K**N** W MARIJUANA

* **No Revenue Windfall :**When all the costs are considered there will be no windfall. Consider the costs to the state of the bureaucracy for licensing, taxation, law enforcement. Consider the impact of disruptions to education, increased schizophrenia, additional addiction, additional DWI injuries and fatalities, and hospital and medical costs. It is estimated that the costs associated with alcohol in the US are more than 12 times the tax revenues collected, and it is likely the experience with MJ will be the same.
* **CT Existing Marijuana Laws Do Not Contribute to Mass Incarceration:**    
  Proponents of legalization claim that Connecticut’s marijuana laws cause mass incarceration of minority youth. This is not true. Since marijuana was decriminalized in 2010, CT incarceration rates for crimes related to marijuana have virtually disappeared**. Substantially less than 1.2% of CT's current incarcerated population is due to marijuana, mostly dealers.** Source: OPM CJPPD home page for the statistics on incarceration by controlling offense: [CT.gov total population by controlling offense](http://www.ct.gov/opm/lib/opm/cjppd/cjabout/mainnav/total_pop_by_controlling_offense_20150312.pdf%20%20%20)
* **Impact on Traffic Deaths:**Colo. marijuana related **traffic deaths increased 48 %** following legalization. Source: [The Legalization of Marijuana in Colorado: The Impact](http://www.rmhidta.org/html/2016%20FINAL%20LEGALIZATION%20OF%20MARIJUANA%20IN%20COLORADO%20THE%20IMPACT.pdf) - page 13. The federal impact study contains many horrible case studies.
* **Increased youth use:**Following legalization of medical marijuana in Colorado in 2006, then wide open med marijuana in 2009 and finally full scale retail legalization in 2014, MJ use by Colorado Youth increased by 65%. Colorado now leads the US in teen marijuana use.Source: [The Legalization of Marijuana in Colorado: The Impact](http://www.rmhidta.org/html/2016%20FINAL%20LEGALIZATION%20OF%20MARIJUANA%20IN%20COLORADO%20THE%20IMPACT.pdf)
* **Gateway Drug :**According to the CDC, **kids who abuse or are dependent on MJ are 3x more likely to become addicted to heroin** also referenced in the Madras study at pg. 13. Common sense tells us that no one starts out by injecting heroin. It’s a path starting with a red cup in the basement or a joint in the woods.
* **Neurological Risks:**  
  Most of us are not aware of the MJ research showing the considerable neurological risks for adolescents. **In fact, the health risks are far higher for teens than for adults.** There are two excellent summaries of all the MJ research, one by Professor Madras of the Harvard Medical School and one by the World Health Organization. The website addresses are below, with a reference to the key pages.) **The science is clear that memory, cognition, motivation, emotion and various other executive brain functions are significantly disrupted by chronic marijuana use at a young age**. One of the foremost studies finds that heavy, long term use causes IQ loss. The research also shows an association of early age of onset of MJ use to earlier onset of schizophrenia and higher prevalence of psychosis, including mania. The emergence of psychotic symptoms apparently is dose-dependent with more robust symptoms as use and frequency escalate. This is confirmed by brain imaging studies showing that chronic marijuana use at a young age causes structural changes in the brain and profound disruptions in neuronal connectivity.   
  Source: (1) World Health Organization study: See pg. 15-17, 23-26, 40 41  <http://who.int/substance_abuse/publications/msb_cannabis_report.pdf>

(2)Madras study See pg 9-14,26 <http://www.who.int/medicines/access/controlled-substances/6_2_cannabis_update.pdf>