Marijuana in Iowa

The Rest of the Story

Iowa Office of Drug Control Policy
March 2016
Important Distinctions

The Office of Drug Control Policy supports safe & effective research-based medicines, including qualified cannabis derivatives, for use by health care professionals to treat patients with valid medical need, & that do not compromise Iowans’ health & public safety.

Rigorous research is needed to safely & effectively help those in need without putting others at risk. Cannabis extracts are being isolated for FDA-authorized testing of potential medicines.

Iowa law permits regulated use of non-psychoactive CBD oil to treat intractable epilepsy, similar to a product in FDA clinical trials at Iowa City & other sites. States with “medical” marijuana laws allow broader use for multiple conditions with fewer controls.
Marijuana Laws & Use by Teens by State

“Medical” & “Recreational” Marijuana Laws
(2015 Governing.com)

Past Month Use by 12-17 Year Olds
(2013-2014 NSDUH)

- Dark Green = “Medical” marijuana (23 & DC).
- Light Green = “Medical” & “Recreational” marijuana (4).
- Not Shown: Low THC non-psychoactive “CBD” oils (16, including Iowa, where the Pharmacy Board recommended in 2015 the Legislature consider rescheduling CBD only).
Other Legal Developments

• Buyer’s remorse? Over 200 communities in California, 180 in Colorado & others elsewhere have enacted local bans on “medical” or “personal use” marijuana sales, & numbers are growing.

• Federal law enforcement has cracked down in California, closing up to 600 “medical marijuana” dispensaries for violating federal controlled substance laws or state laws re: nonprofits, caregivers, medical use, etc. Similar raids have been conducted in Colorado.

• Lawsuits & court challenges are pending regarding jurisdictional authority, workplace rights, etc.

• (Note: Colorado “medical” marijuana was commercialized in 2009 & “personal use” became legal in 2013).
Scientific Positions on Marijuana

• The FDA has not approved the use of marijuana as medicine, saying “there is currently sound evidence that smoked marijuana is harmful.”

• The Institute of Medicine has declared smoking marijuana is unsafe, & “marijuana is not modern medicine.”

• The National Institute on Drug Abuse reports “marijuana is addictive,” with nearly 4.5 million Americans meeting the clinical criteria for marijuana abuse or dependence.
Health Group Positions on Marijuana


• The American Academy of Pediatrics “opposes marijuana use by children & adolescents…the use of ‘medical’ marijuana outside the regulatory process of the FDA…and…legalization of marijuana.”
Marijuana Health Effects

• Marijuana can: cause or worsen respiratory symptoms; impair short-term memory & motor coordination; slow reaction time; distort perceptions; raise heart rate; disrupt problem solving & learning ability; alter mood, judgment & decision-making; & in some people cause severe anxiety or psychosis.  
  2012 National Institute on Drug Abuse, NIH, Drug Facts

• More U.S. citizens met the American Psychiatric Association’s diagnostic criteria for marijuana abuse or dependence than for pain relievers, cocaine, tranquilizers, hallucinogens & heroin combined.  
  2011 U.S. Substance Abuse & Mental Health Services Administration, National Survey on Drug Use & Health
Marijuana Health Effects

• Marijuana is addictive. About 9% of users become addicted. That number increases to 1 in 6 among users who start in adolescence, & to 25-50% among those who use marijuana daily. 2014 National Institute on Drug Abuse

• Regular daily users of high-potency marijuana (~16% THC), similar to forms increasingly found in the U.S., are 5 times more likely than non-users to have a psychotic disorder. Weekend users are 3 times as likely to suffer a psychotic episode. 2015 The Lancet Psychiatry, Kings College London

• Preliminary research finds breathing 2nd-hand marijuana smoke could damage your heart & blood vessels as much as 2nd-hand cigarette smoke. 2014 American Heart Association’s Scientific Sessions
Marijuana’s Makeup

• Marijuana contains more than 100 chemicals, known as cannabinoids. Currently, the two main compounds of interest for potential therapeutic use are tetrahydrocannabinol (THC) & cannabidiol (CBD), found in varying ratios in the cannabis plant.

• THC is the main psychoactive ingredient. Some THC-based medications are FDA-approved for stimulating appetite & reducing nausea. It may also decrease pain, inflammation & spasticity. THC also leads to mind-altering experiences, impairment, abuse & addiction.

• CBD is a non-psychoactive ingredient that may be useful in reducing pain & inflammation, controlling epileptic seizures, & possibly even treating psychosis & addictions.

