



# BEYOND THE HAZE: YOUTH-LED CANNABIS PREVENTION TOOLKIT FOR FRIDAY NIGHT LIVE CHAPTERS



## CALIFORNIA FRIDAY NIGHT LIVE PARTNERSHIP

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The mission of Friday Night Live (FNL) is to build partnerships for positive and healthy youth development that engages youth as active leaders and resources in their communities. The primary focus of FNL programs is to form youth/adult partnerships with young people and provide programs rich in opportunities and support, so young people will be less likely to engage in problem behaviors, more likely to achieve in school, and more likely to pursue higher education or secure a full-time job. FNL's vision is to work hand-in-hand with young people so they are both problem free and fully prepared.

The California Friday Night Live Partnership (CFNLP) provides the leadership and field support needed for continued growth and enhancement of FNLP programs. The CFNLP was formed to support the following goals for the Friday Night Live system: to provide guidance and leadership to the Friday Night Live Partnership counties, and to build alliances in support of youth development.

## PREVENTION POLICY GROUP

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The Prevention Policy Group (PPG) works to advance policies that can prevent disease, support public health, and advance equity. It is part of the Public Health Institute (PHI), which has served California to promote public health and protect youth for more than 50 years. PPG's Getting it Right from the Start initiative has worked since 2017 to design, evaluate, and advocate for best policy practices to mitigate potential public health problems associated with the cannabis industry and better protect youth. The initiative carries out research and provides technical assistance to local government agencies and community partners in California and other states.

## ABOUT THIS TOOLKIT

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This toolkit provides comprehensive resources designed to empower FNL youth partners and adult allies to effectively address issues related to youth cannabis use. It includes insights about trends in cannabis use, public health impacts resulting from cannabis use, ideas to prevent the normalization of cannabis in communities, and robust advocacy strategies tailored for youth participatory action. The toolkit also outlines cannabis and hemp policies in California and at the federal level, provides general information about cannabis, and discusses the policy process in California. Together, these tools will equip FNL chapters with knowledge and the strategies needed to engage their communities and advocate for public health.

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# Part 1: Trends in Cannabis Use and Associated Public Health Impacts

## I. INTRODUCTION

Understanding current trends in cannabis use and their associated public health impacts can inform the advocacy efforts of youth partners and adult allies in FNL. This section highlights important shifts in cannabis potency and use patterns, including rising rates of frequent and problematic use among teens, young adults, and pregnant people. Recognizing these fluctuating patterns is essential to address risks and prevent harms.

## II. CHANGING PATTERNS OF USE LEADING TO GREATER RISKS

While many factors impacting youth have changed in recent years, from the emergence of social media to global pandemics, striking trends of steadily increasing rates of frequent or problematic cannabis use among teens, young adults, older adults, and pregnant people have also occurred alongside legalization and the significant rise in cannabis potency.

Teens and young adults below age 26, whose brains are still developing, are at the highest risk for cannabis harms.

- In 1991, only 1 in 100 teens (8th, 10th, and 12th graders) used cannabis every day; by 2019 that rate had quadrupled.<sup>1</sup>
- While overall cannabis use by teens has declined nationally, frequency of use amongst teens who use cannabis rose by 26% in states after adult use retail sales began.<sup>2</sup>
- Preliminary data from the Public Health Institute found that in California, overall use rates among teens declined between 2015-2022, but daily or near daily use has increased since legalization of sales.<sup>3</sup>
- A survey of 501 youth who participated in a youth 2022 cannabis survey administered by the CFNLP found that 20.4% of surveyed youth had ever used cannabis, 26.6% had been exposed to second-hand cannabis smoke in the past 30-days, and 11.8% used cannabis in the past 30 days. Of the 56 respondents that used cannabis in the past 30 days, 17.9% reported using daily. Youth that had ever used cannabis were less likely to refuse a friend's offer to use substances (tobacco, alcohol, and cannabis) and reported significantly higher approval of others who use cannabis products.<sup>4</sup>

Rates of past-year cannabis use in young adults (ages 19-30) – who are still in a critical period when their brains continue to develop – are particularly concerning.

- Nationally, cannabis use in the past 12 months has surged from 23.3% in 1991 to 42.4% in 2023 among adults ages 19-30 years. Daily use in this age group has quadrupled, rising from 2.4% in 1991 to 10.4% in 2023. In short, one in ten young American adults now use cannabis nearly every day,<sup>5</sup> which indicates increased acceptance of cannabis use as a social norm.
- Between 2008 and 2022, days of cannabis use increased 2.3 billion to 8.1 billion days per year among people 12 and older nationally.<sup>6</sup>
- While the 1992 National Survey on Drug Use and Health recorded 10 times as many people using alcohol daily or near daily relative to cannabis (8.9 million using alcohol vs. 0.9 million using cannabis), by 2022, for the first

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time the number of people who use cannabis daily or near daily surpassed the number who use alcohol daily or near daily (14.7 million using alcohol vs. 17.7 million using cannabis). While far more people drink alcohol, high-frequency drinking is less common. In 2022, the median drinker reported drinking on 4-5 days in the past month, versus 15-16 days in the past month for cannabis users.<sup>6</sup>

- Nationally, cannabis use during pregnancy – a period associated with particularly concerning risks – has more than doubled. In a Northern California sample of Kaiser Permanente patients, the rate of cannabis use during pregnancy increased from 5.5% in 2012 to 9.0% in 2022, with striking differences in prevalence by age, race, and ethnicity; use was higher in younger mothers.<sup>7,8</sup>

## III. HARMFUL EFFECTS OF CANNABIS USE

As cannabis products and methods of consumption evolve, it is important to understand the associated harms. The cannabis sold today is very different from when much of the research was conducted; cannabis flower is 5-10 times stronger than what was traditionally consumed, in addition to the very high potency vapes, concentrates, and other products being sold that are nothing like the traditional plant.<sup>9,10</sup> Evidence suggests that people with a personal or family history of mental illness or addiction are at higher risk for experiencing harms resulting from cannabis use.<sup>11,12</sup>

