



We really need to talk about...

Marijuana as Medicine

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From the Substance Use Navigation (SUN) Project
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The SUN Project hears it all. Young people have any number of reasons why smoking marijuana is a good choice for them. Some will argue that it is legal in Massachusetts (it is not) or that it carries little to no risk. (also not true) One of the most common arguments is that marijuana is helpful and medicinal. This false impression is common and understandable. Massachusetts has laws which allow for personal use of marijuana for medicinal purposes, as well as policy that limits prosecution for possession. Further, Massachusetts is preparing for the opening of the first two regulated medicinal marijuana dispensaries—one of which is in Salem. Some feel that authorizing these dispensaries is progress in medicine, while others see it is a stepping-stone toward general legalization. While marijuana does have potential benefits, it also has significant risks. Medicinal marijuana advocates may minimize these risks, but risk must be part of the conversation if young people want to make informed decisions which can affect their future.

So, is it medicine?

In a word, *maybe*, but it doesn't fully fit the criteria as we know it. Medicine is typically provided in forms that involve a known and measured dosage, a fully controlled chemical makeup, and risks that are researched and understood. The composition of marijuana is vastly more variable than in any substance considered to be modern medicine, and while some medicines may be prescribed for use "as needed," these are substances which meet the above criteria for chemistry and dosage.

While the primary psychoactive ingredient in marijuana, delta-9 tetrahydrocannabinol (THC) is

generally the focus of marijuana users, it is not solely responsible for all of the effects. For instance, a chemical known as cannabidiol (CBD) is another of over 400 active chemicals in marijuana and is found in significant quantities in most strains. CBD is associated with the anti-anxiety, antidepressant, and anti-nausea effects of marijuana, as well as balancing the potential for THC to trigger symptoms of psychosis. Modern marijuana is grown and selected primarily for its THC content without consideration of the actual chemical balance and medicinal uses.

There are in fact, several prescription medications on the market that are derived from marijuana. These medicines are tightly controlled for content and dosage, and are different than marijuana bought on the street.

"I heard that weed cures cancer. There's a little girl in Idaho or something who got better."

-Quote from youth involved with SUN

Is medicinal marijuana controlled or different?

There is no difference between marijuana grown for recreational use and that provided for medicinal purposes. If a specific strain is considered bad on the street, the demand will be low and the market will react accordingly, but this is far from what can be considered a controlled medicine. Legal suppliers may retain the street names of various strains to provide users with a reference to strains that they may be familiar with based on previous use. These suppliers use seeds from the same sources as anyone else.

What are the benefits?

Marijuana has been shown to help reduce anxiety, depression, and pain. Marijuana has been shown to help suppress the nausea that often occurs in patients receiving chemotherapy and promote appetite, a benefit to those who have difficulty eating or lack an appetite due to illness including HIV/AIDS.

What are the risks?

The risks of marijuana use vary by age. Adults who use marijuana are at significantly higher risk than non-users of developing symptoms of psychosis—a loss of connection with reality. Despite claims to the contrary, smoking marijuana does pose a risk of developing throat and lung cancer. Inhaled smoke of any kind irritates the airways. There are also a small proportion of adults who have strong reactions to marijuana that can be a serious threat to health and involve hospitalization.

For adolescents, the concerns are much greater. Frequent marijuana use by young people with developing brains can have a negative effect on their mental health and ability to function once they have entered adulthood. These effects can be measured in individuals using as little as once per week, and are difficult or impossible to manage and correct.

Finally, though disputed by some advocates and users, marijuana can be addictive. While 64% of high school students report viewing marijuana as not harmful (NIDA, 2014) 54.4% of youth admitted to treatment for substance use in Massachusetts reported marijuana as the substance which brought them into treatment—surpassing alcohol by a wide margin. (BSAS, 2012) This includes youth use marijuana medicinally to counter stress and anxiety. Use in this manner may still result in dependence and withdrawal—two signs of addiction.

How is marijuana harmful?

In essence, the psychoactive substances in marijuana alter the brain's ability to develop self-regulation. Marijuana works in the brain by mimicking chemicals known as endocannabinoids, which are produced naturally in the brain and play a role in regulation of mood, activity, sleep, memory, and decision-making. If the natural processes of the brain are constantly altered, the brain will mature with a poorly developed ability to regulate the internal processes that allow adults to function well. This can have lasting effects and create dependence.

Is the SUN Project anti-marijuana?

Not being pharmacologists, the SUN Project does not endorse the medicinal use of any substance, but also does not have a specific anti-marijuana agenda for anyone other than youth. While there are known risks to adults, these risks can be managed, and as a treatment for chronically ill individuals, marijuana may be a viable alternative to more potentially addictive and harmful substances that may be prescribed.

The position of the SUN Project on marijuana use by adolescents in contrast is strong. SUN suggests that all youth reduce or eliminate use of marijuana. This position is not based on a moral or ethical judgment, but on scientific evidence. Regardless of one's age, reducing use can promote healthier long-term outcomes.

While some providers and caretakers hold the position that marijuana may lead to “harder” drugs, the SUN Project acknowledges that there are many reasons that youth use more risky substances. SUN often frames these risks with the reasoning that not all marijuana users move on to riskier substances, but almost all users of riskier substances have used marijuana.

How do we counter false messaging?

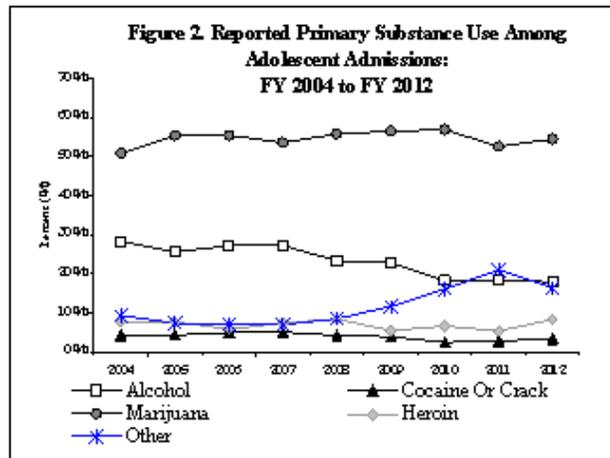
Young people too often internalize false information encountered on the internet—especially when it affirms their experiences and desired behaviors. The SUN Project relies on appropriate scientific evidence for its work. The following are sources of such information:

The Massachusetts Bureau of Substance Abuse Services (BSAS): mass.gov/dph/bsas

National Institute on Drug Abuse (NIDA): drugabuse.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA): samhsa.gov

Information and resources from the SUN Project can be found at: sunprojectma.org



Source: BSAS, 2012