RESTORATIVE PRACTICES IN PREVENTION

Taking A Relationship-based Approach to Preventing Youth Cannabis Use Through Restorative Practices

A Guide for Youth-Serving Prevention Programs

New England PTTC Fellowship Program 2022 Term

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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.

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I. ACKNOWLEDGEMENTS

"When we talk about land, land is part of who we are. It's a mixture of our blood, our past, our current, and our future. We carry our ancestors in us, and they're around us. As you all do."
Mary Lyons (Leech Lake Band of Ojibwe)

Our Ancestral Lands

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/.

In Boston, Massachusetts, the writer acknowledges the sacred land where he works, lives, plays, learns, and has community, which has been a site of human activity for over 13,000 years. This land was once the territory of the Massachusett and their neighbors the Wampanoag and Nipmuc Peoples, who have stewarded this land for hundreds of generations.

Today, Boston is home to thousands of Indigenous people from across Turtle Island, and he is grateful to have the opportunity to live, work, and play here. He recognizes that we occupy land and stand on the shoulders of many people that have come before us.

"It is important to understand the longstanding history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense, or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation."
Northwestern University

Our War on Drugs was a War on People

The writer also acknowledges that many of the policies promoted by the prevention field over the past 50 years, motivated by a racist drug war, have caused long-lasting harm and trauma. This war on drugs has produced profoundly unequal outcomes across racial groups, manifested through racial discrimination and disproportionate impacts suffered by communities of color.

> *"The aggressive enforcement of marijuana (cannabis) possession laws has needlessly ensnared hundreds of thousands of people into the criminal justice system and has wasted billions of taxpayers' dollars. What's more, it is carried out with staggering racial bias. Despite being a priority for police departments nationwide, the War on Marijuana has failed to reduce marijuana use and availability and diverted resources that could be better invested in our communities."*
>
> **American Civil Liberties Union (ACLU)**

Our prevention work has been built on the systems and infrastructures that are a legacy of this war, and our traditional approach has often excluded the very people who have suffered the most inequitable consequences from it. The health disparities we continue to see in our communities reveal how deep and pervasive these inequalities run, and how much work we have left to do to repair this harm in order to move this work forward together. Our approaches to cannabis use and misuse prevention are no exception.

READ THE ACLU 2020 REPORT
A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform

Acknowledgement is Not Enough

Acknowledgement alone does not undo the harm that has been done and continues to be perpetrated against people that are part of our communities and the land and water that are part of our environment. Acknowledgement is where the work and our journey should begin; a journey in healing and growing in relationship with the people and world around us.

ACKNOWLEDGE HISTORY & TAKE ACTION

1. Do your research to gain an understanding of the acknowledgements that need to be made.
2. Listen, observe, and learn what is meaningful to the people you're seeking to serve, and unlearn, grow, and act.
3. Speak up from the heart against dehumanizing and divisive speech, writing, and behavior.
4. Challenge popular narrative that erase or dehumanize people.
5. Transform how and what we learn, make it interdisciplinary and place-based, and shift from an emphasis on cognitive skills to a balance with non-cognitive abilities.
6. Observe who is at the table, whose voices are heard, who makes decisions, who gets funded, whose issues are addressed, and commit to creating space for those who are left out.

Shifting to a Culture of Abundance

If the past decade wasn't enough, the last few years of the pandemic has led to a major shift in the zeitgeist of our country. War, recession, natural disasters, police violence and school shootings add to the daily challenges we face. And yet we continue to endure even more traumatic events that are impacting our sense of safety and agency. I think you'd be hard-pressed to find someone who hasn't been affected at least indirectly by this seemingly unending stream of trauma.[1]

Substance misuse is just one of a myriad of ways that this pain and suffering presents itself in our people and communities, and in the public health issues that define our work. If pain and suffering is at the root of it all, then you might say that part of the work of Public Health is also trying to prevent this pain that is impacting our health and well-being.

Part of what contributes to the pain and suffering we see around us, particularly in our public health prevention systems – and our health systems at large - is a mindset of scarcity. Scarcity thrives in a culture where everyone is hyper-aware of lack, from control and safety to money and resources. In these times of hardship and fear of the "what's next" we've withdrawn and withheld ourselves, calculating how much we have, want, and don't have, and how much everyone else has, needs, and wants. This behavior is reflected across our communities and in our work, even as some organizations struggle to manage more fiscal resources than they can feasibly distribute in a meaningful way.

> *"The greatest casualties of a scarcity culture are our willingness to own our vulnerabilities and our ability to engage with the world from a place of worthiness."*
> **Dr. Brené Brown**

The term "scarcity mindset" was coined by the author Stephen Covey in his book "The 7 Habits of Highly Effective People." There are two main driving beliefs: the thought that wealth and opportunities are limited, and the fear that one will never have enough.[2]

A scarcity mindset is often described as a belief there is simply not enough to go around — jobs, funding, attention, resources – and that when someone else prospers there's less of what they've gained left for you. This mindset, when rooted in a place of pain, often comes with an obsession with what one is lacking. It can create "tunnel vision" that cripples and disconnects, and instead of seeing the endless opportunities around us, all we can see is what we don't have. This mindset is evident in much of how we frame and manage our prevention work and the resources that are a part of it. Although we live in such an abundant world, our systems reflect a society that is driven by scarcity.

"Modern capitalist societies, however, richly endowed, dedicate themselves to the proposition of scarcity. Inadequacy of economic means is the first principle of the world's wealthiest peoples." The shortage is due not to how much material wealth there actually is, but to the way in which it is exchanged or circulated. The market system artificially creates scarcity by blocking the flow between the source and the consumer. Grain may rot in the warehouse while hungry people starve because they cannot pay for it. The result is famine for some and diseases of excess for others. The very earth that sustains us is being destroyed to fuel injustice. An economy that grants personhood to corporations but denies it to the more-than-human beings: this is a Windigo economy."

Robin Wall Kimmerer

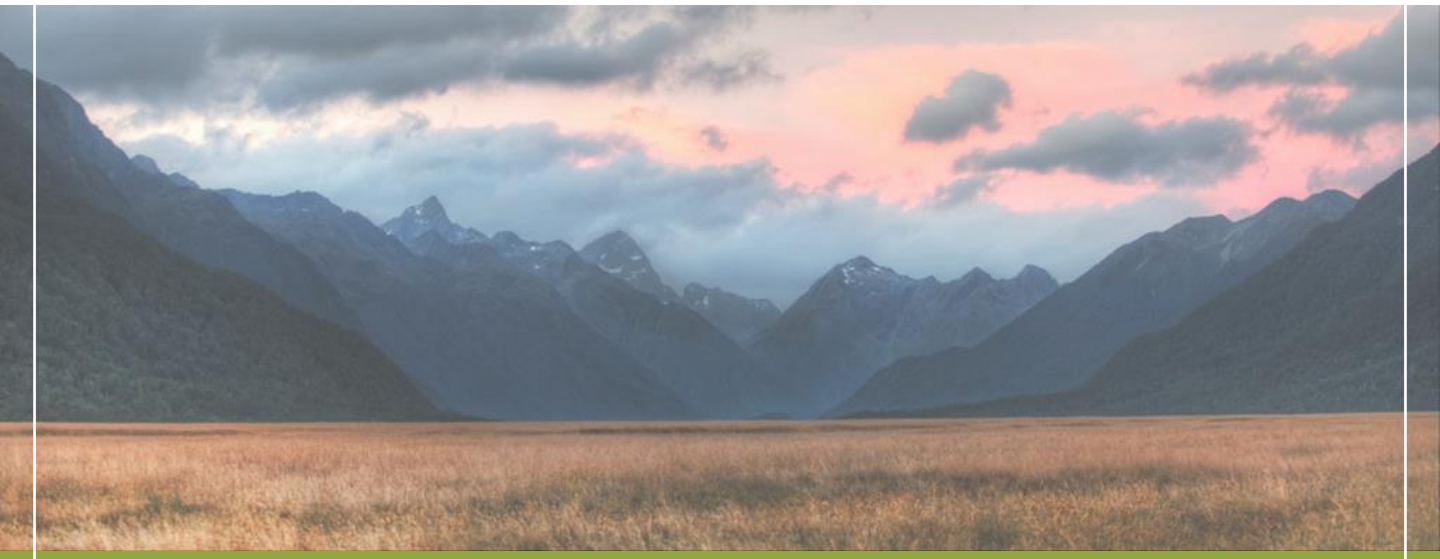
It's necessary to also acknowledge that there are many truths in scarcity – it's not just a mindset but also a reality. There are many that are truly struggling to make ends meet - to meet the basic needs of food and housing – this is not a moral failing and is not solved by a simple shift in mindset. Poverty is true scarcity that is experienced by more people than we may realize. Some of us have grown up and grown out of poverty, and the trauma of this experience is linked with behavioral and mental health issues; being raised in scarcity literally changes your brain. Many of us are carrying a mindset of scarcity without an awareness of it because of how prevalent it is in our society.

