



POSITION STATEMENT ON MARIJUANA

Scope of the Problem

Whereas marijuana is the most commonly abused illegal drug among adults and youths in the United States;¹ and

Whereas marijuana use rates have risen substantially since 2007;² and

Whereas social disapproval for using marijuana has been decreasing among teens since 2007;³ and

Whereas softening attitudes about the dangers of marijuana often precede an increase in marijuana use rates;⁴ and

Whereas more youths are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs;⁵ and

Whereas emergency room mentions for marijuana use now exceed those for heroin and are continuing to rise;⁶ and

¹ Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings* [NSDUH Series H-44, HHS Publication No. (SMA) 12-4713]. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>.

² *Id.*

³ Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2010). *Monitoring the future national survey results on drug use, 1975–2009: Vol. I, Secondary school students* (NIH Publication No. 10-7584). Bethesda, MD: National Institute on Drug Abuse (NIDA).

⁴ *Id.*

⁵ SAMHSA, Center for Behavioral Health Statistics and Quality (2010), Substance abuse treatment admissions by primary substance of abuse according to sex, age group, race, and ethnicity, United States [Data table from Quick Statistics from the Drug and Alcohol Services Information System]. Available at <http://www.das.samhsa.gov/webt/quicklink/US10.htm>; See also <http://www.das.samhsa.gov/webt/NewMapv1.htm>.

⁶ SAMHSA, Center for Behavioral Health Statistics and Quality. (2011). *Drug abuse warning network, 2008: National estimates of drug-related emergency department visits* (HHS Publication No. SMA 11-4618). Rockville, MD: Author.

Health

Whereas the psychoactive ingredient in marijuana—THC—has increased almost six-fold in average potency during the past thirty years;⁷ and

Whereas marijuana is addictive for 1 in 9 adults and 1 in 6 adolescents who use the drug;⁸ and

Whereas marijuana continues to negatively affect attention, memory, learning, and intelligence after the intoxicating effects of the drug have subsided;⁹ and

Whereas marijuana negatively affects the development of the adolescent brain;¹⁰ and

Whereas marijuana contains 50% more carcinogens than tobacco smoke;¹¹ and

Whereas marijuana smokers report serious symptoms of chronic bronchitis and other respiratory illnesses;¹² and

Whereas marijuana use during adolescence is directly linked to the onset of major mental illness, including psychosis, schizophrenia, depression, and anxiety;¹³ and

Whereas the use of marijuana triggers relapse to other drugs of abuse among participants in substance abuse treatment and increases failure rates in Drug Courts;¹⁴ and

⁷ ElSohly M.A., Ross S.A., Mehmedic Z., Arafat R., Yi B., & Banahan B.F. 3rd. (2004). Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980–1997. *Journal of Forensic Sciences* 45(1), 24-30; Mehmedic, Z., 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.

⁸ 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.

⁹ 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.

¹⁰ Giedd, J.N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences*, 1021, 77–85.

¹¹ British Lung Foundation. (2012). *The impact of cannabis on your lungs*. London: Author. Retrieved January 2013 from http://www.drugsandalcohol.ie/17670/1/The_impact_of_cannabis_on_your_lungs_-_BLF_report_2012.pdf.

¹² 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.

¹³ Room, R., Fischer, B., Hall, W., Lenton, S., & Reuter, P. (2010). *Cannabis Policy: Moving Beyond Stalemate*, New York: Oxford University Press & Beckley Foundation Press.

¹⁴ Sechrest, D.K., & Shicor, D. (2001). Determinants of graduation from a day treatment drug court in California: A preliminary study. *Journal of Drug Issues*, 31(1), 129–148.

Whereas the use of marijuana reduces the efficacy of rewards for pro-social activities, such as those used in Drug Courts to improve offenders' behaviors;¹⁵ and

Whereas the use of marijuana makes addiction to other drugs more likely;¹⁶ and

Education, Occupational Hazards, and Quality of Life

Whereas marijuana use is consistently associated with poorer academic grades and a reduced likelihood of graduating from school;¹⁷ and

Whereas marijuana use impairs the ability to function effectively and safely on the job and increases work-related absences, tardiness, accidents, compensation claims, and job turnover;¹⁸ and

Whereas higher levels of marijuana use are associated with lower satisfaction with intimate romantic relationships, work, family, friends, leisure pursuits, and life in general;¹⁹ and

Whereas teens may significantly lower their IQs if they smoke marijuana;²⁰ and

Whereas marijuana use by parents is strongly associated with child abuse and neglect;²¹ and

¹⁵ Lane, S., Cherek, D., Pietras C.J., & Tcheremissine O.V., (2004). Acute marijuana effects on response-reinforcer relations under multiple variable-interval schedules. *Behavioural Pharmacology*, 15(4), 305–309.

¹⁶ Schweinsburg A.D., Brown, S.A., & Tapert, S.F. (2008). The influence of marijuana use on neurocognitive functioning in adolescents. *Current Drug Abuse Review*, 1(1), 99–111.

¹⁷ Macleod, J., Oakes, R., Copello, A., Crome, I., Egger, M., Hickman, M., et al. (2004). Psychological and social sequelae of cannabis and other illicit drug use by young people: A systematic review of longitudinal, general population studies. *Lancet* 363(9421), 1579–1588.

¹⁸ NIDA (2012). Marijuana abuse. *NIDA Research Report Series* (NIH Publication No. 12-3859), p. 8.

¹⁹ Fergusson, D.M., & Boden, J.M. (2008). Cannabis use and later life outcomes. *Addiction*, 103, 969–976.

