

Lobby

What sector do you represent?

- *Substance Misuse Prevention*
- *Substance Misuse Treatment/Recovery*
- *Education*
- *Law Enforcement*
- *Policy Maker/Elected Official*
- *Consumer*
- *Other*



Pacific Southwest (HHS Region 9)

PTTC

Prevention Technology Transfer Center Network

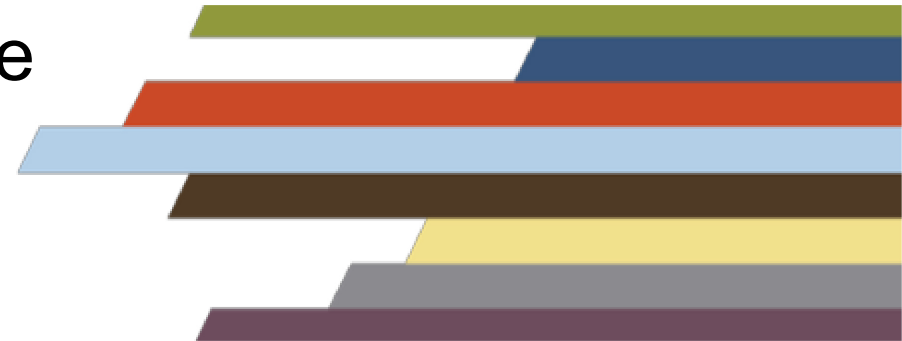
Funded by Substance Abuse and Mental Health Services Administration



Cannabis: People Before Profits

The Evolution of Cannabis Policies and Where
Prevention Fits In

Scott Gagnon, MA, CPS



Disclaimer

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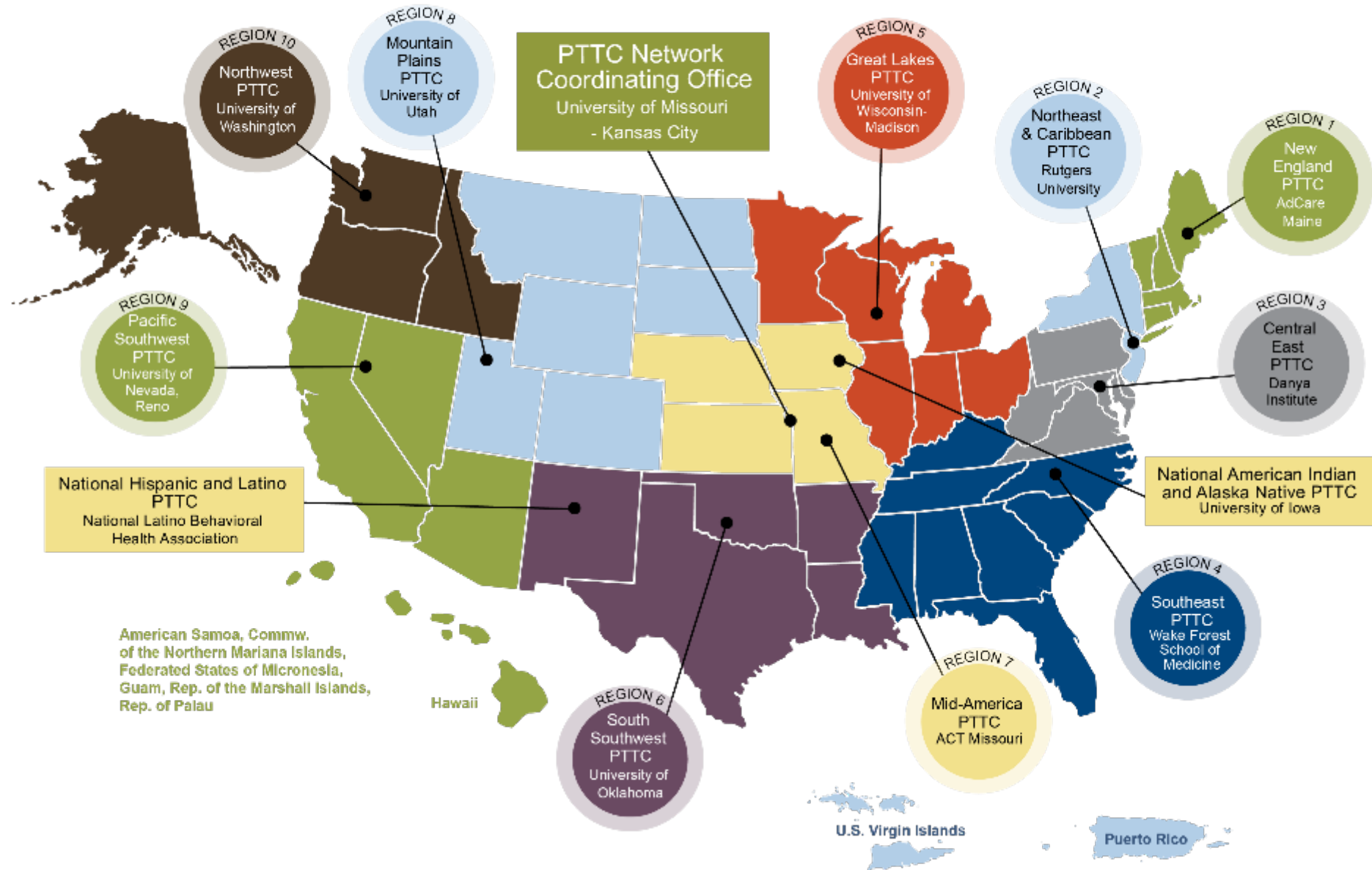
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PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC Network



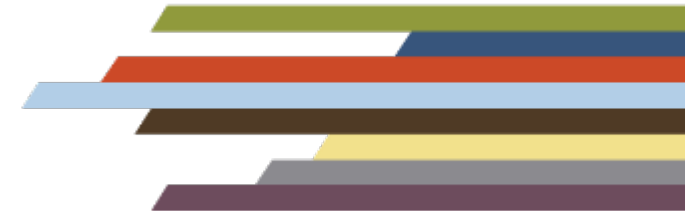
Purpose of the TTCs

1

Develop and strengthen the **workforces** that provide substance use disorder and mental health disorder prevention, treatment, and recovery support services.

2

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.



