



Pennsylvania Senate Committee on Aging and Youth
Oral Testimony of
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Chairperson Ward, distinguished members of the Pennsylvania Senate Committee on Aging and Youth, thank you for the opportunity to speak for the most vulnerable in our society – our children.

My name is Kate Appleman. I currently serve as Senior Clinical Director of Men's Services at Caron Treatment Centers. We are a nationally recognized nonprofit leader in substance use disorder treatment, research, education and prevention services. I have been a clinician at Caron treating individuals struggling with substance use disorder and their families for more than 17 years. I am also the mother of four children, the oldest of whom are 19 and 12. I understand firsthand the challenge cannabis presents to today's youth, their parents, their teachers and our communities.

The need for the work we do at Caron has never been greater. Before the pandemic we were already in the midst of a substance use disorder epidemic. Yet, today, patients coming to Caron are sicker and at later stages of their disease. Among our patients, we are seeing an increase in co-morbidities and 80% of our patients present with a co-occurring mental health issue including anxiety and depression.

We often say that addiction thrives in isolation. As the pandemic dragged on with its uncertainty and forced isolation, use of substances, especially alcohol and marijuana, increased dramatically. With that increase in use came a significant increase in individuals who meet the criteria for a substance use disorder - and this is only beginning.

According to new data from the CDC, more than one-third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that in 2020 three million 12–17-year-old had serious thoughts of suicide, made suicide plans, or attempted suicide in the past year.

Our children are in distress and need our help. Many of these children will begin to experiment with substances such as marijuana to deal with their stress, anxiety and depression. Based on data collected by our Student Assistance Program team, which serves more than 100,000 students nationwide, more students are turning to marijuana in an attempt to deal with the unprecedented stress levels they now face. Schools, child-facing professionals, parents and caregivers tell us they are under-resourced to address the mental health and substance use

issues occurring in our children. Not only have our children been turning to substances for relief at an alarming rate, they are being impacted as the adults in their lives also struggle, many of whom are turning to substance use themselves.

Marijuana is the most commonly used federally illegal drug in the United States, used by 18% of the population or 49.6 million. Now that 38 states and Washington D.C. legalized it for medical use and 18 states and Washington D.C. legalized it for recreational use for adults over the age of 21, most American adults have easy access to marijuana and cannabis products. Facilitated by adults, friends and the internet, so do our children for whom marijuana use lacks the stigma and perceived risks that other substances such as tobacco, alcohol and opioids do.

Through an aggressive marketing campaign to legalize marijuana and cannabis use products that branded them as “medical” and commonly touted as a safe alternative to alcohol, marijuana and cannabis products have been normalized. Without any research to prove their efficacy, these products became an unregulated “treatment” for almost every malady. The ongoing positive media coverage, social media, celebrity endorsements and lax government controls of these “medical” uses created an image for marijuana and cannabis products that they are somehow a healthy and safe. The latest research shows that only 22% percent of individuals over the age of 12 perceive that there is a risk associated with using marijuana. The bottom line is that **cannabis use has never been more acceptable and more available, while at the same time, it’s never been more potent and dangerous for developing brains.**

While marijuana is well-known to impair cognitive function and fine motor skills, research also shows that marijuana and cannabis can cause or exacerbate many of the conditions they purport to treat, including anxiety, depression, sleep and mood disorders. According to a 2021 study in JAMA Pediatrics, use of cannabis products by teens and young adults with mood disorders -- such as depression and bipolar disorder -- is also linked to an increased risk of self-harm, suicide attempts and death.

Studies showed that daily marijuana users are up to three times more likely to develop a psychotic disorder than those who never used the drug. Increasing amounts of THC, now available up to 99% in some cannabis oils, are making psychosis more likely. Those who used high-potency marijuana daily had four times higher odds of psychosis than people who never used marijuana. At Caron, where patients who experienced THC-induced psychosis was once rare, it is now common among patients being referred, with our Medical Director Dr. Adam Scioli calling it “alarming.” The association [between cannabis use and schizophrenia is well established](#), especially those with a genetic predisposition to schizophrenia. Studies have shown that [people with siblings who have been diagnosed with schizophrenia](#) are up to 15 times more likely to exhibit psychotic symptoms after recent cannabis use.

