

Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice

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MARIJUANA -

The Minnesota Psychiatric Society, representing nearly 500 Minnesota psychiatric physicians, believes that all policy decisions impacting access to marijuana should be informed by scientific findings. Among the MPS members are experts in addiction medicine and experts in brain development. Minnesota psychiatrists also have first-hand knowledge of the impact of marijuana on their patients who use marijuana. We recognize legalization of marijuana in Minnesota is a medically, socially, and economically complex issue. When considering your vote on this issue, we ask that you take into the following substantiated medical facts on the impact of marijuana on the brain:

- An increased risk of developing psychotic disorders (possibly as high as six fold) including schizophrenia, as well as increased risks of depression and anxiety (3, 4, 5, 6)
- A drop in overall intelligence, impaired learning, memory, and attention that persists for years after last use (7, 8, 9, 10, 11, 22)
- Decreased motivation and increased rates of dropping out of school, (12, 13)
- Impaired decision making, impulse control, and regulation of emotions (2/19 AJP article)
- Greater dependence on tax supported public welfare and unemployment. (12, 14)
- Cannabis use does not reduce prescribed opioid use or improve opioid discontinuation rates (35)
- People with chronic non-cancer pain who used cannabis had a greater pain severity score, greater pain interference score, lower pain self-efficacy scores and greater generalized anxiety disorder severity scores. (23)
- College students who regularly use marijuana have lower GPAs, experience 3.5 times more sexually transmitted infections, are more than twice as likely to experience an unintended pregnancy and 2.5 times as likely to be sexually assaulted than students who do not use. (24)
- In the first year after marijuana was legalized in Colorado, students expelled or suspended for drugs increased 75% in the first year, and adolescent arrests due to driving under the influence of marijuana tripled. (25)
- Sales of recreational marijuana have grown from less than \$50 million in 2014 to over \$140 million in 2018 a nearly 300% increase in 4 years. Sales of medical marijuana have slightly declined over the same time period. (26)

We are particularly concerned legalizing the recreational use of marijuana gives the public the impression that it is safe, especially children and teens who are most vulnerable to the above neuropsychological effects. The teen and young adult (up to age 25) are a period of time where the brain is sensitive to developing addiction and exposure to addictive substances can permanently alter development of the brain.

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24. University of Minnesota Boynton Health Student Survey

25. Robert Booth, Ph.D., of the University of Colorado School of Medicine (Miller, 2014).

26. Retail Marijuana sales as reported on the Retail Marijuana Sales Tax Returns and Medical Marijuana Sales as reported on the State Retail Sales Tax Return (CR100). Prepared by the Colorado Dept of Revenue, Office of Research and Analysis. February 2019

Other Materials for Reference

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2. The American Psychiatric Association Position Statement on Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Marijuana (July 2014).

3. The American Psychiatric Association Position Statement on Marijuana as Medicine (December 2013)

4. American Society of Addiction Medicine White Paper on State-Level Proposals to Legalize Marijuana (July 25, 2012)

5. Roffman R. Legalization of cannabis in Washington State: how is it going? Addiction (2016)

Links for additional information:

http://adai.uw.edu/marijuana/factsheets/adolescents.htm www.drugabuse.gov www.aacap.org