Perspectives on the Further Legalization of Cannabis

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This thematic issue presents multiple perspectives on the timely topic of further cannabis legalization, including adult recreational use. Balanced consideration was sought for arguments favoring and against further cannabis legalization and regulation to inform clinicians taking care of children, adolescents, and emerging adults (CAEA) in their clinical practice, as well as advocates and policymakers seeking a concise, informative overview, including political issues in their deliberations. By April 2021, thirty-six states legalized marijuana for medical use, now eighteen of that number for adult recreational use (though one is being challenged in court (Margolies 2021), and two where cannabis use is illegal. The United States’ (USA) federal government is expected to again consider legalization at the national level. Four countries have legalized adult use, others have decriminalized cannabis possession, while other forms of legalized possession and use exist in portions of other countries. The literature in this area, including research and policy-related foci, is burgeoning, and this issue is expected to assist clinicians and others to better understand the issues.

The USA cannabis landscape is notable for a hodge-podge system that ranges from absent legal availability of cannabis products to full legalization of cannabis with limited tetrahydrocannabinol (THC) concentration to limitless THC concentrations. At a federal level, cannabidiol (CBD) growth and sales have been legalized, but a patchwork of CBD laws and regulations exist at the state levels, with its growth and sale legal but limited for recreational use in thirty states. Canada, the neighboring country of the USA, has legalized cannabis for sale and recreational use, while Mexico is in the process of doing so (Lopez, 2021). Globally, cannabis legalization varies from country to country, ranging from total restriction to various levels of legalization for medical purposes to graduated, heavily regulation, to no penalties of any drug use in Portugal.

Several sayings or maxims can be employed in understanding issues related to cannabis legalization, including: “You can’t legislate morality” regarding prohibiting drug use; “Foolish people fail to learn from their mistakes; smart people do; wise people learn from the mistakes of others.” The last refers to the USA alcohol prohibition by constitutional amendment and then termination years later as analogous to cannabis legalization. It may also apply to our experience with tobacco legalization and subsequent consequences and urge caution and concern on the part of policymakers, professionals, family members, and other members of the general public.

This issue, given the size and number of contributions, has been divided between two parts. In Part 1, Petti and Chatlos (2021), Implications of Cannabis Legalization: A National and International Perspective, consider the disconnect between cannabis legalization, both with unlimited THC and with minimal THC content, at the USA federal and state levels with rapidly developing current and anticipated changes at both levels. Definitions of the various levels of legalized cannabis (for medical purposes, decriminalization, and recreational use) and type products, including CBD and synthetic cannabinoids, are succinctly provided. In concert with other contributors to this issue, the absence of...
research that can inform clinical practice and policy decisions and dearth of consideration specific to CAEA is lamented, and diversion of cannabis to underage children and adolescents of concern. Many other theme contributors critically note that marijuana research is in its nascency, particularly with products consumed by the public.

Colorado and Washington state were the first states to legalize cannabis for recreational use by adults. Hinckley and Hopner (2021), in their review of the Colorado experience, *Marijuana legalization in Colorado: Increasing Potency, Changing Risk Perceptions, And Emerging Public Health Concerns for Youth*, documented the gradual legalization and correlated shifts in broader commercialization and availability of cannabis forms, including edibles and concentrates with high potency, greater proportions of THC content, increased use by young adults, and decreased risk of harm perceptions from cannabis use. Increased acute care visits, cannabis-induced psychosis, marijuana-related lung injuries, traffic accidents, and fatalities while driving high, prevalence and outcomes of comorbid mental health symptoms and disorders, and increased use during pregnancy are all thought to be contributing factors. Acknowledging the possible health benefits, they note the scarcity of evidence for pharmaceutical-grade cannabinoid products to improve mental health disorders and that available cannabis generally is not of the same quality grade as that used in studies indicating its benefit for medical diseases.

Advocacy is a part of our professional responsibility as clinicians taking care adolescents and young adult, yet it is sorely lacking in most training venues and supervisory experiences. Vermont represents a state where cannabis legalization evolved from medical purposes to decriminalization and then recreational use for adults. The commentary devoted to a political perspective on this evolution illustrates the exigencies involved in the engagement of mental health professionals in the advocacy and legislative process and the impact of external reviews promising significant tax revenues from broader legalization without acknowledging potential adverse outcomes (Rettew 2021). Dr. Rettew’s experience chronicled in *Science Up in Smoke: One Psychiatrist’s Journey Through the Politics of Cannabis Legalization* reflects variants impacting advocacy to deal with such issues, especially the role of social media and the vagaries of the political process, *i.e.*, the law legalized possession and limited cultivation for personal use, but commercialization through sales outside the medical dispensaries was not legal. A “fix” for this became law without the governor’s signature.

The rationale for further regulation and legalization of cannabis is made by Elliott and Adinoff (2021) in *Implications of Adult Use Cannabis Legalization for Adolescent Use, Perceptions, Health, and Consequences*, which offers a comprehensive review of literature on the impact of adult use legalization on adolescents. Arguing that further focused regulation of cannabis availability is critically needed, they note lack of evidence that adolescent cannabis use prevalence has increased in states of legal versus illegal adult use; impact on adolescent health is uncertain, and whether reported cannabis frequency and potency of use and decreases in national rates of perceived harm and availability differ between legal and illegal states. Additionally, criminal penalties for adolescents and out-of-school suspensions for cannabis use may be increasing rather than an anticipated decrease in legalized adult states. The data cited in this review support monitoring and assessment of adolescents’ changing use patterns, socialhealth, and legal outcomes in adolescents by government entities implementing cannabis legalization. The resulting data would be used to inform and guide future adult use legalization and commercialization.

Ideal solutions to address current and future cannabis legalization are limited. This is especially true for the role of CBD but uses by adolescents, young adults, and the general population are likely to expand exponentially (Wiley, Gourdet, Thomas, 2020). The current system with the availability of street marijuana laced with PCP, formaldehyde, synthetic cannabinoids, and other toxic substances, is unacceptable as is the need to balance the multiple public health costs of cannabis for CAEA individuals versus mass incarceration, particularly those of minorities (DeVydler, Mittal, & Schiffman, 2021). Yet, the diversion of cannabis from adults and dealers is significant but still essentially ignored.
The consideration throughout this combined theme issue is that governments must prioritize policies and regulations for all cannabis legalization to specifically address the critical requirements of CAEA and the public and mental health of its citizens. Legalization without coherence, consistency, and predictability is irrational and harmful. Total prohibition is irrational, and the unintended consequences have been harmful, particularly for minority populations and the mentally ill. Any future policy must be formulated on a scientific basis and monitored closely over time.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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