THINK YOUTH MARIJUANA USE IS NO BIG DEAL!

Madison Middle School

October 27, 2016

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 - CMCR
- Friday Night Live
- San Diego Unified School District
- Behavioral Health Advisory Board
- McAlister Institute - Treatment
- Scripps Mercy Hospital
PREVENTION TOPICS

- Reality - November Ballot Initiative
- Changing Landscape
- Evolving Product
- Public Health Impacts
- CO and WA Update
- Challenges Ahead!
Reality
SPEAKING TO YOUTH

- Be honest!
- Discuss the information, allow for many questions!
- Know what you are discussing! Co-present with someone that does.
- Do not get lost in a political debate.
- Telling them not to do it - Is not enough!
Most kids do not use drugs!
FACTS

- Using marijuana as an adolescent should never be accepted!

- Chronic marijuana use as an adolescent can impair brain function.

- Not everyone that uses a drug has the same outcome.

- Drug addiction is dependent upon many factors, genetics, environment and metabolism.
Heavy Marijuana use appears to have a significant effect on adolescents’ brain structure and development.

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

May interfere with sleep patterns, increase anxiety 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.
EVERYONE REACTS DIFFERENTLY TO DRUGS AND ALCOHOL!

- Metabolism - Your Body
- Family History
- Environment
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
Parents may not know marijuana’s harmful effects!
The research is somewhat new and potency is increasing!

People may not want to discuss pot because of their own use.

Some chemicals in the marijuana plant have medicinal value.

Marijuana possession is an infraction on par with jay walking.
Do not take yourself off of Doctor prescribed medication and supplement with marijuana!

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 (no high). THC is!

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

Many of today's strains contain low doses of CBD.
DO THESE LOOK LIKE MEDICAL ADVERTISEMENTS TO YOU?
IF WE DON’T START PREVENTION EARLY ENOUGH THEY WILL LEARN FROM EROWID
Buprenorphine: (Opioid) High risk for addiction and dependence.

Can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol.
Changing Landscape
CHANGING POLITICAL LANDSCAPE!

- Prop 64 - Recreational Use Initiative called the Adult Use of Marijuana Act

- Creation of the BMCR (Bureau of Medical Cannabis Regulation - BMCR) - Medical use

- States that have legalized marijuana
  - Alaska
  - Oregon
  - Colorado
  - Washington
  - DC
Schedule 1 Drug:

- No medical value
- High propensity for abuse and addiction

DEA
POT REMAINS SCHEDULE 1
All about the “experience” vs. material possessions.

Access to everything all the time! Constant distractions!

“Imagine being a 7 year old and sitting in front of a computer where you could type anything you wanted into a search engine (Google) and have it appear in front of you.”

“Our issue is that the world and what we have access to is expanding so fast, and we have no idea how to create simplicity for ourselves.”

...source: Nicholas Cole - Inc.com
Steady decreases in the perception of harm for marijuana, prescription drug use and synthetic drug use
NATIONAL DATA: PERCEPTION OF HARM
Improvements in gardening technology (Grobo.)

Cross breeding (Indica & Sativa species).

Genetic modification, breeding out certain chemicals to enhance others.

Extraction methods that create resins using chemicals such as butane.
THC INCREASE

- Strength of weed seized by federal authorities has steadily risen over time
- Local retail outlets advertise strains containing 26% + THC
- National Institute on Drug Abuse caps research on marijuana at 12% THC
CONCENTRATES - WAX, BUTANE HASH OIL, EDIBLES
(BUD CONTAINING - 26% THC, CONCENTRATES MAY CONTAIN 30 - 90%)
BHO extraction equipment:
FDNY battalion chief killed when marijuana grow house explodes

An FDNY battalion chief was killed and several others — including six police officers and nine other firefighters — were injured when a marijuana-growing operation inside a Bronx house exploded early Tuesday, officials and sources said. Michael Fahy of Battalion 19, a 17-year member of the FDNY, was struck in the head by part of the roof that blew off the private home at 300 W. 234th St., a somber Mayor de Blasio said at a press conference.

