

Marijuana Update: How 2016's election and beyond may affect campuses and our students.

James Lange, Ph.D.
Director, Health Promotion
San Diego State University

Invited Session at the CSU ATOD
Educational Conference, Monterey, CA

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Looking back a few years ago...

- Amethyst Initiative - 2008
- 2010 California Prop 19 Didn't Pass, but...
 - Since 2010: 11 States and DC became medical marijuana states. It took 13 years for 13 states to start this off (1996-2009)
 - California Decriminalized in 2011
 - Washington and Colorado legalized in 2012
 - Oregon, Alaska and DC legalized in 2014

It's spreading

Victory Checklist

2014

- Alaska
- Oregon
- Washington, D.C.

2016

- Maine
- Arizona
- California
- Nevada
- Massachusetts



Together we can end the failed war on marijuana.
Join the fight today at www.mpp.org

Explosion of Research

MEDLINE & PsychINFO database search by year.

Search Term "Cannabis; Marijuana; Marihuana"

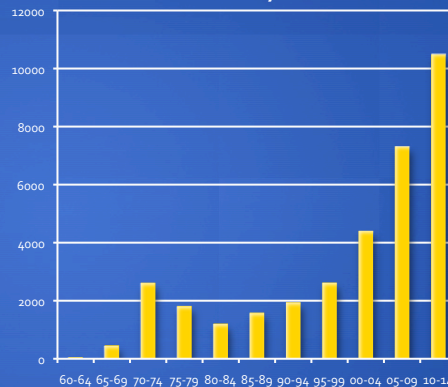
Within last...

10 Years: 52%
5 Years: 30%

Publication Milestones:

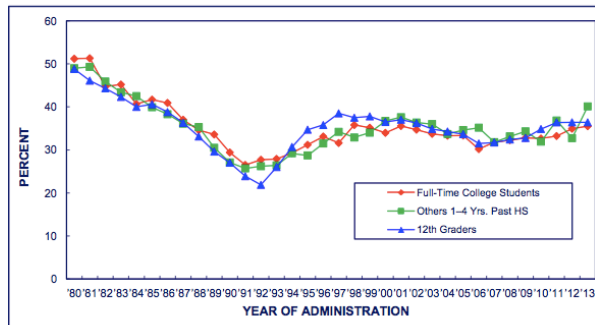
- ✦ Isolation of THC (1964)
- ✦ Existence of CB receptor confirmed (1984)
- ✦ First studied endogenous CB agonist (1992)
- ✦ First U.S. general population study on health conditions published (2010)

Articles by Year



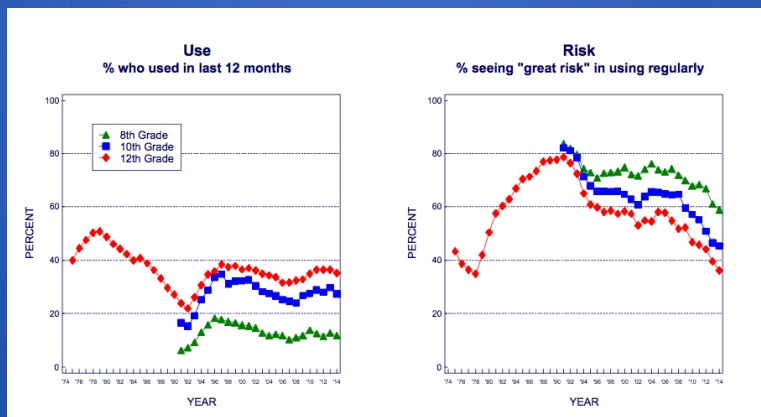
What about actual use

FIGURE 9-3a
MARIJUANA
Trends in Annual Prevalence among College Students vs. Others
1 to 4 Years beyond High School
 (Twelfth graders included for comparison.)



Most recent college MTF (up to 2013)

High School Use and Perceived Risk: Our future college students



Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 16, 2014). "Use of alcohol, cigarettes, and number of illicit drugs declines among U.S. teens." University of Michigan News Service: Ann Arbor, MI. Retrieved 12/16/2014, from <http://www.monitoringthefuture.org>

Predictors predict until they don't

Quotes from MTF Press Release: 12/16/14

Marijuana use, after five years of increasing among teens, actually declined slightly in 2014, with use in the prior 12 months declining from 26 percent to 24 percent for the three grades combined.

