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MICHIGAN COLLEGIATE CANNABIS PREVENTION TOOLKIT



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In November of 2018 Michigan voters passed Proposal 1 into state law, allowing cannabis use among adults over the age of 21 (Michigan Regulation and Taxation of Marihuana Act). This law is at odds with federal law, classifying cannabis as a Schedule 1 drug. This toolkit is designed to help Institutes of Higher Education (IHE) navigate current political and social climates, while supporting students on campus. Within, professionals will find cited sources for the harms associated with cannabis use, examples of cannabis prevention frameworks, and tools to use on college/university campuses. Our goal is that this toolkit will serve as a guide in your efforts to provide a healthy and safe campus environment.

Note that throughout this document the word cannabis is used. There are a few reasons for this:

1. Cannabis refers to the plant in its entirety, rather than just the flower or bud
2. The origins of the word "marijuana" are linked with a Mexican word used for the plant in the early 1900s that was spelled and pronounced "mariguana." This term evolved to marihuana and eventually to the modern spelling of marijuana. In the 1930s racist propaganda and campaigns were distributed, linking the plant to a variety of social ills, including violence.
3. The word cannabis is a much more neutral term to students, and is less associated with both positive and negative connotations.

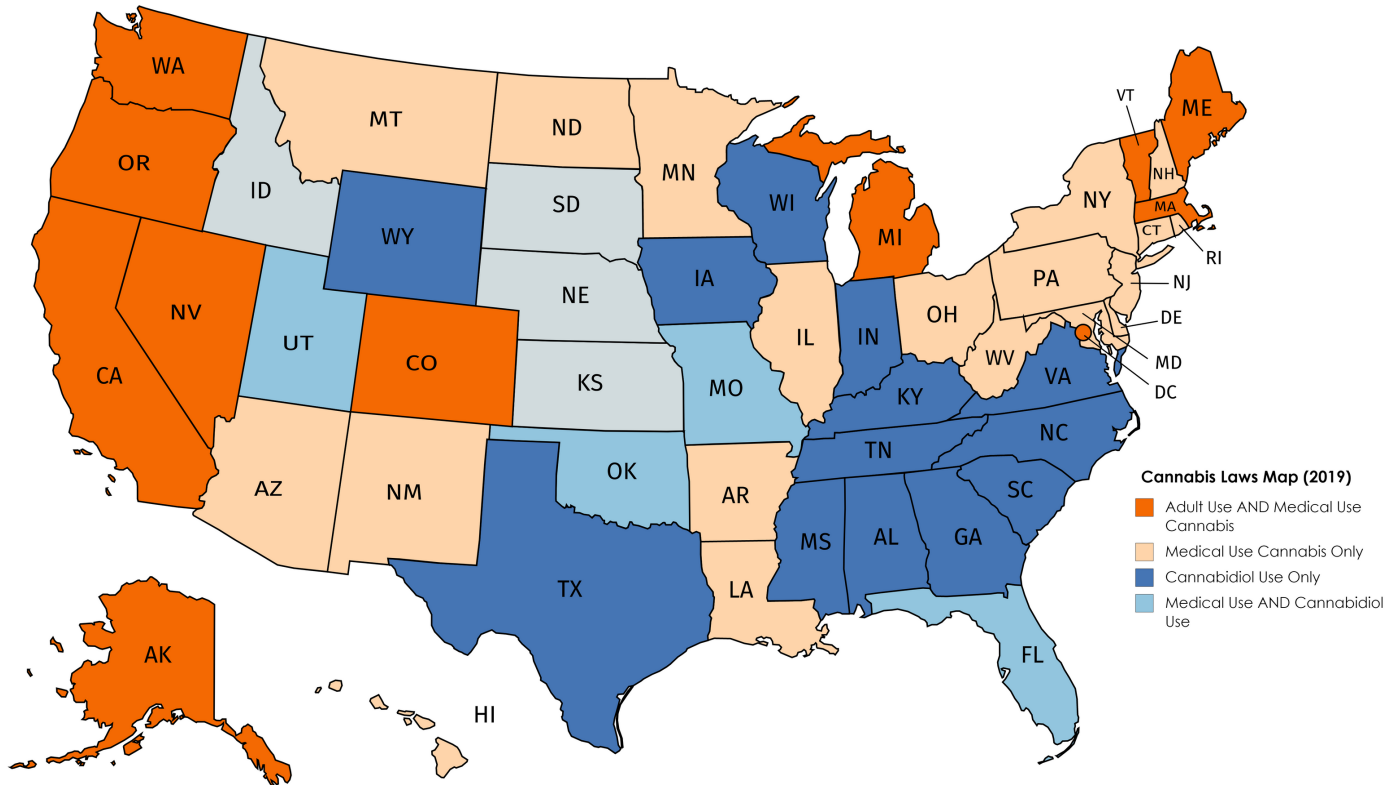
In addition, the legal use of non-medical cannabis is referred to in this document as "adult-use" in place of "recreational." This is to decrease the normalization of cannabis use as a hobby or sport and to remind people of the age restrictions associated with the law.

