

February 2016

# >> Public Health's Approach to Youth Marijuana Prevention

HB 3400  
Legislative Report



Oregon  
**Health**  
Authority  
PUBLIC HEALTH DIVISION

## **Executive Summary**

In November 2014, Oregon voters legalized retail marijuana sales. During the 2015 session, the legislature passed House Bill 3400, which detailed the implementation of retail marijuana sales. Section 117 of the law mandates that the Oregon Health Authority work with the State Board of Education and the Alcohol and Drug Policy Commission to prevent youth marijuana use. Section 118 of the law requests that the Oregon Health Authority recommend legislative action to prevent youth marijuana use. This report describes actions taken by the Oregon Health Authority Public Health Division's (OHA-PHD) to fulfill the mandate of Section 117 and to protect the public's health in relation to marijuana use.

### *Listening to our youth*

To implement the mandate in section 117, OHA-PHD conducted focus groups with youth and young adults to identify public health messages that motivate youth and young adults to make informed decisions about using marijuana, and to identify trusted messengers.

### *Developing goals with partners*

In addition, OHA-PHD is working with State Board of Education and the Alcohol and Drug Policy Commission to:

- Develop and share a curriculum supplement that reflects legalization of marijuana that school districts may use with current drug education curricula.
- Specifically include marijuana in the alcohol and other drug portion of the Oregon Health Education Standards.
- Disseminate, through the Oregon Department of Education, evidence-based youth marijuana prevention messages to parents, teachers, school administrators, and school board members.
- Disseminate information about how to effectively provide health education to support youth to make healthy decisions.

Per the language of House Bill 3400 that OHA-PHD may "make recommendations for legislation, including recommendation related to the use of moneys collected as a tax from businesses involved in marijuana operations," the following legislative strategies would protect the public's health:

- Fund a statewide, coordinated, comprehensive, and evidence-based marijuana prevention program to protect the public's health.
- Limit youth exposure to marijuana marketing and promotion. This is a one of the most effective and low-cost means to prevent youth from starting to use marijuana.

These strategies work best together. Limiting advertising and marketing is most effective when complemented by coordinated health communication and education, community-based action, and support to stop using for those who need it.

