



D.A.R.E. America Position Paper on Marijuana Legalization

D.A.R.E. America joins every major public health association, including the American Medical Association, the American Psychiatric Association, the American Society of Addiction Medicine, and other groups in opposing the legalization of marijuana. Simply put, legalization would drastically increase marijuana use and use disorder rates, as well as hamper public safety and health at a cost of billions to society in lost productivity, impaired driving, health care, and other costs.

Of particular concern to D.A.R.E. is the relaxed attitude regarding the use of marijuana, which will lead to increased accessibility and reduced perception of harm. This will undoubtedly contribute to greater youth use and abuse of the drug.

Legalized marijuana means ushering in the next “Big Tobacco.” Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. The former head of Strategy for Microsoft has even said he wants to “mint more millionaires than Microsoft” with marijuana and that he wants to create the “Starbucks of marijuana.” A massive industry has exploded in the legal marijuana states of Washington and Colorado.

Colorado’s experience is already going poorly. Colorado is the first jurisdiction to fully legalize marijuana and sell marijuana in state-licensed stores. And already in its first year, the experience is a disaster. Calls to poison centers have skyrocketed, incidents involving kids coming to school with marijuana candy and vaporizers have soared, and explosions involving butane hash oil extraction have increased. Employers are reporting more workplace incidents involving marijuana use, and deaths have been attributed to ingesting marijuana “edibles.” Open Colorado newspapers and magazines on your web browser (or look at the real thing) on any given day and you will find pages of marijuana advertisements, coupons, and cartoons. Remember Joe Camel and candy cigarettes? The marijuana industry offers a myriad of marijuana-related products such as candies, sodas, ice cream, and cartoon-themed paraphernalia and vaporizers, which are undoubtedly attractive to children and teens.¹ As Al Bronstein, medical director of the Rocky Mountain Poison and Drug Center recently told the Denver Post, “We’re seeing hallucinations, they become sick to their stomachs, they throw up, they become

dizzy and very anxious.” Bronstein reported that in 2013 there were 126 calls concerning adverse reactions to marijuana. From January to April 2014 alone the center receive 65 calls.ⁱⁱ Dr. Lavonas, also from the Rocky Mountain Poison and Drug Center, said in 2014 that emergency rooms have seen a spike in psychotic reactions from people not accustomed to high potency marijuana sold legally, severe vomiting that some users experience, and children and adults having problems with edibles.ⁱⁱⁱ

No advocate for marijuana legalization will openly promote making marijuana available to minors. However, it would be unwise to believe that relaxed attitudes about the drug, reduced perceptions of harm and increased availability will not result in increased youth use and abuse of marijuana. Children are the marijuana marketer’s future customers. Just as alcohol and tobacco companies have been charged with promoting their goods to children, so has the Colorado marijuana industry. In March 2014, the Colorado legislature was forced to enact legislation to prohibit edible marijuana products from being package to appeal to children. “Keeping marijuana out of the hands of kids should be a priority for all of us,” said Governor Hickenlooper, before signing the bill.^{iv} But that was not enough.

As discussed above, Dr. George Sam Wan of the Rocky Mountain Poison and Drug Center and his colleagues compared the proportion of marijuana ingestions by young children who were brought to an emergency room before and after October 2009, when Colorado drug enforcement laws regarding medical marijuana use were relaxed. The researchers found no record of children brought into the ER in a large Colorado children’s hospital for marijuana-related poisonings between January 2005 and September 30, 2009 — a span of 57 months. It is a different story following legalization.^v Dr. Bronstein reported twenty-six people have reported poisonings from marijuana edibles this year, when the center started tracking such exposures. Six were children who swallowed innocent-looking edibles, most of which were in plain sight. Five of those kids were sent to emergency rooms, and two to hospitals for intensive care.^{vi}

The scientific verdict is in: marijuana can be addictive and dangerous. Despite denials by legalization advocates, marijuana’s addictiveness is not debatable: 1 in 6 kids who ever try marijuana, according to the National Institutes of Health, will become addicted to the drug. Today’s marijuana is not your “Woodstock weed” – it can be 5-10 times stronger than marijuana of the past.^{vii} More than 400,000 incidents of emergency room admissions related to marijuana occur every year, and heavy marijuana use in adolescence is connected to an 8-point reduction of IQ later in life, irrespective of alcohol use.

