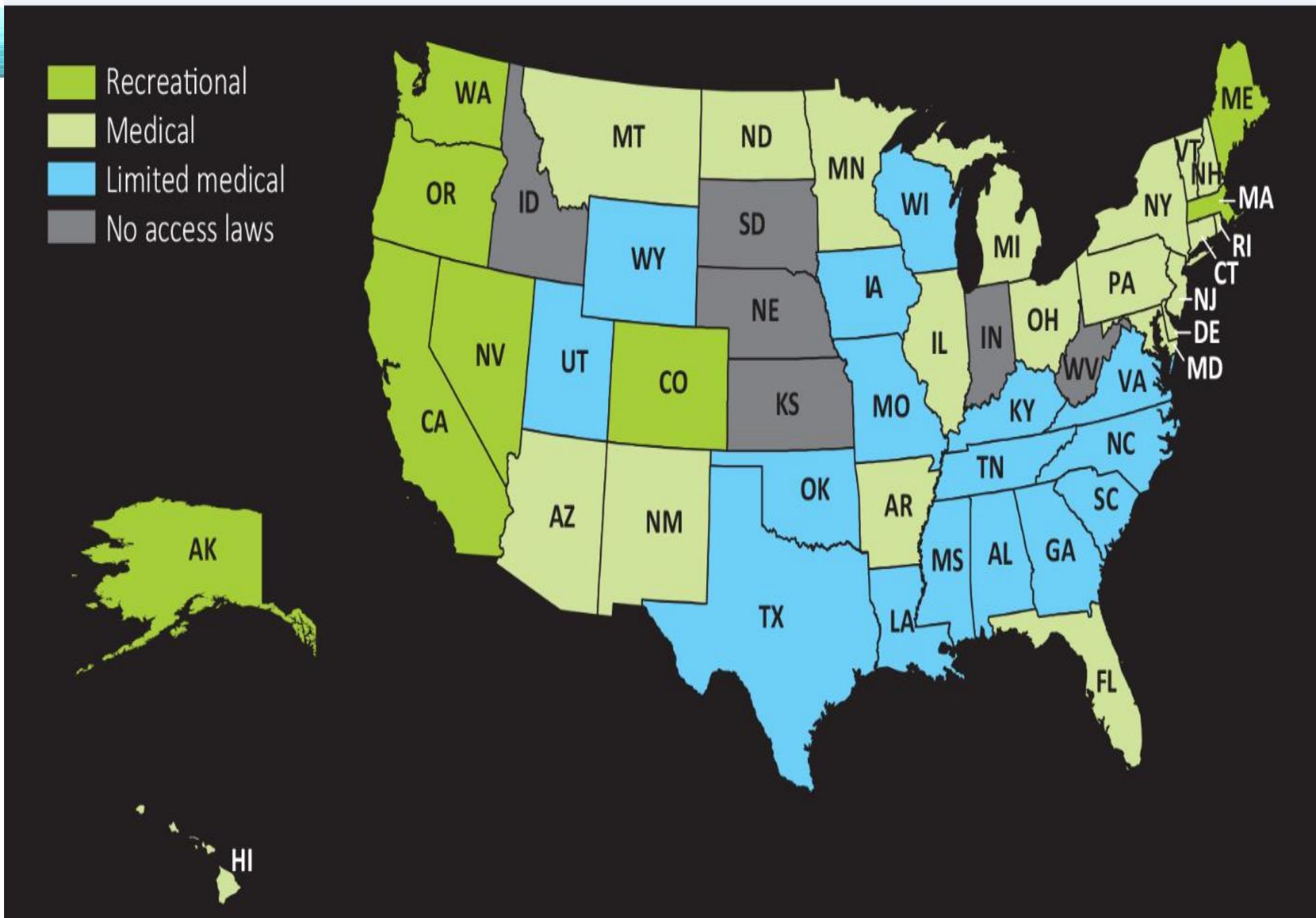




California: Policies, Practices and Prevention Efforts Affecting Youth.