"He was a devoted father of three — a good man," de Blasio said at NewYork-Presbyterian/Allen Hospital. "We just spent time with his wife and with his parents here at the hospital and saw the unspeakable pain when they were told formally that they had lost a son and a brother and a father."
EVOLVING PUBLIC HEALTH IMPACTS
PERCENTAGE OF YOUTH TREATMENT ADMISSION RATES
BY GENDER & AGE RANGE
MARIJUANA AS PRIMARY DRUG OF CHOICE - SAN DIEGO COUNTY TREATMENT PROGRAMS
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>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<th>2011</th>
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<td><strong>Total ER Discharges</strong></td>
<td>573,858</td>
<td>601,102</td>
<td>612,310</td>
<td>643,091</td>
<td>635,302</td>
<td>671,815</td>
<td>668,303</td>
<td>727,510</td>
<td>781,289</td>
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<td><strong>Primary Cannabis-related Diagnosis Only</strong></td>
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<td>Primary Cannabis-related Discharges</td>
<td>86</td>
<td>107</td>
<td>77</td>
<td>111</td>
<td>136</td>
<td>188</td>
<td>205</td>
<td>171</td>
<td>232</td>
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<tr>
<td>Primary Cannabis-related Discharge Rate* by Total ER Discharges</td>
<td>15.0</td>
<td>17.8</td>
<td>12.6</td>
<td>17.3</td>
<td>21.4</td>
<td>28.0</td>
<td>29.4</td>
<td>23.5</td>
<td>29.7</td>
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<td>Primary Cannabis-related Discharge Rate* by County Population</td>
<td>2.9</td>
<td>3.5</td>
<td>2.5</td>
<td>3.6</td>
<td>4.4</td>
<td>6.0</td>
<td>6.5</td>
<td>5.4</td>
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<td>1,110</td>
<td>1,734</td>
<td>1,851</td>
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<td>3,722</td>
<td>4,300</td>
<td>5,311</td>
<td>7,354</td>
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<td>288.5</td>
<td>302.3</td>
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<td>585.9</td>
<td>640.0</td>
<td>760.6</td>
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<td>37.1</td>
<td>57.5</td>
<td>60.7</td>
<td>76.7</td>
<td>119.6</td>
<td>137.2</td>
<td>168.0</td>
<td>231.0</td>
<td>320.5</td>
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</tbody>
</table>

Table 1. Cannabis-related San Diego County Emergency Department Discharges by Year

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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
Many people who smoke marijuana have lung issues including chronic bronchitis. Marijuana smoke contains many of the same cancer causing carcinogens as cigarettes.

Too much marijuana, has resulted in Cyclical Vomiting Syndrome, severe abdominal pain and vomiting. (*cannabinoid hyperemesis*)

Drug tests showing high THC levels relative to creatinine ratio.
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
Benzodiazepines (Depressant) and Marijuana

- Xanax (aka alprazolam, bars, footballs), Klonopin (aka clonazepam, klonies), Valium (aka diazepam, blues), Ativan (lorazepam), Versed (midazolam).

When mixed with marijuana, the sedative effects of benzodiazepines are increased causing impaired memory, poor concentration and confusion.
Wax can be dabbed using paper clips, dental tools, small screw drivers and pens.

Grinders
Vaping devices can be used for many drugs and may look like familiar products.
Among high school students who had used marijuana at least once in their lifetime, 23% reported using e-cigarettes to vaporize dried cannabis leaves; 15% reported using e-cigarettes to vaporize hash oil; and, 10% reported using e-cigarettes to vaporize “wax” (a high-potency marijuana product).

Source: Morean, et al., 2015
INJURIES FROM EXPLOSIONS

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."
LAWSUITS

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 store shows a Convenient store in the town of Owensboro shows 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 drugs 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, caused 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."
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.
The Legalization of Marijuana in Colorado: The Impact

Latest Results for Colorado
The latest 2014/2015 data show that Colorado had the nation’s highest percentage of youth using marijuana in the past 30 days.

- In 2011/2012, it had the nation’s fourth highest percentage. (RMHIDTA, 2016).
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).
EDIBLES COLORADO

Third Death in Colorado Linked to Marijuana Edibles

By NEWS helicopters and staff
April 3, 2014

The third death associated with marijuana edibles could not have come at a worse time for the state’s 43-month-old legal pot industry. Services are being held today in Tulsa, OK, for Luke Goodman, 22, 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 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 2015 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 measure was killed as a bipartisan agreement that pot-infused food is going to look different than regular food in Colorado since 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 43 percent of Colorado’s newly legal pot market.

Goodman and his cousin, Caleb Fowler, reportedly purchased $18 worth of marijuana products, including edibles, last Saturday afternoon. They began ingesting peach tea candies, each containing the recommended dose of 10 mg of THC, reportedly amenable, 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 taking incoherently.

For the first time since Colorado legalized weed for recreational use, a coroner has cited “marijuana intoxication” as a contributor to a death. Wyoming student Levi Thamba was in Denver on spring break with three friends when he jumped to his death from a Holiday Inn balcony after eating a marijuana cookie, reports the Denver Post. His friends told investigators he exhibited hostile behavior after eating the cookie, and though initial attempts to calm him down seemed to work, he ended up leaping from the balcony, USA Today reports.

