



MARIJUANA IN SAN DIEGO COUNTY

Linda Bridgeman-Smith
Behavioral Health Services



Marijuana in San Diego County

Behavioral Health Advisory Board

December 2018

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health
Services

MPI

Marijuana
Prevention
Initiative

San Diego County

WELCOME!

Joe Eberstein – Program Manager, Center for
Community Research, San Diego County
Marijuana Prevention Initiative



MPI

Marijuana
Prevention
Initiative

San Diego County

CURRENT MARIJUANA LAWS

AT THE FEDERAL LEVEL POT REMAINS SCHEDULE (1)

This includes all parts of the marijuana plant including: Hemp products, CBD oil - all of it!

“In January 2018 the Feds rescinded the Cole memo thus allowing US Attorneys to intervene in States marijuana laws”.

Table 1. Definitions for Schedule I – V Drugs

Schedule I Drugs

- High potential for abuse
- No currently accepted medical use in the U.S.
- Lack of accepted safety for use of the drug under medical supervision

Schedule II Drugs

- High potential for abuse
- Currently accepted medical use in the U.S.
- Abuse may lead to severe psychological or physical dependence

Schedule III Drugs

- Potential for abuse less than schedule I and II drugs
- Currently accepted medical use in the U.S.
- Abuse may lead to moderate or low physical dependence or high psychological dependence

Schedule IV Drugs

- Lower potential for abuse less than schedule III drugs
- Currently accepted medical use in the U.S.
- Abuse may lead to limited physical or psychological dependence relative to schedule III substances

Schedule V Drugs

- Low potential for abuse relative to schedule IV substances
- Currently accepted medical use in the U.S.
- Abuse may lead to limited physical or psychological dependence relative to schedule IV substances

STATE BREAK DOWN RETAIL SALES - 2018

- Retail sales and licensing of marijuana began in some cities including the City of San Diego January 2018.
- **CA will be the world's largest marijuana market.** Currently, fewer than one in three cities (144 out of 482) allow any kind of cannabis business to operate in their borders. And just 18 of the state's 58 counties permit cannabis businesses in unincorporated areas.

This is expected to change

- Fewer than one in five California cities welcome medical marijuana dispensaries, while fewer than one in seven allow recreational cannabis stores.

LOCAL RETAIL SALES UPDATE

- State excise tax imposed on recreational marijuana no tax on medicinal products.

The City of San Diego has the largest amount of legally operating recreational cannabis business/pot shops in the region. (14)

Currently 30 permitted marijuana production facilities with a total cap of 40 within the city.

- No public consumption.
- Edible products cannot be shaped like a human, animal, insect, or fruit.



LOCAL POLICY UPDATE POST 2018 ELECTION

March 2017- County ban for unincorporated areas.

- La Mesa, Chula Vista have passed tax measures for retail sales with Vista still deciding.
- Escondido has some of the toughest pot laws in the State.
- Escondido and Chula Vista updated the social host ordinance to include marijuana and controlled substances.
- Several municipalities including the County, San Marcos, Escondido, San Diego have supported drugged driving proclamations to raise awareness.

NEW STATE AGENCY

MPI

Marijuana
Prevention
Initiative

San Diego County

BUREAU OF CANNABIS CONTROL (BCC)

Bureau of Cannabis Control (BCC) – lead agency in developing regulations for medical and adult use and responsible for licensing retailers, distributors, testing labs and micro businesses.

CA Dept. of Public Health - Office of Manufactured Cannabis Safety regulating manufacturers of edibles for both medical and non- medical use.

CalCannabis Cultivation Licensing, a branch of the **CA Dept. of Food and Agriculture** - develop regulations to license cultivators for both medical and non, track and trace program to record seed to sale through distribution.

ACCESS AND DELIVERIES

- Micro businesses and mom and pop shops losing business to corporations.
- The transition from store fronts to delivery services.
- **Delivery services operating in jurisdictions with bans. The BCC had a 45 day open comment period regarding this issue.**

BCC ACTION

 **MERRY JANE**

Tuesday, November 27, 2018 | 9:51 AM



Sign Up / Sign In

Subscribe

News

Culture

Health

Music

Photos

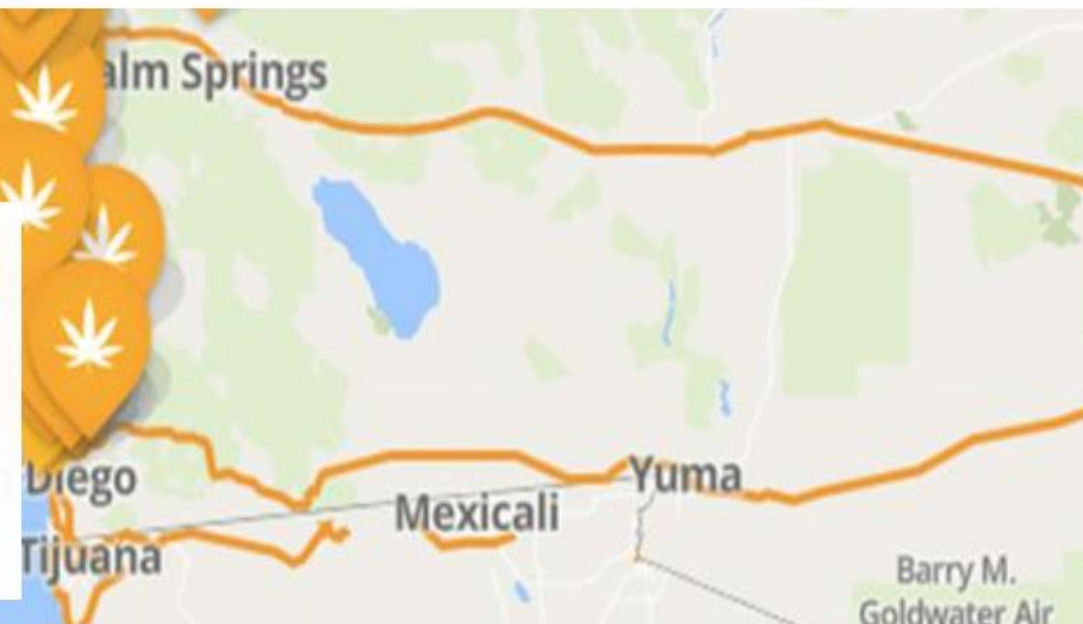
Videos

Goods

Dispensaries

SESH

Weedmaps Rejects Warning from California Regulators, Continues Advertising Unlicensed Dispensaries



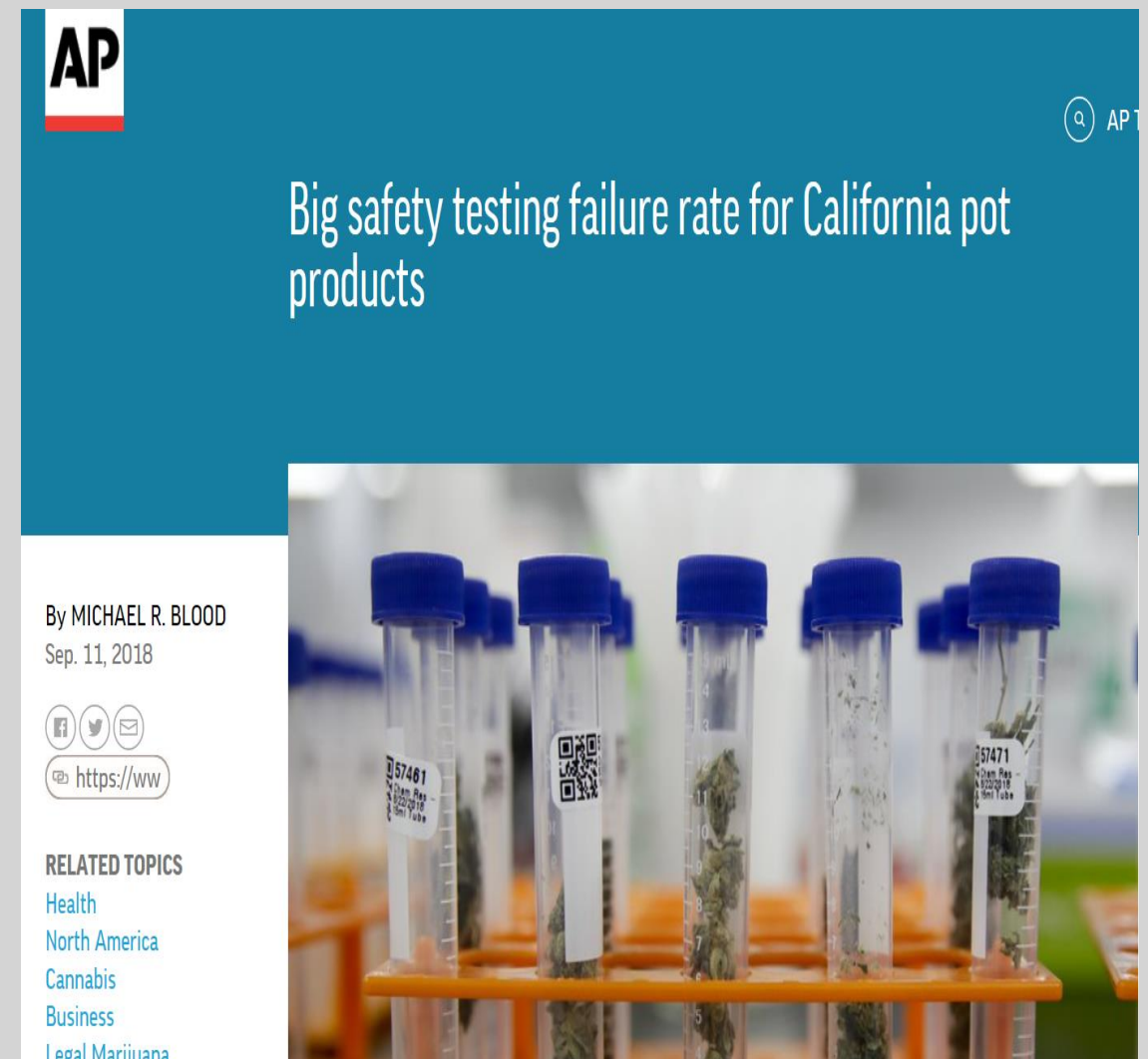
by Zach Harris | NEWS | Mar 13, 2018

Executives at the online dispensary directory said that they are not a California cannabis licensee, and therefore should not be subject to sanctions from California's Bureau of Cannabis Control.

The wild west showdown between California's Bureau of Cannabis Control (BCC) and the popular online dispensary finder Weedmaps continued this week, with executives at the weed-focused tech company pushing back against a cease and

TESTING FOR CALIFORNIA POT PRODUCTS

- Mandatory testing of cannabis products effective 7/1/2018.
- 20% failure rate
- High levels of pesticides, solvents and bacteria, including E. coli and salmonella, according to data provided to The Associated Press by the state Bureau of Cannabis Control.



OF INTEREST

Employers can still drug test and terminate an employee that fails a mandatory drug screen.

No consumption allowed while driving or in vehicles.

A recent decision now allows a cannabis based drug to be used on school property.

EVOLVING USE

MPI

Marijuana
Prevention
Initiative

San Diego County

ALL ABOUT THE LIQUID NOT THE HERB!

- Marijuana products are much more potent than even a few years ago.
- Use of vaping devices make it difficult to quantify amounts consumed.
- High THC potency products have never been fully researched for impacts to health. Due to research restrictions and availability.
- Long term vaping impacts have never been fully researched, the products are fairly new.

