

>> Oregon Health Authority's Approach to Youth Marijuana Prevention

HB 3400 Legislative Report



Acknowledgments

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Executive summary

With the passage of Measure 91 as of July 2015, Oregonians aged 21 and over can legally use marijuana recreationally. The Legislature passed House Bill 3400 during the 2015 session to detail the implementation of retail marijuana sales. Section 117 of the law mandates 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 (OHA-PHD) to fulfill the mandates of Section 117 and 118, and to protect the public's health in relation to marijuana use.

Successes with partners

Working with the State Board of Education, via the Oregon Department of Education, and the Alcohol and Drug Policy Commission, OHA-PHD developed goals and achieved the following successes in 2016:

- Developed a youth marijuana prevention curriculum and practice resource that reflects legalization of marijuana that school districts may use with current drug education curricula. A suite of [marijuana prevention materials](#) were published August 2016.
- Disseminated, through the Oregon Department of Education, evidence-based youth marijuana prevention messages to parents, teachers, school administrators and school board members. OHA-PHD utilized the ODE 2016–2017 Student Services Newsletter, shared resources with key education stakeholders at the Confederation of School Administrators Conferences during the summer of 2016, and made links available on the OHA-PHD website (<http://www.healthoregon.org/marijuana>).
- Disseminated, through the Alcohol and Drug Policy Commission website, direct website links to the OHA-PHD marijuana prevention materials.
- Specifically included marijuana in the alcohol and other drug portion of the Oregon Department of Education Oregon Health Education Standards.

OHA-PHD will continue to work collaboratively with partners to:

- Disseminate information about how to effectively provide health education to support youth to make healthy decisions.

To fully address youth marijuana prevention, OHA-PHD recommends the following strategies be implemented:

- Provide support in every community in Oregon to youth, young adults and parents.
- Protect local control.
- Require marijuana businesses to disclose their expenditure on marketing and promotion.
- Establish a maximum size and number for signs at retail marijuana stores.
- Prohibit the sale of flavored cannabis products.

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

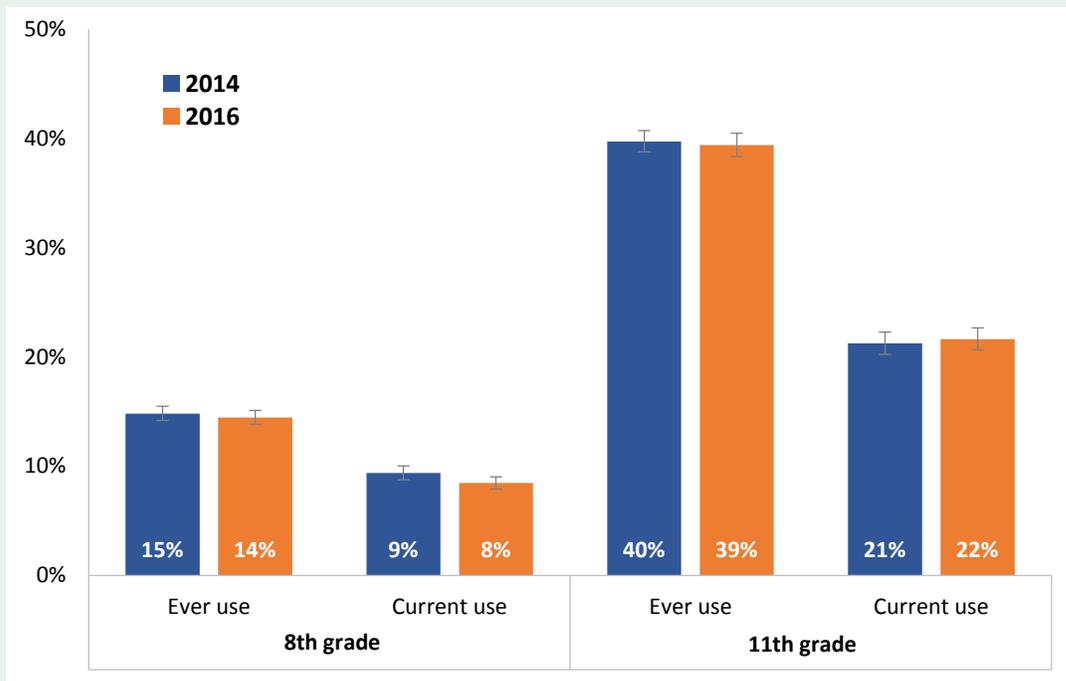
Oregon voters legalized retail marijuana sales in 2014 with the passage of Measure 91. During the 2015 legislative session, the Oregon Legislature passed House Bill 3400, which detailed the implementation of retail marijuana sales. Legislators, acknowledging the public health implications of increased 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 and ever marijuana use in Oregon

