

Connecticut Department of Public Health Fact Sheet

Tobacco Control Program | December 2022

CANNABIS — USAGE AND RISKS

What We Know: Cannabis, which can also be called marijuana, weed, pot or dope, refers to the dried flowers, leaves, stems and seeds of the Cannabis Indica or Sativa plant. The cannabis plant contains more than 100 compounds (or cannabinoids). These compounds include tetrahydrocannabinol (THC), which is impairing or mind-altering, as well as other active compounds, such as cannabidiol (CBD). CBD is not impairing, meaning it does not cause a “high”. Other slang terms for cannabis include herb, grass, bud, reefer, ganja and Mary Jane.



Usage: Cannabis is the most frequently used psychotropic drug in the US after alcohol.¹ It can be used in a number of ways. Some of the more common ways include the following:

- **Smoked in hand-rolled joints** (like a cigarette), in blunts (cigars or cigar wrappers that have been partly or completely refilled with cannabis), or in bongs (pipes or waterpipes)
- **Vaped using electronic vaporizing devices** (like dab or vape pens) or other vaporizers
- **Mixed or infused into foods or drinks** (called edibles) such as cookies, cakes, candies or brownies, or tea, soda or alcohol
- **Inhaled as oil concentrates or other extracts** (known as dabbing), which involves using highly concentrated forms of THC that might contain additives or contaminated with harmful substances²



In 2021, an estimated 284,500 or 12.1% of Connecticut adults aged 18 years or older³ and 17,000 or 11.1% of high school youth⁴ reported using cannabis during the last 30 days

Risks: There are health risks associated with using cannabis regardless of the way it is used, including the following:



Compromised Brain Function specifically the parts of the brain responsible for memory, judgment, learning, attention, decision making, coordination, emotions and reaction time; cannabis has been shown to be harmful for the developing brains of infants, children and teenagers^{5,6}



Marijuana Use Disorder includes the inability to quit using marijuana (cannabis) and giving up important activities with friends and family in favor of using it.⁷ People who start using marijuana (cannabis) during adolescence and who use it more frequently have a greater risk of developing this disorder⁸



Heart Problems such as increased heart rate and blood pressure and a greater risk of stroke, heart disease and other vascular diseases⁹⁻¹³



Lung Tissue Damage from cannabis smoke, including scarring and harm to small blood vessels.^{14,15} Cannabis smoke is an irritant to the throat, and those who smoke it regularly report more symptoms of chronic bronchitis than those who do not. While more research is needed to better understand the health consequences related to breathing secondhand cannabis smoke, there is a concern it is harmful since the smoke has been found to contain many of the same cancer-causing substances and chemicals as in secondhand tobacco smoke, including benzene, cadmium, chromium, formaldehyde, lead and mercury¹⁶



Impaired Coordination and Distorted Perception from cannabis use is similar to the effects of alcohol and negatively affects driving skills by lowering reaction time and diminishing the ability to make decisions^{5,17}



Poor Mental Health, such as social anxiety, depression and schizophrenia (a type of mental illness where people might imagine hearing or seeing things), has been linked to cannabis use, but more research is needed to fully understand the relationships between these mental health disorders and cannabis use¹⁸



Cannabis as Medicine

Cannabis or CBDs can be effective for treating chronic pain and some health problems in adults, such as the following:¹⁹

- Chemotherapy-induced nausea and vomiting
- Spasticity symptoms brought on by multiple sclerosis
- Short-term sleep disturbances associated with sleep apnea syndrome, fibromyalgia, chronic pain and multiple sclerosis
- In 2021, about 20% of CT adults who had used cannabis in the past 30 days said it was for medical reasons only³



References:

- ¹National Institutes of Health. National Institute of Drug Abuse. Publications-Marijuana [accessed 2020 Jan 15].
- ²Raber JC, Elzinga S, Kaplan C. 2015. Understanding dabs: Contamination concerns of cannabis concentrates and cannabinoid transfer during the act of dabbing. *Journal of Toxicological Science* 40(6):797–803.
- ³State of Connecticut, Department of Public Health; Connecticut Behavioral Risk Factor Surveillance System, 2021.
- ⁴State of Connecticut Department of Public Health; Connecticut Youth Risk Behavior Survey, 2021.
- ⁵National Academies of Sciences Engineering and Medicine, “The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research”, Washington, DC, 2017.
- ⁶Batalla A, Bhattacharyya S, Yücel M, Fusar-Poli P, Crippa JA, Nogué S, Torrens M, Pujol J, Farré M, Martin-Santos R. Structural and functional imaging studies in chronic cannabis users: a systematic review of adolescent and adult findings. *PLoS One*. 2013;8(2):e55821.
- ⁷American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA, 2013.
- ⁸Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. *Drug Alcohol Depend*. 2008;92(1-3):239-247.
- ⁹Wolf V, Armspach JP, Lauer V, Rouyer O, Bataillard M, Marescaux C, Geny B. Cannabis-related stroke: myth or reality? *Stroke*. 2013 Feb;44(2):558-63.
- ¹⁰Wolf V, Zinchenko I, Quenardelle V, Rouyer O, Geny B. Characteristics and Prognosis of Ischemic Stroke in Young Cannabis Users Compared With Non-Cannabis Users. *J Am Coll Cardiol*. 2015 Nov 3;66(18):2052-2053.
- ¹¹Franz CA, Frishman WH. Marijuana Use and Cardiovascular Disease. *Cardiol Rev*. 2016 Jul-Aug;24(4):158-62.
- ¹²Rumalla K, Reddy AY, Mittal MK. Association of Recreational Marijuana Use with Aneurysmal Subarachnoid Hemorrhage. *J Stroke Cerebrovasc Dis*. 2016 Feb;25(2):452-60.
- ¹³Rumalla K, Reddy AY, Mittal MK. Recreational marijuana use and acute ischemic stroke: A population-based analysis of hospitalized patients in the United States. *J Neurol Sci*. 2016 May 15;364:191-6.
- ¹⁴Tashkin DP, Simmons MS, Tseng CH. Impact of changes in regular use of marijuana and/or tobacco on chronic bronchitis. COPD. 2012 Aug;9(4):367-74.
- ¹⁵Wang X, Derakhshandeh R, Liu J, Narayan S, Nabavizadeh P, Le S, Danforth OM, Pinnamaneni K, Rodriguez HJ, Luu E, Sievers RE, Schick SF, Glantz SA, Springer ML. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc*. 2016 Jul 27;5(8):e003858.
- ¹⁶American Chemical Society. *Chemical Research in Toxicology*. A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions. Moir, et al. <https://doi.org/10.1021/tx700275p>
- ¹⁷Compton R. (2017, July). *Marijuana-Impaired Driving - A Report to Congress*. (DOT HS 812 440). Washington, DC: National Highway Traffic Safety Administration.
- ¹⁸Volkow ND, Swanson JM, Evins AE, DeLisi LE, Meier MH, Gonzalez R, Bloomfield MA, Curran HV, Baler R. Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review. *JAMA Psychiatry*. 2016 Mar;73(3):292-7.
- ¹⁹National Academies of Science, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. 2017.



For More Information, Contact:

Connecticut Department of Public Health | Tobacco Control Program

410 Capitol Avenue, PO Box 340308, MS #11HLS

Hartford, CT 06134-0308

Call: 860-509-8251 or visit: www.ct.gov/DPH/Tobacco

