“NOW WHAT?”
MARIJUANA SUMMIT

Youth Marijuana Use: Emerging Research & Evolving Prevention Strategies

February 3, 2017

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services
WELCOME!

Joe Eberstein – Program Manager, Center for Community Research, Marijuana Prevention Initiative
SAN DIEGO COUNTY PREVENTION SYSTEM

Health and Human Services, Behavioral Health Services

4 AOD Initiatives
- Binge and Underage Drinking Initiative (BUDI)
- Marijuana Prevention Initiative (MPI)
- Methamphetamine Strike Force (MSF)
- Prescription Drug Abuse Task Force (PDATF)

3 Countywide Programs
- Countywide Media
- Friday Night Live/Club Live
- Evaluation Services

Six Regional Prevention Providers
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
- Friday Night Live
- San Diego Unified School District
- Behavioral Health Advisory Board
- McAlister Institute - Treatment
- Scripps Mercy Hospital
MARIJUANA DIFFERENT THAN ALCOHOL

- There are strict age limitations on alcohol. Not for marijuana.

- Most people don’t make their alcohol at home.

- They don’t call alcohol “medicine”.

- Inactive THC can be detected in urine a lot longer than alcohol. Yet, detectable levels in urine do not necessarily translate into impairment.

- Unlike alcohol, marijuana is commonly repurposed into food products, candy, resins and concentrates.

- Over 200 delivery services in the SD County.
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
- Chemicals
Changing Landscape
CHANGING POLITICAL LANDSCAPE!

- Prop 64 - Recreational Use in California Adult Use of Marijuana Act (AUMA) Nov 2016
- Creation of the BMCR (Bureau of Medical Cannabis Regulation - BMCR) Medical use
- States that have legalized marijuana
  - Alaska
  - Oregon
  - Colorado
  - Washington
  - California
  - Nevada
  - Maine
  - Massachusetts
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.
New Attorney General Sessions, is on record saying cannabis is “dangerous” and that “good people don’t smoke marijuana.”

“We need grown-ups in charge in Washington to say that marijuana is not the kind of thing that ought to be legalized, it ought not to be minimized, that it’s in fact a very real danger,” he said, noting statistics on accidents and traffic fatalities.
San Diego law enforcement used federal asset forfeiture laws to freeze and seize the company's cash and the money in personal bank accounts.

Unlike criminal charges against a person, defendants of federal asset forfeiture laws have little recourse to get their money back. Across the U.S., law enforcement agencies have seized $1 billion through asset forfeiture in marijuana cases from 2002 through 2012.
If you were non compliant before the law took effect, why do you have the ability to get a license now?
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.
ALLOWABLE AMOUNTS

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.
Marijuana use is allowed only on private property, not in parks or on sidewalks or “anywhere where smoking is banned”.

Medical marijuana patients would continue to be allowed to cultivate up to 100 square feet of pot plants.

*For medical use a minor (under 18 years of age) can apply as a patient or caregiver under certain conditions.
INCREASE ACCESS!!!

This free starter package covers the broad strokes and frequently asked questions of starting a business in the legal marijuana industry.

These sides of the industry and topics are covered in this package:

- How To Grow or Cultivate Medical or Recreational Marijuana Legally
- How To Open a Medical or Recreational Marijuana Dispensary
- How To Start A Medical/Recreational Marijuana/Cannabis Delivery Service
- How To Start A Marijuana Edibles, Extractions or Infused Products Business

For questions specific to your state or business type you should check out our:
THINGS THAT WILL NOT CHANGE!

No marijuana use either medical or non-medical allowed on school property. (including the bus)

Employers can still drug test and terminate an employee that fails a mandatory drug screen.

No public consumption allowed!

No consumption allowed while driving or in vehicles.
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.
MEDICAL USE AND YOUTH
EVERYONE REACTS DIFFERENTLY TO DRUGS AND ALCOHOL!

- Metabolism - Your Body
- Family History
- Environment
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 prescriptions for pot derived medicines available.

- Dronabinol
- Nabilone
- Sativex
Many of the beneficial health effects from marijuana are from the chemical - Cannabidiol or CBD.

