The Evolution of State Marijuana Policies and Where Prevention Fits In

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New England Prevention Technology Transfer
CARE
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Care Educational Institute of Maine, Inc.





What we will cover

- Discussion of the multiple layers of policy and the evolution of state legalization laws & policies
- Discussion of the intersection of policy and prevention and how we approach marijuana prevention in the era of legalization.
- Introduction of the Prevention Technology Transfer Centers and PTTC Network Marijuana Working Group

ABOUT ME...

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



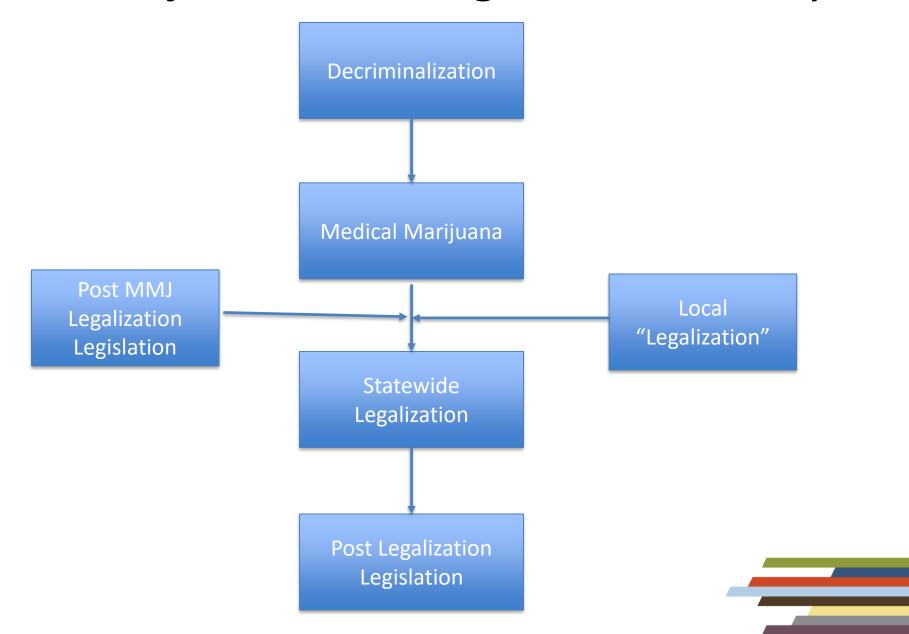


- Marijuana science trainer New England ATTC
- Former Drug policy blogger Bangor Daily News
- Maine Marijuana Advisory Commission

BUILDING ON EVIDENCE BASED PREVENTION TO CONNECT COMMUNITIES

- Marijuana policies are evolving rapidly in our states
- Marijuana policies are ALSO evolving rapidly at the community and organizational level
- What that means...is we need to look for opportunities to build marijuana prevention strategies from what we know...implement and evaluate
- We also need to look at how we can support communities and organizations with their policies and prevention strategies.

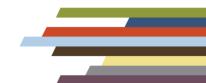
The Marijuana State Legalization Life Cycle



Maine as an example...

MARIJUANA POLICY IN MAINE





Decriminalization

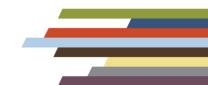
- Marijuana has been decriminalized in Maine since the 70's.
- Up to 2.5 ozs decriminalized
- Possession was a civil violation.

