

Adapting prevention strategies in the era of marijuana legalization

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Pre-conference plenary address at the
Marijuana Advocacy and Policy Summit
of the Drug Free Action Alliance,
Columbus, Ohio. March 31, 2015



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

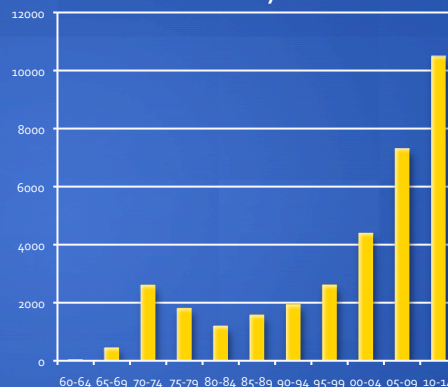
Explosion of Research

MEDLINE & PsychINFO database search
by year.
Search Term "Cannabis; Marijuana;
Marihuana"

Within last...
10 Years: 52%
5 Years: 30%

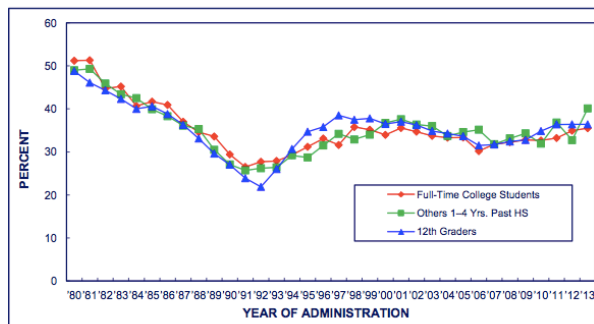
Publication Milestones:
✧ Isolation of THC (1964)
✧ Existence of CB receptor confirmed (1984)
✧ First studied endogenous CB agonist (1992)
✧ First U.S. general population study on health conditions published (2010)

Articles by Year



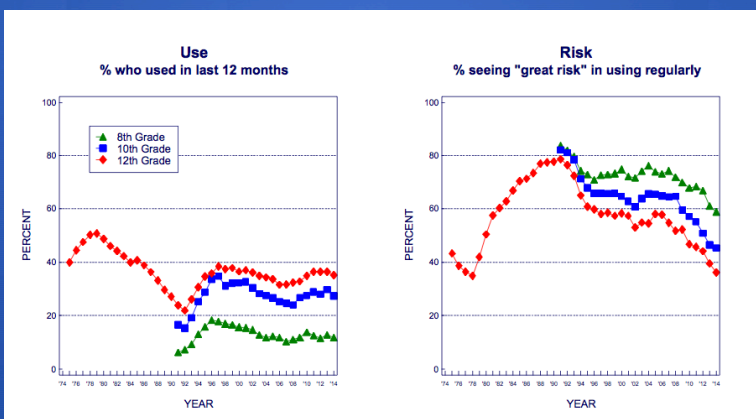
What about actual use

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.

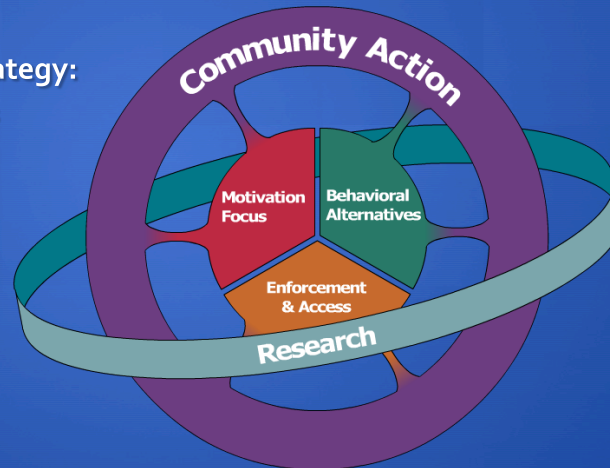
A bit about AOD Initiatives at SDSU

- 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

Prevention Approach

- Comprehensive Strategy:

- Motivational focus
- Alternative focus
- Access focus



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

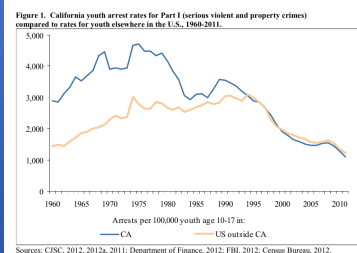
Even Without Prop 19

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.



