

Behavioral
Health
Workforce
Development



Public Health Challenges and Best Practices in Cannabis Policy

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Indigenous Land Acknowledgement

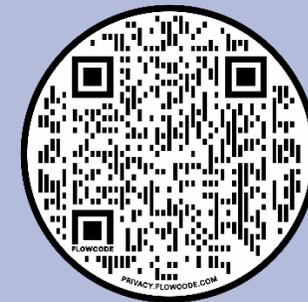
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at [the Native Land website](#)

Option 3: Access Native Land website via QR Code





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Public Health Challenges and Best Practices in Cannabis Policy

Objectives:

- Describe key findings from the from current research on cannabis
- Discuss emerging best-practice approaches to policy and regulatory management
- Identify actions that support a public health policy and regulatory framework for state and local regulation of medical and adult-use cannabis markets

Nothing to Disclose

Historical Context

From Marijuana to the Drug War:
Language and a Person-Centered Approach

Historical Context

- 1500-1900 in America—legally available as a medicinal product
- American farmers required/encouraged to grow hemp (1600 Virginia)
- Federal [Food and Drug Act](#) of 1906 required OTC labeling of products (hemp, cocaine, heroin)
- 1910, Mexican Revolution—growing concerns about immigration and awareness of “recreational” smoking
- “Marihuana Menace”—racial stigma associated with Mexican immigrants
- 20th Century America—racial stigmatization and legal consequences for cannabis use disproportionately impacting immigrants and people of color

(Hudak, 2020)

Nixon and the War on Drugs

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and black with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”

—John Ehrlichman, Richard Nixon’s domestic policy advisor
(as cited in Baum, 2016)

Cannabis Overview

Key Definitions

Cannabis

Refers to the cannabis plant or derivative products that contain more than 0.3% of THC, the main psychoactive component responsible for the plant's intoxicating effects.

Cannabis Use Disorder (CUD)

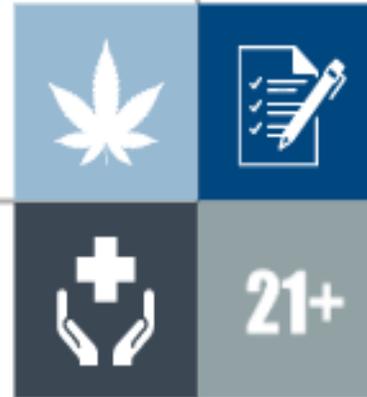
A persisting pattern of cannabis use that results in significant functional impairment in two or more domains, within a 12-month period.

Medical Use

The use of cannabis or its basic extracts to treat symptoms of illness as recommended by an authorized practitioner in a state with a medical cannabis law.

Adult Use

Cannabis used for nonmedical purposes in jurisdictions that have legalized the purchase, possession, or consumption of cannabis for recreational use by those 21 or older.



(SAMHSA, 2019)

Language Matters

How you discuss cannabis can impact your patient use outcomes.

***Avoid* using language like:**

Cigarettes/smoking

Black/illicit/illegal market

Addict/addicted/addiction

***Use* language like:**

Smoke/chew/vape/ingest

Tobacco products

Use or dependency (SUD/CUD)

Unregulated/gray market

Types of Cannabis Products

Vapes and e-cigarettes

Also common for nicotine



Ingestibles

Includes edibles, candies, and beverages infused with THC



Topicals

Topicals, like lotions and creams, are typically marketed for pain relief



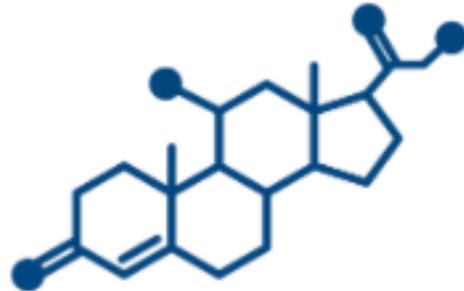
Extracts

Tinctures, oil-based extracts, oral sprays, and capsules are all examples



Other Related Products

**Synthetic
Cannabis**



**Delta-8
and -10**



**Mixed-
Substance
Products**



**CBD
Products**



A Standard Drink

CDC *Dietary Guidelines* for alcohol

- Men: 2 drinks/day
- Women: 1 drink/day
- Some people should NOT drink

(CDC, 2020)

US Standard Drink Sizes



12 ounces
5% ABV beer



8 ounces
7% ABV malt liquor



5 ounces
12% ABV wine



1.5 ounces
40% (80 proof)
ABV distilled spirits
(gin, rum, vodka,
whiskey, etc.)