"The belief that regular marijuana use harms the user, however, continues to fall among youth, so changes in this belief do not seem to explain the change in use this year, as it has done over most of the life of the study," Johnston said.

Where does marijuana fit within the AOD issues at SDSU?

- Drug Free Schools and Community Act requires all IHEs to certify that it has a program to prevent illicit drugs. Illicit would be defined federally.
- The CSU System has made clear that medical marijuana is not permitted on its campuses.
- SDSU Student Health Services will not recommend marijuana to students.
- Use eCheckUptoGo-Marijuana as needed.
- Policy: Grounds upon which student discipline can be based... Use, possession, manufacture, or distribution of illegal drugs or drug-related paraphernalia, (except as expressly permitted by law and university regulations) or the misuse of legal pharmaceutical drugs. SDSU does not permit the possession or use of marijuana even with a medical recommendation.

GOT WEED?

Don't Bring It To Campus!

SDSU policy will remain unchanged...

- Possession, use or sale of marijuana on SDSU campus, including within residence halls, will continue to be prohibited.
- Possession, use or sale of marijuana in connection with any SDSU sanctioned activity will remain prohibited.
- Impaired driving laws will remain strictly enforced around campus.
- Counseling and Psychological Services remains open to those who may feel marijuana is causing problems for themselves or their friends.
- Students can take the Marijuana eCHECKUP TO GO to explore their use in an anonymous and confidential way.

QUESTIONS? CONTACT AOD@MAIL.SDSU.EDU

Just in Case

2010 Prop 19 Flyer
& perhaps for 2014

Even Without Prop 19

Table 2. Youth drug offense arrests, 2011 versus 2010.

Drug offense	2010	2011	Change
Marijuana possession	14,991	5,831	-61%
Other drug possession	2,106	1,770	-16%
Marijuana felonies	2,206	1,952	-12%
Narcotics felonies	1,363	1,174	-14%
Other drug felonies	2,628	1,671	-36%

Source: CJSC, 2012, 2012a, 2011.

Males, Mike. *California Youth Crime Plunges to All-Time Low*. Research Brief. San Francisco, CA: Center on Juvenile and Criminal Justice, October 2012. http://www.cjcj.org/files/CA_Youth_Crime_2011.pdf.

Figure 3. California youth arrest rates for Part I serious violent and property crimes compared to rates for youth elsewhere in the U.S., 1960-2011.

Sources: CJSC, 2012, 2012a, 2011; Department of Finance, 2012; FBI, 2012; Census Bureau, 2012.

Is this déjà vu? From a distance, it seems to be.



Federal Legislation, Executive, Judicial Action



Senators Booker, Paul, & Gillibrand introduce sweeping medical marijuana reform.

Compassionate Access, Research Expansion and Respect States (CARERS) Act introduced March 10, 2015

Is pot as bad as LSD? Heroin? Judge to rule on 1970 law



Is pot as bad as LSD? Heroin? Judge to rule on 1970 law. (n.d.). *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/politics/la-me-marijuana-lsd-heroin-controlled-substances-act-20150113-story.html#page=1>



Obama Predicts Marijuana Will Be Rescheduled

BY MIKE ADAMS - THU MAR 19, 2015



M. A. . T. M., 2015. Obama Predicts Marijuana Will Be Rescheduled. Retrieved March 23, 2015, from <http://www.hightimes.com/read/obama-predicts-marijuana-will-be-rescheduled>

What happens on campus if/when marijuana is de-scheduled

- ADA and fair housing may force medical marijuana on campus
- Age-21 restrictions become meaningless for medical users. This may also include allowing growing own.
- Smoking bans may or may not apply if focus on nicotine and tobacco. Eatables will be difficult to control.

The Medicine

- The FDA has this to say "... has not been proven to have a positive impact"
- No peer-reviewed publication of randomized development trials showing benefits.
- Reported adverse side effects include: Psychotic behavior (hallucinations, impulsive/destructive behavior) vehicle crashes, and even suicide.

Of course *the* "Medicine" here is...

