Recommendations to Improve
The Adult Use of Marijuana Act's (AUMA)
Impact on Prevention and Treatment

The California Society of Addiction Medicine (CSAM) - a State Chapter of the American Society of Addiction Medicine (ASAM) - is a professional society representing over 400 California physicians dedicated to improving the treatment of substance use disorders. The voice of addiction medicine specialists on clinical issues and public policy in California, CSAM is dedicated to increasing access and improving the quality of addiction treatment.

Background

CSAM has reviewed the Adult Use of Marijuana Act and finds many aspects of it to be in step with CSAM's Cannabis Policy Statement issued October 12, 2015 and available at: http://www.csam-asam.org/evidence-based-marijuana-information

As drafted, the initiative seeks to regulate and license the currently unregulated marijuana industry in California. We are pleased that the writers have chosen to earmark 60% of the tax revenues to be aimed at public health programs to prevent and treat substance abuse in youth. Additionally, we agree with the importance of prohibiting the sale of nonmedical marijuana to those under 21 years old, barring marijuana businesses from being located within 600 feet of schools, and the regulation of packaging and labeling requirements for marijuana and marijuana products to make it illegal to advertise or market marijuana towards youth. Finally and importantly, the initiative supports, as does CSAM, the reduction of criminal sanctions for use or personal possession of marijuana by adults and youth.

We would like to express some concerns regarding CSAM's primary focus - the prevention and treatment of substance use disorders.

Recommendations

We recommend the following changes to improve the initiative in these areas:

1. **Establish a Clinical Advisory Board**
    A. After disbursing funds pursuant to subdivisions (a), (b), (c), (d), and (e) of Section 34019, the Controller shall deposit 60% of the remaining funds in the Tax Fund to the Youth Education, Prevention, Early Intervention and Treatment Account. From this sub-trust account, the Controller shall then disburse the funds to the Department of Health Care Services, the Department of Public Health and the Department of Education.
    B. A Clinical Advisory Board composed of clinical experts in addiction medicine and mental health, public health prevention experts, school counselors and similar stakeholders should be appointed by the Director of the Bureau of Marijuana to

i. Advise the Controller re: disbursements to the Departments of Health Care Services, Public Health and Education,
ii. Evaluate program proposals submitted to the Departments of Health Care Services, Public Health and Education, and
iii. Coordinate proposals funded by the Departments of Health Care Services, Public Health and Education to avoid duplication and facilitate coordination among the funded programs

C. CSAM proposes the following wording changes and additions (in bold) to Section 34019 (f) (1):
Sixty percent (60%) shall be deposited in the Youth Education, Prevention, Early Intervention and Treatment Account. **A Clinical Advisory Board composed of clinical experts in addiction medicine and mental health, public health prevention experts, school counselors and similar stakeholders shall be appointed by the Director of the Bureau of Marijuana Control to advise** *the Controller in disbursing funds from the sub-trust account to the Department of Health Care Services, the Department of Public Health and the Department of Education* ***to develop*** *programs* ***approved by the Clinical Advisory Board*** *for youth that are designed to educate about and to prevent substance use disorders and to prevent harm from substance use. The programs shall emphasize accurate education, effective prevention, early intervention, school retention, and timely treatment services for youth, their families and caregivers. The programs may include, but are not limited to, the following components:*
(A) Prevention and intervention services….substance use disorders. **The initiation of public education programs shall precede the legal availability of recreational cannabis by one full year and be consistent with the Institute of Medicine (IOM) three level structure of prevention services**

2. Provider Credentials

A. Adolescence is a period of rapid psychological growth and too often of rapid development of substance use disorders.
B. Programs emphasizing *education, effective prevention, early intervention, school retention, and timely treatment services for youth, their families and caregiver* need to be staffed by providers fully credentialed in issues of adolescent psychology and substance use disorders.
C. Therefore, CSAM proposes the following wording (in bold) be added Section 34019 (f) (1) as shown in bold:
The programs shall emphasize education, effective prevention, early intervention, school retention, and timely treatment services for youth,

their families and caregivers. **All programs shall be staffed by providers fully credentialed in issues of adolescent psychology and substance use disorders** *and may include, but are not limited to, the following components:*

3. **Second Opinion by Pediatricians for Medical Marijuana for Minors**
    A. Youth are particularly susceptible to adverse developmental effects of marijuana due to ongoing brain development
    B. Section 5: USE OF MARJIJUANA FOR MEDICAL PURPOSES, *11362.712* states that *a qualified patient must possess a physician's recommendation that complies with Article 25*.
    C. AUMA presents an opportunity for a critical improvement to the protection of minors seeking a recommendation for medical marijuana.
    D. CSAM proposes addition of the following wording (in bold) to Section 5, *11362.712.*

        (c) All minors receiving a recommendation for the medical use of marijuana shall require a second written opinion by a pediatrician to apply for an identification card issued pursuant to Section 11362.71

4. **Student Assistance Programs (SAPs)**
    A. Early identification and intervention provides critical opportunities for reducing harm from excessive cannabis use.
    B. The younger an individual initiates cannabis use, the greater the risk of dependence.
    C. Approximately 180,000 (9%) of California's 1,950,000 high school students acknowledge using cannabis 10 or more days per month (over 70% of these using more than 20 days a month).
    D. Schools are where the bulk of youth being harmed by cannabis can be found in California. Therefore, schools should be where the bulk of drug education, prevention and early intervention services should be located.
    E. Substance abuse experts advocate for Student Assistance Programs to produce a beneficial impact on school climate and student alcohol and other drug use.
    F. CSAM supports the dedication by AUMA of 60% of marijuana tax revenue above regulatory expenses to meet the needs of youth. <u>We strongly urge that Student Assistance Programs be prioritized for programs designed to protect youth.</u>
    G. CSAM proposes insertion of the following wording (in bold) be added to Section 34019 (f) (1) (B) in the following manner:

        (B) **Priority shall be given to** *grants to schools to develop and support Student Assistance Programs, or other similar programs, designed to prevent and reduce substance use, and improve school retention and performance, by supporting students who*

are at risk of dropping out of school and promoting alternatives to suspension or expulsion that focus on school retention, remediation, and professional care. Schools with higher than average dropout rates should be prioritized for grants.

5. **Separation of Medical and Nonmedical Marijuana Sales Locations**

   It is essential that medical and recreational cannabis dispensaries be separated. Medical cannabis will hopefully evolve to the development of evidence-based specific cannabinoid medications that can be sold in pharmacies and be accepted as a very different use of cannabis than recreational use. Separating patients from recreational users in dispensary settings will help to eliminate blurry boundaries between two kinds of uses and two kinds of users, and enable more effective regulation.

Respectfully Submitted,

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