

Montgomery County Prevention Coalition - Marijuana Prevention Committee Position Statement on Cannabis

As the Montgomery County Prevention Coalition seeks to prevent substance misuse and promote positive mental health for our communities, the Coalition's Marijuana Prevention Committee developed a Position Statement on Cannabis in order to answer questions regarding our thoughts on this developing topic. Continued research on the social, behavioral, and public health and safety impacts of policy changes related to cannabis are needed. The Coalition will continue to evaluate these statements and modify them as new research and information is released.

There is a need for further scientific research into the potential utility of cannabis and cannabis-derived compounds for medical conditions, as well as research on the potential adverse health effects from use of cannabis.

There is not sufficient evidence to make any definitive conclusions regarding the effectiveness of cannabinoid-based products for many medical conditions.¹ As possible medical benefits are researched, appropriate dosage levels and safe means of administration must be identified.

There are health and safety risks related to the use of cannabis. Using marijuana can lead to addiction, can affect parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time, and can lead to both short and long-term mental health conditions.² The Federal Food, Drug, and Cosmetic Act requires that new drugs be shown to be safe and effective for their intended use before being marketed in order to prevent patients from being exposed to unsafe and ineffective drug products.

Most currently available cannabinoid-based products are not regulated and may not contain the products mentioned by labeling or contain additional ingredients. Many products are marketed using false medical claims and may be inaccurately labeled, which could lead to adverse consequences.³ Unlike medications approved by the Food and Drug Administration (FDA), cannabinoid-based products do not have standard dosing. Method of administration and potency of the product are not controlled.

Historical and current social injustices related to cannabis policies must be addressed.

The systemic injustices, racism, and accompanying negative social consequences in lower-income and minority communities must be addressed as policies and practices related to cannabis industry change. African Americans and whites use drugs at similar rates, but the imprisonment rate of African Americans for drug charges is almost 6 times that of whites.⁴

The marijuana industry seeks lower-income and minority communities as profit centers just as Big Tobacco and liquor stores have targeted lower-income communities as an important consumer-base. According to Smart Approaches on Marijuana, lower-income communities of color are already oversaturated with liquor stores.

¹ National Academies of Sciences, Engineering, and Medicine (2017). *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. The National Academies Press.

² National Academies of Sciences, Engineering, and Medicine. (2017). *The Health Effects of Cannabis and Cannabinoids: Current State of Evidence and Recommendations for Research*. The National Academies Press.

³ Office of the Commissioner (2020). "What to Know About Products Containing Cannabis and CBD." U.S. Food and Drug Administration.

⁴ NCAAP. (2020). [Criminal Justice Fact Sheet](#).

Middle and upper-class individuals benefit as dispensary owners without facing the negative impacts in their communities. In fact, nationally, less than 2% of all cannabis dispensaries are owned by minorities of any community.⁵

Regulations limiting cannabis advertisements and promotions to adolescents are needed.

The Ohio Revised Code Chapter 3796:6-3-24 provides limitations on advertising, marketing, and signage of medical marijuana products in Ohio. Despite these restrictions, adolescents are exposed to cannabis marketing via social media, and this exposure is associated with recent cannabis use.⁶

Exposure to cannabis marketing on Facebook, Twitter, and Instagram was associated with increased odds of past-year cannabis use.⁶ Exposure to advertising plays a significant role in shaping attitudes about marijuana and contributes to increased marijuana use and related negative consequences throughout adolescence. Further regulation of marketing for marijuana and cannabis products on social media are needed to limit youth initiation of cannabis use.

Non-medical (recreational) cannabis use should not be approved for those under age 25.

The brain continues developing and maturing until age 25.⁷ Until this age, the prefrontal cortex, where executive functioning, decision making and personality expression occur, is not fully developed. The use of the psychoactive ingredient of cannabis, tetrahydrocannabinol (THC), can delay the maturation of this area of the brain and can ultimately disrupt how the area develops into adulthood. Studies have shown that adolescents who have used cannabis performed poorly in processing speed, memory, flexible thinking, attention learning and overall executive functioning.⁸

Revenues from cannabis sales should be allocated toward the funding of prevention and treatment services.

