

## MARIJUANA

- WHEREAS, Marijuana is known as a "gateway" drug, leading to the use of more dangerous drugs such as Methamphetamine, Cocaine and Heroine;<sup>1, 2</sup> and
- WHEREAS, Marijuana is the most commonly used illicit drug nationwide;<sup>3,4</sup> and
- WHEREAS, In Utah in 2009, 20.4% of 12<sup>th</sup> grade students had used marijuana at some time in their life, with 8% having used it in the past 30 days, and the average age for first time use being 13.9 years old;<sup>5</sup> and
- WHEREAS, Nationwide in 2009, 36.8% percent of high school students had used marijuana, with 20.8% 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 years;<sup>6</sup> and
- WHEREAS, Marijuana is classified as a Schedule 1 drug under the Federal Controlled Substance Act (CSA) since there is a high potential for abuse and there is currently no FDA approved or accepted medical use;<sup>7,8</sup> and
- WHEREAS, Marijuana use can lead to addiction, cause impaired short-term memory, slow reaction time, impair motor coordination, increase heart rate, alter mood and brain development, alter judgment and decision-making, possibly leading to other high-risk behaviors and impaired driving;<sup>9, 10, 11</sup> and
- WHEREAS, In high doses, marijuana can cause acute psychosis, which includes hallucinations, delusions, and loss of the sense of personal identity;<sup>12, 13</sup> and
- WHEREAS, Marijuana use may reduce educational achievement, increase welfare dependence, reduce income, and lead to impaired interpersonal relationships;<sup>14, 15, 16, 17</sup> and
- WHEREAS, The smoke of marijuana, 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;<sup>18, 19, 20</sup> and
- WHEREAS, The concentration of THC (delta-9-tetrahydrocannabinol, the chemical in marijuana primarily responsible for its effects on the central nervous system) has been increasing in the herbal form of marijuana in the past 30 years;<sup>21, 22</sup> and
- WHEREAS, THC in marijuana distributes into fatty tissue and slowly releases into the bloodstream and may affect complex performance skills up to 24 hours after drug ingestion;<sup>23, 24</sup> and
- WHEREAS, The active ingredients in marijuana (THC) which help provide relief from pain, nausea, and other discomforts are available by prescription from a doctor, thus ensuring correct dosage, purity, and compliance with good manufacturing practices and approval by the FDA;<sup>25, 26</sup> now, therefore, be it

- Resolved, That Utah PTA continue to support legislative action that promotes education and abstinence programs regarding marijuana; and be it further
- Resolved, That Utah PTA support legislative action that institutes or appropriately increases criminal penalties for individuals or organizations who grow, sell, or distribute marijuana, and for minor offenders, access to a variety of evidence-based services for rehabilitation; and be it further
- Resolved, That Utah PTA oppose efforts of any kind to legalize marijuana, for medical or other use; and be it further
- Resolved, That Utah PTA and its constituent bodies support the age-appropriate education of all children and families regarding the dangers and consequences of marijuana use; and be it further
- Resolved, That Utah PTA and its constituent bodies work to promote community programs on the state and local level to educate both parents and children on the dangers of marijuana use.

(Updates HEA 1980-1 Marijuana)

Documentation:

- <sup>1</sup>J. 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.
- <sup>2</sup>“Results 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.
- <sup>3</sup>“Results 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.
- <sup>4</sup>“Drugs of Abuse”, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48.
- <sup>5</sup>“Results from the 2009 Student Health and Risk Prevention (SHARP) Survey,” State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health.
- <sup>6</sup>“Results from the 2009 Youth Risk Behavior Surveillance—United States survey”, U.S. Department of Health & Human Services, Centers for Disease Control and Prevention.
- <sup>7</sup>“Drug Scheduling List”, U.S. Department of Justice, Drug Enforcement Administration.
- <sup>8</sup>“News Release, April 20, 2006”, U.S. Food and Drug Administration.
- <sup>9</sup>“Marijuana Abuse”, National Institute on Drug Abuse, Research Report Series, pg. 4, 7-8.
- <sup>10</sup>“Drugs of Abuse”, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48-49.
- <sup>11</sup>“Medical Marijuana and the Mind”, Harvard Mental Health Letter, Volume 26, Number 10, April 2010, pg. 4.
- <sup>12</sup>“Marijuana Abuse”, National Institute on Drug Abuse, Research Report Series, pg. 4.
- <sup>13</sup>“Drugs of Abuse”, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48-49.
- <sup>14</sup>M. T. Lynskey, W. D. Hall, “The Effects of Adolescent Cannabis Use on Educational Attainment: A Review”, ADDICTION, 09(11) 1621-1630 (2000).
- <sup>15</sup>Schmidt L., Weisner C., Wiley J., “Substance abuse and the course of welfare dependency”. Am J Public Health 1998; 88: 1616–22.

- <sup>16</sup>Degenhardt 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.
- <sup>17</sup>Newcomb 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.
- <sup>18</sup>“Marijuana Abuse”, National Institute on Drug Abuse, Research Report Series, pg. 5.
- <sup>19</sup>“Drugs of Abuse”, U.S. Department of Justice, Drug Enforcement Administration, 2005 Edition, pg. 48-49.
- <sup>20</sup>David 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>.
- <sup>21</sup>“Medical Marijuana and the Mind”, Harvard Mental Health Letter, Volume 26, Number 10, April 2010.
- <sup>22</sup>“Marijuana Abuse”, National Institute on Drug Abuse, Research Report Series, pg. 3.
- <sup>23</sup>“Urine Testing for Drugs of Abuse”, National Institute on Drug Abuse, Research Monograph Series #73, pg. 65-66, 69.
- <sup>24</sup>Harrison G. Pope and Deborah Yurgelun-Todd, “The Residual Cognitive Effects of Heavy Marijuana Use in College Students”, 275 *JAMA* 521–27 (1996).
- <sup>25</sup>“Marijuana Abuse”, National Institute on Drug Abuse, Research Report Series, pg. 9.
- <sup>26</sup>USFDA Orange Book (2011), “Therapeutic Equivalents Evaluations”, Marinol™, approved by FDA May 31, 1985, Prescription only, available in 2.5 mg, 5 mg, 10 mg, oral capsules, [www.fda.gov](http://www.fda.gov).