PTTC Network Approach

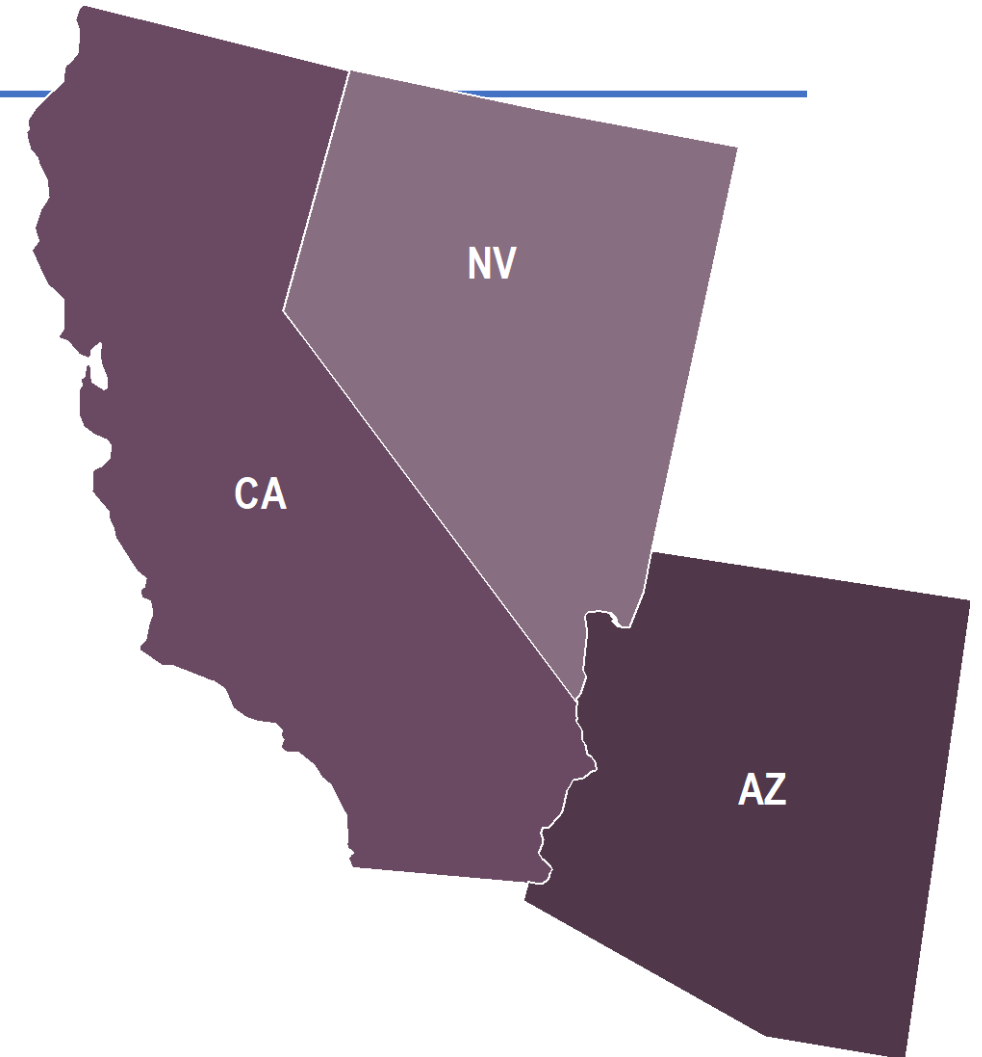
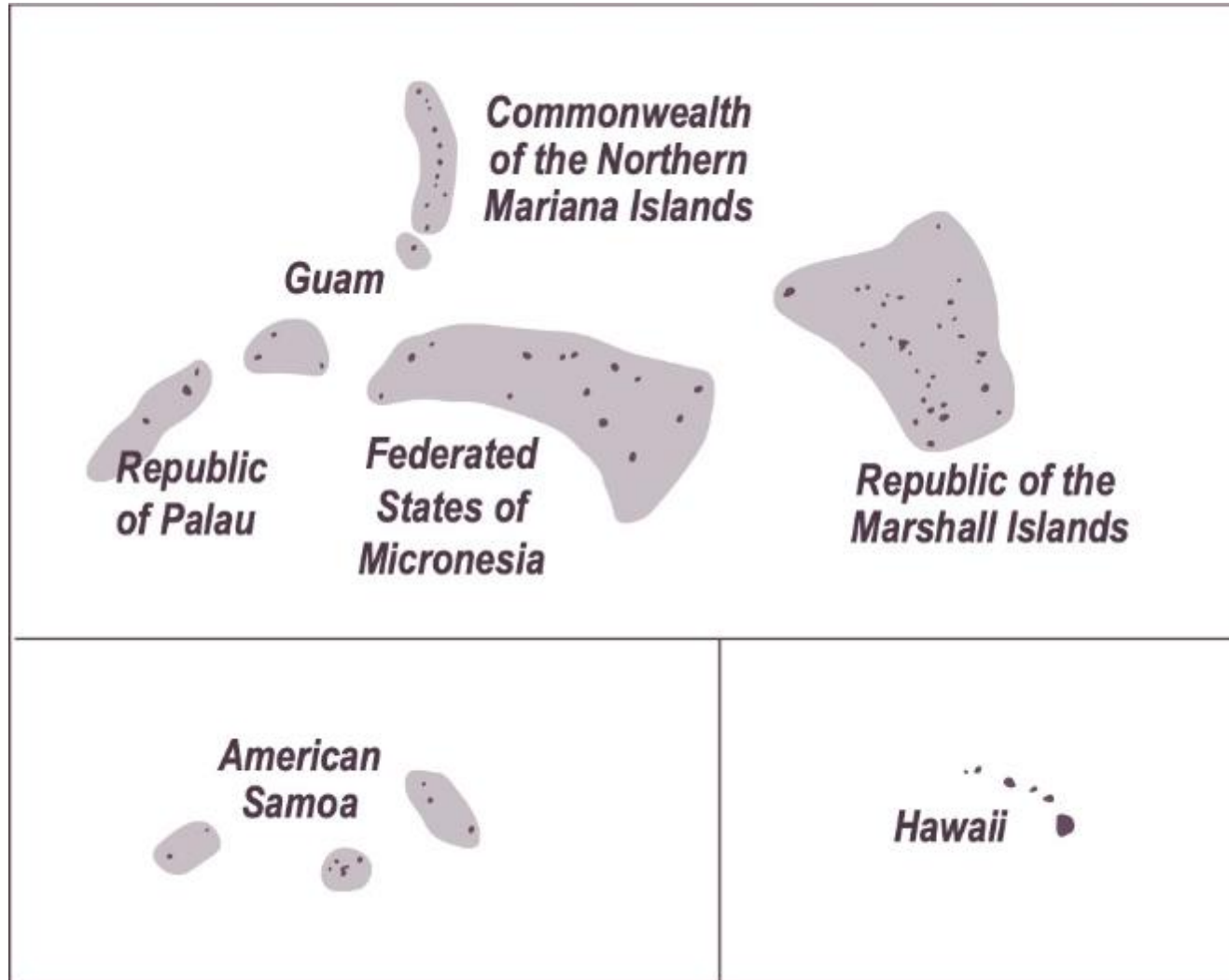
The PTTCs...

Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts

Provide training and resources to prevention professionals to improve their understanding of

- prevention science,
- how to use epidemiological data to guide prevention planning, and
- selection and implementation of evidence-based and promising prevention practices.

Develop tools and resources to engage the next generation of prevention professionals



Housekeeping

- Webinar recording and materials
- Certificates of attendance
- Are multiple people joining from one computer?



Mark your Calendars!*

**The Role in Prevention Professionals in Supporting People of Color
Open Listening Sessions**
February 23

**Pain and Pot: The Facts about Opioids and Marijuana
A Live Webinar**
March 10

**Let's Talk: Health Literacy and Health Equity
A Live Webinar**
March 24

Please visit pspttc.org for registration and more information!

*all times 3:00 Pacific, unless otherwise noted.

Cannabis: People Before Profits

The evolution of Cannabis policies and where prevention fits in

- **Scott M. Gagnon, MPP, PS-C** | @ScottMGagnon
- **Director, New England Prevention Technology Transfer Center**
- Associate Executive Director, AdCare Educational Institute of Maine, Inc.
- February 16th, 2021

What we will cover

- Discussion of the stages of state cannabis legalization laws and the multiple layers of marijuana policy.
- Discussion of how policy impacts prevention and the risk factors we care about.
- Discussion of the intersection of policy and prevention and how we approach prevention in the era of commercialized cannabis.



About me...



