

The *new* face of Big Tobacco



Say NO to Big Marijuana in
New Zealand. Don't Legalise.

BRIEFING FOR FAMILIES

An Important Resource For Families

WE'VE BEEN SUCKED IN ONCE.

Remember *Big Tobacco*? Tobacco companies lied to New Zealanders and the world for more than a century about the dangers of smoking. They based their market on addiction. They deliberately targeted kids. They even had doctors promote cigarettes as medicine. And today we are paying the price.

The conversation is now being dictated by *Big Marijuana*, who will deny evidence-based science, and will minimise harms by emphasising the economic benefits of large tax revenues. Sound familiar?

Ultimately, they're not in it for the health of your family – they're in it to make big money. But people should always come before profits.



Image Source: tobacco.stanford.edu

Marijuana has a Kids Menu.



Because of the lobbying of pro-drug advocates such as the Drug Foundation and the Green Party - and the coalition agreement between Labour, Greens and NZ First made after the last Election - we will be voting on legalising marijuana at the next General Election in 2020 (around September).

We know that if marijuana is legalised, a commercial marijuana industry will act just as the tobacco industry acts – irrespective of any 'regulations'. Today's highly potent marijuana represents a growing and significant threat to public health and safety, a threat that is amplified by a new marijuana industry intent on profiting from heavy use.

There is no adequate reason why the government can persistently and successfully target smoking and not do likewise with drugs. The end goal of the anti-smoking campaign is not 'slow down' or 'moderate' but 'QUIT', with numerous strategies and support agencies assisting on the journey. And the numbers overwhelmingly suggest that it is working.

At the same time as we are rightly booting *Big Tobacco* out of the country, why are we in the process of putting down the welcome mat for *Big Marijuana*.

The supporters of dope are now peddling the same myths that Big Tobacco did. Let's not be sucked in again.

This upcoming debate is not about cannabis medicine. It's about creating a drug-friendly culture. And not just marijuana: ultimately, it's about *all* drugs.

This **Briefing For Families** will give you the facts, and will help you campaign with us against any attempts to legalise marijuana in New Zealand.

As suggested by the name, these are brief summaries. At the bottom of each topic is the link to more detailed information on the website. There is also information on other topics not covered in this resource – including the Top 10 Myths, the success of Sweden, Colorado's experience, the concerns around Canada's "uncontrolled experiment", Helen Clark's Global Commission on Drug Policy, and others.

Big Marijuana has high hopes for New Zealand. Liberalising marijuana laws is the wrong path to go down if we care about public health, public safety, and about our young people. **This is not a war on drugs – it's a defence of our brains.** Drug use is a major health issue, and that's why the role of the law is so important.

If we're aiming to be SmokeFree by 2025, let's be aspirational – and be DrugFree by 2025 also.



Potency.

Today's marijuana is a different, harder drug.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

When drug advocates talk about marijuana, they're not referring to your parent's pot. The 2%-THC of the 'Woodstock weed' era has been replaced by popping a handful of gummy bears containing 10 times the legal limit of THC per serving, or a 90% THC dab.

It was just a plant – but it isn't today. **This debate is about commercialised THC (the psychoactive ingredient) and the next Big Tobacco. It is a fundamentally different, harder drug.**

NOT YOUR PARENTS' POT

Drug growers increase the potency of marijuana in order to raise prices – and therefore profits. By experimenting with breeding practices and cultivation techniques over many years, growers have been able to greatly elevate the THC level found in the oily resin of the plant's leaves and flowers.

While dope shops do see forms of cannabis plants, much of the business is in concentrates, edibles, and THC that can be vaporised, based on the extraction of highly potent THC from the plant, manufactured into every possible way to consume that THC.

The United Nations Office on Drugs and Crime (UNODC) summed up the issue in their 2012 report, saying that THC content and the potency of cannabis have been increasing over the past 30 years.

Higher THC content can increase anxiety, depression, and can increase the risk of psychotic symptoms, dependence, and adverse effects on the respiratory and cardiovascular systems in regular users.

In Colorado, the average THC content of all tested flower in 2017 was 19.6% and the average potency of concentrated extract products was 68.6%. Potency rates of up to 95% have been recorded. The legal limit of how much THC could be put in an edible in Colorado was 10mg. The majority of THC gummy bears contain 40 milligrams of THC - in each one. The marijuana industry has fought back efforts to limit THC potencies in Colorado.

Highly potent concentrates and edibles have been tied to a spike in hospitalisations – including many children – and even deaths. Edibles come in innocuous forms like candies, sodas and cookies that can be deceiving and attractive to kids, while highly potent liquids and waxes can be consumed in new dangerous ways.

“... when we create a licit industry selling an abusable drug, the resulting businesses will have a strong profit incentive to create and sustain abusive consumption patterns, because people with substance-abuse disorders consume most of the product. Supplying moderate or controlled use is merely a side business. So if we create a licit cannabis or cocaine industry, we should expect the industry's product design, pricing, and marketing to be devoted to creating as much addiction as possible.”

Drugs and Drug Policy: What Everyone Needs to Know (Oxford Press, 2011)

Marijuana has also become significantly more potent since the 1960s

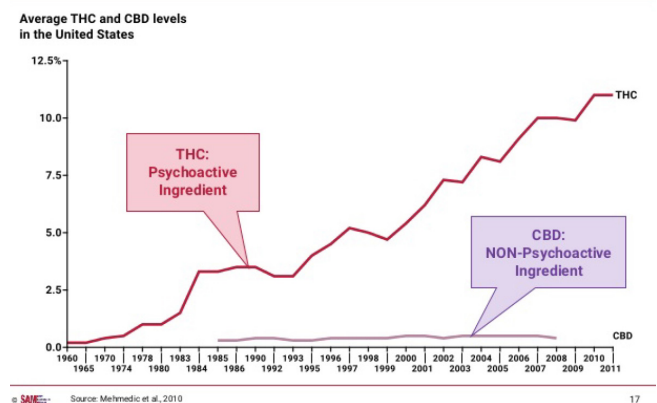


Image Source: Smart Approaches to Marijuana (SAM)



Colorado billboard

In the UK, most cannabis being sold illegally is super-strength 'skunk' linked to a higher risk of psychotic mental health episodes. In 2016, 94% of police seizures were high-potency marijuana, compared to 85% in 2008 and 51% in 2005.

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/potency

Correct as at time of printing. We welcome any documented corrections.



New Products.

Marijuana will be far more than smoking a joint.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

When you think about 'marijuana', you probably immediately think about 'smoking a joint'. But **legalising marijuana will be far more than that.**

Researchers say that the cannabis market is evolving in ways that make it different from the tobacco and alcohol markets. In addition to marijuana, myriad cannabis products (e.g., edibles, concentrates, infusions, tinctures, lotions, and butters) are available and heavily marketed. These products can be smoked, eaten, vaped, or used topically. Many of these products are easily transportable and readily concealed or disguised.

EDIBLES

THC concentrate is mixed into almost any type of food or drink. The potency of edibles (several times that of an average joint) and their attractiveness to kids have led to serious problems in legalised states like Colorado. **THC-infused products include:** coffee, ice-cream, baked goods, lolly-pops, fizzy drinks, water bottles, tea, hot cocoa, breath mints & spray, intimate oils, pills, lollies, chewing gum, marinara sauce, baklava, and many more. These new products can be delivered rectally, nasally, vaginally or squirted into the eye to reach the bloodstream faster and deliver a quicker high. **Have a look – THCPHOTOS.ORG**



Image Source: THCPHOTOS.ORG

VAPING

Vape pens can combust THC or weed in just about any form and do it without leaving a smell. A student could be eating, chewing, sucking on or drinking THC at school, and even vaping in class.

The tiny combination of plastic, glass, and metal is a disposable cannabis oil cartridge. It is easily carried in your pocket, and produces little-to-no smell when consumed. You simply screw it into an inexpensive, rechargeable pen and inhale. That's it. It's this tiny device that's quickly taking over cannabis consumption.



The vaping industry can already see the dollars! OpenVape CEO Ralph Morgan says that cannabis concentrates will be more popular than smoking marijuana buds in the next couple years. In 2016, he predicted, "I see concentrates becoming a part of folks daily regimen."

DABBING

Dabbing is a way to smoke highly concentrated THC called "shatter," "wax," "honey," "butter" and "crumble." It's known as the 'crack cocaine of marijuana'. Side effects can include: a rapid heartbeat, blackouts, psychosis, paranoia and hallucinations that cause people to end up in psychiatric facilities. Websites such as **CanPotKill.me** highlight these products.



For additional information, including source references, and a 1-page summary of this topic:
SayNopeToDope.org.nz/big-marijuanas-products



Laws Work.

The illegal status deters people from using.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

The current laws around illicit drugs are an inhibitor which deters people from participating. While there will be some who are enticed by the illegality, most people do not like engagement with criminal behaviour or with criminal distribution networks.

Let's compare the usage of tobacco and alcohol with marijuana and other drugs.

TOBACCO

The great news is that smoking rates in New Zealand continue to reduce, with **15% of adults currently smoking** (this has dropped from 25% in 1996/97). The number of Year 10 pupils who said they were regular or daily cigarette smokers has dropped from about 25% in 2001, to about **5%** in 2017.

“New Zealand only has seven years left to achieve the Smokefree 2025 goal.”

Helen Clark, patron of Action for Smokefree 2025 (ASH)

ALCOHOL

It is believed that **20%** of New Zealanders aged 15 years or more who drank alcohol in the previous year **have a potentially hazardous drinking pattern** (79% of New Zealanders aged 15+ drank alcohol in the past year). **8.4%** of the past-year drinkers consumed a large amount of alcohol (more than six standard drinks for males or four for females on a drinking occasion) at least **once a week**. 20% of women who had been pregnant in the past 12 months reported that they had consumed alcohol while pregnant (*Ministry of Health, 2015*).

