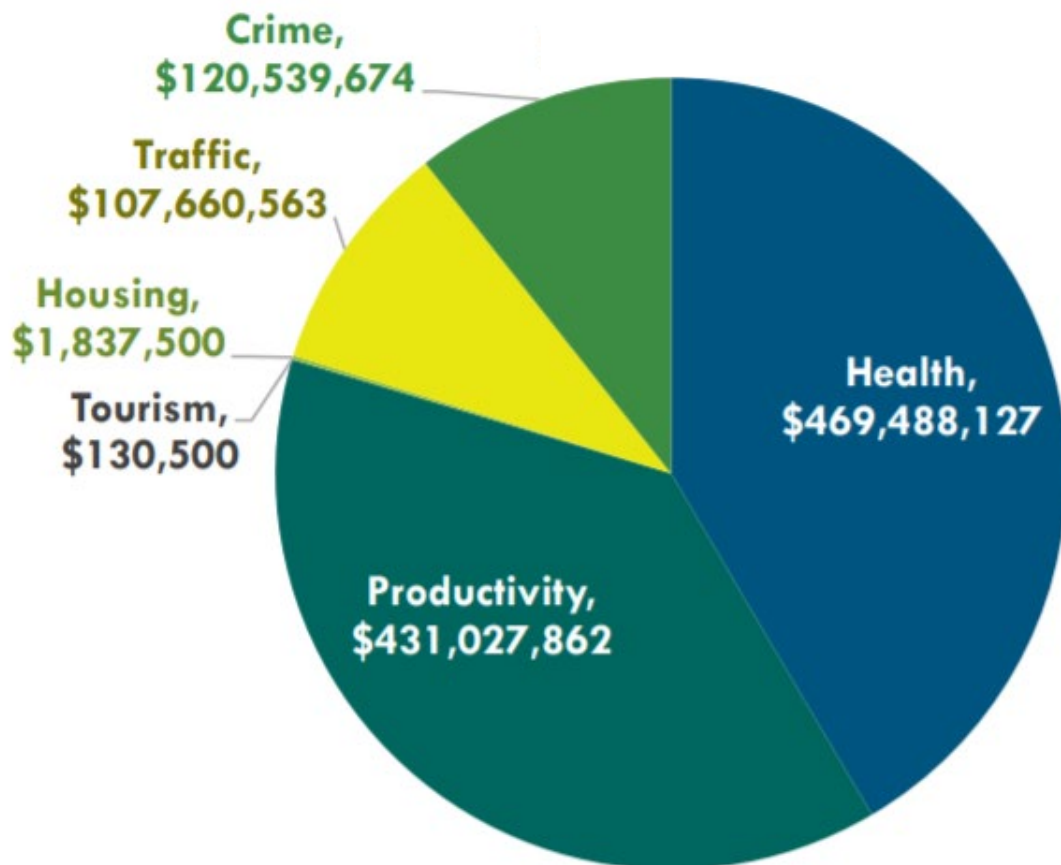


# What would legalizing marijuana cultivation cost Georgia taxpayers?

Here's what it's costing Colorado taxpayers.



A White Paper by National Families in Action  
January 1, 2019

## **About the Cover**

The graphic on the cover of this report comes from the Centennial Institute of Colorado Christian University. The institute commissioned the first-ever report that estimates what legalizing marijuana cultivation costs a state. The report's primary conclusion is, "For every dollar gained in tax revenue, Colorado taxpayers paid \$4.50 to mitigate the effects of marijuana legalization."

## **About this Report**

Three organizations – the Faith and Freedom Coalition of Georgia, Let's Get Clear Georgia, and National Families in Action – formulated a series of questions about what legalizing marijuana cultivation would cost the state of Georgia, based on the experience of other states that have done so. National Families in Action researched the questions and wrote the report.

## **About the Faith and Freedom Coalition**

The Faith and Freedom Coalition is a faith based national organization dedicated to enacting policies that are based on sound principles and are helpful to family wholeness. FFC trains citizens for effective voter education efforts and policy influence.

<https://www.ffcoalition.com/>

## **About Let's Get Clear Georgia**

Let's Get Clear Georgia is a statewide collaborative whose advocacy efforts focus on protecting **all** of Georgia's children, teens, adults, workplaces and communities, helping them to protect themselves from marijuana's destructive effects. We use science-based practices and policies to prevent the expansion of "medical marijuana" legalization lacking the approval of established medical associations, as well as recreational legalization in Georgia.

<https://letsgetclear.org/>

## **About National Families in Action**

Founded in Atlanta in 1977, National Families in Action is a nonpartisan, nonreligious, nonprofit organization that works to protect children from drugs with science, not spin. NFIA helped lead a national parent movement which reduced illegal drug use among adolescents and young adults by two-thirds between 1979 and 1992. It bases all of its educational publications on the science that underlies addictive drugs.

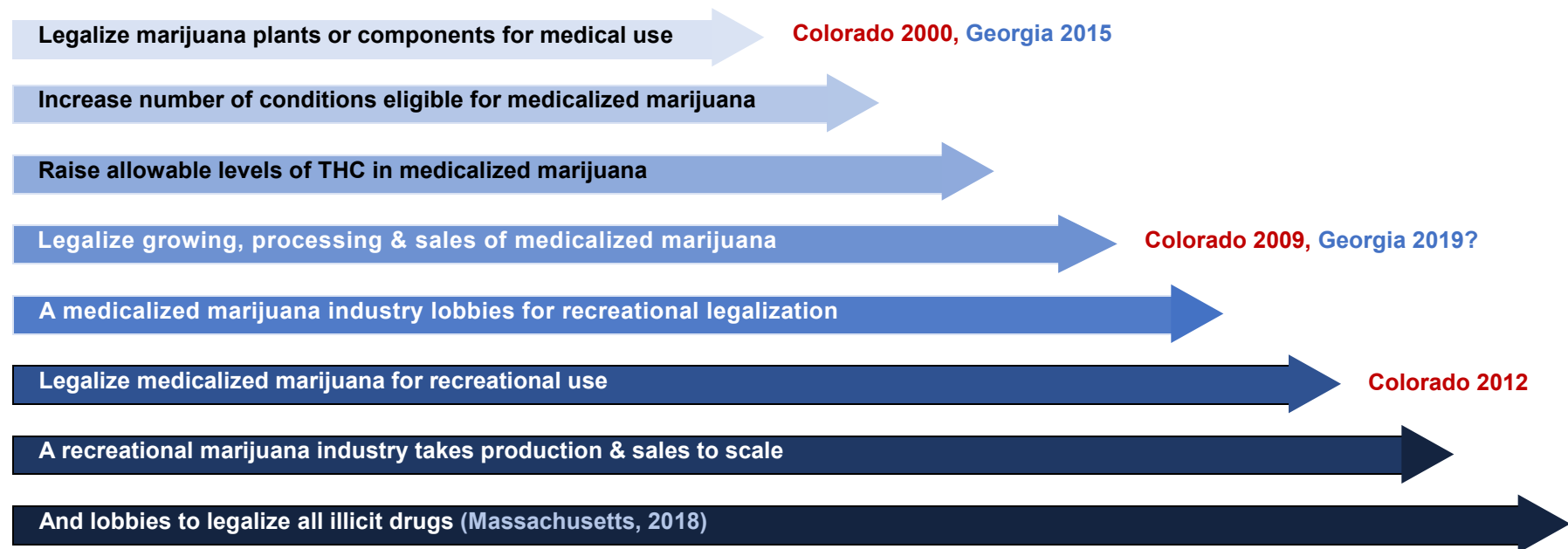
<https://nationalfamilies.org>

**A first-of-its-kind report finds  
for every \$1.00  
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**What would legalizing  
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cost Georgia taxpayers?**

**Here are 45 questions  
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before deciding whether to  
legalize marijuana cultivation  
in Georgia.**

# Path to a Drug-Saturated America



This report is based on the experience of other states that legalized marijuana cultivation for medical and/or recreational use. All eleven states that have legalized marijuana for recreational use legalized marijuana cultivation for medical use first.<sup>1</sup> Colorado legalized marijuana cultivation for medical use in 2000, commercialized cultivation by licensing marijuana cultivators, product manufacturers, and dispensaries in 2009, thus creating an industry, and legalized cultivation for recreational use in 2012. Georgia seems to be heading down that same path.

