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Colorado Chapter

SB-17 CONCERNING ADDING STRESS DISORDERS TO THE LIST OF DEBILITATING MEDICAL CONDITIONS FOR THE PURPOSES OF THE USE OF MEDICAL MARIJUANA

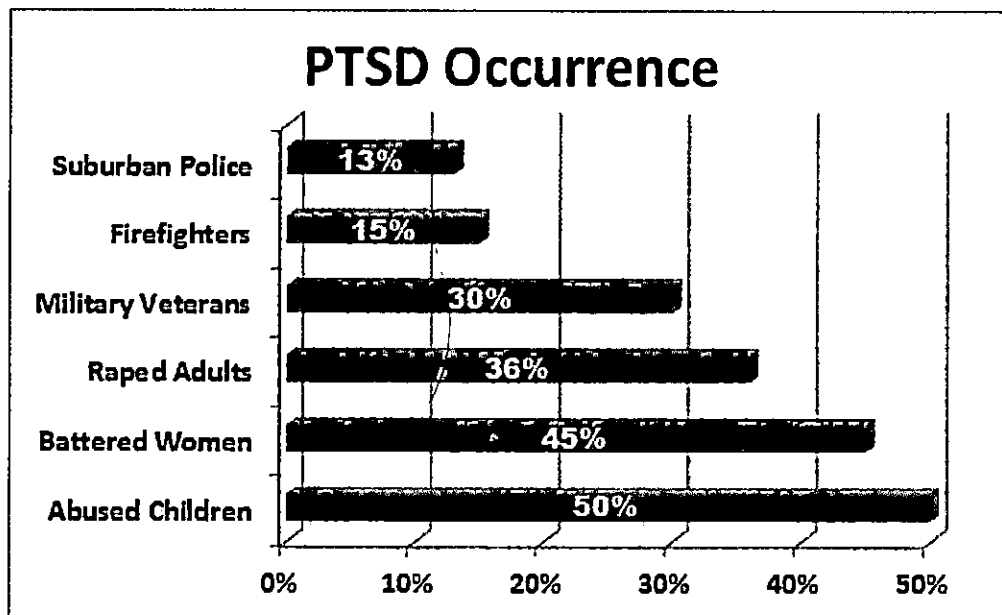
As written, SB-17 would allow children and adolescents to be eligible to use marijuana for PTSD symptoms

We support exempting children under 18 for the following reasons:

- **the majority of individuals with PTSD are children and women, not military veteransⁱ**
 - Research on childhood trauma widely refers to the issue as Adverse Childhood Experiences ACEs), which can range from physical abuse, verbal/emotional abuse, substance use in the homes, witnessing violence in the home, divorce or parental incarceration.ⁱⁱ Best practice for treating PTSD in kids is behavioral therapy—specifically Cognitive Behavioral Therapy and Parent Child Interaction Therapy.)
 - Pediatricians and pediatric behavioral health specialists have concerns about the complexity of Adverse Childhood Experiences and the need for more holistic behavioral health interventions as there is data to suggest a link between exposure to ACEs and future abilities for health/wellbeing, use of alcohol or drugs etc.
- **there is considerable evidence associating marijuana with lasting harm to children and adolescentsⁱⁱⁱ**
 - Adolescence is a vital period in brain maturation and marijuana use during this time has been shown to cause permanent structural changes to the brain.^{iv} Numerous studies raise concerns that marijuana may be toxic to brain development and show marijuana exposure during critical periods such as pregnancy, childhood, adolescence and early adulthood may exacerbate or hasten the onset of psychiatric disorders.^v
 - Additionally, there can be lasting effects on social development if coping skills are not learned and the individual becomes reliant on the drug to manage their symptoms.
- **about 1 in 6 people who start using as a teen develop cannabis use disorder^{vi}**
 - Adolescents are more likely to become addicted than adults because the brain's reward system is fully developed, but the prefrontal cortex—which is responsible for executive functions such as impulse control, decision making, and weighing consequences—is immature.^{vii}

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We respectfully urge you to consider exempting children under 18 because of the following effects on children and adolescents: altered brain development, cognition, and social functioning; increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders across the lifespan; increased risk of motor vehicle accidents, sexual victimization, academic failure, and addiction.^{viii}

The American Academy of Pediatrics, Colorado Chapter
 Colorado Psychiatric Society
 Children's Hospital Colorado
 Colorado Academy of Family Physicians
 Colorado Child and Adolescent Psychiatric Society
 Denver Health
 Colorado Chapter of American College of Obstetricians & Gynecologists

References:

ⁱ NIDA 2009

ⁱⁱ See <https://psychcentral.com/lib/adverse-childhood-experiences-post-traumatic-stress-disorder/>

ⁱⁱⁱ See http://www.aacap.org/aacap/policy_statements/2012/AACAP_Medical_Marijuana_Policy_Statement.aspx

^{iv} Battistella, Giovanni et al., (2014). Long-Term Effects Of Cannabis On Brain Structure. *Neuropsychopharmacology*

^v Volkow et al., (2014). Adverse Health Effects of Marijuana Use. *NEJM* 370:2219-2227

^{vi} Hall, W. and Degenhardt, L. (2009). Adverse Health Effects of Non-Medical Cannabis Use. *The Lancet*, 374, 1383-1391

^{vii} Arain M., Haque M., Johal L., Mathur P., Nel W., Rais, A., Sandhu, R., Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 9: 449-461

^{viii} https://www.aacap.org/aacap/Policy_Statements/2014/aacap_marijuana_legalization_policy.aspx