Medical Marijuana

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

2013 - Present Day

THE MARCH TOWARDS LEGALIZATION



Posted November 5, 2013



Portland voters legalize marijuana

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

2014

LOCAL ELECTIONS

Posted November 4, 2014 Updated November 5, 2014



Pot legalization approved in South Portland, defeated in Lewiston

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

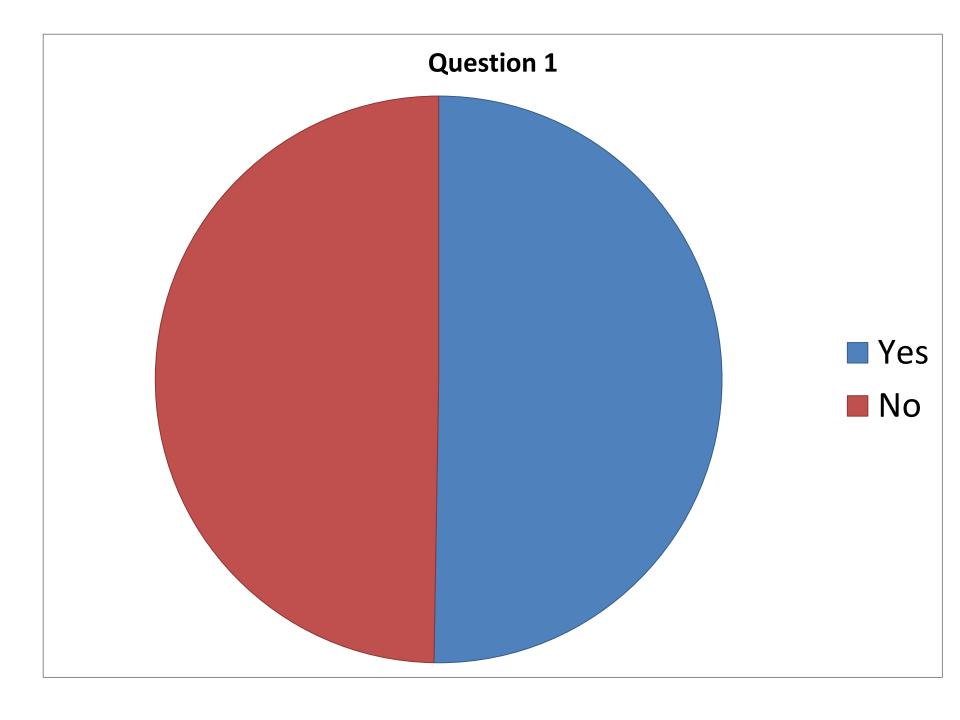
2016

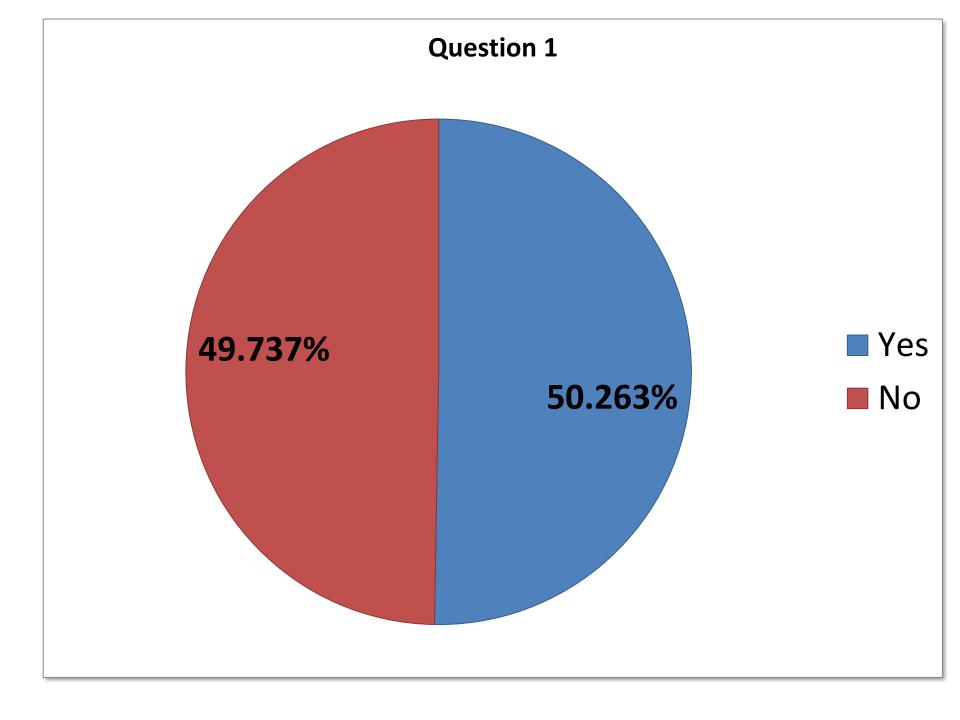
POLITICS >

Posted November 10, 2016 Updated September 13, 2017



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

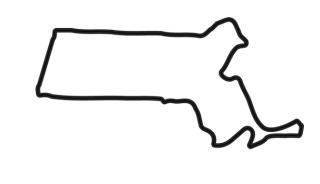




3,995

0.00525976%





Final Vote	50.3% vs 49.7%	53.7% vs 46.3%	
Possession	2.5 ozs	1 oz	
Home grow	3 mature plants per adult 6 mature plants per adult		
Licensing	5 license types	9 license types	
Sales	Drive-thru, vending, internet, and delivery sales prohibited	Delivery sales allowed	
Local control	Opt-In	Opt-out	
Status	Rules adopted and signed by Governor in 2019 Sales likely to start in 2020	Dispensaries are open and operational	
	https://legislature.maine.gov/bills/getPDF.asp?paper =HP1199&item=4&snum=128	http://mass-cannabis-control.com/wp- content/uploads/2018/04/Guidance-License-Types.pdf	

Small Victories from Public Health Education & Advocacy

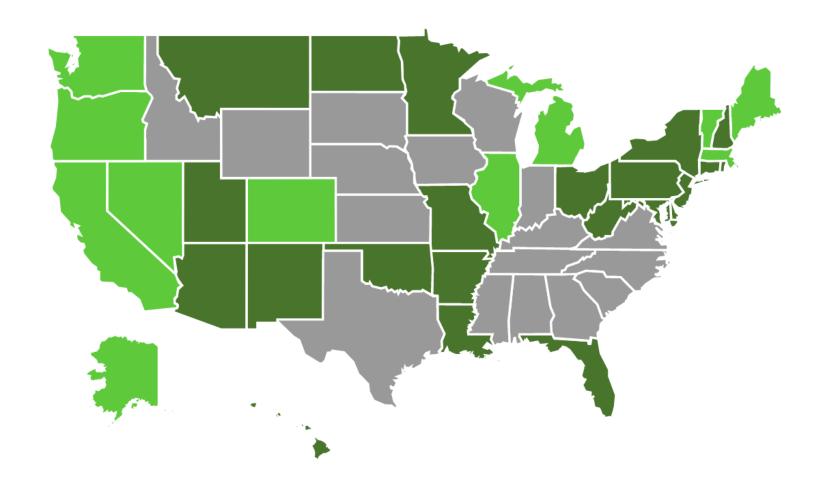
Changes made to the Maine Marijuana Legalization Act after passage during the legislative phase of implementation

- Social clubs were eliminated
- Home-grow, per adult plant limit reduced from 6 to 3
- Strengthening of regulations for labeling, packaging, and advertising
- Complete prohibition of <21 entering any portion of a licensed retail marijuana operation