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

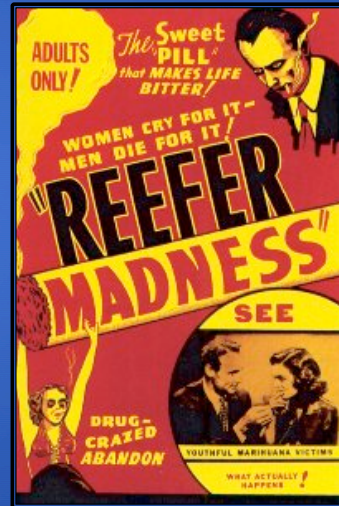
British medical journal claims there is no proof that Tamiflu can stop influenza

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

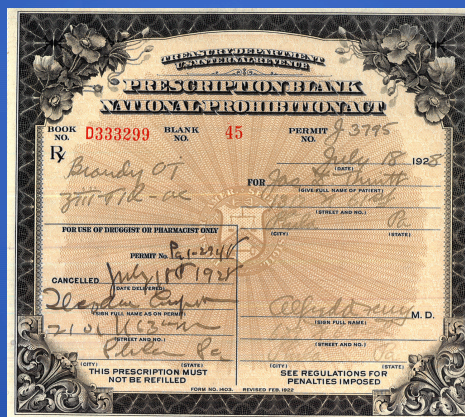


College Students are Hypocrisy, Faux-Expert, and Bias Detectors

- 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.



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



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 balloting also

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>

Historic Era

MARIJUANA SMOKING IS REPORTED SAFE

Hemp Leaves, Classed in Some States With Drugs, Tested by Canal Zone Committee.

EXPERIMENT MADE ON 17

Panaman Judge Recently Gave Sailor a Year's Sentence for Possessing the Weed.

Special Correspondence of THE NEW YORK TIMES.

PANAMA, Nov. 11.—A Panaman judge recently sentenced an American seaman, Hamilton Mein, to a year of penal confinement for smoking and having in his possession cigarettes

On My Mind

A. M. ROSENTHAL

While We Slept

ug money" used to mean just ing — the fortunes manipulat- drug criminals. Last week, America slept, it took on one meaning: the gobs of money sited by a few rich Americans sined to put across state bal- positions that would widen the

The new
drug money.

influences against drugs, goodbye.

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California Rejects Marijuana Legalization

By MARC LACEY

OAKLAND — California voters rejected a ballot initiative on Tuesday that would have legal- ized recreational use of marijuana.

Colorado begins recreational pot experiment with first sales

Marijuana retailers open their stores — and a new chapter in the debate over legalizing pot — as Colorado becomes the first state where specialty stores may sell small amounts of pot for recreational use.

TIMES, S. C. of T. N. Y. (1926, November 21)
Rosenthal, A. M. (1996, November 15). While We Slept.
Lacey, M. (2010, November 3).
New York Times
Deam, J. (2014, January 1).
Los Angeles Times

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 10, 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.

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.

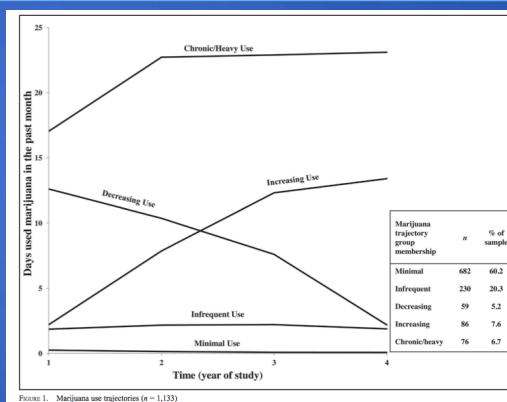
Marijuana Use Trajectories

"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.



Earlier Start Trajectories

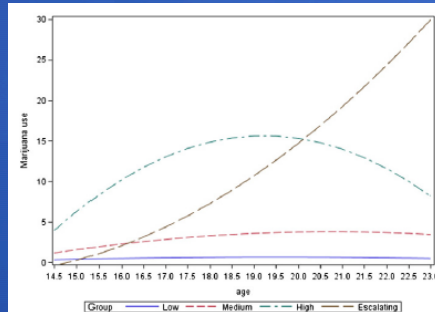


Fig. 1. Illustration of estimated trend lines for the three classes of non-escalating users (i.e., low, medium and high groups) and one class of escalating users. "Marijuana use" is defined as follows: 0 = zero time; 1 = once a month or less; 3 = more than once a month but less than once a week; 9 =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

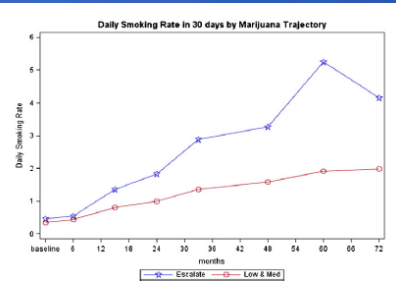


Fig. 2. Daily cigarette smoking rate in 30 days, in Escalators and Non-escalators, from baseline to 72 months. Cigarette smoking rate is defined in terms of cigarettes per day.

