
Parenting for Prevention

Student Assistance Services Corp., 660 White Plains Road, Tarrytown, New York, 10591, May, 2010

Medical Marijuana



There is great concern among mental health and substance abuse prevention and treatment professionals regarding a bill currently attached to the New York State budget that legalizes the use of medical marijuana in New York State.

The following organizations are opposed to this initiative, the American Society of Addiction Medicine, the New York Society of Addiction Medicine (NYSAM), the National Council on Alcoholism and Drug Dependence (NCADD) and the NY State Association of Chiefs of Police.

In addition, the national medical organizations opposed to the legalization of marijuana for medical use includes, American Medical Association, National Multiple Sclerosis Society, American Glaucoma Society, the American Academy of Ophthalmology, American Cancer Society, National Eye Institute, National Institute for Neurological Disorders and Stroke and the Food and Drug Administration.

Patricia Murphy Warble, LCSW, CPP, Editor

Myths and Facts About Medical Marijuana

In regard to legalizing marijuana that is smoked for medical use, how many ways can one say “This is a bad idea?” That is the statement from Larry Calkins, President of the Council on Addictions of New York State (CANYS), an advocacy group of alcohol, drug and gambling prevention and treatment service providers that addresses issues related to alcohol, tobacco, drug use and gambling problems in communities statewide.

In early April, a town hall meeting about underage drinking was held in Westchester County. At that meeting, data was released about the alcohol, marijuana and tobacco use of teens in Westchester. The information about marijuana showed that during the past two years, there has been a decrease in the perception about the harm of marijuana by teens in Westchester county. So, not surprisingly, the use of marijuana during those two years has increased significantly.

The annual Monitoring The Future study, which has been tracking drug use among U.S. teens since 1975, showed that the use of marijuana is, according to the researchers, “tilting” upwards. This annual study is sponsored by the National Institute on Drug Abuse and designed and conducted by the University of Michigan.

Prevention specialists see a connection between the “legalization” of marijuana and the change in attitudes by young people and the subsequent increase in their use of marijuana. Young people feel that if it is “legal,” it must be safe and that is not the case.

Legalizing medical marijuana in New York State will put our youth at increased risk by increasing the use of marijuana which in turn will result in increased car crashes, respiratory problems and many other medical, social, emotional, legal and school problems.

**Arguments Against Marijuana
Legalization From A
Prevention Perspective**
by
**Community Anti-Drug
Coalitions of America**

Marijuana Is Addictive

Claim:

- Proponents of decriminalization and legalization purport that marijuana is a harmless, non-addictive drug.

The Facts:

- The Drug Enforcement Administration classifies marijuana as an addictive, Schedule I drug.
- Marijuana is the most widely abused illicit drug in the nation among both youth and adults:
 - According to the 2008 *Monitoring the Future* results, **42.6% of high school seniors have tried marijuana, with 19.4% of them reporting that they have used marijuana in the last 30 days.**
- Treatment rates for marijuana addiction have skyrocketed in recent years:
 - The National Center on Addiction and Substance Abuse at Columbia University found that clinical diagnoses rates for marijuana abuse and/or dependence for minors has **increased by a staggering 492.1 percent** between 1992 (when marijuana use was at its lowest point) and 2006.
 - Concurrently, there was a **53.7 percent decrease in rates of clinical diagnoses for all other substances combined**, including alcohol, illicit, controlled prescription and over-the-counter drugs and inhalants.

Marijuana Addiction is a Pediatric Onset Disease

Claim:

- Proponents of decriminalization and legalization purport that marijuana use begins in adulthood rather than adolescence.

The Facts:

- According to Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), drug addiction is a pediatric/adolescent onset disease and **prevention of first use is critical.**
- The Substance Abuse and Mental Health Services Administration's (SAMHSA) most recent *National Survey on Drug Use and Health* (NSDUH) revealed that the mean age at first use for marijuana initiates is 17.8.
- **61.8% of all marijuana initiates began prior to the age of 18 in 2008.**
- While these trends are disturbing, this national data set masks the fact that many communities throughout the country are seeing a much, much lower age of initiation for marijuana use – **often times as young as 12 and 13.**
- Using marijuana at a young age can have deleterious effects on youth:
 - The younger the age a person first uses drugs, the higher their chance of adult drug dependency and addiction.
 - The NSDUH has substantiated this fact as it reported that **youth who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults.**

Marijuana Use in Adolescence Effects Brain Development

Claim:

- Proponents of decriminalization and legalization purport that marijuana use does not impair brain function or hamper brain development.

The Facts:

- While drug use disrupts brain function of users regardless of age, NIDA research demonstrates that these effects are much more detrimental and long-lasting among youth.
- Marijuana use predominantly affects the pre-frontal cortex, which is the last area of the brain to develop and has not fully matured in adolescence.
- Marijuana use “disrupts the brain function critical to motivation, memory, learning, judgment and behavior control.”

Marijuana Use Linked to Poor Academic Performance

Claim:

- Proponents of decriminalization and legalization purport that marijuana use does not hamper school performance.

The Facts:

- The NSDUH has reported that **youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youth with an average grade of A.**
- The NIDA study entitled “Marijuana Abuse: Age of Initiation, Pleasure of Response Foreshadow Young Adult Outcomes,” found that **youth who initiate marijuana use by age 13 usually do not go to college**, while those who have abstained

from marijuana use, on average, complete almost three years of college.

