
NOVEMBER 2022

Mobilizing Community In Cannabis Prevention

A Prevention Guide In The Era of Legalization



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New England (HHS Region 1)

PTTC

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

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This product is developed by Janet Dosseva, MPH, PS-C under the 2022 New England Prevention Technology Transfer Center (PTTC) Research and Design (RAD) Fellowship Program. The New England PTTC and this program are supported by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government. SAMHSA Cooperative Agreement #5H79SP081020-05



PORTLAND HEADLIGHT

Land Acknowledgement: The New England PTTC acknowledges that we are all on the traditional lands of native people. In Augusta, Maine, we work from the ancestral lands of the Abenaki People, part of the Wabanaki Confederacy. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession. We encourage you to learn more about the stewards of the land you live and work on by working with your native neighbors, and by visiting <https://native-land.ca/>



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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Please note that very specific language is being intentionally used throughout this toolkit. Language is critically important in substance use prevention, harm reduction, treatment, and recovery. The words we use are impactful and should be used to breakdown stigma and stereotypes rather than to perpetuate them.

Unless in a direct quote, the use of the term "marijuana" will be avoided in this toolkit. In its place, "cannabis" will be used. "Marijuana" originated as a Mexican word and unfortunately has been used to discriminate and paint negative perceptions of people from that culture. Prevention professionals may urge others to not participate in that bias and to avoid the use of that term as well. "Cannabis" is the scientific name for the plant and includes all products derived from it.

This toolkit will also use the recommended practice of **person-first language** when discussing people who use substances and those who have substance use disorders. People are more than their diagnoses and stigma can act as a barrier, preventing folks from seeking treatment due to feelings of shame.



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Introduction

Prevention professionals collaborate with community stakeholders to elicit positive change and to have greater success with prevention efforts. These goals include preventing and reducing rates of youth substance use. Initiatives vary in impact level and the most impactful ones are Center for Substance Abuse Prevention (CSAP) Strategies (1).

CSAP Strategies

1. Information Dissemination

2. Education

3. Alternatives

4. Problem ID and Referral

5. Community-Based Processes

6. Environmental

Environmental Strategies include policy development and change and are some of the most impactful because they focus on the community-level rather than the individual one. However, formal advocacy is often discouraged or unallowable as conditions of grant funding and prevention professionals may feel discomfort being involved with the policy work. This toolkit will guide public health workers with a roadmap on how to interact with and educate local lawmakers who are determining cannabis laws and regulations.