Tamiflu

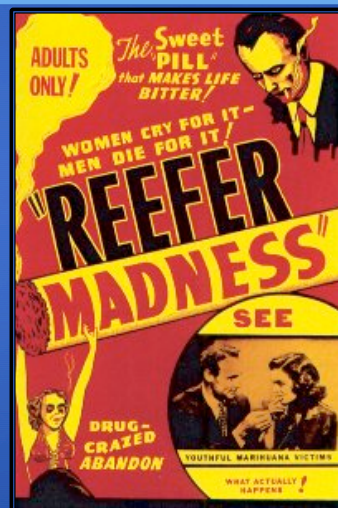
British medical journal claims there is no proof that Tamiflu can stop influenza

INFLUENZA | NOVEMBER 14, 2012 | BY: JEANNIE STOKOWSKI-BISANTI | [Subscribe](#)



College Students are Hypocrisy, Faux-Expert, and Bias Detectors

- We are faced with an educated, skeptical and capable group.
- The ghost of *Reefer Madness* is always hanging over our efforts.
- Sometimes they are right and we need to approach this with a proper sense of historical and public health understanding.
- However, like all of us, they can suffer from confirmatory biases.



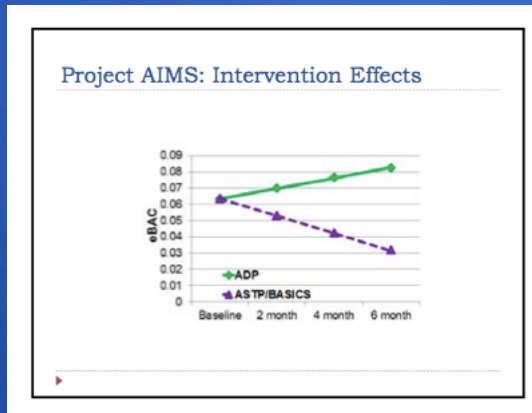
How to respond: Tell us how to argue...

- We must acknowledge that many of the moral and even public health oriented arguments against marijuana use are fraught with shaky foundations
 - Lung health: Cigarette analogy fails both on research-based harms and legal grounds. It also does not address other forms of consumption. Second-Hand smoke harms not studied.
 - "Medical" vs. *Recreational* distinction fails on epistemological grounds
 - Both Gateway Drug and Amotivational Syndrome have failed to be confirmed
 - Risk of dependence true, but legal and use guidelines are inconsistent with other drugs
 - Impaired driving is true, but legal and use guidelines are inconsistent with other drugs
 - THC-level inflations: Partially true, but public health implications have not been documented. Synthetic cannabinoids are not a model for informing this debate due to their action on CB₁ and also the lack of countervailing chemicals such as CBD.

College Population Considerations

- 18-24, and sometimes much older
- Well educated, critical and have the means to do independent study
- Activated towards social change, and social justice
- Experimenting with agency, leadership and protests
- Understand concepts of relative risk. Have a much better experiential-based understanding of the set and setting of actual use.

Don't just do something, stand there!



Logan, Diane, Jason R. Kilmer, and Timothy C. Marchell. "Connection versus Enforcement: Lessons Learned from the 'Teachable Moments.'" San Diego, CA, 2014.

Following the sanction effect the ADP approach... "suggests that the immediate effects may be undermined or at least not maintained in an education-only program."

Logan, D. E., Kilmer, J. R., King, K. M., & Larimer, M. E. (2015). Alcohol Interventions for Mandated Students: Behavioral Outcomes From a Randomized Controlled Pilot Study. *Journal of Studies on Alcohol and Drugs*, 76(1), 31-37.

Flexible and realistic alcohol prevention efforts

- BASICS
- ASTP
- SHAHRP
- Many Online Programs
- All these acknowledge a desired effect of alcohol, and seek to instruct the drinkers (even underage) how to maximize those, and minimize the negative.
- Implicit recognition that there is social or personal value "Consumer Surplus" to the activity that should be accepted by the prevention messaging.
- Some have argued that doing this for highly addictive substances with well documented harms (i.e., tobacco) is flawed logic (Chaloupka, Gruber, & Warner, 2015)

Blame the Biphasic Effect for why you aren't a "happy drunk."

The What?
You thought "more alcohol = more fun," then learned the opposite. Blame the **Biphasic Effect**. When your BAC is below a .06, you stay in a euphoric, relaxed, buzzy zone. When your BAC climbs higher, you feel alcohol's **impressment effects**: like sluggishness, disorientation, and impaired judgment. And once you cross that line, you can't return to the happy zone.

What to do?
To maximize your fun, drink less! Most people reach a .06 BAC after 3 drinks in a 2-hour period. If you choose to drink, set a limit, pace yourself, and stick to it (Chaloupka, Gruber, & Warner, 2015). Lower your risk and stay in the happy zone.

Alcohol: It's a Science.

Responsible Use: What is it?

Illegality made the question of "responsible use" problematic; though for alcohol this is often considered on college campus.