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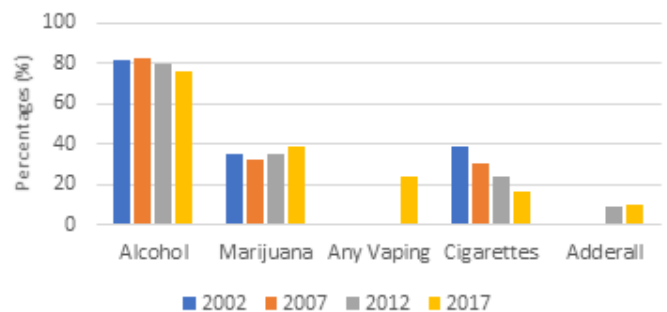
DATA AND RESEARCH

As of March, 2019 adult use cannabis is legal in 10 states, including Michigan, and Washington D.C. Medical cannabis is legal in 33 states and cannabidiol (CBD) oil is legal in 17 states, This totals to 46 states that permit some form of cannabis use¹.



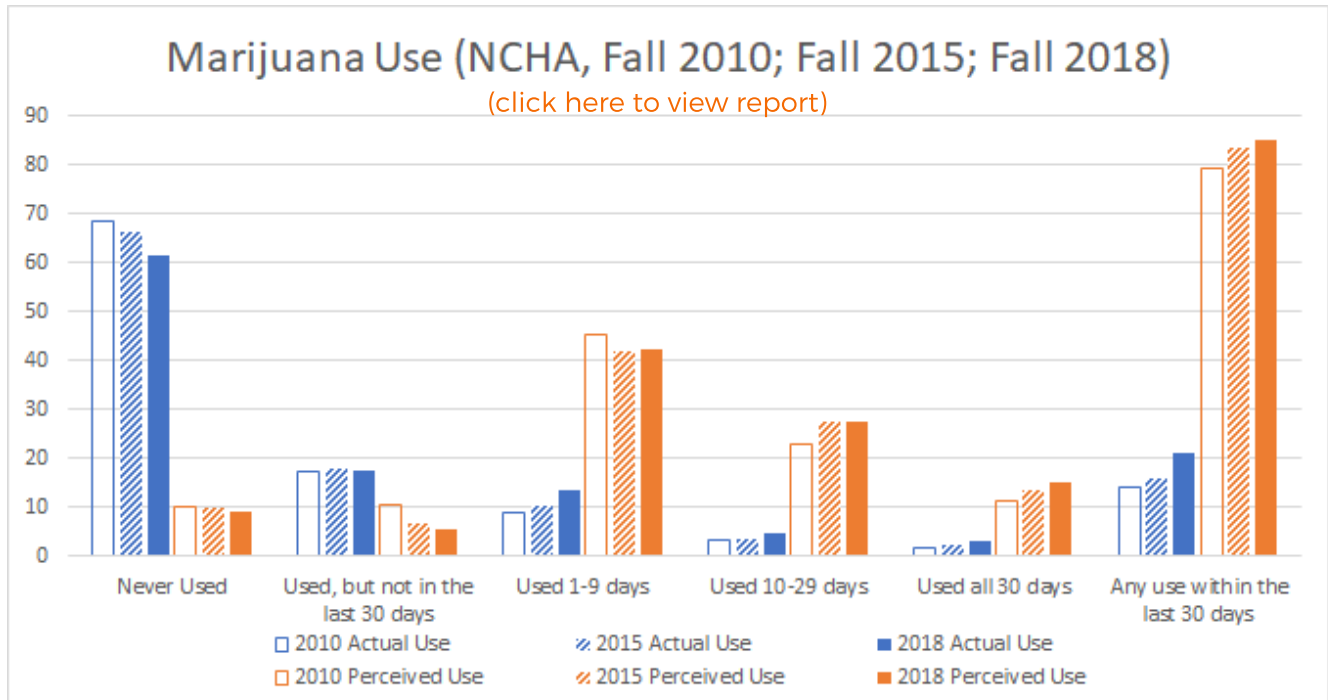
Alcohol continues to be the most misused substance among college students, followed by cannabis, vaping, cigarettes, and stimulants, such as Adderall². College students who used cannabis 5 or more times in the last year reported concentration problems (40.1 percent), placing oneself at risk for physical injury (24.3 percent), driving while high (18.6 percent) and missing class (13.9 percent) as prevalence problems³. Additional studies have shown increased cannabis use is associated with skipping more classes, lower GPA, and delayed graduation⁴. Prevention and early intervention may reduce these negative outcomes for students.

