

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Strategic Initiatives

SAMHSA's

Center for Substance Abuse Prevention

Drug Testing Advisory Board

Ron Flegel, BSMT(ASCP), MS.
DTAB Chair

July 26th
Public Session



DWP Website Initiatives

- Align DWP website to be more informative to help various audiences gain knowledge about marijuana and other pertinent topics. Make the scientific information accessible
- Link information on website in an organized and logical manner so audiences can find it easily.
- Tie website information together in a logical manner so information of interest is easy to find for target audiences.

DWP Website Initiatives

- Synthesize information into easy to understand language, appropriate level of detail and formats that enable various audiences to fully understand and assimilate the information. Repurpose materials for various audiences. Develop useful tools.

DWP Website Initiatives

- Audiences –DWP’s outreach.
- Possible audiences the information may reach – youth, young adults entering workplace, older adults, health care providers, states, federal agencies, etc...
- State have been asking for guidance on what to do about marijuana issues.
- Drug Testing and implications in the workplace for States and Workplaces.

SmartBook

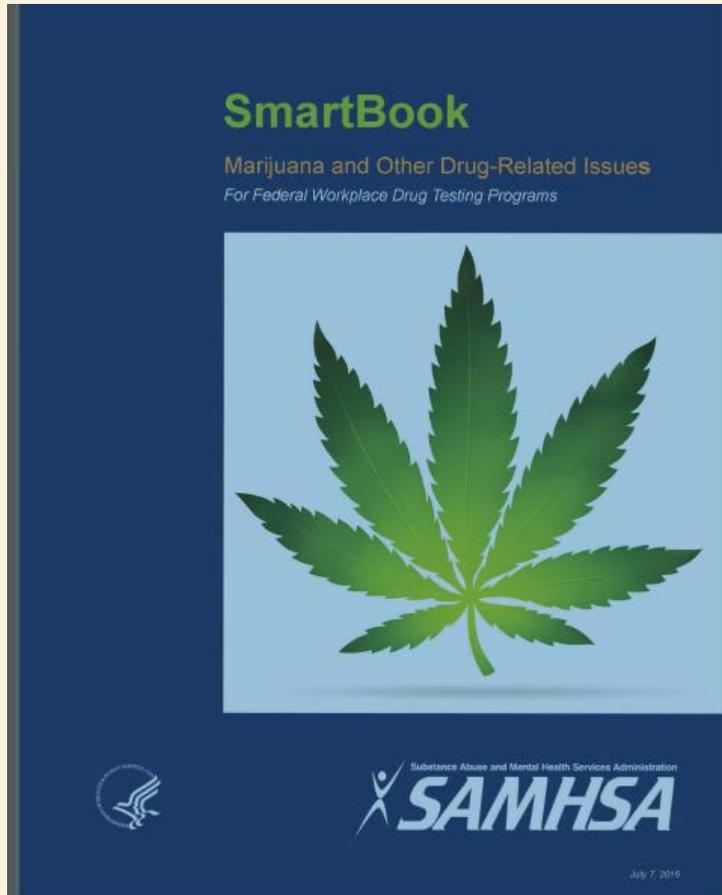


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Marijuana Toolkit

LEVEL 1 PAGE: Toolkit Home Page

SAMHSA Marijuana Toolkit: Information and Resources

SAMHSA Marijuana Toolkit: Information and Resources
This toolkit provides information and resources on marijuana use and its implications for individuals, parents, employers, organizations and others looking for more information about the changing landscape of marijuana use in the United States.

General Information About Marijuana
Description & link to learn more

Status of State and Federal Marijuana Use Laws
Description & link to learn more

Marijuana Use and Trends Among Different Populations
Description & link to learn more

Research about the Physical and Mental Effects of Marijuana
Description & link to learn more

Information for Parents
Description & link to learn more

Marijuana and Employment
Description & link to learn more

Featured Resources

- Link to resource
- Link to resource
- Link to resource
- Link to resource

Take Action

- Link to resource
- Link to resource

SAMHSA Website Footer

Marijuana Toolkit

LEVEL 2 PAGE: General Information About Marijuana



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Marijuana Toolkit Home

General Information About Marijuana

Marijuana: Definitions and Terms

How Strong is Marijuana Today?

