

RECOMMENDATIONS FOR THE PREVENTION OF CANNABIS USE IN YOUTH

**Program and Policy Recommendations
submitted by the Connecticut Alcohol and
Drug Policy Council**

January 1, 2023

*Report prepared for
the Governor and the
Connecticut General
Assembly*



Introduction

In June of 2021, through [Public Act 21-1](#), Connecticut became the 19th state to legalize cannabis for adults 21 and over. Under section 65 of the legislation, the Connecticut Department of Mental Health and Addiction Services (DMHAS) was tasked with:

Not later than January 1, 2023, the Alcohol and Drug Policy Council, jointly with the Departments of Public Health, Mental Health and Addiction Services and Children and Families, shall make recommendations to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health, the judiciary and finance, revenue and bonding regarding: (1) efforts to promote public health, science-based harm reduction, mitigate misuse and the risk of addiction to cannabis and the effective treatment of addiction to cannabis with a particular focus on individuals under twenty-one years of age; (2) the collection and reporting of data to allow for epidemiological surveillance and review of cannabis consumption and the impacts thereof in the state; (3) impacts of cannabis legalization on the education, mental health and social and emotional health of individuals under twenty-one years of age; and (4) any further measures the state should take to prevent usage of cannabis by individuals under twenty-one years of age, including, but not limited to, product restrictions and prevention campaigns.

Additionally, DMHAS was funded to launch a series of integrated media campaigns and outreach efforts to provide information on the new law and to deliver prevention messages for various populations.

Pursuant to these funding and legislative requirements, the Prevention Subcommittee of the Alcohol and Drug Policy Council (ADPC) created the Cannabis Workgroup to help inform these public education and outreach measures and youth prevention recommendations. The Cannabis Workgroup is comprised of broad range of stakeholders of state and community partners. This workgroup conducted a broad review and analysis of Connecticut legislation, existing policies and programs nationally and assessed the policy implications and considerations applicable to preventing and reducing cannabis use in youth. The recommendations provide a solid foundation upon which future programs and initiatives can be developed.

Cannabis Legalization Landscape

Cannabis use remains illegal at the federal level in the United States. However, momentum has been building to change that with more states legalizing cannabis. As of November 2022, 21 states, two territories and the District of Columbia have enacted measures to regulate cannabis for non medical adult use¹.

¹ National Conference of State Legislatures. "State Medical Cannabis Laws" November 09, 2022. www.ncsl.org/research/health/state-medical-marijuana-laws.aspx

Connecticut legalized cannabis for adult use in June 2021 with the first retail stores to open in January 2023². However, the decision to allow retail cannabis sales is determined by affirmative approval from the municipalities. Zoning officials from each municipality are required to report any changes to zoning adopted by the municipality regarding cannabis establishments to the Connecticut Department of Consumer Protection and the Office of Policy Management.

As of December 15, 2022, 35

municipalities have approved zoning, 34 have a moratorium in place and 18 have prohibited zoning for cannabis establishments³.

Beginning July 1, 2022, Public Act 21-1 (Sec. 125) directs revenue from the state cannabis tax to the General Fund and two new appropriated funds accounts. One of the appropriated funds account is the Prevention and Recovery Services Fund in which 25 % percent of the revenue from the state cannabis tax will be appropriated for (1) substance abuse prevention, treatment, and recovery services, and (2) substance abuse data collection and analysis starting in Fiscal Year 2024.

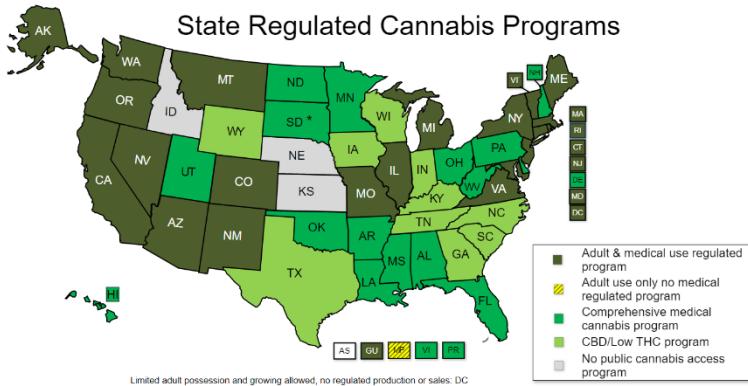


Figure 1: State Regulated Cannabis Programs (National Conference of State Legislatures)

Fund & Account	FY22	FY23	FYs 24 - 26	FYs 27 - 28	FYs 29+
Prevention and Recovery Services Fund	-	-	25%	25%	25%

Connecticut Cannabis Use

Cannabis remains the most commonly used drug after alcohol, both in Connecticut and nationally. Connecticut rates for cannabis use have been consistently higher than the national average for the last couple of decades.