Trends in Annual Prevalence of Top Drugs of Concern Among College Students (MTF, 2017)





It is also important to note a meta-analysis found cognitive deficits can go away after 72 hours of abstinence⁵. However, many factors influence this, such as heavier use, frequency of use, and potency. Some studies have seen memory defects persist as long as three weeks after stopping use⁶.



More than 82 percent of college students think their peers used cannabis in the past 30 days; however, only 19 percent of students actually used (see graph above). High perceived use is associated with increased actual use. Sharing this discrepancy in a social norms campaign (see page 9 of this toolkit) can be an effective prevention strategy.

A major concern on campus is the decrease in perception of harm. This is furthered by state legalization of adult use and medical cannabis⁷. As noted to the right, less than 12 percent of young adults perceive great risk of using cannabis. In contrast, almost 94 percent saw great risk in heroin. Research shows low perception of risk leads to increased use. Buckner⁸ found 67 percent of the probability of using cannabis is accounted for by a combination of favorable descriptive and injunctive norms, low perceived harm, and use for coping.

The Michigan Young Adult Survey (2016) has more information on young adult use and perceived use from the State. [Click here to learn more.](#)

PERCEPTIONS OF GREAT RISK

11.9%

ONLY 11.9% YOUNG ADULTS (18-25) PERCEIVED GREAT RISK OF HARM FROM WEEKLY MARIJUANA USE*

93.8%

COMPARATIVELY, YOUNG ADULTS (18-25) PERCEIVED GREAT RISK OF HARM FROM WEEKLY USE OF HEROIN (93.8%)*

*Based on 2016-2017 NSDUHs



FEDERAL LAW (AS OF JULY, 2019)



[\(click here for more information\)](#)

According to federal law, any material, compound, mixture, or preparation, which contains any quantity of Marihuana is classified as a Schedule 1 drug, meaning:

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.

For these reasons, it is illegal to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, marihuana.

STATE LAW (AS OF JULY, 2019)

According to the Michigan Regulation and Taxation of Marihuana Act:

- A person 21 years old or older can possess, use or consume, internally possess, purchase, transport, or process 2.5 ounces or less of marihuana, except that not more than 15 grams of marihuana may be in the form of marihuana concentrate.
- A person 21 and older can possess, store, and process not more than 10 ounces of marihuana produced by marihuana plants cultivated on the premises and cultivate not more than 12 marihuana plants for personal use.
- A person can give away or otherwise transfer without remuneration up to 2.5 ounces of marihuana, except that not more than 15 grams of marihuana may be in the form of marihuana concentrate, to a person 21 years of age or older.



[\(click here for more information\)](#)



WHAT THIS MEANS FOR SCHOOLS

- Drug Free Schools and Communities Act (DFSCA): Campuses must continue to recognize possession and use of cannabis on campus as unlawful (DFSCA is a federal mandate, and cannabis is federally defined as illicit substance).
- Cannabis advertisement on campus is a violation of the DFSCA.
- Students with a medical cannabis recommendation remain subject to campus policies about possession and use, as cannabis is not subject to compliance under the Americans with Disabilities Act.
- Cannabis may have implications for students using federal financial aid and/or international students studying in the United States on a student visa.