Joe Eberstein, CCPS Program Manager Center for Community Research Inc.
San Diego County Marijuana Prevention Initiative

2017



Schedule (1) Drug

Schedule (1) Drug:

- No “medical value”
- High propensity for abuse and addiction

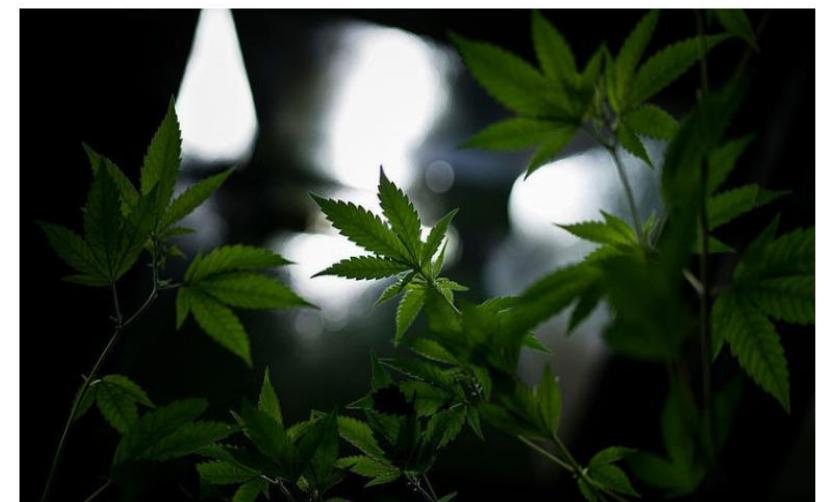
POLITICS

DEA Rejects Attempt To Loosen Federal Restrictions On Marijuana

August 10, 2016 · 9:30 PM ET



CARRIE JOHNSON



Marijuana grows beneath lights at Alternative Solutions, a medical marijuana producer, on April 20 in Washington, D.C.
Brendan Smialowski/AFP/Getty Images

The Obama administration has denied a bid by two Democratic governors to reconsider how it treats marijuana under federal drug control laws, keeping the drug for now, at least, in the most restrictive category for U.S. law enforcement purposes.



In this photo taken Nov. 17, 2016, Sen. Jeff Sessions, R-Ala. speaks to media at Trump Tower in New York. President-elect Donald Trump has picked Sessions for the job of attorney general. (Carolyn Kaster, The Associated Press)

Trump's pick for attorney general not fan of legal weed

August 22, 2017

Sessions, an avowed opponent of marijuana legalization, sent letters to Oregon, Alaska, Washington and Colorado — the first four states to legalize recreational marijuana — challenging the states' oversight of the nascent pot industry.

“raises serious questions about the efficacy of marijuana ‘regulatory structures’ in your state.”



HOLLYWOOD

“20 years worth of pot laws”:

- **1996:** CA voters approved Prop 215, also known as the Compassionate Use Act, and became the first State to give the right to use marijuana for medical reasons, with a doctor's recommendation.
- **2001:** The U.S. Supreme Court ruled there was “no medical exception” to federal marijuana laws, and that it was still illegal to sell or distribute marijuana, even when state laws, like Prop 215, allow it.
- **2004:** The Medical Marijuana Program Act (SB 420) required the CA Dept. of Public Health to develop a voluntary program to register and issue cards to medical marijuana users and their caregivers and mandated county participation.
- **2005:** The San Diego County Board of Supervisors filed a lawsuit to overturn Proposition 215 and SB 420. The California Supreme Court rejected the lawsuit in November 2006. They filed an appeal in 2009 that was also rejected. It went to the U.S. Supreme Court, which refused to hear the case on 5/19/09.
- **2008:** Then-Attorney General Jerry Brown established the “Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use”.
- **2009:** San Diego County implemented the Medical Marijuana Program (MMP), as mandated by the State, and began issuing Medical Marijuana Identification Cards (MMIC) 7/6/09.
- **2010:** Governor Arnold Schwarzenegger reduced marijuana possession to an infraction.

More Laws!

- **2011:** San Diego County amended the existing Medical Marijuana Collective Facilities Ordinance to specify zones of operation.
- **2014:** The City of San Diego adopted an ordinance allowing four dispensaries in each of the municipality's nine council districts.
- **2014:** CA approved Proposition 47 (11/5/14) which reduced the penalties for many drug possession charges from a felony to a misdemeanor.
- **2015:** CA adopted a series of regulatory policies by combining three proposed legislative bills (AB243, AB 266 and SB643), to establish the Medical Marijuana Regulation and Safety Act (MMRSA) to establish regulatory system from cultivation to transportation of medical marijuana and identifies 19 state department roles and also acknowledges and allows local control.
- **2016:** San Diego County extended a moratorium on new medical marijuana dispensaries in unincorporated areas through March 2017 to allow time to modify existing regulations for medical marijuana businesses.

