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Odyssey House Treatment Perspective: Marijuana and the Changing World June 2021

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Introduction

On March 31, 2021, New York Governor Andrew Cuomo signed into law the Marijuana Regulation and Taxation Act. Under this law, New York State (NYS) became the 15th state to legalize recreational use of marijuana. The purpose of this document is to update the data on the status of medical and recreational marijuana in New York State, as well as review research that has occurred over the past eight years.

In 2013, Odyssey House research and evaluation staff drafted a summary of the status of legalized marijuana in the United States in order to educate leadership, the Odyssey House Board, as well as staff at a time when recreational marijuana was just being legalized in a small number of states. Entitled, “Odyssey House Treatment Perspective: Marijuana and the Changing World” this earlier document discussed medical marijuana, marijuana risk-taking and vulnerable populations, as well as treatment for individuals struggling with a marijuana use disorder at Odyssey House.

Marijuana and Legalization

- Current Status of Marijuana Legalization in the United States (please see Table 1 in Appendix)
 - Thirty-six states and three territories have enacted medical marijuana laws since California became the first in 1996.
 - In 2014, medical marijuana was legal in 23 states plus Washington DC.

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- Seventeen states, two territories, and the District of Columbia have legalized small amounts of cannabis (marijuana) for adult recreational use (see Figure 1 in Appendix) since Colorado became the first state in 2012.ⁱ
- Twenty-seven states and the District of Columbia have decriminalized small amounts of marijuana, this generally means certain small, personal-consumption amounts are a civil or local infraction, not a state crime (or are a lowest misdemeanor with no possibility of jail time).
- In 2010, 33% of Americans lived in a jurisdiction with full or partial marijuana decriminalization laws, versus 75% of Americans in 2021.
- Current Status of Marijuana Legalization in New York State (NYS)ⁱⁱ
 - *Medical Marijuana Legalization*
 - NYS passed legislation in 2017 to legalize medical marijuana sales, setting up the Medical Marijuana Program (MMP) administered by the Department of Health. The MMP oversees the medical cannabis registry as well as certification, purchasing, and dispensing. Patients with a registry ID can purchase a 60-day supply of cannabis in forms specified by the practitioner.
 - As of May 2021, there are 40 legal dispensaries run by 10 corporations, 3,235 registered practitioners who can prescribe marijuana, and over 150,000 certified patients. Annual tax revenue is not available.
 - *Recreational Marijuana Legalization*
 - New York became the 15th state to legalize the recreational use of marijuana in 2020.
 - Individuals are now allowed to possess up to three ounces of cannabis for recreational purposes or 24 grams of concentrated forms of the drug, such as oils. Home grown cannabis will remain illegal until no later than 18 months after the first legal marijuana sale.
 - Forty-four percent (44%) of tax revenue from marijuana sales will go to communities where Black and Latino people have been arrested on marijuana charges in disproportionate numbers, 36% will go to schools and public education, and 20% will be invested in substance use disorder recovery, prevention and education.
 - Individuals convicted of marijuana-related offenses that are no longer criminalized will have their records automatically expunged.
 - New Yorkers are permitted to smoke cannabis in public wherever smoking tobacco is allowed, though localities and a new state agency could create regulations to more strictly control smoking cannabis in public. Smoking cannabis, however, is not permitted in schools, workplaces or inside a car. In New York City, it will be banned in parks, beaches, boardwalks, pedestrian plazas and playgrounds, where tobacco smoking is banned. Smoking is generally permitted on sidewalks in the city.
 - Under the new law, cannabis can be:
 - delivered to homes;
 - used at lounge-like “consumption sites”; and
 - cultivated up to six plants at home for personal use.

