



Health Impacts of Marijuana

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Deputy Commissioner

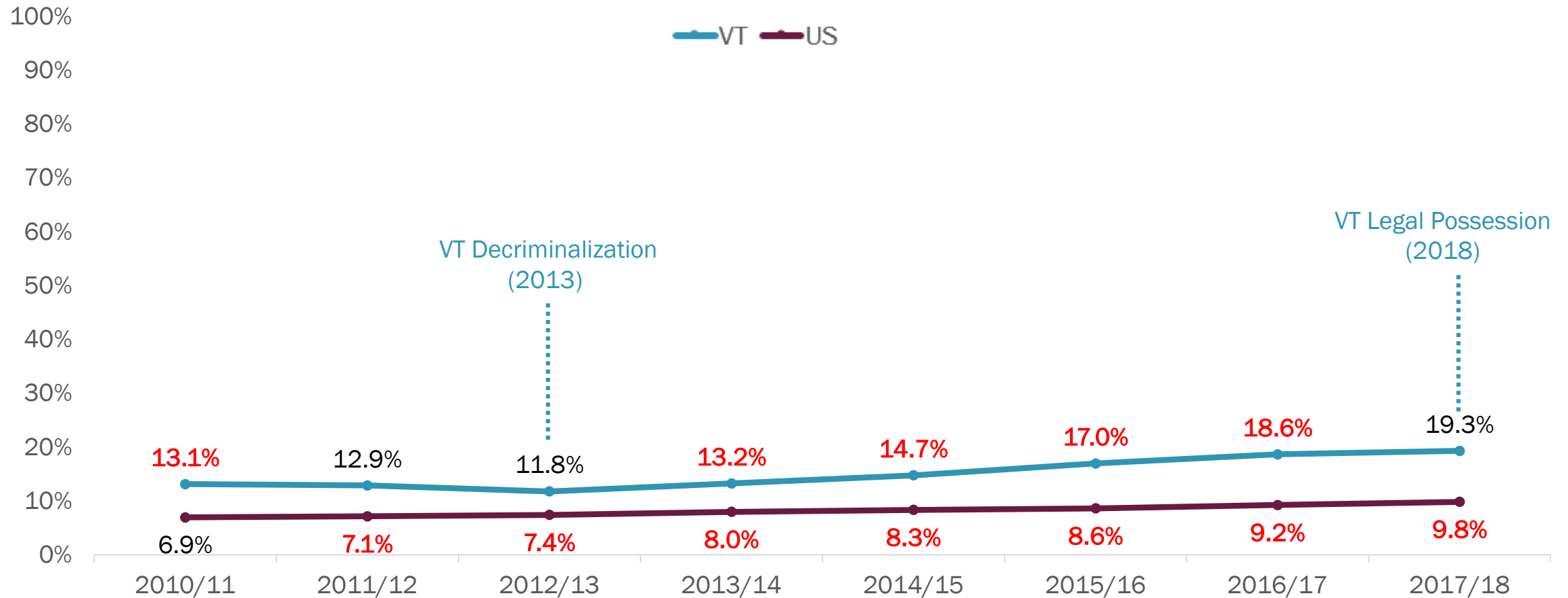
Vermont Department of Health

January 24, 2020

Key Messages

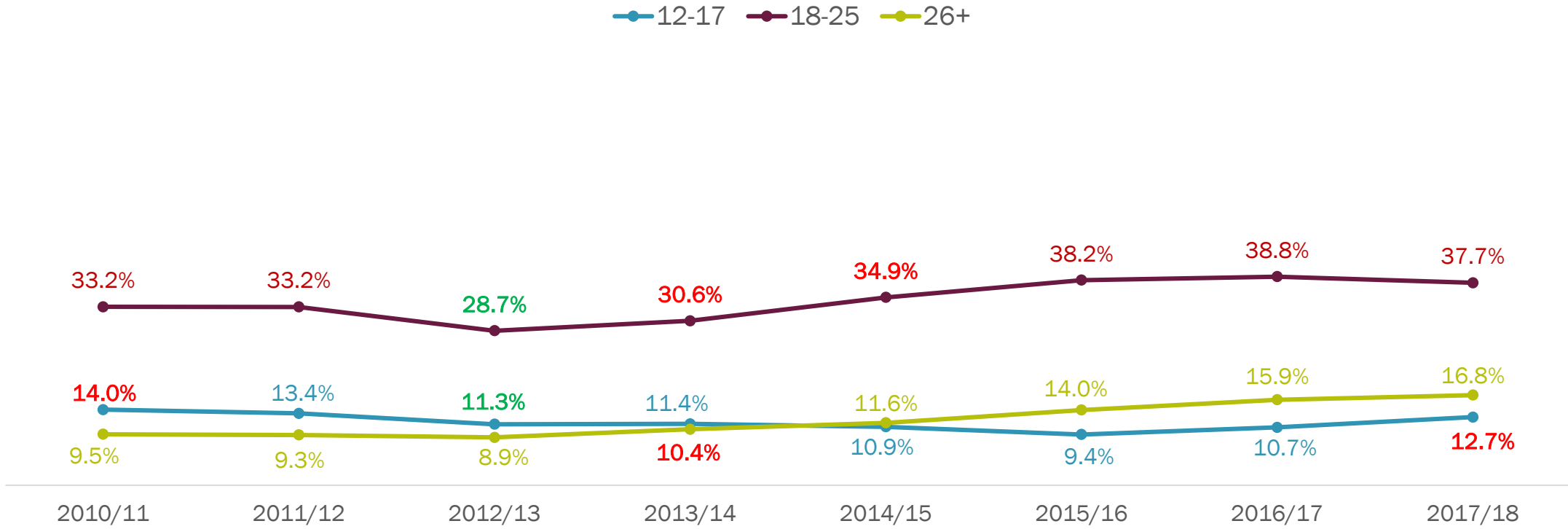
- Marijuana use is a significant public health problem in Vermont, and it is getting worse
- The Department of Health is the expert on evidence-based prevention strategies that can be successful in Vermont