In 2021, the [Monitoring the Future](#) survey assessed cannabis use among middle and high school students. This data documented a dramatic decrease of substance use during the COVID-19 pandemic and may be related to changes like school closures and social distancing.

² Connecticut Department of Consumer Protection. "Consumer Protection Announces Adult-Use Cannabis Market Opening Date" December 09, 2022. <https://portal.ct.gov/DCP/News-Releases-from-the-Department-of-Consumer-Protection/2022-News-Releases/Consumer-Protection-Announces-Adult-Use-Cannabis-Market-Opening-Date>

³ Connecticut Department of Consumer Protection. "Municipal cannabis zoning changes reported to DCP" December 15, 2022. https://portal.ct.gov/cannabis/Knowledge-Base/Articles/Municipal-cannabis-zoning-changes-reported-to-DCP?language=en_US

Table 1: Risk Factors and Consequences of Cannabis Use

Risk Factors	Consequences
<ul style="list-style-type: none"> • Availability of cannabis • Family history of cannabis use • Favorable parental attitudes towards cannabis • Low academic achievement and low bonding to school environment • Peers who use cannabis • Low peer disapproval of cannabis use • Prior use of alcohol/tobacco • Sensation seeking behavior/impulsivity • Childhood abuse/trauma 	<p>Short-term consequences include:</p> <ul style="list-style-type: none"> • Decreased memory and concentration • Impaired attention and judgement • Impaired coordination and balance • Increased heart rate • Anxiety, paranoia, and sometimes psychosis <p>Long-term consequences include:</p> <ul style="list-style-type: none"> • Impaired learning and coordination • Sleep problems • Potential for addiction to cannabis, as well as other drug and alcohol use disorders • Potential loss of IQ (particularly in those who used heavily during adolescence) • Decreased immunity • Increased risk of bronchitis and chronic cough

Project Structure and Process

Role of the Cannabis Workgroup

The ADPC's Prevention Subcommittee charged the Cannabis Workgroup with providing ongoing advice and guidance to inform the public education campaign and the policy and program recommendations to prevent usage by individual under the age of 21.

Cannabis Workgroup Members

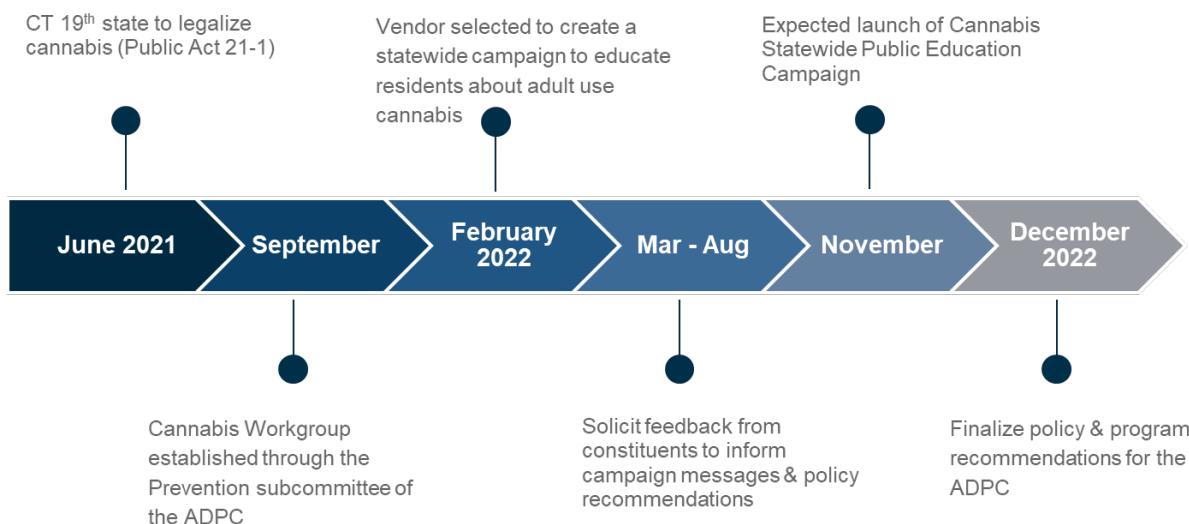
The Cannabis Workgroup reflected a diverse and representative group of state and community partners. DMHAS staffed the workgroup and maintained the official roster. Additional representatives were invited to contribute to the meetings and products. Members are as follows:

