Building strong relationships is central to prevention efforts → engaging key stakeholders throughout the year

- San Diego County Sheriff’s Department
- San Diego County Office of Education
- San Diego County Probation
- University of California San Diego – Addiction Research - CMCR
- Friday Night Live
- San Diego Unified School District
- Behavioral Health Advisory Board
- McAlister Institute - Treatment
- Scripps Mercy Hospital
Schedule 1 Drug:

- No medical value
- High propensity for abuse and addiction
During the last 2 plus years, the total number of individuals and institutions registered with the DEA to research marijuana, extracts, derivatives and THC has more than doubled, from 161 in April 2014 to 354 at present.

DEA and NIDA have increased the amount of marijuana available for research. NIDA is filling requests for research of marijuana in an average of 25 days.

DEA will be approving additional growers of marijuana to supply research, details will be published in the Federal Register.
THE NEW LAW!
PROP 64
The AUMA provisions legalizing personal use and cultivation of nonmedical marijuana took effect November 9, 2016.

A person 21 years of age or older may possess, process, transport, purchase or give away to persons 21 years of age or older not more than 28.5 grams of marijuana in the non-concentrated form and not more than 8 grams of marijuana in a concentrated form.

Local governments cannot ban within a private residence by a person 21 years and older for personal use the indoor cultivation of up to six nonmedical marijuana plants per private residence.

Not more than six living plants may be planted, cultivated, harvested, dried, or processed within a single private residence, or upon the grounds of that private residence, at one time.
1 OUNCE = 28.3 GRAMS

Allowable Recreational Use:

- 28.5 grams of marijuana in non concentrated form.
- 8 grams concentrated

Medical:

- Under Prop. 215, patients are entitled to whatever amount of marijuana is necessary for their personal medical use. However, patients can be arrested if they exceed reasonable amounts and they can be cited or fined for exceeding local laws.
No marijuana use, possession, distribution, sales both medical/non-medical allowed on school property. (including the bus)

Employers can still drug test and terminate if any employee fails a mandatory drug screen.

No public consumption, banned in the same locations as tobacco!
Drug Free Work Place:

Prop. 64 also states that employers remain free to test workers for marijuana use before hiring them, or at any point during their careers. And if workers test positive, the law says companies can choose to let them go— even if there’s no indication they were actually high on the job.

The majority of states with medical marijuana laws, however, do not specifically address the employment context. In these states, employees typically are not protected from being terminated for legal medical marijuana use. Courts in California, Colorado, Oregon, and Washington have upheld an employer’s right to terminate a current employee who tests positive for marijuana, even when the employee had a valid prescription and only used marijuana while off duty. In arriving at this decision, many state courts relied on the fact that marijuana is still illegal under federal law.
Since marijuana is illegal at the federal level, you can’t send it through the U.S. Postal Service. Most private carriers, such as FedEx and UPS, state you can’t use their services to ship anything that’s federally illegal.
COMPLETELY DIFFERENT DRUG
The grower can decide how potent their product can be!

- Selective breeding - big plump buds with big yields, shorter flowering periods.
- Genetic modification – more THC, less CBD
- Cross breeding (hybrids)
- Chemicals
GROW Q&A: BREEDING YOUR OWN STRAIN

By Danny Drake  March 8, 2015

MOST POPULAR

What Is Cannabinoid Hyperemesis Syndrome?
By Stu Liu

DEA Quietly Classifies CBD Off as Schedule 1 Drug
By Matthew Herbas

Britain Reclassifies CBD 6B as Medicine, While
Thousands Thems in Illicit

HOME GROWS AND POTENCY
EXPLOSIONS SAN DIEGO

Butane hash oil lab explosions on the rise locally
CONCENTRATES - WAX, BUTANE HASH OIL, EDIBLES
(BUD CONTAINING – 26% THC, CONCENTRATES MAY CONTAIN 30 - 99%)
IF YOU NEED MEDICAL ADVICE GO TO YOUR PRIMARY CARE PHYSICIAN!
The pot/cannabis plant has over 400 chemicals.