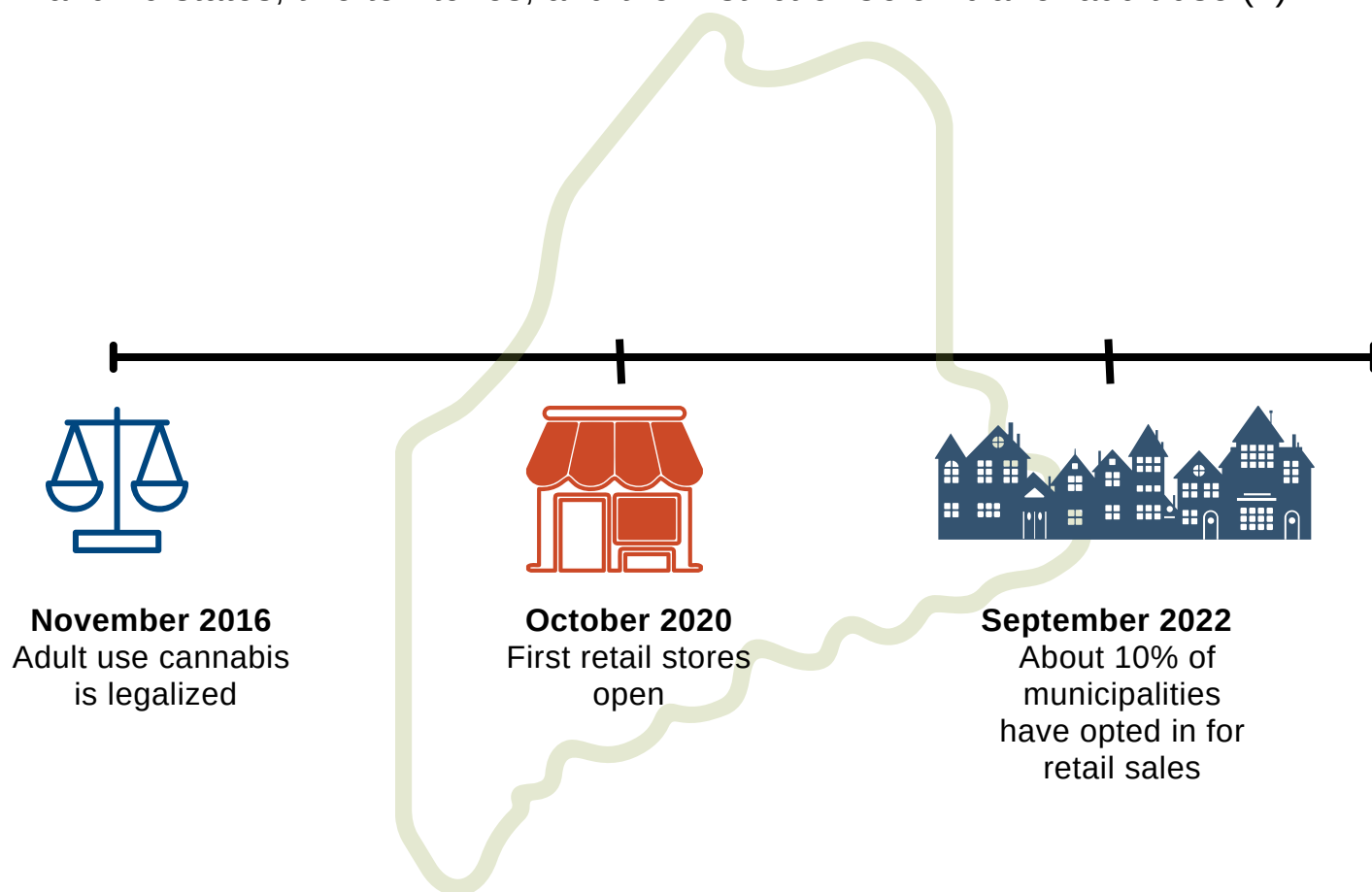
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Cannabis Legalization Landscape

Cannabis use remains illegal at the federal level in the United States. However, momentum has been building with more and more states deciding to legalize cannabis. As of September 2022, cannabis use was legal in 39 states, three territories, and the District of Colombia for medical purposes and 19 states, two territories, and the District of Colombia for adult use (2).



In Maine, cannabis was legalized in November 2016 and the first retail stores opened in October 2020. However, ultimately the decision for allowing retail cannabis sales would be determined by municipalities who could "opt-in" to allowing retail establishments (3). According to the Maine Office of Cannabis Policy, approximately 90% of Maine municipalities have not opted in to allowing retail (4). Opting in can be done either by a council vote or a ballot measure. After a vote, a town/city must create a formal ordinance.

Cannabis Glossary (5)

Commonly Used Terms in this Toolkit

Cannabis

Any of three related plant species (*Cannabis sativa*, *C. indica*, or *C. ruderalis*) whose dried flowering, fruiting tops, or leaves are widely used as a recreational drug (i.e., marijuana). The principal psychoactive agent in these plants, THC, is concentrated in the resin, most of which is in the plants' flowering tops

THC (Tetrahydrocannabinol)

Social inequities occur when a person or group is treated unfairly because of race, gender, class, sexual orientation, or immigration status

Potency

The strength of a drug. In other words, the indirect measure of the amount of a cannabinoid in a sample of the cannabis

Marijuana

A slang term for the dried flowers, leaves, stems, and seeds of the cannabis plant (