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.
MEDICAL ADVERTISEMENTS?
Local Data
PAST 30-DAY MARIJUANA USE AMONG SAN DIEGO COUNTY YOUTH

Percentage of students reporting past 30-day use of marijuana by grade level

Source: CHKS
Daily marijuana use is defined as smoking pot 20 or more times in the past 30 days.

*The response rate for non-traditional students participating in the 2013 Survey was lower than in 2009, 2011, and 2013, which may in part account for the decrease in reported daily use rates among this population in 2013.

Source: CHKS
MARIJUANA IS THE PRIMARY DRUG OF CHOICE FOR YOUTH AGES 12-17 IN SD COUNTY TREATMENT PROGRAMS.
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: 7%
  - 11th: 5%
  - 9th: 2%

- **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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Source</th>
<th>9th</th>
<th>11th</th>
<th>NT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15% - Friend, relative or family member</td>
<td>15%</td>
<td>27%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>6% - Drug dealer</td>
<td>6%</td>
<td>11%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>4% Someone you just met or didn’t know</td>
<td>4%</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>20% - Medical marijuana dispensary/Pot Shop</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
POISON CONTROL 2011-15

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

Number of Marijuana Human Exposure Cases for San Diego County: 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total ER Discharges</th>
<th>Primary Cannabis-related Diagnosis Only</th>
<th>Primary Cannabis-related Discharge Rate* by Total ER Discharges</th>
<th>Primary Cannabis-related Discharge Rate* by County Population</th>
<th>All Cannabis-related Diagnosis (Primary &amp; Secondary Diagnosis Combined)</th>
<th>Cannabis-related Discharge Rate* by Total ER Discharges</th>
<th>Cannabis-related Discharge Rate* by County Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>573,858</td>
<td>85</td>
<td>15.0</td>
<td>2.9</td>
<td>1,108</td>
<td>193.0</td>
<td>37.1</td>
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<tr>
<td>2007</td>
<td>601,102</td>
<td>107</td>
<td>17.8</td>
<td>3.5</td>
<td>1,734</td>
<td>288.5</td>
<td>57.5</td>
</tr>
<tr>
<td>2008</td>
<td>612,310</td>
<td>77</td>
<td>12.6</td>
<td>2.5</td>
<td>1,851</td>
<td>302.3</td>
<td>60.7</td>
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<tr>
<td>2009</td>
<td>643,091</td>
<td>111</td>
<td>13.4</td>
<td>3.6</td>
<td>2,362</td>
<td>367.3</td>
<td>67.6</td>
</tr>
<tr>
<td>2010</td>
<td>635,302</td>
<td>136</td>
<td>17.3</td>
<td>4.4</td>
<td>3,722</td>
<td>585.9</td>
<td>119.6</td>
</tr>
<tr>
<td>2011</td>
<td>671,815</td>
<td>188</td>
<td>21.4</td>
<td>6.0</td>
<td>4,300</td>
<td>640.0</td>
<td>137.2</td>
</tr>
<tr>
<td>2012</td>
<td>608,303</td>
<td>205</td>
<td>28.0</td>
<td>6.5</td>
<td>5,311</td>
<td>760.6</td>
<td>168.0</td>
</tr>
<tr>
<td>2013</td>
<td>727,510</td>
<td>171</td>
<td>23.5</td>
<td>5.4</td>
<td>7,254</td>
<td>1011.4</td>
<td>231.0</td>
</tr>
<tr>
<td>2014</td>
<td>781,289</td>
<td>232</td>
<td>29.7</td>
<td>7.2</td>
<td>10,302</td>
<td>1318.6</td>
<td>320.5</td>
</tr>
</tbody>
</table>

*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
TOP (3) REASONS FOR ER VISITS

The most common reasons of seeing marijuana poisoning in the ER:

1. Cannabinoid Hyperemesis
2. Psychosis
3. Chest pain

Treatment Providers - Drug tests showing much higher THC levels relative to creatinine ratio.
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.