- Recreational dispensaries won't open until 2022, with localities being able to opt out of allowing such businesses.
- State and local sales and excise taxes in line with what other jurisdictions have passed could produce \$436 million in revenues for the State, \$336 million for the City, and some \$570 million outside of the city.
- New law expands the current medical marijuana program in the State including:
 - patients would no longer be restricted from smoking cannabis flower;
 - sixty-day supplies (vs. previous thirty-day); and
 - medical marijuana can be recommended at the discretion of a practitioner (previously a small number of conditions qualified such as AIDS, cancer and epilepsy).
- The State's recreational cannabis program will be run by two new government entities:
 - Cannabis Control Board – responsible for crafting new regulations and will conduct a review two years after the first retail sale to study the market share and make licensing adjustments to ensure equity.
 - [Office of Cannabis Management](#) – responsible for implementing the regulations passed by the Cannabis Control Board.
- The State has set up a tiered licensing system which creates a purposeful division among those who produce, wholesale, and retail the products, similar to the alcohol market. To prevent consolidation or monopolization of the market, most businesses would only be allowed to have one type of license (e.g. most dispensaries will not be able to also grow and distribute cannabis):
 - Supply - licenses will be created and required for businesses seeking to participate in the marijuana supply chain, from the farming of cannabis to the processing of the plant into edibles, concentrates and smokable products.
 - Wholesale – licenses will be created and required for distributors to sell cannabis wholesale to retailers, including dispensaries where individuals can buy the product, as well as “consumption sites” where people will smoke or ingest the products.
 - Retail – licenses will be created and required for distributors to sell recreational cannabis. Current medical dispensaries must apply for an additional license.
- Half (50%) of business licenses will be reserved for “social equity applicants,” which includes individuals from communities with high rates of marijuana enforcement, as well as women and minority-owned businesses. Priority will also be given to those individuals or their family members that have a marijuana-related conviction.
- The new licensing regulations do not apply to medical cannabis corporations in NY, which currently operate about 40 dispensaries statewide. Those companies will be allowed to continue to cultivate, process and sell cannabis unlike the recreational market, however, they will be restricted to eight dispensaries each.

Marijuana Federal vs. State Law

Despite the increase in the number of states legalizing the medical and recreational use of marijuana, on the federal level it is classified as a Schedule 1 drug, which the Federal Drug Enforcement Agency (DEA) defines as “drugs with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence.”ⁱⁱⁱ The implications of this incongruity in the federal and state laws has led to confusion at the state and federal level in regards to banking regulations and whether money associated with legal marijuana in a state can be subject to federal seizure under the Controlled Substances Act.

The first federal guidance on how to approach state legalization came during the administration of President Barack Obama, where the Department of Justice (DoJ) issued guidance commonly referred to as the Cole Memorandum (for its primary author, Deputy Attorney General James Cole). The memo instructed federal prosecutors to focus marijuana enforcement efforts on specific priorities, such as preventing the distribution of marijuana to minors, ensuring that revenues from the sale of marijuana did not flow to criminal enterprises, and ensuring that state-legal marijuana activity was not used as a cover for trafficking of other illegal drugs.^{iv}

The Cole Memorandum did not change existing federal law, but merely created a potential shield from federal prosecution for state-legal marijuana-related activities. However, in January 2018 during the Trump administration, then-Attorney General Jeff Sessions rescinded the Cole Memorandum and instructed federal prosecutors to enforce the federal prohibition on marijuana. Despite the new policy, there is little indication that federal prosecutions have changed since the memo was rescinded.

Under the current Biden administration, there have been indications that considerations are being made to re-schedule marijuana. As a part of the Democratic National Committee agenda during the 2020 elections, an attempt was made to include marijuana legalization as a party priority, but this was rejected upon delegate vote. However, Democrats in Congress have proposed the following legislation which may help Marijuana Related Businesses (MRBs).

- The SAFE Banking Act –this legislation would allow banks and financial institutions to legally do business with MRBs without fear of federal arrest, prosecution, or other punitive actions.^v On April 19th, 2021 the US House of Representatives passed the act in a 321-101 vote, benefitting from bipartisan support, however the Senate has yet to take up discussions on the Act and it is unclear when that may happen.^{vi}
- The STATES Act – this legislation would recognize states’ authority to legalize cannabis at the state level without risk of federal intervention or consequences. This is the preferred bill of MRBs, but it is not currently being discussed in Congress.^{vii}

- The MORE Act – this legislation would fully remove cannabis from the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. The House passed the legislation in 2020 but it did not advance in the Republican-controlled Senate (at that time). Efforts are underway to re-introduce the bill in 2021, however, there have been discussions that the bill will need to be re-written to include information on taxation and regulation at the federal level.^{viii}