National Institute on Drug Abuse
Marijuana/Cannabis a.k.a.

Then

- Weed
- Grass
- Pot
- Reefer
- Hash
- Hemp
- Joints
- Blunts
- Buds
Marijuana/Cannabis a.k.a.

Now

- Hash Oil
- Honey Oil
- Wax
- Earwax
- Budder
- Crumble
- Shatter
- Black Glass
- Edibles
Marijuana’s Increasing THC Potency
Marijuana Seized in U.S.

U.S. THC levels averaged less than 1% in 1972.

2014 University of Mississippi Marijuana Project

University of Mississippi Marijuana Project, through 12-22-15
New Marijuana’s Increasing Potency
U.S. Seizures, Concentration of THC by % of Weight

“Concentrates” (hash oils, waxes & marijuana-infused edibles) may contain THC levels of 80+%.  
2014 U.S. Department of Justice, Drug Enforcement Administration, National Drug Threat Assessment Summary

2015 Colorado THC levels averaged 17.1% for regular marijuana & 62.1% for “concentrates.”
2015 Rocky Mountain HIDTA

0%  10%  20%  30%  40%  50%  60%
1975  1995  2014
0.74%  3.75%  11.16%

*50+%  *Recent

National Institute on Drug Abuse & U.S. Drug Enforcement Administration
Marijuana “Concentrates”

Hash Oil (aka: honey oil or 7:10)
Chemically extracted from cannabis plant with solvent. Produces amber or brown colored viscous liquid. One or two drops = one “joint.” Often used in vape devices. THC estimate: 40-80%.

Wax (aka: budder, crumble, earwax)
Created by whipping hash oil during THC extraction. Results in a consistency similar to earwax. “Dabbing” is inhaling vapor from wax on a heated surface. THC estimate: 50-80%.
Marijuana “Concentrates”

Shatter

Yellow or amber colored thin & brittle cake made in multiple steps that involve a pressure vacuum. THC estimate: May exceed 80-90%.

Edibles

Delayed effects of marijuana-infused foods (e.g., brownies, suckers, peanut butter, gummy chews, drinks, etc.) on unsuspecting users—particularly children drawn to product packaging—can lead to psychotic episodes & other dangers. THC estimate: 50% or higher.
Marijuana “Concentrates”

Vaping

Many users of marijuana concentrates prefer smokeless, odorless e-cigarette or electronic smoking devices. “Vaping” is fast-acting & easy to conceal, a concern in schools & among youth generally.

BHO Labs (Butane Honey Oil labs)

THC extraction labs, aka BHO labs due to the use of butane for hash/honey oil extraction are on the rise...in Iowa too (e.g., December 2015 Davenport house, injuring 1 of 8 family members).

One byproduct is more lab-related explosions, fires & personal injuries.
Marijuana “Concentrates”

Regular daily users of high-potency marijuana (~16% THC), similar to forms found in the U.S., are 5 times more likely than non-users to have a psychotic disorder. Weekend users are 3 times as likely to suffer psychosis.

2015 Lancet Psychiatry, Kings College London

“2 deaths connected with edible marijuana products have Colorado lawmakers scrambling to toughen regulations & experts warning of bizarre behavior as consumers eat powerful pot-infused foods.”

May 8, 2014 USA Today

The self-inflicted shooting death of a 22-year old man on family ski trip is blamed on 4 marijuana gummy bears.

March 26, 2015 Denver Post

26.5% of teenage marijuana & e-cigarette users report using electronic devices to vaporize more potent marijuana & hash oil.

September 2015 Yale University, Pediatrics Journal
New Marijuana in Iowa

Approximately 7.6% of all 2015 marijuana samples submitted to the Iowa crime lab involved marijuana “preparations,” or “concentrates” (e.g., hash oils, waxes & marijuana-infused edibles).

2015 Iowa Department of Public Safety, Division of Criminal Investigation
Current Youth Marijuana Use
Past 30 Days: U.S. vs. Iowa

- 5.02% of all Iowans 12+ & 5.17% of Iowa teens are current marijuana users.
- 54% of Iowa 11th graders say marijuana would be easy or very easy for peers to get in their neighborhood or community.
- 24% of Iowa 11th graders see no risk smoking marijuana once or more a week, about twice as many as 15 years ago.

2015 Monitoring the Future Survey & 2014 Iowa Youth Survey
Youth Marijuana Attitudes vs. Use Among U.S. 12th Graders

College students daily marijuana use surpassed cigarette smoking for the 1st time in 2014.

