



MARIJUANA

Common myths as reported by youth

This document contains all of the marijuana myth posts from the talk sooner app- Fall 2014



14 West Michigan youth are using marijuana by age 14.

TS talksooner.org/apps

Available on the Google Play App Store

Table of Contents

The great debate: An introduction to help you talk to your teen about common marijuana myths	1
Marijuana and Addiction: Myth: Marijuana is not addictive	2
Marijuana for Medical Purposes: Myth: Marijuana is medicine	3
Marijuana and Cancer: Myth: Marijuana does not cause cancer	5
Marijuana and THC: Myth: Marijuana is safer than other drugs because it's a plant	6
Marijuana and Fatality: Myth: No one dies from using Marijuana	7
Marijuana and Parenting: Myth: My parents used marijuana and they are fine, so I will be too	8
Marijuana and Relaxation: Myth: Marijuana helps you relax	9
Marijuana and Success: Myth: Many successful people use marijuana and it doesn't affect them negatively at all	10
Marijuana and Incarceration: Myth: Many people are incarcerated for Marijuana related offenses	11
Marijuana and Alcohol: Myth: Marijuana is safer than Alcohol and that's legal	12
Marijuana and the Economy: Myth: Legalizing Marijuana will create an Economic Stimulus	13
Marijuana and Legal consequences: Myth: There are no real legal consequences to using marijuana, because its use is so common	14
Full data sources page	15

Check back soon for more info on edible marijuana products including dabs and wax marijuana



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Marijuana: The Great Debate

An introduction to help you talk to your teen about common marijuana myths

At Talk Sooner, we know that the "marijuana debate" is a complicated one. Our kids are bombarded on a regular basis with opinion and misinformation about marijuana and its effects or perceived benefits. This is only complicated in states, like Michigan, that are medical marijuana states (when referencing medical use, the proper spelling is marihuana). As parents, it may be tempting to give our kids information that will "scare" them from even trying the drug (for example, you can die the first time you use it). Though there are many reasons not to use marijuana, research tells us that kids do not respond to "scare tactics," in fact, teens we've talked to tell us that using such tactics discredits our arguments. So what do you say to your teen who wants to know more about marijuana? We suggest using a balanced approach. Give both sides of the argument, and encourage your teen to start being critical of where their "facts" come from. Advocates of legalizing marijuana tend to make a lot of claims about the health or other benefits of marijuana and related products. Ask your kids: what is their agenda for you to hear this information? In reality, if you have questions about health benefits of a particular drug, do you ask people who really like that drug or do you connect with your physician? Being careful consumers of media and information is a critical skill for all young adults to acquire.

There are an unending number of articles out there to support any stand on the marijuana debate. We released a series of posts on our talk sooner app about the various arguments your teens may be hearing about why marijuana use is okay. It was our intent to take each point and give factual information from credible sources to clarify the truth. We have provided the citation for each source, so that you or your child can research further if you need further information. In addition, we have included data from Michigan Profile for Healthy Youth, a survey given to middle and high school students in Michigan. This helps to give the youth perspective on this issue from credible data sources of the youth we work with. ([Source](#))



Marijuana and Addiction

Myth: Marijuana is not addictive

Long-term marijuana use can lead to addiction, resulting in difficulty controlling drug use and losing the ability to stop even though it interferes with many aspects of your life. It is estimated that 1 in 9 adults who use marijuana will become dependent on it. The number goes up to 1 in 6 for those who start using in their teens.

(National Institute of Drug Abuse and Hall, W.; and Degenhardt, L. Adverse health effects of non-medical cannabis use. Lancet 374: 1383-1391, 2009.)

Once addicted, teens may experience strong cravings to use, and if they attempt to stop, they will endure a challenging and uncomfortable period of detoxification. While the process is not life threatening, many suffer from insomnia, headaches and anxiety, combined with an incredible craving to use, making it difficult for teens to stay drug free. Marijuana users may also experience a withdrawal syndrome when they stop using the drug. It is similar to what happens to tobacco smokers when they quit; people report being irritable, having sleep problems, and suffering weight loss—effects which can last for several days to a few weeks after drug use is stopped.

(National Institute of Drug Abuse, Research Report Series)

Long-term studies of drug use patterns show that very few high school students use other illegal drugs without first trying marijuana. However, many young people who use marijuana do not go on to use other drugs. To explain why some do, here are a few theories:

- Exposure to marijuana may affect the brain, particularly during development, which continues into the early 20s. Effects may include changes to the brain that make other drugs more appealing. Animal research supports this possibility—for example; early exposure to marijuana makes opiate drugs (like Vicodin or heroin) more pleasurable.
- Someone who is using marijuana is likely to be in contact with other users and sellers of other drugs, increasing the risk of being encouraged or tempted to try them.
- People at high risk of using drugs may use marijuana first because it is easy to get (like cigarettes and alcohol).