We emphasize Colorado for three reasons:

- The state legislature passed regulatory legislation,<sup>2</sup>
- In October 2018, the state's Department of Public Safety, as lead of 11 state agencies, the Governor's Office, and the Office of the Colorado Attorney General, issued a biennial report about the consequences and cost of legal marijuana that is mandated by that legislation, and
- In November 2018, Colorado's private-sector Centennial Institute issued a report in estimating what legalization costs the state, the first to do so in any legal cultivation state. It finds:

**For every dollar gained in tax revenue, Colorado taxpayers paid \$4.50 to mitigate the effects of marijuana legalization.<sup>3</sup>**

This White Paper asks 45 questions under two broad categories that legislators should consider before deciding whether to legalize marijuana cultivation in Georgia. A.) What must our state agencies measure to assess the impact of such action, and B.) What would regulating marijuana cultivation and measuring its impact cost Georgia taxpayers? The answers to these questions being on page 3.

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## **A. If Georgia legalizes marijuana cultivation, what must state agencies measure to assess its impact:**

### **On Public Safety**

1. Would marijuana-related traffic crashes, injuries, and fatalities increase?
2. Would overall crime increase?
3. Would Georgia license marijuana growers, processors, and sellers?
4. Would minorities be disproportionately arrested compared to whites?
5. Would drug cartels grow marijuana in rental and/or privately-owned homes?
6. Would unlicensed growers cultivate marijuana on public lands?
7. Would Georgia marijuana be diverted to other states?

### **On Public Health**

8. Would the number of Georgians with medical marijuana cards increase?
9. Would marijuana use increase among adolescents and young adults?
10. Would other illegal drug use increase?
11. Would marijuana use increase among pregnant women?
12. Would marijuana use during pregnancy increase the number of Georgia babies born with low birthweights who require intensive neonatal care?
13. Would marijuana use by nursing mothers harm their babies?
14. Would hospitalizations for marijuana health problems increase?
15. Would ED visits for marijuana overdoses and accidents increase?
16. Would marijuana-related calls to poison control centers increase?
17. Would the number of Georgia children needing treatment for marijuana use disorders increase?
18. Would Georgia test marijuana for contaminants?
19. Would Georgia allow marijuana edibles? If yes, would there be a cap on THC levels?

20. Would Georgia allow marijuana concentrates with THC levels of 80-90 percent to be vaped and dabbled with a “rig”?
21. Would Georgia need to regulate vape shops to prevent marijuana vaping?
22. Would legalizing marijuana cultivation contribute to opioid addiction and death?
23. Would marijuana second-hand and third-hand smoke hurt children living in homes where parents smoke marijuana?
24. Would marijuana-related suicides increase in Georgia?
25. Is medicalized marijuana different from recreational marijuana?
26. Does 5 percent THC make you high?
27. Has FDA approved any marijuana-based medicines as safe and effective?

#### **On Business**

28. Would Georgia track the number of businesses, especially those required by federal law to maintain a drug-free workplace, that are unable to hire new employees because candidates cannot pass a drug test?
29. Would Georgia allow marijuana businesses to advertise their products to increase use and industry profits?
30. Would marijuana businesses exert unendurable pressure on Georgia legislators to legalize marijuana for recreational use?

#### **On Education**

31. Would the number of Georgia’s middle school and high school students suspended or expelled from school increase?
32. Would high school graduation rates decrease?

2

#### **On Communities**

33. Would local communities be able to ban marijuana cultivators, processors, and dispensaries within their borders?
34. Would competition drive down the price of marijuana, making it more affordable for young people?

### **B. What would regulating and measuring the impact of marijuana cost Georgia taxpayers?**

35. To which state agencies does Colorado distribute marijuana tax revenue and fees?
36. How does the Centennial Institute calculate the hidden costs of marijuana legalization in Colorado?

#### **Questions for which there is not enough data yet to answer**

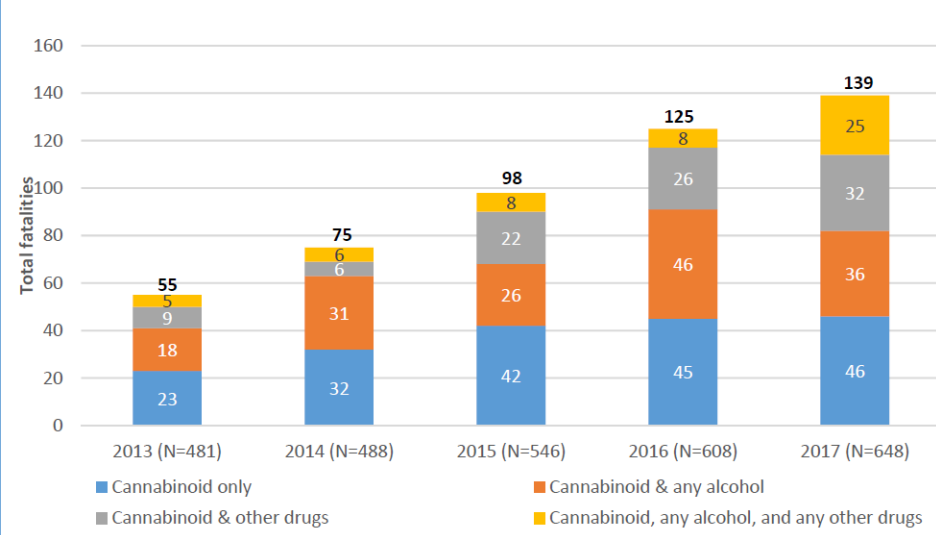
37. Would children whose brains may be altered from marijuana use be able to reach their full potential?
38. If student drug use increases, would Georgia need to add more school counselors? More special education teachers? More campus law enforcement officers?
39. Would incarcerations for marijuana-induced behaviors increase?
40. Would organized crime, gang activity, and human trafficking increase?
41. Would there be an uptick in marijuana-related psychotic episodes?
42. Would there be an underage marijuana use problem similar to Georgia’s underage alcohol use problem?
43. Would marijuana-related accidents increase in the workplace? If yes, would employers’ liability insurance costs increase?
44. Would marijuana-related behavioral issues increase in the classroom and on campus?
45. Would various forms of dementia become more common at earlier ages?

### **C. Let’s Get Clear Georgia explains why “Low” THC Oil with 5% THC isn’t low.**

## A. If Georgia legalizes marijuana cultivation, what must state agencies measure to assess its impact?

### 1. Would marijuana-related traffic crashes, injuries, & fatalities increase?

Figure 16. Colorado fatalities involving drivers testing positive for cannabinoids, 2013–2017



Fewer than half of Colorado drivers involved in a fatality are tested for Delta 9 THC, the psychoactive cannabinoid in marijuana. Those who were fatally injured and tested increased by 153 percent between 2013 and 2017.<sup>4</sup>

### 2. Would overall crime increase?

Violent crime in Colorado increased 26 percent between 2008 and 2017 (from 16,062 to 20,254 violent crimes with a total state population of 5.6 million).<sup>5</sup> In contrast, Georgia violent crime decreased 14 percent between 2008 and 2016 (from 47,461 to 40,990 violent crimes with a total state population of 10.4 million).<sup>6</sup> Overall crime in Denver rose 55 percent, from 39,435 crimes in 2009 to 61,096 crimes through November 2018. This includes a 488 percent increase in weapons law violations (from 266 to 1,564).<sup>7</sup>

### 3. Would Georgia license marijuana growers, processors, and sellers?

Colorado has licensed 1,487 cultivators, product manufacturers, and dispensaries to produce and sell marijuana for medical use and 1,558 cultivators, product manufacturers, and dispensaries to produce and sell marijuana for recreational use for a total of 3,045 marijuana facilities as of 2018.<sup>8</sup>

### 4. Would minorities be disproportionately arrested compared to whites?

In 2017, the number of marijuana arrests in Colorado had decreased by 56 percent for Caucasians, 39 percent for Hispanics, and 51 percent for African Americans. However, the marijuana arrest *rate* for African Americans (233 per 100,000) was nearly double that of Caucasians (118 per 100,000).<sup>9</sup>

