MARIJUANA AND PUBLIC HEALTH ISSUES

Maine does not need to increase access to an addictive drug that is linked to health and safety issues, and that has public health and policy concerns, especially for Maine's youth.

Despite what you may have heard, marijuana use is not harmless, especially for youth.

- Marijuana <u>is</u> addictive. About 9% people who use marijuana become addicted. More importantly, the chance of addiction increases to 17% for those who start using as teens and to 25-50% for daily users. In 2011 marijuana was the illicit drug with the highest rate of past year dependence or abuse in the US, followed by pain relievers and cocaine. It
- Studies have shown an association between chronic marijuana use and increased rates of anxiety and depression. iv Marijuana use can also increase the risk of schizophrenia in individuals who are genetically predisposed to it. v
- The average level of THC (the chemical that makes people get high and which can lead to addiction) in marijuana has more than doubled since 1998. vi
- Marijuana was involved in over 450,000 emergency department visits for misuse or abuse of drugs in the US in 2011. vii

If you care about the health and safety of Maine youth, you need to care about youth access to marijuana.

- Although most Maine youth do <u>not</u> use marijuana, over 1/3 of high school students have used marijuana at least once and 22% have used within the last month. 44% of Maine high school students believe there is no or little risk of harm to people who smoke marijuana regularly, and 59% think there is no or little risk with occasional marijuana use. Viii
- Last year marijuana was the substance for which Maine youth most often sought treatment for addiction. Out of the 537 substance abuse treatment admissions for youth under the age of 18, 67.6% (363) listed marijuana as their primary drug leading to admission, while 21% listed alcohol. ix

If you care about academic performance and the success of Maine youth, you need to care about youth marijuana use.

- Marijuana can cause distorted perceptions, impaired coordination, difficulty in thinking and problem solving, and problems with learning and memory.^x
- Compared with their nonsmoking peers, students who smoke marijuana tend to get lower grades and are twice as likely to drop out of high school.xi
- Recent research based on a study of over 1000 people shows that people who started smoking marijuana as teens and continued to use it heavily for years showed an average drop of 8 IQ points by age 38. xii
- Marijuana use is strongly linked to poorer outcomes later in life. One New Zealand study showed associations between increasing levels of marijuana use at ages 14-21 and higher levels of social welfare dependence, higher unemployment, and lower income and lower levels of academic degree attainment by age 25. A US study showed poorer outcomes for chronic marijuana users in terms of education attained, household income, and overall life satisfaction. A Viv

If you care about safety on Maine roads, you need to care about impaired drivers.

- Marijuana use, and its impairment of motor coordination and reaction time, doubles the risk of car crashes. xv
- Cannabinoids, the drug class that includes marijuana, ranked as the number one drug found in Maine impaired driving cases (Jan 2009-Aug 2011) when a Drug Recognition Expert was called in. xvi



ⁱ Budney, A. J., Roffman, R., Stephens, R. S., Walker, D. (2007) *Marijuana dependence and its treatment Addict Sci Clin* Pract, 4(1): pp 4-16

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iii Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Retrieved from http://www.samhsa.gov/data/nsduh/2k11results/nsduhresults2011.htm

iv Moore TH, Zammit S, Lingford-Hughes A, et al. (2007) Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. Lancet 370(9584):319–328.

^v Caspi, A. et al., (2005) *Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study.* Biol. Psychiatry, 57(10): 1117-1127.

vi National Center for Natural Products Research (NCNPR), Research Institute of Pharmaceutical Sciences. *Quarterly Report, Potency MonitoringProject, Report 107, September 16, 2009 thru December 15, 2009.* University, MS: NCNPR, Research Institute of Pharmaceutical Sciences, School of Pharmacy, University of Mississippi (January 12, 2010).

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viii 2011 Maine Integrated Youth Health Survey. Retrieved from www.maine.gov/dhhs/samhs/osa/data/miyhs/index.htm ix FY2012 Maine Treatment Data System.

^x Pope HG, Gruber AJ, Hudson JI, Huestis MA, Yurgelun-Todd D. (2001) *Neuropsychological performance in long-term cannabis users*. Arch Gen Psychiatry 58(10):909–915.

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xii Meier, M.H., Caspi, A. et al. (2012) *Persistent cannabis users show neuropsychological decline from childhood to midlife*. Proceedings of the National Academy of Sciences. Published online before print August 27, 2012, doi: 10.1073/pnas.1206820109 PNAS October 2, 2012 vol. 109 no. 40 E2657-E2664 Retrieved from www.pnas.org/content/109/40/E2657

xiii Fergusson, D.M. and Boden, J.M. (2008) Cannabis use and later life outcomes. Addiction, 103: 969-976.

xiv Gruber, AJ et al., (2003) Attributes of long-term heavy cannabis users: a case-control study. Psychological Medicine, 33, pp. 1415-1422.

xv M. Asbridge, J.A. Hayden, J.L. Cartwright. (2012) *Acute cannabis consumption and motor vehicle collision risk;* systematic review of observational studies and meta-analysis. British Medical Journal, 344: e536: DOI: 10.1136/bmj.e536 xvi Brunell, D. (Maine Dept. of Transportation), Pierce, S. (Maine Dept. of Health and Human Services), Drug Recognition Experts. (March 2012) *Maine Drug and Alcohol Crash Related Data.* [Powerpoint slides]

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