Name	Affiliation and Role
Allison Fulton	Western Connecticut Coalition
Alison Wiser	University of Connecticut Health Center
Andrew Lyon	McCall Center for Behavioral Health
Carol Meredith	Department of Mental Health and Addiction Services
Colleen Violette	Department of Public Health
Diana Shaw	Department of Consumer Protection
Gillian Schauer	Gillian Schauer Consulting
Jack King	Department of Public Health
Jane Ungemack	University of Connecticut Health Center
Jonathan Allen	Hartford Healthcare
Judith Stronger	Wheeler Clinic/ Connecticut Clearinghouse
Kevin Sevarino	Gaylord Specialty Healthcare

Karonessa Legal	Department of Consumer Protection
Kris Robles	Department of Children and Families
Robert Kanehl	Connecticut Poison Control Center
Ramona Anderson	Department of Consumer Protection
Samantha Allard	Department of Consumer Protection
Sarju Shah	Department of Mental Health and Addiction Services
Scott Newgass	State Department of Education
Tammy Freeberg	The Village for Families and Children
Tom Fulton	Wheeler Clinic/ Connecticut Clearinghouse
Wende Cooper	Amplify, Inc.

Cannabis Workgroup Process

The Cannabis Workgroup meetings occurred over twelve sessions from September 2021 through September 2022. The first two meetings provided members with the background information and context to establish a common understanding of goals, objectives, terminology, and relevant information. Three meetings were dedicated to the rapid deployment of a short-term, high-traffic billboard campaign to begin to introduce the new cannabis laws to the general public as well as to select a vendor for the statewide public education and awareness campaign. The remaining seven meetings were devoted to developing the policy recommendations as well as the development of public education and awareness campaign.



Implementation Plan

Action Steps	Completion Dates	Milestones
Establish a workgroup comprised of various constituents and stakeholders	09/2021	Committee established and meeting regularly
Develop and execute a multimedia education strategy that increases awareness of <u>SB 1201/PA 21-1</u>	11/2021	Awareness materials and campaign disseminated statewide
Select a vendor to create and implement a statewide campaign to educate residents about the adult use cannabis law and to prevent cannabis use in persons who are under the age of 21 years old	02/2022	Vendor selected
Solicit and provide feedback from constituents to inform campaign messages	04/2022	Campaign launched finalized and launched by 11/2022
Solicit and provide feedback from constituents to inform the recommendations to the Governor and CT General Assembly that include any needed program and policies related to cannabis use prevention in individuals under 21	10/2022	Draft recommendations for full ADPC Council review

Cannabis Workgroup Policy Recommendations

With legalization of cannabis, prevention efforts have shifted to mirror prevention efforts related to alcohol and tobacco use. The prevention and public health focus of cannabis regulations largely falls into five main goals:

1. Prevent youth from initiating use
2. Encourage responsible adult use
3. Prevent substance use disorders and addiction
4. Protect public health more generally
5. Provide support for individual cessation

The Cannabis Workgroup also examined the status of current legislation and policies through the lens of five **domains**. The workgroup then identified where there are opportunities for building out additional prevention strategies within these domains, addressing the goals. The domains are:

1. **Public Health and Safety** – promote diversion and protect consumers
2. **Placement and Access** – individual possession, use and business locations
3. **Products and Potency** – allowable products specific to potency, packaging and labeling, and unique product purchase limits
4. **Promotions and Advertising** – design and content, and advertising placement
5. **Other considerations** – broader areas impacting public health and safety

Policy and Program Recommendations

Recommendations to strengthen current laws are outlined below.