[Click here to learn more about DFSCA compliance](#)

TIPS FOR WRITING CLEAR CANNABIS POLICY

The following are helpful tips on writing an effective Cannabis policy based on other Institutes of Higher Education in states where adult-use cannabis is legal:

- When referring to prohibited behavior on campus with regard to cannabis, utilize the word "use" instead of "smoking" and offer other examples of what "use" may entail ("edibles," smoking, "dabbing," vaping, etc)
- Provide examples of campus property that students may not realize are included (sporting event centers, university housing institutions, residence halls, etc)
- Include both "recreational" (adult-use) cannabis and "medical" cannabis in your policy, as both are excluded under federal guidelines
- Highlight Federal Law in favor of the state law. Some schools also reference the Drug-Free Schools and Communities Act
- Offer information about what resources your institution and/or community provides to support those struggling with substance use disorders
- Link the policy to important health information regarding cannabis use. This can be done by including the information in the policy itself, adding a hyperlink to further health information, or referring a student to a health facility at or near the institution

LINKS TO EXAMPLE POLICIES FROM OTHER INSTITUTIONS

UNIVERSITY OF PORTLAND (OR)

UNIVERSITY OF CALIFORNIA, BERKELEY (CA)

CONCORDIA UNIVERSITY (OR)

SOUTHERN OREGON UNIVERSITY (OR)

COLORADO MOUNTAIN COLLEGE (CO)

UNIVERSITY OF SOUTHERN MAINE (ME)

COLORADO STATE UNIVERSITY (CO)

SAMPLE CANNABIS POLICY

The **[Institute of Higher Education]**, in accordance with Federal Law, as well as the Drug-Free Schools and Communities Act, prohibits the use, possession, and sale of Cannabis in any form on all **[Institute of Higher Education]** property, including for medical use. For the purposes of this policy, “**[Institute of Higher Education]** property” includes, but is not limited to: **[list property - ex. all university-owned and leased buildings, university housing, parking lots, residence halls, event centers, cafeterias, and academic buildings]**; and “use” includes any mode of consumption of Cannabis including, but not limited to: smoking, “vaping,” oral ingestion (“edibles” or tinctures), and/or “dabbing.” While the Michigan Regulation and Taxation of Marihuana Act has legalized Cannabis use for adults over 21 years of age in the State of Michigan and the Michigan Medical Marihuana Act has legalized Cannabis use for medical purposes, the **[Institute of Higher Education]** must continue to uphold Federal Law across all **[Institute of Higher Education]** property in order to continue to receive Federal funding and to encourage healthy and safe behaviors for all students, faculty, and staff. Federal Law currently lists Cannabis as a Schedule 1 Drug, meaning there is no accepted medical use and high potential for abuse. Students wishing to gain more information regarding medical Cannabis use as it relates to school policy may contact **[Name of Department]** in **[Location of Department]** at **[Department Contact Information]**. Any students found in violation of this policy will be subject to disciplinary sanctions, including potential expulsion. **[Institute of Higher Education]** has implemented both prevention and treatment measures to assist students in making healthy choices for personal and academic success. For more information regarding assistance with problematic substance use, contact **[Department or off campus referral]** located in **[Location]** at **[Contact Information]**. For any questions related to the policy outlined above, contact the **[Department overseeing Student Policy and Compliance]** at **[Contact Information]**.

EVIDENCE INFORMED PREVENTION STRATEGIES

The following strategies for cannabis use prevention on campus are based on current research and promising practices. To further help your campus in effective prevention efforts, follow the Strategic Prevention Framework ([Click here to learn more about SAMHSA's SPF](#))

RISK FACTORS⁹

- Lack of supervision by parent/guardian
- Access
- Associating with peers who use drugs
- “Club culture” or “party culture”
- Preexisting mental health problems
- Norms that permit or encourage cannabis use
- Adolescent risk-seeking behavior
- Lack of organized activities

PROTECTIVE FACTORS⁹

- High self-esteem and sense of identity
- Development of healthy coping skills
- Norms discouraging cannabis use
- Feelings of connectedness
- Campus policy (and enforcement)
- Effective prevention programming in place

SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)

SBIRT is a process in which the individual is screened, brief motivational interviewing occurs, and the individual is referred to appropriate resources.

BRIEF MOTIVATIONAL INTERVIEWING (BMI)

Brief Motivational Interviewing (BMI) is a strategy in which a trained professional conducts a brief counseling session, exploring behaviors and resolving feelings of ambivalence towards problem behaviors. An example of this is modifying BASICS for cannabis use (sometimes referred to as CASICS).

