

2019-2020
MID-YEAR TRAINING INSTITUTE



THE POWER OF THE MOVEMENT



APPLICATION DOCUMENTS

**State and Local Conditions and Mapping
Strategies: Medical Marijuana Use**

Description: This course builds off of content from The Naked Truth About Marijuana and State and Coalition Responses to the Federal Enforcement Priority Areas for Marijuana, though it is not required that participants attend those courses to attend this one. It is one of three in a series of courses designed to provide support to coalitions experiencing various climates across the marijuana spectrum. This particular course is intended for coalitions that are dealing with “medical marijuana” in their communities/states. As these courses are designed as intensive working clinics predicated on CADCA’s problem-solving process including its signature local conditions analysis, participants are highly encouraged to attend the course that is most closely aligned with the current climate in their municipalities/states as you will be challenged in the identification of local conditions and relevant strategies.

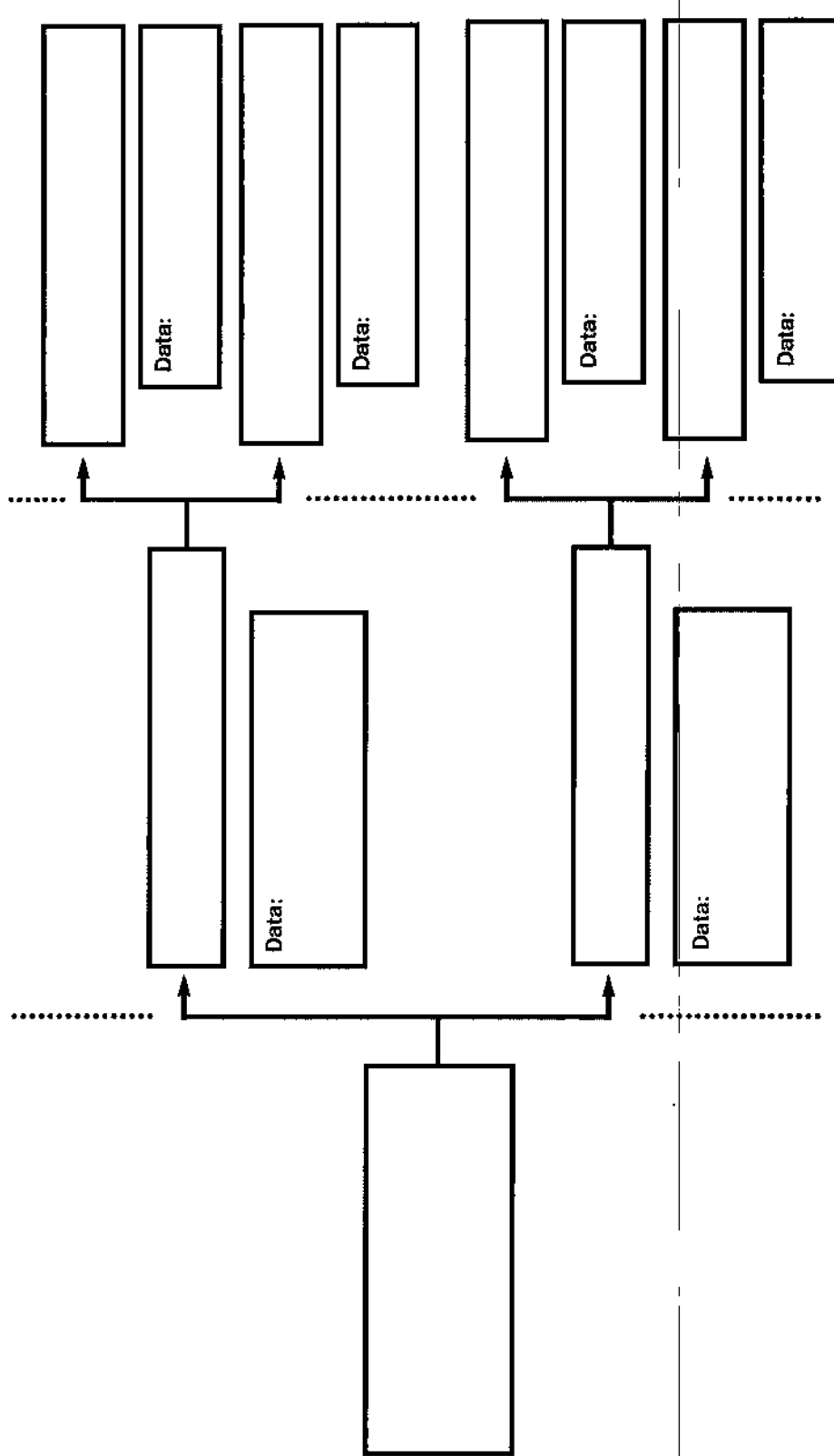
Learning Objectives:

