

# MARIJUANA FACTS FOR MEDICAL PROFESSIONALS

## Medical Association Views

The American Society of Addiction Medicine states that “Marijuana use is associated with adverse health consequences, including damage to specific organs and tissues and impairments in behavioral and neurological functioning”. It recommends:

- That physicians lead efforts to oppose legislative or ballot initiatives that would result in the legalization of marijuana production, distribution, marketing, possession and use by the general public.
- That public education campaigns be undertaken to inform the public that addiction associated with cannabinoids is a significant public health threat, and that marijuana is not a safe product to use, especially, but not only, by smoking
- That the potential for the development of addiction and for the development and progression of psychotic conditions are enhanced when high-potency marijuana products are used by adolescents because of the unique vulnerability of the adolescent brain<sup>1</sup>

There is currently no scientific evidence to support the use of marijuana as an effective treatment for any psychiatric illness, and studies have shown that cannabis use may in fact exacerbate or hasten the onset of psychiatric illnesses.<sup>2</sup> According to *Addiction Biology*, “Emerging evidence from human studies and animal research demonstrates that an early onset of cannabis consumption might have lasting consequences on cognition, might increase the risk for neuropsychiatric disorders, promote further illegal drug intake and increase the likelihood of cannabis dependence”.<sup>3</sup>

## Evidence from Colorado

- Marijuana-related exposure cases by age groups in 2006 – 2008 compared to 2009 – 2011 increased: 0 – 5 yrs = 200 percent increase, 6 – 12 yrs = 60 percent increase, 13 – 14 yrs = 92 percent increase, and ages 15 – 18 = 7 percent increase.<sup>4</sup>
- In 2009, Colorado experienced an explosion to over 20,000 new medical marijuana patient applications. By the end of 2009, new patient applications jumped from around 6,000 for the first seven years to an additional 38,000 in just one year. Actual cardholders went from 4,800 in 2008 to 41,000 in 2009. By mid-2010, there were over 900 marijuana dispensaries identified by law enforcement.<sup>5</sup>

## Impaired Driving Information

- In 2006, drivers testing positive for marijuana were involved in 28 percent of fatal vehicle crashes involving drugs. By 2011 that number had increased to 56 percent.<sup>6</sup>

<sup>1</sup> American Society of Addiction Medicine. *White Paper on State-Level Proposals to Legalize Marijuana*. December 2012. <http://www.asam.org>

<sup>2</sup> Semple DM, McIntosh AM, Lawrie SM. *Cannabis as a risk factor for psychosis: a systematic review*. *J Psychopharmacol*. 2005 Mar; 19(2):187-94. Large M, Sharama S, Comptom MT, Slade T, Niessen O. *Cannabis use and earlier onset of psychosis: a systematic meta-analysis*. *Arch Gen Psychiatry*. 2011 Jun;68(6): 555-61.

<sup>3</sup> Schneider, M. *Puberty as a highly vulnerable developmental period for the consequences of cannabis exposure*. *Addiction Biology*. 13(2), 253-263. June 2008

<sup>4</sup> Rocky Mountain Poison Center, *Annual Reports, 2006 – 2011*. American Association of Poison Control Centers (AAPCC), *Annual Reports, 2006-2011*, <<http://www.aapcc.org/annual-reports/>> (July 2013)

<sup>5</sup> Rocky Mountain HIDTA. *The Legalization of Marijuana in Colorado: The Impact*. August 2013

<sup>6</sup> Colorado Department of Transportation. *Drugged Driving Statistics*. December 2012. <http://www.coloradodot.info/programs/alcohol-and-impaired-driving/druggeddriving/drugged-driving-statistics.html>