Tetrahydrocannabinol or THC is the chemical responsible for marijuana's high.

FDA approved legitimate prescriptions for pot derived medicines available.

You do not need the psychoactive components to get the medical value!
Most of the beneficial health effects from marijuana are from the chemical - Cannabidiol or CBD not THC.

CBD is not psychoactive. THC is!

CBD interferes with the “high” caused from the THC.

CBD is non-psychoactive because it does not act on the same pathways (receptors) as THC.

Many of today's strains contain low doses of CBD.
Local Data
San Diego County:

- Among adolescents ages (12-17) - 30 day and daily use is currently trending slightly downward.

Nationally:

- Past 30 Day Marijuana Use among young adults ages (19-28) is at the highest level since 1988!

- Daily Marijuana Use among young adults ages (19-28) is at the highest since 1986!
MARIJUANA IS THE PRIMARY DRUG OF CHOICE FOR YOUTH AGES 12-17 IN SD COUNTY TREATMENT PROGRAMS

FY 2009/10

- M 12-17: 80%
- F 12-17: 55%
- M 18-24: 19%
- F 18-24: 18%

FY 2010/11

- M 12-17: 85%
- F 12-17: 63%
- M 18-24: 29%
- F 18-24: 20%

FY 2011/12

- M 12-17: 86%
- F 12-17: 61%
- M 18-24: 29%
- F 18-24: 19%

FY 2012/13

- M 12-17: 81%
- F 12-17: 62%
- M 18-24: 31%
- F 18-24: 19%

FY 2013/14

- M 12-17: 81%
- F 12-17: 57%
- M 18-24: 31%
- F 18-24: 20%
Steady decreases in the perception of harm for marijuana, prescription drug use and synthetic drug use
IF YOU EVER USED MARIJUANA OR CONCENTRATED MARIJUANA, HOW DID YOU CONSUME IT?

- **I have never used marijuana**
  - NT: 34%
  - 11th: 67%
  - 9th: 81%

- **Smoke**
  - NT: 13%
  - 11th: 24%
  - 9th: 49%

- **Eat**
  - NT: 2%
  - 11th: 5%
  - 9th: 7%

- **Other**
  - NT: 4%
  - 11th: 1%
  - 9th: 1%

- **Vape/Vaporize/E-cigarette**
  - NT: 3%
  - 11th: 1%
  - 9th: 1%

- **Hookah pipe**
  - NT: 2%
  - 11th: 1%
  - 9th: 1%
IF YOU EVER USED MARIJUANA, WHERE DID YOU GET IT FROM?

Top 3 mentions, by grade:

**9th**
- 15% - Friend, relative or family member
- 6% - Drug dealer
- 4% Someone you just met or didn’t know

**11th**
- 27% - Friend, relative or family member
- 11% - Drug dealer
- 7% - Someone you just met or didn’t know

**NT**
- 48% - Friend, relative or family member
- 32% - Drug dealer
- 20% - Medical marijuana dispensary/Pot Shop
POISON CONTROL 2011-15

- Increase in the number of marijuana exposure cases from 2011 - 2015

*Timeframe for 2011-2014 is from January-December; timeframe for 2015 is from January-November.

Source: California Poison Control Center, personal communication (March 2015).
EMERGENCY DEPT. DISCHARGE DATA

Marijuana-Related Emergency Department Discharge Data
San Diego County 2006-2014

This fact sheet summarizes data obtained from the Office of Statewide Health Planning and Development, Emergency Department Discharge Database on County of San Diego Emergency Department visits related to cannabis use over a nine-year time frame (i.e., 2006-2014). Table 1 provides data on discharges in which cannabis use was (1) the primary diagnosis or (2) either the primary or secondary diagnosis upon discharge (i.e., all diagnoses that included coding for cannabis). For most secondary cases, individuals came into the Emergency Department for something else (e.g., broken arm, injury, flu, etc.) and cannabis use was added as a secondary diagnosis. In these cases, the drug use may or may not have contributed to the reason for the Emergency Department visit.

