

## **inSocialWork Episode 292 – Public Perceptions of Marijuana Use, Legalization, and Community Health Risks: Stella Resko, PhD & Jennifer Ellis, PhD**

Dr. Louanne Bakk:

... from Buffalo and welcome to inSocialWork. This is Louanne Bakk, and I'll be your host for this episode. In this podcast, Dr. Stella [Resko 00:00:18] and Jennifer Ellis examine the topic of marijuana use and legalization. They discuss public health risks, and safety concerns associated with marijuana use and common perceptions of cannabis potency. Dr. Stella Resko is an associate professor and coordinator of the Certificate In Alcohol and Drug Abuse Studies Program at Wayne State University School of Social Work. Jennifer Ellis is a clinical psychology doctoral candidate at Wayne State University. They were interviewed by Dr. Elizabeth Bowen, associate professor here at the UB School of Social Work.

Dr. Elizabeth Bowen:

Hi, I'm Elizabeth Bowen and today I'm talking with Stella Resko and Jennifer Ellis talking about the research related to marijuana legalization. So I'm going to begin with some questions for Stella. Stella, if you can tell me how have perceptions about marijuana changed over time?

Dr. Stella Resko:

Marijuana is a topic that's really gotten a lot of attention in recent years with some of the recent policy changes. And before I jump into that, I do want to comment a little about some of the terminology we're going to be using today. And although the term cannabis has been growing in popularity, marijuana is the term that's more frequently used when looking at state and local policies in the United States and I do want to just mention that term marijuana has a pretty complex history. Historians, for example, have documented the term being used as an anti-immigrant pejorative and a number of scholars and folks in the community have concerns about that term. I do want to point out though, that other scholars have actually suggested the term marijuana was initially developed as an active open resistance in Mexico and also that the term brings attention to the influence of Mexican immigrants and U.S. culture.

Dr. Stella Resko:

So while the term has some limitations and has a history of it being used in a lot of negative ways, it is still used quite a bit in the policy arena, but I also want to at least acknowledge some of that history there that's difficult, particularly since we're using it here. So you were asking about how perceptions have changed over time and marijuana is a really interesting policy issue because at the federal level it's illegal under the Federal Controlled Substances Act. So that act, which has been around, it was signed into law back in 1970, that regulates the manufacture, possession, use and distributions of medicines and drugs. And it classifies marijuana as a schedule one substance. So that's the same classification as things like heroin, also LSD. A schedule

one drug is one that's considered to have a high potential for abuse, no accepted use even under medical supervision.

Dr. Stella Resko:

And it's subjected to some of the more stricter regulatory controls. So at the federal level, again, marijuana is illegal, but we've seen a lot of shifts. And at this point there's 33 states and the District of Columbia, they have legalized medical marijuana, and we have 11 states at this point and the District of Columbia have legalized recreational marijuana possession and sale. And this is for adults ages 21 and older. So we have an interesting kind of difference there with the federal and state policies level. And one thing that we've seen is these policies have shifted, and we've gotten more liberal policies. We see a lot more support for marijuana legalization. And when you look back the Gallup, one of the large public opinion survey groups in the United States, they started asking public opinion surveys, asking Americans what their attitude towards legalization was and the first year they asked this was 1969.

Dr. Stella Resko:

And at that point only 12% of their participants favored it. Move ahead, up until 1996 and then you see a quarter of the Americans supported cannabis legalization. And when you look at public opinion polls from 2013 onward, we see over half of adults support legalization, and those numbers continue to grow. Some of the more recent surveys suggest about two thirds of Americans support marijuana legalization. So we've seen a lot of changes there just generally with the perceptions of marijuana. And one thing that's interesting to note in this area is that the shift really wasn't just from marijuana being illegal to recreational use. We did have that focus where medical use was kind of typically the first step in most states on their pathway towards legalization. And I think some of the work has shown that medical marijuana legalization has primed voters to be much more accepting of recreational marijuana legalization.

Dr. Elizabeth Bowen:

Thank you fellows. That's really interesting about both the history and the terminology. That was going to be my next question. I'm not sure if you had anything more to say on that, but I was curious about how did the legalization of medical marijuana prime voters to support recreational cannabis use?

