

College Campus Marijuana Policies and Emerging Trends

James Lange, Ph.D.
Coordinator of AOD Initiatives
San Diego State University

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Workgroup of the Marijuana
Prevention Initiative of San Diego
County
San Diego, July 24, 2013



A bit about me...

- 12 years as SDSU's Coordinator of AOD Initiatives
- California State Coordinator for The Network Addressing Collegiate Alcohol and Other Drug Issues
- California Regional AOD Knowledge Community Representative to the NASPA (Student Affairs Administrators in Higher Education)
- Principal Investigator on numerous NIH grants, including- way back when- co-PI of the evaluation of Operation Safe Crossing
- I have done training events for college systems in CA, WA, IL, and TN and also Higher Ed organizations: U.S. Dept of Ed's HEC, NASPA, ACHA and ACUHOI. Have done continuing education webinars for Certified Health Education Specialists.

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
- Counseling center developed the electronic-Check Up to Go which is now licensed at about 450 campuses nationwide
- 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.
- 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

Prevention Approach

- Comprehensive Strategy:
 - Motivational focus
 - Alternative focus
 - Access focus



Prevention Goals and Tools

- Policy/Enforcement
- Motivational Focused: E-Check Up to Go-Marijuana
- Individual counseling
- Peer Education Presentations
- Alternative Programming



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

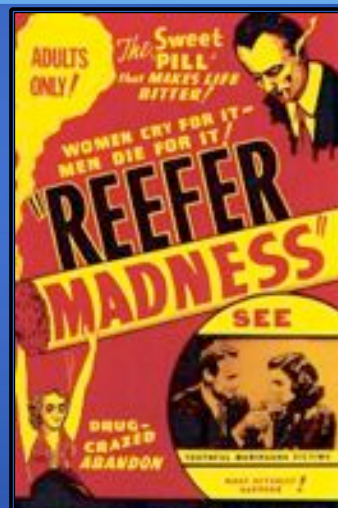
British medical journal claims there is no proof that Tamiflu can stop influenza

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.



Medical Marijuana Use Reduces Traffic Deaths, Acts As Substitute For Alcohol Consumption, Study Says



Panel A Advertising Spending: Public, State, Fed, Other
Follow Up: Medical Marijuana, Home, Driving Under The Influence, Marijuana Traffic Stop, Dr. Oz, Cannabis Week.

For instance this study:
It looks like good science

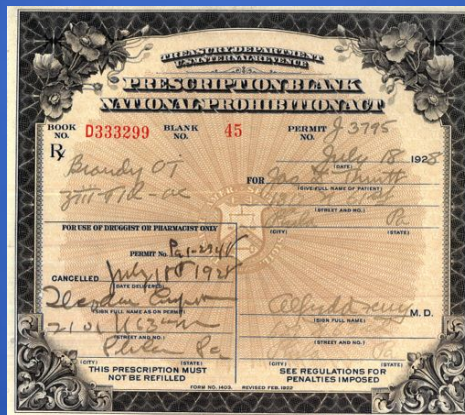
estimating a model that includes both state and year fixed effects. Specifically, the baseline estimating equation is:

$$(1) \quad \ln(\text{Fatalities Total}_{it}) = \beta_0 + \beta_1 \text{MMI}_{it} + X_{it}\beta_2 + v_i + w_t + \varepsilon_{it}$$

where s indexes states and t indexes years.²¹ The variable MML_{st} indicates whether a MML was in effect in state s and year t , and β_1 , the coefficient of interest, represents the marginal effect of legalizing medical marijuana. In alternative specifications we replace *Fatalities Total* _{st} with the remaining dependent variables listed in Table 5.

Page 12. Anderson, D. Mark, and Daniel Rees. *Medical Marijuana Laws, Traffic Fatalities, and Alcohol Consumption*. Discussion Paper. IZA, November 2011. http://www.iza.org/en/webcontent/publications/papers/viewAbstract?dp_id=6112.

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





Visit Brian's Page of Antique Weirdness
<http://www.teleport.com/~gumballweird.html>



State Info. Retrieved March 25, 2013, from <http://norml.org/states>

Motivation for "Card"

"It's just the most amazing thing in the world to go into a fucking store and buy weed with your debit card. I was like ... I couldn't believe it."

Interview with *Workaholics* creators: Adam DeVine, Kyle Newacheck

--Hughes, M. (2012, July). Weekday Warriors. *High Times*, (No. 438), 27–28.