Youth

In 2016, 14% of eighth-graders and 39% of 11th-graders have ever used marijuana (Figure 1). In addition, 8% of Oregon eighth-graders and 22% of Oregon 11th-graders reported marijuana use in the past 30 days (current use). Ever and current marijuana use among Oregon eighth- and 11th-graders did not meaningfully change from 2014 to 2016 (pre- to post-retail marijuana legalization).

Figure 1. Current and ever marijuana use among Oregon youth, 2014 and 2016

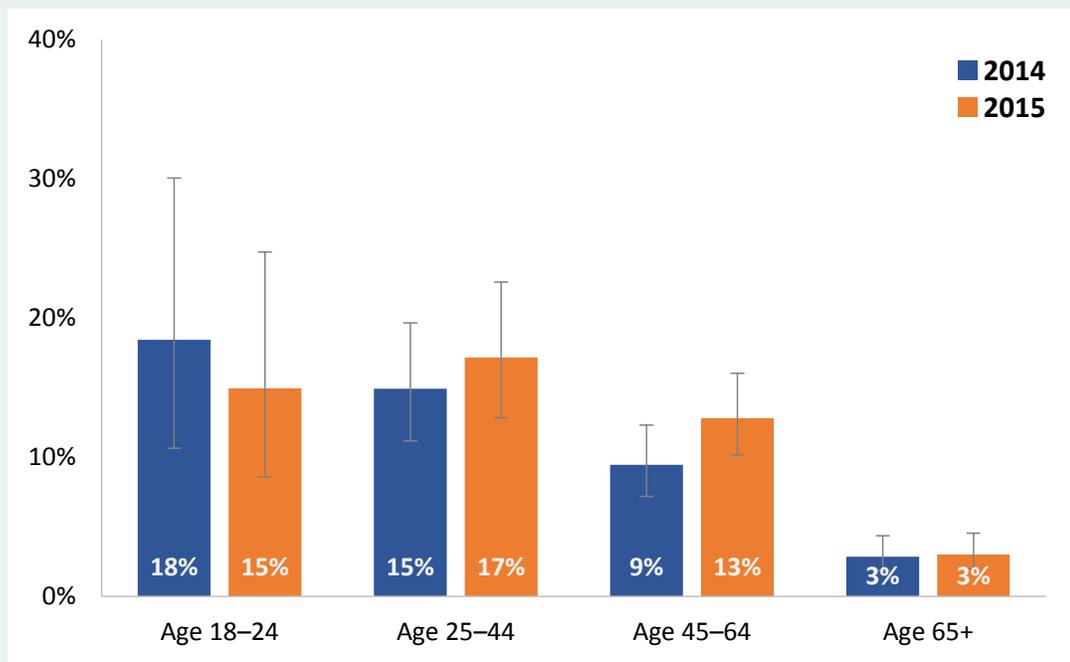


Data source: Oregon Student Wellness Survey (2014 and 2016).

Adults

In 2015, 51% of adults reported ever using marijuana and 12% reported using marijuana in the past 30 days. Current marijuana use was lowest among people ages 65 and older, but similar among other age groups in both 2014 and 2015 (Figure 2). The percentage of people who currently use marijuana increased among the 25–44 and 45–64 age groups between 2014 and 2015.

