Prevention First is a nonprofit dedicated to preventing teen drug use before it starts. Since 1980, Prevention First has provided training, technical assistance and resource materials to thousands of schools, community groups, parents and youth.

We specialize in building the capacity of practitioners to develop strategic plans to address local substance abuse prevention needs, select and implement the best programs, curricula and strategies designed to promote social and emotional health and prevent substance abuse, and develop and implement media and communication campaigns designed to educate the public.

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Our Vision
Healthy communities that encourage drug-free youth.

Our Mission
To build community capacity to prevent substance abuse by providing training and technical assistance and raising public awareness.
WELCOME

This guide is intended to be a resource for prevention specialists, public health advocates and anyone involved in preventing youth marijuana use in Illinois. It focuses on strategies that are particularly relevant to counteract the potential impact of the Illinois Cannabis Regulation Tax Act.

The legalization of recreational marijuana is similar to the legalization of alcohol that took place in the 1930’s and the time leading up to and including the passage of the National Minimum Drinking Age Act of 1984. While legalizing recreational marijuana presents a big shift in the prevention landscape, we are not without resources and tools to address it. Communities have experience and a track record of effectively preventing and decreasing underage alcohol and tobacco use over time to rely on.

Although recreational marijuana is now legal for adults in Illinois, it does not change the fact that marijuana use produces potentially harmful short- and long-term side effects and affects brain development when people begin using marijuana as teenagers. It is critical that we reassure stakeholders that we have the capacity to address this issue, and work with our communities to apply our prevention knowledge, skills and evidence-based approaches to prevent the risk and harm associated with youth marijuana use, overconsumption and high-risk behaviors such as using marijuana while driving or pregnant.

Communities are already implementing many evidence-based prevention strategies to prevent youth marijuana use, such as: Youth Prevention Education (school-based comprehensive curricula), goal-focused communication/media campaigns, coalitions and strategic planning. This guide will provide information and tips related to the following additional prevention strategies communities can use to address the legalization of marijuana:

- Public education
- Local policy
- Environmental scans
- Data monitoring
- Community collaboration
PUBLIC EDUCATION

Decreasing perceptions of harm arise from the misconception that marijuana is “healthy because it is natural” or “safe because it is legal.” Both of these ideas are false; cannabis is well known to be particularly detrimental to the developing adolescent brain. Public education messages should aim to increase accurate perceptions about the risk and harm related to marijuana use, as well as build support for prevention strategies, increase knowledge about relevant aspects of the law, and establish positive social norms and healthy beliefs.

As part of your public education efforts, it will be important to stay aware of the current trends, terminology, and the marijuana culture (e.g., products, how people are using, etc.) in order to maintain credibility and be viewed as a trustworthy source. The marijuana “industry” is growing now that more states have fully legalized it. New, riskier products are being developed in order to obtain new customers, secure market share, and increase profits, which can lead to an increase in harm and cannabis use disorder. You’ll need to stay abreast of this issue and consistently update your public education messages with the latest (yet most accurate) information.

RISK & HARM ASSOCIATED WITH MARIJUANA USE

Marijuana is not a harmless drug. Education efforts should convey the risk and harm associated with cannabis use, including the following:

- Short-term effects include intoxication/high; increased heart rate; altered senses; altered sense of time; changes in mood; impaired body movement; difficulty with thinking and problem-solving; impaired memory; and hallucinations (when taken in high doses).

- Marijuana use directly affects the brain — specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time. Furthermore, marijuana use affects brain development in teens, reducing attention, memory, and learning functions. Effects may last a long time or even be permanent. This means that someone who uses marijuana may not do as well in school and may have trouble remembering things.

- About 1 in 10 marijuana users will develop a substance use disorder. For people who begin using before the age of 18, that number rises to 1 in 6.