Dr. Stella Resko:

So California was the first state to pass medical marijuana back in 1996. And we've seen a continuing shift in state policies where more states are legalizing and the policies do vary quite a bit state to state. But the shift we're seeing has been more of a gradual shift in opinions. So by making that intermediary step of medical marijuana, it doesn't seem so far of a stretch to get to recreational legalization and voters seem to be progressing over time. So it's been a more gradual shift with that intermediary stuff.

Dr. Elizabeth Bowen:

That makes sense. Thank you. So Jennifer, I'm going to ask you a few questions about legalization. What are some common reasons that people give for supporting legalization or for opposing it?

Dr. Jennifer Ellis:

So for people that support legalization for recreational use, a common thing that people often cite is that the belief that marijuana is less harmful than other substances that are illegal. [inaudible 00:06:08] actually did a statewide survey among individuals in Michigan right before this was passed for recreational use and a lot of people brought up that alcohol is legal and that prescription opiates, though well controlled that are legal and express that marijuana should be legal as well. A lot of people cited concerns with how marijuana is enforced within the criminal justice system. So the data really suggests that individuals from minority communities aren't more likely to use substances, but they are more likely to be arrested. And a lot of people raised that as a concern. People have brought up the potential benefits of tax revenue and often believed that having some sort of regulatory system in place would be helpful in preventing potential harms associated with marijuana use.

Dr. Jennifer Ellis:

And a lot of people also said that a lot of people are doing it anyways. So having a regulatory system in place would be helpful in preventing harms. And those were some of the most common ones. In terms of people who oppose legalization, those people tended to cite potential harms and dangers. So the effects of marijuana on memory they described concerns that it could potentially lead to other substance use or could increase access. A lot of people cited the increased potency of marijuana over time. That there's a lot more THC in marijuana than there had been in previous years. A lot of people think that more research is needed, that we don't fully know all the potential risks associated with legalizing marijuana and whether it's going to lead to increases in use and think that there just needs to be more research that's done, especially on some of the newer products that have become available. And some people are also concerned about marijuana use becoming more normalized and use essentially increasing.

Dr. Elizabeth Bowen:

Thanks, Jennifer. That makes sense. And we'll return soon to this issue of potency. But first I wanted to ask, are there any characteristics that are associated with having more positive attitudes about marijuana?

Dr. Jennifer Ellis:

So our work and the work of others suggests that people who are younger, men, people who are politically left of center, who have used marijuana in the past and who have lower perceived risks, tend to have more positive attitudes towards legalization.

Dr. Elizabeth Bowen:

Got it. So let's talk a little more about this issue of cannabis potency. So I'll start with you, Stella. Can you tell us how is cannabis potency measured and how has potency changed over time?

Dr. Stella Resko:

A lot of their discussions about marijuana potency focused on Delta-9-tetrahydrocannabinol or what we commonly refer to as THC. So THC is the main psychoactive ingredient in marijuana. And one of the sources that are interesting to look at when we think about potency over time are some of the research samples that U.S. law enforcement has confiscated. So there's some studies where they've actually looked at some lab testing, looked at the THC levels in these samples and one of the things they're finding is that the ratio of THC to cannabidiol has increased since the 1990s. So some of the lab analysis that's been done, for example. They're looking at like over 38,000 samples and they see the levels of THC was about 4% in 1995. And that's gone up to about 12% in 2014. The more recent studies, a study by Chandra and colleagues in 2019, they found that in DEA samples that there's about 17% THC.

Dr. Stella Resko:

So it's pretty consistent over time in these samples that the potency has gone up as the amount of THC and marijuana has gone up. And some of the work we've done, we were just trying to, in our statewide surveys, to get a sense, do people know that? Are people familiar with that? And we sometimes in the prevention community and the research community conferences, you'll hear people talk about, "This isn't the same marijuana from your past, or that your parents smoked," or whatever. And this is often what they're reflecting on is that shift in the level of THC. So what we did find those in our statewide survey in Michigan is a lot of adults aren't actually aware of that kind of change. People may not have very solid understandings of how much THC is in a product they're using. But I think in general, many people, including those not necessarily using marijuana are aware that it is more potent today than it was in the past.

Dr. Elizabeth Bowen:

That's interesting. And it seems like a pretty significant and consistent change over time. So Jennifer, can you tell us more about what are some of the new and more potent cannabis products on the market and can you also describe some of the different ways that people are using marijuana?