- Master's Degree, Public Policy
- Certified Prevention Specialist
- Associate Executive Director, AdCare Educational Institute of Maine, Inc
- Director, New England Prevention Technology Transfer Center
- Chair, PTTC Network Marijuana Risk Work Group
- Maine Marijuana Advisory Commission

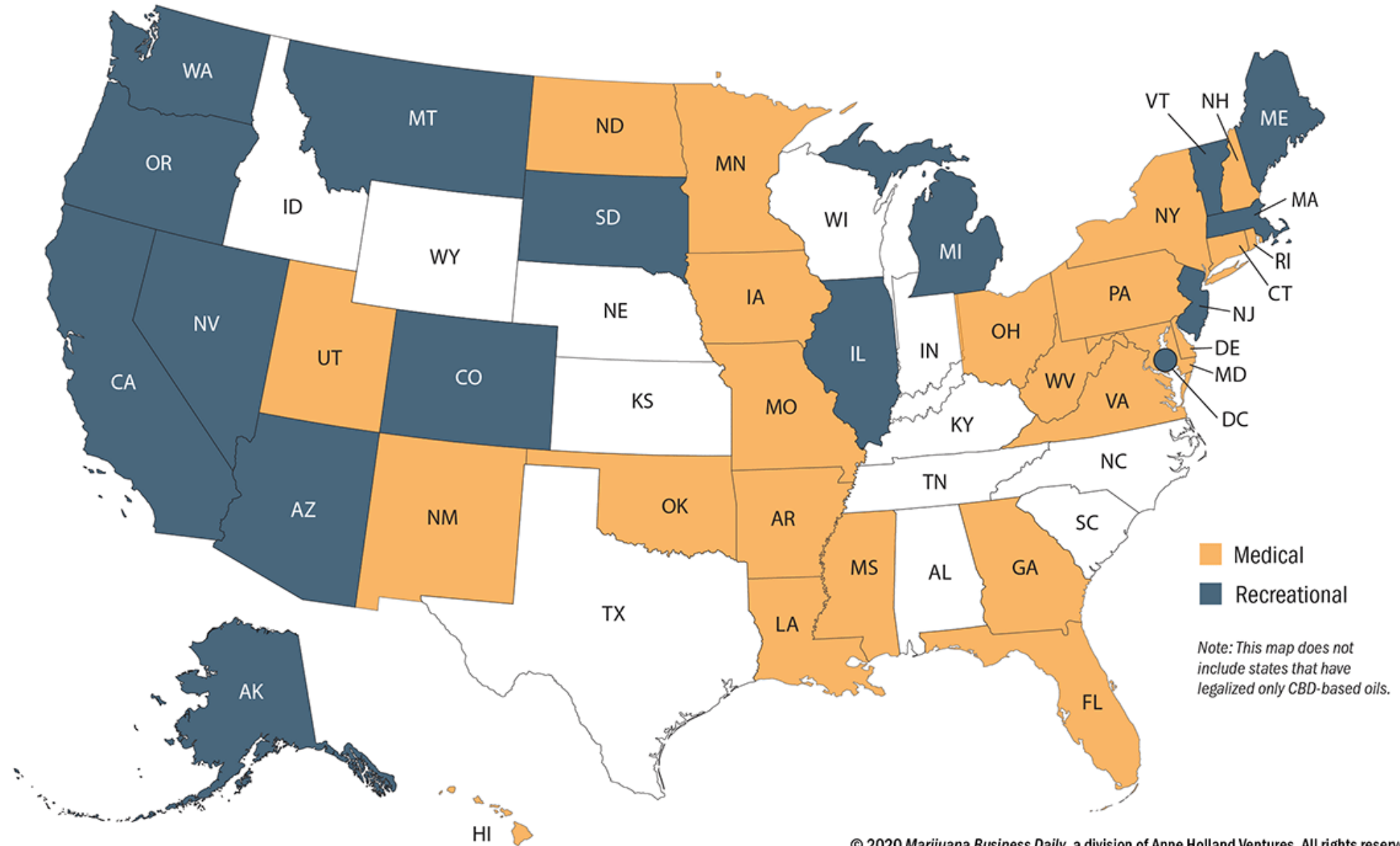


- Former Chair, Smart Approaches to Marijuana, Maine
- Former Chair, Mainers Protecting Our Youth and Communities
- Marijuana science trainer – New England ATTC
- Former Drug policy blogger – Bangor Daily News

Terminology

- In this presentation I will use the term “Adult-Use Cannabis” to refer to what is commonly referred to as “Recreational Cannabis”
- In the opinion of this presenter, “Recreational” is a normalizing term.

Legal Marijuana Markets in the US



The Three Stages of Legalization

- Stage 1: Campaigns
 - Stage 2: Implementation
 - Stage 3: Post-Implementation Changes
-
- This applies to both medical cannabis legalization and adult-use legalization initiatives



Stage 1 - Campaigns

COMMON NARRATIVES IN THE PUBLIC CONVERSATION ABOUT LEGALIZATION



What generally goes missing, or understated, in the public conversation about cannabis policy...

- Addiction
- Impact on health
- Impact on Community and Kids
- Social Costs
- Impairment

This is where prevention comes in!

We need to tell this story!



Why is this important?

Because of potential contributions to normalization and other risk factors.



“Buddie”

Marijuana giveaway in Monument Square gets crowd stoked

Longtime legal-weed advocate Crash Berry honors '420,' a sort-of marijuana holiday, by handing out one-gram packets for free starting around high noon.



0 mg

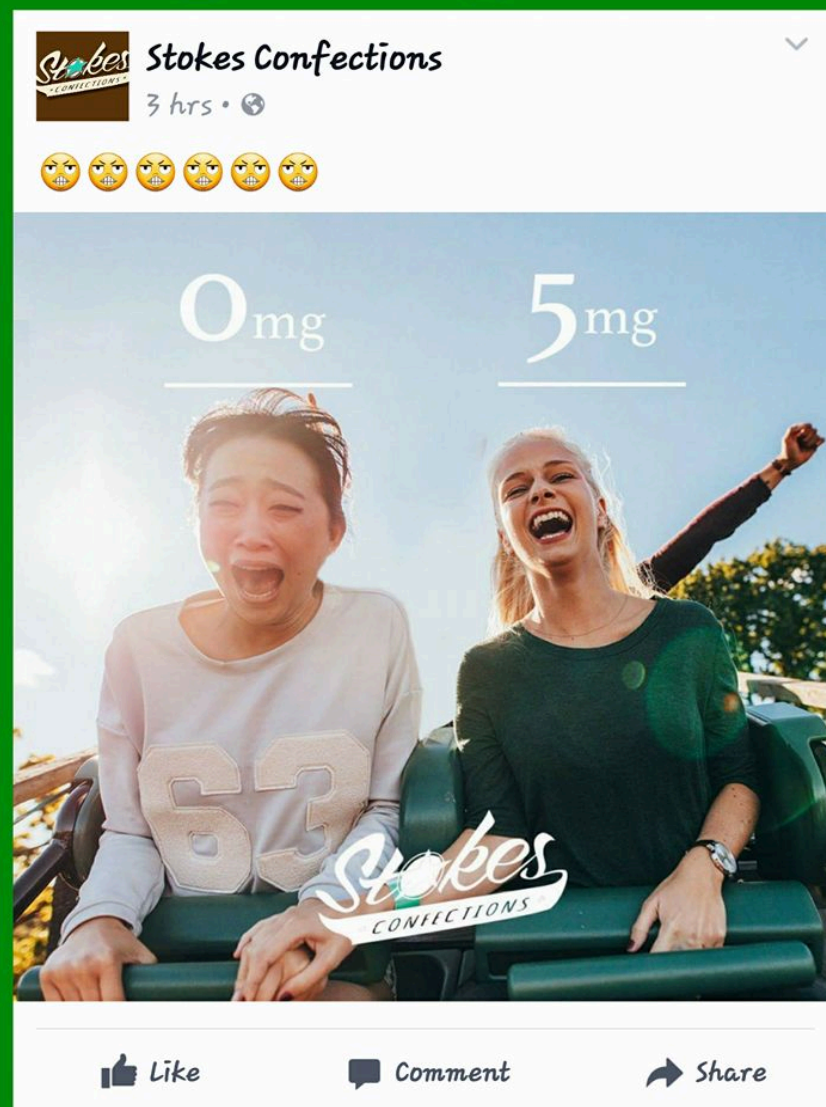
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Big Tobacco