Adopting an abundance mindset won't magically solve all of your problems, but it may help you see them in a different way that makes it easier to find a path forward from a place of acceptance, compassion, and mindfulness, which benefits everyone in the long run.[3]

I think part of what this could look like starts with practicing gratitude. Developing an awareness of how much we have around us and being intentional about celebrating it as often as we can. The following Thanksgiving Address is a wonderful example of what this looks like as practiced by the Haudenosaunee (also known as the Iroquois Confederacy or Six Nations — Mohawk, Oneida, Cayuga, Onondaga, Seneca, and Tuscarora). It reflects their relationship of giving thanks for life and the world around them. The Haudenosaunee open and close every social and religious meeting with the Thanksgiving Address. It teaches mutual respect, conservation, love, generosity, and the responsibility to understand that what is done to one part of the Web of Life, we do to ourselves.[4]

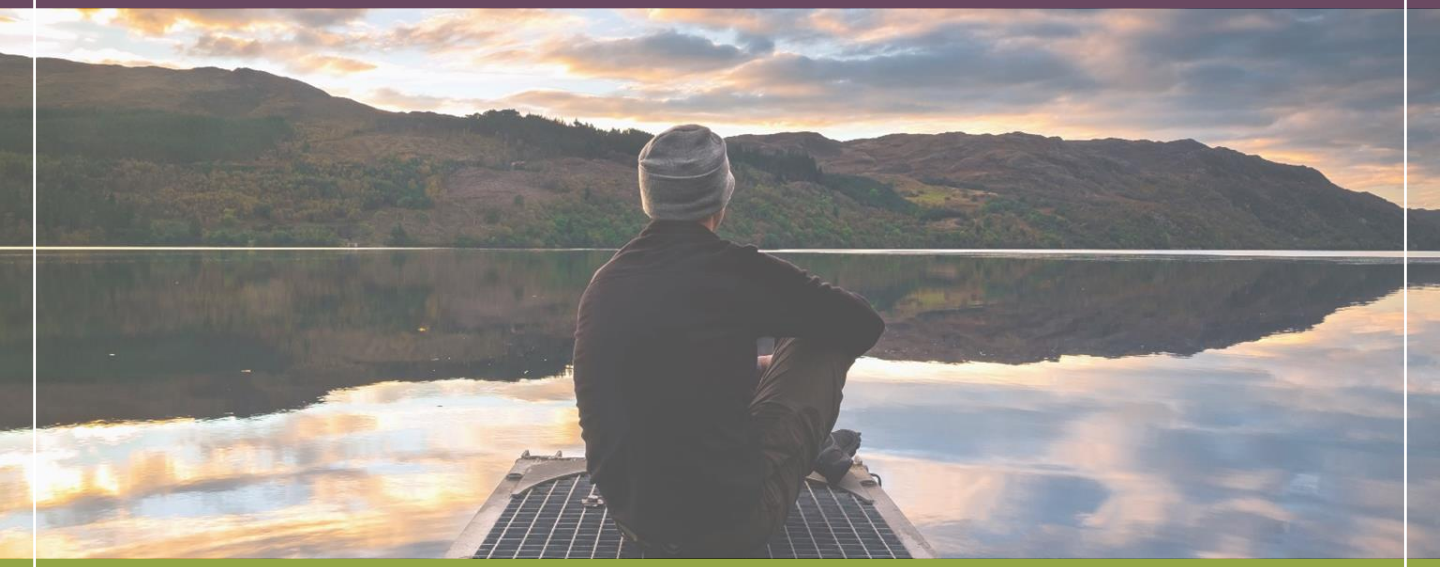
I wonder how adapting and adopting this Thanksgiving Address and making it a part of how we start our meetings or conferences, might shift the way we see the world and each other when we view everything from the perspective of appreciation.

VIEW THE THANKSGIVING ADDRESS
Words Before All Else: Greetings to the Natural World



REFLECTION QUESTIONS

1. What if we lived with a mindset of abundance? Focusing on and giving thanks for the blessings in our life rather than focusing on what has been taken away or what is lacking. Living in abundance does not mean an abundance of material things. Material possessions are fleeting, funding and resources may be here today and gone tomorrow.
2. Instead, how can we move beyond the material (and transactional) towards something more eternal (and relational)?
3. What would that look like for you and the people around you?
4. What if our work focused more on abundance?
5. How would that make our efforts more sustainable, and our impact more meaningful and potentially transformational?



II. OVERVIEW

This is a guide for community prevention efforts focused on keeping youth healthy while navigating the evolving cannabis landscape. Through adopting restorative practices and focusing on relationships, this guide seeks to support youth health and well-being while applying lessons learned from youth alcohol and tobacco use prevention efforts.

It may be helpful to begin by stating what this guide does *not* do. This guide does not take a position on whether cannabis as a substance is "good" or "bad." It will not attempt to answer how and which trade-offs should be made as it relates to the societal costs of a heavy-handed approach to prevention and the potential harms that can come from cannabis use itself. It will also not try to "reinvent the wheel"; there are many other people who have researched these issues extensively and whose work and data I will draw from to provide a starting point for a new approach to our prevention work. It's also my hope that we can move beyond the binary thinking and policy simplification that has dominated the cannabis prevention and policy debates in many of our communities and across our country.

What the guide *will* do is introduce a more relational approach to youth substance use prevention, with a particular focus on cannabis, as part of a broader community prevention *through* restoration effort. Key terms and concepts will be defined as a proposed foundation for adopting restorative and person-centered practices. The combination of these practices seeks to uplift all populations and restore community connectedness, particularly among youth and demographics that existing health and prevention systems are failing to serve or support in meaningful ways.

The focus substance of this guide is primarily cannabis, in particular *recreational* cannabis, given the evolving landscape of decriminalization and legalization across most of the New England region. As stated above, this guide does not attempt to take a position on the value of cannabis. Instead, it will highlight the challenges many communities are facing with this substance and opportunities to support the health and well-being of our youth. It will also draw on the many lessons learned from previous tobacco and alcohol prevention efforts that were met with mixed results. There is a lot to learn from tobacco and alcohol regulation, given their status as two of the most prominent formerly illicit and potentially addictive substances in the U.S. These lessons also extend beyond our borders and into other countries who have made cannabis more widely available in a relatively safe manner.

This guide will also suggest ways to integrate these practices into the Substance Abuse and Mental Health Administration's (SAMHSA) Strategic Prevention Framework (SPF) process. The guiding principle of Cultural Competence will be expanded to one of Cultural *Responsiveness* by including additional cultural frames and perspectives. Additionally, it will suggest ways of applying restorative practices to the SPF steps to shift our traditional prevention approaches towards a vision of unity and solidarity.

This is not intended to be a comprehensive guide, but rather a starting point for having conversations around how prevention coalitions can work towards equity and restoration in their community prevention efforts. It will be important for the reader to approach this text with curiosity and wonder as much of what I will be offering will likely leave you with more questions than answers.

III. VISION

The vision of this approach is to restore the people in our communities to a state of wholeness not limited by harmful behaviors like substance misuse. By acknowledging and addressing the historical traumas that have manifested into public health issues like addiction, it promotes healing through an emphasis on personal and interpersonal relationships. Trauma, if continued to be left unacknowledged and unaddressed, will continue to leave a legacy marked by inequities in our social determinants of health and reflected in growing health disparities. This approach is a paradigm shift to a focus on relationships, instead of problems (or people) to be fixed; building healthier relationships, both personal and interpersonal, for which the goal is healthier people as reflected in our public health data (which should also evolve to include more transformational metrics).

This approach seeks to acknowledge and create space for the people and cultures that have been historically marginalized and ignored. Bringing more people and their voices into our prevention work will mean more than just increased outreach or collecting more data. To make this inclusion matter, it will require meaningful engagement that allows everyone to see themselves reflected in our work. Preventing harm should be done in the context of promoting health and well-being, which is something that needs to include everyone. To do this work well, it will need to be done "with" the community and not "to" or "for" the community. Only by working together to define restoration and build a shared vision, can we heal from our collective trauma and restore ourselves, and the communities we live in, to a state better than they once were. In other words, the intention of this framework is to support peoples' visions for living their lives to their fullest potential on *their own terms*.

"Nothing about our situation is inevitable or immutable, but you can't solve a problem with the consciousness that created it. The antiquated belief that some groups of people are better than others distorts our politics, drains our economy, and erodes everything Americans have in common, from our schools to our air to our infrastructure. And everything we believe comes from a story we've been told. [How can we] piece together a new story of who we could be to one another, and to glimpse the new America we must create for the sum of us."

Heather McGhee

"From a public health perspective, there is a solid case to be made that arresting marijuana users, giving them criminal records, and disrupting careers and families, does more harm to more people than the drug itself does."
Joycelyn Elders M.D., former U.S. Surgeon General

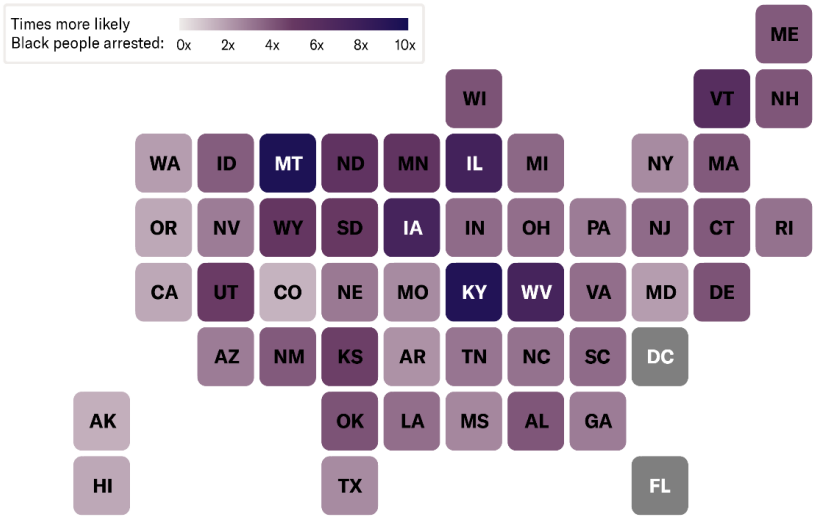
The Changing Landscape of Cannabis

As the rich tapestry of our country began to include more Mexican immigrants in the early 20th century, the term 'marijuana' was introduced to our lexicon as well as a new method of ingesting cannabis by smoking it in cigarettes (a little known Mexican innovation). The "Mexican hypothesis" that was used to explain and connect cannabis use and anti-cannabis sentiment with Mexican immigrants is one of the many examples of how racism was embedded in US drug policy, since cannabis use in Mexico at that time was limited.[5]

More than 50 years have passed since President Richard Nixon declared drug abuse "public enemy No. 1," and Congress passed legislation that sought to expand treatment and research. However, at the same time, intensified enforcement launched what became known as the "War on Drugs."[6] The harsher penalties led to a 1,216% increase in the state prison population for drug offenses, from 19,000 to 250,000 between 1980 and 2008.[7] And although prison populations have since declined, the number of people incarcerated for drug offenses remains substantially larger than in 1980—more than 171,000 in 2019—and drug misuse and its harms have continued to grow.[8] Prior research has found that no relationship exists between state drug imprisonment rates and drug use or drug overdose deaths and that, from 2009 to 2019, past-year illicit drug use among Americans 12 or older increased from 15% to nearly 21% and the overdose death rate more than tripled.[9]

There have been serious consequences for criminalizing drug use in nearly every sector of civil life — education, employment, housing, child welfare, immigration, and public benefits. The punishments levied have not limited to the criminal legal system. It has been the default reaction to drug use in our public health and prevention systems, in our communities, and wherever it shows up. The criminalization of cannabis has impacted many lives, particularly those who have been racialized as Black or Brown, in profound but largely unrecognized ways.[10]

RACIAL DISPARITIES IN MARIJUANA POSSESSION ARRESTS (2018)



Source: FBI/Uniform Crime Reporting Program Data and U.S. Census Data
Note: Washington, D.C. and Florida did not provide data.