AB 64, reconciling the Medical Cannabis Regulation and Safety Act and the Adult Use of Marijuana Act/Prop 64 was introduced 12/12/16 with the intent to reconcile the regulatory structures for medical and recreational marijuana use.

- **November 2016: Prop 64 – (AUMA) Adult Use of Marijuana Act - Recreational Use**

New - Bureau of Marijuana Control

One regulatory structure for both medical and recreational use:

1996 - Prop 215 Medical Use:

- Age of use is dependent upon Doctor Recommendation.
- In 2015 CA enacted - MCRSA (3 Bills) comprehensive state regulatory framework for medical use.

2016 – Prop 64 – Adult Use of Marijuana Act (AUMA):

- 21 and over – Creating an “INDUSTRY” for marijuana!

2017 - BMCR Bureau of Cannabis (Marijuana) Control

- Proposed Trailer Bill Legislation merging both medical and recreational.

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.



Regulatory Framework



The [Bureau of Medical Cannabis Regulation \(BMCR\)](#) is the lead agency in developing regulations for medical and adult-use cannabis in California. BMCR is responsible for licensing retailers, distributors, testing labs and microbusinesses.

[Visit Site](#)



The California Department of Public Health (CDPH) [Office of Manufactured Cannabis Safety](#) is responsible for regulating the manufacturers of cannabis-infused edibles for both medical and nonmedical use.

[Visit Site](#)



[CalCannabis Cultivation Licensing](#), a branch office within the California Department of Food and Agriculture (CDFA), is developing regulations to license cultivators of medical and adult-use cannabis and implementing a track-and-trace system to record the movement of cannabis through the distribution chain.

[Visit Site](#)

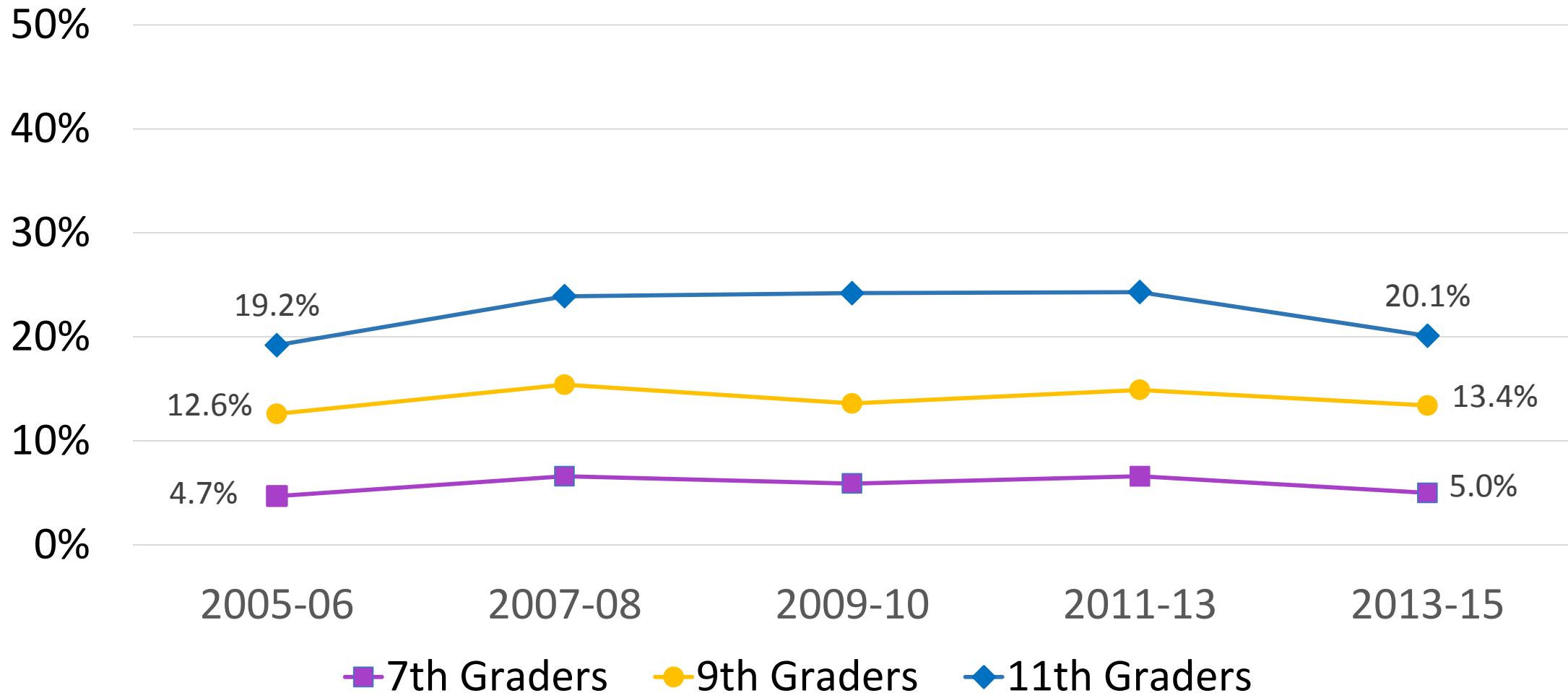
Local Control!

