

Healthy Community, Healthy People

Community Cannabis Policy Toolkit *for the Vermont prevention professional*



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

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.



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

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 where you live and work by connecting with your native neighbors, and by visiting <https://native-land.ca/>

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This toolkit was developed for professionals working in the field of prevention in Vermont. It focuses on how prevention professionals can impact the changing cannabis landscape to ensure communities are designed to help people thrive. 3

Introduction

Communities Working Together Can Create Meaningful Change

Legal retail sales of cannabis began in Vermont on October 1, 2022. One of the biggest challenges we have with this policy shift right now is that the public understanding of the harms of cannabis use have not yet caught up with the science, particularly of the high potency THC in most products available today. In the states that legalized commercial sales before Vermont, youth are often the most impacted by adults' need to catch up. If we are not thoughtful and intentional about how we allow promotion of another mood-altering substance, communities are destined to repeat mistakes made with alcohol, tobacco, and prescription drugs and let the commercial industries control the narrative.



Vermont cities and towns have the option to “opt in” to cannabis retail through a majority vote in favor of allowing cannabis retailers to sell products in their town (more details on page 16 and 17). Regardless of whether a town chooses to opt in, there is a lot that can be done to ensure there is careful regulation that is grounded in prevention and protections for the public health.

This is particularly important for youth. Kids need an environment that supports them to remain substance-free while their brains are still developing. There is a lot cooking in there during adolescence, and the increasing promotion and heating up of the new cannabis market is exposing young people to addictive products, intensive marketing, and conflicting messaging causing things to “boil over”. Youth marijuana/cannabis use has been steadily increasing in Vermont, and nationally has reached its highest levels in 35 years. Additionally, the frequency with which people are using cannabis daily has increased, use during pregnancy is more common, and the interchangeable use of cannabis and tobacco vaping among youth may be contributing to the youth vaping epidemic.

Community normalization of use, as well as promotion and easy access to substances in communities, has been shown to increase high-risk use and the development of substance use disorders (addiction). The earlier people start using any substance the more likely they are to develop problem use.

As a professional working in the field, you are probably already aware that cannabis use can have many negative impacts on the adolescent brain, including impaired coordination and problems with learning and memory. The National Academies of Sciences, Engineering and Medicine concluded there was substantial evidence that cannabis use is associated with the following:

- Worse respiratory symptoms
- Increased risk of motor vehicle crashes
- Low birth weight, if used during pregnancy
- Psychosis and schizophrenia (highest risk among frequent users)
- Development of substance use disorder (highest risk with adolescent and frequent use)

Research also shows moderate evidence of cannabis association with higher rates of other mental health issues, including depression and suicidal ideation.



9 OUT OF 10

people who develop substance use problems started using by age 18

Delay. Delay. Delay youth use. Many youth are making one choice - no use of any alcohol, tobacco, or cannabis before age 21. onechoiceprevention.org

In order for commercial industries to make a profit, it is necessary to get people using early and often to develop long and lasting users. The substances that kids almost always start with are alcohol, tobacco, and cannabis because they are more accessible and often viewed as safer. However, the risks are significant. Adolescents and young adults using substances are more likely to be involved with violent crimes, assaults, car crashes and fatalities, falls, drowning, and other intentional or unintentional forms of harm. In addition, it increases their risk for other long-term mental and physical health impacts.

Research shows that 90% of the people who develop a substance use disorder started using before the age of 18.¹ Every year that substance use is delayed during the period that the brain is still developing, the risk for addiction and substance use problems decrease. Research shows that 9% of people who use cannabis with THC will develop a dependence, however, that number increases to 17% for users who start using occasionally during adolescence and 45% for adolescents who use regularly.² Additionally, people who have previously used cannabis with THC are almost three times more likely to later use opioids and two and a half times more likely to develop a dependence.³

Substance use disorder (often referred to as addiction) really is an adolescent disease. The more that we create environments that normalize non-use and support kids to remain substance-free while their brains are still developing, the better outcomes they and the community will have.

Marijuana and Cannabis: What's the Difference?



You may have heard the terms "marijuana" and "cannabis" used interchangeably, however, there are historical and scientific distinctions. "Cannabis" is a 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-targeted and discriminatory history connected to the use of the word marijuana.

In the law that legalized commercial sales of cannabis in VT (Act 164), the legislature mandated that the word "marijuana" be changed to "cannabis" in all laws. In Vermont, the term cannabis refers to the drug, including anything containing more than .03% THC (.03% THC or less is labeled as Hemp).

What About CBD?

CBD stands for cannabidiol. It is the second most prevalent of the active components in cannabis. CBD is generally derived from the hemp plant, a cousin of the cannabis with THC plant. By itself, CBD does not cause a "high" like THC. You may have seen products with CBD in many Vermont stores for years. They are allowed to be sold anywhere if they contain less than .03% of active THC. CBD can also help to moderate the effects of THC.

In this toolkit we will use "cannabis" and "cannabis with THC" to match the terminology used in Vermont as well as to use non-stigmatizing language. This toolkit uses "substance use", "substance misuse", and "substance use disorder" to describe levels of use of substances. Substance use disorder is a health issue related to a treatable disease and this terminology alligns with diagnostic language. Research suggests that language influences our behavior and impacts how society perceives and understands people's experiences, especially related to substance use. (More examples of people-centered, stigma-free language on page ____.)

The language we use in our work is important and should be free from bias and stigma, which can alienate and other the very people that we aim to empower and support through local change. For a quick reference, these and other terms in this document are included in the glossary at the end.

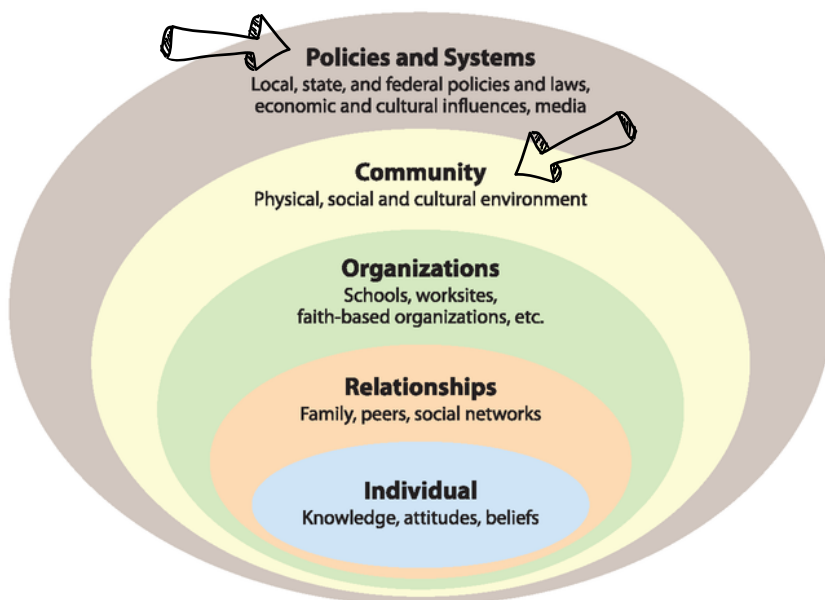
Community-Level Prevention

Substance misuse and dependence is a public health crisis that affects everyone. Yet a long history of science and research have proven that substance use and misuse are both preventable and treatable. Evidence shows that where people live plays a key role in their health. This toolkit starts with the assumption that you work in the prevention field and are coming to this work because you have an understanding of the important ways in which local policies, practices, and the built environment can support healthy behaviors and reduce substance misuse. You understand that the factors that contribute to individuals developing a substance use disorder are complex, and the public health crisis in our **communities** related to substance use will not be solved by any one program or strategy.

By **community**, we mean a group of people who share a common area, experience, or interest. For Vermont prevention professionals this often refers to people who live in the same geographic area, such as the same neighborhood, town, or school district.

People often experience community with others who have had similar experiences. A few examples are:

- Racial or ethnic community
- Religious community
- Substance use recovery community



The circular graphic to the left depicts the **Vermont Prevention Model**. It is a socio-ecological model for prevention adopted by the Vermont Department of Health. In order to effectively prevent substance misuse, communities must engage in strategies at all levels. However, **strategies that have the greatest impact focus on population level change at the two outer circles - to impact policies, systems and the community environment**. This toolkit focuses on strategies implemented at those two levels with a city or municipal-level focus.

“One third of youth experimentation with tobacco occurs as a result of exposure to tobacco advertising, promotion and sponsorship.” – World Health Organization

It is important to note, that **areas have the greatest likelihood of success in reducing substance use rates when evidence-informed strategies are happening effectively at all levels of the Vermont Prevention Model.** We hope the community you are working with has organizations and or resources supporting prevention at the other levels of the Vermont Prevention Model. If not, some of your community level work may also need to involve supporting capacity building in those areas.

