Going to pot: Recreational marijuana in Washington and Colorado

Meg Brunner, MLIS
Alcohol & Drug Abuse Institute
University of Washington, Seattle

The first retail shops selling recreational marijuana in Washington state opened on July 8, 2014. Meanwhile, stores in Colorado have been doing brisk business since January 1. How did this happen, and what might be coming next? This article, based on a presentation from the 2014 Substance Abuse Librarians & Information Specialists (SALIS) conference, will take a look the history of legalization in Washington state, the current situation here and in Colorado, how the University of Washington’s Alcohol & Drug Abuse Institute (ADAI) is involved, and how other information specialists in the field might consider similar involvement in their own states.

The debate over marijuana legalization has been raging since the first outright prohibitions against its use began in the 1920s. Those in opposition typically cite very legitimate concerns about youth use, drugged driving, and dependence. Many on the “pro” side tend to focus on two other issues: first, that illegal marijuana has had extremely high criminal- and social-justice costs, particularly related to racial discrimination; and second, that legalization and regulation will create a safer product and help the state bring in revenue that can be used for increased education, prevention, treatment, and research on a substance already being used by many.

A few statistics on the first point from the American Civil Liberties Union (ACLU): Between 2001 and 2010, there were over 8 million marijuana-related arrests in the U.S., approximately one every 37 seconds. Enforcing marijuana laws costs the U.S. about $3.6 billion a year, yet the “War on Marijuana” has plainly failed to diminish the use or availability of that substance.

More strikingly, marijuana usage rates are roughly equal among blacks and whites,
yet blacks are, on average, nearly 4 times more likely to be arrested for possession. In regions of the U.S. with the greatest disparities, blacks were in some cases 10, 15, or even 30 times more likely to be arrested than whites in the same county (American Civil Liberties Union, 2013). Arrests and convictions for marijuana possession can shadow a person throughout the rest of their life, impacting employment, eligibility for things like public housing and student loans, child custody cases, and immigration status.

Initiative 502 (I-502), Washington's legalization measure, was drafted in 2011 and originally submitted to the Secretary of State for consideration by the legislature. Under our initiative process, measures not acted on by the legislature during the session in which they are introduced are automatically forwarded to the ballot for voters to decide on; in the case of I-502, that election was slated for November 2012.

Unlike the images often conjured by up the idea of “pro-pot” supporters – think “stoners” like The Big Lebowski, Cheech and Chong, and all the dudes in Dude, Where's My Car – I-502 was sponsored by a range of professionals in the legal, medical/health, and academic fields, including John McKay, former U.S. Attorney for the Western District of Washington; Pete Holmes, Seattle city attorney; Kim Marie Thorburn, MD, MPH, former director of the Spokane Health District; Representative Mary Lou Dickerson of the 36th District; two past presidents of the Washington State Bar Association; Alison Holcomb of the ACLU; and Roger Roffman, PhD, professor emeritus from the University of Washington School of Social Work.

As soon as we here at the University of Washington’s Alcohol & Drug Abuse Institute (ADAi) heard I-502 was headed to the general election, we began discussing the kinds of information needs voters might have when trying to make an informed decision about their vote.

As information specialists in the substance abuse field, we know misinformation is rampant on the web, and that even scientific research can appear contradictory. A search about the effects of smoking marijuana on the lungs, for example, turned up two articles that perfectly illustrate this problem. The first was titled, “Cannabis joints damage lungs more than tobacco” (Sample, 2007). The second? “Smoking marijuana is good for your lungs” (“Smoking marijuana”, 2012)! Both pieces report on studies published in peer-reviewed journals (Thorax and JAMA, respectively). How can the layperson possibly sort through all this?

And thus our web site, Learn About Marijuana: Science-Based Information for the Public, was born.

Our initial approach to the site was influenced by two established health- and science-related web sites we had admired. The first was the National Library of Medicine’s Medline Plus, a medical information site that serves as a portal for patients, collecting and presenting links to “established, respected and dependable” content created by the National Institutes of Health and carefully vetted outside sources (MedlinePlus Quality Guidelines, 2013).