- Learn about the demographics and indicators of “medical marijuana” users, consumption methods, and environmental factors supporting use
- Better understand the important legal considerations for legalization and how those considerations have manifested differently as local conditions in various “medical marijuana” communities/states
- Apply this information to their own communities to better understand their data needs and begin to articulate their own community-specific strategies, including local controls to address access, availability and norms discuss next steps including sharing this process with their own coalition and articulating their own data and resources needed to take action.
- Discuss next steps including sharing this process with their own coalition and articulating their own data and resources needed to take action

Taking It Home Worksheet			
Speaker	What's Important	What Might Be Easiest?	First Action Step

Logic Model

Coalition:



Problem Statement

**But Why?
Root Causes**

**But Why Here?
Local Conditions & Data
(Specific, identifiable, actionable)**

Key Informant, Listening Session Questions

A word about data:

Remember- no single data source or type of data (key informant interviews, surveys, etc...) by itself is enough to create a set of strategies. The questions included here can have many different sources, but are really designed for face-to-face interaction. Please note that some of these questions can be answered through large-scale school surveys or other sources, but since you really need at least two types of data these questions also apply to interviews, focus groups, listening sessions, etc...

Questions to ask about use? (typically used to address either the problem or the risk factors)

- Who is using? What ages?
- When are they using? After school, at school, weekends, at certain events, etc...?
- Where are they using?
- How much are they using?
- Are there any specific occasions that they are using?

Questions to ask around consequences:

- What consequences do we see from use in our community?
 - Health?
 - Financial?
 - Educational?
 - Legal?
 - Professional?
 - Employment?

BUT WHY? / BUT WHY HERE?

When identifying root causes (“but why”) and local conditions (“but why here?”) the questions should get at the context /environment in which use occurs. The questions should data collected should lead to local conditions that are specific, identifiable and actionable, meaning they should be something that you can see in the community – and a condition or behavior that can be changed.

Availability

If there is Retail Availability:

- Are youth accessing the substance(s) from retail vendors?
- Are stores selling paraphernalia that accompanies use? Which stores?
- Are they checking ID's if necessary?
- Are store owners and staff trained in what is necessary for maintaining legal compliance?
- Are compliance checks conducted?
- What happens to those retailers who fail? Who pass?
- Are youth stealing from stores/outlets? Which ones?
- Are stores selling “substitutes” for the actual product? Or other products for which there are important negative community consequences but are still legal for youth to purchase?

If there is Social Availability:

- How are youth getting from non-retailer (social) sources?
- Who is providing? Friends, siblings, parents, strangers? When, under what conditions? Are there special occasions when this occurs?
- Are youth getting at parties? What kinds of parties (Adult parties?, Chaperoned? All youth? Before or after certain events? Etc...)
- How do they know where/when to go?
- Are parents providing or just not monitoring?
- Do youth have access at family or community events?

Favorable Youth/Peer Attitudes: Remember that local conditions need to be linked to risk factors. The challenge here is to gather data indicating that a certain kind of use relates to risk factors. For example, using around other youth or in areas where they are likely to be seen by other youth is potentially an indication of favorable attitudes by those youth. Likewise, using in front of adults or where they are likely to be caught by adults may indicate a youth perception of adult/parental approval.

- Do youth think they will get caught using the substance? By parents? By local law enforcement? At school?
- What are the actual legal, social or other consequences if they get caught?
- Do youth fear the consequences – are they meaningful and consistent for all?
- Where do youth use the substance? After school, before school, evenings, on weekends? Will they get caught at these locations? ()
- What are the practices around use? Is there a tendency to use large amounts over short time periods?
- What does “peer pressure” look like? (only youth can tell this)
- How are youth viewed by other youth when they use the substance?
- Do youth know the risk of physical harms of the substance? Of the harms associated with how they use (e.g. binge drinking has more severe consequences than other forms of drinking)?

Favorable Parental Attitudes:

- Do parents use the substance themselves? What are their patterns of use? Do youth see this use?
- Do parents know the harm caused by the substance use?
- Do parents see the substance use as culturally acceptable? How? Under what circumstances?
- Do parents take a “harm reduction” approach to use– e.g. take away the keys? Host parties where use occurs?
- Do parents talk with their children about substance use? Do they provide clear standards about no use and provide consistent consequences if caught?
- If the child has a party in the home or someone else’s home what do parents do?
- Do parents think other parents accept the substance use?