- Although we know what works to prevent substance use, we lack the resources to implement strategies statewide

The percentage of Vermonters age 12+ using marijuana in the past month is consistently higher than the national average. Vermont and US have both had significant increases in use.



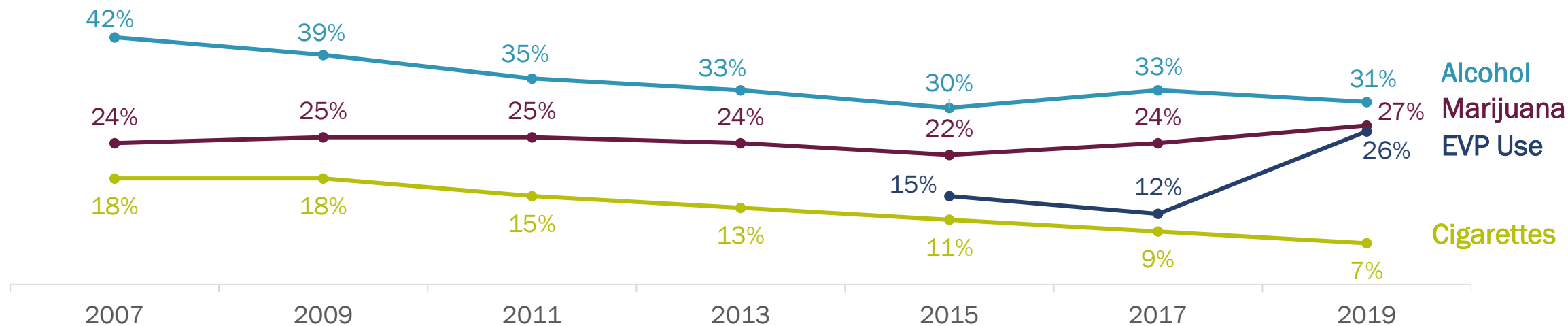
Bold red or green label indicates a significant change from previous

The percentage of Vermonters age 18-25 using marijuana in the past month is consistently higher than that of other age groups