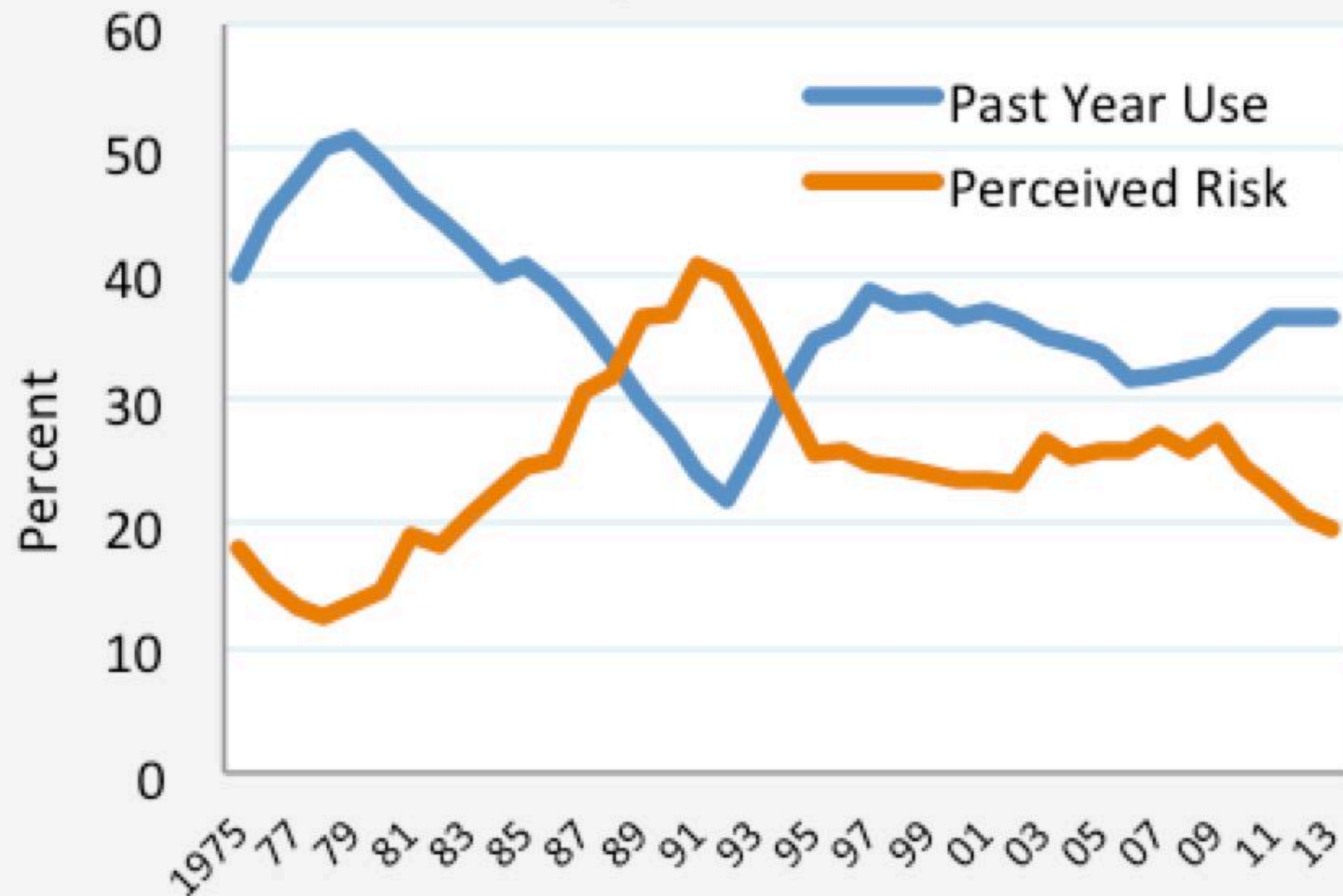


Big Marijuana





Marijuana Perceived Risk vs. Past Year Use by 12th Graders



SOURCE: University of Michigan, 2013 Monitoring the Future Study



Stage 2 – Implementation

Stage 2: Implementation

- Typically two stages
 - Implementation legislation to enact legalization and set the direction for rules and regulations
 - Rule-making by the governmental department or office that will oversee cannabis commercialization and licensing
- Think of implementation legislation as the outline of what legalization implementation will look like.
- The rules are the finer details and specifics of how it will be managed by the state.

Stage 2: Implementation

- Typically there will be hearings for both the implementation bill and the proposed rules.
- These are opportunities for the public to weigh in and advocate.
- Important opportunities for the public health and public safety concerns to be given voice.

There's what's in the law and then what's NOT in the law

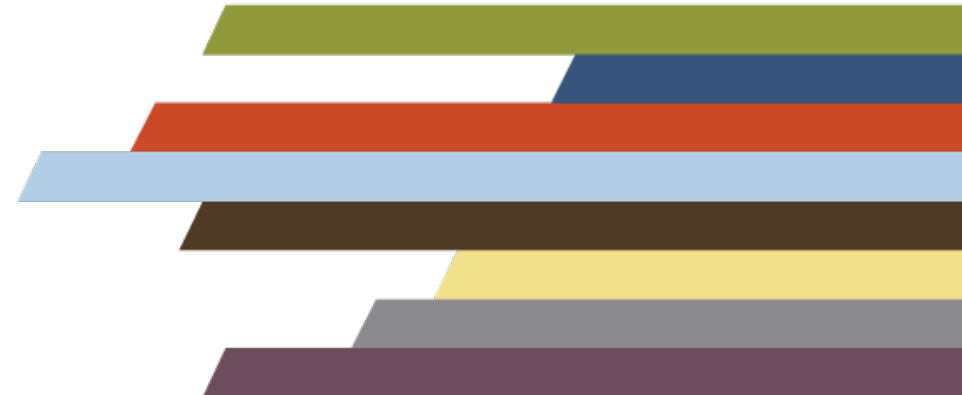
Example:

- Cannabis gifting loophole

LOOPHOLES

Rules & Regulation Watch-Outs

- There may be provisions in the implementation legislation that look good on paper, in terms of public health.
- However, the finer details in the rules and regulations may make those ineffective.



Can you read this? Maine legalization implementation requires health warnings, but the minimum font is 6 pt, is this effective?



Stage 3: Post-Implementation Changes

Legalization isn't the end of the story...

- Changes to cannabis legalization laws may be introduced immediately after implementation and rulemaking.
- With cannabis commercialization comes lobbyists - industry will constantly be looking for changes that will increase their profitability
- This can often come at the cost of public health.
- Additionally, down the road state regulator may propose changes via rulemaking

Items that can get changed in post-implementation legislation

- Buffer zones between cannabis licensees and schools
- Caps or limits on number of dispensaries allowed statewide
- Nature of sales (delivery, vending, drive-thrus)
- Regulation of advertising
- Co-mingling of medical and adult-use sales
- License types (e.g. social clubs)
- Many more...

Poll Question (put your answers in chat):


- What proposals are you seeing in bills in your state, to make major changes to the medical cannabis or adult-use cannabis laws?
- In particular, list proposals that will impact public health or risk factors for youth cannabis use and/or adult misuse.

Cannabis Policy Literacy is Critical

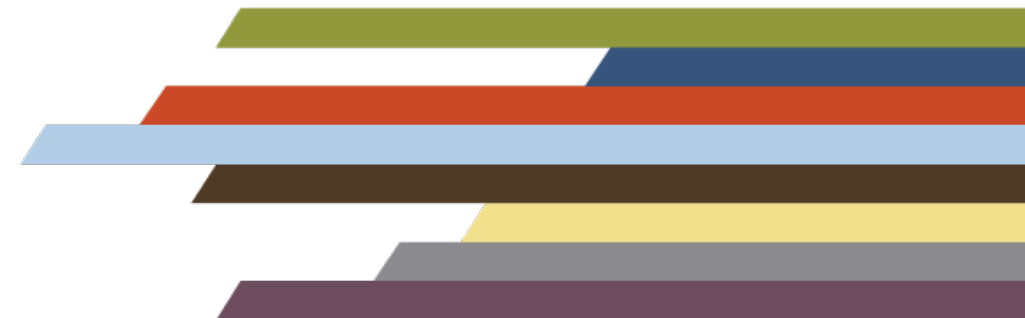
- Critical for prevention professionals to read and understand the cannabis laws and rules proposed and passed in their states.
 - Legalization initiatives
 - Implementation law
 - Proposed Rules and Regulations
 - On going proposed changes to medical cannabis or adult-use cannabis laws, rules, and regulations.

