

MYTHS ABOUT MARIJUANA



By Kevin A. Sabet

NOTE FROM THE EDITORS: With such a controversial topic - we urge you to check your FACTS as we did. At the end of this article - submitted by Dr. Kevin Sabet - are references so that you can personally check the scientific facts and studies. The next time someone tells you one of the following myth's ask them "where is the science to back that up?" For more in-depth information check out Dr. Sabet's book [Reefer Sanity: Seven Great Myths About Marijuana](#).

MYTH: I can't become addicted to marijuana

Marijuana may not be as addictive as tobacco or heroin, but 1 in every 6 teens (and 1 in every 11 adults) who ever try marijuana will become addicted to it. Just as with alcohol and tobacco, most chronic marijuana users who attempt to stop 'cold turkey' will experience an array of withdrawal symptoms such as irritability, restlessness, anxiety, depression, insomnia, and/or cravings. These are classic signs of dependency. Marijuana is about as addictive as alcohol.

This may not sound alarming until translated into actual human lives. In 2010, marijuana's addiction rate meant that 4.5 million Americans met the criteria for abuse and dependency. That accounts for more marijuana addicts in the United States than Americans addicted to prescription pain relievers, cocaine, tranquilizers, hallucinogens, and heroin combined.

Teens and young people are particularly vulnerable to addiction, since their brains are being primed and are under rapid development until age 25. So, it's no surprise that more youth are in treatment for marijuana dependence than for alcohol or any other drug combined.

MYTH: Today's marijuana is the same old Woodstock weed my parents used

The main psychoactive ingredient found in marijuana, THC, has significantly increased in potency during the past 50 years: in the 1960s and

1970s, THC levels smoked by baby boomers averaged around 1%, increasing to just under 4% in 1983, and more than tripling in the subsequent 30 years to around 14% in 2011. This increase in potency is similar to comparing a 'lite' beer a day to a dozen shots of vodka.

What are the consequences of intensified marijuana potency? Emergency Room admissions for marijuana-related reactions increased nearly twenty five-fold between 1991 and 2008, while the actual number of users stayed the same.

Although, your parents (or you) may have smoked once, twice, or even 50 times during their adolescence, the marijuana they smoked was over ten times weaker, and therefore less harmful, than the marijuana found today. In fact, the kind of marijuana often smoked by today's teens - which has upwards of 20-30 percent THC - was totally unheard of just two decades ago.

MYTH: Smoked or eaten marijuana is medicine

While the marijuana plant has known medical value, that does not mean smoked or ingested raw marijuana is medicine. Just as patients don't smoke opium or inject heroin for morphine's medical benefits, they should not smoke marijuana for such reasons.

A pill, Marinol, based on marijuana's active ingredient, is available by prescription at US pharmacies today. Nearly two dozen countries have approved a new oral spray comprised of marijuana extract. The spray, Sativex, produced in Britain, does not get you high, contains levels of ingredients rarely found in street-grade marijuana, and has proven its effectiveness for relieving cancer pain and muscle spasticity. It will be available in the US soon, and in the meantime, the federal government should start a research program to allow medications like this one to be used by qualified patients under physician supervision.

The point is not to deny patients a medication to help them, but to prevent smoked or eaten marijuana-

na from becoming a smokescreen for recreational use, or from being misused. Patients should be able to access a medication that is both scientifically approved and obtainable at a pharmacy - not "medical marijuana lollipops" at stores that feature bouncers, bongos, and a neon green cross on the door.

MYTH: Smoking marijuana doesn't hurt my brain

Research shows that teens who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. In a study of over 1,000 people in 2012, scientists found that using marijuana regularly before the age of 18 results in an average IQ of six to eight fewer points at age 38, relative to those who did not use the drug before 18. These results still held for those who used regularly as teens, but stopped after 18.

Even more seriously, marijuana use is strongly associated with stunted emotional development. In particular, females who smoke marijuana show a great vulnerability to heightened risk of anxiety attacks and depression. According to a study published in the British Medical Journal, daily use among adolescent girls is associated with a five-fold increase in the risk of depression and anxiety. Moreover, youth who begin smoking marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses.

The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia, are significantly more likely to develop other psychotic illnesses.

MYTH: Marijuana is not tobacco - it won't harm my lungs

For most people, common sense would suggest that drawing smoke into the lungs isn't natural, and whether it's tobacco smoke or marijuana smoke,

there are bound to be some health consequences. The fact is, according to the American Lung Association, marijuana smoke contains 50-70% more carcinogenic smoke than tobacco. In addition, marijuana users often inhale more deeply and hold their breath longer than tobacco smokers do, further extending the lungs' exposure to dangerous smoke.

