

PRESS RELEASE

## Medical Groups Concerned About Legalizing Cannabis in Vermont

For Immediate Release:

(Montpelier, VT – January 28, 2016) As clinicians and scientists, we are concerned that the health risks associated with regular cannabis use have been downplayed, particularly with regard to youth. We wish to register our views regarding the adverse medical effects of cannabis (the medical term for marijuana and related products). Based on an expanding body of scientific evidence, these risks include the following:

- Problem use and addiction among cannabis users occur at rates of approximately 30% and 10% with higher rates among adolescent users. The prevalence of cannabis addiction has doubled since 2002.
- A doubling of the risk of motor vehicle accidents. Cannabis related fatalities have increased in Colorado where cannabis has been legalized.
- Significant alterations in brain growth and structural integrity, particularly among young users.
- Future mental health problems, including a 40% increase in the rate of psychosis, a worsening of PTSD symptoms, and development of later anxiety disorders.
- Cognitive impairment, including decreases in IQ scores and deficits in executive functioning among regular cannabis users, especially among those who initiate use at a young age.
- Reduced academic success. Regular young users experience lower grades, are less likely to finish high school, and have less success in educational settings.

These risks need to be considered in the following contexts:

- In recent years, high school students have expressed lower levels of concern about the health risks of cannabis use.
- Legalization of marijuana sends a powerful message to our youth that society regards cannabis as “safe.”
- The strength of cannabis has increased dramatically over the past three decades from a potency of about 4% to 15%. Our experience and knowledge about the effects of such potent cannabis is extremely limited.
- Vermont’s current mental health and substance abuse treatment infrastructure is already insufficient to address existing needs.
- Our history with alcohol and tobacco has demonstrated that states do not come close to recovering the societal costs of legal addictive substances through taxes.
- Vermont already has allowed cannabis use for some medical disorders and has decriminalized it. Consequently, the harms associated with imprisonment and the stigma of a criminal record has already been mitigated.
- Mounting evidence shows that cannabis is mostly used *in addition to* other substances rather than *instead of* them.
- The large scale commercialization of cannabis and its impact on usage is just beginning to be developed and may be much more costly than anticipated.
- Valuable data regarding the true costs and benefits of legalization from states that have legalized it will be forthcoming in the short-term future.

The following organizations listed below believe that a decision to legalize cannabis in Vermont could likely have a substantial negative impact on the health of Vermonters. Legalization is not a decision that can easily be undone, and we believe the most prudent course of action for our state is to acquire and thoroughly analyze reliable data regarding the impacts of legalization from Colorado, Washington, and other states before committing Vermont to a specific course of action. We applaud the work of our Vermont Legislature in carefully considering this issue.

Vermont Medical Society

Vermont Academy of Family Physicians

Vermont Psychiatric Association

Vermont Association of Child and Adolescent Psychiatry

American Academy of Pediatrics – Vermont Chapter

American College of Physicians – Vermont Chapter

## References Describing Health Risks Associated with Cannabis Use

### General

Hall W. What has research over the past two decades revealed about the adverse health effects of recreational cannabis use? *Addiction* 2014; 110:19-35.

### Addiction and Abuse

Budney AJ, Hughes JR, et al. Marijuana abstinence effects in marijuana smokers maintained in their home environment. *JAMA Psychiatry* 2001; 58:917-924.

Hasin DS, Saha TD, et al. Prevalence of marijuana use disorders in the United States between 2001-2003 and 2012-2013. *JAMA Psychiatry* 2015; published online Oct 21, 2015.

### Psychosis and Mental Health

Gage SH, Hickman M, Zammit S. Association between cannabis and psychosis: Epidemiologic evidence. *Bio Psychiatry* 2015; epub ahead of print.

Kedzior KK, Laeber LT. A positive association between anxiety disorders and cannabis use or cannabis use disorders in the general population – a meta-analysis of 31 studies. *BMC Psychiatry* 2014 May 10;14:136. doi: 10.1186/1471-244X-14-136.

Wilkinson ST, Stefanovics E, et al. Marijuana use is associated with worse outcomes in symptom severity and violent behavior in patients with posttraumatic stress disorder. *J Clin Psychiatry* 2015; 76:1174-1180.

### Cognitive Functioning and IQ

Meier MH, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci USA* 2012; 109(40): E2657-64

### Motor Vehicle Accidents

Asbridge, M et al. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ* 2012;344:e536.

### Brain Growth

Gilman JM, Kuster JK, et al. Cannabis use Is quantitatively associated with nucleus accumbens and amygdala abnormalities in young adult recreational users. *J Neuroscience* 2014; 34(16):5529 –5538.

Rigucci S, Marques TR, et al. Effect of high potency cannabis on corpus callosum microstructure. *Psychol Medicine* 2015; epub ahead of print.

### Academics

Macleod, J. et al. Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies. *Lancet* 2004; 363(9421):1579-1588.

Silins E. et al. Young adult sequelae of adolescent cannabis use: an integrative analysis. *Lancet Psychiatry* 2014;1(4);286.

Fergusson, D. M., & Boden, J. M. Cannabis use and later life outcomes. *Addiction* 2008; 103(6), 969–976; discussion 977–8.

## Position Statements from National Organizations

The Association for Addiction Professionals: [http://www.naadac.org/assets/1959/naadac\\_position\\_statement\\_-\\_recreational\\_marijuana\\_aar\\_spr2013.pdf](http://www.naadac.org/assets/1959/naadac_position_statement_-_recreational_marijuana_aar_spr2013.pdf)

American Academy of Pediatrics: <http://pediatrics.aappublications.org/content/135/3/584>

American Academy of Child & Adolescent Psychiatry:  
[http://www.aacap.org/AACAP/Policy\\_Statements/2014/aacap\\_marijuana\\_legalization\\_policy.aspx](http://www.aacap.org/AACAP/Policy_Statements/2014/aacap_marijuana_legalization_policy.aspx)

American Medical Association: <https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2Fhod.xml-0-5350.xml>