

Press Conference April 13, 2023 SAM-MN

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Thank you all for coming today. According to section 2 of the HF 100 cannabis bill, the number ONE duty of the Office of Cannabis Management is to promote the public health and welfare. So, is health promotion really the top priority of this bill? The words “promote the public health” only appear 6 times in the bill. Contrast this to the word “business” which appears 724 times. In other words, it seems the bill favors the cannabis industry over a healthy Minnesota.

HF 100 is called an “adult-use” bill. Regrettably, it overlooks many negative health impacts of cannabis on Adults. I want to focus on the cardiovascular risk of cannabis use today by telling a few patient stories.

A 70-year-old man told me this. “I took a few puffs from a joint, passed out and hit the concrete. The next thing I remember is waking up in the ER with a scalp laceration and a concussion.” This patient found out the hard way that THC potency in today’s average joint is 7 times higher than in the 70’s. High potency cannabis can cause an abrupt drop in blood pressure, which may lead to fainting, especially in older people.¹

A 40-year-old frequent cannabis user said, “I’m having chest pain while shoveling snow.” Two studies published last month show a robust association between cannabis use and coronary artery disease and heart attack.

Stanford University researchers found that people who used cannabis daily are 34% more likely to develop coronary artery disease compared to never users, independent of tobacco or alcohol use.²

A study with 3 Mayo Clinic co-authors, analyzed a U.S. nationwide hospital database looking at trends of heart attack in adults using cannabis under the age of 50. In 2007, 2.4% of adults who were hospitalized due to heart attack reported

¹ Khoury R, Maliha P, Ibrahim R. Cannabis Use and Misuse in Older Adults. Clin Geriatr Med. 2022 Feb;38(1):67-83. doi: 10.1016/j.cger.2021.07.003. PMID: 34794704.

² Ishan Paranjpe MD. Poster ACC.23/WCC “Association of Cannabis Use Disorder With Risk of Coronary Artery Disease: A Mendelian Randomization Study,” <https://www.acc.org/About-ACC/Press-Releases/2023/02/23/18/53/Frequent-Marijuana-Use-Linked-to-Heart-Disease>

using cannabis. This increased to 6.5% in 2018.³ Heart attack incidence was found to be higher in males, African Americans, and young adults.

Cannabinoids, including THC exert their effects via receptors found in the heart muscle and the blood vessels. Since heart disease is the number one cause of death in the U.S., the potential for cannabis use to be an independent risk factor for the development of coronary artery disease, heart attack and stroke has massive policy and public health implications.

So, getting back to the deficiencies of the cannabis bill. There are many. The opinions I express are my own, however accurate medical information about cannabis belongs to everyone.

This bill is clearly outdated as it doesn't recognize the cardiovascular risk of cannabis use. The fiscal note does not appropriate any money for the prevention or treatment of heart disease or stroke. Nor is there money appropriated for the education of clinicians or the public regarding the health risks of adults using cannabis outside of substance use disorder, pregnancy, and poorly defined "safe use."

Minnesota needs to put this current bill on time out. We are clearly not prepared to legalize a drug that will increase morbidity and mortality, inflate healthcare costs, and deepen Minnesota's caregiver crisis. If you value your health and the health of your loved ones, please ask your representatives to oppose this bill. I'd also encourage you to read our SAM-MN handout that debunks misinformation put out by the cannabis industry. Thank you.

³ Sandhyavenu H, Patel HP, Patel RH, et al. Rising trend of acute myocardial infarction among young cannabis users: A 10-year nationwide gender and race stratified analysis. *International Journal of cardiology. Cardiovascular Risk and Prevention*. 2023 Mar;16:200167. DOI: 10.1016/j.ijcrp.2022.200167.