[Source](#)



Marijuana for Medical Purposes

Myth: Marijuana is Medicine

What's the difference between marijuana and medical marijuana? Answer: There is no difference! Medical marijuana and the “street version” of marijuana are the same thing, grown the same way, processed the same way, has the same amount of THC and often are the same drug sold for “medical purposes”.

Marijuana helps people with serious medical conditions: When Michigan voted to legalize "medical marijuana", it was promoted to the public as acting in the interest of cancer, glaucoma, and HIV/AIDS patients. Who wouldn't want to help a family member or friend struggling with these conditions? The reality of "medical marijuana" is that less than 4% of medical marijuana card-holders have any of these conditions. In fact, 95% of all Michigan card-holders have a diagnosis of "other", which includes severe and chronic pain, severe and persistent muscle spasms, and severe nausea ([source](#)). It is also really important to note that The American Cancer Society, The American Glaucoma Society, and The International Aids Society do not endorse marijuana as medicine. It makes us wonder if the pro marijuana movement's agenda is about more than marijuana to help loved ones with cancer and other diseases. In addition, the American Medical Association, the American Psychiatric Association, and the American Association of Addiction Medicine all have policies specifically indicating that there is no appropriate medical use for marijuana.

Our government wouldn't allow marijuana to be used medically if it was not medicine: There is no governmental regulation of "medical marijuana"; because it isn't medicine, it is not regulated by the FDA. True pharmaceuticals have all gone through the stringent FDA research and testing process to be deemed safe for treatment of specific medical conditions. In our history, medications have never been voted on in a public ballot. (*Excerpt from 7/20/14 editorial in GR Press by Mark Thomson- director of DA Blodgett-St. Johns*). Synthetic THC has been FDA approved as medicine (thus Marinol), but the marijuana plant has not. This quote from “Scott Teitelbaum, MD, medical director of the Florida Recovery Center at the University of Florida and co chair of the ASAM public policy committee says it all, "There are two things you don't do with medicines- you don't smoke them and you don't vote on them."

Doctors wouldn't “prescribe” something that's unsafe: If anyone in our family has a serious medical concern, we trust our doctor to prescribe safe and effective treatments for my condition. Many people believe that medical marijuana is commonly “prescribed” by primary care physicians and specialists, like an oncologist, but in most cases, it isn't. In fact, it isn't actually prescribed at all. The physician writes a recommendation for medical marijuana for a fee determined by each physician. Ask yourself: Why would a

responsible physician be willing to write a “recommendation” with no charts, no labs, and no monitoring of a person's serious health condition? What would be the incentive to do that? Our answer: Money.

Doctors who have an actual ongoing professional, medical relationship with a patient with cancer, HIV/AIDS, or glaucoma do prescribe FDA-approved, laboratory-made medications, such as Marinol and Sativex to treat the symptoms of nausea, vomiting, and loss of appetite, commonly due to chemotherapy treatments. What is the difference between the medications? The man-made pharmaceuticals are made from THC components deemed safe for treatment of specific conditions by the FDA. "Medical Marijuana" is not regulated by anyone. Simply put, there have been safe and medically-acceptable options available since the 80's. There is no need for the plant version of marijuana, along with its risks, to treat the same symptoms.



Marijuana and Cancer

Myth: Marijuana does not cause cancer

There is a lot of “research” out there about marijuana and cancer. We’ve seen articles from the pro marijuana movement that cites research stating that marijuana has properties that can cure or treat cancer. We’ve also been taught for many years that marijuana has the same number of carcinogens as tobacco when smoked. What’s the truth? To be honest, there’s a lot we don’t know about marijuana and its long-term effects. The medical community has even called the connection between marijuana and cancer (causing or curing) ambiguous. According to the American Lung Association, marijuana smoke contains 33 cancer-causing chemicals (up to four times as many as tobacco) and also deposits tar into the lungs. One thing that most researchers do agree on, is that marijuana smoke is an irritant to the lungs, and marijuana smokers tend to have wheezing, bronchitis, and a greater risk of lung infection. [Source](#)

When looking at credible sources about the effects of marijuana and lung function, we find it necessary to go to the experts, the medical community. Marijuana, in FDA approved synthetic pill form, may have benefits in treating cancer-related side effects, but does not treat cancer itself. There are many forms of cancer, and the FDA has not approved cannabis in its raw form (marijuana) as a treatment for cancer or any other medical condition. [Source](#)