- Effects while a person is under the influence of cannabis include impaired learning and memory, disrupted executive function and perception (leading to problems with driving or operating equipment),<sup>13,14</sup> and, particularly among people who are new to cannabis, anxiety and panic.<sup>15,16</sup>
- Common adverse effects of frequent and prolonged cannabis use include cannabis use disorder (cannabis addiction - with symptoms such as continuing to use cannabis despite harms and withdrawal symptoms) and, less frequently, very severe nausea and vomiting (cannabis hyperemesis syndrome).<sup>17,18</sup>
- Cannabis use disorder develops in roughly 20-25% of people who use cannabis, and in 45% of those who started using before age 16.<sup>19</sup> This transition rate from use to addiction is more than double what was seen two decades ago.<sup>20</sup>
- Other important and serious adverse effects, while less common, are also associated with cannabis use. These include:
  - New or worsening psychosis and schizophrenia.<sup>21-25</sup> These psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions, such as hallucinations or delusions, where people lose touch with reality. Late teens and early twenties are the highest risk period for developing psychosis from any cause.<sup>26</sup>
  - Increased risk of other mental illnesses, suicidal ideation, and attempts.<sup>27,28</sup>
  - Increased risk of car crashes.<sup>21</sup>
  - Cardiovascular disease like heart attacks and strokes.<sup>29</sup>
  - If smoking, respiratory disease.<sup>21</sup>
  - High potency cannabis has been strongly associated with increased frequency of use, problem use,<sup>30</sup> cannabis use disorder,<sup>31</sup> as well as with psychosis and schizophrenia.<sup>32-34</sup> In one study, using higher potency cannabis daily was associated with a five-fold increase in new psychosis.<sup>35</sup>

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- Use of cannabis, especially daily use of cannabis that begins as a teen, is associated with greatly lowered rates of high school and college graduation, and higher rates of developing cannabis addiction.<sup>36,37</sup>
- Frequent cannabis use by youth is also associated with poorer school performance,<sup>38,39</sup> higher subsequent unemployment,<sup>39,40</sup> and lower job income.<sup>40,41</sup>
- Cannabis use disorder (addiction) is associated with higher rates of psychosis and schizophrenia,<sup>42</sup> mood disorders,<sup>43,44</sup> and cardiovascular disease.<sup>45</sup>
- Using cannabis during pregnancy is not recommended because it is associated with increases in harms to the baby including lower birthweight,<sup>21</sup> preterm birth, and neonatal intensive care unit admission.<sup>46,47</sup> It has also been associated with harms to the mother including high blood pressure during pregnancy, preeclampsia, and other complications.<sup>48</sup>
- Cannabis use during pregnancy may be associated with greater risk of long-term harms to the child, including psychotic-like experiences and attention deficit problems, which have been seen in children a decade after being exposed in pregnancy, although not all studies agree.<sup>49-54</sup>
- Medical professionals also recommend that cannabis use be avoided by people who are breastfeeding due to possible adverse effects on infant development from exposure to cannabis compounds in breastmilk.<sup>55</sup>

## I. INTRODUCTION

Increasing commercialization of the cannabis industry in California and nationally has led to uncontrolled product diversification, resulting in potent, highly intoxicating products that are more likely to cause addiction and other harms. While misleading marketing is common, even the most responsibly produced cannabis will negatively affect certain people. The younger the person, the higher the THC dose, and the more frequently cannabis is used, the more likely for it to cause harm. From inhalable to edible, these are the basics.

## II. IMPORTANT TERMS

### Cannabinoids

Cannabinoids are naturally occurring, biologically active chemicals produced by the *Cannabis sativa* L. plant.<sup>1</sup> Some possess psychoactive properties, and many bind to or interact with the Endogenous Cannabinoid System present in all people.<sup>2</sup> The most common cannabinoids include:

- **Tetrahydrocannabinol (THC)** is the main substance in cannabis that causes intoxication as well as other harmful effects. In the plant it is present as non-intoxicating **tetrahydrocannabinolic acid (THCa)**. THCa converts to psychoactive **delta-9 tetrahydrocannabinol (D9THC)** when exposed to heat, such as when cannabis is smoked, vaped, or cooked.<sup>3</sup>
- **Cannabidiol (CBD)**, which is not intoxicating but has its own risks.<sup>3,4</sup>
- **Cannabinol (CBN)**, which comes from THC breaking down over time. CBN can be intoxicating.<sup>3</sup>

Since the 1980s, growers have bred plants to increase the psychoactive effects of cannabis by increasing THC content.<sup>5,6</sup> Cannabis went from being a plant with 3-5% THC to having as much as 35% THC. These dramatic changes in THC content have led to more intoxicating products that have an increased potential to cause anxiety, paranoia, psychosis, and other harms or lead to addiction.

### Cannabinoids from Hemp

Cannabis and hemp both come from the same *Cannabis sativa* L. plants.<sup>7</sup> THC is the main cannabinoid in cannabis plants whereas CBD is the main cannabinoid in hemp. Hemp products were supposed to be non-intoxicating; hemp is often produced for its fibers and seeds. After hemp production was legalized in the United States in 2018, some hemp growers and product manufacturers found it was more profitable to produce hemp for its cannabinoids.<sup>8-11</sup> Some manufacturers extracted CBD from hemp and chemically modified it into a host of THC-like compounds that are intoxicating; these are called hemp-derived intoxicating cannabinoids, and while they cannot be legally sold in California, they are commonly found at smoke/vape shops, gas stations, convenience stores, online merchants, and other types of retailers.<sup>12</sup> Examples of synthesized products include tetrahydrocannabiphorol (THC-P), hexahydrocannabinol (HHC), as well as delta-8 and delta-10 THC.

