Talking about Marijuana with Families and Staff: Navigating Complexities

Nydia Ntouda: On today's webinar is no stranger. We have Anne Auld, and she will officially introduce herself. Anne, thanks again much. You can take it away.

Anne Auld: Thank you, Nydia. Appreciate it. Welcome, everyone. It's morning or afternoon, wherever you are. I'm excited to have everyone here today. My name is Anne Auld, and I'm a deputy director with Illuminate Colorado. We are a statewide organization that really works on strengthening families and communities and do a lot of work around substance use and families.

That's how we are connected to the National Center of Health, Behavioral Health, and Safety around some of those areas around having those conversations and really having a better understanding of substance use and what that looks like within families. Today, we're really going to focus on marijuana specifically.

To be able to have a conversation about marijuana and what conversations we can have with families as well as ones that we might be needing to have with staff, we have to take a couple of steps back to understand the history. How is it that marijuana, even became illegal, or how was it that the conversations initially started around the use around marijuana, and how long has it been around cannabis products?

Understanding where we're coming from helps us to better understand and have more meaningful conversations, whether it's with families or with staff. We'll take some time to do both of those as we move throughout this presentation. A little bit of context. I'm in the state of Colorado, and I'm only mentioning this because I know that lots of you are in states where legalization maybe has been around for a while.

You are just in the process where your state has legalized, whether it's medical or recreational. Maybe that's happened recently and you're like, oh, what are we doing now? Maybe you're in a state where there hasn't been quite as many things happening, but the conversations are starting.

In the state of Colorado, we have had medical marijuana has been legal since 2000 whereas recreational, there was a legislation passed in 2012. It didn't really hit retail until 2014. For quite a while, we've been having conversations around the state of Colorado around marijuana and what does that mean in all different areas?

I just shared this bucket list of things that we're involved with around marijuana to understand, this is a big topic. In a state where again this has been going on for 10 years, we are still having conversations around, what does this mean to both voluntary programs, to involuntary programs, to things that are funded federally? We're going to talk a little bit about those

because those are impacts that you all are going to see in your work regardless of where you are, in that spectrum of legalization.

First couple of things, we're just going to, again, look at the history of the criminalization, enforcement, legalization. What is cannabis? What are cannabis usage? That we can get a better understanding of how people may use cannabis products, and what those forms might look like, as well as understanding the potency differences, and then a little bit about some policy changes, and then spend a bit of time on research.

I say a bit of time because research is complicated right now. And we'll talk about those potency differences and how that has impacted research. Starting, let's look at this long history that we have around marijuana and cannabis products. We are looking at some early historical finds from the early 1200s around cannabis use and around being used for clothing and paper.

It is something that is not new. It is not something that has been developed in the lab. This is a plant that has been around a very, very long time. When we look at the United States and we look at the early 1900s and where the criminalization really is when it starts is in that time period, we have to really acknowledge that a lot of this is based on racism.

Through that we see that is systems that are impacted by racism redlining that's as a result of racism that we have to understand that historically in the United States, part of the reason that there is some language and some thought processes around marijuana use really stems from this place around in 1906. The Food and Drug Act went into place, made it illegal, and it was really as a result and a pushback against Mexican immigration that was happening at that time period.

Understanding that those things are definitely connected and acknowledging where that's coming from. We also moved into the 60s and 70s with the counterculture that was a lot of marijuana use when you think about college campuses in the 60s and music festivals. What's interesting about what we see there is that we have a very different legal process that is happening with upper-middle-class white folks who are using marijuana compared to folks who are lower income, and as well as people who are Black and Brown and Indigenous.

Understanding that there was a very big difference of we may have similar usages during that time period, but impacts to communities were much bigger in those marginalized communities because, again, we're looking at some systemic racism that was as a result of how some of those pieces were put into place.

Thinking through the Drug Abuse Act and the War on Drugs, and if you have not had time to explore the war on drugs and understand the detrimental impact that had on Black and Brown and Indigenous communities, understanding, again, that those communities weren't using substances more. They were just being impacted more heavily and dramatically and negatively because of the way that those systems were set into place.

Because of redlining, we had entire communities that were impacted differently than were some of, again, those upper-middle-class white communities. Medical marijuana legalization pardon me, that probably was annoying within a microphone. Legalization really happening starting in California in the mid-90s. Medical marijuana, again, some of the differences between medical marijuana and recreational marijuana is that to be used for medical purposes, each state defines what those medical purposes is on their own.

