Results Median days of hospitalization were 3.38 in those HBoV positive compared to 2.5 in those HBoV negative. Median hours of \( \text{O}_2 \) requirement in HBoV positive was 14.23, compared to HBoV negative that was 5.9. All HBoV positive patients had an X-ray done, compared with only 58.3% in those HBoV negative. The use of antibiotics has been higher in those HBoV positive 76.92% compared to those HBoV negative 58.3%. While in 38.46% of those HBoV positive had no other viruses detected, all the HBoV negative patients had a combination of other viruses detected.

Conclusions Patients that tested HBoV positive needed more resources, compared to those HBoV negative in all four area assessed. As HBoV is not completely understood and it is understudied we would need more data to be able to make recommendations regarding testing and treatment for calculating the potential cost for the health system.

Background It is difficult to foresee the challenges that the legalization of recreational cannabis will bring to the youth and future of society. During adolescence, individuals are very susceptible to outside influences, making it easy to be redirected onto a troubling path. Changes in policy for cannabis legalization has the possibility of causing damaging outcomes to the future generation. Currently, ten states in the United States have legalized recreational cannabis use, and Canada has recently become the first country to legalize it. According to a 2013 report by UNICEF, Canadian youth are the highest users of cannabis when compared to students in other developed countries. Yet, despite evidence showing legalization increases regular cannabis use among adolescents, in the United States, there are no significant steps in place to investigate, monitor, and educate these adolescents.

The success in education among young students has also not been heavily considered, with the legalization of marijuana. Some research has even suggested that adolescent cannabis use may be a better indication of lower educational attainment than adolescent alcohol use. There are also no clear guidelines for health-care providers and they struggle to treat young individuals with cannabis use disorders and addiction, as adolescents with cannabis use disorder have shown poor responses to treatment, in terms of abstinence attainment rates. From a long term perspective, structural and functional neuroimaging studies have suggested that adolescent chronic cannabis use may cause morphological alterations in the medial temporal and frontal cortices, and the cerebellum. In addition, since nonconventional methods of marijuana, such as edibles, vape pens, and liquids, access to marijuana becomes easier for adolescents and the ability to manage marijuana use becomes increasingly difficult. Thus, the question remains: Will recreational cannabis legalization hinder the success of future adult members of society?

Objectives The objective of this study is to review literature to evaluate the challenges of legalization of recreational use of Marijuana among youth.

Methods A literature search was conducted through PubMed, MEDLINE, EMBASE, and Cochrane Library. The MeSH headings used were adolescent, youth, cannabis, delta-9-tetra-hydrocannabinol, marijuana, legalization, cognition, and academics.

Conclusion The jury’s is still out on the outcomes of recreational cannabis legalization among adolescents, however there are already some indications on the potential social and physical harms it may cause. By understanding possible ramifications especially among the youth population, governments, health-care providers, and educational institutions will be able to better equip themselves to these new challenges.