



Marijuana's Legal Environment: Prevention Strategies for Today and Tomorrow

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Legal update

- Legislation
 - CA:
 - AB 473 (Ammiano) “Medical marijuana: state regulation and enforcement.”
 - Fed:
 - H.B. 1523 “Respect State Marijuana Laws Act of 2013”
 - H.R. 499 “Ending Federal Marijuana Prohibition Act of 2013”
 - H.B. 689 States’ Medical Marijuana Patient Protection Act
- Dispensary Crackdown: San Diego remains dispensary free; only delivery service. Other counties vary.
- Delivery Services
- 2016 – DPA has publically stated that their goal is to include legalization on the 2016 ballot

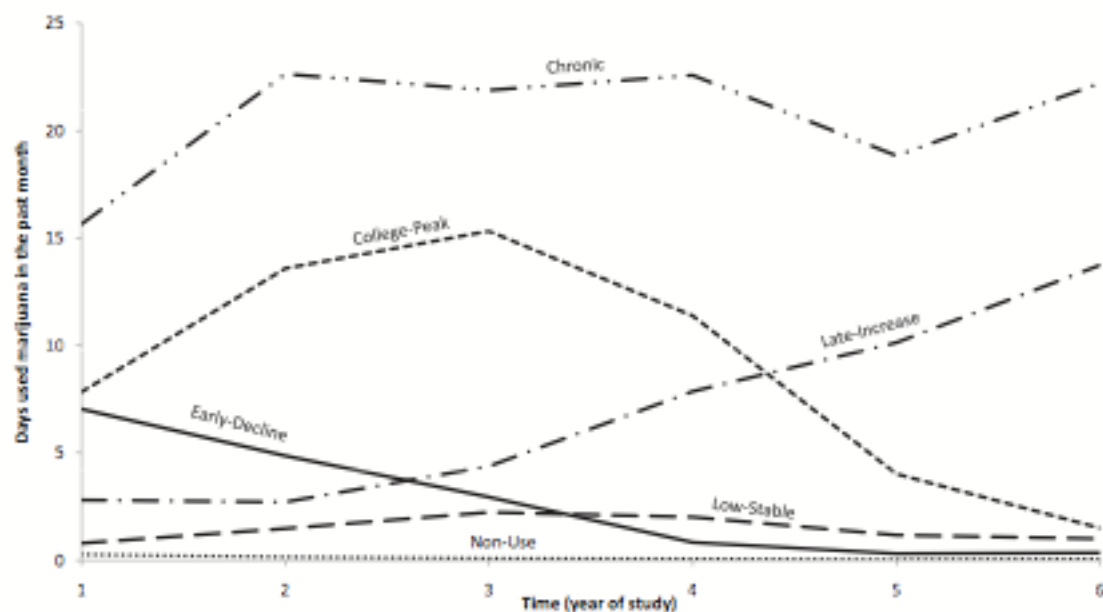


Legal/Enforcement Changes Impact

- Decline in youth marijuana arrests: 61% decline (Males, 2012)
- Implications for referrals
- Implications for Abuse disorder definition and treatment – Examples from CSAT treatment manual (Steinberg et al, 2005).
 - Case studies cite (Doug) embarrassment; (Shirley) bad role model

Marijuana Use Trajectories

K.M. Caldeira et al. / *Drug and Alcohol Dependence* 125 (2012) 267–275



Marijuana Trajectory Group	n	% of Sample	Weighted %	Marijuana Trajectory Group	n	% of Sample	Weighted %
Non-Use	766	61.1	71.5	Early-Divide	81	6.5	4.3
Low-Stable	154	12.3	10.0	College-Peak	100	8.0	5.4
Late-Increase	74	5.9	4.7	Chronic	78	6.2	4.2

Fig. 1. Marijuana use trajectories (N = 1253).



Health Outcomes

- “Individuals who consistently abstained from marijuana use fared significantly better than all five marijuana-using trajectories, including the Low-Stable group.”
- “Individuals in the Late-Increase and Chronic groups both had significantly worse depressive and anxiety symptoms in Y7 in comparison to most of the other trajectory groups.”

Caldeira, Kimberly M., Kevin E. O’Grady, Kathryn B. Vincent, and Amelia M. Arria. “Marijuana Use Trajectories During the Post-college Transition: Health Outcomes in Young Adulthood.” *Drug and Alcohol Dependence* 125, no. 3 (October 1, 2012): 267–275.

College success impact:

- 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.

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.



Impaired Driving

- Impaired Driving Estimates: Roadside survey (Lacey et al, 2012)
 - 7.4% positive for marijuana
 - 7.3% positive for alcohol
 - 11% of marijuana-experienced drivers believed it *harm*ed their driving. Many (1/3 of those admitting any effect) believed it *improved* their driving.
 - 2/3 of recent marijuana smokers reported that they smoked every day for past month.



Beyond Arguing

- 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.
 - “Medical” vs. *Recreational* distinction fails on epistemological grounds- See lifestyle drug discussion of birth control and Viagra. It also oversimplifies the potential pharmacological action of marijuana
 - 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 CBI and also the lack of countervailing chemicals such as CBD.



Assuming Legalization: Sensible Policy Objectives

- Restrict access to those 21+
- Limit daily use through cost barriers
- Enhance enforcement of DUID
- Enhance surveillance of DUID impact
- Restrictions on use and sales to limit underage use and driving risk
- Public awareness campaign regarding public health risks: youth use, impaired driving, dependence and pregnancy



Local Sales Restrictions: Is there a model yet?

- Perhaps consider these (Note that many would need a conditional use permit model for local restrictions; some apply now for medical use):
 - No on-premise use- *Since there is no unimpaired use level, on-premise responsible sales will necessarily lead to intoxication.*

Suggestions Cont.

- No single dose (joint) sales. Would apply also to eatables.
— *Just as single serving drinks appeal to youth with little spending money, so too will single joint sales.*
- Advertising restrictions: Similar to tobacco restrictions. *Prohibit ads that appeal to youth and also highly sexualized, irresponsible behavior (Includes strain naming).*
- Location restrictions to include college campuses.

Coupon

Beverly Hills Dollatella
Los Angeles, CA

New 2 Gram DOGO on select strains New low price
DOGOS. FTP patients pick btw rice crispie, indi cream, or
joint For 420 we will be giving out free gram of hash.
NEW LOW Price on all concentrates

Strawberry Diesel Wax	23 .5g
Alien Space Fucker	23 .5g
Jupiter Dust	23 .5g
Batman (Dark Nights) Wax	23 .5g
Astalavista Gold Dust	23 .5g
Paris OG KIEF	4 .5g



Suggestions Cont.

- No concurrent alcohol sales-*Restricts the growth of industry. Also recognizes the synergistic effect on impairment*
- Tools for enforcement and data collection