There's not like a universal piece there that's like, this is what medical means in every single state. A doctor is able to do a recommendation. It's not a prescription. It's not like what you would think of when you think of your prescriptions. It doesn't tell you how much to take, how often to take it, what kind to take. It's just a recommendation that marijuana could be beneficial for something medical that's happening with you a big, one being cancer.

It's actually not around the cancer treatment, it's around the chemotherapy. Because folks when they take chemotherapy, don't feel good, they're not eating. Using a cannabis product can help increase their appetite. It's thinking about that that's how the medical piece came into place. But again, very different than a prescription.

California being one of the first ones, and then we had Colorado, Oregon and Washington coming in after that. Colorado having our recreational pieces coming in 2012. I've got a map that's this is April of 2023, after one hour some elections that did some changes. There may be a little bit of differentiation in here if there have been some localized elections, but pretty much, this is what the states look like when it comes to legalization.

Whether, again, that's a recreational legalization anybody over the age of 18 or 21 depending on the states, usually 21, or someone who is medically using marijuana. Those are two different types of legalization. You could have medical and not have recreational or you could have both or you could have none.

Within states, it can also look different. Like in the state of Colorado, municipalities like counties like towns had the ability to also have their own regulations around what was going to be legal or available within their state or within their town. Whether or not they could have a retail store was something that could be decided at a city level. Knowing that this may be a blanket of what's happening across the state, and know that within your state, there may be even more differentiation of what this looks like.

What is cannabis? As we're thinking about, OK, what is it marijuana? Cannabis is — we're really talking about the cannabinoids. It's a chemical substance that's found in cannabis. THC is one of those cannabinoids. There are over 600 chemicals within a cannabis plant. When we think about sometimes an argument around, well, it's natural, it's healthy.

There's 600 chemicals naturally occurring within this plant. Of those, 80 are cannabinoids. One of those cannabinoids is the one that most people are most familiar with, which is THC. That is the psychoactive, mind-altering component. Only one small component of the entire plant.

CBD, which is another one that folks are usually most familiar with, is non-psychoactive. When I say that, it means that folks who are using a product that is high in CBD but low in THC, the psychoactive piece is not going to be the same as if it's high in THC. The higher your THC level, the more psychoactive mind-altering components it has in it.

When children who are recommended use of a cannabis product by a medical professional and again, that looks very different from state to state. In Colorado, there is a two-doctor recommendation that's required. One of those doctors has to be a long-standing doctor. It's not like people can just go to a doctor and get a recommendation and just go put their kids on a cannabis plant. There is a process to that.

More often than not, what kids are getting because usually it's around seizures, is CBD. Children are not getting high off of more often than not, if used correctly, they're not getting high. What that cannabis product is doing is usually a sedative effect, especially around seizures. There's been lots and lots of research connecting the benefits of CBD in prolonging the time between those seizures and the severity of seizures.

if you're working with families who are working with a medical professional around CBD for children. Just the main thing to think about there is that they're not taking a product that's making them high. Hemp when we think about hemp, that's something that, at periods of time historically, have has been much more readily available and used in making paper and making fabric.

It's something that is having a little bit of a comeback because it is a plant that can grow many, many different places. It doesn't take a whole lot of care out in the wild. Understanding that this is a place where a sustainable resource around hemp is something that is continuing to be explored as opposed to cutting down trees to make paper, we can make it out of hemp.

Marijuana itself, when we use the term marijuana, and I will say that I even I interchange it in a way that I isn't always the correct language. But marijuana specifically is referring to the flower or the bud of the cannabis plant. It is just specifically relating to that, even though many of us continue to use marijuana as a description of the plant in general. Potency. We've talked about plant, talked about a little bit of the history. Potency also plays a role when we look at history and we look at potency today. First thing to understand is that there are a gazillion different hybrids of plants. I want you to think about roses.

When I ask you to think about roses, what color came to mind? Did red come to mind? Did pink come to mind? Did white come to mind? All of those are different hybrids of roses. There's lots of different varieties. They have happened within nature, and they have also happened with horticulturalists mixing things together to make sure we had a blue rose. That's the same type of thing that happens within the industry when it comes to determining how much potency or how much of a certain do we want a sedative effect? Do we want something to have that makes people more energetic? There's lots of work that's happening there in crossbreeding, to speak, those plants to have different varieties to meet the needs of consumers.