Although delta-8 and delta-10 THC may exist naturally in small amounts, they are usually synthesized in larger quantities for use in intoxicating hemp products. More research is needed to determine their short- and long-term effects in humans.<sup>8-11</sup>

## II. IMPORTANT TERMS (CONT.)

### Terpenes

Terpenes are chemicals that occur naturally in many different types of plants, including *Cannabis sativa* L., and are responsible for different aromas.<sup>3,13</sup> Terpenes, either naturally derived or synthetically created, are often added to inhalable cannabis products to create flavors and aromas. Very little is known about the safety of inhaling terpenes, but some terpenes commonly found in cannabis, such as Pinene, are known to be harmful when inhaled at certain concentrations.<sup>14-17</sup>

### Varieties/Strains of Cannabis

Names are used to distinguish different types of cannabis, but they generally do not effectively guide consumers.<sup>18</sup> Strain names that identify characterizing flavors (e.g., “cherry pie” or “gelato”) are more for marketing purposes and often used even when the flavor is not present. Like with flavored tobacco products, these flavor-indicating names attract younger users.<sup>19,20</sup> Claims about specific effects from certain strains are often made, however these claims tend to be inaccurate generalizations; cannabis typically impacts different people differently.<sup>21</sup> Effects may also vary because cannabinoid content can change due to growing conditions and processing.<sup>22</sup>

## III. INHALABLE PRODUCTS



Figure 1

### Cannabis Flower

Often called “buds,” cannabis flowers (Figure 1) are the main part of the *Cannabis sativa* L. plant that is smoked after it has been harvested, dried, and trimmed. Historically, cannabis flowers had much lower THC content than what is seen in today’s market.<sup>5,6</sup> While some countries that legalized cannabis, such as Uruguay,<sup>23,24</sup> limit how much THC cannabis may contain, in California there is no THC limit on inhalable products; finding less intoxicating, lower potency cannabis flowers in the state’s legal market is difficult. As with tobacco or any other smoke, burning cannabis produces particulate matter and carcinogens that are harmful when inhaled.<sup>25,26</sup>

### III. INHALABLE PRODUCTS (CONT.)

#### Concentrates

Cannabis concentrates are much more potent than cannabis flowers;<sup>27</sup> ranging from 40% to as much as 99% THC. Due to the high THC content of cannabis concentrates, these products are more likely to cause addiction as well as other harmful effects.<sup>28-32</sup> Cannabis concentrates were traditionally produced mechanically, but modern methods have been developed that use solvents to chemically extract cannabinoids from the plant material and concentrate them. The substances extracted can be sold as is, used in pre-filled vaporizer cartridges (*Figure 2*), or added to different products. Vaping also produces harmful particulate matter.<sup>16,26</sup>



*Figure 2*

#### Budder/Butter or Wax



*Figure 3*

Budder/Butter or Wax (*Figure 3*) is an extremely potent extract named for its consistency; it can look dark brown to bright yellow or blonde in color.

#### Shatter



*Figure 4*

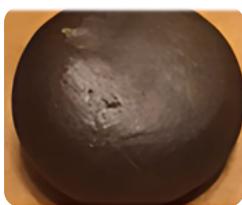
Shatter (*Figure 4*) is brittle and glass-like in texture and appearance but becomes malleable in warmer temperatures. It typically has between 75%-95% THC content.

**Distillates** are generally produced when a concentrate goes through a distillation process. They usually have a honey or oil-like consistency.

**Mechanical or physical methods** have long been used to make cannabis concentrates, typically containing 40%-60% THC. A traditional method is dry sifting, using screens that separate the cannabinoid-containing resin glands (trichomes) from cannabis plant material. The loose trichomes are called **kief** and can be pressed to make **hash** (*Figure 5*). There are wet sieving methods that use cold/ice water to produce **bubble hash** or **crumble** (*Figure 6*).



*Figure 5*



*Figure 6*

### III. INHALABLE PRODUCTS (CONT.)



**Rosin**

Rosin (*Figure 7*) is made by pressing cannabis plant material between two heated plates. The oil that is expelled from the cannabis under the high pressure is collected and consumed. It can be extremely high in THC and is usually a viscous golden or amber resin-like substance.

*Figure 7*

#### Methods of Consumption and Effects

A variety of approaches or devices are employed for inhaling cannabis vapor or smoke, all of which come with risks. For example, smoking cannabis is associated with respiratory illness<sup>33</sup> and vaping has been associated with serious lung disease.<sup>34,35</sup> When cannabis is inhaled the effects are quick, usually felt within 10 minutes, peak within 1-2 hours, and then gradually wear off.<sup>36</sup> Controlling the amount of THC inhaled is difficult unless using a device that limits how much can be inhaled at once.

Cannabis flowers can be ground and rolled into a **joint** (*Figure 8*) using papers. When cannabis flowers are ground up and wrapped in a tobacco leaf or emptied cigar it is called a blunt; tobacco-free “blunt” wrappers are also sold. Joints and blunts are often sold pre-rolled and ready for use; they are more hazardous when they are infused with additional THC concentrates. Pre-rolls marketed with flavor-indicating names, or that use flavored wrappers, are especially concerning because they are more attractive to youth.<sup>19,20</sup>



*Figure 8*

**Pipes** are used by putting cannabis flowers and/or concentrates into a “bowl” to be ignited, then the smoke can be inhaled through a chamber. **Bongs and bubblers** are types of waterpipes, which have chambers that can be filled with liquid that cools and condenses the cannabis smoke as it passes through while the user inhales.