“No 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.
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.”
EVOLVING PRODUCT
CONCENTRATES - WAX, BUTANE HASH OIL, EDIBLES
(BUD CONTAINING – 26% THC, CONCENTRATES MAY CONTAIN 30 - 99%)
EXPLOSIONS SAN DIEGO

Butane hash oil lab explosions on the rise locally
Man arrested in hash oil lab explosion in Carlsbad home

By David Hernandez and Pauline Repard - Contact Reporters

A butane hash oil lab exploded in a Carlsbad apartment Wednesday night, burning a resident who later was arrested on drug-related charges, police said.

Jesse Estes, 33, was booked into jail Thursday on suspicion of manufacturing a controlled substance and possessing marijuana for sale. He was treated at a hospital Wednesday night.

The 9 p.m. blast blew out a window at the apartment on Avenida Magnifica, off Hosp Way, police spokeswoman Jodee Sasway said. One of the two men living in the unit put out the small blaze with a fire extinguisher.

Sasway said Estes ran when police tried to approach the roommates, but he was detained by officers who were outside of the complex. Estes was taken to UC San Diego Medical Center's burn unit with minor to moderate burns.
BHO PARAPHERNALIA

BHO extraction equipment:
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
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.

Use is associated with:

- Attention & Motivation
- Memory
- Planning
- Slower brain-processing power

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


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.
PUBLIC HEALTH MESSAGING

- If you have a pre-existing mental health issue consult a licensed physician/psychiatrist before using.

- Do not take yourself off Doctor prescribed mental health medication and substitute with pot.

- Drug combinations can pose a problem.
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
CO AND WA UPDATE
Voters in the states of Colorado and Washington approved recreational marijuana use in 2012, yet recreational sales did not begin until 2014. (Ages 21 and up)

- Authorities continue to modify their approaches to implementing policies to regulate sales, potency limits, advertising, and driving under the influence.

- Several recent reports have identified some of the initial public health impacts related to legalization.
In 2014, the first year in which marijuana retailers began selling recreational pot, calls to the Rocky Mountain Poison and Drug Center for marijuana exposure increased over 70% from 2013 and nearly 150% from 2012. Additionally, 45 of the 151 calls received in 2014 involved children ages eight or younger (Johnson, 2015).
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 relatively new legal pot industry. Services are 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 returned, but Goodman's family and friends report 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 drugs."

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 2016 calling for all marijuana-infused foods to have a distinct look.

The bill loosens the coming requirement that marijuana-infused cookies or candies be clearly identified as pot-infused did not get a single vote in the committee. The senate was hailed as a bipartisan agreement that pot-infused food is going to look different than regular food in Colorado come 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 percent of Colorado's newly legal pot market.

Goodman and his cousin, Caleb Fowler, reportedly purchased $28 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, or 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.
Exposure symptoms:
- Vomiting
- Seizures
- Low blood pressure and tachycardia or rapid heart rate
THC were found in one in six infants and toddlers admitted to Children’s Hospital (CHC) for coughing, wheezing, and other symptoms of bronchiolitis.

Our study demonstrates that, as with secondhand tobacco smoke, children can be exposed to the chemicals in marijuana when it is smoked by someone nearby,
At what level of exposure do child welfare agencies intercede, mandated reporting?

“There is an urgent need for further research using study designs that control for concomitant drug use during pregnancy and lactation, the overall health status of women who use marijuana, and the frequency of its use. Current commercially available marijuana has significantly higher concentrations of THC than those used in previous studies.”

Source: Academic Journal of Pediatrics and Neonatology - 2016
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.
Calls to the Washington Poison Center for marijuana exposures increased 56%, from 158 calls in 2013 to 246 in 2014. Approximately 20% of the calls in 2014 involved children ages 12 or under.

- Potency can vary in a batch
- Resembles familiar products
- Once the packaging is removed no way of knowing it contains THC.
- Highs are un-predictable
IMPAIRED DRIVING AND CANNABIS

With the recent legalization of marijuana (cannabis) in some U.S. states, questions arise as to its potential effect on driving and driving safety. The AAA Foundation for traffic safety commissioned a handful of studies to see what effects, if any, were shown in statistical data.