The main thing to understand is that when you looked at THC levels like in the 1980s, THC was about 10%. There's only about 10% THC in a product. Today, levels are anywhere from 20% to 30%. If you're going into a retail market, you're probably going to see around 30%. The product has a 30% THC component to it. However, that can go up to 80%, I have seen products that are in the 90 percentile. The entire product is a THC component.

What is complicated about that is that when folks are comparing marijuana products from the 70s, 80s, and 90s, it is not the same product that is available today. When we also look at research, longitudinal research is 10, 20, 30, 40 years. When we look at longitudinal research, the vast majority of it is done on THC that was about 10%. Our longitudinal studies are just getting started in the last 5, 6, 7 years with the levels that we are seeing today. Our research is not telling us the full picture of what those impacts may look like because we're comparing apples and oranges here even though it seems like it's the same substance.

I was just looking at some of the things in the chat. Absolutely around some of where the term marijuana stems from. Definitely. All kinds of history that we need to be thoughtful about when it comes to how we're having conversations with families and why it has been considered something either good or bad along the way. Methods of use.

There's lots of different ways to consume cannabis products. It can be something that is localized like rubbed on a lotion or a salve, like a waxy component. That is usually not psychoactive. It is usually something that CBD products oftentimes are something that are in that lotion-type substance or, again, like this picture here where it seems like a little wax that you're rubbing on.

You're rubbing it on a specific spot, like maybe there's some place that there's an ache or something CBD. Folks have been marketing that in a variety of different ways again because of how it is not a psychoactive component. Stores that are not retail or medical marijuana stores oftentimes have the ability to market those a little bit differently. You can see CBD products out in the wild, so to speak.

Raw cannabis plant is not psychoactive. Lots of — if my kid goes up and somebody's like growing a plant in their backyard or in their house and my kid eats it, are they going to get high? I would say the same thing if they were talking about eating houseplants. We don't want children or animals eating house plants because they can be poisonous, they're just not something that we would consider edible, but they're not going to get high off of it.

We may have concerns around like digestion and is there something that could be problematic from eating it? They're not going to get high off of it because the THC actually has to be heated to be able to become that psychoactive component. That's why marijuana is smoked. That's why there is vaping. Dabbing is actually a process of heating it.

When you think about gummies, there's actually a cooking process that happens that those are there's an oil that comes out of those that are then added to the gummy piece, and there is heat involved. Understanding that heat component needs to take place for it to be

psychoactive is important to know and also understanding that how something is ingested also impacts its psychoactive ability, as well as the longevity of how long it stays in someone's system.

Things to keep in mind is that anything that's injected or smoked, that's immediately going into somebody's system. It's immediately going into the lungs and into the bloodstream. If someone is smoking, or vaping, or dabbing, there's an immediate high that's coming off of that, because of how fast it's able to get into somebody's system.

When we think about edibles, there is a process that has to happen there where someone's eating it, it goes into their system, they're digesting it. Physical system actually turns it into a different cannabinoid essentially, and there's a much longer process that happens there. It goes through that process, it does take longer for that high to set in, but it stays in the system for much, much longer.

The active component could be in someone's system for up to eight hours whereas with smoking, we're looking at much fewer time piece. I mention that because oftentimes when folks who are new to edibles maybe they've smoked something in the past, but they're new to an edible. They take one and then there's nothing happening here. Like I'm not getting this. I'll take another one. Still nothing happening because it takes about 45 minutes for that process to fully happen.

What we've seen in Colorado and we have a lot of advertising for tourists around this. Is that like, wait the 45 minutes. Don't just compound and take a whole bunch of them all at once because nothing happened. Because what's going to happen is they're all going to hit you at about 45 minutes, 55 minutes, 65 minutes. Again, when we're talking to folks around edibles, understanding that there's a process for when it's going to hit. When we're thinking about child safety and we're planning around child safety, that we're taking into consideration that time period, and then also understanding that it's going to be in someone's system for much longer.

Sometimes, there's this, well, I take it in the morning. I'm fine to do pickup later on. OK. Well, it's actually active in your system much, much longer. Understanding and planning around the length of time that something that is eaten stays in a system. Policy. I'm not going to spend a ton of time here, but just some basic knowledge of understanding how complicated this is not only nationally, but within states.

How it is that a state legalizes it or decriminalizes, because those can be two different things, will really vary state by state. What is going on in your state legalization wise or decriminalization wise may be very different than another state. Understanding your state is important. If you are working if you're in a border town of a couple of different states and maybe there are families that are coming in you're coming in contact with that are in different states, that their laws, even though they may be four blocks away, may be very, very different from each other.