Dr. Jennifer Ellis:

Sure. So one thing I want to note is that even the traditional cannabis that's smoked or the cannabis flower has become quite potent over time. And even amongst [inaudible 00:10:58] marijuana, there's a lot of highly potent products that are advertised, like Stella said up to like 17 or higher percent of THC with different strains advertise. There's edible cannabis products, which is when THC is infused into food or drink. And then there's also concentrates. So these are made when gases like CO<sub>2</sub>, butane or propane are used to basically extract and strip the cannabinoids from plant material so that you're left with a very highly potent form of cannabis, basically. And depending on the

extraction procedures that are used, like the heat and the [inaudible 00:11:32] that's used, you're left with a number of different materials that are advertised as concentrated.

Dr. Jennifer Ellis:

So these are the things like wax shatter, budder, live resin, distill it. And these concentrates can either be used through vaporizers or through dab rig where the concentrate is heated and a nail or a banger using a blow torch and then basically added through a dabber or a wand and then the person who's smoking will then inhale the vapor through the dab rig.

Dr. Elizabeth Bowen:

I see. Are there any risks specific to be high potent products or the new ways of using cannabis?

Dr. Jennifer Ellis:

Yeah. And there are three main ones that I'm going to talk about. The first is that for people who are inexperienced or are especially new to this, there's a higher risk of using incorrectly or accidentally over consuming. So edibles, I think, have been talked about the most with regard to this, where in states where cannabis has become legal, people will go and purchase a package of edibles and not realize that you're only supposed to use one if you don't have tolerance and because with edibles, with the way that they're metabolized, they're such a delayed effect that people will accidentally take more and then wind up having a really unpleasant experience.

Dr. Jennifer Ellis:

And then for the concentrate products, the dose of THC is much, much higher than any other products. So some of these are advertised as like having 70, 80, 90% THC. So for someone who doesn't know how much to take, there's a risk of accidentally getting too high for the dabbing specifically, like I mentioned. There's a low torch that's involved, which can be potentially dangerous to operate if you're also smoking marijuana. And if somebody, for example, overheats the nail and the dabber, it can get too hot basically, and be really not great for your lungs to inhale. Another commonly cited concern is the amateur production of concentrates. So like I mentioned, the cannabinoids are stripped from the plant material using gasses like butane or propane, but some of these can be pretty volatile if someone is doing amateur production of these concentrates.

Dr. Jennifer Ellis:

And then there's also a risk of if this is done incorrectly of the concentrate, getting diluted with things that you would not want to smoke basically. And I should note that not everybody who is using these concentrates is making their own or engaging in amateur productions, but for people that are, there are definitely risks associated with that. And then there's ongoing research as to whether use of these high potency products is related to mental health concerns or more severe cannabis use disorder symptoms. And this is still an ongoing area of work. There was one study conducted in

2014 that found that dabbing was not associated with worst problems or accidents, but did lead to higher tolerance and withdrawal symptoms. There was another study in college students that found that those that had used butane hash oil, which is a specific type of concentrate that they had greater academic difficulties and in personal difficulty is engaged in riskier behaviors.

Dr. Jennifer Ellis:

And then there was a systematic review that was published earlier this year that found that use of highly potent cannabis was associated with a greater risk of psychotic disorders. But I see this while also noting that most people that are using that highly potent forms of cannabis, like the concentrates, for example, are typically heavier users. So people that are seeking out things that are 70, 80, 90% THC are also using other forms of cannabis heavily or are more likely to. So it's also possible that some of these adverse effects are related to the frequency and the quantity of use. And it's unclear whether the potency specifically causes these increased negative consequences. It's kind of like an ongoing area of research.

Dr. Elizabeth Bowen:

That makes sense too. Thank you for that thorough review of the research in this area.

Dr. Stella Resko:

I just want to underscore one of the points that Jennifer was making is that most people that are consuming marijuana are consuming the flower products. That's about two thirds of what people were purchasing in the state of Washington, for example, after they passed marijuana legalization. But one of the things that they're noticing in some of the market research is that the market share of those highly potent extracts and concentrated products is increasing quite a bit. So just looking at some data between 2014 and 2016, some of the researchers, Martin colleagues found the increase of extracts has gone up about 145%. So we are seeing a shift in pattern of consumption, where more people are seeking out some of the highly concentrated products, which is a concern.

Dr. Elizabeth Bowen:

Yeah. Thank you for adding that. So a follow-up question related to these issues of the risks of more potent products. Jennifer, if you could tell us, is cannabis potency related to the likelihood of this being the emergency room?