**Vaporizers**

Vaporizers (*Figure 9*) heat cannabis flowers and/or concentrates to a temperature that turns the cannabinoid-containing oil/resin into a vapor that is inhaled. Vapes are made in shapes that can resemble anything from a USB drive to car keys to pens, sometimes called vape pens. There are also larger table-top vaporizers, such as the Storz and Bickel Volcano®.

*Figure 9*

### III. INHALABLE PRODUCTS (CONT.)



Figure 10

**Dabbing** is a way to vaporize or combust cannabis concentrates. A “dab” of cannabis concentrate is applied to a glass, metal, or ceramic “nail” that is heated. A “dab rig” (*Figure 10*) houses the “nail” and the user inhales the resulting smoke/vapor. Dabbing causes a rapid, intense high that can cause extreme intoxication and adverse effects.<sup>37</sup>

### IV. NON-INHALABLE PRODUCTS

#### Edible Cannabis Products

When conventional foods are infused with cannabinoids they are referred to as edible cannabis products or edibles. Gummies, candies, and baked goods are the most well-known types of edibles; however, cannabis can be infused into drinks, sauces, snacks, and many other foods. Cannabis-infused beverages can pose a significant risk to youth, as they may be packaged with 10 doses in a single container, sometimes resembling the size of a 2-ounce energy shot.

Orally consumed cannabis products act more slowly than inhaled products. They can be felt within 30 minutes but usually take 1-2 hours to impart their full effect and generally last longer than inhaled products.<sup>38</sup> This delayed onset of effects often results in adverse events when a user takes more doses of an edible before the full effects set in, causing over-intoxication and other harms.

#### Tinctures

Tinctures (*Figure 11*) are cannabis-infused solutions, made using either cannabis plant material or concentrates. They typically contain ethanol, glycerin, or vegetable oils. Tinctures are usually consumed by mouth but can also be applied to the skin.



Figure 11



Figure 12

#### Other Cannabis Products

Cannabis-infused skin products (*Figure 12*) can include creams, lotions, ointments, or balms. These are intended to affect a targeted area of the body. Patches and suppositories also exist.

### V. YOUTH ACCESS

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Intoxicating cannabis products are accessed by youth in a number of ways. Sometimes cannabis products are diverted from licensed, regulated businesses, but even in states where cannabis has been legalized there is still a significant illicit cannabis market, especially in California.<sup>39</sup> While intoxicating hemp products are currently illegal in California, they still are sold online by out-of-state businesses, often without age verification.

In a preliminary study conducted by researchers at the Public Health Institute, almost all (93%) of the youth (aged 16-17) who reported ever using cannabis said they had gotten it themselves (as opposed to asking someone else to purchase it for them) primarily from a dealer (46%), followed by from a legal store with a fake ID (17%), then from a legal delivery service (12%), and finally from growing it themselves (5%). Older youth (aged 18-20) were significantly less likely to report obtaining cannabis themselves (38%) than the younger youth (93%).

## I. INTRODUCTION

This timeline highlights key policies adopted at the federal and state level that have affected access to cannabis and hemp over the years. By illustrating significant legislative changes, from prohibition to legalization and regulatory adjustments that followed, the timeline also portrays implications and downstream impacts policies have had. Youth partners and adult allies can use this to enhance their policy perspective, identify potential opportunities for policy shifts, and proactively engage in advocacy efforts.

## II. KEY FEDERAL POLICIES THAT Affected ACCESS TO CANNABIS AND HEMP, 1937 - 2025

<b>1937</b>	<b>Marihuana Tax Act</b>	
	<p>The first law in the United States to control cannabis (referred to as “marijuana”). It didn’t make cannabis completely illegal, but it placed heavy taxes and rules on anyone who wanted to grow, sell, or use it. People had to get special permission from the government and pay a tax.</p>	<p><b>Implications:</b> This law effectively made cannabis illegal because it was almost impossible to get the necessary permission from the federal government.</p>
<b>1970</b>	<b>Controlled Substances Act</b>	
	<p>Cannabis is classified as a Schedule I drug; no legal use under federal law.</p>	<p><b>Implications:</b> The federal government considers cannabis to have no accepted medical use, a high potential for abuse, and no safe uses even under medical supervision.</p>
<b>2009; 2011</b>	<b>Ogden &amp; Cole Memorandums</b>	
	<p>In 2009, U.S. Attorney General Holder issued guidance to federal prosecutors about handling medical cannabis in states where it was legal. Memos from former Deputy Attorneys General Ogden (2009) and Cole (2011) said that prosecuting medical cannabis patients and caregivers was not the best use of federal resources. Instead, cannabis-related cases that involve other crimes, like violence, selling to minors, or being connected to criminal organizations, should be prioritized. The 2011 Cole Memo also clarified that regardless of a state’s cannabis laws, the Ogden Memo was never intended to protect commercial cannabis activities (e.g., large-scale cultivation, distribution, sales) from federal prosecution.</p>	<p><b>Implications:</b> These guidance documents from the Department of Justice signaled a softening in federal enforcement by instructing prosecutors not to target medical cannabis patients or their caregivers if they are complying with state law. It clarified priorities for the use of resources to enforce federal cannabis laws.</p>