Cannabis products have been approved for medical use in the State of Ohio which has led to an increase in use. Similar to gambling revenues, a percentage of cannabis revenues should be allocated for prevention and treatment services to mitigate the negative impact of increased use on our communities. Data suggests that 30% of those who use marijuana may have some degree of marijuana use disorder and may need treatment services.⁹

With effective prevention programs implemented nationwide, substance use initiation would decline for 1.5 million youth and be delayed by 2 years on average.¹⁰ Effective school-based prevention programming would reduce educational costs, social costs of substance use related

⁵ Sabet, K. & Jones, W. (2019). Marijuana Legalization in the United States: A Social Injustice. *University of Pennsylvania Journal of Law & Public Affairs*, 5(1), 15-23.

⁶ Whitehill, J.M., Trangenstein, P.J., Jenkins, M.C., Jernigan, D.H., & Moreno, M.A. (2020). Exposure to Cannabis Marketing in Social and Traditional Media and Past-Year Use Among Adolescents in States With Legal Retail Cannabis. *Journal of Adolescent Health*, 66(2), 247-254.

⁷ Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R., & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric disease and treatment*, 9, 449-461.

⁸ Crean, R. D., Crane, N. A., & Mason, B. J. (2011). An evidence based review of acute and long-term effects of cannabis use on executive cognitive functions. *Journal of addiction medicine*, 5(1), 1-8.

⁹ Hasin D.S., Saha T.D., Kerridge B.T., et al. (2015). Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 72(12):1235-1242.

¹⁰ Miller, T. & Hendrie, D. (2008). *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

medical care, other resources, and lost productivity. In 2003, an estimated 11.5% fewer youth would not have used marijuana with effective prevention program implementation.¹⁰

There are increased safety concerns with drugged driving. Further research is needed to detect impaired driving, including standardized field testing for cannabis.

Cannabis use impacts judgement and coordination.¹¹ Cannabis use slows the reaction time of drivers, which can increase the risk of motor vehicle accidents. A universal standard to detect cannabis impaired driving does not exist. To protect against the dangers associated with cannabis impaired driving, it is important to support the creation and implementation of field sobriety testing and data collection to identify numbers of cannabis impairment involved in motor vehicle accidents.

Vaping should not be an approved method of medical marijuana consumption.

The CDC released a statement recommending that nobody use e-cigarette, or vaping, products that contain tetrahydrocannabinol (THC).¹² The FDA also recommended that individuals do not use vaping products that contain THC.¹³ The American Medical Association (AMA) has called for a total ban on all e-cigarette and vaping products that do not meet FDA approval as cessation tools.¹⁴

The Ohio Revised Code states that a processor may use non-marijuana ingredients in the manufacture of medical marijuana products that are nontoxic and safe for human consumption. This is concerning as ingredients meeting the Food and Drug Administration's (FDA) definition of "generally recognized as safe" for consumption is not necessarily safe for use in vapor products. Safe for ingestion does not mean safe for inhalation.

Although the Ohio Medical Marijuana Program has banned tocopheryl acetate (vitamin E acetate) in the manufacturing of vaporization products, this does not mitigate the fact that other substances that are not safe for inhalation can be added to medical marijuana products used for vaping¹⁵. In addition to lung injury, vaping can also cause unintended injuries from fire or explosion. Further, the long-term health risks associated with vaping are not yet known and further precautions must be implemented to protect the health and safety of the public.

¹¹ National Institutes of Health, National Institute on Drug Abuse (2020). "Does Marijuana Use Affect Driving?"

¹² Centers for Disease Control and Prevention.(2020). [Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products.](#)

¹³ U.S. Food and Drug Administration. (2019). [Vaping Illness Update: FDA Warns Public to Stop Using Tetrahydrocannabinol \(THC\)-Containing Vaping Products and Any Vaping Products Obtained Off the Street.](#)

¹⁴ American Medical Association. (2019). [E-cigarettes and vaping: A public health epidemic.](#)

¹⁵ Ohio Department of Commerce Medical Marijuana Control Program. (2019). [Statement on the Use of Vitamin E Acetate for Products for Vaporization.](#)