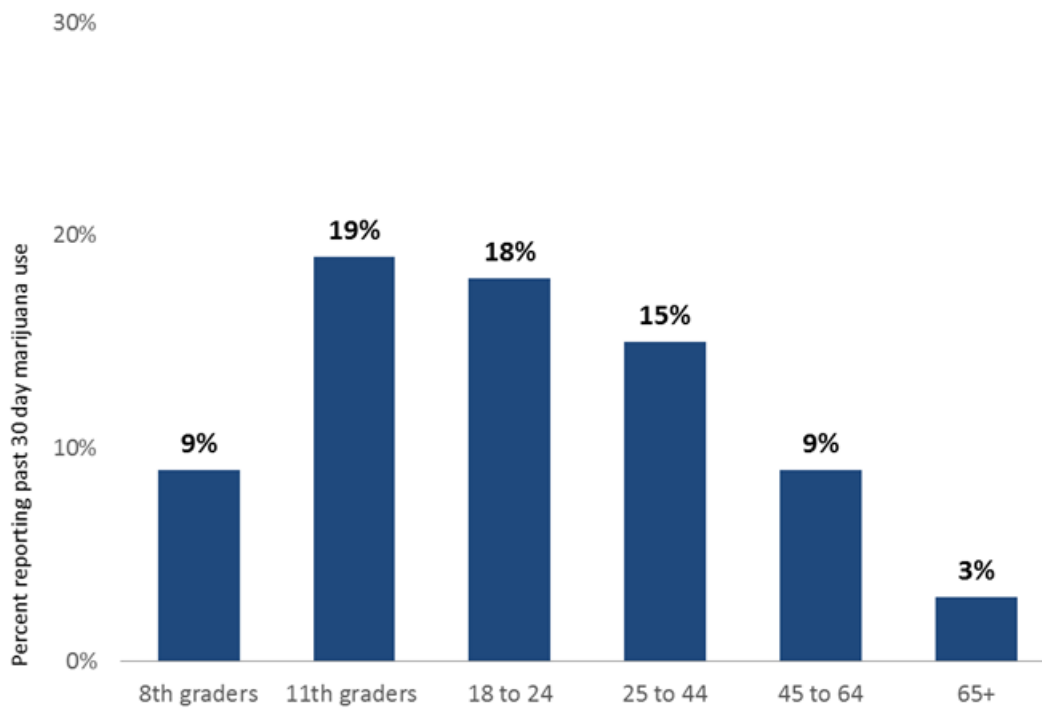
## Introduction

Oregon voters legalized retail marijuana sales in 2014 with the passage of Measure 91. During the 2015 legislative session, the Oregon legislature passed House Bill 3400, which detailed the implementation of retail marijuana sales. Legislators, acknowledging the public health implications of increased marijuana use, included section 117 which mandates the Oregon Health Authority to work with the State Board of Education and the Alcohol and Drug Policy Commission to prevent youth marijuana use. Section 118 of the law requests that the Oregon Health Authority recommend legislative action to prevent youth marijuana use.

## Current Marijuana Use in Oregon

Almost half of Oregon adults (48%) report ever using marijuana; one in 10 report having used marijuana in the past 30 days. This is highest among young adults age 18-24.<sup>i</sup>

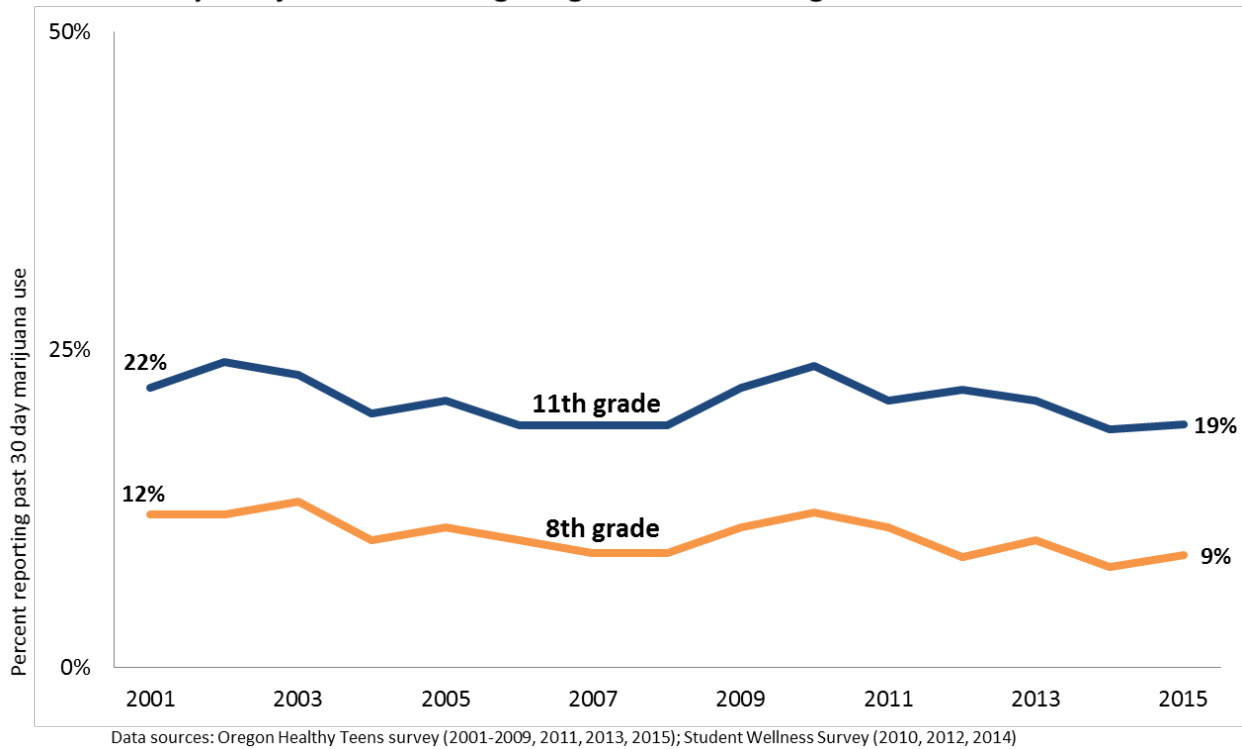
**Past 30 day marijuana use among Oregon adolescents and adults by age**