Read more on Newser...

Man who ate pot candy must stand trial in wife's killing

By COMSIDERI STAFF • CBS/AF • August 25, 2014, 12:10 PM

DENVER - A judge ordered a Denver man on Friday to stand trial in the killing of his wife, who told dispatchers moments before her death that he was paranoid and hallucinating after eating marijuana-infused candy.

Defense attorneys for 48-year-old Richard Kirk suggested during a preliminary hearing that he was so impaired by the pot that he may not have intended to kill his wife.
Exposure symptoms:

- Vomiting
- Seizures
- Low blood pressure and tachycardia or rapid heart rate

There was an average 34 percent uptick in regional poison center cases.

"We were not prepared for the dramatic increase," senior study author Dr. Genie E. Roosevelt, an associate professor of emergency medicine at the University of Colorado School of Medicine and Denver Health Medical Center,
TOURIST HOSPITALIZATIONS UP

People do stupid things with money. It's a fact of life. Between sending money to a Nigerian Prince and paying extra for a metal Starbucks gift card, sometimes you have to wonder if there is any hope for responsible spending. A new observation with legal marijuana in one particular state isn't encouraging either.

Tyson® Game Time at Target
Make Game-Day Great With Tyson Flavorful Fan Fuel At Target!

Like a teenager getting into their parents' liquor cabinet for the first time, tourists are not gracefully handling their newfound marijuana freedom. People visiting Colorado, one of the first states to legalize recreational marijuana, are increasingly paying a visit to the emergency room, according to new research published in the New England Journal of Medicine. The number of tourists with marijuana-related medical problems ending up in the ER of the University of Colorado Hospital doubled from 85 per 10,000 visits in 2013 to 168 per 10,000 visits in 2014.

Though marijuana critics may be quick to use this study as evidence that marijuana is harming society, it appears to be a case of overzealous consumers not doing their due diligence. The rate of ER visits due to related cannabis use among Colorado residents was almost unchanged during the same period, only increasing from 106 per 10,000 visits in 2013 to 112 per 10,000 visits in 2014. Unlike ill-informed tourists, Colorado residents are no stranger to Mary Jane. Voters approved the legalization of medical marijuana in 2000, and retail...
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
In Colorado, traffic fatalities involving drivers who tested positive for marijuana accounted for 7% of total traffic fatalities in 2007; by 2013, that percentage had increased to 17%.

In 2013, the Colorado Department of Transportation Drug Recognition Experts (DRE) found evidence of marijuana use in 62% (330 of 531) of impaired driving evaluations, as confirmed by toxicology result.
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

Related research released earlier this year by the AAA Foundation for Traffic Safety:
According to the Washington Traffic Safety Commission’s 2015 report on impaired driving, the number of drivers involved in fatal crashes who tested positive for THC nearly doubled from 2013 to 2014, the first year that marijuana sales became legal in the state.

- At the same time, the percentage of drivers involved in fatal crashes who tested positive for *active* THC, meaning they had recently used, also increased from 65% in 2013 to 85% in 2014.

- In 2014, approximately half of the drivers involved in fatal crashes who tested positive for THC exceeded the 5 ng/ml THC limit.
Marijuana-related emergency room visits and hospitalizations have been trending upward in Colorado since medical marijuana was commercialized in 2009.

Discharge rates in Colorado for marijuana-related hospitalizations increased 89% between 2007 and 2013, from 130 marijuana-related discharges in 2007 to 246 in 2013 (per 100,000 in population).

- The highest rates of marijuana-related hospital visits and discharges in both 2011 and 2013 were among young adults.
DRUGGED DRIVING CAMPAIGN KICK OFF JUNE 11, 2015
NUMBER OF TIMES DRIVEN A CAR WHILE UNDER THE INFLUENCE OF MARIJUANA, OR BEEN IN A CAR WHERE THE DRIVER HAD BEEN USING MARIJUANA

![Bar chart showing the number of times driven a car while under the influence of marijuana, or being in a car where the driver had been using marijuana. The chart is divided into categories: Never, 1-2 times, 3-6 times, 7-10 times, 11-20 times, 21 or more times. The percentages are shown for 9th grade, 11th grade, and not tested (NT).]
PUT DRUGGED DRIVING ON YOUR RADAR!
“No one should be driving under the influence of any substance that can impair your driving ability.”