### II. KEY FEDERAL POLICIES THAT Affected ACCESS TO CANNABIS AND HEMP, 1937 - 2025

2013	Cole Memorandum	
	<p>In 2013, Deputy Attorney General Cole provided guidance for federal prosecutors in states that had legalized cannabis for medical or recreational use. It established federal enforcement priorities focused on using funds to prosecute the distribution of cannabis to minors, criminal organizations (e.g., cartels), diversion of cannabis across state lines, trafficking of other illegal drugs, violence, drugged driving, growing cannabis on public lands, and cannabis use on federal property.</p>	<p><b>Implications:</b> This memorandum suggested that U.S. Attorneys and law enforcement focus their efforts on these priorities, regardless of state law. It deprioritized federal prosecution of personal recreational use in states where it was legal and reflected their expectation that those places would develop effective regulatory systems.</p>
2014	Agriculture Act	
	<p>Established the Hemp Research Pilot Program, allowing state departments of agriculture and institutions of higher education to cultivate hemp for research purposes only within states that allow it under their state law.</p>	<p><b>Implications:</b> Defined “industrial hemp” as any part of a <i>Cannabis sativa</i> L. plant with a delta-9 tetrahydrocannabinol (THC) concentration of not more than 0.3% on a dry weight basis, which distinguished hemp from cannabis, but did not legalize it federally or allow interstate commerce.</p>
2014	Rohrabacher-Farr Amendment	
	<p>Now known as the Rohrabacher-Blumenauer Amendment, this amendment blocked the US Department of Justice from using Federal Funds to interfere with medical cannabis programs in states that have legalized medical cannabis.</p>	<p><b>Implications:</b> While federal law still considered cannabis a Schedule I drug with no accepted medical use, this prevented enforcement of federal cannabis laws by federal enforcement agencies in states that legalized medical cannabis use.</p>

### II. KEY FEDERAL POLICIES THAT Affected ACCESS TO CANNABIS AND HEMP, 1937 - 2025

2018	Agriculture Improvement Act
<p>Established the Domestic Hemp Production Program, removed hemp from the Controlled Substances Act's definition of "marijuana" (cannabis), and defined "hemp" as "the plant <i>Cannabis sativa</i> L. and any part of that plant, including the seeds there-of and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis." Also amended Schedule I of the Controlled Substances Act to exclude "tetrahydrocannabinols in hemp."</p>	<p><b>Implications:</b> Hemp became federally legal; the United States Department of Agriculture (USDA) was responsible for regulation of cultivation and the Food and Drug Administration (FDA) retained authority over any hemp-derived products intended for human consumption. While the FDA has said that hemp-derived cannabinoids, including cannabidiol (CBD), are not approved additives for foods, cosmetics, or dietary supplements that are intended for human use, intoxicating hemp products have still proliferated across the United States.</p> 

### III. KEY POLICIES IN CALIFORNIA THAT Affected ACCESS TO CANNABIS AND HEMP, 1996 - 2025

1996	<b>Compassionate Use Act (Proposition 215)</b>
	<p>This voter initiative was passed by Californians to allow patients with a doctor's recommendation to grow, possess, and use cannabis for medical purposes.</p>
	<p><b>Implications:</b> California became the first state to legalize the medical use of cannabis, but without creating a system to regulate cannabis businesses or the products they sold.</p>
2003	<b>Senate Bill 420</b>
	<p>SB 420 established a statewide program for patients and their primary caregivers to apply for "Medical Marijuana Identification Cards." It set limits on how much cannabis patients could possess and grow for medical purposes.</p>
	<p><b>Implications:</b> SB 420 created a path for local governments to regulate medical cannabis. While cities and counties had the discretion to make their own rules for medical cannabis dispensaries, cultivation, and patient access, only a few passed local cannabis policies. This led to a patchwork of medical cannabis policies across California.</p>
2015	<b>2015 - Medical Marijuana Regulation and Safety Act (Assembly Bill 243, Assembly Bill 266, and Senate Bill 643, collectively the MMRSA)</b>
	<p>These bills established California's original cannabis regulatory authorities: the Bureau of Cannabis Control (under the California Department of Consumer Affairs), CalCannabis Cultivation Licensing Division (under the California Department of Food and Agriculture), and the Manufactured Cannabis Safety Branch (under the California Department of Public Health).</p>
	<p><b>Implications:</b> The MMRSA created the first statewide framework for the licensing, regulation, and enforcement of commercial medical cannabis activity nearly 20 years after medical cannabis was legalized in California</p>
2016	<b>Adult Use of Marijuana Act (Proposition 64)</b>
	<p>Proposition 64 legalized cannabis for adults 21 years of age or older. They could now legally grow, possess, and use cannabis for non-medical purposes, with certain restrictions. Local governments had full authority over cannabis businesses, meaning a city or county could choose to prohibit cannabis businesses from operating, only allow certain types of businesses, or adopt policies to control the way those businesses operate. It also allowed for expungement of certain criminal records related to cannabis.</p>
	<p><b>Implications:</b> Prop 64 created a statewide regulatory framework for non-medical cannabis, including a taxation system and funding allocations. Adults 21 years of age and older could grow and possess cannabis and gift it to other adults. Retail sales of adult-use cannabis through regulated businesses did not begin until January 1, 2018.</p>

### III. KEY POLICIES IN CALIFORNIA THAT Affected ACCESS TO CANNABIS AND HEMP, 1996 - 2025

2017	Senate Bill 94	
		<p>The State Legislature passed this bill after Proposition 64 to integrate the older medical policies (MMRSA) with the newer adult use policies (AUMA) to create the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA).</p>
2021	Assembly Bill 141	
		<p>AB 141 aimed to streamline oversight and improve efficiency in California's legal cannabis industry. It included provisions around provisional licensing, enforcement, and regulatory alignment. The bill also consolidated the three previous state cannabis licensing authorities into one agency called the Department of Cannabis Control (DCC).</p>
2021	Assembly Bill 45	
		<p>Legalized addition of hemp or hemp derivatives to pre-packaged foods, beverages, dietary supplements, cosmetics, and pet food. Established that hemp derivatives not generally recognized as safe by the FDA, including THC (present under .3%) and CBD, are no longer considered adulterants. It allowed their sale at a wide array of retail locations, from smoke shops to grocery stores, to people of any age. The CDPH gained authority to regulate cannabinoid content and other aspects of the hemp industry.</p>