- Addition of public health seat to Maine Marijuana Advisory Committee

New England marijuana policy at a glance

	Medical Marijuana?	Legalized and allowing retail sales	Legalized/Decrimin alized without sales
Maine	Yes	Yes	
New Hampshire	Yes		Up to ¾ ozs decriminalized
Vermont	Yes	Sales not legal but bills have been introduced to allow sales	Possession up to 1 oz legalized
Massachusetts	Yes	Yes	
Connecticut	Yes		
Rhode Island	Yes		

Marijuana Policy Across the Nation





LEGALIZATION ISN'T THE END OF THE STORY

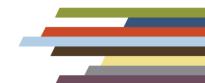


Changes to Maine Medical Marijuana Laws After Initial Passage

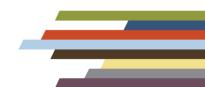
- List of approved conditions was eliminated from the law.
- Patient cap for medical marijuana caregivers eliminated
- Cap on medical marijuana dispensaries goes away in 2021
- Dispensaries are allowed to convert to forprofit
- Personal possession limit increased from 2.5 ozs to 8 lbs.

Proposed Legislation to Change Maine Adult-Use Marijuana Laws

- Reduce buffer between licensed marijuana operations and schools from 1,000 feet to 300 feet
- Allow for delivery sales
- Allow comingling and co-location of medical marijuana and adult-use retail sales



ONE MORE POINT ABOUT STATE LEGALIZATION LAWS AND POLICIES..



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

LOOPHOLES

Examples from Maine

- Medical marijuana caregiver rotating 5th patient slot
- Maine marijuana legalization act gifting loophole
- Maine marijuana legalization act lawful youth possession loophole

years of age or older solely for that person's consuming marijuana outside of the school's, employer's or landlord's property.