Other respiratory consequences of marijuana use include airflow obstruction, increased prevalence of acute and chronic bronchitis, and a potential disposition to developing lung cancer (though a precise link to cancer has not been found). Moreover, a 2007 study found that the airflow obstruction effects of smoking a marijuana joint, are comparable to smoking two and a half to five cigarettes. Marijuana is not tobacco – in many ways it just might be worse.

MYTH: I can't die from marijuana

Our notion of drug-related deaths comes from people overdosing on large amounts of drugs, such as crack/cocaine, heroin, or prescription drugs, and then dying shortly after. Like tobacco, one cannot “overdose and die” from marijuana, but it is possible to suffer acute panic attacks and other major short term health risks from smoking or eating marijuana (that is why almost 400,000 emergency room admissions a year are related to marijuana). Additionally, an alternate form of inhaling marijuana, called ‘dabbing’, which has recently grown in popularity, is responsible for a rising number of marijuana-related overdoses and 911 calls. Dabbing involves inhaling very strong concentrates of marijuana, called Butane Hash Oil, which often exceed 80% of THC content. Users can inhale so much concentrated smoke at once that they

pass out. Even regular cannabis smokers, who have been using the drug for years, often express shock and astonishment after dabbing, often referring to it as “the crack of marijuana.”

Written by Kevin A. Sabet; Dr. Sabet was a senior advisor in the Obama Administration and is the author of *Reefer Sanity: Seven Great Myths About Marijuana*. He also is the co-founder, with Patrick J. Kennedy, of Project SAM (*Smart Approaches to Marijuana*). <https://learnaboutsam.org/>

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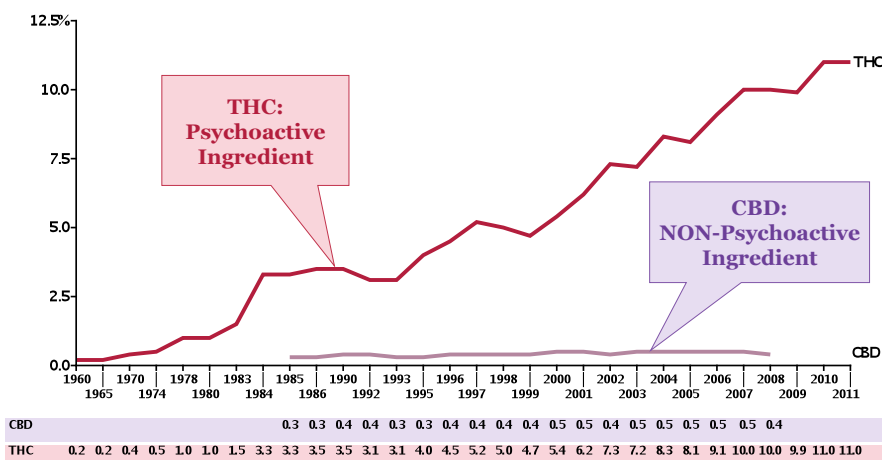
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Marijuana has become ~54 times more potent since the 1960s

Average THC and CBD levels in the United States

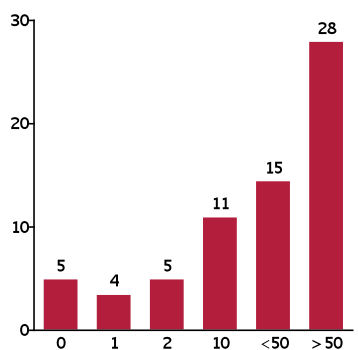


Source: Mehmedic et al., 2010

Cannabis use is associated with psychosis

MORE CANNABIS USE CORRELATES WITH HIGHER RATES OF SCHIZOPHRENIA

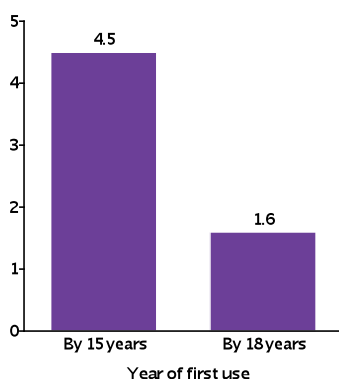
Cases of schizophrenia per 1,000 people



Study of Swedish Conscripts (n=45570)

EARLIER AGE OF USE CORRELATES WITH INCREASED SCHIZOPHRENIA RISK

Risk of schizophrenia-like psychosis at age 26



Longitudinal prospective Dunedin study (n=1037)

Source: Andréasson et al Lancet, 1987 (left graphic); Arseneault et al. BMJ 2002 (right graphic)

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