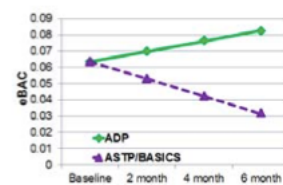
Cigarette smokers over sampled

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

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>

Don't just do something, stand there!

Project AIMS: Intervention Effects



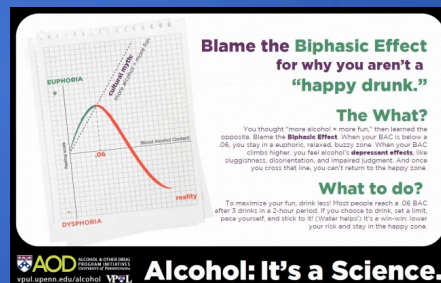
Logan, Diane, Jason R. Kilmer, and Timothy C. Marchell. "Connection versus Enforcement: Lessons Learned from the 'Teachable Moments.'" San Diego, CA, 2014.

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)



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

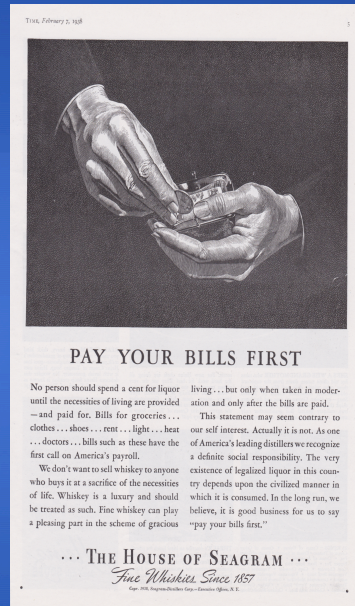
Drunk driving was a concern since cars existed (Lange, 2008). But rarely mentioned by prohibitionists in the early 1900's.

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?



Medical Exemption Exploitation

Sampled 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

Found three main themes:

- Traditional medicine
- Holistic/alternative medicine
- Counterculture/recreation

Varies substantially by state.



DEA “Abuse” vs. DSM “Abuse”

- Abuse: “When drugs are used in a manner or amount inconsistent with the medical or social patterns of a culture.” (p.32 DEA, 2011)
- DEA Working* Definition of Potential for Abuse:
 - Taking the drug in amounts that create hazard to health and safety.
 - Significant diversion from legitimate drug channels.
 - Taking on own accord.
- Drugs are abused to “alter mood, thought, and feeling.”
- “The ‘feel good’ effects of the drugs contribute to their abuse.”

*Abuse not defined within CSA.

DEA. (2011). Drugs of Abuse: A resource guide. Drug Enforcement Administration, U.S. Department of Justice.

Ethical discomfort with “Cosmetic psychopharmacology”

the growing power to manage our mental lives pharmacologically threatens our happiness by estranging us not only from the world but also from the sentiments, passions, and qualities of mind and character that enable us to live in it well. . . . mood altering drugs pose a fundamental danger to our pursuit of happiness. . . . What is to be particularly feared about the increasingly common and casual use of mind-altering drugs, then, is . . . that they will seduce us into resting content with a shallow and factitious happiness. (pp. 303–5)

The medicalization of psychic pain, however necessary as a path to providing much needed relief for the sick, indicates (whether intended or not) a great advance for biological reductionism against the citadel of mind and soul, a march that knows no natural stopping place, and that at each point along the advance threatens to reduce further the dignity of our inner life—or at least our self understanding of it. (p. 296)

- President’s Council on Bioethics (2003):
- Criticism (Cerullo, 2006) includes better description of SSRIs as not mood-brighteners; Disputes the literal suggestion pain is necessary for dignity and “soul”.
- Today’s Council (2014) discusses neurological enhancements as creating concerns of equity and access. Differentiation between right to treatment vs. access to enhancements
- Ultimately, these ethical questions seem to devolve quickly when comparing marijuana to other approved medicines/drugs like Viagra, caffeine, birth control.

