Charting the Course of Changing Marijuana Attitudes, Policy, and Programs

VSIAS
July 2017
Dr. Mary Crozier, CCoVA Chair
As a result of this presentation participants will be able to:

List a new medical, academic, motor, and behavioral risk factors of long and short term marijuana use

List two new Virginia legislative proposals that would change marijuana sanctions, sentencing guidelines, and medical uses

Discuss the pros and cons of national efforts to decriminalize marijuana

Discuss medical uses of marijuana, THC oils, and their synthetic equivalents

List two new strategies to address marijuana policy changes and health care reform as per SAM
What’s the current buzz on marijuana?

➢ What are clients saying?
➢ What is your community saying?
➢ How does your personal experience with marijuana impact your work?
➢ What are your concerns?
➢ What stand should the field of addictions take?
National & State Marijuana Data
Past 30 Day Marijuana Use by State, Ages 12-17

Figure 1. Marijuana use in the past month among youths aged 12 to 17, by state: percentages, annual averages, 2013–2014

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.
Adult Marijuana Use

Longitudinal data on 18-50 year olds across the US found:

- 28% to be long-term moderate marijuana users
- marijuana use was associated with negative health outcomes

(Terry-McElrath et al, 2016)
Marijuana Data

VIRGINIA

- Approx 50% of 12th graders have used marijuana in their lifetime
- 1% of 8th graders use marijuana daily

Monitoring the future 2014

NATIONAL

- 45% of 12 of graders have used marijuana in their lifetime
- 1% of 8th graders use marijuana daily

Monitoring the future 2016
Longitudinal Changes in National Prevalence Rates (NIAAA, 2015)

<table>
<thead>
<tr>
<th></th>
<th>2001-2002</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. adult population marijuana use</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>U.S. adult population marijuana use disorder</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Young adults (18-29) marijuana use</td>
<td>10.5%</td>
<td>21%</td>
</tr>
<tr>
<td>Young adults (18-29) marijuana use disorder</td>
<td>4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>African American marijuana use</td>
<td>5%</td>
<td>13%</td>
</tr>
<tr>
<td>African American marijuana use disorder</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Hispanic American marijuana use</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Hispanic American marijuana use disorder</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>
### VIRGINIA MARIJUANA DATA
(SAMHSA National Survey on Drug Use & Health)

<table>
<thead>
<tr>
<th>Age &amp; Rate of Marijuana Use</th>
<th>12-17</th>
<th>18-25</th>
<th>26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past month</td>
<td>6%/5%</td>
<td>18%/18%</td>
<td>5%/5%</td>
</tr>
<tr>
<td>Past year</td>
<td>13%/11%</td>
<td>32%/30%</td>
<td>10%/8%</td>
</tr>
</tbody>
</table>
## Gender & Marijuana Use, 2015

<table>
<thead>
<tr>
<th>% of High School Students who Currently* Use Marijuana</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>15%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Nationwide</td>
<td>20%</td>
<td>23%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*1+ times during 30 days before survey


<table>
<thead>
<tr>
<th>Age &amp; Rate of Marijuana Use</th>
<th>12-17</th>
<th>18-25</th>
<th>26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>11%</td>
<td>32%</td>
<td>15%</td>
</tr>
<tr>
<td>Virginia</td>
<td>5%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>18%</td>
<td>45%</td>
<td>20%</td>
</tr>
<tr>
<td>Virginia</td>
<td>11%</td>
<td>30%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Past Year Marijuana Use
National/Virginia/Virginia Regional, 2014

Region 1: Northwest VA
Region 2: Northern VA
Region 3: Southwest VA
Region 4: Central VA
Region 5: Eastern VA
Risks of Marijuana Use
Cannabis-Related Disorders

**Cannabis Use Disorder** = problematic pattern, clinically significant impairment as manifested by: increased Q &/or F, unsuccessful efforts to control, increased time, craving, failure to fulfill obligations, continued use despite negative consequences & knowledge of exacerbation by use, important activities reduced, use in hazardous situations, tolerance, withdrawal

**Cannabis Intoxication** = recent use, clinically significant problematic behavioral and psychological changes, and symptoms such as conjunctival injection, increased appetite, dry mouth, tachycardia

