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SAFE Glen Cove Coalition: CADCA Opposes the Rescheduling of Marijuana from Schedule I to Schedule III

This spring, the Biden Administration announced plans to move marijuana from Schedule I of the Controlled Substances Act (CSA) to Schedule III of the CSA. This does not mean marijuana is legalized, but if implemented, moving marijuana to Schedule III would be a boon to the marijuana industry and further accelerate the proliferation of high-potency marijuana products in communities across the country. Community Anti-Drug Coalition's of America (CADCA) vehemently opposes these plans maintaining it goes against established science and medical practices and is a danger to public health.

Many marijuana products today have incredibly high THC concentrations. "Normal" marijuana contains 12% to 20% THC while marijuana concentrates average 39% to 69% THC and some dispensaries advertise products with 99.99% THC. Although the marijuana industry markets and heavily advertises high THC products as medicine, there has been absolutely no research supporting the use of wax, shatter or high THC vape oil for any medical purposes. This has caused both youth and adults to believe these products are safe. A new study in the Journal of Pediatrics found that instances of children under the age of six accidentally ingesting marijuana has jumped 1,375% from 2017 to 2021, climbing from 200 per year to more than 3,000 per year. Additionally, research has demonstrated marijuana users are 25% more likely to need emergency care and hospitalization.

Safety is a major concern as traffic fatalities, psychosis, suicide, violence, depression, mania, maternal-fetal harms, and addiction have been associated with the use of botanical marijuana. Research shows that marijuana use changes the structure of the brain and heavy, lifelong use can result in IQ loss. Botanical marijuana use can lead to intractable vomiting – Cannabis Hyperemesis Syndrome. Rescheduling marijuana would exacerbate the public health harm caused by marijuana. Marijuana use is also associated with cardiovascular health issues. According to the American Heart Association, marijuana use without tobacco use can increase heart disease risk by 300% Furthermore, heart attacks are twice as likely in young adults who used marijuana.

CADCA maintains marijuana use is very concerning in young people as adolescent marijuana use has been associated with lower academic performance and a higher risk of dropping out of high school. The State of Colorado warns, "Youth who use marijuana regularly are more likely to have a hard time learning, problems remembering, and lower math and reading scores. These effects can last weeks after the last time they used marijuana". Recognizing that much remains unknown about marijuana, the National Institute on Drug Abuse noted, "researchers are still studying how long marijuana's effects last and whether some changes may be permanent".

Marijuana use is at an all-time high. Teen use of marijuana is at 30- year high, with more teens reporting smoking marijuana than tobacco. Among young adults 19 to 30, 26% used in the past month compared to 17% in 2011, and 11% were daily users, up from 6% in 2011.

CADCA is concerned about the actual/relative potential for abuse or harm associated with use. Marijuana can be addictive; In fact, as many as 1 in 3 past year marijuana users met the clinical criteria for Cannabis Use Disorder and compels the administration to consider the link between marijuana and psychosis. Daily

users of marijuana over 10% THC are nearly five times more likely to develop a psychotic disorder than non-users. A 2023 study in Denmark determined that 30 percent of cases of schizophrenia among 21–30-year-old males could have been averted if cannabis use disorder had been prevented.

Since botanical cannabis did not meet previous criteria for currently accepted medical use (CAMU), HHS pretextually changed the definition of CAMU. Even using this broader definition, botanical cannabis fails to meet CAMU criteria, implying that the drug is broadly accepted and utilized within the medical community, but this is not the case. HHS states that 30,000 licensed health care practitioners (LHCPs) are authorized to recommend the use of marijuana, but this number represents fewer than 3% of LHCPs with prescriptive authority.

Unlike other drugs in Schedule III, marijuana is not FDA approved to treat or cure any disease and it is not available for prescription in any state.

CADCA has been providing advocacy, training and support to community-based Coalition's across the Nation and globally to prevent and reduce youth alcohol, tobacco and other substance use. CADCA encourages the community to advocate for keeping marijuana in Schedule I by submitting comments to the federal register by July 22nd at <https://www.cadca.org/advocate-now/>. For more information about CADCA, please visit <https://www.cadca.org/>

SAFE is the only alcohol and substance use prevention agency in Glen Cove whose mission is to eliminate alcohol and substance use in the community. Its Coalition is concerned about cannabis use- especially in youth as their brains are developing. The Coalition is conducting a prevention awareness campaign entitled "Keeping Glen Cove SAFE; Underage Marijuana Use," to educate and update the community regarding marijuana use and its negative consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about Cannabis/Marijuana use at www.safeglencove.org.