



Effective Policies & Programs to Restrict Youth Access & Exposure to Drugs/Alcohol Applications for Marijuana

Acronyms:

- CDPHE - Colorado Department of Public Health & Environment
- CDHS - Colorado Department of Human Services
- CDE - Colorado Department of Education
- DOR - Colorado Department of Revenue
- CDOT - Colorado Department of Transportation
- TGYS - Tony Grampas Youth Services
- LPHAs - Local Public Health Agencies

The recommendations and best practices listed below are based on research to effectively restrict access and prevent use by youth to substances such as alcohol and tobacco.

Policies to Limit the Availability or Accessibility of the Substance for Youth

	Recommendations and Best Practices from Other Substances:	State-level Policies to Prevent Youth Access to Retail Marijuana:	Local Level Policy Considerations to Prevent Youth Access:
1	Price Increase the Unit Price (Tobacco: Community Guide) (Alcohol: Community Guide)	Proposition AA passed in 2013 permitting a 15% excise and 10% sales tax on all retail marijuana.	If local communities need additional funding to support efforts to restrict youth access and prevent use among youth, communities have the ability to increase local taxes (excise and/or sales) on marijuana to fund local prevention work. Where possible, earmark the taxes for prevention efforts dedicated to a specific agency. Local tax measures have to be put to the voters of that jurisdiction.
2	Place Smoke-Free Policies (Tobacco: Community Guide)	Senate Bill 13-283 added marijuana to the Colorado Clean Indoor Air Act, banning smoking of marijuana in all public indoor areas. The state could consider strengthening the definition of smoking in the CCIAA to include vaporizers/e-cigarettes.	Local governments may consider strengthening the definition of smoking to include vaporizers/e-cigarettes. Several municipalities in Colorado have updated their smoke-free code (Durango, Edgewater, Fort Collins, Lakewood). Additionally, local governments can define “public” use in a manner that allows private clubs for marijuana consumption. It is important that public health advocate for definitions that protect health.
3	Smoke-Free parks/amusement parks/other public spaces (Tobacco: TobaccoFreeParks.org)	Senate Bill 13-283 made it illegal to use (smoke or consume) all marijuana and related products in any indoor or outdoor public space, including sidewalks, parks, amusement parks, playgrounds, and outdoor patios.	Local prevention programs and governments may work to increase enforcement of the ban on public use, including broad education about requirements.

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4	Smoke-Free Housing (Tobacco: Lung.org)	Amendment 64 states that private property owners are not required to permit marijuana and related product possession or use on their property. The US Department of Housing and Urban Development restricts marijuana (medical or retail) on the premises if the housing authority/management company receives federal funding. Marijuana cultivation, possession or use is grounds for denying assistance. NOTE - some allowances are being made .	Local prevention programs may inform and educate property owners of their rights to prohibit marijuana smoking, consumption, possession and/or cultivation. Programs can inform changes to lease language and smoke-free organizational policies that are more inclusive of marijuana, e-cigarettes/vaporizers. Collaborating with local programs funded by tobacco taxes to address smoke-free multi-unit housing may enhance efforts.
5	Smoke-Free Cars Laws (Tobacco: TobaccoFreeKids.org)	Senate Bill 13-283 made it illegal to use all marijuana and related products in private vehicles.	Local prevention programs and governments may work to increase enforcement of the ban on use in vehicles.
6	Tobacco-Free Schools Laws (Lung.org)	Senate Bill 13-283 made the possession or use of retail marijuana or its products illegal on all school properties.	RMC Health was funded by CDPHE to provide support to local school districts to update organizational policies to reflect state policies. As districts revise Tobacco-Free Schools policies, it is an opportune time to discuss updating/strengthening their drug/marijuana policies to reflect current marijuana laws.
7	Licensing Retail outlets to strictly regulate sales (Tobacco: Tobacco Policy Center)	Senate Bill 13-283 gave the Department of Revenue the authority to strictly license and regulate all retail marijuana facilities.	Licenses for retail shops are necessary at both the state and local jurisdictional level. Work with staff, city managers, city attorneys, and council members within your local jurisdictions to develop ordinances that help mitigate the potential impacts to children and youth (e.g. density, hours of operation, buffer limits, setbacks, signage, advertising, merchandising, coupons, free samples, etc.).
8	Limit the density of retail locations (Alcohol: Community Guide)	Unlike the state of Washington, Colorado did not place caps on production or the number of licensed retail marijuana stores available within the state. The US Department of Justice's Guidance Regarding Marijuana Enforcement Cole Memo is clear about the value of setting distance requirements of the marijuana industry from facilities where youth are present.	Each local jurisdiction allowing retail marijuana licenses can regulate the density of retail marijuana shops and the buffer limits from locations that have children present.

