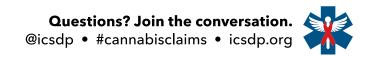
STATE OF THE EVIDENCECANNABIS USE AND REGULATION



COMMON CLAIMS ON CANNABIS USE

CLAIM	STRENGTH OF SUPPORTING EVIDENCE	BOTTOM LINE
"Cannabis [is] as addictive as heroin."	Weak	A lifetime of cannabis use carries a low risk of dependence (9%), while the risk of cannabis dependence is very low among those who report using it for one year (2%) or even 10 years (5.9%). This is much lower than the estimated lifetime risk of dependence to heroin (23.1%).
"[D]id you know that marijuana is on aver- age 300 to 400 percent stronger than it was thir- ty years ago?"	Moderate	Although this claim overstates the existing evidence, studies do suggest that there have been increases in THC potency over time in some jurisdictions.
"I'm opposed to legalizing marijuana because it acts as a gateway drug."	Weak	Evidence to date does not support the claim that cannabis use causes subsequent use of "harder" drugs.
Cannabis use "can cause potentially lethal damage to the heart and arteries."	Weak	There is little evidence to suggest that cannabis use can cause lethal damage to the heart, nor is there clear evidence of an association between cannabis use and cancer.
Cannabis use lowers IQ by up to 8 points.	Weak	There is little scientific evidence suggesting that cannabis use is associated with declines in IQ.
Cannabis use impairs cognitive function.	Moderate	While the evidence suggests that cannabis use (particularly among youth) likely impacts cognitive function, the evidence to date remains inconsistent regarding the severity, persistence, and reversibility of these cognitive effects.
"[Cannabis] is a drug that can result [in] serious, long-term consequences, like schizophrenia."	Weak	While scientific evidence supports an association between cannabis use and schizophrenia, a causal relationship has not been established.