There have been very few scientifically significant studies of the effects of marijuana on humans, long-term. This seems to be due to the high percentage of marijuana users who also smoke tobacco (so it’s hard to figure out which substance caused their health conditions). The form of marijuana used is also a challenge when it comes to studying its effects. Marijuana that is smoked or ingested in any way other than through FDA-approved synthetic drugs, is highly difficult to dose, which is necessary for study. Marijuana also has potential complications for the user, including impaired driving skills, risk of accelerated or worsened psychosis, and decline in IQ. The illegality of marijuana has also hindered the availability of people who are willing to participate in such studies. The studies that exist reach inconclusive results, since most of them are endorsed by groups with ulterior motives when it comes to the legality of marijuana for public consumption. In the end, we don’t want our generation of youth to be the “guinea pigs” that answer this question. There are simply too many risks and their potential is too valuable. [Source](#)



Marijuana and THC

Myth: Marijuana is safer than other drugs because it's a plant

Often youth start out the marijuana debate by stating that it is safer than other drugs, that it's all natural and that no one has ever died from marijuana use. The unfortunate reality is that marijuana can be dangerous, perhaps just in different ways and sometimes in ways that are not always immediately apparent. Marijuana actually contains about 500 active ingredients. Most of these ingredients we do not know much about. The ones we do know quite a bit about are the Tetrahydrocannabinol or THC and the cannabidiol or CBD, which is one of the other active cannabinoids found in marijuana. THC is the psychoactive ingredient in marijuana and when the ratio of THC to CBD is closer together (more 1:1) the psychoactive effects are lessened. When there is a wider gap between these two cannabinoids, there is a greater psychoactive effect.

Source

Sabet, Kevin (2013) Reefer Sanity: Seven Great Myths About Marijuana.

- **Marijuana is all-natural:** Marijuana is a plant that is found growing naturally. Smoking marijuana typically involves drying and shredding the leaves, stems, buds and flowers of the Cannabis Sativa or marijuana plant. This seems harmless to youth, however, as marijuana use grew out of the 1960s, growers of marijuana experimented with engineering and growing the plant in similar ways to how farmers have experimented with agriculture. The difference is that in the experimentation with breeding practices and cultivation techniques with our food sources, the produce is about creating more and creating larger varieties. With marijuana, this experimentation has been about increasing the levels and percentages of the THC and being able to produce more psychotropic effects and greater highs. Much of this has been to increase the profits of those selling the marijuana.



Marijuana and Fatality

Myth: No one dies from using Marijuana

A result of the intensified marijuana potency has been a significant increase in emergency room visits due to marijuana overdose. The nationwide total of emergency room visits related to marijuana use went from an estimated 16,251 in 1991 to exceeding 374,000 in 2008. During this time the amount of marijuana users in the United States remained steady. Immediate effects of marijuana use are: impairment of short-term memory, attention, judgment, and other cognitive functions, coordination and balance, combined with driving this can have tragic effects. (Sabet, Kevin, 2013)

One of the greatest impacts of marijuana on overall health comes behind the wheel. Car crashes are a leading cause of death and injury among young people and according to the National Institute on Drug Abuse, high school and college-age youth are more likely to drive under the influence of marijuana, or ride with a driver who had been using. [Source](#)

According to a Columbia University Study cited by WebMD in a study of driving fatalities in six states: “drugged driving accounted for more than 28 percent of traffic deaths in 2010, up from more than 16 percent in 1999. Marijuana proved to be the main drug involved in the increase, contributing to 12 percent of 2010 crashes compared with 4 percent in 1999.”

Our overview: Fatal crashes involving driving under the influence of marijuana have tripled in the past decade.

[Source](#)

Here are the physical signs of use:

- Bloodshot eyes
- Slowed speech or reactions
- Averting eye contact or an unsteady gaze
- rapid heart rate
- increased blood pressure
- increased rate of breathing
- dry mouth
- increased appetite, or "the munchies"



Marijuana and Parenting

Myth: My parents used marijuana and they are fine, so I will be too

If they made it through, I will too. For some families this is probably true. However, what we know about the adolescent brain now is significantly more than we knew even a decade ago. Adolescence is the time period of childhood where the brain is developing most rapidly, it is also when the part of our brain responsible for logic and reasoning is developing. With the rapid increase in marijuana potency, the impact on this part of the developing brain has long-lasting effects. Youth who smoke marijuana regularly, even just on the weekends, are more likely to drop out of school than non-smokers. They are less likely to enter college, and are shown to have six to eight less IQ points over time than non-smokers. In the brains of adolescents, regular marijuana use recalibrates the arc of brain development. Marijuana use in adolescents has been linked to the development of mental illness and psychosis with the most frequent users being up to 200% more likely to develop psychosis than non-users. And with the increased likelihood of adolescent users becoming addicted (1 in 6 relative to 1 in 11 adults), the risk of further drug use down the road also increases. These negative side effects won't happen to all youth who use, but the likelihood of them happening increases with the rate of use. And, as Kevin Sabet states in his book "their brains are still modified by the use of marijuana. It's this modification of brain structure and function that is at the root of mental health problems later in life" (Sabet, K 2013).