Medical exemption appears to be exploited; Discomfort with the ethics of "cosmetic" medicines

Do we agree on what abuse or irresponsible use looks like?

A moving target and often based on socially constructed sense of "problems" Gusfield (1996)



Question: "Any plans to do a "Baked History" where pot is legal? GREAT SHOW!"

no way. That show would never end. It would be boring and very slow. Trust me.

iamA (Derek Waters, Creator of Drunk History) AMA! (2014). Retrieved March 26, 2015, from <http://interviewly.com/i/derek-waters-jul-2014-reddit>

Societal Definitions Change

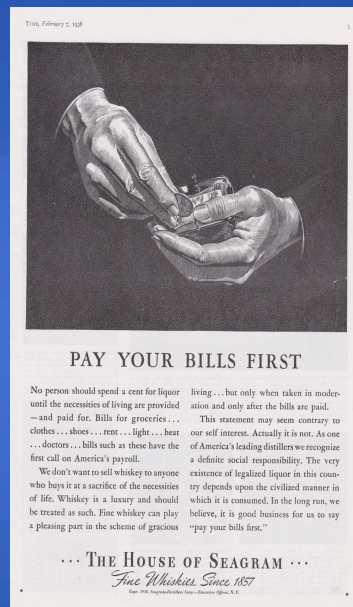
Drunk driving was a concern since cars existed (Lange, 2008). But rarely mentioned by prohibitionists in the early 1900's.

Now it's a major source of our justification for alcohol restrictions.

Technology may impact our definitions of reckless

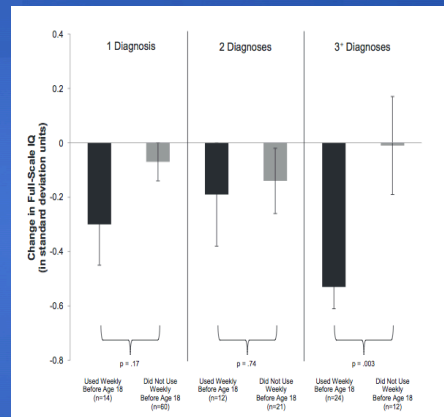
Age 21, Age 18 and the various concerns over time

Various measures include "Hangovers". Are we also trying to prevent Munchies?



Harmful: How many IQ Points do you lose?

- N=1,037
- Use at 18, 21, 26, 32, 38
- IQ at 18, 38
- 8 pt drop only for the 24 subjects who initiated before 18, were judged dependent 3 times within the 20 years compared with the 12 subjects who did not start before 18, but still judged dependent.



Meier, M. H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R. S. E., ... Moffitt, T. E. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*, 109(40), E2657–E2664.

Marijuana Use Trajectories

“Specifically, infrequent, increasing, and chronic/heavy marijuana use patterns were associated with significantly increased risk for discontinuous enrollment (adjusted odds ratio = 1.66, 1.74, and 1.99, respectively) compared with minimal use.”

The Trajectories also correlated with use of other drugs: Alcohol, Illicit and Rx.

Reasons for discontinuous enrollment were not identified, and could include suspension, expulsion and transfer.

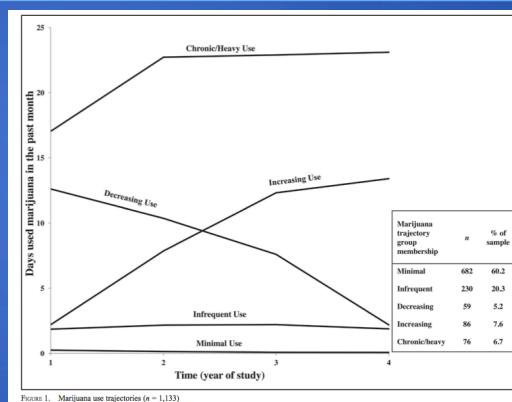


FIGURE 1. Marijuana use trajectories (n = 1,133)

Arria, Amelia M, Laura M. Garnier-Dykstra, Kimberly M. Caldeira, Kathryn B. Vincent, Emily R. Winick, and Kevin E. O’Grady. “Drug Use Patterns and Continuous Enrollment in College: Results From a Longitudinal Study.” *Journal Of Studies On Alcohol And Drugs* 74, no. 1 (2013): 71–83.