Dr. Jennifer Ellis:

There has been an increase in emergency room visits, especially in Colorado. And a lot of these have been related to accidentally over consuming edibles. Again, because it takes some time for people to start to feel the effects. And so there's a risk of over-consuming. And then I've seen a little bit less in the research literature about increases in emergency room visits due to concentrate use, but there have been media reports of there being a greater risk of emergency department visits because the concentrates are difficult. [inaudible 00:16:48] know how they're going to make somebody react if

someone hasn't used them before. One of the other concerns related to emergency rooms is the potential risk for children who attained edibles in other products. There have been some incidents looking at an increase in poisoning visits at the emergency department in some of the states that have legalized, in Colorado and Washington, for example.

Dr. Jennifer Ellis:

So particularly when you have edible products that are things that look really yummy, like brownies or gummy candies, those can be very enticing to children who might not know what they are. So the storage for these products is really important. And there's been some unfortunate cases where children have gotten sick from consuming some of the edibles that they found in their house or other places.

Dr. Elizabeth Bowen:

I agree that's important to recognize as a risk as well. So I know we've had Colorado mentioned and Washington mentioned, just those two states. Jennifer, can you say a little more about have states that have legalized marijuana mean changes in the rates of emergency room visits?

Dr. Jennifer Ellis:

Yeah, so Colorado was the first state to legalize recreational cannabis sales. So a lot of the work has been done there and they have seen increased rates of cannabis related emergency department visits. In some other states I believe has been observed as well, like Washington and Oregon, and some of the states that legalized have done so relatively recently. So it'll be interesting to see it now that more and more states are passing regulations about the edible packaging, where there has to be more clear labeling about this product contains THC and sealing products in such a way that they're harder for children to access whether this is going to continue to be a trend.

Dr. Elizabeth Bowen:

Right. That will be interesting to see. So I'm going to shift the topic a little bit to another specific area of risk, which is related to driving. So Stella, can you tell us why are some people concerned about people's ability to drive after using marijuana?

Dr. Stella Resko:

This is an area that we find pretty interesting because in a lot of our surveys, when you ask people with questions about driving, we get a fair number of respondents that will make comments about how they're actually a better driver after consuming marijuana. And that's actually many people have that knew that marijuana can make you a safer driver, but there have been actually a good bit of research that looks at how THC, the main psychoactive component of marijuana, how that affects driving performance. One of our colleagues over at Wayne State, [Grantee Commissar 00:19:15] has a lab where he actually will have a vehicle that's set up in the lab. It's a simulated driving, but it is a real vehicle. So they get in there after consuming marijuana and they'll kind of test things like their reflexes, their motor skills, their perception, their attention, reaction time

and a lot of what the lab research finds is that THC does have a negative impact on these things.

Dr. Stella Resko:

So in your psychomotor function, just being able to have reaction times, that kind of thing. And there has been some data looking at traffic accidents and seeing if marijuana is a factor in those. And we have seen some increases in the use of marijuana and some of the crash data that we're seeing. But again, it's really a complex thing to take to assess because there's a number of factors that will influence impairment. So some of it can relate to THC concentration and the product you use, how you're using it, are you smoking it versus like an edible product or using it other ways. A number of things can make it kind of difficult and one of the concerns related to road safety is that it's actually fairly difficult to assess for impairment for those individuals that have recently used marijuana.

Dr. Stella Resko:

So we don't have a great roadside test to figure out if individuals are impaired. When we think about alcohol, for example, we have these breathalyzers test and these roadside sobriety tests that are widely available, but with marijuana, it's been less clear, how do we assess impairment and how we can do that even in places like [inaudible 00:20:45]. So there's a number of challenges in this area, but I do want to recognize that THC does have an impact on driving. It is much more difficult though for us to assess what that impact is because we don't have that roadside test that's available now. And a lot of research is being done to try to come up with tests that are more accurate and able to consistently test for this, but it's an area that's an up-and-coming area of research and more work is continuing to be done.

Dr. Elizabeth Bowen:

Thank you. That seems like a really important area for further research and further application. That was actually going to be my next question about roadside testing. Jennifer, do you have anything to add to that about the challenges associated with doing roadside tests for marijuana use?