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9	Retailer education (Tobacco: Community Guide) (Alcohol: Community Guide)	Senate Bill 13-283 gave the Department of Revenue the authority to implement a Responsible Vendor Program , educating retailers on the marijuana regulations and how to communicate with customers about the product.	Local prevention programs may work with DOR and local licensing authorities to increase education efforts of marijuana retailers and adjacent non-marijuana retailers.
10	Limit the hours of sale (Alcohol: Community Guide)	Department of Revenue Regulations on Marijuana <ul style="list-style-type: none"> ● R308: Limited hours of operation to between 8:00am and midnight. 	Local governments may consider stricter hours of operations for retail marijuana establishments.
11	Laws directed at minor’s purchase, possession or use of the product (Tobacco: Community Guide)	Senate Bill 13-250 made it a drug felony offense if an adult more than 2 years older than the minor gives or sells the minor any marijuana or related products. Senate Bill 13-250 made it illegal to sell marijuana to someone under the age of 21. Class 2 misdemeanor. Senate Bill 13-250 required identification at point of purchase for proof of age. House Bill 14-1122 allows retailers to confiscate any identification that they believe may be fake. Senate Bill 14-129 changed the Minor in Possession laws (CRS 18-18-122) to include marijuana, ban drug paraphernalia, apply good samaritan laws, and more.	Local prevention programs and governments may work to increase education about sales restrictions and enforcing point of sale restrictions.
12	Restricted access at home (Alcohol: NIH study of where alcohol is stored in homes , KidsHealth recommendation for safe storage)	House Bill 14-1122 defined “enclosed” and “locked space” for growing marijuana plants to protect youth from accessing the plant and requires the cultivation to be enclosed and locked from access by anyone under 21 who lives at the location. Additionally, it requires a homeowner to reasonably restrict access to the cultivation for the duration of any minor’s visit to the home. Senate Bill 13-250 made it a drug felony offense if an adult more than 2 years older than the minor gives or sells the minor any marijuana or related products. House Bill 15-1305 banned unlicensed individuals from using hazardous solvents to extract marijuana concentrate. House Bill 17-1220 limited residential marijuana grows to a maximum of 12 plants, no matter how many adults live in the residence (Amendment 64 allows 6 plants per adult over the age of 21). There are some exceptions for medical marijuana.	Education on proper storage of medicinals and edibles may be helpful in limiting access and/or accidental ingestion by children and pets.

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13	<p>Product & Promotion Restrict industry from advertising or appealing to youth (Tobacco: Lung.org) (Alcohol: Camy.org)</p>	<p>Department of Revenue Regulations on Marijuana</p> <ul style="list-style-type: none"> ● R604.C5: Products available on the general food market, such as gummy bears, will be prohibited from being remanufactured to contain marijuana. ● R1001.C: Packaging cannot appeal to children or youth under 21 or use cartoon characters ● R1001.H: Packaging cannot use the word “candy” or “candies.” ● R1104-1105: Bans tv & radio ads unless <30% of audience is under 21 ● R1106-1107 & 1115: Bans print or internet ads and event sponsorship unless <30% of audience is under 21 ● R1111: Outdoor Advertising Generally Prohibited. Illegal for any Retail Marijuana Establishment to use advertising visible to the public from any street, sidewalk, park or other public place, including bans on billboards or other outdoor advertising device; signs on vehicles, hand-held or portable signs; or leaflets directly handed out in public, left on a vehicle, or posted without the consent of the property owner. Exception: fixed sign that complies with local rules identifying the location as a retail marijuana store. ● R1112: Bans ads that target minors ● R1113: Bans push to device ads unless recipient is over 21 and can opt out ● R1114: Bans pop up ads <p>Senate Bill 17-015 bans non-licensed entities from advertising marijuana products</p>	<p>Local entities may consider stricter marketing regulations, such as the restrictions on business signage, merchandising, giveaways, samples, coupons, sponsorship of events.</p>
14 a	<p>Stronger restrictions on retailers (Tobacco: Community Guide) (Alcohol: PIRE)</p>	<p>House Bill 14-1122 made it illegal and a class 1 misdemeanor to sell or permit the sale of marijuana to someone under the age of 21 and required child resistant packaging for both medical and retail marijuana. HB14-1122 permits licensed retail store employees to confiscate IDs they believe to be fraudulent and detain and question the person to determine if they were engaging in illegal behavior.</p> <p>Department of Revenue Regulations on Marijuana</p> <ul style="list-style-type: none"> ● R103: Requires child resistant (for <age 5), opaque, resealable packaging ● R402: Restrictions on the amount of product, including edibles and concentrates, that can be purchased at point-of sale. Effective 1/1/16 ● R403: Restricted access at point-of-sale. No one under 21 is allowed inside. 	<p>Local prevention programs and governments may work with DOR to increase education efforts of marijuana retailers on sales restrictions to persons under 21.</p>