Edible Marijuana: The Issues

Communities: Getting Involved

National Policy Issues

Other Marijuana Resources

Marijuana Use and Trends Among Different Populations

Information for Parents

Status of State and Federal Marijuana Use Laws

Research about the Physical and Mental Effects of Marijuana

Marijuana and Employment



SAMHSA Marijuana Toolkit: Information and Resources

General Information About Marijuana

Brief description

Interested in learning more about marijuana use and its implications? Access [fact sheets](#) (LINKED) about marijuana, including its definition and associated terms, marijuana potency, and edible marijuana.

[Marijuana: Definitions and Terms](#) (LINKED)

[How Strong is Marijuana Today?](#) (LINKED)

[Edible Marijuana: The Issues](#) (LINKED)

[Communities: Getting Involved](#) (LINKED)

[National Policy Issues](#) (LINKED)

[Other Marijuana Resources](#) (LINKED)

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SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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Marijuana Toolkit

Decriminalization and Legalization of Marijuana: A Primer

Federal, state, and local (town and municipal) laws and policies around marijuana are changing rapidly and are complex, frequently inconsistent, or in conflict.



■ Changing Landscape in Marijuana Policy: How the U.S. Law and Interpretations Are Shifting

It often is unclear what the laws and policies are; how they are being carried out at the state and local levels; whether marijuana is legalized or decriminalized; how the laws and policies will be implemented and enforced in specific states, localities, and workplaces; and what decisions the federal government will make over time.

■ Terminology and Complexity of Interpretation¹

Legalization

Legalization is the process of turning a particular action into being legal. In the case of marijuana, laws and policies make possession, sale, or use of marijuana legal from the viewpoint of the government that passed the law and typically lower levels of government (because state law often pre-empts

local law). Legalization by a state means that state punishments and legal consequences remain in effect only if someone fails to comply with implementing rules and regulations. For example, drinking alcohol is legal, but driving with a high blood alcohol level is not. Legalization not only removes criminal penalties, but also allows marijuana to be a new source of taxation and control by local and state government and of federal business income and payroll taxes.

Decriminalization

Decriminalization means that criminal penalties attributed to the act are reduced. Most local and state governments decriminalizing marijuana sentence with civil fines, drug education, or treatment in place of incarceration or criminal charges for possession of small amounts of marijuana or make various marijuana offenses the lowest priority for law enforcement. If marijuana is decriminalized, then individuals engaged in the business would need to have official approval from the government (state or local) in order to operate. Decriminalization rarely addresses use of marijuana, its sale, taxation, or quality; driving under the influence; or age restrictions on use.

The impact on society of legalizing and decriminalizing marijuana

Typically, decriminalizing an act reflects the changing social values of a community. By decriminalizing, more people are learning to accept marijuana's presence as a recreational or medicinal substance. Consequently, a decriminalized act has the possibility of being legalized after some years.

A number of questions will probably arise as marijuana policies and laws continue to change. Cigarettes are legal but cannot be smoked in many places. Alcohol



Edible Marijuana: The Issues

Delayed effects may convince users that they need to consume more than recommended.



In certain states that permit the medical or recreational use of marijuana, licensed marijuana vendors may sell edible products, or edibles, that contain marijuana. Such products include cooking oil, baked goods, candies, soft drinks, and ice cream. (See the National Conference of State Legislatures' website, www.ncsl.org/research/health/state-medical-marijuana-laws.aspx, for information on state medical marijuana laws.)

■ How Safe Are Edibles?

