

Slide 1

*Marijuana
Misuse,
Medicine, &
Legalization*

Allan Barger, MSW

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Slide 2

Tackling Two Policy Issues

Medical Marijuana

Legalizing Marijuana

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Why Address Medical Marijuana

Demographics Demand It

Discussion Changes Perception of Risk

Perception of Risk is Directly Linked:

- Use,
- Quantity and Frequency of Use
- Risk for Social Problems
- Risk for Health Problems

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Risk 1. Impairment

The New View

- Those using cannabis do injure themselves and others.
- Cannabis use decreases the ability to shift attention among multiple tasks.
- Cannabis use is not harmless.

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Risk 2 – Lingering Effects

“It’s better than alcohol. I don’t have a hangover; I get high, I come down. Everything is fine.”

Seed of Truth:

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Risk 2 – Lingering Effects

Multiple studies find deficits in:

- Short-term memory
- Attention
- Executive brain functions
 - Planning
 - Organizing
 - Focused attention
 - Persistence to task

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Risk 4 – Dependence & Addiction

Altered Reward & Stress Systems

- Leads to a shift in values and behaviors to
 - *avoid stress*
 - *seek reward*

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Risk 4 – Cannabis Dependence & Addiction

Does marijuana use acutely **LOWER** reward threshold (more pleasure)?

- Lowered reward threshold by Δ^9 -THC has been demonstrated by:
 - Rate-frequency paradigm
 - Reward-threshold paradigm
- Similar to all other abused drugs
- Cannabis produces conditioned place preference in lab animals.
- Self-administration studies find both animals and humans will self administer cannabis.

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Risk 4 – Cannabis Dependence & Addiction

Does marijuana use acutely **RAISE** stress threshold (reduce stress)?

Multiple studies report:

- Cannabis stimulates the production and release of opioids, calming the brain and reducing pain (emotional or physical).
- Marijuana users state enhanced relaxation as the #1 reason they use.

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