Monitoring the Future Survey, 2014
Youth Marijuana Attitudes Among Iowa 11th Graders

Iowa Teens Perceiving No Risk Smoking Marijuana Once or More a Week

Iowa Youth Survey, 2014
Drugs of Choice: Iowa Youth
Primary Substance for 5,026 Juveniles in Treatment

Marijuana 66.3%
Alcohol 21.9%
Other 7.5%
Meth 4.1%
Cocaine 0.2%

Iowa Department of Public Health, 2014
Drugs of Choice: Iowa Adults
Primary Substance by 46,891 Adults in Treatment

- Alcohol: 53.7%
- Marijuana: 23.0%
- Meth: 14.0%
- Cocaine: 2.1%
- Other: 7.2%

Iowa Department of Public Health, 2014
Drugs of Choice: All Iowans
Primary Substance of Choice by Iowans in Treatment

Iowa Department of Public Health, 2014
Marijuana Use in Iowa
Past 30-Days: Pre-Teens & Teens vs. All Iowans

2003-2004: 6.38%
2013-2014: 5.02%

Ages 12-17: 5.17%
Ages 12+: 4.7%

National Survey on Drug Use & Health,
Most Iowans are not current marijuana users (past 30 days).

Iowa Youth 12-17 years old currently using marijuana.
- Use: 5.17%
- Do Not Use: 94.83%

Iowans 12 & older currently using marijuana.
- Use: 5.02%
- Do Not Use: 94.98%

2013-2014 National Survey on Drug Use & Health
Iowa College Students Risking Aid Due to Drug Conviction

*In 2014-2015, 6 of 175,424 qualified for suspension of federal financial aid due to a drug conviction (vs. 7 in 2013-2014, 10 in 2012-2013 & 14 in 2011-2012).

Federal law permits students to requalify by completing treatment.

Iowa College Student Aid Commission, 2015
2015 Iowa Prison Admissions

1st Time Marijuana Possession Most Serious Offense

Of 3,842 total prison admissions:
• 130 (3.4%) were for marijuana trafficking (manufacturing delivery, intent to deliver & conspiracy)
• 50 (1.3%) were for 3rd or subsequent marijuana possession,
• 3 (0.08%) was for 2nd or subsequent marijuana possession, and
• None (0%) was for 1st-time marijuana possession.

Iowa Department of Corrections + Division of Criminal & Juvenile Justice Planning, 2015
Iowa Drug “Related” Prison Admissions
Primary Drug Involved (Assessments, Not Charges)

Iowa Justice Data Warehouse, 2015
Iowa’s Workplace
Positive Drug Tests Reported 2002-2011

Positive drug tests for marijuana among employees in the general U.S. workforce increased in 2014 for the 3rd straight year. Marijuana was detected in 2.4% of all drug tests, a 14.3% increase vs. 2013, when a 5% increase was recorded vs. 2012.

2015 Quest Diagnostics

Iowa Department of Public Health, 2014
Iowa Marijuana ER Visits
Cannabis Use as Causal or Contributing Factor

Marijuana impairs/worsens respiratory systems, heart rate, coordination, judgment, memory, problem-solving & mood. It contributes to auto crashes & can cause severe anxiety & psychosis.

Iowa Department of Public Health, 2014
Iowa Drug-Impaired Driving
2015 Non-Alcohol Evaluation Findings by Drug Recognition Experts

![Bar Chart](image)

- **Cannabis**: 429
- **Stimulants**: 250
- **Depressants**: 110
- **Narcotic Analgesics**: 90
- **Inhalants**: 1
- **Hallucinogens**: 1
- **Dissociative Anesthetics**: 1

IDPS, 2015
Iowa Drug-Related Traffic Fatalities
Types of Drugs Detected in Persons Killed in Crashes

Poly-drug use & drugs mixed with alcohol detected in some cases & alcohol alone in 94 other crash victims.
“Medical” Marijuana: Case Studies

Users

• A majority of card holders in “medical” marijuana states with data cite pain as their primary illness (vs. cancer, glaucoma, HIV/AIDS & other debilitating conditions.):
  ➢ 65% in Oregon 2012 Oregon Health Authority
  ➢ 71% in Arizona 2012 Arizona Department of Health Services
  ➢ 93% in Colorado 2015 Colorado Department of Health & Environment