Some additional facts related to banking and taxes for states and the cannabis industry:

- Currently, the US Government receives no federal tax dollars related to legalized marijuana from states or MRBs.
- Currently, none of the major US banks accept MRBs as customers.^{iv}
- The federal Financial Crimes Enforcement Network reports that, as of September 30, 2019, 563 banks and 160 credit unions were providing banking services to MRBs. In 2018 this number was 375 banks and 11 credit unions.
- In fiscal year 2020, marijuana tax revenue totaled over \$1.6 billion dollars from nine states that reported marijuana sales (Alaska, California, Colorado, Illinois, Massachusetts, Michigan, Nevada, Oregon, and Washington State).^{ix} See Table 1 for revenue by state.
- Tax rates vary by state, with some states choosing a single tax rate while others have a tiered or separate tax rate based on growing, distribution, and retail sales.^x See Table 1 for the rates by state as of March 2021.

Marijuana and Societal Impact

A concern that has been expressed with marijuana legalization is the impact on crime, risky behaviors (such as driving under the influence or unprotected sex), and treatment needs. Since recreational marijuana became legal in Colorado and Washington State there have been several studies that have looked at the societal impact of recreational marijuana legalization, which are summarized below.

- In June 2020, researchers from Australia and the United Kingdom looked at data on the effects of legalization on cannabis use among adults and adolescents, cannabis-related harms, cannabis price, availability, potency and use, and regulatory policies.^{xi} Some of their findings include:
 - Lower cannabis prices have increased the frequency of use among adult cannabis users in US states that have legalized recreational cannabis according to a household survey.
 - Impact of legalization on adolescent use is mixed with an increase in cannabis use among students after legalization in Washington State, but a decrease among adolescents in Colorado.
 - After cannabis legalization in Colorado there have also been increases in hospitalizations for cannabis abuse and dependence, motor vehicle accidents and injuries related to cannabis abuse, and head injuries attributed to an increase in falls.

- In Colorado, patients presenting at emergency departments for mental illness with a cannabis-related code increased five times faster than mental illness presentations without such a code between 2012 and 2014.
- States with legalized medical and recreational marijuana found more unintentional cannabis ingestion by children.
- Studies on the effect of legalization on traffic accidents have shown mixed results.
- Treatment demand declined in the first two years after Washington State legalization, but at the same rate as it declined in states that had not legalized cannabis.
- Research published in Drug and Alcohol Dependence in 2020 looked at the data collected between 2008 and 2017 by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) on treatment admissions in the US.^{xii} Researchers found that the rate of adolescent treatment admissions for marijuana declined significantly in Colorado and Washington State, with the mean rate falling in half.
- Data shows that there has not been a significant impact of legal recreational marijuana on the rate of suicides among youth and adults.^{xiii}
- The effect of marijuana legalization and violent crime is unclear, with some states showing increases while others showed decreases.^{xiii}
- In regards to legalization and road safety, the trend has remained relatively flat post-legalization, with the exception of Oregon whose fatality rate began increasing prior to legalization and has continued to increase.^{xiii}
- Forty-one states, two territories, and the District of Columbia all have record clearing laws which may apply to cannabis. Of these, seven states record clearing laws specifically address cannabis offenses.^{xiv}
- There are more than 40,000 people in the U.S. who are incarcerated for marijuana, which includes jails as well as prisons.
- Research on the impact of marijuana on the developing adolescent brain is clear, with heavy marijuana use in adolescence associated with disruption of normal neurodevelopment, and reductions in IQ for those individuals who began regular use in their teens and continued through adulthood.^{xv xvi xvii}

Legalization and the Impact on Odyssey House and Substance Use Disorder Treatment in NYS

Impact on clients

- Despite the legalization of cannabis for recreational use in NYS, Odyssey House will continue to treat cannabis use disorders in the same ways as prior to legalization. Odyssey House believes that the legality of marijuana and the health risks are two separate issues, and although the legality has changed, the health risks have not. Individuals with a cannabis use disorder will still require psychosocial treatment and recovery planning, which would be the same for individuals with a cocaine use disorder or other drugs of abuse. Individuals in recovery from marijuana would still be encouraged to avoid alcohol and other psychoactive drugs to help prevent the risk of relapse.

