



It's Just Marijuana!
The effects of Marijuana

Exposure on Children
Mary Ellen Stockett, M.D.

AP: State Question 788 to legalize medical marijuana passes in Oklahoma

by Ashley Ellis | Tuesday, June 26th 2018

AA



57% for
43% against

Oklahoma State Question 778

Medical Marijuana Legalization

A person with a state issued medical marijuana license shall be able to:

- Consume marijuana (MJ) legally
- Possess
 - Up to 3 ounces of MJ on their person
 - 6 mature MJ plants
 - 6 seedlings
 - 1 ounce of concentrated MJ
 - 72 ounces of edible MJ
 - 8 ounces of MJ in their residence

Medical Marijuana License

- Good for 2 years
- Issued by the Oklahoma State Department of Health (OKHD)
- Application provided on OKHD website
- Application must be signed by a physician
- \$100 application fee, \$20 for Medicaid, Medicare and SoonerCare patients
- Must be 18 years old
- OKHD must send license or reject within 14 days



Medical Marijuana Dispensary, Processing Commercial Grower and Research License

- \$2500
- \geq 25 years old
- May not apply
 - Violent felony conviction within 5 years
 - Nonviolent felony conviction within 2 years
 - Inmate
 - Incarcerated person
- Monthly report to OKHD of production, consumption, purchases and sales

A decorative border of colorful cannabis leaves in various shades (blue, green, red, purple, orange, yellow) surrounds the central white text area.

Grower and Processor License Holders

- Also receive transportation licenses
- May not sell directly to holders of medical marijuana licenses
- Sales are wholesale and not taxed
- Processors may process marijuana plants into concentrates, edibles and other forms for consumption

Nondiscrimination of medical marijuana license holders

- School or landlord may not discriminate against
- Employment
 - May **not** take action based on status as license holder or drug test indicating marijuana or its components
 - **May** take action if holder uses or possesses marijuana at place of employment during hours of employment

Nondiscrimination continued

- Medical care
 - Use of marijuana must be considered equivalent to the use of any other medication
 - Does not constitute the use of an illicit substance or disqualify patient from medical care
- Child Care
 - May not be denied custody or visitation with minor
 - No presumption of neglect or child endangerment unless behavior creates danger
- May not be denied state license

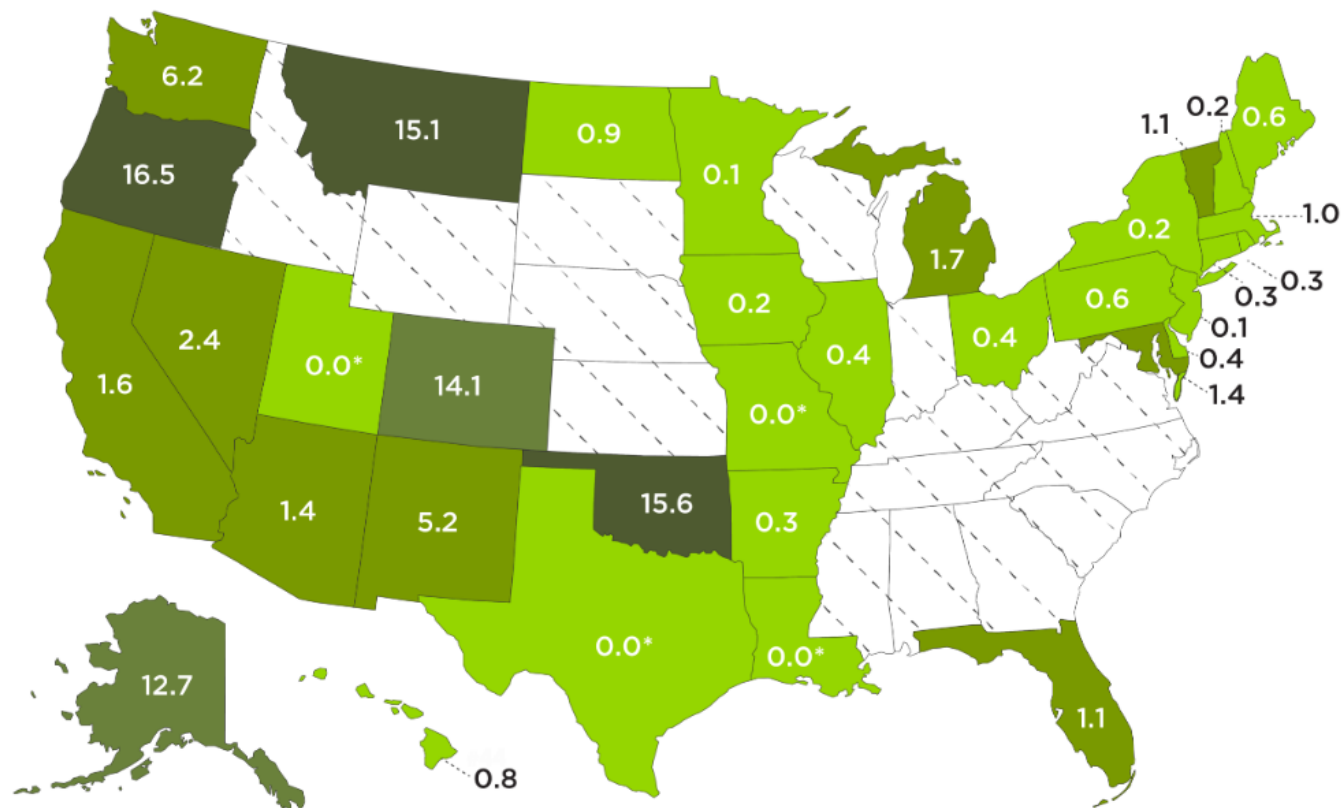
A decorative border of colorful marijuana leaves in various shades (blue, green, red, purple, orange, yellow) surrounds the central white content area.

Retail Marijuana Establishments

- No city or local municipality may change or restrict zoning to prevent opening
- May not be located within 1000 feet of school entrance

UNITED STATES OF WEED

MARIJUANA DISPENSARIES PER 100,000



<https://www.verilife.com/blog/united-states-weed> January 2020

STATE RANKINGS

MARIJUANA DISPENSARIES PER 100,000

16.5 OREGON

15.6 OKLAHOMA

15.1 MONTANA

14.1 COLORADO

12.7 ALASKA

6.2 WASHINGTON

5.2 NEW MEXICO

2.4 NEVADA

1.7 MICHIGAN

1.6 CALIFORNIA

1.4 MARYLAND

1.4 ARIZONA

1.1 VERMONT

1.1 FLORIDA

1.0 MASSACHUSETTS

0.9 NORTH DAKOTA

0.9 WASHINGTON D.C.

0.8 HAWAII

0.6 MAINE

0.6 PENNSYLVANIA

0.4 ILLINOIS

0.4 DELAWARE

0.4 OHIO

0.3 CONNECTICUT

0.3 RHODE ISLAND

0.3 ARKANSAS

0.2 IOWA

0.2 NEW YORK

0.2 NEW HAMPSHIRE

0.1 MINNESOTA

0.1 NEW JERSEY

0.0 LOUISIANA

0.0 UTAH

0.0 MISSOURI

0.0 TEXAS

0.0 WEST VIRGINIA

CITIES WITH THE MOST DISPENSARIES

MARIJUANA DISPENSARIES PER 50,000

1.	MISSOULA, MT	18.1	11.	BOULDER, CO	12.1	21.	OLYMPIA, WA	8.6
2.	MEDFORD, OR	17.0	12.	CATHEDRAL CITY, CA	11.8	22.	BILLINGS, MT	7.3
3.	PUEBLO, CO	16.6	13.	COLORADO SPRINGS, CO	11.7	23.	ENID, OK	7.0
4.	EUGENE, OR	16.1	14.	OKLAHOMA CITY, OK	10.6	24.	BROKEN ARROW, OK	6.5
5.	DENVER, CO	14.9	15.	NORMAN, OK	10.5	25.	SANTA CRUZ, CA	6.2
6.	PORTLAND, OR	14.5	16.	CORVALLIS, OR	10.2	26.	BEAVERTON, OR	6.1
7.	MOORE, OK	13.0	17.	TULSA, OK	10.1	27.	SPOKANE, WA	5.9
8.	SALEM, OR	13.0	18.	LAWTON, OK	9.6	28.	SANTA FE, NM	5.9
9.	EDMOND, OK	12.5	19.	SPRINGFIELD, OR	9.5	29.	EVERETT, WA	5.8
10.	BEND, OR	12.3	20.	BELLINGHAM, WA	8.8	30.	MIDWEST CITY, OK	5.2