The safety of edible marijuana products is a public health issue. Many of them contain multiple servings of tetrahydrocannabinol, or THC (the main chemical ingredient in marijuana that acts on the brain to cause mind-altering effects), with the total servings exceeding the level considered safe. At high doses, THC can lead to anxiety attacks, paranoia, and psychotic episodes.¹ Like alcohol, marijuana impairs learning, memory, and reaction time, reducing the ability to drive a car and operate machinery.²

People who consume edibles may be at increased risk of overintoxication of THC because the drug takes effect more slowly and affects people differently than when inhaled as smoke.² Edible marijuana's peak effects are delayed for 2 to 4 hours after consumption; in contrast, smoked marijuana takes effect within minutes.³ Delayed effects may also prompt users to consume more than recommended. These differences make it hard to gauge how much THC one ate with an edible, especially if it is mislabeled or unlabeled.⁴ New users in particular often do not know of the delayed effects. Therefore, they sometimes eat dangerous amounts of THC, in some cases leading to medical emergencies.⁵

■ Why Children Might Be Tempted

Edibles are often sold as products that tend to appeal to children—brownies, candy, soft drinks. Accidental poisonings of young children who consumed edible multiple-serving marijuana products have been reported. In states with licensed medical marijuana vendors, poison control calls involving children younger than age 9 who consumed edibles have been rising up to 30 percent a year.⁶ A 2013 study linked half of Colorado's marijuana-related emergency department visits by children to edible products.⁷ Breathing difficulties are one frequent symptom.

Although Colorado and Washington have implemented child-resistant packaging and warnings, neither state requires the products to be distinguishable from other packaged foods.

■ How Much Is Too Much?

Although the federal government does not regulate edible marijuana products—the sale and possession of marijuana remains illegal under federal law—edible marijuana products must meet state and local health department requirements for commercially sold food.

Marijuana's peak effects can be delayed up to 4 hours after ingestion.



Marijuana Toolkit

Employment Issues and Marijuana Use: Considerations for the Employee

Federal, state, and local (town and municipal) laws and policies around marijuana are changing rapidly and are complex, frequently inconsistent, or in conflict.



It often is unclear what the laws and policies are; how they are being carried out at the state and local levels; whether marijuana is legalized or decriminalized; how the laws and policies will be implemented and enforced in specific states, localities, and workplaces; and what decisions the federal government will make over time.

Many states are legalizing marijuana for recreational or medical use, meaning that they are implementing laws and policies that make possession, sale, or use of marijuana legal from the viewpoint of the government that passed the law and typically lower levels of government (because state law often pre-empts local law). Other states are decriminalizing marijuana, often by making various marijuana offenses the lowest priority for law enforcement or by changing possession of small amounts of marijuana and related offenses to misdemeanors punishable by civil fines, drug education, or treatment. (For details, see the *Decriminalization and Legalization of Marijuana: A Primer* fact sheet.)

Employees may have questions about how the changing environment affects them. Many court decisions have upheld an employer's right to maintain a drug-free workplace because, in part, marijuana has been linked to increased risk of injury and absenteeism from the workplace.¹ Other items to consider when seeking employment include

- knowing that employers with federal contracts must comply with federal law, and
- under the Americans with Disabilities Act, there is no obligation to accommodate medical marijuana use. In January 2015, 14 states with medical marijuana laws prohibited marijuana use at work. Eight states required employers to accommodate medical use or forbade them from discriminating against medical users, although none of these laws requires employers to tolerate on-duty drug use or prohibits workplace drug testing.²

• Drug Testing

To help maintain a drug-free workplace, many employers require drug testing of their potential and existing employees. Following is a description of the types of testing job applicants and employees may encounter at a place of employment.

Pre-employment drug testing

In 2013, 49 percent of U.S. employees say that their employers test for drug use, including 43 percent whose employers perform pre-employment testing.³ Job seekers who are using or considering using marijuana need to know the prospective employer's policy.



Is Marijuana a Gateway Drug?

Schedule I drugs, which the federal government classifies as controlled illegal substances, include heroin, cocaine, LSD, ecstasy, methamphetamine, bath salts, and marijuana.



Is marijuana a gateway drug leading to use of drugs such as heroin or cocaine?