Data sources: 2015 Oregon Healthy Teens; 2014 Oregon Behavioral Risk Factor Surveillance System

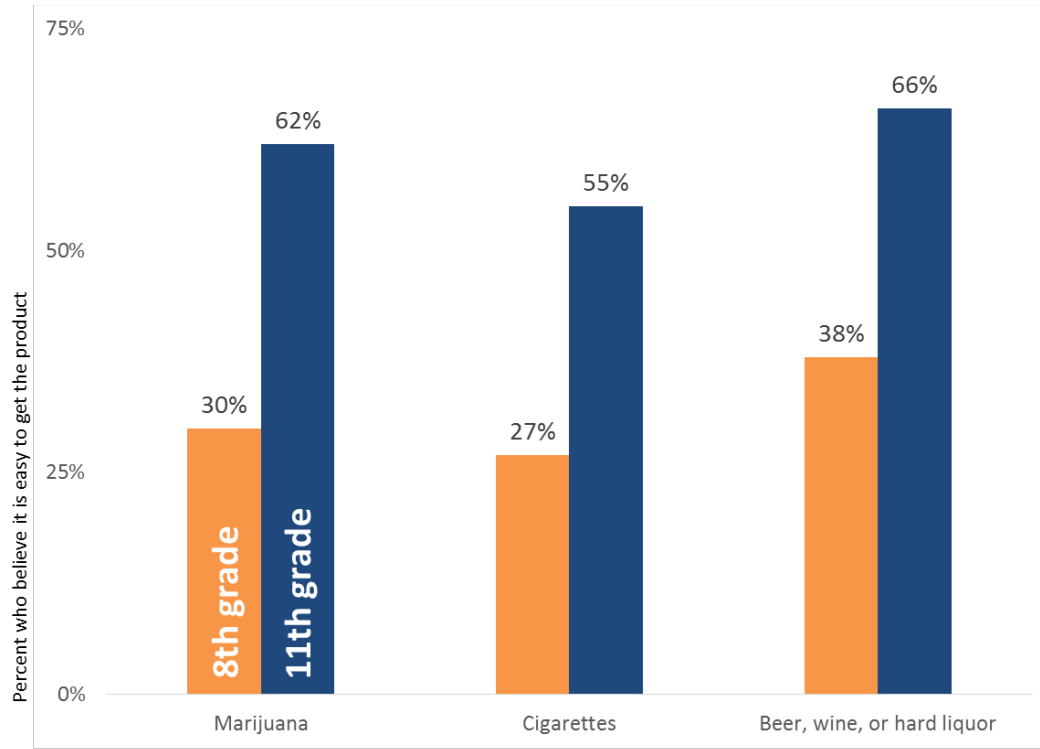
Since 2001, 8<sup>th</sup> and 11<sup>th</sup> grade reported use of marijuana has decreased slightly.

**Past 30 day marijuana use among Oregon 8th and 11th graders over time**



Among Oregon 11<sup>th</sup> graders, 62% report that marijuana is easy to get.<sup>ii</sup>