• The average age of “medical” marijuana card holders tends to be under 45 years:
  ➢ 41 in Colorado 2015 Colorado Department of Health & Environment
  ➢ 40 in Arizona 2012 Arizona Department of Health Services
  ➢ 32 in California 2011 Journal of Drug Policy Analysis

• 75-80% of “medical” marijuana users seen as patients say marijuana did not ease their pain. 2014 Colorado Springs Dr. Ken Finn, MD
“Medical” Marijuana: Case Studies  
Diversion (Leakage)

- 85% of all “medical” marijuana users in Colorado were registered by 50 physicians, or less than 3% of licensed doctors. 1 physician registered 10% of all users.  
  2011 Nussbaum, Boyer & Kondrad-MDs/Colorado Department of Public Health & Environment

- In Oregon, 9 physicians accounted for half of all “medical” marijuana users. One doctor helped 4,180 users in a year, or more than 11/day.  
  2012 The Oregonian

- 74% of Denver teens in substance abuse treatment say they used someone else’s “medical” marijuana.  

- 34% of 12th grade marijuana users in “medical” marijuana states say one of their sources is another person’s “medical” marijuana.  
  2013 Monitoring the Future Survey/University of Michigan
“Medical” Marijuana: Case Studies
Drug Endangered Children

• States that decriminalized marijuana saw a 30+% increase in the call rate to poison centers for children requiring medical intervention between 2005 & 2011, while call rates did not change in other states. 2014 Annals of Emergency Medicine

• The average number of Colorado marijuana-related exposures for young children 0-5 was 4.75-year from 2006-2009, but rose 268% to 17.5/year from 2010-2013. 2014 Rocky Mountain Poison & Drug Center

• There’s been a spike in the number of Colorado children treated for accidentally consuming marijuana-laced foods & beverages. May 2013 Journal of the American Medical Association Pediatrics
Colorado marijuana-related traffic deaths increased 92% from 2010-2014, during which all traffic deaths in the State rose 8%.  
2014 National Highway Transportation Safety Administration & 2015 Rocky Mountain HIDTA

A six-state study showed the prevalence of marijuana detected in fatally injured drivers increased from 16.6% in 1999 to 28.3% in 2010.  
2014 American Journal of Epidemiology, Columbia University

Colorado marijuana-related hospitalizations rose 46% 3 years after “medical” marijuana commercialization vs. 3 years prior.  
2015 Colorado Hospital Association

Californians living near a higher density of marijuana dispensaries experienced a 6.8% rise in hospitalizations linked to marijuana abuse & dependence.  
September 2015 University of Pittsburgh, Drug & Alcohol Dependence Journal
“Medical” Marijuana: Case Studies
Use/Abuse

• “Medical” marijuana laws do not increase adolescent marijuana use, but adolescent use is higher in “medical” marijuana states.
  2015 Hasin, Wall, Keyes, Cerda, et al., Lancet

• “Medical” cannabis laws amplify recreational juvenile cannabis use by allaying social stigma & placating fear that cannabis use could potentially result in a negative health outcome.
  2015 Stolzenberg, D’Alessio & Dariano, International Journal of Drug Policy

• Colorado & Washington State had the 2nd & 3rd highest marijuana use rates among persons 12 & older (12.7% & 12.28% vs. 7.4% for the U.S. & 5.98% in Iowa). This happened under “medical” marijuana laws, & a year before full-scale legalization.
  2012-2013 National Survey on Drug Use & Health

• The top 21 states (& DC) for current marijuana use among teens all have approved “medical” marijuana. 2013-2014 National Survey on Drug Use & Health
Current Youth Marijuana Use Rates
Age 12-17 in “Medical” vs. Non-”Medical” Marijuana States

In the top 21 “use” states, “recreational &/or “medical” marijuana is legal.

* “Recreational” & “medical” marijuana were legal in Colorado & Washington State in 2014.


*** Maryland, New York & Minnesota “medical” marijuana legislation was enacted during 2014.

(States in blue had no marijuana legalization in 2014.)