Among the various statistics unearthed by the studies, two main findings stand out:

- Fatal crashes involving drivers who recently used marijuana doubled in Washington after the state legalized the drug. Washington was one of the first two states to legalize the recreational use of marijuana, and these findings serve as an eye-opening case study for what other states may experience with road safety after legalizing the drug.
- Legal limits, also known as per se limits, for marijuana and driving are arbitrary and unsupported by science.

Below are the individual studies accompanied by capsule summaries comprising this effort:

- Prevalence of Marijuana Use among Drivers in Washington State
- An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per Se Limits for Cannabis
- Cannabis Use among Drivers Suspected of Driving Under the Influence or Involved in Collisions: Analysis of Washington State Patrol Data
- Driving Under the Influence of Alcohol and Marijuana: Beliefs and Behaviors, United States, 2013-2015
UNINTENDED CONSEQUENCES

- Extraction labs & clean up
- Tourist ER visits
- Homelessness
- Use on school campus
UPDATES
COLORADO & WASHINGTON

The Legalization of Marijuana in Colorado: The Impact

Latest Results for Colorado

Washington State Marijuana Impact Report
Northwest High Intensity Drug Trafficking Area

January 2016
Put Drugged Driving “On Your Radar”

DRUGGED DRIVING CAMPAIGN KICK OFF JUNE 11, 2015
PUT DRUGGED DRIVING ON YOUR RADAR!
“No one should be driving under the influence of any substance that can impair your driving ability.”

California’s drugged driving law is found at Sec. 23152 of the California Vehicle Code. It states that:

(c) It is unlawful for a person who is addicted to the use of any drug to drive a vehicle. This subdivision shall not apply to a person who is participating in [an approved] narcotic treatment program

(e) It is unlawful for a person who is under the influence of any drug to drive a vehicle.

(f) It is unlawful for a person who is under the combined influence of any alcoholic beverage and drug to drive a vehicle.

In California it’s a crime to drive while impaired from drug use. No blood testing standard is established in California – that is, there is no fixed amount of drugs within the blood system that determines conviction. Whether a driver is impaired is determined on a case-by-case basis and at the discretion of the prosecutor.

California also prohibits driving by someone who “is addicted to the use of any drug” unless the person qualifies as participating in an approved recovery program. “Addicted” refers to emotional and physical dependence on a drug so that it is taken compulsively.

See People v. O’Neil, 62 Cal.2d 748 (1965)
Research underway by the Center for Medical Cannabis Research (CMCR) at the University of California, San Diego will be supported by the MMRSA. (http://www.cmcr.ucsd.edu/)

The research will lay the groundwork for new marijuana-specific field sobriety tests, iPad based cognitive function tests and other tools to detect drug-impaired drivers.
Cannabis has a definite effect on driving similar to other RX, with swerving effects at the highest levels 3 hours after consumption of fairly low cannabis dose.

Key Findings:

- Slower breaking times
- Impaired ability to judge speed and distance
- Poor lane maintenance

The CMCR is allowed to study up to 12% THC in driving simulators. NIDA caps the amount at 12%. We know that dispensaries are advertising THC products ranging from 20% - 90%.
Blood tests show THC’s primary active metabolite (Delta 9 THC)

An active metabolite results when a drug is metabolized by the body into a modified form which continues to produce effects in the body.

Blood tests can detect presence of active THC; high levels indicate recent use, low levels may persist for hours or days.

Marijuana has been shown to impair performance on driving simulator tasks and open and closed driving courses for up to 3 hours.

Urine tests are used to detect prior use of THC, UCSD is currently studying whether or not saliva tests can detect the active metabolite.
Marijuana plus alcohol is one of the most frequently detected drug combinations in car accidents.

The simultaneous use of alcohol and cannabis produces significantly higher blood concentrations of cannabis’s primary active metabolite, Delta 9 THC, than cannabis use alone.

Marijuana use is often over looked when the presence of alcohol is detected in impaired drivers.
We need uniform standards of impairment: The public may need to see a nanogram limit?

