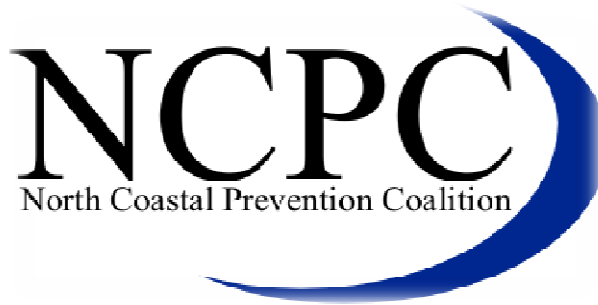


CADCA Mid-Year Training Institute 2015



Local Coalition Approaches to Countering Pro-Marijuana Influences in the Community

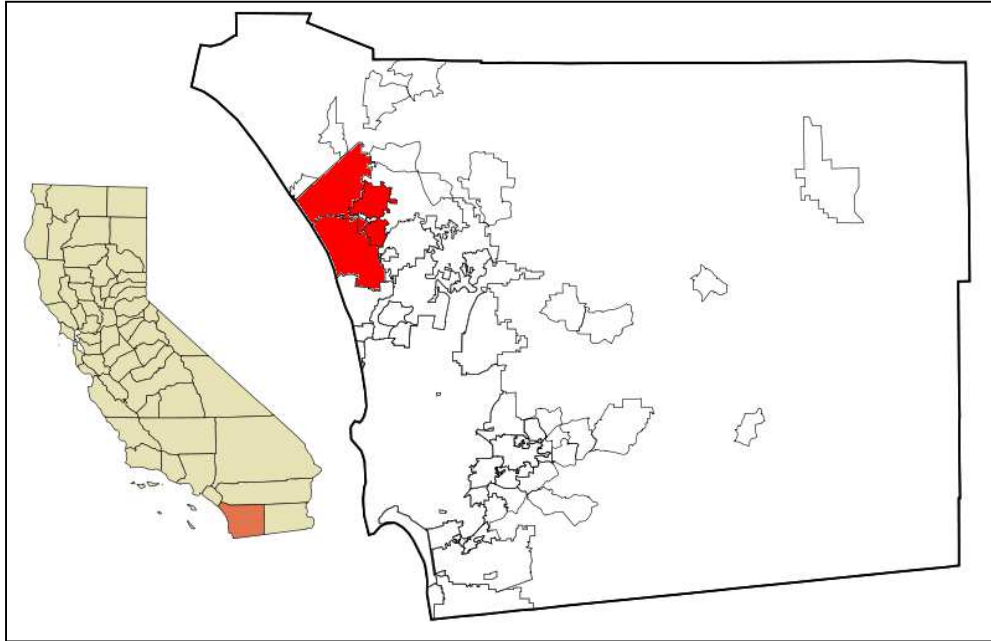


Got Outcomes! Coalition of Excellence
COALITION OF THE YEAR



National Exemplary Award for
Innovative Substance Abuse
Prevention Programs, Practices,
& Policies

NCPC Region



NCPC serves the North Coastal cities of Carlsbad, Oceanside and Vista in San Diego County, representing a primarily suburban population of over 350,000.

NCPC efforts focus on community level changes to impact substance abuse issues (including access, availability, and community norms).

NCPC Funding and Partnerships



The Vista Community Clinic serves as the fiscal agent for NCPC grants and contracts. This includes funding from:

- County of San Diego, HHSA, Alcohol and Drug Services (federal SAPT block grant prevention funding)
- Drug Free Communities funding from 1998-2009
- Federal STOP Act grant, 2008-2013
- CSAP Service to Science Initiative, 2013

NCPC partners with many other agencies to accomplish goals.

NCPC Mission

The mission of the North Coastal Prevention Coalition is to reduce the harm of alcohol, tobacco, marijuana and other drugs in the cities of Carlsbad, Oceanside and Vista through community **action, education, support and collaboration.**

NCPC Vision

All residents and the public and private sectors of Carlsbad, Oceanside, and Vista are empowered to create healthy communities free from problems associated with alcohol, tobacco, marijuana and other drugs.