• The Answer Depends on the Definition

The answer to this question depends on how a gateway drug is defined. One interpretation could be that using marijuana (or any other drug) "causes" the use of another drug or substance. Another interpretation could be that using a gateway drug increases the risk, or likelihood, that the user will progress to another drug or substance.¹

• Parsing the Data

In general, from past surveys, it appears that marijuana users are at least twice as likely as nonusers to progress to other U.S. Drug Enforcement Administration Schedule I (i.e., illicit) drugs.² However, these data do not differentiate medical marijuana

users from other users or assess the likelihood that medical marijuana users may progress to other Schedule I drugs. Other statistics indicate that people who use both marijuana and other Schedule I drugs typically begin with marijuana use.³ Large numbers of marijuana users do not progress to any other federal Schedule I drugs or to the misuse of prescription drugs.

• Are Certain Marijuana Users More Likely Than Others To Progress To Other Schedule I Drugs?

Studies and surveys indicate that people who use marijuana at an early age or who frequently use marijuana tend to use other Schedule I drugs.^{4,5} Data are not yet available to determine whether this applies to medical marijuana users.

• What Explains the Association Between Early Initiation or Frequent Use of Marijuana and Use of Other Schedule I Drugs or Misuse of Prescription Drugs?

First, youths may find marijuana to be more available, accessible, and affordable than other illicit drugs. Thus, youths starting to experiment with drugs are likely to use marijuana first.³ As the number of states with legal or decriminalized medical or recreational marijuana increases, the availability, accessibility, and affordability of marijuana may increase.



Marijuana Toolkit

How Strong Is Marijuana Today?

The average marijuana extract now contains more than 50 percent THC, and certain samples may have THC concentrations of more than 80 percent.¹



Recreational marijuana is definitely stronger than it used to be, both in the United States and worldwide.² Most experts agree that the concentration of tetrahydrocannabinol (THC)—the psychoactive or “mind-altering” ingredient in marijuana—has risen steadily over the past 4 decades,³ particularly over the last decade.

The increase in THC has also meant a corresponding decrease in marijuana’s other active but nonpsychoactive ingredient: cannabidiol (CBD). In contrast to THC, CBD makes people neither high nor intoxicated. Instead, it is believed that CBD may be useful for treating seizures and other neurological disorders such as Parkinson’s disease and dementia. CBD is also known to counteract some of THC’s harmful effects.⁴



Why the Change in Potency?

Because of market demand,² marijuana growers are cross-breeding⁵ to produce more THC and thus deliver more value to customers. This diversification is easier than ever for growers because they have more options in addition to cross-breeding. They may use genetic modification or indoor cultivation—techniques that were not available 40 years ago.

The lack of regulation governing marijuana’s cultivation also enables the growers to reap as much profit as they can, while their increasingly sophisticated growing methods help them avoid detection by law enforcement.⁶

Adverse Effects for Users

Although researchers do not yet know all the effects of increased THC exposure on the brain or the body, they have been able to point to certain generally negative consequences, such as increased likelihood for overall drug dependence, increased risk of anxiety and depression, and possibly psychosis.⁷

Public Health Implications

The current upward trend in marijuana potency is of particular concern, especially for young people. Compared with marijuana users in the 1970s, who usually began using the drug in their late teens or early 20s, today’s marijuana users are starting as early as eighth grade.¹ This early exposure poses significant hazards to developing adolescent brains.

In addition, from a general public health perspective, more potent forms of marijuana sold on the street put greater numbers of users of all ages at risk for a range of adverse psychological reactions,⁷ therefore placing a greater burden on society.

Marijuana: Definitions and Terms

This fact sheet includes the definitions of common terms related to marijuana.



Access point
a medical access point is an authorized place at which patients can find and purchase medical marijuana. In medical marijuana communities, this can mean a dispensary depending on state laws and guidelines.

BHO
abbreviation for butane hash oil, which is a potent concentrate of marijuana. It is made by dissolving plant matter in a solvent, typically butane. This yields a thick and sticky oil with very high tetrahydrocannabinol (THC) levels.

Blunt
a tobacco product hollowed out and filled with marijuana. It is typically made with the tobacco paper from an inexpensive cigar.

Bowl
a pipe that is used to smoke marijuana. These pipes are commonly made out of glass and metal and can range in shape and size. Many glass bowls have a rush hole, whereas other pipes have a chamber to fill with water.