- It also found that even if they decrease their usage later in life, **those who begin using marijuana by age 13 are more likely to report lower income and lower level of schooling** by age 29.

Marijuana Use Linked to Carrying a Gun, Gang Involvement and Thoughts of Suicide

Claim:

- Proponents of decriminalization and legalization purport that marijuana does not contribute to violent behavior and/or victimization; rather it contributes to a mel-low mood

The Facts:

- A clear link between violence and marijuana use among adolescents has been established, and exists for gang involvement, and thoughts of suicide.
 - In its *2009 National Summary of its Questionnaire Report for Grades 6-12*, Pride Surveys reported that **of those students who carried a gun to school, 64.0% used marijuana; of those involved in a gang, 51.8% had used marijuana; and of those who had thoughts of suicide, 45.4% used marijuana.**

Legalization and Decriminalization Lead to Lower Perceptions of Harm

Claim:

- Proponents of decriminalization and legalization purport that, like alcohol and tobacco, marijuana should be regulated, and that doing so will lead to lower addiction rates and an increased perception of harm or risk.

The Facts:

- Research illustrates that the decline in the use of any illegal drug is directly related to its perception of harm or risk by the user. Decriminalizing and/or legalizing marijuana normalizes a drug that clearly has the potential to be both dangerous and addictive.
- While it is true that alcohol and tobacco addiction rates are higher than that of marijuana, this is the case in large part because they are legal substances and the stigma associated with them has been removed. Doing the same for marijuana will only ensure that addiction rates continue to rise.
- This is evidenced by the facts that:
 - Those **states which have implemented “medical” marijuana ballot initiatives have some of the highest addiction rates in the country.**
 - In those states where marijuana has been equated with medicine, the perception of harm relating to that drug has been drastically reduced and social norms to reinforce “no use” messages, have been undermined.
 - According to the *State Estimates of Substance Use from the 2006–2007 National Surveys on Drug Use and Health*, released by SAMHSA in May of 2009:
 - In seven of the 13 states that have already legalized or decriminalized marijuana use, the perception of harm associated with smoking marijuana once a month has declined among those 12 and older and among those aged 18-25.

- In 11 of these 13 states, the perception of harm is actually lower than the national average

Other Claims vs Reality Regarding Medical Marijuana

Financial

The proponents of “medical” marijuana” say that the state’s financial woes can be alleviated by taxing “medical” marijuana. However, there will be other initiatives that will cost the state additional funds.

- The Department of Health will have to create a complicated and expensive new bureaucracy to regulate the “medical” marijuana physicians, patients, and the registered organizations provided for in the bill.
- There will be increased treatment costs for those who become addicted to marijuana. Marijuana is an addictive drug, and is currently the number two cause of admission to alcohol and drug treatment programs behind alcohol. For those who are using it as a “medicine” it is far more likely that they will develop an addiction to marijuana that will develop a complex range of symptoms or consequences: physical, emotional, financial, relationship problems, legal and workplace-related problems that will require treatment for themselves and their family members.

- The bill will create “medical marijuana dispensaries” that will increase law enforcement costs. They have proven to be difficult and expensive to regulate in the states that have them. In Los Angeles there are over 800 in the city alone.

Medical Marijuana is Already Available in New York State

It is important to note that there are two approved cannabinoid drugs in pill form already approved by the federal Food and Drug Administration (Marinol and Cesamet) that doctors in New York State can prescribe for medical purposes. There is no need for “medical marijuana” that can be smoked when it already available in pill form.

Community Anti-Drug Coalitions of America Report

What the Experts Say:

- The use of smoked marijuana as medicine is problematic due to its adverse health consequences and the inherent difficulties in accurate dosing and purity.
- Marijuana is not a benign drug.
- “There are numerous deleterious health consequences associated with short and long term marijuana use, including the possibility of becoming addicted.”
- There is a marijuana withdrawal syndrome that is characterized by increased anxiety, increased drug craving, sleep difficulties and decreased appetite.
- Smoking marijuana as medicine greatly increases the likelihood of some cancers.
- Marijuana users are exposed to 50% to 70% more carcinogenic hydrocarbons than tobacco smoke has.

Claim: Those in favor of decriminalizing marijuana for “medicinal” purposes repeatedly cite the 1999 Institute of Medicine (IOM) report as proof that the federal government endorses “medical marijuana.”

What the IOM Report Actually Says:

- “Smoked marijuana is a crude THC delivery system that also delivers harmful substances.”
- “The effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications.”
- “Numerous studies suggest that marijuana smoke is an important risk factor in the development of respiratory disease.”
- “Because of the health risks associated with smoking, smoking marijuana should generally not be recommended for long-term medicinal use.”
- John A. Benson, Jr. M.D. of the IOM stated that “While we see a future in the development of chemically defined cannabinoid drugs, we see little future in smoked marijuana as a medicine.”

Ibid.

Statement by Nora Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA) – “Marijuana and Medicine: The Need for a Science-Based Approach,” April 1, 2004

Ibid.

Ibid.

Ibid.

National Academy of Sciences Institute of Medicine. *Marijuana and Medicine: Assessing the Science Base*, 1999

Ibid.

Ibid.

John A. Benson, jr., Co-Principal Investigator, in releasing *Marijuana and Medicine: Assessing the Science Base*, National Academy of Sciences, 1999.