

[MUSIC PLAYING]

CATHY WURZER: The Minnesota House is about ready to start its floor session for the day, and it is expected to be a long day as lawmakers are set to debate a 300 page bill that would legalize marijuana for recreational use in the state. If it is passed, the bill would allow people 21 and older to legally buy marijuana, and if licensed, sell it. Selling recreational weed would be overseen by a new State Office of Cannabis Management. The bill also includes money that would fund addiction and recovery programs.

The proposal has some medical providers talking about what legalized cannabis use might mean for the health of Minnesotans, especially their mental health. We asked the Minnesota Medical Association for an interview, but they told us they're not commenting on the issue at this time. So joining us now is Dr. Sheila Specker. She is a psychiatrist and the director of the Addiction Medicine Fellowship at the University of Minnesota. She's on the line. Welcome, Doctor.

SHEILA SPECKER: Thank you very much.

CATHY WURZER: You've had a chance to look at the House bill, I understand. What stands out to you?

SHEILA SPECKER: Well, there are several things that stand out. I think probably the most profound is the lack of attention to the impact of cannabis on our Minnesotans and particularly on persons that have mental health problems.

Most of the bill is focused on the business-- the business of conducting recreational cannabis, dispensing, how much weight someone can have rather than paying any attention to both the public health as well as the mental health and addiction potential.

CATHY WURZER: Peter Callaghan of Minnpost.com did a story about the dogged few opponents to this bill, especially a family whose 21-year-old son died by suicide after cannabis induced psychosis. And I understand that there's some evidence that has linked cannabis use to earlier onset of psychosis in people with genetic risk factors for psychotic disorders like schizophrenia. Can you expand on that?

SHEILA SPECKER: Yeah. I think the studies are rather conclusive at this point, both in the US, different states, and internationally, that particularly the early use of cannabis places individuals at increased risk for the serious health consequences. And specifically psychosis is one in which it is studied.

It's also known that the higher the potency of cannabis, the more likely it is to cause those things. So in times past, the potency was very low-- perhaps 10% or less. And the potency now in the bill is not determined, and it will be determined by this officer committee.

So the higher the concentration of it, the more the risk. And I personally have-- since I am in addiction field and a medical director of a treatment center-- see individuals and particularly youth coming in because of their cannabis use creating mental health problems and psychosis being one of them.

CATHY WURZER: So just to be clear here. Cannabis use can create problems, and it can also exacerbate existing problems?

SHEILA That is correct. We talk about it as increasing the risk for severe mental health problems, such as schizophrenia,
SPECKER: but also it can in and of itself induce psychosis.

CATHY So should folks with psychiatric conditions be concerned about using recreational cannabis? What's your advice
WURZER: to them?

SHEILA My advice is to present the science, is to present the evidence that they're at increased risk for not just
SPECKER: developing an addiction to it, but the increased risks of other mental health problems, such as anxiety and depression. I talk about the withdrawal that occurs from cannabis, which is typically anxiety, sleep difficulties.

It is not an innocuous substance, and I become particularly alarmed when I hear some of the broadcasts and some of the impressions that people have that it is an innocuous substance, that there aren't deaths that occur because of cannabis.

CATHY I understand the Minnesota Psychiatric Association made some recommendations to the Minnesota House on this
WURZER: bill. Are the changes you recommended in the bill at all?

SHEILA I think some of the changes might be, but I think that they don't go far enough. I think the education that's
SPECKER: needed, the cautions, what appears on the labels are ones that need to be particularly emphasized. I don't think there's enough on education, and I don't think there's enough on training.

And part of what I do is train physicians to be experts in addiction through our fellowship. And I think the bill needs to focus on, how are we going to do that? How are we going to mitigate the harms that could be created by legalization of cannabis?

CATHY Are you also working with or do you have advice for law enforcement? We talked to the sheriff in Olmstead
WURZER: County last week on the program. And of course, he's concerned about the safety part of this and testing someone who might be impaired. There really aren't great tests, and he's worried about how he's going to tell his troopers and his deputies what to look for. What do you look for? Do you have any advice?

SHEILA So that is a major issue because with alcohol, you can measure alcohol content. With cannabis, you can't do that.
SPECKER: So you can look for signs of impairment, which might be foginess, slow reaction time. You could have some in your possession. That's also an option.

But it's very difficult, and I think part of what the bill doesn't look at is, how can we develop more appropriate testing or monitoring or assessing for THC when there's concern about impairment? We know it does lead to fatalities when we look at some of the statistics from other states.

CATHY So Doctor, you've done a good job outlining some of the concerns and dangers. I'm wondering, though-- maybe
WURZER: some people are thinking this, too. Are there any positive psychiatric effects from cannabis?

SHEILA I think the positive effects have to do with some of the original rationale for approving medical cannabis, and
SPECKER: those are such conditions such as intractable seizures, maybe tic disorders, MS, oncology, persons with cancer. So yes, it does have benefit in those conditions.

CATHY WURZER: So before you go, as a person who works in the addiction field, what will you be watching for? If this bill passes, it looks like-- now we've just heard that apparently the Minnesota Senate will take up the bill at the end of the week. They're coming up soon here with a debate. So I'm wondering, if it passes and the governor signs the bill, what will you be looking for as an addiction specialist in the months to come?

SHEILA SPECKER: I'll be looking at frequency of use. I mean, one of the things we know is that when there's a sense of decreased harm, we see increased use. So I'll be looking at that in my patients that have mental health problems or other addictions because often there's co occurring other substances.

And that's particularly dangerous with substances such as opioids. All the telltale signs of addiction-- those are not being able to control use, habit-developing problems, family problems, social problems, work problems-- those are all things that you would look for as well as the psychiatric issues.

I always look at if someone is developing paranoia or hallucinations and they've never had it before, could it be related to their substance use? So those are some of the things that I would look for.

CATHY WURZER: All right. Doctor, I appreciate your time. Thank you so very much.

SHEILA SPECKER: Thank you for inviting me.

CATHY WURZER: Dr. Sheila Specker has been with us. She's with the Minnesota Psychiatrist Society. She's also the director of the Addiction Medicine Fellowship at the University of Minnesota.