 Public Health and Safety	
Recommendation 1:	Legislation
<p>Create a distinct program modeled after the DMHAS SYNAR Tobacco Prevention and Enforcement Program to: (1) Increase retailer awareness in preventing youth access to cannabis products through a “responsible vendor” training for retailers and their employees; (2) Conduct compliance inspections; and (3) Create a secret shopper program.</p> <p>Recommend DMHAS lead and support the following general education and prevention activities:</p> <ul style="list-style-type: none">(1) Educate retailers on the importance of preventing youth access;(2) Support regional trainings for local prevention programs implementing positive youth development strategies; and(3) Align key messages across state agencies to integrate information and the campaign website.	Sec 108(c) of Public Act 21-1: Implies persons under 21 can be used for enforcement of age verification



Placement and Access

Recommendation 2:	Legislation
<p>Recommend that cannabis establishment hours of operation are modeled after alcohol establishments. (e.g. Monday through Saturday is 8 a.m. until 10 p.m.; 10 a.m. until 6 p.m. on Sundays.)</p> <p>Define the hours of operation for cannabis establishments, while providing municipalities an opportunity to consider stricter hours of operation, if necessary.</p>	<p>Sec 148 of Public Act 21-1: Municipal Zoning Authority & Approval Requirements - Allows municipalities to reasonably restrict cannabis establishments' hours and signage; or restrict their proximity to religious institutions, schools, charitable institutions, hospitals, veteran's homes, or certain military establishments.</p>
<p>Recommendation 3:</p> <p>Recommend new signage to inform individuals in shared living sites, such as apartment complexes, condominiums, and other lodging, of updates to the Clean Indoor Act on smoking or vaping of tobacco, cannabis, and hemp products.</p>	<p>Sec 86 of Public Act 21-1: Public Use is generally prohibited wherever public use of combustible tobacco and ENDS is prohibited</p>
<p>Recommendation 4:</p> <p>Recommend education and information dissemination regarding the harm of use of tobacco, cannabis, and hemp products to reduce youth access.</p> <p>CT has a Clean Indoor Air Act which regulates where tobacco products can be smoked. PA 21-1 includes a significant update to the Clean Indoor Act since 2004 and incorporates language for cannabis, hemp, and tobacco and covers vaping in addition to smoking.</p> <ul style="list-style-type: none">(1) Educate workplaces, property owners and employers on cannabis legislation and updates to current policies.(2) Revise tobacco free policies to strengthen drug-free policies that reflect current laws.	<p>This requires all work places must be smoke and vape free, no longer allowed to designate a smoking room. Smoking or vaping within 25 feet of any doorway, window or vent is prohibited. Smoking and vaping is not allowed in any hotel, motel or similar lodging or correctional facility and/ or halfway house. Public use is also banned in state parks and beaches, restaurants and prohibited in vehicles. Landlords may also prohibit smoking and vaping.</p>
<p>Recommendation 5:</p>	<p>Sec 19 of Public Act 21-1: Prohibits polices from giving students greater discipline, or</p>

<p>Recommend school districts update and enhance their tobacco free/drug free policies to include cannabis and reflect current laws.</p> <p>As school districts revise Tobacco-Free school policies, it is an opportune time to discuss updating/strengthening their drug/marijuana policies to reflect current cannabis laws.</p> <p>Additionally, beginning in 2022, Connecticut State Department of Education will collect annual school discipline data from all school districts related to cannabis, including but not limited to - possession, use, and sale. The state will have a better sense of school applications of discipline for policy violations (e.g. in and out of school suspension, and expulsions).</p>	<p>sanctions for cannabis use, possession or sale than they would for alcohol. School boards are required by law to have policies for dealing with student's use, sale or possession of alcohol and drugs on school grounds.</p>
<p>Recommendation 6:</p> <p>Recommend DCP update its Policies and Procedures Section 21a-421j-33(a)(2)(H) to include a warning on the dangers of exposure to secondhand smoke/vape, aerosol and passive consumption as required for adult-use cannabis product labels.</p>	<p>Legislation</p> <p>Sec 32 of Public Act 21-1: DCP has the ability to update its policies and procedures and can consider adding a warning regarding smoking or vaping to the warnings required for adult-use cannabis product labels.</p>