CONCENTRATES - WAX, BUTANE HASH OIL, EDIBLES

(BUD CONTAINING - 26% THC, CONCENTRATES MAY CONTAIN 30 - 99%)



VAPING



FDA brings e-cigarettes under federal authority

MATTHEW PERRONE
Associated Press
May 05, 2016



FILE - In this April 23, 2014, file photo, a man smokes an electronic cigarette in Chicago. On Thursday, May 5, 2016, the Food and Drug Administration released long-awaited rules that bring the burgeoning electronic cigarette industry under federal oversight. (AP Photo/Nam Y. Huh, File)

WASHINGTON (AP) — New federal rules announced Thursday have the potential to upend the multibillion-dollar electronic cigarette industry just as it is attempting to position itself as an alternative to traditional cigarettes.

Under the long-awaited rules issued by the Food and Drug Administration, hundreds of e-cigarette brands will have to undergo a lengthy federal review to stay on the market. The rules will bring the burgeoning industry under federal oversight for the first time.

The changes will limit e-cigarette sales to minors and require new health warnings. In a shift vigorously opposed by the industry, manufacturers must seek federal permission to continue marketing all e-cigarettes launched since 2007, making up the vast majority of the market.



MPI

Marijuana
Prevention
Initiative

San Diego County

UNEXPECTED SITUATIONS

NEW FDA APPROVED CBD BASED MEDICINE

- The drug, Epidiolex, is derived from cannabidiol (CBD), one of the hundreds of chemicals found in the marijuana plant, and contains less than 0.1 percent of tetrahydrocannabinol (THC), the psychoactive component that makes people high.
- The drug's approval permits its use in patients aged two years and older with **Dravet Syndrome (DS)** and **Lennox-Gastaut Syndrome (LGS)**, rare childhood-onset forms of epilepsy that are among the most resistant to treatment.



- FDA ACTIONS -

Unproven Claims –

Combats tumor and cancer cells;”

“CBD makes cancer cells commit ‘suicide’ without killing other cells;”

“CBD ... [has] anti-proliferative properties that inhibit cell division in certain types of cancer.

“Non-psychoactive cannabinoids in pot may be effective in treating breast cancer.”



STATE TAKES ACTION!

[NEWS](#)[SEEN ON FOX 5](#)[NOV. 6 ELECTION](#)[CONTESTS](#)[BE OUR GUEST](#)[ENTERTAINMENT](#)[SPORTS](#)[WEATHER](#) 70°[STAY CONNECTED](#)

52 arrested in statewide crackdown on illegal pot growers

POSTED 5:33 PM, OCTOBER 4, 2018, BY [CITY NEWS SERVICE](#)



SAN DIEGO — State Attorney General Xavier Becerra Thursday announced the arrest of 52 people as part of an enforcement effort billed as the nation's largest mobilization to eradicate illegal marijuana cultivation.

The three-month California Campaign Against Marijuana Planting operation resulted in the seizure of 614,267 cannabis plants and 110 weapons at more than 250 illegal grow sites, according to state officials.

The recently concluded crackdown on illegal indoor and outdoor marijuana cultivation



OPIOIDS DEATHS

SD Medical Examiner cases 2016:

- THC was found in 25.8% (125 out of 484) accidental overdose deaths.
- THC found in 25.2% of prescription drug overdose deaths, more than any single medication, and a higher association than benzodiazepines.

AP

CBD-infused products are being sold everywhere in California — but are they legal?

By Laura Newberry Los Angeles Times (TNS) 11 hrs ago



LOS ANGELES — Greg and Gary Avetisyan make no secret of it: They proudly sell all manner of products infused with CBD, from essential oils to bath bombs to fruity tealike beverages that promise calming relief in a frantic world.

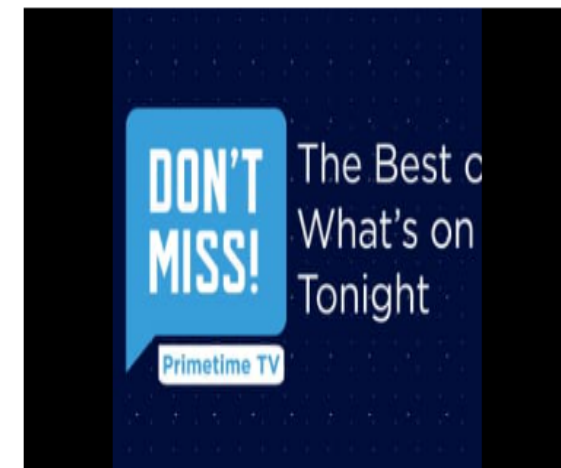
CBD, short for cannabidiol, is a molecule derived from cannabis. But unlike its chemical cousin THC, it won't get you high. What it might do, according to some research, is alleviate anxiety, seizures, chronic pain and dozens of other ailments.

The Avetisyan brothers' belief in the alleged benefits of the extract is so steadfast that they opened California's first CBD-only store, Topikal, in Tarzana last year and opened a second along the Venice Beach boardwalk in April.

Sign up for breaking news alerts:

Submit

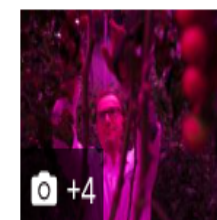
In the eyes of California, however, the Avetisyans' products are being sold illegally, even though they are non-psychoactive.



NOW PLAYING < 1 of 20 > || 🔊 HD
Don't Miss! - 11/06 Preview

NEXT Don't Miss! - 11/06

Trending



The cutting-edge technology that will change the future of farming



Tim Berners-Lee kicks off a

MPI

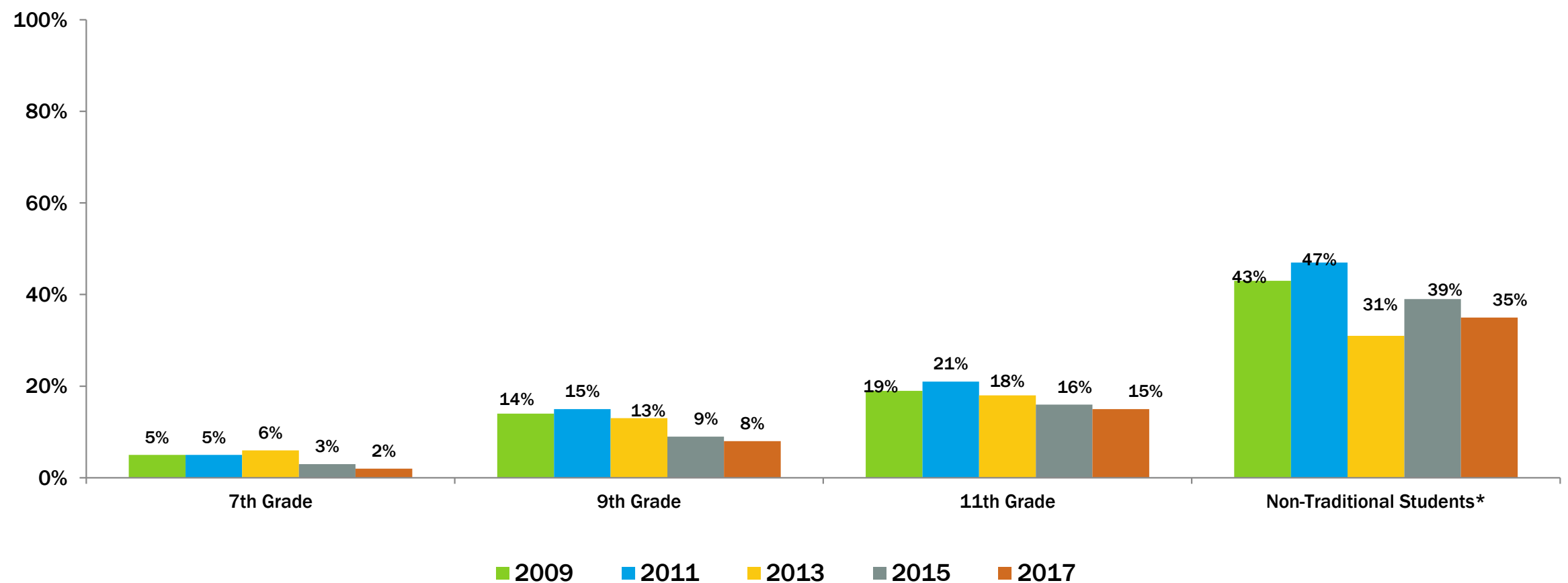
Marijuana
Prevention
Initiative

San Diego County

CURRENT DATA

PAST 30-DAY MARIJUANA USE AMONG SAN DIEGO COUNTY YOUTH

Percentage of students reporting past 30-day use of marijuana by grade level

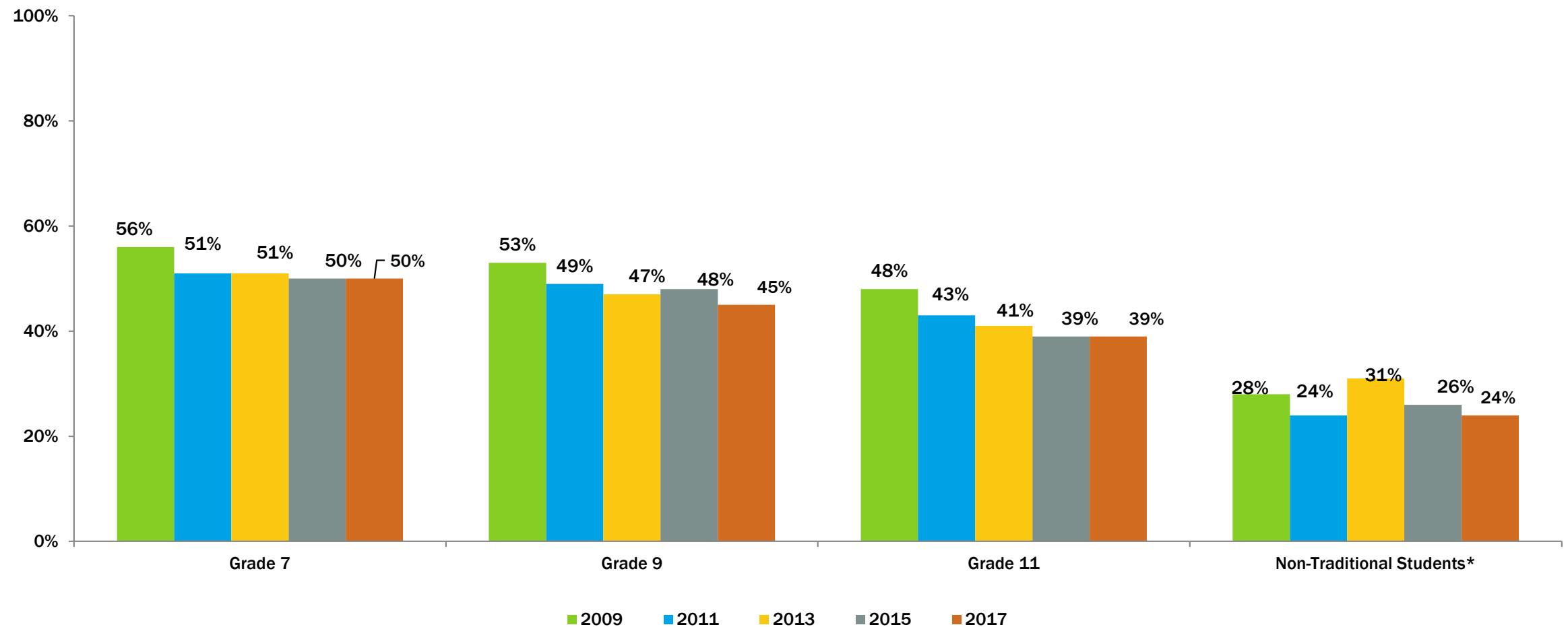


The response rate for non-traditional students participating in the 2013 Survey was lower than in 2009, 2011, 2015 and 2017, which may in part account for the decrease in ease of access rates among this population in 2013.