NCPC Awards



NCPC was selected as the 'Got Outcomes!' Coalition of Excellence in 2008 by Community Anti-Drug Coalitions of America (CADCA), and received the National Exemplary Award for Innovative Substance Abuse Prevention Programs, Practices, and Policies in 2010 from the National Prevention Network.

Negative Effects of MJ Use**

- D - Dependence
- D - Driving
- U - Underachievement
- M – Mental illness
- B – Bad to worse
(Gateway ?)



From presentation by Dr. Kai MacDonald, MD, FAPA
Health Sciences Assistant Clinical Professor, Department of Psychiatry and
Family and Preventative Medicine, UCSD

What Happened in California?



The 'Compassionate Use Act' of 1996:

- 56% in favor
- 44% opposed

Note:

Prop 19 in 2012 to legalize marijuana for recreational use was defeated:

- 53.5% opposed
- 46.5 in favor

California will have recreational use on the ballot again in 2016

Proposition 215: Text

This initiative measure adds a section to the Health and Safety Code; therefore, new provisions proposed to be added are printed in *italic type* to indicate that they are new. PROPOSED LAW

SECTION 1. Section 11362.5 is added to the Health and Safety Code, to read:

11362.5. (a) *This section shall be known and may be cited as the **Compassionate Use Act of 1996**.*

(b)(1) *The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:*

(A) *To ensure that **seriously ill Californians have the right to obtain and use marijuana for medical purposes** where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, **or any other illness for which marijuana provides relief**.*

(B) *To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.*

(C) *To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.*

(2) *Nothing in this section shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.*

(c) *Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.*

(d) *Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.*

(e) *For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person.*

SEC. 2. If any provision of this measure or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of the measure that can be given effect without the invalid provision or application, and to this end the provisions of this measure are severable.

Potential for Abuse?

(A) To ensure that **seriously ill Californians have the right to obtain and use marijuana for medical purposes** where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, **or any other illness for which marijuana provides relief.**

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Brief History in San Diego County

November 2005 – San Diego County Board of Supervisors decided to face legal action rather than set up a state-ordered medical identification card and registry program. CA Supreme Court refused to hear appeal in 2008.

May 2009 – The US Supreme Court refuses to hear case filed by San Diego and San Bernardino Counties challenging Prop 2015

May 2009 – Oceanside City Council adopts temporary ban on dispensaries

July 2009 – San Diego County Health Department begins issuing Medical Marijuana ID cards

March 2011 – San Diego City Council approved zoning regulations for dispensaries; proponents opposed restrictions and collected signatures to place issue on ballot

October 2011 – Federal prosecutors crack-down on dispensary operators.

Brief History in San Diego County (cont.)

January 2012 – City of Poway bans dispensaries

November 2012 – Voters reject dispensary ballot initiatives in the cities of Del Mar, Solana Beach, Imperial Beach and Lemon Grove

May 6, 2013 – The CA Supreme Court ruled local governments can use land use and zoning powers to prohibit storefront dispensaries.

March 2014 – The city of San Diego approves ordinance to regulate dispensaries with a max of 4 per council district (36 max in city).

June 2014 – Oceanside City Council upholds its ban on dispensaries.

October 2014 – The city of San Diego approves its first dispensary.

November 2014 – Voters reject dispensary ballot initiative in the city of Encinitas.

June 2015 – The city of San Diego approves its 8th dispensary; total expected to be 11-14 rather than 36 due to zoning restrictions.

HARM Campaigns

1. Smoke shops and drug paraphernalia
2. Street fairs and outdoor venues
3. Retailer campaign
4. Dispensaries (i.e. 'pot shops')
5. Media normalization

Restricting Smoke Shops Campaign

- In 2003, Oceanside adopted an ordinance classifying smoke shops as adult businesses, which limited the areas where they could locate.
- In 2009, law enforcement and San Diego County District Attorney conducted operations to eliminate the sale of drug paraphernalia, seizing over 35,000 pipes.
- Following that operation, this newly opened smoke shop in Vista closed down.



Street Fairs & Outdoor Venues Campaign



Street Fairs & Outdoor Venues Campaign

- In 2006, Oceanside Chamber of Commerce became the first to implement street fair vendor policy stating:
“The sale of tobacco, tobacco/drug paraphernalia, or any item that promotes the use of illicit substances is prohibited.”
- Now adopted by over 20 street fairs, as well as the San Diego County Fair, this policy impacts over 2 million people who attend these events.