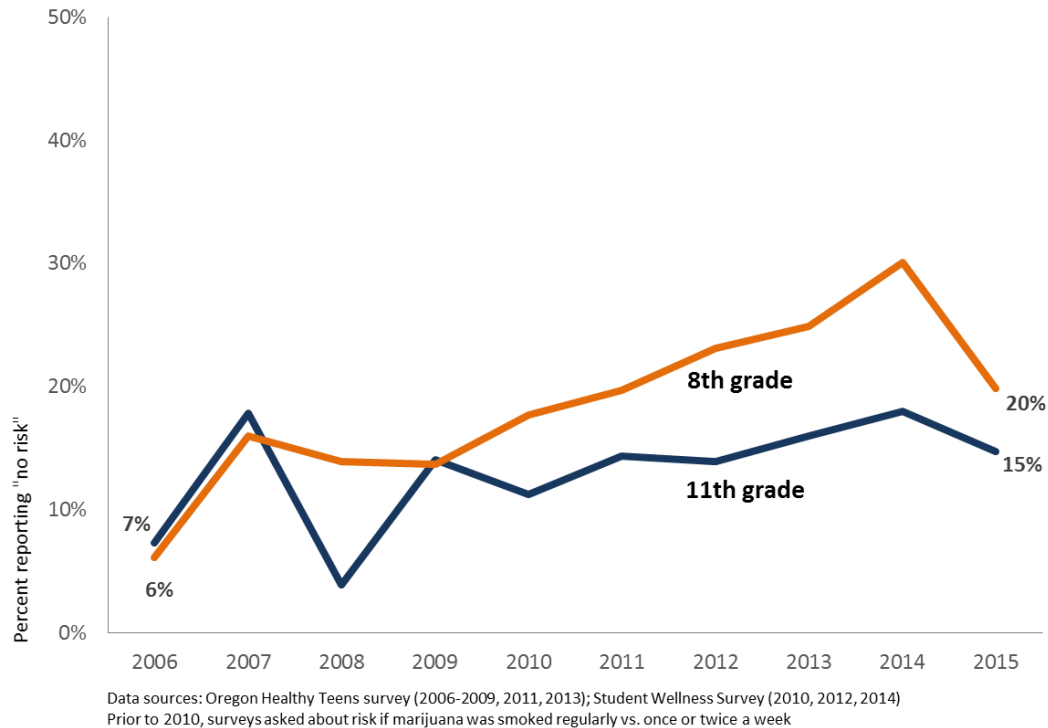
**Oregon 8th and 11th graders who think it is easy for them to get marijuana, cigarettes, and alcohol**



Data source: 2015 Oregon Healthy Teens

Among Oregon 8<sup>th</sup> and 11<sup>th</sup> graders, the perception that there is “no risk” to smoking marijuana has increased since 2006.

**Oregon 8th and 11th graders who perceive "no risk" in smoking marijuana once or twice a week**



**The Public Health Division's Role**

The Oregon Health Authority, Public Health Division's (OHA-PHD) role in retail marijuana legalization is to protect the public's health; regulate medical marijuana and dispensaries; and accredit laboratories. This report focuses on protecting the public's health, a component of which are actions taken in anticipation of and response to House Bill 3400.

To protect the public's health, OHA-PHD seeks to understand and minimize the negative public health effects of marijuana products; educate the public about the health issues related to marijuana use; prevent youth marijuana use; protect children and vulnerable populations from marijuana exposure; and monitor marijuana use, attitudes, and health effects.

*Understand and minimize the negative public health effects of increased marijuana use*

Programs, services, and policies addressing substance misuse are part of OHA-PHD's ongoing responsibilities. Preventing youth from starting to use marijuana is part of OHA-PHD's work to reduce the negative public health effects of tobacco, alcohol, and other substances. In anticipation of House Bill 3400, OHA-PHD analyzed current programs, policies, and services to identify changes needed due to increased marijuana use. The goal was to incorporate information about marijuana where appropriate and to minimize disruption in programs, policies, and services provided to vulnerable Oregonians. OHA-PHD trained and continues to

support local public health authorities on how to include marijuana in the enforcement of the Indoor Clean Air Act; supports Oregon's 76 School-Based Health Centers with up-to-date evidence-based information for clients; works with local WIC providers to update policies for counseling guidance when working with pregnant and breastfeeding women who choose to use marijuana, whether for medical or other reasons.

*Educate the public about health issues related to marijuana use*

OHA-PHD seeks to educate the public about health issues related to marijuana use so that individuals, families, and communities can make informed choices about their health. OHA-PHD reviews scientific findings about the health effects of marijuana use, and uses these findings to develop and test messages.

OHA-PHD convenes the Retail Marijuana Scientific Advisory Committee (RMSAC) to provide scientific input to inform public health recommendations related to retail marijuana in Oregon, including the evidence-base for key messages and audiences identified by OHA-PHD and local public health communications staff. The committee examines current data and makes recommendations on how to minimize potential adverse health effects of retail marijuana, including packaging and labeling of marijuana products and the effect of the time, place, and manner of sales and advertising on youth marijuana use.

OHA-PHD focuses on key audiences including youth, young adults, and parents. OHA-PHD draws on evidence from other public health efforts, as well as the experience of Washington and Colorado with marijuana legalization.

