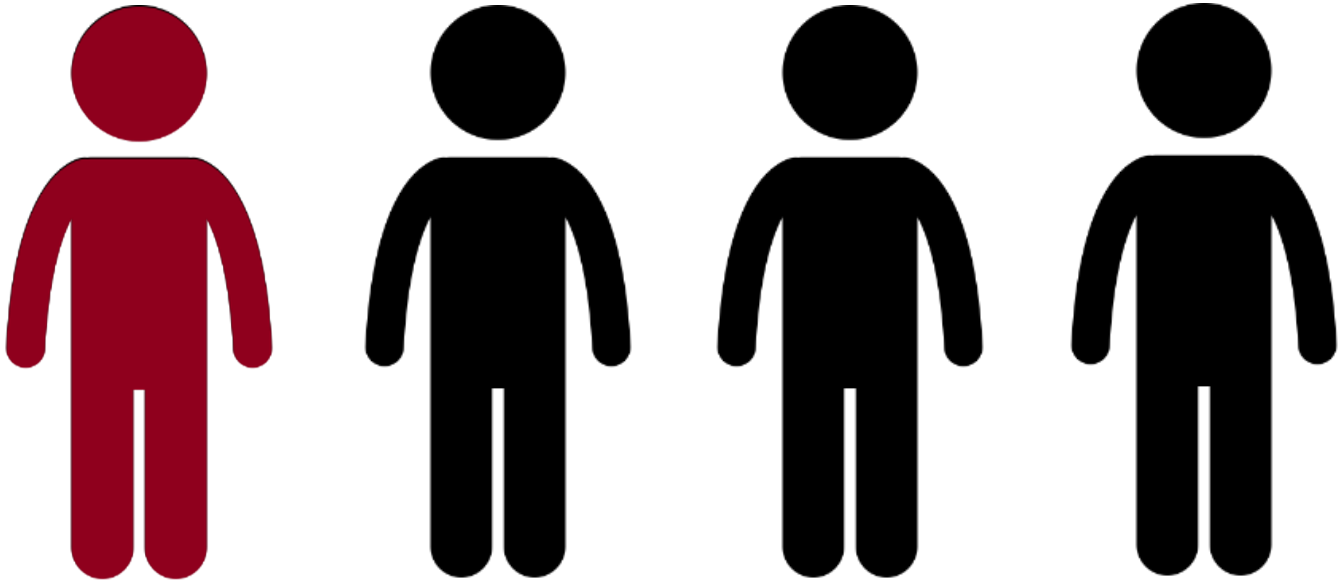
Recreational marijuana is coming…now what?

- Lots of headaches from a prevention standpoint
  - Reduced perceived risk
  - Increased access
  - Increased normalization
- Next front: opting out
  - Or if not, what are the regulations?
- You're going to hear things like…
  - "The train has left the station – we might as well make money from it"
  - "We're going to have to pay the public health cost, so we should make the tax revenue required to cover it"
  - "We can't control legalization, but we can control our community's experience"
  - "If we opt out, people will just go to neighboring communities and we'll lose out on the revenue"

Money vs…?

- Essentially the message will be this: “we may not like it, but we have no choice and we’d be foolish to pass on the money. What’s the downside?”
- The answer = potentially a lot
- There’s a reason why 50-80% of communities opt out

Youth Use Impact



One in four 12th graders indicated they would try marijuana, or increase their current use more, **if it were legalized** (Monitoring the Future, 2018)

Youth Use Impact

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

RESEARCH REPORT

doi:10.1111/add.14711

Associations between young adult marijuana outcomes and availability of medical marijuana dispensaries and storefront signage

Regina A. Shih, Anthony Rodriguez, Layla Parast, Eric R. Pedersen, Joan S. Tucker, Wendy M. Troxel, Lisa Kraus, Jordan P. Davis & Elizabeth J. D'Amico

RAND Corporation, Santa Monica, CA, USA

($\beta = -0.005$; 95% CI = –0.009, –0.001; $P = 0.03$). **Conclusions** For young adults in Los Angeles County, living near more medical marijuana dispensaries (MMDs) is positively associated with more frequent use of marijuana within the past month and greater expectations of marijuana's positive benefits. MMDs with signage show stronger associations with number of times used each day and positive expectancies.

THE AMERICAN JOURNAL ON ADDICTIONS

AAP American Academy of Addiction Psychiatry

Examining Associations Between Licensed and Unlicensed Outlet Density and Cannabis Outcomes From Preopening to Postopening of Recreational Cannabis Outlets

Eric R. Pedersen, PhD,[1,2] Caislin L. Firth, PhD,[2] Anthony Rodriguez, PhD,[3]
Regina A. Shih, PhD,[4] Rachana Seelam, MPH,[2] Lisa Kraus, MS,[2]
Michael S. Dunbar, PhD,[5] Joan S. Tucker, PhD,[2] Beau Kilmer, PhD,[2]
Elizabeth J. D'Amico, PhD,[2]

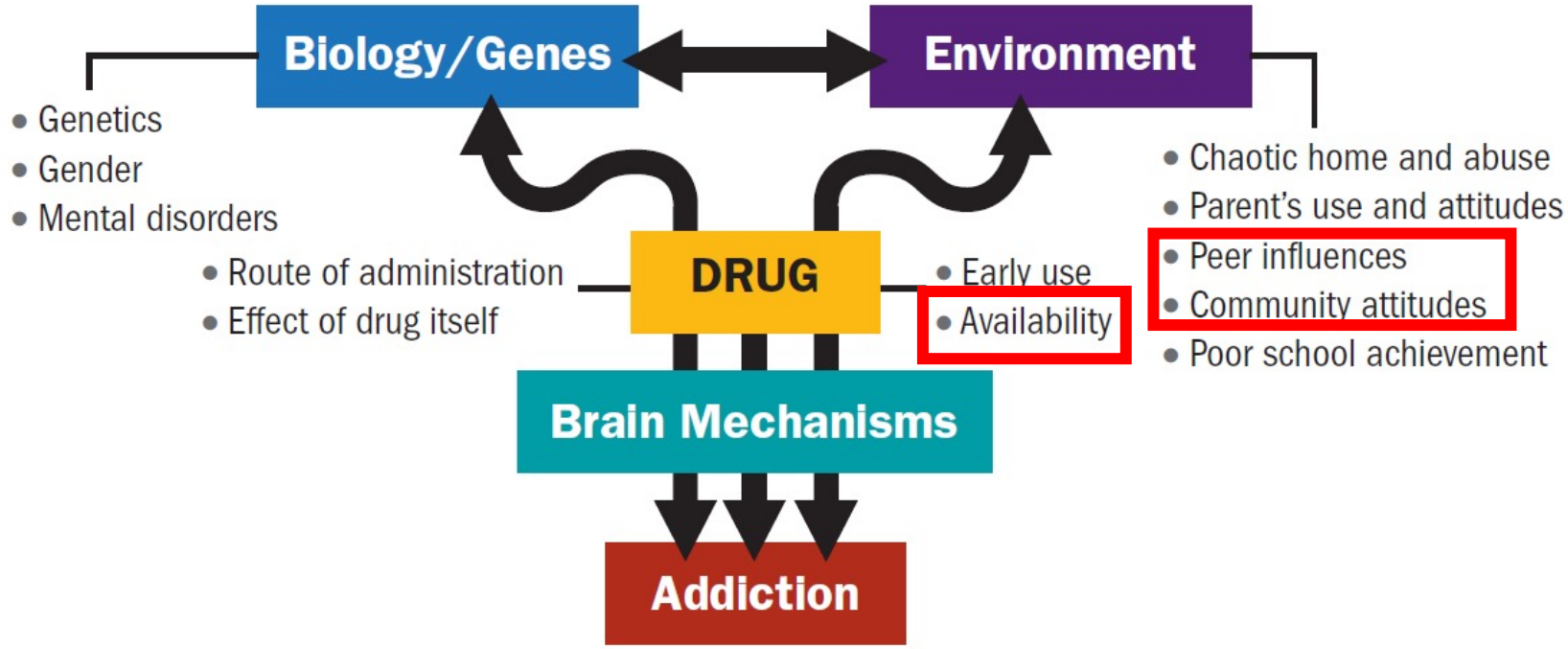
Conclusion and Scientific Significance: This study expands beyond studies of outlet prevalence to find that, after controlling for outcomes 1 year prior, licensed and unlicensed outlets were associated with young adults' cannabis outcomes. The current study is among the first to find associations between cannabis use outcomes and density of cannabis outlets among young adults using data from two time points: preopening and postopening of recreational cannabis retailers. Findings can inform policies around the density and placement of cannabis outlets. (Am J Addict 2020;00:00–00)

- Greater likelihood of use
- Heavier use
- Stronger intentions to use
- More problematic use

4-mile impact radius

Considerations: Youth Messaging

- Does it matter what we endorse and promote as “recreation” to our youth?



Source: NIDA

Medical pot dispensary faces backlash after handing out swag during Buffalo Grove Days

Daily Herald
Suburban Chicago's Information Source

"While we focus our educational efforts primarily on adults, we have many minor patients across the country with debilitating conditions that use cannabis for relief through their caregivers," the statement reads. "We are happy to sponsor local events like Buffalo Grove Days and to be supportive in the community, and we will be discussing our educational tactics with our staff to make sure our outreach continues to be primarily medically and adult-focused."