Source: CHKS Main Reports, San Diego County: 2009 - 2017

PERCEPTION OF HARM

Percentage of students who reported that people greatly risk harming themselves physically or in other ways by smoking marijuana “once or twice a week”



The response rate for non-traditional students participating in the 2013 Survey was lower than in 2009, 2011, 2015 and 2017, which may in part account for the decrease in ease of access rates among this population in 2013.

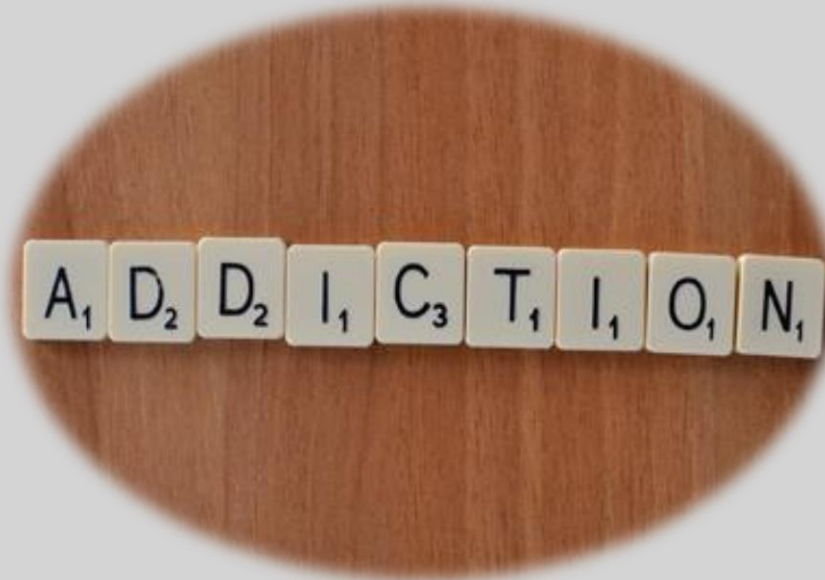
HARM PERCEPTION

Steady decrease in the perception of harm for marijuana.



COUNTY TREATMENT DATA - 2018

- Marijuana is the primary drug of choice for youth ages (12-17) in SD County funded drug treatment.
- Higher use rate than alcohol for this age group.
- Treatment providers observing higher level THC ratios in drug tests.



A₁ D₂ D₂ I₁ C₃ T₁ I₁ O₁ N₁

EMERGENCY DEPT. DISCHARGE DATA

Marijuana-Related Emergency Department Discharge Data San Diego County 2006-2014

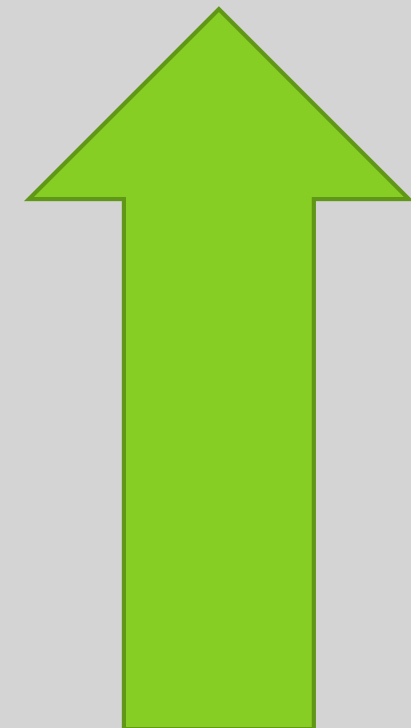
This fact sheet summarizes data obtained from the Office of Statewide Health Planning and Development, Emergency Department Discharge Database on County of San Diego Emergency Department visits related to cannabis use over a nine-year time frame (i.e., 2006-2014).¹ Table 1 provides data on discharges in which cannabis use was (1) the primary diagnosis or (2) either the primary or secondary diagnosis upon discharge (i.e., all diagnoses that included coding for cannabis).² For most secondary cases, individuals came into the Emergency Department for something else (e.g., broken arm, injury, flu, etc.) and cannabis use was added as a secondary diagnosis. In these cases, the drug use may or may not have contributed to the reason for the Emergency Department visit.

Table 1. Cannabis-related San Diego County Emergency Department Discharges by Year									
	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total ER Discharges	573,858	601,102	612,310	643,091	635,302	671,815	698,303	727,510	781,289
Primary Cannabis-related Diagnosis Only									
Primary Cannabis-related Discharges	86	107	77	111	136	188	205	171	232
Primary Cannabis-related Discharge Rate* by Total ER Discharges	15.0	17.8	12.6	17.3	21.4	28.0	29.4	23.5	29.7
Primary Cannabis-related Discharge Rate* by County Population	2.9	3.5	2.5	3.6	4.4	6.0	6.5	5.4	7.2
All Cannabis-related Diagnosis (Primary & Secondary Diagnosis Combined)									
All Cannabis-related Discharges	1,108	1,734	1,851	2,362	3,722	4,300	5,311	7,354	10,302
Cannabis-related Discharge Rate* by Total ER Discharges	193.0	288.5	302.3	367.3	585.9	640.0	760.6	1011.4	1318.6
Cannabis-related Discharge Rate* by County Population	37.1	57.5	60.7	76.7	119.6	137.2	168.0	231.0	320.5

*Rate per 100,000 people

¹ Source: California Office of Statewide Health Planning and Development, Emergency Department Data. Prepared by the California Department of Public Health, Safe and Active Communities Branch. Reports generated from <http://epicenter.cdph.ca.gov> on: March 14, 2016.

² A primary or secondary cannabis-related diagnosis is assigned an ICD-9 code of 304.3 or 305.2 following a positive blood test for the presence of THC or the patient's self-disclosure of use.



CANNABINOID HYPEREMESIS (CH)

Cannabinoid Hyperemesis (CH) should be considered in younger patients with long-term cannabis use and symptoms such as:

- 1) Recurrent nausea**
- 2) Vomiting or (Scromiting)**
- 3) Abdominal pain**
- 4) Desire to take “Hot” showers!**

Lack of awareness of the disease may lead to invasive and costly diagnostic tests, as well as patient and physician frustration.

MARIJUANA AT LOCAL ER'S

Pot is associated with a range of side effects:

- Panic attacks
- Seizures
- Hallucinations
- Psychosis
- Sedation
- Dry mouth
- CH
- Heart palpitations
- Cognitive impairment and slower reaction times



“SECOND HAND” MARIJUANA SMOKE

THE SCIENCE
EXPLORER

TECHNOLOGY

BRAIN AND BODY

NATURE

HUMANITY

UNIVERSITY

Brain and Body

Sick Kids in Colorado Are Testing Positive for THC, Flagging Concern over Secondhand Marijuana Smoke

May 4, 2016 | [Kelly Tatera](#)



In Colorado, THC were found in one in six infants and toddlers admitted to Children’s Hospital (CHC) for coughing, wheezing, and other symptoms of bronchiolitis.

As with secondhand tobacco smoke, children can be exposed to the chemicals in marijuana when it is smoked by someone nearby.

MENTAL HEALTH

MPI

Marijuana
Prevention
Initiative

San Diego County

THC AND MENTAL HEALTH

- Studies have shown that THC can awaken pre-existing mental health issues in people with a genetic history of mental health issues.

Specifically, psychosis related to schizophrenia.

- Paranoia, anxiety, panic, hallucinations and delusions are some possible side effects.

CANNABIS USE DISORDER

DSM-5. Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used in the U.S. by mental health professionals.

In 2013 added “cannabis withdrawal”.

Marijuana users build up a tolerance to the drug, they either have to increase the amount or switch to harder drugs.

Cannabis use disorder

Cannabis use disorder, a cannabis-related disorder coded as 305.20 for mild or 304.30 for moderate or severe, is defined by *DSM-5* as the following:

- A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:
 - Cannabis is often taken in larger amounts or over a longer period than was intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
 - A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
 - Craving, or a strong desire or urge to use cannabis.
 - Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
 - Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
 - Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
 - Recurrent cannabis use in situations in which it is physically hazardous.
 - Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
 - Tolerance, as defined by either a (1) need for markedly increased cannabis to achieve intoxication or desired effect or (2) markedly diminished effect with continued use of the same amount of the substance.
 - Withdrawal, as manifested by either (1) the characteristic withdrawal syndrome for cannabis or (2) cannabis is taken to relieve or avoid withdrawal symptoms

PUBLIC HEALTH AND PREVENTION

MPI

Marijuana
Prevention
Initiative

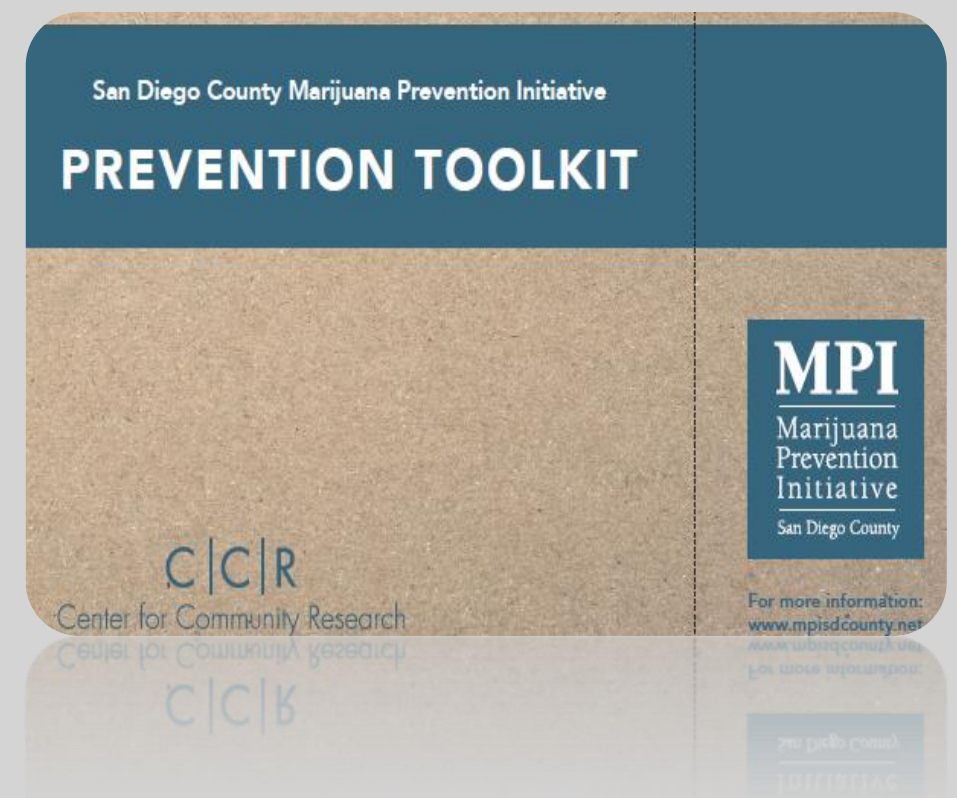
San Diego County

PROP 64

MPI PREVENTION TOOLKIT - 2017

Sample Documents:

- Post Prop. 64 - School District Notification Letter
- Lease Addendum
- “Social Host” Ordinance Language
- Drug Testing Policy
- On Campus use – Fact sheet
- Data points with Treatment Options
- Know the Facts!