- There is evidence that adolescents who use marijuana are more likely to partake in other risky behaviors, including risky sexual behaviors; use of alcohol and cocaine; driving while intoxicated or riding with a driver who has been drinking; poorer educational outcomes, truancy, and future unemployment; and mental health problems.
Marijuana users are more likely than nonusers to develop temporary psychosis and long-lasting mental disorders, including schizophrenia. Marijuana use has also been linked to depression and anxiety, and suicide among teens; however, it is not known whether this is a causal relationship or simply an association.

Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke. Smoked marijuana can harm lung tissues and cause scarring and can also lead to a greater risk of bronchitis.

Marijuana significantly impairs judgment, motor coordination, and reaction time, and studies have found a direct relationship between blood THC concentration and impaired driving ability. Several meta-analyses of multiple studies found that the risk of being involved in a crash significantly increased after marijuana use.

Marijuana use during pregnancy can be harmful to the baby’s health. The chemicals in marijuana pass through the mother’s system to her baby and can increase the baby’s risk of developmental problems.

**THC POTENCY**

Tetrahydrocannabinol (THC) is the main psychoactive compound in marijuana that gives the high sensation. The THC content of marijuana was less than 2% in the 60’s. However, an analysis of cannabis samples confiscated by the Drug Enforcement Agency showed a steady increase in THC content, from 4 percent to 12 percent between 1995 and 2014. According to 2017 Colorado state testing data, while some flower samples contain up to 30-35 percent THC, the average THC content of all tested flower in 2017 was 19.6 percent statewide compared to 16.4 percent in 2014.

Marijuana concentrates contain extraordinarily high THC levels ranging from 40 to 80 percent THC amounts. This form of marijuana can be up to four times stronger in THC content than high grade or top shelf marijuana. In fact, in Colorado, the average potency of concentrated extract products increased steadily from 56.6 percent THC content by weight in 2014 to 68.6 percent at the end of 2017.

This increase in potency poses higher risk of cannabis use, particularly among adolescents, since the more potent a drug is, the stronger the possibility of addiction and the more likely the person will continue to purchase and use the product. For a person who’s new to marijuana use, exposure to higher THC levels may increase the chance of a harmful reaction, which may explain the rise in emergency room visits involving marijuana use. The popularity of edibles also increases the chance of harmful reactions since the effects take longer to feel and people may consume more to feel the effects faster.
RISKS OF SPECIFIC METHODS OF CONSUMPTION

Methods of cannabis consumption include: Smoking (joints or bongs); Dabbing (smoking of concentrated extract); Vaping (use of electronic vaporizer); Edibles (cooked into food and eaten); Topicals (lotions, sprays, oils and creams); and Tinctures (alcoholic solution).\(^\text{12}\)

According to the 2018 Illinois Youth Survey, among 8th, 10th and 12th graders who used marijuana at least once in the past 30 days, smoking was the most common method by all grade levels. While 91\% of 12th grade marijuana users smoked it; 48\% vaporized it and 35\% ate it. (Note: the 2018 survey did not ask about other specific methods, however, the 2020 survey has added dabbing.)\(^\text{13}\)

- **Smoking**
  Historically, smoking has been one of the most common methods of using marijuana. After inhaling, THC enters the lungs and then passes from the lungs into the bloodstream, which quickly carries the chemical to the brain. The effects are likely to be felt more immediately, may peak more quickly, and ultimately last for a shorter period of time than other methods. Smoking marijuana may have certain adverse effects on respiratory health; though the underlying mechanisms and associated risks appear to differ quite significantly from those related to tobacco smoking, various studies have reported associations with airway inflammation and obstructive pulmonary issues.\(^\text{12}\)

- **Dabbing**
  Dabbing involves heating a sticky oil or wax of concentrated THC extracted from cannabis and inhaling the vapors.\(^\text{14}\) Proponents of dabbing believe that it provides a safer and cleaner experience over smoking marijuana because they’re breathing in a vapor rather than the smoke of burning leaves.\(^\text{15}\) However, it is not necessarily safe. Research has found that the vapor created by dabbing exposes users to the cancer-causing chemical benzene, as well as the noxious irritant methacrolein.\(^\text{16}\) This research also discovered significantly high concentrations of THC in the samples, which they noted had the potential for toxicity.\(^\text{16}\)