POLICY CHANGE

Policy change has been shown to aid in the reduction of cannabis use. Some examples of policy change include strict no-use cannabis policy and policies about impairment on campus.

ENVIRONMENTAL STRATEGIES

Environmental strategies, alongside policy change, strengthen more accurate peer perceptions about acceptability of use and risks. Some examples of environmental strategies include limiting retailer availability, restricting locations where cannabis can be bought and used, and minimizing youth exposure to cannabis advertising.

HARM REDUCTION

Harm reductions methods can aid in reducing harmful behaviors of those who have decided to use cannabis already and do not wish to cease use. These strategies aim to minimize harm from use.

SOCIAL NORMS

Social norms campaigns have shown to be effective in changing attitudes and perceptions of individuals related to the safety, prevalence, and risks of cannabis use.



EVIDENCE INFORMED PREVENTION STRATEGIES

Each bullet point is linked to examples of these strategies.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

- Screening and Assessment of Cannabis Use Disorders
- Evaluation of the Psychometric Properties of the Cannabis Use Disorders Identification Test - Revised Among College Students
- ScreenU
- e-CHECKUP TO GO
- SAMHSA resources on SBIRT

BRIEF MOTIVATIONAL INTERVIEWING (BMI)

- The Effectiveness of Motivational Interviewing For Youth
- Incorporating Brief Intervention Approaches into Conversations on Campus & Addressing Marijuana in a Changing Legal Climate
- Clinical Conversations about Cannabis: Using Elicit - Provide - Elicit

SOCIAL NORMS

- National Social Norms Center
- A Norms-Based Approach to Healthy Behaviors Through Influence of Presumed Media Influence
- College Cannabis Use: The Unique Roles of Social Norms, Motives, and Expectancies

ENVIRONMENTAL STRATEGIES

- Environmental Management for AOD Prevention
- CollegeAIM Environmental Strategies
- Strategies/Interventions for Reducing Marijuana Use
- The Off-Campus Environment Approaches for Reducing Alcohol and Other Drug Problems

HARM REDUCTION

- Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations
- Clearing the Air: Lower-Risk Cannabis Use on Campus
- Harm Reduction Strategies: Marijuana Use

POLICY CHANGE

- Policy Strategies to Reduce Youth Recreational Marijuana Use
- Building smart cannabis policy from the science up
- Policy Brief: Marijuana Prevention



ADDRESSING MISPERCEPTIONS

The following are some common misperceptions that need to be addressed in order for students to have realistic and accurate knowledge and perceptions regarding the use of cannabis.

1- CANNABIS IS A SAFE SUBSTANCE BECAUSE IT IS 100 PERCENT NATURAL

Marijuana might be natural and even legal in many places, but those facts do not mean that it is safe or harmless.

Immediate effects include:

- Impairment of cognition and coordination¹⁰
- Production of anxiety and psychotic symptoms¹⁰
- Irregularity in function of both the cardiovascular and respiratory systems¹⁰
- Increased risk of developing respiratory infection¹¹

Long-term effects include:

- Cannabis dependence, or Cannabis Use Disorder¹⁰
- Impairments in cognition¹⁰
- Higher rate of development of mental health conditions like schizophrenia and bipolar disorder, or exacerbation of preexisting mental health conditions^{10; 12}
- Decreased respiratory function¹⁰
- Increased risk for cardiovascular disease and cancer¹⁰

The earlier a person first begins using cannabis, as well as the consistency with which they use it, have been shown to put those individuals at an increased risk for these side effects¹³.

2- CANNABIS IS NOT ADDICTIVE

According to the DSM V., Cannabis Use Disorder is a diagnosis that is given for problematic marijuana use, which can take the form of addiction. Physical withdrawal symptoms of cannabis start approximately 24 hours after cannabis cessation, peak within 2-4 days, and subside after 1-3 weeks. Withdrawal symptoms include:

- Anorexia¹⁴
- Aggression and/or irritability^{14; 11}
- Anxiety¹⁴
- Anger¹⁴
- Restlessness and/or sleep disruption¹⁴

3- EVERYONE IS USING CANNABIS / IT IS NORMAL TO USE CANNABIS

According to the data recorded from the 2018 NCHA survey, over 50 percent of students reported that they had never used cannabis, although 62 percent reported that they thought the majority of their peers used cannabis at least once a week if not more¹⁵. If a school has campus-wide data, sharing campus statistics helps dispel this misperception more effectively than sharing national data.