MARIJUANA

Just **3.7%** use cannabis on a **regular (weekly)** basis. **11%** have used it sometime in the last 12 months (*Ministry of Health, 2013*).

OTHER ILLICIT DRUGS

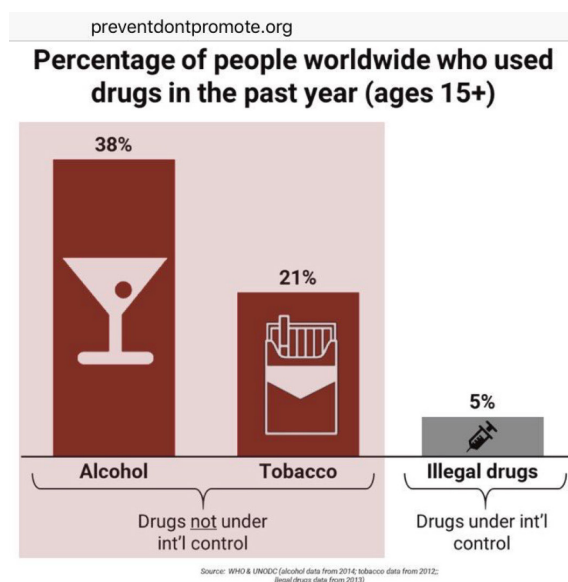
The prevalence of having used drugs for recreational purposes in the last 12 months was highest for the following other drugs:

- BZP party pills (5.6%)
- ecstasy (2.6%)
- amphetamines (2.1%)
- LSD and other synthetic hallucinogens (1.3%)

(*Ministry of Health, 2010*).

Illegality keeps prices high and drug use relatively low.

There is no adequate reason why the government is persistently and successfully targeting smoking and not doing likewise with drugs. The end goal of the anti-smoking campaign is not 'slow down' or 'moderate' but 'QUIT', and a realistic understanding about the effort required to reach that end, with numerous strategies and support agencies assisting on the journey. And the numbers overwhelmingly suggest that it is working.



For additional information, including source references, and a 1-page summary of this topic:
SayNopeToDope.org.nz/drug-usage-in-nz



Brain War.

It's not a war on drugs.
It's a defence of our brains.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Pro-drug groups make two erroneous claims: "It's a health issue, not a criminal issue" and, "The war on drugs has failed."

PREVENTION MATTERS

The United Nations Office on Drugs and Crime (UNODC) said in its 2012 report; *"Cannabis prevention efforts are critical because cannabis is often the first illegal drug used by youth. Preventing substance use before it begins not only makes common sense, it is also cost-effective. For every dollar invested in prevention, a savings of up to \$10 in treatment can be realised."*



The currently
illegal status of

drugs is an inhibitor which deters people from participating. While there will be some who are enticed by the illegality, most people do not like engagement with criminal behaviour or with criminal distribution networks. A 2001 study of 18-29 y/o's by the NSW Bureau of Crime Statistics and Research revealed that 29% of those who had never used cannabis cited its illegality as the reason. Furthermore, 91% of those currently using cannabis weekly or more said they would consider using more if it were legal.

"'The War on Drugs is Lost' is an unimaginative and fundamentally stupid ...metaphor which exerts a baleful effect on proper thought... If the war against drugs is lost, then so are the wars against theft, speeding, incest, fraud, rape, murder, arson, and illegal parking. Few, if any, such wars are winnable."

Theodore Dalrymple - *Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy*

LAW + HEALTH = WELLBEING

Nobody would claim that we apprehend too many drunk drivers or thieves - even though we spend money and effort on roadside checks and policing. The government also has a responsibility to keep the public safe from harm, including from dangerous substances. If those with addictions commit serious offences, as does happen, the criminal law cannot simply turn a blind eye. The community needs to be protected.

The law has an important deterrent effect. Most people don't want to break the law. It sends an important societal message.

LOCKING 'EM UP?

Part of the 'health' argument is based on the myth that 'petty' marijuana users are filling our prisons. But statistics obtained from the Ministry of Justice under the Official Information Act show that **in the last three years only 16 people in total have been given a prison or home detention sentence for cannabis possession offences**, and that even these sentences may be 'influenced by their previous offending history'. It will be difficult to meet somebody who says they've been behind bars for smoking a joint, and that's their only crime.



International studies have shown that most are imprisoned for *drug-related* offences, that is, crimes committed while *on* drugs (murder, armed robbery, theft, assault, child abuse, etc.) or crimes committed in order to *obtain* drugs.

Erroneous claims that we are wasting time and resources focusing on the criminal aspect fail to understand that there has been a substantial decline in arrests for cannabis use in New Zealand over the past decade, and that police diversion and Alcohol and Other Drug Treatment (AODT) Courts have been increasingly used. Diversion and pre-charge warnings are also being used sensibly and effectively. In the 20 years to 2014, the number of arrests for cannabis per 100,000 head of population dropped by 70%.

“The NZ Drug Foundation argues it’s a complete waste of ‘hundreds of thousands of police hours’ trying to enforce the law, criminalising and imprisoning Kiwis for low-level possession... 42% of front-line police officer hours are consumed on dealing to family violence. If you apply the extreme, absurd and self-serving logic of the legalise lobby, the police should surrender to family violence too, because so many Kiwis are indulging in this sick and twisted national sport. Ditto for child abuse, tax evasion, drink-driving, shop-lifting, or any other social scourge you care to name.”

Broadcaster and commentator Mike Yardley



A smart arrest policy can provide both a societal stamp of disapproval and an opportunity to intervene and stop the progression of use. Keeping marijuana illegal through an appropriate application of the laws which cater for ‘youthful indiscretions’ and which focus on supply / dealers is as much a public safety policy as it is a public health policy.

Drug dealers and other criminals who derive huge profits from the drug trade will not cease criminal activity in the face of legalisation. The costs of regulating and then policing that industry will only compound the costs of policing the illegal market, as seen in Colorado.

“It is a well-intentioned fallacy that drug users want “help”. What they want is supply, and they’ll pretend to want help to get it. Others will on-sell their ration, probably to under 18s, to help fund their harder drug use. We live in the real world. I think...”

NZ columnist Rosemary McLeod

COERCION OF THE LAW

It is significant to note that Portugal (trumpeted as the model of drug laws by drug lobbyists in NZ) **coerces** treatment and rehabilitation. We should reject the notion that coerced treatment (aided by legal sanction) is unworkable or unacceptable for drug users.

A SENSIBLE DRUG POLICY FOR NZ

A sensible drug policy should recognise three pillars, similar to the successful approach towards *SmokeFree NZ*:

- **supply reduction** – target the dealers and suppliers
- **demand reduction** – promote a drug-free culture
- **harm reduction** – ensure addiction services & support are available for those who genuinely want to quit. The primary purpose is not to keep users using, but to reduce and help them exit drug use.

It’s not about a ‘war’; it’s a defence of our brains.

We don’t need an army, machine guns, informants, or patrols. We need a “Stay Drug-Free” message. We should continue fighting drugs and the devastation its use causes on the users, their families, and society in general. It’s about enforcing drug laws to protect families.

It is working for tobacco.

“Why do nations schedule drugs? Nations schedule psychoactive drugs because we revere this three-pound organ (of our brain) differently than any other part of our body. It is the repository of our humanity. It is the place that enables us to write poetry and to do theatre, to conjure up calculus and send rockets to Pluto three billion miles away, and to create iPhones and 3D computer printing. And that is the magnificence of the human brain. Drugs can influence [the brain] adversely. So, this is not a war on drugs – this is a defence of our brains, the ultimate source of humanity.”

Dr Bertha Madras, Professor of Addiction Psychiatry at Harvard Medical School



For additional information, including source references, and a 2-page summary of this topic:

SayNopeToDope.org.nz/the-law-matters



What's Next?

Legalisation of marijuana is just the start.

The *new* face of Big Tobacco
Same corporates.
Same objectives.
Same addiction.
New product. 

Legalisation of marijuana is just the start. The real agenda is a global commodity market – all drugs – creating a drug-friendly culture.

NORMALISING THE USE OF ALL DRUGS

Even the Drug Foundation in New Zealand is calling for the decriminalisation of ALL drugs – including cocaine, heroin and P.

For example, information on the Drug Foundation's own website, and in pamphlets about the use of P which have been put in schools, include:

- *You may be experiencing substance use disorder if you are... using more meth than you want to*
- *You can't sleep on meth; if you want to sleep later don't use it after 3pm.*
- *Meth is illegal. It's also illegal to own a pipe. Be discreet and only keep less than 5 grams for personal use.* (our emphasis added)

But 'harm minimisation' is for addicted users – not for schools, young people and the general public.

There is one positive about the upcoming referendum negotiated between Labour and the Greens: it has revealed the ultimate agenda of drug advocates. The smokescreens of 'medical cannabis' and 'decriminalisation' no longer work. We now know the ultimate goal: legalisation of recreational dope.

And, if we listen to drug advocates internationally, they will want legalisation of not just this drug but all drugs – cocaine, heroin, P.

Don't open the door to the normalisation and health harms of drugs.

"The best answer is to move slowly but firmly to dismantle the edifice of enforcement. Start with the possession and sale of cannabis and amphetamines, and experiment with different strategies. Move on to hard drugs, sold through licensed outlets... Personally, when I talk about legalisation, I mean three things: The first is to make drugs such as marijuana, cocaine and heroin legal."