- Current policies and procedures for clients who test positive for cannabis while in treatment will remain unchanged, with any substance use considered a relapse and an opportunity to re-examine the individual's treatment goals and recovery plan. Multiple relapses may result in a variety of interventions including referral to other programs and discharge.
- Cannabis use disorder is recognized in the DSM-V and can cause cannabis-induced psychotic disorder, cannabis-induced anxiety disorder, cannabis-induced sleep disorder, and both tolerance and withdrawal. Chronic cannabis use can lead to failure to fulfill obligations at work, school or home.^{xviii}

Impact on staff

- Currently, staff at Odyssey House agree to be role models for clients and as such must not demonstrate use of any legal or illegal substances of abuse, which includes talking about use of a substance, smelling like a substance, or other indications of use (e.g. bloodshot eyes, slurred speech, nodding) while at work. If a staff member is suspected of being under the influence of any substance they are subjected to a urine toxicology screening and the staff member will be sent home. This will not change in any way due to the legalization of marijuana.
- However, the consequences to staff after being sent home for suspected cannabis use may or may not change after legalization. Odyssey House, like many non-profit organizations in NYS, has been told to wait for further guidance as the laws are enacted for the new legislation. So far, each state has handled labor laws differently and New York's unique labor laws will need some time to be sorted out before changes can be recommended.

Impact on Odyssey House treatment services

- Residential treatment for marijuana as a primary substance of abuse has declined precipitously since 2016, from 36% of all residential admissions to 8% in 2020. In the same time period, residential admissions for a primary opioid disorder have risen from 20% to 30% (see Table 3 in Appendix).
- Residential treatment for marijuana as ANY substance of abuse (primary or other) has declined from 54% in 2016 to 32% of all residential admissions 2020. (Table 4)
- Outpatient admissions for marijuana as a primary substance of abuse have also dropped from 2016 to 2020, from 54% to 38%, while Heroin has almost doubled (from 7% to 12%). (Table 5)
- Outpatient admissions for marijuana as ANY substance of abuse has been fairly steady from 2016 to 2020, (62% to 56%). (Table 6)
- The majority of individuals admitted to Odyssey House with marijuana listed as ANY substance of abuse are male (61%) and between the ages of 19-30 (36%) followed by ages 31-40 (29%). (Table 7)
- Although the future impact on treatment admissions is unclear, NYS may follow other states and move toward an outpatient treatment model for individuals with a cannabis use disorder, with fewer criminal justice referrals for marijuana. There may

be an influx of younger individuals who will have greater access to cannabis and therefore may need treatment for early cannabis use disorders.

Conclusion

The legalization of marijuana in New York has begun to be implemented at the state level, however, there are many unknowns as far as how the system will be set up in New York, and how that system will work with current federal laws related to marijuana prohibition. Early data from states that have legalized recreational marijuana are not definitive as it relates to the impact on violent crime and risky behaviors, as well as in treatment admissions for marijuana. However, what is clear from the data is that the true impact of legalization is not yet known because of the small number of states that have passed legislation and the short amount of time since the Colorado and Washington State approvals in 2014.

Based on client-reported drugs of abuse at admissions, and available NYS data, Odyssey House anticipates:

- Reduced need for residential treatment for adults seeking services for marijuana-related misuse.
- Increased need for outpatient treatment for adults and youth.
- Decrease in referrals for criminal justice/court obligated treatment.
- Increase in other referrals (behavioral health organizations, family courts, educational establishments, employers).