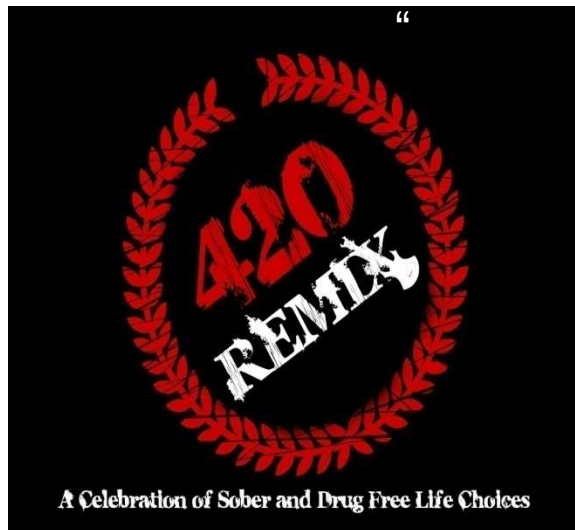


Retailers Campaign



Pro-drug messages are not just found on t-shirts, but also on sandals, belts, hats, shoes, pins and underwear

Media Normalization Campaign



Media Normalization efforts addressed many topics, such as radio stations' promotion of marijuana at 4:20, a Jack-in-the-Box drive-though commercial, and a dispensary advertising section in our local daily paper.

Marijuana Dispensaries Campaign

Community and coalition leaders advocate to keep pot shops out of our communities.



Marijuana Dispensaries Campaign

THE COAST NEWS

JUNE 27, 2014



Speakers line up to share their views on medical marijuana dispensaries at Wednesday's Oceanside City Council meeting. Council ultimately denied the zoning change. Photo by Promise Yee

Oceanside council denies zoning request

By Promise Yee

OCEANSIDE — After moving statements for and against medical marijuana dispensaries, City Council

Just give us a tiny place to stand.”

Other supporters said regulations are needed to ensure safe access.

Frank Smith said he is interested

regulates the substance for medical reasons, I’m not able to support it,” Pearson said.

The City Council unanimously

Choose Health

OUR COMMUNITY CONNECTION

Service to Science Evaluation Enhancement

- CSAP/SAMHSA Initiative designed to enhance the evaluation capacity of local innovative programs and practices.
- Included one year of technical assistance.
- Received funding in 2013 to conduct evaluation enhancement.
- Partnered with the Department of Sociology at California State University San Marcos (CSUSM) and Policy Solutions Group.

Evaluation Effort

- Longitudinal quantitative analysis of CA Healthy Kids Data (CHKS), comparing NCPC region with other areas of CA.
- Qualitative components conducted as Participatory Action Research to contextualize the findings.
- Creation of summary documents to share findings.
 - <http://northcoastalpreventioncoalition.org/programs/marijuana-prevention/>

(scroll to bottom of page)

Quantitative Data - CHKS

Descriptive Statistics:

- A total of 153,274 students.
 - From grades 7-11
 - Age 10 – 18 (average age just over 14)
 - 52.2% female, 47.8% male
- 118 schools, in 12 districts
- Comparison districts were matched on:
 - Racial composition by district
 - School characteristics (% FRPM eligible, % ELL and % Special education)