Ravinia Elementary School

Youth's Proximity to Marijuana Retailers and Advertisements: Factors Associated with Washington State Adolescents' Intentions to Use Marijuana

STACEY J.T. HUST, JESSICA FITTS WILLOUGHBY, JIAYU LI, and LETICIA COUTO

Edward R. Murrow College of Communication, Washington State University, Pullman, Washington, USA

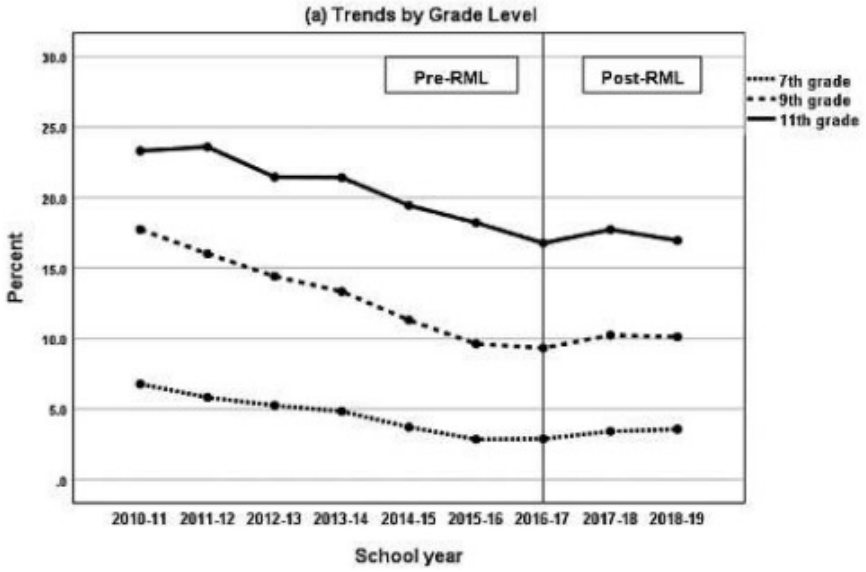
The current study explored the influences of advertising exposure, numbers of marijuana retailers, distance to retailers, and constructs from the integrative model of behavioral prediction, including outcome beliefs, perceived norms, and efficacy, on youth's intentions to use marijuana in a state in which the use of recreational marijuana is legal. A state-wide online cross-sectional survey of 350 adolescents ages 13–17, residing in Washington state, was conducted in June 2018. The results of the regression analysis suggest that exposure to marijuana advertising, positive and negative outcome beliefs, and perceived peer norms were associated with intention to use marijuana. Distances to retailers moderated the relationships between exposure to advertising and intentions, as well as between positive outcome beliefs and intentions. States that have legalized recreational marijuana should continue considering the location of retailers in relation to neighborhoods and advertising regulations to reduce the appeal to youth. Additionally, prevention efforts could aim to influence outcome beliefs and norms in an attempt to reduce adolescents' intentions to use recreational marijuana.

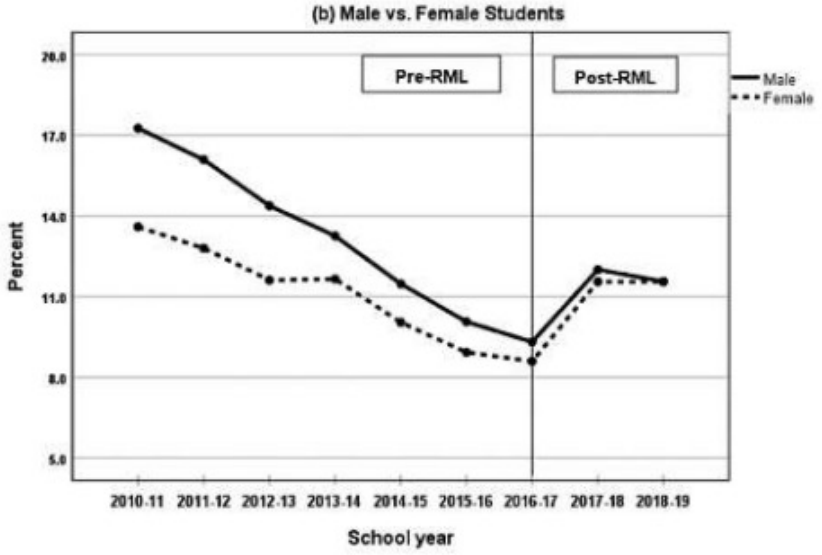
Recreational Marijuana Legalization and Use Among California Adolescents: Findings From a Statewide Survey

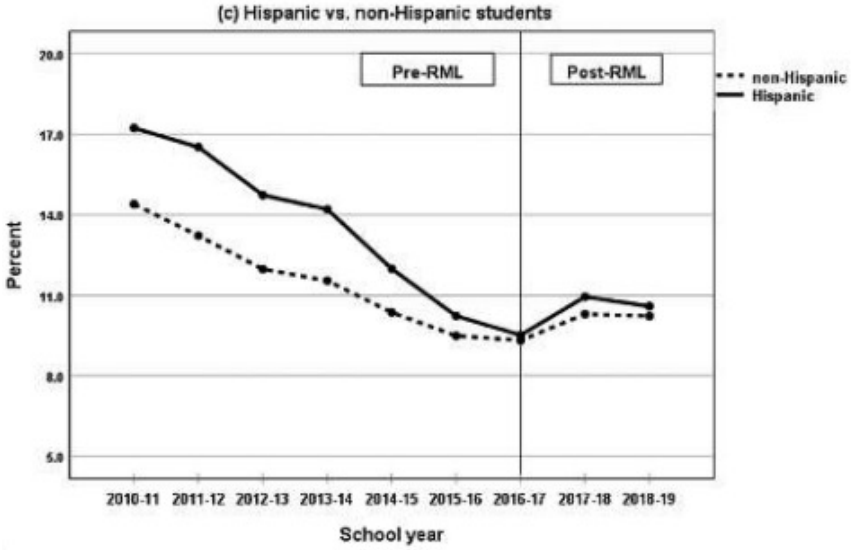
Journal of Studies on Alcohol and Drugs est. 1940
CENTER OF ALCOHOL & SUBSTANCE USE STUDIES

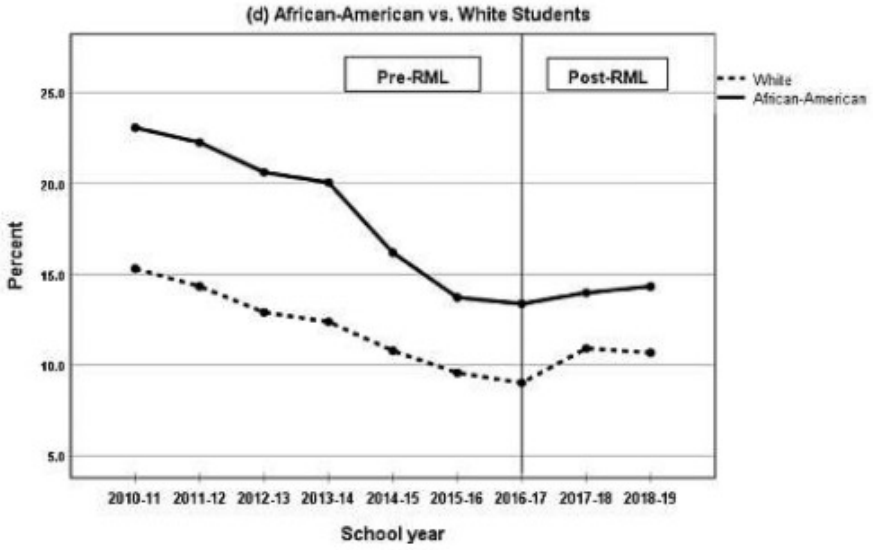
MALLIE J. PASCHALL, PH.D.,[a,*] GRISEL GARCÍA-RAMÍREZ, PH.D.,[a] & JOEL W. GRUBE, PH.D.[a]

[a]*Prevention Research Center, Pacific Institute for Research and Evaluation, Berkeley, California*









2019 Monitoring the Future Survey
Key Findings: Percent Reporting Use of Selected Substances

	8th Grade	10th Grade	12th Grade
Vaping, Any			
Past Year	20.1	35.7	40.6
Past Month	12.2	25.0	30.9
Vaping, Nicotine			
Past Year	16.5	30.7	35.3
Past Month	9.6	19.9	25.5
Vaping, Marijuana			
Past Year	7.0	19.4	20.8
Past Month	3.9	12.6	14.0
Vaping, Just Flavoring			
Past Year	14.7	20.8	20.3
Past Month	7.7	10.5	10.7
Cigarettes			
Past Month	2.3	3.4	5.7
Daily	0.8	1.3	2.4
½ Pack +/Day	0.2	0.5	0.9

	8th Grade	10th Grade	12th Grade
Tobacco w/Hookah			
Past Year			5.6
Past Month	1.3	2.4	4.0
Flavored Little Cigars			
Past Month	2.2	3.7	7.7
Narcotics Other than Heroin			
Past Year			2.7
Past Month			1.0
Marijuana			
Past Year	11.8	28.8	35.7
Past Month	6.6	18.4	22.3
Daily	1.3	4.8	6.4
Alcohol			
Past Month	7.9	18.4	29.3
Daily	0.2	0.6	1.7
Binge	3.8	8.5	14.4