Community Laws and Norms: Important to remember that this works at two levels. On one level you may have laws (community laws) but they are not enforced (community norm is to NOT enforce). On another level, community norms need to be at the “community” level AND be a norm (regularly accepted), not just a youth norm. The youth norm of drinking during prom may or may not be a norm that is generally accepted by the community. When deciding on local conditions, it is important to know the difference, since “youth norms” is probably linked to the risk factor positive youth attitudes/acceptance.

Laws

- What laws are in place relating to substance?
- What is the perception of enforcement of these laws in the community?
- How much support is provided to law enforcement by the community to support the laws?
- Are the laws adjudicated? What is the follow up to an arrest or citation?
- Do youth perceive that laws are a) in place? b) enforced and c) adjudicated?

Community Norms

- Is the use of the substance associated with community events? Public events? Private events?
- Are there standards of behavior that excuse or promote the use of the substance? (for example, pressure to succeed that promotes the use of certain non-prescribed drugs?)
- What is the exposure of young people to these norms? Is the exposure more intense at certain times of the year? In certain places within the community?
- Are there “rites of passages” in the community that involve the substance? What are they?

Comprehensive Strategies / Intervention Map

Problem:

Risk Factor (But Why?):

Local Condition (But Why Here?):

Strategy	Intervention
Provide Information	
Build Skill	
Provide Support	
Access / Barriers	
Incentives / Disincentives	
Physical Design	
Policies or Regulations	

**STRATEGIC OPPOSITION INITIATIVE
ADVOCACY AND EDUCATION STEPS:**

1. Gather information on the local consequences, risk factors, and local conditions relating to marijuana use to make a case.

2. Identify and engage allies.

3. Set up a meeting with a potential legislative champions to brief them on the general issue.

4. Deconstruct legislation/ordinance in order to provide general information on potential implications.

DRAFT

THE UTAH MARIJUANA COMPACT

A DECLARATION OF FIVE PRINCIPLES TO GUIDE UTAH'S MARIJUANA DISCUSSION

Protect Families. The abuse of marijuana harms individuals, families, and communities. We support laws that send clear messages to youth and adults - no smoking, vaporizing, or eating marijuana. We support research showing marijuana can damage the teen brain, cause addiction, affect memory, decrease motivation, increase onset of mental illness and impair motor skills. Research shows fewer youth believe marijuana use is harmful and marijuana use among youth is steadily rising. Lawmakers should adopt drug policies that promote a healthy community. .

Strong Economy. Utah is best served by a free-market philosophy that maximizes opportunity and freedom from addiction. A strong economy is reliant on the physical and mental health of our current and future workforce. We believe Utah will have a competitive advantage attracting new businesses to our healthy workforce. We champion drug policies establishing clear standards that promote a healthy youth and adult workforce.

Medicinal Value. We acknowledge research showing that specific patients achieve medical benefits from components in the marijuana plant. We support continued research aimed at providing patients access to cannabis-based medications only under the following conditions: FDA approved, pharmacy dispensed, non-smoked, non-vaporized medications. We support non-political, independent medical professionals, scientists, and researchers determining the medical products that are safe for use in our society. We do not support the recreational use of marijuana in any form.

Law Enforcement. We respect the rule of law prohibiting the use of marijuana. We support Utah's right to enforce Federal laws that protect our community. The criminal justice system should encourage treatment instead of incarceration as it pertains to marijuana only offenders. We support marijuana policies that do not promote lifelong stigma due to arrest.



www.learnaboutsam.org



MARIJUANA & CBD: WHAT CAN UTAH DO?

The legislature should pass a resolution asking the FDA, as a matter of urgency, to approve a standardized, tested, CBD product for children with intractable epilepsy.

The legislators should also reach out to the University of Utah and encourage them to open an expanded access IND for Epidiolex. GW Pharmaceuticals, a small, non-PHARMA research company in the UK, has agreed to supply such an IND.

They could also encourage the University of Utah to become a site in forthcoming sponsored clinical trials, which could take place in parallel with the expanded access IND at the same site. More children could be enrolled in those studies. If children are enrolled and end up on placebo, it is critical to understand that the experimental drug (or placebo) would be added on to the child's other medications. The child is not removed from their existing medications.

WHAT YOU NEED TO KNOW

- Marijuana contains hundreds of components. THC is the active component that produces a "high."
- CBD (Cannabidiol) is a component that does NOT produce a "high."
- Anecdotal experiences have shown that CBD can be helpful for people with conditions such as intractable epilepsy. Some limited research is also emerging.
- The Utah Legislature is considering a bill to allow something called "hemp extract" to be used for people wanting to use CBD.
- The concept of "*hemp oil extract*" has no scientifically-based meaning. True "*hemp oil*" is made from hemp seed, which has no cannabinoids. "*Hemp*" itself is just a type of cannabis with low levels of THC and generally also pretty low levels (2-3%) of CBD.