Earlier Start Trajectories

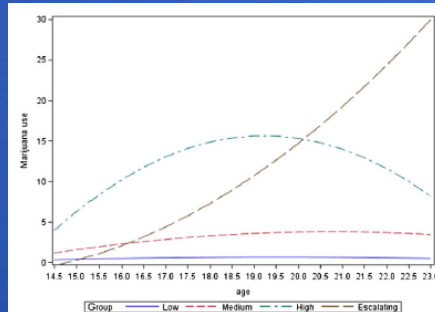


Fig. 1. Illustration of estimated trend lines for the three classes of non-escalating users (i.e., low, medium and high groups) and one class of escalating users. "Marijuana use" is defined as follows: 0 = zero time; 1 = once a month or less; 3 = more than once a month but less than once a week; 9 = more than once a week but less than daily; 27 = every day.

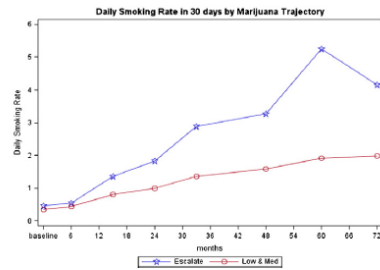


Fig. 2. Daily cigarette smoking rate in 30 days, in Escalators and Non-escalators, from baseline to 72 months. Cigarette smoking rate is defined in terms of cigarettes per day.

Predictor of Escalating/High:
 Baseline: Males, Cigarettes, GPA
 6 Yr: Lower Education Status,
 Cigarettes

Cigarette smokers over sampled

Passarotti, A. M., Crane, N. A., Hedeker, D., & Mermelstein, R. J. (2015). Longitudinal trajectories of marijuana use from adolescence to young adulthood. *Addictive Behaviors*, 45, 301–308. <http://doi.org/10.1016/j.addbeh.2015.02.008>

Education: A Twin Study

Grant, Julia D., Jeffrey F. Scherrer, Michael T. Lynskey, Arpana Agrawal, Alexis E. Duncan, Jon Randolph Haber, Andrew C. Heath, and Kathleen K. Bucholz. "Associations of Alcohol, Nicotine, Cannabis, and Drug Use/Dependence with Educational Attainment: Evidence from Cotwin-Control Analyses." *Alcoholism: Clinical and Experimental Research* 36, no. 8 (August 1, 2012)

Table 4. Unadjusted and Adjusted Conditional Logistic Regression Results: Likelihood (ORs and 95% CIs) of the At-Risk Twin (Based on Substance Use History) Having Lower Educational Attainment than His Cotwin^a

Predictor	Number of discordant pairs	Unadjusted conditional odds ratio	Adjusted conditional odds ratio ^b
Early drinker	889	1.47 (1.05 to 2.05)	1.44 (1.02 to 2.05)
Daily nicotine use ^c	702	2.42 (1.50 to 3.89)	2.54 (1.55 to 4.17)
Early cannabis use	276	1.32 (0.76 to 2.29)	1.35 (0.76 to 2.41)
Cannabis initiation	947	0.86 (0.64 to 1.16)	0.90 (0.65 to 1.24)
Alcohol dependence	1,023	1.67 (1.24 to 2.25)	1.76 (1.27 to 2.44)
Nicotine dependence	1,059	1.34 (1.00 to 1.80)	1.31 (0.98 to 1.77)
Cannabis dependence	282	0.93 (0.56 to 1.56)	0.93 (0.48 to 1.78)
Any illicit drug dependence	379	1.39 (0.89 to 2.18)	1.23 (0.72 to 2.09)

^aThe only significant interaction between zygosity and risk behavior was for daily nicotine use in the adjusted model ($p = 0.04$; all others $p > 0.20$), conditional logistic regression analyses were collapsed across zygosity for all measures except daily nicotine use (for which the interaction was retained in both the unadjusted and adjusted models).

^bAll adjusted models included 4 covariates: depression, conduct disorder, Southeast Asia service, and posttraumatic stress disorder; no covariates were significant at $p < 0.05$.

^cInteraction OR = 0.51 (0.25 to 1.04) in the unadjusted model and 0.46 (0.22 to 0.97) in the adjusted model.
 Bold text indicates significant at $p < 0.05$.

Brain Development and Cannabis

Development likely continues at least until age 25

Cross sectional studies found both alcohol binge and marijuana use predictive of white matter integrity in fronto-parietal tracts.

Only a few longitudinal studies. One found alcohol effects. But the authors state "Deleterious effects might be more attributable to binge drinking than marijuana, as preliminary studies suggest that cannabis may have a less effect ...and may actually serve a neuroprotective role in attenuating...heavy alcohol use."