Products and Potency

<p>Recommendation 7:</p> <p>Reevaluate potency limits once data becomes available.</p>	<p>It is known that prolonged use of high-potency cannabis products has health consequences - impaired cognitive functions, short-term memory and coordination issues, increased risks of anxiety, depression and dependence and psychosis. Therefore, as more research and data becomes available, reevaluating potency limits should be considered as well as restricting the amount of cannabis that a retailer can sell to an individual in a single transaction or over a period of time.</p>
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Promotions and Advertising

Recommendation 8:	Legislation
<p>Amend Public Act 21-1 to <i>exclude</i> “treatment and services related to treating cannabis disorder” from cannabis services advertisement regulation.</p> <p>Current law identifies sites that require a buffer zone for advertising (e.g. schools, daycares, places of worship). Public Act 21-1 would, apply to substance use disorder treatment centers as well.</p>	<p>Public Act 22-103: Increases minimum distance so that no advertising of cannabis or cannabis paraphernalia is visible from 500 to 1,500 feet from certain buildings including elementary or secondary school grounds, recreation centers or facilities, child care centers, playgrounds, public parks, or libraries. Legislation also adds houses of worship as part of the distance requirement.</p>



Other Considerations

<p>Recommendation 9</p> <p>Recommend utilizing the State Epidemiological Outcomes Workgroup (SEOW) to facilitate and connect with data surveillance bodies across the state that monitor changes in drug use patterns, hospitalizations and use of health care services related to cannabis, and admissions to treatment for cannabis use disorder. Additionally, monitor penalties, arrests, prosecutions, distributions, and trafficking of cannabis products, including age, race, gender, country or origin, state geographic region, and average sanctions of the persons charged.</p>	<p>The State Epidemiological Outcomes Workgroup (SEOW) is a collaborative workgroup of State agency representative's academic universities, and data-driven stakeholders committed to sharing and use data to support a comprehensive public health approach to substance abuse prevention, mental health promotion, and behavioral health. State Agencies, such as DMHAS, DCP, DPH, and SDE are monitoring different aspects of cannabis within the state and the SEOW can bring together the experts to examine patterns, context, and impact of substance use.</p>
<p>Recommendation 10</p> <p>Recommend monitoring use patterns, consumption methods, purchase sources, numbers and types of cannabis offenses, and general perceptions of cannabis</p>	<p>Department of Public Health is the lead agency conducting epidemiological surveillance concerning the impact of cannabis consumption on public health in the state. Cannabis-specific funds are allocated to the</p>

<p>and its related risk among adolescents and young adult populations.</p> <ol style="list-style-type: none"> (1) Fund participation in the International Cannabis Policy Study⁴ to supplement population-based data sources since it is more frequently collected, and data is available sooner. This survey is solely focused on cannabis and largely of cannabis consumers. (2) Commission a study to examine the association between density of cannabis establishments with cannabis use over time by youth and young adults. (3) Monitor CSDE school discipline data. 	<p>Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) as well as syndromic surveillance. However, as new data sources emerge, additional funding allocations may be needed.</p> <p>Beginning in 2022, Connecticut State Department of Education (CSDE) will collect annually school discipline data from all school districts related to cannabis, including but not limited to - possession, use, and sale. The state will have a better sense of school applications of discipline for policy violations (e.g. in and out of school suspension, and expulsions).</p>
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⁴ The International Cannabis Policy Study is a prospective cohort study to evaluate the impact of cannabis policies at the national and provincial/state levels. Surveys are being conducted in Canada and the United States to examine patterns of cannabis use and policy-relevant behaviors across three jurisdictions: 1) Canada, 2) US states that have legalized non-medical cannabis, and 3) US states where non-medical cannabis remains illegal. More information can be found here: <http://davidhammond.ca/projects/drugs-policy/illicit-drug-use-among-youth/>

Conclusion

Given that legalization of cannabis is still relatively new, many prevention-focused policy opportunities are still emerging. There are clearly lessons to be learned from alcohol and tobacco prevention that may be adapted for cannabis, but there are also some unique aspects of cannabis legalization that may call for testing new approaches. Over the next few years, prevention and public health advocates should work together to identify additional strategies at the state and local levels, which would help Connecticut meet the five main goals of preventing youth from initiating use, encouraging responsible adult use, preventing substance use disorders and addiction, protecting public health, and supporting individual cessation.