Change from 2018 to 2019

Significant Increase Significant Decrease

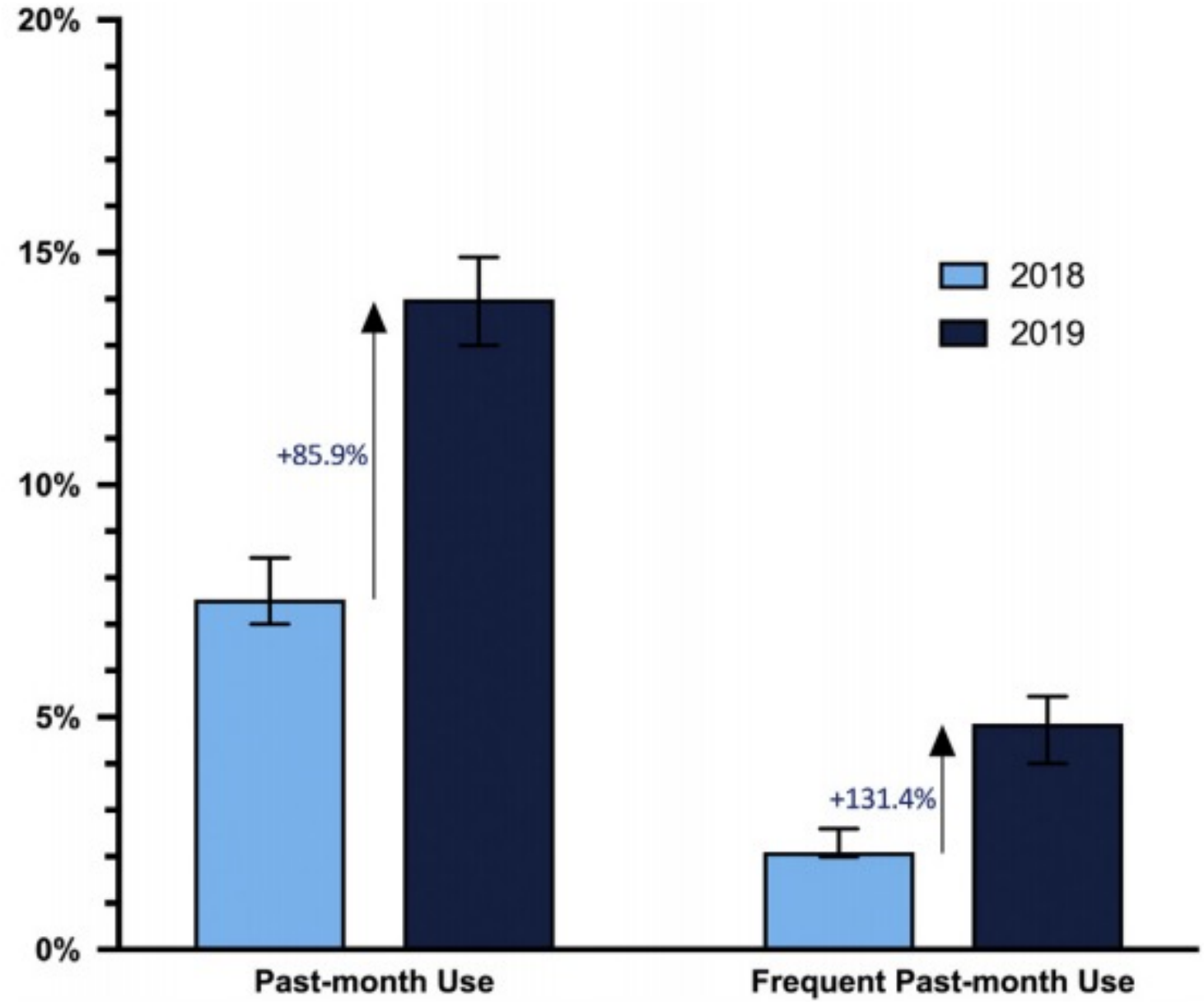


Figure 1. Changes in any past-month vaping of cannabis and frequent vaping of cannabis between 2018 and 2019.

compassionate CARE CENTER

SATIVA

Green Crack

Goldleaf

DETAILS

THC 26.93%
Effects: daytime, energetic, alert, euphoric, creativity
Flavors: fruit, earth, citrus

DESCRIPTION

Green Crack is a Sativa-Dominant strain which is ideal for daytime use because it offers a legendary energetic high which allows users to maintain enough focus to "get things done." Also known as Cush or Green Cush, this strain has a fruity aroma with a touch of soil. The mango-like taste and lemony aftertaste are an ideal aspect of one of the most upbeat strains available.

