POSTION STATEMENT ON MARIJUANA

Scope of the Problem

Whereas marijuana is the number one reason Washington youth enter in-patient substance abuse treatment (72%) and marijuana treatment admissions have increased annually since 2007[1]; and

Whereas vaporizing highly concentrated butane hash oil appears to be increasingly popular among Washington youth[2]; and

Whereas softening attitudes and decreased perception of risk and harm about marijuana use is increasing[3]; and

Whereas softening attitudes about marijuana often precede an increase in marijuana use rates among youth[4]; and

Whereas rates of driving under the influence of marijuana, including among youth, have increased significantly since legalization in January 2013[5]; and

Health Issues

Whereas the psychoactive ingredient in marijuana (THC) has increased almost six fold in average potency during the past thirty years[6]; and

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[1] Washington State BHSIA-DBHR Substance Abuse Treatment Analyzer Count of CD Treatment Admissions Among Youth through 12/13

[2] WASAVP youth marijuana prevention statewide meeting focus group, 10/13.

[3] 2012 WA Healthy Youth Survey. Available at www.askhys.net

[4] 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).

[5] Washington State Patrol Toxicologist report, November 2013.

[6] 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.

Whereas marijuana is addictive for 1 in 9 adults and 1 in 6 adolescents who use the drug[7]; and

Whereas marijuana continues to negatively affect attention, memory, learning, and intelligence after the intoxicating effects of the drug have subsided;[8] and

Whereas marijuana negatively affects the development of the adolescent brain;[9] and

Whereas marijuana contains 50% more carcinogens than tobacco smoke;[10] and

Whereas marijuana smokers report serious symptoms of chronic bronchitis and other respiratory illnesses;[11] and

Whereas marijuana use during adolescence is directly linked to the onset of major mental illness, including psychosis, schizophrenia, depression, and anxiety;[12] and

Whereas the use of marijuana makes addiction to other drugs more likely;[13] 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;[14] 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;[15] and

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[7] 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.
[8] 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.
[9] Giedd, J.N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Annals of the New York Academy of Sciences, 1021,* 77–85.
[10] 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.
[11] 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.
[12] Room, R., Fischer, B., Hall, W., Lenton, S., & Reuter, P. (2010). *Cannabis Policy: Moving Beyond Stalemate*, New York: Oxford University Press & Beckley Foundation Press.
[13] 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.
[14] 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.
[15] NIDA (2012). Marijuanna abuse. *NIDA Research Report Series* (NIH Publication No. 12-3859), p. 8.

Whereas higher levels of marijuana use are associated with lower satisfaction with intimate romantic relationships, work, family, friends, leisure pursuits, and life in general;[16] and

Whereas teens may significantly lower their IQs if they smoke marijuana;[17] and

Whereas marijuana use by parents is strongly associated with child abuse and neglect;[18] and

Crime and Criminal Justice

Whereas marijuana use consistently predicts a greater likelihood of involvement in crime and the criminal justice system;[19] and

Whereas long-term marijuana use has been shown to negatively affect the central nervous system in ways that may promote violence;[20] and

Whereas a consistent link between frequent marijuana use and violent crime and property damage has been identified among juveniles;[21] and

Whereas marijuana impairs motor coordination and reaction time and is the second most prevalent drug (after alcohol) implicated in automobile accidents;[22] and

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

[17] 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.

[18] 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.

[19] *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.

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

[21] 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.

Marijuana as Medicine

Whereas Washington State passed legislation declaring marijuana to be "medicine"[23]; 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;[24] and

Whereas the future of marijuana as a medicine lies in the development of its individual components delivered in a safe, uninhaled manner;[25] 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;[26] 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;[27] and

Whereas marijuana use has been found to be higher, particularly among juveniles, in states with medical marijuana laws;[28] and

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[22] *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.

[23] Chapter 69.51A RCW, MEDICAL CANNABIS (Formerly Medical Marijuana)

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

[25] Id.

[26] 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.

[27] 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.

Commercial Marijuana Marketplace

Whereas Washington State Initiative 502 has legalized recreational marijuana, hash oil, and marijuana-infused edibles for those over 21 and established a state system of production, processing, and retail; and

Whereas nonpartisan analyses by leading research organizations concluded that marijuana legalization would significantly increase marijuana consumption because of a price collapse and that the majority of Washington-produced marijuana will likely be for export;[29] and

Whereas drug cartels and drug trafficking organizations are not leaving Washington, but establishing indoor grow operations in-state to compete in the emerging marketplace under legal cover of I-502;[30] and

Now, therefore, be it resolved that to support the health and safety of Washington youth, the Washington Association for Substance Abuse and Violence Prevention:

Opposes the statutory approval of any medicine, including marijuana, outside the FDA process; and

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

Supports specific prohibitions against issuing medical authorizations ("green cards") to minors and those aged 18-20; and

Recommends banning marijuana advertising except as permitted on and in retail stores under I-502; and

Recommends requiring in-state identification for purchase of marijuana, marijuana extracts, and marijuana-infused product; and

Recommends applying current smoking laws to vaporizing and vaporizing products; and

Recommends immediate funding for a statewide public health campaign centered on marijuana prevention science; and

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[28] 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.

[29] 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.

[30] 2012 Northwest High Intensity Drug Trafficking Area (NWHIDTA) Situation Report.

Recommends the establishment of the Marijuana Dedicated Fund in trust to protect it from future re-allocation; and

Recommends adequately funding the law enforcement demands of a new commercial marijuana industry including that for, local police and sheriffs, and the Washington State Patrol; and

and ***supports*** full and meaningful compliance with the eight enforcement priorities for establishing a state-run commercial marijuana industry issued in memorandum by Deputy Attorney General James M. Cole to Washington by the Department of Justice[31].

Thanks to the National Association of Drug Court Professionals as reference.

[31] Department of Justice, Office of Public Affairs. Available here: http://www.justice.gov/opa/pr/2013/August/13-opa-974.html