

Prevention in the Era of Legal Cannabis: The Evolution of Marijuana Policy and Where Prevention Fits In

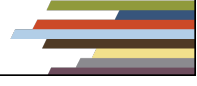
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New England Prevention Technology Transfer Center
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New England Summer School of Addiction Studies
June 3rd, 2019

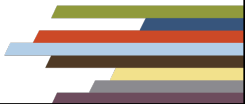


What we will cover

- Discussion of the evolution of marijuana policy in New England and the US
- Discussion of the current state of marijuana policy in the region
- Discussion of the intersection of policy and prevention and how we approach marijuana prevention in the era of legal cannabis.
- Discussion of implication for prevention workforce development & introduction of the Prevention Technology Transfer Centers

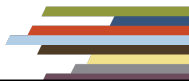


POLLING THE AUDIENCE WHO'S IN THE ROOM?



Before we begin...

- It's not the goal to debate legalization, the goal is to understand how policy evolves, the multiple layers of policy, and how prevention fits in and adapts.
- Marijuana vs cannabis
- Questions/comments encouraged, let's make this more of a discussion vs a lecture.
- Networking & Sharing



MY STORY...AND MAINE'S STORY... SO FAR...



- Master's Degree, Public Policy
- Certified Prevention Specialist
- Director, AdCare Educational Institute of Maine, Inc
- Director, New England Technology Transfer Center
- Chair, Smart Approaches to Marijuana, Maine
- Former Chair, Mainers Protecting Our Youth and Communities



- SAMHSA CSAP National Advisory Council
- Marijuana science trainer – New England ATTC
- Former Drug policy blogger – Bangor Daily News
- Maine Marijuana Advisory Commission

Where it all started...

Posted October 7, 2013

INCREASE FONT SIZE 

Maine Voices: Pot ads on buses are sending the wrong, and incorrect, message

The question of its being a 'safer' drug is irrelevant. It must be judged on its own merits.

BY SCOTT M. GAGNON

Comments: 0

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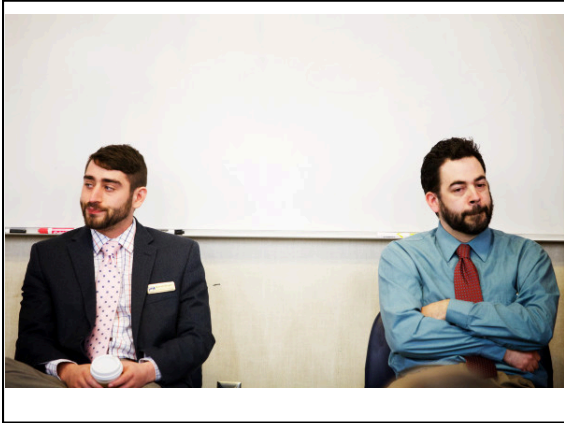
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<p>On November 5th, vote YES on Question 1 www.MarijuanaSafer.org <small>Paid for by the Marijuana Policy Project The quality of this ad does not constitute an endorsement, recommendation, or listing by METRC.</small></p>	<p>On November 5th, vote YES on Question 1 www.MarijuanaSafer.org <small>Paid for by the Marijuana Policy Project The quality of this ad does not constitute an endorsement, recommendation, or listing by METRC.</small></p>
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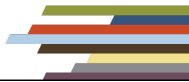
MARIJUANA POLICY IN MAINE

A little bit of the backstory...



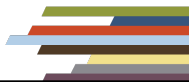
Decriminalization

- Marijuana has been decriminalized in Maine since the 70's.
- Up to 2.5 ozs decriminalized
- Possession was a civil violation.



Medical Marijuana

- Law legalizing possession of marijuana for medical purposes passed in 1999, by citizen's initiative
- Law legalizing medical marijuana market passed in 2009 by citizen's initiative
 - Allowed the opening of 8 dispensaries
 - Allowed for medical marijuana caregivers who could grow and supply marijuana from up to 6 mature plants per patient, up to 5 patients
 - Required physician signing off on a recommendation
 - Allowed for minors under the age of 21 to be issued a recommendation



2013 – Present Day

THE MARCH TOWARDS LEGALIZATION

2013
Posted November 5, 2013 INCREASE FONT SIZE

Portland voters legalize marijuana

The 'Yes' vote wins in a landslide, claiming 67 percent of the tally with many of the precincts reporting.

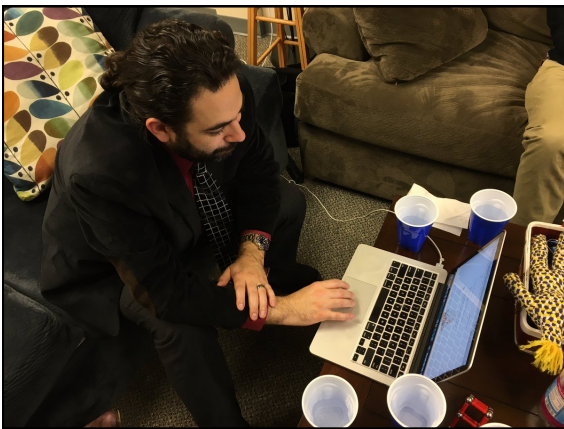
2014
LOCAL ELECTIONS Posted November 4, 2014 Updated November 5, 2014 INCREASE FONT SIZE

Pot legalization approved in South Portland, defeated in Lewiston

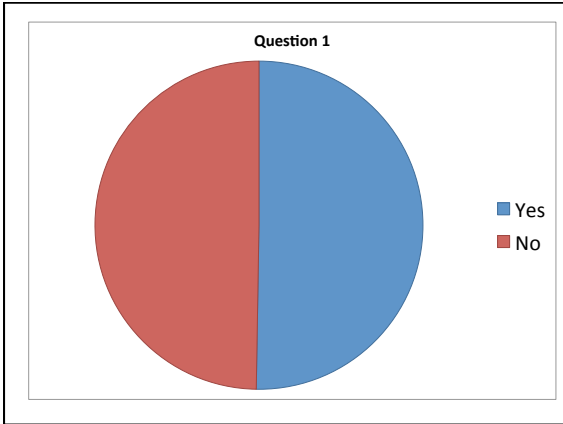
The votes on making it legal for adults to possess small amounts of marijuana are largely symbolic.

