

Policy Recommendations for Medical Marijuana Legalization

- Since legalization is expected to cut marijuana prices in half, the drop-in market prices will greatly increase risks for users who are young, poor, or already addicted. To counteract this, health care providers should modify their plans with the abundance of new users who are involved in accidents or who report marijuana-induced panic attacks or dependence.¹
- Among 8th and 10th graders in Washington, perceived harmfulness of marijuana use decreased and marijuana use increased following legalization of recreational marijuana use. A cautious interpretation of these findings suggests there is a need for investing in evidence-based adolescent substance use prevention programs in any additional states that may legalize recreational marijuana use.²
- Understanding and minimizing the possible negative public health impacts of retail and medical marijuana products³
- Educating the public about health issues related to marijuana use³
- Protecting children and vulnerable populations from marijuana exposure³
- Preventing youth from starting to use marijuana³
- Monitoring marijuana use, attitudes and health effects.³
- Educating marijuana users about safe driving practices—over 63% of adults do not understand when it is legal to drive after using marijuana according to Oregon law.³
- Providing a diverse network of funders to support cannabis and cannabinoid research that explores the full spectrum of health effects.³
- To develop conclusive evidence for the long and short term health outcomes of cannabis use, the following is needed—improving and standardizing research methodologies are needed.³
- In order to develop a comprehensive evidence based on the health effects of cannabis use, public health agencies, philanthropic and professional organizations, private companies, clinical, and public health research groups should provide funding and support for a national cannabis research agenda that addresses key gaps in the evidence base. The prioritized research streams and objectives should include, but need not be limited to: the Center for Disease Control and Prevention, National Institutes of Health, U.S. Food and

Drug Administration, industry groups, and nongovernmental organizations should fund the convening of a committee of experts tasked to produce an objective and evidence-based report that fully characterizes the impacts of regulatory barriers to cannabis research and infrastructure necessary to conduct a comprehensive cannabis research agenda.³

- There is a gap between marijuana use in pregnant mothers and long term health outcomes in their children—researching the broader spectrum of health outcomes relevant to prenatal, perinatal, and neonatal outcomes needs to be conducted in the following manner:⁴
 - Systematically inquiring standardized questions about dose and duration at specific intervals in pregnancy to ascertain the level of prenatal cannabis exposure.⁴
 - Capitalizing, where possible, on the increase in toxicological screening at delivery to validate self-report measures.⁴
 - Conducting observational studies on cannabis use and potential physiologic changes.⁴
 - Pooling, if possible to obtain cohorts of women exposed only to THC.⁴
 - Following up with children that had prenatal cannabis exposures with agreed-upon exposures and tests.⁴
 - Developing strategies for assessing the effects of cannabis on pregnant women and fetuses through registries or systematic use of administrative data.⁴
- Developing a sobriety test to measure the exact amount of THC levels regarding marijuana use. It is currently difficult for enforcement officers to appropriately act on intoxicated drivers with marijuana use, because there is not a standard on intoxication levels.⁵
- Providing an appropriate amount and accurate dosages for patients that use medical marijuana. The cannabis plant currently has varying amounts of THC levels and potency, depending upon the marijuana production.⁵
- Regulating and monitoring the marijuana production facilities.⁵

References

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- ³Oregon Health Authority, Public Health Division. (2016). *Marijuana Report: Marijuana use, attitudes, and health effects in Oregon*. (p. 70). Retrieved from <http://www.oregon.gov/oha/ph/PreventionWellness/marijuana/Documents/oha-8509-marijuana-report.pdf>
- ⁴Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda, Board on Population Health and Public Health Practice, Health and Medicine Division, & National Academies of Sciences, Engineering, and Medicine. (2017). *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, D.C.: National Academies Press. <https://doi.org/10.17226/24625>
- ⁵Stough, Boorman, Odgen, & Papafotiou. (2006). An Evaluation of the Standardised Field Sobriety Tests for the Detection of Impairment Associated with Cannabis with and without Alcohol. Retrieved from <http://www.stopdruggeddriving.org/pdfs/NDLERFkeyfinding.pdf>