According to data gathered by The Pew Charitable Trusts, the U.S. continued to rely heavily on the criminal legal system to address substance misuse through at least 2019, when drug offenses accounted for about 1 in 10 arrests, including more than a million for possession, and roughly the same share of people in prison, totaling more than 143,000 individuals.

But over the 10 years ending in 2019, the trends in drug arrests, prison admissions, and prison population diverged. Arrests for drug possession during that period barely budged, even as arrests for other crimes fell by a quarter, and drug-related prison admissions and population both fell by about a third, driven in part by a 32% reduction in arrests for drug sales.

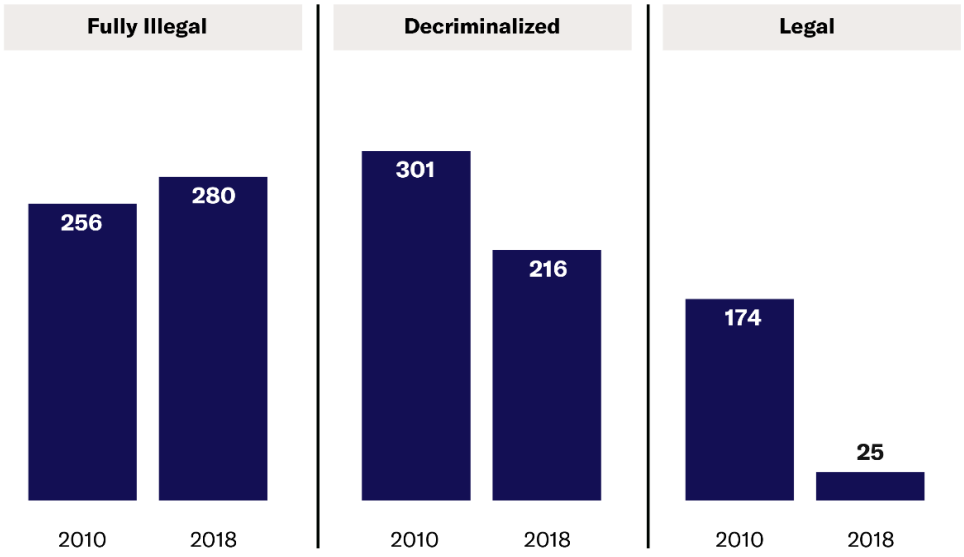
Drug arrests decreased by 37% among Black individuals and 11% among White individuals over the studied decade, but Black people were still twice as likely as White people to be arrested for drug offenses in 2019. Prison admissions among Black people convicted of drug offenses and the total number of Black adults in prison for drug convictions both declined, accounting for a quarter of the total drop in prison admissions and half the overall reduction in the prison population, respectively. By contrast, prison admissions and the population of White individuals each increased by 4%, driven by spikes in the number of White females entering and in prison on drug convictions. However, racial disparities in imprisonment also continue, with Black individuals comprising 28% and 36% of people admitted to or serving time in prison for drug offenses, respectively, but just 13% of the U.S. population as of 2019.[11]

A common fear with decriminalizing drugs is that it will lead to more drug dependency and crime. There is no indication this is true, and this fear has yet to become a reality with cannabis in states where it has been decriminalized. Data from the U.S. and around the world suggest that treating problematic drug use as a health issue, instead of a criminal one, is a more successful model for keeping communities healthy and safe.

It is important to note that researchers have used the term *decriminalization* to describe a wide range of policy changes, to the point that some consider it too broad to accurately identify how states treat low-level cannabis offenses in their criminal justice systems. This terminology problem has complicated efforts to assess effects of cannabis law reform on a variety of outcomes, including racial disparities.[5]

The relevance of decriminalization, as it relates to youth and particularly youth of color, is that an arrest typically comes with long-term and potentially life-changing impacts. Even if an individual isn't ultimately found guilty or sent to jail, the mark of a criminal record after an arrest for cannabis can profoundly alter the life of a youth (or anyone for that matter). While research suggests that legalizing cannabis for nonmedical use has made a significant impact on decreasing the overall number of cannabis-related arrests, it is not the solution to eliminating the racial bias applied to those arrested or achieving social justice.

MARIJUANA POSSESSION ARREST RATES PER 100K PEOPLE BY LEGAL STATUS (2010 - 2018)



Source: FBI/Uniform Crime Reporting Program Data and U.S. Census Data
Note: Legal status is current through 2017, the time period of data available for study.

Fifty years of arresting and incarcerating people for drug offenses has produced poor public health and safety outcomes for society, particularly communities of color. And although the shifts in drug enforcement patterns in recent decades have reduced some racial disparities and decreased prison populations, they have done little to mitigate the public health consequences of drug misuse. Many people incarcerated across the country have substance use disorders, but few receive treatment. And drug mortality rates in both jails and prisons have continued to climb. More reforms are needed to further cut states' reliance on arrest and incarceration for addressing substance misuse and to ensure a more equitable criminal legal system for all Americans.[11]

The Changing Legal Status of Cannabis

Legalize, Decriminalize, and Commercialize; these are terms that are often conflated when talking about the changing landscape of cannabis in our communities. Each term has a different meaning and has implications for different groups of people. For the purposes of this guide, and our primary prevention work, the focus is on youth for which each of these legal statuses have varying relevance. Defining the difference between these terms and their implications for youth is an important place to start.

Legalization means that a once-banned substance is made legal, under federal or state law, with no penalties for possession or use of cannabis. So, one may possess or use the substance according to the guidelines and limitations governing its use. Typically, these guidelines are codified by a state statute that will state the amount an individual can possess. If cannabis is legalized in a particular state, individuals using cannabis as allowed under state law will no longer be prosecuted or criminalized because they will not be engaging in an illegal activity.

Decriminalization means that a once-banned substance is still prohibited by law, but the legal system will no longer prosecute or criminalize a person for carrying under a certain amount. Decriminalizing cannabis would not mean individuals can use the substance with impunity. Instead, decriminalization simply means that individuals possessing or using it will be subject to punishment in the form of a fine rather than a jail sentence. In other words, cannabis use will not result in a criminal record and possible jail time.

Commercialization is the process of introducing a new product or production method into commerce—making it available on the market. The term often connotes entry into the mass market, but it also includes a move from the laboratory into commerce. It includes processes such as production, distribution, marketing, and sales.

Legalization and commercialization are not the same thing, although they are so often equated. We can decriminalize the possession of drugs and not send people to jail without necessarily permitting retail stores to open and begin marketing and selling mind-altering drugs. Malcolm Gladwell wrote in the New Yorker about how much we don't know about cannabis, questioning the establishment of new commercial cannabis markets in states. His article's tagline distilled the debate of cannabis commercialization into a helpful, defining statement: "permitting pot is one thing; promoting it is another."[12] Herein lies the crux at the heart of this moral and ethical conundrum that has only been made more difficult when you add the political and economic interests that come with commercialization.

In the United States, the non-medical use of cannabis is legalized in 19 states (plus Guam, the Northern Mariana Islands, and the District of Columbia) and decriminalized in 12 states (plus the U.S. Virgin Islands) as of May 2022.[13] This marks a growing trend and shift in our relationship with this controversial substance. A lot remains to be seen in what may, or may not, happen in the long-term. Our nation remains divided on how we should respond to this changing landscape.

While the path forward may not yet be clear, looking back on our history with cannabis, and substances in general, can provide us with rich data and important precedence. For our work in public health and prevention one thing remains clear: we won't find solutions using the same methods that got us here, or as Audre Lord famously, and more eloquently said, "The master's tools will never dismantle the master's house." In other words, we can't arrest or punish ourselves out of this problem.

The Changing Approach to Cannabis Misuse Prevention

The seeming failure of a prohibitive and legalistic approach to preventing cannabis use, and the increasing number of young adults being swept into our systems of incarceration, has prompted calls for reform and a change in our approach. There's a lot we have yet to learn and understand about cannabis as a plant, as a medicine, and as a product. Amid our efforts to demystify this substance, much of the control and discretion in navigating the changing landscape has been left to individual states, and in the case of our Commonwealth, individual municipalities. It will be up to our communities to find a collective path forward that we can all support and that can support us all, in both our health and our well-being.

Ideally our societal attitudes and policies towards substances should be informed by the following[14]:

1. The harm that a substance causes to the health of those who use it;
2. The harm that the substance use has on the health of the people who do not use it;
3. The extent to which a legalistic approach deters people from using the substance;
4. The harms that arise from using legalistic approaches to deter people from using the substance;
5. The societal costs that would arise from changing punitive policies and our current punitive approach.

This guide will attempt to explore each of these issues and make the case for an alternative approach. Political debates about socially contentious, and often complex, issues are invariably simplified for ease and competition in a society that's crowded by opinion driven by public attention. With all the competing interests and distractions these complicated issues are often distilled into overly simplified representations of the debate to meet the desire for "neat, clean, and concrete" ideas that people can easily wrap their heads around and promote.

"In a democracy, government policy is inevitably guided by commonly shared simplifications. This is true because political dialogue that authorizes and animates government policy can rarely support ideas that are very complex or entirely novel. There are too many people with diverse perceptions and interests and too little time and inclination to create a shared perception of a complex structure. Consequently, influential policy ideas are typically formulated at a quite general level and borrow heavily from commonly shared understanding and conventional opinions."

Mark H. Moore and Dean R. Gerstein

For the cannabis debate, what this looks like is a choice between the following two policy positions: (1) cannabis use is harmless (or at least much less than alcohol or tobacco) and should therefore be legalized; and (2) cannabis use is harmful to our health and should therefore be prohibited. Neither are entirely false, and neither are entirely true, but the resulting simplification distills the necessarily complex and nuanced task of weighing both the societal costs and benefits of cannabis into a single question: *does cannabis use adversely affect the health of those who use it?* This simplification has contributed to an even deeper bias and confusion in appraising the health risks of cannabis use in a number of ways[14]:

1. The public has been presented with highly polarized evaluations of the health effects of cannabis, leaving people uncertain about what version to believe.
2. This binary argument is built on an implicit assumption that cannabis is a "unique" drug that should be treated differently from alcohol or tobacco, which has prevented more rational appraisals of the health effects of cannabis and of public policy governing its use.
3. The either/or fallacy framing of this debate has led to a phenomenon identified by Robin Room (1984) in debates about alcohol use in colonial societies. Those who disapprove engage in 'problem inflation' while those on the "other side" of the argument react with 'problem deflation' leaving communities without a fair and balanced appraisal of the true health effects of cannabis.
4. Additionally, the exaggerated or inflated effects that are the result of the fear mongering that comes from this 'problem inflation' phenomenon has presented a major obstacle to effective public health efforts to provide accurate information about its health risks.

