

THE CLFC FAMILY REUNION NEWS

THE *CREATING LASTING FAMILY CONNECTIONS* ®
QUARTERLY NEWSLETTER

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We hope you enjoy this special editorial edition of our CLFC Family Reunion News. We are very interested in receiving input on our position from the fields of education, substance abuse prevention, treatment and recovery, family strengthening, fatherhood, healthy marriage and prison reentry. Please respond with your comments to tstrader@sprynet.com. We hope to share some of the top comments in a future newsletter!

Marijuana: A Mixed Bag of Short and Long-Term Effects

Marijuana legalization, medical marijuana and public marijuana use continue to receive heavy media attention. From medical research and development to all-out legalization, marijuana's image is undergoing a tremendous positive "make-over" in the media and in the political arena. Unfortunately, the "make-over" appears to ignore very significant public health concerns.

Our view:

Like most drugs, there are both positive and negative aspects to marijuana. Marijuana use can lead to pleasurable feelings, perceptions of relaxation and stress reduction. Under the influence of marijuana, many people report enhanced feelings of friendliness and humor. Friends seem friendlier and humor seems more amusing. In the science, some promising medical applications for marijuana are showing up in medical research. These observations have many people aglow with positivity about marijuana, its use and the likelihood of national legalization. There is little doubt that the marijuana plant produces powerful compounds that can produce some positive medical applications. Nevertheless, there are also clear warning signals about long-term recreational use.

In the glow of selective attention to certain positive facts, several states have taken steps to legalize recreational use and/or sales, and many others are decriminalizing possession. While decriminalization appears to be a step in the right direction, all-out legalization seems problematic. Jails and prisons are not proving to be of great help in addressing drug use, abuse and dependency issues, except when treatment is provided during incarceration for marijuana and other substance use disorders (dependency and addiction). Addressing health issues through incarceration is expensive and more cost-effective measures abound. We think it is much more helpful to approach marijuana from a health perspective. With the advent of the Affordable Care

Act which promises health insurance for everyone and parity for mental health and substance use disorders, we may be able to shift people out of jails and prisons and into effective health treatment services. This could result in lives and resources being saved.

Regarding recreational use of marijuana from this broader public health perspective, the authors see four major types of risk for those who choose to participate in regular marijuana use.

1. Safety and performance impairment (i.e. Driving, drownings, accidents, etc.)
2. Negative effects that persist (beyond the “high”)
3. Mental health risks (Psychosis, dependence, addiction)
4. Negative outcomes across the life span

Safety and Performance Impairment: After alcohol, marijuana (THC) is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. (NIDA Drug Facts, Drugged Driving 2013) Marijuana abuse increases the likelihood of having a motor vehicle accident and also increases the likelihood of crashes resulting in fatality. The risk of personal, work-related and recreational accidents of any type are increased during a period of marijuana intoxication. While these risks may be comparably smaller than the risk associated with alcohol intoxication, the risks are still quite significant.

For example, people lose habituated driving skills like checking the rear view mirror, attending to wipers, seatbelts, etc. and experience time distortion (i.e. drive too slowly). Marijuana has been shown to increase a singular focus, like reading, watching a television show, possibly even studying. However, with driving skills, we may unwittingly become more narrowly focused than what might be considered safe or sufficient (With driving we see people under the influence of marijuana staying in one lane, missing complex driving cues including signage, instructions, etc.). A marijuana user might be found staying in one lane on a busy highway (single focus) and driving 30 mph in a 60 mph speed zone (time distortion). Combining alcohol use along with marijuana use is also common and results in greater impairment. Marijuana use is not harmless.

Negative Effects that Persist: According to the National Institute on Drug Abuse, long-term marijuana abuse can lead to poor educational outcomes, poor job performance, respiratory problems and cognitive impairment (NIDA, Topics in Brief, 2011). While a person’s singular focus and attention to simple details may be enhanced with marijuana use, the ability to focus on multiple stimuli, to plan, to organize, and to maintain attention to executive or complex functions are diminished, both during and after episodes of repeated use of marijuana. Loss of short-term memory and decreased ability to shift attention are common for regular users. Further, as a rebound effect after use, many users experience an over-all decreased ability to focus on one thing (stay attentive) when not using. Loss of positive motivation and focus on long-term goals and challenging life tasks appears to be diminished for many long-term users.