MARIJUANA & SCHOOL CAMPUS

If it is not FDA approved, it should not be on school campus.

Administration of Marijuana On School Property

As laws change and access to marijuana products increase, the topic of school staff storing or administering non FDA approved Schedule (1) marijuana to students may be an issue California educators, staff, nurses will have to address. Proposition 64 took effect November 2016, allowing adults 21 and over the ability to possess and grow certain amounts for personal use. No public consumption is allowed. Any recent changes to marijuana policy will have no affect regarding use on campus both medically and recreationally. Here is why!

Items to Consider?	Facts
What were the protocols on campus post prop. 215 – 1996 CA Compassionate Use Act?	<p>1- Most Schools are Federal Property and receive Federal funds. Marijuana is classified federally as a Schedule (1) drug meaning “it has no medical value and high propensity for abuse”. Therefore there should be no product stored or dispensed on school property. FDA approved marijuana medicines do exist - see line 3. These may be allowed. Federal law supersedes State law.</p> <p>2- Non FDA approved dispensary marijuana (wax, oils, edibles, CBD oil) are <u>recommended</u> not prescribed; and are a Schedule (1) drug.</p> <p>3- Marijuana derived medicines are in pill or spray form and <u>prescribed</u> they are Schedule (3) drugs and are FDA approved (dronabinol, sativex, nabilone, marinol etc.)</p>
Were you trained to administer marijuana/products in medical school?	
Where did the products come from and who tested it for safety?	
Are they prescribed by a doctor, where is the	

DEVELOPED MARIJUANA SPECIFIC -LEASE ADDENDUM-

Add a separate lease addendum prohibiting smoking or cultivation on the property. - Specifically address smoking and cultivation, may cause property damage!

“Smoking is Federally prohibited”

Landlords are advised to seek legal advice from a fair housing knowledgeable attorney.

LEASE/RENTAL AGREEMENT ADDENDUM PROHIBITING MARIJUANA

This is an Addendum to the Lease/Rental Agreement between _____
(Landlord) and _____
_____ (Residents) dated _____, with respect to the rental property located at

California _____ (the Premises).

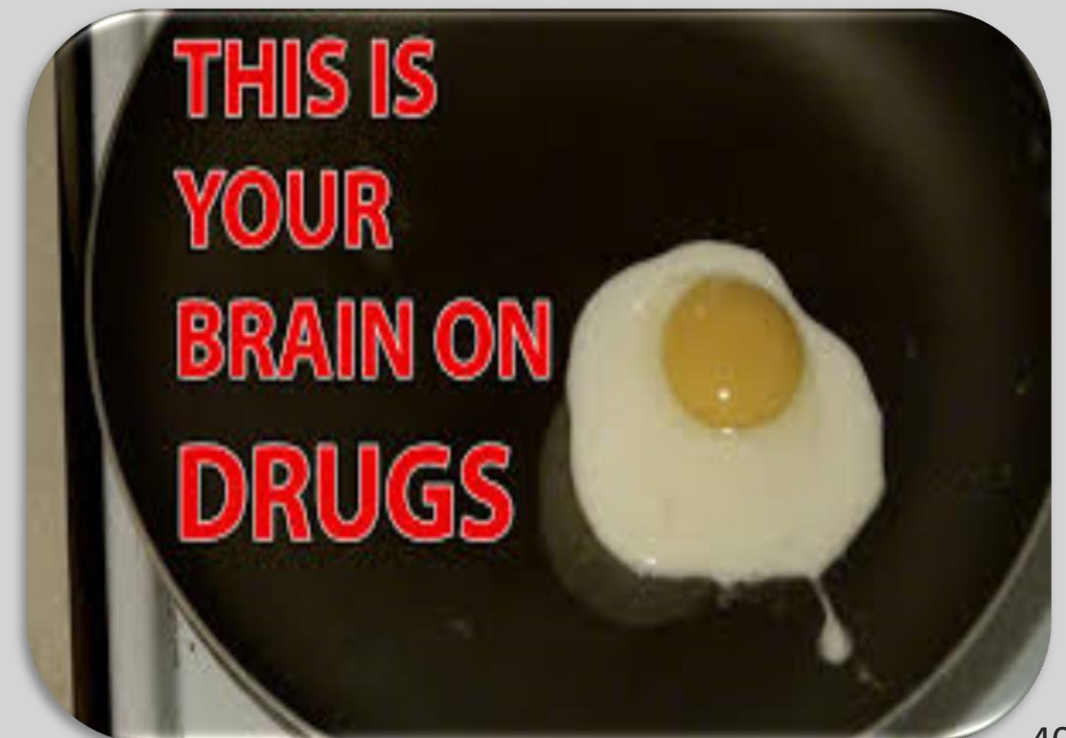
1. Although the personal use, possession and growth of marijuana for medical and recreational purposes are both legal in the State of California, marijuana is still an illegal Schedule 1 drug under the Federal Controlled Substances Act. A Schedule 1 drug is a drug that the federal government deems to have no accepted medical use and a high risk for dependency.
2. Second-hand marijuana smoke has been classified by the Surgeon General as a substance known to cause cancer and other health problems. Drifting smoke and/or vapor from marijuana poses a health risk to other residents, employees and vendors working at the property. The risk is

SCHOOLS: TRAININGS, FORUMS, MEDIA

MPI offers TA, trainings and resources for the community.

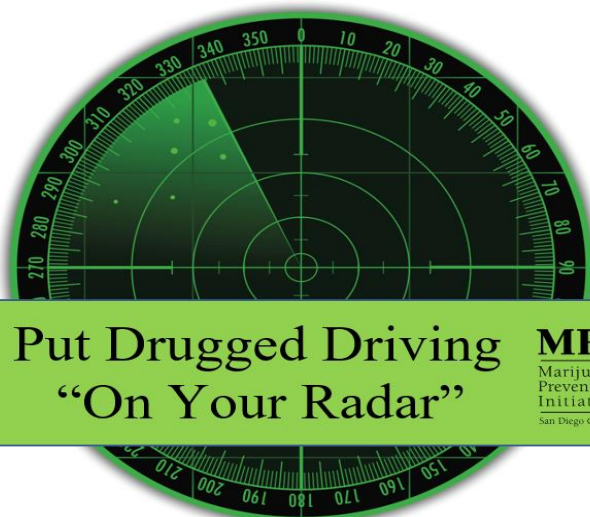
Our information is pulled from reliable sources and the latest research.

- Consistent
- Uniform
- Based on Science



DRUGGED DRIVING CAMPAIGN

- Safe driving windows
- Effects
- Facts and Data
- Guide for clinicians and pharmacists.



CANNABIS & DRIVING

A GUIDE FOR CLINICIANS AND PHARMACISTS

Driving under the influence of any impairing substance is a major cause of motor vehicle crashes. Cannabis can affect driving-related skills, such as response time and the ability to divide attention. Cannabis use is increasing nationwide: a 2014 survey by the CDC found that there were 7,000 new cannabis users every day. Although the impact of acute cannabis use on driving is not clear, it is important that you and your patients understand the facts related to cannabis use and the potential effects on driving.

UC San Diego
SCHOOL OF MEDICINE

OTS
CALIFORNIA OFFICE OF
TRAFFIC
SAFETY

UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

TREDS: Training, Research and Education for Driving Safety
University of California San Diego
9500 Gilman Drive #0811, La Jolla, CA 92093-0811
Tel: (858) 534-9330 • Fax: (858) 534-9404
Website: treds.ucsd.edu • Email: treds@ucsd.edu

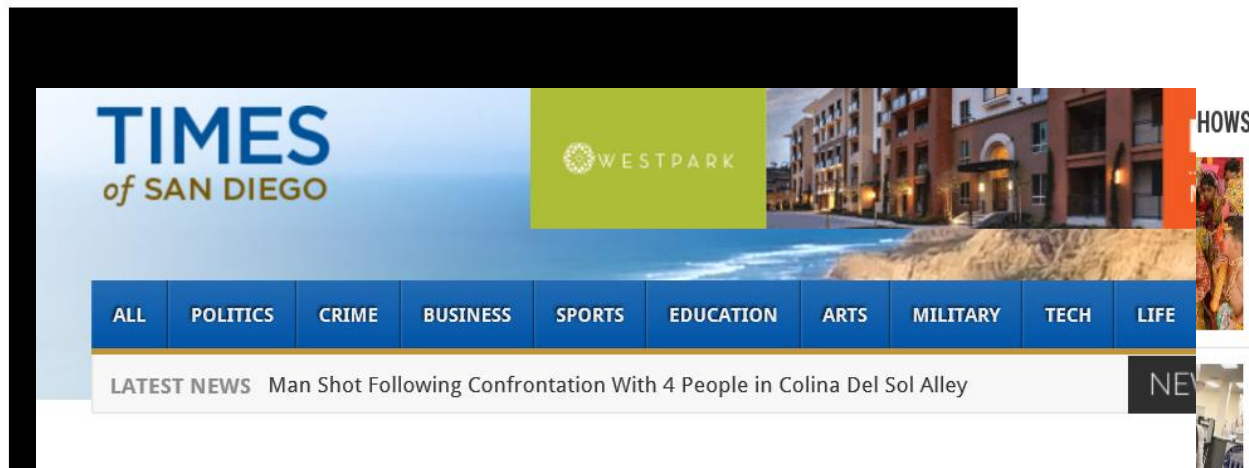
HEALTH

MYSTERIOUS, RARE ILLNESS LINKED TO SMOKING WEED CAUSES SEVERE SCREAMING AND VOMITING

BY JANISSA DELZO ON 12/1/17 AT 2:58 PM

Communities Rally To Highlight Drugged Driving Risks

DECEMBER 30, 2017 BY SDCNEWS



Home » Opinion » This Article

The Hidden Danger in Unregulated Marijuana Edibles

POSTED BY EDITOR ON MARCH 15, 2016 IN OPINION | 926 VIEWS | 0 COMMENTS | [LEAVE A COMMENT](#)

Share This Article:



North county high school students teamed with community members for a rally to bring awareness to the dangers of drugged driving in the community. Courtesy photo: Mental Health Systems

NORTH COUNTY—Community members joined with high school students from Escondido, Poway and San Marcos to hold rallies to raise awareness of the public safety risks associated with driving under the influence of alcohol, prescription and over-the-counter medications,

RECAP

- Juvenile use different than adult use – developing brain.
- THC is the chemical responsible for the psychoactive effects.
- Is marijuana addictive, “yes” the chemical THC can be addictive and may lead to cannabis use disorder.
- Marijuana derived medicines do exist they are in pill, lotion or spray form. (schedule 2 or 3).
- The psychoactive effects from eating marijuana are different than smoking.
- Marijuana liquids can be vaped in a variety of devices.