Figure 2. Current marijuana use among Oregon adults by age group, 2014 and 2015

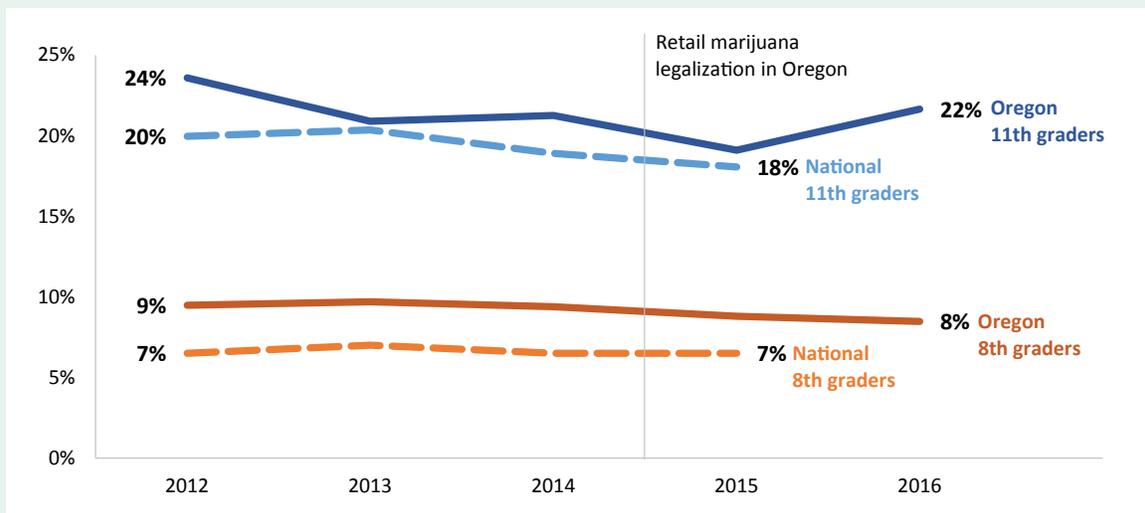


Data source: Oregon Behavioral Risk Factor Surveillance System (2014 and 2015).

Current marijuana use over time in Oregon

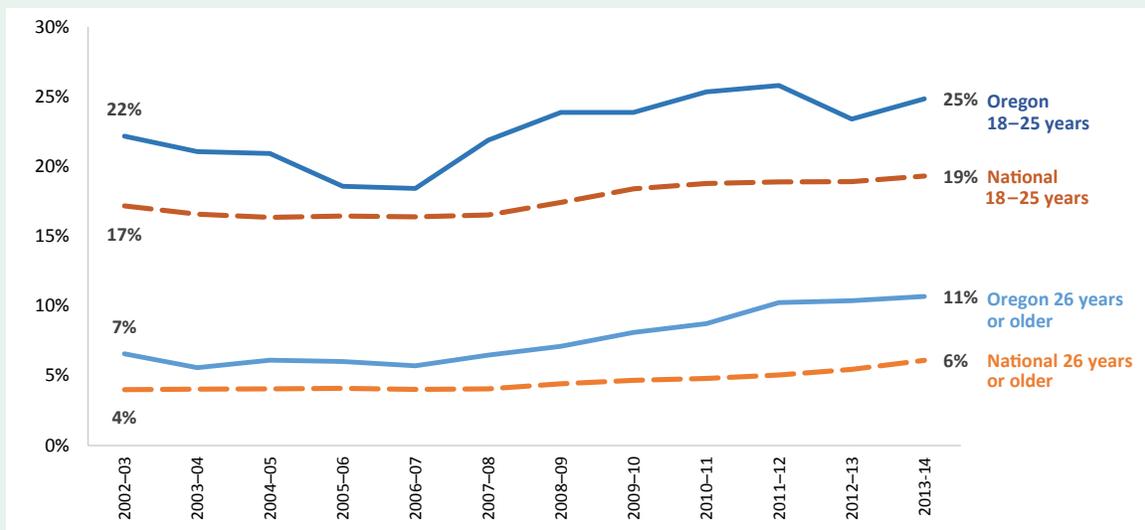
Current marijuana use in 2016 is similar to use in prior years among both eighth- and 11th-graders in Oregon and the United States (Figure 3). Current marijuana use is consistently higher for young adults (ages 18–25 years) compared to older adults (ages 26+ years) in both Oregon and the United States (Figure 4). Oregon marijuana use has been higher than national use in all age groups shown below.