### III. KEY POLICIES IN CALIFORNIA THAT Affected ACCESS TO CANNABIS AND HEMP, 1996 - 2025

2022	DCC Regulations Restricting Flavors
The Department of Cannabis Control adopted regulations prohibiting flavor additives in inhaled cannabis products that do not contribute to the natural smell or taste of cannabis (except for certain FDA-approved ingredients).	<b>Implications:</b> These regulations banned synthetic flavor additives, but they are less clear than the state's flavored tobacco law, and a natural flavor additive can be used in inhalable products as long as it "contributes to the smell and taste of cannabis."
2022	Senate Bill 1186
SB 1186 stopped local jurisdictions from prohibiting the retail sale of medical cannabis by at least one local medical cannabis business as of January 1, 2024.	<b>Implications:</b> While cities and counties still have local control over adult use cannabis commerce, they are required to allow delivery of medical cannabis in their jurisdiction. Local governments can pass certain restrictions on retail businesses that sell medical cannabis, but their authority was limited.
2024	California's Emergency Hemp Regulations
These emergency regulations prohibit the sale of consumable hemp products with any detectable amount of THC or other intoxicating cannabinoids. It also created an age 21 requirement to purchase hemp products that meet these new requirements.	<b>Implications:</b> This emergency order was issued after the Governor saw products at a local grocery store with more THC than would be allowed in cannabis products. These regulations addressed critical shortcomings of AB45 and the massive proliferation of intoxicating hemp products. Permanent regulations are expected in 2025.



## I. INTRODUCTION

Social normalization is what happens when something is so engrained in daily life people think it is just normal. People felt that way about smoking cigarettes in the 1940s, before they understood how many people cigarettes were hurting, and it took a long time to change that. This section provides examples of steps that young people and their adult allies can take to prevent the social normalization of cannabis. It details ideas for how youth can encourage changes in their environment through community policies and voluntary practices so that cannabis can be legal without people, especially youth, thinking it is a normal part of daily life.

## II. COMMUNITY POLICIES

It is important to understand the impact that the availability of cannabis and proximity/density of cannabis retailers can have in a community. A study of about 103,000 Californian youth aged 13-17 found higher rates of cannabis use and problematic cannabis use,<sup>1</sup> in jurisdictions which allowed retail sales and when the teens lived closer to retailers. Similarly, a second study with 95,000 of these youth also found much lower rates of psychosis in those who lived where cannabis store were not allowed, and lower rates of psychotic, anxiety and depressive disorders in those who lived more than a twenty minute drive from the nearest cannabis store, versus those who lived within a five minute drive.<sup>2</sup> Fortunately, there were lower rates of cannabis use among the teens that lived in cities and counties that legalized but had more local policy protections, highlighting the importance of how a community regulates the cannabis industry when sales are allowed.

### Keeping the number of cannabis retailers limited protects youth:

There is more cannabis use and cannabis use disorder among teens living in areas with a greater density of cannabis retailers.<sup>1</sup> The rate of teen cannabis use increased when there were more cannabis retailers within a 15-minute drive. Throughout the state, the overall density of retailers to people has increased; in 2019 it was 1 retailer per 21,000 people and at the end of 2023 it was 1 per 17,000 people. As of 2024, 78% of California's cities and counties that allow storefront cannabis retailers limit the number of businesses allowed.<sup>3</sup> The Public Health Institute recommends no more than one retailer per 15,000-20,000 residents based on experience in states with alcohol monopolies, which provided legal access to alcohol through state-run alcohol stores.

### The location of cannabis retailers makes a difference:

Cannabis businesses should be located away from homes (residential zoning) and sensitive use sites, such as schools (K-12 schools and colleges), daycare centers, public libraries, substance use treatment centers, parks, and youth-serving facilities. Research has found that having a longer drive time to the nearest cannabis retailer is associated with lower rates of cannabis use by teens.<sup>1</sup> As of January 2024, 71% of California's cities and counties that allow storefront cannabis retailers went beyond state law by adding additional sensitive sites that cannabis retailers are required to be a minimum distance from; 31% required retailers to maintain a greater distance from schools than state law requires.<sup>3</sup>

## II. COMMUNITY POLICIES (CONT.)

### Products that attract youth, or are riskier, should not be sold:

Flavored cannabis products affect youth in a few different ways. Not only are the sweet flavors more attractive to younger users,<sup>4,5</sup> but the additives used to flavor cannabis products can pose risks.<sup>6,7</sup> California first banned flavored tobacco products through Senate Bill 793 in 2020, which despite being put on hold by a tobacco industry backed referendum was still upheld by 63% of voters in 2022 through Proposition 31, because the evidence is clear: flavors hook kids. High potency products, specifically those with more THC, are more likely to lead to harms like psychosis or addiction.<sup>8,9</sup> There was a 163% increase in cannabis-related calls to the California Poison Control System when comparing 2016 to 2023.<sup>10</sup> Cannabis-related emergency department visits have skyrocketed,<sup>11,12</sup> typically involving anxiety, psychotic episodes, or severe cyclical vomiting caused by high potency cannabis products.<sup>13,14</sup> California cities and counties can prohibit the “kid’s menu” – flavored inhalable products and products that are attractive to kids, and they can limit the potency of products sold. They can also enforce existing state laws related to cannabis products’ attractiveness to youth.

#### **Real World Example**

In 2019, local youth organizations in Contra Costa County met with County Supervisors and told their stories of what was happening in their lives, at their schools and amongst their friends. With a County Board auditorium filled with youth, Contra Costa County prohibited flavored inhalable cannabis products, including vaporizers, at the same time as flavored tobacco products. It was the first place in the country to do so for cannabis. Youth engagement across the state has helped to pass over 140 local policies prohibiting flavored tobacco that eventually led to a statewide ban because more than 80% of kids who started smoking started with flavored products like vapes.