ABV = Alcohol by Volume

NIDA Establishes Standard Research Unit

ADDICTION **SSA** SOCIETY FOR THE STUDY OF ADDICTION

Commentary |  Open Access |    

Importance of a standard unit dose for cannabis research

Nora D. Volkow , Susan R.B. Weiss

First published: 21 February 2020 | <https://doi.org/10.1111/add.14984> | Citations: 5

(Volkow & Weiss, 2020)

“A standard unit is not a limit, nor any kind of recommendation for consumption that would apply to consumers or to dispensaries; it is simply a unit of measure to help facilitate cannabis research.”

—Volkow & Sharpless, 2021

Any Questions?

The Research on Cannabis Is Emerging

National Academies Comprehensive Review

Possible Therapeutic Effects

- Pain relief
- Nausea relief
- MS symptom treatment
- Appetite stimulation
- Sleep aid

Adverse Health Effects

- Mental health
- Addiction/dependence
- Cardiopulmonary disease
- During pregnancy
- Youth use (under 21)
- Injury

Source: *National Academies Health Effects of Cannabis Report*, 2017

Contraindications

- Youth
- Pregnancy
- Unstable cardiac disease
- Schizophrenia/psychosis
- Substance use disorder

(Herbert, 2019)

Effects/Clinical Issues

Cannabis and . . .

- The opioid crisis*
- Pain management and medical use—veterans and people >65 years
- Risks (e.g., vaping EVALI, secondhand smoke)
- Specific populations
 - Cannabis use increasing—CUD >65 years
 - Youth use: psychosocial, cognitive, emotional, and mental health outcomes
- Physician perceptions—lack of clinical research/training

(Herbert, 2019)

Equity and a Public Health Framework

Health Disparities

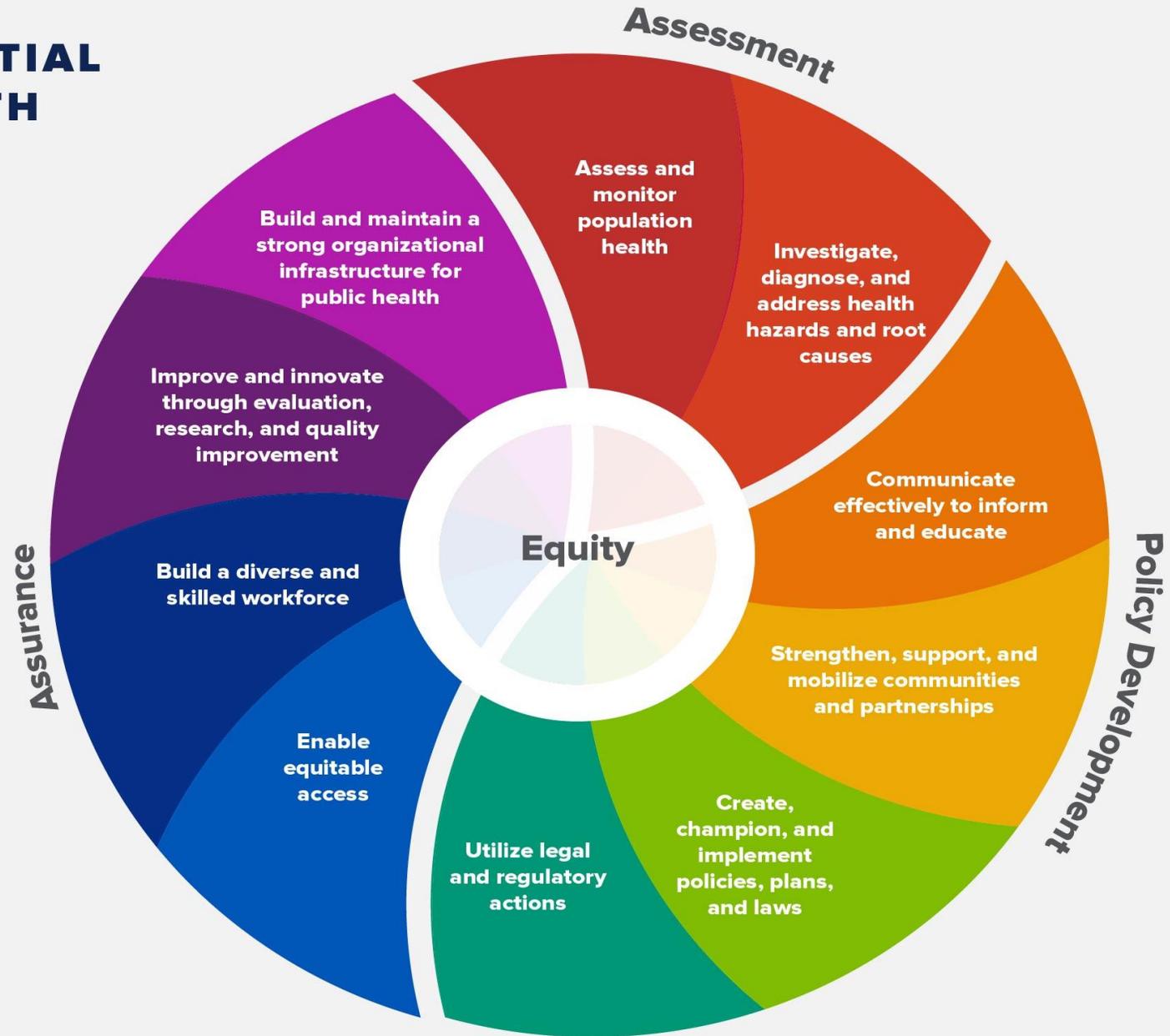
“Health disparities are systematic, plausibly avoidable health differences according to race/ethnicity, skin color, religion, or nationality; socioeconomic resources or position (reflected by, e.g., income, wealth, education, or occupation); gender, sexual orientation, gender identity; age, geography, disability, illness, political or other affiliation; or other characteristics associated with discrimination or marginalization. These categories reflect social advantage or disadvantage when they determine an individual’s or group’s position in a social hierarchy.”