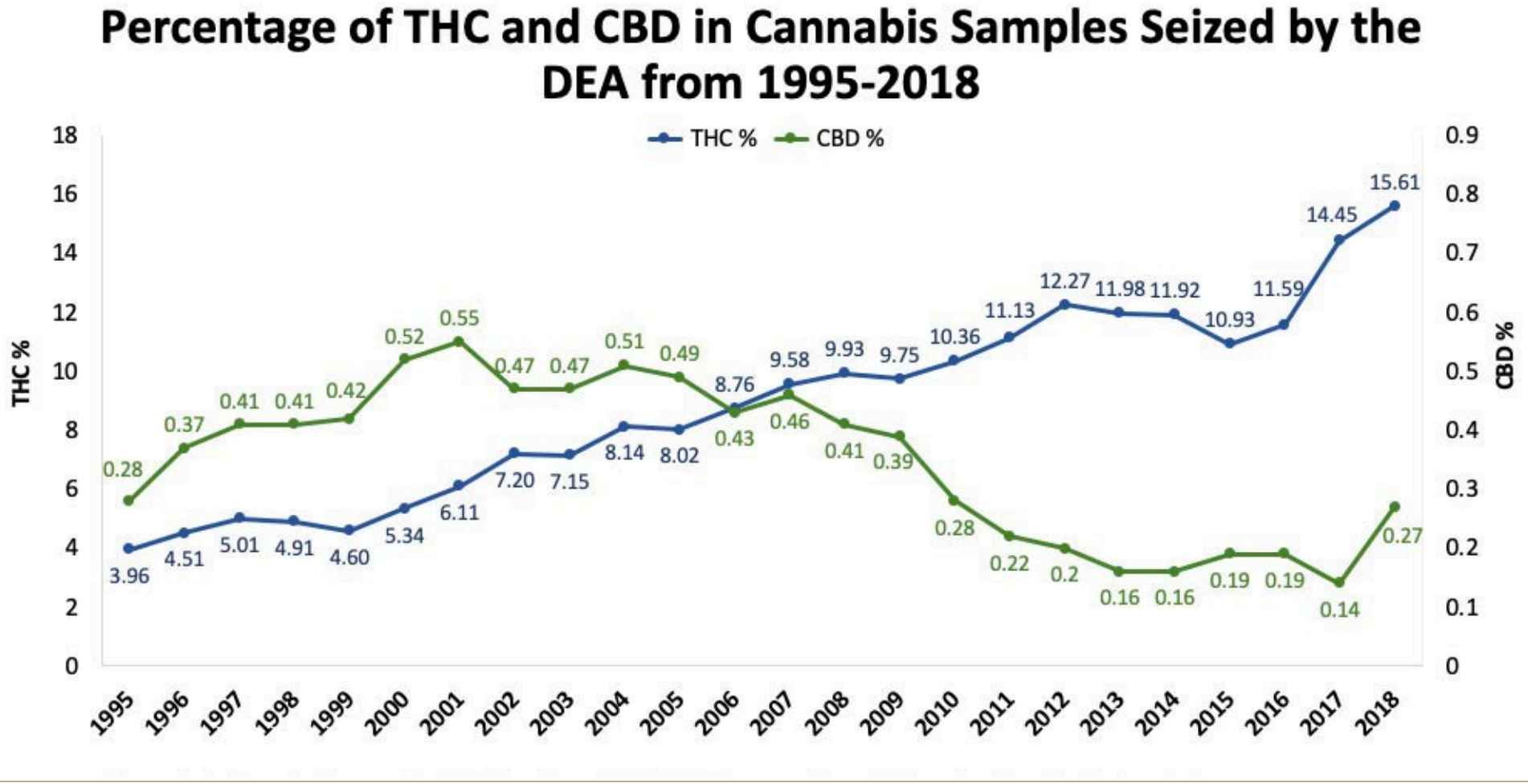
SHARE


LOL EDIBLES
CAP'N MUNCH
400 MG THC
LOL EDIBLES
Chronic Toast Crunch
400 MG THC
LOL EDIBLES
FROOTY LOOPYS
400 MG THC

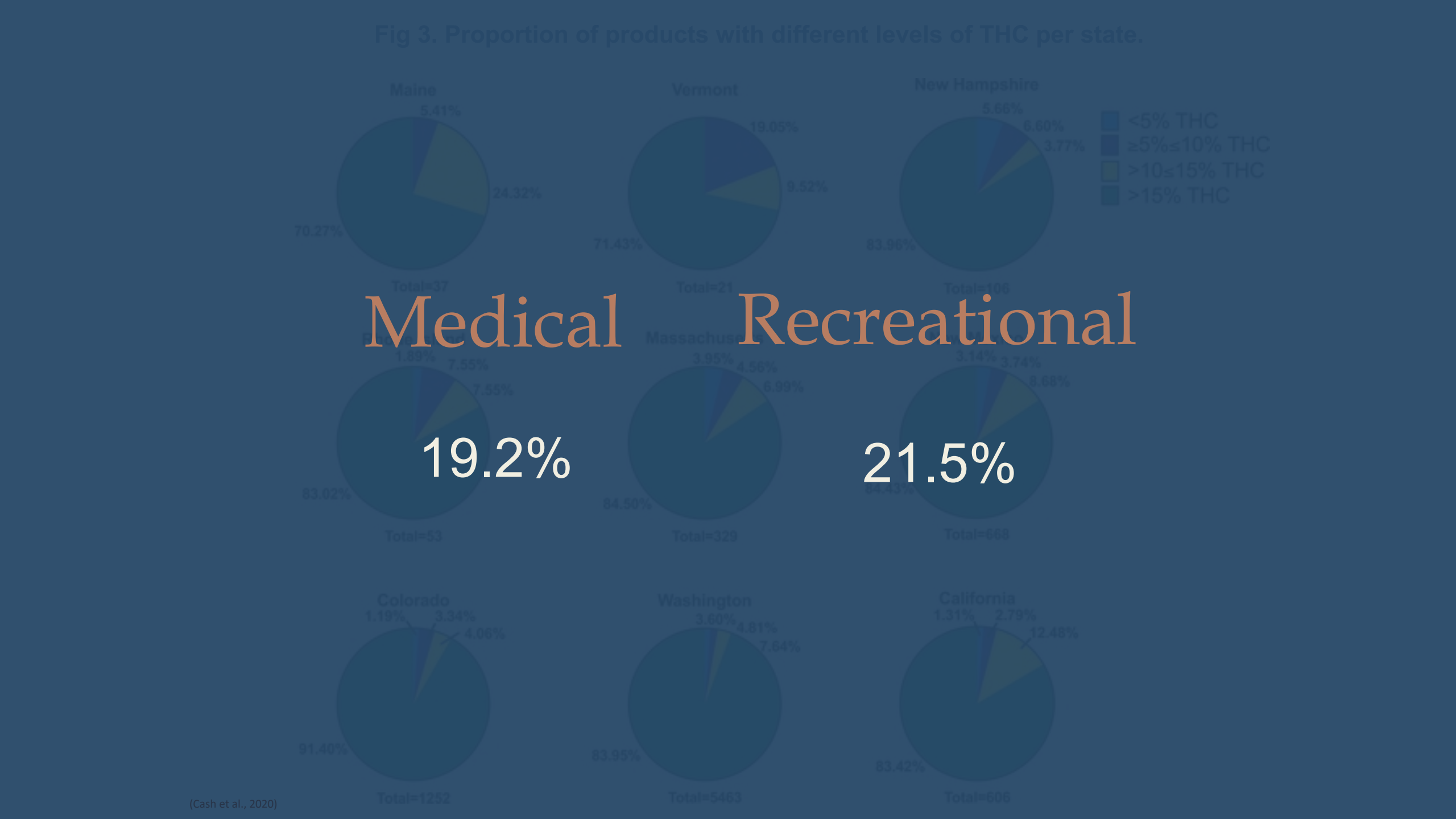

3 Rastaleers
10X
Twixed
Munchy Way
3X
Rasta Reese's
3X
KeefKat
10X
Puff-A-Mint Pattie
Get a sensation!
10X
DOUBLE PUFF OEO
10X
Buddahfinger
4X
Tri-Chrome CRUNCH
10X


Cheeba Chews
Cannabidiol / THC mix for pain relief
17.5mg | 17.5mg | 17.5mg | 17.5mg
Disclaimer
17.5mg | 17.5mg | 17.5mg | 17.5mg
Disclaimer
Baked Jolly
Strawberry
Hubby's Edibles
Hubby's Edibles
Hubby's Edibles
XXX Hubby Oil Dark Chocolate Bars
KEEP OUT OF CHILDRENS REACH
THE 4.20 BAR
THE 420
DARK CHOCOLATE
DARK CHOCOLATE MIX
CHOCOLATE TOFFEE
DARK CHOCOLATE + SEA SALT
& 4.20 GRAMS OF THE VENICE MEDICAL CANNABIS COOKIE CO.
180
SATIVA/HYBRID
Capsules (2 pack)
THC: 15.09mg CBD: 1.97mg CBN: 0.14mg
Other ingredients: Organic butter, Vitamin C as ascorbic acid (a preservative).
Handcrafted in small batches with loving care by and for patients of this guidelines under a nonprofit structure.
Cheeba Chews
Piña Colada Drop

Marijuana Potency

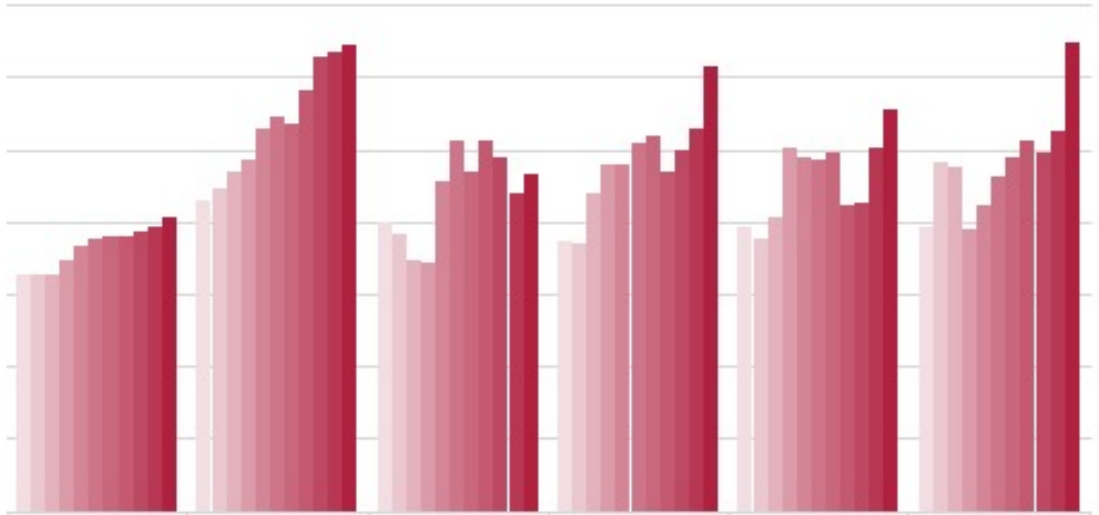


(NIDA, 2020)



(Cash et al., 2020)

PAST MONTH MARIJUANA USE OF COLLEGE AGE 18-25 YEARS OLD



	U.S. average	Colorado	Washington	Oregon	Alaska	District of Columbia
2005-2006	16.42%	21.43%	20.052%	18.568%	19.544%	19.614%
2006-2007	16.34%	22.21%	19.055%	18.432%	18.813%	23.974%
2007-2008	16.45%	23.44%	17.336%	21.890%	20.278%	23.724%
2008-2009	17.42%	24.28%	17.194%	23.871%	25.157%	19.589%
2009-2010	18.39%	26.35%	22.740%	23.880%	24.460%	21.140%
2010-2011	18.78%	27.26%	25.560%	25.354%	24.307%	23.076%
2011-2012	18.89%	26.81%	23.444%	25.806%	24.774%	24.488%
2012-2013	18.91%	29.05%	25.555%	23.387%	21.062%	25.529%
2013-2014	19.32%	31.24%	24.468%	24.853%	21.301%	24.722%
2014-2015	19.70%	31.75%	21.867%	26.294%	25.020%	26.194%
2015-2016	20.30%	32.20%	23.30%	30.60%	27.65%	32.39%

2005-2006 2006-2007 2007-2008 2008-2009 2009-2010 2010-2011
2011-2012 2012-2013 2013-2014 2014-2015 2015-2016

(SAM, 2018)

ORIGINAL ARTICLE

CONTEMPORARY ECONOMIC POLICY

Geographical access to recreational marijuana

Christopher A. Ambrose, Ph.D. Candidate[1] | **Benjamin W. Cowan, Associate Professor**[2] | **Robert E. Rosenman, Professor Emeritus**[1]

[1]School of Economic Sciences, Washington State University, Pullman, Washington, 99164-6210

[2]School of Economic Sciences, Washington State University and NBER, Pullman, Washington, 99164-6210

Correspondence
Christopher A. Ambrose, School of Economic Sciences, Washington State University, Pullman, WA 99164-6210, USA.
Email: christopher.ambrose@wsu.edu

Funding information
National Institute on Drug Abuse, Grant/Award Number: 1R01DA039293

Abstract

We investigate whether adult marijuana use in Washington responds to increased local access as measured by drive time to the nearest legal marijuana retailer as well as measures of retail density. Using survey data from the Behavioral Risk Factor Surveillance System, we find that as retailers open closer to where they live, more individuals use marijuana and more frequently. These effects are concentrated among young adults (ages 18–26), women, and rural residents. Controlling for distance to the nearest retailer, we find that whether retail density affects marijuana use depends on how it is measured.