While we examine our relationship with yet another intoxicating substance it is important to acknowledge what we don't know, as well as what we *do* know. The failure to separate the health issues from legal and moral issues means that people's views about the legal status of cannabis, often prejudice their appraisals of its health effects. In considering the health effects of cannabis we should adopt the same approach as has been used to assess the health risks of alcohol and tobacco. There is a lot we can learn from tobacco and alcohol regulation and prevention efforts given their status as two of the most prominent legal and potentially addictive substances in the U.S. These lessons also extend beyond our borders and into other countries who have made cannabis more widely available in a relatively safe manner.

Embracing a Public Health Perspective

The Future of Public Health (Institute of Medicine, 1988) defined the mission of public health as "fulfilling society's interest in assuring conditions in which people can be healthy." Embracing this perspective while accepting the changing landscape should lead us to this key question: "What are the conditions under which people can be healthy and cannabis can be more widely available *to adults* for nonmedical use?" This perspective should be informed by the best available data *and* the wisdom of experience from the people of the communities we are seeking to serve.

From the best available data there is a general agreement that cannabis is not healthy for young people. There is also a consensus that overconsumption of cannabis is unhealthy for users and for those around them. Public health goals for cannabis regulation – distinct from the goals, for instance, of private industry, maximizing state revenues, or rectifying the injustices caused by cannabis prohibition – should include[14]:

1. Preventing youth cannabis use;
2. Mitigating the prevalence, frequency, and intensity of cannabis use;
3. Reducing cannabis-related harms to individuals and communities;
4. Providing accurate information about cannabis; and
5. Minimizing the influence of a profit-driven cannabis industry in setting cannabis policies.

There should be a strong public health voice and perspective, based in both research and lived experience. The work of public health can and should be both a science *and* an art. In many ways the pendulum has swung too far in the direction of science that we've lost the art and nuance that makes our balanced perspective an important one. Without it we lose touch with the societal impact and humanity of our work that is meant to provide both health *and* human services.

Language Matters

The New England PTTC recognizes and honors that language changes regularly. Language around cultural diversity, equity, inclusion, and competence changes, too. This guide uses language that reflects the Strategic Prevention Framework Guide around these subjects to promote clarity and connection between the two documents.

To decide the best language and terms for your organization to use on the subject of cultural competence, humility, and responsiveness, consult your community and listen to their requests, needs, and choices. Not every set of terms will work for every person, but we know that words have power, and language matters. The best way to practice this philosophy is to do research, be respectful and open to learning, and to make changes when necessary change is brought to your attention.

Keep in mind, the words that make the most sense today may be different in the future because language changes. Respect and center the voices around you of the people who you serve and you'll be able to navigate the language of inclusion work within prevention.

Defining Cannabis

Cannabis is a plant that has uses as a recreational and medicinal drug.

Cannabis-based products come from the dried flowering tops, leaves, stems, and seeds of the Cannabis sativa (hemp) plant.

The legal status of medical and recreational cannabis varies among states. People who are considering buying or using cannabis should first check whether it is legal in their state.[15]

According to the World Health Organization, 'cannabis' is a generic term used to denote the several psychoactive preparations of the plant Cannabis sativa. The major psychoactive constituent in cannabis is Δ-9 tetrahydrocannabinol (THC). Compounds which are structurally similar to THC are referred to as cannabinoids. In addition, a number of recently identified compounds that differ structurally from cannabinoids nevertheless share many of their pharmacological properties. "The Mexican term 'marijuana' is frequently used in referring to cannabis leaves or other crude plant material in many countries. The unpollinated female plants are called hashish. Cannabis oil (hashish oil) is a concentrate of cannabinoids obtained by solvent extraction of the crude plant material or of the resin."[16]

Cannabis or Marijuana?

"You may have heard the terms 'marijuana' and 'cannabis' used interchangeably, however, there are historical and scientific distinctions. The word 'cannabis' is a generic term that is usually used to refer to preparations derived from the Cannabis Sativa plant. The word 'marijuana' refers to parts of or materials from the plant (usually the leaves and flowers) that contain substantial amounts of tetrahydrocannabinol (THC), the psychoactive component that makes people intoxicated. 'Marijuana' is more recently being replaced with "cannabis with THC" because of a racially-charged and often discriminatory history connected to the use of the word marijuana."[17]

Marijuana as defined by Webster's New World College Dictionary is as follows: 1. hemp; 2. its dried leaves and flowers, smoked, esp. in the form of cigarettes, for euphoric effects.

"In Mexico, cannabis came with the Spanish colonizers in the 16th century, along with other plants and animals, from Europe. At the time, there was nothing special about cannabis, and they wanted to grow it for industrial purposes as hemp, or cañamo in Spanish."[18]

"The shift from referring to it as cañamo and calling it marijuana happened in the middle of the 19th century. There are different hypotheses about the semantic origins of the term 'marijuana.' Some believe that it comes from Nahuatl, the most widely spoken indigenous language of Mexico, belonging to the Aztecs and Mexicas. Others believe that term is rooted in the Mexican Revolution that happened in 1910. However, the name 'marijuana' had appeared before that, and is potentially related to the term 'María,' a common way to refer to Indigenous women who come to cities and sell things from their communities; often, including plants. 'Juanes' was a term used to refer to soldiers, and it is said that the soldiers used marijuana frequently, buying from the Marías, but this origin story remains speculative. By the 20th century, it was increasingly common to use the term 'marijuana'; however, it began to be distinguished between hemp, the industrial plant, and marijuana, the drug."[18]

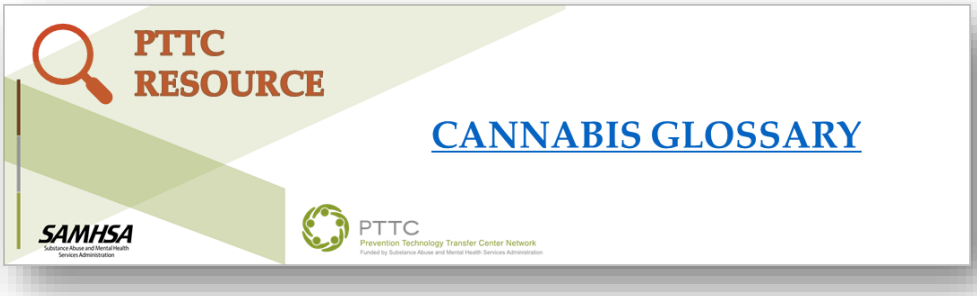
"Its origin in the U.S. was in U.S. newspapers during the 1890s from Mexico through the transnational press. Marijuana, or marihuana, was the word used to describe the drug in Mexico dating back to the 1840s. It was popularized in the United States at the turn of the century, when U.S. newspapers started to publish English-language articles from Mexico, largely about crimes committed by people high on the drug. Marijuana had a "wicked reputation" in Mexico long before it did in the U.S. It was considered backwards and uncivilized; associated with madness, criminality, and with soldiers as headlines linked the plant to crime and acts of dubious character."[19]

"Some avoid the word because of the argument that it was popularized in the United States to stoke anti-Mexican sentiment. But some argue avoiding the word erases the influence Mexican immigrants had on U.S. culture. Some say the term became popular because of Mexican influence on U.S. culture, not because of a conspiracy to demonize Mexican immigrants. It also acknowledges Mexico's contribution to the global cannabis culture. "[19]

In Year 3 of the PTTC's Marijuana Risk Work Group, the work group deliberated and came to a decision to change the name of the work group from Marijuana Risk Work Group to Cannabis Prevention Work Group. There was unanimous agreement that this was an opportunity for the Work Group and the PTTC Network to show leadership in shifting the language we use when we talk and educate around this substance, especially given the mixed history of the usage of the term in contributing to the marginalization and stigmatization of Hispanic and Latino people.

The term cannabis, as defined above, was established in the U.S. in the 1700s as the scientific name of the hemp plant, from which marijuana is derived.

"This is the word that Illinois lawmakers decided to use in the 600+ page law legalizing recreational marijuana and the state law legalizing medical marijuana in 2013. A lead sponsor of the recreational cannabis bill said lawmakers were uncomfortable using the word marijuana and wanted to stick to the scientific name because of the plant's controversial history. Several dispensaries and industry groups have also shifted toward using the word cannabis as opposed to marijuana or pot, some say to emphasize the drug's medicinal benefits."[19]



Moving Beyond a Fear Perspective

For important reasons, our communities are concerned about the effects of cannabis use on adolescents. This concern is central to many of the debates about cannabis use prevention and policy. "Of these concerns, the one that often rises to the top is whether adolescents who use cannabis are more likely, *as a result* of using cannabis, to go on to use other more dangerous illicit drugs such as cocaine and heroin (Goode, 1974; DuPont, 1984; Kleiman, 1992). This is what is often referred to as the 'gateway hypotheses'. A second set of major concerns has been about the effects that adolescent cannabis use may have on psychosocial outcomes, such as, educational achievement, employment, involvement in crime, and mental health."[14]

"While the concern about the 'gateway hypotheses' continues to dominate this debate, the significance of the role of cannabis in this hypothesis remains controversial. What studies have shown us is that any causal relationship between cannabis and other illicit drug use is more likely to be sociological than pharmacological.[14] The association more than likely reflects a combination of: (1) the selective recruitment to heavy cannabis use of persons with pre-existing personality and altitudinal traits (that may be at least partially genetic) that predispose to the use of intoxicants; (2) cannabis users affiliating with drug-using peers who provide more opportunities to use other illicit drugs at an earlier age; (3) supported by socialization into an illicit drug subculture which has favorable attitudes towards the use of other illicit drugs."[14]

"While cannabis isn't necessarily a direct gateway to other drugs, it can be detrimental to youth potential in other ways. Young people who use cannabis are at an increased risk of adverse psychosocial outcomes, including impaired educational achievement, poor mental health, and reduced life opportunities. Longitudinal studies suggest that these associations are partly explained by the fact that young people who use cannabis in early adolescence are those who were at greater risk of using other drugs, engaging in risky or delinquent behavior, experiencing poor mental health, attempting suicide, and doing poorly at school. It's important to note that these increased risks were typically present with these adolescents *before they began to use cannabis* and are common risk factors with substance use in general."[14]

Some possible explanations for these associations have been suggested by Fergusson and Horwood (1997), namely, that adolescents who struggle socially and have behavioral issues as children are more likely to use cannabis at an earlier age. Early cannabis use also increases the chances of an unconventional lifestyle as a result of affiliating with peers

who use substances and engage in riskier behavior. It may also lead to disengaging from conventional social roles such as completing education and obtaining a job. The acute effects of cannabis intoxication may also play a role by encouraging impulsive behavior and impairing cognitive performance in the *minority of school-age youth who are daily cannabis users.*[14]

In simpler terms, all this is to say the root causes have more to do with the social environments in our communities than they do with the changing composition of cannabis. Herein lies the opportunity and power of our prevention work.

