Maryland Psychiatric Society Statement on Cannabis Use and Cannabis Use Disorder

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-seven years ago to support the needs of psychiatrists and their patients, the MPS works to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those who have a mental illness. MPS represents over 775 psychiatrists, and physicians during their psychiatric training.

Experience in other states suggests that legalization will increase cannabis use,[1,2,3] daily cannabis use,[4] and the use of high-potency (i.e., high THC content) cannabis products,[5,6] and will increase the prevalence of cannabis-related harms among some individuals. Most people who use cannabis do not experience problems. However, cannabis-related harms are not rare and will become more common after legalization. The most significant potential harms are an increased prevalence of cannabis use disorder (CUD, sometimes called cannabis addiction) and of cannabis-related mental health conditions.

Almost 1 in 4 people who use cannabis develop CUD,[7] and the risk increases with the frequency of use.

- Even without CUD, regular cannabis use can result in functional impairment.
- Long-term regular cannabis use is associated with mental health problems, especially with weekly use.
- Cannabis use is associated with an increased risk of suicidal thoughts and behaviors.

CANNABIS USE DISORDER (CUD) Approximately 22% of those who use cannabis develop CUD.7 The risk is quite low (on the order of 2-4%) for those using less than monthly but is much higher (on the order of 30-50%) for those using daily.[8] The risk is greater the younger the age at starting cannabis use.[7] About one-in-ten of all people seeking treatment for any substance use disorder are seeking treatment for CUD.[9] About 20% of adolescents develop CUD within four years of beginning cannabis use.[10] CUD can be broadly defined as the loss of control over cannabis use even when it causes significant and sustained impairment in functioning. Specific criteria for diagnosis are found in the American Psychiatric Association's Diagnostic and Statistical Manual, 5th Edition (DSM-5). Like other substance use disorders, CUD significantly impairs a person's ability to function in psychological, behavioral, social, educational, and/or vocational domains.

Cannabis legalization laws are associated with a 20% increase in the rate of cannabis use by adults[3] and with a 25% increase in the prevalence of CUD in adults.[11] This is consistent with the association of legalization laws with an increase in potential CUD "risk factors," such as electronic drug delivery methods ("vaping," "e-cigarettes"), marketing & promotion, and increased THC content.[12] Legal dispensary products often contain up to 85% THC. Higher THC concentrations are associated with increased risk of CUD, psychosis, and other negative outcomes.[13,14,15,16,17,18]

Even without CUD, regular cannabis use can potentially result in a host of ongoing impairments that are not always recognized as cannabis related. Withdrawal symptoms, which can cause significant distress or impairment, can make it difficult to stop using cannabis even in those without CUD. There is reason to believe that practices that make cannabis more easily accessible (e. g., delivery services) will increase cannabis use and the risk of unhealthy use.[19]

MENTAL HEALTH EFFECTS

Acute cannabis use is associated with impaired learning, memory, and motor coordination, as well as decreased ability to plan, organize, solve problems, and make decisions (which are called executive functions). These impairments can lead users of cannabis to make risky decisions.[20] Cannabis intoxication is associated with anxiety, panic attacks, and paranoia, as well as psychosis (delusions, hallucinations), especially but not exclusively in those with a history of psychosis from any cause or who are vulnerable to psychosis.[21] Legalization of cannabis for adult use is associated with increased prevalence of hospitalization for cannabis-associated psychosis.[22]

Long-term regular cannabis use is associated with several mental health effects, primarily in those who use at least weekly. A common adverse effect is impaired cognitive performance, including impairments in attention and working memory, information processing speed, and executive functioning,[23] especially in adolescents.[24] Cognitive performance may take months to normalize after cannabis cessation. Regular cannabis use is associated with worsening of anxiety, depression, and bipolar disorder symptoms and increases the likelihood of developing a depressive disorder.[25,26,27] It is also associated with a greatly increased risk of developing first-episode psychosis, and rates of schizophrenia. The risk is even higher with use of high-potency cannabis

(i.e., high THC content).17 Cannabis use is also associated with a significantly increased risk of suicidal ideation, suicide planning, and suicide attempts.28 Long-term regular cannabis use beginning in adolescence is associated with educational, occupational, and social & interpersonal impairments. 24

GUARDRAILS NEEDED AGAINST INDUSTRY'S POTENTIAL INFLUENCE ON PUBLIC HEALTH

Over time, one can expect the burgeoning cannabis industry to engage in practices designed to maximize profits by enlarging the user base and promoting regular and heavy use. Most sales and profits come from those who use heavily or have CUD.12,35 Heavy, daily, or near daily consumers of cannabis (10-20% of all consumers) are responsible for approximately 60-80% of total cannabis consumption; this incentivizes the cannabis industry to encourage heavy, daily cannabis consumption.19 Sound public health policies are likely more effective when enacted early, "before a large and profitable cannabis industry has developed with the financial and political resources to resist public health regulation, as the alcohol industry has effectively done in most developed countries."33 A public health framework for legalized cannabis should be based on best public health practices established for tobacco control.37

Medicinal Cannabis

The research is in its infancy. Cannabis does not have an FDA indication for any psychiatric disorders. Claims of cannabis helping mental health conditions and symptoms have been grossly exaggerated and have not been backed up by clinical studies.

Get help if you need it!

Cannabis Use Disorder is a treatable condition. If you are concerned that you are being negatively impacted by cannabis, please speak to your primary care provider, or seek mental health treatment.

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