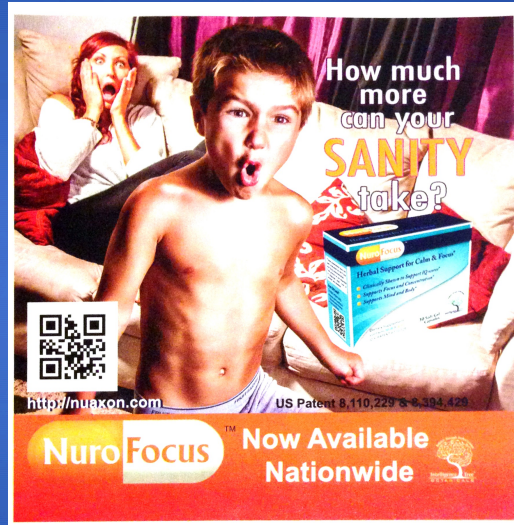
Institutional definition of medicine

Often rests on FDA approval, and medical consensus to define a substance as "medicine".

Roots run deep in counter narcotic, prohibition and Patent Medicines

Long tradition of cultural acceptance of alternative remedies

Sometimes medication "works" without our clear understanding of why. SSRI/Depression example (Anderson et al, 2015)



Consumption quantities

Alcohol example

Age 21

No Binge (5/4)

Weekly limit 14/7

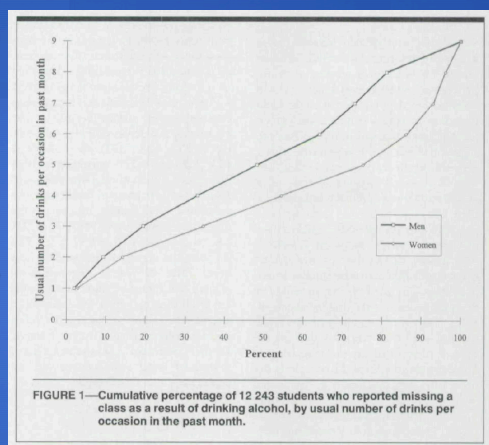
Opposite of Responsible

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.

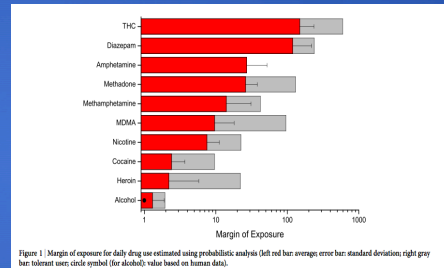
Comparative risk based on overdose

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



Impaired Driving

Issues:

- Awareness
- Effective enforcement strategies
- Legal constraints and opportunities
- Legalized on-sale consumption
- Promotion solutions: What's possible?

Suicide: Possible Reckless or Harmful crossover

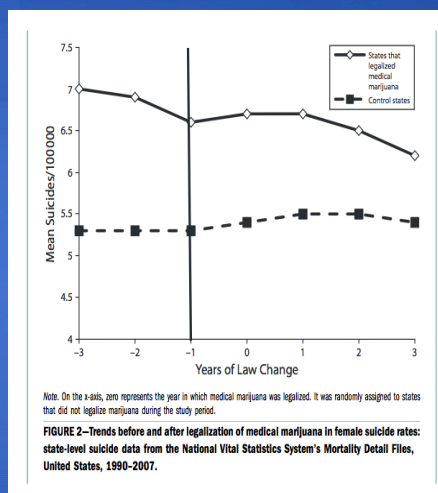
Conflicting evidence:

Legalization effect on suicide rates. Significant for men ages 20-29.

But news reports of incidents of apparently intoxication related suicide.

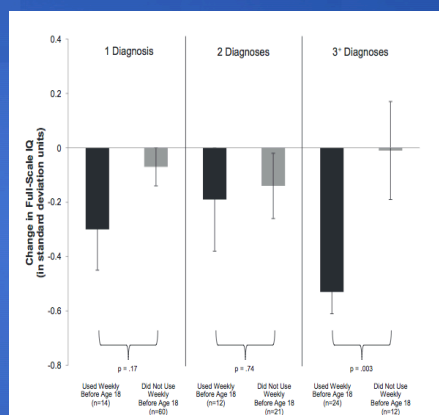
Role of setting and access to weapons not investigated.

Anderson, D. M., Rees, D. I., & Sabia, J. J. (2014). Medical Marijuana Laws and Suicides by Gender and Age. *American Journal of Public Health*.



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.