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14 b	Stronger restrictions on retailers (Tobacco: Community Guide) (Alcohol: PIRE)	<ul style="list-style-type: none"> R1004-1007: Packaging must include warnings: “There may be health risks associated with the consumption of this product;” “This product is intended for use by adults 21 years and older. Keep out of the reach of children;” “This product is unlawful outside the State of Colorado;” “There may be additional health risks associated with the consumption of this product for women who are pregnant, breastfeeding, or planning on becoming pregnant;” “Do not drive or operate heavy machinery while using marijuana.” Edibles include the following warnings: “This product was produced without regulatory oversight for health, safety, or efficacy.” “The intoxicating effects of this product may be delayed by two or more hours.” R1004-1007: The Universal Symbol must be located on the front of all marijuana packaging with the following statement: “Contains Marijuana. Keep out of the reach of children.” R604.C5: The Universal Symbol must be stamped on all 10mg servings of marijuana products (such as chocolates), where practical. 	
15	Increase Minimum Age to access the product (Tobacco: Preventing Tobacco Addiction Foundation) (Alcohol: CDC)	Amendment 64 set the legal age limit for access to retail marijuana at age 21.	Local governments cannot make the age limit for legal access higher than 21 since it is set in the state constitution.

Enforce Policies to Limit Accessibility of the Substance

	Recommendations and Best Practices from Other Substances:	State-level Enforcement Strategies to Prevent Youth Access to Retail Marijuana:	Local Level Enforcement Considerations to Prevent Youth Access:
16	Increased enforcement of laws: prohibiting sales to minors (Alcohol: Community Guide) (Impaired Driving: Countermeasures that Work)	DOR’s Marijuana Enforcement Division has hired officers to enforce all of the retail regulations and conducted compliance checks on age restrictions. Retail Marijuana Establishments had compliance higher equal to or better than alcohol and tobacco retailers. The Department of Law has created trainings for law enforcement to better understand enforcement of the retail marijuana laws.	Local prevention programs and governments may work with officers and retailers to increase education and enforcement of state laws and additional regulations passed at the local level. Enforcement of the ban on public use often requires support of the organization or venue. Local prevention programs can work with businesses, (i.e. concert venues) to enhance enforcement.

Educate the Public and Address Community Perceptions through New and Existing Programs

	Recommendations and Best Practices from Other Substances:	State-level Education Efforts to Prevent Youth Access to Retail Marijuana:	Local Level Education Opportunities to Prevent Youth Access:
17	<p>Community Mobilization with additional interventions (additional interventions include mobilizing for passage or enforcement of strict regulations/laws) (Tobacco: Community Guide) (All Substance Abuse Prevention: SAMHSA)</p>	<p>CDPHE’s funds tobacco prevention programs and coalitions to prevent secondhand marijuana smoke exposure through multi-unit housing smoke-free policies, expanding definitions of smoke-free policies to include vaporizers/e-cigarettes, and enforcement of smoke-free policies.</p> <p>CDHS’s funds substance abuse prevention coalitions through SAMHSA block grant funding. CDHS provides technical assistance to implement evidence-based strategies, collaborate within their community, and prioritize marijuana, alcohol, and prescription drug abuse prevention.</p> <p>Tony Gramscas Youth Services at CDHS received an additional \$2,000,000 in funding from Senate Bill 14-215 to fund primary prevention within communities at the individual and relationship socioecological levels. Using a shared risk and protective factor approach within a positive youth development framework, grantees prevent youth violence and substance use, and promote healthy behaviors.</p>	<p>Local governments and prevention programs can collaborate with existing substance abuse prevention coalitions or programs (funded through CDPHE, CDHS’ Office of Behavioral Health or TGYS) to support increased education and enforcement of marijuana laws or stricter local regulations for retailers (particularly density, buffer limits, setbacks, advertising and signage).</p>
18	<p>Mobilizing youth against the industry (Tobacco: TheTruth.com)</p>	<p>This strategy is not recommended at this time. The marijuana industry is currently a partner in prevention efforts and has an interest in preventing possession and use of marijuana by minors in order to keep marijuana legal within Colorado. The US Department of Justice’s Guidance Regarding Marijuana Enforcement prioritizes the prevention of use by minors. Use of this strategy may vary by community and should be reassessed on an ongoing basis.</p>	<p>Local prevention coalitions may include youth as coalition members. Local coalitions may establish healthier norms around substance misuse and awareness of the unique health impacts to youth. Use of this strategy may vary by community and should be reassessed on an ongoing basis.</p>
19	<p>Community education on preventing youth access (Tobacco: Community Guide)</p>	<p>The CDPHE marijuana prevention campaign will focus on restricting youth access. CDPHE will partner with CDHS, CDE and DOR to align messaging from all four agencies.</p>	<p>CDPHE will provide resources to local community groups to integrate the state-level messaging into their local prevention efforts.</p>