### 5. Would drug cartels cultivate marijuana in rental and/or privately-owned homes?

A property management CEO in California describes the worst case of pot-growing in rental property he encountered in 1998, two years after the state legalized marijuana for medical use. A rental home “in Fresno was fully converted into a pot

greenhouse, complete with indoor sprinklers and not a square foot for human habitation. Construction alterations and water damage were so bad the entire house had to be torn down.”<sup>10</sup> Police seized two tons of marijuana from dozens of homes and warehouses in the Denver metro area. “Those of us in law enforcement kept saying, “(Legalization) will not stop crime. You’re just making it easier for people who want to make money. What we’ve done is give them cover,” said Colorado Attorney General Cynthia Coffman.<sup>11</sup> On December 11, 2018, the Rocky Mountain PBS station aired a program showing federal and state agents busting illegal marijuana grows in private homes. (See endnote for link to program on YouTube.)<sup>12</sup>

#### 6. Would unlicensed growers cultivate marijuana on public lands?

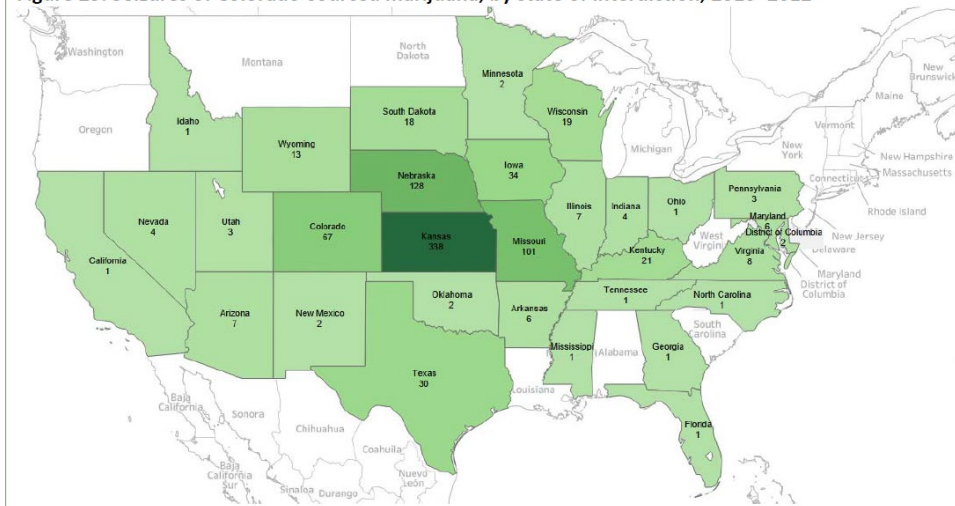


In 2009, the National Forest Service, Bureau of Land Management, and National Park Service seized 29,381 marijuana plants that were grown by unlicensed cultivators on public lands in Colorado. That number increased to 46,662 in 2012 and 80,826 in 2017.<sup>13</sup>

All 18 of California’s national forests have been damaged by the use of toxic pesticides. Many of those pesticides are banned in the US because they kill wildlife and poison protected lands, according to the US Department of Justice.<sup>14</sup>

#### 7. Would Georgia marijuana be diverted to other states?

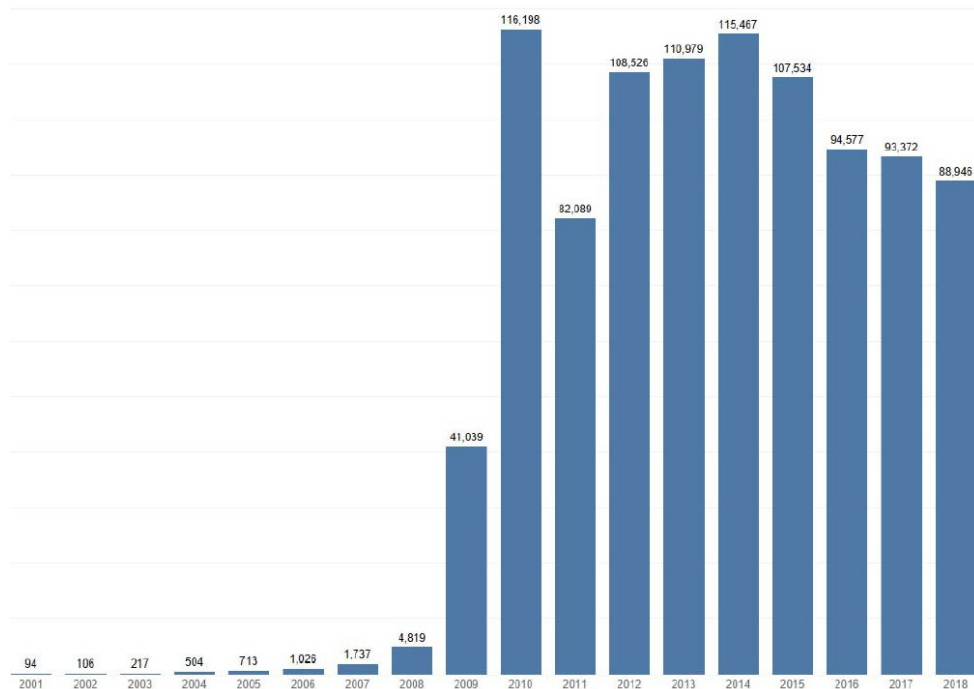
Figure 23. Seizures of Colorado-sourced marijuana, by state of interdiction, 2010–2012



Colorado-sourced marijuana ended up in 29 other states between 2010 and 2012, the years when the state commercialized marijuana for medical use. Marijuana seizures by the US Postal Inspection Service increased from 57 in 2010 to 262 in 2012 when the state passed full legalization. By 2017, postal inspection seizures of Colorado marijuana had increased to 2,001.<sup>15</sup>



## 8. Would the number of Georgians with medical marijuana cards increase?



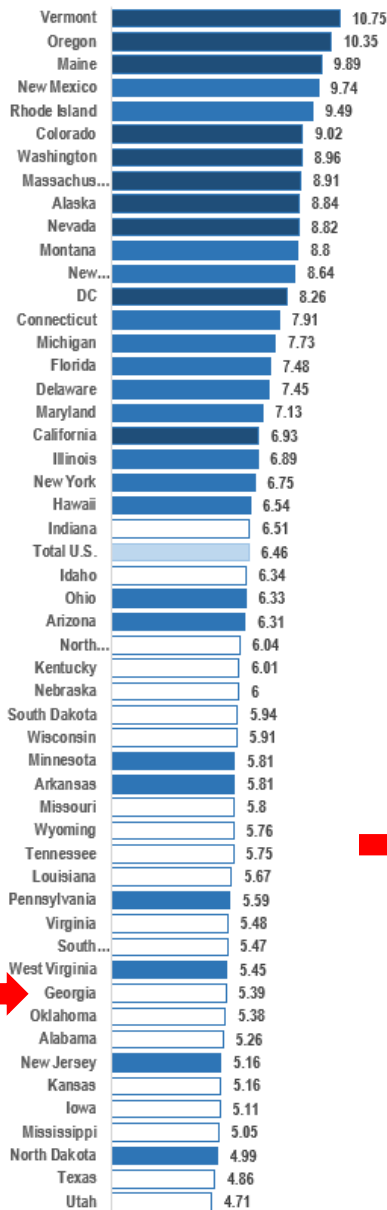
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This chart illustrates what happens when a state commercializes the cultivation, processing, and sale of cultivated marijuana. Colorado legalized marijuana cultivation for medical use in 2000. Patients who obtained a medical marijuana card from the state could access the drug by selecting a caregiver to grow it for them. Caregivers could grow enough marijuana for six patients. The number of patients who obtained cards grew from 94 in 2001 to 4,819 in 2008. In 2009, when Colorado commercialized marijuana for medical use by licensing cultivators, processors, and dispensaries, patients suddenly increased from 4,819 in 2008 to 41,039 in 2009 and jumped to 116,198 the year after.<sup>16</sup> The National Institute on Drug Abuse says from 25 percent to 50 percent of daily marijuana users are addicted. Assuming Colorado patients use marijuana daily, this means that from 29,050 to 58,099 patients in the state were addicted to marijuana in 2010.

