

Marijuana: Why You Should Care

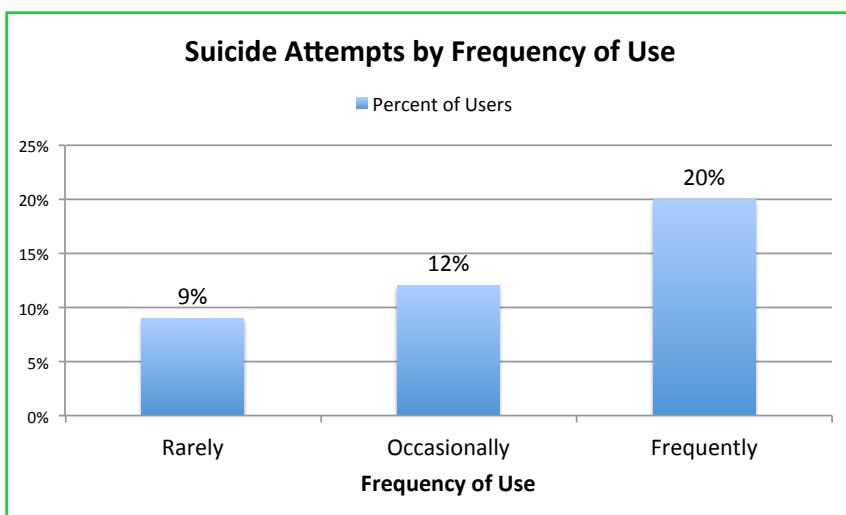
Marijuana and Mental Health

High Potency Strains Worsen and Even Cause Mental Health Problems

Marijuana use is associated with several mental health disorders¹. These include social anxiety disorder, major depressive disorder, bi-polar disorder, paranoia, psychosis, and schizophrenia. Adolescent marijuana users, in particular, often show clinically significant symptoms of anxiety, depression, PTSD, and ADHD, along with conduct disorders (which are considered a risk factor for heavy use). Association alone does not prove causation, but the RAND Report² noted that, “. . . in numerous longitudinal studies, the temporal pattern of the association is usually more consistent with the marijuana-use-leads-to-mental-illness model than with a self-medication (i.e., mental illness leads to marijuana use) account.”

Suicide planning and attempts by Vermont teenagers increase directly as marijuana use goes up. If marijuana helped . . . we would expect plans and attempts to go down.

- Since 2002, a series of ten long-term epidemiological studies have reported that individuals who used cannabis had a greater risk of developing psychotic symptoms and full-blown schizophrenia than non-users³.
- The National Academy of Sciences¹⁴ found that, “Cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; the higher the use the greater the risk.”
- People with a family history of psychosis, certain genetic variations, or a “psychosis-prone” personality are at greatest risk; however, people with none of these characteristics can also be affected³.
- A comprehensive 2007 review⁴ of all published papers concerning psychosis and schizophrenia, conducted by a world-wide group of researchers, merged the study data and found that marijuana use almost doubled the risk for schizophrenia. Almost all of the studies involved low potency marijuana common before 2004.
- A more recent study showed that the risk goes up to 5-fold if the use is heavy or the marijuana is strong (potency 12% THC or higher)⁵. The average potency nationwide is now 13%; in Seattle it is 21%¹⁶.



Source: Vermont YRBS 2015 : only 6% of total student body attempted suicide, versus 20% of frequent marijuana users who did.

Marijuana Use and Suicide

- Teenage marijuana users have up to a seven-fold increase in the likelihood of suicide planning and attempts, even after controlling for pre-existing depression and a host of other demographic factors^{6,7,8,15}.

Suicide planning and attempts by Vermont teens increase directly as marijuana use goes up^{9,10}. If marijuana helped to lessen suicidal impulses, we would expect plans and attempts to go down with more use. Frequent users should have lower rates than occasional users. Instead, the reverse is true.

- A recent study¹⁷ found that Iraq/Afghanistan-era veterans who use marijuana regularly are more than twice as likely to attempt suicide as those who don't use marijuana.

Marijuana Use and PTSD

- In a 20-year study¹¹ involving over 2000 U.S. veterans being treated for PTSD, those who used medical marijuana in conjunction with the standard therapy reported worse outcomes four months after treatment ended than those who didn't use marijuana. Vets who started using marijuana during or after treatment had the worst outcomes, while vets who stopped using during treatment showed the most improvement. The heaviest marijuana users showed the most severe effects
- The same study found that the veterans who used marijuana reported more violent behaviors, and the group who started use during the course of their treatment reported the most violent behaviors.
- While the symptoms that afflict PTSD patients (anxiety, depression, panic) may be temporarily relieved while the subjects are "high" on marijuana, these same symptoms are known to be caused by marijuana use and are among the symptoms of marijuana use withdrawal^{1,12}. This could worsen the effects of PTSD.

Marijuana Use and Mania

- A recent review¹³ of six studies, involving a total of 2391 individuals who had experienced manic symptoms, found an association between cannabis use and the exacerbation of manic symptoms in those with previously diagnosed bipolar disorder. A meta-analysis of two of the studies found an approximately 3-fold increased risk for the new onset of manic symptoms (hyperactivity, difficulty sleeping, aggression, delusions, hearing voices).

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