Marijuana legalization would cost society in real dollars, and further inequality in America. Alcohol and tobacco today give us \$1 for every \$10 that we as society have to pay in lost social costs, from accidents to health damage.^{viii} The Lottery and other forms of gambling have not solved our budget problems, either. We also know these industries target the poor and disenfranchised^{ix} – and we can expect the marijuana industry to do the same in order to increase profits.

IF THEY SAY...	YOU SAY...
Marijuana is not addictive.	Science has proven – and all major scientific and medical organizations agree – that marijuana is both addictive and harmful to the human brain, especially when used as an adolescent. One in every six 16 year-olds (and one in every eleven adults) who try marijuana will become addicted to it. ^x
Marijuana MIGHT be psychologically addictive, but its addiction doesn't produce physical symptoms.	Just as with alcohol and tobacco, most chronic marijuana users who attempt to stop “cold turkey” will experience an array of withdrawal symptoms such as irritability, restlessness, anxiety, depression, insomnia, and/or cravings. ^{xi}
Lots of smart, successful people have smoked marijuana. It doesn't make you dumb.	Just because some smart people have done some dumb things, it doesn't mean that everyone gets away with it. In fact, research shows that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. ^{xii} In a study of over 1,000 people in 2012, scientists found that using marijuana regularly before the age of 18 resulted in an average IQ of six to eight fewer points at age 38 versus to those who did not use the drug before 18. ^{xiii} These results still held for those who used regularly as teens, but stopped after 18. Researchers controlled for alcohol and other drug use as well in this study. So yes, some people may get away with using it, but not everyone.
No one goes to treatment for marijuana addiction.	More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs. ^{xiv}
Marijuana can't hurt you.	Emergency room mentions for marijuana use now exceed those for heroin and are continuing to rise. ^{xv}

IF THEY SAY...	YOU SAY...
I smoked marijuana and I am fine, why should I worry about today's kids using it?	Today's marijuana is not your Woodstock Weed. The psychoactive ingredient in marijuana—THC—has increased almost six-fold in average potency during the past thirty years. ^{xvi}
Marijuana doesn't cause lung cancer.	The evidence on lung cancer and marijuana is mixed – just like it was 100 years ago for smoking – but marijuana contains 50% more carcinogens than tobacco smoke ^{xvii} and marijuana smokers report serious symptoms of chronic bronchitis and other respiratory illnesses. ^{xviii}
Marijuana is not a “gateway” drug.	We know that most people who use pot WON'T go onto other drugs; but 99% of people who are addicted to other drugs STARTED with alcohol and marijuana. So, indeed, marijuana use makes addiction to other drugs more likely. ^{xix}
Marijuana does not cause mental illness.	<p>Actually, beginning in the 1980s, scientists have uncovered a direct link between marijuana use and mental illness. According to a study published in the <i>British Medical Journal</i>, daily use among adolescent girls is associated with a fivefold increase in the risk of depression and anxiety.^{xx} Youth who begin smoking marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses.^{xxi}</p> <p>The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia^{xxii}, are significantly more likely to develop other psychotic illnesses.</p>
Marijuana makes you a better driver, especially when compared to alcohol.	Just because you may go 35 MPH in a 65 MPH zone versus 85 MPH if you are drunk, it does not mean you are driving safely! In fact, marijuana intoxication doubles your risk of a car crash according to the most exhaustive research reviews ever conducted on the subject. ^{xxiii}