KEYWORDS

accessibility, cannabis use, recreational marijuana legalization

JEL CLASSIFICATION

I12; I18; I10

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

Examining the relationship between the physical availability of medical marijuana and marijuana use across fifty California cities

Bridget Freisthler[a,*], Paul J. Gruenewald[b]

[a] UCLA Department of Social Welfare, 3250 Public Affairs Building, Box 951656, Los Angeles, CA 90095-1656, United States
[b] Prevention Research Center, Pacific Institute for Research and Evaluation, 180 Grand Ave., Suite 1200, Oakland, CA 94612, United States

- Availability of marijuana was consistently related to current use and frequency of use, but not lifetime use
  - i.e., current users use more heavily

Property Values and Real Estate Concerns

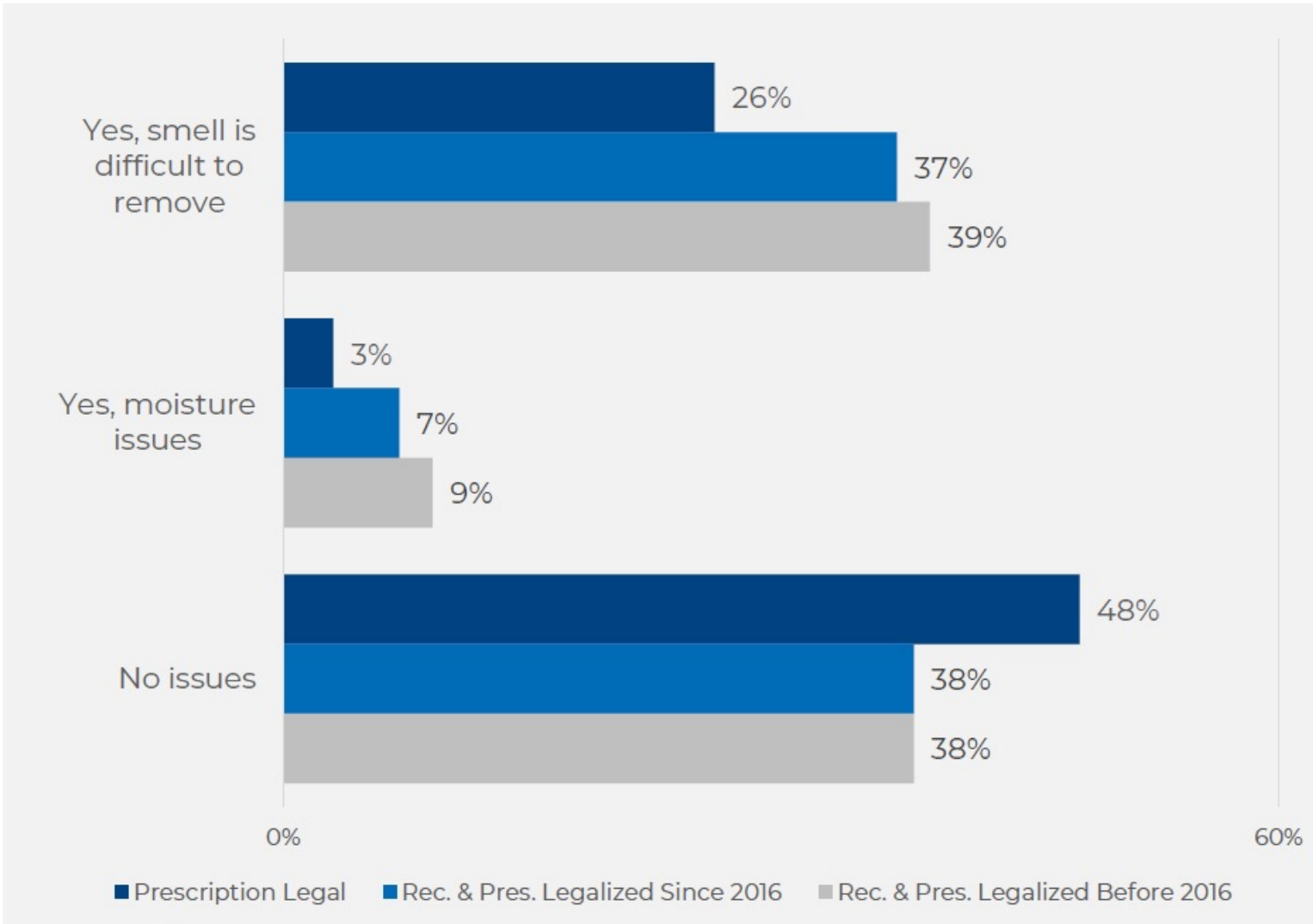
Hits from the Bong: The impact of recreational marijuana dispensaries on property values☆

Danna Thomas[a,*], Lin Tian[b]

[a] *University of South Carolina, USA*
[b] *INSEAD & CEPR, USA*

mental variables models. We find statistically significant negative effects of recreational marijuana dispensaries on housing values that are relatively localized: home prices within a 0.36 mile area around a new dispensary fall by 3–4% on average, relative to control areas. We also explore increased crime near dispensaries as a possible mechanism driving depressed home prices. While we find no evidence of a general increase in crime in Seattle, WA, there is a significant increase in nuisance-related crimes in census tracts with marijuana dispensaries relative to other census tracts in Seattle.

Difficulty Leasing Property After Smoking of Marijuana



Forty-eight percent of members in states where medical marijuana is legal and 38 percent of members in states where both medical and recreational marijuana are legal had no issues leasing a property after the use of marijuana in a property.

The most common issue was the smell, which one-quarter to more than one-third of these members had encountered.

Marijuana & Real Estate: A Budding Issue

NATIONAL ASSOCIATION OF REALTORS®

Public Health and Safety

The impacts of marijuana dispensary density and neighborhood ecology on marijuana abuse and dependence

Christina Mair[a,b,*], Bridget Freisthler[b,c], William R. Ponicki[b], Andrew Gaidus[b]

[a] University of Pittsburgh Graduate School of Public Health, Department of Behavioral and Community Health Sciences, 219 Parran Hall, 130 DeSoto Street, Pittsburgh, PA, 15261, USA
[b] Prevention Research Center, 180 Grand Ave., Ste. 1200, Oakland, CA, 94612, USA
[c] UCLA Luskin School of Public Affairs, Department of Social Welfare, 3250 Public Affairs Building, Box 951656, Los Angeles, CA, 90095, USA

Results: An additional one dispensary per square mile in a ZIP code was cross-sectionally associated with a 6.8% increase in the number of marijuana hospitalizations (95% credible interval 1.033, 1.105) with a marijuana abuse/dependence code. Other local characteristics, such as the median household income and age and racial/ethnic distributions, were associated with marijuana hospitalizations in cross-sectional and panel analyses.
Conclusions: Prevention and intervention programs for marijuana abuse and dependence may be particularly essential in areas of concentrated disadvantage. Policy makers may want to consider regulations that limit the density of dispensaries.

J Primary Prevent (2017) 38:249–263
DOI 10.1007/s10935-017-0472-9

ORIGINAL PAPER

From Medical to Recreational Marijuana Sales: Marijuana Outlets and Crime in an Era of Changing Marijuana Legislation

Bridget Freisthler[1] · Andrew Gaidus[2] · Christina Tam[3] · William R. Ponicki[2] · Paul J. Gruenewald[2]

outlets were also affected. Independent of the effects of covariates, densities of marijuana outlets were unrelated to property and violent crimes in local areas. However, the density of marijuana outlets in spatially adjacent areas was positively related to property crime in spatially adjacent areas over time. Further, the density of marijuana outlets in local and spatially adjacent blocks groups was related to higher rates of marijuana-specific crime. This study suggests that the effects of the availability of marijuana outlets on crime do not necessarily occur within the specific areas within which these outlets are located, but may occur in adjacent areas. Thus studies assessing the effects of these outlets in local areas alone may risk underestimating their true effects.

