

Changing Perspectives of Cannabis: Lowering Perception of Risk and Rising Youth Use



History of Medical Cannabis/Marijuana

Cannabis was outlawed by the passage of the Controlled Substances Act in 1970. This deemed cannabis a Schedule 1 drug, meaning it has high potential for abuse and no accepted medical use. Since then, 33 states have approved cannabis for medical use. In September 2016, Ohio passed the Medical Marijuana Control Program with the first sale occurring in January of 2019. To become a cardholder, someone must have one of the 21 qualifying conditions, be 21 years of age or older, and receive a recommendation from a qualified physician.

Qualifying Conditions	
AIDS & HIV	Parkinson's Disease
Amyotrophic Lateral Sclerosis (ALS)	Post-Traumatic Stress Disorder
Alzheimer's Disease	Sickle Cell Anemia
Cancer	Spinal Cord Disease or Injury
Chronic Traumatic Encephalopathy	Tourette's Syndrome
Crohn's Disease	Traumatic Brain Injury
Epilepsy of another seizure disorder	Ulcerative Colitis
Fibromyalgia	Hepatitis C
Glaucoma	Inflammatory Bowel Disease
Pain (chronic, severe, or intractable)	Multiple Sclerosis

Table 1. Qualifying Conditions for the Medical Marijuana Control Program.

Effects on Body and Mind

Cannabis has shown to relieve a lot of the symptoms of the qualifying conditions through anti-inflammatory, antioxidant, pain-relieving, and anti-nausea qualities. However, there are possible adverse and long-term effects as well. Cannabis can have negative interactions with some prescription and over-the-counter medications, alike many other medications. In the short-term, cannabis use has been shown to impair attention, memory, learning and decision-making. Especially with high percentage THC products like dabs or THC cartridges, more intense psychological and physical effects can occur like paranoia, anxiety, panic attacks, and hallucinations. Over time, heavy cannabis use, especially before age 16, has been linked to damage in the white matter in the brain, which helps enable communication throughout the neurons of the brain. This change in the brain is correlated with higher impulsivity. Consequently, it has been shown that cannabis use may prime the brain for further substance misuse.

Perception of Harm

The research shows that perception of harm can predict the use of cannabis. According to the 2020 Student Survey, students who reported low perception of risk had an 18.4% higher

past 30-day use of cannabis than those who reported high perception of risk. An overlooked issue with medicalization of cannabis is the message adults and young people alike can infer from its increasing normalization. Many young adults are aware of the risks associated with substance use, but medicalization has caused an increasing perception that cannabis is not associated with significant or lasting harm. As shown in the graph below, as perception of harm decreases, past 30-day use increases. This outlines the importance of early intervention with education and prevention programs. As legalization spreads, it is possible that the decreasing perception of harm by adolescents will continue, resulting in an increase in use. This is especially concerning given that many of the negative effects of marijuana are most pronounced in adolescents.

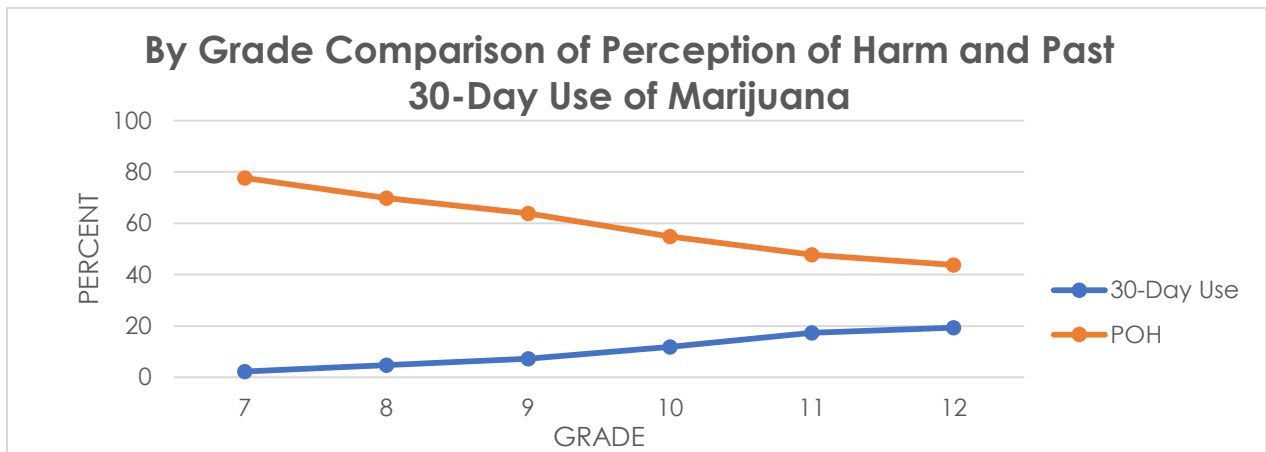


Figure 1. Student Survey by Grade Comparison of Perception of Harm and Past 30-Day Use.

Call to Action

Creating environments at home and in schools that support and empower youth to make healthy, informed decisions is impactful to the behaviors they engage in throughout their lives. PreventionFIRST! encourages a call to action from all sectors of the community by:

- Disapproving of youth use. According to the 2020 Student Survey, students who reported low parental disapproval had a 27.3% higher past 30-day use of cannabis than those who reported high disapproval.
- Providing youth with evidence-based education and reputable resources about cannabis use and the effects on the adolescent brain, avoiding ineffective prevention strategies such as scare tactics.
- Safely storing medical cannabis in the home in lockboxes and away from shared food items.
- Engaging in constructive conversations about medical uses for adults with qualifying conditions.
- Encouraging and supporting the development of healthy coping mechanisms.
- Advocating for your school to take PreventionFIRST!'s Student Survey so data-driven decision making and prevention programs can be implemented in schools.
- Becoming involved in community coalitions advocating for drug-free communities and healthy decision-making.

Education and Prevention Resources

<https://starttalking.ohio.gov/>

<https://drugfree.org/>

<https://www.prevention-first.org/>

<https://med.stanford.edu/cannabispreventiontoolkit.html>

<https://parentactionondrugs.org/2-new-digital-cannabis-education-tools/>

[https://www.naspa.org/images/uploads/events/Higher Education Cannabis Toolkit.pdf](https://www.naspa.org/images/uploads/events/Higher_Education_Cannabis_Toolkit.pdf)

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