2013-2014 National Survey on Drug Use & Health
“Medical” Marijuana: Case Studies
Youth Learning Potential

• The top 9 states for marijuana use in high school were all “medical” marijuana states, with an average use rate of 1/4 students (vs. a national rate of 1/5 & an 1/9 Iowa rate).
  2014 Centers for Disease Control, 2013 Colorado Youth Risk Behavior Survey & 2014 Iowa Youth Survey

• Drug-related student suspensions & expulsions increased 40% in Colorado schools from 2008/2009-2013/2014.
  2015 Colorado Department of Education

• 77% of American teens now believe smoking pot is safe.
  2014 Behavioral Health Barometer, U.S. Substance Abuse & Mental Health Services Administration

• Persistent marijuana use during adolescence can cause a long-term 8-point drop in IQ, & harm attention span & memory.
  2012 National Academy of Sciences, Dunedin Study

• Marijuana use in the 1st year of college can lead to students skipping classes, lower grades & later graduation.
  2015 University of Maryland School of Public Health, College Life Study
“Medical” Marijuana: Case Studies

Diversion

• In 2008 Colorado had 4,800 “medical” marijuana card holders & no known dispensaries. In 2014, more than 115,000 card holders could buy from 505 dispensaries, 748 cultivation facilities & 163 infused product (edibles) businesses. 2015 Colorado Department of Revenue

• Denver has 198 dispensaries vs. 117 pharmacies, 179 McDonalds, 206 liquor stores & 208 Starbucks. 2015 Rocky Mountain HIDTA

• Highway interdiction seizures of Colorado marijuana destined for other states, including Iowa, increased 365% to average 242/year from 2009-2012, 3 years after “medical” marijuana was commercialized vs. 52/year 3 years prior. 2014 El Paso Intelligence Center

• Mail parcel interdiction seizures of Colorado marijuana destined for other states, including Iowa, increased from 0 in 2009 to 158 in 2012 & 320 in 2014. 2015 United States Postal Inspection Service
“Medical” Marijuana: Alternatives

• Research shows a few orally-administered synthetic medicines containing the cannabis plant’s principal psychoactive compound tetrahydrocannabinol (THC) do have therapeutic potential to relieve pain, control nausea, stimulate appetite & decrease ocular pressure. Smoking or ingesting crude marijuana is not required.

• Dronabinol (Marinol) & Nabilone (Cesamet) are FDA-approved & legally available as prescription pills.
“Medical” Marijuana: Alternatives

• The FDA is considering a mouth spray (Sativex) with 2 cannabinoids extracted from the cannabis plant.

• An oral liquid (Epidiolex) containing non-psychoactive Cannabidiol (CBD), extracted from the cannabis plant, is an FDA orphan drug under study to treat seizures, & available for patient testing, including at University of Iowa Hospitals & Clinics in Iowa City & McFarland Clinic in Ames.

• 16 states, including Iowa, now permit limited use of CBD solutions by patients with severe medical needs.
“Medical” Marijuana: Alternatives

• Many other FDA-approved medicines currently available in dose-specific forms that do not involve marijuana are prescribed & dispensed regularly by health care professionals as safe & effective treatments.

• Research continues on cannabinoids, & other substances, to determine if they may be formulated similar to other medicines for medical use (e.g., morphine from opium, etc.)

• The DEA says it has not denied any bona fide research application & the number of authorized researchers is growing. 399 active researchers were registered as of June 2015 to study Schedule I controlled substances. Of these, 265 were studying marijuana & its extracts, including CBD (41 involving human subjects).
“Medical” Marijuana: Other News

• A systematic review & meta-analysis published in the June 2015 Journal of the American Medical Association found most uses of “medical” marijuana would not pass FDA review due to a lack of reliable evidence to support the drug’s use.

• A NIDA study released in June 2015 found using marijuana & alcohol together impacts driving more than using either substance alone.

• The U.S. Senate Drug Caucus held a June 2015 hearing on removing CBD research barriers & said the U.S. Justice Department would analyze CBD for potential medical benefits. The Administration also moved to remove what had been an extra federal requirement for marijuana research.
Recent Marijuana Research News

January 4, 2015

Davenport boy is part of FDA-approved cannabis study

March 24, 2015

Colorado Marijuana Study Finds Legal Weed Contains Potent THC Levels

March 25, 2015

U.S. Government Awards University of Mississippi $69 Million to Grow and Analyze Marijuana

March 23, 2015

Marijuana Extract for Children With Epilepsy Is Questioned

As more states move to legalize cannabidiol, early research shows the substance failed help some patients and even worsened others
Source of Marijuana Seized in Iowa
2015 Iowa State Patrol Significant Highway Interdictions

Iowa was the 6th most frequent state destination for Colorado marijuana seized in highway interdictions.
2014 El Paso Intelligence Center