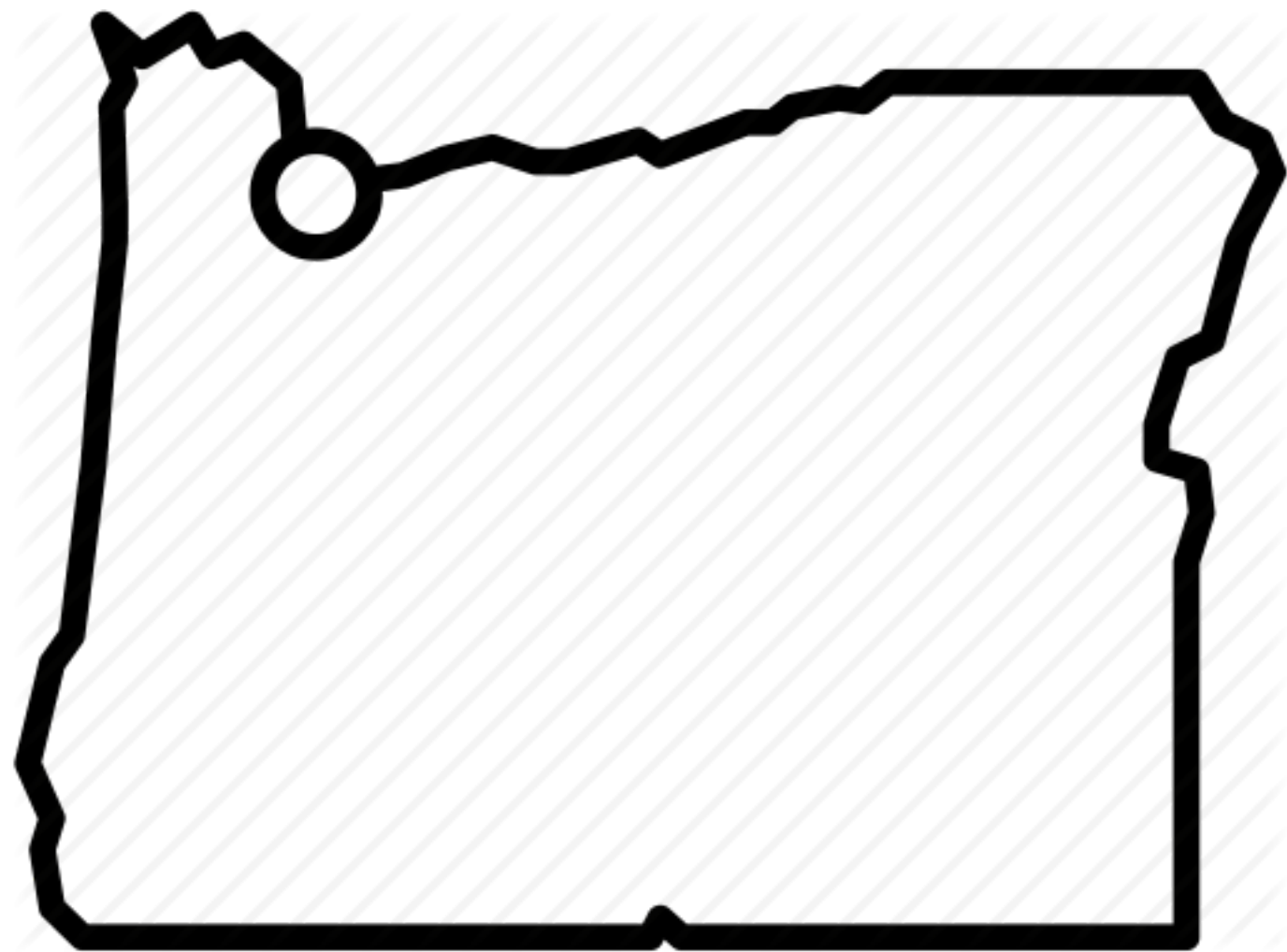
Cannabis Policy Literacy is Critical

- Look for provisions that will impact risk and protective factors.
 - Advertising, labeling, and packaging,
 - buffer zones,
 - possession limits,
 - age limits,
 - plant limits,
 - local control options,
 - license types (e.g. social clubs allowed?),
 - and more.



Let's look at an example of how state
cannabis policies impact risk factors





Too much legal marijuana: Last year's harvest alone may give Oregon a pot surplus of more than 1 billion joints

Source: <https://www.chicagotribune.com/business/ct-biz-oregon-too-much-marijuana-20190531-story.html>

Oregon Is Producing Twice As Much Cannabis As People Are Using

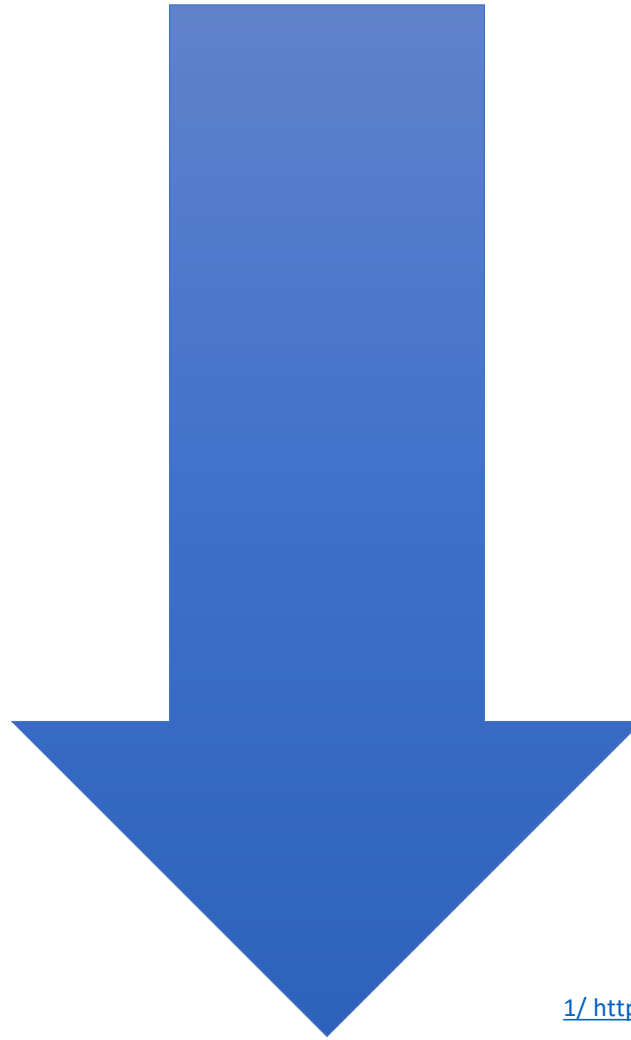
by **Kristian Foden-Vencil** [Follow](#) OPB Jan. 31, 2019 noon | Updated: Jan. 31, 2019 4:14 p.m. | Portland, Ore.



Source: <https://www.opb.org/news/article/oregon-cannabis-surplus-2019/>

OVERPRODUCTION MEANS PLUNGING PRICES

**In 3 years price of
cannabis in Oregon
went from \$10/gram
to less than \$5/gram**



**Alcohol research
establishes
influence low
prices have on
underage use and
over use/high risk
use amongst
adults.¹**

¹ <https://www.cdc.gov/policy/hst/hi5/alcoholpricing/index.html>

Multiple layers of policy

Federal

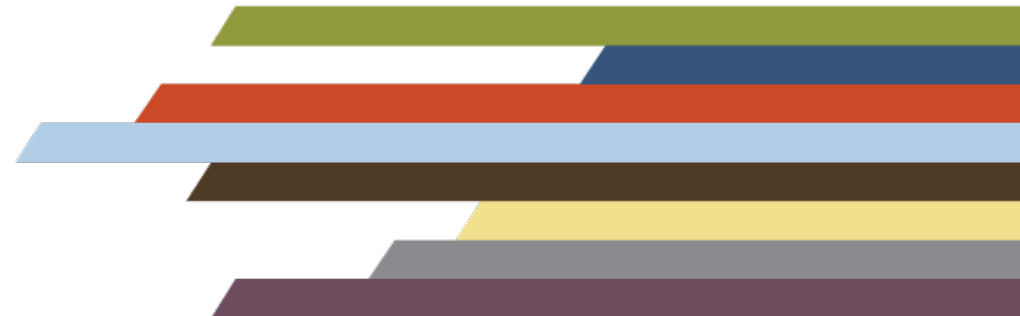
Municipal/local

State

Organizational



Municipal policy



Municipal policy

- After legalization municipalities have many issues to consider:
 - Opt In or Opt Out of allowing retail sales in the community
 - Zoning
 - Local rules and guidelines
 - Local enforcement
 - Buffer zones around schools
 - Smell/nuisance ordinances (these are challenging)
 - Parcel limits for home grows
 - Local licensing fees
 - Local-level funding for cannabis prevention & education



Organizational policy



What types of organizations and institutions need to consider cannabis policies after a state legalizes?