Again, that difference between that medical and recreational and what that is allowing for. Cultivation and regulation. Many states you are allowed to cultivate, but only up to a certain amount. Only having so many things or so many plants within a home. Point of sale and structure regulations. There may be rules around where those establishments may be located in relationship to a church or a school. Then local authority again, we can have a state that has this legislation. But if a county or a town or a local authority has made different decisions, it may look different within one town within a state that's got some legalization going on.

There's a lot of complexities of understanding, what's happening in my state level, what's happening in my actual jurisdiction, and then understanding federally what's happening with that as well? We've done a lot of work around child maltreatment definitions. Federally, marijuana is still considered a schedule I drug. That's in the same category as cocaine and things like that. You could still be in a state where if a baby or the pregnant person tests positive at birth, that still may be a child welfare issue.

Complexities that are happening around that even though it may be legal in the state, there may still be some child welfare catch up that needs to happen. Federal funding restrictions. As an employer, what may be legal in the state may not be legal for folks who are working under federal funds. Then, of course, the impaired driving. That's really a big one because we don't have there's not a sobriety test that you can do like a DUI test.

There are some things that some jurisdictions have adopted, but it boils down to a blood test as opposed to alcohol where they can blow into something. There's not as many quick ways to understand if somebody is impaired due to marijuana. We have heard countless stories over like, cops are then taking them to the hospital to have a blood test done. Thinking well, what does that mean for the kids that may be in the car when that happens?

Lots of different ways to think about driving and the complexities of driving with marijuana use, and how it is that we want to, again, keep that child-centered focus on safety, and what does it mean if this happens while use is happening? Because if it's legal in your state, it's legal. We need to be centering our conversations around safety and what does that mean?

Here's a little bit around what we know and some pieces there with the research that is available. Again, understanding that research is not at a place where we would really want it to be. There's lots of mixed reviews and data on how THC impacts infant motor development during breastfeeding. We do know that THC passes through the placenta. We also know that THC passes through breast milk.

As a pregnant person or a person who is breast or chest feeding may be getting high, that is also happening with the baby as well if they are breast or chest feeding or in utero. Understanding that as those developmental pieces are happening in the brain, that we're adding things in there that we don't exactly know. Research is a little behind with the new THC levels, we don't know exactly how that brain development is being impacted.

Part of the conversations that we want to be having with families is, because we don't know what this impact is looking like, are there other things that we could be thinking about or supplementing in a different way? Is this because we're stressed? Is there some is there trauma? There's this conversations of having, why are we using this?

It may be that someone was pregnant and was having a really, really hard time keeping food down and being able to eat. They were really concerned about the legalized prescription medication that folks can use around that nausea. The clear research that is behind that around some really negative impacts. They were working with their medical professional around using marijuana as something that was helping them to be able to eat.

Someone who is working with a medical professional, that's a consideration that you need to take into account when having conversations with them. They are working with a medical professional. The thing that I would want to make sure that they are aware of, depending on your state laws, is oftentimes, medical professionals are not always good about telling folks who they have recommended use during pregnancy that if you test positive in the hospital, you may have child welfare on your doorstep.

If you're working with families prenatally, especially in Early Head Start, that having some of those conversations around, what's happening in our state? What would this look like? What would happen here? Is this an automatic finding? Being sure that the families you're working with have all of the information they need to make the best decisions for their families.

Knowing that if someone is using this, they're just recreationally using this. It may be to a point where it's a substance use disorder, and there's referrals to be made to additional personnel who can help in those areas. But it could be that it's just like, it really helps me relax and helps me sleep.

Well, while we are breastfeeding or breastfeeding, is there something else that could fill that need because we know that there are some impacts on the brain but we don't exactly know what those are. Erring on that side of safety and on that side of development, is there something else that we could be looking at? Doing that exploration with families. Understanding that there is not great data to sit on right now.

Nydia: Anne, I'm going to chime in just —

Anne: Yes.

Nydia: Make sure that our interpreters have caught up. Everyone is just so engaged. It's such important information, and we want to make sure that the interpreters can keep up.

Anne: Thank you, Nydia. I appreciate that reminder also. I'm just looking at the Q&As to see if — Walking through some historical pieces and again, we only have an hour. There is things that we could dive into for an entire day around some of these little tidbits that I've thrown out there. Having an overall context of historically, where it has come from, the different products

that are there, the complexities that this looks like within legislation and within policies and within your workplace.