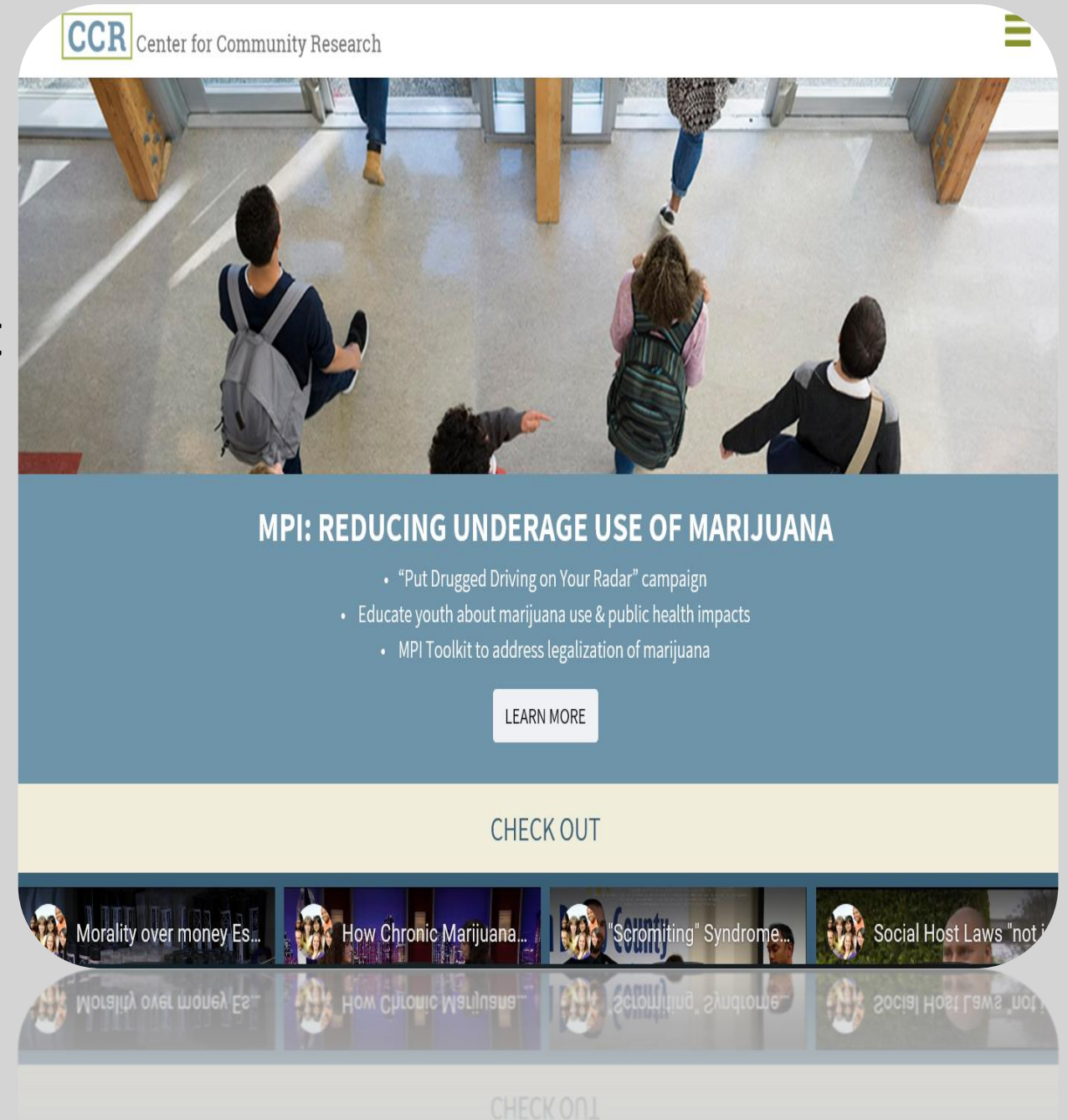
TA AND RESOURCES AVAILABLE

MPI develops and disseminates data documents and educational materials
Examples:

- Informational Postcards, data, fact sheets
- Trainings available for youth, staff, parents.
- Check out our - MPI Prevention TOOLKIT.

NEW MPI website:

<http://www.ccrconsulting.org/mpi>



THANK YOU!

MPI

Marijuana
Prevention
Initiative

San Diego County



Marijuana Use Among the Arrestee Population in San Diego County

Cynthia Burke, Ph.D.
Applied Research Division
December 2018



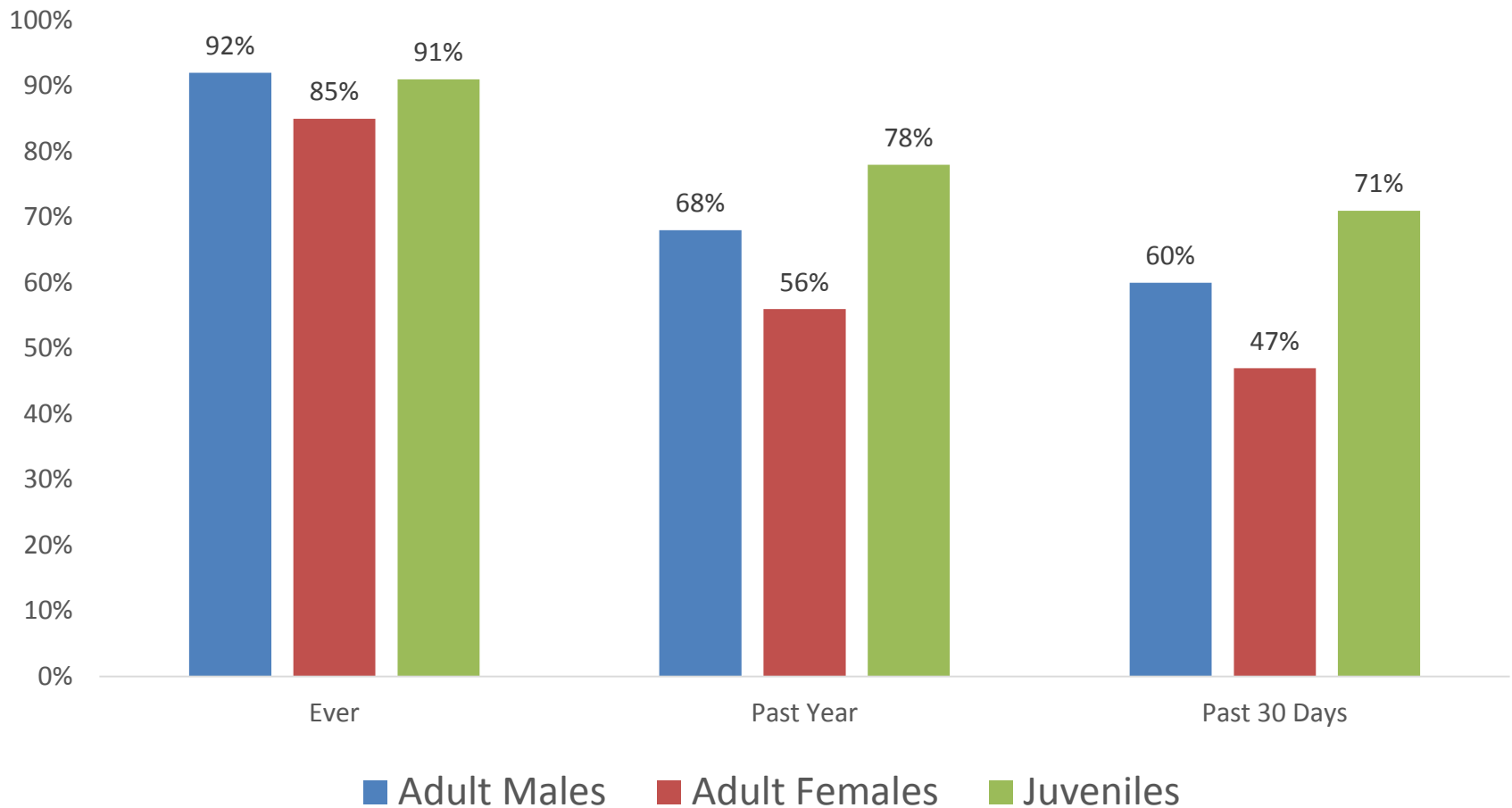
Background

- Funded by National Institute of Justice since 1987
 - Drug Use Forecasting (DUF)
 - Arrestee Drug Abuse Monitoring (ADAM)
- Solely supported with local funds since 2004
- Interviews with adults and juveniles booked into local detention facilities
- Urinalysis identifies recent drug use
- Platform for other research
- Key data for variety of stakeholders

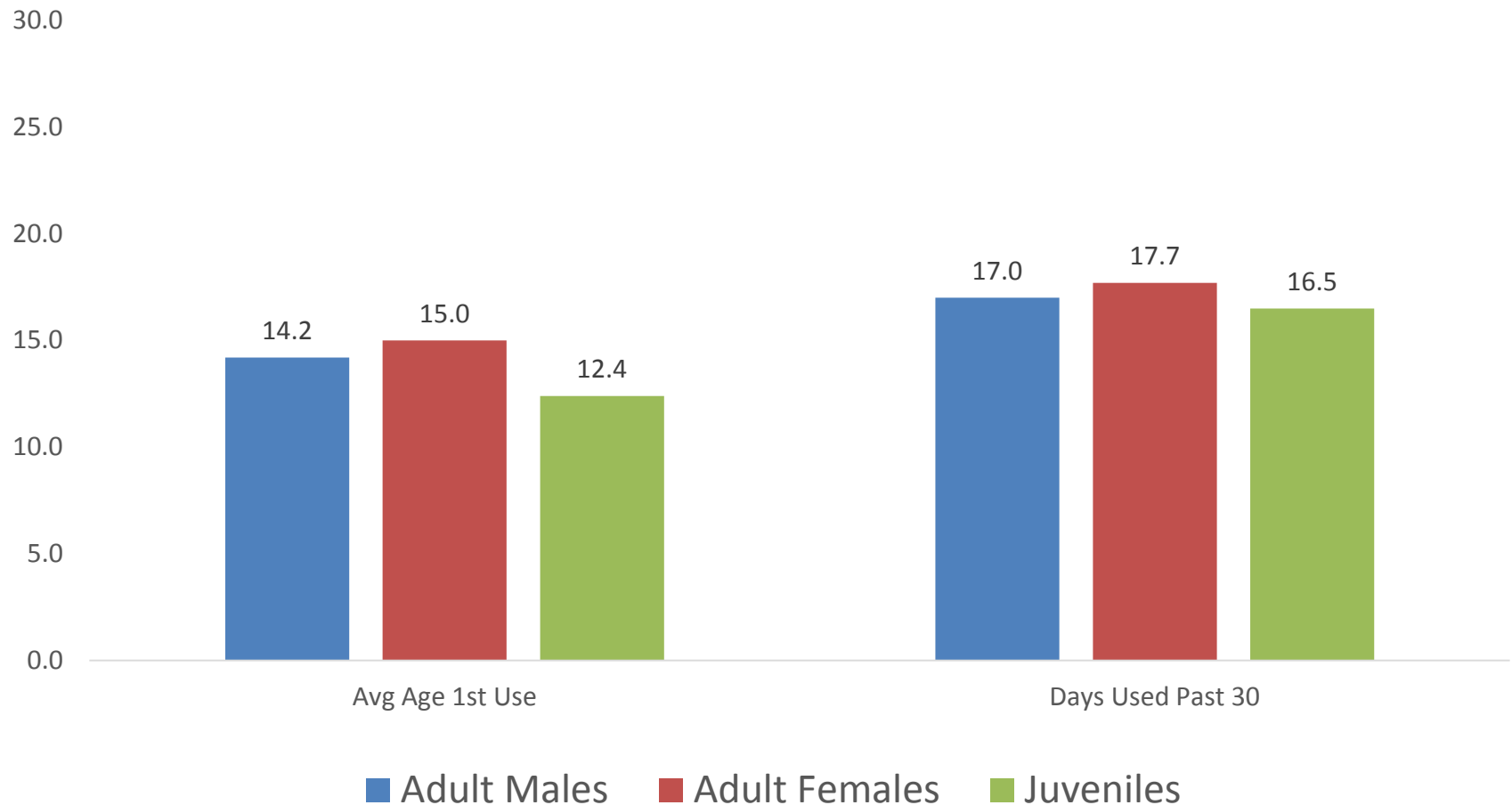
2017 Samples

- 487 adults
 - 335 males, 152 females
 - Average age 37.4 (range 18-89)
 - 45% White, 33% Hispanic, 16% Black, 5% other
 - 31% other, 29% drug, 21% violent, 19% property
- 106 juveniles
 - 79 males, 27 females
 - Average age 15.7 (range 13-19)
 - 56% Hispanic, 23% Black, 16% White, 6% other
 - 50% other, 35% violent, 11% property, 4% drug