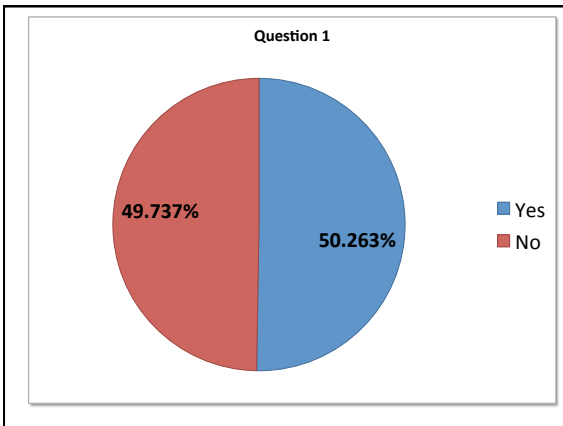
2016
POLITICS Posted November 18, 2016 Updated September 13, 2017 INCREASE FONT SIZE

Maine voters legalize recreational use of marijuana by razor-thin margin









3,995


0.00525976%






- What generally goes missing, or understated, in the public conversation about marijuana...
- Addiction
 - Impact on health
 - Impact on Community and Kids
 - Social Costs
 - Impairment
 - This is where prevention comes in!

MARIJUANA POLICY IN NEW ENGLAND



Federal Status of Marijuana

- “The Administration steadfastly opposes legalization of marijuana and other drugs because legalization would increase the availability and use of illicit drugs, and pose significant health and safety risks to all Americans, particularly young people.”
- Office of National Drug Control Policy: Marijuana
- <https://www.whitehouse.gov/ondcp/marijuana>



New England marijuana policy at a glance

	Medical Marijuana?	Legalized and allowing retail sales	Legalized/Decriminalized without sales
Maine	Yes	Yes	
New Hampshire	Yes		Up to 1/2 ozs decriminalized
Vermont	Yes		Possession up to 1 oz legalized
Massachusetts	Yes	Yes	
Connecticut	Yes		
Rhode Island	Yes		

Massachusetts - Legalization

- 21+ can possess up to 1 ounce of marijuana or no more than 5 grams of concentrate
- 21+ can grow marijuana at home, up to 6 mature plants per adult or max of 12 mature plants per parcel
- Gifting of marijuana between 21+ is allowed
- Dispensaries are now open (approx 18 currently*)

[*https://www.boston.com/news/local-news/2018/12/19/marijuana-dispensaries-in-massachusetts](https://www.boston.com/news/local-news/2018/12/19/marijuana-dispensaries-in-massachusetts)

New Hampshire - Decriminalization


- Possession of up to ¾ oz. civil violation with no penalty
- Efforts continue in New Hampshire legislature to fully legalize

Maine - Legalization

- Legal as of January 30th 2017:
 - Personal Possession: 2.5 ounces of prepared marijuana, up to 5 grams of concentrate
 - Home grows allowed, up to 3 mature plants per adult
 - Gifting of marijuana between 21+ is allowed
- Rulemaking for retail licensing is ongoing.
 - Draft rules have been presented for public comment
- Maine eliminated the list of conditions for medical marijuana. Physicians are now free to recommend as they see fit.
- Medical marijuana storefronts operated by caregivers are now allowed.


Vermont - Legalization

- First state to approve legalization through state legislature
- Allows individuals 21 and over to possess up to 1 oz of marijuana
- Individuals can grow as many as two mature plants and four immature plants
- Retail sales not allowed
- Efforts ongoing in legislature to pass law allowing commercial marijuana sales.




Status of Marijuana Policy in Connecticut

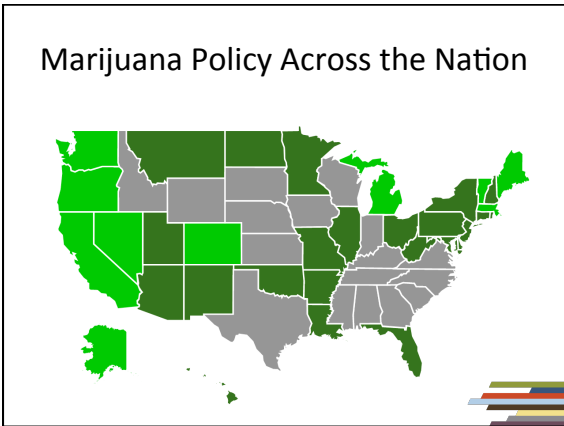
- Decriminalization
 - Possession of up to .5 ozs is a civil violation
- Medical Marijuana
 - Dispensaries
 - Qualifying Conditions
 - New law allowing minors to access
- Marijuana legalization
 - Efforts continue in Connecticut legislature to legalize adult-use marijuana.

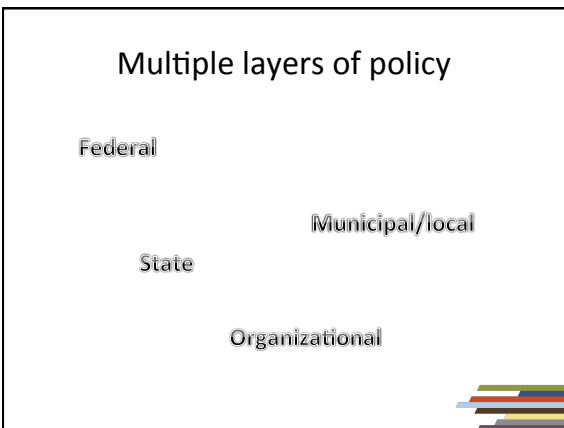


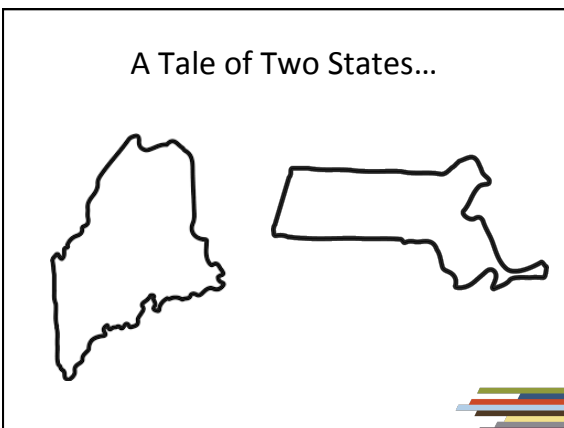
Status of Marijuana Policy in Rhode Island



- Medical marijuana program
 - Three Compassion Centers for dispensing medical marijuana
 - Caregivers – may grow marijuana or buy from compassion centers for up to 5 patients
- Legalization
 - Efforts continue in Connecticut legislature to legalize adult-use marijuana.