- Housing
- Education
 - K-12
 - Colleges & Universities
- Employers
- Healthcare
- Transportation
- What are some others?

POLL QUESTION: Which sectors have you worked with to review and revise or introduce new organizational policies related to substance use? (Select all that apply)

- Housing
- Education
 - K-12
 - Colleges & Universities
- Employers
- Healthcare
- Transportation
- What are some others?



Training



Communication Strategies



Monitoring & Evaluation



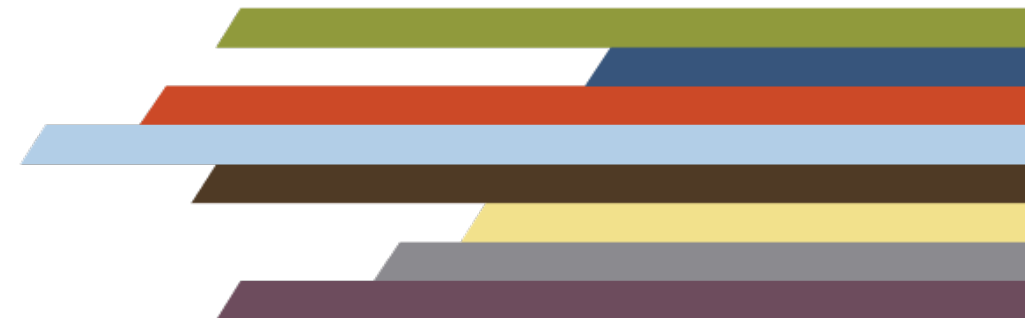
Strategy for periodic
review/revision of policies.

Important elements if policy change is to be successful and have desired impacts

As an environmental approach, Prevention professionals and prevention coalitions can support their local organizations and institutions in developing these.



Prevention in the era of legal cannabis:
Using the tools we have





ROLE OF COALITIONS IN BEHAVIORAL HEALTH

BUILDING ON CADCA'S SEVEN STRATEGIES FOR COMMUNITY CHANGE:

- Providing Information
- Enhancing Skills
- Providing Support
- Enhancing Access/Reducing Barriers
- Changing Consequences (Incentives/Disincentives)
- Physical Design
- Modifying/Changing Policies

What's happening in our communities?

- How is cannabis consumption changing in our states and communities?
- Has this changed since cannabis has been legalized/commercialized?
- How?
- Who is consuming cannabis?
- Why? When? Where?



What's happening in our communities?

- Are risk factors being impacted by commercial cannabis?
- Has parental use of cannabis changed?
- Impacts of adult use on affected others? Children?
- How is the pandemic shaping cannabis consumption?
- How is the pandemic shaping cannabis policy?



Intervening Variables for Legalized/Commercialized Cannabis

- Low Perception of Risk/Harm
- Retail Access
- Social Access
- Pricing & Promotion
- Policies & Enforcement
- Norms favorable to youth substance use (Community & Family)

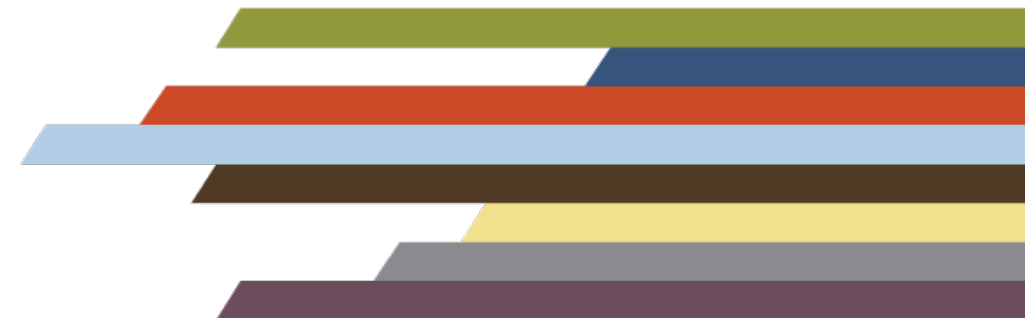
State, Local, and Organizational Policies can impact all of these

Examples of cannabis policy provisions that impact intervening variables

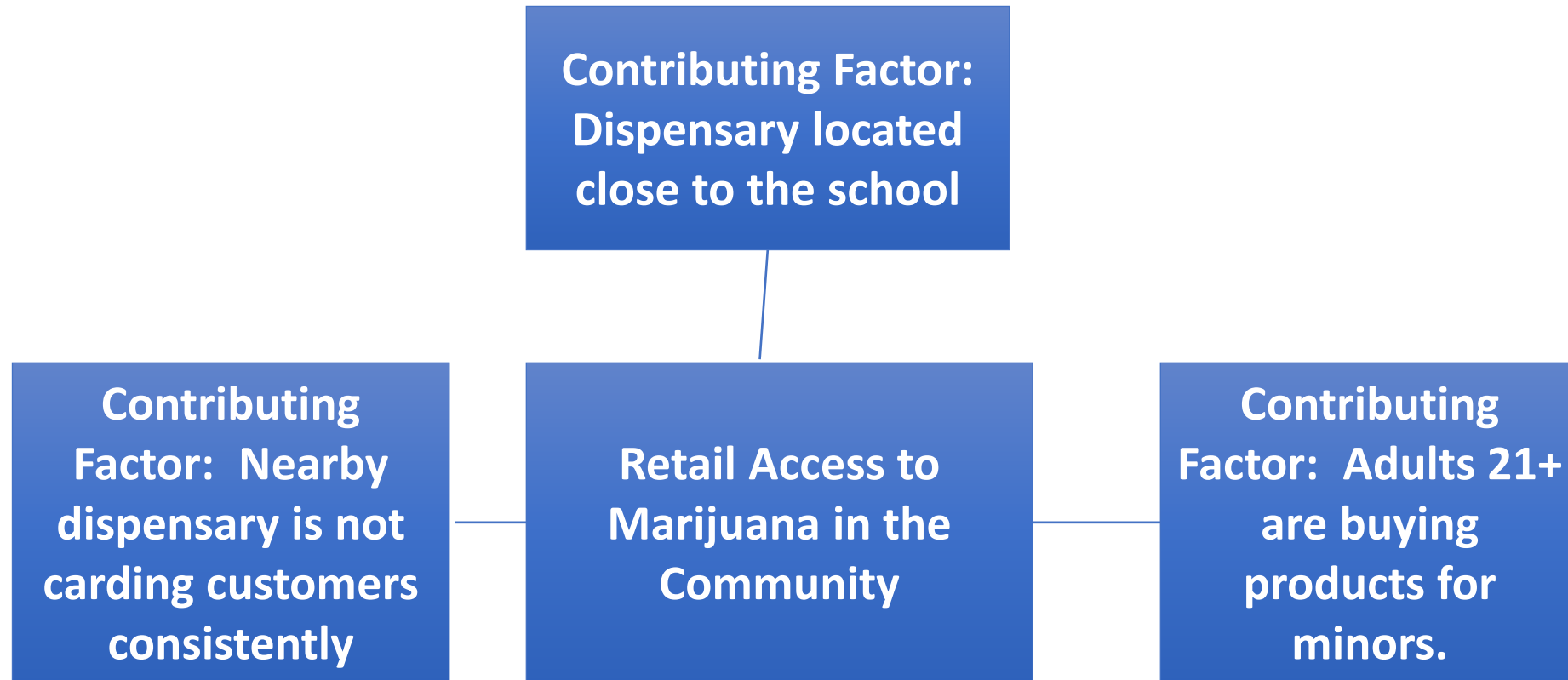
Low Perception of Risk/Harm	Labeling & Packaging Advertising
Retail Access	Buffer zones Dispensary Caps Density Caps Hours of operation License types allowed
Social Access	Social host laws Regulations on home grows
Pricing & Promotion	Advertising Cultivation
Policies & Enforcement	Provisions/funding for training law enforcement Structure of state regulation
Norms favorable to youth substance use	Labeling & Packaging Advertising



