

pioids, Heroin & arijuana

Robert Margolis, PhD

So Why Oppose Legalization of Recreational Marijuana? The Answer is Simple and Obvious!

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“Careful, Reasoned Debate” about Legalizing Marijuana Still Has Not Happened

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In 2002, I wrote an op-ed for the *Atlanta Journal Constitution* in which I reviewed the scientific evidence regarding the health consequences of using marijuana. I suggested that before we, as a society, rush towards legalization that we have a "careful reasoned debate" about the consequences of using this drug, both on the individual and society. Sadly, this debate has not occurred. In fact, it seems that as researchers continue to document the harmfulness of this drug, public opinion has shifted increasingly towards legalization. Those of us who oppose legalization are swimming upstream for now. Powerful, well-financed forces favor legalization, and they seem to speak the loudest in moving the needle of public opinion. I hope this essay provides clarity.

The National Academies of Sciences, Engineering, and Medicine; the National Institute on Drug Abuse (NIDA.gov); and the *New England Journal of Medicine* have issued reports on the effects of smoking pot which should be cause for concern. First, marijuana is an addictive drug. As I stated in the 2002 op-ed, THC activates the brain's reward pathways in much the same way as other addictive drugs. Like other drugs of abuse, marijuana triggers the release of a chemical in the brain called dopamine. One of dopamine's effects is that it is associated with a sense of euphoria. Continued use of marijuana can cause depletion of dopamine and a decrease in the

number of dopamine receptors in the brain. The result is that cessation of use can cause a cannabis (marijuana) withdrawal syndrome consisting of irritability, moodiness, sleep problems, etc. In addition, a certain percentage of users will develop an addiction to marijuana. As defined by NIDA, an addiction is when "the person cannot stop using a drug even though it interferes with many aspects of his or her life." Estimates are that about 9 percent of those who use pot will become addicted, rising to 17 percent for those who begin using in their teens. For daily smokers the addiction rate is closer to 40 percent. Although an addiction rate of 9 percent may seem small, given the estimate of 22 million users in the United States, that translates to almost 2 million marijuana addicts, the majority of them young people.

This concept that marijuana use is more serious for adolescents than it is for adults is something which is increasingly documented in the research evidence. For example, a long-term study from New Zealand showed a loss of between 6 and 8 IQ points for those who started smoking in their teens. This loss was permanent. Those who started smoking as adults did not experience the same problem. (*New England Journal of Medicine*).

Under both simulated driving conditions and survey data of actual motor vehicle accidents, marijuana use has been shown to be detrimental to one's ability to drive a car. Marijuana is the illicit drug most frequently found in persons involved in car wrecks. The overall risk of a crash doubles when a person drives while intoxicated on marijuana. The risk of an accident increases dramatically as the level of marijuana in the system increases. People with higher blood levels of THC were three to seven times more likely to be responsible for a motor vehicle crash. A combination of alcohol and marijuana, not surprisingly, increases the risk further. (See [NIDA.gov](https://www.nida.nih.gov/)).

At least 48 studies have documented the relationship between marijuana use and poor grades in school as well as an increased probability of dropping out of school. A number of studies have also linked marijuana use to "lower income, greater welfare dependence, unemployment, criminal behavior, and lower life satisfaction" as well as more accidents on the job (NIDA).

Marijuana use has also been associated with an increased risk of developing psychiatric disorders, especially psychosis. "Marijuana is also linked with psychoses (including those associated with schizophrenia) especially among people with a pre-existing genetic vulnerability." (*New England Journal of Medicine*). Marijuana use can also exacerbate the illness and advance the time of the first psychotic episode by 4 to 6 years. Although a complete discussion of the effects of smoking pot is beyond the limits of this article, the reader is referred to the NIDA.gov website to view the marijuana research report.

So, what are the experts saying about legalization? The American Academy of Pediatrics has just come out with a policy statement reaffirming their opposition to legalization. Marijuana "can be very harmful to adolescent health and development." Legalization "will increase the access for teens...which can have a devastating impact on their life-long health and development," states Dr. Beth Ammerman, one of the authors of the policy statement.