- 4. Person may not be denied parental rights and responsibilities or contact with a minor child. A person may not be denied parental rights and responsibilities with respect to or contact with a minor child as a result of acting in accordance with this chapter, unless the person's conduct is contrary to the best interest of the minor child as set out in Title 19-A, section 1653, subsection 3.
- Sec. 2. 22 MRSA §2383, sub-§1, as repealed and replaced by PL 2009, c. 652, Pt. B, §6, is repealed.
 - Sec. 3. 36 MRSA §1817 is enacted to read:

§1817. Taxes on retail marijuana and retail marijuana products

- 1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
 - A. "Retail marijuana" has the same meaning as in Title 7, section 2442, subsection 34.
 - B. "Retail marijuana product" has the same meaning as in Title 7, section 2442, subsection 37.
 - C. "Retail marijuana social club" has the same meaning as in Title 7, section 2442, subsection 39.
 - D. "Retail marijuana store" has the same meaning as in Title 7, section 2442, subsection 40.
 - E. "State licensing authority" has the same meaning as in Title 7, section 2442, subsection 44.
- 2. Sales tax on retail marijuana and retail marijuana products. The sales tax on retail marijuana and retail marijuana products is 10% and is the only tax charged on the sale of retail marijuana and retail marijuana products at the point of final sale at a retail marijuana store or retail marijuana social club.

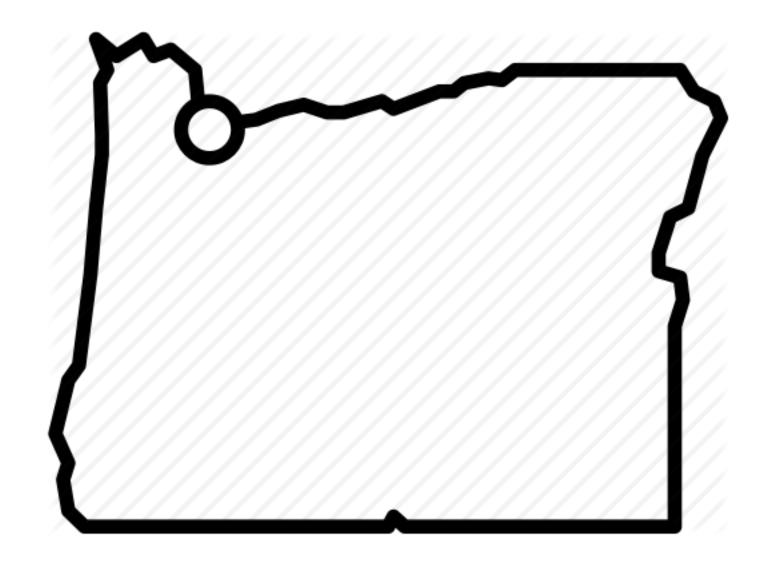
Sec. 2. 22 MRSA §2383, sub-§1, as repealed and replaced by PL 2009, c. 652, Pt. B, §6, is repealed.

Tips for Prevention

- Read and thoroughly review the marijuana legalization laws or proposed laws in your state
- Do you have partners or partner organizations with legal expertise? Seek their assistance in the review
- Look for provisions that will impact risk and protective factors.
- Look for the loopholes.
- Bottom line: These policies will have big impact, you need to know what's there (and what's not there.)

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





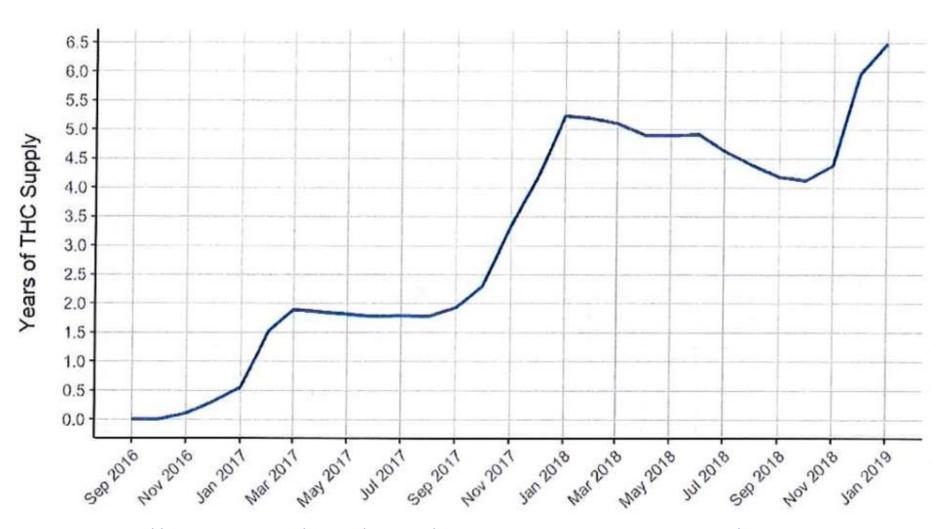
Too much legal marijuana: Last year's harvest alone may give Oregon a pot surplus of more than 1 billion joints

