



CLAIM	RESPONSE
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“[I]f marijuana was legalized, the increase in users would be both large and rapid...”
- (DuPont, 2010)

- The assertion has been made that the higher prevalence of alcohol and tobacco use under a regulated market implies that cannabis use would also increase if regulated. However, World Health Organization data suggests that countries with more punitive drug policies do not exhibit lower levels of drug use compared to countries with more liberal policies (i.e., regulation) (Degenhardt et al., 2008). Hence, causal claims between the prevalence of drug use and the policy environment are misguided. Simply put, the evidence suggests that prohibition has at most a marginal impact on the use of illicit drugs.
- Comparing the prevalence rates of cannabis use before and after legal changes in several European countries over the past decade or so indicates that no simple association was observed between legal changes and changes in cannabis use prevalence. Countries where penalties were increased did not experience lower levels of use, and higher rates of use did not transpire in countries where penalties were decreased (EMCDDA, 2015).
- At the same time, a large 15-year research study found that the presence of medical marijuana systems has not led to increases in recreational adolescent cannabis use in the United States (Hasin et al., 2015). With respect to new recreational cannabis markets (such as in Colorado, Washington State, and Uruguay), it is likely too soon to adequately evaluate the long-term impact of policy changes on cannabis use trends.
- Given that legal regulation necessarily opens up new sources of drug availability, the way these sources are managed is essential to constraining any sizeable changes in prevalence of use. Nevertheless, strict legal regulation can allow for quality control (to control potency or use of adulterants), legal age restrictions (to keep cannabis out of the hands of youth), greater contact between health care systems and consumers (to better address addiction), and collection of tax revenues to reinvest into social goods, such as education, prevention, and treatment. These are likely more relevant to community health and safety concerns than prevalence of cannabis use given that over 90% of use is unproblematic (Anthony, Warner, & Kessler, 1994).

BOTTOM LINE: Evidence suggests that the policy environment (specifically legal status and enforcement policy) has at most a marginal impact on the prevalence of drug use, thereby suggesting that regulating cannabis markets will not inevitably cause higher levels of cannabis use.

REFERENCES:

Anthony, J.C., Warner, L.A., Kessler, R.C., 1994. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology* 2, 244-268.

Degenhardt, L., Chiu, W.T., Sampson, N., Kessler, R.C., Anthony, J.C., Angermeyer, M., Bruffaerts, R., De Girolamo, G., Gureje, O., Huang, Y., Karam, A., Kostyuchenko, S., Lepine, J.P., Mora, M.E.M., Neumark, Y., Ormel, J.H., Pinto-Meza, A., Posada-Villa, J., Stein, D.J., Takeshima, T., Wells, J.E., 2008. Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO world mental health surveys. *PLoS Medicine* 5, 1053-1067.

DuPont, R.L., 2010. Why we should not legalize marijuana. CNBC. CNBC, New York.

EMCDDA, 2011. Looking for a relationship between penalties and cannabis use. European Monitoring Centre for Drugs and Drug Addiction, Lisbon.

Hasin, D.S., Wall, M., Keyes, K.M., Cerdá, M., Schulenberg, J., O'Malley, P.M., Galea, S., Pacula, R., Feng, T., 2015. Medical marijuana laws and adolescent marijuana use in the USA from 1991 to 2014: Results from annual, repeated cross-sectional surveys. *The Lancet Psychiatry* 2, 601-608.