Tax on Medical Marijuana Sales

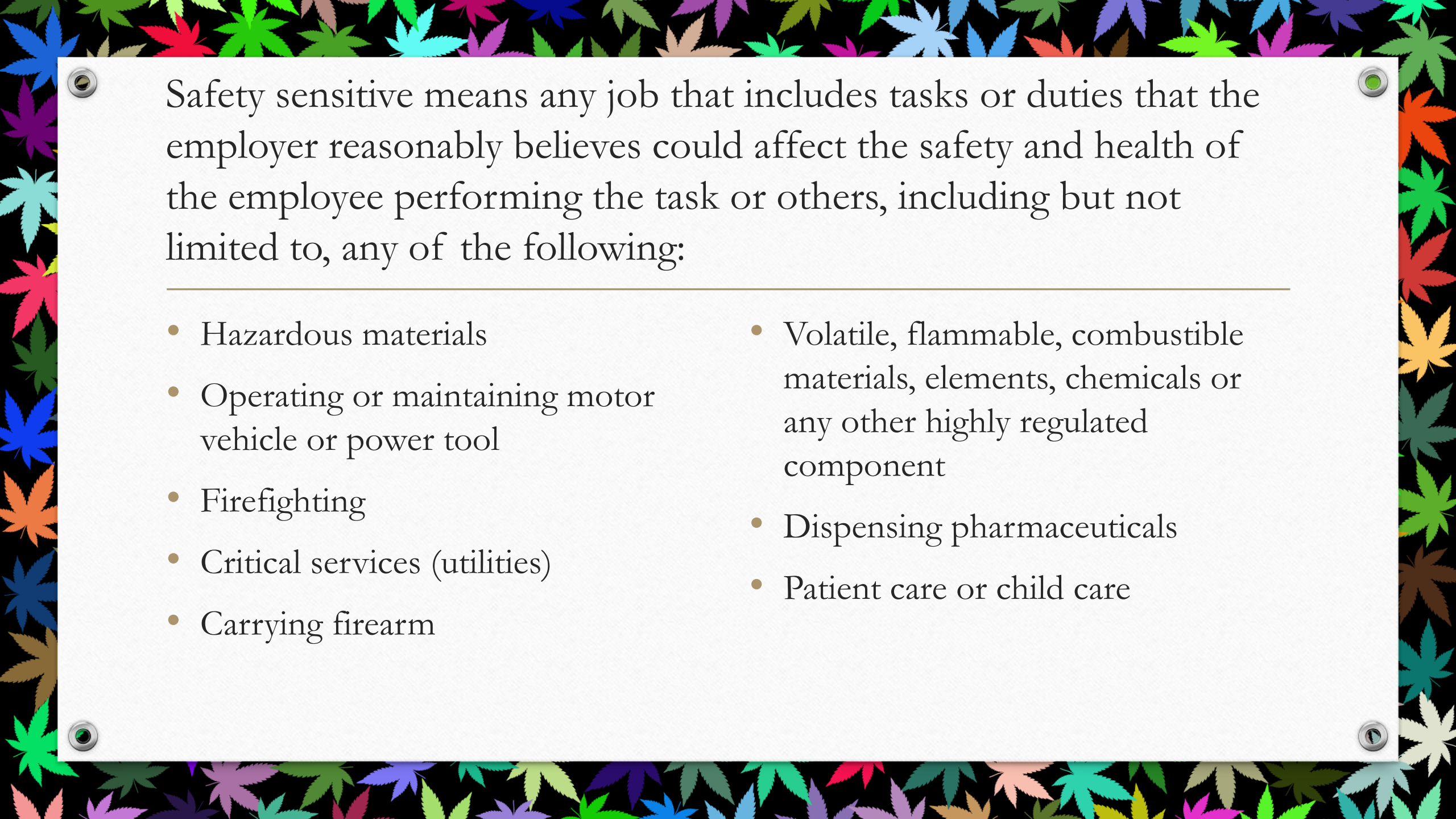
- 7% tax on retail sales
- Used to finance regulatory office
- If proceeds exceed need for running regulatory office
 - 75% General Revenue Fund for common education
 - 25% Oklahoma State Department of Health earmarked for drug and alcohol rehabilitation

Oklahoma Medical Marijuana and Patient Protection Act (Unity Bill)

- Fine for sharing \$200 for first offense, \$500 for second and possible revocation of license (if willful or grossly negligent)
- Property owner can prevent smoking or vaping of marijuana in or within 10 feet of entryway of property but not other marijuana consumption
- May not be denied firearm
- Medical assistance not required to pay for medical MJ

Safety Sensitive Jobs

- Can refuse to hire, discipline or discharge employee because of positive MJ test
- A "positive test for marijuana components or metabolites" means a result that is at or above the cutoff concentration level established by the United States Department of Transportation or Oklahoma Law regarding being under the influence, whichever is lower.

