



[www.chesterfieldsafe.org](http://www.chesterfieldsafe.org)

SAFE's mission is to engage community partners in working together to prevent and reduce substance abuse

## **PLEASE PROTECT YOUTH BY SUPPORTING SB591 & OPPOSING SB391**

### **Medical Organizations Against Dispensary Marijuana\***

\*Referring to non-FDA approved, non-pharmaceutical grade marijuana available in dispensary "pot shops"

Association for Addiction Professionals  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Pediatrics  
American Heart Association  
American Epilepsy Society

American Psychiatric Association  
American Medical Association  
International Association for the Study of Pain  
American Cancer Society  
American College of Medical Toxicology

American College of Obstetricians and Gynecologists  
American Dental Association  
American Glaucoma Foundation  
American Lung Association  
American Society of Addiction Medicine

## **U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain**

The human brain continues to develop from before birth into the mid-20s and is vulnerable to the effects of addictive substances [1](#), [2](#).

Frequent marijuana use during adolescence is associated with:

- Changes in the areas of the brain involved in attention, memory, decision-making, and motivation. Deficits in attention and memory have been detected in marijuana-using teens even after a month of abstinence [3](#).
- Impaired learning in adolescents. Chronic use is linked to declines in IQ, school performance that jeopardizes professional and social achievements, and life satisfaction [4](#).
- Increased rates of school absence and drop-out, as well as suicide attempts [5](#).
- Risk for and early onset of psychotic disorders, such as schizophrenia. The risk for psychotic disorders increases with frequency of use, potency of the marijuana product, and as the age at first use decreases [6](#).
- Other substance use [7](#), [8](#). In 2017, teens 12-17 reporting frequent use of marijuana showed a 130% greater likelihood of misusing opioids.

**Marijuana's increasingly widespread availability in multiple and highly potent forms, coupled with a false and dangerous perception of safety among youth, merits a nationwide call to action.**

According to Monitoring the Future, the percentage of students who reported marijuana use (in all forms, including smoking & vaping) in the past year decreased significantly for 8th, 10th, & 12th grade students.

*"We have never seen such dramatic decreases in drug use among teens in just a one-year period. These data are unprecedented and highlight one unexpected potential consequence of the COVID-19 pandemic, which caused seismic shifts in the day-to-day lives of adolescents... Moving forward, it will be crucial to identify the pivotal elements of this past year that contributed to decreased drug use – whether related to drug availability, family involvement, differences in peer pressure, or other factors – and harness them to inform future prevention efforts"*  
- Nora Volkow, M.D., NIDA director

	2020	2021
8th	11.4%	7.1%
10th	28.0%	17.3%
12th	35.2%	30.5%

**10.9% of 9<sup>th</sup> graders, 17.6% of 10<sup>th</sup> graders, 16.4% of 11<sup>th</sup> graders, and 24.9% of 12<sup>th</sup> graders reported current marijuana use in the 2019 Virginia Youth Survey.**

**To continue to prevent & reduce substance use among youth, we must continue to limit youth access to substances such as marijuana.**

1. Pujol, J., Vendrell, P., Junqué, C., Martí-Vialta, J. L., & Capdevila, A. (1993). When does human brain development end? Evidence of corpus callosum growth up to adulthood. *Annals of Neurology*, 34(1), 71-75. doi:10.1002/ana.410340113.

2. Levine, A., Clemenza, K., Rynn, M., & Lieberman, J. (2017). Evidence for the Risks and Consequences of Adolescent Cannabis Exposure. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(3), 214-225. doi:10.1016/j.jaac.2016.12.014.

3. Meruelo AD, Castro N, Cota CI, Tapert SF. Cannabis and alcohol use, and the developing brain. *Behav Brain Res*. 2017;325(Pt A):44–50. doi:10.1016/j.bbr.2017.02.025.

4. Meier M.H., Caspi A., Ambler A., et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci USA*, 2012. Oct 2; 109(40):E2657-64. doi:10.1073/pnas.1206820109. Epub 2012 Aug 27.

5. Silins, E., Horwood, L. J., & Patton, G. C. (2014). Young adult sequelae of adolescent cannabis use: An integrative analysis. *The Lancet Psychiatry*, 1(4), 286-293. doi:10.1016/S2215-0366(14)70307-4.

6. Di Forti, M., Quattrone, D., & Freeman, T. (2019). The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): A multicenter case-control study. *The Lancet Psychiatry*, 6(5), 427-436. doi:10.1016/S2215-0366(19)30048-3.

7. Lopez-Quintero C., Perez de los Cabos J., Hasin D.S. (2011). Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Drug Alcohol Dependence*. 115(1-2):120-130.

8. Jones, C. M., & McCance-Katz, E.F. (2019). Relationship Between Recency and Frequency of Youth Cannabis Use on Other Substance Use. *Journal of Adolescent Health*, 64(3), 411-413. doi:10.1016/j.jadohealth.2018.09.017.