Mental Health Risks: There are several mental health risks associated with prolonged or regular use of marijuana. There is an increased risk for psychosis disorder, especially if there was daily use in adolescence, episodes of toxic psychosis or any family history of psychosis. Marijuana has the ability to create:

- a. Social dependence (if I quit using, I will lose my friends)
- b. Psychological dependence (life is unpleasant without it)
- c. Physical dependence (withdrawal, and difficulty stopping)
- d. Loss of control

Finally, while some people can use marijuana with some regularity and not experience major negative outcomes, many users experience depression, personality disorders, psychosis, poor impulse control, conduct disorders and less overall life satisfaction. With increased potency over the years, researchers are finding increased incidences of psychological and mental disorders associated with the regular use of marijuana.

There is a dynamic change that occurs in pleasure/stress levels with regular marijuana use. Both pleasure and stress seem to grow in magnitude with prolonged use. Small pleasures seem to be enhanced (wow, look we've got brownies and ice cream!!) Small stresses seem magnified (Oh, no. It's getting cold. I'm not going to the game tonight). Stress stimuli that were perceived as small before use, seem much more painful and appear to create a much greater challenge to the long-term user. For example, it may seem to be an exciting and acceptable challenge to the person to face four years of college before regular marijuana use. However, after a period of regular use, the idea of spending a semester at school away from family (and other marijuana using friends) may seem to be an extremely painful choice to make. For some, long-term challenges like school become an unbearable hassle.

When small pleasures become deeply enhanced, and normal challenges also become greatly exaggerated (and therefore more likely to be avoided), positive life goals can become greatly threatened over time. Similar to a pattern seen with a large number of other abused drugs, regular marijuana users exhibit irritability, nervousness, depression, restlessness and anger upon cessation of use. These symptoms are known signs of withdrawal (NIDA, Topics in Brief, 2011).

Life Outcomes: Young adult marijuana users are less likely to have graduated from high school, less likely to be employed, and more likely to have lower incomes than non-users. Marijuana users are less likely to be married, more likely to be divorced, more likely to use alcohol, tobacco, and other drugs and more likely to be disabled than non-users. Surprisingly, studies have shown marijuana users in treatment had more psychosis, personality disorders, and depression than other drug-dependent users in treatment. Marijuana users were also found to have less overall life satisfaction than non-users. While marijuana can bring pleasurable feelings and experiences in the short-run, for an otherwise healthy individual, regular (long-term) marijuana use does not appear to contribute to an improved overall quality of life.

Conclusion: Personal safety, job performance, mental health and even family relationships can be negatively impacted with marijuana use. Long-term negative effects increase for regular marijuana users. Mental health is negatively impacted by regular marijuana use. Increased quantity and frequency of use are clear predictors of psychosis, dependence and addiction. For an otherwise healthy person, the regular use of marijuana does not improve any standard measures of life satisfaction or positive life outcomes.

CLFC Brief Marijuana Policy Perspectives

For many people in the U.S. marijuana is viewed as a dangerous illegal drug and its use, sale and proliferation is considered illegal and/or immoral and destructive to individuals, families and communities. For others, marijuana use appears to be less harmful than alcohol, and therefore, marijuana should be legally available for regulated sale and distribution in order to raise tax revenue and decrease the costs associated with incarceration. This "legalization" process would remove criminal justice related costs and result in saving public funds while also reducing the personal and family devastation that incarceration can bring. We believe that there is plenty of truth on both sides of this debate.

We believe that it is more meaningful to focus on marijuana from a physical, mental and public health perspective than a legal/moral perspective. The criminalization of marijuana use (and other drug use) that involves long prison terms and incurs the tremendous costs of incarceration seem to neither serve the

public good nor the wellbeing of the individual and their family. While the sale and distribution of illegal and controlled substances may indeed be seen as a criminal act, it might be helpful to view use and possession very differently.

Many Americans, including President Obama, believe that many people have suffered undue consequences in the criminal justice system for marijuana use violations. Minority populations appear to have experienced the full brunt of the criminal sanctions for a variety of reasons listed by President Obama in the New Yorker Magazine interview published in January 2014. When any illicit product reaches a certain level of demand, less advantaged individuals in any society are drawn to an opportunity to engage in such trade for benefits that overshadow the risks involved. Anyone experiencing any form of discrimination that results in social, economic, political or educational deprivation would seem naturally more vulnerable to both use, and to engage in the sale and distribution of a popular mood altering, illicit drug. Further, minority status often plays out differently in criminal justice systems. In our observation, it appears that the less you have, the less you can get away with in our (or any) criminal justice system. The disproportionate numbers of minorities experiencing prison sentences for drug related charges appears rather extreme for these and other reasons.