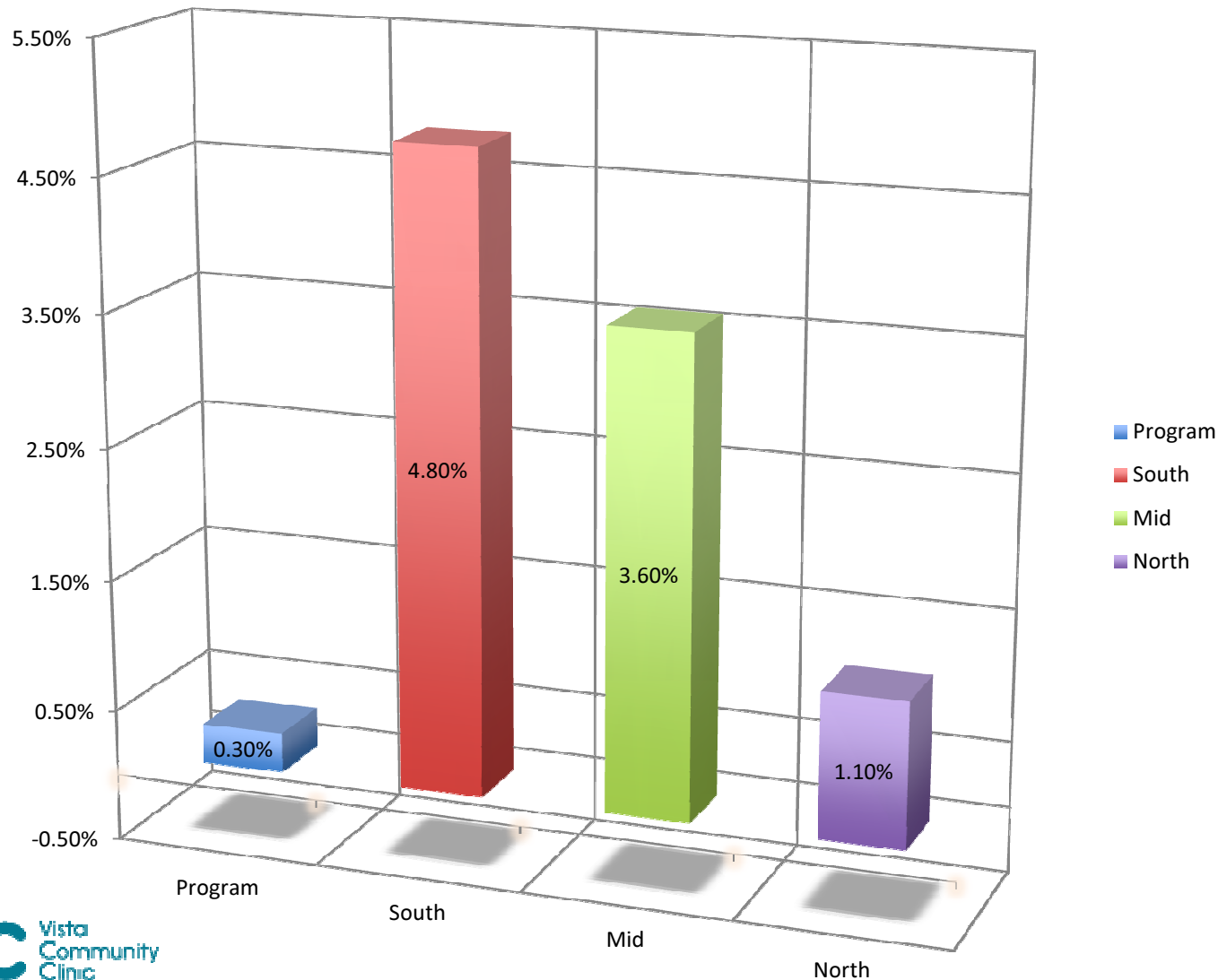
Dependent Variables

- **Marijuana Usage in Last 30 Days**
 - Respondents were asked if they had used marijuana in the last 30 days, measured as “yes” or “no”
- **Marijuana Usage Over Lifetime**
 - Respondents were asked if they had ever used marijuana at any point, measured as “yes” or “no”
- **Ease of Access to Marijuana**
 - Respondents were asked how difficult marijuana was for students to get
 - Respondents could answer “very easy”, “fairly easy”, “fairly difficult” or “very difficult”.
 - Variable was measured between those that found it accessible (easy & very easy) and those that found it difficult to obtain (difficult & very difficult)