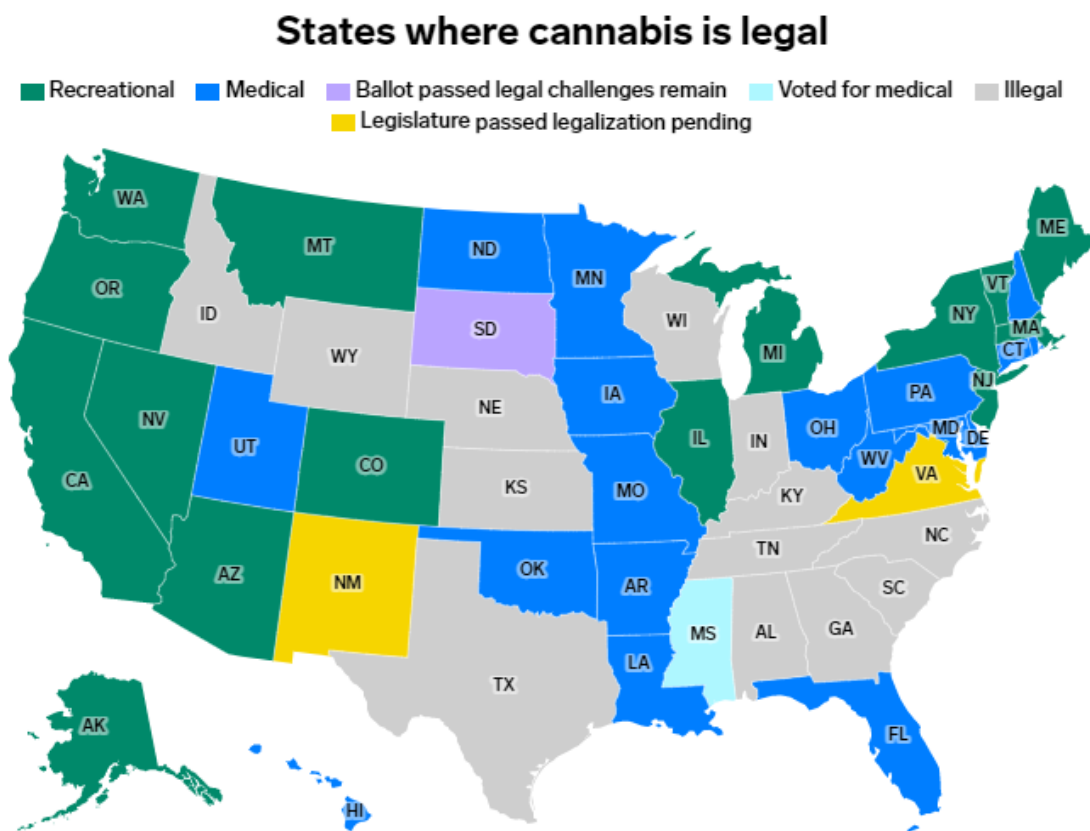
In regards to developing marijuana public policy, we support the following positions:

- Tax money collected through marijuana legalization should be used to fund education, prevention, and substance use disorder treatment, especially for adolescents.
- Research should continue on the effects of legalization on crime, accidents, suicides, mental illness, and treatment admissions.
- States with legalized recreational marijuana should come together to study and share data on the impact of legalization on business growth, tourism, and tax revenue.

Odyssey House is well positioned to maintain its leadership role in the treatment of substance misuse. As our position towards marijuana use and abuse evolves, we maintain a consistent point of view: the actual drug of abuse is far less important than the overarching ways it impairs the individual. Psychological, physical, social, familial, educational, and vocational health and success will continue to remain central to our rehabilitation mission.

Appendix:

Figure 1: U.S. Map of Marijuana Medical and Recreational Status by State



Source: [Business Insider](#)

Table 1: Status of Medical and Recreational Marijuana Legalization by State

State	Medical Legal?	Year Medical	Recreational Legal?	Year Recreational	Public Sales?	Public Sales Year	Tax Rate*	Revenue in FY 2020	Comments/Notes
Alabama	No		No						
Alaska	Yes	1998	Yes	2015	Yes	2016	\$50/oz. mature flowers; \$25/oz. immature flowers; \$15/oz. trim, \$1 per clone	\$24,540,009	Legal for residents to use, possess, and transport up to an ounce of marijuana. Alaska estimates recreational marijuana brings in 2 million people and \$2 billion annually
Arizona	Yes	2010	Yes	2020	Yes	2020	16% excise tax (retail price)	No Data	Arizona rolled out adult-use sales faster than any other state that voted to pass recreational cannabis in the November elections.
Arkansas	Yes	2016	No						
California	Yes	1996	Yes	2016	Yes	2016	15% excise tax (levied on wholesale at average market rate); \$9.65/oz. flowers & \$2.87/oz. leaves cultivation tax; \$1.35/oz fresh cannabis plant	\$474,100,000	legal to use and carry up to 1 ounce of marijuana. The law also permits adults 21 and over to buy up to 8 grams of marijuana concentrates, which are found in edibles, and grow no more than six marijuana plants per household.

