EXHIBIT 5
DATE 2/13/13
HB 340

NADCP
National Association of Drug Court Professionals

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

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[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://wwwdasis.samhsa.gov/webt/quicklink/US10.htm; *See also* http://wwwdasis.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.

HB

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EXHIBIT

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

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[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

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[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). Marijuanna 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. Osfsky (Ed.), *Children in a violent society* (pp. 124–145). New York: Gilford 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

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[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

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[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 marijuanna 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

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[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.