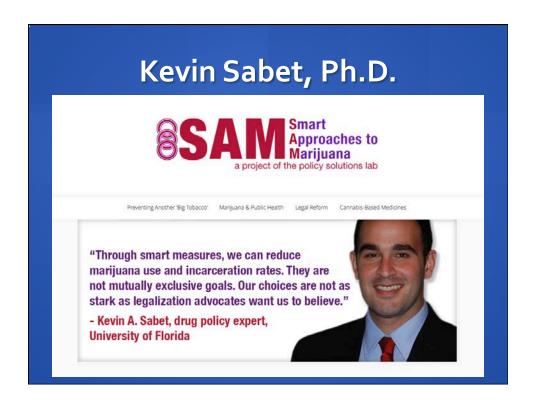


Including SAM

- Who is SAM?
- What is their mission?
- Why didn't Kevin Sabet make it?
- How can I learn more to help them spread their message?





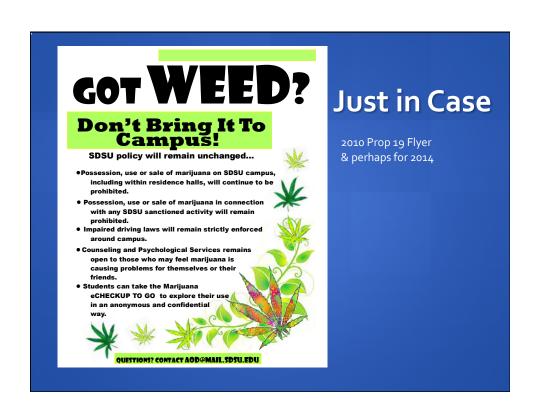


A bit about AOD Initiatives at SDSU

- Since implementing our Comprehensive Strategy...
 - Reduction in alcohol related medical transports
 - Reduction in alcohol related campus judicial referrals
 - Increase in Freshman claiming alcohol-abstinence
 - Have not been listed in any publications "party school" lists
- Our Aztec Nights program has been featured by the U.S. Department of Education
- We were the first (or nearly so) to publish on... Ritalin abuse in the west coast; Salvia use by college students; BAC definitions of binge drinking; the association between marijuana and binge drinking in college parties

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.





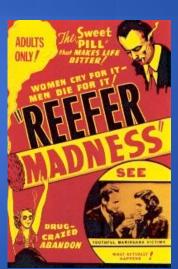
The Medicine

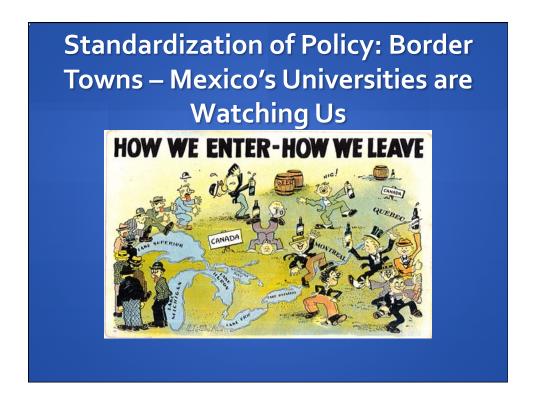
- The FDA has this to say "... has not been proven to have a positive impact"
- No peer-reviewed publication of randomized development trials showing benefits.
- Reported adverse side effects include: Psychotic behavior (hallucinations, impulsive/destructive behavior) vehicle crashes, and even suicide.

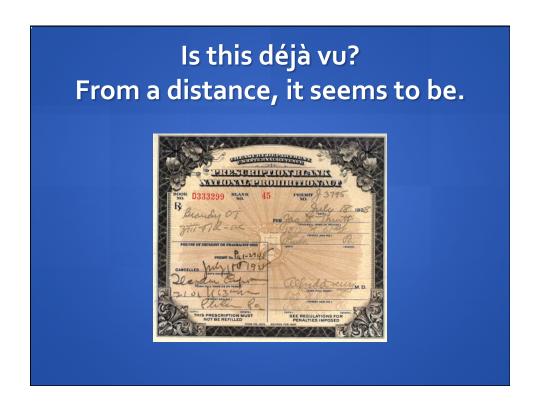


College Students are Hypocrisy, Faux-Expert, and Bias Detectors

- 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.