Figure 3. Current marijuana use among Oregon and U.S. youth, 2012–2016



Data sources: Oregon data are from Oregon Healthy Teens Survey (2013 and 2015) and Student Wellness Survey (2012, 2014 and 2016). National data are from Monitoring the Future Survey (2012–2015).

Figure 4. Current marijuana use among Oregon and U.S. adults by age group, 2002–2014



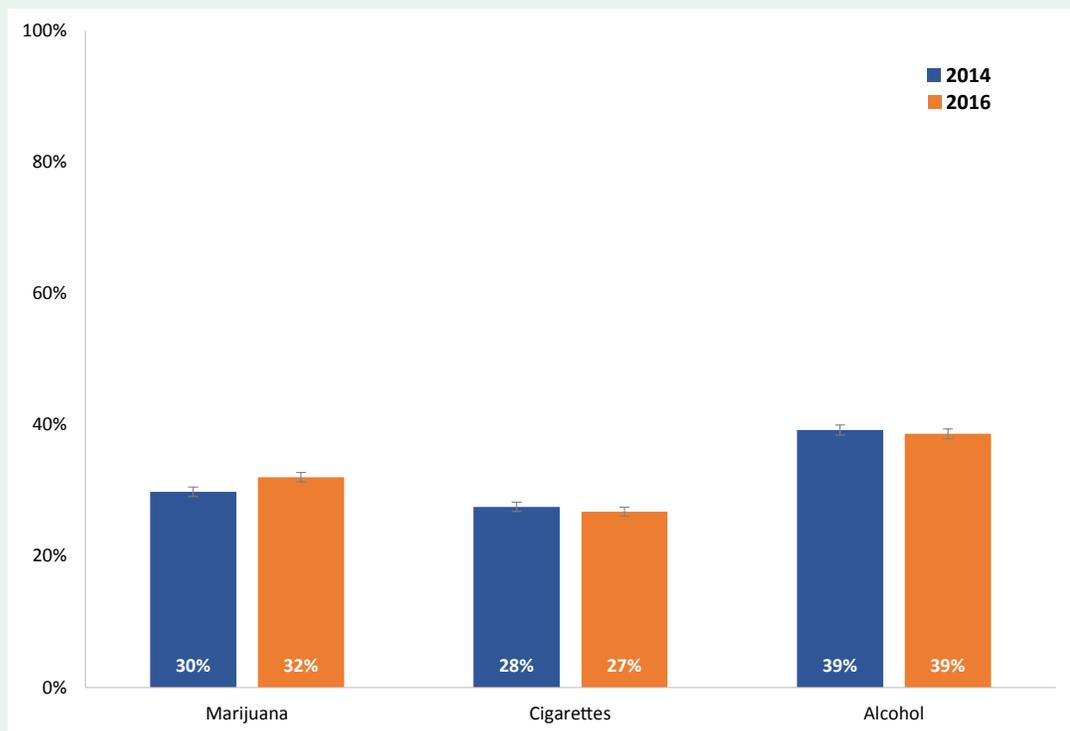
Data source: National Survey on Drug Use and Health (2002–2014).

Perceived access to marijuana among youth in Oregon

Among eighth-graders, perceived easy access to marijuana was comparable to that of cigarettes, while alcohol was reported as easier to get (Figure 5). Among 11th-graders, access to marijuana was reported as being easier than cigarettes and about the same as alcohol (Figure 6). The percent of Oregon eighth- and 11th-graders who think it is easy to get marijuana increased modestly between 2014 and 2016, while perceived access to cigarettes and alcohol decreased between 2014 and 2016 among 11th-graders.