The second inspiration was the web site for Australia’s National Cannabis Prevention and Information Centre (NCPIC), which features content developed by their team of experts, and includes factsheets, webinars, publications, assessment tools, and even an online intervention for problem users called...
“Reduce Your Use: How to Break the Cannabis Habit, demonstrated to be effective in treating “uncomplicated cannabis use and related problems” in a randomized, controlled trial in 2013 (Rooke et al, 2013).

We were particularly impressed with NCPIC’s well-researched and well-written factsheets, spanning a broad range of topics, from basic information about the parts of the cannabis plant, to adolescent use, looking after a friend who is high, combining cannabis with other substances, and a variety of health-related concerns like mental health, respiration, and pregnancy.

Not wanting to waste time recreating the wheel, we asked for and were granted permission from NCPIC to adapt their factsheets for use on our own site. As time has permitted since, we have been steadily updating those sheets with U.S. and Washington statistics, as well as information drawn from the latest research.

It’s that latter step that has proven the most challenging. Research on marijuana has been steadily increasing over the last decade; however, because marijuana is federally classified as a Schedule 1 substance, meaning it is considered to have a high potential for abuse, no currently accepted medical use, and a lack of accepted safety, research on it has been strictly controlled in the U.S. There simply hasn’t been enough work done for there to be definitive answers to many of the most pressing questions.

The National Institute on Drug Abuse (NIDA) is the only entity currently allowed to supply marijuana for research purposes. Federally-funded research on marijuana has been largely focused on health and safety risks, not potential benefits. With medical marijuana laws spreading across the country, however, and two states now legalizing it for recreational use, NIDA appears to be interested in broadening the scope of its research. They recently announced, for example, that they will be stepping up their production of marijuana, adding a variety of different strains with varying potencies and balances of cannabinoids, especially those with higher levels of the non-psychoactive ingredient cannabidiol (CBD), the component that has shown particular promise in research on marijuana’s medical use (Itkowitz, 2014). It is hoped this will lead to an expansion in research that could help resolve some of the most persistent questions at last.

After just a few months online, it was clear the Learn About Marijuana web site was filling a desperate need. By October 2012, the month before the election, we were getting nearly 40,000 visitors to the site per day – the most traffic any of our web sites have ever seen. Additionally, ADAI was written into the actual language of I-502, specifically named as the official source for “web-based public education materials providing medically and scientifically accurate information about the health and safety risks posed by marijuana use” (Initiative Measure No. 502, 2011). To help keep the site updated in a timely manner, I-502 states, ADAI would receive $20,000 in marijuana excise tax revenue each year.

November 2012 came, and with it, the passage of I-502 by a fairly decent margin – oddly enough, almost the identical margin Colorado’s legalization amendment, Amendment 64, passed by: about 55% to 45%. The people had spoken – it was time for a change.
Unlike Colorado’s law, I-502 very carefully mapped out exactly where the revenue from recreational sales would be routed, using both dedicated dollars and percentages (Colorado has been drafting a similar distribution plan over the last year, but will be directing a lot of their revenue toward schools in particular). Much of the money in Washington is directed to health care, youth drug prevention, and marijuana public health information (ADAI’s web site, e.g.), with smaller amounts set aside for research. For a more detailed breakdown of the revenue plan, visit: https://aclu-wa.org/sites/default/files/pie_graph/502_tax_revenue_chart.pdf.

How much revenue will actually be generated, of course, remains to be seen, and has a lot to do with whether or not current users will be motivated to change the way they already obtain their recreational marijuana. In both Washington and Colorado, medical marijuana has remained less expensive than recreational – it is not subject to the same taxation requirements – providing an incentive to some recreational users who have been “gaming the system” to keep right on doing that now.

Recreational stores in Colorado opened on January 1, 2014 to a flood of photos on the Internet of shop lines wrapped around blocks as well as rumors stores were selling out because demand was so high. However, after the first four months of sales there, retail figures lagged behind predictions, at about $70 million, while medical sales topped out at closer to $133 million. Revenue for retail has grown steadily in Colorado each month, but medical marijuana users for the most part have not converted to the adult-use market and, in fact, the number of Colorado residents with medical marijuana authorization cards actually grew after recreational stores opened earlier this year (Denver Post Editorial Board, 2014).

