

## IDAHO CRIMINAL JUSTICE COMMISSION

"Collaborating for a Safer Idaho"  
Established 2005  
C.L. "BUTCH" OTTER  
Governor

### Medical Marijuana

Adopted February 25, 2013

As members of the Idaho Criminal Justice Commission (ICJC) with the vision of "collaborating for a safer Idaho," it is incumbent upon us to address the issue of marijuana legalization based on current research and data. It is clear from the numerous, credible research studies regarding marijuana that the use of this drug is linked to public health and safety dangers. Therefore, the ICJC is opposed to the legalization of marijuana and efforts to approve marijuana as medicine outside of the scientifically rigorous Federal Drug Administration (FDA) process.

The FDA has deemed marijuana a Schedule I drug which has not passed standards of safety and efficacy for approval as medicine. There are clear, negative health consequences of marijuana use. The Institute of Medicine has reported that marijuana smoke contains 50-70% more cancer-causing agents than smoked tobacco<sup>1</sup> and the American Medical Association and most other major health organizations do not support the legalization and use of marijuana as medicine. Additional studies have linked marijuana use to chronic bronchitis and other respiratory illnesses<sup>2</sup>, impaired immune function, and testicular cancer.<sup>3</sup>

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<sup>1</sup> Joy, J.E., Waston, S.J., & Benson, J. A. (Eds.). (1999). *Marijuana and medicine: Assessing the science base*. Washington, DC: National Academy Press.

<sup>2</sup> Tetrault, J.M., Crothers, K., Moore, B.A., Mehra, R., Concato, J., & Fiellin, D.A. (2007). Effects of marijuana smoking on pulmonary function and respiratory complications: A systematic review. *Archives of Internal Medicine*, 167, 221–228.

<sup>3</sup> Cortessis, V.K. (2012). Population-Based Case-Control Study of Recreational Drug Use and Testis Cancer Risk Confirms an Association Between Marijuana Use and Nonseminoma Risk. Published online Sept. 10, 2012 in *Cancer*.

Marijuana also negatively affects the development of the adolescent brain<sup>4</sup> and has been directly linked to mental illnesses including depression and anxiety.<sup>5</sup> Further, multiple studies have determined that its use may precipitate schizophrenia in vulnerable individuals and exacerbate psychosis.<sup>6</sup> Also of concern, it is clear from the science that marijuana is addictive, with 1 in 9 adults and 1 in 6 adolescents who use the drug meeting criteria for addiction.<sup>7</sup> Of particular note, the psychoactive ingredient in marijuana – THC – has increased in potency nearly six-fold over the past 30 years.<sup>8</sup> Underscoring marijuana’s potency and potential harmfulness to adolescents is this: Abuse of the drug accounts for 67 percent of admissions to adolescent substance-abuse treatment in the United States, according to the Substance Abuse and Mental Health Services Administration.

Public safety dangers caused by marijuana use are also of the utmost concern to ICJC. Marijuana use consistently predicts a greater likelihood of involvement in crime and the criminal justice system<sup>9</sup> and a consistent link between frequent marijuana use and violent crime and property damage has been identified among juveniles.<sup>10</sup> In addition, crime related to marijuana outlets has risen in medical marijuana states. For example, data from the Denver Police Department shows as of June 2012 a 69% increase in overall crime at medical marijuana dispensaries and a 75% increase in burglaries as compared to June of 2011. Of note, personal marijuana users are rarely arrested and incarcerated. According to the National Center on Addiction and Substance Abuse

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<sup>4</sup> Giedd, J.N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, 1021, 77–85.

<sup>5</sup> Patton, G.C. et al. (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal*, 325:1195-1198.

<sup>6</sup> Hall, W., Degenhardt, L., & Teesson, M. (2004). Cannabis use and psychotic disorders: an update. *Drug and Alcohol Review*. 23(4):433-43.

<sup>7</sup> Wagner, F.A., & Anthony, J.C. (2002). From first drug use to drug dependence: developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropsychopharmacology* 26, 479–488.