4- ONE CANNOT OVERDOSE ON CANNABIS

Cannabis toxicity is possible and quite common (especially for those utilizing products with higher concentrations of THC such as oils, concentrates, or “edibles”). Students may refer to this as “Greening Out.” Some symptoms of this include:

- Rapid heart rate / increased risk for heart attack¹⁶
- Hallucinations, loss of contact with reality, paranoia and mental confusion¹⁶
- Loss of control of body movements¹¹
- Panic attacks and feelings of anxiety¹⁶
- Dizziness or feeling faint¹¹
- Worsening of seizures¹¹
- Nausea and vomiting¹¹

An overdose on cannabis does not look the same as overdoses on other drugs because cannabis consumption, in and of itself, is not life-threatening. But using too much of the drug can have hazardous results (listed above), which may increase the risk of death.

CANNABIS USE IS
ASSOCIATED WITH NEGATIVE
HEALTH EFFECTS

CANNABIS USE IS NOT THE
NORM

DRIVING WHILE UNDER
THE INFLUENCE OF
CANNABIS IS
DANGEROUS

TOO MUCH CANNABIS IS
TOXIC

CANNABIS IS ADDICTIVE
AND HAS WITHDRAWAL
SYMPTOMS

5- I DRIVE BETTER AFTER USING CANNABIS

Numerous studies have shown that the risk of accident involvement and driving-related injuries, both non-fatal and fatal, is two to three times higher among cannabis-impaired drivers compared with non-impaired drivers. There is no evidence for safe levels of cannabis use for driving. It is illegal to operate a vehicle under the influence of cannabis (medical or adult use). In Michigan, this is determined by impairment noted by an officer during a field sobriety test rather than a specific amount of THC in the body. For more information on Michigan law regarding cannabis impaired driving, click [here](#). Acute impairment signs include¹⁷:

- Red or bloodshot eyes
- Delayed reaction time
- Distorted sense of your surroundings
- Poor coordination
- Feeling anxious or panicky
- Feeling dizzy or tired
- Body/eyelid tremors
- Divided attention

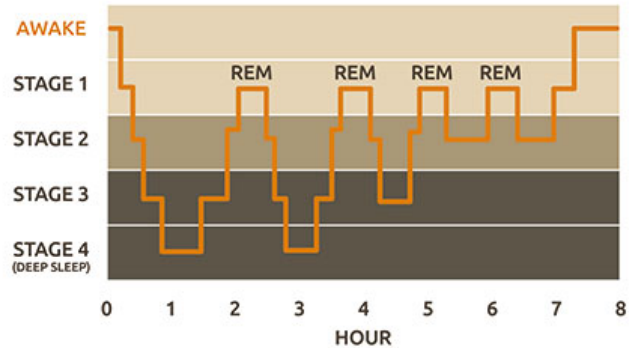
Click [here](#) for the March 2019 impaired driving report specific to cannabis.

Acute impairments set in shortly after use and persist for up to about six hours, but vary depending on the individual's characteristics and constitution, as well as on the potency and type of cannabis used¹⁷.

STUDENT RATIONALE FOR USING CANNABIS

IT HELPS ME SLEEP OR HELPS ME HAVE BETTER, MORE RESTFUL SLEEP

According to studies done on cannabis use and sleep, use of cannabis before bed actually decreases the amount of REM sleep a person is able to get. This can lead to feeling tired the next day, anxiety, irritability, and jumpiness. If a person stops using, they often experience strange and intense dreams or insomnia (withdrawal symptoms). This can last two to three weeks¹⁸.



IT HELPS MY ANXIETY AND/OR DEPRESSION

Studies have shown that cannabis use exacerbates symptoms of depression¹⁹ and anxiety²⁰. In addition, students may feel increased anxiety when attempting to abstain from using cannabis due to withdrawals¹⁴. Due to this, it is recommended that campus clinicians ask about cannabis use when a student presents with anxiety. Overall, cannabis has shown to have a more antagonizing effect on these disorders and more research is needed to understand the mechanisms behind this co-morbidity.

IT HELPS ME PERFORM BETTER IN SCHOOL

Any amount of cannabis use is associated with lower GPA and lower likelihood of graduating on time²¹.