Dr. Jennifer Ellis:

Yeah, I mean, I would echo definitely everything that Stella just said, that there really isn't a great roadside sobriety test. It seems like a lot of states will try to do a field sobriety test and then some states will do blood testing, which is supposed to be able to detect THC for three to four hours after use. But again, depending on the method of consumption, that can actually vary quite widely. And I think Stella also touched on this as well, that there isn't really a quantifiable level of impairment, the way that there is for alcohol with the legal limit. So with the alcohol legal limit, people will know that if they have a single peer, that's not going to put them over the legal limit. But for marijuana, there really isn't a quantifiable cutoff. So a lot of states just have a zero tolerance cutoff where if somebody has any marijuana in their blood, that counts as driving while intoxicated.

Dr. Jennifer Ellis:

And then the only other thing that I would add about some of the research that's being done to try and develop our reliable roadside tests, in July of 2019 last year, there was actually a paper that was published by researchers at the University of Pittsburgh who developed a prototype breathalyzer for marijuana, which basically it had carbon nanotube [inaudible 00:22:37] that the THC molecules can bind to. So hopefully over the next several years, there will be a more reliable roadside test, especially as more and more of these are pushing to legalize.

Dr. Elizabeth Bowen:

Wow. Sounds like we will hopefully see some more development then in this area. Jennifer, can you also tell us, is there research on if there are certain factors or characteristics that are associated with having a higher risk of driving after using marijuana?

Dr. Jennifer Ellis:

Yeah. So people who are younger, who use marijuana more frequently who have more friends that use, who have lower concerns about having a driving violation and who feel more in control of driving are more likely to drive after marijuana use is something that's been found in other studies. And then in Stella's work specifically, we've done some work among young adults to see whether there is any specific risks among like 18 to 25 year olds. Then interestingly having a marijuana card, having coping or social reasons for use, and interestingly employment was also associated with greater odds of use. And this could be just if you have a medical card or you're employed, there just might be more opportunities to drive after smoking among young adults.

Dr. Jennifer Ellis:

One thing I to add is in the work that we did with young adults, we focused specifically looking at those young adults that were using marijuana. And we did find driving after marijuana use is fairly common. So about a third of our sample of young adults had done that in the past year. So it is fairly common that behavior among marijuana users and so it's something just to kind of keep in mind that there's a lot that isn't really known in this area in terms of being able to assess for impairment. It's a challenging area just because of the technology as it's still developing, but it is a concern because it is a behavior that's fairly common.

Dr. Elizabeth Bowen:

Right. So I have one more question for you Stella, about another aspect of this which is related to employers and employee safety. So we know historically a lot of companies have done drug testing of their employees. So as states legalize cannabis, how does that impact this and how does that impact employers?

Dr. Stella Resko:

So this is an area that hasn't received a lot of attention from researchers, but out there in the community, I've worked with the Michigan Prevention Association and a lot of the

folks that were involved with that had concerns about work performance and the effect on employers and employee safety. These are our concerns because again, there's not a lot of work out there, but many companies have policies about marijuana use and other substance use. But in terms of one of the focus on a lot of the studies that have been done, they've been looking at jobs where there's the potential for impairments in your workplace performance and particularly safety. So they're looking at additional work accidents and so there's been some research looking at accidents in workplace settings, particularly in fields like construction or when you're operating heavy equipment. And there's been some research looking at that.

Dr. Stella Resko:

And again, the employee policies are also another challenge because there have been court cases where individuals have purchased medical marijuana and they may have had a prescription from a physician for it. They used it. But I think the example with Walmart where an individual was fired for using medical marijuana because he failed a drug test, that was still allowed to fire the employee, even though it is legal at the state level. So I think a lot of times employees can be caught in a tough position if they are [inaudible 00:25:59] So that's one thing to be concerned. And I think a lot of employers are concerned with, if they're doing widespread testing, it may be they actually find out larger numbers of their employees are smoking marijuana than they may have realized. And then they have to decide what they want to do with that information.

Dr. Stella Resko:

So I think it is a concern, but in particular fields like construction, any fields that involve driving vehicles like bus drivers, other fields where you're operating equipment, there are a number of concerns. And in fact, in some states when they were passing some of the campaigns against legalization of marijuana, they've been trying to use some of this imagery, like a bus driver, smoking marijuana as the scary consequences about legalization. So it is a concern that's out there, but it's interesting to see how it's not getting a lot of attention, this issue in the workplace, but in some ways it's been used by community organizers as a tactic to try to get people to be less supportive of legalization.