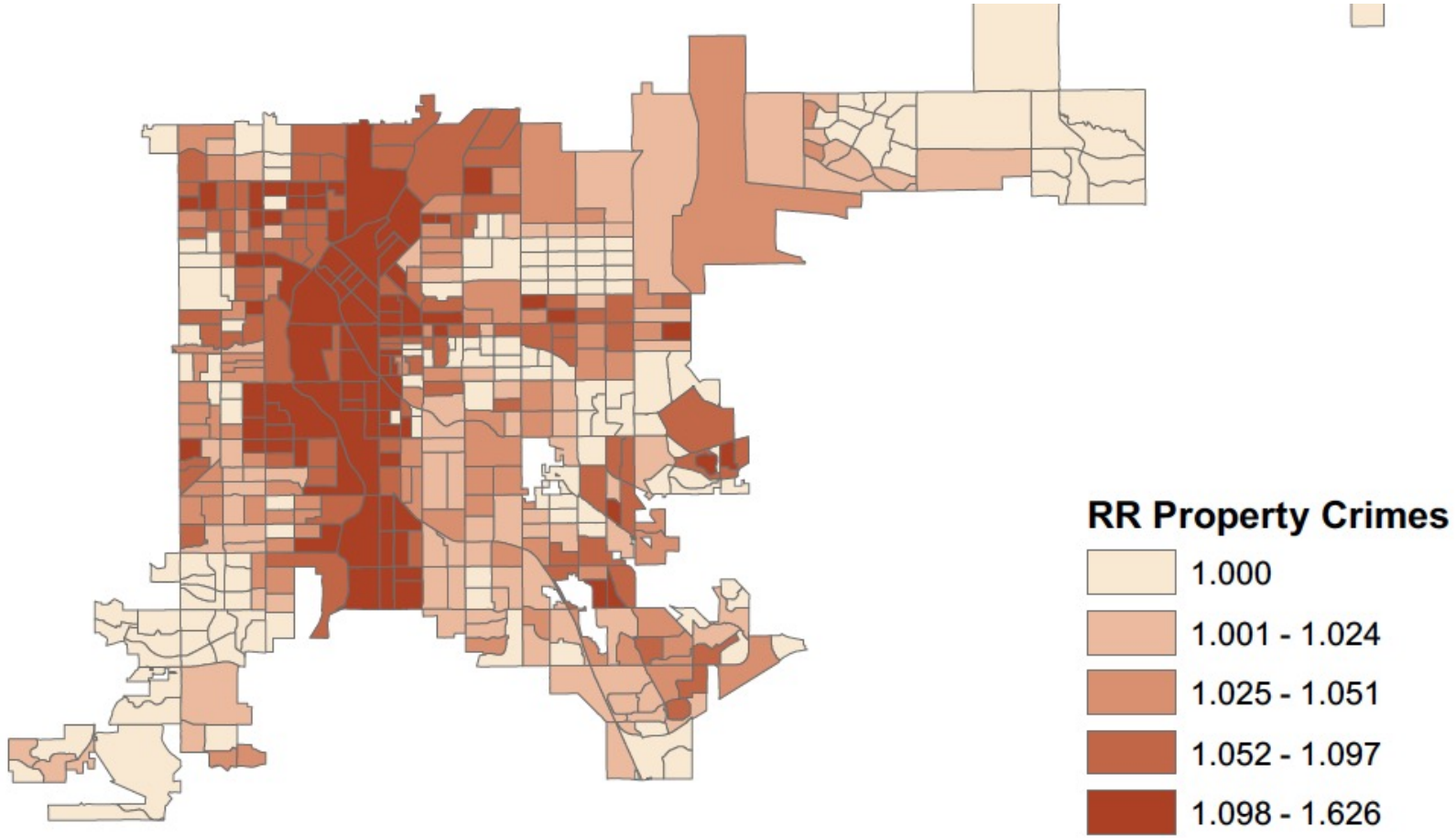
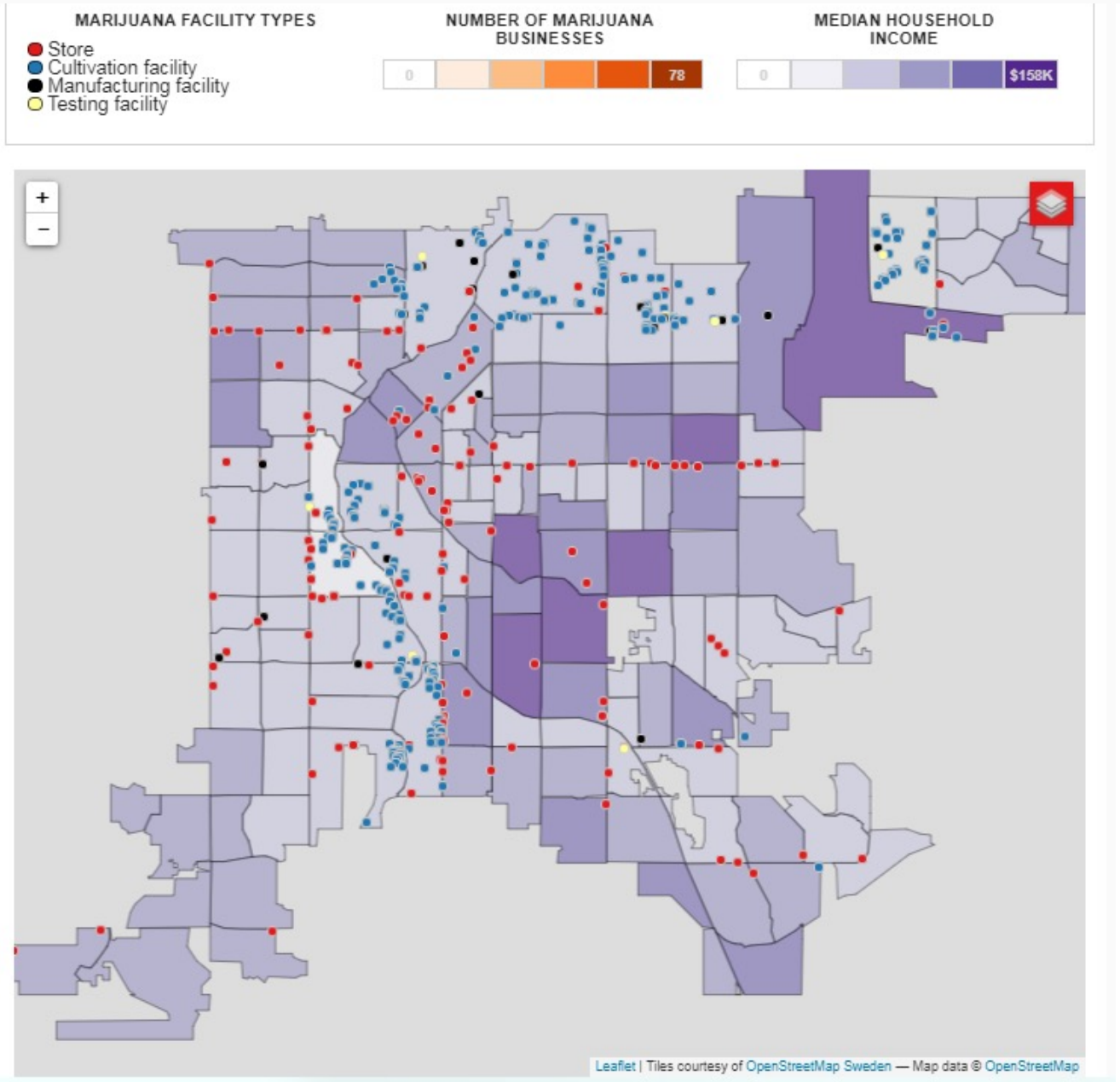


Fig. 1 Posterior relative incidence rates of property crimes in Denver, October 2015 due to marijuana outlet effects. The *lightest shaded* block groups have no local or adjacent-area marijuana outlets and thus no outlet contribution to predicted property crime rates. The *darkest shaded* block groups are estimated to have at least 9.8% higher property crime rates related to their local and adjacent-area marijuana outlet densities

BUSINESS

THE DENVER POST

Denver's pot businesses mostly in low-income, minority neighborhoods



JUSTICE QUARTERLY
https://doi.org/10.1080/07418825.2019.1567807

Marijuana Dispensaries and Neighborhood Crime and Disorder in Denver, Colorado

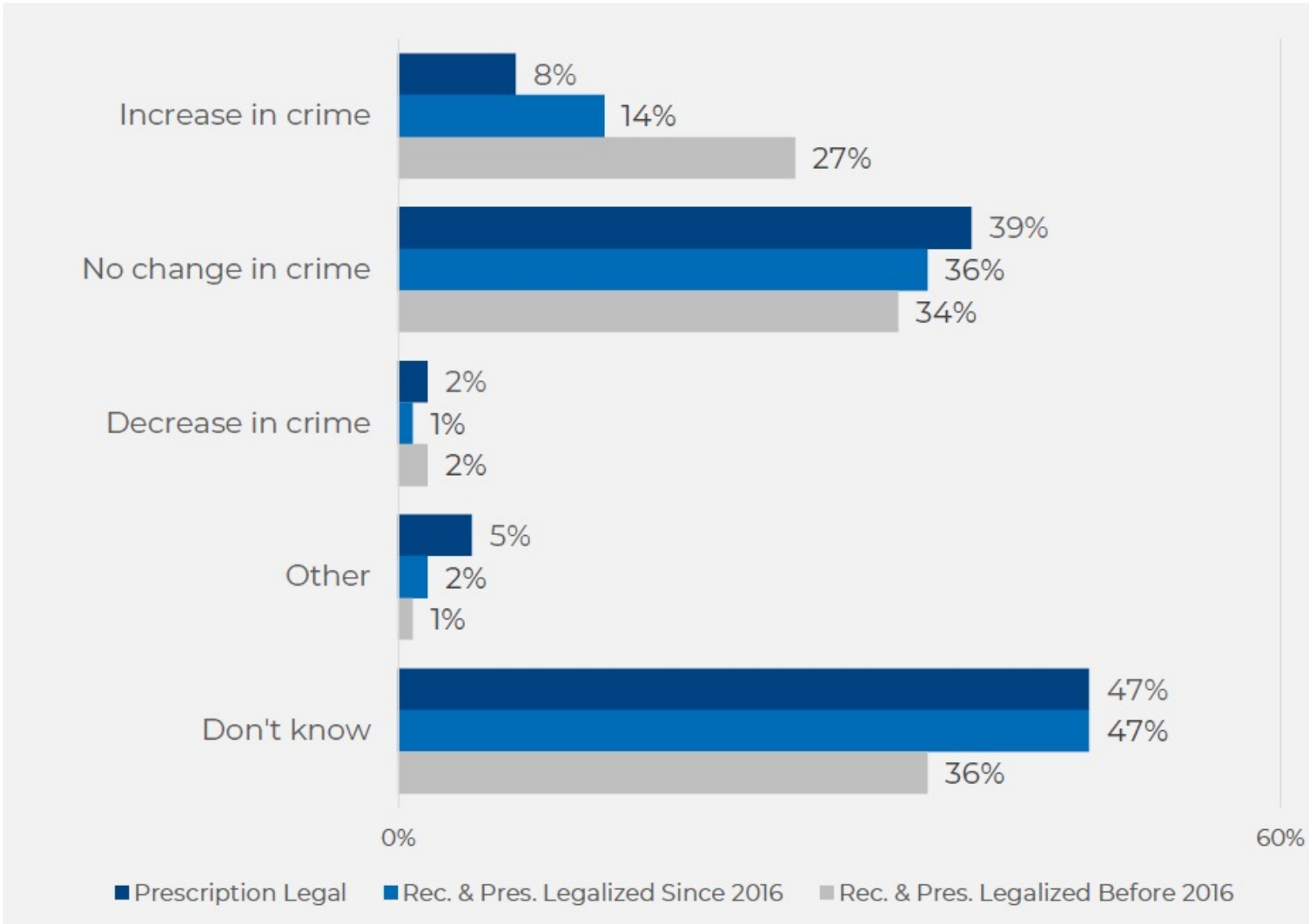
Lorine A. Hughes, Lonnie M. Schaible and Katherine Jimmerson