### Advertising restrictions can help protect youth:

Teens who see cannabis billboards, branded cannabis merchandise (e.g., clothes, backpacks), or engage with cannabis businesses on social media are more likely to use cannabis and develop problems with cannabis use.<sup>15</sup> Many California jurisdictions have additional restrictions on marketing, including not permitting billboard advertisements. Cities and counties can also enforce state and local policies related to cannabis advertising. State law prohibits outdoor advertising within 1,000 feet of schools, parks, and youth centers, and on most state and federal highways.<sup>16</sup>

### Keeping parks, fairs, and concerts cannabis free:

Local approval is required to allow temporary cannabis events, for example at fairs, concerts, or parks. Educating local decision-makers about the impacts those types of events can have in a community is important. If a temporary cannabis event is permitted, demand strict enforcement of guidelines to prevent exposure to youth and intoxicated driving.

### II. COMMUNITY POLICIES (CONT.)

#### Local taxes should go to youth programs or substance use prevention:

About half of California cities or counties that allow cannabis sales charge a local tax, but very few of them use the revenue for protecting or supporting youth. Youth can educate local officials about the needs of the community and provide examples of where cannabis tax revenue has been used as a resource to support youth programs and substance abuse prevention efforts.

#### **Real World Example**

Sacramento youth organizations mobilized to educate the community, which led to the passage of ballot initiative Measure L in November 2022. Measure L requires that 40% of the money from their local cannabis tax go into a new “Sacramento Children’s Fund” – about \$21 million a year. The fund supports programs and services for children and youth in Sacramento, up until age 24, addressing issues like poverty, trauma, and violence in the most impacted areas. It funds positive youth development and violence prevention projects. They continue to work to make sure the funds go to youth each year.



### III. ENGAGING KEY STAKEHOLDERS

Stakeholders are people or groups who are affected by or can influence an issue, and may include community members, schools, local businesses, government leaders, or nonprofit organizations. It is important to engage and involve stakeholders because they can bring different ideas, knowledge, and experiences to the table. They can help identify problems, contribute to solutions, and make sure the solutions actually work in the community. When everyone works together, it's easier to create changes that will last. Here are some concrete steps you can take when engaging the following stakeholders:

## III. ENGAGING KEY STAKEHOLDERS (CONT.)

### **Policymakers**

- Gather data, photographs, interviews or observations about what is happening in your community.
- Provide policymakers with data on the impacts of cannabis and intoxicating hemp products in your schools, among friends, and in the community, emphasizing youth exposure and public health risks. This data can include statewide and local research (including sources cited in this toolkit), as well as anecdotal (personal stories or observations) points.
- Advocate for enforcement of state and local cannabis laws/regulations, especially on marketing materials and community visibility.
- Educate local policymakers about best practices.
- Encourage creation and enforcement of local policies restricting cannabis products and marketing beyond state law to reduce community exposure.
- Create fact sheets or other tools for informed decision-making.

### **Cannabis and Hemp Retailers**

- Partner with individuals over 21 and have them verify if local retailers, including delivery services, are providing and displaying the state required information brochure for consumers on cannabis health effects and safer use, and if they are checking IDs.
  - Senate Bill 540 was passed by the California State Legislature in 2023 and requires that any licensed cannabis retailer (or microbusiness permitted to conduct retail activities) to display the following brochure, including printed copies, at the point of sale or final delivery in person and online at time of online purchases, and offer each new consumer a copy of the brochure: [Responsible Cannabis Use – Department of Cannabis Control](#)
- Educate retailers about their responsibilities, which includes compliance with state and local policies, emphasizing product, packaging, and marketing restrictions. For example, the California Department of Cannabis Control's regulations (§17300) have established that cannabis products may not be made in, or imprinted with, the shape of a human being, animal, insect, or fruit (either realistic or caricature).
- For retailers like smoke shops and vape stores that sell hemp products, ensure they are aware that hemp products with any detectable THC content and inhalable hemp products are illegal to sell.
- Encourage merchants to adopt strategies to prevent youth appealing products from being sold; specifically, not selling flavored inhalable products, products with cartoons, or products that imitate foods commonly marketed to kids and report noncompliance.
- Encourage cannabis and hemp product retailers to use (or local policymakers to require) independent third-party identification verification software to prevent the use of fake IDs.
- Report any businesses that appear to be conducting unlawful activities, either to local officials or the state:
  - [File a Complaint – California Department of Cannabis Control](#)
  - [File a Complaint – California Department of Public Health](#)

### III. ENGAGING KEY STAKEHOLDERS (CONT.)

#### **Temporary Cannabis Event Organizers**

- Educate local officials about how temporary cannabis events can expose youth and normalize cannabis use and smoking, and their authority not to allow them.
- If temporary cannabis events are permitted locally, demand that measures are in place to prevent youth exposure, and advocate for requiring public safety and compliance plans as part of the event approval process.
- Report any advertising of temporary cannabis events in areas that may expose youth.
- Report events where smoking spills out of closed off event areas into concerts, parks, sidewalks, and other public spaces.
- Demand and verify that strict age-verification protocols are in place at all cannabis-related events.

#### **Schools**

- Collaborate with schools to implement comprehensive substance use prevention and education programs.
- Launch student-focused prevention campaigns that promote awareness, focusing on the risks associated with cannabis use.

#### **Local Entities**

- Join or support local coalitions focused on cannabis education, substance use prevention, and community health initiatives.
- Be part of efforts to help local entities effectively address challenges related to cannabis and intoxicating hemp products.
- Facilitate or join community discussions, workshops, and forums that provide ongoing education.