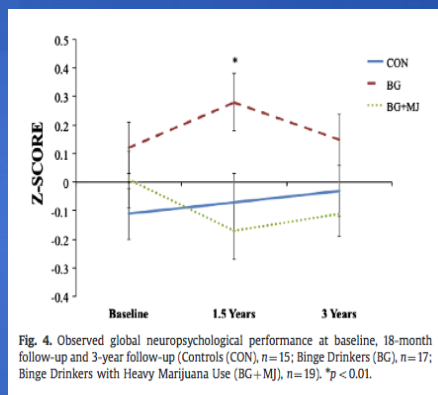
Brain Development and Cannabis

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

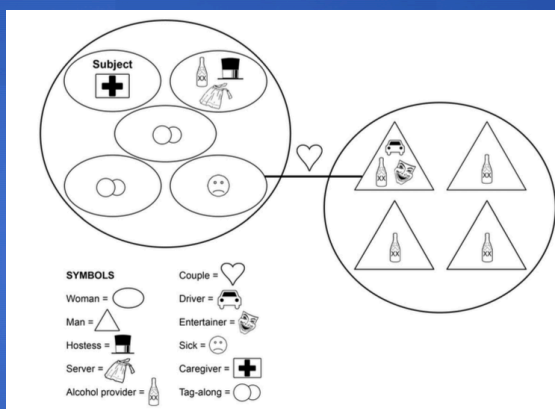


"However, it remains surprising that our marijuana users do not show a marked decrease in tissue integrity compared to the binge drinkers given their consistent and heavy co-occurring use."

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.

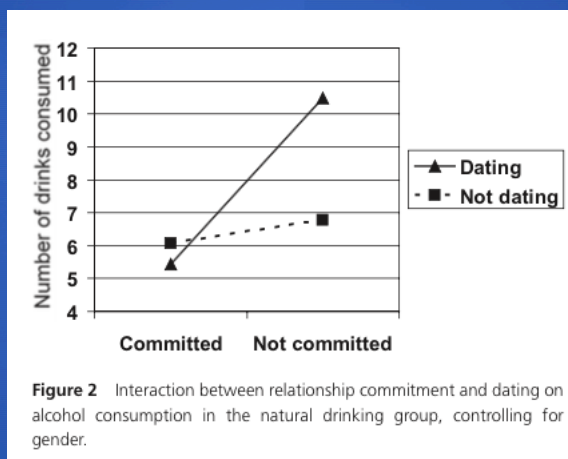
Social Context

- 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.

It matters who you drink with...



Devos-Comby, Loraine, Jason Daniel, and James E. Lange. "Alcohol Consumption, Dating Relationships, and Preliminary Sexual Outcomes in Collegiate Natural Drinking Groups." *Journal of Applied Social Psychology* 43, no. 12 (2013)

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

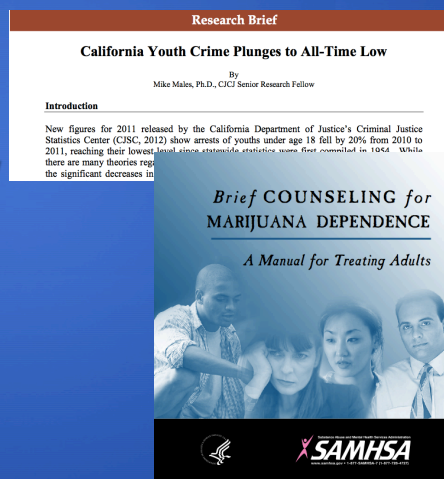
1. It's illegal and against campus policy. There is no age variance on this.
2. Since almost all are over 18, therefore most of the research on early onset does not apply
3. Discontinuity of enrollment is a risk, but unclear at what level of use
4. Regular use (definition likely will fall somewhere between 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.

Clinical Aspect

- Changes to DSM
 - DSM V removes legal consequences as diagnosis criteria.
- Legal contact as an identifier/Referral
- Motivation for treatment in a de-stigmatized social environment. 2 of the 3 examples related to stigmatized use as the main problem.



Border Towns – Mexico and States



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.



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
- California's medical legalization without regulated sales has lead to an extremely ad hoc and chaotic system.

"California has a very mature marijuana industry and it's just not regulated," ... "We're the worst of all worlds. This report bears out the fact that we haven't answered a lot of questions."

"Why California Is The 'Worst Of All Worlds' When It Comes To Marijuana." *The Huffington Post*. Accessed March 29, 2015. http://www.huffingtonpost.com/2015/03/27/gavin-newsom-marijuana_n_6953750.html.

Things that worry me

- Delivery services
- THC-based edibles 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



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
- Schedule II Effects. Does this trigger ADA and Fair Housing Accommodations. Does it remove medical use from DFSCA restrictions?



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>

Avoid looking foolish, hypocritical and cherry-picking thin research



"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

Adapting prevention strategies in the era of marijuana legalization

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