Eighth-graders

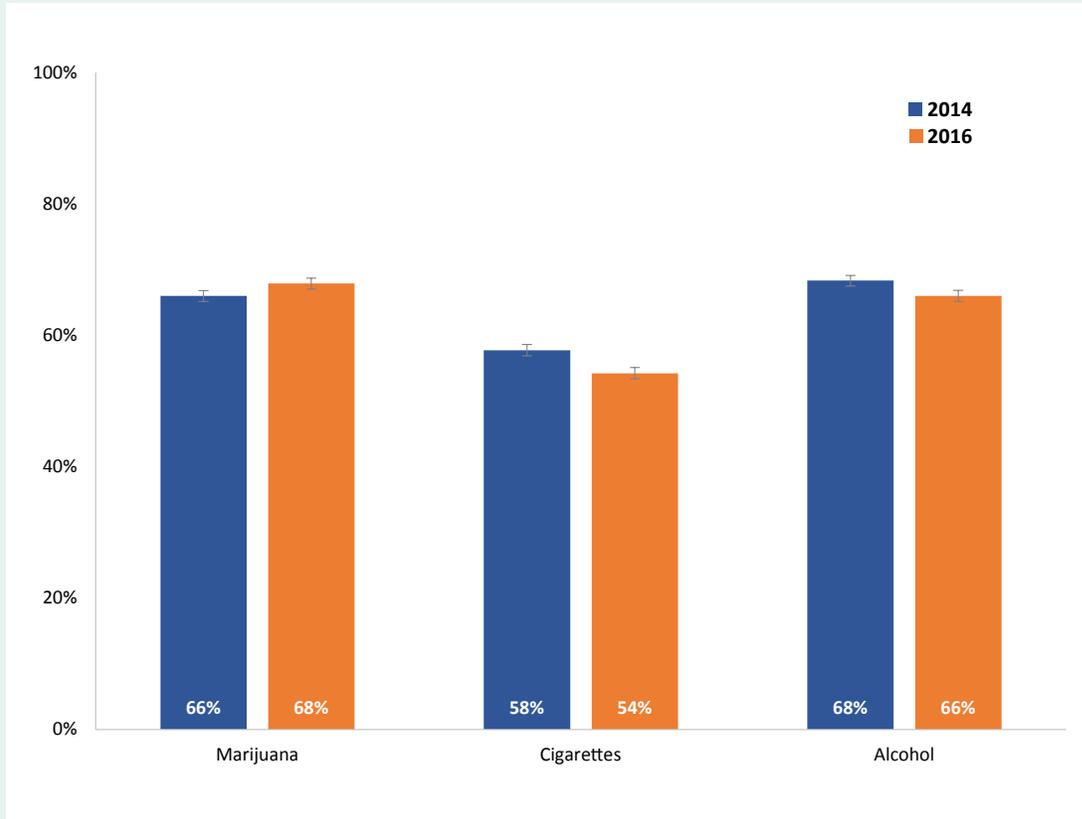
Figure 5. Oregon eighth-graders who think marijuana, cigarettes and alcohol are easy to get, 2014 and 2016



Data source: Oregon Student Wellness Survey (2014 and 2016).

11th-graders

Figure 6. Oregon 11th-graders who think marijuana, cigarettes and alcohol are easy to get, 2014 and 2016