Then understanding that data is not exactly where we would want it to be. It will be. We'll have some great data in 10 years. Now we're sitting in that a little bit of a no man's land when it comes to having clear data that also separates and I will just say this before I move on, separates the impact from the substance from the environment or the context in which the child was raised. A lot of times, what we see around marijuana is an impacts on children oftentimes doesn't show up until adolescence. Around some of those memory and organizational pieces.

Some of the old data has linked that back to substance use and marijuana use by parents. What we don't know though, was there multi-substance use during that time period? Because oftentimes, marijuana is not always used alone. There may be alcohol that's involved there, and we certainly know that there's lots of impacts that alcohol has on a developing fetus. Was there other substances, whether illicit or prescription?

Sometimes, that research does not exactly that we do have doesn't pull out marijuana in a way that does not account for polysubstance use or account for, is this someone who was raised in an environment that has other systematic oppressions that are happening there, other things that could be impacting a child's ability to be able to focus as an adolescent.

A couple of things that are happening there that, again, because we don't have clear data, really being able to sit in that place of because we don't know let's err on the side of safety. Thinking about the key thing that I always hear, especially when we are doing work with folks who are working directly with families is the whole, well, it's legal. What's the big deal now?

Being able to sit in that statement and understand, what does that mean to you and the work that you were doing both with families, but also as sites or organizations, what does that meaning within your workplace? And are there some policies or things that need to be updated or thought about when it comes to legalization within your workplace?

Also, some universal messaging that we can be thoughtful about, and then there'll be some head start resources, which, again, will be linked the chat. Something that was exciting in Colorado that we got some feedback on was when recreational became legalized in the state of Colorado, there was lots of like, people we're it was new to everyone, it was new to the nation, it was new to the state, and there was a lot of just people doing all kinds of things and really like sitting in this, it's legal. We can do whatever we want to with it.

We found that with just a little bit of education not even like a ton, but a little bit of education around safe storage, that there was a huge increase in folks' willingness to be like, oh, yeah, that's a thing that I should lock up or make sure it's out of kids reach. We had an entire our Department of Public Health put together a couple of commercials, and they were really funny. They were engaging.

This caregiver here and talking about how kids get into all kinds of things. The fact that she opens up the cupboard and there's like a kid in there playing with dinosaurs. This understanding and realization that yeah, kids are curious, they get into things. If I have a substance, whether it's legal or illicit or a prescription, it should be in a safe place out of reach from kids.

Talking about that alone, we saw three times higher odds that folks would actually store something in a lock box or out of reach from kids just by someone saying or hearing that could be an issue and that that's something that they should be thoughtful about in the vein of keeping their kids safe.

It was a really cool finding that it doesn't have to be as complex as we want it to be. It doesn't have to be this whole like, we're going to sit down and explain all of the different components of all of this and why this is dangerous? It's just like, you know what? We don't leave Clorox out on the floor when we've got a two-year-old just like we don't want to leave these products out. We want to be thoughtful about where we're storing these things.

That became a really ingrained conversation that folks were already having with families around safety, and this was just one more thing they were adding into that conversation. You think about all of the various conversations that you have around safety, whether you're a home visitor or you've got kids that are coming to you in a center, there are lots of safety conversations. Substance use is specifically around marijuana especially if it's in a state where it's legalized, that just becomes a part of the conversation. It doesn't have to be a different one-off conversation. It's something that's incorporated into some of those things that you are already doing.

I say that not as an “Oh duh,” I say that as encouragement that you are probably already talking about these things, already have some skill set around this, and this is just another piece adding it in and ensuring that we are talking to families about these kinds of things because they may not be thinking, oh, this is something that I should be putting out of the way. It's legal it's a natural substance. What's the big deal? Understanding that substance use alone does not mean that a family or a situation or an environment is unsafe. We can have substance use and we can still have things in place that keep kids safe. Just like we can have non-detected use, and we can still have safety concerns.

I mean, you all can think about, if you have a playground space at the site where you were working and there is probably something on there that is a safety concern or a safety hazard or something that you're like, oh, I wish we could get that fixed or it's something that you did get fixed because it was a safety concern, there's not substance use involved in that, but it was still a safety concern.

Understanding that one does not equal the other. That substance use is really on a spectrum. We can have everything from no use whatsoever to just recreational use that may just be at on a holiday or every once in a while. There may be misuse, when we think especially around

prescriptions which have a very set like, here is how you use this, misusing it. We're using it not as intended on the prescription.