IF THEY SAY...	YOU SAY...
Marijuana does not affect the workplace.	Marijuana use impairs the ability to function effectively and safely on the job and increases work-related absences, tardiness, accidents, compensation claims, and job turnover. ^{xxiv}
Marijuana simply makes you happier over the long term.	Regular marijuana use is associated with lower satisfaction with intimate romantic relationships, work, family, friends, leisure pursuits, and life in general. ^{xxv}
Marijuana users are clogging our prisons.	A survey by the Bureau of Justice Statistics showed that 0.7% of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes). In total, one tenth of one percent (0.1 percent) of all state prisoners was marijuana-possession offenders with no prior sentences. Other independent research has shown that the risk of arrest for each “joint,” or marijuana cigarette, smoked is about 1 arrest for every 12,000 joints. ^{xxvi}
Marijuana is medicine.	Marijuana may contain medical components, like opium does. But we don’t smoke opium to get the effects of Morphine. Similarly we don’t need to smoke marijuana to get its potential medical benefit. ^{xxvii}
The sick and dying need medical marijuana programs to stay alive.	Research shows that very few of those seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis; ^{xxviii} and in most states that permits the use of medical marijuana, less than 2-3% of users report having cancer, HIV/AIDS, glaucoma, MS, or other life-threatening diseases. ^{xxix}
Marijuana should be rescheduled to facilitate its medical and legitimate use.	Rescheduling is a source of major confusion. Marijuana meets the technical definition of Schedule I because it is not an individual product with a defined dose. You can’t dose anything that is smoked or used in a crude form. However, components of marijuana can be scheduled for medical use, and that research is fully legitimate. That is very different than saying a joint is medicine and should be rescheduled. ^{xxx}

IF THEY SAY...	YOU SAY...
<p>Smoking or vaporizing is the only way to get the medical benefits of marijuana.</p>	<p>No modern medicine is smoked. And we already have a pill on the market available to people with the active ingredient of marijuana (THC) in it – Marinol. That is available at pharmacies today. Other drugs are also in development, including Sativex (for MS and cancer pain) and Epidiolex (for epilepsy). Both of these drugs are available today through research programs.^{xxxix}</p>
<p>Medical marijuana has not increased marijuana use in the general population.</p>	<p>Studies are mixed on this, but it appears that if a state has medical “dispensaries” (stores) and home cultivation, then the potency of marijuana and the use and problems among youth are higher than in states without such programs. This confirms research in 2012 from five epidemiological researchers at Columbia University. Using results from several large national surveys, they concluded, “residents of states with medical marijuana laws had higher odds of marijuana use and marijuana abuse/dependence than residents of states without such laws.”^{xxxix}</p>
<p>Legalization is inevitable – the vast majority of the country wants it, and states keep legalizing in succession.</p>	<p>The increase in support for legalization reflects the tens of millions of dollars poured into the legalization movement over the past 30 years. Legalization is not inevitable and there is evidence to show that support has stalled since 2013.</p>
<p>Alcohol is legal, why shouldn’t marijuana also be legal?</p>	<p>Our currently legal drugs – alcohol and tobacco – provide a good example, since both youth and adults use them far more frequently than illegal drugs. According to recent surveys, alcohol use is used by 52% of Americans and tobacco is used by 27% of Americans, but marijuana is used by only 8% of Americans.^{xxxix}</p>

IF THEY SAY...	YOU SAY...
<p>Colorado has been a good experiment in legalization.</p>	<p>Colorado has already seen problems with this policy. For example, according to the Associated Press: <u>“Two Denver Deaths Linked to Recreational Marijuana Use”</u>. One includes the under-aged college student who jumped to his death after ingesting marijuana cookie.</p> <p>The number of parents calling the poison-control hotline to report their kids had consumed marijuana has <u>risen significantly in Colorado</u>.</p> <p>Marijuana edibles and marijuana vaporizers have been found in middle and high schools.^{xxxiv}</p>
<p>We can get tax revenue if we legalize marijuana.</p>	<p>With increased use, public health costs will also rise, likely outweighing any tax revenues from legal marijuana. For every dollar gained in alcohol and tobacco taxes, ten dollars are lost in legal, health, social, and regulatory costs.^{xxxv} And so far in Colorado, tax revenue has fallen short of expectations.</p>
<p>I just want to get high. The government shouldn't be able to tell me that I can't.</p>	<p>Legalization is not about just “getting high.” By legalizing marijuana, the United States would be ushering in a new, for-profit industry – not different from Big Tobacco. Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. Cannabis food and candy is being marketed to children and are already responsible for a growing number of marijuana-related ER visits.^{xxxvi}</p> <p>Edibles with names such as “Ring Pots” and “Pot Tarts” are inspired by common children candy and dessert products such as “Ring Pops” and “Pop Tarts.” Moreover, a large vaporization industry is now emerging and targeting youth, allowing young people and minors to use marijuana more easily in public places without being detected.^{xxxvii}</p>

