



# Minnesota Psychiatric Society

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

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## **POSITION STATEMENT ON LEGALIZATION OF RECREATIONAL 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. **MPS does not support the legalization of recreational marijuana** based on our review of neuroscience and public health data related to marijuana use and changing patterns of use in states that have approved the sale of marijuana as a recreational substance. 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 account the following substantiated research-based facts on the impact of marijuana use on health as well as broader safety and policy implications.

### **Health, brain, vulnerability in youth**

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

- Individuals who begin using cannabis before age 18 are four to seven times more likely than adults to develop marijuana use disorder. (17)
- More teenagers are vaping cannabis than ever before; this has well known toxicity. (14, 15)
- Frequent marijuana use can impair learning; interfere with memory, perception, and judgment; and damage the heart, lungs, and immune system. These risks are magnified for people who start using marijuana at a young age, and some of the effects are irreversible. (12)
- A drop in overall intelligence and attention persists for years after last use (5, 6, 21)
- In Anchorage, school suspensions for marijuana use and possession increased more than 141% from 2015 (when legalization was implemented) to 2017. (11)
- An increased risk of developing psychotic disorders (possibly as high as six-fold) including schizophrenia, as well as increased risks of depression and anxiety disorders (1, 2, 3, 4, 21)
- Decreased motivation and increased rates of dropping out of school, (7, 8)
- Impaired decision making, impulse control, and regulation of emotions (18, 19)

### **Increased drug use in legalized recreational marijuana states**

- Past month use of marijuana among 18-25- year-olds is 22% and past year use is 35%, according to the National Survey on Drug Use and Health. This rate is concerning for the risks to the developing brain. (14)
- Past-month marijuana use among young people aged 18-25 in "legal" states has increased 8 percent in the last year (30.94% versus 28.62%). Use in this age group is 50 percent higher in "legal" states than in non-legal states (30.94% versus 20.66%). (14)
- Among adolescents, the perception of the health risk of marijuana has declined and marijuana use has become increasingly socially acceptable, even as the perception of the health risk of tobacco has risen and its use has become increasingly undesirable. (16, 17)

### **Public health, welfare, safety net policy considerations**

- Despite early reports, cannabis use does not reduce prescribed or illicit opioid use or overdose fatalities. (20, 23)
- Greater dependence on tax supported public welfare, unemployment, and drug treatment services. (7, 9)
- Increased prevalence of highway fatalities due to marijuana-impaired drivers after enactment of marijuana legalization. (22, 24)
- Every \$1 gained in tax revenue costs Colorado \$4.50 to mitigate the effects of legalization. (10, 12)

### **We support decriminalization policy which is shown to:**

- Reduce the number of people arrested, incarcerated, or otherwise swept into the justice system; (25)
- Alleviate racial, ethnic and income-based disparities in the criminal justice system, (25)
- Revise current law enforcement structure and redirects resources to prevent serious and violent crime; (25)
- Create a climate in which people who are using drugs problematically have an incentive to seek treatment; (25)

For the above reasons, MPS opposes legalized recreational marijuana. **As you consider any efforts to enact a marijuana legalization plan in Minnesota, we urge you to consider proactive protections and public education campaigns to inform Minnesotans about these issues. If legalization does proceed, it is imperative to enact and enforce proactive packaging and targeting safeguards to pre-empt campaigns similar to those employed by tobacco and vaping companies to target and hook young consumers.**

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## Other Materials for Reference

- American Society of Addiction Medicine Public Policy Statement on Marijuana, Cannabinoids and Legalization (Sept 15, 2015)
- American Psychiatric Association Position Statement on Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Marijuana (July 2014)
- American Psychiatric Association Position Statement on Marijuana as Medicine (December 2013)
- American Society of Addiction Medicine White Paper on State-Level Proposals to Legalize Marijuana (July 25, 2012)
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- National Institute on Drug Abuse, Monitoring the Future Survey, 2007—2018. <https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>

**Links for additional information:** <http://adai.uw.edu/marijuana/factsheets/adolescents.htm>, [www.drugabuse.gov](http://www.drugabuse.gov), [www.aacap.org](http://www.aacap.org), [www.smartcolorado.org](http://www.smartcolorado.org), [www.gettingitrightfromthestart.org](http://www.gettingitrightfromthestart.org), [learnaboutsam.org](http://learnaboutsam.org)