According to studies, use of cannabis is associated with disengagement in school, antisocial behavior, low grade point average, increased rates of skipping class, increased rate of suspension/expulsion, and increased rates of school drop-out^{14 22}.

IT HELPS ME PERFORM BETTER IN SPORTS

Studies have shown that use of cannabis decreases capacity for the body to do physiological work as well as the maximal duration of work-out time for the user²³

Some studies suggest that use of cannabis can hinder the body's ability to recover and adapt after exercise²³

Knowing the research behind students common rationale for using can increase discrepancy and support a student in quitting. Students are interested in knowing correct information.

ADDRESSING COMMUNITY KNOWLEDGE

The following are common questions that both students and faculty often have regarding cannabis use in a higher education setting.

HOW MUCH IS TOO MUCH IN TERMS OF CANNABIS?

Due to the complex nature of cannabis, different potency levels, and other factors, there is no LOW risk amount of cannabis, only LOWER risk guidelines to mitigate negative health outcomes²⁴. These guidelines are mentioned later in this toolkit (page 14). In addition, if the user is consuming cannabis with certain medications, using while pregnant or breastfeeding, or has a history of mental health or substance misuse, this can potentially increase health risks (even in small doses).

Because all types of cannabis are not the same, all users' bodies do not react the same way to cannabis, and cannabis is addictive, no safe amount of cannabis exists.

WHY DOES CANNABIS DECREASE STUDENT PERFORMANCE?

The cycle that professionals have found is that when students use cannabis, they are more likely to skip class more often, study less, exhibit a decrease in motivation, experience poor quality sleep/less sleep, and they often suffer from cognitive problems. All of these factors combined lead to the decrease in school function and ultimately lower performance in school²⁵.

WHAT ARE THE DIFFERENT METHODS TO USE CANNABIS?

How a person uses cannabis is important in terms of potential THC content and onset of "high". There are various ways to use including topically, dabbing, vaping, eating/drinking, and smoking. Levels of THC vary greatly, but are generally lower when smoking or vaping than through eating/drinking or dabbing. While dabbing, vaping, and smoking produce an effect within seconds to minutes of consumption, eating/drinking can take ninety minutes to four hours before a person feels the full effect. Students who are unaware of this may unintentionally overdose after eating/drinking cannabis. The effects may last for varying lengths of time depending on THC levels, method of use, individual body differences, frequency of use, and tolerance. For more on methods of use, click [here](#)²⁶.





WHAT ARE SOME HARM-REDUCTION STRATEGIES FOR THOSE WHO DO DECIDE TO USE CANNABIS, REGARDLESS OF THE DOCUMENTED CONSEQUENCES?

Although no safe amount of cannabis exists due to the nature of its addictive properties, expert recommendations are as follows²⁴:

- The most effective way to avoid any risks of cannabis use is **to abstain from use**. Those who decide to use need to recognize that they incur a variety of risks — acute and long-term — that lead to adverse health and social outcomes.
- **Initiating use later in life** (especially once the brain has fully developed) can reduce level of harm in some health effects.
- Research has shown that higher THC levels are associated with higher risk of mental and behavioral problems. It is advised that users know the nature and composition of the cannabis products they use and **use cannabis that is lower in THC levels**.
- **Use of synthetic cannabis** (sometimes called “K2,” “Spice,” etc.) **should be avoided entirely**, as negative health effects are more common and more extreme in users of synthetic cannabis.

In addition to this guidelines, students who choose to use cannabis should lock all cannabis product and paraphernalia, so it is safe from others. Students should also have the number for poison control stored in their cell phones or easily accessible (1.800.222.1222) in case of an overdose.

- **“Deep inhalation”** (where the user holds in the smoke for as long as possible) **should also be avoided** because this exposes the lungs to toxic material in the smoke for a longer period, thus increasing rate of absorption and causing adverse respiratory effects.
- Frequent or highly intensive (daily or nearly daily) use of cannabis is associated with increased risk of negative psychological health outcomes, so **users should limit their use to using it at most once weekly**.
- Driving while impaired greatly increases risk for involvement in motor-vehicle accidents, so users of cannabis **should wait to drive** until they are sure that the effects of cannabis have completely worn off. Combining alcohol and cannabis use increases this risk.
- **Some individuals are at a higher risk of cannabis-related mental health problems, and these individuals are strongly encouraged to abstain from cannabis use**. This includes those with predisposition and/or close family history of psychosis and/or substance abuse disorders. Individuals who are pregnant should also abstain from using cannabis.

