

Written Testimony on Marijuana Legalization
Aging and Youth Committee
Pennsylvania State Senate
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Thank you for the opportunity to provide information to your Committee on this important public health issue. As the SCA for the County of Blair for almost 25 years, I have firsthand experience of the impact marijuana is having on the health and welfare of our youth and communities. The staff members of my organization are on the front lines in the schools and our community where we are seeing increased use of marijuana among our youth and young adults.

We review data that helps us with surveillance of current and emergent trends in our community and among youth.

- The Pennsylvania Youth Survey (PAYS) is one of the pieces of data we utilize to help identify trends, evaluate changes and target our prevention efforts with youth. The survey is completed by all of the Blair school districts on the odd years (e.g., 2015, 2017, 2019); and
- We track primary drugs of choice at the time of level of care assessments, as well as trends in administration/route of use.

Prevention has over 20 years of research that have identified risk factors and protective factors that can impact substance use disorders¹ The following 2015, 2017, and 2019 PAYS² risk/protective factors are data points monitored by our office to help determine a change of attitude and the perception of risk by our youth. Research has indicated that risk and protective factors of perception of risk, harm, and disapproval by peer and adults can change a youth's trajectory in behavior. We monitor:

- a) 30 Day Past Use;
- b) Attitudes on perception of risk of harm;
- c) Attitudes on perception of adults and peer's disapproval of the behavior; and

¹ NIDA. (2002, February 1). Risk and Protective Factors in Drug Abuse Prevention. Retrieved from <https://archives.drugabuse.gov/news-events/nida-notes/2002/02/risk-protective-factors-in-drug-abuse-prevention> on 2022, April 8

² Pennsylvania Commission on Crime and Delinquency, (2020). 2019 Pennsylvania youth survey: Blair County [pdf]. Retrieved from: <https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx>

d) Vaping device and their impact on marijuana use by teens.

<u>Marijuana</u>	N = 4,191	N = 4,297	N = 4,621		
	2015	2017	2019	% Change	
All Blair County Participants					
Lifetime Use	14.0	13.9	15.9	13.6%	Use increased between 2015 and 2019.
30 Day Past Use	7.2	7	8.5	18.1%	
Willing to Try Before 21	11.9	12.1	13.6	14.3%	This went up, contributing to increased use.
Parent Disapproval of MJ Use	91.3	90.6	89.2	-2.3%	These all went down, contributing to increased use.
Peer Disapproval: You to Use MJ	73.7	72.7	70.7	-4.1%	
Peer Disapproval: Others Your Age Using 1+/mo	73.9	72.8	69.3	-6.2%	
Perception of Risk to Use Once or Twice a Week	64.3	61.8	59.5	-7.5%	

<u>Marijuana</u>	n = 1,029	n = 1,069	n = 1,102		
	2015	2017	2019	% Change	
10th Grade					
Lifetime Use	20.9	20.2	23.5	12.4%	Use increased between 2015 and 2019.
30 Day Past Use	11.3	10.4	13.9	23.0%	
Willing to Try Before 21	17.0	18.0	20.2	18.8%	This went up, contributing to increased use.
Parent Disapproval of MJ Use	87.4	87.3	84.0	-3.9%	These all went down, contributing to increased use.
Peer Disapproval: You to Use MJ	60.5	61.0	59.3	-2.0%	
Peer Disapproval: Others Your Age Using 1+/mo	61.7	60.6	55.7	-9.7%	
Perception of Risk to Use Once or Twice a Week	56.2	56.6	51.3	-8.7%	

<u>Vaping / E-cigarettes</u>	N = 4,191	N = 4,297	N = 4,621		
	2015	2017	2019	% Change	
All Blair County Participants					
30 Day Past Use	15.8	15.0	21.9	38.6%	Use increased markedly between 2015 and 2019.
Used in vaping device: Nicotine	23.3	27.4	57.0	144.6%	
Use in vaping device: Marijuana	5.9	7.5	19.1	223.7%	

<u>Vaping / E-cigarettes</u>	n = 1,029	n = 1,069	n = 1,102		
10th Grade	2015	2017	2019	% Change	
30 Day Past Use	22.4	22.4	30.3	35.3%	Use increased markedly between 2015 and 2019.
Used in vaping device: Nicotine	21.3	30.8	66.2	210.7%	
Use in vaping device: Marijuana	7.6	6.2	26.1	243.4%	

- a) 30-days past use of marijuana:** 30-days past use of marijuana by all youth increased by 18.1%. In 10th grade youth are reporting a 23.0% increase in 30-day past use of marijuana, up to 13.9%. We use the last 30-day use data point since it is more reflective of a normalized behavior related to use of the substance. Marijuana use was on the decline since peaks in the nineties³ but this trend has reversed in the last decade. Marijuana use is on the rise in Blair youth. We provided the 10th grade data as a better view of high school use and attitudes, where the overall use rates (which include 6th and 8th grades) will tend to be lower. With a population-level sample such as this, a percent change +/-5 usually indicates significant change, making it a more important influencer on use rates than other data points showing change. Additionally, in public health, a problem behavior rate above 10% will be considered a population-level problem in need of attention, such as with marijuana use among high school students.
- b) Attitudes on perception of risk/harm:** Willingness to try marijuana before 21 has been trending up, while youth's perception of risk related to the use of marijuana has been trending down. Among all youth surveyed, there was a 14.3% increase in the youth who indicated they would try marijuana prior to age 21 from 2015-2019. Tenth graders had an 18.8% increase during the same timeframe. This is a contributor to the increased use among our youth. Youth attitudes on the risk of using marijuana among all youth (7.5%) and 10th graders (8.7%) continue to decrease. A decrease in the attitude of risk/harm contributes to increasing use.
- c) Attitudes on perception of adults and peers' disapproval of the behavior:** Parents' disapproval of youth use is a powerful protective factor. We are seeing only a slight decrease over the 2015-2019 timeframe; however, marijuana use has a lower parent disapproval rate than any other drug including alcohol, returning it to a priority. The data is over a 6-year period and does provide concern with the current messaging provided around marijuana. Another strong contributor to increasing use among