While advocates will tell you it is not, cannabis or marijuana use disorder is a very real, devastating disease characterized by impaired control, physical dependence, social problems and risky use. Specifically:

- Using more marijuana than intended
- Trying but failing to quit using marijuana
- Spending a lot of time using marijuana
- Craving marijuana
- Using marijuana even though it causes problems at home, school, or work

- Continuing to use marijuana despite social or relationship problems.
- Giving up important activities with friends and family in favor of using marijuana.
- Using marijuana in high-risk situations, such as while driving a car.
- Continuing to use marijuana despite physical or psychological problems.
- Needing to use more marijuana or higher concentrations of THC products to get the desired effect.
- Experiencing withdrawal symptoms when stopping marijuana use.

According to SAMHSA, last year, more than **14.2 million Americans over the age of 12 met the criteria for a marijuana use disorder** – one million of whom were between the ages of 12 – 17.

At Caron, the primary drug of choice for the teens in our Adolescent Programs is marijuana. In addition, we've seen an increase in marijuana use across all of the populations we serve. Similar to the initial stages of the opioid crisis when doctors and users were led to believe that oxycodone was non-addictive, the now ingrained perception that marijuana is healthy or medicinal is making treatment more complicated. Patients, especially teens, find difficulty accepting that the substance they have been using to treat their anxiety and depression is, in fact, making it worse. This is supported by an article in last month's JAMA Open Network, where researchers at Massachusetts General Hospital, found that individuals using cannabis to seek relief from anxiety and depression were at greatest risk of developing the addictive symptoms of cannabis use disorder.

As a clinician who treats addiction, I am concerned. As a parent, I am scared and disappointed.

The direct risks to our children from marijuana are great and the indirect risks are even greater. The 2020 Healthy Kids Colorado Survey of students showed that while the number of students who drove under the influence of alcohol declined between 2013 and 2019, the number of students who drove under the influence of marijuana rose 260% over the same time period. If you ask many teenagers today, there is an awareness that driving under the influence of alcohol is not safe, smart or acceptable, but driving under the influence of marijuana is normalized by the minimization of perceived risk. In addition, consumption of marijuana in the home by parents and caregivers creates a dangerous situation for children. If we still require drug testing to operate heavy machinery and to perform other safety sensitive tasks why are we allowing parents, with the greatest job of all, create dangerous situations for our youth?

Yet even areas where we could expect to be safe from impaired individuals are becoming scarce. As more and more companies do away with mandatory drug testing due to strain from the Great Resignation and low unemployment numbers, we are increasingly at risk from a workforce for any number of professions performing – from gig economy drivers to mechanics to bankers - their jobs impaired and under the influence from marijuana. At what cost?

We need to slow down the rush to legalize marijuana and cannabis products for adult recreational use. The Marijuana Industry has put forth products that are under-researched and largely unregulated, leading to missteps that are putting our youth at risk, as demonstrated by the Pennsylvania Health Department's recent recall of marijuana flavored vaping products.

Caron does not support the legalization of marijuana and cannabis products, especially in this unregulated environment that increases pressure on an already underfunded and under-

resourced education, prevention and treatment system. We need to put safety nets in place to protect our youth. These safety nets should include **more research** on the effects of marijuana and cannabis products, their uses and delivery devices, the **development of regulations** for their use, inclusion of warning labels and taxation of the marijuana and cannabis industry for the allocation of **resources for education, prevention and treatment services**. Finally, just as use by minors of tobacco and alcohol are restricted, **Pennsylvania should restrict the use of marijuana and cannabis products by anyone under the age of 25 to prevent damage to the developing brain.**

The pandemic has been disruptive on so many levels. Individuals are struggling. Our youth are struggling. Marijuana for recreational use will only complicate the worsening mental health crisis.

For those who argue that recreational use for adults won't impact our children, I want to leave you with two additional facts. In Colorado, Alaska, Washington, Oregon and Washington, DC, where cannabis for adult recreational use is legal, use among children 12-17 is above national rates. As of last year, Alaska and Oregon, now lead the nation in past year cannabis use for teens. Marijuana for recreational use is not good for Pennsylvania. It is not good for parents. It is not good for our children.

Thank you for your consideration and time.