Final Vote	50.3% vs 49.7%	53.7% vs 46.3%
Possession	2.5 ozs	1 oz
Home grow	3 mature plants per adult	6 mature plants per adult
Licensing	5 license types	9 license types
Sales	Drive-thru, vending, internet, and delivery sales prohibited	Delivery sales allowed
Local control	Opt-in	Opt-out
Status	Draft rules going before legislature this session Sales likely to start in 2020	Dispensaries are open and operational





License Types	License Types
<ul style="list-style-type: none"> • Retail Store • Cultivation Facility • Nursery cultivation facility • Testing Facility • Products manufacturing facility 	<ul style="list-style-type: none"> • Indoor or Outdoor Cultivator • Craft Marijuana Cooperative • Microbusiness • Manufacturing • Independent Testing Laboratory • Retail (Brick and Mortar) • Third-party Transporter • Existing Licensee Transporter • Research Laboratory

<https://legislature.maine.gov/bills/getPDF.asp?paper=HP1199&item=4&snun=128>
<http://mass-cannabis-control.com/wp-content/uploads/2018/04/Guidance-License-Types.pdf>

Policy at the municipal level

- Municipalities have many issues to consider:
 - Opt In or Opt Out?
 - Zoning
 - Local rules and guidelines
 - Local enforcement
 - Buffer zones around schools
 - Smell/nuisance ordinances
 - Parcel limits for home grows
 - Local licensing fees




ORGANIZATIONAL POLICY




What types of organizations and institutions need to consider marijuana policies?

- Housing
- Education
 - K-12
 - Colleges & Universities
- Employers
- Healthcare
- Transportation
- What else?



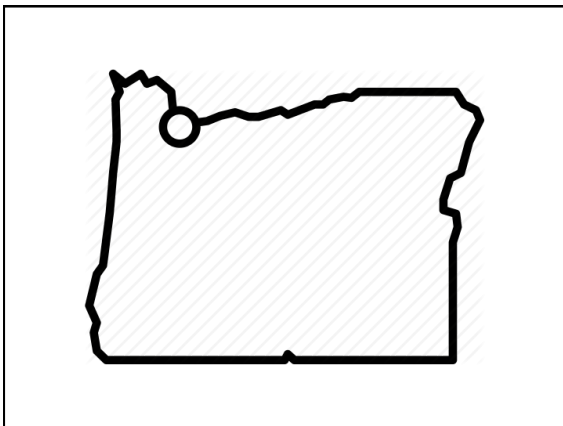
And if there are new policies...

- Training
- Communication Strategies
- Monitoring & Evaluation
- Strategy for periodic review/revision of policies.
- Prevention coalitions supporting these processes is an excellent environmental prevention strategy!



LET'S LOOK AT A COUPLE OF EXAMPLES
OF HOW POLICY IMPACTS PUBLIC
HEALTH & PREVENTION

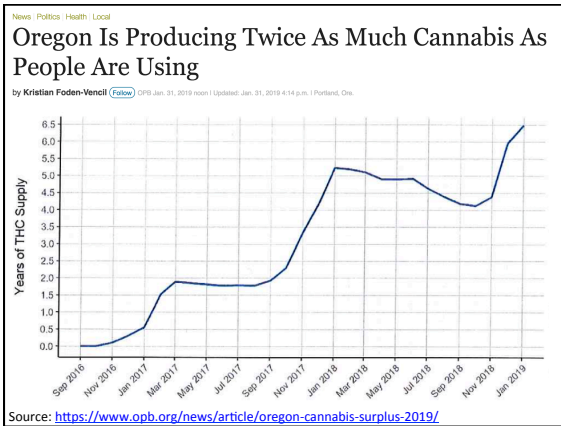




Too much legal marijuana: Last year's
harvest alone may give Oregon a pot surplus
of more than 1 billion joints

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

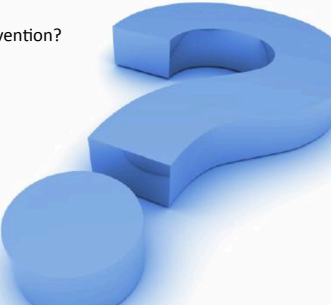





What do you think?

Why is cannabis overproduction an issue?
What are the potential impacts?

How would this impact prevention?



Overproduction Means Plunging Prices



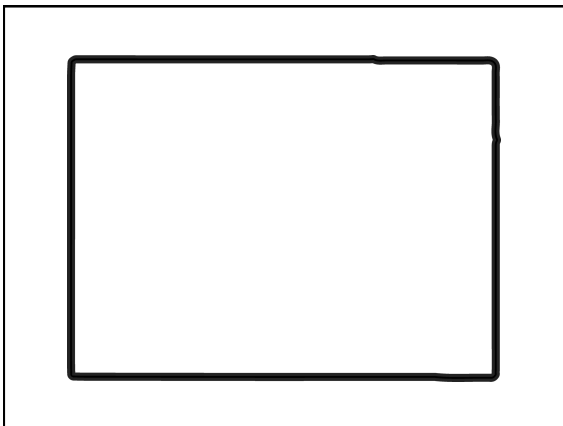
In 3 years price of marijuana Oregon went from \$10/gram to less than \$5/gram

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/html/05/alcoholpricing/index.html>

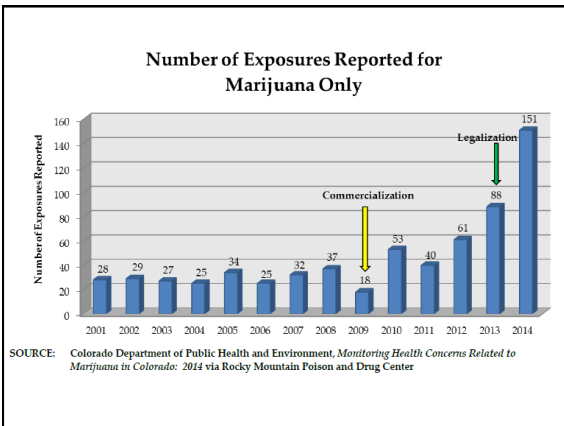
**Example policy to prevent pot glut:
Maine cannabis cultivation**

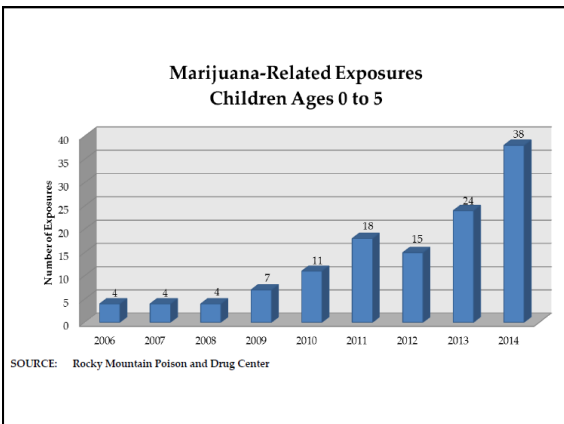
- No statewide plant canopy cap.
- “Tiers of cultivation facility license types:
 - Tier 1 – up to 30 mature plants or 500 SF of plant canopy
 - Tier 2 – up to 2,000 SF of plant canopy
 - Tier 3 – up to 7,000 SF of plant canopy
 - Tier 4 – up to 20,000 SF of plant canopy
- Nursery cultivation facility license – up to 1,000 SF of plant canopy subject to restrictions of § 501(3)
- Need to show sales of 85% of product over the current period of licensure to apply for increase in cultivation tier upon license renewal.