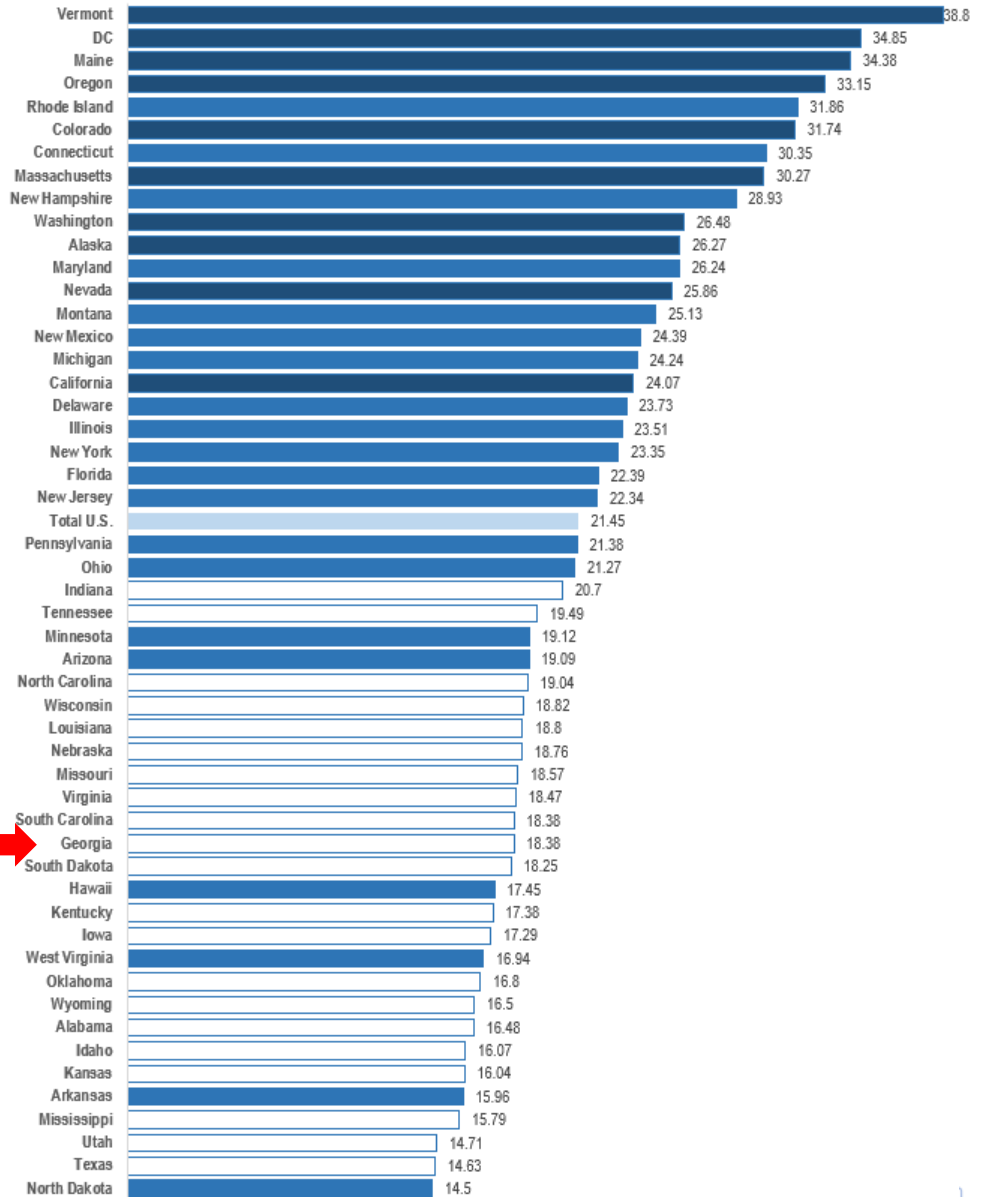
## 9. Would marijuana use increase among adolescents and young adults?

The graphs on the next page show data from the 2016-2017 National Survey on Drug Use and Health State Estimates, the most recent such survey conducted by the US Substance Abuse and Mental Health Services Administration. Rhode Island legalized marijuana cultivation for medical use in 2006 but has not legalized cultivation for recreational use. Currently, past-month marijuana use among Rhode Island's adolescents is 76 percent higher than Georgia's (9.49% vs. 5.39%), 73 percent higher among Rhode Island's young adults than Georgia's (31.86% vs. 18.38%), and 173 percent higher among Rhode Island's older adults than Georgia's (13.51% vs. 4.95%). National Families in Action created these graphs from the 2016-2017 National Survey on Drug Use and Health State Estimates data for The Marijuana Report.<sup>17</sup>

## Ages 12 to 17



## Ages 18 to 25



Dark blue bars: States that had legalized marijuana cultivation for both medical and recreational use by 2017.



Medium blue bars: States that had legalized marijuana cultivation for medical use only.



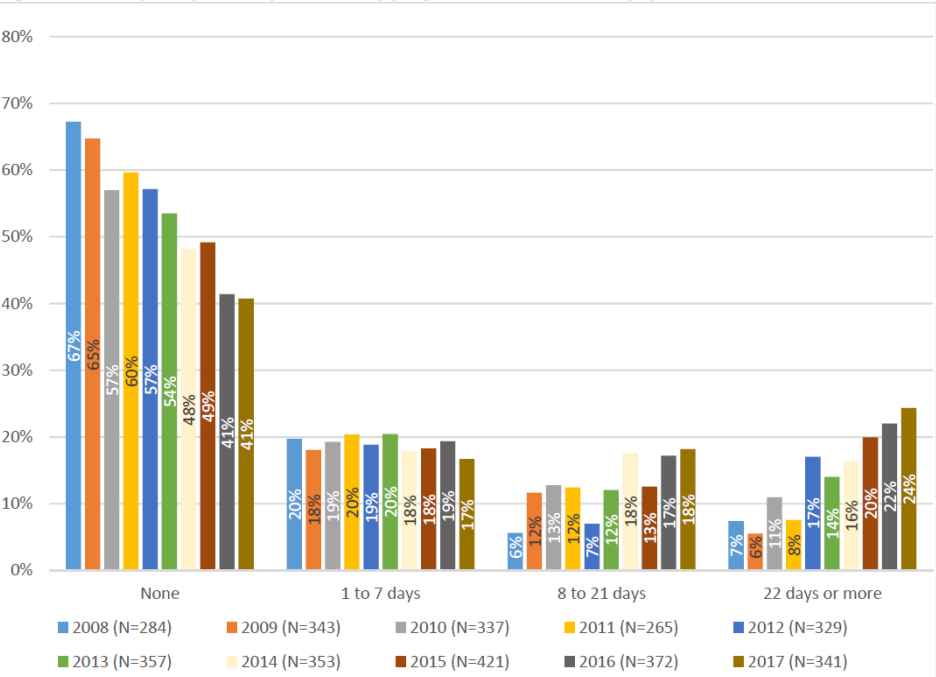
White bars: States that had not legalized marijuana cultivation.

10. Would other illegal drug use increase?

In 2017 in Vermont, past-month illegal drug use among ages 18-25 was more than double the US average (14.55% vs. 7.07%) and more than triple the lowest states (Utah, Kentucky, Missouri, Georgia, Wyoming, and Kansas averaging 5.52%).<sup>18</sup>

11. Would marijuana use increase among pregnant women?

Figure 105. Frequency of marijuana use by pregnant women in 30 days prior to treatment, 2008–2017



Data collected about pregnant women's marijuana use 30 days before they entered drug treatment find those who *did not* use marijuana decreased (from 67 percent in 2009 to 57 percent in 2012). The number who used marijuana nearly daily in that month increased from 6 percent to 17 percent in 2012. Following full legalization in 2012, the number of pregnant women entering treatment who *did not* use marijuana continued to decline (to 41 percent in 2017), while the number who used marijuana near daily rose to 24 percent that same year.<sup>19</sup>

12. Would marijuana use during pregnancy increase the number of Georgia babies born with low birthweights who require intensive neonatal care?