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



Oregon Is Producing Twice As Much Cannabis As People Are Using

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



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

What do you think?

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



Overproduction Means Plunging Prices

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

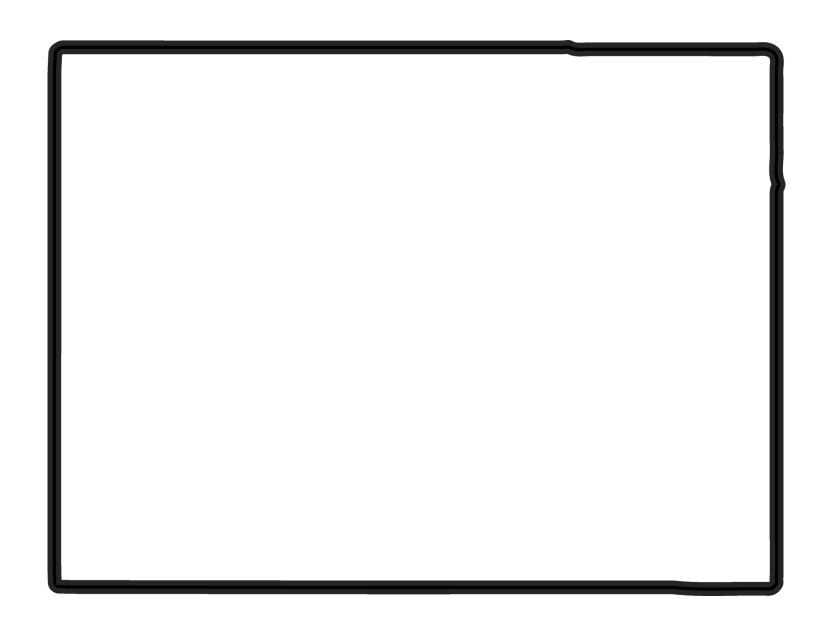
We see in the alcohol research that low prices have an effect on underage use and over use/high risk use amongst adults.¹

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

Example policy to prevent pot glut: cannabis cultivation regulation

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

Source: LD 1719



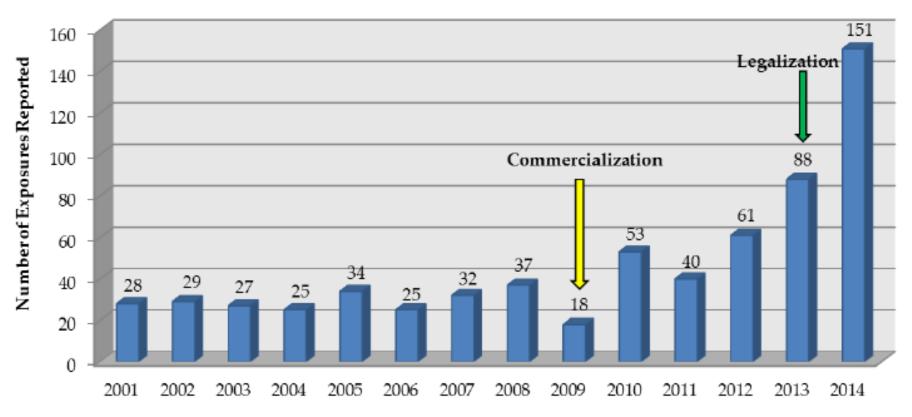








Number of Exposures Reported for Marijuana Only



SOURCE: Colorado Department of Public Health and Environment, Monitoring Health Concerns Related to Marijuana in Colorado: 2014 via Rocky Mountain Poison and Drug Center

Study: Edible pot sickens more kids



A new study shows marijuana poisoning in young children has risen 150 percent in Colorado since the substance was legalized in 2014. (JAMA Pediatrics)

http://www.bostonherald.com/news/local_coverage/2016/07/study_edible_pot_sickens_more_kids_

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

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

Source: LD 1719

There's a lot at stake when it comes to the changing marijuana policies in our states.