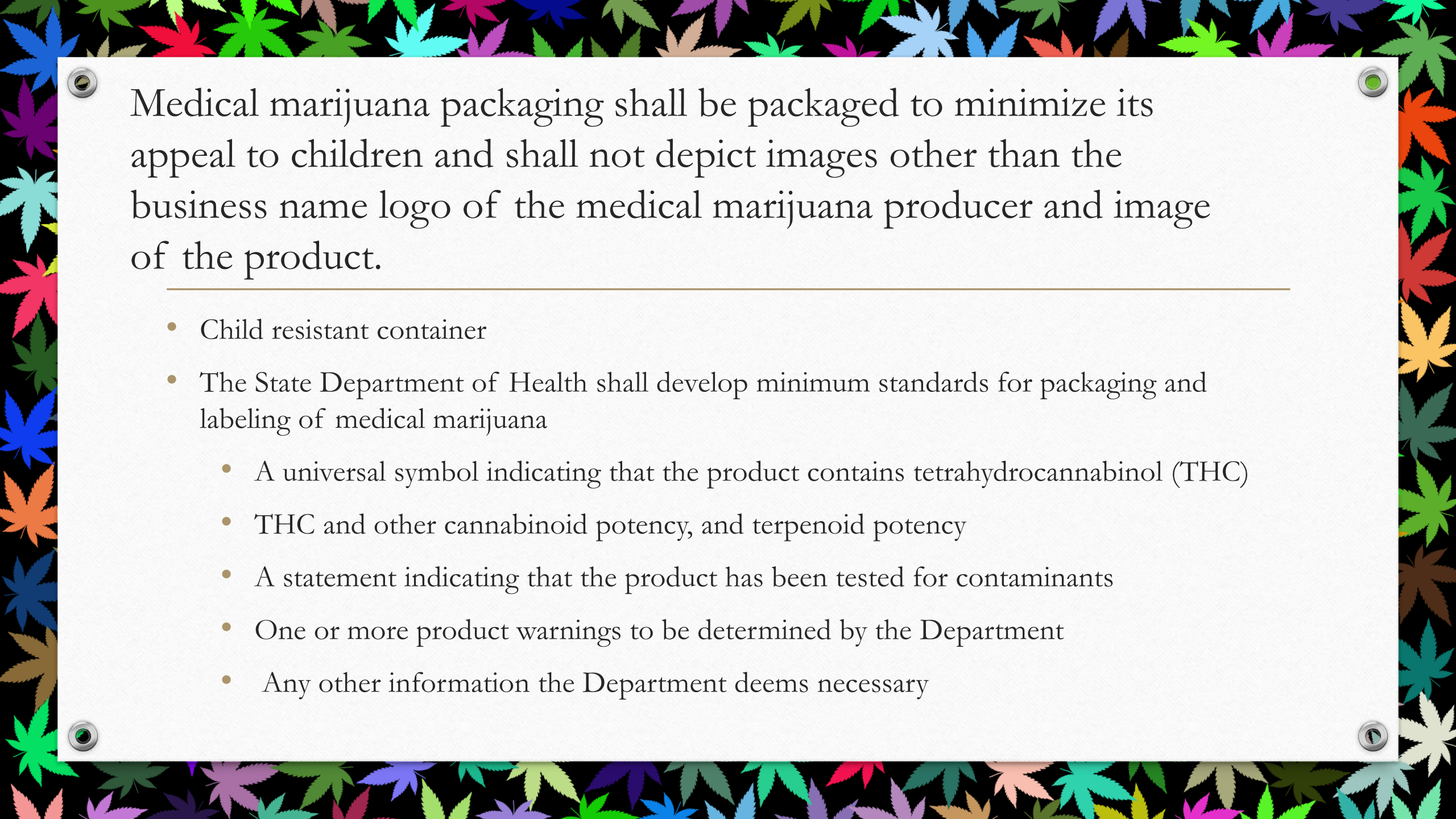


Safety sensitive means any job that includes tasks or duties that the employer reasonably believes could affect the safety and health of the employee performing the task or others, including but not limited to, any of the following:

- Hazardous materials
- Operating or maintaining motor vehicle or power tool
- Firefighting
- Critical services (utilities)
- Carrying firearm
- Volatile, flammable, combustible materials, elements, chemicals or any other highly regulated component
- Dispensing pharmaceuticals
- Patient care or child care

Oklahoma Medical Marijuana and Patient Protection Act

- Smoking law applies to marijuana
- School does not include homeschool, child-care facility or daycare
- Disabled veteran \$20 for license
- Physician may not be penalized for recommending
- Physician may notify health department to revoke
- Caregiver can grow for up to 6 patients
- Testing laboratory license
- Medical marijuana education facility license.
- Occupational license \$50, \$25 for renewal

A decorative border of colorful cannabis leaves in various shades of green, blue, red, and purple surrounds the central text area.

Medical marijuana packaging shall be packaged to minimize its appeal to children and shall not depict images other than the business name logo of the medical marijuana producer and image of the product.

- Child resistant container
- The State Department of Health shall develop minimum standards for packaging and labeling of medical marijuana
 - A universal symbol indicating that the product contains tetrahydrocannabinol (THC)
 - THC and other cannabinoid potency, and terpenoid potency
 - A statement indicating that the product has been tested for contaminants
 - One or more product warnings to be determined by the Department
 - Any other information the Department deems necessary

A decorative border of colorful marijuana leaves in various shades (blue, green, red, orange, purple, yellow) surrounds the central white text area.

The Oklahoma Medical Marijuana Authority (OMMA.ok.gov) (@ommaok)

Established to oversee the medical marijuana
program for the State of Oklahoma

Oklahoma Marijuana Licenses as of June 1, 2020

- 308,535 patient
(~10% of adult population)
- 2259 caregiver
- 2035 dispensary
- 5802 grower
- 1380 processor
- 21 transportation
- 7 waste disposal
- 20 laboratory

(OK population 18 and over 2,995,427, July 2019)

OKLAHOMA MEDICAL MARIJUANA ADULT PATIENT CARD



PATIENT

08/30/1985, SAMPLE

DOB: 08/30/1985
EXP: 10/31/2020

SAMPLE
SALLY ANN

OKLAHOMA CITY
OKLAHOMA COUNTY

Patient ID#:

V82Z-T048-LX4W-347Q-S9SC-654E



EXP: 10/31/2020

WARNING: It may be dangerous to drive or operate machinery while under the influence of medical marijuana. Do not use medical marijuana if you are pregnant or breastfeeding. The use of medical marijuana could lead to cannabis dependence or addiction. Firsthand and secondhand medical marijuana smoke contains many of the same cancer-causing chemicals as tobacco smoke.

For more questions and concerns, contact the Oklahoma Department of Health at (800) 222-1222



KEEP MEDICAL MARIJUANA SECURE AND OUT OF REACH OF CHILDREN AND PETS

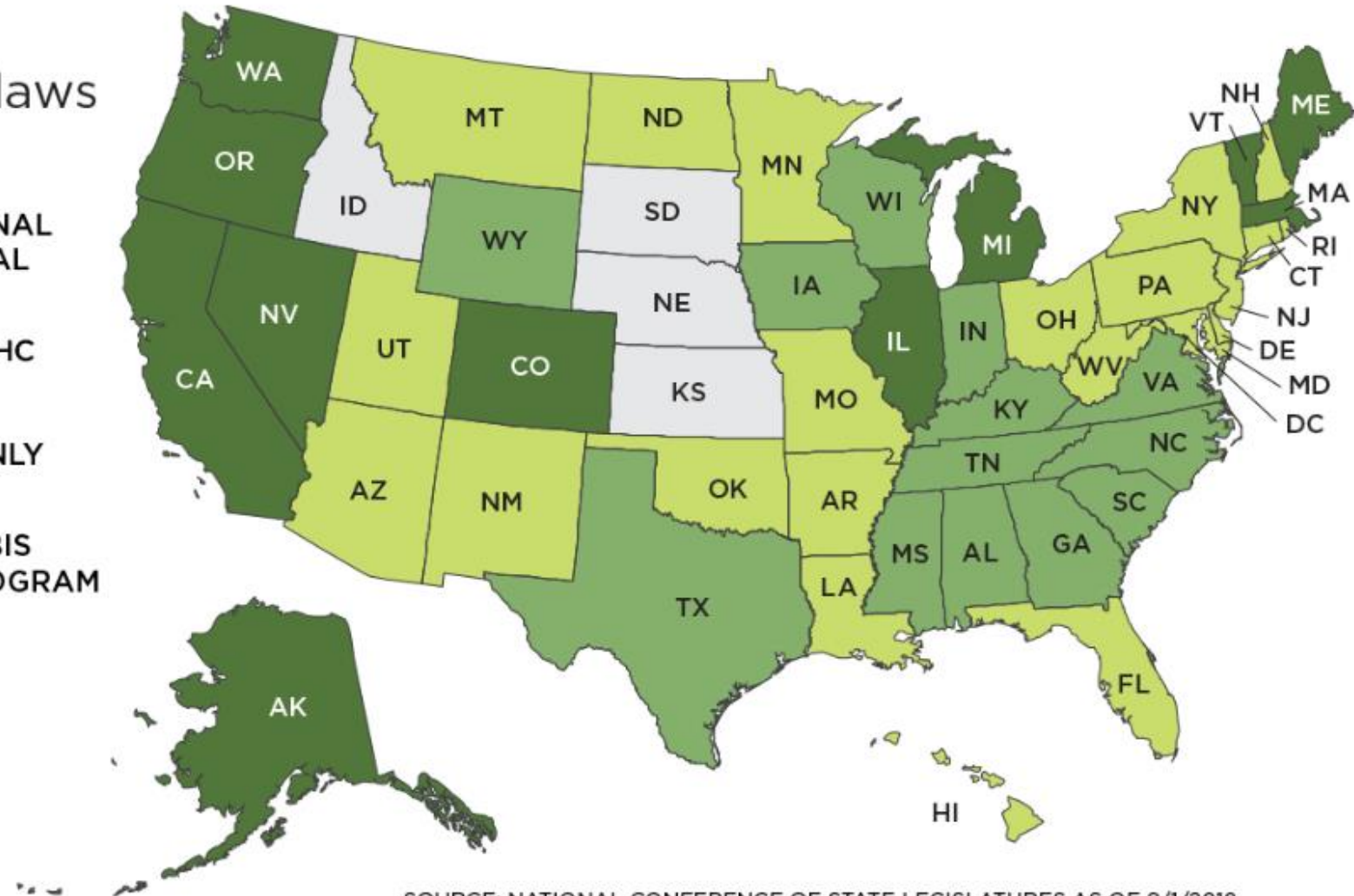
The Oklahoma Medical Marijuana Authority is a program of the Oklahoma State Department of Health. Per Title 63 O.S. § 425A, license holders are legally authorized to:

1. Possess up to three (3) ounces of marijuana on their person;
2. Possess six (6) mature marijuana plants;
3. Possess six (6) seedling plants;
4. Possess one (1) ounce of concentrated marijuana;
5. Possess seventy-two (72) ounces of edible marijuana; and
6. Possess up to eight (8) ounces of marijuana in their residence.

Cannabis: Where Is It Legal?

Current
marijuana laws
by state

- RECREATIONAL
AND MEDICAL
- CBD/LOW THC
- MEDICAL ONLY
- NO CANNABIS
ACCESS PROGRAM



SOURCE: NATIONAL CONFERENCE OF STATE LEGISLATURES AS OF 8/1/2019


UNDERSTANDING THE IOWA PROGRAM

MEDICAL CANNABIS

Iowa's medical cannabis program is here.

www.medpharmiowa.com





Cancer — with severe or chronic pain, nausea or severe vomiting, cachexia or severe wasting



Seizures




Crohn's disease



Untreatable Pain



Ulcerative Colitis



Multiple sclerosis with severe and persistent muscle spasms




AIDS or HIV (as defined in Iowa Code, section 141A.1)



Amyotrophic lateral sclerosis (ALS)



Parkinson's disease



Any terminal illness with a probable life expectancy of under one year — if the illness or its treatment produces one or more of the following: severe or chronic pain, nausea or severe vomiting, cachexia or severe wasting

CBD : THC

20:1
CALM

Calm is Aliviar's increased CBD formulation, with a 20:1 ratio CBD to THC.

[LEARN MORE](#)

CBD : THC

2:1
SOOTHE

Soothe is Aliviar's elevated CBD formulation with a 2:1 ratio CBD to THC.

[LEARN MORE](#)

CBD : THC

1:1
HARMONY

Harmony is Aliviar's balanced formulation with a 1:1 ratio of CBD to THC.

[LEARN MORE](#)

CBD : THC

1:20
COMFORT

Comfort is Aliviar's increased THC formulation with a 1:20 ratio CBD to THC.

[LEARN MORE](#)



CBD 600 mg

THC 30 mg

SIZE 30 Capsules



LONG LASTING RELIEF

Patients in need of long lasting relief from any inflammation will find our Calm capsules to be the perfect solution.

Each capsule contains 20mg of CBD and 1mg of THC.

\$69.99



CBD 7.5mg

THC 150mg

SIZE 30 Capsules

CBD

THC



LONG LASTING RELIEF

MedPharm's Comfort capsules are designed to treat severe and chronic pain. Our capsules are easy on the stomach and are perfect for long lasting relief.

Each capsule contains 0.25mg of CBD and 5mg of THC.

\$33.99

SIoux CITY



Location

5700 Sunnybrook Drive

Sioux City, IA 51106

[712-203-2400](tel:712-203-2400)

WINDSOR HEIGHTS



Location

7239 Apple Valley Drive

Windsor Heights, IA 50324

[515-410-9100](tel:515-410-9100)

WATERLOO



Iowa Cannabis Company

1955 La Porte Road

Waterloo, IA 50702

Mon-Sat, 11-7pm

[\(319\) 249-5398](tel:319-249-5398)

COUNCIL BLUFFS



Have A Heart Compassionate Care

3615 9th Avenue

Council Bluffs, IA 51501

Tue-Fri, 10-6pm | Sat 12-6

[712-890-5939](tel:712-890-5939)

DAVENPORT



Have A Heart Compassionate Care

2222 E. 53rd Street

Davenport, IA 52807

Mon-Fri, 10-6pm | Sat 12-6pm

[563-200-9163](tel:563-200-9163)

Marijuana Use in Pregnant Women in Colorado after Legalization

- 2.6% reported use to healthcare provider
- Anonymous survey
 - 47.4% reported use in lifetime
 - 14.7% past year use
 - 6% past month use
- Umbilical cord testing-22.4% positive
(Obstet Gynecol 2019;133:98–104)

Marijuana Use in Pregnant Women in Colorado after Legalization

Method of use

- 82% smoked
- 24% used edibles
- 24% vaped
- 29% other including topical

Reason for use

- 41% recreation
- 41% sleep
- 35% anxiety
- 29% nausea
- 24% pain
- 12% weight gain
- 12% habit

Breastfeeding

- THC found in breastmilk of 63% of marijuana using mothers up to 6 days after use
- Estimated to be 1000 X lower blood concentration in baby
(PEDIATRICS Volume 142, number 3, September 2018:e20181076)

Hazards of Prenatal Marijuana Exposure

- Marijuana use not associated with low birthweight or preterm birth after adjusting for other factors (tobacco use) (Obstet Gynecol 2016;128:713–23)
- Marijuana use associated with low birth weight and need for NICU admission (effect of tobacco and alcohol not excluded) (Gunn JKL, et al. BMJ Open 2016;6:e009986. doi:10.1136/bmjopen-2015-009986)
- Systematic review of studies regarding effect of prenatal marijuana exposure on neuropsychological function of children
 - Some studies indicated impairment of memory, impulse control, problem-solving, quantitative reasoning, verbal development but also improved attention and visual analysis. (Paediatr Perinat Epidemiol. 2018;32:512–532.)
 - Reviews agree further study needed

American College of Obstetricians and Gynecologists

ACOG Committee Opinion 772

- Because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.
- Obstetrician–gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy, and lactation.
- Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data.
- There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.

Cannabis use during pregnancy: Are we at the verge of defining a “fetal cannabis spectrum disorder”?