Marijuana and Relaxation

Myth: Marijuana helps you relax

Marijuana relaxes people in stressful times: Marijuana impacts the brain by binding to cannabinoid (CB) receptors, widely distributed throughout the nervous system, and other parts of the body. In the brain, CB receptors are found in high concentrations in areas that influence pleasure, memory, thought, concentration, sensory and time perception, appetite, pain, and movement coordination. This is why marijuana can have wide ranging effects. While in some doses, marijuana does cause euphoria and calmness; in higher doses it will cause anxiety and paranoia. In fact, once the brain's cannabinoid receptors are triggered by the marijuana's cannabinoids, the adverse effects on memory and learning and intellectual capacity are reduced for days, weeks or months after use. The relaxation effect or high is actually reduced capacity in the brains functioning. Other forms of relaxation, meditation for example, relax those who are stressed out while at the same time increasing cognitive capacity and memory. Exercise, journaling, and just talking to someone can also have a more positive, stress-reducing effect. [Source](#) [Source](#)

Additional resource: Sabet, Kevin (2013) [Reefer Sanity: Seven Great Myths About Marijuana.](#)



Marijuana and Success

Myth: Many successful people use marijuana and it doesn't affect them negatively

There may be many examples of people who live successfully and function while using marijuana. But are they living to the full potential? We know that marijuana use impacts memory and lowers IQ up to 8 points over time. [Source](#)

Addiction and dependence on any drug, illicit or not, impacts a person's finances, family, work and recreational activities. We might see people have success, but what could their success be without the use of these substances? There are also many people who are not successfully living with marijuana addiction and use. According to NSDUH, in 2010 of the estimated 7.1 million Americans classified with dependence on or abuse of illicit drugs, nearly 4.5 million were dependent on or abused marijuana. Research has shown that approximately 9% of people who use marijuana may become dependent. In 2009, 18% of people entering drug abuse treatment programs reported marijuana as their primary drug of abuse (70% of those aged 12-14; and 72% of those 15-17), representing more than 350,000 admissions (TEDS, 2009).

Several celebrities have come out in the past year talking about their marijuana addiction. The use of marijuana to cope with pain and depression was one of the reasons Lady Gaga stepped off the stage and out of the public eye for six months in 2013. Many people will argue that celebrities use pot regularly and they are very successful. This is a true statement in many aspects, but the harsh reality is that it doesn't translate back to the average joe. Celebrities have the advantage of personal assistants and managers to take care of all of the little details in their lives. Most of us don't have that luxury in our day to day lives. With that in mind- how difficult might it be for the average person to juggle the details of everyday living and the needs of our families while also participating in drug use/abuse of any kind? And- who really has 8 IQ points to gamble with?

[NSDUH link:](#)

[The Link to the Treatment Episode Data \(TEDS\):](#)



Marijuana and Incarceration

Myth: Many people are incarcerated for Marijuana related offenses.

One of the common arguments in the pro-marijuana movement is that law enforcement resources are wasted on trying to arrest people who are smoking marijuana. It is also said that our public funds are being used to house marijuana users instead of "real criminals".

Data on federal prisoners in 2011 from the US Sentencing Commission confirm that low level users are not the targets of US prison policy:

- Of the 6,961 marijuana offenders in federal prison in 2011, only 103 of them were there for simple possession. The vast majority were there for drug trafficking and received no mandatory minimum sentence. (US Sentencing Commission Annual Report-2011)
- Only 0.4% of prisoners with no prior offenses are in prison for marijuana possession.
- 99.8% of Federal prisoner's sentenced for drug offenses were incarcerated for ***drug trafficking (drug distribution)***

To sum it up, law enforcement is not rounding up marijuana smokers; they are seeking out drug dealers. In cases where people are federally prosecuted for possessing or distributing marijuana, they have hundreds of pounds of marijuana, not the amount of a medical or recreational user. Few, if any, are in federal prison for simple possession.



Marijuana and Alcohol

Marijuana is safer than alcohol, and that's legal.