- How many hours after using pot is it “OK” to drive?
- What is the relationship between THC levels and driving?
- What recommendations can doctors make for persons taking marijuana for medical reasons regarding safe driving windows?
LEGAL CHALLENGES AHEAD FOR THE INDUSTRY
Personal Injury lawyers will have a field day!

- No quality assurance or uniform protocols!
- No standard potency limits!
- No sanitary requirements!
- No labeling requirements or warnings!
- No advertising requirements!

CURRENTLY NO REGULATIONS ON EDIBLE PRODUCTS
PRODUCTS MUST BE CLEARLY LABELED

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. There are circumstances under which marijuana producers, processors and retailers alike can be held liable for a defective product, even without any knowledge of 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.

California’s marijuana edibles remain in food safety limbo

BY CORAL BEACH | FEBRUARY 3, 2016

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.
He got high and killed his wife. A lawsuit claims edible marijuana is to blame

- Suspect shot wife while she was on the phone with 911.
- The victim, told dispatchers her husband was so impaired after eating the "Karma Kandy Orange Ginger" that he was crawling through a bedroom window and cutting his legs on broken glass.
- Only substance found in Kirk's blood was THC.
MAN SUES BUTANE SUPPLIER

“NO ONE IN THE YOUTUBE VIDEOS SAID IT WAS DANGEROUS”

Burned man sues mini-mart, butane suppliers for $11 million over do-it-yourself hash oil explosion

"I appreciate that they put on there 'Don't overfill your lighter,' but one of those cans is enough to fill up your lighter for five years," Flynn said. "It's a wink and a nod. They know and everybody else knows that this product is used for the manufacture of butane hash oil. It's not a secret."
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.
WHERE IS HE VAPING?
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."

MULTIPLE EXPLOSIONS
Man catches fire after e-cigarette explodes in his pocket at petrol station - video

A man has suffered second-degree burns after his faulty e-cigarette set his trousers on fire at a petrol station in the US state of Kentucky. CCTV footage from the Quality One convenience 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-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, bashed 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 possibly could have lost his eyes. ... He wanted to die. That is how much pain he was in."
California Healthy Kids Survey (CHKS) – Compile data add custom module regarding use, access, availability.

Schools - Send a letter to parents stating “nothing” has changed on school campus! - Drug Free Schools!

Train school personnel, nurses, staff regarding marijuana effects, paraphernalia.

Local municipalities can pass laws banning or limiting commercial cultivation, delivery, sales, dispensaries.

SARB – Join Student Attendance Review Boards and advisory groups
Included items specific to marijuana to obtain more detailed information about use trends current with the evolving climate:

- How/where marijuana was accessed
- Modes of consumption
- Driving while under the influence of marijuana
- Synthetic drugs
- Prescription medications
MPI REPORT - 2016

- Centralized location for county-wide data points
- Meant to be used as a roadmap for the county
- Available on website
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 including pot.

Research tobacco prevention strategies, increase price, limit areas of use, increase harm perception.

Media messaging to support the development of Statewide drugged driving protocols.
Training for Law Enforcement Professionals that work with youth.

Connecting Law Enforcement with Treatment options on school campus (TRC’s).

Update School Administrative Policies.
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 addendum added
- Support local efforts to limit commercial access and cultivation
- Establish drugged driving protocols – Increase DRE training
- Edibles standards
MARIJUANA LEASE ADDENDUM

You can add a separate lease addendum prohibiting smoking or using tobacco or cannabis on the property. (Specifically call out, use, cultivation, possession, “smoking is prohibited”.)

“Usage of cannabis and any other federally prohibited drug is not allowed on the premises. Further, tenant and their guest(s) may not engage in any illegal drug-related activity, including but not limited to medical cannabis on or near the premises. Landlord may terminate this agreement if tenant and/or guests engage in such activities. If this provision is violated, tenants will be subject to charges, damages, and eviction. Tenant forfeits their security deposit if there is any evidence of cannabis use on the premises.”
It is unlawful for any person having control of any premises to knowingly host, permit, or allow a gathering to take place at said premises where at least one minor consumes an alcoholic beverage, \textit{marijuana} or other controlled substance whenever the person having control of the premises either knows a minor has consumed an alcoholic beverage, \textit{marijuana} or other controlled substance or reasonably should have known that a minor consumed an alcoholic beverage, \textit{marijuana} or other controlled substance had the person taken all reasonable steps to prevent the consumption of an alcoholic beverage, marijuana or other controlled substance by a minor as set forth in subsection (A)(1) of this section.
Youth Advocacy Coalition - First High School students to tour UCSD drugged driving lab.