							15% excise tax (levied on wholesale at average market rate); 15% excise tax (retail price)		Residents and tourists over the age of 21 can buy up to 1 ounce of marijuana or 8 grams of concentrates. Some Colorado counties and cities have passed more restrictive laws.
Colorado	Yes	2000	Yes	2012	Yes	2012		\$307,278,327	
Connecticut	Yes	2012	No						
Delaware	Yes	2011	No						
Florida	Yes	2016	No						
Georgia	No		No						
Guam	Yes	2015	Yes	2019	No Data	No Data	No Data	No Data	
Hawaii	Yes	2000	No						
Idaho	No		No						
							7% excise tax of value at wholesale level; 10% tax on cannabis flower or products with less than 35% THC; 20% tax on products infused with cannabis, such as edible products; 25% tax on any product with a THC concentration higher than 35%		Illinois is the one of the few states to legalize marijuana sales through a state legislature, rather than a ballot initiative.
Illinois	Yes	2013	Yes	2020	Yes	2020		\$34,700,000	
Indiana	No		No						

Iowa	No		No						
Kansas	No		No						
Kentucky	No		No						
Louisiana	Yes	2017	No						Medical marijuana bill not yet in effect due to legal challenges.
Maine	Yes	2009	Yes	2016	Yes	2016	10% excise tax (retail price), \$335/lb. flower; \$94/lb. trim; \$1.5 per immature plant or seedling; \$0.3 per seed	No Data	A ballot initiative in 2016 gave Maine residents the right to possess up to 2.5 ounces of marijuana, more than double the limit in most other states.
Maryland	Yes	2003	No						
Massachusetts	Yes	2012	Yes	2016	Yes	2018	10.75% excise tax (retail price)	\$51,680,000	Adults over the age of 21 can purchase up to 1 ounce of marijuana but cannot consume it in public.
Michigan	Yes	2008	Yes	2018	Mixed		10% excise tax (retail price)	\$9,692,684	Voters in Michigan passed Proposition 1 in 2018, making it the first state in the Midwest to legalize the possession and sale of marijuana for adults over the age of 21. Adults can possess up to 2.5 ounces of marijuana, and residents can grow up to 12 plants at home. Localities may create ordinances to allow and regulate dispensaries.
Minnesota	Yes	2014	No						
Mississippi	No		No						
Missouri	Yes	2018	No						
Montana	Yes	2011	Yes	2021	Yes	2022	20% excise tax (retail price)	No Data	Dispensaries will open on January 1, 2022
Nebraska	No		No						
Nevada	Yes	2000	Yes	2016	Yes	2016	15% excise tax (fair market value at wholesale);	\$105,180,947	Residents and tourists who are 21 and over can buy 1 ounce of marijuana or one-eighth of an ounce

							10% excise tax (retail price)		of edibles or concentrates in Nevada.
New Hampshire	Yes	2013	No						
New Jersey	Yes	2009	Yes	2020	Yes	2021	Up to \$10 per ounce, if the average retail price of an ounce of usable cannabis was \$350 or more; up to \$30 per ounce, if the average retail price of an ounce of usable cannabis was less than \$350 but at least \$250; up to \$40 per ounce, if the average retail price of an ounce of usable cannabis was less than \$250 but at least \$200; up to \$60 per ounce, if the average retail price of an ounce of usable cannabis was less than \$200	No Data	Delay in enactment due to arguments about criminal penalties for minors possessing marijuana and the licensing framework for sales. Sales of cannabis for adult use could start in the second half of 2021
New Mexico	Yes	2007	Yes	2021	Yes	2022	No Data	No Data	While the law is set to take effect on June 29 — allowing state residents to possess and consume marijuana — recreational sales will not start until April 1, 2022.
New York	Yes	2014	Yes	2021	Yes	2022	\$0.005 per milligram of THC in flower \$0.008 per milligram of THC in concentrates \$0.03 per milligram of THC in edibles 9% excise tax (retail price)	No Data	Though New Yorkers are now able to possess and smoke cannabis legally in the state, sales aren't expected to begin for at least a year.
North Carolina	No		No						