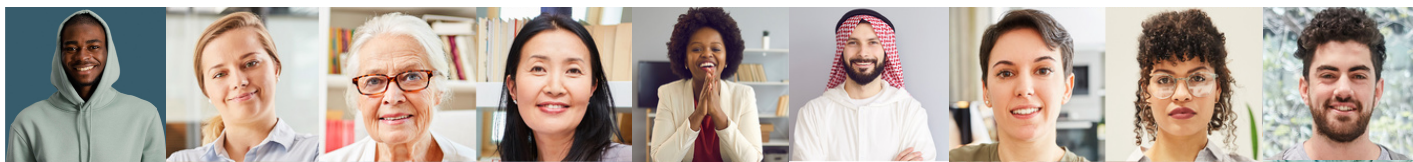
Root causes of youth Substance Misuse at the Community Level:

- Community normalization of substance use
- Access and availability of substances in the community
- Favorable attitudes about use (low perception of harms) by adults and youth
- Promotion/advertising and/or price
- Lack of regulation or enforcement of laws
- Early onset of youth substance misuse

This resource will be most useful for professionals working in the field of prevention in Vermont as the toolkit references data and laws specific to Vermont. However, the evidence-based strategies and the examples provided should be useful to individuals working in any state.



Your Role as the Prevention Professional



As the prevention professional you will likely be the subject matter expert and will bring an important connection to the research and evidence-based strategies that should guide the work. The general public often have a much easier time conceptualizing relationship and individual level strategies and may gravitate towards suggestions of activities and interventions to engage in that will impact those levels of prevention (eg. mentor programs, school-based education, parent programs). It will be important for you to bring your expertise to the conversation and to help guide the work to focus on proven strategies that have community-level impact.

How you talk about prevention and community-level prevention strategies really matters. Research from the **Frameworks Institute** showed that the majority of the American public views adolescent substance use as a “normal” part of growing up. They see it as the parents and the teens personal responsibility to make healthy choices. For example, if you start talking about things like, increasing “protective factors” and municipal strategies to reduce advertising and “community normalization of use”, people may not see the value of these strategies. **You are going to have to help the community understand.**

After testing a number of different messages, Frameworks Institute found that the value that resonates for most people is to appeal to their “Moral Responsibility (the

idea that adults have a moral obligation to protect adolescents from harm).”

Frameworks found that focusing on this value only worked when paired with information about the effects of substance use on development. Here is an example of how you could use this value when talking about cannabis prevention in a community:

“As adults, we have a responsibility to do everything we can to make sure young people in this community are able to grow up healthy, with bright futures. One of the things that stands in the way of that is if they start using cannabis or other drugs while their brains are still developing. Kids who use cannabis have lower academic performance, higher rates of mental and physical health problems, and have higher rates of truancy and dropout. Together, we can prevent these things from happening. It is our job to make sure the community policies and programs prevent their use and help them thrive.”

Frameworks Institute offers lots of tools for framing public health messages in a way that resonates for the public and will call people to action, including; talking points, toolkits, slide decks, social media posts, and even gifs. We encourage you to take a deep dive into the resources available at <https://www.frameworksinstitute.org/issues/substance-use-and-addiction/>, particularly *Reframing Adolescent Substance Use and Its Prevention: A Communications Playbook*.

Ensuring an Inclusive and Equitable Process

Just as important as the *how* of sharing your message is the significance of the *who*. Prevention professionals are most likely to be able to support community-level policy improvements when they engage and build upon strengths, goals, and relationships of community members, particularly those that are most impacted by the current policy.

Your work at a community level must be people-centered, meaning that the people who live, work, and play in the community must be engaged in and reflected in all aspects of the process. Take time to reflect on and define your purpose. Then identify the strengths you bring and the weaknesses and bias that will impact how you work. Reflecting on your biases and your position of privilege in the work is important throughout the process, particularly if you live outside the community you are working with. Historically there have been many organizations and government agencies that worked with low-income communities or communities of color that took advantage of them or did not have their best interests in mind. We must embrace our responsibility to ensure that we work *with* the community, instead of *for* the community.

People are the key to finding solutions and creating change. The environment has to be created where people can be included, heard, and supported to develop the solutions necessary for change. On the following pages we've outlined steps to support improvements to local municipal policy. Through all of the process you'll need to continue building and maintaining relationships at every step of the way.



On the next page you'll find examples of commitments you and your group can make to help the process be reflective of all the members of your community impacted by your issue. It can help you with your work to support equitable access for anyone who wants to participate.



Engagement & Commitment to Equity & Accessibility

We commit to...

- Regularly spending time in the community we are working with.
- Intentionally engaging community voices that have often been systematically silenced, ignored, and/or unheard.
- Consistently challenging our assumptions and perspectives to look for unconscious bias.
- Making every open meeting and event we host or are a part of accessible to disabled individuals.
- Offering stipends for anyone participating on the action team not there as part of their professional role.
- Providing translation or interpretation of written materials and for meetings and events as needed.
- Trusting community members to be the experts of their community needs.
- Being a learner first, and a teacher second.

Be realistic about what you can actually commit to doing. It is okay to start with a small number of commitments that you can really stick to.

Add statements of your own that are specific to your community. Read them out loud as a group and keep revisiting them. If at any point you find that your process is not aligning with the commitments you made, it is time to make a change! When your process is centered on people it will also help the group see the value in the work and stay focused on the meaningful impact it will have.

Commitments were adapted from the *Safe Routes Partnership Colorado Community Engagement Toolkit's "Community Engagement Commitment Statements"*

Learning from Alcohol and Tobacco Strategies



Since cannabis legalization in the US is a relatively new development of the last decade or so, we are still a long way from fully understanding the long term impact and what will be the best strategies to reduce risk factors. We can learn a lot from what evidence has shown to be successful in reducing the harms of alcohol and tobacco commercialization.

The World Health Organization (WHO) identified key evidence-based interventions that have been the most successful and cost-effective in reducing alcohol and tobacco use across nations. They use the following acronyms to outline them.

<u>MPOWER</u> tobacco strategies:	<u>SAFER</u> alcohol strategies
<ul style="list-style-type: none">Monitor tobacco use and prevention policiesProtect people from tobacco smokeOffer help to quit tobacco useWarn people about the dangers of tobaccoEnforce bans on tobacco advertising, promotion and sponsorshipRaise taxes on tobacco	<ul style="list-style-type: none">Strengthen restrictions on alcohol availabilityAdvance and enforce drink driving counter measuresFacilitate access to screening, brief interventions and treatmentEnforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotionRaise prices on alcohol through excise taxes and pricing policies



We can use the recommendations from WHO as a guide to support prevention and reduce use in the same way with legalized cannabis use. We've used guidance from WHO, and evidence-based strategies for alcohol and tobacco prevention, as well as borrowed from the wonderful work of California's Getting it Right From the Start; a project of the Public Health Institute, to recommend the priorities for protecting public health on the following page. While the WHO recommended interventions were developed for a national level, they are still relevant for deciding the direction of your municipal level work.

As you pull together different sectors to work on these issues in your area you will hopefully find that the following principles help unify people towards shared values that everyone feels a moral responsibility to support:

- **Protect youth.**
- **Protect the health of the community.**
- **Ensure equity and reduce harm to communities impacted by predatory industries and racist systems and structures.**

There are many strategies that communities can implement at a municipal level to reduce risk factors and improve health. All of the strategies listed on the next page fall within the possibilities of what Vermont law allows if your town or city has zoning bylaws. If your town does not have zoning bylaws that regulate land use in your municipality than Act 164 "An act relating to the regulation of cannabis" (the law that legalizes cannabis for commercial sale in VT) prohibits your municipality from restricting where cannabis can be sold.

Strategies to Make Healthy Choices About Cannabis Easier



PROTECT YOUTH

- Expand buffer zones for adult-only product sales from schools and other places kids and/or vulnerable populations gather, such as recovery centers, youth centers, public libraries, and parks. (*Retail licenses are currently required to be 500 ft from the campus of public and independent elementary and secondary schools.*)
- Limit density of retailers. (For example: “No more than 1 cannabis retail outlet for every 15,000 people in the municipality” or “No more than 1 cannabis retail outlet per 6 block radius.”)
- Enforce laws prohibiting cannabis use in public. Provide and promote language community members can use to remind people not to use cannabis in a public space. This will help this policy to become mostly self-enforcing.
- Prohibit advertising or sponsorship of cannabis (and other adult-only products) at any family-friendly community events.
- Prohibit any adult-only advertising in locations accessed by kids and/or limit or eliminate window/sidewalk/street view advertisements. Because of commercial free speech laws, limitations on advertising can be tricky.



PROTECT HEALTH

- Include language in the town plan that makes a commitment to supporting health through community design, local policy, and infrastructure.
- Choose not to opt into cannabis retail in your town.
- Work with retailers to ensure they post clear warnings about not serving to anyone under 21 and make prominently available information about the health risks of use.
- Collect data to help monitor and respond to impacts of commercial use on local kids and the community.
- Create a local structure to make decisions with a public health lens/voice (such as a local Cannabis Control Commission or licensing committee that is required to have a public health representative). Prohibit conflicts of interest in these regulatory bodies.



