

Marijuana use and driving

The committee reviewed driving impairment and motor vehicle crash risk relative to marijuana use, as well as evidence indicating how long it takes for impairment to resolve after marijuana use. They found that the risk of a motor vehicle crash increases among drivers with recent marijuana use. Furthermore, the higher the blood THC level, the higher the motor vehicle crash risk. In addition, using alcohol and marijuana together increases impairment and the risk of a motor vehicle crash more than using either substance alone. For less than weekly marijuana users, using marijuana containing 10 milligrams or more of THC is likely to impair the ability to safely drive, bike, or perform other safety-sensitive activities. Less than weekly users should wait at least six hours after smoking or eight hours after eating or drinking marijuana to allow time for impairment to resolve.

Marijuana use and gastrointestinal or reproductive effects

The committee reviewed gastrointestinal diseases, particularly cyclic vomiting, and infertility or abnormal reproductive function. Evidence shows that long-time, daily or near daily marijuana use is associated with cyclic vomiting, which has been called cannabinoid hyperemesis syndrome. In such cases, stopping marijuana use may relieve the vomiting. There is conflicting research for whether or not marijuana use is associated with male infertility or abnormal reproductive function, and research is lacking on female reproductive function related to marijuana use.

Marijuana use and injur

The committee reviewed workplace, recreational and other non-driving injuries, burns from hash-oil extraction or failed electronic smoking devices, and physical dating violence. Evidence shows that marijuana use may increase the risk of workplace injury while impaired, but is unclear for other types of non-driving related injury. There have been many reports of severe burns resulting from home-extraction of butane hash-oil leading to explosions, and cases of electronic smoking devices exploding, leading to trauma and burns. Concerning dating violence, adolescent girls who use marijuana may be more likely to commit physical violence against their dating partners, and adolescent boys who use marijuana may be more likely to be victims of physical dating violence.

Marijuana use and neurological, cognitive and mental health effects

The committee reviewed the potential relationships between marijuana use and cognitive impairment, mental health disorders and substance abuse. Strong evidence shows that daily or near daily marijuana users are more likely to have impaired memory lasting a week or more after quitting. An important acute effect of THC is psychotic symptoms, such as hallucinations, paranoia and delusional beliefs during intoxication. These symptoms are worse with higher doses. Daily or near daily marijuana use is associated with developing a psychotic disorder such as schiz ophrenia. Finally, evidence shows that marijuana users can become addicted to marijuana and that treatment for marijuana addiction can decrease use and dependence.

Marijuana use during pregnanc and breastfeeding

The committee reviewed adverse birth outcomes, effects of prenatal marijuana use on exposed offspring later in childhood or adolescence and effects of marijuana use by a breastfeeding mother. Biological evidence shows that THC passes through the placenta to the fetus, so that the unborn child is exposed to THC if the mother uses marijuana, and that THC passes through breast milk to a breastfeeding child. Marijuana use during pregnancy may be associated with an increased risk of heart defects or stillbirth. Stronger evidence was found for effects that are seen months or years after birth if a child s mother used marijuana while pregnant with the child. These include decreased growth and impaired cognitive function and attention. Decreased academic ability or increased depression symptoms may also occur.