| Table 1. Cannabis-related San Diego County Emergency Department Discharges by Year |
|---------------------------------|------|------|------|------|------|------|------|------|------|
|                                  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
| Total ER Discharges              | 573,858 | 601,102 | 612,310 | 643,091 | 635,302 | 671,815 | 698,303 | 727,510 | 781,289 |
| Primary Cannabis-related Diagnosis Only |
| Primary Cannabis-related Discharges | 86  | 107  | 77   | 111  | 136  | 188  | 205  | 171  | 232  |
| Primary Cannabis-related Discharge Rate* by Total ER Discharges | 15.0 | 17.8 | 12.6 | 17.3 | 21.4 | 28.0 | 29.4 | 23.5 | 29.7 |
| Primary Cannabis-related Discharge Rate* by County Population | 2.9  | 3.5  | 2.5  | 3.6  | 4.4  | 6.0  | 6.5  | 5.4  | 7.2  |
| All Cannabis-related Diagnosis (Primary & Secondary Diagnosis Combined) |
| All Cannabis-related Discharges | 1,108 | 1,734 | 1,851 | 2,362 | 3,722 | 4,300 | 5,311 | 7,254 | 10,302 |
| Cannabis-related Discharge Rate* by Total ER Discharges | 193.0 | 288.5 | 302.3 | 367.3 | 585.9 | 640.0 | 760.6 | 1011.4 | 1318.6 |
| Cannabis-related Discharge Rate* by County Population | 37.1 | 57.5 | 60.7 | 76.7 | 119.6 | 137.2 | 168.0 | 231.0 | 320.5 |

*rate per 100,000 people

2 A primary or secondary cannabis-related diagnosis is assigned an ICD-9 code of 304.3 or 305.3 following a positive blood test for the presence of THC or the patient’s self-disclosure of use.

Funded by the San Diego County Health and Human Services Agency, Behavioral Health Services
The most common reasons of seeing marijuana poisoning in the ER:

1. Cannabinoid hyperemesis
2. Psychosis
3. Chest pain
CANNABINOID HYPEREMESIS SYNDROME (CHS)

For more than two years, Lance Crowder was having severe abdominal pain and vomiting, and no local doctor could figure out why.

"Caused by heavy, long-term use of various forms of marijuana for unclear reasons".

He co-authored a study showing that since 2009, when medical marijuana became widely available, emergency room visits diagnoses for CHS in two Colorado hospitals nearly doubled. In 2012, the state legalized recreational marijuana.

"It is certainly something that, before legalization, we almost never saw," Heard said. "Now we are seeing it quite frequently."

Outside of Colorado, when patients do end up in an emergency room, the diagnosis is often missed. Partly because doctors don't know about CHS, and partly because patients don't want to admit to using a substance that's illegal.

CHS can lead to dehydration and kidney failure, but usually resolves within days of stopping drug use. That's what happened with Crowder, who has been off all forms of marijuana for seven months.

"Now all kinds of ambition has come back. I desire so much more in life and, at 37 years old, it's a little late to do it, but better now than never," he said.

CHS has only been recognized for about the past decade, and nobody knows exactly how many people suffer from it. But as more states move towards the legalization of marijuana, emergency room physicians like Dr. Heard are eager to make sure both doctors and patients have CHS on their radar.

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Cannabinoid hyperemesis should be considered in younger patients with long-term cannabis use and recurrent nausea, vomiting, and abdominal pain. On the basis of our findings in this large series of patients, we propose major and supportive criteria for the diagnosis of CH.

“This disease is under recognized and underdiagnosed. Lack of awareness of the disease may lead to invasive and costly diagnostic tests, as well as patient and physician frustration.”
**EDIBLE EFFECTS**

- May not feel anything for **30 to 60 minutes** (on a full stomach may take nearly two hours to feel full effects).

- The high can last **4 to 8 hours** while the effects from smoking can wear off in an hour or less.
Edible doses are processed by the liver before entering the bloodstream, THC consumed as edibles produce high levels of 11-OH-THC (active metabolite), while smoked cannabis, which goes directly from the lungs to the brain via the bloodstream and does not enter the liver, produces lower levels.
Marijuana brownies sicken Crawford High students


SAN DIEGO — Five students got sick at Crawford High School Friday after eating marijuana-laced brownies, a school district official said.