Municipalities should act now by adopting local policies regulating or banning, cultivation, manufacturing, retail sale, transportation, storage, delivery and testing.

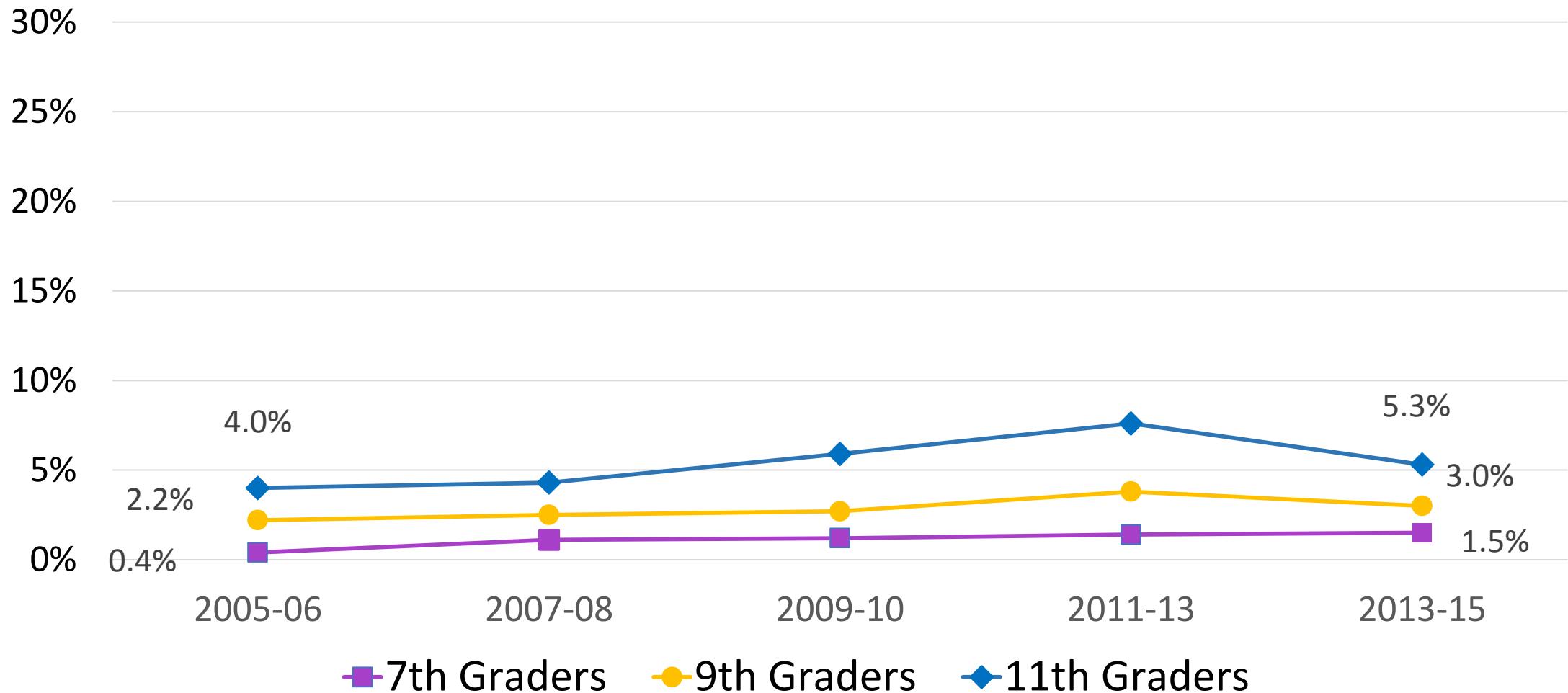
The minimum age of a “purchasing patient” is 21-years-old. The rules then state that if you’re 18 or younger, you can only enter a licensed dispensary with a doctors recommendation and your parent, legal guardian or primary caregiver.