—Braveman et al., 2011

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Cannabis and Health Equity Concerns

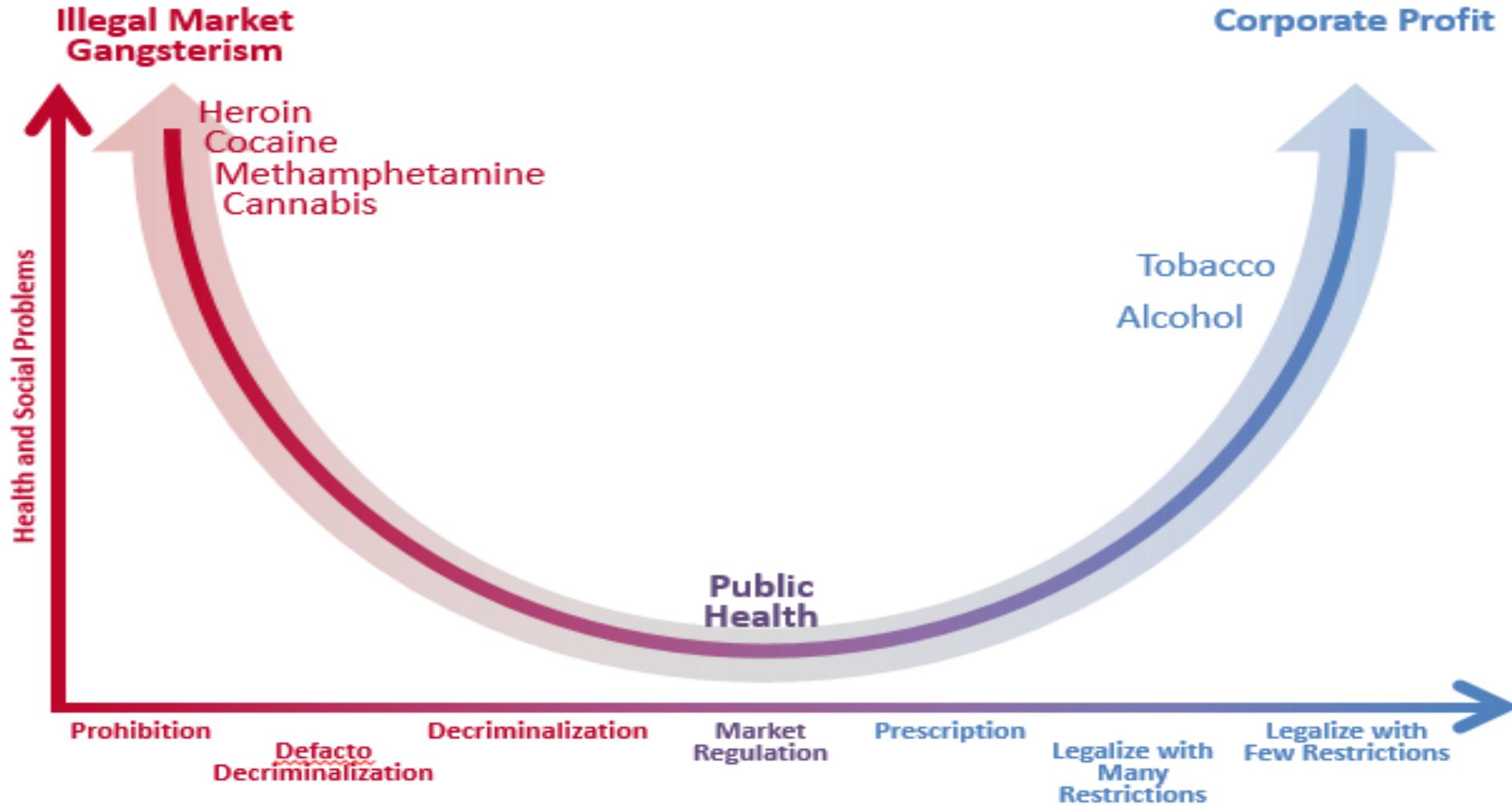
- Decriminalization, medical legalization, and adult-use legalization are all separate and distinct acts at the state level.
- Decriminalization does not expunge criminal records.
- Veterans, people from minority groups, and people of low SES risk loss of federal benefits.
 - Public housing
 - Supported living
 - Veteran benefits
- Stigma has a significant impact on individuals and communities.
- Cost of medical certification and product can be a burden.