Study: Edible pot sickens more kids



A new study shows marijuana poisoning in young children has risen 150 percent in Colorado since the substance was legalized in 2014. (*JAMA Pediatrics*)
http://www.bostonherald.com/news/local_coverage/2016/07/study_edible_pot_sickens_more_kids

Example policy to prevent youth exposures: Maine packaging/labeling requirements

- Must be labeled with a universal marijuana symbol, health and safety warnings, batch number, information on the amount of THC and cannabidiol (CBD) per serving.
- Must be packaged in child-resistant and tamper-evident packaging.
- May not be labeled or packaged in a manner designed to appeal to persons under 21 years old.
- Packaging may not depict a human, animal, or fruit.
- May not make health or physical benefit claims.
- Edible marijuana products may not be manufactured in the distinct shape of a human, animal, or fruit.

Networking Time

- Find someone from another New England state (or from another municipality within your state)
- Take 5-10 minutes
- Discuss and share:
 - What are you seeing in your state or municipality with regards to marijuana policy changes.
 - Are you seeing any impacts or challenges related to these marijuana policies?
 - What are they?




DATA



2017 NSDUH: HIGHLIGHTS


- About 1 in 9 Americans (11.2%) aged 12+ reported using an illicit drug in the past 30 days (30.5 million people).
- The illicit drug use estimate for 2017 continues to be driven primarily by marijuana use and the nonmedical use of prescription pain relievers:
 - 26.0 million people aged 12+ were current marijuana users, defined as using one or more times in the past 30 days (up from 24.0 million in 2016)
 - 3.2 million people aged 12+ reported current nonmedical use of prescription pain relievers

Source: <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>



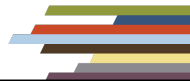
National Trends in marijuana use

- The percentage of people aged 12 or older who were current marijuana users in 2017 was higher than the percentages in 2002 to 2016
- The increase in marijuana use reflects increases in marijuana use among young adults aged 18 to 25 and adults aged 26 or older.
- The number of marijuana initiates aged 12 or older in 2017 was higher than the numbers in 2002 to 2016.



Marijuana Use Disorder (NSDUH)

- Defined as if they met the DSM-IV criteria for marijuana use disorder or dependence
- In 2017, 4.1 million people over the age of 12 experienced a marijuana use disorder (MUD) in the past year
 - Adolescents 12 – 17: 557,000
 - Young adults 18-25: 1.8 million
 - Adults 26+: 1.7 million

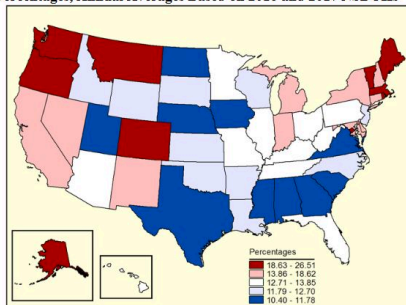


New England Data– Youth Risk Behavior Survey – High School

	ME	VT	NH	RI	CT	MA	U.S.
Ever used marijuana	32.2%	-	-	36.9%	34.5%	37.9%	35.6%
Tried before age 13	6.5%	6.0%	5.3%	7.1%	4.4%	4.4%	6.8%
Past 30-day use	18.8%	23.5%	23.1%	23.3%	20.4%	24.1%	19.8%
Used synthetic marijuana	-	-	5.6%	6.0%	5.9%	5.0%	6.9%

Source: 2017 Youth Risk Behavior Survey


Figure 2a Marijuana Use in the Past Year among Individuals Aged 12 or Older, by State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs



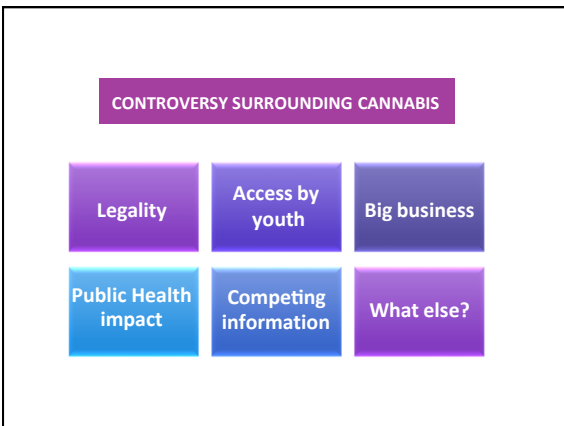
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017.

We can't wait until after legalization to figure out how we will address legalized marijuana.

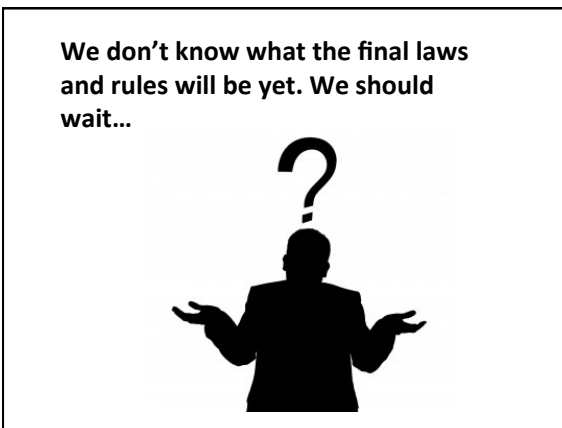
But often there is reluctance to engage in this conversation, Why?

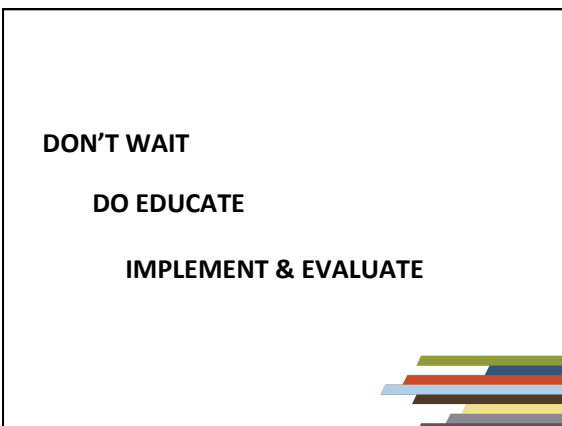


CONTROVERSY










**LET'S TALK BRIEFLY ABOUT
EDUCATION, ADVOCACY, AND
LOBBYING**



Education vs Advocacy vs Lobbying


What can I do?
What can I say?
Where can I say it?