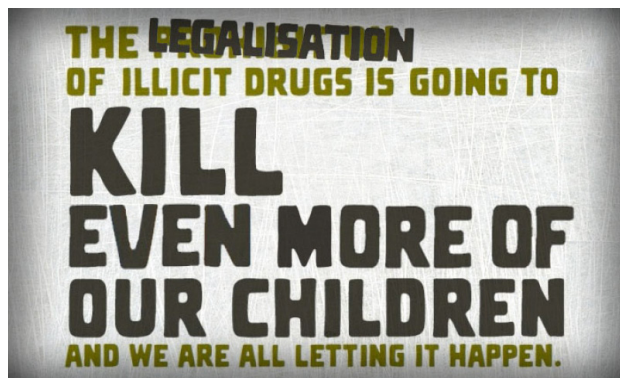
Ethan Nadelmann – Drug Policy Alliance (DPA) widely regarded as the leading proponent of drug policy development both in the US & abroad.



July 2001

"The key to it [legalising marijuana for recreational use] is to have 100s of thousands of people using it 'medically' under medical supervision, the whole scam is going to be blown. Once there is medical access and we do what we continually have to do, and we will, then we will get full legalisation."

Richard Cowen, former Director of NORML
(National Organisation for Reform of Marijuana Laws), 1993



For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/whats-next



Health Harms.

Dope is addictive and harmful – it wrecks lives.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

According to virtually every scientific review, including a 2016 World Health Organisation (WHO) report and a 2017 National Academy of Sciences study, marijuana is addictive and harmful – despite rhetoric from the marijuana industry.

Direct associations have been made between the frequency of marijuana use and higher THC potency with the development of mental health issues (psychosis, depression, anxiety, suicidality, reshaping of brain matter, and addiction). Links to lung damage and serious cardiovascular problems have also been found (hypertension, myocardial infarction, cardiomyopathy, arrhythmias, stroke, and cardiac arrest). Marijuana use during pregnancy has been shown to negatively affect the cognitive development of children by increasing their risk of hyperactivity, impulsivity, and inability to focus.

Chronic adolescent marijuana use has been correlated with cognitive impairment and a decreased ability to do well in work or school. Colorado toxicology reports show the percentage of adolescent suicide victims testing positive for marijuana has increased.

RESPIRATORY

In 2007, NZ scientists determined that smoking 1 joint of marijuana was comparable to the effects on airflow obstruction of between 2.5 – 5 tobacco cigarettes, “*Adverse effects [of marijuana] on lung function is of major public health significance,*” the study authors warned.

PSYCHOSIS

In 2011, Australian researchers said; “*The results of meta-analysis ...support the hypothesis that cannabis use plays a causal role in the development of psychosis in some patients. The results suggest the need for renewed warnings about the potentially harmful effects of cannabis.*”

LUNG CANCER

Scientists from the Medical Research Institute of NZ concluded: “*Long-term cannabis use increases the risk of lung cancer in young adults.*” According to the British Lung Foundation, “*Smoking three or four marijuana joints is as bad for your lungs as smoking twenty tobacco cigarettes.*” THC, the primary psychoactive ingredient of cannabis, decreases the function of immune system cells that help protect the lungs from infection.



“‘Recreational’ drug use is a misnomer - put a ‘w’ on the front and you’d be closer to the truth.”

- former Wellington coroner Garry Evans

HEART HEALTH

People who use marijuana may be three times more likely to die from high blood pressure than non-users of the drug.

HOSPITALISATION

The yearly rate of emergency department visits in **Colorado** related to marijuana **increased 52%** after the legalisation of recreational marijuana (2012 compared to 2016). The yearly rate of marijuana-related hospitalisations **increased 148%**. Calls to **poison control centers** have risen 210%. **Washington** has seen a 70% increase in calls between the three-year averages before and after legalisation. **Central Oregon** hospitals saw a nearly 2,000% increase in emergency room visits due to marijuana poisoning.

Here in **New Zealand**, Ministry of Health figures gained under the Official Information Act in November 2018 show that 73 children (aged 0-14) have been hospitalised in the past five years either for poisoning or for mental and behavioural disorders due to the use of cannabis. For all ages, more than 2,200 have been hospitalised for cannabis alone. This will only increase if marijuana is legalised.

“Consistent evidence has shown that cannabis use almost always precedes the use of other illicit drugs, including cocaine, methamphetamine, hallucinogens (including LSD and ecstasy), illegally obtained prescription drugs, and opiates, such as heroin or morphine.”

UNODC (United Nations Office on Drugs and Crime): *Cannabis A Short Review* (2012)

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/health-harms

Correct as at time of printing. We welcome any documented corrections.



Mental illness, psychotic symptoms, suicidal thoughts.

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of Big Tobacco
Same corporates.
Same objectives.
Same addiction.
New product. 

With the increased potency of marijuana comes increased health risks, including mental illness, psychotic symptoms, suicidal thoughts among teens, respiratory problems, and a greater likelihood of addiction.

Almost half of the marijuana business in legalised jurisdictions is now in highly potent cannabis concentrates - edibles, dabbing (smoking highly concentrated THC) and vaping. The average psychoactive component of cannabis (THC) of all tested flower in 2017 in Colorado was 19.6%, and the average potency of concentrated extract products was 68.6%. Potency rates of up to 95% have been recorded.

The 2% THC 'woodstock weed' has been replaced by popping a handful of gummy bears containing 10 times the legal limit of THC per serving, or a 90% THC dab.

Pot use is strongly correlated with psychosis

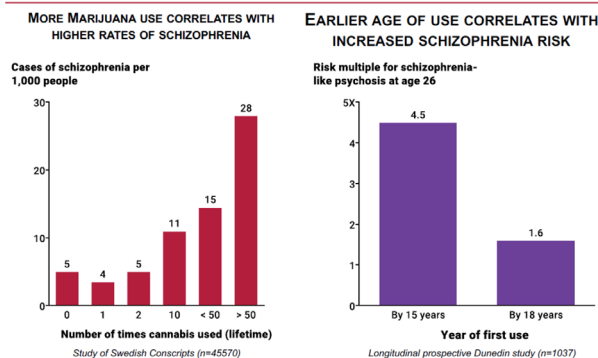


Image Source: Smart Approaches to Marijuana (SAM)

This is definitely not your parents' pot.

With the increase in THC potency comes increased health risks, and a greater likelihood of addiction.

And addiction is exactly what Big Marijuana wants.

Suicidal thoughts can come on very quickly while under the influence in individuals who were not previously suicidal. The suddenness of suicidal ideation means that intervention may not always be possible.



Image Source: Smart Colorado

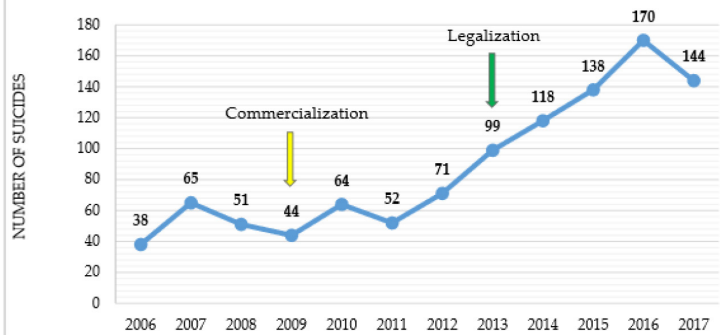
Colorado toxicology reports show the percentage of adolescent suicide victims testing positive for marijuana has increased since the legalisation of marijuana. This disturbing trend is, unfortunately, not surprising, as daily marijuana use among youth who begin before the age of 17 significantly increases the risk of suicide attempts.

Researchers led by the National Drug and Alcohol Research Centre at the University of New South Wales (including New Zealand researchers) found that people who start smoking cannabis daily before the age of 17 are **seven times more likely to commit suicide**.

University of Queensland Centre for Youth Substance Abuse professor Wayne Hall said legalising the drug would likely have the most significant impact on current users.

If cannabis was made more affordable and easier to access, then consumption would increase, like any commodity.

Number of Suicides Positive for Marijuana, 20 and Older



SOURCE: Colorado Department of Public Health and Environment (CDPHE), Colorado Violent Death Reporting System

Image Source: Utah Department of Public Safety

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/mental-health-suicide



High Mums.

Marijuana use during pregnancy harms the baby.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Legalisation of marijuana has led to major concerns around pregnant mums using the drug, and more babies failing drug tests.

EXPOSURE

Researchers say psychoactive compounds in marijuana easily cross the placenta, exposing the fetus to perhaps 10 percent of the THC — tetrahydrocannabinol — that the mother receives, and higher concentrations if the mum uses pot repeatedly.



A clinical report published in the September 2018 *Pediatrics* said that more babies than ever are being exposed to marijuana. Marijuana use among pregnant women **increased by 62%** between 2002 and 2014 in the US. Meanwhile, marijuana has become more potent, with average concentrations of the psychoactive compound tetrahydrocannabinol (THC) more than quadrupling since the 1980s.

The US *National Survey on Drug Use and Health* found that 28% of women living in low-income areas tested positive for marijuana use during pregnancy. Another study by the American College of Obstetricians and Gynecologists reported that young women from lower income levels have a 15–28% rate of marijuana use during pregnancy. Up to 60% of these young women continue marijuana use throughout pregnancy due to a decreased perception of risk and stigma.

EFFECT ON BABIES

Studies show marijuana increases the risk of stillbirth and adversely affects how a baby's brain develops. Studies also show these kids may have behavioural problems at higher rates than other children by the age of 14. Christian Thurstone, director of the STEP Programme at Denver Health – one of Colorado's largest youth substance-abuse treatment programmes – has conducted extensive research which shows that children exposed to marijuana in utero have a 5-point decrease in IQ at age 6; a greater chance of depression, hyperactivity and impulsivity at age 10; and lower school achievement at age 14.