²⁰ Meier, M.H., Caspi, A., Ambler, A., Harrington, H.L., Houts, R., Keefe, R.S.E., et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences, USA*, 109(40), E2657–E2664.

²¹ 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. Ofsky (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.

Crime and the Criminal Justice System

Whereas marijuana use consistently predicts a greater likelihood of involvement in crime and the criminal justice system;²² and

Whereas long-term marijuana use has been shown to negatively affect the central nervous system in ways that may promote violence;²³ and

Whereas a consistent link between frequent marijuana use and violent crime and property damage has been identified among juveniles;²⁴ and

Whereas marijuana impairs motor coordination and reaction time and is the second most prevalent drug (after alcohol) implicated in automobile accidents;²⁵ and

Marijuana as Medicine

Whereas several states have passed voter initiatives or legislation declaring marijuana to be “medicine”; and

Whereas the American Medical Association and most major health organizations oppose the legalization and medicalization of marijuana; and

Whereas smoked marijuana is not an FDA-approved medicine and has not passed standards of safety and efficacy; and

Whereas the Institute of Medicine has concluded that smoked marijuana should generally not be recommended for medical use;²⁶ and

²² See 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.

²³ National Research Council. (1993). *Understanding and preventing violence*, Washington, DC: National Academy Press.

²⁴ 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.

²⁵ See DuPont, R., Logan, B.K., Shea, C.L., Talpins, S.K., & Voas, R.B. (2010). *Drugged driving research: A white paper*. Bethesda, MD: NIDA. Retrieved November 2011 from <http://stopdruggeddriving.org/pdfs/DruggedDrivingAWhitePaper.pdf>.

²⁶ Joy, J.E., Waston, S.J., & Benson, J. A. (Eds.). (1999). *Marijuana and medicine: Assessing the science base*. Washington, DC: National Academy Press.

Whereas the future of marijuana as a medicine lies in the development of its individual components delivered in a safe, uninhaled manner;²⁷ and

Whereas one such drug, Sativex, has been approved in several countries for cancer pain and multiple sclerosis spasticity and comprises two of marijuana's active ingredients delivered as a mouth spray; and

Whereas other non-smoked medications derived from marijuana, such as Marinol (dronabinol), have also been developed; and

Whereas the average user of smoked "medical" marijuana has no chronic illness and is a white male in his mid-thirties with a history of alcohol and drug abuse;²⁸ and

Whereas the vast majority of recommendations for marijuana as medicine are not based on medical necessity, an accurate or complete diagnosis, or consideration of appropriate alternative treatments; and

Whereas few of those seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis;²⁹ and

Whereas in one state that permits the use of medical marijuana, only 3% of users reported having cancer and less than 1% reported having HIV/AIDS as the basis for seeking marijuana;³⁰ and

Whereas marijuana use has been found to be higher, particularly among juveniles, in states with medical marijuana laws;³¹ and

Legalization

Whereas some states are considering the legalization of marijuana; and

²⁷ *Id.*

²⁸ O'Connell, T. & Bou-Matar, C.B. (2007). Long-term marijuana users seeking medical marijuana in California (2001–2007): Demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, 4, 16. Available at <http://www.harmreductionjournal.com/content/4/1/16>.

²⁹ Nunberg, H., Kilmer, B., Pacula, R.L., & Burgdorf, J.R. (2011) An analysis of applicants presenting to a medical marijuana specialty practice in California. *Journal of Drug Policy Analysis*, 4(1), 1–16.

³⁰ Colorado Department of Public Health. (2012). Medical marijuana registry program update (as of September 30, 2012). Retrieved January 2013 from <http://www.colorado.gov/cs/Satellite/CDPHE-CHEIS/CBON/1251593017044>.

³¹ Cerda, M., Wall, M., Keyes, K.M., Galea, S., & Hasin, D.S. (2012). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug and Alcohol Dependence*, 20(1–3), 22–27; Wall, M., Poh, E., Cerda, M., Keyes, K.M., Galea, S., Hasin, D.S. (2011). Adolescent marijuana use from 2002 to 2008: Higher in states with medical marijuana laws, cause still unclear, *Annals of Epidemiology*, 21(9), 714–716.

Whereas nonpartisan analyses by leading research organizations concluded that marijuana legalization would significantly increase marijuana consumption because of a price collapse;³²

Now, therefore, be it resolved that the National Association of Drug Court Professionals:

Opposes the legalization of smoked or raw marijuana; and

Opposes efforts to approve any medicine, including marijuana, outside of the FDA process; and

Supports continued research into a medically safe, non-smoked delivery of marijuana components for medicinal purposes; and

Supports reasonable prohibitions in Drug Courts against the use of smoked or raw marijuana by participants and the imposition of suitable consequences, consistent with evidence-based practices, for positive drug tests or other evidence of illicit marijuana consumption; and

Recommends Drug Courts require convincing and demonstrable evidence of medical necessity presented by a competent physician with expertise in addiction psychiatry or addiction medicine before permitting the use of smoked or raw marijuana by participants for ostensibly medicinal purposes; and

Supports a balanced policy approach to marijuana-related offenses, which does not emphasize either legalization of marijuana or incarceration for marijuana use, but rather offers an evidence-based combination of treatment and behavioral interventions to achieve long-term recovery from marijuana abuse and addiction.

Approved by the External Policy Committee of the NADCP Board on 12-14-12

Approved by unanimous vote by the NADCP Board of Directors on 12-15-12

³² Kilmer, B., Caulkins, J.P., Pacula, R.L., MacCoun, R.J., Reuter, P.H. (2010). *Altered state? Assessing how marijuana legalization in California could influence cannabis consumption and public budgets*. Santa Monica, CA: RAND.