Note that a non-alcohol-bingeing marijuana-using teen is almost non-existent

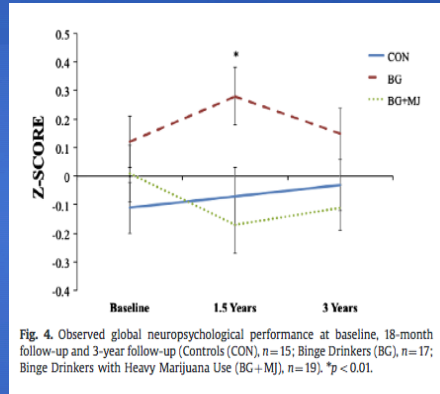


Fig. 4. Observed global neuropsychological performance at baseline, 18-month follow-up and 3-year follow-up (Controls (CON), n=15; Binge Drinkers (BG), n=17; Binge Drinkers with Heavy Marijuana Use (BG+MJ), n=19). *p < 0.01.

"However, it remains surprising that our marijuana users do not show a marked decrease in tissue integrity compared to the binge drinkers given their consistent and heavy co-occurring use."

Jacobus, J., Squeglia, L. M., Bava, S., & Tapert, S. F. (2013). White matter characterization of adolescent binge drinking with and without co-occurring marijuana use: A 3-year investigation. *Psychiatry Research: Neuroimaging*, 214(3), 374-381.

What's Early?

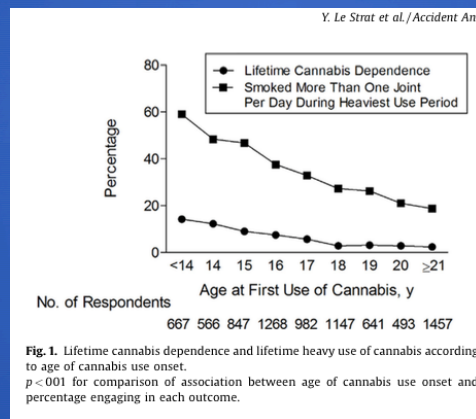


Fig. 1. Lifetime cannabis dependence and lifetime heavy use of cannabis according to age of cannabis use onset. p < .001 for comparison of association between age of cannabis use onset and percentage engaging in each outcome.

Le Strat, Yann, Caroline Dubertret, and Bernard Le Foll. "Impact of Age at Onset of Cannabis Use on Cannabis Dependence and Driving under the Influence in the United States." *Accident Analysis & Prevention* 76 (March 2015): 1-5.

Consumption quantities

Alcohol example

- Age 21
- No Binge (5/4)
- Weekly limit 14/7

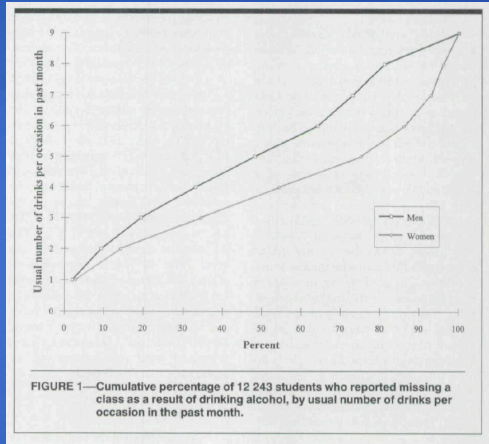
Opposite of Responsible

Reckless - fights, noise, crashes, sexual assaults and other crimes

Harmful - Long term health effects, addiction, relational impacts

Our quantity measures tend to focus on "Reckless" consequences, while Frequency tend to "harmful" consequences.

What if the user avoids these? Are they then "Responsible?"



Wechsler, H., Dowdall, G. W., Davenport, A., & Rimm, E. B. (1995). A gender-specific measure of binge drinking among college students. *Am J Public Health, 85*(7), 982–985.

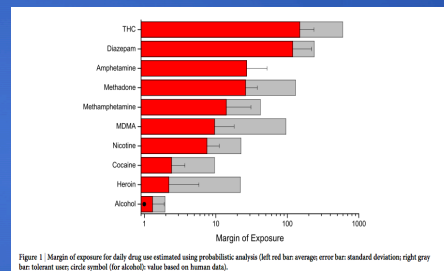
Comparative risk based on overdose

Lachenmeier, D. W., & Rehm, J. (2015). Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach. *Scientific Reports, 5*.