All five were taken to Rady Children’s Hospital for treatment. They were reported to be in stable condition.

The students at the school in the El Cerrito neighborhood reported to staff that they had eaten the brownies, then felt ill, said San Diego Unified School District spokeswoman Linda Zintz.

School staff called for paramedics about 12:30 p.m. and school district police began an investigation.

Zintz said she had no information about where the teens got the brownies and whether they were eaten on or off-campus.

School Principal Richard Lawrence sent recorded voice messages to parents Friday afternoon, saying five students taken to the hospital as a precaution after ingesting marijuana brownies were in stable condition and expected to be released from the hospital in the evening.

“Please take the time to speak to your son or daughter about ingesting food from other people,” Lawrence’s message said. “Students should not take nor eat food from others regardless of how it may appear. Drugs come in different forms and formats and there’s also concerns about unknown allergens. We must be proactive for
Inaccurate Marijuana Testing Will Lead To Lawsuits

By Alison Malsbury on March 27, 2015
POSTED IN BUSINESS BASICS, LEGAL ISSUES

The media is currently abuzz about the inadequacy of lab testing for marijuana and marijuana infused products, which once again raises a critical issue for business owners, producers and retailers alike can be held liable for a defective product, even without any knowledge the defect. Anyone in the chain of product distribution, whether or not they grew or produced the defective product, may be held liable if the product makes a consumer sick.

In an attempt to curb potential liability, as well as to comply with state law, producers and processors turn to testing labs to determine the potency and the mold, mildew, fungus and pesticide content of their products. The problem is that scientific protocols followed by marijuana testing labs are not always accurate.

Food Safety News

California’s marijuana edibles remain in food safety limbo

By CORAL BEACH | FEBRUARY 1, 2015

California’s Medical Marijuana Regulation and Safety Act has been in effect for a month now, but the state’s Department of Public Health hasn’t yet published or implemented food safety standards for so-called edibles.

However, the Act didn’t give the department a deadline. It simply states “the state department of public health shall develop standards for the production and labeling of all edible medical cannabis products.”

Ironically, those who most need the medicinal properties of edible medical marijuana products are also among those most likely to fall victim to foodborne pathogens. People with prescriptions for medical marijuana edibles, such as cancer patients, often have weakened immune systems and may be at increased risk of developing infections from exposure to foodborne pathogens.

The edibles, which range from chewing gum to brownies, are not considered food or drugs under California’s existing Health and Safety Code. They are in legal limbo in terms of food safety jurisdiction.

The Medical Marijuana Regulation and Safety Act (MMRSA) amended the California Business and Professions Code, establishing what sponsors said was a comprehensive state licensing system for the commercial marijuana industry. An early version of the Act specified food safety procedures and sanitation requirements equivalent to the state’s Retail Food Code.

The food safety requirements included in the earlier version of the legislation were to be enforced by the state’s Public Health Department. Until the department develops and implements food safety standards for edible medical marijuana products, patients with prescriptions for such products will have to rely on the MMRSA’s minimal requirements for testing for peace of mind.

The Act’s requirements include testing edibles for foreign matter such as hair and insects and some “impurities” such as mold and aureus bacteria, aka Staphylococcus.
Wax can be dabbed using paper clips, dental tools, small screw drivers and pens.

Grinders and blunts.
EVOLVING PUBLIC HEALTH IMPACTS
Heavy Marijuana use appears to have a significant effect on adolescents’ brain structure and development. THC restricts the blood flow to certain areas of the brain.

Use is associated with:
- Attention & Motivation
- Memory
- Planning
- Slower brain-processing power

Increased use may interfere with sleep patterns, increase anxiety/paranoia and depression.

PLENTY OF RESEARCH


There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder.