You can enter with a parent or guardian - Who is checking all of this, what does a valid recommendation look like???

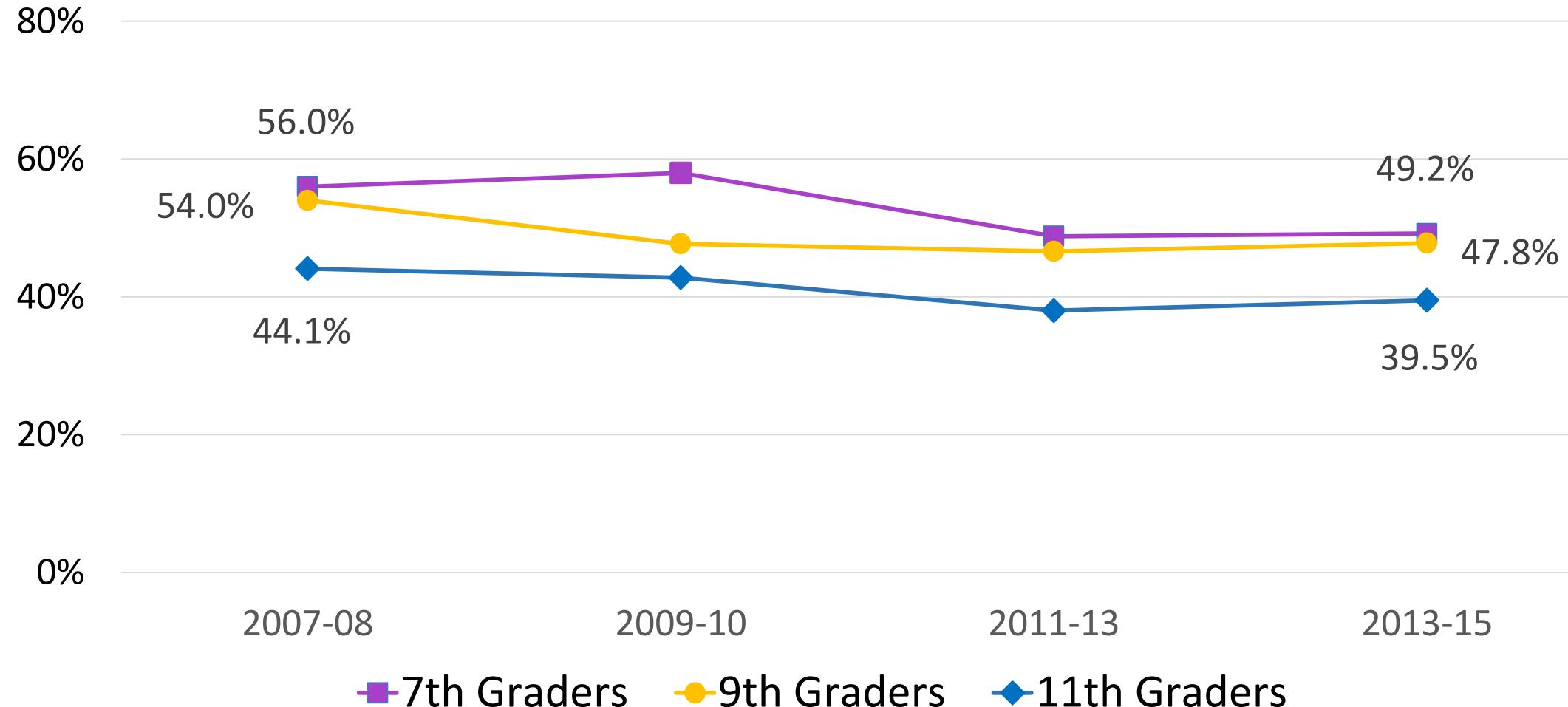
Current Marijuana Use: Students reporting using marijuana at least once during the past 30 days



