



Youth Access to Cannabis in the Beach Cities

Beach Cities Health District (BCHD) strives to promote the health and well-being of all members of our community. Substance use, especially among youth, is a concern in the Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach. Data shows that accessibility and social norms of acceptability play a large role in youth use and initiation of cannabis.¹ Cannabis refers to all products derived from the cannabis plant, and marijuana refers to the products from cannabis that have a psychoactive ingredient.² The negative health impacts on youth are especially concerning as cannabis potency has drastically increased over the years. Effective education, partnerships and policy adoption can limit the harmful effects of cannabis on our community.

Cannabis Policy in California

In 2016, Proposition 64: The Adult Use of Marijuana Act, legalized specified personal use and cultivation of marijuana for adults 21 years of age and older, including provisions on regulation, licensing and taxation of legalized use.³

Beach Cities Health District Position

Based on medical evidence, Beach Cities Health District recommends that youth and young adults under the age of 21 abstain from the use of substances such as alcohol, cannabis, vaping and unprescribed prescription drugs in order to protect their developing brains and optimize healthy brain development.

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Youth Cannabis Use in the Beach Cities

Percentage of Beach Cities students who reported using marijuana in the past 30 days⁴:

	2018	2019	2020	2021	2022	L.A. County (2017-2019)	California (2017-2019)
7th grade	1%	1%	<1%	<1%	<1%	3%	4%
9th grade	13%	11%	6%	4%	4%	10%	10%
11th grade	27%	24%	19%	15%	16%	13%	16%

Source: California Healthy Kids Survey, 2018-22

California and Los Angeles County data are provided by the Biennial State California Healthy Kids Survey (CHKS) Report, based on a randomly-selected representative sample of secondary schools surveyed over a two-year period. The most recent available data is from 2017-2019.

How do most kids at your school who use marijuana usually get it? (Mark all that apply)

	Beach Cities 2022 (11th graders)	California 2017-2019 (11th graders)
At school	11.5%	29%
At parties	33%	37.7%
At concerts or other social events	13.5%	19%
At their own home	18.5%	25.1%
From an adult acquaintance	22.5%	23.8%
From friends or another teenager	35.5%	44.4%
Buy it at a marijuana dispensary	22.5%	19.3%
At bars or clubs	2.5%	5%
Other	8%	11.3%
Don't know	58.5%	49.6%

Source: California Healthy Kids Survey, 2022

Increased Potency of Cannabis Products

Tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis has increased over time⁵⁻⁶:

Cannabis Product	Description	Method of Use	Average THC%
Flower	The most valuable part of the plant that contains the most THC-containing trichomes.	Smoke: Joint, blunt, pipe or bong	19.6 – 35%
Concentrates	Specialized machinery uses a combination of heat and pressure, non-solvents or solvents to produce small batches of marijuana extract with concentrated levels of THC.	Smoke: Vape, dab Edible Tincture or topical	Non-solvent: 36 – 90% Solvent: 54 – 69% or more

On average, THC in cannabis products has increased 3-fold between 1995 and 2014, from 4% to 12%. The risk of negative health consequences increases with exposure to high concentrations of THC.⁷

Negative Health Effects on Youth

Short-Term Adverse Effects

Cannabis commonly causes an increased heart rate, anxiety and memory impairment. It also causes the impaired ability to perform complex tasks, difficulty thinking and problem solving, decreased alertness and impaired ability to drive.¹

Emergency Room Visits

Cannabis-infused edibles packaged to look like versions of popular food or candy has increased emergency room visits among children. California has also seen a rise in emergency room visits related to cannabis poisoning among young children.⁸

Long-Term Effects

Mental Health

The amount of cannabis use, the age at first use and genetic vulnerability have shown to influence the likelihood of psychosis. Daily high potency cannabis use can increase the risk of developing psychosis by five times compared to those who have never used cannabis.⁹ There is also a higher association between cannabis and schizophrenia; people who start using cannabis at an earlier age and use it more frequently, have a higher chance of developing schizophrenia.¹⁰

Brain

Youth are susceptible to the substantial effects of cannabis. Human brain development continues into an individual's twenties, and exposure to cannabis can alter the brain's normal communication mechanisms and the brain's reward pathway. Large amounts of THC can impact normal functions for short or long periods of time, including learning and memory, pleasure and reward, motion and motor control, appetite, sleep, and reproduction and fertility. This includes the disruption of cognitive processes that are important for academic performance and activities such as driving and sports.¹

Lungs

Smoking marijuana causes chronic bronchitis and can injure the cell linings of the large airways. It hurts the lungs' first line of defense against infection. Symptoms include chronic cough, phlegm production and acute bronchitis.¹¹

Policy Best Practices to Limit Youth Access

Zoning: Limit the total number of commercial cannabis establishments, control the number of retailers clustered in an area and include buffer zones to limit access in youth-sensitive areas like schools.¹

Signage and Advertising: Under Proposition 64, advertising within 1,000 feet of a day care center, school, playground or youth center is prohibited.¹² Reduce exposure by restricting advertisements on television, radio, billboards and social media.¹

Manufacturing and Packaging: Ban products that are likely to attract youth and require clear warning labels.¹

Minimum Age: Under the Health & Safety Code 11357 HS, individuals under the age of 21 should not be allowed on the premises of a commercial cannabis business.¹³ Require identification at point of purchase for proof of age.

Smoke-free Policies: Secondhand cannabis smoke has been demonstrated to possess carcinogens similar to tobacco. Smoke-free policies can improve air quality, protect youth and reduce secondhand smoke exposure. Include cannabis smoke, including vaping devices, into public smoke-free laws and enforce policies to ensure smoke-free environments.¹⁴

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