What do you think of the pot scene in California?
 ADAM: It's great.
 KYLE: I just got my card, and I'm pretty amped about it. I feel like I just unlocked the treasures of Los Angeles.
 ADAM: I need to get mine. I don't know why I haven't.
 KYLE: It's just the most amazing thing in the world to go into a fucking store and buy weed with your debit card. I was like ... I couldn't believe it.
 ADAM: I actually got caught with pot. So we went to me and Blake. And so I had to do 10 Marijuana Anonymous classes, and I went to these

FREE! MOTTA Magazine Premier Issue

Conditions That Can Be Treated By Medical Marijuana

Bipolar Disorder	Hypoglycemia(s)	Psychogenic Pain	Chronic Myofascial Pain
Autism/Aspergers	Lipomatosis	Post Traumatic Stress Dis.	Neuropathy
Anxiety Disorder	Arthropathy, joint	Org. Mental Dis. not ing	Muscular dystrophies
Panic Disorder	Mucopolysaccharidosis	Post Concussion Syndrome	Muscular Degeneration
Agoraphobia	Porphyrin	Nonpsychiatric Org. Dis. Dis.	Glaucome
Genital Herpes	Amphibole	Brain Trauma	Dyslexic Andlypsia
Herpesic Infection	Obesity, exogenous	Intermittent Explosive Dis.	Color Blindness
AIDS Related Illness	Obesity, morbid	Tourette's Syndrome	Conjunctivitis
Post W.E. Encephalitis	Arteriosclerosis disease	ADD w/ hyperactivity	Drusen of Optic Nerve
Chemotherapy Consequences	Hemophilia A	ADD other	Optic neuritis
Strabismus (Hemiparesis)	Hemiparesis	Psychogenic PAT	Strabismus & other binoc
Radiation Therapy	Schizophrenia	Parosmia Disease	Nystagmus, Congenital
Viral C Hepatitis, chronic	Schizophrenia	Huntington's Disease	Myelin's Disease
Other antiproliferative drugs	Schizophrenia	Restless legs syndrome	Tinnitus
Lyme Disease	Schizophrenia	Friedreich's Ataxia	Hypertension
Rett's Syndrome	Schizophrenia	Corbular Ataxia	Ischemic Heart Disease
Post Polio Syndrome	Schizophrenia	Other spinal cord disease	Angina pectoris
Malignant Melanoma	Schizophrenia	Syringomyelia	Arrhythmogenic Heart Dis
Other Skin Cancer	Schizophrenia	Reflex Sympath Dystroph	Cardiac conduction disord
Prostate Cancer	Schizophrenia	Multiple Sclerosis	Pericardial Antr. Tech
Testicular Cancer	Schizophrenia	Other CNS demyelinating	Post Cardiotomy Syndrome
Adrenal Cortical Cancer	Schizophrenia	Hemiparesis	Raynaud's Disease
Brain malignant tumor	Schizophrenia	Quadruplegia(s)	Thrombocytopenic Thrombocytopenia
Glioblastoma Multiforme	Schizophrenia	Parosmia(s)	Polyarthritis Nodosa
Cancer, site unspecified	Schizophrenia	Parosmia, unspecified	Acute Sinusitis
Lympho- & reticular ca	Schizophrenia	Epilepsy(s)	Chronic Sinusitis
Myeloid leukemia	Schizophrenia	Grand Mal Seizures	Chronic Cyst Pulmo Dis
Uterine cancer	Schizophrenia	Limbic Rage Syndrome	Emphysema
Lymphoma	Schizophrenia	Cluster Headaches	Adenoma, unspecified
Green Disease	Schizophrenia	Compression of Brain	Pneumothorax, Spontaneo
Acquired hypothyroidism	Schizophrenia	Carpal Tunnel Syndrome	Pulmonary Fibrosis
Thyroiditis	Schizophrenia	Manic Depression	Cystic Fibrosis
Diabetes Adult Onset	Schizophrenia	Manic Depression	Dental facial asymmetry pain
Diabetes Adult Onset Uncontrolled	Schizophrenia	Manic Depression	T.M.J. Syndrome
Diabetic Retinopathy	Schizophrenia	Manic Depression	Gastroesophageal Reflux Dis
Diabetic Neuropathy	Schizophrenia	Manic Depression	Acute Gastritis
Diabetic Peripheral Vascu	Schizophrenia	Manic Depression	Peptic Ulcer/Dyspepsia

The Medical User

- Reinarman et al (2011) – Survey of patients at medical marijuana assessment clinics.
 - Mostly male, white, 44 and under.
 - 27.1% had some college
 - Overrepresentation of Males African Americans, Native Americans, and Employed
 - Therapeutic Goals
 - Pain 82.6%
 - Improve sleep 70.7%
 - Relaxation 55.1%
- Muscle Spasms 41.1%
- Headaches 40.7%
- Anxiety 37.8%
- Appetite 37.7%
- Nausea 27.7%
- Top Three Diagnostic Codes:
 - Back/spine/neck pain
 - Sleep disorders
 - Anxiety/Depression

Reinarman, C., Nunberg, H., Lanthier, F., & Heddleston, T. (2011). Who are medical marijuana patients? Population characteristics from nine California assessment clinics. *Journal of Psychoactive Drugs*, 43(2), 128–135.

