

CANNABIS RESOLUTION

WHEREAS, Cannabis, also known as Marijuana, is known as a "gateway" drug, leading to the use of more dangerous drugs such as Methamphetamine, Cocaine and Heroin;^{1,2} and

WHEREAS, Cannabis (aka Marijuana) is the most commonly used illicit drug nationwide;^{3,4} and

WHEREAS, In Utah in 2016, 25% of 12th grade students had used cannabis at some time in their life, with 12.3% having used it in the past 30 days, and the average age for first time use being 13.9 years old;⁵ and

WHEREAS, Nationwide in 2014, 38.6% percent of high school students had used marijuana, with 21.7% having used it in the last 30 days, and 7.5% of students had tried marijuana for the first time before the age of 13 years⁶ and

WHEREAS, Cannabis use can lead to addiction, cause impaired short-term memory, slow reaction time, impair motor coordination, increased heart rate, alter mood and brain development, alter judgment and decision-making, possibly leading to other high-risk behaviors and impaired driving;^{7,8,9} and

WHEREAS, In high doses, cannabis can cause acute psychosis, which includes hallucinations, delusions, and loss of the sense of personal identity;^{10,11} and

WHEREAS, Cannabis use may reduce educational achievement, increase welfare dependence, reduce income, and lead to impaired interpersonal relationships;^{12,13,14,15} and

WHEREAS, The smoke of cannabis, like that of tobacco, consists of a toxic mixture of gases and particulates, many of which are known to be harmful to the lungs, causing respiratory problems and cancer;^{16,17} and

WHEREAS, The concentration of THC (delta-9-tetrahydrocannabinol, the chemical in cannabis primarily responsible for its effects on the central nervous system) has been increasing in the herbal form of cannabis in the past 30 years;^{18,19} and

WHEREAS, THC in cannabis distributes into fatty tissue and slowly releases into the bloodstream and may affect complex performance skills up to 24 hours after drug ingestion;^{20,21} and

WHEREAS, The active ingredients in cannabis (THC) help provide relief from pain, nausea, and other ailments, but further research needs to be completed, thus ensuring correct dosage, purity, and compliance with good manufacturing practices and approval by the FDA;²² now, therefore, be it

Resolved, That Utah PTA and its constituent associations opposes the legalization of recreational cannabis or marijuana, and be it further

Resolved, That Utah PTA and its constituent associations support continued research aimed at providing patients access to cannabis-based medications only under the following

conditions: pharmacy dispensed and prescribed only by a medical professional licensed to prescribe medications, and be it further

Resolved. That Utah PTA and its constituent associations support unbiased, independent medical professionals, scientists, and researchers determining what medical products are safe for use in our society and allow them to cultivate and process cannabis for academic or medical purposes, and be it further

Resolved. That Utah PTA and its constituent associations support legislative action that institutes or appropriately increases criminal penalties for individuals or organizations who grow, sell, or distribute cannabis, and for minor offenders, access to a variety of evidence-based services for rehabilitation; and be it further

Resolved. That Utah PTA and its constituent associations support the age-appropriate education of all children and families regarding the dangers and consequences of cannabis use; and be it further

Resolved. That Utah PTA and its constituent associations work to promote community programs on the state and local level to educate both parents and children on the dangers of cannabis use.

(Replaces HEA 2011-2 Marijuana)

Documentation:

¹J. David Hawkins, Ph.D., Denise M. Lishner, M.S.W., and Richard F. Catalano, Jr., Ph.D., —Childhood Predictors and the Prevention of Adolescent Substance Abuse, Implications for Prevention, Etiology of Drug Abuse Implications for Prevention, National Institute on Drug Abuse Research Monograph Series, #56, pg. 77.

²Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, pg. 4.

³Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, pg. 13.

⁴Drugs of Abuse, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48.

⁵Results from the 2017 Student Health and Risk Prevention (SHARP) Survey, State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health.

⁶Results from the 2015 Youth Risk Behavior Surveillance—United States survey, U.S. Department of Health & Human Services, Centers for Disease Control and Prevention.

⁷Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 4, 7-8. 10—Drugs of Abuse, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48- 49.

⁸Medical Marijuana and the Mind, Harvard Mental Health Letter, Volume 26, Number 10, April 2010, pg. 4.

⁹Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 4. 13—Drugs of Abuse, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48- 49.

¹⁰Drugs of Abuse, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48- 49

- ¹¹Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 4
- ¹²M. T. Lynskey, W. D. Hall, —The Effects of Adolescent Cannabis Use on Educational Attainment: A Review, *ADDICTION*, 09(11) 1621-1630 (2000).
- ¹³Schmidt L., Weisner C., Wiley J., —Substance abuse and the course of welfare dependency. *Am J Public Health* 1998; 88: 1616–22.
- ¹⁴Degenhardt L., Chiu W. T., Sampson N., Kessler R. C., Anthony J. C., —Epidemiological patterns of extra-medical drug use in the United States: evidence from the National Comorbidity Survey Replication, 2001–2003. *Drug Alcohol Depend* 2007; 90: 210–23.
- ¹⁵Newcomb M. D., Bentler P. M. —Impact of adolescent drug use and social support on problems of young adults: a longitudinal study. *J Abnorm Psychol* 1988; 97: 64–75. 18—Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 5. 19—Drugs of Abuse, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48- 49.
- ¹⁶David Moir et al., —A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced Under Two Machine Smoking Conditions, *CHEM. RES. TOXICOL.* 21 (2) 494–502 (2008), available at <http://pubs.acs.org/doi/pdfplus/10.1021/tx700275p>.
- ¹⁷Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 5.
- ¹⁸Medical Marijuana and the Mind, *Harvard Mental Health Letter*, Volume 26, Number 10, April 2010.
- ¹⁹Marijuana Abuse, National Institute on Drug Abuse, Research Report Series, pg. 3.
- ²⁰Urine Testing for Drugs of Abuse, National Institute on Drug Abuse, Research Monograph Series #73, pg. 65-66, 69.
- ²¹Harrison G. Pope and Deborah Yurgelun-Todd, —The Residual Cognitive Effects of Heavy Marijuana Use in College Students, *275 JAMA* 521–27 (1996).
- ²²Marijuana As Medicine, National Institute on Drug Abuse, April 2017, <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>