Washington state will face this same problem, compounded further by the fact our medical marijuana system is largely unregulated and getting an authorization card has long been easily doable for anyone interested in taking advantage of those lax regulations. With taxes on recreational marijuana so high (it is taxed 25% at all three levels of production: seed to producer, producer to retailer, retailer to customer), giving up one’s medical card to shop retail instead offers fairly dubious benefits.

Amendment 64 in Colorado and I-502 in Washington have several rules in common. Both laws set 21 as the age cut-off for purchasing, possessing, or using marijuana, and both have banned outdoor or public use. Marijuana purchased in either state is not allowed to be taken out of the state of purchase, either, though this has already become an issue for states surrounding Colorado, according to some reports (Horwitz, 2014).

Additionally, both states have set a “per se” limit of 5ng/mL of active THC in the blood for driving (“per se” simply means “by itself,” meaning anyone who tests positive for 5ng/mL of THC in their blood is guilty of driving under the influence; no additional proof needed). Both the number itself (5ng/mL) and the “per se” aspect of the law has been controversial in both states, as some believe the imposition of such stringent limits may inadvertently criminalize behavior that poses no threat to traffic safety, due to dramatically different tolerance levels for new versus long-time users, particularly medical users (Armentano, 2013). Driving under the influence of marijuana is another...
area in dire need of additional, rigorous research in order to resolve some of the most persistent questions and concerns about safety and enforcement.

There are several differences between the two states' laws as well. For example, Colorado allows adults to grow their own: up to 6 plants per person or 12 per household. Washington forbids home growing of any kind for recreational use. Colorado also incorporated their medical system into their recreational system; all its original retail stores were formerly medical dispensaries, which is one reason why they were able to open so much sooner than the stores in Washington. Washington's medical system has remained a separate entity, though it is likely the state legislature in 2015 will either radically overhaul it or do away with it completely.

In terms of the business angle, license fees for stores in Washington are dramatically lower than in Colorado (WA: $250 to apply, $1000 per year after that; CO: $5000 application fee with annual renewal fees ranging from $2750-$14000, depending on the type of license). Colorado requires 2 years of state residency to qualify for a license, while Washington requires only three months.

On the other hand, Washington's rules for business locations are much stricter than Colorado's. Both require that stores be a minimum of 1,000 feet away from schools and child care centers, in part to appease the federal government. Colorado also includes drug treatment centers and other pot businesses in its list, while Washington goes even further, adding parks, libraries, video game arcades, and transit centers to the list. (Livingston, 2014)

What the implications of these differences will be in terms of tax revenue, health and social issues, and other potential plusses and minuses remain to be seen.

As we got closer and closer to launch time for the stores in our state this summer, we were surprised by the lack of education materials or campaigns from state organizations like the Department of Health. The Colorado Transit Authority had created several TV ads cautioning people against drugged driving, and both the Denver Department of Health and state-wide DOH had web sites with useful information for consumers and business owners as well. Meanwhile, in Washington state, ADAl's web site appeared to be it.

With that in mind, and with the help of Dr. Roger Roffman, one of the bill's sponsors, we launched a page of information with a harm reduction and public health focus for “Adult Consumers” on the site earlier this year. It provides information on health and safety risks, the signs of dependence and how to get help if you feel you have a problem, and what some of the terminology people are starting to hear repeatedly discussed in the media refers to (“What's THC and CBD?” for example).

This page has been controversial, particularly with prevention organizations in our state. However, ADAI has a commitment to public health and education, and feels very strongly the dissemination of this information is important to the health and safety of legal consumers in our communities.

Incidentally, a couple of weeks before stores opened in Washington this summer, the state finally launched a media campaign (radio and online) focused on providing information for parents about youth use, linking interested parties to ADAl's Learn About Marijuana Parents resource page.
Similarly, the Washington State Liquor Control Board released a brochure to be distributed in stores titled “Marijuana Use in Washington State: An Adult Consumer’s Guide. What You Need to Know.” The brochure offers information about the law, the types of marijuana products that will be available and how to use them the most safely, and information related to driving, keeping your stash safe from children and pets, and more. We were very pleased with this brochure, and glad to have a little back-up from the Liquor Control Board in terms of offering this type of information for consumers!