*Prevent youth marijuana use*

As part of its strategy to protect public health, OHA-PHD seeks to protect children and prevent youth from using marijuana. This includes providing information to youth and young adults, parents and other caregivers, teachers, and school administrators that is motivating, factual, and believable. Prior to passage of House Bill 3400, OHA-PHD provided county and tribal health departments and substance abuse prevention staff with evidence-based tools for youth marijuana prevention, drawing on experience and existing tools from the states of Washington and Colorado. This work continues.

To inform activities required by Section 117, OHA-PHD hosted focus groups in Bend, Medford, Pendleton, and Portland. Each location hosted two focus groups: one for youth aged 14-17 years; one for young adults aged 17-20 years. OHA-PHD adapted prevention messages for youth from Colorado's youth marijuana use media campaign. OHA-PHD aligned these messages with a review of the scientific literature examining the short- and long- term impacts of youth marijuana use on health and social outcomes.

Among messages tested, youth and young adults found the following to be highly believable and motivating to think twice about using marijuana:

- When you get high, you may have difficulty learning, memory issues and lower math and reading scores. The more you get high, the harder it may be to learn.
- Brain development is not complete until your twenties. For the best chance to reach your full potential, you should not use marijuana to get high while you are young.

Most often, youth mentioned parents and teachers as trusted messengers. Young adults mentioned siblings or family members who used marijuana and doctors as trusted messengers most often. Young adults also expressed distrust of any messenger who seemed to present only one side of marijuana use, for example, speaking only to the benefit and not to the harm, or speaking only to marijuana's dangers and not potential benefit.

To speak to parents and other caregivers, OHA-PHD developed an Oregon Marijuana Parent Guide (Parent Guide) to provide caregivers with an overview of the types of marijuana products, known short-term and possible long-term effects of adolescent marijuana use, strategies for talking to youth about marijuana use, and resources. OHA-PHD adapted the Parent Guide, with permission, from a document created by the Seattle Children's Hospital. The Parent Guide's strategies for talking to youth about marijuana use draw from the evidence-based prevention program *Guiding Good Choices*.

To help business owners understand and comply with youth protection laws, OHA-PHD developed a minor decoy program to inspect retail and medical marijuana dispensary operations for compliance with applicable statutes related to sales of marijuana products to those under 21 years of age, and sales without a state-issued Medical Marijuana Registration Card.

#### School-based marijuana prevention activities

Per the requirements of Section 117, OHA-PHD continues to collaborate with State Board of Education (via the Oregon Department of Education) and Alcohol and Drug Policy Commission to identify ways to deliver evidence-based education and information to students, parents, teachers, administrators, and school board members. In Oregon, local schools and districts have the authority to make curricula decisions. However, OHA-PHD, Oregon Department of Education, and the Alcohol and Drug Policy Commission have identified opportunities to enhance school-based education and messaging including:

- Develop and share a curriculum supplement that reflects legalization of marijuana that school districts may use with current drug education curricula.
- Specifically include marijuana in the alcohol and other drug portion of the Oregon Health Education Standards.
- Disseminate, through the Oregon Department of Education, evidence-based youth marijuana prevention messages to parents, teachers, school administrators, and school board members.
- Disseminate information about how to effectively provide health education to support youth to make healthy decisions.



Because schools touch the lives of almost all of Oregon's children and youth, OHA-PHD is committed to building a strong partnership to share evidence-based and proven tools so that schools can support youth with the knowledge and skills to make healthy choices.

*Protect children and vulnerable populations from marijuana exposure*

OHA-PHD's regulation of medical marijuana and dispensaries complements its youth prevention efforts.

In October and November 2015, OHA-PHD conducted two online surveys of Oregon residents to evaluate 19 potential warning symbols. Based on this research, OHA-PHD selected the symbol shown here. This symbol will be used on the label of retail and medical marijuana products sold in Oregon. Research indicates that this symbol conveys information and imparts a sense of caution, but is not judgmental or promotional.



OHA-PHD also developed, tested, and finalized a set of retail marijuana signs warning of the dangers of marijuana products to children and youth and pregnant or breastfeeding women. Signs remind purchasers about safe storage of marijuana products in the home, describe symptoms of marijuana poisoning in children, and include the Oregon Poison Center hotline. Medical marijuana businesses that are engaged in limited retail sales of marijuana are required to post these signs.