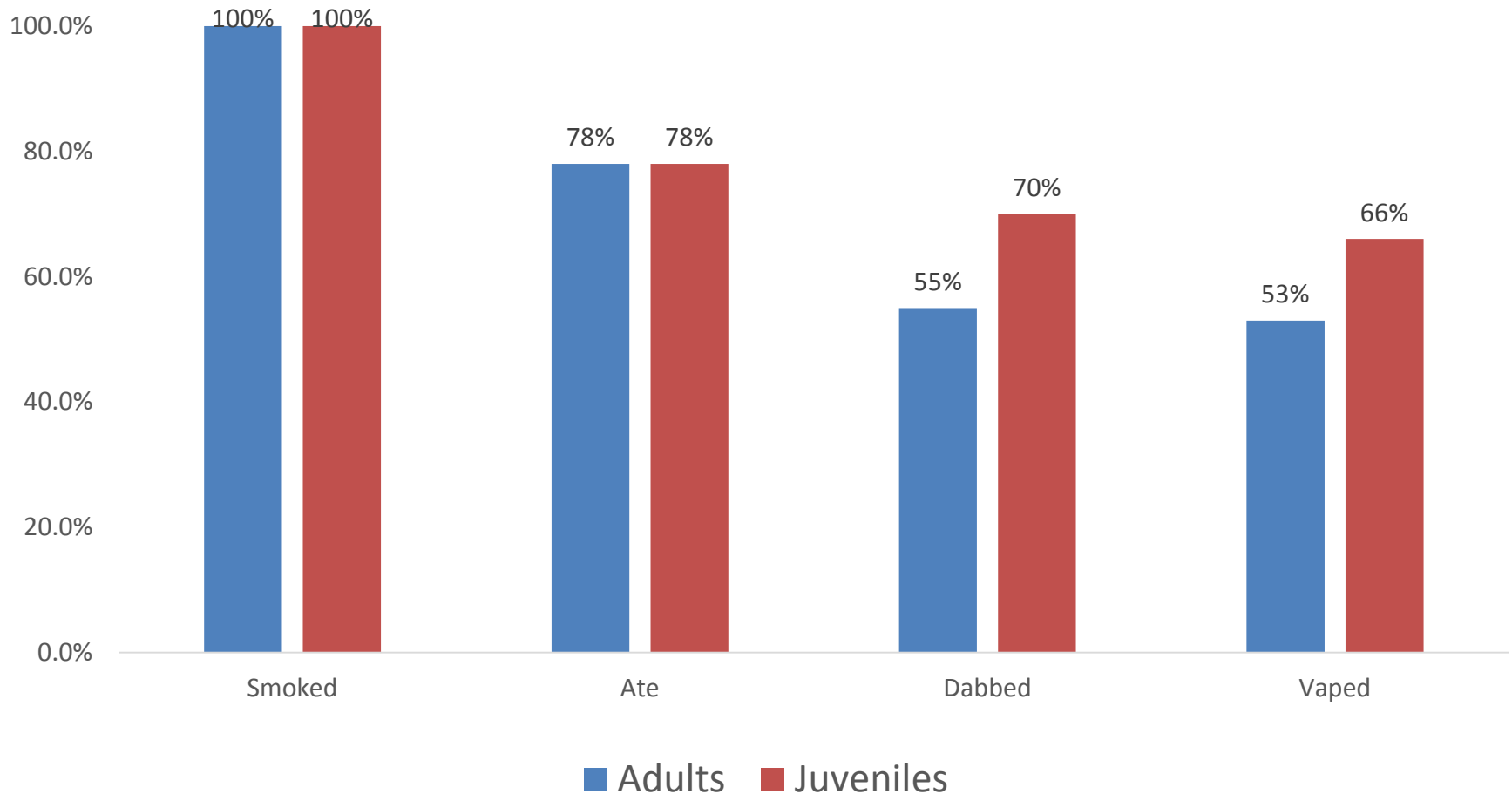
Most Arrestees Have Tried Marijuana



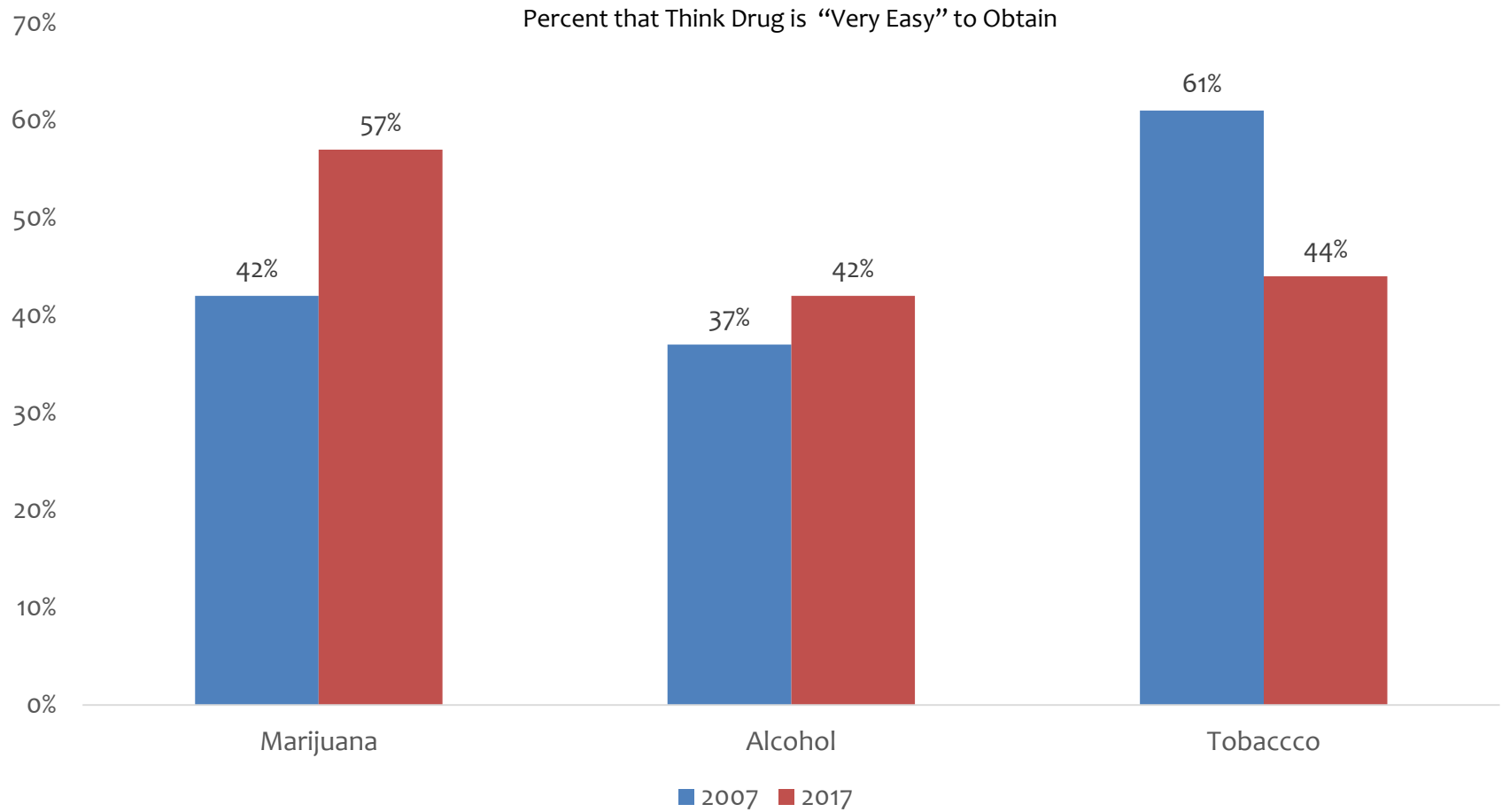
Marijuana Use Starts Early and Recent Use is Frequent



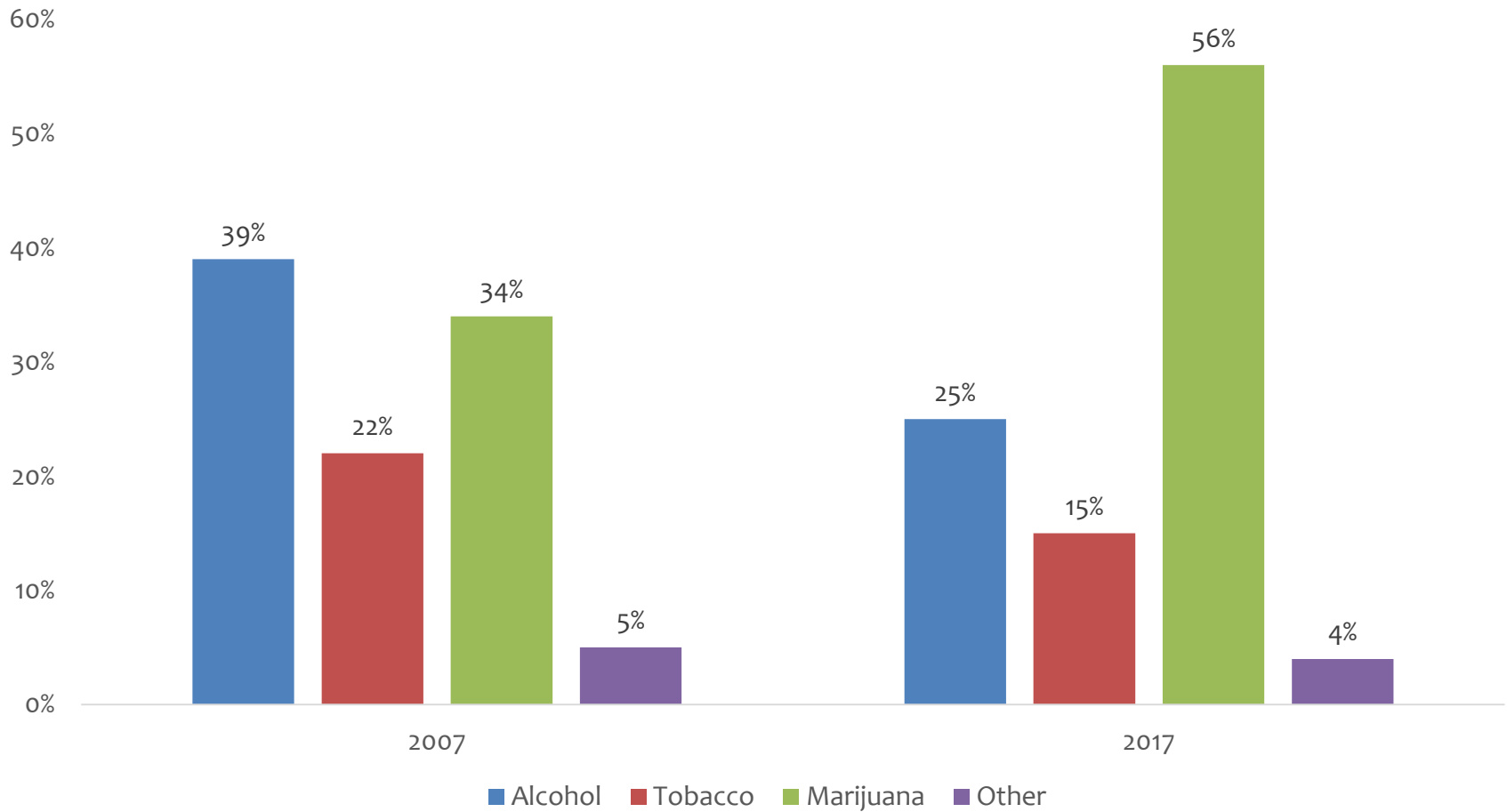
Juveniles Significantly More Likely to Report Dabbing and Vaping Marijuana than Adults