- Hypothesizes a syndrome of significant neuropsychological impairment of children exposed to marijuana prenatally
- Relates impairment to
 - High rate (10%) of marijuana use during pregnancy
 - Increased THC in available marijuana
 - Studies indicating increased rates of depression, attention deficit and delinquency
 - Clinical experience with children with severe impairment whose mother's smoked marijuana frequently

Increased Potency of Marijuana Seized by US Drug Enforcement Agency

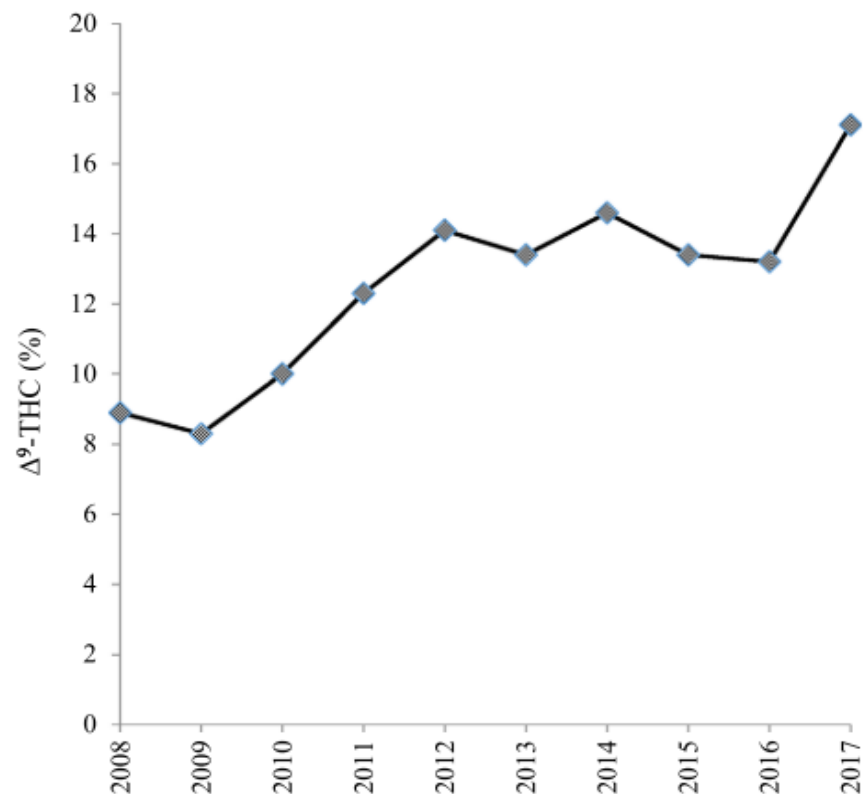


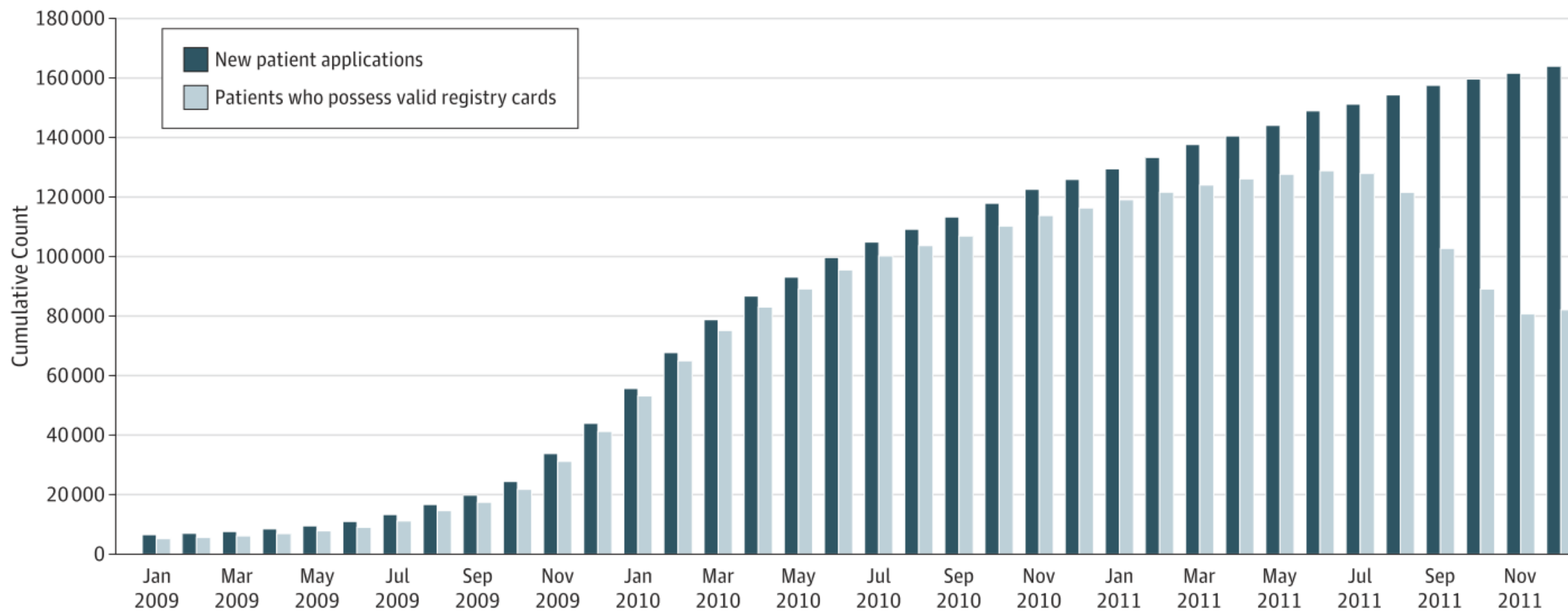
Fig.2 Mean Δ^9 -THC concentration for all samples seized from 2008 to 2017

European Archives of Psychiatry and Clinical Neuroscience (2019) 269:5–15

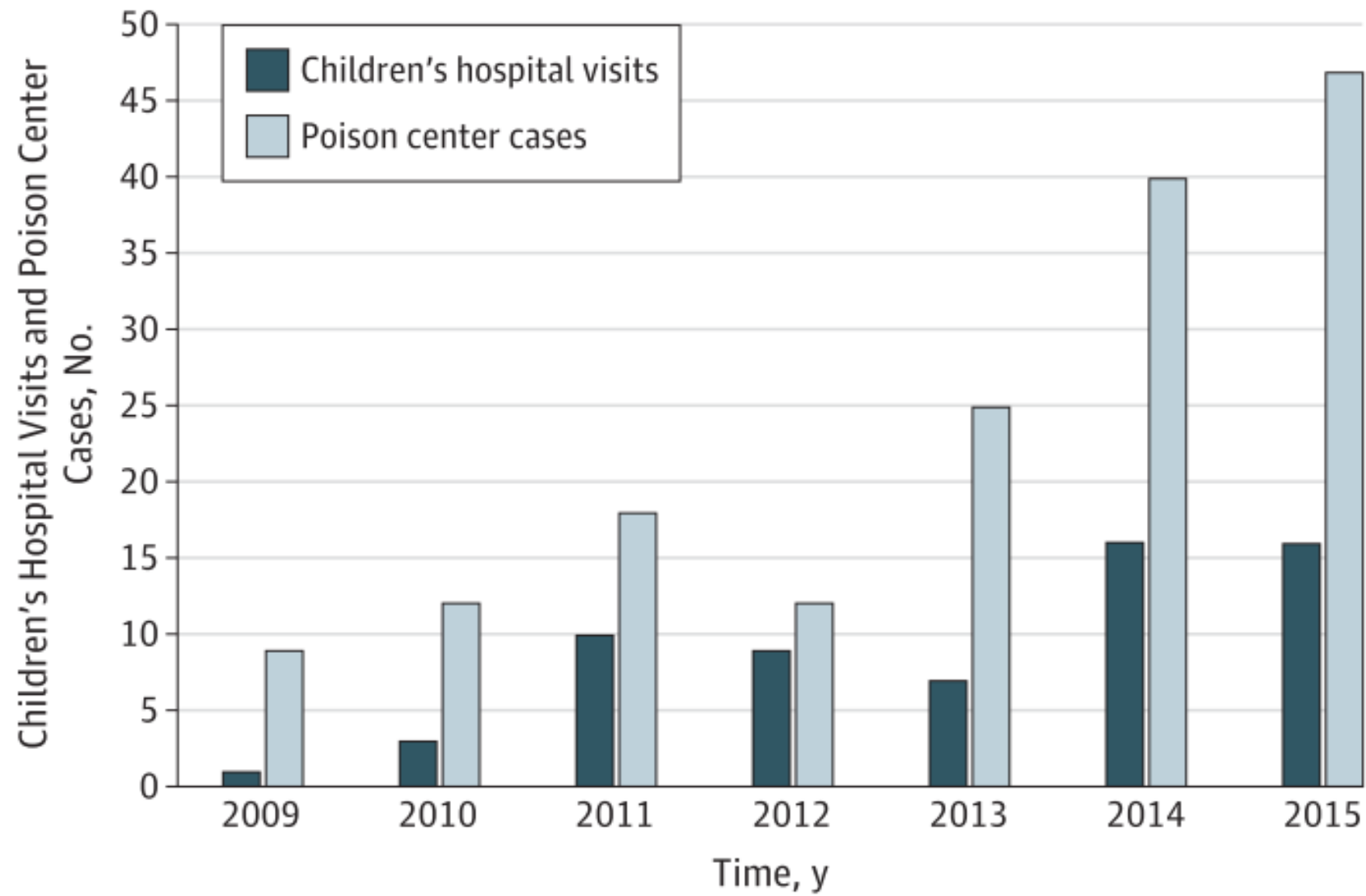
Association of Prenatal Marijuana Exposure with Delinquent Behavior