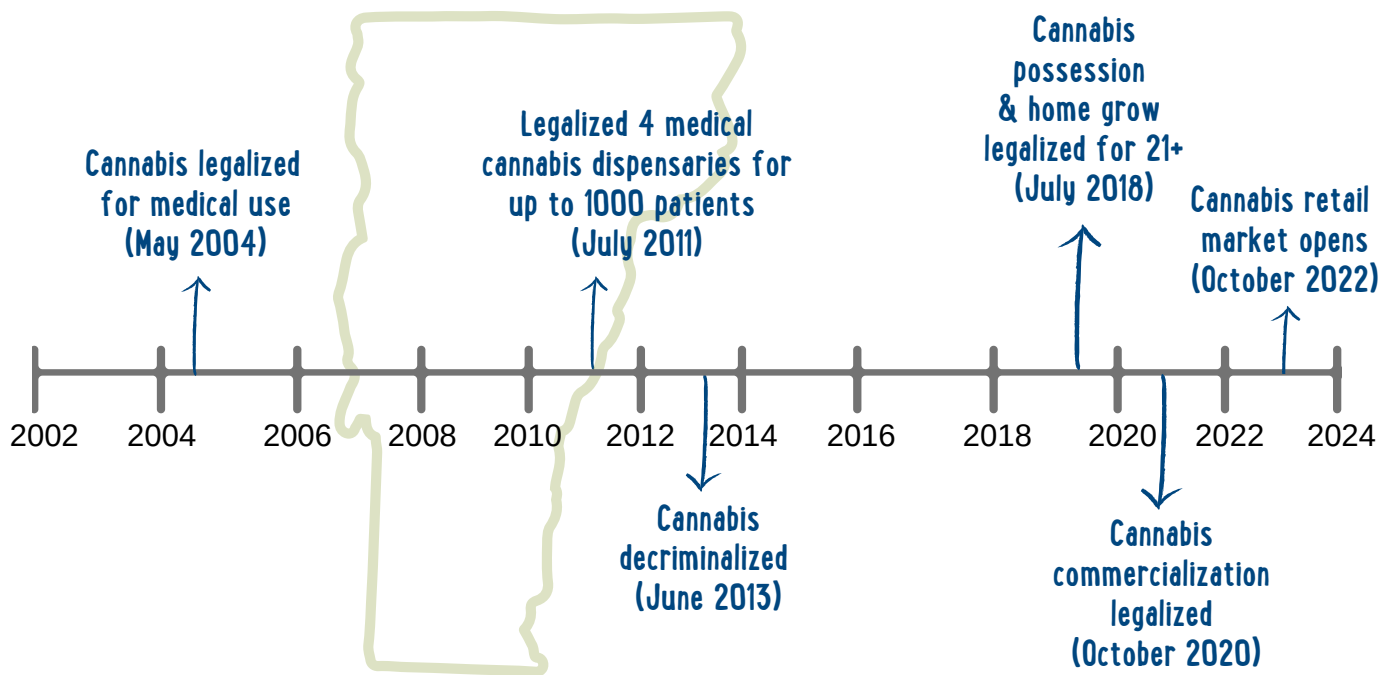
ADVANCE EQUITY

- Implement a 1% local options tax (youth use is highly influenced by price) and use the revenue to support prevention strategies, community education, and mitigate impact of the war on drugs.
- Ensure information about the health impacts of cannabis use are accessible and clear to vulnerable groups, such as low birth weight when used during pregnancy; psychosis, schizophrenia and other mental health effects; and impaired driving.
- Limit density of retailers to reduce the propensity toward having more retailers (i.e. substance use promotion) in low income neighborhoods (for example: “No more than 1 cannabis retail outlet per 6 block radius”).
- Provide clear and accessible information to immigrant communities about the risks of use to immigration status.

NOTE: If your community intends to work on strategies related to access, availability, and promotion of products (buffer zones, density, advertising, etc) it may be most successful to focus restrictions/regulations on all age-restricted products and services. Singling out a specific substance can provide more room for legal challenges.



Vermont Cannabis Laws & Regulations



Regulation

In October 2020, the Vermont legislature passed what is now Act 164 “An act relating to the regulation of cannabis” to allow commercial growing, distribution, sales, and advertising of cannabis in the state. The retail market for cannabis opened on October 1, 2022.

State level

Act 164 created an independent commission within the Executive branch of government — the Cannabis Control Board (CCB) — to regulate and license adult-use cannabis businesses in Vermont both for commercial and medical use. The board is comprised of three members, with no independent advisory board. To learn more about the CCB and the rules and regulations for the commercial and medical cannabis systems in Vermont, go to www.ccb.vermont.gov.

Municipal Level

Strategies available to municipalities to regulate cannabis can be established in three ways: municipal plans, local regulatory activities, and local nonregulatory activities.

Towns can also create a decision-making body that approves cannabis licensing, often referred to as a Cannabis Control Commission or a Local Cannabis Commission/Committee. **The public health field recommends these types of regulatory bodies be required to include public health representation on the commission and prohibit anyone with a conflict of interest from being a decision maker.**

Commercialization

A few important details:

- Full retail licensing of cannabis began in Vermont October 1, 2022.
- Products are limited to a 30% THC limit for cannabis flower, and 60% THC limit for concentrates.
- Use is legal only for adults 21 and over.
- It is not legal to use cannabis in public.
- All sales (6%) and excise tax (14%) collected from cannabis are sent to the State. 30% of the revenue (after paying for the costs of the regulatory system) from this are designated to after school and prevention initiatives for youth.
- Towns must vote to “opt-in” to retail sales of cannabis by a majority vote of those present and voting by Australian ballot at an annual or special meeting warned for that purpose. There is no deadline for voting. Towns may also choose not to hold a vote. A municipality may place retailers or integrated licensees, or both, on the ballot for approval.
- Cultivation, testing, warehousing, and distribution are automatically allowed anywhere in the state and do not need a municipal vote.
- Municipalities cannot issue blanket prohibitions of cannabis establishments via ordinance or zoning, however, towns can use zoning and ordinances to regulate location, density, use, etc.
- Retail stores cannot be located within 500 feet of a school campus.
- No advertising or price promotions are allowed on the outside of buildings or where more than 15% of the people who will see it will be under 21.



Other relevant policy information:

Vermont adults 21 and over are also allowed to grow cannabis in their home. In 2020, ACT 86 legalized possession and cultivation of “small” amounts of cannabis with THC in the home for personal use for adults 21 and older.

The Vermont Medical Cannabis Program has different rules for access to cannabis. See more information at ccb.vermont.gov/med-FAQ.

Vermont Cannabis Laws & Regulations Continued...

Federal Implications

Use of cannabis with THC is still illegal federally. It is federal law that controls and it remains a federal offense to possess or sell cannabis with THC. Here are a few examples of where Vermonters will want to be additionally careful:

- A noncitizen who admits to an immigration official that they possessed cannabis can be found inadmissible, denied entry into the United States, or have their application for lawful status or naturalization denied.
- Vermont farmers and small business owners who currently receive or would like to receive federal funding or assistance such as from the Farm Service Agency (FSA), Natural Resources Conservation Service (NRCS), and/or the Risk Management Agency (RMA) for USDA farm programs.

Other Important Factors

Vermont is a Dillon Rule State, which means that municipalities receive all of their legal authority from the Vermont Legislature. However, the language of Act 164 is unclear in some places and has created confusion in Vermont around where municipalities have local authority to make decisions related to cannabis. If the law is not further clarified through additional legislative bills, the only other place for municipalities to get clarity is through “case law” (when decisions are made through rulings in court).

In 2017, a number of Vermont coalitions worked with their regional planning commission and Vermont League of Cities and Towns to outline the legal authority in the state to regulate tobacco and alcohol and alcohol and tobacco advertising. It is a bear of a document written in legalese, but it is also one of the only of its kind and can inform community prevention work related to all three substances. The last paragraph of the Executive Summary makes an important point, ***“Municipalities in Vermont tend to “do what they have always done,” only looking at past successful practices. Given the multiple options potentially available to regulate alcohol and tobacco, municipalities could be more creative and aggressive in their approach moving forward.”***

You can find a copy of *Vermont Municipal Regulation of Alcohol and Tobacco and Alcohol and Tobacco Advertising* here:

www.ccrpcvt.org/wp-content/uploads/2016/01/VLCT-CCRPC-Study-11-21-FINAL.pdf



Creating Change from A to C

What's the Problem?

A good way for a group to get started is to **develop a purpose and/or vision statement**. In 2-3 sentences explain what the problem is and your vision for the future (how things will be better when the change you are seeking has happened). Keep it clear and concise! Here are a few questions your purpose statement should try to answer:

- What problem are we seeking to solve?
- How do we know this problem needs to be addressed?
- What is the solution?

Your Purpose and Vision Statement should help you clearly explain to others what you are doing. Below is an example of a purpose statement. In this case the group wants to change how advertising is impacting youth in the community:

“Children in our community are seeing advertising for cannabis, alcohol, and tobacco regularly as they walk to school and other places they gather. Research shows that youth who are exposed to advertising for cannabis and other adult-only products regularly are more likely to use substances than those who do not. We will reduce youth exposure to advertising of substances and create a healthy community that supports our youth to delay use while their brains are still developing.”