Findings and Recommendations

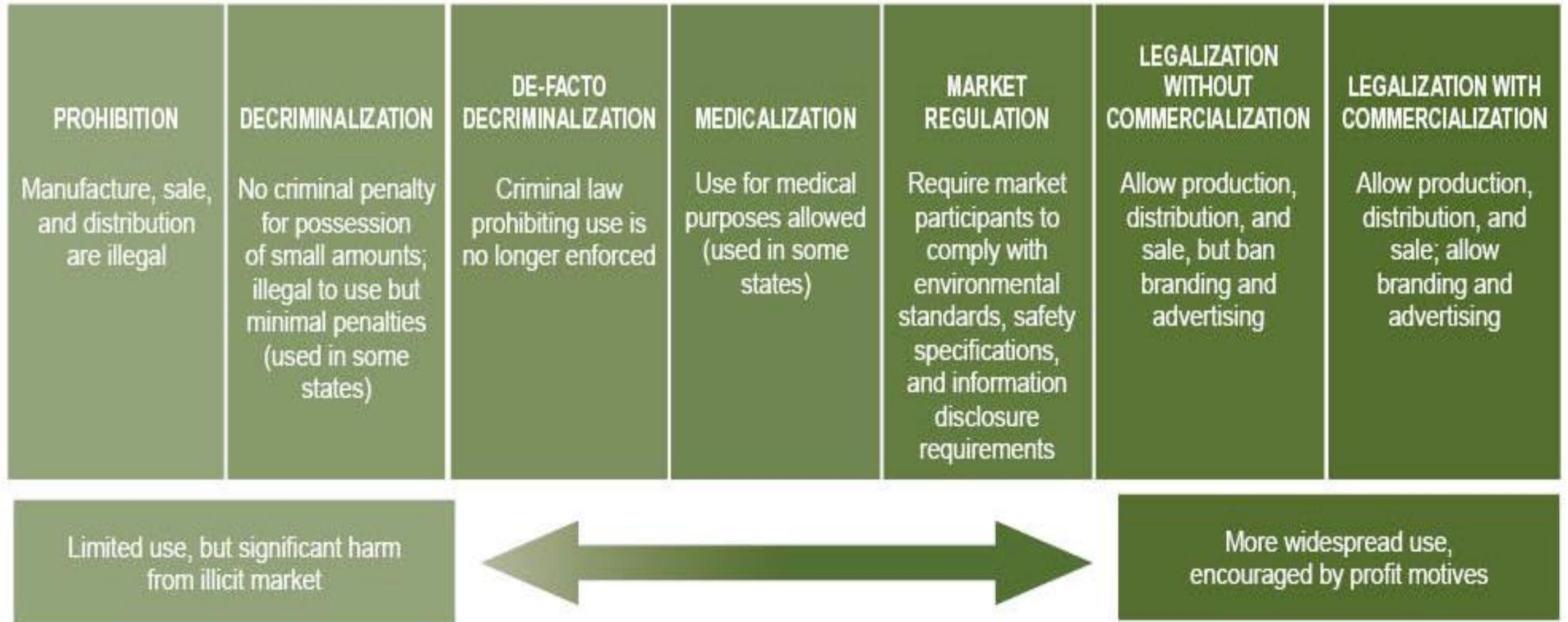
- Promote Collaboration—key stakeholder involvement
- Extinguish Illicit/Gray Markets—taxation, regulation, home grow limits
- Systematize Expungement of Records
- Establish Bias-Free Training—clinical and industry workforce
- Facilitate Access to Medical-Use Cannabis—robust regulation
- Expand and Standardize Cannabis Measures—data collection at the state and national levels
- Promote Product Research and Testing—certified labs and standards