Edible

Cannabis products that are orally consumed. These products can contain THC, CBD, or a combination of both. Common edible products include cookies, brownies, candies, gummies, chocolates, beverages, or homemade goods

Retailer

An entity licensed to purchase and deliver cannabis and cannabis products from cannabis establishments and to deliver, sell, or otherwise transfer cannabis and cannabis products to cannabis establishments and consumers

Adult/Recreational Use

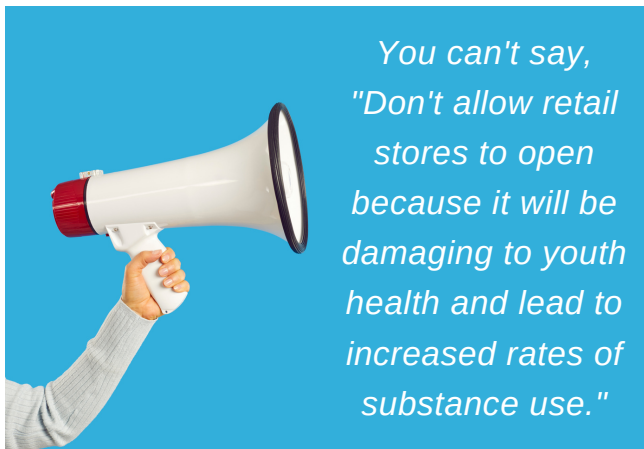
Any substance, in this case marijuana, that is used in a non-therapeutic manner for its effects on motor, sensory, or cognitive activities or on emotional state

Municipality Outreach

The fine line between advocacy and lobbying

As city and town officials contemplate allowing retail stores to operate, there is a unique opportunity for prevention specialists to provide education.

Educating law makers is about informing and cannot include specific recommendations for bills (6).



Facts and data can be shared and it's a great idea to do so before a ballot measure or a council vote is scheduled.

Connecting to law makers can feel intimidating, but it's an important part of the prevention work in a community. Routinely educating law makers can be incorporated into an annual strategic work plan. If the prevention specialists are part of a coalition such as a Drug Free Community coalition, local leaders may already be collaborative stakeholders/"**prevention champions**"

Educating Lawmakers in 5 Simple Steps:

Step 1: Have a clear **presence** in the community and be a go-to resource, providing information and education to diverse audiences on a variety of substance use prevention topics

Step 2: Build relationships with local lawmakers. Hold Town Halls, workshops, or simply invite officials to a coalition meeting.

Step 3: Plan ahead and prepare for meetings. **Develop one-pagers** with key takeaway messaging. Invite people who will add to the topic at hand (youth, parent, etc).

Step 4: Be sure to **share stories and data.**

Step 5: Be consistent, credible, and make sure you are not lobbying or trying to sway a vote. If the town does decide to allow retail cannabis stores to operate, there is more work to be done. Don't get discouraged! (6)

Education vs. Lobbying

What CAN you do?



Dos

- Share local level, state, and federal data
- Share stories from experts, those with lived experience, healthcare professionals
- Share successes/failures/lessons learned from other policies
- Present facts and answer questions professionally
- Have citations and supporting materials for data and facts
- Be concise and leave informational one-pager & contact info

Don'ts

- Don't try to persuade or sway to a certain side
- Don't use scare tactics or exaggerations
- Don't take too much time or over explain yourself
- Don't specifically mention voting
- Avoid taking any decisions made personally

Why? You may be thinking that as prevention experts, we'd be the people who would be able to make expert recommendations on public health-related matters. However, it has to do with tax code. If you work for a tax exempt organization, you cannot have, "...substantial part of activities of which is carrying on propaganda, or otherwise, attempting to influence legislation" (17)

Health Implications



Lung Health: smoke from cannabis can negatively impact a person's lungs. The smoke can irritate lung tissue and surrounding blood vessels. Also, cannabis smoke has many of the same harmful chemicals as tobacco. This includes toxins, carcinogens, and irritants. Frequent cannabis smoking can also lead to a cough, bronchitis, and higher mucus production (7).