  A recent study that analyzed 5,000 tweets about dabbing found that 22 percent of tweets referenced extreme physical effects, and 15 percent mentioned using an excessive amount or engaging in several sessions back to back.\(^\text{17}\) The most common physiological symptom mentioned was passing out/losing consciousness. The second
most common symptom mentioned was respiratory effects such as coughing, loss of breath and lung pain.17

- **Vaping**
  Vaping devices are not just being used for nicotine – they are also being used to vaporize THC, often through cannabis-infused oils in place of e-liquids.18 Vaping THC does not produce the telltale smell that emerges when smoking marijuana, so it’s not as easily detected.18 When people vape rather than smoke marijuana, they tend to consume even higher concentrations of THC.18 Although there is limited national data available on this trend, the perception that using a smokeless device carries little risk may actually lead to more people using the devices to vape marijuana.18

The CDC has recommended that people refrain from vaping any products containing THC and buying vaping products off the street, due to the outbreak of over 2,000 vaping-related lung injuries and 39 deaths.19 The outbreak has affected users of both THC- and nicotine-containing products, but it is more prevalent among people using THC than people who report using only nicotine products.20 The CDC recently identified the chemical compound vitamin E acetate in all the samples of lung fluid but warns that additional factors may also be at play.19 Vitamin E acetate is in many foods, supplements and skin creams. It’s generally safe to swallow or use topically, but it could be dangerous when inhaled.19

- **Edibles**
  Edibles are a food product such as brownies, cookies, and candy that contain cannabinoids, particularly THC.21 As manufacturing methods vary, edibles can vary greatly in their potency (some with very high THC concentrations), which isn’t always clear to the user. This variance also makes the effects unpredictable and inconsistent among users. Edibles also take longer than smoking to kick in, elicit peak effects more slowly, and may last much longer.12 Since the effects take longer to feel, some users take more because they think it’s not “working.” This, coupled with a much higher THC concentration, makes overdoses more likely.22

A 2014 survey by the National Institute on Drug Abuse found that 40 percent of 12th-graders who said that they had used marijuana ingested it.22 In Colorado, meantime, pot-related teen emergency-room visits have risen from 1.9 per 1,000 teens to 4.9, over a ten-year period.22 Additionally, researchers in Colorado analyzed emergency room data and found that those who ingested edibles were more likely to have psychiatric and cardiovascular problems than those who smoked marijuana.23 Finally, three-quarters of all pediatric overdoses from 2000 through 2013 occurred with edibles.22

Currently, the FDA does not regulate edible cannabis products. Therefore, some edibles being sold in the U.S. are coming from unregulated, unsafe and unsanitary manufacturing facilities.24 This means that they may contain unapproved ingredients, have inappropriate levels of THC/CBD, contain ingredients that are not food grade and
are unsafe to ingest, have unsubstantiated health claims on their labels, and/or transmit foodborne illnesses due to poor sanitation and hygiene in the facilities where they were produced.24

- **Topicals & Tinctures**
  Topicals are cannabis-infused lotions, balms, and oils that are absorbed through the skin for localized relief of pain, soreness, and inflammation.25 Tinctures are alcohol-based cannabis extracts that result from infusing alcohol with cannabis resin.26 Topicals and tinctures do not produce psychoactive effects because the psychoactive elements in THC do not activate until it is heated as in smoking or vaping.26 Because they’re non-intoxicating, topicals are often chosen by patients who want the therapeutic benefits of marijuana without the “high.”25 THC infused topicals and tinctures are only legally available in states where medical or recreational cannabis is legalized or decriminalized. CBD infused topicals and tinctures are generally available everywhere – if produced from industrial hemp.27

**FRAMING THE ISSUE**

We need to be thoughtful about the messages we send to youth, parents, and the community – and how we send them. We can’t throw all the information and science at everyone all at once. As always, we need to focus on what is relevant to each population.28

- **Youth**
  Youth need to understand that legalization doesn’t change anything for them. It is still illegal for those under 21; it is still illegal to drive impaired, and it is still illegal federally (i.e. which can impact federal financial aid for college).28 Youth also need to know the risks and harm associated with marijuana use and heavy use.