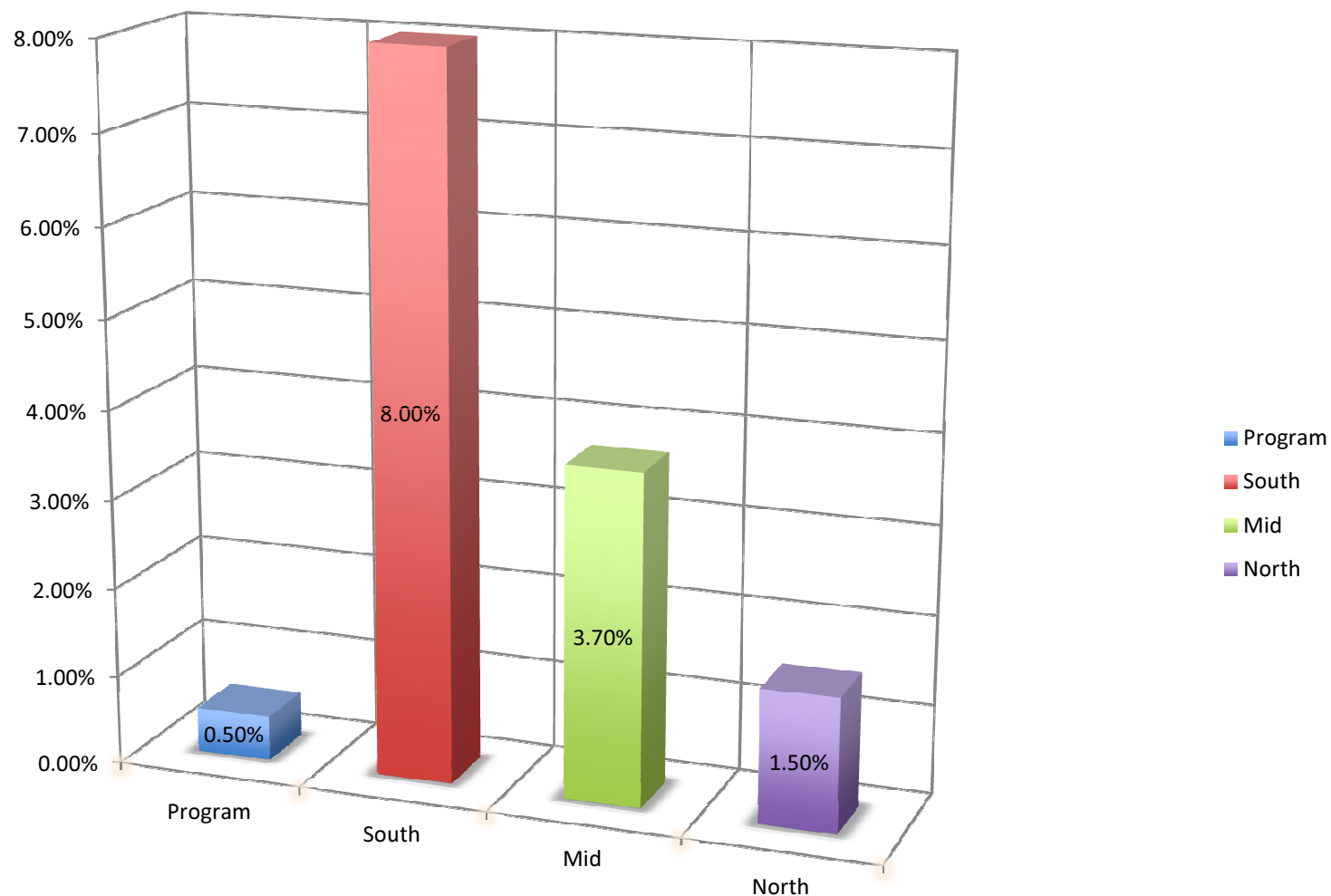
Comparison Years

- Comparison ranges created since data not available for each year:
 - Baseline to Midpoint (98/99-04/05)
 - Reasoning: Earliest pre-program year of data to the year after all programs had been implemented
 - Midpoint to Endpoint (04/05-09/10)
 - Reasoning: Administration years
 - Baseline to Endpoint (98/99-09/10)
 - Reasoning: Earliest pre-program years to latest year of administration