*Monitor marijuana use, attitudes, and health effects*

OHA-PHD will continue to monitor the public health outcomes of increased marijuana use, and incorporated marijuana questions into the Oregon Behavioral Risk Factor Surveillance System and the Oregon Healthy Teens surveys. Inclusion in these standardized data sets allows for more rapid and accurate analysis of data.

OHA-PHD conducted an online survey of Oregon adults to assess marijuana use, as well as opinions of retail marijuana sales, knowledge of the current law, and exposure to marijuana advertising and health messages. Information from OHA-PHD's surveys are included in [PHD's Marijuana Report: Marijuana use, attitudes, and health effects in Oregon](#).

**Legislative Recommendations**

Per the language of House Bill 3400 that OHA-PHD may "make recommendations for legislation, including recommendation related to the use of moneys collected as a tax from businesses involved in marijuana operations," the following legislative strategies would protect the public's health:

1. Decrease the volume of marijuana advertising and marketing

Youth and young adults smoke the most heavily-advertised tobacco products, and drink the most heavily-advertised alcohol. Advertising and promotional activities by tobacco companies, including traditional tobacco marketing, internet, and digital marketing causes the onset and

continuation of smoking among adolescents and young adults.<sup>iii</sup> The Surgeon General found this is true whether the businesses direct advertising at youth or at adults.

Limiting the time, place, manner, and frequency of TV, radio, print, billboard, signs, and online/digital marketing and promotion will protect youth from starting to use marijuana, or continuing to use it.

Both Washington and Colorado have adopted advertising rules that reduce youth and young adult exposure to marijuana advertising. Limitations include advertising that depicts children or that may be appealing to children; limits signs to no larger than 1,600 square inches, prohibits internet videos, radio shows and podcasts that cannot be blocked off from minors, prohibits signs or sponsorship at events where 30% or more of the audience might be minors.

2. Protect young people in every community in Oregon from starting to use marijuana by funding a comprehensive, statewide, long-term marijuana prevention program.

Funding a comprehensive marijuana prevention program would result in statewide, coordinated efforts 1) to track and understand risk and potential benefit associated with marijuana use; 2) to mitigate risk and prevent accidental and intentional youth exposure; and 3) to educate the public about retail marijuana law as well as known and emerging risks.

The Centers for Disease Control and Prevention recommends that prevention programs be comprehensive, evidence-based, and long-term, meaning that programs combine multiple strategies to prevent or mitigate the effect of a public health issue. Such a program includes an emphasis on disparities, including targeting groups experiencing disparities; providing material and information in multiple language and cultural frames; and collecting adequate data to allow analysis of racial, ethnic, language, and socioeconomic factors.

State and Community Interventions: Expand funding relationship with community and state partners, with enough resources to implement local comprehensive programs. Statewide initiatives should begin to advance statewide priorities and complement local objectives.

Health Communication: Conduct statewide paid and earned media with reach into Oregon's four major media markets. This includes implementing a statewide prevention campaign based on an evaluated pilot campaign conducted in one urban and one rural area of the state.

Data Collection and Analysis: Support needed data collection systems to monitor the impact of their interventions at the state level.

Help to Quit: Provide support to operate a statewide resource for youth and adults who require support to reduce or discontinue marijuana use. The program may be able to provide added services to clients such as referral to local support groups, counselors, etc.

Administration and Coordination: Hire and maintain key staff for program operations and coordination.

## **Conclusion**

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OHA-PHD remains concerned about youth starting to use marijuana now that retail marijuana is legal in Oregon. There is substantial marketing and advertising of marijuana products. Marketing and advertising of any product has a direct impact on youth's beliefs about the danger of that product and their use of that product. OHA-PHD protects the public's health, including preventing youth use of legal substances such as alcohol, tobacco, and marijuana. The legislature can protect health, especially among Oregon's youth, by limiting their exposure to marijuana advertising and promotion and by assuring that every community in Oregon has access to data that describes the public health risk associated with marijuana use; to mitigate that risk and prevent accidental and intentional youth exposure; and to educate community members about retail marijuana laws and the health risks of marijuana use.

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<sup>i</sup> 2014 Behavior Risk Factor Surveillance Survey

<sup>ii</sup> Oregon Healthy Teens, 2015.

<sup>iii</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.



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