**Cannabis Withdrawal** = cessation of heavy & prolonged use and symptoms such as irritability, anxiety, sleep difficulties, decreased appetite, restlessness, depressed mood, and physiological discomfort (abdominal pain, tremors, sweating, fever, chills, headache)

DSM-5 (APA, 2013)
12-17 Year Olds Who Perceived No Great Risk From Smoking Marijuana Once a Month – VA & U.S.
Adults: as past year use increases so too does approval in 50-64 year olds
Adults: as past year use increases so too does approval in 65+ year olds
Marijuana Dependence

Nationwide data collected 2012-2014:

- 1 in 11 marijuana users aged 15+ becomes dependent

- 4.2 million people meet the diagnostic criteria for dependence (SAMHSA, 2016)

- 70% of 12-17 yr old who enter drug treatment do so because of marijuana dependence (American College of Pediatricians, 2016)
# Marijuana Use & Risky Behavior

<table>
<thead>
<tr>
<th>Percent of Students Who Use Marijuana &amp; Engage in Risky Behavior</th>
<th>6-8 graders</th>
<th>9-12 graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry a gun to school</td>
<td>44% Yes</td>
<td>67% Yes</td>
</tr>
<tr>
<td></td>
<td>4% No</td>
<td>21% No</td>
</tr>
<tr>
<td>Take part in gang activity</td>
<td>32% Yes</td>
<td>63% Yes</td>
</tr>
<tr>
<td></td>
<td>3% No</td>
<td>20% No</td>
</tr>
<tr>
<td>Think of suicide often</td>
<td>24% Yes</td>
<td>47% Yes</td>
</tr>
<tr>
<td></td>
<td>4% No</td>
<td>20% No</td>
</tr>
</tbody>
</table>

http://www.pridesurveys.com/customercenter/us15ns.pdf?24559c
What does the research say about marijuana use and risky behavior?

- Adolescent marijuana use increased the odds of a suicide attempt 7-fold (Clarke et al, 2014)

- Consistent marijuana use in young adults was a strong predictor of intimate partner violence for those who were both victims and perpetrators, independent of alcohol use and other risk factors. (Reingle et al., 2012)

- Marijuana use was associated with increased impulsivity and hostile behaviors on the same day and the following day relative to days when marijuana was not used, independent of alcohol use (Ansell et al., 2015)
Educational Under-Achievement

High school students in states with medical marijuana laws had:

- 10% increase in **failing** to earn high school diploma or GED
- 6% increase in **not enrolling** in college
- 2% increase in college degree **non-completion** (Plunk et al., 2016)

Daily marijuana users, with onset before age 17, had reductions in:

- high school completion
- degree attainment (Silins et al., 2014)
Marijuana & Mental Disorders

- **National Academies of Sciences, Engineering and Medicine, 2017** stated: Schizophrenia is a serious risk; the greater the amount of marijuana use the greater the risk.

- **Medical News Today, 2016** stated: Long term use is linked to schizophrenia, anxiety, & depression.

- **American College of Pediatricians, 2016** reported:
  - Depression: Seven-fold increase in chronic users.
  - Suicide ideation: Five-fold increase in chronic users.
  - Psychosis: 50% increase in users vs non users.
Accidental Marijuana Consumption

Risks to children (10 yrs and younger) in Colorado since 2009, when recreational use was legalized:

- 5 x more calls were made to poison control
- Doubling of hospital visits for acute exposure

(JAMA Pediatrics, 2016)
Marijuana Arrests linked with Racial Disparity

- African Americans are 4 times more likely than whites to be arrested for marijuana (ACLU).
- Although Washington state legalized recreational use of marijuana in 2012, in part to correct social injustices, as of 2016 African Americans there remain 3 times more likely to receive a marijuana charge (Jensen & Roussell, 2016).
Virginians Receiving Substance Abuse Services by Primary Drug of Abuse

2015 Biennial Report on Substance Abuse Services, DBHDS, NHSDUH data 2013-2014

![Pie chart showing substance abuse by primary drug of abuse: Alcohol 35%, Marijuana/Hash 21%, Opiates 21%, Cocaine/Crack 8%, Missing 10%, Other 5%]
Percent of Individuals Receiving Substance Abuse Treatment at CSBs for Marijuana (MJ) Use