School of Public Affairs, University of Colorado, Denver, CO, USA

Denver, Colorado, 2012–2015. Estimates from Bayesian spatiotemporal Poisson regression models indicate that, except for murder and auto theft, both types of dispensaries are associated with statistically significant increases in rates of neighborhood crime and disorder. The theoretical and policy implications of these

Denver, Colorado, 2012–2015. Estimates from Bayesian spatiotemporal Poisson regression models indicate that, except for murder and auto theft, both types of dispensaries are associated with statistically significant increases in rates of neighborhood crime and disorder. The theoretical and policy implications of these findings are discussed.

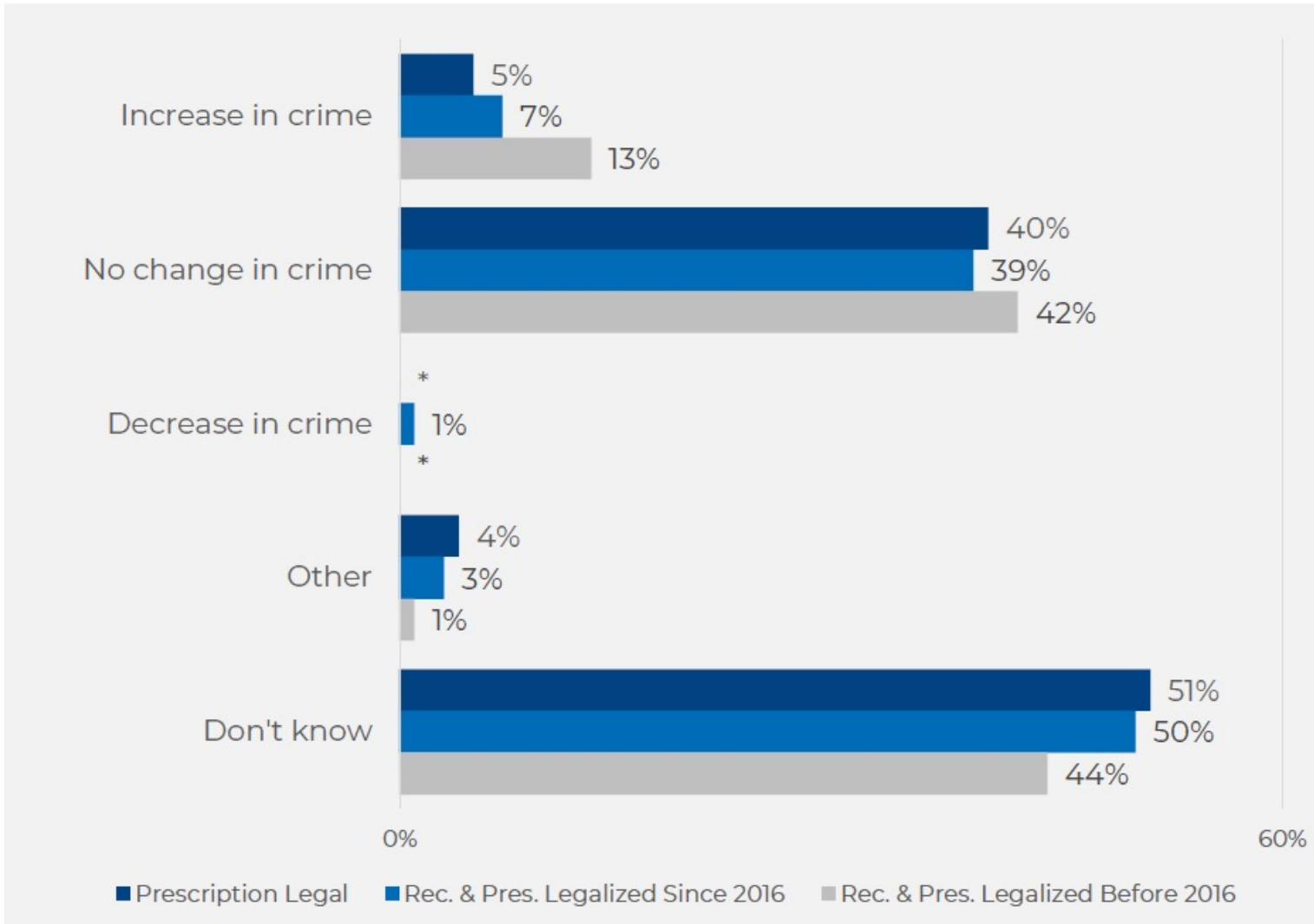
Perception of Change in Crime Near Dispensaries



In states where only prescription marijuana is legal, 39 percent of commercial members said there was no change in the perception of crime. Only eight percent cited an increase in the perception of crime.

In comparison, in states where both prescription and recreational marijuana were legalized over four years ago, 27 percent of commercial members reported a perception of an increase in crime near dispensaries (30 percent last year).

Actual Change in Crime Near Dispensaries



In states where only prescription marijuana is legal, 40 percent of commercial members cited no actual change in crime and only five percent said there was an increase in crime.

In comparison, in states where both prescription and recreational marijuana has been legal the longest 13 percent reported an increase in crime near dispensaries (17 percent last year).

* = less than 1%

NATIONAL ASSOCIATION OF REALTORS®

On-site Consumption Lounges

- No solid data yet – very few opened as of today
- In theory, these are a public safety nightmare due to traffic safety