What can't I do?
What can't I say?
Where can't I say it?



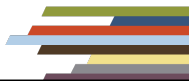
What you CAN do.

- You CAN speak to lawmakers.
 - Especially if THEY reach out to YOU
- You CAN educate lawmakers and other key leaders on:
 - Science of marijuana
 - Science of risk & protective factors
 - Science of the social-ecological model
 - Science of the lessons learned from alcohol & tobacco
 - Science of risks during pregnancy & breastfeeding



More...

- You CAN and SHOULD educate the public, this is actually our job as preventionists.
- With the spotlight on marijuana policy, it's our opportunity to educate on marijuana science.
- Bottom line: You can impart your knowledge of prevention science upon leaders, decision makers, and the public.



The RED Line*

- Don't tell (or imply) how lawmakers or voters should vote.
- Don't engage lawmakers to write or sponsor specific legislation.
- Don't engage, sponsor, or co-sponsor campaigns telling lawmakers or voters how to vote.
- **BOTTOM LINE:** Share and promote the science, leave the politics to the politicians.

*When you are "on the clock"



But remember...

- When you're off the clock, you are a private citizen.
- Invoke your experience and profession, but don't invoke your organization, grant, etc.
- Use your personal technology, e-mail accounts, cell phone, etc.
- You are free to do what you want as a private citizen on your time, leveraging your professional experience and background.



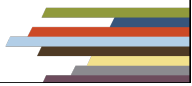
Think about it this way...

- Who weighs in on gun policy?
 - Gun safety and gun violence prevention experts
- Who weighs in on climate policy?
 - Climate science experts
- We are the experts the public needs to hear from in terms of the risks associated with marijuana.
- Without us, this story will not be told, and that vacuum will be filled with...





LET'S TALK ABOUT MARIJUANA

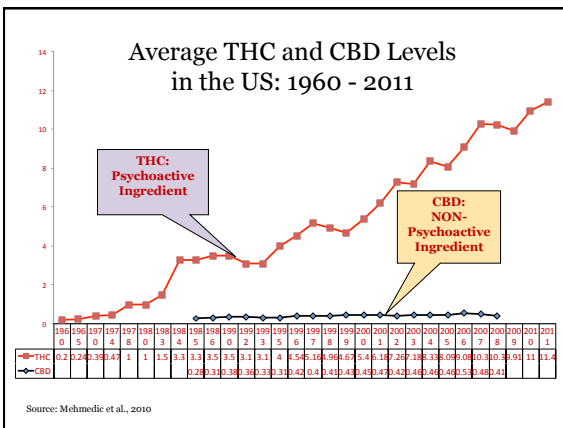













What are most popular forms of cannabis consumption in the communities you serve?

Do you think parents and other adults are aware of...

the many forms of cannabis available today?


of the potency of cannabis available today?

MARIJUANA: HEALTH & MENTAL HEALTH



Marijuana and Addiction

- ❖ Marijuana dependence is the 3rd most common type of drug dependence in many parts of the world, including the U.S. and Canada. (Tobacco and alcohol are 1st and 2nd)
 - ❖ Source: United Nations Office on Drug and Crime. ND. *Cannabis A Short Review*
- ❖ The Risk of Addiction goes from about 1 in 11 overall to about 1 in 6 for those who start using in their teens.
 - ❖ Source: National Institute of Drug Abuse. Dec. 12, 2012. <http://www.nih.gov/news/health/dec2012/nida-19.htm>
- 90% of all addictions start in the teenage years.
 - Source: CASA Columbia, 2011 <http://www.safelearnch.org/links/the-science-of-addiction/>



Adverse consequences of marijuana use: NIDA Research Report: Marijuana (2018)

ACUTE (Present during intoxication)	PERSISTENT (Lasting longer than intoxication, but may not be permanent)	LONG-TERM (Cumulative effects of repeated use)
<ul style="list-style-type: none"> • Impaired short-term memory • Impaired attention & judgment • Impaired coordination & balance • Increased heart rate • Anxiety, paranoia • Psychosis (uncommon) 	<ul style="list-style-type: none"> • Impaired learning and coordination • Sleep problems 	<ul style="list-style-type: none"> • Potential for addiction • Potential loss of IQ • Increased risk of chronic cough, bronchitis • Increased risk of schizophrenia in vulnerable people* • Potentially increased risk of anxiety, depression, and amotivational syndrome*

*Often-reported co-occurring symptoms/disorders with chronic marijuana use; unclear whether marijuana is causal or associated.

Is there a link between marijuana use and mental illness?

••“Several studies have linked marijuana use to increased risk for mental illnesses, including psychosis (schizophrenia), depression, and anxiety, but whether and to what extent it actually causes these conditions is not always easy to determine. The amount of drug used, the age at first use, and genetic vulnerability have all been shown to influence this relationship” (p. 8).

*NIDA Research Report Series: Marijuana, 2018.



Marijuana and Pregnancy

- Marijuana passes through the placenta into baby’s bloodstream
- May cause babies to be born early and contribute to serious health problems at birth
- May alter how the baby’s brain develops.
- May lead to lower IQ and impact academics

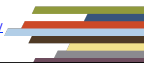
<https://www.drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby>



Marijuana and Breastfeeding

- “Using marijuana if you breastfeed is NOT healthy for your baby and it is NOT recommended.”
– American Academy of Pediatrics and The Academy of Breastfeeding Medicine
- THC passes into breast milk and onto the baby when being fed.
- THC stays in body fat, blood, and breast milk for up to 30 days. This means THC can build up in baby’s body over time.
- Marijuana can lower milk supply and can make baby less willing to eat. Can therefore impact weight gain.
- Some studies show babies exposed to THC in breast milk may have increased risk for SIDS

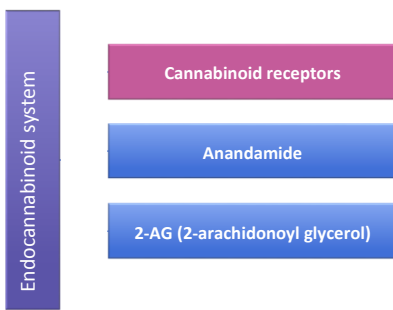
<http://dhs.alaska.gov/dpa/Documents/dpa/programs/nutri/wik/newsletters/2012-12-07/MarijuanaBreastfeeding.pdf>