Policy Context

The Paradox of Prohibition



Range of Policy Options



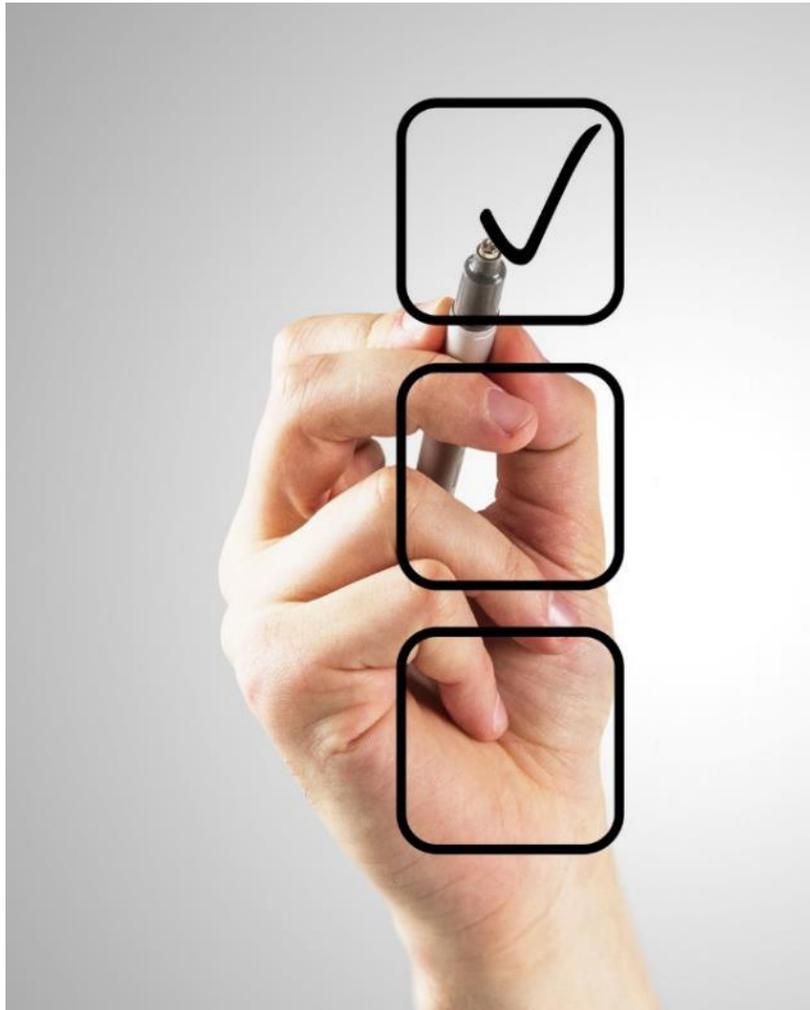
The Paradox

- The trend toward legalization began when California enacted Proposition 215 in 1996 with 55.6% of the vote.
- Cannabis remains illegal at the federal level under the 1970 Controlled Substances Act (CSA).
- It is classified as a Schedule I drug, which defines it as having no medical value or use (like heroin and LSD). Oxycodone and methadone = Schedule II.
- There is a growing movement for legalization across the nation.

A Public Health Approach to Regulating Commercially Legalized Cannabis

APHA Policy Number 20206—Adopted October 24, 2020

Evidence-Based Strategies to Protect Public Health



Actions in Four Key Areas

- Protecting children, youth, and other vulnerable populations
- Minimizing harm to the public
- Prioritizing equity and social justice; ameliorating harms caused to populations disproportionately impacted by prior drug policy approaches
- Monitoring patterns of cannabis use and related public health and safety outcomes

Research-Supported Priorities and Practices

Perceived Risk

Why Is It Important?

Cannabis is the most commonly used illicit drug in the United States, and many Americans do not perceive it as potentially harmful.

What Are the Impacts?

Individuals who perceived cannabis as low-risk were more likely to have used cannabis in the past year than individuals who perceived the drug as high-risk.

Risk Reduction— Cannabis

Some might use cannabis products during pregnancy because of the perception that these products are less harmful than other substances.

Risk Reduction— Nicotine

Research suggests that pregnant women who vape believe that using e-cigarettes is less harmful than smoking cigarettes.

(Pike et al., 2021)

Misinformation



State Adult-Use Laws

Legalization policies are not always based on research and can send mixed messages around the safety of cannabis products and use.



Medical Markets

There are no approved indications, contraindications, safety precautions, or recommendations regarding cannabis use during pregnancy.



Natural Remedies

Some people report strong beliefs about using “natural remedies” such as cannabis to address symptoms such as nausea and anxiety.

(SAMHSA, 2019)

Risks of Nicotine Vaping

Nicotine

Nicotine is a health danger for pregnant women and developing babies, and it can damage a developing baby's brain and lungs.

E-cigarettes and other tobacco products containing nicotine (the addictive drug found in tobacco) are not safe to use during pregnancy.