But keeping in mind when we're talking about recommendations when it comes to marijuana, they are not getting a prescription. They are getting a recommendation. There isn't a use this much at this time use this kind. That really kind of boils down to conversations that folks are having within those retail establishments, and then all the way to a substance use disorder and yes there is a substance use disorder that is related to marijuana use.

How it is that we are showing up with families. Understanding that building that relationship, again, those pieces that you were doing already, that relationship building alleviates some of the difficulties around having conversations, difficult conversations. In that category of difficult conversations could be things around substance use. And it doesn't have to be a separate conversation.

If there's one thing that you all take away today is that it doesn't have to be a, “I'm only going to talk about substance use today with a family.” It can be a conversation around safety. That we're building in some of those pieces around substance use. How that might look, we'll take a second to kind of walk through that.

But as we're thinking about families and the things that we want to be thoughtful about around families, we also need to be thoughtful in that same vein around the practices and policies and procedures that your particular site has around substance use, and specifically around marijuana. Because the number one question I get whenever I talk about marijuana, with especially anyone that's got a site or a daycare where a parent is coming in and picking up the kid is, what if they smell like weed?

I have a parent that came in, and they just they smelled like this. Whether I'm doing it in a webinar or whether I'm doing it in person, this is the number one question that comes up. I want to sit with this for a second understanding that there's lots of different reasons that somebody may smell like marijuana. They may work in a dispensary.

We have a huge industry in the city of Denver. There's a lot of people who work in dispensaries and who smell like that. Someone could have smoked three days ago, had the jacket on, did it in their car, and they still smell like marijuana. It's a very distinct smell. Understanding that we need to go deeper than they just smelled like it. Do you see signs of impairment? There safety concerns? Are you concerned about exposure to secondhand smoke?

I've seen a couple of questions in there that, yeah, smoking is smoking, whether there's carcinogens involved in smoking marijuana products just as there are with smoking cigarettes. Secondhand smoke is a thing. Whether or not a child will become high off of secondhand smoke depends on a couple of different things like are they all hotboxed in a small car together? Is somebody smoking in one area of a house and child's in another area of the house? Is the person outside?

There's differences in how that might impact a child depending on where it is that happens. But the same conversations you would have around cigarette smoke, especially if they have a newborn baby. That whole idea of having on a smoking jacket that if baby is up against the chest, it's not up against clothes. That's really around the carcinogen piece. Those are still part of — smoking is smoking.

When we think of some of these things that are happening within a site and there's concerns around like what do I do now, like they smell like this, what am I supposed to do? What are the policies and procedures that you have in place for this? Are there written policies and procedures around what are we doing? What does this look like? Who are we talking to?

Do you have them around alcohol? Do you have them around other substances? Is this a conversation with in your site around, these are the behaviors that we are concerned with. Above and beyond what they smell like, these are the behaviors we are concerned with. And if those happen, what are we doing then?

How are we going to address this with the parents? Are we suggesting that there's somebody else that comes pick up the kids? What does that look like? Because my guess is that you have some of these around alcohol, and that somehow marijuana now gets pulled out into a different, oh, they smell like it. What are we supposed to do? OK, what are the behaviors that you're concerned with?

Being able to vocalize what I'm worried about and having that direct conversation with families and as you've built those relationships with families. Be like, hey, one of the things that I'm worried about is around that secondhand smoke in the car, and here's why. Here's the safety piece that I'm concerned with.

We can do those and have those conversations in ways that are not biased, they're not judgmental in the same way that if we walked into somebody's house and they had a crawling baby and there were Tide Pods on the floor, we would talk about why we wouldn't want kids to have access to that. The kids put everything in their mouth. We want to make sure those things are up and out of the way. I know it's really hard. Let's look at some resources that we can get for locking things up. Putting locks on cabinets. Those are things where you are already having those conversations.

There is the Substance Use Head Start resource. This, again, will be in those pieces that you can get later. There's a gazillion video series that are in here. We have an hour together, which doesn't feel like enough time ever. But there's additional places where you can get some additional resources, start some conversations within your workspaces around what do we need to be thoughtful about? What does this look like when we're thinking about like I found something in a baby's diaper bag? What are we doing within those situations?

If it's legal and if it's illegal, those may be two very different answers to that. But how are we, again, centering that child's safety in a way that is supporting those parents that we are working with and supporting the staff that we are working with? I always want to point out that

staff are not somehow immune to the world that they live in and don't have the same needs that the parents have.