In addition to the web site, ADAI has also been involved in several other marijuana-related projects. In November 2013, we organized and hosted a day-long “Symposium on Legal Marijuana in Washington,” featuring researchers from the University of Washington and speakers from the community discussing the new law, prevention interventions, new research in young adult marijuana use, and cannabis use disorder interventions (you can find videos of each presentation online at http://adai.uw.edu/mjsymposium/agenda.htm).

Additionally, our epidemiologist, Dr. Caleb Banta-Green, put together a popular document for our “Information Brief” series that describes “Marijuana Use: The Impact in Washington State.” Dr. Banta-Green also recently received a contract to investigate drugged driving in the state, in partnership with AAA, and other ADAI researchers are currently working on an inventory of evidence-based treatments for teens with marijuana use disorders, requested by state agencies.

Most relevant to SALIS members, however, is the fact that a presentation at the 35th Annual SALIS Conference in Berkeley, CA, given by Amanda Reiman of U.C. Berkeley and focusing on the dearth of education for medical professionals on medical cannabis, ended up serving as the inspiration for a grant proposal drafted by our Director of Information Services, SALIS member Nancy Sutherland, working in tandem with one of our research scientists, Bia Carlini, PhD. The project, funded by the state Attorney General’s office, is titled “Medicinal Cannabis and Chronic Pain: Science-Based Education in Times of Legalization,” and involves the development of a two-hour online training module for medical professionals in Washington state, with Continuing Medical Education (CME) credits available for those who are interested. The training will be available in early 2015.

This October, ADAI will be co-sponsoring a second symposium, “Legal Marijuana & American Indian Communities in Washington,” as well. This day-long event, also sponsored by the Suquamish Tribe and the ACLU of Washington, will take place on the Suquamish reservation and feature speakers from the tribal community addressing the range of responses to I-502 by the state’s tribes, from outright bans to exploration of how tribes might be able to economically benefit from the new law.

Being a part of such a tremendously revolutionary – for better or for worse –
experiment has been truly invigorating for our organization, spurring creative ideas for ways we can get more involved in supporting the information and research needs of our state. Legalization, either of medicinal cannabis or recreational use, is spreading across the country; according to an article from the Reason Foundation, as many as 13 states have been talking about measures to legalize recreational marijuana, either in upcoming elections or through their respective legislatures (Ross, 2014). Medical marijuana is now legal in 23 states, and recreational use has been decriminalized in over 16 plus Washington DC, which announced their decriminalization policies in July 2014.

If medical use is not already legal in your state, it’s coming very soon. And dollars to Doritos, recreational use will be showing up down the line as well.

What does this mean for you? As information professionals in the field of substance abuse, this change in policy offers the perfect opportunity for us to showcase our talents. As more and more of our libraries and organizations have been defunded and closed, it’s become increasingly vital that we demonstrate our usefulness to the communities we serve. SALIS members are uniquely qualified to be engaged at the highest levels of education and policy-making when it comes to marijuana legislation. Consider finding out what’s going on in your own state, and try think of ways you and your organizations can support the decision-makers, educate the public, and have your talents recognized – and then deemed invaluable -- by the major players.

What will happen next is really anyone’s guess, but this is bound to be a fascinating time in our nation’s history.

References:
American Civil Liberties Union (2013). The war on marijuana in black and white. New York, NY. Retrieved from 
http://www.mpp.org/assets/pdfs/library/Armentano.pdf
http://www.denverpost.com/marijuana/ci_26086230/colorado-pot-revenues-fading-promise
http://www.washingtonpost.com/world/national-security/dea-chief-says-marijuana-trafficking-spiking-in-states-near-colorado/2014/04/30/d34b5a1e-d08a-11e3-937f-d3026234b51c_story.html
Initiative Measure No. 502 (2011, July 8): 


Contact the author
Meg Brunner
Librarian Alcohol and Drug Abuse Institute (ADAI)
University of Washington
1107 NE 45th St., Suite 120
Seattle, WA 98105-4631
Tel: 206-543-0937
Fax: 206-543-5473
meganw@u.washington.edu
http://adai.uw.edu