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.

Indirect Measure: Analysis of National Ads

- Sampled 100 of 335 ads placed in major weekly newspapers from all states with medical marijuana laws as of June 2010.
- Coded them using a variety of methods: Trained coders and Amazon Mechanical Turk
- Found three main themes:
 - Traditional medicine (15.6%)
 - Holistic/alternative medicine (30.8%)
 - Counterculture/recreation (16.8%)
 - Mixed (36.8%)
- Varies substantially by state.

CA Marijuana Advertising

Sexualized images
Happy Hour Specials



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.

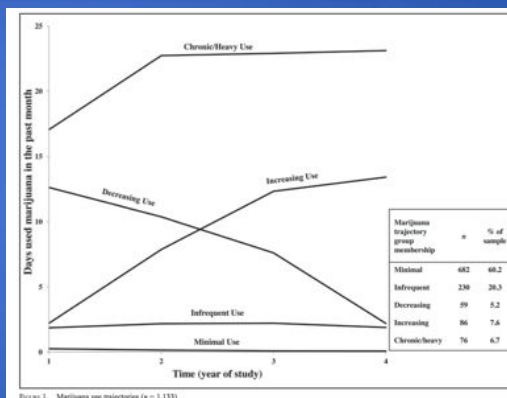


FIGURE 1. Marijuana use trajectories (n = 1,333)

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. The eCheckUptoGo Marijuana uses this model.
- 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.

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

Is it already too late?



issuu.com/dlistmagazine/docs/dope_july13_web_

Local Sales Restrictions: Is there a model yet?

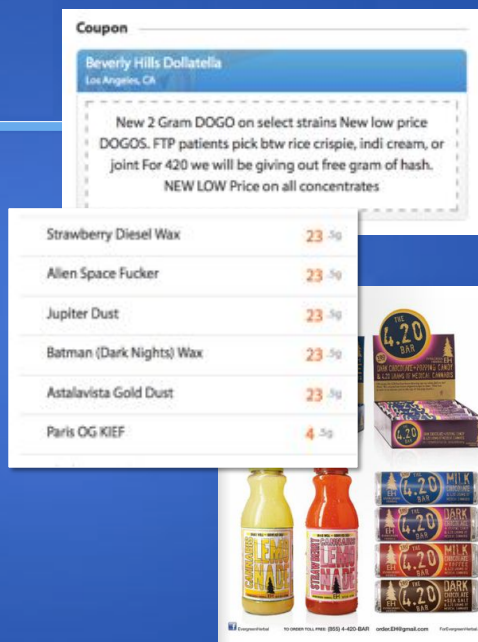
- Perhaps a conditional use permit model for local restrictions; some to think about:
 - No on-premise use- *Since there is no unimpaired use level, on-premise responsible sales will necessarily lead to intoxication.*
 - No per-hit sales.



DOPE Magazine July '13 "The Travel Issue." Issuu. Retrieved July 12, 2013, from http://issuu.com/dlistmagazine/docs/dope_july13_web_

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.



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. Eatables will be difficult to control.

Things that worry me

- Delivery services
- THC-based eatables and drinkables – Detection and accidental use
- 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.'"-
Jason Kilmer and colleagues

Standardization of Policy: Border Towns – Mexico's Universities are Watching Us



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.—(AP)—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 France in a heavy fog. They hopped off this morning.

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

Confidence that the balloting in Pennsylvania, Ohio, North and South Carolina, Kentucky and Utah would climax the administration's campaign to restore liquor was expressed by Postmaster General Farley.

Wet organization leaders forecast anti-prohibition majorities in at least three of the six states voting—all that is necessary to assure elimination of the Eighteenth Amendment from the Constitution—while dry organization captains said there were good chances for halting the hitherto unbroken anti-dry parade.

Although voters express themselves today, actual repeal could not materialize until the first week in December. The voters about

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

Today



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

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James Lange, Ph.D.
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San Diego State University

jlange@mail.sdsu.edu

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