LD50 ≈ 575 mg/kg (150 lbs = 39,032mg (39g or 1.4 oz)

Human threshold dose = .04 mg/kg (150 lbs = 2.7mg)

MOE is "defined as the ratio between the point on the dose response curve, which characterizes adverse effects in epidemiological or animal studies." The lower the MOE, the higher the risk the substance poses



What's too frequent?

Table IV. Accuracy predicting at least one harm from use in past 12 months ($n = 881$)^a.

	Cannabis use daily	CUDIT6+	CUDIT8+	ASSIST4+	ASSIST8+
Sensitivity (%)	38.7	63.0	47.9	81.5	68.9
Specificity	80.8	82.9	89.3	46.5	77.2
AUC	59.8	73.0	68.6	64.1	73.1
PPV	24.5	37.3	41.9	19.7	32.7
NPV	89.1	93.3	91.4	94.0	93.9
Efficiency	75.0	80.1	83.5	51.3	76.0

Note: ^aAmong past 3-month cannabis users who reported no other illicit drug use in the past 12 months (participants who indicated past 12-month use of cocaine, speed, methamphetamine, ecstasy, or hallucinogens were excluded).

Thake, Jennifer, and Christopher G. Davis. "Assessing Problematic Cannabis Use." *Addiction Research & Theory* 19, no. 5 (October 2011): 448–58. - (1179 Canadian Adult Last 3-month Users)

Recommendations for Driving

- *Still very much an open question:*
 - Some advocate zero tolerance
- Others look for an impairment *per se* level
 - *per se* limit set at 7-10 ng/mL. WA has set it at 5 ng/ml. Note that some talk of whole blood, others plasma. All *per se* discussions at this time involve THC.
 - Advise users to wait 3 (though some say 3-5) hours before driving.
 - Drivers should not mix even low amounts of alcohol with cannabis.

Withdrawal Symptoms

Table 5 Time course descriptions

	Peak in days since last cannabis use	Peak from Budney study [11]
Irritability/anger	14	18,33
Nervousness	4	9
Insomnia	1	
Loss of appetite	5	
Restlessness	6	
Depression	5	
Physical symptoms	5	
Vivid dreams	11	

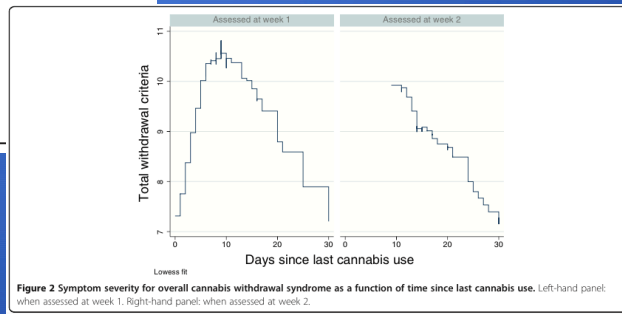
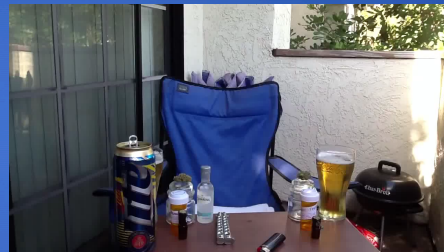


Figure 2 Symptom severity for overall cannabis withdrawal syndrome as a function of time since last cannabis use. Left-hand panel: when assessed at week 1. Right-hand panel: when assessed at week 2.

Hesse, Morten, and Birgitte Thylstrup. "Time-Course of the DSM-5 Cannabis Withdrawal Symptoms in Poly-Substance Abusers." *BMC Psychiatry* 13, no. 1 (2013): 258. doi:10.1186/1471-244X-13-258.

High volume video blogs/shows

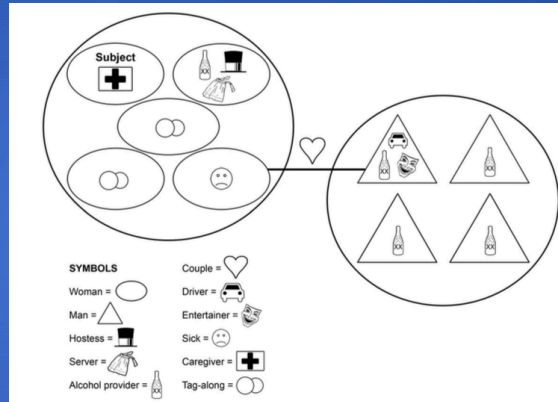
Tequila Beer and Weed
 Strikeout! Beerfest style!
 Downloaded 4/16/15
 Nick420CA 56,177
 Subscribers 33,123Views
 Appears to be commercial in nature
 Extremely high tolerance