  Educational programs and media campaigns that educate youth about risks and consequences of marijuana use and emphasize refusal skills have been and will continue to be important strategies to prevent youth marijuana use. Evidence of specific, negative effects of marijuana use can be effective in preventing adolescent marijuana use if it is accurately and effectively conveyed to youth.3 Information about marijuana risks delivered by health professionals to adolescents is particularly influential.3 One message should be unambiguous: avoiding marijuana use during the adolescent and young adult years is best for health.2

- **Parents/Parent Groups**
  Parents need to know that they can help their adolescent children delay substance use by communicating clear expectations for nonuse, monitoring behavior, and providing consistent and appropriate discipline.29 Parents also need accurate information about the marijuana law (i.e., legal age limit, possession amounts, home grow restrictions, etc.) and strategies for engaging in regular conversations with their children about marijuana use. Although household rules should be a part of these discussions, parents
should exercise caution by not overemphasizing rules to the exclusion of other considerations, such as sharing beliefs and discussing potential natural harms of marijuana use. 29

It will also be important to educate parents and family members over 21 about the prevention of social access and unintentional poisoning of marijuana by locking up and monitoring their marijuana supply.

- **Adult Marijuana Users**
  Adult marijuana users should be informed about the law and the risks associated with marijuana use, heavy consumption, and risks associated with using marijuana while driving and while pregnant. They should also be informed about the risks of varying methods of consumption (especially risks associated with concentrates, vaping and edibles), as well as the importance of locking up their marijuana supply and not providing marijuana to minors.
LOCAL POLICY

Municipalities and counties may ban cannabis businesses within their boundaries but may not ban individual possession. Any person, business or landlord may prohibit use on private property. Colleges and universities may continue to prohibit marijuana use. A group of legislators put out a "local government toolkit" that answers questions and provides clarification to this aspect of the law (see link to Municipal Toolkit in Resources).

WORKPLACE POLICIES

Nothing in the Illinois law prohibits employers from adopting reasonable zero tolerance or drug-free workplace policies, or employment policies concerning drug testing, smoking, consumption, storage, or use of cannabis in the workplace or while on call, provided that the policy is applied in a nondiscriminatory manner. Additionally, nothing in the Act limits or prevents an employer from disciplining an employee or terminating employment of an employee for violating an employer’s employment policies or workplace drug policy.

LOCAL ORDINANCES

It’s important to note that the powers permitted to local governments are limited and they do not have local licensing powers as they do with liquor and tobacco. Therefore, policy strategies that have been effective for alcohol and tobacco may not be relevant for marijuana and could also elicit unintended negative effects. Stay abreast of policy developments on the local and state level, and make sure you are involved in conversations and local hearings related to local policy. It will take time, and clarification, to better understand local purview on some aspects, so be proactive, yet patient.

- **Cannabis business locations**
  A unit of government, including a home rule unit or any non-home rule county within the unincorporated territory of the county, may enact ordinances to prohibit or significantly limit a cannabis business establishment’s location. Many cities across the state have already voted to ban retail sales in their communities, and the list continues to grow. While adult-use cannabis business establishments may be prohibited, the Illinois Medical Cannabis Program Act specifically provides that medical cannabis dispensing organizations may not be prohibited within municipal boundaries.

  Keep in mind that banning local sales doesn’t prevent use. So even if your community does ban sales, prevention and education is still needed just as much as in communities where it’s not banned.