When talking to youth it is tempting to go the “worst-case scenario” route. Students tell us that when adults tell them they could die from marijuana use, they stop listening.

While excessive alcohol drinking has been shown to have negative long term effects. Recreational marijuana use long term doesn't have this type of negative science/ stigma associated with it. We know this, but alcohol is legal and it still gets used in high amounts. So the argument is that marijuana is safer and doesn't have this type of negative stigma, so why can't we go to a store and buy it? We have seen the negative impacts on society for alcoholics, so why encourage this for another substance based on our experience with alcohol. Increasing access increases use. Drugs and addiction are person specific. Having a drug that is less bad then something that is legal doesn't make it ok. Another argument is that there should be an adult legal age for marijuana use, just like alcohol. We know that kids continue to access alcohol and tobacco, even though they are not of legal age to purchase. It's an access issue. Increased access for adults = increased access for youth.



Marijuana and the Economy

Myth: Legalizing Marijuana will create an Economic Stimulus

Will legalizing marijuana create an Economic stimulus? Jobs are created and tax revenue is collected; we won't deny that. Let's first consider some of the potential “other” costs associated with legalizing marijuana:

- Increased medical costs such as ER visits
- Increased car crashes
- The cost associated with treating addiction
- Loss of productivity at work
- Unintentional exposure to children

The legalizing of marijuana in select states is so new that the jury is still out on the economic impact. Instead, let's look at what we do know from our history with tobacco.

Economically, more than \$96 billion of total U.S. healthcare costs each year are attributable directly to smoking. However, this is well below the total cost to society because it does not include burn care from smoking-related fires, perinatal care for low-birth weight infants of mothers who smoke, and medical care costs associated with disease caused by secondhand smoke. In addition to healthcare costs, the costs of lost productivity due to smoking effects are estimated at \$97 billion per year, bringing a conservative estimate of the economic burden of smoking to more than \$193 billion per year. [Source](#)

The argument that we should legalize marijuana and it will just pay for “itself” can neither be proven or disproven at this point. But considering our history with tobacco and all of the associated costs to society we should learn from history.



Marijuana and Legal Consequences

Myth: There are no real legal consequences to using marijuana, because its use is so common

There are several perceptions out there about how much legal trouble a person will have if they use marijuana. Some people say that users who are arrested for marijuana offenses will go to jail, others believe that law enforcement will “look the other way” and face no legal consequences. The truth lies somewhere in the middle. As previously discussed, most prisoners who are incarcerated for marijuana-related offenses are in prison due to distributing or selling marijuana, not because of recreational use. Likewise, most law enforcement officers do not directly seek out those citizens who are using marijuana. They tend to discover marijuana possession or use when investigating other crimes (i.e., domestic violence or a car crash). When marijuana is discovered in these circumstances, law enforcement generally does not “look the other way.” Depending on the severity of the crime investigated, law enforcement issue citations and may arrest the perpetrator. Officers of the court are allowed to use discretion when it comes to sentencing those arrested for drug related offenses, based on their history and needs. Universal penalties can range from a fee and community service to treatment, probation and/or incarceration. Child Protective Services also may be called to investigate households where there is suspected marijuana use in the presence of children.

Those who have a medical marijuana card and those who use marijuana recreationally should be warned: operating a vehicle under the influence of marijuana or any other drug is against the law and holds very specific consequences, especially beyond the first offense. There is no such thing as marijuana use that is “risk free” from a law enforcement standpoint.

Michigan law requires driver license suspensions for drug convictions, even if you were not driving at the time of the offense. If there are no prior drug violations, your driver license is suspended for six months. One or more prior drug convictions in seven years means your driver license will be suspended for one year. No restricted license is allowed for the first 60 days. The driver license reinstatement fee is \$125. This fee is separate from the reinstatement fee required for any other driving activity.



Full list of data sources

Internet Sources:

[Michigan Profile for Healthy Youth](#)

[National Institute on Drug Abuse](#)

[Michigan Medical Marihuana Act Statistical Report for 2013](#)

[American Lung Association](#)

[National Cancer Institute](#)

[American Cancer Society](#)

[WebMD](#)

[Partnership for Drug-Free Kids](#)

[Substance Abuse and Mental Health Services Association](#)

Print Sources:

National Institute of Drug Abuse and Hall, W.; and Degenhardt, L. Adverse health effects of non-medical cannabis use. Lancet 374: 1383-1391, 2009.

Excerpt from 7/20/14 editorial in GR Press by Mark Thomson- director of DA Blodgett-St. Johns

Sabet, Kevin (2013) [Reefer Sanity: Seven Great Myths About Marijuana](#).

US Sentencing Commission Annual Report 2011