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20	<p>Mass Reach Health Communications (Tobacco: Community Guide) (Marijuana: Prevent the Non-Medical Use of Marijuana)</p>	<p>CDPHE recently issued an RFP to select a media/advertising agency to implement the tasks outlined for CDPHE in Senate Bill 14-215 to implement mass reach media campaigns that educate the public:</p> <ul style="list-style-type: none"> ● an 18-month campaign beginning January 2015 directed at educating the general public on the health effects of marijuana and legal use through various media tactics (traditional and nontraditional), including fact sheets and clinical prevention guidelines for physicians. The Good to Know campaign launched in January 2015. ● an ongoing education and prevention campaign beginning January 2015 that educates the general public on legal use, retailers on the importance of preventing youth access, high-risk populations (youth [Protect What's Next], parents [Good to Know] on the importance of safe storage/preventing secondhand MJ smoke exposure, and pregnant/breastfeeding women), and the overconsumption of edibles. As part of this campaign, CDPHE will offer regional trainings for local MJ prevention programs implementing positive youth development strategies. Statewide media will rotate target audiences and tactics. ● maintenance of the colorado.gov/marijuana website as the portal to all state agency information and advertise the existence of the website. ● alignment of messaging across state agencies and integration of their information into CDPHE's campaigns/website, as appropriate. Additionally, CDPHE will supply information back to these state agencies and their local prevention programs (i.e. LPHAs, CDHS' funded communities, CDOT's funded impaired driving partners) on marijuana health effects and effective prevention strategies. <p>CDPHE will only use approved health statements from the Retail Marijuana Public Health Advisory Committee.</p>	<p>Upon completion of each campaign, CDPHE will provide LPHAs with talking points, social media content, fact sheets, research and access to the creative materials developed. LPHAs can work with local media, prevention programs, and schools to integrate messages and materials throughout prevention efforts.</p> <p>Additionally, CDHS' Office of Behavioral Health Speak Now or Hable Ahora campaign provides great resources for parents to talk with their teens about substance use.</p> <p>Local partners can help create consistency in health impact statements among local human service partners and organizations and coordinate messaging within their local communities.</p>

Data: Evaluation and Surveillance

	Topic Areas:	State-level Data Efforts to Monitor Public Health Concerns with Retail Marijuana:	Local Level Data Opportunities:
21	General Education and Prevention Campaign Effectiveness	CDPHE was tasked in Senate Bill 14-215 to produce evaluation reports to the legislature. CDPHE contracted with the Colorado Schools of Public Health to evaluate the effectiveness of the campaigns, trainings, technical assistance and other prevention work to increase accurate knowledge of the retail marijuana laws and health effects of marijuana use while reducing the negative public health consequences of marijuana use. The baseline and post-assessment evaluation reports on the effectiveness of the public awareness campaign are available on CDPHE's website .	CDPHE will provide regional post-buy media analysis for interested communities. Additionally, CDHS' Office of Behavioral Health collects evaluation data on the effectiveness of the local prevention efforts that they fund.
22	Marijuana Surveillance	CDPHE was tasked in Senate Bill 13-283 to monitor changes in drug use patterns, broken down by county and race and ethnicity, and the emerging science and medical information relevant to the health effects associated with marijuana use. CDPHE included questions about marijuana on the Healthy Kids Colorado Survey (HKCS, include YRBS questions), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Influential Factors for Healthy Living Survey, the Behavioral Risk Factors Surveillance System (BRFSS) and the Child Health Survey (for parents of children 0-14).	Most of this data will be available at the Health Statistics Region level per requirements in Senate Bill 13-283 (for a map of all Health Statistics Regions, click here . Every populous county is its own region, but rural areas are regionalized).