Next, let's shift our perspective away from the legal perspective for a moment and look at marijuana use and its impact on personal and public health related issues. Many Americans have never experimented with marijuana use. Many others have. Of those who have tried marijuana, some have enjoyed the experience, while others have not. The common perception of the individuals enjoying the experience is that they see fewer negative outcomes with marijuana use than they have seen in comparison with the most widely available legal drug, alcohol. While there is an element of truth to this perception, on close inspection it is less than fully accurate.

First of all, in a fair comparison with marijuana, the comparison must be made between the type of alcohol use that focuses on intoxication. We are saying that marijuana "use" is not exactly like alcohol "use". Many Americans (and others around the world) use alcohol regularly without any interest in experiencing even mild intoxication. A single serving or two of alcohol in conjunction with a meal is what the majority of Americans choose most often to experience. This is very different than pursuing a mood altering effect with alcohol. Drinking to intoxicating levels is a totally different experience. Lots of other people in America do pursue alcohol intoxication with regularity. They very commonly think that everyone else "using" alcohol is doing so in order to experience intoxicating effects too. Fortunately, they are terribly mistaken. Unfortunately, this belief leads to lots of confusion in the public dialogue. Drinking large enough quantities of alcohol to experience intoxication is more accurately called alcohol abuse. Similar to the second type of alcohol users (the abusers who pursue mood change), the common use of marijuana involves reaching a mood altered state, intoxication. While most people use alcohol as a beverage involving non-intoxicating levels of exposure, most people who use marijuana do not use marijuana in such low doses as to not involve a "buzz".

From a health perspective, adults who do use alcohol, and consume two or fewer standard servings of alcohol per day over a lifetime, are probably more likely to experience some mild HEALTH BENEFITS rather than any negative health consequences. These possible benefits include heart health and stroke risk reduction. These benefits can also be achieved by abstainers in other ways by eating other healthy foods like red grapes.

Now we propose a more fair comparison. In comparing people who regularly use alcohol for mood change (involving four, five or more standard servings of alcohol which is generally considered alcohol abuse) with people who regularly use marijuana for mood altering purposes, there is truth that alcohol abusers are likely to experience more noticeable and some more severe negative health consequences than

the marijuana user (abuser). However, those using marijuana regularly are much, much more likely to experience negative physical, mental and emotional consequences than THE PEOPLE WHO ABSTAIN OR WHO NEVER HAVE MORE THAN ONE OR TWO DRINKS PER DAY. It is also true that some people can pursue large quantities and frequencies of either alcohol or marijuana intake and not experience obvious health consequences for fairly long periods of time. **This does not mean that there are no long-term consequences.** In fact there are many subtle consequences at work within a pattern of intoxication. The long-term health risks associated with either drug (alcohol or marijuana) being used for regular mood change over prolonged periods are extensive and well documented. People are risking their entire physical, mental and emotional health pursuing regular mood change with these two drugs, or any other mood-altering drugs known to humanity! Whether the drug is considered legal, illegal, prescribed or not makes no large difference.

Finally, when people do experience alcohol, marijuana or any drug problem (substance use disorder), we would prefer to see them referred to an informed health professional rather than a policeman, lawyer, jailer, or warden. Perhaps some people may also benefit from a referral to their clergy member or spiritual leader as well, but that appears to be a personal or family matter in addition to the health referral. Drug use is better prevented, treated and regulated as a health issue rather than a legal or moral issue. It is extremely helpful to separate our analysis and judgment based on specific, scientific and clearly objective factual data than on individual (or collective) and uninformed “perceptions.”

For the reasons listed above, the authors believes marijuana, alcohol and all drug use policy can be best determined by focusing on individual, family and public health policy rather than moral or legal perspectives. While the authors can support decriminalization, for marijuana or other substance abuse, we do not support all-out legalization because we fully support informed substance abuse prevention. We also support early intervention and treatment for substance abuse disorders. The current aspects of the Affordable Care Act that provide insurance for everyone and parity for mental health and substance abuse treatment appear to be poised to replace the massive and costly incarceration movement of the past. We know that a health movement involving prevention, early intervention, treatment and recovery support works much more successfully than judgment, isolation and incarceration in addressing marijuana and all other substance use disorders.

Your voice is important. We are very interested in receiving your comments about our current position. Please respond with your comments to tstrader@sprynet.com. We intend to share some of the top comments in a future newsletter! Also, please [sign up](#) to receive the CLFC Family Reunion Newsletter, or follow us on Social Media at the following sites:

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