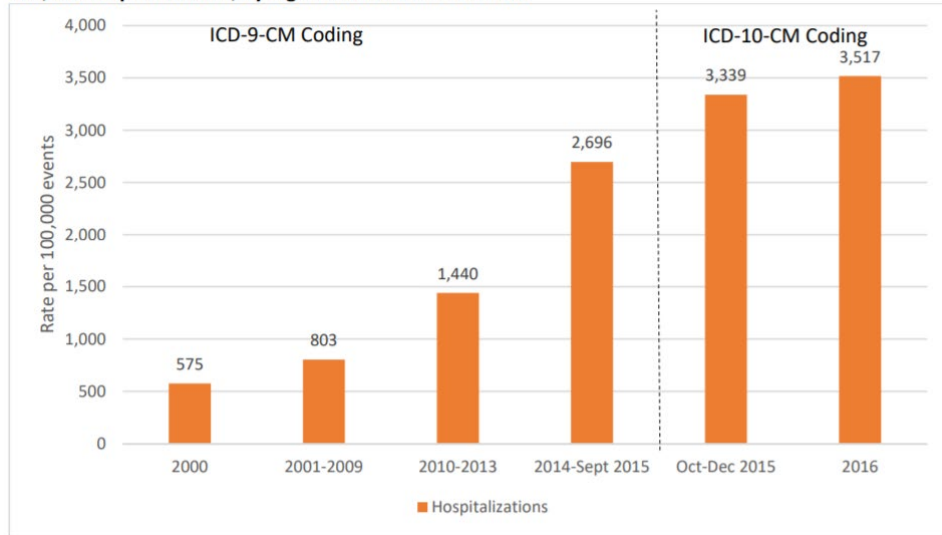
A study of 3,207 pregnant women conducted by researchers at the Colorado School of Public Health found that marijuana use during pregnancy was associated with a 50 percent increased likelihood of babies born with low birth weight, setting the stage for future health problems, including infection and time spent in neonatal intensive care.<sup>20</sup> "A 2017 White Paper from Truven Health Analytics estimated that premature infants or infants with a low birth weight typically cost Medicaid an average of nearly \$20,000, or \$14,000 above the average of a baby born at a healthy weight."<sup>21</sup>

13. Would marijuana use by nursing mothers harm their babies?

According to a soon-to-be-released study by researchers at Children's Hospital Colorado, after a nursing woman smokes marijuana just once, her baby will consume traces of THC in her breast milk for at least six weeks and possibly longer.<sup>22</sup>

#### 14. Would hospitalizations for marijuana health problems increase?

**Figure 44. Rates of hospitalizations with possible marijuana exposures, diagnoses, or billing codes per 100,000 hospitalizations, by legalization eras in Colorado**



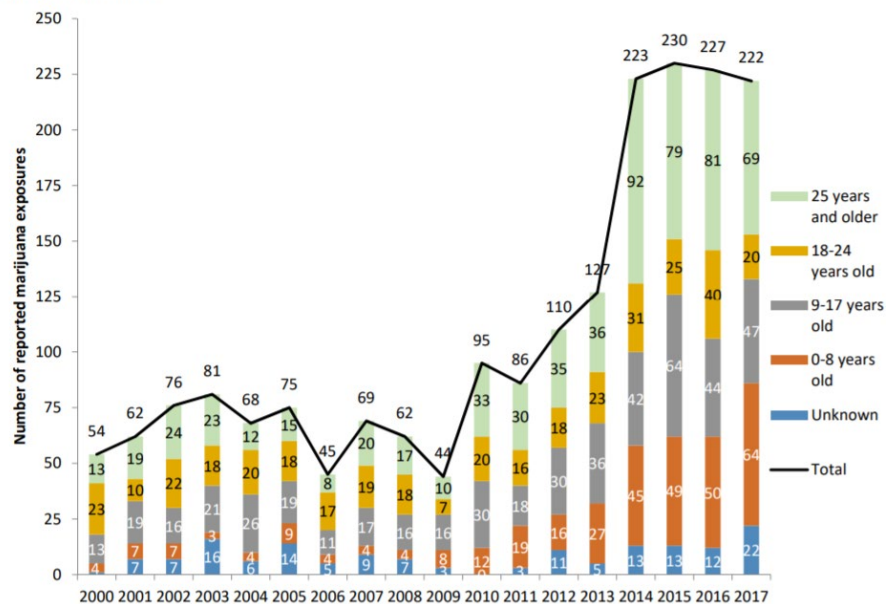
The Colorado Hospital Association estimates there were 575 possible marijuana exposures, diagnoses, or billing codes per 100,000 events before the state commercialized the drug for medical use in 2009. These increased to 1,440 per 100,000 before full legalization and to 3,517 per 100,000 afterwards. The coding system changed in 2015 so the latter figures are considered preliminary.<sup>23</sup>

#### 15. Would ED visits for marijuana overdoses and accidents increase?

The same coding system estimates that there were 739 marijuana-related emergency department visits per 100,000 the years after Colorado commercialized the drug, 913 per 100,000 the years after full legalization, and 1,065 per 100,000 in 2016. Again, the latter figures are preliminary.<sup>24</sup>

#### 16. Would marijuana-related calls to poison control centers increase?

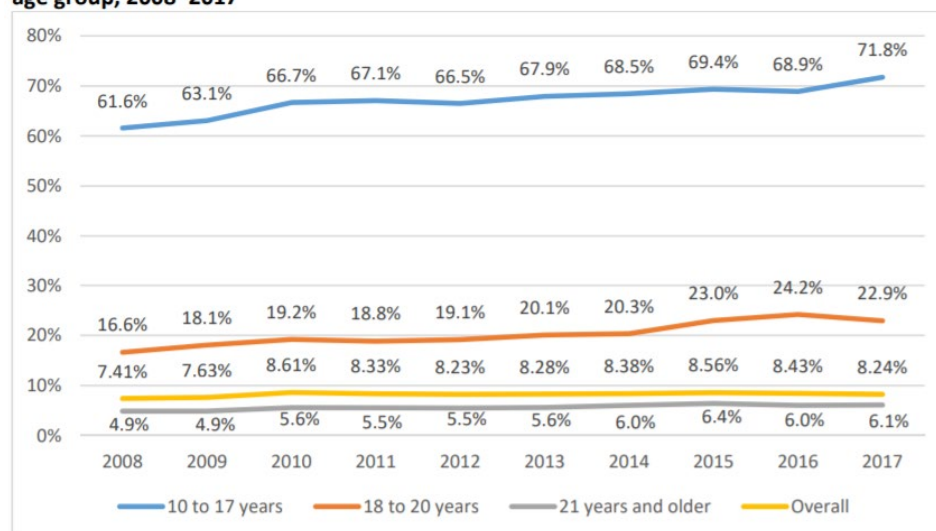
**Figure 46. Human marijuana exposures reported to Rocky Mountain Poison and Drug Center, by age group, 2000–2017**



When Colorado commercialized marijuana for medical use in 2009, an explosion of products produced countless numbers of edibles—candies, gummy bears, cookies, brownies, and so on, which toddlers, preschoolers, and elementary-school children ate accidentally in homes where parents used such products. This gave rise to a big spike in calls to poison control centers beginning in 2010 and a further spike in 2014, the year full legalization became effective and the number of marijuana facilities doubled in the state.<sup>25</sup>

### 17. Would the number of Georgia children needing treatment for marijuana use disorders increase?

**Figure 49. Percent of treatment admissions with marijuana reported as the primary drug of abuse, by age group, 2008–2017**



“Marijuana was reported as the primary drug of abuse by 71.8% of Colorado youth under age 18 who were admitted for treatment in 2017. This contrasts with 22.9% of 18-25-year-olds and 6.1% of adults 21 years or older.”<sup>26</sup>