IF THEY SAY...	YOU SAY...
<p>Legalization would remove the black market and stop enriching gangs.</p>	<p>Criminal enterprises do not receive the majority of their funding from marijuana. Furthermore, with legal marijuana taxed and only available to adults, a black market will continue to thrive. The black market and illegal drug dealers will continue to function – and even flourish^{xxxviii} – under legalization, as people seek cheaper, untaxed marijuana.</p>

ⁱ See SAM 420 Report here: <http://learnaboutsam.com/wp-content/uploads/2014/04/CO-420-doc-final2.pdf>. Also Schuermeyer J, Salomonsen-Sautel S, Kato Price R, Balan S, Thurstone. C., Min SJ, Sakai JT. Temporal trends in marijuana attitudes, availability and use in Colorado compared to non-medical marijuana states: 2003-2011. 2014, *Drug and Alcohol Dependence*. Also Salomonsen-Sautel S, Min SJ Sakai JT, Thurstone, C., Hopfer C. Trends in fatal motor vehicle crashes before and after marijuana commercialization in Colorado. 2014, *Drug and Alcohol Dependence*.

ⁱⁱ Gurman, S. (April, 18, 2014). Colorado deaths stoke worries about pot edibles. *Denver Post*, found at http://www.denverpost.com/AP%20Content/ci_25594730/Colorado-deaths-stoke-worries-about-pot

ⁱⁱⁱ The Dean Caplis Show, found here: <http://www.thepoisonreview.com/2014/04/19/6775/>

^{iv} Paulson, A. March 18, 2014. “Colorado Wrestles with How to Keep Edible Marijuana Away from Kids.” *Christian Science Monitor*. <http://www.csmonitor.com/USA/2014/0318/Colorado-wrestles-with-how-to-keep-edible-marijuana-away-from-kids-video>

^v Lazar, K., May 27, 2014. “Medical Marijuana Might Put Kids at Risk, Study Says.” *Boston Globe*.

^{vi} Gurman, S. (April, 18, 2014). Colorado deaths stoke worries about pot edibles. *Denver Post*, found at http://www.denverpost.com/AP%20Content/ci_25594730/Colorado-deaths-stoke-worries-about-pot

^{vii} ElSohly M.A., Ross S.A., Mehmedic Z., Arafat R., Yi B., & Banahan B.F. 3rd. (2004). Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980–1997. *Journal of Forensic Sciences* 45(1), 24-30; Mehmedic, Z., Pharm, M., Suman, C., Slade, D., Denham, H. Foster, S., et al. (2010). Potency trends of D9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008. *Journal of Forensic Sciences* 55(5), 1209–1217.

^{viii} Updating estimates of the economic costs of alcohol abuse in the United States: Estimates, update methods, and data.

Report prepared for the National Institute on Alcohol Abuse and Alcoholism. Accessed <http://pubs.niaaa.nih.gov/publications/economic-2000/>; Urban Institute and Brookings Institution (2012, October 15). State and local alcoholic beverage tax revenue, selected years 1977-2010. Tax Policy Center. Accessed <http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399>; Saul, S. (2008, August 30). Government gets hooked on tobacco tax billions. *The New York Times*. Accessed http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em&_r=0; for Federal estimates, see Urban Institute and Brookings Institution (2012, October 15). State and local tobacco tax revenue, selected years 1977-2010. Tax Policy Center.

Accessed <http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=403>; Campaign for Tobacco-Free Kids (n.d.). Toll of tobacco in the United States of America. Accessed <http://www.tobaccofreekids.org/research/factsheet>

^{ix} See for example, Jones-Webb R, McKee P, Hannan P, Wall M, Pham L, Erickson D, Wagenaar A. Alcohol and malt liquor availability and promotion and homicide in inner cities. *Substance Use & Misuse*. 2008;43:159–177. Jones-Webb R, Snowden LR, Herd D, Short B, Hannan P. Alcohol-related problems among black, Hispanic and white men: The contribution of neighborhood poverty. *Journal of Studies on Alcohol*.1997;58:539–545. Karriker-Jaffe KJ. Areas of disadvantage: A systematic review of effects of area-level socioeconomic status on substance use