- California: 53.3%
- Colorado: 40%
- Wyoming: 6.7%

Iowa Department of Public Safety, 2015
“Personal Use” Marijuana: Case Studies

• “2 deaths connected with edible marijuana products have Colorado lawmakers scrambling to toughen regulations & experts warning of bizarre behavior as consumers eat powerful pot-infused foods.” May 8, 2014 USA Today

• The family of a 22-year-old Oklahoma man who fatally shot himself in Colorado blames marijuana-infused edibles. A police report says, “he ate 4…gummy bears.” March 26, 2015 Denver Post

• Legalization led to a 356% 1-year rise (356-1,650) in Pueblo County’s homeless shelter population as of March 2014. 2014 Pueblo County Colorado Sheriff Kirk Taylor

• 3 elementary girls were cited for drug possession on school grounds in Colorado Springs. 1 girl said she brought marijuana from home because “it’s legal & cool.” 2014 KRDO-TV
“Personal Use” Marijuana: Case Studies

• The number of Washington drivers in deadly crashes testing positive for THC doubled from 38 in 2013 to 75 in 2014, the first year of legal marijuana sales. August 2015, Washington Traffic Safety Commission

• Highway interdiction seizures of Colorado marijuana destined for 36 other states (Iowa = 6th most frequent) increased 592% vs. pre-commercialization era of 2005-2008. 2015 El Paso Intelligence Center

• Colorado tourists buying “recreational” marijuana make up 44% of metro Denver & 90% of resort area sales. The number of visitors sent to UCH’s emergency room with marijuana-related illnesses doubled from 2013-2014. 2014 Colorado Department of Revenue & February 2016 NEJM

• Adult marijuana use more than doubled between 2001 & 2013 to 9.5%, seemingly in tandem with an 82% rise in marijuana-related hospitalizations from 2007-2011. January 2016 American College of Physicians & JAMA
“Personal Use” Marijuana: Case Studies

• College student daily marijuana use surpassed cigarette smoking for the 1st time, increasing to 5.9%, the highest level since 1980. 2014 Monitoring the Future Survey/University of Michigan

• 8.4% of Americans 12 & older were current marijuana users in 2014, up from 7.5% in 2013. 2014 National Survey on Drug Use & Health

• “This was a bad idea...wait a couple of years.”
  Colorado Governor John Hickenlooper on CNBC 1-23-15

• “It’s not worth it...the criminals are still selling on the black market...we have plenty of cartel activity in Colorado, and plenty of illegal activity that has not decreased at all.”
  Colorado Attorney General Cynthia Coffman in US News 2-23-15

• “Global cannabis use seemed to have decreased. However, in the U.S. the lower perceived risk of cannabis use has led to an increase in its use.” June 26, 2014, UN Office on Drugs & Crime
“Personal Use” Marijuana: Case Studies

- Colorado reported 32 THC extraction lab fires/explosions resulting in 30 injuries during 2014, up from 12 lab fires/explosions & 18 subsequent injuries in 2013. 2015 Rocky Mountain HIDTA

- Colorado marijuana sales revenues were $53 million in 2014 & $70 million in 2015. Costs include nearly $22 million for state regulation, $5 million for enforcement in Denver (37 FTEs, etc.), & unknown societal costs. 2015 Colorado Office of State Planning & Budget / 2014 Denver Mayor’s Office

- There are no records on homeless people going to Colorado because of “legal weed.” But, homeless shelters report an influx. Total overnight beds provided by the Colorado Salvation Army increased 285% from 14,232 in 2013 to 54,765 in 2014. 2014 Associated Press / 2015 Salvation Army, Intermountain Division

- Illegal drug traffickers grow weed among state sanctioned pot warehouses & farms, then covertly ship it elsewhere. 2015 Associated Press
U.S. Marijuana Policy Continuum


<2006 All Illegal
1996 California Approves “Medical”
2012 Colorado Approves “Personal”
2014 Utah Approves “CBD Oil”

Changing Attitudes: Quest & compassion for therapy, financial incentives, social justice, privacy concerns, social media/internet, etc.?

Critical Considerations: Medical efficacy, research outcomes, public safety & holistic policy!
Drug Prevention Info To Go...

• Drug use is a preventable behavior, & drug addiction is a treatable disease. Key influencers do make a difference.

• Teens who learn about drug dangers through ongoing dialogue at home are up to 50% less likely to ever use them.

• A frequent reason cited by drug free teens for deciding to not use drugs is the fear of disappointing their parents.
Share the News & Stay Safe!

Iowa Office of Drug Control Policy

www.Iowa.Gov/ODCP