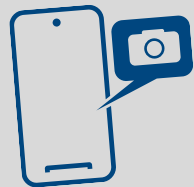
The **Frameworks Institute** offers great examples for framing health issues, particularly as they relate to disparities. It is important to call out and address equity and disparity issues, but we must do it with sensitivity. Harm may be caused if our language reinforces biases about communities that have been most impacted by commercial industries for mood-altering substances. If you are developing a purpose and vision statement with a goal of addressing health equity or social justice issues, we encourage you to review the resources for equity-centered messaging from **ChangeLab Solutions** and **FrameWorks Institute** (links included in the Resources section). This toolkit also includes examples of sigma-free, people centered language to use on page



Local Cannabis Policy Improvement Timeline

PHASE 1: ASSESSMENT & GETTING ORGANIZED

- *Gather your core team* - these are the people who already understand the problems or risks related to cannabis in your community and have expressed a desire to work on the issue. It is okay if this group is small in the beginning.
- *Collect and organize your data*
 - Do you have the data to prove why the change you want is necessary? If not, start collecting!
 - Why do you think this issue is a problem? What things are people seeing in the community that tell you it is a problem? Use the **Community Scan Tool (in the Appendix)** to help members of the team identify problem areas. This tool is a shortened version of a full Community Scan. Asking new members to complete it can be a simple way to build investment.
 - In the case of cannabis, some policy changes are so new that there may not be much data on its impact yet. In that case, you can use data from the impact of alcohol, tobacco, and prescription drugs as an indicator of what can be expected from cannabis-related policy changes.



TIP: When members are out in the community completing the scan ask them to take pictures of important visuals. You can use the images to help you tell your story to others later.

- *Assess the community needs and resources* - **The Community Toolbox** offers lots of great resources to help with understanding community perspectives and needs.
- *Make a list of the key players or possible champions for your issue* - Who needs to be involved for you to be successful?
 - **Appendix Tool B, Identifying Community Champions** can help you identify people you are already connected to and people you need to build relationships with.
 - Make note of how you want them to be involved. Will you invite them to be on the Action Team or will they be listed as someone who can be called on to speak in public forms? Are they merely a supporter who you will acknowledge to build your case? There are lots of ways people can be allies for your issue.
- *Make a list of people who will have the most influence on whether or not change will happen* - (selectboard members, city councilors, business owners, mayor, etc). Do you know how they feel about your issue? If not, find out.

PHASE 2: ENGAGING THE KEY PLAYERS



- *Invite people to be involved* - This should include people from a variety of sectors of the community. Use the list you compiled in Phase 1. You don't have to have a full table at the beginning. Start with the people that you know are the most passionate about the issue you want to work on and/or will be the most impacted by the change. Their enthusiasm may bring others to the table. A diverse and inclusive table will bring innovation and increase effectiveness. It is also important to ensure your table reflects the people in your community most affected by the problem or issue. Here are a few questions to help your group determine who to invite:
 - Who are the other groups/organizations in the community with aligned goals?
 - Who holds power in this community (other than elected officials)?
 - Who are the trusted people?
 - Who would be most impacted by the change?
- *Network and talk about this issue everywhere you can* - Every connection you have or new contact you make has the potential to lead you to another important champion for the cause. When you talk with a contact about this issue, ask who else they recommend you talk with, and if you can use their name when you reach out to others.
- *Start an Action Team that will develop and implement activities to create change* - This will likely be an expansion of the planning group from Phase 1. Bring the Action Team together consistently to: 1. Set Goals. 2. Develop strategies. 3. Implement activities to increase community awareness of and engagement in your issue. Start again from #1 and adjust goals, strategies and activities as needed.
- *Create a list of commitments and/or norms for your group* and how you will work together on this issue. These should help you ensure your team is reflective of and working in solidarity with your community. It can also be a great team building activity. The group should be allowed ample time for reflection and to share their perspectives. The "*Engagement and Commitment to Equity and Accessibility*" list on page 11 gives examples of what this can look like.

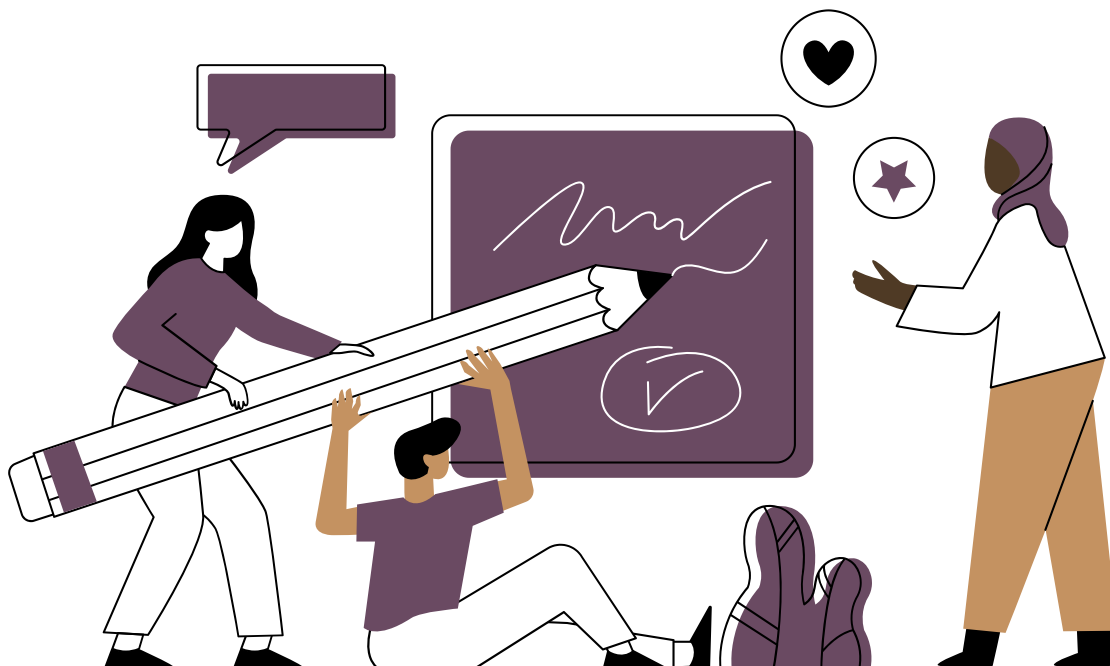


TIP: There may be periods of time where not much is happening. Schedule time in your calendar to check in with team members and other partners regularly to keep them engaged. Even if there are no changes, give words of encouragement and thank them for their involvement.

PHASE 3: PLANNING



- *Develop your Purpose & Vision statement* (see page 19) - You may also choose to do this earlier on as part of your Assessment phase to help guide your work. It can be helpful to do this with the smaller core team.
- *Identify your key issue* - this is where the assessment you did in Phase 1 will come in handy. There may be a number of problems you see in the community that need to be addressed, however, groups often find they are more successful when they target one issue at a time. You'll also need to consider the community readiness to address this issue.
- *Develop an action plan* - make sure it includes estimated start (or completion) date and identifies who is responsible for each task. Don't overcomplicate it! It doesn't need to be perfect. Your team will probably make a lot of adjustments along the way. Just focus on the most important activities and what will make it a meaningful experience for the people involved. A few questions your plan should answer:
 - What individuals will you need to reach out to?
 - What are you going to do to raise awareness of the issue?
 - What audiences will be most important to message to? Why?
 - How will each team member contribute? To keep people engaged make sure everyone understands their role and has a responsibility in the plan.



PHASE 4: MOBILIZE THE COMMUNITY



- *Identify your audience* - What populations of people in your community are most likely to care about this issue?
- *Develop clear, concise and persuasive messages for your key audience(s)* - Tailor talking points to the audiences that will care and take action on your issue. See examples on page 30 and 31 to get you started.
- *Connect your message to personal stories and anecdotes* - Personal stories put a face on the issue and help create an emotional connection. They are one of the best ways to make sure someone remembers your issue. People may not remember a data point, but they will remember if someone shares about a mental health break their child had from high potency cannabis use.
- *Develop a list of brief talking points* to help everyone in your group can be on the same page. You could also develop a document with Frequently Asked Questions and the answers. It can take a little more time, but is a good resource to help your group answer questions with one voice. It can also be used on an organization website or newsletter.
- *Promote your message* - Some inexpensive ideas are: letters to the editor, press conference, social media campaigns, lawn signs, postcards, articles in local news, “chalk the walk” (write facts on sidewalks in chalk) or newsletter articles.
- *Create buzz. Engage people in discussion around your issue* - Some inexpensive ideas: Town Halls, Community Dialogue Nights, sign-on letters, ask questions of political candidates at events, do polling at community events, create an online survey or attend local meetings to network and talk about your issue.

TIP: If you host community events or meetings, remember that the quality of the experience is the most value added. You don't need to have a lot of events or people attending. A small group of committed people who show up and speak up has shown again and again to be incredibly powerful.



- *Encourage people to speak up about the issue* - invite people to share the talking points at public meetings and with decisions makers. As part of your action team or contact list for this issue, it will be helpful to have people who can speak publicly that represent the sectors most important to your particular issue. Specifically people who who can share personal stories.
- *Connect decision makers with your talking points* - Get information about the changes you want to happen to the people who will ultimately be responsible for deciding whether or not to make a change. It could include; emails and letters, personal meetings, speaking at public meetings, presentations at public meetings, inviting them to your events, etc.