Brain: cannabis use within the past 24 hours impacts thinking, coordination, memory, attention, movement, and time perception. Cannabis use leads to changes in brain development, especially in youth. Impacts on memory and attention may be long term or even permanent. Brain health implications depend on potency/amount of THC in cannabis products, age of initiation of use, frequency of use, and if other substances are also used (8).



Mental Health: cannabis use, especially high potency cannabis use, is linked to disorientation, anxiety, and paranoia. Temporary psychosis and schizophrenia are linked to people who started using cannabis at a young age and continued using frequently. Depression, anxiety, and suicidal ideation have also been linked to cannabis use (9). Studies estimate that people who use cannabis have about a 10% likelihood of developing a cannabis use disorder or an addiction to cannabis (10). Likelihood may be higher for those who frequently use high potency THC products



Driving: cannabis impacts how people drive. It affects coordination, memory, and judgment and can impair a driver's ability to safely operate a vehicle. Driving under the influence of cannabis is dangerous and illegal (11).

Youth Impact

Lessons learned



More studies need to be conducted, but the ABCD (Adolescent Brain Cognitive Development) study shows that there are damaging health impacts to children whose mothers used cannabis during pregnancy. This prenatal cannabis exposure is linked to attention, social, and behavioral issues during adolescence (12).

Health impacts from cannabis use can be more detrimental to youth and adults who began using at younger ages. One of the main concerns is the health risks to the brain during formative years. The brain is actively developing until about age 26 (13).



Colorado was one of the first states to legalize adult use cannabis. Data shows that following this, teen perception of harm of using cannabis decreased immensely. Youth use also increased. This continued to be the trend in all states which legalized adult use cannabis (14). Changes in legal status and the presence of medical and adult retail stores leads to an increased availability of cannabis. Increased availability leads to increased youth use. "Early onset of marijuana use by 16 years of age predicts a 2.7-fold increased risk of developing a cannabis use disorder (15). Adolescent use also predicts a two-to-threefold increased risk of using other substances (16).

CONCERNS

- Low perception of harm
- Increased youth use
- Earlier initiation of use
- High potency THC use
- Mental health impacts: anxiety, depression, psychosis, suicidal ideation
- Dependence & addiction
- Impacts on cognitive abilities & academic performance

Common Misconceptions

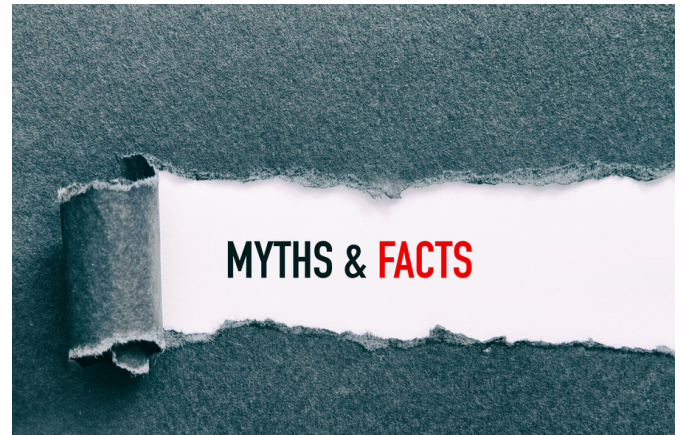
& How to navigate them

Harmlessness (19)

- Because there are medical benefits, people think cannabis use is "safe" or "harmless"
- Cannabis presently contains more THC than in the past
- Frequent use, initiation of use at a young age, and use of high potency THC have been linked to adverse health effects
- Anxiety, depression, schizophrenia, car accidents, lower cognitive performance, etc can occur

Not Addictive (19)

- Dependence and addiction can occur
- About 1 in 10 adults who use cannabis develop a cannabis use disorder
- Cannabis use disorder occurs in 1 in 6 people who started using before age 18



Money, Money, Money (18,19)

- With a new industry, there will be more job creation and tax revenue. However, the tax revenue often goes to the state and not the municipality
- Assumption that fewer town/city resources go to policing cannabis-related issues, but DUIs and crime like break-ins and theft may increase
- Social and economic costs related to cannabis use may increase, potentially offsetting any profits

Your Municipality Opted In...Now What?