- **But there is a legal way for parents to get pure CBD (not hemp) through a federal IND research program.**
- **The IND program would give free, pure CBD that has been characterized, standardized, and purified.**
- **Unfortunately, other CBD products – such as those from Colorado – have not been tested by legitimate, independent labs.**
- **There is currently a massive waiting list for untested CBD products, and if CBD was to be produced in Utah, it would take 8 months from February to manufacture.**
- **Critical questions need to be asked before this bill is passed:**
 - Who will produce CBD here in Utah? Will other vendors get into the game?
 - Who will be responsible for testing the extracts (including Colorado products) and which government agency will be responsible for monitoring and enforcing the 0.3% THC requirement? No money was appropriated for the program. No legitimate lab has ever tested Colorado CBD.
 - How will the constitutional implications be reconciled? The bill cannot authorize anyone to export their materials from Colorado. The Controlled Substances Act prohibits it. Does Utah want cultivation to take place in Utah? Which agency will control acreage, etc.? The bill only allows a parent to possess and provide low-THC extract to a child (or a patient to him/herself). It does not allow a third party to cultivate within Utah.

At the end of the bill, it states that the state legislative counsel is of the opinion that the law, if enacted, would be found to be unconstitutional by the court:

“This legislation has a high probability of being declared unconstitutional by a court....Any substance that meets the federal Controlled Substances Act’s definition of marijuana will trigger the possession and distribution prohibitions contained in the Act. An individual possessing or using hemp extract or administering hemp extract to a minor likely could not comply with the provisions of this bill without also violating federal law, creating a positive conflict with the bill and federal law. That positive conflict results in a high probability that a court will hold that the bill is preempted by federal law and unconstitutional under the Supremacy Clause.”



Marijuana Resources for Prevention Coalitions

CADCA's Policy and Advocacy page dedicated to marijuana issues. This site includes background information on marijuana use, the legalization debate, the facts about medical marijuana, talking points, sample op-eds, and other helpful links.
<http://www.cadca.org/policyadvocacy/priorities/marijuana>

Marijuana Prevention Toolkit for Parents

Read how the Croton Community Coalition addressed the local conditions resulting from low perception of harm.
<http://www.cadca.org/content/marijuana-prevention-toolkit/#BH>

Marijuana: Science and Strategies for Community Coalitions

Use this page to watch a recent webinar on the up-to-date science relating to marijuana use. You can also download the PowerPoint presentation.
<http://www.cadca.org/trainingevents/distancelearning/webinars>

DrugFacts: Marijuana

Get all of the latest information from the National Institute on Drug Abuse relating to marijuana here:
<http://www.drugabuse.gov/publications/drugfacts/marijuana>

Tips for Teens: The Truth About Marijuana

Download the Substance Abuse and Mental Health Services Administration brochure designed for teens that describes the health risks, impact on the brain and other issues.
<http://store.samhsa.gov/product/Tips-for-Teens-The-Truth-About-Marijuana/PHD641>

The Legalization of Marijuana in Colorado: The Impact

Read this High Intensity Drug Trafficking Area (HIDTA) report on the impact of legalization in Colorado.
<http://www.rmhidta.org/html/FINAL%20Legalization%20of%20MJ%20in%20Colorado%20The%20Impact.pdf>

CADCA Online Course: What Do We Know About Marijuana

Take this online course to learn more about NIDA's research on marijuana.
<http://learning.cadca.org/available-courses>

Vertical line segment 1

Vertical line segment 2

Vertical line segment 3



© Copyright 2014 Community Anti-Drug Coalitions of America

Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy and drug-free communities. The National Community Anti-Drug Coalition Institute works to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the United States. CADCA's publications do not necessarily reflect the opinions of its clients and sponsors.

CADCA® is a registered trademark.

All rights reserved. This publication, in whole or in part, may not be reproduced in any form by any electronic or mechanical means (including photocopying, recording or information storage and retrieval) without written permission. Please cite CADCA's National Coalition Institute in references. Reproduction in any form for financial gain or profit is prohibited.

Published 2014
CADCA National Coalition Institute
625 Slaters Lane, Suite 300, Alexandria VA 22314
Web site: www.cadca.org
Social network: <http://connectedcommunities.ning.com>
Telephone: 703-706-0560, ext. 240
Fax: 703-706-0579
E-mail: training@cadca.org

CADCA's National Coalition Institute is operated by funds administered by the Executive Office of the President, Office of National Drug Control Policy in partnership with SAMHSA's Center for Substance Abuse Prevention.