Contributing factors (aka local conditions)

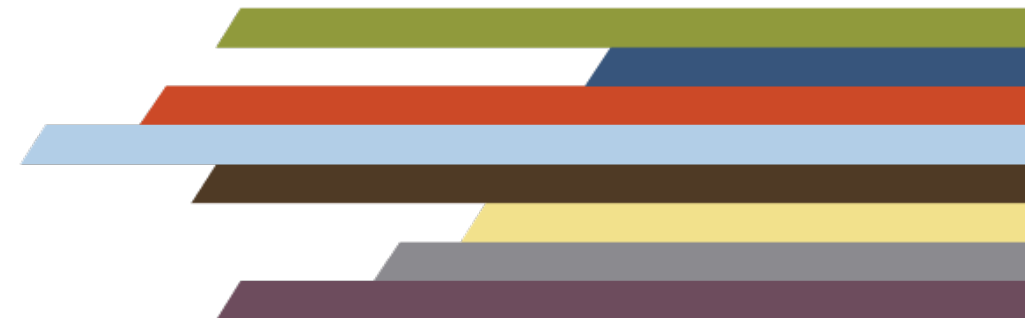
- What is going on in the community to make the intervening variable an issue?
- 

LET'S LOOK AT AN EXAMPLE:





Selecting prevention strategies



Seven Strategies for Community Change

- Developed by CADCA & the University of Kansas Work Group on Health Promotion & Community Development
 - Provide Information
 - Enhance Skills
 - Provide Support
 - Reducing access/enhancing barriers
 - Change consequences (incentives/disincentives)
 - Change physical design
 - Modify/change policies

Source: <https://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

Example: Nearby Dispensary is not carding customers consistently

Provide Information

Town Hall on effects of marijuana on youth including importance of preventing retail access.

Enhance Skills

Develop and implement Responsible cannabis service training for dispensary clerks

Provide Support

Tip line to anonymously report underage sales

Enhance Access/ Reduce Barriers

Technology and training for dispensaries to detect fake IDs.

Continued...

Change consequences (incentives/disincentives)

Disincentive: fines for dispensary owners when there are youth sales

Incentive: recognition or reward for owners & clerks for 100% compliance rate

Change Physical Design

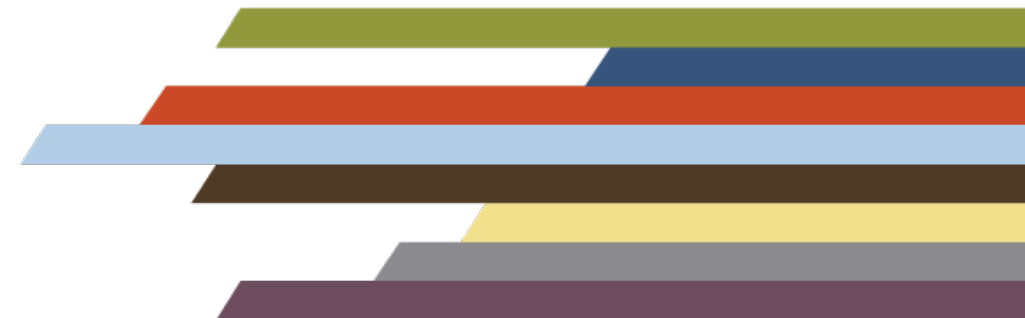
Store design that minimizes youth entrance, requires carding at entrance

Modify/change Policies

Municipal policy requiring all staff of dispensaries are trained in responsible service.



EBPs for Cannabis Prevention and Young Adults



Substance Misuse Prevention for Young Adults



New SAMHSA EBP Guide: Substance Misuse Prevention for Young Adults

- Five Chapters
- 1. Preventing Substance Misuse Among Young Adults – National data and research
- 2. Effectiveness of Substance Misuse Prevention Among Young Adults
- 3. Evidence-Based Programs for Preventing Substance Misuse Among Young Adults
- 4. Guidance for Selecting and Implementing Evidence-Based Practices and Programs
- 5. Resources for Evaluation and Quality Improvement

Key Points

- Young adults are at increased risk of substance misuse, with most misused substances being alcohol, marijuana, and tobacco or nicotine
- Risks for misuse include individual, relationship, community, and societal factors that interact to influence them as they age
- Risk factors may emerge during childhood, adolescence, and/or adulthood
- Some groups of young adults are especially vulnerable to substance misuse due to co-occurring mental or developmental disorders, life circumstances, and/or the way others treat them,
- Effective prevention practices aim to mitigate risk factors associated with increased substance misuse by promoting protective factors for universal, selective, and indicated populations.

Effective Practices Implemented in Adolescence that last into Young Adulthood

- Behavior Modification and Behavior Management
- Classroom Management
- Full Service Schools
- Home Visiting Services
- Parenting Skills Education
- Social and Emotional Skills Education

Full definitions and descriptions in the guide. Link: <https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1>

Effective practices that focus on Young Adults

- Cognitive Restructuring
- Community Mobilization
- Social Norms Campaigns or Education
- Environmental Changes
- Policy Enforcement
- Screening and Brief Intervention
- Wraparound Services

Full definitions and descriptions in the guide. Link: <https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1>

Programs & Policies Promising for Impacts on Young Adult Marijuana Use

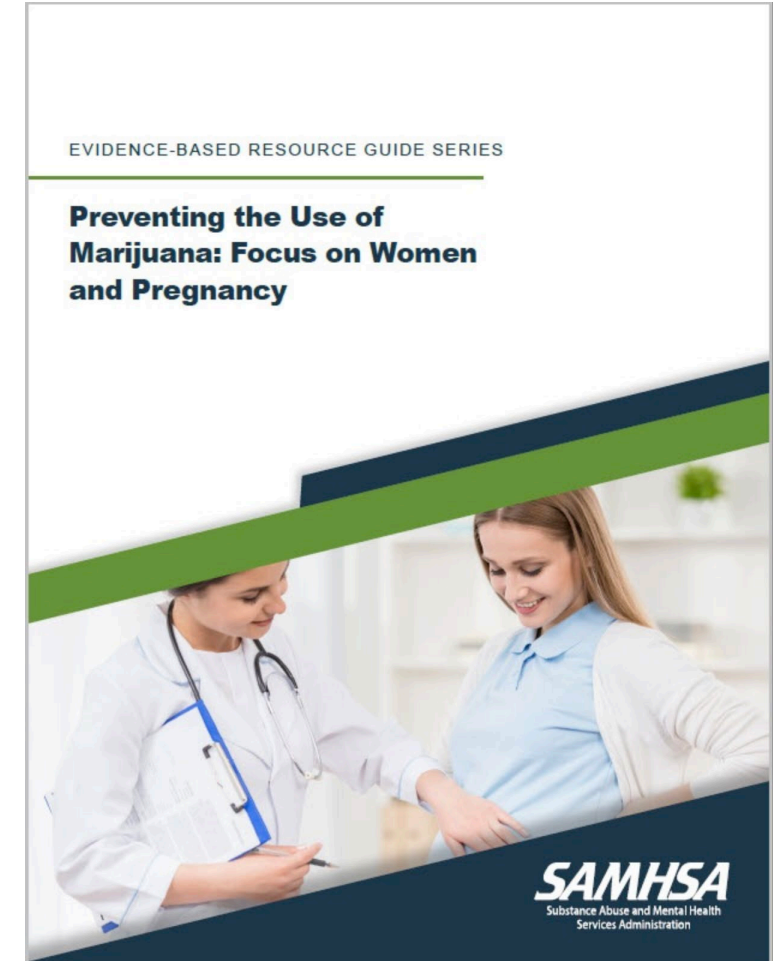
- Teen Intervene (12-19-year olds)
- Athletes Targeting Healthy Exercise & Nutrition Alternatives ATHENA (10-17-year-old school athletes; reductions in marijuana use 1-3 years after high school)
- LifeSkills Training (for 10-17-year olds, but positive results in MJ use post graduation)
- Brief Strategic Family Therapy (10-18-year olds)