<sup>8</sup> ElSohly, M.A., Ross, S.A., Mehmedic, A., Arafat R., Yi, B., & Banahan, B.F. 3<sup>rd</sup>. (2004). Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980-1997. *Journal of Forensic Sciences* 45(1), 24-30; Mehmedic, A., Pharm, M., Suman, C., Slade, D., Denham, H. Foster, S., et al. (2010). Potency trends of D9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008. *Journal of Forensic Sciences* 55(5), 1209-1217.

<sup>9</sup> Bennett, T., Holloway, K., & Farrington, D. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression & Violent Behavior*, 13, 107—118; See also Pedersen, W., & Skardhamar, T. (2010). Cannabis and crime: Findings from a longitudinal study. *Addiction*, 105, 109–118.

<sup>10</sup> Dembo, R., Williams, L., Schmeidler, J., Wish, E.D., Getreu, A., & Berry, E. (1991). Juvenile crime and drug abuse: a prospective study of high risk youth. *Journal of Addictive Disorders*, 11(2), 5–31; Salmelainen, P. (1995). *The correlates of offending frequency: a study of juvenile theft offenders in detention*, Sydney, Australia: New South Wales Bureau of Crime Statistics and Research; Baker, J. (1998). *Juveniles in Crime—Part 1: Participation Rates and Risk Factors*, Sydney, Australia: New South Wales Bureau of Crime Statistics and Research & New South Wales Crime Prevention Division; Friedman, A. S., Glassman, K., & Terras, A. (2001). Violent behavior as related to use of marijuana and other drugs. *Journal of Addictive Diseases*, 20, 49-72.



at Columbia University, less than 1% (0.9%) of jail and prison inmates in the U.S. are incarcerated for marijuana possession as their sole offense.

According to the National Highway Traffic Safety Administration, marijuana is the most prevalent drug detected in impaired drivers, fatally injured drivers, and crash victims. In a study by the Institute for Behavioral Health, in 2009, 28% of all fatally injured drivers were positive for marijuana and 20% of crashes in the U.S. were caused by drugged driving. This translates into approximately 8,600 deaths, 580,000 injuries and \$33 billion in damages each year. More specific data regarding the links between marijuana and decreased public safety come from the nearby state of Montana where 43% of all DUID cases involve THC.

In addition to public health and safety concerns, researchers point to the life-long negative consequences of marijuana use on the individual. This drug is a risk factor for poor academic performance, impaired cognitive function, and, more specifically, loss of the ability to analyze information and solve problems using language. Further, even after the intoxicating effects of the drug have subsided, marijuana continues to negatively affect attention, memory, learning, and intelligence.<sup>11</sup> Marijuana use is also strongly associated with child abuse and neglect<sup>12</sup> and work-related absences, tardiness, accidents, compensation claims, and job turnover.<sup>13</sup>

Based on the scientific evidence, the ICJC supports the FDA's determination marijuana is a dangerous drug with no medical use and a high potential for abuse, and stands against the legalization of marijuana and efforts to approve marijuana as medicine outside of the scientifically rigorous FDA process.



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<sup>11</sup> Hall W., & Degenhard L. (2009). Adverse health effects of non-medical cannabis use. *Lancet*, 374, 1383–1391; Schweinsburg, A.D., Brown, S.A., & Tapert, S.F. (2008). The influence of marijuana use on neurocognitive functioning in adolescents. *Current Drug Abuse Reviews*, 1(1), 99–111, 2008.

<sup>12</sup> Goldman, J., Salus, M.K., Wolcott D., & Kennedy, K.Y. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Washington, DC: Department of Health and Human Services (HHS), Office on Child Abuse. Available at <http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm>; Sullivan, S. (2000). *Child neglect: Current definitions and models—A review of child neglect research, 1993–1998*. Ottawa, Canada: National Clearinghouse on Family Violence; Perry, B.D. (1998). Incubated in terror: Neurodevelopmental factors in the 'cycle of violence.' In J.D. Osfsky (Ed.), *Children in a violent society* (pp. 124–145). New York: Guilford Press; Kraemer, G.W. (1992). A psychobiological theory of attachment. *Behavioral and Brain Sciences*, 15(3), 493–511.

<sup>13</sup> NIDA (2012). Marijuana abuse. *NIDA Research Report Series* (NIH Publication No. 12-3859), p. 8.