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Senate Health Committee and Senate Education Committee
Joint Informational Hearing: California’s Efforts to Implement and Fund the Control, Regulate, and Tax Adult Use of Marijuana Act’s Youth Education, Prevention, Early Intervention and Treatment Account

The Problem

- California’s state regulatory framework is grossly negligent in protecting youth from a rapidly expanding cannabis industry that copies tobacco industry predatory practices targeting youth. This is an urgent prevention and regulatory challenge.
- Marijuana, while it has legitimate medical uses, continues to be a harmful and addictive substance.
- Just today, in JAMA Psychiatry, new research shows increased risk of depression, suicidal ideation and suicide attempts (>3 fold) with youth cannabis use.
- Vast increases in potency (products up to 90%+ THC), vaping, beverages and other flavored products are targeting youth and placing them at greater risk for initiation, addiction and harm.
- Use that begins early or is more frequent places youth at risk of cannabis use disorder, as well as other complications such as car accidents, psychoses and schizophrenia.
- Daily use of marijuana by youth more than halves high school graduation rates.
- 7% of California 11th graders are using marijuana frequently, >= 10 times a month, 4% almost daily. One in 4 kids in non-traditional high-schools use >10x a month.
- One in 5 young pregnant women in California is using marijuana while pregnant, increasing the risk of low birth weight.

Recommendations:
This Fund must start flowing and maintain a strong focus on prevention, including dedicating at least 2/3rds of funds to prevention.

- Unlike individual treatment, which private insurance, Medicaid, and MHSA can support, prevention activities lack other funding streams. Youth brain development is not mature until around age 25, and youth are uniquely susceptible to harmful effects, with a rapidly increasing body of evidence of persistent deficits in neurological and social development, as well as mental health issues, especially amongst those who start young and use frequently. The time to prevent is now!

These prevention investments should include:

- Support to the Office of the President of the University of California to convene and coordinate an expert Task Force to urgently examine the public health impact on youth and adults of market trends and emerging products and marketing trends that have been allowed to proliferate and attract youth, including high potency flower and concentrates, flavored cannabis products for smoking, vaping or beverages (e.g. strawberry banana pre-rolls or cannabis infused orange soda) and formulate recommendations for state regulatory practice.
- Support to the California Department of Public Health for monitoring marijuana market trends and their impact on children and youth, youth consumption, health impacts of cannabis consumption and informing best regulatory practice.
- Support to CDPH’s tobacco control program or non-profits for creative, large scale, hard-hitting youth targeted education campaigns about marijuana and/or other substances of abuse – these should have been adequately funded long before dispensary doors opened. The Let’s Talk Cannabis campaign is a start, but we can and need to do much better. Build on CA’s great tobacco control history.
- Education campaigns to avoid use during pregnancy
- Substance abuse/mental health counselors and screening, brief intervention referral to treatment (SBIRT) in schools and youth settings
- Support to opioid addiction and overdose prevention programs
- Support to youth engagement and community programs for vulnerable youth through a variety of approaches
- Support to holistic programs for youth health and well-being that may address a variety of risk factors (healthy eating, physical activity, healthy relationships, violence prevention) or use positive pathways known to be effective like service learning, restorative justice, internships, etc.
- Focus on high risk vulnerable youth, especially those from communities that have been hard hit by the war on drugs.
References:


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