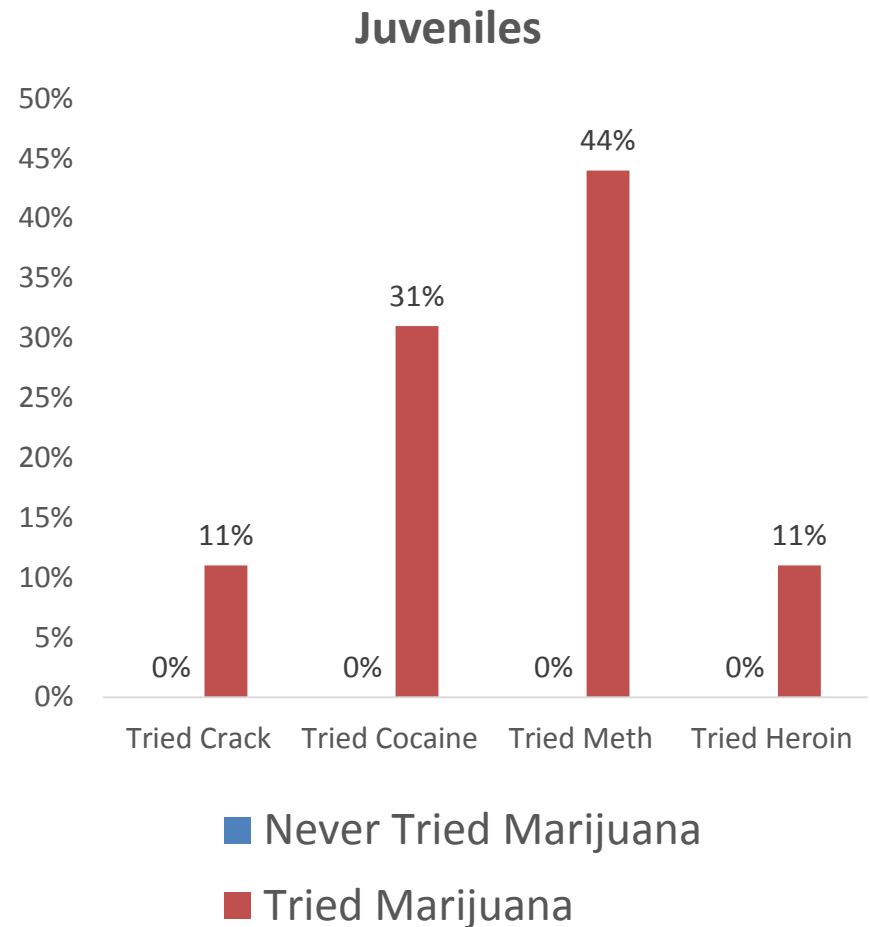
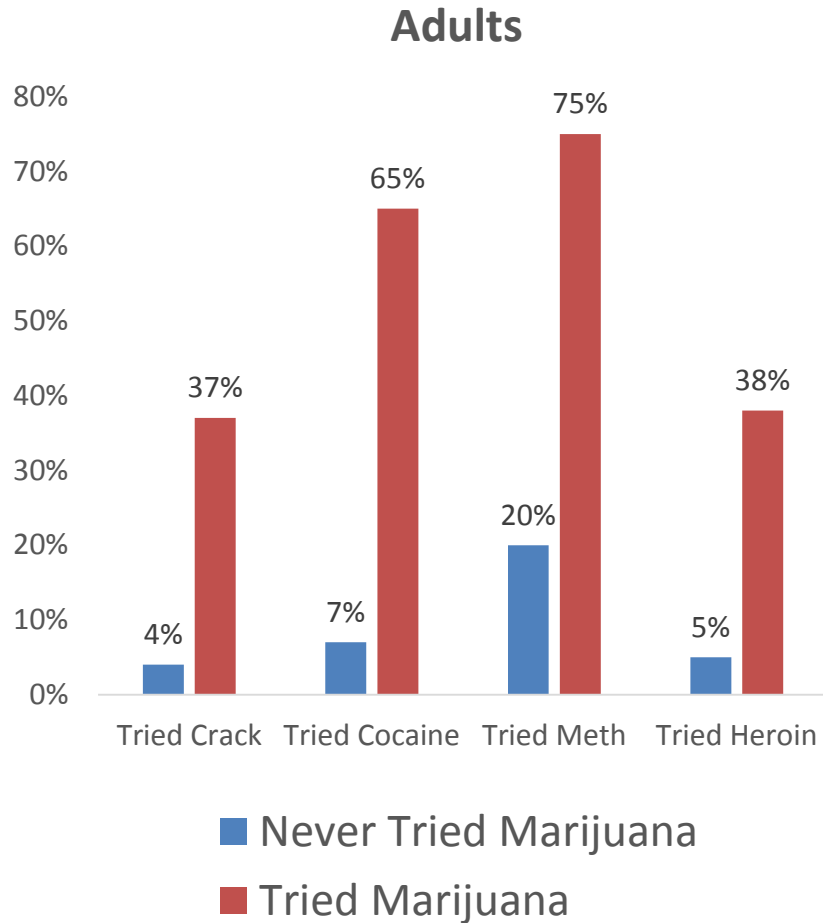
Marijuana Most Often Reported as Substance That is “Very Easy” to Obtain



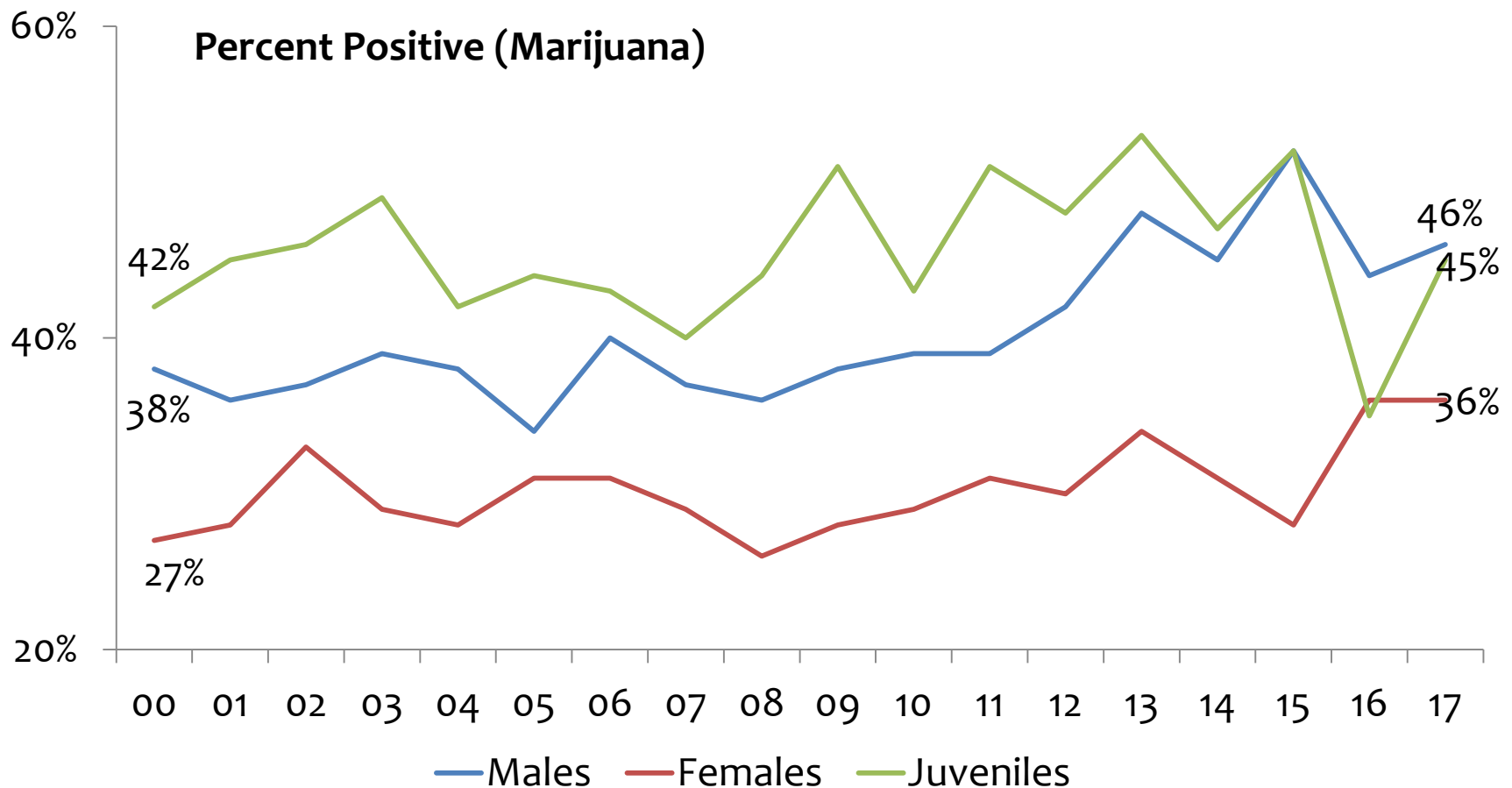
Juveniles More Likely to Report Marijuana as First Drug They Tried