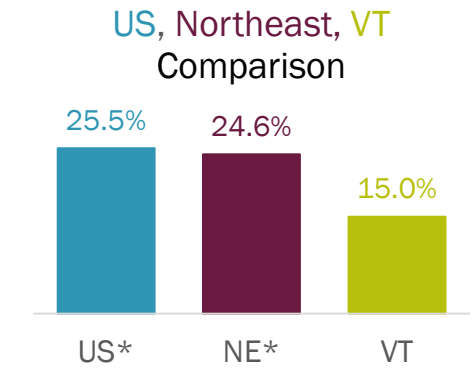
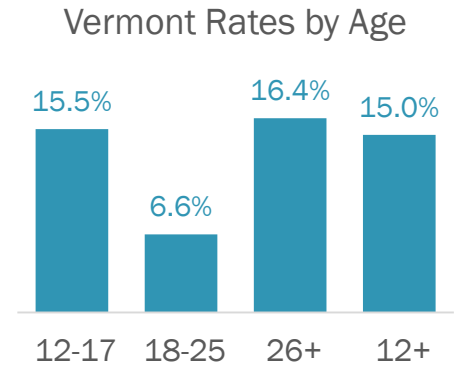
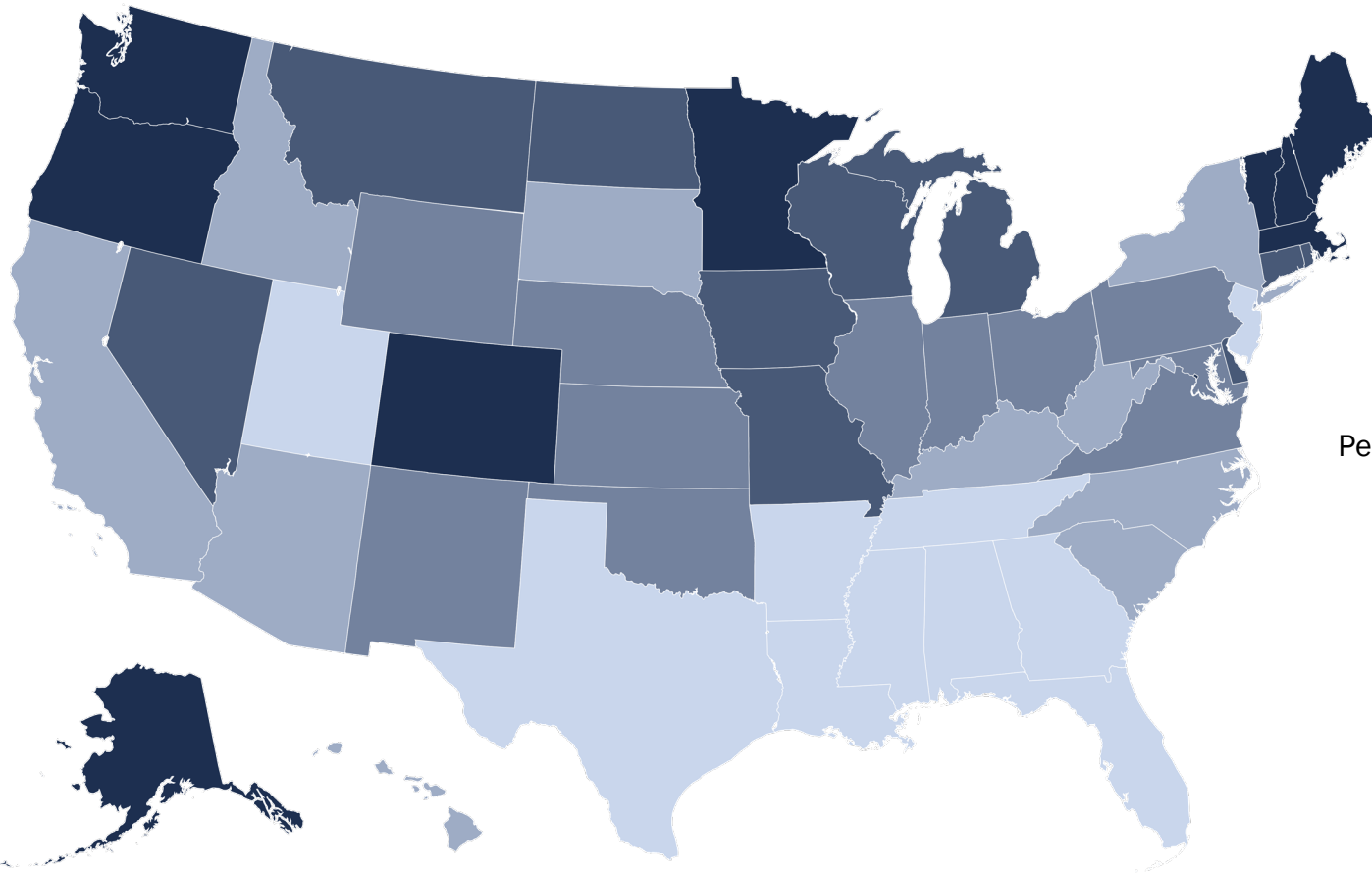


Bold red or green label indicates a significant change from previous year

In 2019, more than one quarter of Vermont high school students used marijuana in the past 30 days. Electronic vapor product use more than doubled between 2017 and 2019.