Dr. Elizabeth Bowen:

I see. Well, this has been a super interesting and informative interview and there's still so much we're learning in this area. And I think still so many unanswered questions and aspects of this, like you just talked about with the area of employment. So to wrap up the interview, I'd like to ask each of you first, if there's anything else about this topic that you'd like to share with our listeners or that you think is important for people to know. And then secondly, if you could say a little bit about where you think your research or interest in this topic is headed and what type of research related to this you plan to do or would like to do next. So I'll start with Jennifer and then I'll ask Stella the same thing.

Dr. Jennifer Ellis:

Good question. I think one area that I'm still really interested in is what motivates people to use some of these higher potency products and what some of those specific risks are. I think it's such an interesting area of emerging research of better understanding whether there are risks specific to concentrates and highly potent marijuana, and whether there are other things other than frequency of use or having a high tolerance that motivate people to use these products. So I definitely hope to be able to do work related to that in the future. I'm also interested in the assessment of cannabis use because I think a lot of traditional measures when people ask about cannabis use, a lot of the questions are related to smoking and developing new measures that account for the new ways that people are consuming marijuana is really an interesting area of work.

Dr. Elizabeth Bowen:

And Stella. How about for you?

Dr. Stella Resko:

With all of the rapid changes in marijuana policies, I find it just a very interesting area because so much is changing and it's changing at a relatively quick pace at this point. Generally, the areas that I'm particularly interested in are some of the more frequent use of cannabis and also its relationship with coping, motivation and also negative aspects. So there's some research looking at individuals that are using marijuana particularly frequently using it to cope with depression, anxiety. So looking at that as a form of self-medication and how that's working in, particularly for young people we're seeing that relationship. And how I even got interested in this topic, I will say, as a substance use researcher, marijuana was never my [inaudible 00:29:13] focus or priority. And it kind of came to me and part of it's because of the policy and some of the community groups I've worked with, the Michigan Prevention Association and John [Kronic 00:29:22] and that group, they've been really active in addressing some of the policy issues in Michigan.

Dr. Stella Resko:

But my initial interest also came when I was a post-doctoral research fellow at the University of Michigan. We were working on some larger studies with Maureen Walton and Rebecca Cunningham, where we were doing brief interventions for adolescents who were using marijuana. And also those that hadn't been using that to trying to do prevention with those as well. And one of the responses I sometimes will get from folks is that maybe you're doing these studies in Flint, Michigan, and [inaudible 00:29:54] their response was if this isn't the most significant problem in these kids' lives, they've got other things they're dealing with. And I do find it interesting that our society and our culture, our attitude towards marijuana is fairly lax. And I had challenges when I supervised our clinicians. I had a therapist who's laughing during the intervention where they're talking to a teen about their marijuana use.

Dr. Stella Resko:

So I think as a culture, we don't really take it too seriously, but particularly for adolescents, when you think about that's a period where their brains are still developing.

And when we look at some of the neuroscience, that's a particularly sensitive period where you could actually be causing more damage by using that those early ages. And so these are some of the things that got me interested in this area, and I've been trying to focus on as I continue to move my work forward. But it's interesting, just the nature of it.

Dr. Stella Resko:

When Jennifer and I are looking up articles all the time there's so many puns and jokes about marijuana and article titles. It's kind of interesting that it's often viewed as a funny topic and not too serious. And I don't think we need to raise the alarm bells and become Nancy Reagan and go into that extreme, but at the other end of it, I also do think there's areas that should be concerned and that we should be also researching.

Dr. Elizabeth Bowen:

Thank you. It's such an interesting, and as I think you both alluded to, such a rapidly changing area, culturally legally. In terms of the research, we've had so many changes, I think in how people perceive and talk about it and think about marijuana. So thank you for sharing your insights in this area. I appreciate it. And I know I learned a lot and I think many other people [inaudible 00:31:30]. Thank you.

Dr. Jennifer Ellis:

Thank you so much.

Dr. Stella Resko:

Thank you, Betsy.

Dr. Louanne Bakk:

You've been listening to Drs. Stella Resko and Jennifer Ellis, discuss the topic of marijuana use and legalization. For more information on this episode, please visit our website at [insocialwork.org](http://insocialwork.org) and please join us again at [inSocialWork](http://inSocialWork).