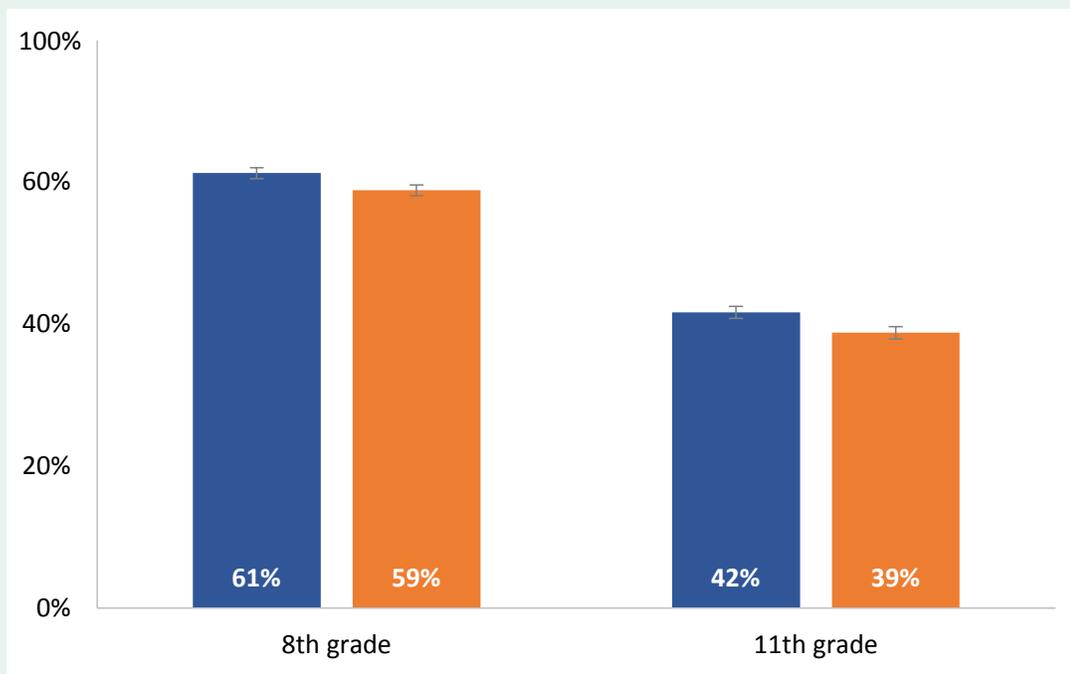


Data source: Oregon Student Wellness Survey (2014 and 2016).

Perceived harm of marijuana use among youth in Oregon

In 2016, nearly 6 in 10 (59%) eighth-graders and 4 in 10 (39%) 11th-graders thought people were at moderate-to-great risk of harming themselves from smoking marijuana once or twice a week (Figure 7). Risk perception of weekly marijuana use declined between 2014 and 2016 for both grades.

Figure 7. Oregon eighth- and 11th- graders who think weekly marijuana smoking is harmful, 2014 and 2016



Data source: Oregon Student Wellness Survey (2014 and 2016).

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, and 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.

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 reviewed the scientific literature examining the short- and long-term impacts of youth marijuana use on health and social outcomes. Campaign messages were aligned with literature and tested through 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.

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

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 and undertaken the following opportunities to enhance school-based education and messaging.

Opportunities completed:

- Developed a youth marijuana prevention curriculum and practice resource that reflects legalization of marijuana that school districts may use with current drug education curricula. A suite of [marijuana prevention materials](#) were published in August of 2016.
- Disseminated, through the Oregon Department of Education, evidence-based youth marijuana prevention messages to parents, teachers, school administrators, and school board members. OHA-PHD utilized the ODE 2016–2017 Student Services Newsletter, shared resources with key education stakeholders at the Confederation of School Administrators Conferences during the summer of 2016, and made links available on the [OHA-PHD website](#) (see <http://www.healthoregon.org/marijuana>).

- Disseminated, through the Alcohol and Drug Policy Commission website, direct website links to the marijuana prevention materials at <http://www.healthoregon.org/marijuana>.
- Specifically included marijuana education in the alcohol and other drug portion of the Oregon Department of Education Oregon Health Education Standards.
- 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 March 2016, the Oregon Medical Marijuana Program (OMMP) adopted permanent rules for labeling marijuana items. A period of six months was given to allow the marijuana industry to come into compliance with these rules. The labeling rules standardized how all marijuana items must be labeled. Some of the required information on marijuana product labels include licensee/registrant information, concentration of THC and CBD, activation time, manufacturing/batch information, net weight, ingredients, and laboratory and testing information. The universal symbol is required to be on the label of all medical and retail marijuana items. In addition, certain warnings are required on marijuana product labels. The warnings include: “For use by adults 21 and older,” “Keep out of reach of children,” and “It is illegal to drive a motor vehicle while under the influence of marijuana.” The labeling rules have been enforced since Oct. 1, 2016.

Marijuana signs warning of dangers have been required to be posted in all dispensaries since Oct. 1, 2015. This has been a routine item to verify during an inspection. These same signs will be required at Oregon Liquor Control Commission (OLCC) retail shops.

Monitor marijuana use, attitudes and health effects

OHA-PHD continues to monitor and report on the public health outcomes of retail marijuana legalization in Oregon. This includes incorporating marijuana questions into existing public health surveillance surveys, like the Oregon Behavioral Risk Factor Surveillance System survey (adult risk behaviors) and the Oregon Healthy Teens and Student Wellness surveys (youth risk behaviors).