### 18. Would Georgia test marijuana for contaminants?

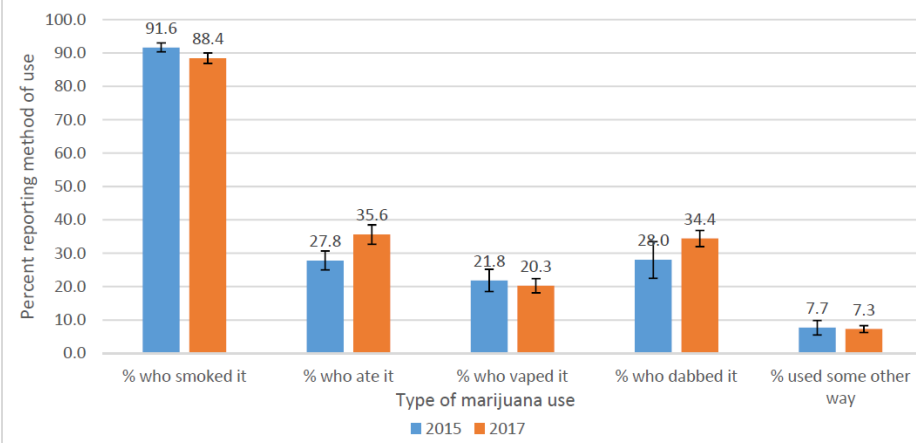
Colorado and other medical marijuana states continue to experience recalls of contaminated marijuana and marijuana products. Found in recalled products, including edibles, are molds, mildews, pesticides, salmonella, E Coli and other contaminants.<sup>27</sup>

### 19. Would Georgia allow marijuana edibles? If yes, would there be a cap on THC levels?

Maryland and Arizona are two states that do not allow marijuana to be infused into foods and sold for medical use. Vermont does not allow sales of any marijuana or marijuana product for recreational use but has allowed commercialization of marijuana for medical use since 2004. Although Canada legalized marijuana for recreational use in October 2018, edibles and vaping products will not be allowed for at least one year.<sup>28</sup> Some states cap THC in marijuana for medical use at 10 mg per serving; Oregon caps it at 5 percent. Other states have no caps at all and sell candies containing as much as 100 mg of THC. Patients would have to cut a ½-inch tall gummy bear containing that amount into 10 pieces, a nearly impossible task.

**20. Would Georgia allow marijuana concentrates with THC levels of 80-90 percent to be vaped and dabbed with a “rig?”**

Figure 74. High school students’ reported methods of marijuana use, by type of use, 2015–2017: HKCS



In 2017, 88.4 percent of Colorado high school students who used marijuana smoked it, 35.6 percent ate it in edibles, 20.3 percent vaped it in vape pens, and 34.4 percent dabbed it in “rigs.” Such high levels of THC are achieved by extracting THC concentrates from the marijuana plant and infusing them into foods, capsules for e-cigarette-like vape pens, or letting them dry into shatter and wax to dab in a “rig” like the one below.<sup>29</sup>



**21. Would Georgia need to regulate vape shops to prevent marijuana vaping?**

With the announcement of results from the 2018 Monitoring the Future Survey in December, the US Surgeon General warned that vaping nicotine has reached epidemic levels among adolescents.<sup>30</sup> Nicotine vaping nearly doubled in just one year (2017-2018), putting adolescents at risk for addiction. Marijuana vaping rose by more than half that same year.<sup>31</sup> A July 2018 Gallup Poll finds 9 percent of Americans ages 18 and older are vaping marijuana.<sup>32</sup> There are more than 200 vape shops in Metro Atlanta alone.



**22. Would legalizing marijuana cultivation contribute to opioid addiction and death?**

Despite recent claims to the contrary from studies of Medicaid and Medicare data, an analysis of 35,000 people in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) finds that marijuana use “appears to *increase* rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.” The researchers say their findings support the possibility that the increase in marijuana use since 2001-2002 may have worsened the opioid crisis facing the nation today.<sup>33</sup>

**23. Would marijuana second-hand and third-hand smoke hurt children living in homes where parents smoke marijuana?**

Very little research has been done on this subject. A study in rats found that exposure to second-hand marijuana smoke affected blood vessel function as much as tobacco smoke, and the effects lasted longer. This research has not yet been done in humans, but the toxins and tar levels known to be present in marijuana smoke raise concerns about exposure among vulnerable populations, such as children and people with asthma.<sup>34</sup> Third-hand tobacco smoke clings to clothing and furniture after smoking has stopped and contains carcinogens that are dangerous to children. Researchers are concerned that third-hand marijuana smoke may have similar effects.

**24. Would marijuana-related suicides increase in Georgia?**

The number of toxicology tests showing the presence of marijuana in the blood of Coloradans who committed suicide increased from 7.5 percent in 2006 to 22 percent in 2016. In some cases, alcohol too may have been present, so more research is required before the increase can be attributed to marijuana.<sup>35</sup>

**25. Is medicalized marijuana different from recreational marijuana?**

No. Marijuana is marijuana, whether made available for medical or recreational use. At a visit to a growing facility in downtown Denver, which produces 600,000 plants at a time, a delegation of experts from out of state noticed plants tagged “REC” and “MED.” Asked what the difference was between recreational marijuana plants and medical marijuana plants, the grower replied, “The tags and the tax rates.”<sup>36</sup>

**26. Does 5 percent THC make you high?**

Yes. Americans were getting high on marijuana with only 2-3 percent THC in the 50s, 60s, 70s, 80s, and 90s. Marijuana THC levels did not reach 5 percent until 2000.<sup>37</sup> Columbia University Medical Center researchers administered doses containing 1.8 percent THC and 3.1 percent THC to marijuana smokers to test whether they experienced abstinence symptoms upon quitting. Both THC doses made users high and provoked withdrawal symptoms upon cessation.<sup>38</sup>

**27. Has FDA approved any marijuana-based medicines as safe and effective?**

Yes. Marinol®, Syndros®, Cesamet®, and Epidiolex®. The first three are pills or liquid forms of synthesized THC, one of 105 cannabinoids plus some 400 more chemicals in the marijuana plant. These medicines are used to treat chemotherapy-related nausea and AIDS wasting in patients who do not respond to standard medications. Epidiolex is purified cannabidiol, another cannabinoid in marijuana, used to treat two forms of severe epilepsy. All four medicines may be prescribed by doctors for these, as well as off-label purposes, may be purchased at pharmacies, and are covered by health insurance, unlike all other marijuana products sold as “medicines.”

## Business

### 28. Would Georgia track the number of businesses, especially those which are required by federal law to maintain a drug-free workplace, that are unable to hire new employees because candidates cannot pass a drug test?

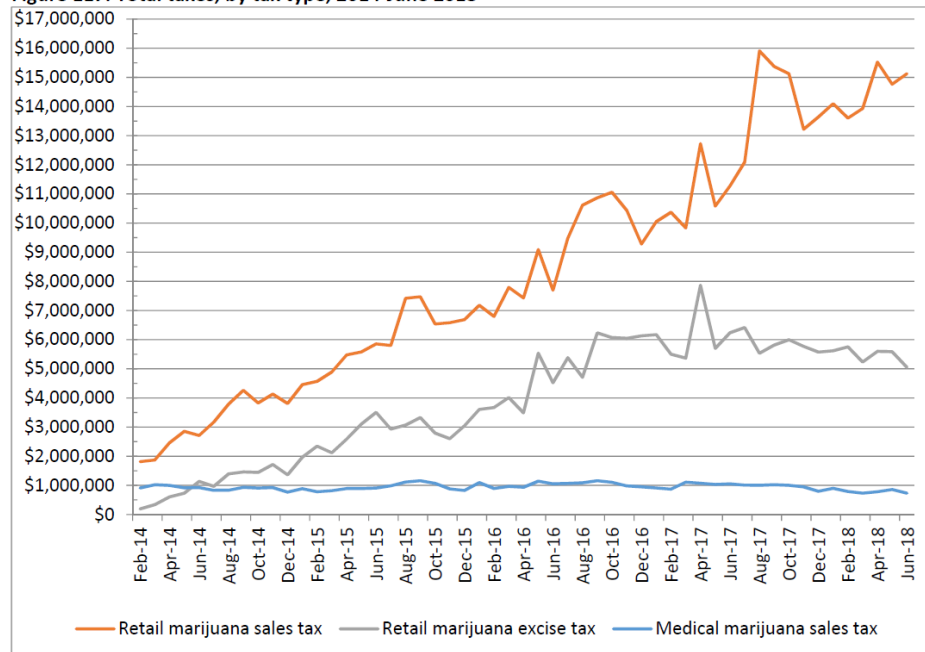
The first two states to legalize marijuana for recreational use after first legalizing the drug for medical use, Colorado and Washington, now outpace the nation for failed marijuana drug screens among job applicants. Positive marijuana tests are up by 11 percent in Colorado and 9 percent in Washington.<sup>39</sup>

### 29. Would Georgia allow marijuana businesses to advertise their products to increase use and therefore industry profits?