In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders.
Marijuana use and schizophrenia: New evidence suggests link

Written by Yvette Brazier

Published: Monday 26 December 2016

A new study, published in *Psychological Medicine*, has added to the body of evidence pointing to a link between schizophrenia and the use of cannabis.

Recent research suggests that not only are people who are prone to *schizophrenia* more likely to try cannabis, but that cannabis may also increase the risk of developing symptoms.

Studies show that cannabis use is more common among people with *psychosis* than in the general population, and that it may also increase the risk of psychotic symptoms.

Its use has been linked to symptoms of psychosis, such as paranoia and delusional thinking, in up to *40 percent* of users.

Earlier this year, scientists warned that young people who use cannabis could be putting themselves at risk of psychotic disorders. People with schizophrenia appear to have a higher chance of experiencing psychosis if they use cannabis.

Previous warnings had voiced concerns regarding the particularly powerful strains of cannabis, such as "skunk," currently circulating among young people.
DSM-5. Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used in the U.S. by mental health professionals.

Recently added “cannabis withdrawal”.

Marijuana users build up a tolerance to the drug, they either have to increase the amount or switch to harder drugs.
THC can be passed through the placenta to the developing child. (NIDA)

- The developing embryo (and fetus) is dependent on the mother for oxygen, nutrients and a balance of hormones, chemicals and other substances to grow normally.

- Disrupting the normal fetal environment, through the introduction of marijuana or other recreational drugs, puts the pregnancy at risk in the short-term and possibly the long term as well.
Many people are functioning on a drug/alcohol cocktail throughout the day.

Poly drug use:

- Alcohol and marijuana and everything!
- Adderall and pot
- Benzos and pot
- Codeine and pot
- Fentanyl laced Spice
- Heroin laced Xanax
- Heroin and cocaine (Speedball)
- Cocaine and Ecstasy – both stimulants
- Bath salts as MDMA or Molly
### Third Death in Colorado Linked to Marijuana Edibles

The third death associated with marijuana edibles could not have come at a worse time for the state’s fledgling legal pot industry. Services were being held today in Tulsa, Okla., for Luke Goodman, 21, who reportedly killed himself last Saturday night in a condo at Colorado's Keystone Ski Area, where he was staying for two weeks with his family.

It will be a few weeks before toxicology reports will be released, but Goodman's family and friends suspect that edible marijuana was a factor in the self-inflicted gunshot death. His mother, Kim Goodman, blames her son's death on "a complete reaction to the drug." Another controversy from a death linked to marijuana edibles was not what the industry needed, especially this week when it was making legislative moves to kill a regulation taking effect in 2015 calling for all marijuana-infused foods to have a distinct look.

The bill to loosen the coming requirement that marijuana-infused cookies or candies be clearly identified as pot-infused did not get a single vote on the committee. The measure was killed as a bipartisan agreement that pot-infused food is going to look different than regular food in Colorado once 2016.

It left the conservative Colorado Springs Republican who sponsored the bill to repeal the requirement, state Sen. Owen Hill, charging his colleagues with "micromanagement."

Edibles account for about 45% of Colorado's newly legal pot market.

Goodman and his cousin, Caleb Fowler, reportedly purchased $58 worth of marijuana products, including edibles, last Saturday afternoon. They began ingesting peach tart candies, each containing the recommended dose of 10 mg of THC, tetrahydrocannabinol, which is the chemical responsible for most of marijuana's psychological effects.

Fowler says his cousin ate at least five of the candies and later became jittery and was talking incoherently.
The U.S. Food and Drug Administration, started regulating e-cigarettes in May 2016.

FDA has identified about 66 explosions in 2015 and early 2016, after recording a total of 92 explosions from 2009 to September 2015.

A California, attorney, won a nearly $2 million judgment in a product liability lawsuit for a woman burned by an e-cigarette last year. He said he has a growing list of similar cases, most of which involve batteries and other components manufactured in China that have been subject to little safety oversight.
Vaper Severely Injured When His E-Cigarette Blows Up In His Face, Creating A New Hole In His Mouth

BY BRANDON WENERD - 09.10.15

There’s a lot of fuss about whether or not vaping is safer than smoking. We’ve posted like four articles on the subject in the past year here at BroBible (here, here, here, and here). It’s a contentious subject with no clear answers. The only conclusion is that both have their inherent risks that all users should be aware of.

