

Let's Talk about Marijuana



Marijuana and Mental Health

Schizophrenia and Psychosis

“Some research suggests that marijuana can cause schizophrenia. Multiple studies have found that, in particular, using cannabis during adolescence increases the likelihood of experiencing symptoms of schizophrenia in adulthood (Arseneault et al., 2002; Parakh & Basu, 2013). Evidence suggests that marijuana may somehow trigger

schizophrenia in those who are already at risk of developing the disorder, though this connection is not conclusive. Cannabis exposure may be a component or contributing cause which interacts with other known (genetic, environmental) and unknown factors, culminating in schizophrenia (Sewell et al 2009, Power et al 2014, Parakh & Basu 2013; Bloomfield et al. 2013). More research is needed in this area.

Those with a vulnerability to develop schizophrenia, such as having a family history of the illness, should be strongly advised against using marijuana. People with existing psychotic disorders should be strongly advised and assisted to cut-down and/or cease their cannabis use”

Many people report marijuana relieves their depression and anxiety however as the high wears off and the THC dissipates this change causes an increase in anxiety, panic and depressive symptoms.

“Research studies have demonstrated that the younger a person is when they begin using marijuana; the more at risk they will be to develop anxiety and depressive disorders.

Marijuana use in adolescence, particularly frequent or heavy use, is associated with the development of anxiety disorder in young adulthood (Degenhardt et al., 2013). Studies have also found that frequent cannabis use in teenagers predicts depression, as well as anxiety disorder, later in life as well, with daily users carrying the highest risk. Young women appear to be more likely to experience this effect (Patton et al., 2002). Use of marijuana in adolescence has also been correlated with the development of suicidal ideation, certain personality disorders, and interpersonal violence. Younger age of initiation increases the risk of developing all of these mental health disorders later” (Copeland et al., 2013).

For More Facts, visit the University of Washington Alcohol and Drug Abuse Institute:

[Learn About Marijuana](#)



CANNABIS HYPEREMESIS SYNDROME

What is Cannabis Hyperemesis syndrome?



Cannabis Hyperemesis Syndrome (CHS) is brought on by an overuse of marijuana, which causes excessive vomiting. Most people are aware that THC and other chemicals in marijuana bind to molecules in the brain, which cause the high associated with marijuana use, however there are also molecules in the digestive tract that bind to THC.

“In the brain, marijuana often has the opposite effect of CHS. It helps prevent nausea and vomiting. The drug is also good at stopping such symptoms in people having chemotherapy. In the digestive tract, marijuana seems to

have the opposite effect. It actually makes you more likely to have nausea and vomiting. With the first use of marijuana, the signals from the brain may be more important. At first, these signals lead to anti-nausea effects, however with repeated use of marijuana, certain receptors in the brain may stop responding to the drug in the same way. That may cause the repeated bouts of vomiting found in people with CHS.



In the early Phase of CHS people may experience morning nausea and stomach pain. People generally think if they continue to use marijuana the pain and nausea will subside. Their diet generally stays the same. These symptoms can last for months or years”

The next Phase is referred to as the “**Hyperemetic Phase**” and includes the following symptoms:

- Ongoing nausea
- Repeated episodes of vomiting
- Belly pain
- Decreased food intake and weight loss
- Symptoms of fluid loss (dehydration)

“Vomiting is intense during this phase and individuals seek some relief from vomiting through hot baths and showers. The hot temperature of the water affects a part of the brain called the hypothalamus. This part of the brain effects both temperature regulation and vomiting”

To read more visit Cedars-Sinai Medical Center: [Cannabis Hyperemesis Syndrome](#)

For further research on CHS, you may access this article: [Cannabinoid Hyperemesis](#)



Heart Attack

Recent research cites that the first hour after using marijuana the risk for heart attack and death increases. Several clinical reports have noted incidents of heart failure due to smoking marijuana.

“This is due to an increase in heart rate. The heart normally beats 70 to 80 beats per minute. With the use of marijuana, the rate may increase by 20 to 50 beats per minute or may even double in some cases. Family history of cardiac events and taking other drugs with marijuana can increase this risk”

Testicular Cancer

National Institute of Health reported, “A few studies have shown a clear link between marijuana use in adolescence and increased risk for an aggressive form of testicular cancer (nonseminomatous testicular germ cell tumor) that predominantly strikes young adult males. The early onset of testicular cancers compared to lung and most other cancers indicates that, whatever the nature of marijuana’s contribution, it may accumulate over just a few years of use”

To read more; [What are marijuana’s effects on other aspects of physical health?](#)

If you are concerned and know someone that may be experiencing any physical or mental health problems from the use of marijuana (or any substance) please support them by helping them access University Health and Counseling on the Portland, Gorham and Lewiston campuses.

A quick note about Driving Under the Influence of Marijuana



“Marijuana use impacts coordination, reaction time, time and distance perception and vigilance. These skills are important to safe driving. Some believe that by driving slower and leaving extra distance between cars a person driving while high reduces their risk of crash, that is not the case. Drivers under the influence of marijuana are nearly **twice as likely to experience a fatal or near fatal crash than drivers who have not been using marijuana, despite efforts**

made to compensate for impairment. Driving while under the influence of marijuana is also illegal and there are specially trained police officers able to identify individuals impaired by drugs.

Use a designated driver. Driving under the influence of marijuana nearly **doubles your risk of serious or fatal car crashes**

Those smoking marijuana should wait between **3-5 hours** before driving, although smoking high potency marijuana may lead to a longer wait time.

Those using marijuana edibles should wait **at least 9-15 hours** before driving”

For more information regarding risk levels: [ScreenU UHCS](#)

For additional information on Driving and Marijuana use:

[Bureau of Highway Safety Maine](#)

[Does Marijuana Use Affect Driving?](#)

For Comments on this, newsletter or suggestions for future articles please contact:

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