

- Drug courts, or supervised programs that offer alternatives to incarceration, are a common means of providing treatment for drug users. Established to handle the growing caseload of low-level drug offenses, drug courts separate non-violent users from people charged with trafficking and other serious drug crimes.
 - ❖ Recidivism rates among all drug court participants have ranged from 5 percent to 28 percent; for graduates of drug courts, the recidivism rate is less than 4 percent.⁴⁶
 - ❖ Drug courts are expanding rapidly, and the federal government is helping to fuel this growth. The President's proposed FY 2004 budget includes an increase in drug-court funding from the currently enacted \$45 million to \$68 million.⁴⁷ More than 1,000 drug courts are in operation around the country, and approximately 400 are in development. To date, some 300,000 adults and juveniles have enrolled in drug court programs.⁴⁸
- Communities can take action now. We urge treatment programs and providers to employ these proven methods. For materials and more information, visit www.health.org.

Related Issues

1. Marijuana v. tobacco and alcohol: the case against legalization

- Alcohol and tobacco pose significant risks, especially to young people.
- Alcohol and tobacco cost society a great deal every year in terms of crime, lost productivity, tragedies, and deaths. Why legalize marijuana and add a third drug to the current list of licit threats?
- As a result of legal settlements and vigorous public education efforts, many Americans are aware of the dangers of dependence and addiction associated with alcohol and tobacco use. Even so, alcohol and tobacco remain a significant part of the American health problem.

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2. Gateway theory

- A direct cause-and-effect relationship between marijuana use and subsequent use of other drugs is hard to prove. Studies show, however, that of the people who have ever used marijuana, those who started early are more likely to have other problems later on. For example, adults who were early marijuana users were found to be:
 - 8 times more likely to have used cocaine;⁴⁹
 - 15 times more likely to have used heroin;⁵⁰
 - 5 times more likely to develop a need for treatment of abuse or dependence on *any* drug.⁵¹
- The *Journal of the American Medical Association* reported a study of more than 300 sets of same-sex twins. The study found that marijuana-using twins were four times more likely than their siblings to use cocaine and crack cocaine, and five times more likely to use hallucinogens such as LSD.⁵²

3. Medical marijuana

- Our medical system relies on proven scientific research, not polling results.
- About 100 years ago, leaders in this country created the U.S. Food and Drug Administration (FDA) to make sure that medicine falls under the “safe and effective” standard before it is sold on the open market.
- Research has not demonstrated that smoked marijuana is helpful as medicine.⁵³
- A component in marijuana—THC—has been approved in pill form by the FDA. It’s called Marinol, and though it is not frequently prescribed, the U.S. supports the right of doctors to prescribe this drug if they feel it would best serve their patients’ needs. The U.S. Drug Enforcement Administration (DEA) even lowered the scheduling on Marinol to make it easier for doctors to prescribe the drug.
- Marijuana smoke contains more than 400 chemicals and increases the risk of cancer, lung damage, and poor pregnancy outcomes.⁵⁴
- The U.S. continues to support research into the medical efficacy of certain isolated properties of marijuana.
- Even if smoking marijuana makes people “feel better,” that is not enough to call it a medicine. If that were the case, tobacco cigarettes could be called medicine because they are often said to make people feel better. For that matter, heroin certainly makes people “feel better” (at least initially), but no one would suggest using heroin to treat a sick person.
- Marijuana use causes precancerous changes in the body similar to those caused by tobacco use. Smoking pot delivers 3 to 5 times the amount of tars and carbon monoxide into the body. It also damages pulmonary immunity and impairs oxygen diffusion.⁵⁵ How could changes such as these be good for someone dying of cancer or AIDS?

4. State initiatives

- Voters at the state and local levels want to make decisions that are appropriate for their communities, but to do so they must have accurate information.
- Well-financed and organized campaigns have contributed to the misperception that marijuana is harmless or may even have health benefits.
- These campaigns are led not by medical professionals or patients-rights groups, but by pro-drug donors and organizations in a cynical attempt to exploit the suffering of sick people.

Marijuana is being used as a wedge issue by a small minority to push a political agenda calling for drug legalization.

5. The European experience

- The “nirvana” offered by the Dutch example is extremely dubious; in fact, the Dutch government is now reconsidering its laws and policies regarding drugs.
- Increased availability of marijuana leads to increased use of this and other drugs, and it creates additional problems as well:
 - After coffee shops started selling marijuana and use of the drug became normalized, marijuana use between 1984 and 1996 nearly tripled—from 15 percent to 44 percent—among 18- to 20-year-old Dutch youth.⁵⁶
 - While our nation’s consumption of cocaine has decreased by 70 percent over the past 15 years, cocaine consumption in Europe (primarily Western Europe) has increased.⁵⁷

6. Drug testing in schools

- Marijuana use affects the growth and development of young minds; it can inhibit students' ability to concentrate and retain information during the critical learning years.
- Student drug testing can be an important tool in preventing and treating youth drug use.
- It is important for parents, school officials, and community leaders to examine the nature and extent of their youth drug problem to determine if testing is appropriate for their schools.
- The goal of school-based drug testing is not to trap and punish students who do drugs. Rather, it is to prevent drug dependence and to help drug-using students stop and find treatment before the problem gets worse.⁵⁸
- According to the *Journal of Adolescent Health*, a school in Oregon that drug-tested student-athletes had a rate of drug use that was one-fourth that of a comparable school with no drug-testing policy.⁵⁹
- After two years of a drug-testing program, Hunterdon Central Regional High School in New Jersey saw significant reductions in 20 of 28 drug-use categories. Cocaine use by seniors, for example, dropped from 13 percent to only 4 percent.⁶⁰
- Testing provides a way for teens to resist peer pressure.⁶¹
- Testing helps prevent drug use at a critical time in young people's lives. Research shows a strong link between drug dependence and the age of initiation. If people can be prevented from using drugs as teenagers, their chances of experiencing drug problems as adults are greatly diminished.⁶²

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