North Dakota	Yes	2016	No						
Ohio	Yes	2016	No						
Oklahoma	Yes	2018	No						
Oregon	Yes	1998	Yes	2015	Yes	2015	17% excise tax (retail price)	\$133,150,349	
Pennsylvania	Yes	2016	No						
Puerto Rico	Yes	2016	No						
Rhode Island	Yes	2007	No						
South Carolina	No		No						
South Dakota	Yes	2020	Yes	2021	Yes	2022	15% excise tax (retail price)		South Dakota in 2020 voted to legalize both medical and recreational cannabis, the first time a state has voted in favor of both at the same time. State lawmakers have until April 2022 to create rules around cannabis, including regulations around dispensaries. Legal challenges are still occurring.
Tennessee	No		No						
Texas	No		No						
US Virgin Islands	Yes	2017	No						
Utah	Yes	2018	No						
Vermont	Yes	2004	Yes	2018	Yes	2022	14% excise tax (retail price)	No Data	Vermont became the first state to legalize marijuana through the legislature, rather than a ballot initiative. Adults in the Green Mountain State can carry up to 1 ounce of marijuana and grow no more than two plants for recreational use. The law went into effect in July 2018. But it was limited in scope. It didn't establish a legal market for the production and sale of the drug. In 2020, the state legislature passed a bill that would allow for adult-use sales in the state. All localities must opt-in to allow for dispensaries, however. Sales are expected in 2022.

Virginia	Yes	2020	Yes	2021	Yes	2024		No Data	Commercial cannabis sales won't begin until January 1, 2024.
Washington	Yes	1998	Yes	2012	Yes	2014	37% excise tax (retail price)	\$469,200,000	
Washington DC	Yes	1998	Yes	2015	Mixed	2016	5.75% sales tax	No Data	No official dispensaries, but marijuana sales are regulated.
West Virginia	Yes	2017	No						
Wisconsin	No		No						
Wyoming	No		No						

Table 3: Primary Drug at Residential Admission (n for each year are the total number of residential admissions)

	2016	2017	2018	2019	2020
Marijuana/Hashish	36%	31%	23%	20%	8%
Alcohol	21%	17%	21%	20%	30%
Heroin	20%	25%	22%	30%	30%
Crack	8%	12%	16%	13%	11%
Cocaine	6%	4%	7%	8%	7%
Total	91%	88%	88%	91%	85%

Note: Totals will not add to 100% for each year since there are other drugs not included

Table 4: Marijuana at Residential Admission (primary or other)

	2016	2017	2018	2019	2020
Marijuana	54%	52%	48%	42%	32%

Table 5: Primary Drug at Outpatient Admission (n for each year are the total number of outpatient admissions)

	2016	2017	2018	2019	2020
Marijuana/Hashish	54%	58%	54%	53%	38%
Alcohol	19%	18%	25%	20%	21%
Heroin	7%	6%	6%	7%	12%
Crack	9%	6%	4%	6%	7%
Cocaine	8%	9%	7%	8%	10%
Total	96%	97%	96%	94%	89%

Table 6: Marijuana at Outpatient Admission (primary or other)

	2016	2017	2018	2019	2020
Marijuana	62%	70%	70%	69%	56%

Table 7: Demographics of Individuals with Any Marijuana at Admission in 2020

		N	%
<i>Age</i>	<19	25	7%
	19-25	64	19%
	25-30	57	17%
	31-40	99	29%
	41-50	50	15%
	>50	42	12%
	Marijuana Total	337	100%
<i>Gender</i>	Male	206	61%
	Female	131	39%
	Unknown/Other	0	0%
	Marijuana Total	337	100%

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