We can't wait until after legalization to talk to our communities about the impact of marijuana on youth, public health, and communities.

But there may be reluctance for prevention to engage in this conversation, Why?

CONTROVERSY



We don't know what the final laws and rules will be yet. We should wait...



Common narratives in the public conversation about legalization







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

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

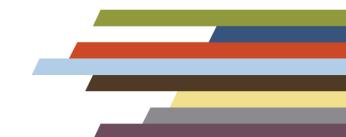
This is where prevention comes in!

We need to tell this story!



DON'T WAIT EDUCATE

IMPLEMENT & EVALUATE



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

Education vs Advocacy vs Lobbying

What can I do?

What can I say?

Where can I say it?

Who can I say it to?

When can I say it?

What can't I do?

What can't I say?

Where can't I say it?

Who can't I say it to?

When can't I say it?



What you CAN do.

- You CAN speak to lawmakers and other key leaders.
 - Especially if THEY reach out to YOU
 - ProTip: Become a "go-to" expert for lawmakers
- Lawmakers and other leaders need education on:
 - Science of marijuana
 - Science of risk & protective factors and how they relate to commercial, legal drug industries
 - Science of the lessons learned from alcohol & tobacco



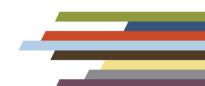
More...

You CAN and SHOULD educate the public, this
is actually our job as preventionists.

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

The RED Line*

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



Think about it this way...

- We are the experts the public needs to hear from in terms of the risks associated with marijuana.
- Without us, this story will not be told, and that vacuum will be filled with...





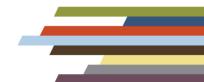
Multiple layers of policy

Federal

Municipal/local

State

Organizational



Other layers of marijuana policy

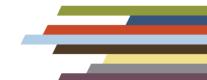
MUNICIPAL POLICY



Policy at the municipal level

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

ORGANIZATIONAL POLICY



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

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

And if there are new policies...

- Training
- Communication Strategies
- Monitoring & Evaluation
- Strategy for periodic review/revision of policies.

 Prevention professionals and prevention coalitions can and should support their local organizations in developing these.

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



ROLE OF COALITIONS IN BEHAVIORAL HEALTH

BUILDING ON CADCA'S SEVEN STRATEGIES FOR COMMUNITY CHANGE:

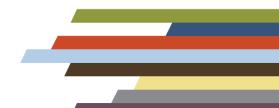
- → Providing Information
- →Enhancing Skills
- → Providing Support
- →Enhancing Access/Reducing Barriers
- → Changing Consequences (Incentives/Disincentives)
- →Physical Design
- → Modifying/Changing Policies

XSAMHSA

INTERVENING VARIABLES

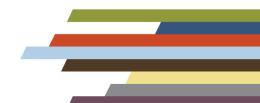
What are intervening variables?

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



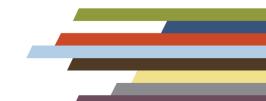
Intervening Variables for Legalized/Commercialized Marijuana

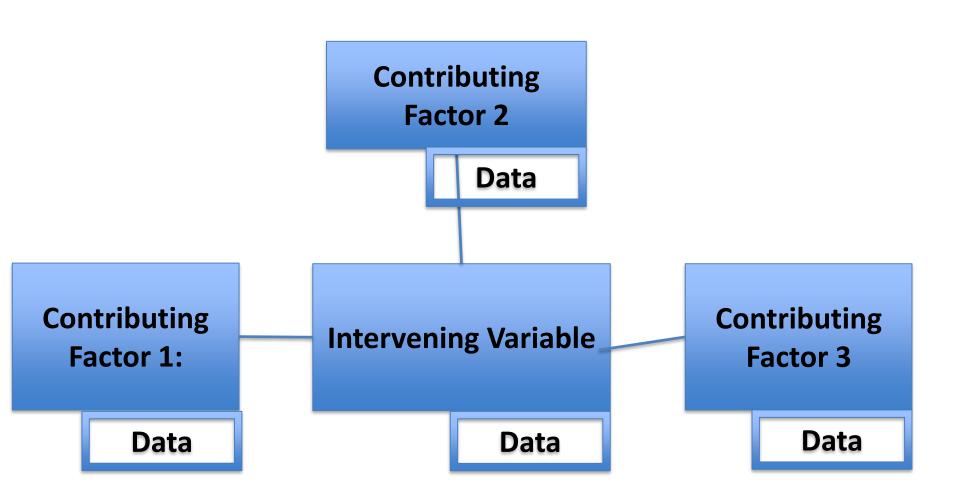
- Low Perception of Risk/Harm
- Retail Access
- Social Access
- Pricing & Promotion
- Policies & Enforcement
- Norms favorable to youth substance use (Community & Family)



