



Researching, Creating, and Disseminating
educational materials on the impact of marijuana use

In 2014, Behavioral Health Services Association of South Carolina Inc., through its Prevention Services Committee, started studying the marijuana issue as more states began legalizing the substance. Adopting the tagline “**The Blunt Truth,**” the committee quickly evolved its study on legalization to understanding other relevant issues such as *medical marijuana; recreational use; decriminalization; marijuana’s impact on youth, businesses, law enforcement, the faith community, etc.* The committee soon expanded its membership to include other organizations that have similar interests in studying the current and potential impact of marijuana use on South Carolina. The committee has developed educational documents, held a summit in April, collected data, and is participating in social media activities to help South Carolinians become more educated on the issues surrounding marijuana.

Current Partners

*Behavioral Health Services Association of South Carolina Inc.
S.C. Department of Alcohol and Other Drug Abuse Services
Chesterfield County Coordinating Council
Edisto Health Coalition
Faces and Voices of Recovery (FAVOR) SC
Faces and Voices Midlands
Kershaw County Sheriff’s Department
Lexington One Community Coalition
Project CARE Coalition – Richland School District Two
Richland One Community Coalition
Rise Above It Community Coalition
S.C. Association of Prevention Professionals and Advocates
S.C. Baptist Convention – Office of Public Health
S.C. Sheriff’s Association
S.C. Police Chiefs Association
S.C. Crime Victims’ Council
S.C. Department of Health and Environmental Control – Office of Adolescent Health
S.C. Elks Drug Awareness Program
S.C. Fraternal Order of Police State Lodge
S.C. Law Enforcement Division
S.C. Law Enforcement Officers’ Association
S.C. Recovering Professional Program
University of South Carolina Substance Abuse Prevention and Education Office
Mothers Against Drunk Driving (MADD) South Carolina Office*

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Marijuana is **Addictive** – Estimates from research suggest that about 9% of users become addicted, which increases to about 17% among young users and 25% to 50% among daily users.¹



Marijuana use **Affects the Developing Brain** – Regular heavy marijuana use by teens can lead to an IQ drop of up to **8 points**.² Heavy use is linked to **lower grades and exam scores, reduced likelihood of enrolling in college, reduced likelihood of graduating from high school or college, lower satisfaction with life, increased likelihood of earning a lower income, and increased likelihood of being unemployed.** (*National Institute on Drug Abuse*) Heavy use during adolescence is associated with increased incidence and worsened course of **psychotic, mood, anxiety, and substance use disorders** across the lifespan. (*AACAP*)



Marijuana is **still an illegal drug** categorized under Schedule I of the Controlled Substances Act according to the U.S. Drug Enforcement Administration. **Drugged driving** is a threat to our roadways, **significantly impairing coordination and reaction time, which can lead to automobile accidents and fatalities.**³



The **U.S. Food and Drug Administration has NOT approved smoked marijuana** for medical use. Legalization of **smoked** medical marijuana has **NOT** been endorsed by **the American Glaucoma Society, Glaucoma Research Foundation, National Multiple Sclerosis Society, American Academy of Pediatrics, or the American Medical Association.** Today's marijuana is **4** times stronger than in 1960 and as much as **18** times stronger for marijuana edibles (brownies, cookies, candy, and juices).



Prison Overcrowding Myth – As of April 14, 2015, the S.C. Department of Corrections reported that only 22 (.09%) inmates out of a total population of 23,000 are incarcerated for marijuana possession, compared to the national average of 3%, AND only 1.3% inmates are incarcerated for a marijuana-related offense.



Marijuana in the Workplace – Studies have linked workers' marijuana smoking with increased absences, tardiness, accidents, workers compensation claims, and job turnover.⁴ There is a 78% increase in absenteeism among marijuana users; 85% more workplace injuries occur with marijuana users; and there are 64% more disciplinary problems for those who use marijuana as opposed to those who do not. (*JAMA*)

REFERENCES

- [1] Anthony, JC; Warner, LA; Kessler, RC. 1994. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology* 2:244-268. [2] Meier et al. "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*. [August 27, 2012]. www.pnas.org/content/early/2012/08/22/1206820109. [3] Brady, JE; Li, G. 2014. Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 199-2010. *American Journal of Epidemiology* [Epub ahead of print]. [4] www.drugabuse.org