PTTC RAD FELLOW PROJECT HIGHLIGHT

Anni Stanley-Smith

NEW HAMPSHIRE FELLOW

How would you describe the product you'll be creating?

A communication frame that will compassionately educate parents, caregivers, and youth on the potential harms of cannabis use on young brains while not stigmatizing cannabis use for therapeutic reasons.

IC&RC Domains: Prevention Education, Service Delivery, Communication domains supporting Principles 1, 7 and 11 of the Prevention Code of Ethical Standards.

Anni Stanley-Smith, CPS is a graduate of Southern New Hampshire University with a Bachelor of Science Degree in Industrial Organizational Psychology. Anni works as the Director of Substance Misuse Prevention for the Capital Area Public Health Network. She has been an employee of Granite United Way since 2011. She has experience in volunteer management, event planning, networking, public speaking and action planning. Anni received her Certified Prevention Specialist (CPS) credential in May 2016.

LINK TO PRODUCT

A communication frame that will compassionately educate parents, caregivers, and youth on the potential harms of cannabis use on young brains while not stigmatizing cannabis use for therapeutic reasons.

SAMHSA
Substance Abuse and Mental Health Services Administration

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

The Youth are Doing Better than We Acknowledge

Our field is obsessed with data, often without acknowledging or fully understanding its limitations and the malleability of perception. Data is certainly an important part of our work and can serve as a meaningful benchmark and measure for progress, as well as a signal for more attention and exploration. Data can tell a story, and when used effectively can tell a compelling one. Data can also be dangerous. It can be used to spin and manufacture stories of convenience and false progress. Data is particularly dangerous when combined with (and often as the result of) cultures of domination and oppression that have been baked into our systems and institutions. The presence and reality of these cultures are reflected in the continued struggles with race, diversity, equity, and inclusion that many of our organizations are currently facing.

What can be lost in an overwhelming desire for answers through data, and an overemphasis on outcomes, is a connection to the process by which we seek – and more importantly define – data. Our relationship with data and the people that it represents can be lost or become an afterthought. But there are important gaps in data that cannot simply be filled by the concrete and quantifiable. Instead, we must also seek a deeper understanding and awareness of the rich data that also exists in both the wisdom and experience of the people and communities our work is intended to serve.

With this acknowledgement in mind, here are few pertinent, albeit generalized, pieces of cannabis use data[5]:

- Past-month cannabis use by youth ages 12-17 has fallen since the beginning of this century.
- Past-year, past-month, and daily or near-daily use has risen steadily nationwide in the past decade among youth ages 18-25 and adults age 26 and older.
- As of 2012-2013, daily or near-daily users accounted for 75% of cannabis purchased and 60% of dollars spent on cannabis. More recent surveys report that those using cannabis daily or near daily still make up 80% of consumption and 71% of the days of use.
- These most frequent cannabis users are disproportionately likely to have lower incomes and less education than the general population.
- Youth cannabis use rates have remained relatively stable or increased slightly over the last 10 years. However, youth have become less likely to perceive cannabis use as risky, which may result in greater youth use as availability of cannabis increases.
- While it may be soon to tell, early studies of the effects of legalization of non-medical cannabis suggest that adult use increases in its wake; findings on effects of legalization on youth are mixed.

Generally speaking, the majority of youth are doing better than we think as it relates to trends in substance use. Additionally, only two of these trends have direct implications with our focus on primary prevention. There is a lot to celebrate with regard to the impact of our youth substance use prevention efforts over the years.

A public health approach to cannabis requires data on the plant itself as well as on patterns of use and harm. Much of this data is a moving target, with such a large diversity of variations of the cannabis plant and lack of research as a result of its designation as a Schedule 1 drug at the federal level for the last few decades. In the meantime, there are comparisons we can draw from our nation's experience with alcohol and tobacco.

FOR MORE IN-DEPTH YOUTH CANNABIS DATA, TRENDS, AND ANALYSIS OVER THE LAST DECADE:
Cannabis: Moving Forward Protecting Health

Public Health Significance as Compared to Tobacco and Alcohol

You don't have to look far when looking at other substances to provide us with a sense of the most probable adverse health effects of cannabis misuse. Alcohol shares similar effects and tobacco shares a common method of ingestion (smoking). They're also the two most commonly used psychoactive substances in the United States. In making these comparisons, it's important to acknowledge the challenges in making direct or causal inferences between cannabis use and these adverse health outcomes. There is also limited information on the magnitude of risk that cannabis use poses, given the lack of epidemiological research on its health effects compared to alcohol and tobacco use.

Decades ago, a number of attempts were made to make quantitative comparisons of the effects of alcohol, tobacco, and illicit drugs on mortality, morbidity, and societal costs in Australia. These estimates cover a period when rates of cannabis use in Australia were among the highest in the developed world. "Holman et al. (1988) estimated that in 1986 there were over 23,000 deaths attributed to drug use in Australia. Most deaths were attributed to tobacco and alcohol, in that order, with tobacco use accounting for the vast majority (app. 75% of the total). There were close to 500 (app. 2% of the total) deaths caused by illicit drug use with over half (60%) being attributed to illicit opiate use. None were attributed to cannabis. This rank order was also maintained in person-life years lost and bed days."[14]

"The absence of morbidity attributed to cannabis use was explained by the authors to be reflective of the fact that 'apart from dependence, abuse, and withdrawal', no other adverse health effect of cannabis was 'sufficiently substantiated or quantified' (p.377). English et al. (1995) updated the Holman et al. estimate using Australian morbidity data for 1992 and again *no deaths were attributed to cannabis*. In this study opiates were responsible for 92% of the illicit drug deaths."[14]

"There were also studies conducted to attempt to assess the economic impact of substance misuse. Collins and Lapsley (1991) used Holman et al.'s findings from Australia in 1998 to determine a total economic cost of $14.4 billion, of which $6.8 billion was attributed to tobacco, $6.0 billion to alcohol, and $1.4 billion to illicit drugs. The authors updated this analysis to reflect English et al.'s 1995 study and found a similar distribution. The total costs increased to $18.9 billion of which tobacco accounted for 67%, alcohol for 23%, and illicit drugs 9% (with most of these deaths again attributed to illicit opiate use). Similar results were also obtained in a Canadian study by Xie, Rehm, Single and Robson conducted in 1996."[26] These studies provide more evidence for why more research should be dedicated to cannabis, given the high cost of other substance misuse.

While there are nuanced differences between how these studies were conducted, "they offer little doubt that based on current patterns of use and given the comparative state of knowledge about their health effects: (1) alcohol and tobacco are much more damaging to public health in developed societies than illicit drugs; and (2) cannabis use makes no known contribution to mortality and a miniscule contribution to disability."[14] In other words, our concerns with cannabis should be tempered by what we do know and not driven by the fear of what we do not.

The purpose of making these comparisons is to illustrate the double standards that are often applied to our assessments of the health effects of cannabis. They are not intended to be a dismissal of the potential for harm cannabis misuse may have. As philosopher David Hume observed centuries ago, statements of fact do not have straightforward implications for policy.

"This is no cause for complacency, however. The public health impact of alcohol and tobacco are well documented and substantial, and the public health impact of cannabis would likely increase if daily cannabis use was as common among young adults as heavy alcohol use and daily tobacco smoking."[5]

Cannabis Regulation

It is important to acknowledge that the process of taking a more restorative approach to preventing youth cannabis use, along with many of the most effective long-term prevention efforts, will take time. In the meantime, there are a number of regulatory models for nonmedical cannabis as well recommended cannabis control systems that communities may want to consider in the interest of promoting public health. These models and recommendations draw heavily on experience and research from alcohol and tobacco regulation.

In considering a more legalistic path through regulation it is also important to apply a public health perspective. The following five goals should be a priority when considering regulatory systems[14]:

1. Preventing youth cannabis use;
2. Mitigating the prevalence, frequency, and intensity of cannabis use;
3. Reducing cannabis-related harms to individuals and communities;
4. Providing accurate information about cannabis; and
5. Minimizing the influence of a profit-driven cannabis industry in setting cannabis policies.

These goals could and should be applied to alcohol or tobacco, the two major formerly illicit substances and potentially addictive substances readily available nationwide. "Indeed, states that have legalized nonmedical cannabis use have, by and large, chosen regulatory systems and controls modeled after profit-driven alcohol-licensing systems. Numerous researchers have concluded that this alcohol model has been ineffective in addressing alcohol-related problems such as excessive consumption and underage drinking, as well as in protecting public health and safety more generally. Evidence that alcohol-related emergency room visits and mortality have increased dramatically in recent years underscores this failure. The pillars of the alcohol approach – high taxes, controlled availability, and limited advertising and marketing – have eroded steadily over time. With alcohol as the fourth leading actual cause of death in the United States, and with those deaths continuing to rise, this increasingly seems a poor model to emulate."[5]

FOR A COMPREHENSIVE RESOURCE FOR BUILDING COMPONENTS OF AN EFFECTIVE CANNABIS REGULATION SYSTEM:

Cannabis: Moving Forward Protecting Health (Ch.4-9)

Two primary concerns connected to these goals and specific to our primary prevention work are Marketing and Availability. These are critical considerations with significant implications for our prevention work in the potential environmental risk factors they may contribute to. Youth exposure and access should be major considerations for communities when considering the types of cannabis regulatory systems to implement.

PTTC RAD FELLOW PROJECT HIGHLIGHT

Mariah Flynn Sanderson

VERMONT FELLOW

How would you describe the product you'll be creating?

A toolkit that prevention professionals and communities working on cannabis related policy improvement can use to help support prevention and public health at a community level.

IC&RC Domains: Domain 4: Community Organization, Domain 5: Public Policy & Environmental Change, Domain 3: Communication, Community Organization, Professional Growth.