DBH

D

S

19.23%

20.74%

21.04%

21.26%

21.86%

43.72%

47.02%

47.17%

46.95%

47.47%

0.00%

5.00%

10.00%

15.00%

20.00%

25.00%

30.00%

35.00%

40.00%

45.00%

50.00%

2009

2010

2011

2012

2013

MJ Primary

Percent of Total any MJ
Marijuana Arrests in Virginia, 2015

<table>
<thead>
<tr>
<th>Age</th>
<th># Arrests</th>
</tr>
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<tbody>
<tr>
<td>Under 10</td>
<td>3</td>
</tr>
<tr>
<td>10-15</td>
<td>434</td>
</tr>
<tr>
<td>16-18</td>
<td>3039</td>
</tr>
<tr>
<td>19-24</td>
<td>8732</td>
</tr>
<tr>
<td>25-29</td>
<td>3521</td>
</tr>
<tr>
<td>30-39</td>
<td>3124</td>
</tr>
<tr>
<td>40-49</td>
<td>4325</td>
</tr>
<tr>
<td>50-59</td>
<td>675</td>
</tr>
<tr>
<td>60+</td>
<td>152</td>
</tr>
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(Department of State Police)
Response in Virginia
Recommendations by the Substance Abuse Services Council to the Governor & General Assembly

1. Request a study by the Joint Legislative Audit and Review Commission (JLARC) on the impact of legalization, decriminalization, and medical use of marijuana.

2. Implement a program for research and data collection.

3. Encourage collaboration among concerned stakeholders.

(Annual Report, October, 2015)
Response for Medical Marijuana 2015

SB 1235

Possession or distribution of marijuana for medical purposes; epilepsy. Provides an affirmative defense in a prosecution for the possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil possessed pursuant to a valid written certification issued by a practitioner of medicine or osteopathy licensed by the Board of Medicine for purposes of treating or alleviating a patient's symptoms of intractable epilepsy. The bill provides that a practitioner shall not be prosecuted for distribution of marijuana under the circumstances outlined in the bill. The bill contains an emergency clause. This bill is identical to HB 1445.
### Response of the VA General Assembly 2017

<table>
<thead>
<tr>
<th>SB 784</th>
<th>SB 1298</th>
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<tr>
<td>SB 1091</td>
<td>SB 1452</td>
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<td>HB 2051</td>
<td>SB 831</td>
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<tr>
<td>HB 1906</td>
<td>SB 908</td>
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<tr>
<td>SB 1269</td>
<td>HB 1637</td>
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<td>SB 841</td>
<td>SB1027</td>
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**Bills Introduced in 2017**

**SB 784**

*Marijuana offenses; driver's license forfeiture, etc.* Driver's license; marijuana possession. Revises the existing provision that a person loses his driver's license for six months when convicted of or placed on deferred disposition for a drug offense to provide that the provision does not apply to deferred disposition of simple possession of marijuana. The exception applies only to adults; juveniles will still be subject to license suspension. The provisions of the bill are contingent upon written assurance from the U.S. Department of Transportation that Virginia will not lose any federal funds as a result of implementation of the bill.

**SB 1091**

*Driver's license; marijuana possession.* Revises the existing provision that a person loses his driver's license for six months when convicted of or placed on deferred disposition for a drug offense to provide that the provision does not apply to deferred disposition of simple possession of marijuana. The exception applies only to adults; juveniles will still be subject to license suspension. The provisions of the bill are contingent upon written assurance from the U.S. Department of Transportation that Virginia will not lose any federal funds as a result of implementation of the bill.
HB 2051

Driver's license; marijuana possession. Revises the existing provision that a person loses his driver's license for six months when convicted of or placed on deferred disposition for a drug offense to provide that the provision does not apply to deferred disposition of simple possession of marijuana. The exception applies only to adults; juveniles will still be subject to license suspension. The bill provides that a court retains the discretion to suspend or revoke the driver's license of a person placed on deferred disposition for simple possession of marijuana and must suspend or revoke for six months the driver's license of such person who was operating a motor vehicle at the time of the offense. The bill also requires that such a person whose driver's license is not suspended or revoked perform 50 hours of community service in addition to any community service ordered as part of the deferred disposition. The provisions of the bill are contingent upon written assurance from the U.S. Department of Transportation that Virginia will not lose any federal funds as a result of implementation of the bill. This bill is identical to SB 1091.