TREATMENT FOR MORNING SICKNESS?

Approximately 70% of randomly selected medical marijuana centres in Colorado recommended marijuana as a treatment for morning sickness for pregnant women. Doctors caution that marijuana's effects on a fetus could include low birth rate and developmental problems.

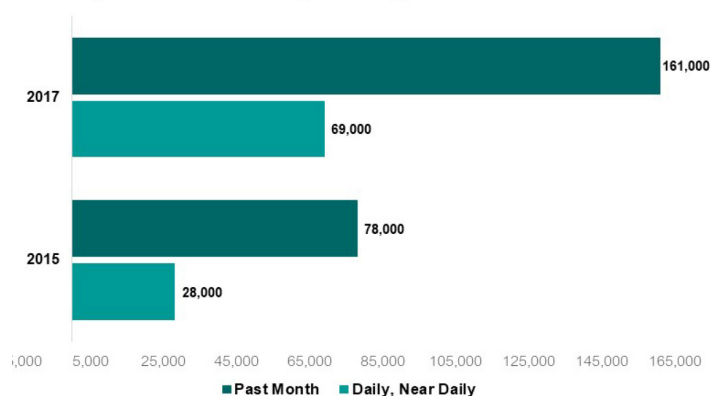
NEWBORNS FAILING DRUG TESTS

Colorado's legalisation of recreational marijuana has led to an increase in the number of babies being born THC-positive. One Pueblo hospital is reporting nearly half the babies tested in one month had marijuana in their system.

MUM'S INFLUENCE

When mothers use marijuana during the first 12 years of their child's life, their children are more likely to start using cannabis at an earlier age than children of non-using mothers.

Marijuana Use by Pregnant Women (US)



Source: 2017 National Survey on Drug Use and Health

Image Source: National Families in Action

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/high-mums



Young Ones.

Our children need hope,
not dope.

The *new* face
of Big Tobacco

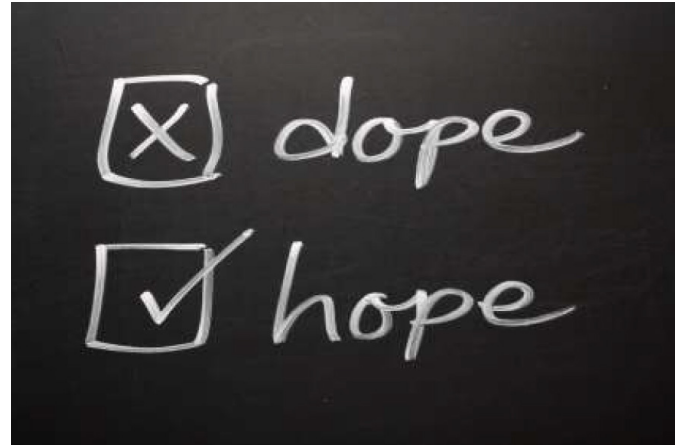
Same corporates.
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New product. 

Despite the claims of dope-industry lobbyists that legalisation will not affect young adult and youth use, the data shows that with legalisation and normalisation, people are increasing their rate of consumption.

False advertising of marijuana products as being “natural” and “healthier than alcohol and tobacco” have greatly decreased the perceived risk of harm related to marijuana use.

The problem with liberal drug policies like legalisation is that they centre upon the rights of the *user*, at the expense of the most vulnerable party in the community, the *child*.

Since **Colorado, Washington, Oregon, Alaska,** and the **District of Columbia** (Washington, DC) legalised marijuana, past-month use of the drug has continued to rise above the national average among youth aged 12–17 in all five jurisdictions (NSDUH, 2006–2017). Almost a third of all 18–25 year olds in legal states used marijuana in the past month, up from around one-fifth 10 years ago.



States Parties shall take all appropriate measures, including legislative, administrative, and educational measures to protect children from the illicit use of narcotic drugs and psychotropic substances, as defined in relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 33 of the UN Convention on the Rights of the Child

EFFECT ON YOUNG PEOPLE

New Zealand has some of the richest data on the adverse consequences of cannabis use coming from two major studies: the Christchurch Health and Development Study (CHDS) and the Dunedin Multidisciplinary Health and Development Study (DMHDS).

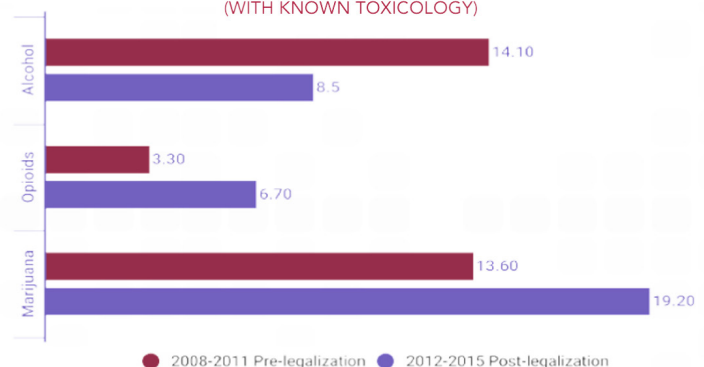
The CHDS showed that the use of cannabis was associated with increased risks of a number of adverse outcomes including: educational delay (dropping out of school, and subsequent unemployment); welfare dependence; increased risks of psychotic symptoms; major depression; increased risks of motor vehicle accidents; increased risks of tobacco use; increased risks of other illicit drug use; and respiratory impairment. These effects were most evident for young (under 18-year-old) users and could not be explained by social demographic and contextual factors associated with cannabis use.

MENTAL HEALTH

Direct associations have been made between the frequency of marijuana use and higher THC potency with the development of mental health issues (psychosis, depression, anxiety, suicidality, reshaping of brain matter, and addiction).

Daily marijuana use among youth who begin before the age of 17 significantly increases the risk of suicide attempts. Researchers led by the National Drug and Alcohol Research Centre at the University of New South Wales (and including New Zealand researchers) analysed results of three large, long-running studies from Australia and New Zealand involving nearly 3,800 people. Teenagers who start smoking cannabis daily before the age of 17 are **seven times more likely to commit**

AVERAGE TOXICOLOGY OF SUICIDES AMONG ADOLESCENTS AGES 10-19 YEARS OLD
(WITH KNOWN TOXICOLOGY)



SOURCE: Colorado Department of Public Health and Environment (CDPHE), Colorado Violent Death Reporting System

Image Source: Smart Approaches to Marijuana (SAM)

suicide, a study has found. Colorado toxicology reports show the percentage of adolescent suicide victims testing positive for marijuana has increased since legalisation.

This data should be of huge concern to us in New Zealand as we battle high teenage suicide rates and mental illness amongst teenagers.



Marijuana products

HOSPITALISATION

The number of teenagers sent to emergency rooms more than quadrupled after marijuana was legalised in Colorado — mostly for mental health symptoms, researchers reported in 2017.

In the UK, more than 15,000 teenage hospital admissions have taken place over the past five years as a result of taking cannabis - some of whom were rushed to hospital suffering from serious psychosis. The levels of admissions in England have jumped by more than 50% since 2013.

“There is no question marijuana can be addictive; that argument is over. The most important thing right now is to understand the vulnerability of young, developing brains to these increased concentrations of cannabis.”

Nora Volkow, director of the National Institute on Drug Abuse

EFFECT ON TEEN ATTITUDES TO DRUGS

A 2017 survey found that one in four US high school seniors would try marijuana or use it more often **if it was legal** – the highest in the 43-year history of the *Monitoring the Future* survey. The current illegality of the drug sends an important societal message to young people.

HIDDEN BIG MARIJUANA PRODUCTS

The cannabis market is evolving in ways which make it different from the tobacco and alcohol markets. Myriad cannabis products (e.g., edibles, concentrates, infusions, tinctures, lotions, and butters) are available and heavily marketed. These products can be smoked, eaten, vaped, or used topically. Many of these products are easily transportable and readily concealed or disguised. One recent study showed increased use by 14-18 year olds of newer forms of consumption – vaping and edibles. Students say vaping is everywhere and ‘it’s easy to hide’.

Researchers at the Centers for Disease Control and Prevention (CDC) found that nearly 1 in 11 middle and high school students used marijuana in e-cigarette devices. In legal states people can buy cartridges of high-potency cannabis oil that fit into many e-cigarette devices. A US study in 2018 found that teens who used e-cigarettes and hookah were up to **four times more likely** to use marijuana later.

A RAND Corporation study recently published by the journal *Drug and Alcohol Dependence* found that adolescents who view more advertising for medical marijuana are more likely to use marijuana, express intentions to use the drug and have more-positive expectations about the substance.

PATHWAY TO OTHER DRUGS

In 2017 researchers examined data from 17,000 youth aged 12-17 who participated in the 2014 National Survey on Drug Use and Health. Compared with youth *without* past-month marijuana use, youth with past-month marijuana use were **9.9 times more likely** to report past-month use of other illicit drugs. And the Christchurch Health and Development Study found that regular or heavy cannabis use was associated with an increased risk of using other illicit drugs, abusing or becoming dependent upon other illicit drugs, and using a wider variety of other illicit drugs.



Image Source: THCPHOTOS.ORG

For additional information, including source references, and a 2-page summary of this topic:

SayNopeToDope.org.nz/young-people

Correct as at time of printing. We welcome any documented corrections.



Violence.