-
- outcomes. *Drug and Alcohol Review*. 2011;30:84–95. Karriker-Jaffe KJ, Kaskutas LA. Neighborhood socioeconomic context of alcohol use: A measurement validation study [Abstract 720] *Alcoholism: Clinical and Experimental Research*, 33, Supplement.2009;S1:190A.
- ^xAnthony, 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. *Experiential and Clinical Psychopharmacology*, 2
- ^{xi}Budney, A.J., et al. (2008). Comparison of cannabis and tobacco withdrawal: Severity and Contribution to Relapse. *Journal of Substance Abuse Treatment*, 35(4).
- ^{xii}Fergusson, D.M., et al. (2003). Cannabis and Educational Achievements. *Addiction*, 98(12).
- ^{xiii}Meier, M.H. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.
- ^{xiv}SAMHSA, Center for Behavioral Health Statistics and Quality (2010), Substance abuse treatment admissions by primary substance of abuse according to sex, age group, race, and ethnicity, United States [Data table from Quick Statistics from the Drug and Alcohol Services Information System]. Available at <http://www.dasis.samhsa.gov/webt/quicklink/US10.htm>; See also <http://www.dasis.samhsa.gov/webt/NewMapv1.htm>.
- ^{xv}SAMHSA, Center for Behavioral Health Statistics and Quality. (2011). *Drug abuse warning network, 2008: National estimates of drug-related emergency department visits* (HHS Publication No. SMA 11-4618). Rockville, MD: Author.
- ^{xvi}EISohly M.A., Ross S.A., Mehmedic Z., Arafat R., Yi B., & Banahan B.F. 3rd. (2004). Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980–1997. *Journal of Forensic Sciences* 45(1), 24–30; Mehmedic, Z., Pharm, M., Suman, C., Slade, D., Denham, H. Foster, S., et al. (2010). Potency trends of D9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008. *Journal of Forensic Sciences* 55(5), 1209–1217.
- ^{xvii}British Lung Foundation. (2012). *The impact of cannabis on your lungs*. London: Author. Retrieved January 2013 from http://www.drugsandalcohol.ie/17670/1/The_impact_of_cannabis_on_your_lungs_-_BLF_report_2012.pdf.
- ^{xviii}Tetrault, J.M., Crothers, K., Moore, B.A., Mehra, R., Concato, J., & Fiellin, D.A. (2007). Effects of marijuana smoking on pulmonary function and respiratory complications: A systematic review. *Archives of Internal Medicine*, 167, 221–228.
- ^{xix}Schweinsburg A.D., Brown, S.A., & Tapert, S.F. (2008). The influence of marijuana use on neurocognitive functioning in adolescents. *Current Drug Abuse Review*, 1(1), 99–111.
- ^{xx}Patton, G.C., et al. (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal*, 325(7374).
- ^{xxi}Limonero, J.T., et al. (2006). Perceived emotional intelligence and its relation to tobacco and cannabis use among university students. *Psicothema*, 18.
- ^{xxii}Andréasson S, et al. (1987). Cannabis and Schizophrenia: A longitudinal study of Swedish conscripts. *Lancet*, 2(8574).
- ^{xxiii}M. Asbridge, J. A. Hayden, J. L. Cartwright. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ*, 2012; 344 (feb09 2): e536 DOI: 10.1136/bmj.e536
- ^{xxiv}NIDA (2012). Marijuana abuse. *NIDA Research Report Series* (NIH Publication No. 12-3859), p. 8.
- ^{xxv}Fergusson, D.M., & Boden, J.M. (2008). Cannabis use and later life outcomes. *Addiction*, 103, 969–976.
- ^{xxvi}“Substance Abuse and Treatment, State and Federal Prisoners, 1997.” BJS Special Report, January 1999, NCJ 172871. <http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf> and Bureau of Justice Statistics (2004). The Survey of Inmates in State Correctional Facilities and the Survey of Inmates in Federal Correctional Facilities Questionnaire. Available at: www.bjs.gov/content/pub/pdf/sisfcf04_sol.pdf
- ^{xxvii}See American Medical Association <http://www.ama-assn.org/resources/doc/csaph/x-pub/i09csaph3ft.pdf> <http://www.ama-assn.org/resources/doc/csaph/x-pub/csaa-01.pdf>. Also see IOM, *Marijuana and Medicine: Assessing the Scientific Base*. <http://www.iom.edu/Reports/2003/Marijuana-and-Medicine-Assessing-the-Science-base.aspx>
- ^{xxviii}Nunberg, H., Kilmer, B., Pacula, R.L., & Burgdorf, J.R. (2011) An analysis of applicants presenting to a medical marijuana specialty practice in California. *Journal of Drug Policy Analysis*, 4(1), 1–16.