PHASE 5: PERSISTENCE



- *Don't give up!* - Policy improvement takes time. Some changes may come quickly, but most often policy improvement happens over years, with small incremental changes that eventually lead you to your final goal. Take time to pause and celebrate these small changes when they happen. It will help to keep you and your team motivated.
- *Listen and learn* - As you are doing this work you may find that there are very specific barriers that keep things from moving forward. Maybe people are concerned about the impact on business? Or about related social justice issues? Listen to what people are saying and be ready to improve your talking points to address the concerns. You may also need to revise your strategy to engage more people from a particular sector that can speak to these specific concerns.
- *Adapt* - Think of the phases listed here as a circle, not a line. If you are struggling to move your work forward you may need to revisit a previous phase.
 - Do you need to do additional data collection so you can make a better case for your proposed change?
 - Have you included authentic voices from the residents of the community?
 - Has anything important changed from the time you started this work?



PHASE 6: CELEBRATION - YOU DID IT!



- *Tell people about it* - When the thing you wanted to change finally happens, promotion and celebration is not only important for you and all the people who worked so hard to make it happen, it is also important for the community. If the community does not know about and understand what has changed, it will be harder to put it into practice and normalize it. Don't skip this phase - it is an important part of the process! Here are a few examples of how you could get the word out:
 - Press releases & press conferences
 - Letters to the editor - thank the people that were really important to the process
 - Articles in your organization and partner newsletters
 - Signs around the community to explain the change
 - Ads in local publications
 - Develop promotional materials (posters, reminder cards, social media graphics, etc.) to share in appropriate spaces. If there is an area that could be particularly problematic, create something specific for that area. For example, placing signs outside cannabis retailers reminding people not to use cannabis in public.

A Vermont Case Study in Persistence

Creating a Smoke-Free Outdoor Marketplace in Burlington

To eliminate the negative impacts from secondhand smoke and reduce youth exposure to public smoking, the Burlington Partnership for a Healthy Community (BPHC), a coalition in Burlington, VT worked with the community to ban smoking in the Church Street Marketplace. The Marketplace is an outdoor pedestrian mall in the heart of the city.

- **First 2 years:** BPHC worked to increase public awareness of the consequences of secondhand smoke and benefits of smoke-free policies. They placed educational ads in the local newspaper and sent mailings to residents. They organized committee meetings to discuss strategies for improving policy and spread the word about opportunities for residents to voice their opinions to policy makers at community meetings. They found a champion in a City Councilor who brought the issue of banning smoking in the marketplace before the ordinance committee of the council. However, concerns about the impact on local business kept it from getting out of the committee and before the full council.
- **Years 3 & 4:** BPHC built new partnerships with business owners and representatives working in the Church Street Marketplace Association. BPHC surveyed residents to show community support for the change and encouraged the Marketplace to survey regular shoppers. After a lot of education and relationship building the Marketplace Commission began to see the value in change. They became a strong champion for banning smoking because the data showed it would positively impact business and they would save money from the costs of cigarette butt cleanup. By this time the coalition had developed support from multiple City Councilors and an ordinance was proposed to ban smoking between 9am-9pm and put to a vote before the council in 2012. It passed, but was then vetoed a few days later by the mayor who was leaving his position soon after.
- **Year 5 & 6:** BPHC worked to engage more individuals who could speak to the impact of smoking and secondhand smoke on their lives. They developed a sheet of FAQs to help champions for the cause have responses to regularly asked questions. The now champions at the Church Street Marketplace Association worked to show that there was support from businesses for the change. They surveyed the Marketplace businesses and found 76% were in support of the ban. One Marketplace Business owner even brought in a visual to a City Council meeting that he said was a full box of over 9,000 cigarettes collected by maintenance staff over the course of the week. Youth and parents in the community came to speak at public meetings in support of a ban. BPHC worked with representatives from the Tobacco Control at the Department of Health to share testimony at City Council meetings about the public health benefits of smoke free public areas. Eventually, an ordinance was proposed that barred the use of all lighted tobacco products and substitutes in the Church Street Marketplace. In November 2014 the ordinance passed with overwhelming councilor and mayoral approval.

With persistence, adaptability and continued education and partnership building, BPHC built support for outdoor smoking bans in Burlington over time. In December 2014 the new ordinance went into effect on with signs saying, *"Please help support the health of our community - No Smoking on Church Street"*.



Be the Voice for Cannabis Issues That Matter



Advocacy is an important part of the policy improvement process. Individuals working in the prevention field *should* be vocal and visible advocates for improvements to policies and systems that are contributing to substance misuse and dependence. Some of the most effective ways to do so are to connect and work with elected representatives or other public officials, and you are the subject matter experts they need to hear from to understand these issues. However, too often uncertainty about rules and restrictions pertaining to nonprofit organizations and questions about advocacy vs. lobbying keep individuals and organizations working in the prevention field from engaging fully in this work. All coalitions, organizations, and professionals in the prevention field can educate their elected officials at every level, regardless of the funding sources they receive. There are restrictions for nonprofit organizations related to **lobbying**, or taking a specific position on bills or local policy up for consideration.

It is critical that our field step up and become leaders in policy and systems improvement. Take the time to fully understand the rules about advocacy and lobbying, and what you can and can not do in your professional role during work hours. Then make clear plans for how you or your organization will commit to being a valuable resource for providing key information to decision makers. A great resource to learn more about effective and legal advocacy for non-profits is the:

*Advocacy Toolkit:
Guide to Educating Legislators from the
Community Anti-Drug Coalitions of America*



Tips for Communicating About Cannabis Issues

DO

Choose your audience(s).

Determine the types of people or sectors that are most likely to care about your issue and tailor your talking points to them. Align the values you know the audience has with your issue and why it matters to them.

Focus on the positive.

Show that change IS possible.

Give your audience ways to think differently.

Be respectful of where they are and slowly push their understanding and perspective by asking good questions and giving them new information. Experience with Motivational Interviewing comes in handy here.

Use plain language and make points that are easy to understand.

Research shows that material that is easy to process feels familiar, and when it feels familiar, it feels true. Something will also feel more familiar the more times someone sees or hears it.

AVOID

Don't try to convince everyone.

People are different and it is almost impossible to find one message or talking point that everyone can connect to.

Don't use a new key message widely without testing it out first.

Avoid using the “myth” vs “fact” style of sharing information. It is tempting to develop materials like this because people often repeat common myths when they talk about cannabis. However, research shows this style has mixed results. Repeating the myth can subtly reinforce it in people's minds and make it easier to remember. It also gives the perception that the false belief is widely held, potentially normalizing it.

Avoid using jargon and acronyms.















Use People-Centered, Stigma-Reducing Language

Whether you are communicating directly with someone or creating materials to support your cannabis policy issue the words you use should be non-judgemental and keep the focus on people in a way that does not contribute to stigma or bias. Below are a few examples of language closely connected to the specific work of this toolkit.

 SAY THIS	 AVOID THIS
person with Substance Use Disorder	addict, alcoholic, junkie, druggie
Substance Use Disorder	drug or alcohol addiction
drug use or misuse	drug abuse
person living with an Substance Use Disorder	battling or suffering with an addiction
persons who use drugs, people who smoke	smokers, alcoholics, drug-user/abusers
people with a mental illness, people with a diagnosis of mental illness/mental health disorder, people with a pre-existing mental/behavioral health disorder	mentally ill, insane, crazy, mental defect, battling or suffering from [condition]
people who are at increased/higher risk for ____, people who live/work in settings that put them at increased/higher risk	High-risk people, High-risk population, Vulnerable population, Priority populations
vested partner, contributors, community members, community impacted, community affected, coalition members, allies, colleagues, clients, interested parties/groups, implementing partners, working partners, funders	stakeholder
cannabis, cannabis with THC	marijuana
retail cannabis, adult-use cannabis, commercial cannabis <i>(helps define who and what the product is for)</i>	recreational cannabis use <i>(has an association with positive and fun activities)</i>

Tips for Talking with Public Officials

DO		
	Start on time. Be prepared and courteous.	   
	Prepare your talking points ahead of time. Keep them brief. What 1-3 points do you really want them to know? If you want them to do something make the ask clear.	
	Include an example or story that helps them understand why this issue is important to individual people.	
	Be prepared to counter misinformation they may have with data and facts. Cannabis research is an issue that everyone is catching up on, even policy makers. Politely say something like, <i>“One of the things that I really appreciate is how much more research there has been done on cannabis is how much this has helped us learn in the last decade. The research now shows that cannabis use does contribute to _____.</i> If it would be helpful, I can follow up with more information for you.”	
	Be optimistic. Show them that change is possible, not that problems are huge and challenging.	
	Thank them for their time.	
	Follow up with additional information or resources that they ask for or that you think they should have.	

AVOID	
	Don't attack the policymaker for their record on your issue or disparage the government or politics.
	Avoid technical terms or acronyms unless you are confident they know them.
	Don't make up an answer. If you don't know the answer to a question, you can say <i>“That's a great question. I don't know, but I'll find out more and get back to you.”</i> Make sure to follow up by email or phone later with what you found.

Talking About Cannabis Policy Improvement - Key Points for Different Audiences

We've compiled a few talking points related to cannabis policy that may help you when talking with different audiences. These are just to get you started. It is best to learn as much as you can about what the audience you want to engage cares about and tailor your talking points to their interests or your shared values. Go back to pages 21-23 to review steps for engaging your audience and partners.