Bud
refers to the actual flower of the marijuana plant. These are the dense and fluffy parts harvested for recreational or medical use as they contain the highest concentrations of active cannabinoids.

Cannabinoids
the chemical compounds unique to marijuana that bind to receptors in the human body. There are more than 85 known cannabinoids with varying effects, but the most well known and abundant is tetrahydrocannabinol (THC), which is known for producing the psychoactive effects (“high”) that motivate recreational use.

Cannabis
the plant genus that produces three species of flowering plants: *Cannabis sativa*, *Cannabis indica*, and *Cannabis ruderalis*. *Cannabis sativa* and *Cannabis indica* are the two species that are most commonly cultivated and consumed in the world.

CBD
abbreviation of cannabidiol, one of the cannabinoids found in marijuana and second to tetrahydrocannabinol (THC) when it comes to average volume. CBD has been reported to treat pain, inflammation, and anxiety without the psychoactive effects typically experienced with THC.

Concentrates
refers to potent concoctions of cannabinoids that are made by dissolving the plant matter into a solvent. Depending on the exact manufacturing methods and consistency of the final product, concentrates can range from thick and sticky oil (butane hash oil [BHO]) to moldable glop (budder/wax) to resinous bits (shatter).

Federal Partners

Meet with federal partners to establish cooperative working relationships

- Meet with federal agencies such as NTSB, DOT, NRC, ONDCP, etc...
- Perhaps prepare a summary sheet of all DWP federal partners to invite and indicate their specific stake/interest in this.
- Interests in using oral fluid testing for the roadside (Driving Under the Influence of Drugs).
- Watch for emerging case law.

Federal Partners

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Proposed DWP Leadership Role

- **Resource center** - Serve as a national and federal resource center for dissemination of information about drug testing science and DFWP policy.
- **Lead the science** - Lead emerging issues such as marijuana and prescription drugs with science. Provide scientific expertise to establish cut-off levels for drugs including Marijuana.
- **Lead as Federal convener and facilitator** - Lead discussions on marijuana and other emerging issues - bring all federal partners together to present the science and target the information to address their mission and concerns. Listen to the agencies concerns. Work with federal agencies to proactively prepare for emerging issues around marijuana. Discuss implications and federal regulations that may be required.

Federal Partners

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Proposed DWP Leadership Role

- **Scientific credibility** - Maintain DWP's scientific integrity that is used in arbitration courts. Facilitate exchange of scientific information with various audiences. Further scientific studies.
- **Policy credibility** - Facilitate exchange of policy information with various audiences.
- **Early warning notification** - Proactively anticipate what problems may evolve around testing issues with marijuana. Explore harm at work from marijuana use, etc. The federal agencies can come together to form a strong knowledge base unit.
- **Expand reach to:**
 - **non-federal & private organizations** - logically expand the program's information capacities beyond the federal programs.
 - **young adults** entering the workplace
 - **managed care providers** in new health care reform environment
 - Illicit drug use including **prescription drugs**

Federal Partners

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Proposed DWP Leadership Role

- **Purview:**
 - Workplace environment
 - Stay within primary role of partnering with federal entities - federal role as leaders in the drug testing industry.
- **Publicize standards** - Encourage others to adopt these standards - Mandatory Guidelines are considered the 'gold standard' in the industry.
- **DTAB's Role** –Employ the scientific and technical information to drive policy.

DWP's Role

Proposed DWP Leadership Role

DWP Mission and Role:

- scientific experts with high scientific credibility
- policy experts
- a valuable resource center;
- resource for valuable standards that serve as a valuable tool for others
- federal leaders in convening federal entities
- Emerging issues and early notification
- DWP and website information for search engines and specific topics.
- **Key messages from DWP:** “Science Leads Policy”

Emerging Issues

Regulated Testing

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Emerging issues:

- Marijuana
- Prescription Drugs
- Synthetic Opiates
- Other Synthetic Drugs
- Mixing Drugs (Prescription, Non-Prescription, Synthetics, etc.)
- Testing Capabilities

DTAB Questions

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Questions?