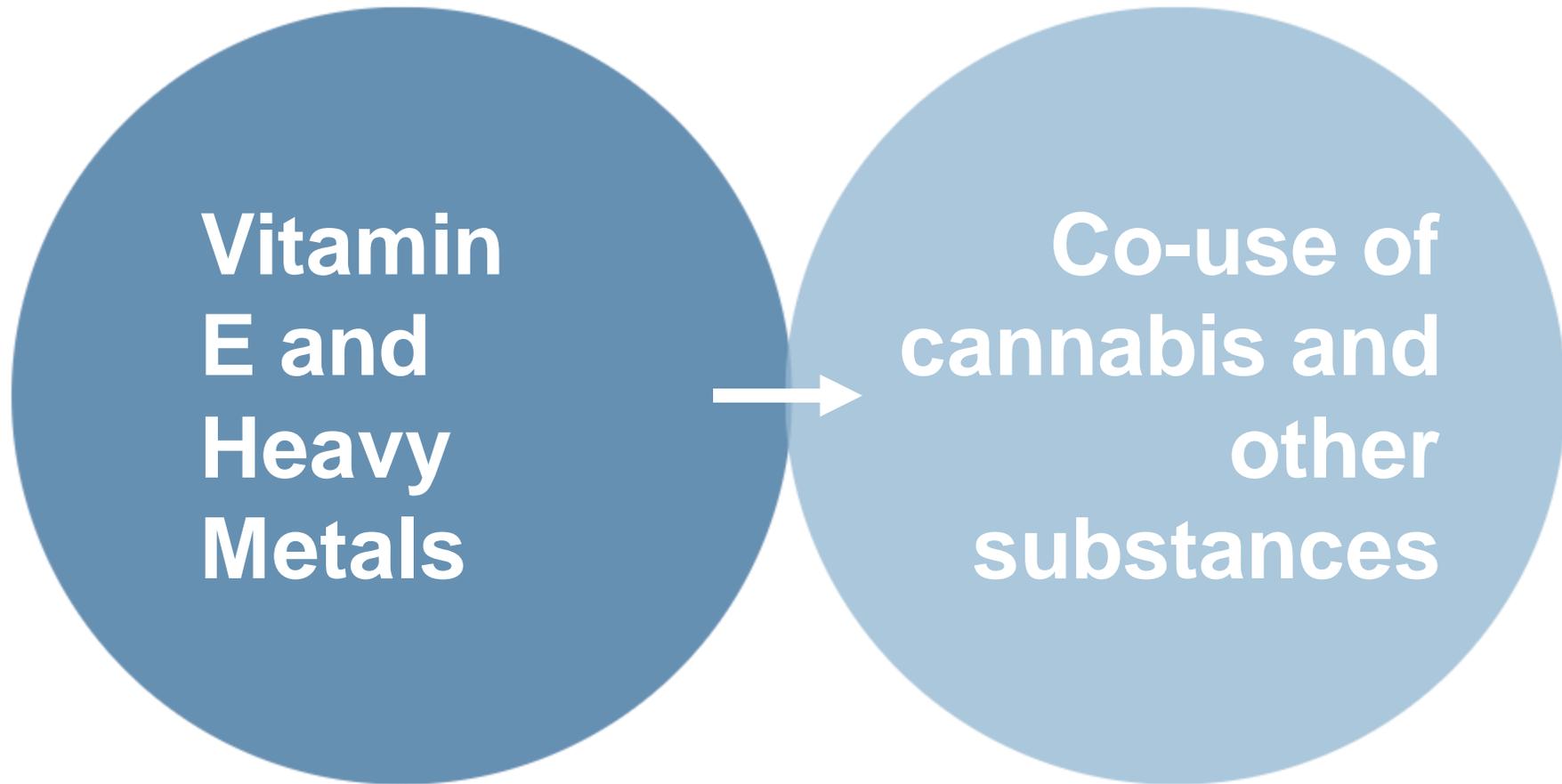
Additives

E-cigarette liquids also contain chemicals and flavors that may be harmful to a developing baby.

(CDC, n.d.)

Risks of Vaping

Is your patient aware of what is in the vape products they use?



(Blount et al., 2019)

Cannabis and Pregnancy

Possible Effects on Fetus

- Disruption of brain development
- Smaller size/stillbirth risk
- Preterm delivery > with co-use
- Secondhand smoke exposure
- Behavioral problems in childhood

Possible Effects on PPW

- Lung injury from smoking
- Dizziness
- Impaired judgement
- Lower oxygenation and breathing problems
- Injury

(ACOG, 2018)