- **Restricted cannabis zone**
  Voters in any precinct within a municipality that has a population greater than 500,000 residents (City of Chicago only) may petition their alderman seeking an ordinance to
establish the precinct as a ‘restricted cannabis zone.’ The ordinance may prohibit home cultivation, cannabis business establishments, or both.

- **Zoning restrictions**
  Municipalities may enact reasonable zoning restrictions pertaining to licensed cultivation centers, craft growers, processing organizations, and dispensaries. For example, thoughtful zoning to prevent store fronts in family-friendly areas.

- **On-premise consumption**
  A municipality may regulate and/or allow the on-premises consumption of cannabis at or in a cannabis business establishment within its jurisdiction in a manner consistent with the Act. The Act allows the creation of “cannabis cafes/lounges” at the discretion of the municipality. Cannabis business establishments or other entities authorized or permitted by a municipality to allow on-site consumption shall not be deemed a public place within the meaning of the Smoke Free Illinois Act. **NOTE: This is a priority topic for clarification and additional guidance may be included in a trailer bill.**

- **Regulation of possession and consumption**
  No unit of local government, including a home rule unit, may unreasonably prohibit the use of cannabis authorized by the Act. The Act does provide municipalities with the authority to locally regulate possession and consumption of cannabis by private citizens in a manner consistent with the Act. Therefore, municipalities may adopt the prohibitions and penalties of the Act into their codes which will give their local governments the ability to enforce and prosecute personal possession and consumption violations through local adjudication or the circuit court.

- **Taxes**
  The state law gives municipalities the right to charge their own taxes of up to 3 percent, as well as 3 percent in county taxes.

  Excise taxes are associated with lower use of alcohol and tobacco by adolescents. Youth are especially price-sensitive consumers and tend to reduce cigarette use at higher rates than adults after tax increases. Even though youth cannot legally buy marijuana, marijuana sold in legal markets could be illegally resold to youth.

  However, it may be important to note that the alcohol and tobacco industries do not have a competing black market. Driving up legal marijuana prices may have the unintended effect of increasing black market sales at a lower cost, which is an aspect we’d like to avoid. The Municipal Toolkit recommends proceeding with extreme caution and avoiding immediately taxing to the cap to allow the marketplace to mature.

  One prevention strategy to consider, is working with local legislators to direct tax revenue to fund prevention initiatives to counterbalance the shifting social landscape.
ADDITIONAL PREVENTION EFFORTS

CONDUCT AN ENVIRONMENTAL SCAN

Environmental scans are observations of various aspects of your community. They gather visible information regarding local conditions, primarily related to youth access and promotion of alcohol, tobacco and marijuana. A scan is conducted by observing the geographic area for specific, pre-identified indicators, such as product placement and advertising. Environmental scans apply a strategic and organized data collection method to assess and identify contributing factors to substance abuse that are specific to the communities they serve.

Retailers can be identified using Weedmaps.com, a user-driven website for locating retail sources that includes forums for discussing products and dispensaries. This method can help identify unlicensed retailers.

Potential categories for observation of recreational/retail dispensaries:

- Licensing status (i.e. licensed/unlicensed - if unlicensed dispensaries are identified, notify the appropriate authority)
- Type of retailer (i.e., recreational only or recreational and medical)
- Nearby facilities within two blocks (e.g., restaurants, grocery stores, liquor stores, bars/clubs, schools, parks, etc.)
- Composition of the surrounding area/neighborhood (e.g., residential, mixed use, industrial, retail, office park, etc.)
- Security (e.g., camera, intercom/doorbell, security guards, etc.)
- Storefront activity (e.g., number/approximate ages of people outside and inside establishment, loitering, disturbance, public marijuana smoking, etc.)
- Exterior advertising/promotion (e.g., number and product type of marijuana-related exterior ads; percentage of the storefront covered with marijuana promotion/advertising; description/photo of ads that violate regulations, such as appealing to youth, promoting overconsumption, etc.)
- Interior advertising/promotion (e.g., number and product type of marijuana-related interior ads; description/photo of ads that violate regulations, such as appealing to youth, promoting overconsumption, etc.)
- Price promotions (e.g., early bird/happy hour specials, daily/weekly deals, loyalty club memberships, products on sale, etc.)
- Social media promotions
- Health warnings (i.e., assessment of warnings required by Illinois law)
- Health claims (i.e., number and content of health claims, including any signage or printed materials indicating any potential health benefits)
- Age-of-sale signage
- Age verification/ID check
Product availability (e.g., bud; joints; concentrates; beverages; edibles; topicals; high-THC products; paraphernalia; apparel; etc.) (compare product availability among retailers)
 Lowest price per unit for each marijuana product category (compare price among retailers)
 Other characteristics of interest

Other Community Observations
 Scan the community for unlicensed cultivation centers, processing centers or craft growers in your area.
 Scan licensed cultivation centers, processing centers or craft growers in your area for compliance with IL law requirements/restrictions.
 Scan retailers that sell marijuana paraphernalia; document the 4 Ps (Price, product, promotion, and place) to identify conditions that make illegal or excessive marijuana use easier.
 Scan the community for marijuana advertisements (i.e., billboards, neon signs, posters/flyers, etc.); document the location and types of advertising for compliance with IL law requirements/restrictions.

When conducting environmental scans of retail establishments, be certain to make business owners/store employees aware of your presence as they may become concerned or suspicious upon seeing someone completing unidentified forms in their place of business. If for any reason you are asked to leave a retail establishment, please do so at once and simply indicate this on your data collection form.

Additional tips for safety include:
 If an area doesn’t feel safe, do not conduct a scan at that location. It is okay to leave.
 Do not go alone. It is best to go in teams of two.
 Use a signal to alert other surveyors of a safety issue.
 Be sure to have emergency contact information with you.
 Respect customers and employees during the survey.
 If youth are participating in the actual scan of retail stores, always have an adult accompany youth.
 Always remember to remain quiet, work quickly, and be courteous.

Environmental scans identify conditions that make illegal or excessive marijuana use easier. Educating retailers about the negative consequences of teen marijuana use and the factors that contribute to it can make retailers more aware of the impact they can have on the issue and encourage them to do their part to prevent illegal and excessive use. Additionally, if you identify instances of non-compliance with the law, notify the appropriate authorities.

The results and impact of legislation will evolve rapidly and continuously over the months and years ahead. Be on the lookout in your community, surrounding communities and statewide for indicators of environmental conditions and changes that impact community norms and
contribute to illegal and excessive marijuana use. Prevention efforts will need to be both proactive and reactive to address issues that arise. It will be critical to stay on top of the issue and respond quickly.

**MONITOR DATA SOURCES FOR CHANGES**

It will be critical to begin gathering data to assess the impact of the law. This data collection will aid in assessment, and eventually a local strategic planning process, to identify the factors that are contributing to youth marijuana use and related issues. Data will help you understand the issue in your community, which will be critical in identifying strategies to address it.

- **Consumption data**
  Consumption includes patterns of use of alcohol, tobacco, and other drugs, including initiation of use, regular use, and high-risk use.\(^{41}\) In Illinois, youth consumption data can be collected via the Illinois Youth Survey (IYS). Encourage schools to administer the IYS and convey the importance of IYS data to understand and track marijuana-related trends. Relevant consumption indicators on the IYS include:
  - Past 30-day use
  - Past-year use
  - Age of first use
  - Frequency of use/heavy consumption
  - Methods of use (i.e., smoking, vaping, eating, dabbing)

The National Survey on Drug Use and Health (NSDUH) collects annual data on the level and patterns of substance use among people age 12 and older in all 50 states. The Behavioral Risk Factor Surveillance System (BRFSS) also collects state data from U.S. adults 18 and older in all 50 states regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