Urban Dictionary
 "A Strikeout is possibly one of the most brilliant and best ways to get totally inebriated. The person in question must have ready a fully loaded Bong, a shot of his or her favourite liquor, and a pint of his or her favourite Beer. The person in question then lights the bowl, takes a nice, long bong hit, then puts the bong down. While holding the weed smoke in, the person proceeds to take the shot of liquor back and then chugs the beer back. After they finish the beer, they exhale the weed smoke."

Social Context

- Source of benefits, protection, *and* risks
- We know, or at least have documented, very little about the social context of marijuana use.
- Context will change in legalized environment.



Lange, J. E., Devos-Comby, L., Moore, R.S., Daniel, J., and Homer, K. "Collegiate Natural Drinking Groups: Characteristics, Structure, and Processes." *Addiction Research & Theory* 19, no. 4 (August 2011): 312-22.

So what do we say on college campuses? Consider these issues:

1. It's illegal and against campus policy. There is no age variance on this.
2. Since almost all are over 18, most of the research on early onset does not apply
3. Discontinuity of enrollment is a risk, but unclear at what level of use
4. Regular use (definition likely will fall somewhere between weekly and daily) is associated with more problems.
5. Occasional use can be safer if not associated with:
 1. Driving
 2. Other substances including alcohol and tobacco
6. High dose and especially oral use may prolong impairments substantially
7. And most importantly, any or all of this is subject to change at any moment

Various Directions

- *Motivational Interviewing* approaches appear to reduce use and problems.
- Argumentative and counter marketing approaches are not appearing to reduce use. These often rely on abstinence-only approach that may not be adaptable to legalized environments.
- Information campaign to change the views on driving may be warranted. Roadside survey found marijuana common (7.4%). Only 11% thought it harmed their driving. (Lacey et al, 2012).
- *Promotion instead of Prevention* messaging to avoid internal counter-arguing.

Good and Not So Good

- Find the meaningful issues
- Understand their causes
- Consider the strategies to promote the positives and prevent the harms
- Gain permission for helping and facilitate change talk



Things that worry me

- Delivery services
- THC-based edibles and drinkables – Detection, overdose and accidental use
- Sudden changes in federal law or legal interpretation: Policy wholes like vaping or ADA accommodation justifications.
- Impaired driving
- High frequency off-campus users. Incoming earlier initiators... Could SBIRT identify students at risk?



Avoid looking foolish, hypocritical and cherry-picking thin research

The collage features several items:

- A Huffington Post article titled "Stephen Colbert Destroys David Brooks' Wacky Anti-Pot Column" by Ross Lippold, dated 01/07/2014.
- A Huffington Post article titled "Jon Stewart Joyously Mocks Bill O'Reilly's Fear That Kids Are Smoking Weed And Texting" by Ross Lippold, dated 01/09/2014.
- A video player for "The Daily Show with Jon Stewart: Burn Notice: Bill O'Reilly, Marijuana & Texting (4 min)" on Hulu.
- A quote from Nancy Grace: "Nancy Grace argues that cannabis legalization will lead to abuse and that pot smokers are 'lethargic, sitting on the sofa, eating chips, fat and lazy.'" attributed to Joe Rogan, a Cannabis User.
- A quote from Joe Rogan: "People say, 'Well you can abuse marijuana.' Well shit, you can abuse cheeseburgers too."
- Small images of Nancy Grace and Joe Rogan.

"Audiences know what to expect, and that is all they are prepared to believe in."

-The Player: Rosencrantz and Guildenstern are Dead.

- I've been accused of smirking when I say "medical." I am almost always accused by someone in the audience of having a "bias", though the direction of bias seems to reflect more on the listener... there is only so much I can do.
- Remember that students are on guard to rebut any attempt to dissuade use. They'll see *Reefer Madness* hidden behind any negative health claim.
- MI approach: "The Good' and the 'Not So Good effects.'" - *Jason Kilmer and colleagues*

Marijuana Update: How 2016's election and beyond may affect campuses and our students.

James Lange, Ph.D.
Director, Health Promotion
San Diego State University

jlange@mail.sdsu.edu

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