HB 1906

Marijuana; decriminalization of simple marijuana possession. Decriminalizes marijuana possession and provides a civil penalty of no more than $250 for a first violation and $1,000 for a second or subsequent violation. Under current law, a first offense is punishable by a maximum fine of $500 and a maximum 30-day jail sentence, and subsequent offenses are a Class 1 misdemeanor. The bill creates a rebuttable presumption that a person who possesses no more than one-half ounce of marijuana possesses it for personal use and provides that the existing suspended sentence and substance abuse screening provisions apply only to criminal violations or to civil violations by a minor. The bill decreases the penalty for distribution or possession with intent to sell more than one-half but not more than five pounds of marijuana from a Class 5 felony to a Class 6 felony.
Bills Introduced in 2017

SB 1269
Marijuana; decriminalization of simple marijuana possession. Decriminalizes simple marijuana possession and provides a civil penalty of no more than $100 for a first violation, $250 for a second violation, and $500 for a third or subsequent violation. Current law imposes a maximum fine of $500 and a maximum 30-day jail sentence for a first offense, and subsequent offenses are a Class 1 misdemeanor. The bill provides that the suspended sentence/substance abuse screening provisions and driver's license suspension provisions apply only to criminal violations or to civil violations by a juvenile. The bill provides that a court may suspend a driver's license for a civil violation committed by an adult. A civil violation will be treated as a conviction for prohibitions on the purchase or transport of a handgun and disqualification for a concealed handgun permit.

SB 841
Marijuana; possession or distribution for medical purposes, affirmative defense for treatment. Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer, human immunodeficiency virus, acquired immune deficiency syndrome, Tourette syndrome, amyotrophic lateral sclerosis, multiple sclerosis, Crohn's disease, or complex regional pain syndrome. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.
Bills Introduced in 2017

SB 1298
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, nail patella, cachexia or wasting syndrome, multiple sclerosis, or complex regional pain syndrome. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

SB 1452
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.
Bills Introduced in 2017

SB 831
Marijuana; manufacture or possession, accommodation to another individual, penalty. Manufacture of marijuana; accommodation; penalty. Provides that a person who proves that he manufactured marijuana or possessed marijuana with the intent to manufacture marijuana only as an accommodation to another individual who is not an inmate in a correctional facility, and without the intent to profit from such manufacture or possession with the intent to manufacture or to induce the recipient or intended recipient of the marijuana to use or become dependent upon marijuana, is guilty of a Class 1 misdemeanor. Currently, manufacturing marijuana or possessing marijuana with the intent to manufacture is a felony punishable by imprisonment of five to 30 years regardless of the person's intent.

SB 908
Marijuana; decriminalization of simple marijuana possession. Decriminalizes marijuana possession and provides a civil penalty of no more than $250 for a first violation and $1,000 for a second or subsequent violation. Under current law, a first offense is punishable by a maximum fine of $500 and a maximum 30-day jail sentence, and subsequent offenses are a Class 1 misdemeanor. The bill creates a rebuttable presumption that a person who possesses no more than one-half ounce of marijuana possesses it for personal use and provides that the existing suspended sentence and substance abuse screening provisions apply only to criminal violations or to civil violations by a minor. The bill decreases the penalty for distribution or possession with intent to sell more than one-half but not more than five pounds of marijuana from a Class 5 felony to a Class 6 felony.
### Bills Introduced in 2017

**HB 1637**

**Possession or distribution of marijuana for medical purposes; Crohn's disease.** Provides an affirmative defense in a prosecution for the possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil possessed pursuant to a valid written certification issued by a practitioner of medicine or osteopathy licensed by the Board of Medicine for purposes of treating Crohn's disease or alleviating such patient's symptoms. The bill provides that a practitioner shall not be prosecuted for distribution of marijuana for the treatment of or for alleviating the symptoms of Crohn's disease.

