Marijuana Talking Points

- **Marijuana is the most widely used illicit drug in the US. Contrary to popular belief, one can develop addiction involving marijuana use.**
  - In 2015, 22.2 million Americans aged 12 or older were current marijuana users. Of the 7.7 million Americans with an illicit drug use disorder in 2015, 4 million had disorders related to marijuana use.[1]
  - It is estimated that 9% of people who use marijuana will become dependent[1] on it.[2] The number goes up to about 17% in those who start using in their youth and to 25%-50% among daily users.[3]

- **The growing acceptance of marijuana among the public and policymakers is contributing to the opinion that marijuana use is harmless or less harmful in comparison to the use of alcohol and tobacco.**
  - Leading up to 2014, there was a five-year decline in the perceived harm of regular marijuana use, from 52.4% of high school seniors perceiving marijuana to be harmful in 2010 to 36.1% in 2014.[4]
  - The decline in perceived harm of regular marijuana use is associated with an increase in regular use among adolescents. Past month use among 8th, 10th and 12th-graders increased from 5.7%, 14.2% and 18.8% in 2007 to 6.5%, 16.6% and 21.2% in 2014, respectively.[4]
  - However, marijuana use is not harmless. The long-term effects of marijuana use include altered brain development and cognitive impairment, including impaired neural connectivity in specific brain regions associated with memory, learning and impulse control, decreased activity in prefrontal regions and reduced volumes in the hippocampus. Use during adolescence can exacerbate these effects.[5]

- **While some research has demonstrated the therapeutic potential of marijuana and cannabinoids, the use of "medical marijuana" is unsafe.**
  - States that have legalized marijuana for medicinal use are allowing the distribution of marijuana to a large number of individuals with a wide variety of medical conditions. The marijuana being distributed is not standardized or quality-controlled; the dosage forms do not provide a known, reproducible dose; and data on efficacy and adverse effects are not being collected in a reliable manner.[6]
  - Marijuana, marijuana-based products and marijuana delivery devices should be held to the same standards as other prescribed medications and be subject to the FDA approval process to their ensure safety and efficacy.[7]

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[1] Marijuana dependence is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) as increased tolerance, compulsive use, impaired control and continued use despite physical and psychological problems caused or exacerbated by use.

- "Medical marijuana" should be distinguished from the pharmaceutical use of specific chemicals found in marijuana, such as cannabidiol, which are delivered in controlled doses by nontoxic delivery systems. Smoking is not a safe means of drug delivery.[7]
- Physicians who recommend marijuana use to patients should do so within the context of a patient-physician relationship that includes the creation of a medical record and follow-up visits to assess and amend the treatment plan if needed.[7]

- **Jurisdictions that have already legalized or may act to legalize marijuana use should implement public health and safety measures to minimize potential harms to vulnerable populations.**
  - Due to marijuana's effect on the developing brain, the legal sale of marijuana products should be prohibited to anyone younger than 25 and the marketing and advertising of marijuana should be subject to the same restrictions placed on tobacco product advertising.[7]
  - Jurisdictions should require that products made available for retail sale be tested for potency, clearly labeled with THC content and have warning labels
  - A majority of tax revenues generated from the sale of retail marijuana and marijuana products should be devoted to public education about the health effects of marijuana use, addiction treatment, or research on the health risks and potential benefits of marijuana, natural cannabinoids and synthetic cannabinoids.

[1] Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from http://www.samhsa.gov/data/

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[6] American Society of Addiction Medicine. (2010). Public Policy Statement on Medical Marijuana. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/publicy-policy-statements/1medical-marijuana-4-10.pdf?sfvrsn=0.

[7] American Society of Addiction Medicine. (2015). Public Policy Statement on Marijuana, Cannabinoids and Legalization. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/default-source/publicy-policy-statements/marijuana-cannabinoids-and-legalization-9-21-20156d6e0f9472bc604ca5b7ff000030b21a.pdf?sfvrsn=0.