The Maryland Medical Cannabis Commission voted unanimously to ban billboard, radio, TV, most online advertising, and advertising in newspapers and magazines. The Commission's recommendation will come before the General Assembly in January and marijuana industry spokesmen vow to fight it.<sup>40</sup>

### 30. Would marijuana businesses exert unendurable pressure on Georgia legislators to legalize marijuana for recreational use?

Figure 117. Total taxes, by tax type, 2014-June 2018



Most states that have legalized marijuana for medical and recreational use charge a lower tax on medicalized marijuana, including Colorado. Some states, such as Oregon, have collapsed their medical and recreational production and sales into a single system. People with a medical card buy the same marijuana products as those buying marijuana for recreational use, but their card enables them to pay a lower or no tax. This has important implications for Georgia. If the state allows cultivation, processing, and sales for medical use only, tax revenues are likely to be flat. As this Colorado graph shows, the money comes from recreational sales,<sup>41</sup> and Georgia legislators will be under unrelenting pressure from marijuana companies like Surterra and others to fully legalize the drug.

One member of Georgia's Joint Study Commission on Low THC Oil Access was the recipient of a donation from Surterra, a medical marijuana company founded in Atlanta in 2014, that operates several "vertically integrated" (meaning a business



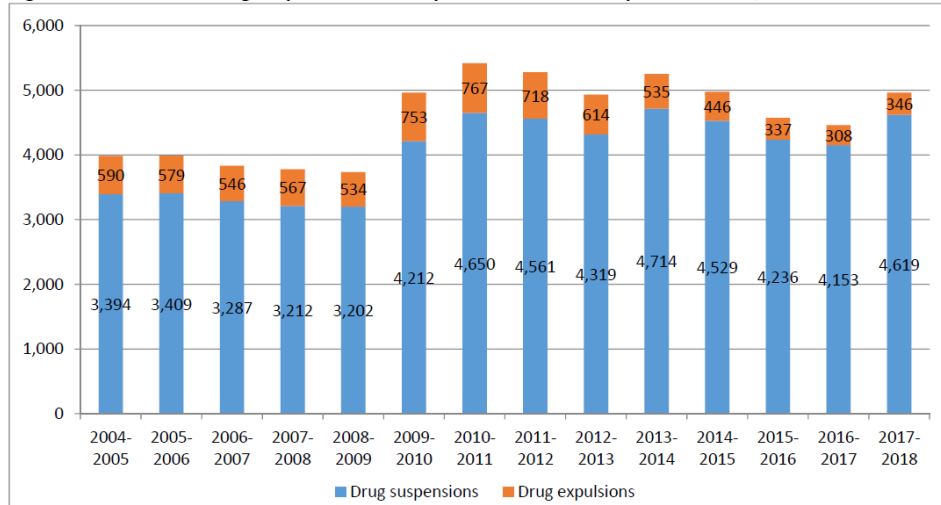
## Business

that grows, processes, and sells) medical marijuana businesses in Florida. Beau Wrigley, former chewing gum magnate, raised \$65 million for Surterra, bringing its capitalization to \$100 million, and became its chairman last summer and CEO this fall. A former president of the company, Susan Driscoll, serves on the Joint Study Commission. Wrigley says he plans to move into the recreational market soon. The company is likely to increase its donations to Georgia legislators' political campaigns to pressure legislators to fully legalize marijuana.<sup>42</sup>

## Education

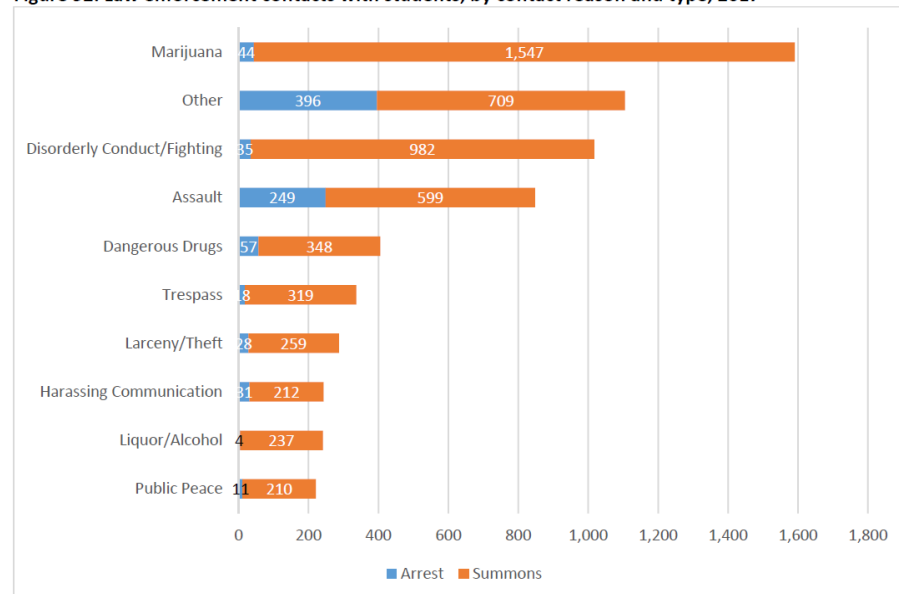
### 31. Would the number of Georgia's middle school and high school students suspended or expelled from school increase?

Figure 94. Number of drug suspensions and expulsions in Colorado public schools, 2004–2018



This graph shows the number of students in Colorado's public schools who were suspended or expelled for drugs between the 2004-2005 school year and the 2017-2018 school year.<sup>43</sup> The graph below shows that the largest number of law enforcement contacts with students were for marijuana. Of those, 14 students were arrested; 1,547 received a summons.<sup>44</sup>

Figure 92. Law enforcement contacts with students, by contact reason and type, 2017



## Education

### **32. Would high school graduation rates decrease?**

Between the 2010-2011 and 2015-2016 school years, Georgia's high school graduation rate increased 12 percent (to 79.4%). Colorado's increased only 5 percent (to 78.9%) and is slightly lower than Georgia's.<sup>45</sup>

## Communities

### **33. Would local communities be able to ban marijuana cultivators, processors, and dispensaries within their borders?**

As of June 2017, 65 percent of local jurisdictions in Colorado had banned marijuana cultivation, processing, and sales.<sup>46</sup> Some 189 of 351 Massachusetts municipalities have banned marijuana stores as of May 1, 2018.<sup>47</sup> More than two-thirds of California cities have banned cannabis business from operating within their borders, and just 18 of the state's 58 counties allow them to operate in their unincorporated areas.<sup>48</sup>

### **34. Would competition drive down the price of marijuana, making it more affordable for young people?**

The state of Washington is experiencing a two-percent-a-month reduction in legal marijuana prices. If this trend continues, experts say prices may fall 25 percent each year going forward, making cheaper marijuana more accessible to vulnerable populations such as youth and those addicted to the drug.<sup>49</sup>

## **B. What would regulating and measuring the impact of marijuana cost Georgia taxpayers?**

### **35. To which state agencies does Colorado distribute marijuana tax revenue and fees?**

See "Colorado Governor's Office: Where Marijuana Tax Revenues Go, below.

### **36. How does the Centennial Institute calculate the hidden costs of marijuana legalization in Colorado?**

See Centennial Institute Costs Estimate, below.

## **Not Enough Data Yet**

Here are questions for which not enough data has been collected yet but are nonetheless also important to consider.

### **37. Would children whose brains may be altered by marijuana use be able to reach their full potential?**

### **38. If student drug use increases, would Georgia need to add more school counselors? More special education teachers? More campus law enforcement officers?**

### **39. Would incarcerations for marijuana-induced behaviors increase?**

### **40. Would organized crime, gang activity, and human trafficking increase?**


### **41. Would there be an uptick in marijuana-induced psychotic episodes?**

### **42. Would there be an underage marijuana use problem similar to Georgia's underage alcohol problem?**


- 43. Would marijuana accidents increase in the workplace? If yes, would employer liability insurance increase?
- 44. Would marijuana-related behavioral issues increase in the classroom and on campus?
- 45. Would various forms of dementia become more common at earlier ages?