1921 to 1933

ONLY 9 STATES GET BEER AS MEDICINE

Brewers Are Preparing to Supply It-Seven Plants to Open in Milwaukee.

DRYS' COUNSEL SEES HOPE

Believes People Will Resent Turning 'Drug Stores Into Booze Shops'-Rush Expected Here.

Brewers in the nine States where beer may be legally prescribed as medicine began preparations yesterday for the

ONLY 9 STATES GET BEER AS MEDICINE. (1921, October 26). The New York Times. Retrieved from http:// www.nytimes.com

Prohibition Nears Its Doom As 6 States Vote Today

By The Associated Press
Voters in half a dozen widely scattered states today are inscribing the answer to whether thirteen years of national prohibition shall end next month,

Lindberghs Forced

Back into Holland

AMSTERDAM, Nov. 7.—(RP)—
Col. and Mrs. Charles A. Lindbergh returned to Holland today,
when unfavorable flying conditions
prevented them from continuing to
Geneva after a flight over Belgium
and Pfance in a heavy for. They
hopped off this morning.

A dispatch from Geneva, where
they were expected to land shortly before nightful, said a large
crowd had waited for them several
hours at the Nautical Club in
Geneva.

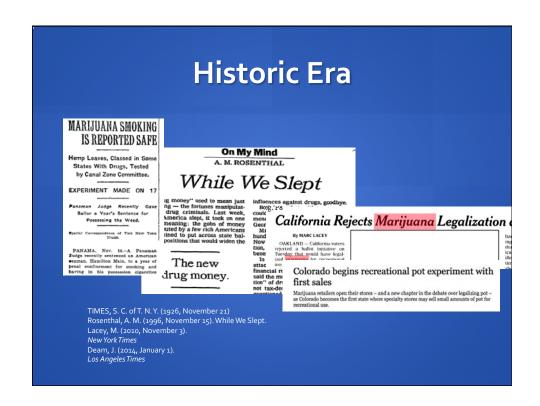
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Rochester Evening Journal (1933, November 7). Retrieved July 3, 2013, from http://news.google.com/newspapers

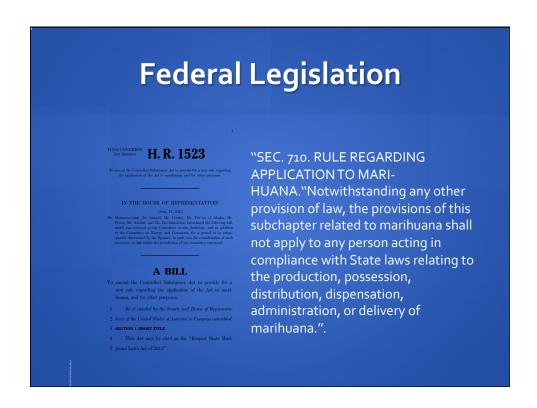
Today sLkYX.jpg (JPEG Image, 640 \times 428 pixels). (n.d.). Retrieved July 12, 2013, from http://i.imgur.com/sLkYX.jpg





Ballot Initiatives Legislative Action

- California has three trying
- Many other states



Adolescent Diversion

- Denver, Colorado adolescents in treatment
 - 74% had used someone else's medical marijuana
 - Those who had, lower age of onset, earlier age of regular use, more disorder symptoms.

Salomonsen-Sautel, S., Sakai, J. T., Thurstone, C., Corley, R., & Hopfer, C. (2012). Medical marijuana use among adolescents in substance abuse treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(7), 694–702. doi:10.1016/j.jaac.2012.04.004

- Denver adolescents in Primary Care Setting (N=66) Knowing medical user predicted
 - Past year use
 - Ease of availability

Thurstone, C., Tomcho, M., Salomonsen-Sautel, S., & Profita, T. (2013). Diversion of medical marijuana: When sharing is not a virtue. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(6), 653–654. doi:10.1016/j.jaac. 2013.03.019

The Student Medical User

- Survey of 729 Southern California undergraduates
 - 4.8% report some doctor recommended use of marijuana in past 12 months
 - 3.5% report having a current valid recommendation

Past 12 Month Marijuana Smokers

- 11.4% have valid recommendation
- 33.3% 50+ smokers have valid recommendation

Card Holders

- 94.2% have had card for 3 or fewer years
- Of 19 students who reported medical reasons:
 - 86.9% for anxiety, PTSD, depression, insomnia or ADD
 - 50% Pain management or nausea
- 50% purchase marijuana weekly, 66.7% report smoking before noon, and 84.8% smoke daily or almost daily.
- 24% used alcohol concurrently with their marijuana the last time they smoked.
- 58.9% drove while under the influence of marijuana in the past month
- 60.8% began using marijuana at age 16 or younger.