A vehicle is considered heavy machinery.

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 Medicinal Cannabis Research CMCR at the University of California, San Diego will be supported by the BMCR. (http://www.cmcr.ucsd.edu/)

The research will lay the groundwork for new marijuana-specific field sobriety 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%.
CMCR in the process of developing IPad-based cognitive impairment tests and new saliva based tests. (Edible marijuana can be detected in a saliva test).

No need to take saliva samples back to the lab for analysis.
STILL QUESTIONS?

- 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?
CHALLENGES RELATED TO MARIJUANA
NO REGULATIONS

- No quality assurance!
- No potency limits!
- No sanitary requirements!
- No labeling requirements!
- No advertising requirements!
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.
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.
DRUG TRANSACTIONS TODAY!
APPs TO ACCESS WEED

**Nestdrop**

Nestdrop is a Los Angeles startup that began as an alcohol delivery app and has been in and out of the law’s good graces since it made the jump to medical marijuana delivery last year. After downloading the app, it quickly let me know that the service was not available in Los Angeles despite delivering to nearby Pasadena. Nestdrop currently functions for weed delivery in Orange County, Oceanside, San Francisco, Stockton, Portland and Seattle. While Nestdrop touts itself as available in Seattle, other Washington-based cannabis industry startups such as Canary and Jane have not been able to stay operating legally within the state. I guess you can’t stay legal in a city if your business started there. That’s, unless you’re Eaze.

**Eaze**

After a failed attempt at using Nestdrop, I tried ordering through the San Francisco-based app Eaze (which touts Snoop Dogg as one of its investors). Although the app is advertised as being for both iOS and Android, in LA I could only find it in the Google Play store. After quickly getting an account verified via a photo of my medical marijuana prescription and photo ID, the system let me browse through a selection of flowers (what the legal smoking community calls weed in plant form), prerolls, edibles and concentrates. But when I attempted to order any of their products, Eaze said that none of their drivers were in my area but that I should try again later. I doubted I would have had much luck later though, it’s clear from the app’s map that the drivers are steering clear of LA city proper and only driving in the nearby cities of Santa Monica and Culver City. The fact that any delivery drivers are showing up on the map at all is surprising because according to Eaze’s website, the app is only available in San Francisco and the Bay Area.

**Nugg**

Nugg is the only app that is legally functioning in all of Los Angeles, but it is no longer available for download on iOS or Android, meaning you have to order through its web browser application. Despite not being able to get weed with the press of a single button, Nugg sorts out the closest dispensary and tells you which ones have delivery service, a similar function to that of Yelp, except it’s pot.

**Blaze O’clock**

Speaking of 4:20, in case you didn’t know when to smoke up, one of the most prevalent weed culture apps are those that remind users when it’s 4:20. This includes Blaze O’Clock (or more obviously called, the 420 Wallpaper Changer) which will not only give a quick audible alert, but also converts your phone’s background to one of eight weed themed wallpapers (two of which feature Snoop Dogg) for 420 seconds. I’m not quite sure what happens on iOS but on my Android device there is also a little cannabis leaf that appears in the upper left-hand corner where my roaming and data error symbols might show up.
THINK BEFORE YOU POST!

Be Careful What You Post ONLINE!
SPICE (SYNTHETIC MARIJUANA)

- A chemical sprayed on plant material.
EMS reporting 4-5 poisonings a day!

- Possibly “Spice” laced with fentanyl.

- Between March 2015 and February 2016 - 400 percent increase in Emergency Medical System (EMS) incidents involving Spice.

- Taxed EMS system and resources expenditures of $2.4 million.

- One individual was transported six times in one day!
- Centralized location for county-wide data points
- Meant to be used as a roadmap for the county
- Available on website
PARENTS

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

- Drug testing if you have any concern over use! A great time is before learning to drive.

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

- No vape pens or vaping devices.

- Resources are available on campus and through the County.
COMMUNITIES CAN TAKE CONTROL!

- We need an emerging drug curriculum integrated into health and science classes.

- No adolescent use.

- Need for edible regulations, quality control and warnings!

- Uniform Drugged driving standards and awareness campaign. (Increase number of DRE’s)

- Local control over access points.

- Need for more research/data!
MPI develops and disseminates data documents and educational materials

Examples:

- Community Readiness Assessment Report
- 40,000+ Informational Postcards on marijuana,
- Materials available in English and Spanish
- County and School District CHKS Snapshot
- At-A-Glance, San Diego County Marijuana Prevention Initiative
- Key Data: Marijuana Prevention Points of Consideration

Materials and trainings posted on MPI website:

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