They may also be parents. They are also community members. They also may be using substances in a way that just helps them relax at the end of the day. When going home and having a glass of wine or going home and having a little bit of a cannabis product. In legalized states, those could look the same. How are we supporting staff in a way that maybe could take the place of some of that, or that they don't feel like they need to have that?

Or were providing behavioral health in a way that if there are some traumas, some historical traumas as a reason for use, that we are acknowledging that and not putting all of our focus on the parents, but also understanding that our staff are also human beings and are also adults. That they may benefit from some of those very same things that we are talking about for families. I just like to point that out sometimes that there seems to sometimes be a separation between adults, and really, we're all coming from some of the exact same places.

Another thing to point out is that we have monthly training opportunities. This is a 4 hour training. We have a lot more time to really dive into what a conversation can look like. They are currently through the end of September full, but we will be adding more classes. We will be adding classes later on. There's going to be a QR code on the next slide.

You were welcome to come back and check on those, and I'm sure there will be a conversation or emails that go out letting folks know when those additional sessions have been added. But the key pieces that we want to keep in mind here is that when we're talking about substance use with families, we're really focusing on safe homes. What does that safe storage look like? We're talking about safe caregiving.

If we're thinking about how long an edible lasts in somebody's system, that we're thinking about how might that impact child safety, especially if we have young children? If we have somebody who's impaired for up to eight hours, does that impact picking them up from school? Does that impact their ability to be able to hop up quickly and react to a child who's at the top of the stairs?

Thinking about, what are those safety impacts around caregiving? We always want to be building in protective factors. We always want to come from a strength-based place of the things that families are already doing, how are we helping families build on those so that they can have those safer homes and so that they can identify safe caregiving or perhaps put things in place so that safe caregiving is happening?

Also, ensuring that we are thinking about multi-generations. That we know that substance use, regardless of the substance, can have multi-generational components to it. Understanding that the product that grandparents may have been using compared to the products that teenagers are using are not necessarily the same thing anymore. Understanding what that looks like across generations and ensuring that we are encompassing all of those pieces.

In this training, those safe storage bags are something that go that get sent to you. There's a parent brochure, and really some scripting that we understand that folks aren't going to read scripts to families. Really working on how do I start a conversation about substance use? How do I continue a conversation on substance use? How do I do that in a way that feels natural, and safe, and strength-based?

When you can focus on safe homes and safe caregiving, you're taking a lot of that bias out. Being thoughtful around some of the language that we are using. This QR code will take you to a page. It's going to show you that they are full. I'm sorry that email was sent out before we got here, but know that we will continue to add them.

Please favorite it, bookmark it. Continue to come back and check for that because we really do have the ability to change how it is that we are working with our staff and working with families around substance use; especially around substances that are finding a space within legalization to understand that that is in their legal right to be able to use.

How are we talking about it in a way that focuses and centers on the child and the safety pieces around the child in a way that is not alienating any of the families or the staff that we are working with? With that, I know I've saved about 10 minutes. I know I said earlier before I knew how many people were going to be on this that I'd keep an eye on the Q&A, but Amy, anything in there I should focus on?

Amy Hunter: Hi, everyone. I'm Amy Hunter, and I'm here just to help Anne with the Q&A because we have over 1,600 people on this call today or this webinar. Of course, we have many, many questions that have been coming in fast. I'm torn whether to take the ones that came in first or the ones that seem most universal. But I do this one has popped up many, many times, and I was hoping maybe you could share a little bit about what you might on it. But the idea of second or thirdhand marijuana smoke.

That idea there's been many questions about children being in the car or being exposed. You touched on it a little bit you could say a little bit more. Actually, the same person who asked that question mentioned cannabinoid hyperemesis syndrome, which is something new that not too many people know about. When you were talking about people who may have been smoking for a very long time, and then the THC increasing and the tolerance increasing, it's something that people should be aware of.

Anne: I will say, off the top of my head, I don't have research knowledge around the cannabinoid hyperemesis syndrome. I don't have data off the top of my head on that, but I can certainly look something up and pass that on to be shared with folks. But when we look at second and third hand smoke, again, it's the same way that we would look at cigarette smoke that we do have that impact from the carcinogens.

My guess is that what people are really asking is are kids getting high off of being near someone who is smoking. It really has a lot to do with the environment in which that is happening. Is it a closed environment? When I say hotboxing in a car, I mean hotbox in a car. Are we in a small

space and all the windows are rolled up and there's smoke just there that is there's no way to avoid that?