³ Pennsylvania Commission on Crime and Delinquency, (2020). 2019 Pennsylvania youth survey: Blair County [pdf]. Retrieved from: <https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx>

youth is their peer's disapproval of the behavior. Blair County data has shown a decrease in peer's disapproval overall of marijuana use but also use of 1+ times a month. The perception of peer and adult disapproval contributes to youth use. All of the attitude markers are reflecting drops. Youth attitude regarding their peer's use of marijuana use 1+ times per month decreased 9.7% among 10th graders and 6.2% in overall student responses, both of which reflect significant change

d) Use of vaping devices: Use of vaping devices have been a concern for almost a decade, with consistent and often sharp increases in their use. Even more troubling, between 2015 and 2019,

youth-reported use of marijuana in their vape devices increased over 200%, indicating it more than doubled and actually almost tripled (5.9% to 19.1% among all participants) and quadrupled (7.6% to 26.1%). Because youth already report easy availability of vape devices, their ease of hiding, and a perception of safety over traditionally smoked products, increases in the use of marijuana in vapes makes addressing methods of administering marijuana a priority.

Youth use of Substances at time of Assessment: The Blair SCA has been seeing the increase of marijuana as a primary drug of choice by youth at time of admission to services. Data collected through our Medicaid provider indicates 70% of youth admitted to drug and alcohol services have cannabis as their primary drug of choice.

2017-18	70%
2018-19	70%
2019-20	67% (admission rates for this year impacted by COVID)

Blair County schools are reporting they have seen a significant change in the route of administration of the substance by our youth. As indicated in the previous data, vaping numbers and perception of harm and peer attitudes have changed regarding these devices. Schools are confiscating vapes from youth and the substances in them are testing positive for THC. Youth who are caught with THC+ vapes are referred to our school-based case manager who completes a level of care assessment and referral for treatment. Just recently one of my case managers shared she was assessing a young woman who expressed her relief at getting caught. She expressed she was struggling and didn't know how to stop.

The medical marijuana legislation approved by our legislatures has changed since its enactment. Approval by PA's Surgeon General/Acting Secretary of the Department of Health to allow the vaporization or nebulization of THC tinctures, liquids and dry leaf

form was a game-changer in our state but especially our schools. They are odorless and easy to hide, making them easy to use on school grounds.

Unfortunately, the industries that rely on the initiation and continued use of their addictive products to generate profits are outspending local, state and national governments and public health's ability to provide community messages regarding health risks. We have seen from experience in our own state the risk of allowing this industry to represent itself as a legitimate business. This is supported by the recent recall sent out by the Department of Health (February 4th 2022 - attached) because additives not approved by the FDA for inhalation were being added to the products.

As a close on my testimony regarding the risk of marijuana use by our youth, I would like to share my own personal experience. I was in 8th grade and 9th grade when I started using tobacco and alcohol. I was a college bound honor student at the end of my 9th grade year of school. I started using marijuana the summer between 9 and 10th grade. Once this substance hit my brain, I was off and running. *(Note: this is not the same marijuana of today. In the 70's THC levels were 1-3% not the levels on the street today which can range above 20%+).* I went from a college bound youth in 9th grade to graduating as a general academic student. My struggle moved on into other substances but marijuana was always my primary drug of choice till my recovery at age 28. I struggled with depression and anxiety in the last several years of use. As someone recovering from cannabis use disorder, I can share with you the national and local marijuana legalization movement and messaging around this drug has impacted our recovering community also. The messaging by the industry is strong and is impacting not only our youth but our recovering communities.

Thank you for this opportunity to share with the Committee the concerns regarding legalization of marijuana.

Respectively submitted

Judy Rosser, Executive Director, Blair County Drug and Alcohol Program, Inc./Blair SCA/Person in Long Term Recovery

2/4/2022 email to Patients and Caregivers

Dear Medical Marijuana Patient/Caregiver,

The Department of Health is committed to ensuring that the Medical Marijuana Program is operating appropriately and effectively. As you know, the Department recently conducted a statewide review of all vaporized medical marijuana products containing added ingredients. After finishing this review, the Department has determined that certain vaporized medical marijuana products containing some added ingredients have not been approved for inhalation by the United States Food and Drug Administration (FDA).

Although some of these added ingredients may be considered safe in other non-inhaled products, patient safety is the top priority of the Medical Marijuana Program. Therefore, the Department has issued mandatory recall for all affected vaporized products. The lists of affected products and added ingredients are posted on our website at www.medicalmarijuana.pa.gov.

If you have previously used these recalled products, please consult with the medical professional at the dispensary to help identify which alternative products may be appropriate for you. We are committed to your continued access to safe and effective medical marijuana products.

PA Department of Health | Office of Medical Marijuana