

Dr. Chris Thurstone's Testimony on Medical Marijuana before the Colorado Statehouse – March 5, 2010

Thank you for inviting me to speak today and thank you for taking on this difficult issue.

My name is Chris Thurstone. I am a physician who is board certified in both child/adolescent psychiatry and addiction psychiatry. I am the medical director for Denver Health's adolescent substance abuse treatment program and do research to develop better treatments for adolescents with substance abuse.

In terms of financial disclosures, my paycheck comes from the clinical work that I do at Denver Health and from the National Institutes of Health for the research that I conduct.

I got involved in the marijuana issue because, as in most adolescent substance abuse treatment programs, marijuana accounts for the majority of treatment referrals. 95% of the adolescents we see are referred for marijuana abuse and dependence. In my clinical work I see the effects of marijuana that are clearly documented in the scientific literature.

There are several points that I want to make tonight.

First, the Denver Health adolescent substance abuse treatment program is clearly seeing the effects of medical marijuana. Referrals are up about 300% and we have a 2-3 month waiting list for services. Patients tell us that they have easy access to marijuana through friends who have registry cards. They report that their marijuana is "potent medical grade." With patients referring to marijuana as their "medicine," there is a clear shift in attitudes regarding the drug. Schools account for 30% of our referrals and are telling us that young people with marijuana registry cards are selling marijuana to students, and more and more students are showing up to class high.

We are not the only ones seeing a dramatic increase in adolescent marijuana use.

These trends are concerning because 1 in 6 teens who tries marijuana develops an addiction to the drug. Marijuana addiction is both physical and psychological and disproportionately affects people under the age of 25 because their developing brains are most vulnerable to addiction. Their developing brains are also most vulnerable to the lasting effects of marijuana use. Among teens and young adults, marijuana can clearly lead to aggression, fatal accidents, psychosis, risky sex that leads to teen pregnancy and sexually transmitted diseases, and school dropout.

The second point that I want to make is that there is a lot to learn from the story of big tobacco. As early as 1928, the connection between smoking and lung cancer was known. However, for over 70 years big tobacco denied this connection, advertised smoking as healthy, and very effectively targeted teenagers and young adults with their marketing. Today, in Colorado, marijuana is clearly being marketed to young people. It is being touted as a treatment for anxiety and depression, and it is actually being promoted as a treatment for addiction. Nowhere is there a statement such as "warning: using this product may cause psychosis."

This trend is concerning because prevention science clearly shows three main ways to prevent marijuana addiction and its consequences. First, it is important to delay the onset of marijuana use as long as possible. Second, it is important to decrease access to marijuana as much as possible. And, third, it is important that teens know the risks involved with marijuana use.

While tobacco remains the leading cause of death in the United States, there has been a significant decrease in smoking rates by following these principles. Similar measures are needed to curb marijuana addiction among teens and young adults in Colorado, which already ranks 5th in teen marijuana use.

