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


² Id.


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.

Health

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

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

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

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

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

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

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

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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; and

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

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

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

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Crime and the Criminal Justice System

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

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

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

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

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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.
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