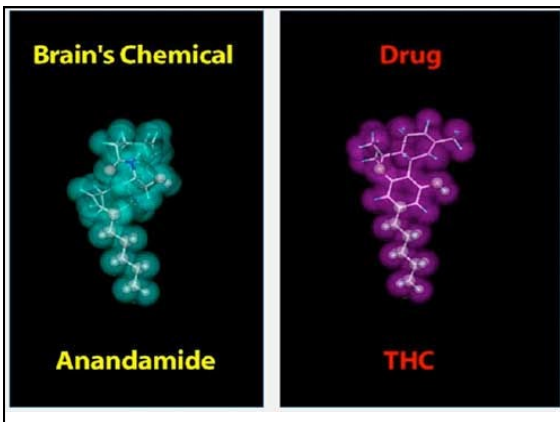


Implications for Practice

- **The Academy of Breastfeeding Medicine and International Lactation Consultant Association** encourage providers to prepare pregnant women for lactation and postpartum marijuana abstinence.
- American Academy of Pediatrics recommend women who are consistent or heavy users of marijuana to avoid breastfeeding.

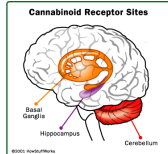






Marijuana and the Brain

- The human brain is **not fully developed until age 25**.
- The teen brain is **more vulnerable** to the negative effects of marijuana use.



Source: NIDA Research Report Series: Marijuana Abuse (rev. 2018)

Impairment: Driving

- Teens are at a high risk of being involved in vehicle accidents. When combined with their lack of experience, being under the influence of marijuana increases this risk even further.
- Studies found that driving ability became impaired after marijuana use.
- Drivers under the influence of marijuana have shorter attention spans and reduced reaction times.

Source: Abridge, M & Hayden, JA (2012) Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *British Medical Journal*, 344:e536



Health: Effects on the Body

Marijuana can cause the heart rate to increase by 20 to 50 beats per minute. This increase can last for hours after use has stopped.



Increased heart rates can be even greater if other drugs are used at the same time.

Source: Mittleman MA, Lewis RA, Maclure M et al. (2001) Triggering myocardial infarction by marijuana. *Circulation*, 103(23): 2805-2809.



Health: Effects on the Body

Researchers found that marijuana users with pre-existing conditions have an increased risk for a heart attack compared to the general risk of heart attack when not smoking.

Source: Mittleman MA, Lewis RA, Maclure M et al. (2001) Triggering myocardial infarction by marijuana. *Circulation*, 103(23) 2805-2809.



Marijuana smoke

- Classified as a Carcinogen in California
- At least 33 chemicals in tobacco and marijuana smoke are classified as carcinogens under CA prop 65:

- Benzene
- Benzopyrene
- Arsenic
- Formaldehyde
- Mercury
- Naphthalene



"In summary, there is some evidence from studies in humans that marijuana smoke is associated with increased cancer risk."



PREVENTION IN THE ERA OF LEGAL CANNABIS: USING THE TOOLS WE HAVE






INTERVENING VARIABLES

What are intervening variables?

Intervening variables are those groups of factors that have been found in research to contribute to substance use.



Intervening Variables for Commercialized Marijuana

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




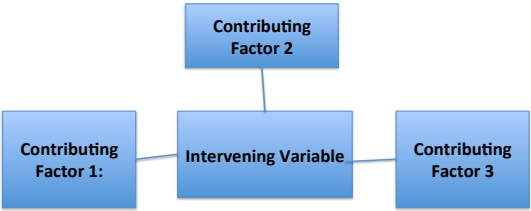
What is going on in the community to make the intervening variable an issue?

CONTRIBUTING FACTORS



WE ESTABLISH THE INTERVENING VARIABLES & CONTRIBUTING FACTORS THROUGH OUR COMMUNITY NEEDS ASSESSMENT






Contributing Factor 1: Intervening Variable Contributing Factor 3

Contributing Factor 2

There may be more, or fewer, contributing factors at play. This is where a thorough community needs assessment is critical.



Let's look at an example:

```
graph TD; A[Contributing Factor: Dispensary located close to the school] --- B[Retail Access to Marijuana in the Community]; C[Contributing Factor: Nearby dispensary is not carding customers consistently] --- B; D[Contributing Factor: Adults 21+ are buying products for minors.] --- B;
```

Are there others you can think of?
Are there others you are seeing in your community?

Networking Time

- Find someone from another New England state (or from another municipality within your state)
- Take 5 minutes
- Identify a common intervening variable for youth marijuana use you are seeing in your communities.
- Name at least three contributing factors you are observing for that intervening variable.

PREVENTION STRATEGIES IN THE ERA OF LEGAL CANNABIS

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)** fines for dispensary owners when there are youth sales OR incentives 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.




WORKFORCE DEVELOPMENT




Legalization is a BIG and COMPLEX change for MULTIPLE sectors

- Fields and sectors that will see big impacts from legalization:
 - Employers & workplaces
 - Transportation (Planes, Trains & Automobiles...and boats and ships too)
 - Education
 - Law Enforcement
 - Others???
- Remember, enhancing skills and providing information are prevention strategies.



NORMALIZATION: WHAT DOES IT LOOK LIKE?



I prefer **marijuana** over alcohol because **it doesn't make me rowdy or reckless.**

Why should I be punished?

On November 5th, vote **YES on Question 1**

www.MarijuanaIsSafer.org

Post for by the Marijuana Policy Project
The posting of this ad does not constitute or imply an endorsement, recommendation, or backing by MCTMG.

New England, are you ready?
New England CANNABIS
Farmer's Market
Deering Oaks Park, Portland, Maine 04101
August 9
10am - 8pm
(207) 272-8336
news@engcann.com

CAMPING LIVE ART MUSIC FRIENDS AND FAMILY
Harvest Ball
October 3-5, 2019
FEATURING
PIGONS PLAYING PING PONG
HOLY GHOST TENT REVIEWS
JOHN SIMPSON & THE HARDY BROTHERS
LARRY AND HIS FLAM
CHINA ASHLEY & LA BANDA BROTHERS
THE BOY SCOUTS ANALOG SALAD & RESERVE
RAIDERS
DROWNING CIVILIANS MAD MULLIGAN LEFT
JORDAN & ROUND UP RED LION
MIRANDA THE JAZZ THE BLUES
MARTIN MULLER PISTOL VETFOO MY LEGACY
MC HALLS THE RAIN AMERICAN HILKA
SUNNY AND LARRY & AVERAUX ANKLA

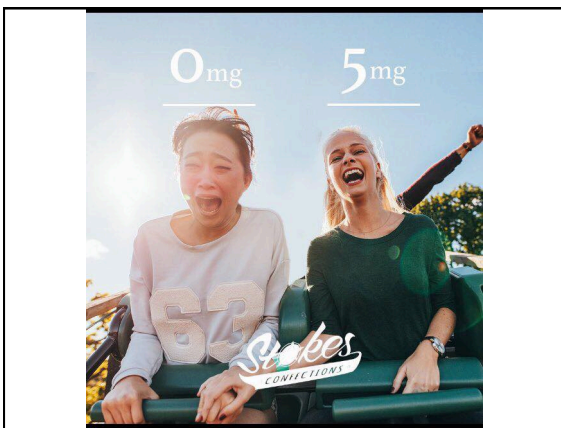
24 HOURS OF Celebration
HARRYSHILL.NET

Heavily promoted Medical Marijuana Festivals in communities.