General

- **Substance use prevention is possible and necessary** - Rates of use for alcohol and tobacco in the U.S. have declined steadily since the 70s with sustained public-health strategies. A great example of success comes out of Iceland. Iceland used strategies like providing quality afterschool programming, increasing legal age limits, and a ban on advertising to reduce their youth substance use rates to less than 5%. Over time they were able to close almost all the rehabs in their country because they were no longer needed.
- **Towns/cities should take their time** - Decisions about whether or not to opt into cannabis retail should be made after careful and thoughtful assessment. Vermont moved quickly to commercialize cannabis without fully assessing the impact of each state policy decision. The only people who benefit from rushing are some businesses and the Big Cannabis industry.
- **Vermont has the highest rates of cannabis use in the US** - Vermont continues to rank #1 for use in the past month for people aged 12+ (22%). (Data from the National Survey on Drug Use and Health 2019-20.)
- **Higher potency in cannabis with THC is associated with increased risk of psychosis and substance use disorder** - Local communities are often where the impact of increasing mental health needs are seen most strongly. Communities should work on policies and practices that make access to treatment and health as accessible as access to cannabis and other mood-altering substances.

Municipal Decision Makers

- **Municipalities can use local policy to help reduce the substance use issues in their community.** Policy affects everyone in a community, regardless of individual opinions and viewpoints and can have long and lasting implications for a community. The responsibility of setting local public health policy is an important one.
- **At the local level municipalities have more control over how available cannabis products are.** Commercial giants of addiction have been investing in cannabis. Altria, the parent company of Philip Morris, invested \$2+ billion into the cannabis industry, as well as investments in Juul - the vaping giant. These industries have more influence at the state and national level but they are not able to be in every community so locally what the people want matters more.

Cannabis Policy Improvement Talking Points by Audience

- **All children have the right to grow up in a healthy environment** - Legalization of cannabis in Vermont means that youth are more likely to be exposed to signs for cannabis, stores, and products. Promotion and easy access to substances in communities has been shown to increase high-risk use and the development of Substance Use Disorders (addiction).
- **Kids need an environment that supports them to remain substance-free while their brains are still developing** - There are health effects and risks from cannabis that are unique to youth. One important one is that cannabis with THC is addictive and developing brains are at higher risk for developing problem use. 90% of the people who develop a substance use disorder started using before they were 18 years old.
- **Addiction is where the industry makes their profit** - The cannabis industry makes the most money off of people who use it frequently. Research shows that they need to get people using early and often to create lifelong daily users. Meaning, they need to hook young people to make a profit. This industry is following the playbook of alcohol and tobacco companies and using deceptive marketing and youth friendly products to get in front of teens and normalize use.



Parents & Caregivers



Young People

-
- **There are health impacts and risks unique to youth** - One important one is that cannabis with THC is addictive and developing brains are at higher risk for developing problem use. 90% of the people who develop a substance use disorder started using before they were 18 years old. Because, THC potency is stronger today – especially oils and concentrates - it more risky than ever before for teens to use.
 - **The industry makes a profit off of developing problem use in young people** - The cannabis industry makes the most money off of people who use their product frequently. Research shows that they need to get people using early and often to create lifelong daily users. Meaning, they need to hook young people to make a profit. This industry is following the playbook of alcohol and tobacco companies and using deceptive marketing and youth friendly products to get in front of teens and normalize use. Use your critical mind when evaluating promotional info you see about cannabis.
 - **Ask yourself what you want your community to look like** - When you picture a healthy community, what does it look like to you? Does our community look like that? If not, what would you like to see change?



Social Justice & Equity Advocates

- **Commercialization of cannabis does not address the root of the systemic injustice, racism, or inequities related to cannabis** - Solutions like removing criminal penalties, expunging records, decriminalization, and other ways to offer justice are about helping people rather than for-profit companies. (Reference: Sonya A. Grier & Shiriki Kumanyika, *Targeted Marketing and Public Health*, 31 ANN. REV. PUB. HEALTH 349, 363 (2010).
- **Commercial tobacco and alcohol industries have a history of targeting populations such as BIPOC or LGBTQ+ people with addictive products** - Vermont LGBT students in 6th - 12th grade were significantly more likely to report having used cannabis in the past 30 days than heterosexual/cisgender students (2021 Youth Risk Behavior Survey data). Commercial tobacco and alcohol industries have a history of targeting populations such as BIPOC or LGBTQ+ people with addictive products. We need to be proactive to ensure this does not happen again with cannabis.

-
- **What is good for young people also supports adults who want to be substance free** - Many of the same protections that prevent youth substance use also support people who are working to maintain a substance free lifestyle because of their Substance Use Disorder. Reducing the accessibility and promotion of cannabis and other substances in the community, supports healthy choices, regardless of age.
 - **Reducing use of cannabis may improve the opioid crisis** - There are now multiple studies demonstrating that cannabis use appears to increase the risk of developing nonmedical prescription opioid use and opioid use disorder. (Reference: "Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States". Sept. 2017 <https://pubmed.ncbi.nlm.nih.gov/28946762/>)



Treatment & Recovery



Business

-
- **We need to improve risks for employers, the local workforce, and public safety** - Rates of workers testing positive for cannabis with THC and rates of employees testing positive for cannabis with THC after having an on-the-job accident increased to the highest levels ever in 2022. Higher positivity rates were recorded in states that legalized cannabis. (Reference: Quest Diagnostics - <https://newsroom.questdiagnostics.com/2022-03-30-Workforce-Drug-Test-Positivity-Climbs-to-Highest-Level-in-Two-Decades,-Finds-Quest-Diagnostics-Drug-Testing-Index-Analysis>)

Summary

Communities have a responsibility to reduce the risks that lead to substance misuse. We can protect youth through intentional planning and design. The most impactful strategies we can do in our community happen at the policy and systems level and in the physical and social environment where we live.

Organizations and individuals working in the field of substance use prevention have a key role to play in bringing attention to these issues. We are often the subject matter experts and may need to be the ones to help the community understand the problem and connect it to information about strategies that can reduce the consequences of high risk use.

We have learned a lot about the health impacts of cannabis in the last decade or so and there continues to be growing research on the impact of cannabis policies. But the public understanding of this substance just hasn't caught up yet. We have a lot of work to do in the prevention field to help people understand that the cannabis with THC available today is unlike what they may remember from 30 (or even 10) years ago so that Vermonters can make informed decisions about use and about the impact on local communities.

The heart of the matter is that making improvements to community-level policy and practice is all about relationships. Without meaningful community relationships, and community champions for the cause, you will never be as effective and true change will be hard. Ultimately, we all want the members of the community to be a part of the decisions that impact their lives. You may need to be the one to help keep the momentum and engagement going, but listen to and trust in community members to know how to lead the way to improvements you can all be proud of.



Glossary

Advocacy - any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others. It can include things like public education, regulatory work,

Act 164 - “An act relating to the regulation of cannabis” is the law that legalizes cannabis for commercial sale in Vermont.

Cannabis - preparations derived from the Cannabis Sativa plant.

Cannabis Control Board (CCB) - an independent commission within the executive branch to regulate and license adult-use cannabis businesses in Vermont.

Cannabidiol (CBD) - the second most prevalent of the active components in cannabis. CBD is generally derived from the hemp plant, a cousin of the cannabis with THC plant. By itself, CBD does not cause a “high” like THC. CBD can also help to moderate the effects of THC.

Community - a group of people who share a common area, experience, or interest.

Density (of cannabis retailers) -the number of physical locations in which cannabis products are available for purchase either per area or per population.

Dispensary - is a term to describe a place to purchase cannabis for medical rather than recreational purposes. Vermonter’s must have a medical cannabis card to purchase from a dispensary.

Hemp - the federal and Vermont legal definition refers to cannabis plant that contains 0.3 percent or less THC content by dry weight.

Lobbying - Lobbying is taking a specific position on a specific piece of legislation, ballot proposition/initiative, or local policy change. The two types of lobbying are:

- Direct lobbying - taking a specific position for or against a specific piece of legislation with legislators or their staff.
- Grassroots lobbying - 1. communicating with policy makers or the public about 2. specific legislation and 3. urging a vote for or against. All three components are required to be lobbying.

Marijuana - 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-targeted and discriminatory history connected to the use of the word marijuana.

Municipality - In Vermont “Municipality” means a city, town, incorporated village, or group of municipalities .24 V.S.A. § 1962, 2

Ordinance - legislative act by the legislative body of a municipality (selectboard, council, aldermen, trustees).

Prevention Professional - anyone employed in the prevention field.

Tetrahydrocannabinol (THC) - the psychoactive component in cannabis that makes people intoxicated.