- **Contributing factor data\(^{41}\)**
  Contributing factors are variables that have been identified as being strongly related to—and influential in—the occurrence and magnitude of substance use problems. Indicators for most contributing factors are available on the IYS, but not all.
  - Retail Access is the physical accessibility of alcohol, tobacco or marijuana by underage persons from retail outlets. Access is gained through buying or stealing substances from the retail source.
  - Social Access is the accessibility of ATODs through social (non-retail) sources, including parents, other adults, and parties/social events. Access is gained through receiving, stealing or buying substances from those social sources.
  - Permissive Social Norms include attitudes and behaviors that convey the acceptance of substance use within the family, community or peer domains.
  - Low Perceived Risk includes the perception among youth that there is little/no risk of physical harm and/or legal or social consequences of using ATOD.
**Consequence data**

Substance-related consequences are defined as adverse social, health, and safety consequences associated with alcohol, tobacco, or illicit drug use. Consequences include:

- Arrests
- Marijuana-related car crashes and fatalities
- DUI offenses/DUI self-report
- Treatment admissions
- School incidents and suspensions related to marijuana
- Emergency room visits and hospitalizations related to marijuana
- Overdoses of cannabis
- Deaths

Sources of consequence data include:

- Police Departments and Sheriffs’ Offices
- Treatment Facilities
- Schools
- Hospital Admission and Discharge Data
- Poison Control Centers
- Mortality Data

**COLLABORATE WITH COMMUNITY STAKEHOLDERS**

Stay informed of what is happening within your local community related to this issue, particularly with law enforcement, schools, local government officials, etc. Keep your eyes open for potential areas to partner with key stakeholders and expand your prevention efforts and resources. To build partnerships, inform your community stakeholders about resources available and how prevention science has addressed these issues when it came to alcohol.

When working with key stakeholders, focus on what’s relevant to them:

- What are they open to?
- What consequences are they seeing/experiencing?
- What is already in place that you can build/expand upon?

*For tips on working with key stakeholders, complete the online course “Collaborating with Key Stakeholders.” Visit [https://www.prevention.org/training/event?ti=1030](https://www.prevention.org/training/event?ti=1030) to register and view the course.*
CASE STUDY EXAMPLE

NEARBY DISPENSARY IS NOT CARDING CUSTOMERS CONSISTENTLY

If an environmental scan, and/or data collection uncover that a nearby dispensary is not carding customers consistently (allowing for underage sales), consider the following prevention strategies*:

- **Provide Information:** Provide education to retailers and conduct a town hall meeting emphasizing the effects of marijuana on youth including importance of preventing retail access.

- **Enhance Skills:** Ensure retail staff have completed a Responsible Vendor Program within 90 days of employment. Provide resources to connect retailers with an Illinois-approved training program.

- **Provide Support:** Work with stakeholders to develop a tip line to anonymously report underage sales. Ensure retailers have access to technology and resources to properly detect fake IDs.

- **Reducing Access/Enhancing Barriers (to decrease accessibility to youth):** Work with appropriate state and local authorities to ensure consequences are applied in accordance with the law and/or provide incentives for owners and clerks for 100% compliance rate.

- **Change physical design:** Encourage retailers to change their store design to minimize entrance by youth, such as requiring carding at the entrance rather than the counter. Ensure advertising does not appeal to minors and complies with advertising restrictions.

- **Modify/change policies:** Determine whether any additional local policies can and should be applied to reduce access to youth.

*These seven strategies to affect community change were developed by the University of Kansas Work Group on Health Promotion & Community Development.

Source: Gagnon²⁸
TIPS

Read and thoroughly review the law.
Refer to the law, and the anticipated trailer bill, for more information.