The story of 23-year-old James Lauria is an awful one, however. According to Fox 5 DC, he was casually vaping when his e-cigarette device exploded in his face.

“It's just a normal day,” explained James. “I'm at work and things quieted down and I stepped away for a second like I always do. Next thing I know, it exploded and I was on my way to a hospital in an ambulance, and that is the last thing I remember.”

![Image of vaper with injury]
A man has suffered second-degree burns after faulty e-cigarette set his trousers on fire at a petrol station in the US state of Kentucky. CCTV footage from the Quality Quik Lock Convenient store in the town of Owensboro shows the sparks start shooting out of his trousers.

E-cigarette explosions prompt three lawsuits in California

Vicente Garza
October 16, 2015

- Severe injuries to his mouth, tongue, and left index finger
- 7 day hospitalization
- Two surgeries on his tongue
- Two surgeries on his left index finger, including amputation at the knuckle
- Ongoing treatment at the Grossman Burn Center

A 16-Year-Old Teen Suffered Second Degree Burns When an E-Cigarette Exploded in His Face

e.com · 20 hours ago

E-cigarettes are all the rage these days, as the grim fates of chain smokers make traditional drags increasingly unpopular. But as researchers continue to look into whether the e-cigarette presents the same risks as its predecessor, it would seem there's another horrifying hazard e-cigs pose that cigarettes never did: explosions.

Such was the fate of 16-year-old Ty Greer, a teen in Alberta, Canada, who suffered second degree burns and broken teeth after his e-cigarette spontaneously exploded just inches from his mouth while he was using it in his car.

"It lit my kid's face on fire, busted two teeth out," Perry Greer, Ty's father, told the Canadian Press. "It burned the back of his throat, burned his tongue very badly. If he wasn't wearing glasses, he probably could have lost his eyes. ... He wanted to die. That is how much pain he was in."
Research the law to help clarify to the public information about what is permitted, no public consumption, schools are drug free zones, nothing has changed federally, no one should be operating a vehicle under the influence of any substance that can cause impairment.

Trainings with school staff, nurses, teachers, SRO’s, community members, parents and health officials.

Media messaging to support the development of Statewide drugged driving protocols.
ACTION ITEMS:

- Crime free certified properties – Clearly state the marijuana policy.

“Can prohibit use, possession & cultivation. An individual or private entity may prohibit or restrict personal possession, smoking, and cultivation of marijuana on the individual’s or entity’s privately owned property. A state or local government agency also may prohibit or restrict such activities on property owned, leased, or occupied by the state or local government”.

- Social Host laws – specific marijuana language added

- Support local efforts to limit commercial access, cultivation, delivery. March 2017 County moratorium extension over!

- Support the establishment of drugged driving protocols – Increase DRE trainings and nanogram limit.

- Awareness around lack of protocols for edibles.
BUSINESSES SHOULD DRUG TEST

- If your children are getting a driving permit, drug test.
- There are over the counter drug tests available.
- Synthetic drug testing is more expensive but it available.
- THC can stay in the body 30-40 days.
Be open to questions before you judge!

Ask about use or ask your Doctor to ask about use.

Be alert of any changes in grades, friends, moods & sleep patterns.

No vape pens or vaping devices.

We need an ongoing drug prevention curriculum in schools starting in middle school (ages 11-12).
Centralized location for county-wide data points

Meant to be used as a roadmap for the county

Available on website
MPI RESOURCES AVAILABLE

- MPI develops and disseminates data documents and educational materials

- Examples:
  - Community Readiness Assessment Report
  - 60,000+ Informational Postcards on marijuana,
  - Materials available in English and Spanish
  - Trainings available for youth, parents, everyone!
  - *At-A-Glance, San Diego County Marijuana Prevention Initiative*

Materials can be downloaded from MPI website:

http://www.mpisdcounty.net/
QUESTIONS?