Vermont Prevention Model - a socio-ecological model for prevention adopted in Vermont by the public health field. This model shows the interplay between individual, relationship, organizations, community, and policies and systems to either put people at risk or protect their health

Resources

GENERAL

New England Prevention Technology Transfer Center

- **Cannabis Prevention Resource Page** - Latest health advisories from the CDC, CADCA, and other federal partners, as well as the health departments and organizations of the six New England States.
<https://pttcnetwork.org/centers/new-england-pttc/focus-cannabis-prevention>
- **Cannabis Glossary** - Common terms by topic.
<https://pttcnetwork.org/centers/global-pttc/product/cannabis-glossary-terms-topic>

Preventing Marijuana Use Among Youth - SAMHSA

A comprehensive set of resources to improve health outcomes related to cannabis. Includes information about interventions at all levels of prevention.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-01-001.pdf

The Community Toolbox

Resource for those working to build healthier communities and bring about social change. It offers thousands of tips and tools for things like community assessment, planning, intervention, evaluation, advocacy, and more. <https://ctb.ku.edu/en>

International Academy on the Science and Impact of Cannabis

Doctors who educate on cannabis. The IASIC medical library contains peer-reviewed research about cannabis translated into terminology for the general public. <https://iasic1.org/library/>

POLICY FOCUSED

Getting it Right From the Start - Public Health Institute

This California-based project of the Public Health Institute develops and tests models for optimal cannabis policy based on scientific evidence, with the goal of reducing harms, youth use and problem use and promoting social justice and equity.

<https://gettingitrightfromthestart.org/>

International Cannabis Policy Study

An annual study of national samples of respondents examining the impact of cannabis policies, including cannabis marketing and public education, in Canada and the United States. In 2021 surveys were expanded to also include samples in Australia and New Zealand.

<https://cannabisproject.ca>

ChangeLab Solutions

A nonprofit organization that uses the law and policy to advance health equity.

<https://www.changelabsolutions.org>

Smart Approaches to Marijuana

They advocate for policies and attitudes that decrease cannabis use and its consequences. Their “facts and resources” page includes a lot of good talking points.

<https://learnaboutsam.org/>

Resources Continued

VERMONT SPECIFIC

Let's Talk Cannabis - Vermont Department of Health

<https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis>

ParentUP Vermont

www.parentupvt.org

Municipal Policies & Ordinances Info Sheet - Vermont League of Cities and Towns

<https://www.vlct.org/resource/municipal-policies-and-ordinances-info-sheet>

Green Peak Alliance Health Policy Clearinghouse

Collection of Vermont resources for professionals seeking examples and information to develop policies that support healthy communities.

<https://www.trorc.org/healthpolicyclearinghouse/>

Green Peak Alliance Cannabis Caution Toolkit

Materials to educate your VT community about cannabis

<https://greenpeakalliance.org/portfolio/cannabis-caution-toolkit/>

Prioritizing Health in the Built Environment : A Municipal Planning look at Preventing Substance Use in Chittenden County - Chittenden Prevention Network

[https://studiesandreports.ccrpcvt.org/wp-](https://studiesandreports.ccrpcvt.org/wp-content/uploads/2020/10/MunicipalPlanningLookatPreventingSubstanceAbuseinCC_Final.pdf)

[content/uploads/2020/10/MunicipalPlanningLookatPreventingSubstanceAbuseinCC_Final.pdf](https://studiesandreports.ccrpcvt.org/wp-content/uploads/2020/10/MunicipalPlanningLookatPreventingSubstanceAbuseinCC_Final.pdf)

Vermont Municipal Regulation of Alcohol and Tobacco and Alcohol and Tobacco Advertising - Vermont League of Cities and Towns

<https://www.ccrpcvt.org/wp-content/uploads/2016/01/VLCT-CCRPC-Study-11-21-FINAL.pdf>

Healthy Lamoille Valley Community Planning Toolkit

<https://www.healthylamoillevalley.org/community-policy-toolkit/>

MESSAGING & COMMUNICATIONS RESOURCES

ADA Best Practices Toolkit for State and Local Governments

<https://www.ada.gov/pcatoolkit/chap3toolkit.htm>

Advocacy Toolkit: Guide to Educating Legislators - Community Anti-Drug Coalitions of America

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

Frameworks Institute

A nonprofit research organization that helps mission-driven organizations build public will for progressive change. They study how people understand social issues and develop evidence-based techniques to help professionals explain those issues more effectively.

<https://www.frameworksinstitute.org/>

References

1. The National Center on Addiction and Substance Abuse (CASA), Columbia University (2011). *Adolescent Substance Use: America's #1 Public Health Problem*. Full report. CASA is now the Partnership to End Addiction.
2. Cannabis Use in Adolescence and Young Adulthood - A Review of Findings from the Victorian Adolescent Health Cohort Study
3. Wilson, J., Mills, K., Freeman, T.P., Sunderland, M., Visontay, R., Marel, C. (2021 May 12). Weeding out the truth: A systematic review and meta-analysis on the transition from cannabis use to opioid use and opioid use disorders, abuse or dependence. *Addiction*. doi: 10.1111/add.15581
4. World Health Organization. (2013). WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization From http://apps.who.int/iris/bitstream/handle/10665/85380/9789241505871_eng.pdf;jsessionid=8F859D52E050FB353233DFF6206D6138?sequence=1
5. Reber, R., & Schwarz, N. (1999). Effects of perceptual fluency on judgments of truth. *Consciousness and Cognition*, 8, 338–34

Appendix



How Can Communities Prevent or Reduce Substance Misuse Issues?

First, we need to know a little about risk and protective factors.

Risk and protective factors help to explain why a problem exists or is likely to occur. These factors suggest why certain individuals, groups, or communities are more or less likely to have substance related issues.

Risk factors are negative influences in the lives of individuals or communities. The more risk factors a community has the more likely the community is to experience substance related problems.

Protective factors are positive influences that can improve the lives of individuals or the safety of a community. They can also reduce a risk factor's impact. Another term used for protective factors is "assets." "Asset-based" approaches put the emphasis on the positive (protective), not the negative (risk), factors that contribute to outcomes. As with risk factors, research suggests that the greater the number of assets, the more likely there will be positive outcomes.

What are COMMUNITY-LEVEL risk and protective factors?

There are factors in the community where people live - in their household, their neighborhood or town, and the larger community that influence substance use. These include the social environment, such as, the behaviors and attitudes among family, friends, and others that are accepted or normalized. As well as, the physical environment, for instance, is there easy access to resources, exposure to hazards, etc. Below are examples of community-level risk and protective factors:

Risk Factors

(We should be concerned about these)

- Alcohol and other drugs are readily available
- Laws and ordinances are unclear or inconsistently enforced
- Norms are unclear or encourage use
- Residents feel little sense of connection to community
- Neighborhood disorganization or rapid changes in neighborhood populations
- High unemployment
- Residents at or below the poverty level
- Lack of strong social institutions
- Lack of monitoring youths' activities
- Misleading media or advertising
- Pro-use messages in community

Protective Factors

(We want to enhance these)

- Opportunities exist for community involvement
- Laws and ordinances are consistently enforced
- Informal social control
- Policies and norms encourage non-use
- Community service opportunities available for youth
- Resources (housing, healthcare, childcare, job etc.) are available
- Risk focused programs available for youth and families
- Widely supported community prevention efforts are

Not all risk and protective factors are created equal! Some have more impact. More on this on the next page.

Seven Effective Strategies for Community Change

As defined by the Community Anti-Drug Coalition of America's National Coalition Institute

- 1 Providing Information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, web-based communication).
- 2 Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members, and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
- 3 Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals to community resources, support groups or clubs).
- 4 Enhancing Access/Reducing Barriers** – Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring access to: healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
- 5 Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., creating incentives such as increasing public recognition for deserved behavior, individual and business rewards, or disincentives such as taxes, citations, fines, revocations/loss of privileges).
- 6 Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
- 7 Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities, and organizations).



Evidence demonstrates that the communities that have achieved the best outcomes used interventions that included all of the categories above.


However, while prevention strategies focusing on raising public awareness and helping individuals make healthy choices is important, the most lasting behavioral change happens when interventions are focused on strategies 5, 6, and 7 to impact community systems, policies, and local conditions.

COMMUNITY WELLNESS TOOL

HOW DOES MY COMMUNITY SUPPORT HEALTHY DECISIONS ABOUT SUBSTANCE USE?

Substance misuse has been an issue in many Vermont communities. One thing that helps to reduce early use among kids is how they perceive adult use and the norms in their community. Things like lots of advertising for alcohol or cannabis at stores or smoking at public events, and can give kids the misperception that use of alcohol, tobacco, and cannabis are safe and everyone does it. If we are aware of the messages our community is sending to youth it can help us think about changes that could improve outcomes for everyone!

This tool can be used to help identify things in your community that may have an impact on substance use and misuse problems, such as underage drinking, binge drinking, tobacco use, marijuana use, prescription drug misuse, etc.

 Completing it with a child can be a great way to start a discussion with youth about substance use and abuse. The more they are aware of the community norms and influences around them, the better they will get at making their own healthy choices in spite of outside influences.

This is not meant to be done at home! Don't try to answer the questions from memory. Walk, bike, drive, whatever works for you - but get out and really look closely at the community as you fill in your answers. You may be surprised by things you never noticed before.

If you have a big community and can't get to all of it, try to just go to at least 3 different types of areas in the community (e.g: a residential area, a commercial area, and around a school).

This is just a starting place. There are MANY additional community factors that influence substance use and abuse rates. We encourage you to think more about what they are and add in additional things you noticed on your own at the end!

COMMUNITY SCAN

DOES MY COMMUNITY SUPPORT HEALTHY DECISIONS ABOUT SUBSTANCE USE?