Mariah Flynn (she/her) has worked in the substance misuse field in Vermont for 20+ years as a counselor, a case manager, and for the last 14 years as the Director of the Burlington Partnership for a Healthy Community, a substance misuse prevention coalition serving Burlington, Vermont. She is a founding member of Prevention Works! VT and the Chittenden Prevention Network, a statewide and regional effort to coordinate substance use prevention resources and strategies for the areas, and still serves on the Steering Committees for both. Mariah served as the Coordinator of the Tobacco Free College Campus Initiative for the state of Vermont for many years until that position ended last year. In her personal time she is Co-Chair of Smart Approaches to Marijuana Vermont, a grassroots effort to bring public health research and science into policy decisions related to cannabis in VT. Mariah loves spending time with her two teenagers and is passionate about building communities that provide youth and families with the skills and environment to support healthy choices.

LINK TO PRODUCT

A toolkit that prevention professionals and communities working on cannabis related policy improvement can use to help support prevention and public health at a community level.

SAMHSA
Substance Abuse and Mental Health Services Administration

PTTC
Prevention Technology Transfer Center Network
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Cannabis Marketing

As outlined by the authors of the book *Cannabis: Moving Forward Protecting Health*, a comprehensive public health approach to cannabis marketing should begin by defining permissible cannabis products and packaging, as well as basic consumer information that any product should provide. There is little doubt that alcohol and tobacco marketing influence youth consumption. The research literature clearly demonstrates the relationship between alcohol marketing and youth use as one that is causal – that is, exposure to alcohol marketing causes youth to be more likely to drink. Likewise for tobacco, the literature demonstrates that exposure to tobacco promotions enhances the appeal of smoking to many adolescents and increases their risk for initiation, with greater exposure resulting in higher risk. These results hold true for online tobacco marketing as well as more traditional forms of advertising. Cannabis marketers have been particularly active in digital and social media, and early research indicates that this marketing is associated with youth use. Some regulatory systems incentivize advertising more than others. If substantial marketing activity is likely, states should draw on lessons from alcohol and tobacco regulation to reduce and restrict marketing to the extent possible. Perhaps the most effective way to prevent or reduce negative effects of cannabis marketing is to adopt a regulatory system that removes or reduces the profit motive, and by extension the incentive to advertise.

"In the tobacco context historically, and regarding alcohol currently, educational campaigns have largely been unsuccessful, in part because young people are so heavily exposed to marketing. Efforts to use public awareness campaigns to influence illicit drug use have also been largely unsuccessful. There is strong evidence, however, from other areas of public health that well-designed and well-funded public awareness campaigns using the mass media can result in changes in health behavior at the population level if such campaigns occur in the context of complementary, community wide interventions. Effective campaigns likely need to (1) achieve high levels of exposure among the intended target audience over a long period of time, (2) happen at the same time as other effective interventions such as tax increases or increased enforcement of availability and purchasing restrictions, and (3) be guided in their design by behavior change theory and formative research."[5]

FOR A COMPREHENSIVE ANALYSIS WITH POLICY RECOMMENDATIONS:
Cannabis: Moving Forward Protecting Health (Ch.6)

"Despite the poor track record for alcohol and tobacco, and thus far cannabis, there is a continued need for efforts at public awareness campaigns and other dedicated resources to educate young people on the short- and long-term risks of cannabis use. Misinformation about cannabis is widespread, and youth perceptions of risks associated with cannabis use have been steadily falling."[5]

PTTC RAD FELLOW PROJECT HIGHLIGHT

Michael Awad

CONNECTICUT FELLOW

How would you describe the product you'll be creating?

A practical guide to introduce and assist preventionists on how to leverage social media as an environmental change strategy for cannabis prevention and adoption of health promoting norms in school and community settings.

IC&RC Domains: Domain 1: Planning & Evaluation Domain, Domain 2: Prevention Education & Service Delivery, Domain 3: Communication, Community Organization, Professional Growth.

Michael Awad, PhD has served as prevention coordinator for the city of New Haven, Connecticut since 2018. In this role, he chairs the New Haven Prevention Council, a twelve-sector community coalition of youth and parents, healthcare providers, school, civic and government leaders, law enforcement professionals dedicated to reducing the incidence and impact of substance use on adolescents. He also developed and directs the OneStep Program, a comprehensive prevention and health promotion program in New Haven Public Schools that uses social media and positive youth development to address multiple social ecological influences to adolescent substance use. Michael earned his doctorate in counseling psychology from Columbia University and completed a National Institute of Drug Abuse postdoctoral fellowship in substance abuse prevention at the Yale School of Medicine.

LINK TO PRODUCT

A practical guide to introduce and assist preventionists on how to leverage social media as an environmental change strategy for cannabis prevention and adoption of health promoting norms in school and community settings.

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Cannabis Availability

Cannabis availability – how easy it is to get- is a significant determinant of cannabis use and associated problems.

"Research in the alcohol field has found that people's perceptions about how available a substance is influences their drug use. Substance availability has multiple facets. Price and discounting determine the economic availability of various substances. Social availability arises out of the norms surrounding drug use – the degree of support for it among peer groups, family, and neighborhood social groupings. Subjective, or psychological, availability refers to how people see use of the drug – alcohol, tobacco, cannabis, and so on – fitting into their view of themselves: their lifestyle, culture, and personal identity. This form of availability is often what alcohol and tobacco marketing seeks to influence."[5]

"The final aspect of availability is physical: How easy is it, practically, to access the substance? Hundreds of studies over the past 60 years have demonstrated that increased availability of alcohol leads to increased drinking, which in turn leads to increased alcohol-related problems. A range of tobacco studies also has found associations between tobacco availability (including noncombustibles) and smoking behavior, particularly among youth. It is crucial that cannabis policies regarding physical availability build on the existing evidence regarding alcohol and tobacco availability, consumption, and harm."[5]

The unique relationship many of our prevention programs have with communities, both with the people that live in them and the bodies that govern them, provides us with a powerful opportunity to impact cannabis availability and mitigate its effect on our youth.

FOR A COMPREHENSIVE ANALYSIS WITH POLICY AND PRACTICE RECOMMENDATIONS:
Cannabis: Moving Forward Protecting Health (Ch.7)

PTTC RAD FELLOW PROJECT HIGHLIGHT

Janet Dosseva

MAINE FELLOW

How would you describe the product you'll be creating?

A presentation/toolkit municipalities can use to learn about the implications of allowing retail cannabis businesses to operate in their community. The toolkit will cover a variety of data-driven considerations communities may want to review and discuss prior to making any decisions.

IC&RC Domains: All six with a focus on Domain 2: Prevention Education & Service Delivery, Domain 3: Communication, Domain 5: Public Policy & Environmental Change.

Janet (pronounced like "Jeanette") Dosseva, MPH, PS-C 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 alumnus 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.

LINK TO PRODUCT

A presentation/toolkit municipalities can use to learn about the implications of allowing retail cannabis businesses to operate in their community. The toolkit will cover a variety of data-driven considerations communities may want to review and discuss prior to making any decisions.

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The Strategic Prevention Framework

Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. **Assessment**: Identify local prevention needs based on data (i.e., What is the problem?)
2. **Capacity**: Build local resources and readiness to address prevention needs (i.e., What do you have to work with?)
3. **Planning**: Find out what works to address prevention needs and how to do it well (i.e., What should you do and how should you do it?)
4. **Implementation**: Deliver evidence-based programs and practices as intended (i.e., How can you put your plan into action?)
5. **Evaluation**: Examine the process and outcomes of programs and practices (i.e., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

1. **Cultural competence**. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
2. **Sustainability**. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

In addition to providing these concrete steps, the SPF has several defining characteristics that set it apart from other strategic planning processes.

Most notably, it is:

- **Dynamic and iterative**. Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.
- **Data-driven**. The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- **Reliant on and encourages a team approach**. Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant

These characteristics offer opportunities to integrate equity beyond a lens and as part of every step of this community planning process. Additionally, the cross-cutting principle of cultural competence can and should be expanded to include culture *responsiveness*. It is also important to acknowledge a major limitation of this planning model as it relates to its foundation in honoring the culture of the community.

Cultural Limitations of the SPF

While intended to be a more comprehensive approach to strategic planning, the SPF is not without its limitations. Despite the SPF's stated foundation in cultural competency, the framework lacks guidelines to meaningfully address the more systemic and structural aspects of the oppression of historically marginalized communities. Thus, authors Natasha S. Mendoza, Cynthia Mackey, Vern Harner, and Kelly Jackson in their paper: *Attuning and Queering SAMHSA's Strategic Prevention Framework*, propose a SPF process based on a cultural attunement framework to enhance prevention-based social workers' ability to dismantle systemic barriers that create and perpetuate health disparities surrounding substance use and treatment for SUD. Using an example scenario, they offer recommendations for social workers seeking to expand the SPF and fully actualize its application that I feel is wholly relevant to our prevention field at large.

These characteristics offer opportunities to integrate equity beyond a lens and as part of every step of this community planning process. Additionally, the cross-cutting principle of cultural competence can and should be expanded to include culture *responsiveness*. It is also important to acknowledge a major limitation of this planning model as it relates to its foundation in honoring the culture of the community.

VIEW THIS ARTICLE FOR MORE DETAILS AND RECOMMENDATIONS:
Attuning and Queering SAMHSA's Strategic Prevention Framework

From their conclusion: "Fundamentally, social work is activist. Dismantling systems of oppression and creating intentional spaces for reflexivity are crucial first steps to establishing meaningful and mutually trusting relationships between social workers and historically oppressed

communities. Such efforts recenter equity by encouraging social workers to recognize their privileges and give space to groups who have continuously been silenced or dismissed (Jackson & Samuels, 2019). While the recommendations we propose would benefit a wide range of programs, they will be especially impactful for programs serving multiple marginalized communities such as women of color, disabled LGBTQ individuals, or trans youths. Our recommendations involve deploying critical and intersectional lenses to "queer" research efforts grounded in principles that recognize structures of power that contribute to systemic barriers (for example, racism, sexism, ableism, homophobia, transphobia, and xenophobia). It is our hope that more critical and intersectional examinations of power will help social work research move beyond reporting disparities toward achieving social change and justice. Attuning and queering SAMHSA's SPF will allow for a better approach to the organization's vision to "provide leadership and resources . . . to advance mental and substance use disorder prevention . . . to improve individual, community, and public health" (SAMHSA, 2019) by increasing its capacity to inform programs serving clients and communities most targeted by oppressive systems of power."[20]

Restoration as a Pathway to the Outcomes We're Seeking

The cannabis debate is one that has often relied on policy analysis for answers, but it's become clear that policy analysis is not enough. The path forward is not and cannot be based solely on empirical science predicated on the myth of objectivity; "that direct, objective knowledge is obtainable, that our preconceived notions or expectations do not bias this knowledge, and that this knowledge is based on objective weighing of all relevant data on the balance of critical scientific evaluation."[21] Deciding the path to take will involve striking a balance between important values, such as public health, individual liberty, and public safety. It will involve acknowledging and addressing this tension between what will often feel like competing interests in a way that honors each of their importance in service to the people and communities our work is meant to support. This will mean that the health costs that often receive the most attention be balanced with the equally important societal costs.