Keep a close eye on the impact of marijuana policies in states where it is already legal.
Your community may look to existing policies elsewhere for lessons learned, yet keep in mind that those communities are still learning, and Illinois’ law may be different. Community monitoring and involvement need to be ongoing in order to continuously improve regulations and education about marijuana, and to minimize the negative impact of marijuana on youth and public health.43

Stay abreast of effects and trends.
Stay on top of current trends, such as new methods of consumption, so that you are aware of new potential risks. Learn as much as you can about the potential harms, risk factors, and protective factors of marijuana use. Educate youth, parents and adults, as applicable.

Continue, enhance and strengthen your current prevention efforts.
Look for ways to enhance and strengthen your existing strategies within this new context.

Plan for new prevention strategies with your organization and community.
For the best chance of positive outcomes, use evidence-based strategies and approaches, and avoid fear-based messages. When there is a lack of effective strategies available, identify effective strategies for other substance use issues (e.g., underage drinking) and consider lessons learned from implementing prevention practices for other substances.44 As you learn of new resources, be sure to share them with others who are working on this issue in your organization and community.

Maintain credibility.
Ensure all information you provide is reputable and accurate. Verify information through multiple, reputable sources. Funding for prevention efforts should not be accepted or sought from cannabis cultivators, infusers, or dispensaries.

Educate local legislators.
Educate local legislators about youth marijuana use and associated consequences as applicable, but keep in mind recipients of federal funds are not allowed to use said federal funding (including paid staff time) to lobby federal, state, or local officials or their staff to receive additional funding or influence legislation.
RESOURCES

- **Illinois Cannabis Regulation and Tax Act Resources**
  - Cannabis Regulation and Tax Act
  - Adult Use Cannabis Summary (Illinois.gov)
    [https://www2.illinois.gov/IISNews/20242-Summary_of_HB_1438__The_Cannabis_Regulation_and_Tax_Act.pdf](https://www2.illinois.gov/IISNews/20242-Summary_of_HB_1438__The_Cannabis_Regulation_and_Tax_Act.pdf)
  - Municipal Toolkit (Senator Steans)
  - Illinois Marijuana Law – Quick Facts (Prevention First)
    [https://www.iml.org/file.cfm?key=16586](https://www.iml.org/file.cfm?key=16586)
  - Illinois Weed Legalization Guide: Will your city or town sell marijuana? (ABC 7 Chicago)
    [https://abc7chicago.com/business/will-your-city-or-town-sell-recreational-marijuana/5553943/](https://abc7chicago.com/business/will-your-city-or-town-sell-recreational-marijuana/5553943/)

- **Prevention Resources**
  - Youth and Marijuana Use in Illinois (Center for Prevention Research and Development)
  - Preventing Prescription Drug Misuse: Data Resources (Education Development Center)
    [https://preventionsolutions.edc.org/services/resources/preventing-prescription-drug-misuse-data-resources](https://preventionsolutions.edc.org/services/resources/preventing-prescription-drug-misuse-data-resources)
  - Marijuana Health Effects (Centers for Disease Control)
    [https://www.cdc.gov/marijuana/index.htm](https://www.cdc.gov/marijuana/index.htm)
  - The Health Effects of Cannabis and Cannabinoids, Committee’s Conclusions (National Academies of Sciences, Engineering, and Medicine)
• Marijuana Use and Educational Outcomes (National Institute on Drug Abuse)
  https://www.drugabuse.gov/sites/default/files/marijuanauseinfo.pdf

• Marijuana Use and Pregnancy (Centers for Disease Control)

• How to Talk About Marijuana (Partnership for Drug-Free Kids)
  https://drugfree.org/article/how-to-talk-about-marijuana/

• Lessons Learned from Marijuana Legalization in Four U.S. States and D.C. (Smart Approaches to Marijuana)

• Responsibility Grows Here (Colorado Department of Public Health)
  https://www.responsibilitygrowshere.com/

• Good to Know (Maine Department of Health and Human Services)
  https://goodtoknowmaine.com/
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https://pediatrics.aappublications.org/content/135/6/955 (accessed October 30, 2019).


