

Marijuana: Why You Should Care

Marijuana and Mental Health

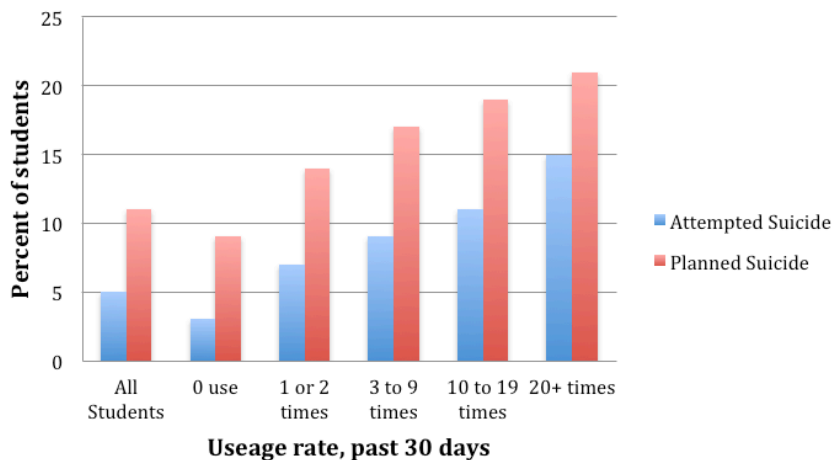
High Potency Strains Worsen and Even Cause Mental Health Problems

Marijuana use is associated with several mental health disorders¹. These include anxiety disorders, major depressive disorder, bi-polar disorder, and several personality disorders, (anti-social, obsessive-compulsive, paranoia, 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 notes 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."
- 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.
- 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 review of all published papers concerning psychosis and schizophrenia, conducted by a group of researchers from around the world, merged the data from all the studies and found that marijuana use approximately doubles the risk for schizophrenia⁴.
- A more recent study showed that the risk goes up to 6-fold if the use is heavy or the marijuana is strong (potency of 12% or more THC)⁵. This strength is common now in the U.S. and Europe.

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.

Marijuana-Suicide Association
2013 Vermont YRBS



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}.

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. The heaviest users should have lower rates than moderate users. Instead, the reverse is true.

Marijuana Use and PTSD

- In a 20-year study involving over 2000 U.S. war veterans who were being treated for PTSD¹¹, the vets who used medical marijuana in conjunction with the standard therapy reported worse outcomes four months after treatment ended than the vets who didn't use marijuana. The vets who started using marijuana during or after their treatment had the worst outcomes, while the vets who stopped using marijuana during their treatment showed the most improvement.
- 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. Again, the heaviest users showed the strongest effects.
- While the symptoms that afflict PTSD patients (anxiety, depression, panic) may be temporarily relieved while the subjects are "high" on marijuana, these very 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 the PTSD.

Marijuana Use and Mania

- There are fewer studies on the interaction of cannabis and mania, but a recent review¹³ of six studies, involving a total of 2391 individuals who had experienced manic symptoms, found support for an association between cannabis use and the exacerbation of manic symptoms in those with previously diagnosed bipolar disorder. Furthermore, a meta-analysis of two of the studies suggests that cannabis use is associated with an approximately 3-fold increased risk for the new onset of manic symptoms. These symptoms can range from hyperactivity and difficulty sleeping to aggression, delusions, and hearing voices.

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