At this point in our understanding of our history of oppression and the resulting social justice movements, "we know that simply leveling the playing field to create "equality" is not enough. Equality is achieved when everyone has the same thing, regardless of their specific needs or lack thereof. This is very different from equity, though the two concepts are often confused or conflated. Equity is achieved when the varied needs of people are considered when developing strategies, policies, and practices. While equality is often deployed in the interests of placation and pacification, equity is deployed in the interest of empowerment for traditionally disempowered peoples."[22] We also know now that a fixed attention to equity is not enough.

"Our culture of scarcity and deficit-based thinking "yields the conclusion that there is not enough for everyone to thrive, and so the success or struggles of racially minoritized communities are attributable to innate deficiencies. But a systems view makes it clear that these struggles are due to community environments laden with seemingly insurmountable obstacles. These "equity gaps'' are antithetical to the health and well-being of racially minoritized communities. Our prevention systems are inequitable by design, and therefore, must be redesigned for equity and more importantly dignity."[23]

A systems approach to centering restoration through relationship, in the interest of dignity-advancing work, is the responsibility of the entire community, not just individuals making the "right" choices around their own health. Restoration work demands a change in systems and culture, which is a collaborative effort, not an individual one. It calls for the demystification and deconstruction of systemic inequities. This work shapes policies,

practices, and culture, and is more than "dressing up" our prevention efforts with superficial changes. Preventionists are encouraged to enter into, or go deeper in, work that holds the potential to disrupt deeply-entrenched macrostructural inequity and oppression in our prevention systems.

By "increasing social capital, repairing harm, and restoring relationships,"[24] this approach also seeks to prevent youth substance use by addressing the disconnection and pain often at its root. By shifting our attention to the broader systems that perpetuate harm, and away from a singular focus on individuals and populations alone, we may truly begin to address the structural roots of the issues that manifest as substance use and prevent it before it ever occurs.

RESTORATION IN PRACTICE

The negative consequences associated with drug arrests are a primary reason a number of public health organizations, including the American Academy of Pediatrics, have supported decriminalization, while still opposing legalization. In fact, at the time of this writing, this very issue has been acknowledged by our current President (Joseph R. Biden) in his statement on Marijuana (Cannabis) Reform where he seeks to repair the damage caused by this failed punitive approach. These preliminary steps include granting federal pardons, encouraging states to do the same, and reassessing how cannabis is scheduled under federal law. These are hopefully the first of many steps.

VIEW STATEMENT FROM PRESIDENT BIDEN ON MARIJUANA REFORM

There have also been economic efforts to repair the effects of the War on Drugs in communities of color. Cannabis 'equity' programs were pioneered by the City of Oakland, California in 2017 when it instituted a system to award cannabis licenses to applicants who were prosecuted for cannabis-related offenses or otherwise impacted by the War on Drugs. By 2020 more of these "social equity programs" had been adopted by at least 6 states and some local communities (particularly in California) in an effort to acknowledge and repay the harm perpetrated against communities of color, particularly Black communities, through equitable economic opportunities in the newly forming cannabis industry

FOR AN OUTLINE OF CANNABIS INDUSTRY SOCIAL EQUITY PROGRAMS IN 6 STATES THAT HAVE ADOPTED THEM:

Cannabis: Moving Forward Protecting Health (Ch.5)

Balancing Intention with Impact

While well-intended, these efforts at equity may also have unintended consequences. "Prioritizing and subsidizing licenses of multiple small operators in a community may increase competition among them, which could have negative consequences for the surrounding communities (for example if prices are driven down in an effort to remain competitive)."[5]

"Low-income communities are already the most likely locales for high concentrations of cannabis retail outlets, for the simple reason that wealthier communities are more likely to organize to keep them out."[5]

There are good intentions behind these programs in their attempt to create more social equity through economic assistance, but the harm to communities of color left in the wake of the War on Drugs goes much deeper than a matter of lost revenue. Furthermore, the potential negative impact of these programs may not be worth the intended economic benefits.

"It's not unlike 30 or 40 years ago when they put a lot of alcohol outlets in inner city neighborhoods. I'm in general, very skeptical of selling substances as a means of economic growth, or that we can't think of anything better to do. It's a zero-sum game; it creates some revenue, there are going to be a lot of people penalized by it, either by economics or just in terms of health outcomes. Putting a bunch of outlets in poor neighborhoods is likely to exacerbate health disparities and will probably actually suck money out of that community when you look at the aggregate economy."

Tim Naimi, MD, Canadian Institute for Substance Use Research, and Jason Blanchette, JD, MPH, Boston University School of Public Health, in person interview with authors of Cannabis: Protecting Health, Moving Forward, June 18, 2019

"We're already seeing some of the mom-and-pop businesses in Washington going out of business because they gave out way too many producer licenses in Washington and Oregon. The prices are going down, so if you think giving preferences to certain groups that it is going to help build wealth in these communities, you need to think about price decline….Another option is to just do a state-store model where you can keep the prices inflated, and say, for example, that 30% of this revenue is going to be put into evidence-based programs that we know can build wealth.

Beau Kilmer, PhD, RAND, in person interview with authors of Cannabis: Protecting Health, Moving Forward, September 11, 2019

Instead, efforts to reinvest in our communities by creating wealth defined for and by the communities, and more broadly than economic prosperity, may do more to repair this harm and build relationship between the community and our public health systems.

PTTC RAD FELLOW PROJECT HIGHLIGHT

Daniel Fitzgerald

RHODE ISLAND FELLOW

How would you describe the product you'll be creating?

A new and improved multipronged cannabis prevention education tool to be used in our alternative to suspension program. The tool could be a stand-alone product for other school districts and community coalitions to use as an alternative to suspension program.

IC&RC Domains: Domain 1: Planning & Evaluation Domain, Domain 2: Prevention Education & Service Delivery, Domain 5: Public Policy & Environmental Change.

SENIOR FELLOW

Daniel Fitzgerald, MPH, ICPS is the Executive Director of the Chariho Youth Task Force, a nonprofit in southern Rhode Island working on substance use prevention and mental health promotion. Dan's educational background is in prevention science, social marketing, and public health. Dan has worked at the state, local, and national levels with nonprofits and state and federal agencies working at the intersection of public health and social justice. In his role with the Chariho Youth Task Force, Dan was recognized as the Washington County Champion for Children by the RI General Assembly and as the RI Advocate of Year by the Rhode Island Department of Health. Dan also works for the American Lung Association and leads advocacy and public policy initiatives. Recently, Dan was recognized for his impact in the world of tobacco control and received the 2019 C. Everette Koop Unsung Hero Award in honor of the late United States Surgeon General.

LINK TO PRODUCT

A new and improved multipronged cannabis prevention education tool to be used in our alternative to suspension program. The tool could be a stand-alone product for other school districts and community coalitions to use as an alternative to suspension program.

SAMHSA
Substance Abuse and Mental Health Services Administration

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

Making Restorative Practices Part of our Work

Applying restorative practices is a new way of thinking, being, and relating to each other in our prevention work. Restorative practices emphasize the importance of relationships, and the power relationships have to positively influence human behavior. Encompassing both proactive and responsive processes, restorative practices aim to minimize conflict and tensions by building healthy connections. When conflict does occur, restorative practices work to address the root cause of the issue and repair harm to relationships.

The Difference between Restorative Practices and Restorative Justice

Restorative practices include the use of informal and formal processes that help individuals and groups build relationships and a sense of community to prevent conflict and solve problems together. Where robust social capital—a network of relationships—already exists, it is easier to respond effectively to problems, as well as to create healthy and positive organizational and community environments.[24] "Social capital is defined as the connections among individuals (Putnam, 2001),[25] and the trust, mutual understanding, shared values and behaviors that bind us together and make cooperative action possible (Cohen & Prusak, 2001)."[26]

A common example of a restorative practices is the use of 'circles' to help students in a classroom or members of a coalition respond to conflicts and problems that arise, share stories, develop relationships, and build community. As part of this practice, one person speaks at a time, everyone has an opportunity to speak, and members of the circle are encouraged to listen.[27] The circle is an alternative to the more traditional meeting structures, where hierarchy and power dynamics allow participants who are louder or more assertive to dominate the conversation.

Restorative practices are often confused with restorative *justice*, which is a subset of restorative practices. While restorative practices are intended to be more proactive, restorative justice is more *reactive*, comprising both "formal and informal responses to crime and other wrongdoing after it occurs."[24]

It is a process for *repairing* harm that has been done, rather than focusing solely on punishment, by providing a "space for community members to be held accountable while participating in creating pathways to repair."

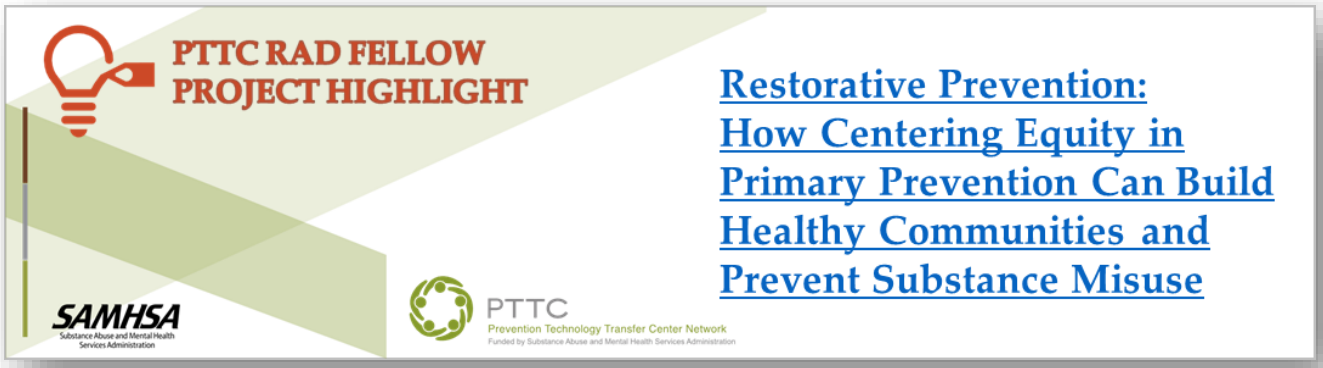
Born from the American Indian and Alaskan Native cultures in the United States, and the indigenous cultures of Canada, Australia, and New Zealand, restorative justice operates on the premise that the harm caused by an individual affects not only the person who was harmed but also the larger community—including the person causing the harm. The restorative process offers the person who caused the harm an opportunity to make peace with all of those affected, by encouraging everyone involved to reflect on how their actions impact the greater community."[28]

In the public health world, we can think of restorative justice as an indicated or tertiary prevention strategy because it comes into play after the problem behavior has occurred. It is typically directed toward individuals or groups who have engaged in problematic behavior or who are at greater risk of doing so.

