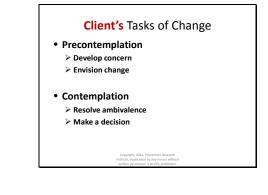
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Slide 1
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Client's Tasks of Change

- Preparation
 Make a plan
- Identify skills/resources
- Action
- Implement the plan
 Revise as needed
- Maintenance > Integrate throughout
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Weed "weed" = dried bud of the marijuana plant

sensemilla = growing process - the female plant is not fertilized - no seeds

smoked or heated to inhale the vapor

THC content is variable

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Dabs

"Dab" = hash oil/resin obtained with butane extraction (BHO = butane hash oil)

resin is placed on superheated metal and the resulting vapor inhaled

THC concentration is high





Shatter

"Shatter" = hash oil/resin obtained with butane extraction, purified to a waxy, then brittle state

heated to inhale the vapor

concentrated THC content is high

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Vapes (e-pipes)

- E-cigarette for THC are portable bongs or pipes
 Use with plant matter, oils, dabs or shatter depending on the brand
- Higher levels of THC delivered

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Slide 9

Is Marijuana a Medicine?

 Marijuana contains compounds that can treat some diseases. In that sense, it is a medicine.
 Willow bark - the original source of aspirin is also a medicine in this sense.
 It is a crude medicine, only used because a better refined, pharmaceutical version of its compounds are not readily available.



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- Slide 10
- Proposed Medical Compounds found in Marijuana and Potential Effects • Δ⁹-THC – anti-nausea, sedative,
- appetite enhancement, slows tumor growth
- <u>Δ⁸-THC anti-nausea, anti-emitic,</u> slows tumor growth
 Cannabidial - anti-nausea anti-
- <u>Cannabidiol</u> anti-nausea, antispasmotic, anti-seizure

- Proposed Medical Compounds found in Marijuana and Potential Effects • <u>Cannabinol</u> – analgesic, lowers intraocular pressure (glaucoma
- preventative)
 <u>Cannibichromene</u> sedative, analgesic
- <u>Cannibigerol</u> sedative, antiinflammatory, lowers intra-ocular pressure
- <u>Δ⁹-THCV</u> antagonist effects on CB receptors

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Why Address Medical Marijuana?

- It is important to understand as a "wedge" issue for legalization
- The medical issue is currently tied to recreational use
- There is a lot more *said* about medical marijuana than is *accurate*
- Its acceptance is spreading rapidly.
 Our field (prevention & treatment) made
 - a mistake

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Why Address Medical Marijuana

- - traditional medicines
 - Marijuana is as safe or safer than many prescription medications
 - *People are suffering
 - It is unfair to make people suffer when marijuana can treat their condition.
 - The National Institute of Medicine (IOM) has endorsed the medical use of marijuana.

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Why Address Medical Marijuana

These arguments are accurate

- Marijuana compounds treat some illnesses
 A minority of people do not respond well to traditional medicines
- Marijuana is as safe or safer than some prescription medications
- People are suffering
- It is unfair to make people suffer when marijuana can treat their condition.
- The National Institute of Medicine (IOM) has endorsed the medical use of marijuana.

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Marijuana and Medicine: Assessina the Science Base, 1999. IOM Medical Marijuana 1999 Institute of Medicine Pro Con Not completely benign Smoking is a crude but can be used delivery system Assess case by case who Respiratory disease is will benefit linked to cannabis use • May help nausea, pain and AIDS wasting May lead to infections with AIDS patients Studies suggest it may Short-term use (6

months or less) increase cancer risk Research on risks and benefits should contract the former the second treating glaucoma

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Medical Marijuana

Conditions of Use

- 1. Short term use no more than six months duration 2. Reasonable expectation use improves
- symptoms
- Documented failure of all approved medications 3. Treatment is done under ongoing medical supervision 4.
- Physician routinely monitors treatment effectiveness 5.
- Physicians refer to a review board, similar to an IRB, to provide guidance within 24 hours for a physician request to prescribe marijuana Marijuana and Medine: Assessing the Science Base, 1999, IOM 6.

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Five Reasons the Drug Abuse Field **Addresses Medical Marijuana**

1. To divorce medical and recreational use "The vast majority of so-called "medical marijuana patients" I witnessed during my years in the movement were simply seeking a way to obtain and smoke marijuana unmolested."

Nicholas Thimmesch II (former Director of Communications, NORML)

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Five Reasons the Drug Abuse Field **Addresses Medical Marijuana** 1. To divorce medical and recreational use

- 2. To allow for compassionate use under IOM
- Guidelines for those in true medical need a) We made a mistake. We need to fix it.
- b) We should press the medical research establishment o explore and define the medical uses and any conditions that contraindicate its use.
- c) We should press the government to make medical research on cannabinoids a priority.