**HB 2135**

**Medical marijuana; written certification.** Allows a person to possess marijuana or tetrahydrocannabinol pursuant to a valid written certification issued by a physician for the treatment of any medical condition and allows a physician or pharmacist to distribute such substances without being subject to prosecution. Under current law, a person has an affirmative defense to prosecution for possession of marijuana if the marijuana is in certain forms and the person has been issued a written certification by a physician that such marijuana is for the purposes of treating or alleviating the person's symptoms of intractable epilepsy. The bill requires that the person issued the written certification register with the Board of Pharmacy which will issue the person an identification card upon registration. The bill also clarifies that the penalties for forging or altering a recommendation for medical marijuana or for making or uttering a false or forged recommendation are the same as the penalties for committing the same acts with regard to prescriptions.
Bills Introduced in 2017

SB 1027

Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. This bill contains an emergency clause.
CCoVA rationale for opposing the 2017 bills:

There are already FDA approved drugs (dronabinol and nabilone) available that contain THC and parallel the effects of marijuana. In addition, there are over 300 active clinical trials involving CBD oils for all conditions.

Marijuana is NOT medicine. CBD-THC-A oils are not FDA approved medicines.

FDA approved drugs are the only way to ensure proper recommended dosage and patient safety through side effect and drug interaction warning labels.

Marijuana & its extracts are dangerous and addictive illegal Schedule 1 drugs according to federal law and the DEA.

The potency levels of THC increase when CBD-THC-A oils are heated in vape pens and e-cigarettes.

The Governor’s Substance Abuse Service Council recommendation indicates no changes be made to Virginia marijuana laws until a study is conducted.

Marijuana usage, including oils, is linked to mental illness and opioid use.

Legalization of marijuana dramatically increases traffic related crashes and fatalities. (Rocky Mountain High Intensity Drug Trafficking Agency (HIDTA) 2016 report & Northwest HIDTA 2016 report)

If the penalties for possessing an illegal Schedule 1 drug are reduced, it removes the deterrence factor and reduces the perception of harm, which increases youth and adult usage. (“The National Survey on Drug Use and Health” reports, from SAMHSA, that increased access to marijuana increased usage in 12-17 year olds.)

Revenues collected from marijuana DO NOT outweigh the negative impacts on public safety, the workplace, academics, health, black market and natural resources.

States which begin with decriminalization of marijuana progress to medical marijuana & then full legalization.
Decriminalization – Legalization – Medicalization – Recreational

- What are the benefits and risks of each?
- What would Virginia look like if it adopted one or more?
- How are they differ and similar?
Marijuana Use and State Legalization Status

2014-2015 National Survey on Drug Use and Health, Ages 12 and Older
Join CCoVA!

- Networking with prevention and treatment professionals
- Collaborate on region specific, community based prevention efforts
- Monitor bills being currently researched
- Learn about Smart Approaches to Marijuana; https://learnaboutsam.org/
- Find your legislator http://whosmy.virginiageneralassembly.gov/
- Inform your legislators as their constituent and connection to the people
- Advocate for smart approaches to marijuana!
Take Action...

- Keep abreast of SAM and marijuana research/data
- Write &/or call political representatives (city, state & national)
- Talk with colleagues about initiating *Environmental Prevention* that helps clients within a community-wide context
- Launch a well planned public education campaign that confront myths
- Examine attitudes and voting practices of political leaders then share your cumulative “report card” with the media
- Lobby for increased marijuana prevention/treatment funding and services
Be an effective advocate for marijuana prevention and treatment

- Identify and convene a meeting with legislative experts
  - Chiefs of Police Association
  - Fraternal Order of Police
  - Local Police Department
  - Health Department Legislative Chairs


- Meet with local Senators and Delegates

- Meet with committees and/or committee chairs

- Create awareness of substance included in legislation of concern via email blasts to legislators

- Be present! Speak during committee meetings and votes

- Establish your credibility and become the “go to” source for data

- Become the advocacy coordinator and voice for coalitions and state agencies
CCoVA contacts:

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