^{xxxix} Colorado Department of Public Health. (2012). Medical marijuana registry program update (as of September 30, 2012). Retrieved January 2013 from <http://www.cdphe.state.co.us/hs/medicalcannabis/statistics.html>.

^{xxx} See Sabet, K. Should Marijuana Be Rescheduled? http://www.huffingtonpost.com/kevin-a-sabet-phd/should-marijuana-be-resch_b_3745354.html

^{xxxix} See IOM, *Marijuana and Medicine: Assessing the Scientific Base*. <http://www.iom.edu/Reports/2003/Marijuana-and-Medicine-Assessing-the-Science-base.aspx>

^{xxxii} Cerda, M. et al. (2011). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence.

Drug and Alcohol Dependence Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>; Wall, M. et al (2011). Adolescent Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, *Annals of epidemiology*, Vol 21 issue 9 Pages 714-716.

^{xxxiii} NSDUH, Summary of National Findings 2012. Accessed

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.pdf>

^{xxxiv} See SAM 420 Report here: <http://learnaboutsam.com/wp-content/uploads/2014/04/CO-420-doc-final2.pdf>. Also see New York Times, Healy, J. After 5 Months of Sales, Colorado Sees Downside of a Legal High http://www.nytimes.com/2014/06/01/us/after-5-months-of-sales-colorado-sees-the-downside-of-a-legal-high.html?_r=0

^{xxxv} Updating estimates of the economic costs of alcohol abuse in the United States: Estimates, update methods, and data.

Report prepared for the National Institute on Alcohol Abuse and Alcoholism. Accessed

<http://pubs.niaaa.nih.gov/publications/economic-2000/>; Urban Institute and Brookings Institution (2012, October 15). State and local alcoholic beverage tax revenue, selected years 1977-2010. Tax Policy Center. Accessed

<http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399>; Saul, S. (2008, August 30). Government gets hooked on tobacco tax billions. The New York Times. Accessed

http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em&_r=0; for Federal estimates, see Urban Institute and Brookings Institution (2012, October 15). State and local tobacco tax revenue, selected years 1977-2010. Tax Policy Center.

Accessed <http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=403>; Campaign for Tobacco-Free Kids (n.d.). Toll of tobacco in the United States of America. Accessed <http://www.tobaccofreekids.org/research/factsh>

^{xxxvi} Alfance, I. (2013, May 27). Children Poisoned by Candy-looking Marijuana Products. Nature World News. Accessed <https://owl.english.purdue.edu/owl/resource/560/10/>; Jaslow, R. (2013, 28 May). Laxer marijuana laws linked to increase in kids' accidental poisonings CBS News. Accessed http://www.cbsnews.com/8301-204_162-57586408/laxer-marijuana-laws-linked-to-increase-in-kids-accidental-poisonings.

^{xxxvii} See for example Bryan, M. (2014, 18 April). Pot Smoke And Mirrors: Vaporizer Pens Hide Marijuana Use. *NPR 90.9 WBUR*. Accessed <http://www.wbur.org/npr/302992602/pot-smoke-and-mirrors-vaporizer-pens-hide-marijuana-use?ft=3&f=302992602>

^{xxxviii} Baca, R. (2014, 26 February). Drug dealer says legal pot helps his business (video). *The Cannabist*. Accessed: <http://www.thecannabist.co/2014/02/26/drug-dealer-anything-legalization-helped-business-video/5581/>; Gurman, S.

(2014, April 4). Legal pot in Colorado hasn't stopped black market. *Associated Press*. Accessed <http://bigstory.ap.org/article/legal-pot-colorado-hasnt-stopped-black-market>