Absolutely, we are going to have some impact on kids. That's impact that's happening with their lungs, that can be some impact with where it's happening in the brain. Just like the THC is impacting the person who is smoking it, we can have some side effects with kids having behavioral changes around being high. It is not at the same level of the person who is directly ingesting it, but absolutely, there is some research around the impacts that is happening.

When we look at again, as the smoke or the user is farther away from the child or there's more ventilation and things like, that decreases in the same way that we would think about cigarette smoke. One of the conversations that we've had a lot with people is around this, I'm going to go outside or I'm going to go to the garage and smoke.

That may be something that they're doing with cigarette smoke, but my piece always is, that's great. Going outside, not doing it around kids. What are the kids doing while you're outside? Who's watching the kids while you're outside? If that's a thing that you're going to go outside and do, who's watching the kids while you're doing that, especially if we have little kids and somebody's outside for 10 or 15 minutes like? There's a lot of things that can happen in that short period of time.

Planning around what does it look like when you're not in the house, and if you were impaired and coming back, is there someone else in the house who is not impaired? Is there someone else who has better reactions is there someone else that can drive to the hospital if you can't? I'm always reluctant to tell people what they can and can't do, but I am super supportive of how is it that we plan around some of these pieces?

Amy: Thank you, Anne. And as far as the cannabinoid hyperemesis, I encourage folks to look that up. It can be a life-threatening illness for some people as a result of using marijuana products over a very long time. I may have research is emerging. There isn't as much research, but I think it will be emerging soon.

It's interesting conversation to have about people just have you heard of it. If you have, have known anyone who has had it? The symptom of it is vomiting very profusely and having difficulty stopping, stopping vomiting. Something that the emergency rooms are seeing more of as people are able to speak more freely about marijuana use.

We could have a whole other conversation about that. I know we're really short on time, but thank you so much you were getting all kinds of wonderful accolades in the chat. I know we have many questions that we haven't had time to answer today. We will figure out a way to perhaps get those questions answered and get the information out.

Anne: I wanted to touch on the very first question that came in to the Q&A is, do we have specific licensing regulations around marijuana? I think that is an answer that needs to be

discussed more within sites around what are our licensing requirements around this? Are we receiving federal funds as a Head Start program? It's still illegal within federal purview.

Having an understanding of what those licensing regulations are, what your head start regulations are, and coming up with some plans around, what does it look like if we have concerns, what does it look like to bring that up with families? Because again, what I hear is like, they smell like it, what do I do?

I hear it so much that it worries me that we're not having these conversations within sites about this even though this is a big concern with folks. It's not something that you're handling it in a completely different way than some of the other safety concerns or issues that you are already dealing with. And again, I say that as a word of encouragement, not as a, it's just so easy.

Amy: Exactly. It's not easy. We know that.

Anne: It's not.

Amy: We know it's not easy. But you have raised such important information, such important reminders. It sounds like, from folks in the chat, that we could, if we had the time, continue this conversation for another hour to go. Unfortunately, we don't have time today, but Anne will schedule something else.

Anne: We have a 6 and 1/2-hour version of this course.

Amy: Sure.

Anne: There's a lot there's always a lot to talk about, but there's enough here especially coming to the conversation guide training. But there's enough to have these conversations within your peer groups. Again, don't exclude the thoughts that we need to have around staff as well. They're people too.

Amy: Nydia, were you going to close us out?

Nydia: If you're ready for me to do so.

Anne: I saw you pop up and I was like, I'm done.

Nydia: I was just getting ready but —

Anne: Nydia has arrived.

Amy: Yes.

Nydia: Perfect timing. OK, great. Well, thank you again to Anne. Are you guys able to hear me OK first of all before I close out? OK, great. Because I know I had an echo earlier. But thank you

again to Anne. Thank you so much to Amy for hopping on helping to facilitate all of these questions. Please do not fret if we did not get to your question. As long as you put it in the Q&A box, we will get to every question. Don't worry about that.

But again, thank you to our presenter. And if you have more questions, you can go to my peers or you can write to health@ecetta.info, the evaluation URL. It will appear when you leave the Zoom platform. Remember that after you submit that evaluation, you will see a new URL, and that is the link that will allow you to access, download, save, print, your certificates.

There were questions about the certificate. You can also subscribe to our monthly list of resources using that same URL, and you can find our resources in the Help section of the ECLKC or write us health@ecetta.info. Thank you, again, everyone, for your participation today, and Kate, you can close out the Zoom platform.