WHEN ADDRESSING USE WITH STUDENTS, INCLUDE:

- What withdrawal symptoms from cannabis look like (since we know from research that these symptoms often include sleep disruptions, as well as exacerbation of symptoms of psychological disorders)
- Healthy coping skills for mental health adversities like stress, anxiety, and depression (in order to help students rely less on cannabis and more on healthier coping strategies)
- The number of health risks associated with cannabis use (which may help weigh the benefits with the proven costs of cannabis use)

CANNABIS TERMINOLOGY

Understanding what a student means when they report how they consume cannabis, or how often they use, is critical to having an informed and effective interaction. This is why knowing some terminology is helpful. The following are a few common terms.



- “Weed,” “Pot,” “Bud,” “Flower,” “Mary Jane,” “Marijuana,” “Grass,” “Tea,” “Kush,” “Keif,” “Herb,” “Mota,” “Ganja,” “Keif,” “Skunk,” “Dank,” “Dope”: the flower of the cannabis plant which is then smoked
- “Access Point,” “Dispo”/“Dispensary,” “Safe Access”: a location where those who use cannabis are able to purchase it in a legitimate way. A “caregiver” is someone who grows cannabis and has a license to distribute it to medical cannabis patients
- “Dabs”/“Dabbing,” “BHO,” “Concentrates,” “Shatter,” “Ice,” “(Ear)Wax,” “Hash Oil,” “Reclaim,” “Oil” “Slab,” “Full Melt”: highly concentrated cannabis extracts that are smoked by being heated to very high temperatures in a special type of glass pipe called a “nail,” “banger” or a “rig.” This type of concentrate has extremely high levels of THC.
- “Blunt,” “Joint,” “Doobie,” “Pinner,” “Cone,” “Spliff,” “Pre-roll”: cannabis that is rolled into a cigarette or cigar and smoked.
- “Bowl,” “Pipe,” “Glass,” “Bong,” “One-Hitter,” “Piece,” “Steamroller,” “Bubbler,” “Sherlock”: the glass pipe that someone uses in order to smoke cannabis.
- “Edibles,” “Consumables,” “CannaButter,” “Budder,” “Eddies”: cannabis which has been concentrated into a food item. Usually these items also have very high concentrations of THC.
- “Stoned,” “High,” “Medicated,” “Elevated,” “Ripped,” “Couch-locked,” “Baked,” “Cashed,” “Cooked”: a person who is intoxicated by cannabis
- “Cross-fading”: the user combining alcohol and cannabis use, resulting in more impairment than if either substance was used on their own
- “Greening-out”: the feeling of ingesting too much cannabis, and feeling nauseous or distressed



OTHER RESOURCES



PREVENTION RESOURCES/TOOLKITS

Mobilizing Michigan

Preventing Marijuana Use Among Youth & Young Adults (DEA)

The Highs and Lows of Collegiate Cannabis Prevention Part I (NASPA)

The Highs and Lows of Collegiate Cannabis Prevention Part II (NASPA)

MDHHS Marijuana Communications Toolkit

Risk and Protective Factors Associated with Youth Marijuana Use:
Using Prevention Research to Guide Prevention Practice

Higher Education Cannabis Prevention Toolkit (Colorado)

Campus Drug Prevention Marijuana Resources (DEA)



HEALTH EFFECTS

Marijuana and Public Health (MDHHS)

Marijuana and Public Health (CDC)

The Health Effects of Cannabis and Cannabinoids



FACTS ON CANNABIS USE

Marijuana Drug Facts (DEA)

Cannabis (PN)

Get Smart About Drugs: Marijuana

Marijuana Drug Facts (NIH)



RESOURCES FROM OTHER STATES

Marijuana: Education and youth prevention resources for community agencies (Colorado)

Let's Talk Cannabis Community Toolkit (California)

Responsibility Grows Here (Colorado)

What's Legal Oregon (Oregon)

SMART CO (Colorado)

You Can (Washington)

Learn About Marijuana (Washington)

Protecting Public Health and Promoting Equity in Adult-Use Marijuana
Legalization in Illinois

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