- Delinquent behavior at age 10
 - 26% with prenatal marijuana 1 joint/day
 - 15% with prenatal marijuana < 1 joint/day
 - 13% with no prenatal marijuana exposure
 - Delinquent behavior associated with increased depression and attention deficit

(Neurotoxicol Teratol. 2011 ; 33(1): 129–136. doi:10.1016/j.ntt.2010.07.006.)



New patient applications for medical marijuana cards and patients who possessed valid registry cards in Colorado, from January 1, 2009, through December 31, 2011.



Pediatric Marijuana Exposure after Legalization of Medical Marijuana in Colorado

- 0 from 1-1-05 to 9-30-09
- 14 from 10-1-09-12-31-11
- 8/14 edibles
- 8 admitted (2 to ICU), 5 observed in ED, 1 discharged from ED
- 8 medical use
- 2 with history of marijuana ingestion, remainder had extensive evaluation
- 9 with lethargy, 2 with respiratory symptoms, 1 dizziness, 1 ataxia, 1 asymptomatic
- 8 months to 12 years (median 2.6 years)

(JAMA Pediatrics July 2013 Volume 167, Number 7 630-633)

Pediatric Marijuana Exposure at a Children's Hospital in Colorado before and after Legalization of Recreational Marijuana

- 1.2/100,000 2 years before legalization
- 2.3/100,000 2 years after legalization
- 48% edibles
- Median age 2.4 years
- Increased reported history of marijuana exposure over time
- Decreased medical testing over time
- 54% from parent, 16 % from grandparent
- Disposition
 - 65% observed in ED
 - 21% admitted to inpatient ward
 - 15% admitted to ICU

(JAMA Pediatrics. 2016;170(9):e160971. doi:10.1001/jamapediatrics.2016.0971 Published online July 25, 2016.)

Pediatric Marijuana Exposure reported to a Regional Poison Center in Colorado before and after Legalization of Recreational Marijuana

- 5 fold increase (9 in 2009, 47 in 2015)
- 34% increase in Colorado compared to 19% in remainder of the US
- Median age 2 years
- 52% edibles
- 88% from child's home
- 74% ingested
- 61% treated at and 23% referred to a health care facility

Symptoms and Severity

-
- Symptoms
 - Lethargy-49%
 - Dizziness-12%
 - Agitation-8%
 - High heart rate-6%
 - Vomiting-5%
 - Seizures-3%
 - Low heart rate or blood pressure-2%
 - Respiratory depression-2%
 - Muscle rigidity-2%
 - Extent of effect
 - 28% none
 - 46% minor
 - 11% moderate
 - 3% severe

Pediatric Marijuana Exposure after Implementation of Public Health Measures starting in 2014

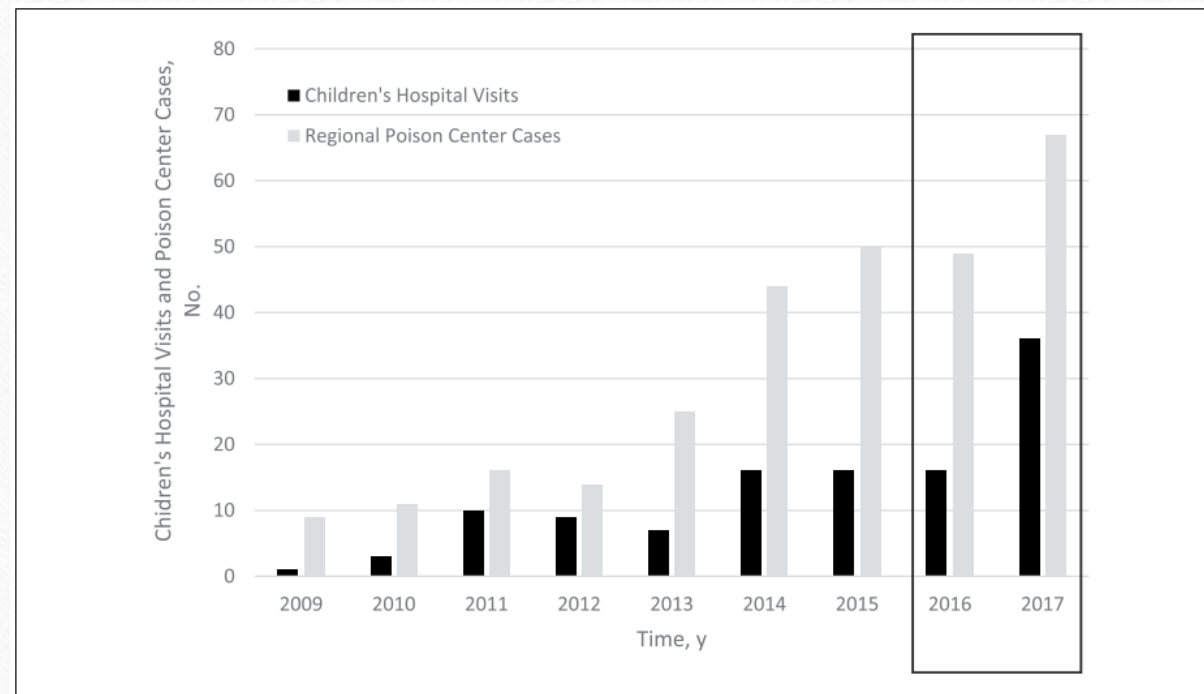


Figure 1. Colorado pediatric marijuana exposures. Recreational marijuana legalization occurred in 2014, and increase in medical marijuana card holders in September 2009.