Answer the questions below about the community you live in.

Community: _____ Date: _____ Scan completed by: _____

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores	Pharmacy	Other
Check the places in your community where alcohol is sold							
Check the places in your community where tobacco is sold							
Check the places in your community where cannabis with THC is sold							

1. Does the community have tobacco or vape shops? (A tobacco or vape shop specializes in selling tobacco products/paraphernalia). Yes No If yes, how many?

2. Are there cannabis retail shops? (A cannabis retail shop specializes in selling cannabis products, either with or without THC). Yes No

3. Does the community have stores that carry a large number of products that can be used for alcohol or drug use (e.g. glass pipes) or have products with drug related references or images (e.g. clothing with cannabis leaves or pill bottles on them, large shot glass display, etc.) Yes No

4. Do the alcohol outlets sell alco-pops? (An "alco-pop" is a flavored malt-beverage, usually with high sugar content, often with a similar design to soda/juice.) Yes Most of them No Unsure

5. Are the alco-pops displayed near other similar non-alcoholic beverages, candy, or gum? Yes No

6. Are the tobacco, alcohol, or cannabis products (including e-cigarettes/vaping devices) within 3 feet of candy or gum? Yes No Unsure

7. Are there locations where there are 3 or more places that sell alcohol, tobacco or cannabis in a 1 block area? Yes No Unsure

8. Are there community events where alcohol or other drug use is largely promoted (e.g. festivals, parades, sporting events) or the event is sponsored by an alcohol or cannabis business? Yes No Unsure If yes, what are they?

9. Are there open community events where alcohol, cannabis or other drug use is prohibited? Yes No Unsure If yes, what are they?

10. Are there open community events where tobacco use is prohibited? Yes No Unsure
a. If yes, what are they?

11. Is there town/city owned property, such as a public park or beach, where alcohol is sold?

12. Is there town/city owned property, such as a public park or beach, where tobacco and/or cannabis is sold?

13. Is there town/city owned property, such as a public park or beach, where alcohol use is prohibited? If yes, does it have clear signage?

14. Is there town/city owned property, such as a public park or beach, where tobacco and/or cannabis use is prohibited? If yes, does it have clear signage?

15. Are there alcohol, tobacco, vape or cannabis outlets located within 1000 feet of a school or youth center? If yes, do they have advertising outside? Does it light up?

**If yes, go inside. Does it also have a lot of promotion or advertising for these products inside? Is any of it 3 feet or less from the floor? Also note the height of ads on the front door.*

16. Are discarded alcohol cans/bottles, cigarettes, vape cartridges, needles or other drug paraphernalia often seen in public places (e.g., parks, trails, parking lots)? Yes No Unsure

17. Does the community have a Prescription Drug Disposal site? (A place you can dispose of unused or expired prescription medications for free. Usually at PDs, pharmacies, or health care centers.)

18. Do you see alcohol, tobacco, cannabis or other substance-related advertisements often in the community (e.g. on kiosks, in the local paper, on public transportation)?

19. Additional notes - Is there anything else you noticed while out in the community that you think is important to include?

WHAT COMES NEXT?

Did you learn anything that was a surprise for you?

Is there anything you would like to see change about your community to help support healthy choices related to substance use?

Identifying Community Champions

Possible sectors to engage	List who you want to Be Involved (put a ☆ next to the most important for your issue)	What will motivate them to get involved? Why does your issue matter to them?	Who should approach them? (Is there someone with a personal connection?)
Parents/Caregivers			
Youth			
Youth Serving Organizations			
Recovery Community			
Law Enforcement			
Education			
Higher Education			
Government			
Healthcare			
Business			
Faith-based			
Community Providers Connected to Substance Use/Mental Health work			
Community/Citizen Groups			

Community Polling

Asking questions in the right way so you'll get data that is useful to you is actually a lot harder than it seems! Below are examples of language and tested questions some organizations have used to learn more about the community and gauge interest in addressing substance use policy.

Many of the questions are broad and ask about *all* legal/commercial substances. If your community intends to work on strategies related to access, availability, and promotion of products (buffer zones, density, advertising, etc) it may be most successful to focus restrictions/regulations on all age-restricted products and services. Or to make recommendations related to advertising, content neutral (because singling out a specific substance can provide more room for legal challenges). You may find your community has more interest in addressing an alcohol or tobacco related policy improvement, but you can use that to make the case that the improvement should be applied across all adult-only substances.

Template language for introduction in an online survey

_____ is interested in gauging community support for policies that help reduce youth substance use. The following survey takes an estimated ___ minutes to complete and answers are anonymous. Thank you for your time!

Template script for introduction for an in-person poll

Hi! I'm with _____. We are interested in learning more about community support for policies that help reduce youth substance use. We have a quick survey that only takes ___ minutes. We don't need your name, the surveys are anonymous. Do you mind answering a few quick questions?

Template description of cannabis

We will use the term cannabis with THC (also known as cannabis, pot, weed, hash, kush, or marijuana) to refer to all of the different forms the plant and its preparations, including:

Dried herb	Edibles
Oils	Hash or kief
Concentrates (wax, shatter, budder, etc.),	
Cannabis drinks (tea, cola), etc.	
Tinctures, lotions, or other cannabis products	

Please think about all of these forms and types of preparations when we ask you about 'cannabis'.

Sample Community Polling Questions

During the past 6 months, how often did you use cannabis?

- *I've never used cannabis*
- *I have not used in the past 6 months*
- *Once or twice*
- *About monthly*
- *About weekly*
- *Daily or almost daily*

Did you use or try cannabis with THC for the first time *after* it was legal to use it in VT?

- *Yes*
- *No*

What is the main reason you use cannabis with THC?

- *Medical use with a medical cannabis card*
- *Medical use without a medical cannabis card*
- *Non-medical use*
- *Both medical use and non-medical use*

Which of the following places have you bought cannabis with THC from in the last 12 months?

- *A store with a retail license in Vermont*
- *A store with a retail license in another state*
- *A licensed dispensary*
- *An authorized/licensed website*
- *An unauthorized or unlicensed private services or dealer*
- *Other*

Would you support a regulation that restricts adult-only products (tobacco, alcohol, cannabis) from advertising at retailers in our community?

- *Yes*
- *No*
- *I'm neutral*

Would you support a regulation that restricts the sale of flavored nicotine or cannabis products?

- *Yes*
- *No*
- *I'm neutral*

Should _____ [Name of town or municipality] create zoning restrictions that limit how close a store that sells adult-only products (tobacco, alcohol, cannabis) may be to schools and youth centers? (Eg. no retailers may be within 1000 ft of a school.)

- *Yes, I would support a restriction that alcohol, tobacco and/or cannabis retailers cannot be within 1000 ft of a school or youth center.*
- *Yes, I would support a restriction that alcohol, tobacco, and/or cannabis retailers cannot be within 2,000 ft of a school or youth center.*
- *Yes, I would like to see a restriction. I am neutral about the specific limit*
- *No, I do not want a restriction.*
- *I'm neutral*

Sample Community Polling Questions

Do you support prohibiting adult-only product advertising (tobacco, alcohol, cannabis) at family-friendly events in our community?

- Yes
- No
- *I'm neutral*

Should the town of _____ schedule a vote on whether or not to opt in to retail cannabis?

- Yes
- No
- *I'm neutral*

How long would it take you to get from your home to the nearest store that sells cannabis with THC using your usual mode of transportation?

- *Less than 5 minutes,*
- *6-10 minutes,*
- *11-15 minutes*
- *16-30 minutes*
- *More than 30 minutes*
- *I don't know of any stores that sell cannabis with THC near where I live*
- *I'd rather not say*

In your opinion, commercial (non-medical) cannabis should be sold...

- *Only in government stores (similar to how liquor can only be sold in liquor outlets in VT)*
- *Only in cannabis designated private retail outlets (eg. store can only sell cannabis products and nothing else)*
- *Only by non-profit cannabis dispensaries*
- *In any retail outlet with a license (eg. grocery stores, pharmacies, cannabis shops)*
- *No where (It should not be sold in VT)*
- *All of the above*
- *Neutral*
- *Do not wish to answer.*
- *Other _____*

Are you interested in joining a group of people working on improving local policies to help reduce substance misuse, particularly for youth?

- *Yes! Please send me information so I can get involved*
- *Maybe, please send me information to learn more.*
- *Not at this time, but keep me informed so I can reconsider later.*
- *No*

About the Author



Mariah Flynn
Vermont Fellow

Mariah Flynn has worked in the substance misuse field in Vermont for 20+ years as a counselor, a case manager, and for the last 15 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! Vermont, the Chittenden Prevention Network, and the Northwest Regional Prevention Network; statewide and regional efforts to coordinate substance use prevention resources and strategies for the areas. Mariah serves on the Steering Committee for Prevention Works! Vermont. Mariah also served as the Coordinator of the Tobacco Free College Campus Initiative for the state of Vermont for many years. In her personal time she is involved in grassroots efforts to bring public health research and science into policy decisions related to cannabis in Vermont and volunteers her time on local initiatives to support youth and families in her hometown of Essex Junction, Vermont. Mariah is passionate about building communities that provide youth and families with the skills and environment to support healthy choices.



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
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