OHA-PHD complements these data collection efforts with an online survey of Oregon adults to fill knowledge gaps in traditional surveillance, including exposure to marijuana advertising and health risk messages, perceptions of driving under the influence of marijuana, and perceived health risks from marijuana use. This online survey has allowed for more rapid collection of data on these emerging marijuana surveillance topics.

In addition to collection and analysis of public health surveys, OHA-PHD synthesizes data from other sources to fully characterize marijuana use, attitudes and health effects in Oregon. These include retail marijuana sales data from the Oregon Medical Marijuana Program, calls to the Oregon Poison Center, emergency department visits and drug-involved traffic collisions from the Oregon Department of Transportation, DUII and other arrests from the Oregon State Police, and youth referrals from the Oregon Youth Authority.

Wherever possible, OHA-PHD analyzes these data by population demographics to identify disparities in marijuana use and health effects among specific populations.

OHA-PHD has future plans to assess marijuana-related hospital discharges, marijuana use during pregnancy and after delivery, and publicly-funded marijuana-related addictions treatment.

Information from OHA-PHD's monitoring and surveillance efforts are included in the [Marijuana use, attitudes and health effects in Oregon: 2016 data report](#) that was released by PHD December 2016.

Youth marijuana use prevention pilot media campaign

During the 2016 session, the Oregon Legislature invested \$3.97 million for OHA-PHD to design, implement and evaluate a pilot youth marijuana use prevention media campaign in Clackamas, Jackson, Josephine, Multnomah and Washington counties as directed by the Legislature in House Bill 4041.

On Jun. 30, 2016 OHA-PHD launched Stay True to You, a mass media health education campaign directed at youth and young adults, which included [Talk With Them](#), a component directed at parents and youth-serving adults. This Talk With Them campaign was also produced in Spanish and called [Habla con Ellos](#).

Social norms change

The pilot campaign occurs in the context of increased marijuana advertising and increased access to retail marijuana – recent changes that may promote underage marijuana use. Social norms, intent to use and perceived risk of use are known predictors of substance use behavior. The Stay True to You campaign seeks to change these predictors among Oregon youth and young adults. In addition, the campaign seeks to prevent or delay the initiation of marijuana use by those under 21 years of age.

Campaign effects after five months

After only five months, the media campaign has fully reached its target youth and young adult audiences with a high level of exposure. Evidence indicates the campaign has had a positive effect on youth and young adults' perception of the social norms around marijuana use and knowledge of the legal consequences of marijuana use before age 21 in the pilot areas. Mid-evaluation results showed that there was no significant change in youth and young adult intent to use marijuana.

OHA-PHD recommends providing support throughout the state to youth, young adults and parents to prevent underage use of marijuana. The [Oregon Youth Marijuana Prevention Pilot Campaign - Mid-Evaluation Results](#) was published in January 2017. A final report that reflects longer pilot campaign duration will be available June 30, 2017.

Grassroots public relations campaign

To complement the Stay True to You paid media efforts of the campaign, OHA-PHD collaborated with radio stations in pilot counties to create a variety of contests, Facebook promotions and giveaways. OHA-PHD also developed a variety of press materials to support the launch of the campaign and the mid-evaluation results including press releases, talking points and key messages.

OHA-PHD developed a grassroots public relations plan that would extend campaign reach from the paid media by leveraging community youth organizations in the pilot counties: Multnomah, Washington, Clackamas, Jackson and Josephine counties.

Community partners and earned media

To extend campaign reach through earned media, OHA-PHD created youth brochures and posters, parent brochures, as well as English and Spanish presentations of parent material, and distributed these to grassroots partner organizations and media outlets.

OHA-PHD engaged 60 community youth organizations serving in the pilot counties to distribute campaign materials to youth and young adults they serve (Table 1). Several pilot counties requested that schools in their area receive grassroots collateral. These schools included: Hillsboro High School, Phoenix-Talent School District and Jackson County School District. One additional grassroots request included creating computer monitor displays with the Stay True to You messages for the Clackamas County Juvenile Department.

Moving forward, OHA-PHD is working to record English and Spanish webinars based on the parent presentations. These presentations will be shared through the network of community partner organizations. Additionally, OHA-PHD will continue to work with radio stations in the pilot counties to strategically coordinate additional opportunities.

