

Marijuana Use: Legalization Not a Good Idea

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ABSTRACT: After more than 70 years of well-reasoned restriction of marijuana use in the United States, some groups are now proposing legalization. Several states have referenda to do just that, including one state where an initiative to legalize all adult marijuana possession has been introduced. At least one member of the US Congress also openly supports its legalization. Some factions suggest that approved medical uses for marijuana justify this legislative change. Others have suggested “decriminalization” of the use of marijuana, but this shift in terminology would still result in the free and ready access to marijuana for recreational purposes. To date, fourteen states have approved marijuana use for certain medical conditions. This change in legislation has resulted in a proliferation of over-the-counter “pot shops” throughout these states where, in some, teens can obtain marijuana at age 18. Lacking any regulatory framework, these marijuana dispensaries actually provide marijuana for recreational use. Many scientific and medical organizations¹⁻⁷ have investigated potential benefits as well as health risks associated with marijuana legalization. Despite the controversy and considering all the evidence, the American College of Pediatricians strongly opposes any legalization of marijuana use.

How Widespread is Marijuana Abuse?

Marijuana is the most commonly used illicit drug in the United States. According to the 2003 *National Survey on Drug Use and Health*, more than 94 million, or 40% of Americans 12 years or older, have tried marijuana at least once.^{1,2} Previously, the prevalence of marijuana abuse or dependence had increased significantly from 2.2 million persons in 1991-1992 to 3.0 million in 2001-2002.

According to the *National Survey on Drug Use and Health*, in 2008 approximately 15 million Americans, twelve years or older, used marijuana at least once in the month prior to being surveyed. This is similar to the rate in 2006. About 4,500 people a day in 2008 used marijuana for the first time—1.6 million Americans total. Of these, 56.7 percent were under age 18 and 54.9 percent were female. Given the widespread use of marijuana from its purported use for medicinal indications to the increasing abuse of and dependence on this substance, it is important to examine the adverse clinical consequences.

Effects on Daily Life

The negative physical and mental effects of marijuana use are well documented. It's associated with lower educational accomplishment, lower work productivity, increased risks of motor vehicle accidents, and heart and lung disease³⁻⁸. All forms of cannabis are mind-altering drugs due to delta-9-tetrahydrocannabinol (THC), the main active

chemical in marijuana. THC affects nerve cells in the region of the brain where memories are formed. This makes it difficult for the user to recall recent events. Chronic exposure to THC may hasten the age related loss of nerve cells. Marijuana impairs a person's judgment, coordination, balance, ability to pay attention and reaction time.³ Cannabis use in adolescence is a predictor of depression in later life.⁴ Cannabis induces psychotic symptoms and cognitive impairment in some individuals. Numerous mechanisms have been postulated for the link between cannabis use and attention deficits, psychotic symptoms, and neural desynchronization.⁵ Studies indicate that it impairs driving performance in the same way alcohol does, with users displaying the same lack of coordination on standard sobriety tests.⁶ Marijuana is second only to alcohol as a factor contributing to traffic accidents involving loss of life. Students who regularly use marijuana have lower grade and test scores and are less likely to achieve personal goals. Marijuana smokers often jeopardize their future by engaging in risky sexual practices or committing criminal acts. Yet, many proponents via their web sites praise those universities which allow ready access to marijuana, or turn a blind eye to its routine use by students.

Smoking marijuana is more harmful than smoking tobacco because it contains 50-70 % more carcinogens than tobacco.⁷ Marijuana smokers tend to inhale more deeply and for a longer period of time. It has the same adverse

effects on the respiratory system as tobacco smoke and is associated with chronic cough, respiratory infections, bronchitis, emphysema, and lung cancer. Marijuana use has been found to increase blood pressure and heart rate and to decrease the oxygen carrying capacity of the blood.⁸

Health risks associated with marijuana use are often underestimated by adolescents, their parents and health professionals. Today, there are newer forms which are three to five times more potent than those that existed in 1960's. Parents also underestimate the availability of marijuana to teens, the extent of their use of the drug, and the risks associated with its use. Considered a "gateway drug," it often leads to abuse of even more dangerous substances. Most adolescents who use other illicit drugs admit that marijuana was the first drug they used. It is often intentionally used with other substances, such as alcohol or crack cocaine. Phencyclidine (PCP), formaldehyde, crack cocaine, and codeine cough syrup are often mixed with marijuana without the user's knowledge.⁹ Chronic psychiatric diseases have also been linked to the use of LSD, PCP, and amphetamine use. Daily marijuana use in young women has been associated with a 5 fold increase in depression and anxiety.¹⁰ Epidemiological evidence suggests a link between cannabis use and psychosis.¹¹

Addiction Potential

Long-term marijuana abuse can lead to addiction; that is, compulsive drug seeking and abuse, in addition to its known harmful effects

upon social functioning in the context of family, school, work, and recreational activities. Long-term marijuana abusers attempting to quit report challenges such as irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which make it difficult to quit. These withdrawal symptoms begin within about 1 day following abstinence, peak at 2–3 days, and subside within 1 or 2 weeks following drug cessation.¹²

Research shows that appropriate parental monitoring can reduce drug use, even among those adolescents who may be prone to marijuana use, such as those with conduct, anxiety, or affective mood disorders.¹³ To address the issue of drug abuse, the American College of Pediatricians encourages parents to become involved in drug abuse prevention programs in the community or in the child's school. Parents should learn what they can do to oppose the legalization of marijuana. They should work with elected officials who oppose the legalization of marijuana, and consider a candidate's positions on this important children's issue when making voting decisions. The American College of Pediatricians encourages legislators to support the establishment and generous funding of more facilities to treat marijuana addiction. Finally, parents should know that children look to them for help and guidance in working out problems and in making decisions, including the decision not to use drugs. As their children's primary role model, parents should lead them to good decisions and obviously avoid any use of illicit drugs themselves.

Resources

The National Clearing house for Alcohol and Drug Information (NCADI) offers an extensive collection of publications, videotapes, and educational materials to help parents talk to their children about drug use. For more information on marijuana and other drugs, contact: National Clearinghouse for Alcohol and Drug Information, P. O. Box 2345, Rockville, MD 20847. 1-800-729-6686. Additional helpful information is provided at the following websites: www.drugabuse.gov, www.marijuana-info.org, and www.teens.drugabuse.gov.

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The American College of Pediatricians is a national medical association of licensed physicians and

healthcare professionals who specialize in the care of infants, children, and adolescents. The mission of the College is to enable all children to reach their optimal, physical and emotional health and well-being.

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