Daily Use: Students reporting using marijuana 20 or more days during the past month



Perception of Harm: Students Reporting That People Risk Harming Themselves Greatly By Smoking Marijuana Once or Twice a Week*



San Diego Treatment Admissions

Marijuana is addictive!

- Marijuana is the primary drug of choice for youth ages (12-17) in County funded drug treatment.
- Beats out alcohol for this age group as the “primary” drug.
- Treatment providers observing much higher levels of THC in drug tests.

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).¹ 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).² 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	7,354	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

¹ Source: California Office of Statewide Health Planning and Development, Emergency Department Data. Prepared by the California Department of Public Health, Safe and Active Communities Branch. Reports generated from <http://epicenter.cdph.ca.gov> on: March 14, 2016.

² A primary or secondary cannabis-related diagnosis is assigned an ICD-9 code of 304.3 or 305.2 following a positive blood test for the presence of THC or the patient's self-disclosure of use.

Public Health Challenges:

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

- 1. Cannabinoid Hyperemesis
- 2. Psychosis
- 3. Chest pain

Marijuana use holds three-fold blood pressure death risk: study

Kate Kelland

3 MIN READ



FILE PHOTO - Marijuana plants are seen in an indoor marijuana plantation of a marijuana smokers club in the outskirts of Montevideo, Uruguay July 16, 2017. Picture taken July 16, 2017.

Andrea Stagni

LONDON (Reuters) - People who smoke marijuana have a three times greater risk of dying from hypertension, or high blood pressure, than those who have never used the drug, scientists said on Wednesday.

The risk grows with every year of use, they said.

The findings, from a study of some 1,200 people, could have implications in the United States among other countries. Several states have legalized marijuana and others are moving toward it. It is decriminalized in a number of other countries.

"Support for liberal marijuana use is partly due to claims that it is beneficial and possibly not harmful to health," said Barbara Yankey, who co-led the research at the school of public health at Georgia State University in the United States.

"It is important to establish whether any health benefits outweigh the potential health, social and economic risks. If marijuana use is implicated in

Marijuana use and schizophrenia: New evidence suggests link

Written by [Yvette Brazier](#)

Published: Monday 26 December 2016

f 1909

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9



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.



New research finds that people with schizophrenia are more likely to smoke cannabis.



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There is NO conclusive evidence that marijuana helps with chronic pain and PTSD, 20-year study finds

- US Department of Veteran Affairs found an increase in PTSD symptoms from veterans who used medical marijuana
- Among patients who use medical marijuana, 80% use it for chronic pain and 33% for PTSD
- Use for chronic pain can lead to increased risk of motor vehicle accidents and short-term cognitive impairment, experts warn
- Medical marijuana is allowed in 30 states including DC
- The NFL is looking into medical marijuana use for its players for pain relief

By DANIELLE ZOELLNER FOR DAILYMAIL.COM

PUBLISHED: 17:00 EDT, 14 August 2017 | UPDATED: 17:58 EDT, 14 August 2017



590
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There is no conclusive evidence that marijuana helps with chronic pain and post-traumatic stress disorder, experts say.

Since legislation, 80 percent of medical marijuana patients use it for chronic pain and about 33 percent use it for PTSD.

Medical?

Insufficient evidence to prove if marijuana can help with chronic pain and PTSD.

- Experts warn the use of marijuana for chronic pain could lead to an increase risk of harm such as motor vehicle accidents, psychotic symptoms and short-term cognitive impairment.

-PTSD-

Dept. of Veterans Affairs

In a large observational study of veterans, the researchers found an increase in participants who experienced **a heightening** of their PTSD symptoms when using marijuana.