Vermonters age 12+ are less likely to perceive great risk from smoking marijuana once a month than other US states (2017-2018). This is true of all age groups.

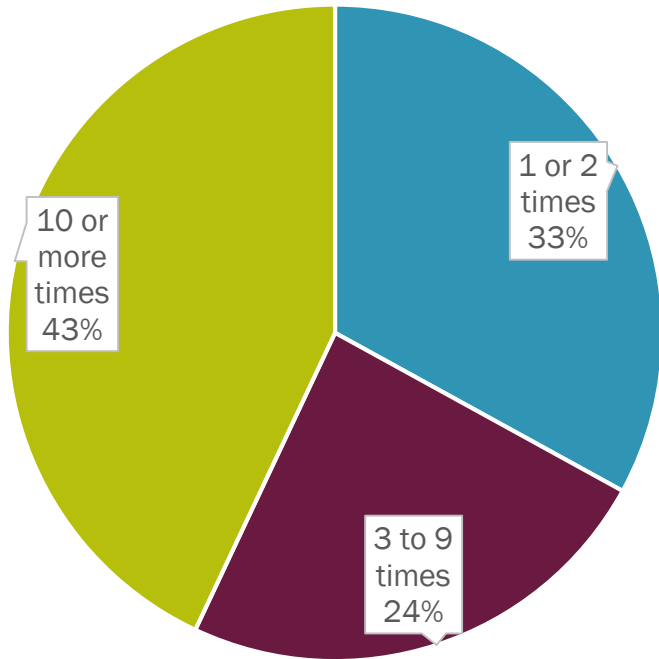


*VT is Statistically different than both the Northeast and US

Vermonters who use marijuana use it frequently

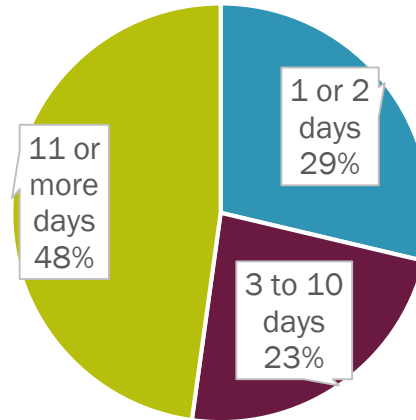
Youth Risk Behavior Survey (9-12th Grade, 2019)

Times used in the last month

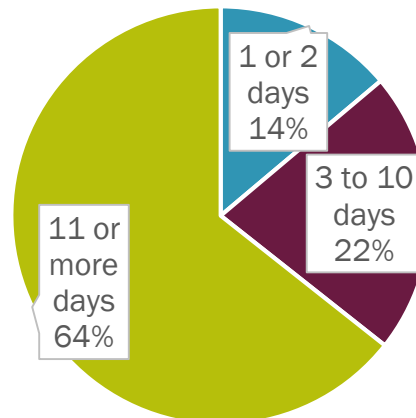


Young Adult Survey (Age 18-22, 2018)

