

PERSPECTIVE: Colorado after legalized marijuana

On November 7, 2000, Coloradans approved Amendment 20, which legalized the use of marijuana. In 2012, recreational use of marijuana in Colorado was approved. Colorado has been at the forefront of the effort to legalize the use of cannabis in the U.S.; however, one has to ask: Have we become a better state because of this?

Marijuana legalization has led to an era of industrialized THC, which is not for the faint of heart, especially families. State-sanctioned marijuana products are more dangerous and more accessible than ever before. Vapes and edibles can provide a powerful, potent chemical assault on the brain, resulting in addiction and psychosis.

When Coloradans voted on medical marijuana in 2000 the delta-9 tetrahydrocannabinol (THC) content in the plant was 5% and concentrates were not available. Now we have genetically modified plants with an average of 20% THC and chemically created concentrates with an average of 69% THC, some up above 90% THC. THC is the psychoactive component of marijuana that gets you high.

Any time you make a drug more potent, it becomes more addictive. We have seen this with the opioid epidemic as well as with both alcohol and nicotine. Addictive drugs used regularly often result in the development of tolerance, where the amount that used to work no longer works, and the person must take more and more to achieve the same chemical effect.

Despite the widespread belief that some cannabinoids may have pain-relieving properties, the proof has not happened when translating over to the use of dispensary

cannabis. Even the National Academy of Sciences publication noted that the products that may be helpful for pain are either not available in the United States or are synthetic cannabinoids, which are not available in dispensaries. Also, the pain conditions studied were less common, such as cancer and neuropathic pain.

A new health pandemic

Cannabis hyperemesis (CHS), an illness of recurrent forceful/painful vomiting, has become an increasingly frequent diagnosis in emergency rooms in Colorado. CHS is associated with the use of cannabis products (most commonly seen with THC but can be seen with CBD and other marijuana plant chemicals).

CHS leads to a cascade of problems including (but not limited to) dehydration, gastritis, electrolyte abnormalities, and starvation — which can be profound and require ICU admissions, etc. The seriousness of this new health pandemic cannot be emphasized enough, as patient evaluations typically include bloodwork, medications, intravenous fluids, CT scans, upper GI endoscopies and ultimately, hospitalization.

Interestingly, there are many recent articles about the use of cannabis products to help with pain in hospice patients that have led to the development of CHS symptoms (including nabilone).

CHS is a diagnosis of exclusion, meaning that most other illnesses and causes need to be ruled out. Many patients will not disclose a history of cannabis use and many don't believe that their symptoms are being caused by cannabis.

Drug-related deaths

In addition, there is plenty of data to demonstrate that legalization of marijuana for either medical or recreational use has had no impact on improving our drug overdose deaths, and actually may be contributing to it. In Colorado, nearly 80% of medical marijuana recommendations are for severe pain, and 22% are for use as an opioid substitute (numbers are more than 100% due to multiple diagnoses recommended for patients). As of 2022, opioid, fentanyl and other drug-related deaths broke records again.

Furthermore, several international pain societies do not endorse the use of marijuana for pain, simply because the scientific evidence is not strong enough and studies are poorly designed and fraught with flaws. The International Association for the Study of

Pain, the Pain Faculty of the Australian and New Zealand College of Anesthetists, the European Pain Federation, the United Kingdom National Institute of Health Care and Excellence, and the British Pain Society are the organizations listed. Stanford University demonstrated that states that have approved the use of medical marijuana actually had a nearly 23% higher incidence of opioid overdose deaths. States with either recreational or medical marijuana actually have higher fentanyl-related deaths.

The Colorado Department of Public Health and Environment has done a good job at monitoring drug overdose deaths since 2000. Not only have opioid overdoses skyrocketed, other drug-related deaths have increased, including those related to methamphetamine, cocaine, and fentanyl.

Every Brain Matters — a nonprofit organization committed to conveying the correlation between marijuana use and brain health — has science-based educational articles, pamphlets, infographics, and charts on their website's front page. They provide simple explanations for educators, teens, and parents. This knowledge empowers families to make good decisions so they don't second-guess themselves or allow others to manipulate them. Their latest video, "This Much THC is Not Medicinal," will be featured by its producer, Heidi Anderson Swan, in Washington, D.C., on April 20, the marijuana holiday, at the SAM Summit Conference. This video exposes how much THC an 18- to 20-year-old can purchase through Colorado's medical marijuana program and how House Bill 21-1317 improved these regulations.

What Coloradans need to ask themselves is: Since the legalization of marijuana/cannabis, has the quality of life and public health improved?

In a time when the quality of one's mental health has become paramount, are we as a collective moving in the right direction? And if not, what must be done?

While the answers to these questions might be sobering, we must understand that with certain freedoms come consequences, and dealing with the truth helps us as a collective understand what we must do to bring about positive change.

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