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

CONTRIBUTING FACTORS



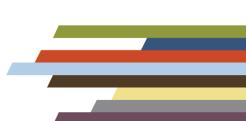


There may be more, or fewer, contributing factors at play. This is where a thorough community needs assessment is critical. What does the data tell us?

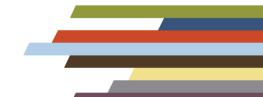
Let's look at an example:



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



SELECTING PREVENTION STRATEGIES

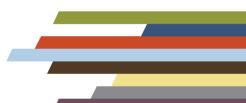


Seven Strategies for Community Change

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

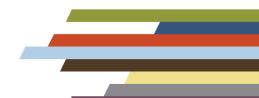
Source:





Example: Nearby Dispensary is not carding customers consistently

- Provide Information Town Hall on effects of marijuana on youth including importance of preventing retail access.
- Enhance Skills Develop and pilot/implement
 Responsible cannabis service training for dispensary clerks
- Provide Support Tip line to anonymously report underage sales
- Enhance access/reduce barriers Technology and training for dispensaries to detect fake IDs.

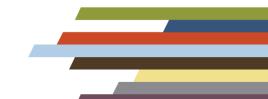


Continued...

- Change consequences (incentives/disincentives)
 fines for dispensary owners when there are youth
 sales OR incentives for owners & clerks for 100%
 compliance rate
- Change physical design Store design that minimizes youth entrance, requires carding at entrance
- Modify/change policies Municipal policy requiring all staff of dispensaries are trained in responsible service.

Some final thoughts...

WHERE DO WE GO FROM HERE?



MARIJUANA ISN'T NEW

INDUSTRIES SELLING LEGAL ADDICTIVE SUBSTANCES ISN'T NEW

IT'S THE MARIJUANA POLICIES AND INDUSTRY THAT ARE NEW

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

Opportunity for policies

- State level (some examples):
 - Require the collection and monitoring of public health data
 - Require standards and regulations for packaging, labeling, and advertising
 - Require training for dispensaries
 - Using revenues to fund prevention & education
 - Buffer zones between retail marijuana & schools & daycares

Opportunity for policies

- Municipal level for cities/towns opting in to sales:
 - Require as a condition of municipal licensing server/seller type training for all dispensary staff
 - Thoughtful zoning to prevent store fronts in family friendly areas
 - Restrictions on signage/advertising
 - Strong policies for public/municipal recreation areas
 - Requirements and standards for securing and obscuring home grows

Tips on Messaging to Youth and Parents

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



Prevention Technology Transfer Centers (PTTCs)



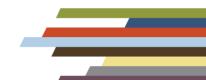


Improve implementation and delivery of effective substance abuse prevention interventions



Provide training and technical assistance services to the substance abuse prevention field