Days used in the last month - College Students

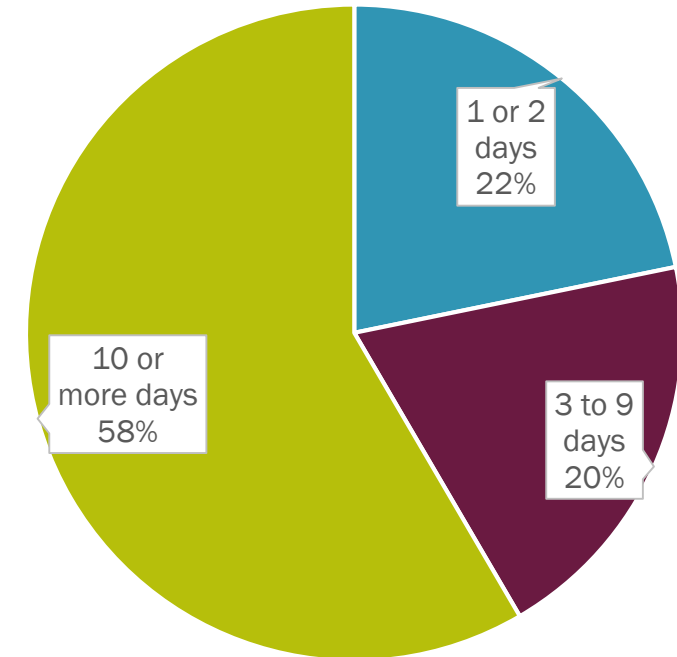


Days used in the last month - Other Young Adults



Behavioral Risk Factor Surveillance System (Age 18+, 2018)

Days used in the last month



Health Impacts of Marijuana Use

There is substantial evidence:

- of a statistical association between cannabis use and **worse respiratory symptoms and more frequent chronic bronchitis episodes** (long-term cannabis smoking)
- of a statistical association between cannabis use and **increased risk of motor vehicle crashes**
- of a statistical association between maternal cannabis smoking and **lower birthweight of offspring**
- that **initiating cannabis use at an earlier age is a risk factor for the development of problem cannabis use**
- of a statistical association between cannabis use and the **development of schizophrenia or other psychoses**, with highest risk among the most frequent users
- of a statistical association between increases in cannabis use frequency and **the progression to developing problem cannabis use**

Health Impacts of Marijuana Use

There is moderate evidence of a statistical association between:

- *the cessation* of cannabis smoking and improvements in respiratory symptoms
- cannabis use and **increased risk of overdose injuries**, including respiratory distress, among pediatric populations in U.S. states where cannabis is legal
- cannabis use and the **impairment in the cognitive domains of learning, memory and attention** (acute cannabis use)
- cannabis use and a **small increased risk for the development of depressive disorders**, and that major depressive disorder is a risk factor for the development of problem cannabis use

Health Impacts of Marijuana Use

(continued)

There is moderate evidence of a statistical association between:

- cannabis use and an **increased incidence of suicidal ideation and suicide attempts**, with a higher incidence among heavier users
- Cannabis use and an **increased incidence of suicide completion**
- Cannabis use and **social anxiety disorder**
- Cannabis use and the **development of substance dependence and/or substance use disorder** for substances including alcohol, tobacco and other **illicit drugs**

S.54 – Draft 8.3 – Key health-related comments

Section 2 – §841 – (h) – keep the public health and substance use prevention experts on the advisory committee

Section 5 – (e) – if the Board decides that cannabis products are food and need inspection then the Health Department will need a considerable increase in inspection staff and lead time for training

Section 7 - §862 – keep the current marijuana for symptom relief system separate from this new market

Section 7 - §863 – keep the local control of retailer operation and license

Section 7 - §864 – maintain at least this level of restriction on advertising
(d) add that cannabis should not be used before operating a motor vehicle

S.54 – Draft 8.3 – Key health-related comments

Section 7 - §866 – (d) add that the Board shall consult the Health Department regarding the adoption of rules to protect youth

Section 7 - §868 – consider prohibiting all products flavored like fruit or candy

This aligns with efforts to reduce youth vaping, and eliminating gummy bears and other candy-like products reduces attractiveness to youth

Section 18b - §4810 – maintain the substance misuse prevention fund, remove the cap in (b)(1).

Section 18j – ensure that the Department of Public Safety has sufficient funds to run education campaigns on driving under the influence, and enforcement authority

Resources

National Academies of Sciences, Medicine and Engineering full report:

<http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>

National Academies of Sciences, Medicine and Engineering conclusions summary:

<http://nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-conclusions.pdf>

Vermont Department of Health: Health Impact Assessment: Marijuana Regulation in Vermont (2016)

https://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP_HIA_Marijuana_Regulation_in_Vermont_Exec_Summary.pdf

Vermont Department of Health: Health Impact Assessment: Marijuana Regulation in Vermont (2017 Literature Review Update):

https://www.healthvermont.gov/sites/default/files/documents/2017/02/ADAP_HIA%20Update.pdf