Dr. Thomas McClellan, who was previously the alcohol and drug advisor to President Obama, states that legalization will increase use, especially among kids, leading to more auto accidents in kids who use compulsively. Dr. McClellan asks, "Is there anyone on the planet who thinks that more marijuana availability will make it

easier for kids to do well in school?" Dr. Susan Weiss from NIDA states, "we already have an alcohol industry, we have a tobacco industry that target young people. Having another business that's going to be doing the same sort of thing doesn't seem like it could have a good outcome." Dr. Kevin Sabet, founder of Smart Approaches to Marijuana (SAM), makes the point that legalization, even accounting for increased tax revenue, is a net financial loser. "For every alcohol and tobacco revenue dollar going to the government the public must bear ten dollars in social costs," according to Dr. Sabet. Additionally, Sue Thau, a public policy consultant, makes a point that we need "baseline data for all of the possible implications" of legalization before proceeding further.

Likewise, Caron Treatment Center, the nation's largest not-for-profit addiction treatment facility, has put out a position paper on marijuana. In that paper Caron states that in a perfect world no psychoactive drugs would be available at all. "We do not endorse the legalization of recreational marijuana use." They raise some interesting points for legislators to consider including, "it is imperative that legislators recognize the dangers use may pose specifically for adolescents and young adults under the age of 25 and pregnant women." Caron urges policy makers to "move slowly with deliberation and careful consideration."

Finally, the American Bar Association in its publication called *The Health Lawyer* points out that "a large number of national practitioner and scientific organizations have taken official positions against medical marijuana on scientific grounds, a growing number of studies are uncovering serious negative health consequences associated with its use, and the evidence supporting its effectiveness is confined to a small cluster of medical conditions." They urge physicians to be careful

in prescribing marijuana even in states where medical marijuana is legal. They note that due to the dearth of scientific evidence supporting its effectiveness, physicians could still be liable for malpractice even when it is prescribed legally in accordance with state law.

So, what about marijuana as medicine? Shouldn't people who are ill have access to medicine if it is effective? The answer is absolutely. Virtually every expert that I know of supports this position. Marijuana in its smoked form, however, has not been approved by the FDA to treat any condition. Certain chemicals derived from marijuana have therapeutic benefits and have been approved by FDA. These include chemicals to treat the nausea associated with chemotherapy and to increase appetite in AIDS wasting syndrome. Other chemicals seem to be effective in treating some of the effects of multiple sclerosis such as neuropathic pain and spasticity and have been approved in other countries. Finally, there is evidence in FDA clinical trials that another marijuana derivative, a form of "CBD," is effective in reducing seizures. What is not helpful, however, is to legalize marijuana for the treatment of autism, Alzheimer's, or other conditions for which there is no medical basis.

So why oppose legalization? For me the answer is simple and obvious. For the past 40 years I have had one job which is to help teens achieve and maintain a drug-free, productive, and happy life. For 40 years I have observed this drug among others wreak havoc on the lives of teens. If the scientific facts and the opinions of experts are not convincing, perhaps these closing thoughts will be persuasive. Academic achievement, as measured both by declining SAT scores and by the performance of American students on standardized tests, both began to decline at about the same time as marijuana use became epidemic among high school students, in the early 1970s. Currently US students rank below many third-world countries in terms of achievement.

Of course, correlation does not prove causality. Given what we know about the effects of marijuana on the adolescent brain, on learning, memory, and motivation, it would be foolish to ignore this correlation. In a world where children will have to face increasing competition on a global basis can we afford for our kids not to be at their best when they are competing for jobs with those outside of the United States? We owe it to the next generation to send them out into the world prepared to meet these challenges not impaired in a drug fog. As David Frum states in an article in Commentary, at a time when future prospects for young people have narrowed considerably, "Are we really going to say to them: 'look, we haven't got jobs for you, your chances at marriages are dwindling, you may be 30 before you can move out of your parents' place into a home of your own, but we'll make it up to you with pot, video games, and online porn?' They want to start life, but they are being offered instead only narcotic dreams."

Dr. Margolis founded Solutions, an after-school drug treatment program for adolescents, which Caron Treatment Center bought when he retired. Currently, he is a Board Member of National Families in Action.