Common Cannabis Withdrawal Symptoms

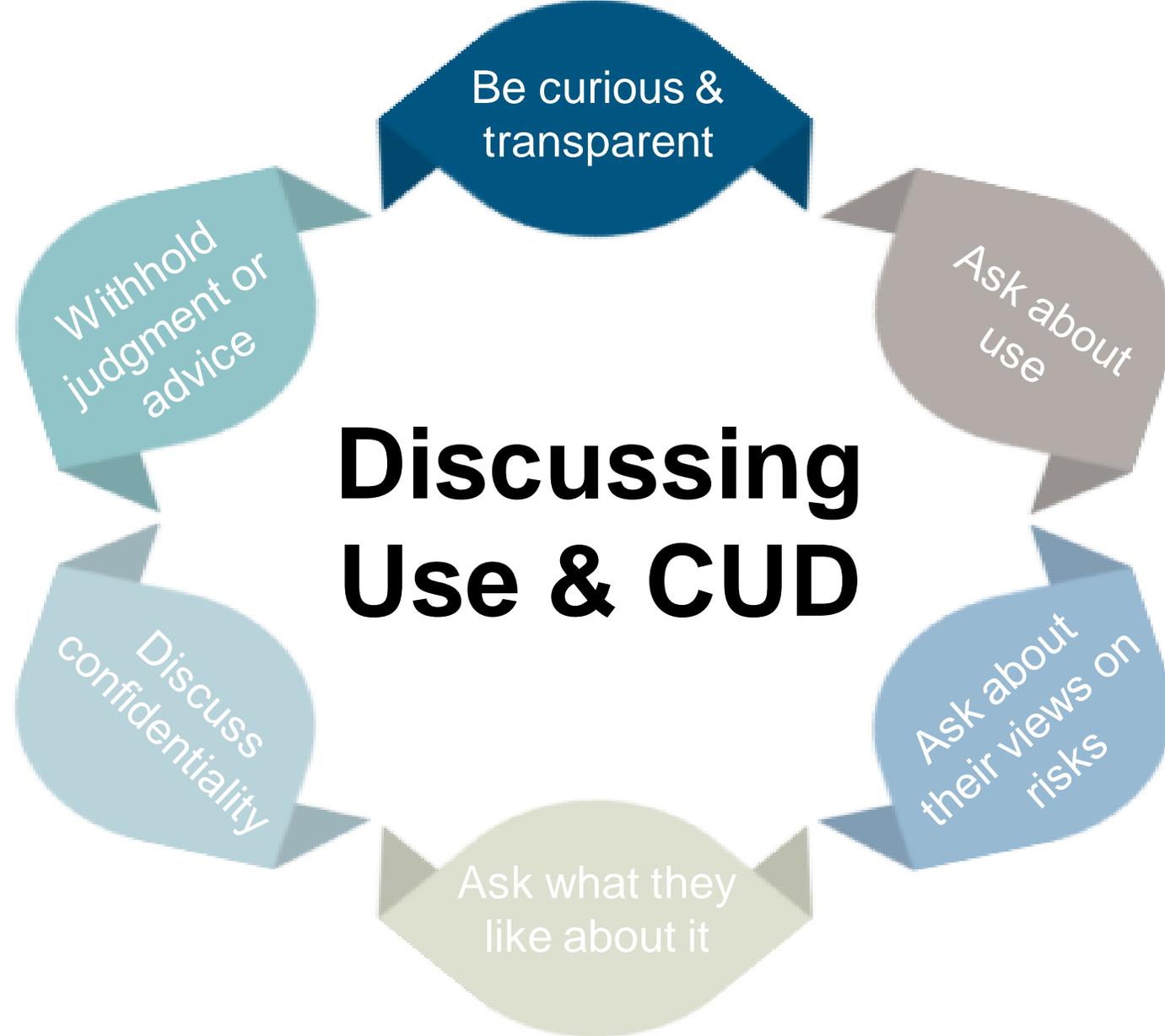


- Anger
- Anxiety
- Depressed mood
- Decreased appetite
- Irritability
- Restlessness
- Sleep difficulty
- Fever, chills, sweating

Cannabis Use Disorder (CUD)

- A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least 2 or more of the 11 DSM criteria for SUD, occurring within a 12-month period.
- Polysubstance use is becoming the norm and has implications for screening, assessment, and treatment planning that is focused on identifying primary substances of use or misuse and any co-occurring medical or mental health concerns.