The link between marijuana and family violence.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

The image of the laid-back chilled pot smoker is deceptive. The mellowing effects of cannabis seem unsuited to promoting violent behaviour. However, research has linked marijuana use to increased violent behaviour. A certain percentage of people who use marijuana can become psychotic and violent.

DOMESTIC VIOLENCE

In 2018, researchers at Ohio and Tennessee Universities found that marijuana use was associated with psychological, physical, and sexual intimate partner violence, after controlling for alcohol use and problems, antisocial personality symptoms, and relationship satisfaction. A University of Florida study in 2011 found that frequent marijuana users in adolescence are twice as likely to engage in domestic violence as young adults. The same study showed this group were more than twice as likely to become *victims* of domestic violence.

Research published in 2016 in the journal *Psychological Medicine* concluded that continued use of cannabis causes violent behaviour as a direct result of changes in brain function that are caused by smoking weed over many years. The results showed that continued cannabis use is associated with 7-fold greater odds for subsequent commission of violent crimes.



Advertisement for marijuana



CHILD ABUSE

We know from a number of governmental reports (UNICEF reports in 2003 and 2007, a CYF report in 2006, and a Children's Commissioner report in 2009) that one of the factors most commonly associated with the maltreatment of children is drug abuse.

In 2018, **Texas** released a report on child abuse deaths, finding half the 172 child abuse deaths in 2017 coupled with substance abuse. Marijuana was the most used substance connected to child abuse and neglect deaths. In 2017, **Arizona** also published a report showing that marijuana was the substance most often linked to child abuse deaths in 2016.

It raises an important question – **is our relatively higher use of cannabis compared to other countries related to our horrific record when it comes to child abuse and family violence?**

EXAMPLE TO CHILDREN

When mothers use marijuana during the first 12 years of their child's life, their children are more likely to start using cannabis at an earlier age than children of non-using mothers, according to a study from the Harvard T.H. Chan School of Public Health published recently in the *American Journal of Preventive Medicine*. This study is the first to establish a relationship between maternal cannabis use during a child's lifetime and earlier initiation in a nationally-representative, longitudinal cohort.

Read the examples of cases (both NZ-based and overseas) on our website.



For additional information, including source references, and a 1-page summary of this topic:
SayNopeToDope.org.nz/family-violence-child-abuse



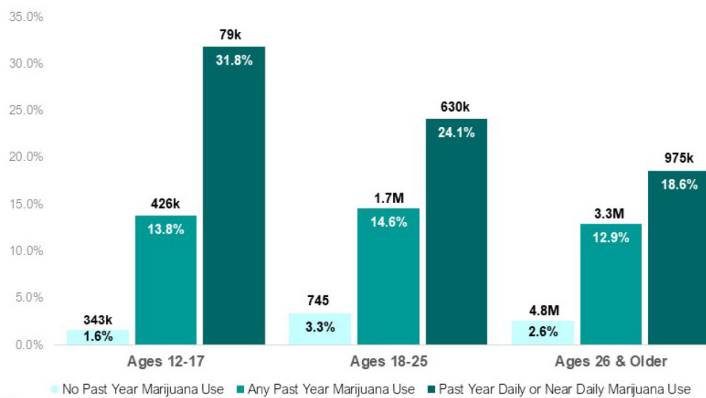
Opioid crisis increases with the use of cannabis.

The *new* face
of Big Tobacco
Same corporates.
Same objectives.
Same addiction.
New product. 

Drug advocates in New Zealand try to argue that by legalising marijuana, the use of synthetic cannabis and other natural opioids would decrease. But the international evidence quashes those hopes.

Research is revealing that individual marijuana users are at much higher risk for developing opioid use disorders, and that population studies claiming a correlation between state marijuana legalisation and reduced opioid deaths have serious deficiencies. Better studies are now showing marijuana is a risk factor in the increased non-medical use of opioids.

Marijuana's link to opioid misuse



Source: 2017 National Survey on Drug Use and Health

Image Source: National Families in Action

An American study published in September 2017 of over 30,000 Americans showed that participants who reported marijuana use in the previous year were 2.6 times more likely to abuse prescription opioids: ***“Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.”***

In 2017, researchers examined data from 17,000 youth aged 12-17 and found that **youth with past-month marijuana use were 9.9 times more likely to report past-month use of other illicit drugs.**

In the time that the opioid epidemic has increased in the US, the percentage of marijuana users who are using the drug frequently has skyrocketed.

NZ already has an addiction epidemic with synthetic cannabis and methamphetamine. The reality is that the desire to get ‘high’ overrides any consideration of the legality of the drug or its risk.

“The opioid crisis appears to be worsening where marijuana has been legalised.”

JAMA Internal Medicine Journal

It seems fairly logical that **we should not be encouraging marijuana use if our goal is to stop addiction.**

From 2012 to 2016, the number of heroin-related deaths in **Colorado** increased from 91 to 234 and deaths related to **synthetic opioids rose** from 52 to 72.

In **Portugal**, there has been a 23% **increase** in the prevalence of **illegal psychoactive substance use** (including synthetic cannabis) since 2012.

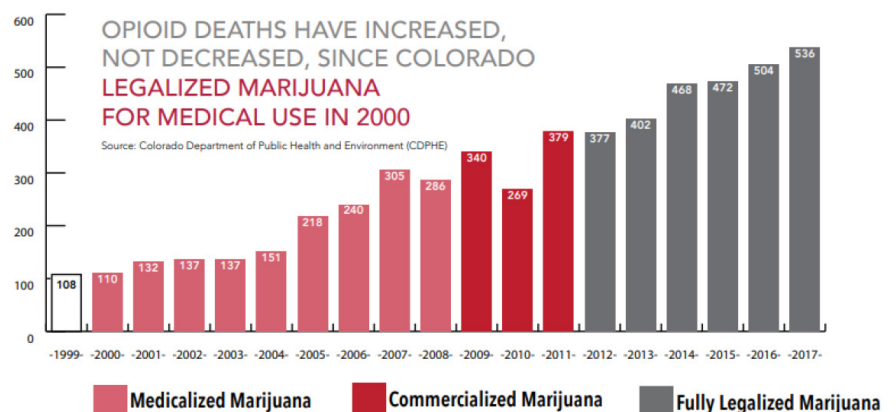


Image Source: Smart Approaches to Marijuana (SAM)

For additional information, including source references, and a 1-page summary of this topic:
SayNopeToDope.org.nz/opioid-synthetic-cannabis

Correct as at time of printing. We welcome any documented corrections.



Reality Check.

Legalising marijuana increases use.

The *new* face of Big Tobacco

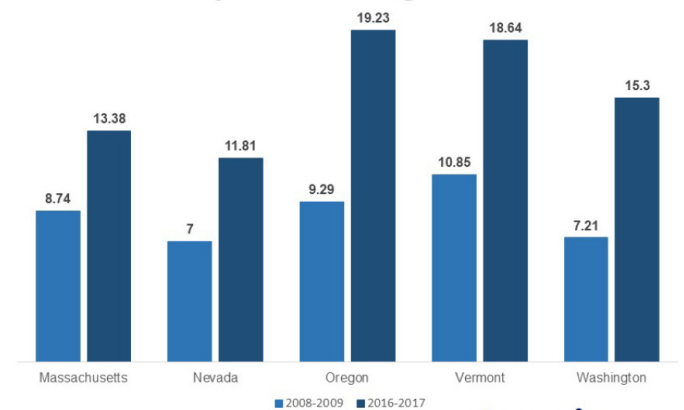
Same corporates.
Same objectives.
Same addiction.
New product. 🌿

Some drug advocates try to argue that legalisation of marijuana will not result in an increase in use. Nothing could be further from the truth.

The 2016-2017 *National Survey on Drug Use and Health State Estimates* illustrates findings from this annual survey – conducted by the Substance Abuse and Mental Health Services Administration. (Numbers in graphs are percentages)

The statistics speak for themselves.

Past Month Marijuana Use in Legal States, 2009-2017

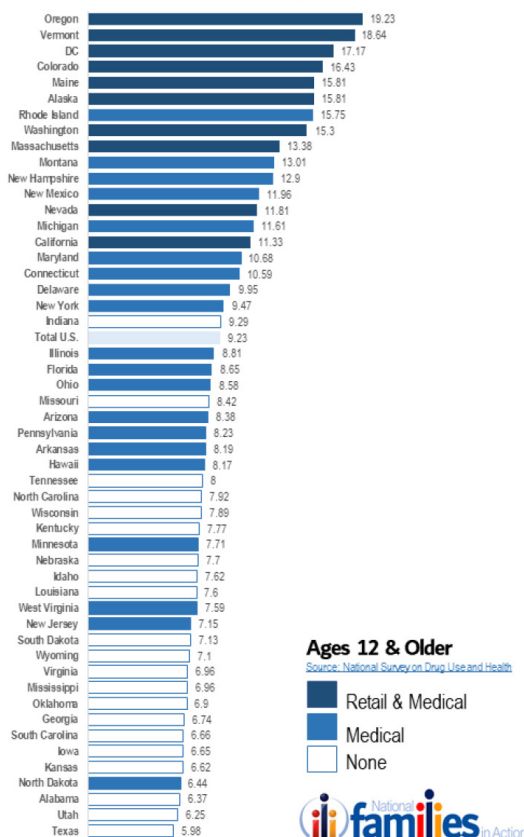


Ages 12 & Older

Source: National Survey on Drug Use and Health



Past Month Marijuana Use, 2016-2017



Ages 12 & Older

Source: National Survey on Drug Use and Health

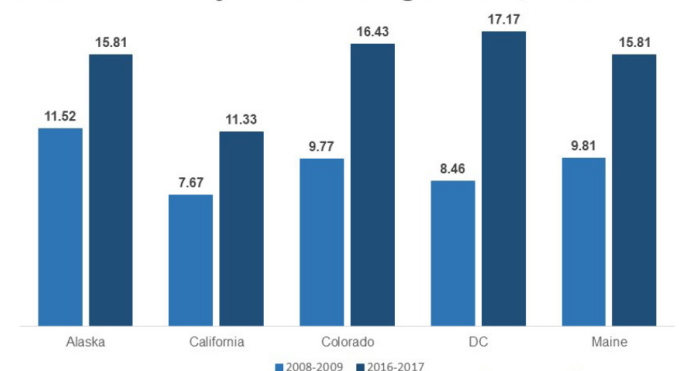
■ Retail & Medical
■ Medical
■ None



Image Source: National Families in Action

(See our website for other disturbing Portugal use trends.)