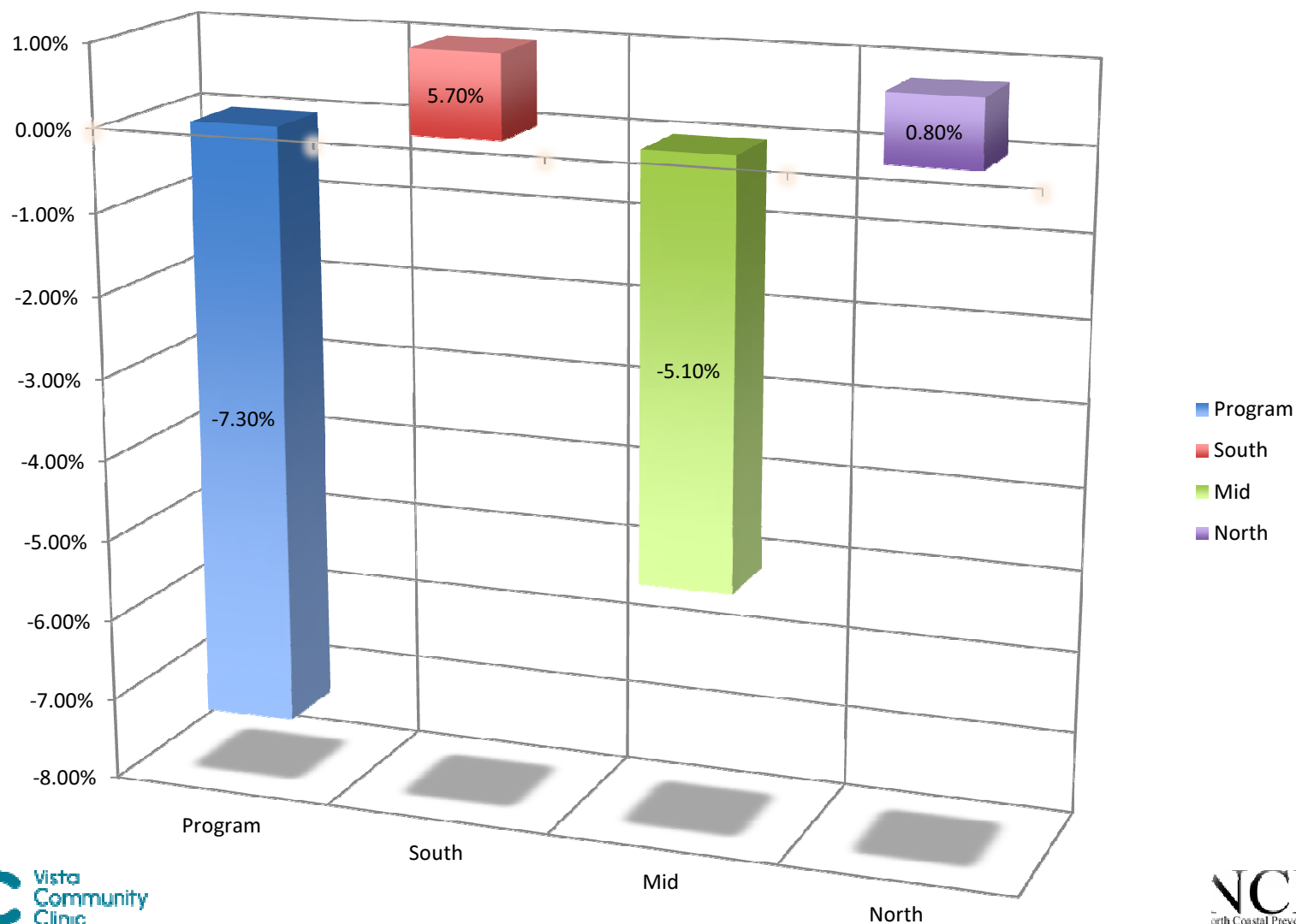
Key Findings: Past 30-Day Use Baseline to Endpoint



Key Findings: Lifetime Use Baseline to Endpoint



Key Findings: Marijuana Access Baseline to Endpoint



Lessons Learned

- Look at your local community for opportunities to have impact
- Policies don't always have to be laws (street fair vendor and retailer policies are voluntary)
- Monitor enforcement and/or compliance with policies (continue to be the 'eyes and ears' of your community)
- Evaluating community-based changes is challenging, but research findings continue to demonstrate the impacts of environmental policy changes (both positive and negative)

Acknowledgements

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Dr. Kevin Sabet
Policy Solutions Group
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