Clinical Pediatrics 2019,
Vol. 58(1) 114 –116

Marijuana Legalization in Washington

- Washington
 - 1999 medical marijuana legalized
 - 2012 recreational marijuana legalized
 - 2014 recreational marijuana commercially available

Washington Children's Hospital

- Visits for marijuana exposure of children 9 and under increased 2.3 times after legalization
- Median age 21 months
- Medical care
 - 35% discharged from ED
 - 47% admitted
 - 18% intensive care
 - 81% blood tests
 - 47% Head CT
 - 6% (1 patient) spinal tap
 - 6% (1 patient) intubated
 - Pediatric Emergency Care, published online, 2018,
"https://journals.lww.com/peonline/Fulltext/publishahead/Unintentional_Pediatric_Marijuana_Exposures_at_a.98277.aspx

TABLE 2. Frequency of Symptom Development Among Patients

Symptom	Total No. Patients	Percentage
Neurologic		
Drowsiness/lethargy/altered mental status	17	100
Ataxia	7	41
Hypotonia	5	29
Mydriasis	5	29
Abnormal movements	4	24
Agitation	3	18
Dizziness	2	12
Headache	2	12
Hallucinations	1	6
Nystagmus	1	6
Gastrointestinal		
Nausea/vomiting	6	35
Cardiovascular		
Tachycardia	3	18
Pulmonary		
Respiratory depression	1	6

Washington Poison Center

- Calls for marijuana exposure of children 9 and under estimated to have increased 2.3 times after legalization and establishment of retail sales
- 81% exposed in own home
- Median age 2 years
- 39% minor effect, managed at home
- Medical Care
 - 36% percent outpatient care only
 - 12% hospitalized
 - 2% intensive care

The Journal of Emergency Medicine, pp. 1–7, 2019,



OKLAHOMA

MEDICAL / HYBRID CHOCOLATE TAFFY

HYBRID

Chocolate Taffy

175mg THC

The original award winning 'deca dose' chocolate taffy provides an extremely potent dosage of THC in a single chew. Gluten & Peanut Free.

INGREDIENTS:

Sugar, Glucose Syrup, Cocoa Powder, Palm Kernel and Palm Oil (sustainably sourced), Nonfat Milk, Mono - Diglycerides, Chocolate Liquor, Soy Lecithin (emulsifier), Natural Flavors, Whey, Calcium Caseinate, Salt, Caramel Color.



Parental Marijuana Use

- Self report from children and parents in Montreal
- Rate of cannabis use 1.7 times higher among children with one parent use of marijuana (15.4%)
- Rate of cannabis use 7.1 times higher among children with both parent use of marijuana (3.3%)

(J Pediatr 2019;206:142-7)

Medical Marijuana for Children

- Pain in HIV patients-not shown to improve pain or decrease opioid prescriptions (JAIDS Journal of Acquired Immune Deficiency Syndromes Publish Ahead of Print DOI: 10.1097/QAI.0000000000001998)
- Use in pediatric oncology patients some evidence to support use for nausea, pain, appetite stimulation, cancer but not established that benefits outweigh risks (Pediatr Blood Cancer. 2018;65:e26826. <https://doi.org/10.1002/pbc.26826>)
- “Given the current scarcity of data, cannabis cannot be safely recommended for the treatment of developmental or behavioral disorders at this time.” (J Dev Behav Pediatr. 2015; 36(2): 115–123. doi:10.1097/DBP.0000000000000129.)

5 Best Marijuana Strains for ADHD

If you're one of the types who has assumed that "marijuana is marijuana" and there are no real differences between strains, then think again. Heck, all you really have to do is walk into a dispensary and have a look (or better yet a smell) of all the different weed options they have.

Each and every one of these strains are packed with different cannabinoid and terpene profiles, and produce different effects on the body and mind. Here are five that have shown (anecdotally) over the years to produce positive effects for common ADHD symptoms:

SOUR DIESEL



[Sour Diesel](#) is one of the world's most popular cannabis strains. Walk into any dispensary, anywhere in the world and ask for Sour Diesel and they will know what you're talking about. Known as Sour D, or Sour Deez this Sativa-dominant hybrid strain is loaded with 26% THC and 2% CBD. This marijuana strain is known for bringing on an uplifting creative high and is perfect for treating a wide range of medical conditions such as [anxiety](#), depression and chronic fatigue. The key with this cannabis strain is dosing. Get it right, and it will help you stay focused and get things done.

Marijuanabreak.com

Medical CBD

- Demonstrated efficacy for intractable seizures with acceptable safety (F1000Research 2019, 8(F1000 Faculty Rev):234)
- Potential for use in autism with adequate safety but more study needed (not adequate data to support) (Progress in Neuropsychopharmacology & Biological Psychiatry 89 (2019) 90–96)
- Potential treatment for anxiety but further study needed (Neurotherapeutics (2015) 12:825–836)

Colorado school nurses can give medical marijuana to students

By Tamar Lapin

June 7, 2018 | 4:39pm | Updated



nypost.com

Marijuana Legalization in Colorado

- Colorado
 - 2001 Medical marijuana legalized
 - 2009 US Justice Department did not seek arrest of marijuana users and suppliers if they conformed to state laws with resultant increase in medical marijuana cards
 - 2014 Recreational marijuana available for purchase
 - 2014 Public health measures

The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update

1. AAP is opposed to marijuana use in children and adolescents
2. The AAP opposes “medical marijuana” outside the regulatory process of the US Food and Drug Administration.
3. The AAP opposes legalization of marijuana because of the potential harms to children and adolescents
4. In states that have legalized marijuana for recreational purposes, the AAP strongly recommends strict enforcement of rules and regulations that limit access and marketing and advertising to youth

(PEDIATRICS Volume 135, number 3, March 2015)

The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update

5. The AAP strongly supports research and development of pharmaceutical cannabinoids and supports a review of policies promoting research on the medical use of these compounds. The AAP recommends changing marijuana from a Drug Enforcement Administration schedule I to schedule II to allow this research
6. Although the AAP does not condone state laws that allow the sale of marijuana products, in states where recreational marijuana is currently legal, pediatricians should advocate that states regulate the product as closely as possible to tobacco and alcohol, with a minimum age of 21 years for purchase
7. In states where marijuana is sold legally, either for medical or recreational purposes, regulations should be enacted to ensure that marijuana in all forms is distributed in childproof packaging, to prevent accidental ingestion

The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update

8. The AAP strongly supports the decriminalization of marijuana use for both minors and young adults and encourages pediatricians to advocate for laws that prevent harsh criminal penalties for possession or use of marijuana
9. The AAP strongly opposes the use of smoked marijuana because smoking is known to cause lung damage,¹⁵ and the effects of secondhand marijuana smoke are unknown.
10. The AAP discourages the use of marijuana by adults in the presence of minors because of the important influence of role modeling by adults on child and adolescent

Child Maltreatment

- Self report study
- Physical abuse rate 2.9 times higher in children with parents with marijuana use in last year, and 1.3 times higher in areas with increased density of marijuana dispensaries
- No increased rate of supervisory or physical neglect related to marijuana use or density of dispensaries.

(Child Abuse Negl. 2015 October ; 48: 170–178.doi:10.1016/j.chiabu.2015.07.008.)