Past Month Marijuana Use in Legal States, 2009-2017

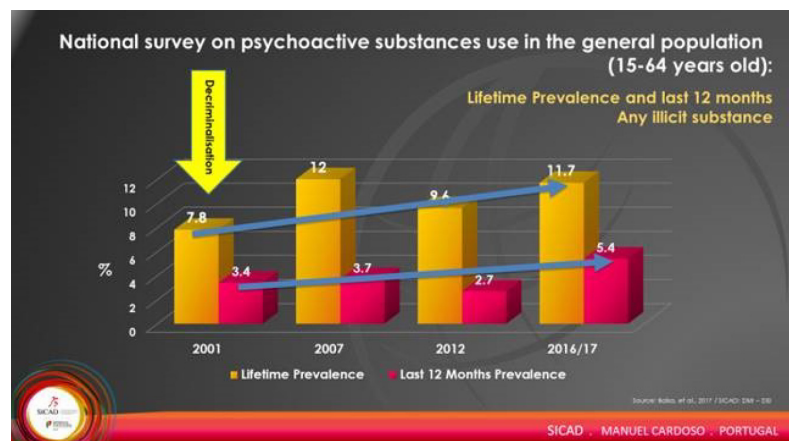


Ages 12 & Older

Source: National Survey on Drug Use and Health



AND EVEN IN PORTUGAL



(Additional info and trendlines have been added to original graph)

For additional information, including source references, and a 1-page summary of this topic:
SayNoToDope.org.nz/does-legalisation-increase-use

Correct as at time of printing. We welcome any documented corrections.



Workplace dope use will affect everyone's safety.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Would anyone want their doctor getting high just before performing surgery? Or a co-worker who drives a forklift and could impale not only packages but them? What about carpenters, roofers, tree trimmers and truck drivers who have been using marijuana? Would you be happy to know that your pilot had smoked a joint or two the night before?

If marijuana is legalised in New Zealand, what will be the added costs to the workforce in absenteeism, accidents, healthcare, additional workplace training and insurance premiums?

Studies consistently show marijuana users have significantly lower levels of commitment to their work than non-users, and are absent more often. Even when controlling for alcohol use, pot users are 106% more likely to have missed at least one day of work in the last month because they *"just didn't want to be there."*

In the US, marijuana legalisation has had serious ramifications for businesses. Increased marijuana availability and use has increased the number of employees testing positive for marijuana in the workforce.

In the three-year period following legalisation in **Colorado** and **Washington**, positive oral-fluid test results for marijuana use increased almost 75%, from 5.1% to 8.9%. Marijuana urine test results in Washington and Colorado are now double the national average.

This growing usage of marijuana has made it difficult to find employees who can pass a pre-employment drug test. The issue is further complicated by **pro-marijuana advocates who are pushing to eliminate workplace drug testing policies** – essentially stating that regardless of the outcome, employees should be permitted to use marijuana without the risk of professional consequences.

This foolish argument has been used in NZ by pro-marijuana lobbyists.

"Drug testing is not going to create a safer working environment and can create an atmosphere of mistrust."

NZ Drug Foundation, May 2018

Insurance claims have become a growing concern among companies in US states that have legalised marijuana because if marijuana use is allowed or drug testing ignored, employers are at risk of liability claims when a marijuana-related injury or illness occurs onsite.

The Drug Detection Agency has been New Zealand's biggest drug testing company for 13 years. They recently said that methamphetamine and cannabis are both "on the up" and are still the main drugs being used.

A safe, healthy and drug-free workplace is everyone's business. Drugs don't work.



Image Source: U.S. Department of Labour

Positivity rate, workplace marijuana tests (oral swab)

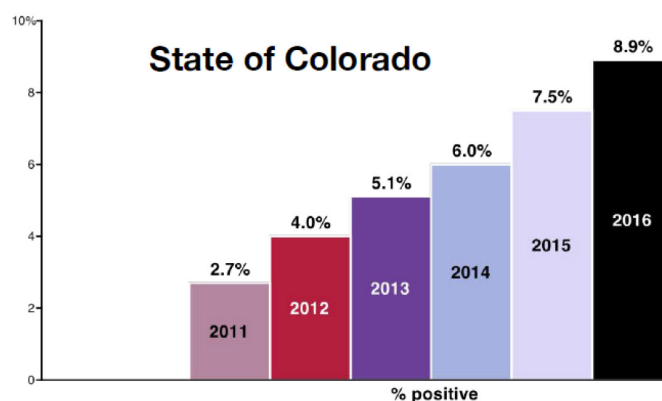


Image Source: Smart Approaches to Marijuana (SAM)

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/workplace

Correct as at time of printing. We welcome any documented corrections.



Driving stoned will put everyone at risk.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

The rights of people to be safe on the road outweighs the privilege of smoking weed. If a person has THC in their system, we don't want them on the road endangering other drivers and families.

DEATHS

Since recreational marijuana was legalised in **Colorado**, marijuana-related traffic deaths **increased 151%**. According to AAA, **Washington State** experienced a doubling in drug driving fatalities in the years following legalisation.

PEDESTRIAN FATALITIES

States that legalised marijuana for medical and/or recreational use saw a 16.4% surge in deaths when comparing 2017 to 2016, while nonlegal states saw a drop of 5.8%.

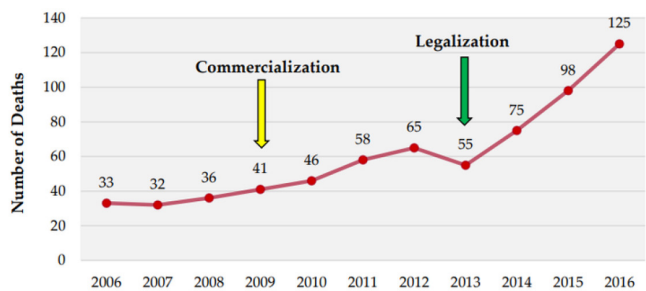
DRIVING STONED

A report by the state of **Colorado** found that in 2016, about 73% of 4,000 drivers charged with driving under the influence tested positive for marijuana. 53% admitted they smoked marijuana within two hours of getting behind the wheel. **Ohio** had a 6% increase in arrests for drug driving in 2017 compared to the previous year, and a 21% increase in crashes caused by drugged drivers on Ohio highways since 2013.

NEW ZEALAND

In a study done in **New Zealand** by six Australian health researchers, it was found that *habitual users of marijuana have about 10 times the risk of car crash injury or death compared to infrequent or non-users*. Those users who crashed had smoked marijuana within three hours of their accidents. More than half the drivers taken to hospital after causing a crash were found to have drugs in their system, a 2012 study found.

Traffic Deaths Related to Marijuana when a Driver Tested Positive for Marijuana



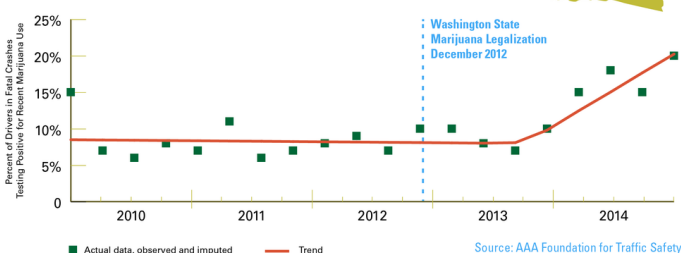
National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2016

Image Source: Utah Department of Public Safety



Fatal Road Crashes Involving Marijuana Double After State Legalizes Drug

FATAL CRASHES INVOLVING DRIVERS WHO RECENTLY USED MARIJUANA DOUBLED IN WASHINGTON AFTER THE STATE LEGALIZED THE DRUG IN 2012.



Source: AAA Foundation for Traffic Safety

An AA study found that people on drugs are causing more fatal crashes than those behind the wheel drunk. In 2017, 79 drivers involved in fatal crashes were found to be under the influence of drugs, compared to only 14 in 2013.

A study in 2017 by the University of Waikato found that nearly half of Kiwi cannabis users don't think twice about driving after smoking, and that while nearly three-quarters (73.6%) of drinkers had made a decision not to drive after drinking, only 57% of cannabis smokers had made the same call.

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/driving-stoned

Correct as at time of printing. We welcome any documented corrections.



Social Justice.

Legal dope doesn't help.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Pro-marijuana lobbyists argue that marijuana legalisation will increase social justice, but disparities among use and criminal offence rates *continue* among race and income levels in US states that have legalised marijuana.



CRIMINAL OFFENCE RATES

The **District of Columbia** saw public consumption and distribution arrests nearly triple between the years 2015 and 2016, and a disproportionate number of those marijuana-related arrests occurred among African-Americans. **Colorado** has seen a similar trend. Colorado marijuana arrests for young African-American and Hispanic youth have *increased* since legalisation.