FOR AN OVERVIEW ON RESTORATIVE PRACTICES
International Institute for Restorative Practices: Defining Restorative

Applying restorative practices to our prevention work means implementing prevention approaches that consider and seek to correct the harms produced by society, over decades of institutionalized racism and social injustice. Like all effective prevention, it centers and engages those who experience injustice in the planning, implementation, and evaluation of prevention efforts. But unlike non-restorative approaches, it examines the factors that affect substance misuse and other behavioral health problems through the lens of health equity and social justice and encourages us to use a collaborative, community driven process to select prevention interventions and strategies capable of addressing these factors, as well as the broader social determinants of health.

Restorative Practices in Prevention is a new way of thinking, being, and relating to each other in our prevention work. Restorative practices emphasize the importance of relationships, and the power relationships have to positively influence human behavior. Encompassing both proactive and responsive processes, restorative practices aim to minimize conflict and tensions by building healthy connections. When conflict does occur, restorative practices work to address to the root cause of the issue and repair harm to relationships.



Restorative prevention means implementing prevention approaches that consider and seek to correct the harms produced by society--over decades of institutionalized racism and social injustice.

From Theory to Practice

Given these definitions above, here are some examples of what restorative practices could look like applied to different areas of our prevention efforts[29].

- **Authentic community engagement**. Restorative practices foster collaborative learning opportunities by creating opportunities for participants to share their thoughts (and know they'll be heard) and build trusting relationships. In our coalition work, we also need to create these opportunities. Getting the right people in the room isn't enough. Instead, we need to listen and hear what people's values, goals, and what's important to them; understand how they'd like to be involved and the strengths they bring; and ensure that decisions are made *with* critical stakeholders rather than for them. We need to co-create explicit models for how people will work together toward a common agenda and goals. When everyone at the table has a chance to share their ideas, concerns, and needs, we are much more likely to create more responsive programming that is more likely to be sustained.
- **Equitable power dynamics.** At the heart of its philosophy, restorative practices invite us to work with and not for the people receiving our services, and to build the community's capacity to address its own areas of concern. These practices can help us develop a fair and non-hierarchical process that involves those most affected by the public health harms present in our society, and that builds everyone's capacity to collectively address them.
- **Policy change that doesn't cause (or perpetuate existing) harm**. In the public health world, we know that policy change is one of the most powerful ways to improve health outcomes. Yet history has demonstrated that many policies implemented in the name of public health and safety were actually designed to perpetuate deeply rooted prejudices and systemic injustices. Moving forward, we must find ways to repair these harms. For example, we can work to ensure that new legislation related to recreational cannabis sales are fair and equitable. We can support state and local policies that ensure retail cannabis tax money is used to serve people of color and other communities impacted by the War on Drugs. We must also ensure that new

policies don't harm people in our community, for example, by conducting racial and equity impact assessments of proposed policies or policy changes *before* they are implemented.[38]

- **Universal prevention efforts that are truly universal**. We use the term "universal prevention" a lot in our field, but we know it can be a bit of a misnomer. There are people in our communities who are systematically left out of our "universal" prevention efforts. Universal prevention typically focuses on the majority culture: those with more power and privilege. Universal school-based prevention strategies, for example, typically won't reach youth who are not in school—a group who may be at increased risk for substance misuse. A study of the *Strengthening Families Program* found some evidence that families that reported lower levels of attachment (a risk factor for youth substance misuse) were less likely to participate in these programs—yet the youth in these families may also have higher risk for substance use.[39] The authors suggest that more needs to be done to engage these families and to examine how we can lower the barriers to participation, such as providing childcare and transportation or even providing stipends to certain families for their participation.
- **A truly representative evidence base.** Many evidence-based prevention strategies were evaluated with primarily white populations and have never been tested or shown to be effective with populations who have been marginalized. For example, of the 91 prevention programs included in SAMHSA's former National Registry of Evidence-Based Programs and Practices, only two targeted American Indian/Alaska Native populations and only one of these was specifically designed to prevent substance misuse.[40]
- **Opportunities and support for innovation.** We need to allocate our prevention funding in a more equitable way to ensure that people of color have the resources they need to evaluate their promising practices and innovative strategies.

FOR INFORMATION ON THE RELATIONSHIP BETWEEN RESTORATIVE PRACTICES AND COMMUNITY HEALTH
International Institute for Restorative Practices

The True Peace

The first peace, which is the most important,
is that which comes within the souls of people
when they realize their relationship,
their oneness, with the universe and all its powers,
and when they realize that at the center
of the universe dwells Wakan-Taka (the Great Spirit),
and that this center is really everywhere, it is within each of us.

This is the real peace, and the others are but reflections of this.

The second peace is that which is made between two individuals,
and the third is that which is made between two nations.

But above all you should understand that there can never
be peace between nations until there is known that true peace,
which, as I have often said, is within the souls of men.

Black Elk, Oglala Sioux & Spiritual Leader (1863 - 1950)

Let's continue to define what a more restorative approach to our prevention work can be together! I would love to hear your feedback and ideas on this guide and suggested mental framework. More importantly I would appreciate hearing your stories and experiences of what restorative prevention practices look like in your community.

XII. ADDITIONAL PTTC PREVENTION RESOURCES

Additional Resources Developed within the National Prevention Technology Transfer Center (PTTC) Network

- **SAMHSA Highlighted Resources**

  https://pttcnetwork.org/centers/global-pttc/samhsa-resources

- **The New England Prevention Technology Transfer Center (PTTC)**

  https://pttcnetwork.org/centers/content/new-england-pttc

  The New England Prevention Technology Transfer Center, administered by AdCare Educational Institute of Maine, Inc., provides training and technical assistance services to the professional and volunteer prevention workforce within the New England states. The New England PTTC is developing a diverse program with multiple modes of training and information dissemination. This includes collaboration with states to hold live, in person trainings featuring the latest prevention science, but also multiple opportunities for distance learning to maximize the reach of technical assistance in the region. The New England PTTC also puts a focus on workforce development initiatives, to include introducing New England high school students and young adults to the many educational and career opportunities within the prevention field.

  The New England PTTC will serve as a hub of specialty expertise in providing training and technical assistance in the area of cannabis risk education and prevention.

- **Cannabis Prevention Priority Area**

  https://pttcnetwork.org/centers/global-pttc/cannabis-prevention

  The Cannabis Prevention Working Group (WG) exists to develop training and technical assistance tools, products, and service, related specifically to cannabis prevention education, that can be deployed across the PTTC Network.

- **Focus on Vaping and Tobacco Resources**

  https://pttcnetwork.org/centers/global-pttc/vaping-resources

- **Evidence-Based Resources**

  https://pttcnetwork.org/centers/global-pttc/evidence-based-resources

  This resource list was developed by the Evidence-based Interventions Workgroup and represents a keyword search of the resources produced by the PTTC Network. This list is by no mean exhaustive and will be updated periodically to ensure it has the most relevant resources.

- **Building Health Equity and Inclusion: Resource List**

  https://pttcnetwork.org/centers/global-pttc/cultural-responsiveness

  Developed by the Prevention Technology Transfer Center Network's Culturally & Linguistically Appropriate Practices Work Group, this site contains numerous resources to help individuals understand the impact of culture and identity in prevention efforts.

- **Tips for Ensuring a Culturally Competent Collaboration**

  https://pttcnetwork.org/centers/northeast-caribbean-pttc/product/tips-ensuring-culturally-competent-collaboration

  Developed by the Northeast and Caribbean Prevention Technology Transfer Center, this resource includes some tips for prevention stakeholders to begin a process of increasing the cultural competence of your collaborative efforts.

- **A Prevention Guide to Improving Cultural Competence: A Literature Review**

  https://pttcnetwork.org/centers/central-east-pttc/product/prevention-guide-improving-cultural-competency

  Developed by the Central East Prevention Technology Transfer Center, this resource includes a literature review and resources to help prevention stakeholders improve cultural competence and capacity to serve minority and vulnerable populations.

- **Structural Racism and Supporting People of Color: The Role of Prevention Professionals**

  https://pttcnetwork.org/sites/default/files/202101/Structural_Racism_and_Supporting_People_of_Color_-_Pacific_Southwest_PTTC.pdf

  Developed by the Pacific Southwest Prevention Technology Transfer Center, this resource includes organizational action items that aim to help prevention professionals incorporate anti-racism practices and community outcomes into their work.

- **Connecting Prevention Specialists to Native Communities, Culture is Prevention**

  https://pttcnetwork.org/sites/default/files/201906/web%20version%20%20Culture%20is%20Prevention_0.pdf

  Developed by the National American Indian and Alaska Native Prevention Technology Transfer Center Network, this resource was created to serve as an introduction to the overall framework of prevention specialists working with Native communities.

- **Connecting Prevention Specialists to Native Communities**

  https://pttcnetwork.org/sites/default/files/201905/Connecting%20Prevention%20Specialists%20to%20Native%20Communities-web.pdf

  Developed by the National American Indian and Alaska Native Prevention Technology Transfer Center Network, this resource includes a tool called the Cultural Connected Scale that evaluates the degree to which individuals are connected to their root culture. It also explains the importance of cultural connectedness and how to promote it for substance abuse prevention specialists.

- **Towards More Equity: Ways to Enhance Your Prevention Programming Resources**

  https://pttcnetwork.org/centers/northeast-caribbean-pttc/product/towards-more-equity-ways-enhance-your-prevention

  Developed by the Northeast and Caribbean Prevention Technology Transfer Center, this set of tools were developed for prevention practitioners and community coalition members to effectively assess their strategies to engage community partners, as well as to develop a plan for increasing community engagement, in a way that will help to increase reach and impact on substance use by beginning with a focus on health equity.

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New England (HHS Region 1)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA

Substance Abuse and Mental Health Services Administration