

NAMI Minnesota Position Statement re: Medical Marijuana

While marijuana has been shown to be helpful in specifically studied medical conditions, such as severe pain, it is not considered the first line therapy for any condition. For these reasons, NAMI Minnesota has some concerns with efforts to legalize marijuana even for medical use. Mental health professionals have been largely united in expressing their concerns of the negative impact marijuana has for people who are at risk of developing a mental illness and for people already living with a mental illness.

First, we are concerned about the possibility of using prescription marijuana to treat mental illnesses. The consensus from mental health professionals is that marijuana is not helpful for people with mental illness. People who smoke marijuana are also less likely to actively participate in their treatment—missing more appointments and having more difficulty with medication-adherence—than people who abstain from using this drug. Studies have shown that treatment of people with mental illnesses is more effective in people who are not actively abusing marijuana. Although people with mental illnesses can be treated while they are still using marijuana, treatment is generally more effective once individuals are not high and more able to actively participate in their treatment. This bill should not allow marijuana to be used for psychiatric conditions, unless treatment is evidence-based, supported by the National Institute of Mental Health and FDA approved.

Second, we are very concerned about the message it may send to teens and young adults. Marijuana is already the most commonly used illegal drug in America by adults. If marijuana is available for medical purposes, our children may consider marijuana safe to use recreationally and overlook the adverse effects the drug. When children use or inhale marijuana, there are studies showing a drop in overall intelligence, impaired memory, and increasing drop-out rates. Our primary concern is the impact on children and young adults who might be at risk of developing a mental illness. Availability increases the risk.

The relationship between marijuana and psychotic illnesses, specifically schizophrenia, has been studied for many years. Certainly not all people who smoke marijuana will develop schizophrenia, but people who are at risk of developing this illness—including individuals with close family relatives that have severe mental illness—will be more likely to experience psychosis if they are using marijuana. In this population of individuals, people who regularly smoke marijuana are diagnosed with schizophrenia at a younger age, hospitalized more frequently for their illness and are less likely to experience complete recovery even with high quality treatment. This is particularly concerning, as approximately one-third of people in America with schizophrenia regularly abuse marijuana.

We urge you to move forward cautiously. Provisions should be included in the bill to include targeted education for parents and youth about the risks of marijuana when the brain is still under development, especially when there is a history of mental illness in the family. At this time, mental illnesses should not be listed as conditions for which medical marijuana can be prescribed. Thank you for considering our concerns.