According to a 2013 survey conducted by the Colorado Department of Public Health and Environment, black and Hispanic youth are slightly more likely to use marijuana than their white counterparts: about 17% of white high school students reportedly used pot in the previous 30 days, while 25.9% of black students and 23.6% of Hispanic students did.

More Black and Hispanic youth were arrested for pot in Colorado after legalization than before

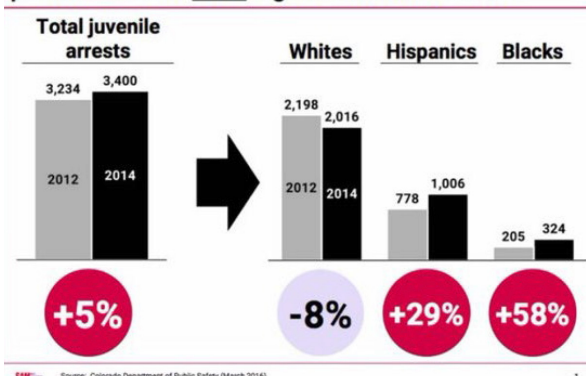


Image Source: Smart Approaches to Marijuana (SAM)

POVERTY

In a similar trend to the placement of alcohol outlets and pokie machine venues in New Zealand, communities of colour are being subjected to disproportionate targeting by the marijuana industry in the US. In **Los Angeles**, the majority of dispensaries have opened primarily in African-American communities.

An overlay of socioeconomic data with the geographic location of pot shops in Denver, **Colorado** shows marijuana stores are located primarily in disadvantaged neighbourhoods. Those with a household income below \$25,000 had a 20% current-use rate compared to a 11% rate among households with income levels of \$50,000 or greater.

The National Survey on Drug Use and Health found that 28% of women living in low-income areas tested positive for marijuana use during pregnancy. Another study by the American College of

Obstetricians and Gynecologists reported that young women from lower income levels have a 15–28% rate of marijuana use during pregnancy. Up to 60% of these young women continue marijuana use throughout pregnancy due to a *decreased* perception of risk and stigma.

HOMELESSNESS

A new **Melbourne** University study examining why people become homeless found that daily marijuana use significantly increases men's likelihood of becoming homeless. Using cannabis daily increases their likelihood of becoming homeless by age 30 by 7-14 percentage points. The researchers said; "Our research suggests that early interventions to reduce cannabis use may be effective in reducing the number of boys and young men who become homeless."

Business owners and officials in Durango, **Colorado**, testify that the resort town, "suddenly became a haven for recreational pot users, drawing in transients, panhandlers, and a large number of homeless drug addicts."

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/social-justice

Correct as at time of printing. We welcome any documented corrections.



Social costs of drug use will exceed any taxes received.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

The myth pushed internationally by drug advocates is, 'Let's tax it and use the money to provide addiction services and build schools and hospitals and houses and (insert a great cause here)...'. It sounds attractive, but rarely eventuates.

Drug supporters and the marijuana industry are quick to overestimate large amounts of revenue from marijuana sales, but underestimate the societal costs of legalisation.

Societal costs not referred to or underestimated by drug supporters include: **greater other drug use, greater marijuana use among underage students, property and other economic damage, controlling an expanded black market, public intoxication, and other burdens.** Legalisation also results in administrative and enforcement costs, similar to alcohol regulation.



A study released in November 2018 on the actual impact of marijuana legalisation in Colorado found that **for every \$1 in tax revenue from marijuana, the state spends \$4.50 as a result of the effects of the consequences of legalisation.** Costs related to the healthcare system and from high school drop-outs are the largest cost contributors.

Our experience with alcohol and tobacco has already warned us that tax revenue from marijuana sales will fall well short of the costs. A report published by the Ministry of Health in 2016 estimated that the total cost of **smoking** to New Zealand's health and welfare systems was \$2.5 billion in 2014. Tobacco excise tax currently raises approximately \$1.5 billion gross per year. **Alcohol-related harm** in New Zealand has been recently estimated to cost approx. \$5 billion per year. Excise tax revenue from alcohol in 2016 was \$661 million.

"The tax revenue collected from alcohol pales in comparison to the costs associated with it... Tobacco also does not carry its economic weight when we tax it... It is clear that the social costs of legalising marijuana would outweigh any possible tax that could be levied... That number would only increase under legalisation because of increased use."

Gil Kerlikowske, President Obama's Drug Czar (2010)

Will cannabis users suddenly line up to pay for a now-taxed product? A report by the *Washington Post* last year argued that high taxes on legal marijuana in **California** had the potential to turn many consumers away from the state's cannabis shops and toward the black market. **Colorado, Oregon and Washington** all reduced tax rates after the commencement of legalisation to shift customers back toward the legal market.

Drug dealers and other criminals who derive huge profits from the drug trade will not cease criminal activity in the face of legalisation. The costs of regulating and then policing that industry will only compound the costs of policing the illegal market, as seen in Colorado.

Alongside SmokeFree2025, **DrugFree2025** should also be our goal.

"The perfect day will be when we don't collect a cent from tobacco tax because nobody is smoking."

Helen Clark – former PM

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/social-costs-v-tax



Not So Green.

Legalising weed isn't good for the planet.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Is legalising weed good for the planet? The full effects of the industry on the natural environment are only just beginning to be recognised.

To grow around the clock requires intense lights that get very hot. To mitigate that heat, "grows" (as shown in image on right) need fans and ventilation systems to clear the hot air. The vast amounts of water and electricity needed to power marijuana farms are damaging to the environment, and these impacts occur even under a so-called "regulated" environment.



ENERGY

Research scientists say that greenhouses are among the most thermally inefficient structures imaginable.

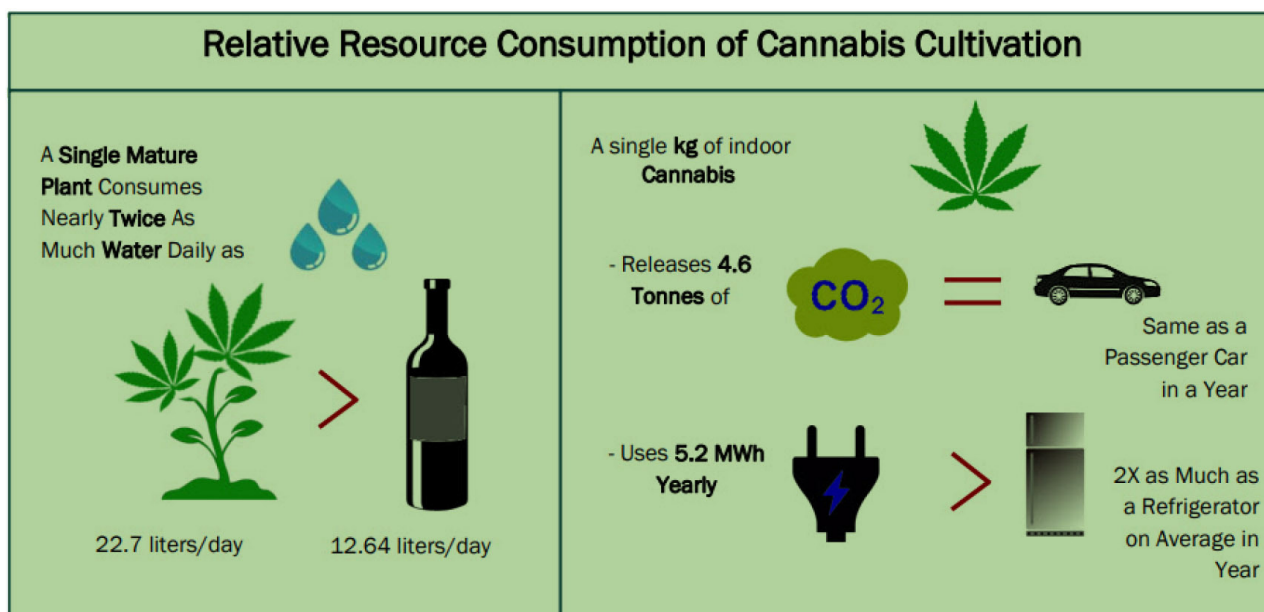


Image Source: Oregon – Idaho High Intensity Drug Trafficking Area (Aug 2018)

CARBON FOOTPRINT

One average kilogram of final product is associated with 4600 kg of carbon dioxide emissions to the atmosphere.

WATER

Weed is water-hungry and power-hungry. A mature cannabis plant can consume upwards of 22.7 litres of water per day during the growing season.

PESTICIDES

When large numbers of cannabis plants are grown indoors and in close proximity, they are vulnerable to mites and powdery mildews, which can destroy a crop quickly. The US Department of Agriculture inspectors have found pesticides including **myclobutanil, avermectin, spiromesifen, sulphur, floramite, and avid**. California researchers say **nearly 20% of marijuana products have failed potency and purity tests**. Health Canada has already implemented random testing after several voluntary recalls by licensed producers.

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/not-so-green

Correct as at time of printing. We welcome any documented corrections.



Black market

will continue – even
with legalisation.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

Another erroneous claim made by drug advocates is: "The law just creates a black market. Legalising will get rid of it."

In areas where marijuana has been legalised, the evidence is overwhelming as to how misleading this claim is. Why? It's simple. Organised criminal syndicates and gangs adapt to changing political and economic environments, because **their ultimate goal is not to break the law but to commercialise and exploit human nature. It's about the money.**

As marijuana is the most widely used illicit drug in the world, legalisation is unlikely to see a decrease in any associated criminal activity.

Narcotics officers in **Colorado** have been busy responding to the **50% increase in illegal grow operations** across rural areas in the state. Legalisation has made it easier for the black market to thrive in rural areas due to the difficulties involved in distinguishing between legal and criminal marijuana farms. **Oregon** has also been a hub of black-market activity since legalisation.