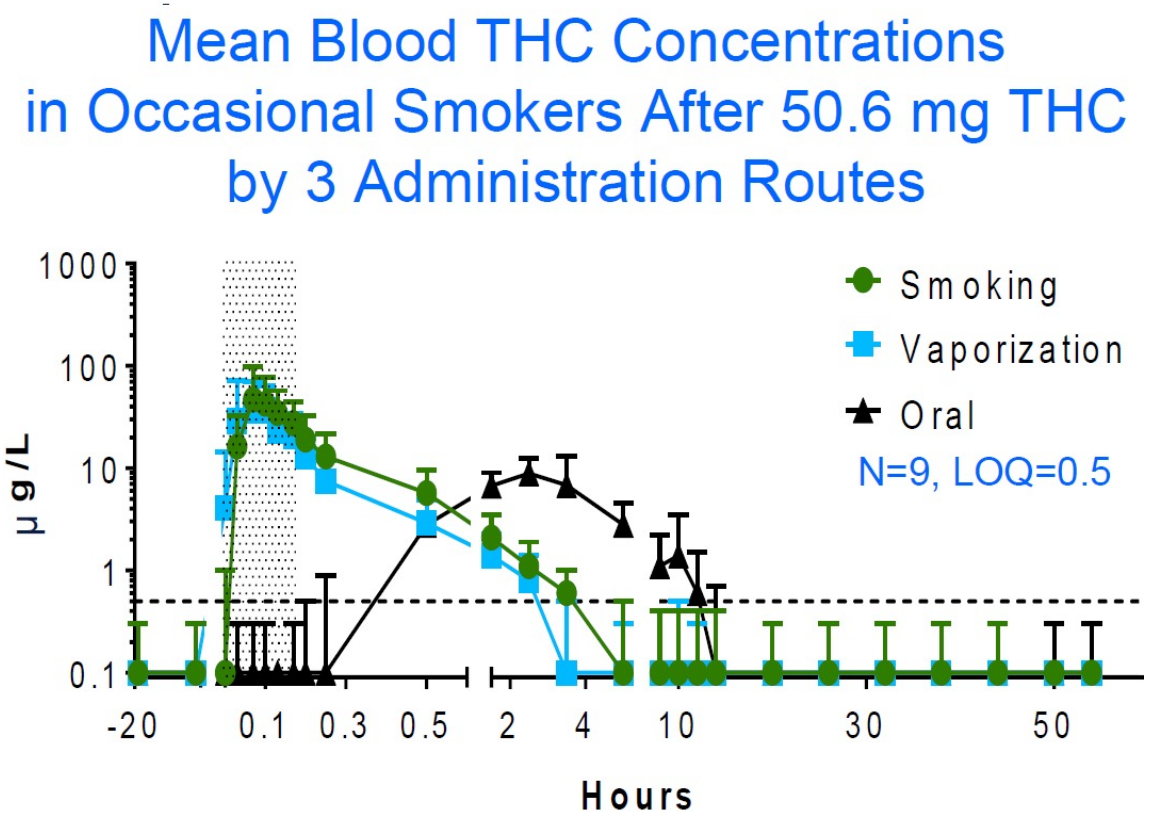
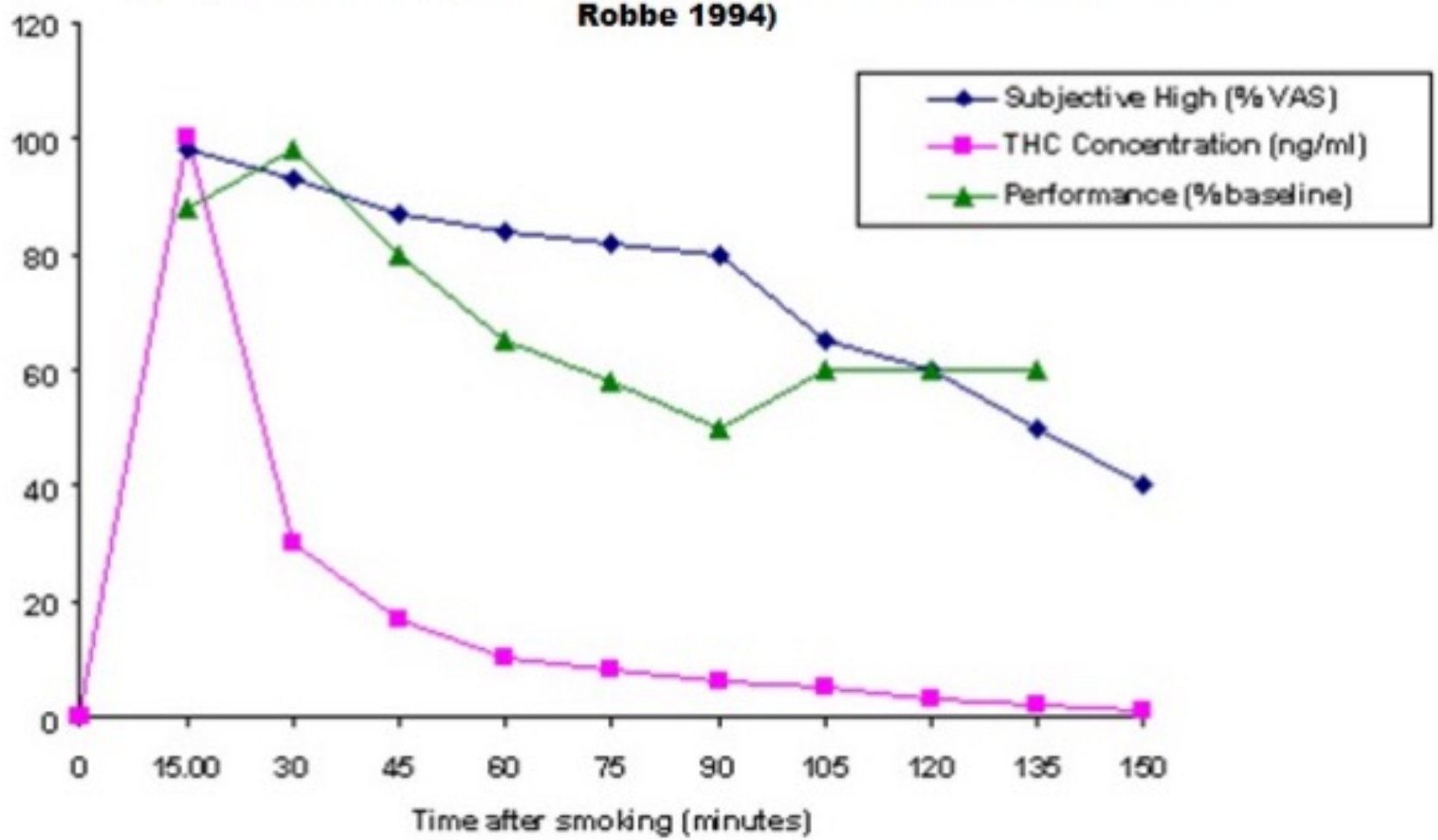


Figure 4

Time Course of Standardized THC Concentration in Plasma, Performance Deficit and Subjective High after Smoking Marijuana (Adapted from Berghaus et al. 1998, Sticht and Käferstein 1998 and Robbe 1994)



Gov. John Hickenlooper comments on his veto of #marijuana tasting room bill. #colorado

9:50 PM · Jun 4, 2018 · Twitter for iPhone

Experiences from Illinois

- Trustees have generally made up their minds before they take the dais
- What's worked
  - Large community coalitions
  - Tailoring approaches to specific swing trustees
  - Frame the argument:
    - Money versus health
    - Where is the burden of proof? Prove why you **should** sell pot, not have that as the default and prove why not
    - Is this on-brand for our town?
    - Will selling marijuana and increasing use rates make our community safer? More productive? Healthier?
    - And what percentage of our budget is the projected revenue, anyway?

Naperville Dispensary Projection – Using Colorado Data to Forecast Naperville Dispensaries

548	Number of Colorado Dispensaries, as of October 2018[1]
$1,545,691,080	2018 Total Marijuana Retail Revenue, State of Colorado[2]
$2,820,604	Average Total Annual Sales for a Colorado Dispensary*

* Data is for medical and recreational marijuana. Recreational marijuana is 79% of the total

Sources:

1. Colorado Department of Revenue MED Dispensary count
2. Colorado Department of 2018 Revenue Retail Marijuana Sales

Naperville Dispensary Projection – Using Colorado Data to Forecast Naperville Dispensaries

$454,138,742	2019 Naperville Annual Operating Budget[1]
4.75%	Projected Effective Naperville Tax Rate on Recreational Marijuana
$133,979	Naperville Tax Revenue per Dispensary, based on Colorado Average

34	Number of Dispensaries Required to Meet 1% of Naperville Annual Operating Budget

Sources:

1. 2019 Naperville Annual Operating Budget

(Jennifer & Matthew Taylor, 2018)

Experiences from Illinois

- What hasn't worked
  - Waiting too long to mobilize
  - Large community coalitions
  - Untargeted appeals, including with data
  - Money-driven ballot-box initiatives

- The argument to wait
  - Results range from neutral to bad – how much money is worth the risk to your kids and community?
  - This is a bell you can't un-ring
  - Sends a local, proximal message that your community doesn't endorse getting high for fun
  - Appeal for patience and real data – let other communities experiment with their families

Thank You!

Aaron Weiner, PhD
aaron@weinerphd.com
www.weinerphd.com




From:	Coltin Barody
To:	BOS, District1Community; Anderson, Joel; Remer@sdcounty.ca.gov; MontgomerySteppe, Monica; Desmond, Jim; FGG, Public Comment
Subject:	[External] Public Comment Request: Inclusion of Disabled Veterans in the San Diego County Cannabis Social Equity Program
Date:	Sunday, January 18, 2026 12:44:11 PM

Dear Chair and Honorable Members of the San Diego County Board of Supervisors

I am writing to respectfully request that disabled veterans, particularly those who served in and continue to reside in San Diego County, be expressly included as an eligible category within the County's developing Cannabis Social Equity Program.

I make this request not only as a member of the public, but as a 100% service-connected disabled veteran who served in San Diego County for many years. Like many veterans, my disability is directly connected to my service, and it continues to affect my economic opportunities and long-term earning capacity. These realities place disabled veterans squarely within the population that social equity programs are intended to support.

As the County designs a fair and forward-looking cannabis licensing framework, it has appropriately recognized that individuals harmed by past cannabis enforcement and systemic inequities deserve meaningful access to participation in the legal marketplace. I respectfully submit that disabled veterans meet the same equity principles underlying these programs and should be formally recognized within them.

Veterans—especially disabled veterans—face documented and lasting barriers resulting from their service, including physical disabilities, mental health conditions, and limited access to traditional employment pathways. Many live on fixed incomes and encounter significant obstacles in entering highly regulated and capital-intensive industries such as cannabis. These conditions mirror the very inequities that social equity programs are designed to address.

Importantly, other states have already recognized this connection.
New York's adult-use cannabis licensing framework included disabled veterans alongside individuals with prior cannabis convictions as part of its equity and early-access licensing structure. That approach acknowledged that veterans—particularly those with service-connected disabilities—represent a population that has sacrificed for the public good and merits inclusion in restorative economic opportunity programs.

San Diego County is uniquely positioned to lead on this issue. As one of the largest military and veteran communities in the nation, the County has a long history of supporting those who have served. Including disabled veterans as an eligible social equity category would be consistent with that legacy, while remaining fully aligned with the County's stated goals of fairness, inclusion, and responsible industry development.

This request is not for preferential treatment, but for recognition—recognition that disabled veterans face real, ongoing disadvantages as a result of their service, and that equity frameworks are appropriately designed to address such disparities. Including disabled veterans within the Social Equity Program would strengthen the program's integrity, broaden community support, and honor the County's commitment to those who have borne a disproportionate share of sacrifice.

I respectfully ask the Board to consider amending the Social Equity Program eligibility criteria to include disabled veterans, particularly those with service-connected disabilities and ties to San Diego County, as a qualifying equity group.

Thank you for your leadership, your consideration, and your continued service to the residents of San Diego County. I appreciate the opportunity to submit this comment for the public record.

Respectfully,

Coltin Barody
100% Service-Connected Disabled Veteran
San Diego County, California