You provided education to local lawmakers and when they voted they decided to opt in and allow retail sale of cannabis in your service area. This may be frustrating and feel like a loss, but it's important to not lose sight of your organization's mission and keep going with effective prevention efforts!

As a prevention professional, you may be consulted by those same lawmakers to help with local cannabis policy and town ordinance. Per Maine statute, municipalities are able to develop their own cannabis retail ordinance and licensing regulations (20)

An Ounce of Prevention...Community-Level Initiatives (22)

Some Maine municipalities (such as Portland) have adopted ordinances which:

- Limited the # of retail cannabis licenses
- Set a minimum distance from schools, daycares
- Do not allow consumption onsite or giveaways/samples
- Require security & odor mitigation plans
- Require visible signage and educational materials provided to customers
- Maintain annual vendor training requirements
- Allocate percentage of licensing fee to prevention education efforts

(21)



Your Municipality Opted In...Now What?

SAMHSA recommends these evidence-based cannabis prevention strategies: (22)

Education

- Utilize an evidence-based curriculum with middle and high school students



Community Level

Environmental Strategies

- Regulating advertising/marketing
- Limiting # of licensees
- Banning cannabis products which attract youth - sweets, bright colors
- Regulating pricing: no promos, higher tax
- Compliance checks



Information Dissemination

- Have a public health media campaign
- Utilize social media, town halls, newsletters, parent nights



Helpful Resources

I. CADCA'S Advocacy Toolkit:

"This guide will teach you how to engage in advocacy for substance use prevention, but the principles covered can be applied to any advocacy effort at any level of government. The guide explains how to be a vocal, visible and valuable advocate and gives an overview of the difference between education and lobbying. It provides guidance for developing an effective advocacy strategy."

https://www.cadca.org/sites/default/files/advocacy_toolkit.pdf

2. Smart Approaches to Marijuana (SAM)

"SAM's mission is to educate citizens on the science of marijuana and to promote health-first, smart policies and attitudes that decrease marijuana use and its consequences."

<https://learnaboutsam.org/>

3. Stanford Medicine Cannabis Prevention Toolkit:

A multitude of educational resources are offered here. This is for various audiences, including youth and parents. Brain science and data are a focus.

<https://med.stanford.edu/cannabispventiontoolkit/resource-directory.html>

4. Good to Know Maine:

An overview of Maine cannabis laws, policies, and health-related resources.

<https://goodtoknowmaine.com/>

5. Maine Office of Cannabis Policy:

Licensing and regulation information about medical and retail cannabis in Maine.

<https://www.maine.gov/dafs/ocp/>

6. SAMHSA: Know the Risks of Marijuana

<https://www.samhsa.gov/marijuana>

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About the Author



Janet Dosseva, MPH, PS-C
Maine Fellow

Janet (pronounced “Jeanette”) Dosseva is a dedicated public health professional specializing in youth substance use prevention. She is the Program Director for Westbrook Partners for Prevention, a Drug-Free Community coalition in Southern Maine. Janet is a certified Prevention Specialist and a two time alumna from the University of New England, where she obtained a Bachelor of Science degree in Medical Biology as well as a Master of Public Health degree.

Janet loves implementing creative and innovative ways to engage communities in prevention and harm reduction strategies. She focuses on promoting health equity and amplifying youth voices. Janet is delighted to be working in the Westbrook community, where so many people are committed to supporting youth through collaborative efforts. She is also a member of the Cumberland County District Public Health Council, Maine Public Health Association, Maine Prevention Certification Board, Westbrook-Gorham Rotary Club, and various Maine CDC workgroups.



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