"Buddie"



Norms from radio – “4:20” Bar Crawl and “Roll Your Own”






LOCAL & STATE Posted April 20 | Updated April 21 INCREASE FONT SIZE

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.

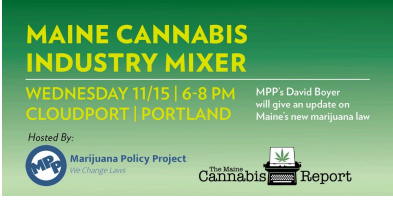


NEXT

Baby boomers taking up pot again may be surprised how much it's changed

Where new "cannabiz" is cropping up in Maine

© May 17, 2017 Economy marijuana legalization
By Darren Fishell



MAINE CANNABIS INDUSTRY MIXER
WEDNESDAY 11/15 | 6-8 PM
CLOUDPORT | PORTLAND

MPP's David Boyer will give an update on Maine's new marijuana law

Hosted By: Marijuana Policy Project, The Maine Cannabis Report

RAND CORPORATION FOR RELEASE Thursday May 17, 2018

Adolescents Who View More Medical Marijuana Advertising Are More Likely to Use Marijuana, Have Positive Views About the Drug

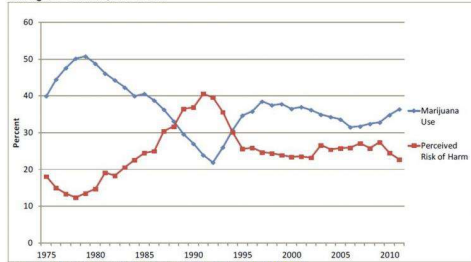
Adolescents who view more advertising for medical marijuana are more likely to use marijuana, express intentions to use the drug and have more positive expectations about the substance, according to a new RAND Corporation study.

Youth who were exposed to more medical marijuana advertising also were more likely to report negative consequences because of marijuana. This included missing school, having trouble concentrating on tasks, doing something they felt sorry for later or having gotten into trouble at school or home.

Study: [https://www.drugandalcoholdependence.com/article/S0376-8716\(18\)30231-X/fulltext](https://www.drugandalcoholdependence.com/article/S0376-8716(18)30231-X/fulltext)

Perception of Harm Down, Use Up

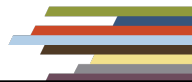
Figure 1. Past Year Marijuana Use and Perceived Risk of Harm of Occasional Marijuana Use Among 12th Graders, 1975-2011



Source: Monitoring the Future Study. www.monitoringthefuture.org

Networking Time

- Find your friend, or a new friend, from another New England state (or from another municipality within your state)
- Take 5 minutes
- Discuss and share:
 - Have you seen any examples of normalization in your state or community?
 - Have you seen any examples of messaging to counter this?



Some final thoughts...

WHERE DO WE GO FROM HERE?



MARIJUANA ISN'T NEW

**INDUSTRIES SELLING LEGAL
ADDICTIVE SUBSTANCES ISN'T NEW**

**IT'S THE MARIJUANA POLICIES AND
INDUSTRY THAT ARE NEW**

**WHAT TOOLS DO WE ALREADY HAVE?
WHAT NEW TOOLS DO WE NEED?**

Opportunity for policies

- State level:
 - Require the collection and monitoring of public health data
 - Require standards and regulations for packaging, labeling, and advertising
 - Require training for dispensaries
- Municipal level for cities/towns opting in to sales:
 - 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
 - Requirements and standards for securing and obscuring home grows





Messaging to Youth

- We need to be thoughtful about what and how we message to youth and parents.
- We can't throw all the science at youth and parents at once – we need to focus on what is relevant to them.
 - What are they open to?
 - What consequences are they experiencing?
 - We "get our foot in the door" with what is relevant.
- Youth do need to understand legalization doesn't change anything for them:
 - still illegal for under 21,
 - still illegal to drive impaired,
 - still illegal federally (i.e. – federal financial aid for college)
 - still must receive a doctor's recommendation to use medically

TTC Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

INTRODUCTION TO SAMHSA'S
TECHNOLOGY TRANSFER CENTERS






TTC Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

Technology Transfer Centers (TTC)



Purpose

-  The purpose of the Technology Transfer Centers (TTC) program is to **develop and strengthen** the **specialized behavioral healthcare and primary healthcare workforce** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.
-  Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.

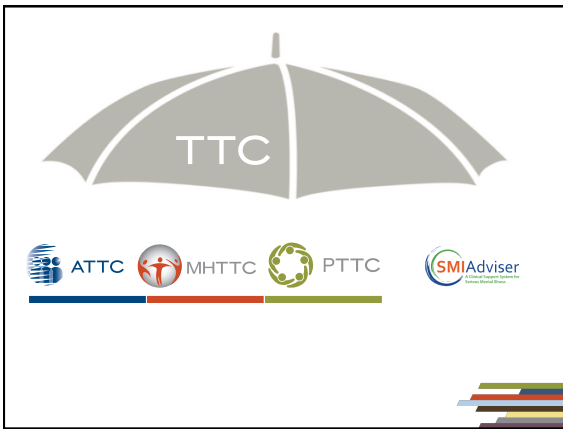


“It is our job at SAMHSA to provide communities access to technical assistance and training that communities and community providers request. We will do this through the continuation of national and regional TA centers.

We will make use of local expertise and experience and will provide these services free of charge to the grantees and to the field at large.”

– Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use, SAMHSA

<https://blog.samhsa.gov/2018/03/22/samhsa-revamping-ta-contractors-model-to-deliver-more-support-to-american-communities/>




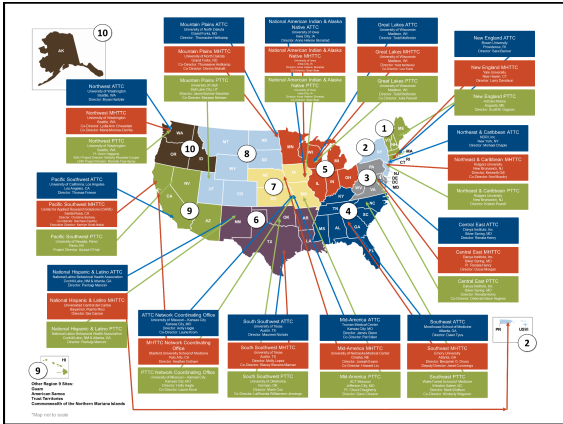
TTC Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network Includes 13 Centers*

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

*ATTC Network also includes 4 International HIV Centers funded by the President's Plan for AIDS Relief





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

Overview of Prevention Technology Transfer Centers (PTTC) Network

Purpose

- Improve implementation and delivery of effective substance abuse prevention interventions
- Provide training and technical assistance services to the substance abuse prevention field
 - Tailored to meet the needs of recipients and the prevention field
 - Based in prevention science and use evidence-based and promising practices
 - Leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network.

PTTC Network Approach

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

Provide intensive technical assistance and learning resources to prevention professionals in order 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.

Structure

The 2019-2023 PTTC Network is comprised of:
 10 US-based Regional Centers, 1 National American Indian and Alaska Native PTTC,
 1 National Hispanic and Latino PTTC, and 1 Network Coordinating Office

The grid contains 11 small images, each with a caption below it:

- New England PTTC
- Northeast & Caribbean PTTC
- Central East PTTC
- Southeast PTTC
- Great Lakes PTTC
- South Southwest PTTC
- Mid-America PTTC
- Mountain Plains PTTC
- Pacific Southwest PTTC
- Northwest PTTC
- National American Indian & Alaska Native PTTC
- National Hispanic & Latino PTTC

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

PTTC Network

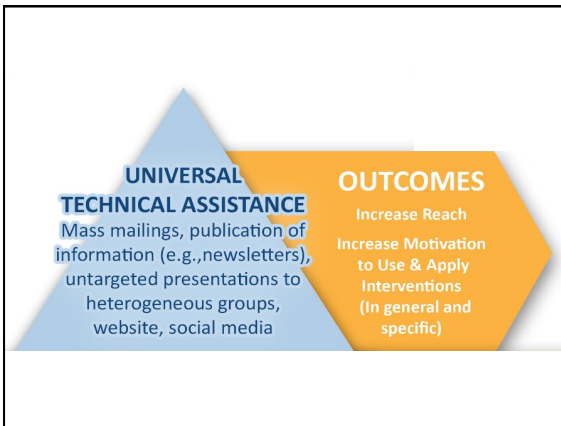
The map shows the following regional centers and their locations:

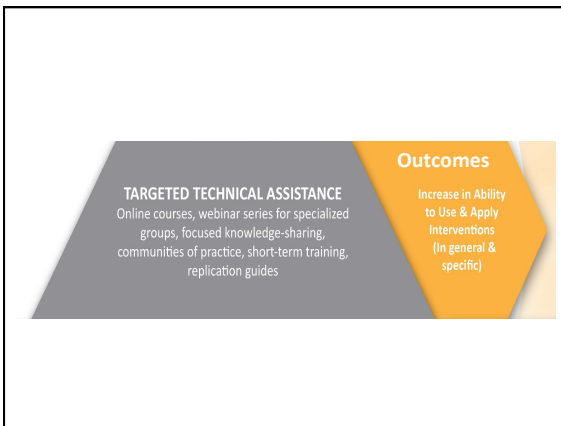
- PTTC Network Coordinating Office:** University of Missouri - Kansas City
- Northwest & Caribbean PTTC:** Puget University
- Great Lakes PTTC:** University of Michigan
- Central East PTTC:** University of Illinois
- Southwest PTTC:** ACT/Massey
- Mid-America PTTC:** ACT/Massey
- Mountain Plains PTTC:** University of Utah
- Pacific Southwest PTTC:** University of California
- Northeast PTTC:** University of Pennsylvania
- National American Indian and Alaska Native PTTC:** University of Iowa
- National Hispanic and Latino PTTC:** National Latino Behavioral Health Association

Other locations marked on the map include: U.S. Virgin Islands, Puerto Rico, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, and Rep. of Palau.

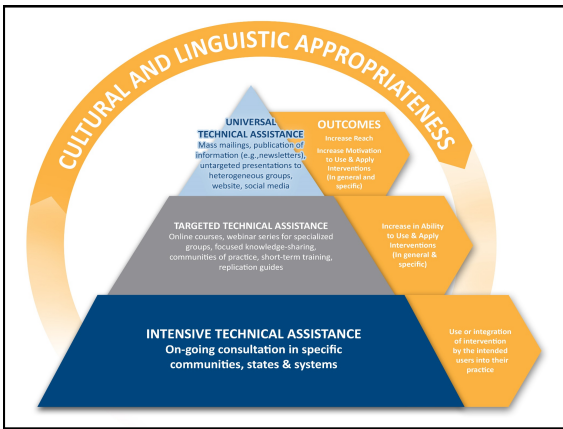
New England Prevention Technology Transfer Center

- AdCare Maine awarded New England PTTC cooperative agreement. Award period 9/28/18 – 9/29/23
- Each PTTC designated a specialty area for training & T/A in their applications.
- New England PTTC designated marijuana prevention as its specialty area.
- Let us know what you need for training & T/A in this area! Put it in your GPRA evaluation!









Goals & Objectives

- Goal 1 – Increase the capacity of the New England prevention professional workforce to use prevention research to prevent and reduce SUDs
 - Build alliances with New England prevention professionals, researchers, state systems & other prevention stakeholders
 - Conducting assessment of skills and training needs of NE workforce
 - Developing and delivering in-person and distance learning trainings
 - Develop and disseminate prevention tools, references, & resources to aid putting prevention research into practice
 - Intensive technical assistance services in priority areas as needed

Goals and Objectives

- Goal 2 – Increase the capacity of the NE prevention professional workforce to utilize core prevention skill sets in the prevention of SUDs
 - Develop in-state capacities to offer training in core skill set areas (e.g. SAPST, ethics, & advanced ethics)
 - Develop advanced level courses for the more experienced workforce
 - Develop and implement program to promote prevention education and career paths to NE high school and college students

New England PTTC Website: pttcnetwork.org/NewEngland



Contact Info

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- Follow Us on Twitter:
- @ScottMGagnon
- @NewEnglandPTTC