Issues that complicate medical use research and discussions:

Research Issues

- Definitions of medical vs. recreational use: Is "too relax" a medical purpose? Medical ethics of Viagra and birth control lifestyle drugs complicate this.
- Determining "legitimate" recommendations
- Mixed use

Campus Policy Issues

- Court decisions can change compliance requirements:
 - ADA-type concerns
 - Legislative actions both federal and state
 - NCAA testing

Beyond Arguing

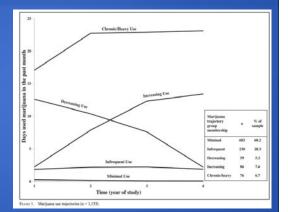
- We must acknowledge that many of the moral and even public health oriented arguments against marijuana use are fraught with shaky foundations
 - Lung health: Cigarette analogy fails both on research-based harms and legal grounds. It also does not address other forms of consumption.
 - "Medical" vs. 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 CB1 and also the lack of countervailing chemicals such as CBD.

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.



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.

Motivational Focus

- 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.

Clinical Aspect Changes to DSM California Youth Crime Plunges to All-Time Low DSM V removes legal By Mike Males, Ph.D., CICI Senior Research Fellow consequences as diagnosis criteria. ew figures for 2011 released by the California Department of Justice's Criminal Justice atistics Center (CJSC, 2012) show arrests of youths under age 18 fell by 20% from 2010 to Legal contact as an identifier Brief COUNSELING for MARIJUANA DEPENDENCE Motivation for treatment in a A Manual for Treating Adults de-stigmatized social environment. 2 of the 3 examples related to stigmatized use as the main problem.

Getting involved

- It's now or never if we want to impact policy
 - We need to be at the table now before moneyed interests swamp the process.
- Pick battles carefully
 - Avoid the losing arguments
 - Focus on the harms you want to prevent
 - Understand that "at the table" may not be usual settings
- Focus will be on State and Local regulation schemes

Local Sales Restrictions: Is there a model yet?

- Perhaps a conditional use permit model for local restrictions; some things to think about:
 - No on-premise use-Since there is no unimpaired use level, on-premise responsible sales will necessarily lead to intoxication.
 - No per-hit sales.





Suggestions Cont.

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

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.

Other Strange Directions with Continued Fed/State Conflict

- Drop Boxes: Federal law is guiding us, but there is apparently tolerance for an amnesty and disposal approach.
- Legislative restrictions on resources for enforcement

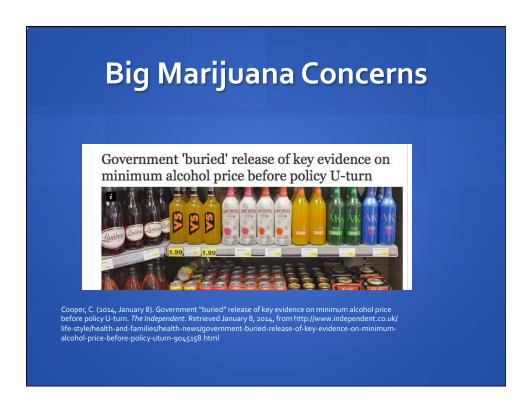


Springs Airport Installing Amnesty Boxes For Pot Surrender. Retrieved January 15, 2014, from http://www.kktv.com/home/ headlines/Springs-Airport-Installing-Amnesty-Boxes-For-Pot-Surrender-240261661.html

Things that worry me

- Delivery services
- THC-based eatables and drinkables – Detection, overdose and accidental use
- Campus anti-vape policy weakness
- Sudden changes in federal law or legal interpretation
- Impaired driving
- High frequency off-campus users







"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."'-Jαson Kilmer and colleagues