- The study looked at evidence from 47,000 veterans dealing with PTSD from 1992 to 2011.
- VA does not prescribe marijuana to its veterans.



Youth Exposure - Edibles/Concentrates

"I was surprised by the increase of admissions in my unit for cannabis unintentional intoxication among toddlers and by the increase of severe presentation after children had eaten part or an entire cannabis resin stick."



- Drowsiness
- Dizziness
- Seizures
- Coma
- Agitation
- Euphoria
- Erratic breathing or heartbeat
- Dilated pupils

Fentanyl?

Used medically during surgery as anesthesia and a pain medicine is now cropping up in the marijuana supply, according to officials in Ohio.

Fentanyl has a rapid onset and short duration of action.

Often cut into other drugs.

Fentanyl is 50 to 100 times more potent than heroin.

A potent opiate behind surging drug overdose deaths is now being found in marijuana



Steve Birr, Daily Caller News Foundation
① 16h 15,148



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The potent opiate behind surging drug overdose deaths across the U.S. is now cropping up in the marijuana supply, according to officials in Ohio.

Hamilton County Coroner Dr. Lakshmi Sammarco confirmed Monday that fentanyl, a synthetic opiate roughly 30 to 50 times more powerful than heroin, has been found in marijuana.

The deadly chemical is often cut into [heroin supplies](#) to increase the potency and even put into knock-off painkillers. The Drug Enforcement Agency recently warned about fentanyl being increasingly cut into cocaine supplies, reports WLWT.



Sonya Yruel/Drug Policy Alliance

Public Health Messaging - What are the Risks?

- Youth exposure risk and 2nd hand exposure.
- Edible Protocols and guidelines.
- Doctors should discuss safe driving windows after recommending marijuana for medicine.
- Warnings! regarding pre-existing mental health issues.
- Addiction/Treatment risks.

No gimmicks “this drug” could have serious consequences for youth!



**MPI Prevention Strategies:
“Don’t go down in flames discussing weed!”**

Get educated about!



As soon as you get home!

- Compile data add custom module regarding use, access, availability, treatment, ER visits, poison control.
- Schools - Send a letter to parents stating “nothing” has changed on school campus! - Drug Free Schools!
- Train school personnel, nurses, staff regarding marijuana effects, new research.
- Collaborate with all sectors!
- Local municipalities can regulate or ban commercial cultivation, access (pot shops), delivery services.

Prop. 64 Prevention Toolkit

Sample Documents:

- Post Prop. 64 - School District Notification Letter
- Lease Addendum
- “Social Host” Ordinance Language
- Drug Testing Policy
- Fact Sheet with Treatment Options
- Data



Driver Safety:

- 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?



Saving lives through research and education

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Home > Impaired Driving And Cannabis

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



Drugged Driving Awareness:



Put Drugged Driving
“On Your Radar”

MPI
Marijuana
Prevention
Initiative
San Diego County

- Media Advocacy
- Trained DRE's
- Supportive DA's
- Broad Toxicology screenings
- Efficient Field Sobriety testing

Need more Research!

- Studies using higher potency pot products.
- Studies on how pot products affect the body and mind. (vaping pot)
- Studies on how marijuana affects pregnant woman, newborns and fertility.
- Studies on driving and coordination.

NIDA caps the amount of THC allowed in studies at 12%.

Pot shops are currently advertising THC products ranging from 30% - 90%.

-MPI Website-

MPI develops and disseminates data documents, educational materials and conducts media advocacy.

Examples:

- Community Readiness Assessment Report
- 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/>

Butane Hash Oil

- The process for making hash oil uses butane gas to extract higher levels of tetrahydrocannabinol (THC), the main psychoactive substance found in the cannabis plant. **Butane gas is colorless odorless and highly flammable.**
- Butane gas is used to separate marijuana oils from the plant matter. This type of filtered oil is sometimes called "hash oil" or "honey oil" because the results look similar in color and consistency to honey.
- A number of explosions have occurred in San Diego County from attempting to make butane hash oil (BHO). This has resulted in severe burns and significant property damage.

Wax and hash oils are often smoked using **vape-pens or e-cigarette devices.**

Highly potent forms of marijuana such as wax and honey oil or hash oil are made using this process. **THC levels can vary from 60% to 90% using this extraction method.**



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