"Colorado has a booming black market."

U.S. Attorney for District of Colorado Bob Troyer - September 2018

obtained licenses... The problem is that regulated marijuana, which is subject to testing, taxes and many other regulations — as it will be in Canada — costs significantly more than pot grown and sold on the black market. As long as there is onerous regulation and taxation imposed on the legal market, you can forget about getting rid of the illicit market." (our emphasis added)

A report from the credit rating agency Fitch Ratings in October 2017 said that high taxes on legal marijuana in California could have the potential to turn many consumers away from the state's cannabis shops and toward the black market.

"Underpinning such experiments around the world is a belief that criminal gangs will quietly accept losing their markets, and give up illegal dealing. There's a fantasy for you...."

NZ columnist Rosemary McLeod

After just a short time, the black market is appearing in **Canada**. A *Radio-Canada* investigation revealed that the financial backers of some producers have links to organised crime. Anti-drug politicians said; *"It's a troubling sign that, two weeks into the era of legal cannabis, the black market appears to have infiltrated Canada's legal supply chain."* The *New York Times* reported that taming an illegal trade estimated at 5.3 billion Canadian dollars is proving to be daunting – *"The government taking over the cannabis trade is like asking a farmer to build airplanes."*



For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/black-market-continues

Correct as at time of printing. We welcome any documented corrections.



Portugal.

The claims of 'success' exceed the reality.

The *new* face of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

"Claims that decriminalisation has reduced drug use and had no detrimental impact in Portugal significantly exceed the scientific basis."

Gil Kerlikowsz, Director, US Office of National Drug Control Policy (ONDCP) during Obama Administration



Portugal's drug decriminalisation in 2001 is touted as the positive example to which NZ should aspire to. If Portugal has been such a 'success' since 2001, why are countries not replicating their approach?

In the most recent statistics, the National Survey on the Use of Psychoactive Substances in the General Population, Portugal 2016/17, reports: *"We have seen a **rise** in the prevalence of alcohol and tobacco consumption and of **every illicit psychoactive substance (affected by the weight of cannabis use in those aged 15-74) between 2012 - 2016/17."*** Last-12-months-use of any illicit substance has **doubled** between 2012 and 2017! (see graphs right)

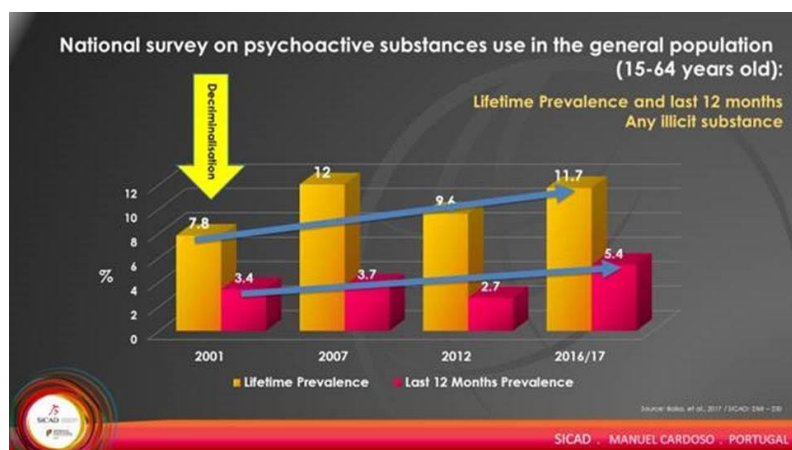
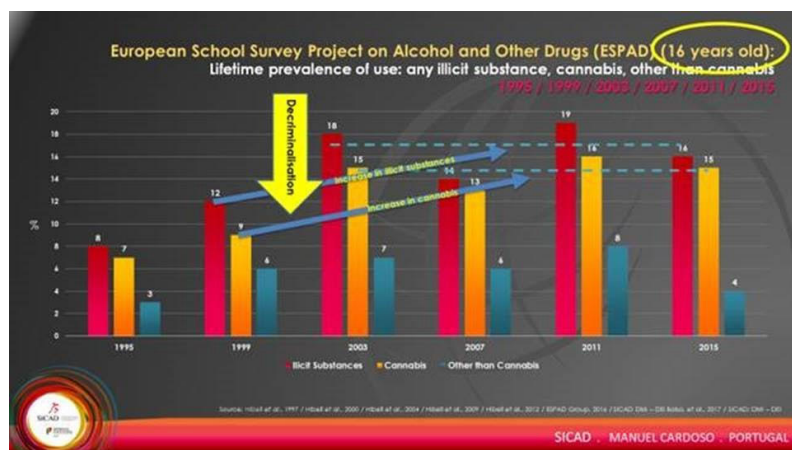
"There is a black market - 'people don't know what they are buying, what they are selling' - the system 'is confusing', with many people believing that decriminalisation means that drugs are legal."

Adriana Curado, project coordinator at the GAT Harm Reduction Centre

To summarise (courtesy of Drug Free Australia):

- decriminalisation has increased drug use for all age-groups
- Portugal's drug use, other than for heroin, was initially lower than European averages
- while drug deaths in Portugal are much lower in Portugal due to heroin being smoked or snorted rather than injected, drug overdose mortality is currently increasing.

UPDATED: Political parties in Portugal are now pushing for the **legalisation of marijuana** in their country because they (wrongly) believe it will combat current problems around organised crime, drug trafficking, increased consumption and the use of psychoactive substances. They say that the effect of decriminalisation has been to increase trafficking and consumption every year, which has been shown to have failed across the board.



(Additional info and trendlines have been added to original graph)

"The country still has high levels of problem drug use and HIV infection, and does not show specific developments in its drug situation that would clearly distinguish it from other European countries that have a different policy."

UNODC (United Nations Office on Drugs and Crime): Cannabis A Short Review (2012)

For additional information, including source references, and a 1-page summary of this topic:

SayNopeToDope.org.nz/portugal

Correct as at time of printing. We welcome any documented corrections.



NZ research shows the risk of dope use.

The *new* face
of Big Tobacco

Same corporates.
Same objectives.
Same addiction.
New product. 

New Zealand has some of the richest data on the adverse consequences of cannabis use, coming from two major studies: the Christchurch Health and Development Study (CHDS) and the Dunedin Multidisciplinary Health and Development Study (DMHDS).

The Christchurch study of a cohort of 1265 children born in 1977 has now published 30 scientific papers on the issue of cannabis. This research shows that:

- 15% of cannabis users developed a pattern of heavy use and dependence at some point.
- The use of cannabis was associated with increased risks of a number of adverse outcomes including: **educational delay; welfare dependence; increased risks of psychotic symptoms; major depression; increased risks of motor vehicle accidents; increased risks of tobacco use; increased risks of other illicit drug use; and respiratory impairment.** These effects were most evident for young (under 18y/o) users.
- Adolescents who smoke marijuana every weekend over a 2-year period are nearly 6-times more likely to drop out of school than non-smokers, more than 3-times less likely to enter university than non-smokers, and more than 4-times less likely to earn a college degree.
- Regular or heavy cannabis use was associated with an increased risk of using other illicit drugs, abusing or becoming dependent upon other illicit drugs, and using a wider variety of other illicit drugs.

“Cannabis use in adolescence, when the brain is undergoing critical development, may have neurotoxic effects.”

Dunedin study lead author

The Dunedin-based study, which followed 1,037 individuals born in Dunedin from birth (1972/1973), found that using marijuana regularly before age 18 resulted in an average IQ of 6-8 fewer points at age 38 relative to those who did not use marijuana before age 18. This was still true for teens who used marijuana regularly but stopped using the drug after the age of 18.

Researchers led by the National Drug and Alcohol Research Centre at the University of New South Wales (and including New Zealand researchers) analysed results of three large, long-running studies from Australia and New Zealand involving nearly 3,800 people. **Teenagers who start smoking cannabis daily before the age of 17 are seven times more likely to commit suicide.**

In 2007, NZ scientists studied 339 marijuana and cigarette smokers, and determined that smoking **one joint of marijuana was comparable to the effects on airflow obstruction of between 2.5 – 5 tobacco cigarettes**, “Adverse effects [of marijuana] on lung function is of major public health significance,” the study authors warned. They also examined 79 cases of lung cancer and 324 control patients and concluded: “Long-term cannabis use increases the risk of lung cancer in young adults.”



EARLIER AGE OF USE CORRELATES WITH INCREASED SCHIZOPHRENIA RISK

Risk multiple for schizophrenia-like psychosis at age 26

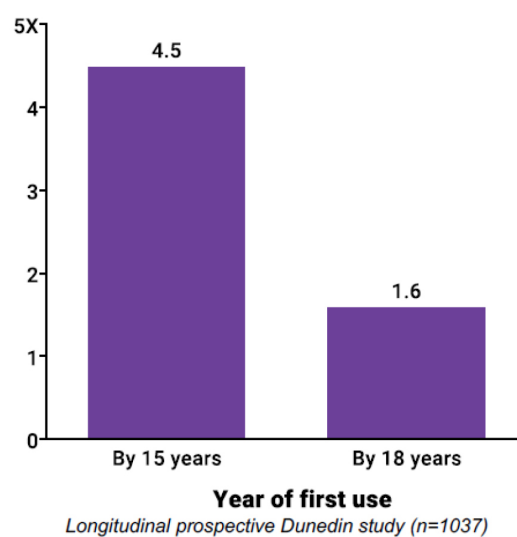


Image Source: Smart Approaches to Marijuana (SAM)

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SayNopeToDope.org.nz/nz-research

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