Marijuana myths

- Marijuana is ‘just’ an herb
- Marijuana use is harmless
- Marijuana use has no ‘legitimate’ medical benefits
- Marijuana is not ‘really’ addictive
- Marijuana risks are evenly distributed

Myth 1: Marijuana is ‘just’ an herb

- Cannabis sativa
- Forms
  - Marijuana (0.5-5%)
  - Sinsemilla (7.5-20%)
  - Hashish (2-8%)
  - Hash oil/wax (30-90%)
30-80 cannabinoids


Myth 2: Marijuana use is harmless

- Proposition 19: Section 2—Findings, intent and purposes
  - A.S. “Cannabis is not physically addictive, does not have long term toxic effects on the body...”
Social Risks

- Educational attainment
- School failure
- Employment
- Occupation
- Income
- Welfare dependence

*New Zealand birth cohort*
Myth 3: Marijuana use has no ‘legitimate’ medical benefits

- FDA/DEA: Schedule I
  A. The drug or other substance has a high potential for abuse.
  B. The drug or other substance has no currently accepted medical use in treatment in the United States.
  C. There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Safety and efficacy demonstrated in some conditions

- Nausea
- Emesis
- Appetite
- Cachexia
- Pain
- Spasticity
- Seizures
- Intraocular pressure
- Inflammation
- *HIV Associated Neuropathic Pain
- *Chemotherapy associated toxicity
- *Multiple Sclerosis Spasticity
- *Chronic Neuropathic Pain

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<th>Peer Reviewed Studies on Marijuana or Marijuana Extracts (1990-2012)</th>
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Consensus Statements

- Purified THC does not replicate whole marijuana
- Safety and efficacy in some conditions
- Physician & patient protections
- Call for well-controlled research
- Call for re-scheduling
- Smoking is not a safe delivery system
- Medications should be subject to approval process of FDA
- If prescribed, physicians must adhere to:
  - Good faith history & physical, treatment planning, informed consent, monitoring, and documentation
  - Adequate training, and consultation as necessary

1. NIH. 1997. Workshop on the Medical utility of Marijuana
3. APA. 2013. Position statement on Marijuana as Medicine
4. AJN. 2010. Public policy statement on Medical Marijuana
5. ASAM. 2010. Medical use of Marijuana
6. CSAM. 2010. Position statement on Medical Marijuana
7. AAAP. 2002. Medical Use of Marijuana
Myth 4: Marijuana is not ‘really’ addictive

“Cannabis is not physically addictive...”

*Proposition 19: Section 2—Findings, intent and purposes

Evidence for Cannabis Use Disorder

1. Neurobiology
2. Pre-Clinical
3. Clinical
4. Epidemiology

Myth 5: Marijuana risks are evenly distributed
Cannabis and the developing brain

**Functional**
- Problem solving
- Cognitive efficiency
- Loss aversion
- Executive function
- Attention
- Processing speed
- Reaction time
- Verbal & Nonverbal Memory

**Physiological**
- Gray matter volume and density
- White matter volume and density
- Fronto-parietal white matter volumes
- Hippocampal volumes
- Amygdala reactivity

Summary

- **Distinct categories of MJ use**
  - Recreational & Self-Medication vs.
    - Use under therapeutic oversight of licensed physician

- **Certain populations are at elevated risk for MJ related harms**
  - Youth; SPMI; Low SES; SUD

- **Cannabis use disorder is defined by the presence of functional or behavioral problems**
  - It is possible to have some negative effects without having disorder

- **Treatment works**
  - Monitoring
  - Evidence Based
Thank You

Supplemental References

• http://www.csam.asam.org/
• http://www.drugabuse.gov/publications/drugfacts/marijuana