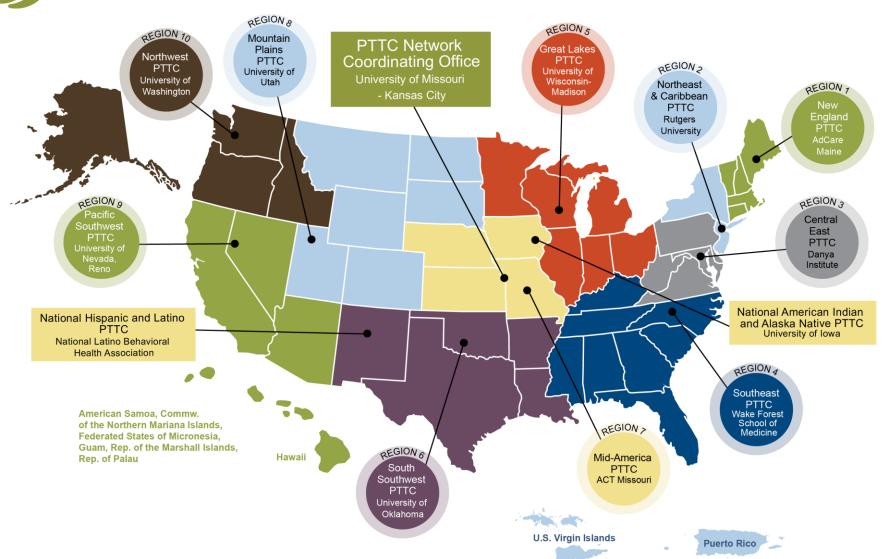
- Tailored to meet the needs of recipients and the prevention field
- Based in prevention science and use evidence-based and promising practices
- Leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network.





Prevention Technology Transfer Center Network

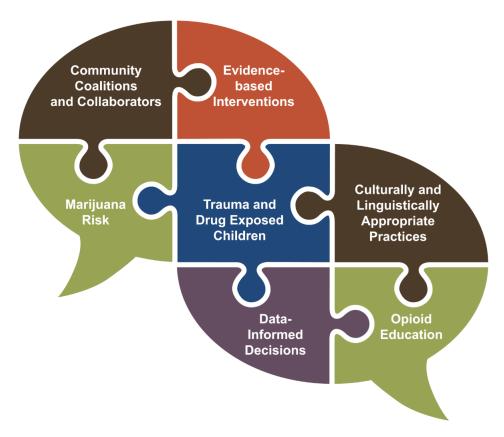
Funded by Substance Abuse and Mental Health Services Administration



PTTC Areas of Focus

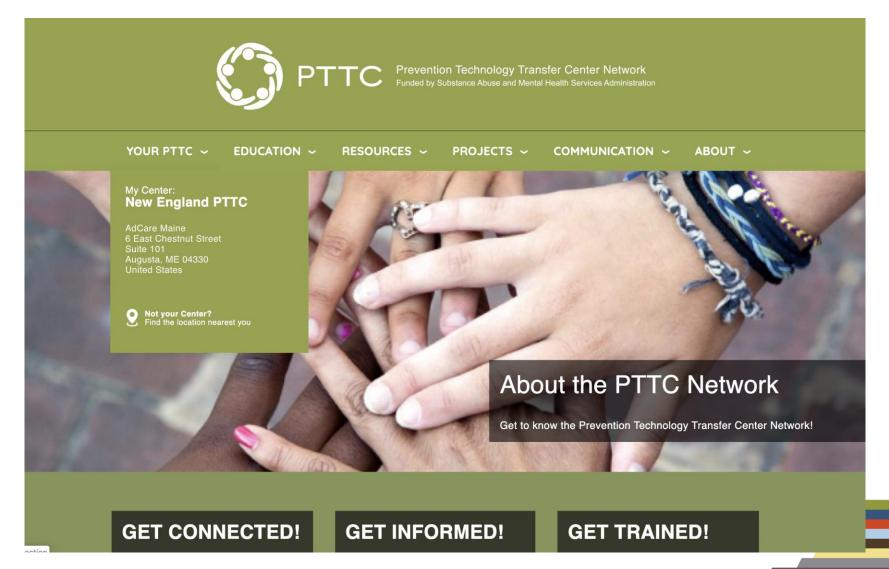
The PTTC Network has identified seven areas to focus the development of new resources and training for the prevention workforce across the country. The areas of focus are listed below in alphabetical order. New products and resources addressing these specific areas will be added to this website in the coming months.

- 1. Community coalitions and collaborators
- 2. Culturally and linguistically appropriate practices
- 3. Data-informed decisions
- 4. Evidence-based interventions
- 5. Marijuana risk
- 6. Opioid education
- 7. Trauma and drug exposed children



- Marijuana prevention tools currently in development, coming this Fall!
 - Slide bank (pharmacology, routes of administration, potency, & health impacts)
 - Facts vs Myths
 - Terminology Fact Sheet
 - CBD Fact Sheet

Find your regional PTTC Website: pttcnetwork.org



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