Programs & Policies Promising for Impacts on Young Adult Marijuana Use

- Combined Alcohol Intervention (BASICS + Parent Intervention)
- I Hear What You're Saying (10 – 17-year olds, reductions at 1 and 2 year follow ups)
- Positive Family Support (Family Check Up) (Selective 10-17 year olds, lower marijuana use rates through age 23)

SAMHSA EBP Guide: Preventing the use of marijuana: focus on women and pregnancy

1. Preventing the use of marijuana: focus on women and pregnancy – National data and research
2. What Research Tells Us
3. Examples of Effective Prevention Programs
4. Implementing Evidence-Based Marijuana Use Prevention Practices for Pregnant and Postpartum Women
5. Marijuana Use Prevention Resources for Implementation, Quality Improvement, and Evaluation of Programs





Final thoughts: When states legalize, what are the opportunities for policies to mitigate issues and protect public health?



OPPORTUNITY FOR POLICIES – STATE LEVEL

- Require the collection, monitoring, and reporting of public health data
- Allow municipalities to decide if they will opt-in to retail marijuana licensing
- Require strict, science-based standards and regulations for packaging, labeling, and advertising
- Require training for dispensaries to prevent < 21 retail access
- Using revenues to fund prevention & education
- Buffer zones between retail marijuana & schools & daycares
- Outlet density caps and regulations
- Prevent advertising in media consumed or viewable by < 21

OPPORTUNITY FOR POLICIES – MUNICIPAL LEVEL

- Require as a condition of municipal licensing server/seller type training for all dispensary staff
- Thoughtful zoning to prevent store fronts in family friendly areas
- Restrictions on signage/advertising
- Strong policies for public/municipal recreation areas and other municipal properties
- Requirements and standards for securing and obscuring home grows
- Local cannabis fees and revenues going towards local prevention providers

Evidence-Based Resources for Marijuana Prevention

- [PTTC Network Marijuana Prevention Education Toolkit](#) (available in Spanish & Portuguese)
- SAMHSA Evidence-Based Resource Guide: [**Preventing the Use of Marijuana: Focus on Women and Pregnancy**](#)
- [Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use, Washington State Institute for Public Policy \(2019\)](#)
- [Preventing Youth Marijuana Use: Programs and Strategies, CAPT \(updated 2017\)](#)

The Varied Forms, Potency, and Health Effects of Today's Cannabis

Key Information for Prevention Practitioners to Share with Key Stakeholders and Communities



MARIJUANA MYTHS AND FACTS

1 MYTH Marijuana is harmless

FACT Marijuana is harmful in many ways and children are most susceptible to its harmful effects. Harmful effects include cognitive impairment, causing problems with concentration and learning, leading to impaired judgment, increased risk of developing anxiety, depression and risk of psychosis.^{1,2,10}

Heavy users of marijuana can have short-term problems with attention, memory, and learning, which can affect relationships and moods, mental health problems, by leading to changes in the brain like those caused by cocaine, heroin and alcohol.^{1,4,8}

Regular marijuana use harms more than just those who use the drug. It also hurts the babies born to users, it hurts smiles and communities when users commit crimes or cause crashes on the highway, causing loss of productivity, losing educational attainment and by contributing to illness and injuries that put a strain on the health care system.⁹

2 MYTH Marijuana is not addictive

FACT Although it was once believed that marijuana was not addictive, recent studies show that it can lead to dependence and some heavy users develop withdrawal symptoms such as irritability, anxiety, and difficulty sleeping while trying to quit use.¹¹ Marijuana use, in fact, often associated with behavior that meets the criteria for substance dependence established by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)¹² and about 10 marijuana users will become addicted. For people who begin using before the age of 18, that number rises to 1 in 6.¹³

3 MYTH Marijuana is not as harmful as cigarettes and other tobacco products

FACT Marijuana and tobacco cigarettes share many of the same toxic chemicals,^{14,15} the amount of tar inhaled, and the level of carbon monoxide absorbed by those who smoke marijuana, regardless of THC content, are three to five times greater than among tobacco smokers and there is 50-70% more cancer-causing material in marijuana smoke than in cigarette smoke.¹⁶

Smoking marijuana on a regular basis often leads to the same breathing problems as tobacco use, such as chronic coughing and wheezing, more frequent acute chest illnesses, and a tendency toward obstructive pulmonary disease.¹⁷

Research has determined that marijuana is a more potent system and lungs are more susceptible to its harmful effects. Marijuana is not as harmless as it is often portrayed, if not more harmful than the cigarettes.¹⁸

4 MYTH Marijuana is safe for cancer and other diseases

FACT A small number of studies have found that smoking marijuana and main-made forms of the chemicals found in the marijuana plant may ease some of the side effects of chemotherapy such as treating nausea and vomiting.¹⁹

Few studies have found that marijuana can be helpful in treating neuropathic pain also a result of chemotherapy, however relying solely on marijuana as treatment or for managing side effects while avoiding or delaying conventional medical care for cancer may have serious health consequences. Currently, there is not enough evidence to recommend that patients inhale or ingest marijuana as a treatment for cancer-related symptoms or side effects of cancer therapy.¹⁹

5 MYTH All Marijuana is Natural

FACT There are various forms of marijuana including several synthetic forms of marijuana with unpredictable content so although it's constantly promoted as "all natural," marijuana smoke contains more than 400 chemicals.²⁰

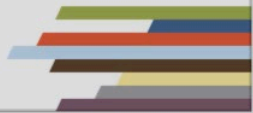
6 MYTH Legalizing Marijuana will help solve the Opioid Epidemic

FACT Researchers have found little evidence to support the claim that expanding access to medical cannabis by legalizing marijuana will reduce opioid overdose deaths in the United States.²¹

There is currently a large and growing body of evidence showing that cannabis use increases, rather than decreases non-medical prescription opioid use and opioid use disorder, concurrent use of marijuana and opioids by patients with chronic pain may indicate a higher risk of opioid misuse.²²

Cannabis and the Adolescent Brain

Key Information for Prevention Practitioners to Share with Key Stakeholders and Communities



CANNABIS GLOSSARY

TERMS BY TOPIC AREA

Three New PTTC Courses on Cannabis, Coming soon...

- Cannabis Pharmacology. (ETA – Spring)
- Effective Messaging to Parents and Youth to Impact Perception of Risk
- Navigating Evidence Based Program Registries and Selecting Evidence Based Programs for Cannabis Prevention

Post-Webinar Feedback

Please click on the link in the chat to complete a very brief online feedback form!

Thank you!



Connect with us!

Find us on the web: www.pspttc.org

Join our mailing list: <http://eepurl.com/glssWD>

Email with general questions: pspttc-info@casat.org

Like us on Facebook: <https://tinyurl.com/PSPTTC-Facebook>

Follow us on Twitter: https://twitter.com/PS_PTTC

Call us toll-free: 1-833-9SW-PTTC



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Pacific Southwest (HHS Region 9)

PTTC

Prevention Technology Transfer Center Network
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Thank You!

CASAT

 Center for the Application of
Substance Abuse Technologies
UNIVERSITY OF NEVADA, RENO