“Low” THC  
Oil

C. Let's Get Clear Georgia explains why “Low” THC Oil with 5 percent THC isn't low.



4 Drops of 5% Oil =  
10 milligrams of THC  
=1 standardized serving of  
an edible in Colorado



15

JUST LIKE ALCOHOL IS ALCOHOL  
NO MATTER WHAT FORM IT'S IN,



Both contain the same alcohol that can get you just as drunk

Johnnie Walker Blue Label Scotch      Mad Dog 20/20 Red Grape Wine

## “Low” THC Oil



Bottle of Medical THC Oil

Marijuana is Marijuana no matter what form it's in, THC Oil or a Joint.



Dope (Whole Plant Marijuana Joint)

16

25 ml bottle contains 1,250 mg of THC = 125 standardized servings



Bottle of Medical THC Oil

Both the Oil and a Joint contain the same THC that can get you just as **High** and **Just as Addicted**



Whole Plant Marijuana Joint

And no matter whether it's “medical” or “recreational” marijuana



The only difference between medical THC Oil and recreational THC Oil is that medical marijuana oil has “**medical marijuana**” written on the label.



## References

<sup>1</sup> Those states are Alaska (legalized medical in 1998, recreational in 2014), California (legalized medical in 1996, recreational in 2016), Colorado (legalized medical in 2000, recreational in 2012), District of Columbia (legalized medical in 2010, recreational in 2014), Maine (legalized medical in 1999, recreational in 2016), Massachusetts (legalized medical in 2012, recreational in 2016), Michigan (legalized medical in 2008, recreational in 2018), Nevada (legalized medical in 2000, recreational in 2016), Oregon (legalized medical in 1998, recreational in 2014), Vermont (legalized medical in 2004, recreational in 2018), and Washington (legalized medical in 1998, recreational in 2012). National Conference of State Legislatures, State Marijuana Laws.

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<sup>4</sup> Colorado Department of Public Safety, "Impacts of Marijuana Legalization in Colorado," November 2018, p 51. <https://www.colorado.gov/pacific/publicsafety/news/colorado-division-criminal-justice-publishes-report-impacts-marijuana-legalization-colorado>

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<sup>16</sup> Ibid, p 157.

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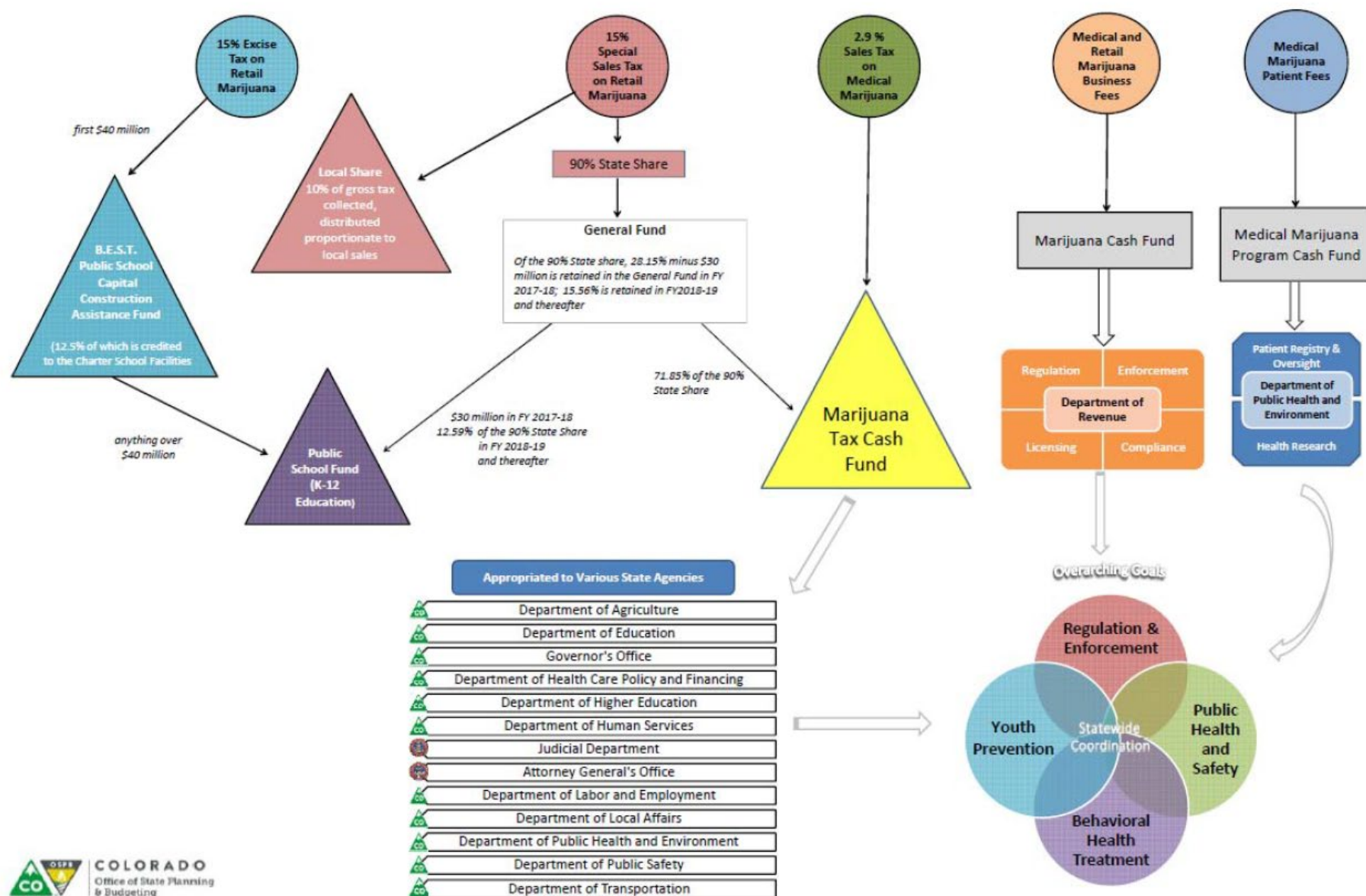
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## Distribution of Marijuana Tax and Fee Revenue Beginning in FY 2017-18 (Beginning July 1, 2017)





## Costs Summary

Amount	Section	Notes
<b>Costs</b>		
(\$381,915,043)	Health	Hospitalizations
(\$31,448,906)	Health	Treatment for cannabis use disorder
(\$593,924)	Health	Burn treatments
(\$697,036)	Health	Low weight babies
(\$54,833,218)	Health	Cost of physical inactivity
(\$3,782,625)	Productivity	Cost of businesses for policy development
(\$3,401,300)	Productivity	Cost to employer for rehabilitation
(\$481,600)	Productivity	Employees costs for rehabilitation
(\$423,362,337)	Productivity	K-12 drop-outs
(\$7,194,600)	Crime	Arrests
(\$18,565,226)	Crime	DUI court-costs
(\$1,170,126)	Crime	Juvenile court filings
(\$3,484,282)	Crime	Adult court filings
(\$3,111,114)	Crime	Denver-only marijuana-related crime
(\$87,014,326)	Crime	Probationers going back for THC violation
(\$5,362,620)	Traffic	Fatal car accidents
(\$18,565,226)	Traffic	DUIs
(\$83,732,717)	Traffic	Car accidents from impaired drivers
(\$1,837,500)	Housing	Evictions due to pot, cost to landlord
(\$130,500)	Tourism	Arrests crossing the border to Colorado
(\$1,130,684,226)		Total
<b>Benefits</b>		
\$247,368,473	Tax Revenue	2017 only
\$127,452,000	Housing	Increased value of homes in areas with legalized marijuana
<b>Amount Spent on Marijuana</b>		
\$1,444,524,486		Collective income spent on marijuana
<b>Lives Lost</b>		
-139	Traffic	Fatal accidents caused by a driver using THC
-180	Health	Suicides where victim had THC in system <sup>†</sup>

<sup>†</sup>Marijuana cannot be determined to be the sole cause of lives lost, especially for suicides as there are many contributing factors including mental illness and depression. THC was found in the bloodstream of these victims and can be considered a contributing factor. Data from Reed (2018).



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