Five Reasons the Drug Abuse Field Addresses Medical Marijuana

- To divorce medical and recreational use.
 To allow for compassionate use under IOM
- Guidelines for those in true medical need.
 To suggest we should not be doing drug
- approval by public referendum.4. To teach the public *and our clients* :
- a) to view medical marijuana as subject to misuse as any other prescription.
 b) if marijuana is a potent medicine, it has
- risks.

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Four Reasons Proposed to Legalize Marijuana

- Alcohol is legal marijuana should be too.
 Marijuana is already so widely available,
- why not legalize it and get the tax revenue?
- 3. People are being unjustly imprisoned.
- 4. Tax Revenues will fill state coffers and alleviate state budget problems.

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1. Alcohol is legal - marijuana is no worse

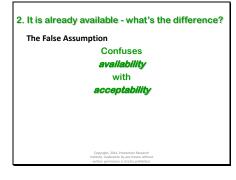
The False Analogy

- Equating alcohol and marijuana effects

 Alcohol can be used as a beverage and usually
 in
- b) Marijuana is used exclusively for getting high
 2. There are statistically no differences in overall life outcomes among alcohol abstainers and drinkers who use low-risk
- amounts (except drinkers live a little bit longer) 3. The real question is: "Is marijuana risky compared to not using at all?"

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3. People are being imprisoned unjustly Inmates in state prison for marijuana offenses (1997)

- Drug possession offenses 5.6% of all state inmates
 First time drug offenders 3.6% of all state inmates
- First time drug offenders Offenses involving marijuana 2.7% of all state inmates
- Held for marijuana only 1.6% of all state inmates
- Held for marijuana possession only –
- 0.7% of all state inmates
 First time offenders held only for marijuana possession (any
 amount) 0.3% of all state inmates
 Who's Really in Prison for Marijuana? ORDCP
 http://www.ncjrs.gov/endspabd/publications/eff/whos.in.prison for marij gdf

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3. People are being imprisoned unjustly

- Marijuana offenders sentenced in federal courts (2001)
- Drug offenders sentenced in federal court 24,299
- Drug offenders sentenced for marijuana 7,991 Marijuana offenders sentenced for trafficking 7,805 (97.7%)
- Marijuana offenders sentenced for possession 186 (2.3%)
- Marijuana offenders sentenced to prison for possession 63

Who's Really in Prison for Marijuana? - ONDCP http://www.ncjrs.gov/ondcppubs/publications/pdf/whos_in_prison_for_marij.pdf

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4. Tax revenue will fill state coffers

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- The Argument
- > Less enforcement needed
- > Less spent on court costs > Less spent on prison costs
- > Increased tax revenue

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4. Tax revenue will fill state coffers

The Argument • 90% in prison for drug use are using cocaine, heroin, or meth. • 6% for marijuana only • 0.1%-0.2% total prison population Most have other offenses, usually drug trafficking, often with

multiple drugs including some they do not use.

Less enforcement needed Less spent on court costs > Less spent on prison costs

Authors' conclusion: "decriminalization of marijuana would have almost no impact on prison populations"

Caulkins, J., & Sevigny, E. (2005). How many people does the U.S. imprison for drug use, and who are they? *Contemporary Drug Problems*, 32, 405 - 428



4. Tax revenue will fill state coffers

Not the whole picture:

- Competition will causes prices to plummet
- New bureaucracy, regulation & enforcement
- >Enforce tax collection on a cottage industry?
- > Organized Crime will not Disappear

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4. Tax revenue will fill state coffers

Exploring legalization in California – Rand Drug Policy Institute estimated legalization would create:

- ➤ a 25% increase in adult use
- more new initiates
- > using more frequently,
- \succ using in more settings,
- \succ using for longer periods of time

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4. Tax revenue will fill state coffers This is likely to result in: More healthcare costs Including Treatment DUI costs likely to increase



4. Tax revenue will fill state coffers Dutch Drug Information System (LADIS) 1994 to 2002 (while overall numbers remained numerically low) Increases in cannabis only clients • Young clients (15-20) up 21% • Older clients (>20) up 96% Increases in

cannabis + alcohol up 2.9%
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Will Marijuana Pay Its Bills?

≻In truth – no one knows

>Our history with alcohol and tobacco suggests it won't

 $\succ \mbox{Even}$ if it does financially, there is a human cost

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