Declared December, Drugged Driving Awareness Month in City of San Marcos.

Drugged driving awareness rally December 30th - New Years Eve.
The Hidden Danger in Unregulated Marijuana Edibles

By Dr. Ronet Lev

Buying snack foods and beverages is a common occurrence. We routinely review the package label of all the ingredients, as well as the serving size and calorie content. We trust that the products we buy are made in a safe, clean environment.

Yet, for marijuana infused food products, no set standards exist. Currently, the food and beverage products containing tetrahydrocannabinol, or THC, the psychoactive ingredient in pot, have absolutely no oversight, and there is no way a consumer can know how potent the snack item is or if it contains an allergen. Users of these products really have no idea what they are smoking or eating and this unknown can be deadly.

Last October, five Crawford High School youth were taken to the hospital for eating brownies containing marijuana. The principal took the time to write a letter to parents stating, “Unfortunately,
SOCIAL MEDIA
POSTED GRAPHICS ALONG WITH A FACTOID ON BOTH INSTAGRAM AND FACEBOOK

EVERY DAY FROM MARCH 28 - APRIL 19, 2016.

KNOW WEED?
Marijuana & our youth

Keynote Speakers:
Dr. Susan Writer: Aurora Behavioral Health - Early Intervention
Dr. Roneet Lev: Scripps Memorial Hospital - Overdose Incidents
Joe Eberstein: Center for Community Research – Current Trends
Patrick Foley: N. Central Teen Recovery Center - Treatment
Jaeane McAlister: McAlister Institute - Long Term Recovery

Did You Know...
Marijuana smoke contains 50% - 70% more carcinogens than tobacco smoke.
These carcinogens can lead to phlegm production, wheezing, bronchitis, and injure the cell lining of your lungs.
Source: American Lung Association
#ichoosenottouse
#ruthinkuknowweed

Did You Know...
Marijuana doubles the risk of psychosis and schizophrenia with withdrawal symptoms of anxiety, insomnia, loss of appetite, and depression.
Source: Telegraph Media Group Legacy
#ruthinkuknowweed
#ichoosenottouse

KNOW THE FACTS
- One in five 9th graders (18%) reported using marijuana sometime in their life.
- One in three 11th graders (32%) reported using marijuana sometime in their life.
- 10% of high school students reported trying marijuana before they were 13.
  (CHKS, San Diego County, SDUSD, 2015)

ASK THE EXPERTS
- Why is marijuana use associated with attention and memory problems?
- How does marijuana use accelerate the onset of psychotic disorders?
- Can habitual marijuana use lower IQ over time?
- Why is marijuana considered a gateway drug?
- What's different about today's marijuana?
- How do I know if my child is using and what should I do?

SAVE THE DATE
Teens, Parents, & Community Members Are Invited to Join the Conversation
April 19, 2016
North Central Region Community Forum
@ Madison High
(in the Auto-torium)
4833 Doliva Drive
5:30-7:30 pm
Dinner from "Fat Tony’s" @ 5:30 pm
Employers may drug test.

If your child is obtaining a driving permit, drug test.

There are over the counter drug tests available.

Synthetic drug testing is more expensive, but available.

Inactive THC can be present in urine for 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.
PARENTAL CONTROL

Use Restrictions on your iPhone, iPad, and iPod touch

You can use Restrictions, also known as parental controls, to block or limit specific apps and features on your iPhone, iPad, or iPod touch.

Turn on Restrictions

1. Tap Settings > General > Restrictions.

Adult content - access restricted

Please confirm that you're over 18 or leave the website

I'm over 18  Exit
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!

Materials can be downloaded from MPI website:

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