Table 1. Youth marijuana use prevention pilot campaign grassroots collateral distribution

Organization	Youth brochure	Posters	Parent brochure-Spanish	Parent brochure-English
Addictions Recovery Center	50	12		
Adelante Mujeres	50	32		
Alpha Radio	1000			
AntFarm	50	8		
Big Brothers Big Sisters Columbia Northwest	50	1	20	20
Boys and Girls Club - Portland	100	20		
Entercom	350			
Foundations for Recovery			50	50
Hearts with a Mission			10	15
Hillsboro Empowers Youth	24	24		
Hillsboro High School		60	50	50
iHeart Radio	600			
Inukai Boys and Girls Club			30	30
Jackson County School District			250	250
Josephine County Prevention Coordinator	20	20		
Maslow Project	40	12		
New Avenues for Youth	30	6		
Northwest Family Services	70	8		
OnTrack	25	6		
Outside In (Milwaukie HS)	110	10		
Phoenix-Talent School District	50	10	50	50
Rogue Valley Family YMCA	50	12	25	25
Rogue Valley Youth for Christ	20	10		
The Rose Circle Mentoring Network	25	1		
Timber Lake Job Corps CCC	200	25		
Washington County Substance Abuse Unit	50	5	50	50
Youth Move Oregon	15	10		
Total	2979	292	535	540

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. Provide support in every community in Oregon to youth, young adults and parents

Preventing youth from using marijuana requires a comprehensive public health response that includes support in every community for all families and for youth, whether or not they already use marijuana. The **Stay True to You** campaign is having a positive effect among youth and young adults in the pilot areas and is ready to be implemented statewide. Oregon’s investment in the campaign will be enhanced by strategic collaboration across Oregon’s public health and health care systems to reach every community in Oregon.

Funding a comprehensive marijuana prevention program would result in statewide, coordinated efforts to:

- a. Track and understand risk and potential benefit associated with marijuana use
- b. Mitigate risk and prevent accidental and intentional youth exposure, and
- c. 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.

2. Protect local control

One of the best protections for youth from the harm of marijuana use is robust local engagement across sectors. By protecting the ability of local authorities to make decisions about marijuana businesses, youth, families, and communities can have the local support and services they need to prevent youth marijuana use.

3. Require marijuana businesses to disclose their expenditure on marketing and promotion

Marijuana legalization has increased the visibility of cannabis throughout our state. Understanding the amount spent to advertise and promote marijuana products and types of advertising will allow better enforcement of existing advertising regulations and help determine additional advertising regulations needed to protect youth from marijuana use.

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.¹ 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.

4. Establish a maximum size and number for signs at retail marijuana stores

Multiple forms of storefront advertising including signs, sandwich boards and sign waivers are ubiquitous at marijuana businesses. To protect youth from exposure to marijuana marketing and promotion, Washington state has adopted a common sense law that allows one sign per retail marketing establishment and limits its size to 1,600 square inches.

Both Washington and Colorado have adopted advertising rules that reduce youth and young adult exposure to marijuana advertising.

Rules include:

- a. Limiting advertising that depicts children or that may be appealing to children.
- b. Limits on number and size of signs.
- c. Prohibiting internet videos, radio shows and podcasts that cannot be blocked off from minors.
- d. Prohibiting signs or sponsorship at events where 30% or more of the audience might be minors.

5. Prohibit the sale of flavored cannabis products

The FDA recognizes that tobacco products “containing flavors like vanilla, orange, chocolate, cherry and coffee are especially attractive to youth” and “are widely considered to be “started” products, establishing smoking habits that can lead to a lifetime of addiction” (see <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm183211.htm>). Flavored marijuana products could have a similar appeal to youth and increase youth marijuana use.

¹ 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.

Conclusion

OHA-PHD remains concerned about youth starting to use marijuana now that retail marijuana is legal in Oregon and with 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 Oregonian's health by providing support in every community in Oregon to youth, young adults and parents; requiring marijuana businesses to disclose their expenditure on marketing and promotion; establishing a maximum size and number for signs at retail marijuana stores; prohibiting the sale of flavored cannabis products; and by protecting local control.



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