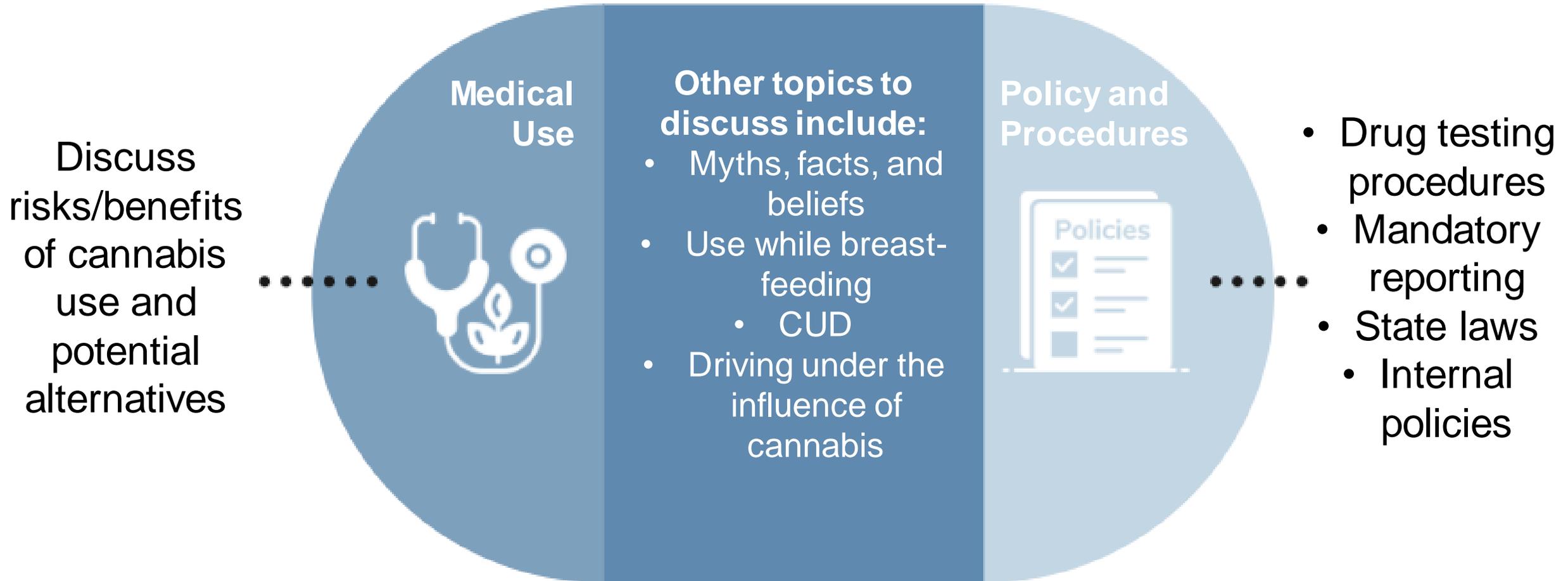
(The American Psychiatric Association, 2013)



(Patel & Marwaha, 2022)

Open and Informative Conversations

It is critical that providers have open conversations about cannabis use.



(ACOG, 2017)

California

CA Prop 64

- Legalizes adult nonmedical use of cannabis
- Creates a system for regulating nonmedical cannabis businesses
- Imposes taxes on cannabis
- Changes penalties for cannabis-related crimes

Dates:

- Nov 9, 2016: Legal use and growing of cannabis for personal use
- Jan 1, 2018: Sale and taxation of recreational cannabis

(Proposition 64 title and summary and analysis, 2016).

California Cities and Counties



(California Department of Cannabis Control, 2022)

- 44% ALLOW at least one type of cannabis business.
- 61% DO NOT ALLOW any retail cannabis business.
- 56% PROHIBIT cannabis business.

CA Data on Cannabis Use and Perceived Risk

- Adult use is increasing and is higher than the national average.
- Young adults have highest use rates.
- Youth use dropped during COVID but is rising overall & > LGBTQ2S+.
- Emergency department visits are increasing.
- Perception of risk for smoking cannabis once/month is decreasing.
- Perception of risk from binge drinking 1-2x/week is increasing.

❖ *CA data citations listed in references*

Q & A

Save the Dates!

- **Continuing The Conversation :**
 - February 8, 2023 : Evaluation: Evaluating the success of the internship and incorporating feedback to make intentional changes
- **Open Office Hours :**
 - Mentor : February 9, 2023 12:00 pm – 1:00 pm
 - Intern : February 9, 2023, 2:00 pm – 3:00 pm
- **Admin Coaching Call :**
 - February 14, 2023 :
 - SoCal 1(LA) - 10:00 AM – 11:00 AM
 - SoCal 2 – 11:30 am – 12:30 pm
 - February 15, 2023 :
 - Bay Area/Mid-State – 10:00 am – 11:00 am
 - NorCal & Capitol – 11:30 am – 12:30 pm
- **Lunch & Learn :**
 - February 21, 2023 : Educational Partnerships: Involving and engaging Educational Partners to build long-standing relationships
 - February 22, 2023 : Continuing the Conversation

Resources: Cannabis History & Equity

- [ACLU, The War on Marijuana in Black and White \(2020\)](#)
- [Brookings Institute, John Hudak, *Marijuana: A Short History* \(2020\)](#)
- [Parabola Center, Publications and Policy Portfolio](#)
- [Ohio State DEPC, Shaleen Title \(2021\): Fair and Square: How to Effectively Incorporate Social Equity Into Cannabis Laws and Regulations](#)

Policy Resources

- [American Public Health Association \(APHA\) Cannabis Policy 20206, Oct. 2020](#)
- [AHP YouTube Channel Videos](#)
- [2019 North American Cannabis Summit Summary of Proceedings](#)
- [NCSL State Medical Cannabis Laws](#)

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