Child Maltreatment results in Increased Odds of Marijuana Use

- 1.6 times more likely to experience lifetime cannabis use
- 2.5 times more likely to use when 17 or less years old
- 2.7 times more likely to use cannabis daily
- 1.7 times more likely to have cannabis dependence or use disorder (not significant after adjustment for other factors)

(Addiction, 112,494–501)

Marijuana and Child Abuse and Neglect

A HEALTH IMPACT ASSESSMENT

Colorado School of Public Health IN COLLABORATION WITH THE KEMPE CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT AND CHILDREN'S HOSPITAL COLORADO NOVEMBER 2016

Recommendations for Child Welfare Screening Regarding Referrals Related to Marijuana Child welfare Review, Evaluate, Direct (RED) teams should assign a report for assessment:

- When adult use of marijuana by a parent, guardian, relative or adult who cares for the child threatens or results in harm to the child's health or welfare. Adult use with no other concern should not be assigned. Considerations should be given if there is an alternative caregiving providing age-appropriate care;
- When a newborn tests positive for THC at birth. An exception is if there is evidence that the positive test is the result of the mother's lawful intake of medical marijuana as recommended and monitored by a licensed healthcare provider who is aware of the pregnancy;
- When there is a reasonable suspicion that pediatric exposure or ingestion of marijuana has threatened or resulted in harm to the child's health or welfare. An exception is an adolescent acquiring and using marijuana without parental knowledge;
- When the manufacture, distribution, production, cultivation practices of marijuana is suspected of creating an environment that is injurious to the child through exposure to a specific hazard

Research/Data Recommendations

Enhancement to the Colorado TRAILS database to tease out marijuana and other substances

- ~~Systematic analysis of fatality, near-fatality, and egregious harm data in Colorado and~~
examine association with marijuana
 - More rigorous study designs to examine causal pathways between marijuana use and parenting abilities
 - Longitudinal research to investigate the effect on child development of marijuana use while breastfeeding
 - Prospective cohort studies of children living in marijuana grow-operations to examine exposures and long-term health impacts
 - Increased research assessing the effectiveness of public health home visitation programs on preventing child maltreatment
- Policy Recommendations The operational recommendations have informed the development of HB 16-1385

Oklahoma Statute allows use of Cannabidiol

- With written certification from a physician licensed in Oklahoma that patient is diagnosed with
 - Seizures not controlled by traditional medical therapies
 - Spasticity due to multiple sclerosis or paraplegia
 - Intractable nausea and vomiting
 - Appetite stimulation with chronic wasting diseases
- In clinical trials
- With $\leq 0.3\%$ tetrahydrocannabinol (THC)

Cannabidiol (CBD)

- FDA approved June 25, 2018, Epidiolex
- Non psychoactive cannabinoid
- CBD oil most common form

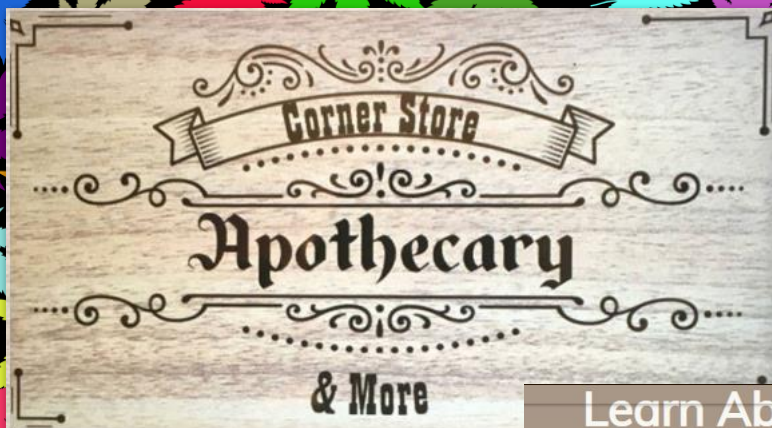


But CBD oil can be purchased on every corner?!?

- Federally legal under these conditions
 - It is extracted from parts of the cannabis plant which Congress excluded from the definition of marijuana
 - It is produced for research purposes pursuant to the federal Agricultural Act (hemp production)
 - It has been approved by the FDA for medical use

Iowa Bill pending Governor's Approval

- Removes 3% limit, may purchase 25 grams of THC in 90 day period
- Nurse practitioners and physician's assistants may prescribe
- Adds severe or chronic pain



Learn About All the Health Benefits of CBD Oil

Buy cannabidiol oil from our Cedar Rapids, IA, store

If you're tired of pharmaceutical medications that make you feel worse, try a natural alternative. Try cannabidiol oil from Corner Store Apothecary & More in Cedar Rapids.

CBD oil is legal in all 50 states because of the low percentage of THC present. This product is used to treat numerous disorders, such as:

- Alzheimer's
- Parkinson's
- MLS
- Epilepsy
- Chronic fatigue
- Digestive issues



Our cannabidiol oil has the maximum approved limit of THC recognized in all 50 states, and our products include lotions, salves, capsules, patches, drops and more. Swing by Corner Store Apothecary & More today - we're happy to educate!

Other FDA Approved Cannabinoids

- Dronabinol

- Synthetic THC
- Marinol capsules
- Syndros liquid
- Used for nausea and vomiting caused by cancer chemotherapy and loss of appetite and weight loss in patients with HIV
- Psychoactive

- Nabilone

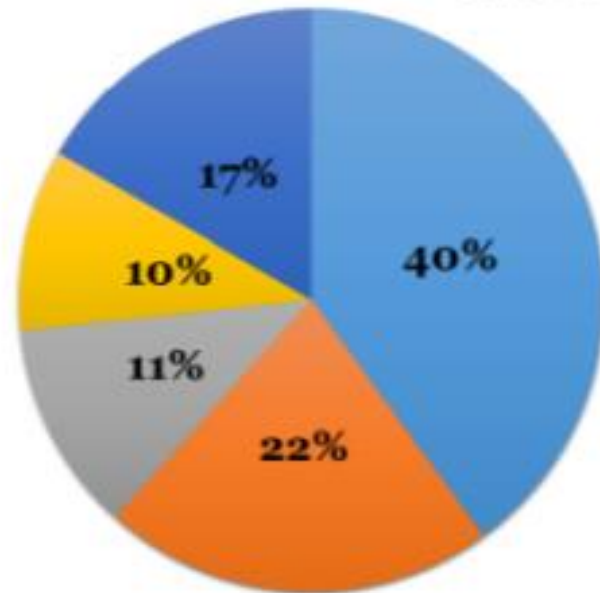
- Synthetic cannabinoid
- Cesamet
- Used for nausea and vomiting caused by cancer chemotherapy
- Psychoactive

Parents Opposed to Pot

poppot.org

Forgotten Children – 60 Marijuana-Related Deaths

Cause of Death



- Violence, 24
- Fires, 13
- Drowned, 7
- Hot Car, 6
- Miscellaneous, 10

Nationally, 2/3 of child abuse deaths were not known to Child Protection Services. Neglect is the cause of 80% of these deaths. The children of stoner parents whom we tracked died from violence 40% of the time! The miscellaneous stories include: 5 infants who failed to thrive because of neglect, moms using marijuana during pregnancy and after; 3 stoned driving, one shooting, one killed by pit bulls

II. Why MARIJUANA is DISTINGUISHED from other Substance ABUSE? BAD JUDGMENT can be part of any substance abuse. Here are specific areas of concern for marijuana-using parents:

- A. Distortion of Time -- 15 minutes becomes 2 hours It explains those who left children in hot cars
- B. Short-term Memory loss – Forgetting what you just did or must do. It explains the mom who left the baby on the roof of a car (Clouser), an accidental shooting (Hitt/Bartle)
- C. Addiction Young people have been told pot is not addictive, but 90-95% appear to involve addiction -- Children who died in fires, in drownings, and most cases of violence.
- D. Pregnancy and Breastfeeding are a concern, because certain websites and some medical practitioners tell pregnant women to do it for nausea. Breast-feeding women are also told that there are cannabinoids in breastmilk. American Academy of Pediatrics warns against both.
- E. Psychosis At least 10 % of the deaths involved psychotic moms, since paranoid hallucinations can affect up to 15% of users. In one case the mom choked a toddler in a NYC restaurant bathroom. Violent fathers who killed their children may or may not have been psychotic.
- F. Butane Hash Oil Explosions Making BHO for “dabs” “budder” or “wax” is popular now. The highly potent extracts are to marijuana what crack is to cocaine. BHO labs have largely replaced meth labs as the most dangerous and destructive drug-manufacturing process today. Even though we have only found about 2 deaths of children from BHO fires, there have been dozens of injuries and significant burns when young people are innocently caught in the situation.

THE Spunky Skunk



Thank You