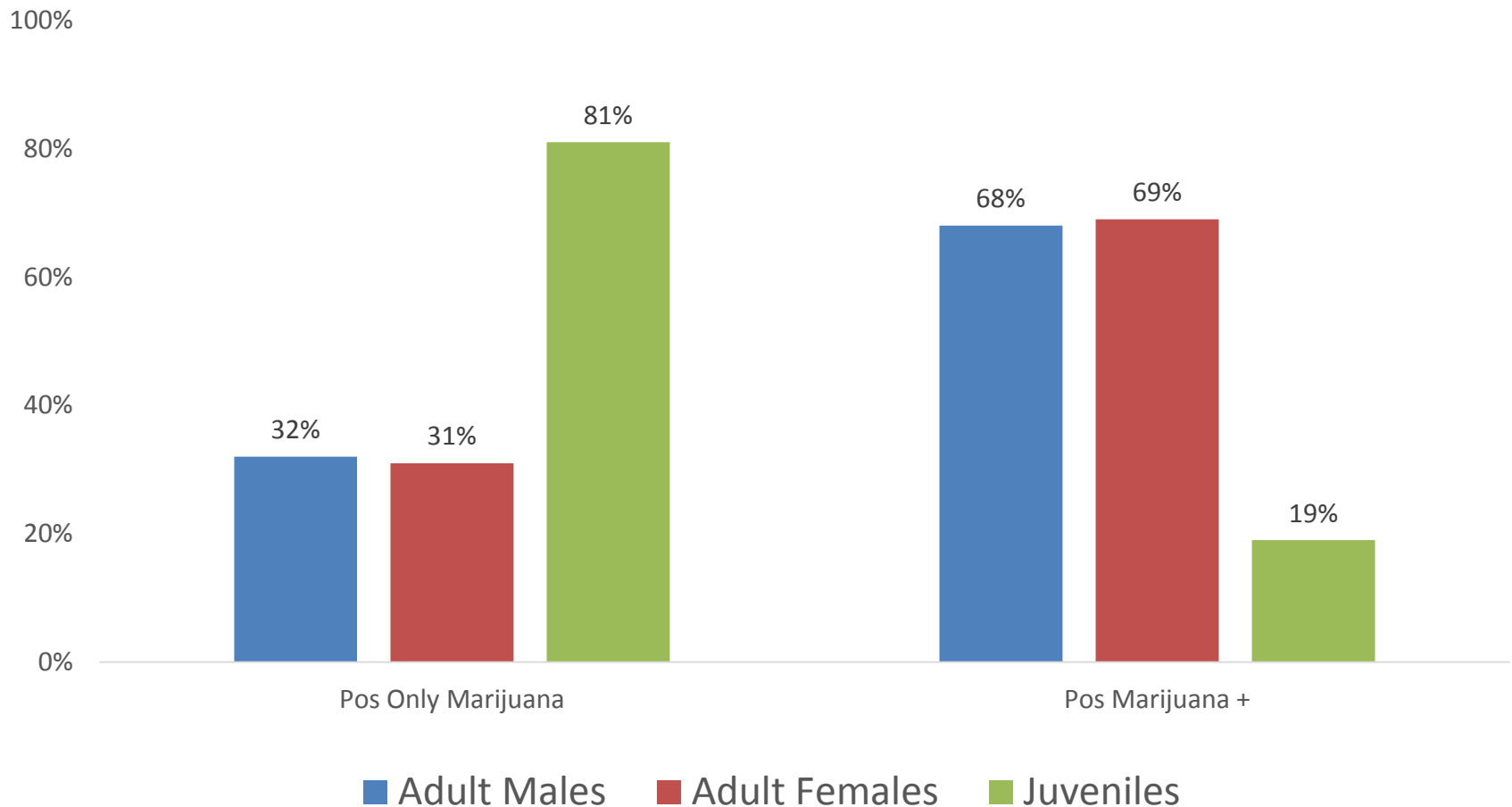
Is Marijuana a “Gateway” Drug?



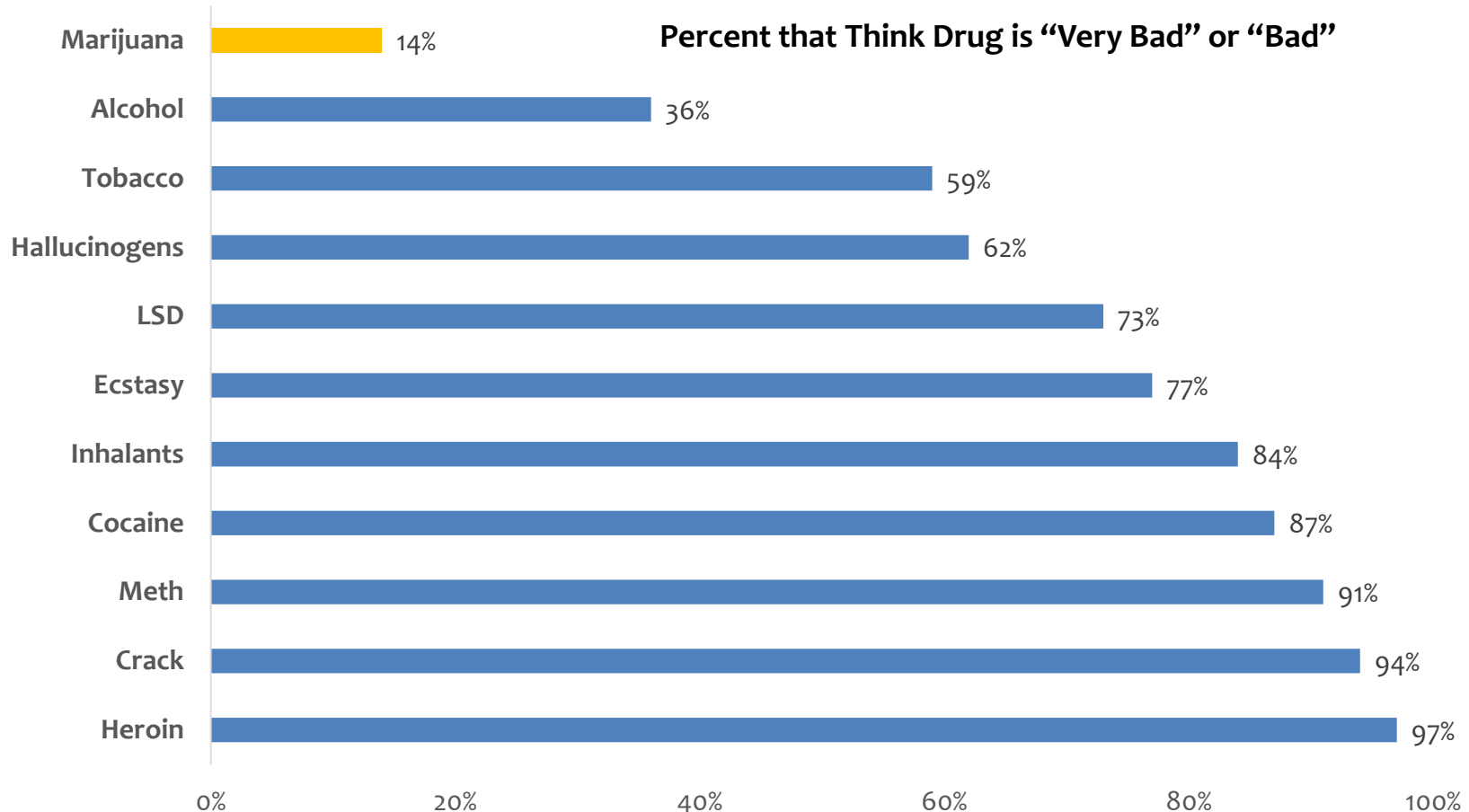
Percent Positive for Marijuana Up for Adult Males & Juveniles



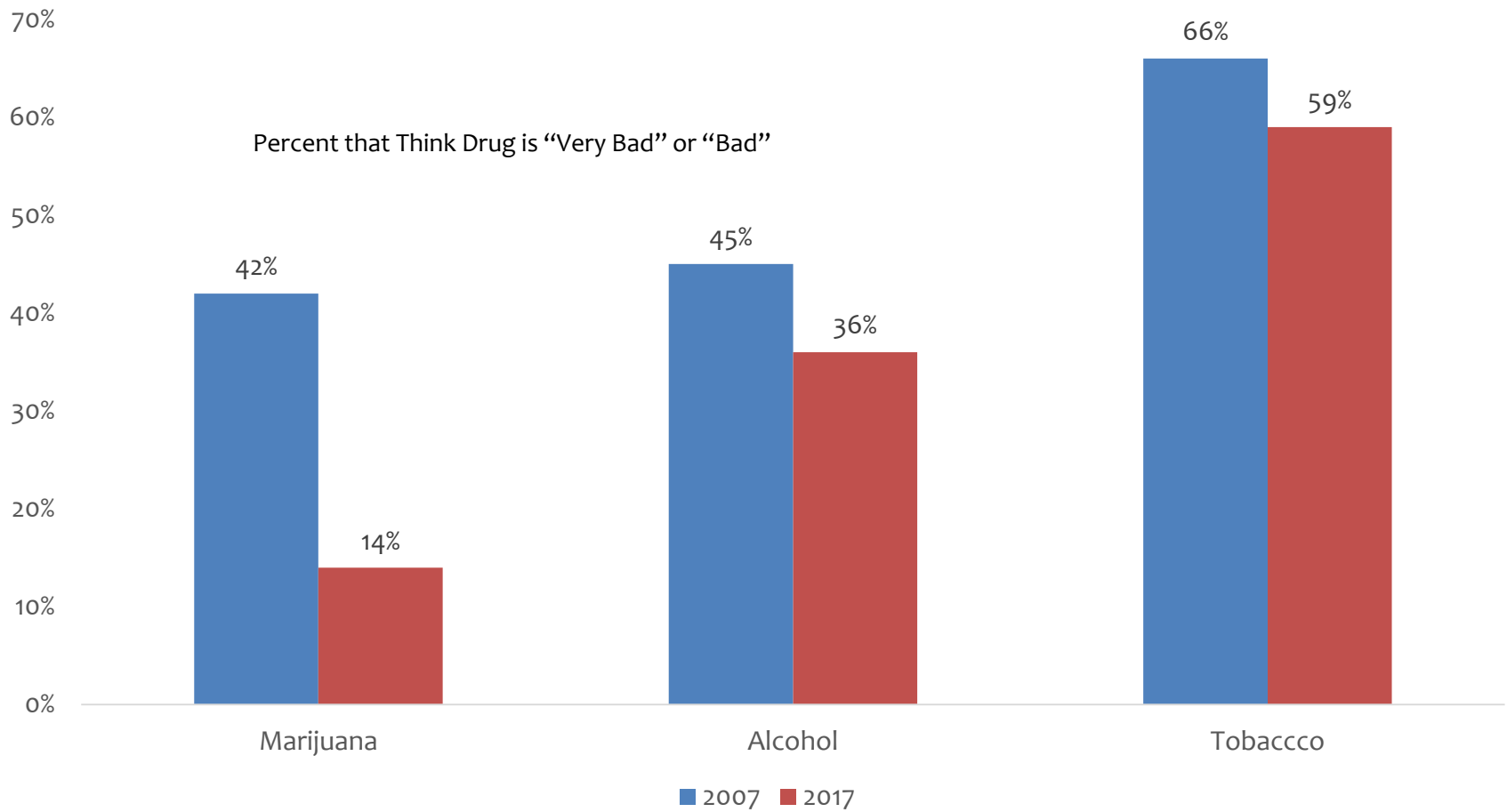
Adults Positive for Marijuana Most Likely Positive for Something Else



Most Juveniles Don't Perceive Marijuana as Potentially Harmful to Users



Perceived Harm Down for All, But Significantly More for Marijuana



Other Questions Related to “Perceived Harm”

	Adults	Juveniles
More likely to use marijuana now it is legal	54%	67%
Think marijuana is psychologically addictive	66%	47%
Potency has increased since started using	63%	39%
Ever driven after using marijuana	54%	26%
Think marijuana could impact ability to drive	51%	39%



www.sandag.org/cj

Cynthia Burke, Ph.D.
619-699-1900
cbu@sandag.org