### IV. STAKEHOLDER EDUCATION: LEGAL VS. ILLEGAL HEMP PRODUCTS IN CALIFORNIA

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#### **Educate business owners to identify illegal hemp and artificially derived cannabinoids at their smoke/vape shops, convenience stores, grocery stores, and other types of retailers:**

- Hemp products may not contain detectable amount of THC or comparable cannabinoids. This must be verified by California-approved lab testing.
- If a product label says a product contains THC or delta-8, delta-10, HHC, THC-P, or any of the other names of chemical THC look-alikes, they are illegal to sell.
- Inhalable hemp products, like vaporizers and pre-rolls, are illegal to sell.
- Products designed or packaged in ways that are appealing to minors or intended to mislead consumers violate California's consumer protection policies.
- Hemp products can only be sold to those over age 21.

#### **Encourage your city or county to strengthen their enforcement efforts and ensure appropriate enforcement action:**

- Regular inspections of cannabis merchants and temporary cannabis events.
- Inspections of smoke and vape shops and tobacco and alcohol retailers for illegal intoxicating hemp products.
- Create a complaint-based reporting system for community members.
- Illegal products should be seized by those responsible for code enforcement and applicable penalties applied.

## Part 5: Local Policy Practices in Action throughout California\*

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\* Policies effective as of January 1, 2024; from the Getting it Right from the Start California Local Laws Database

These maps highlight real-world examples of local policies adopted by cities and counties across California to prevent the normalization of cannabis use and protect youth. From buffer zones around schools to bans on flavored cannabis products, communities are taking steps to reduce youth exposure to cannabis products and associated marketing. By showcasing where these policies have been implemented, the map serves as a powerful tool to help local decision makers see what their neighbors are doing.

**Humboldt County** and 86 other cities and counties prevented a high density of cannabis retailers by **requiring they be located a minimum distance** from one another.

**Burlingame** prohibited delivering cannabis to youth-serving locations, including public parks and restaurants; 79 other cities and counties also limited the delivery of cannabis.

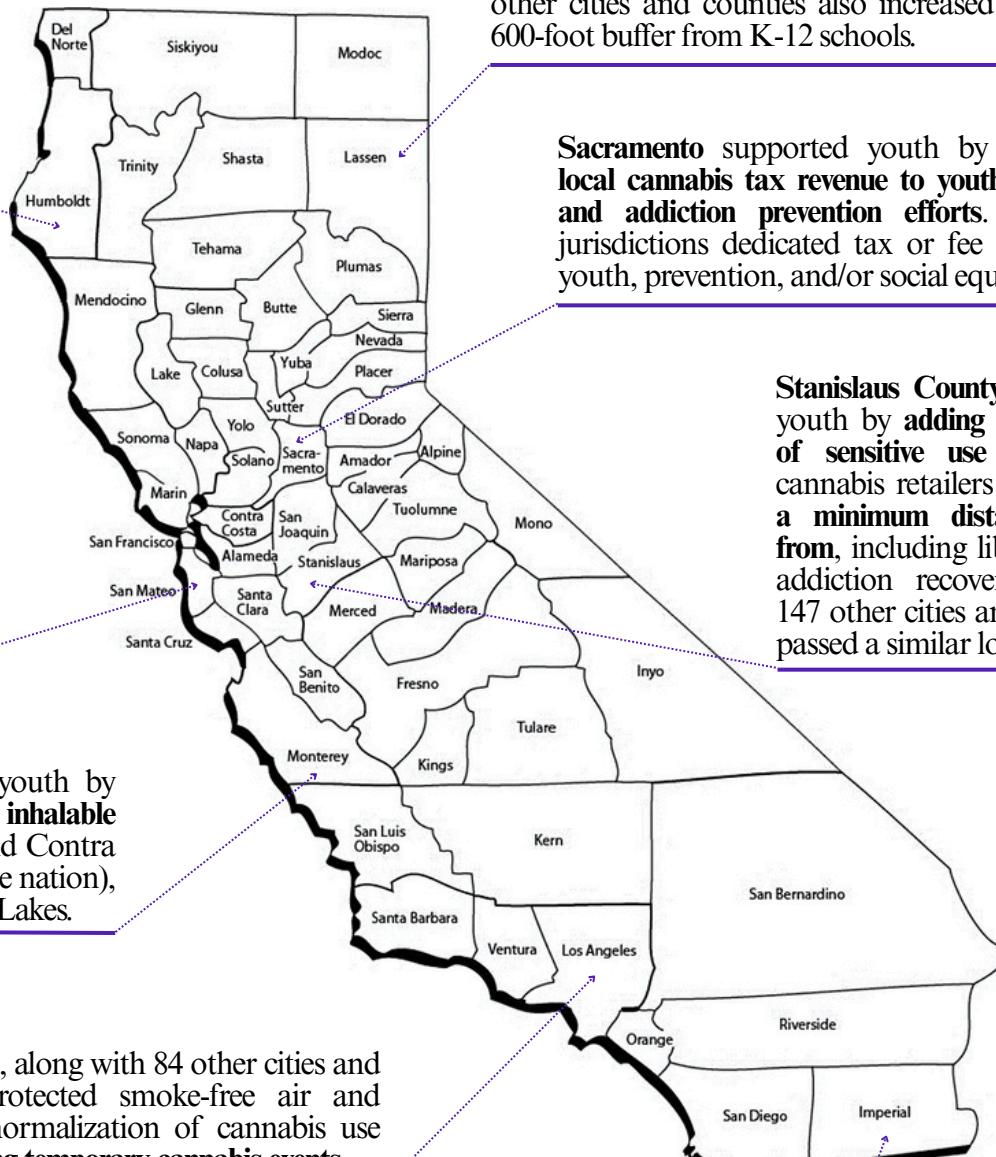
**Watsonville** protected youth by prohibiting flavored inhalable cannabis products, as did Contra Costa County (1st in the nation), Chico, and Mammoth Lakes.

**Los Angeles**, along with 84 other cities and counties, protected smoke-free air and prevented normalization of cannabis use by prohibiting temporary cannabis events.

**Lassen County** protected youth by **increasing the minimum distance required by California between K-12 schools and cannabis retailers** to 1,500 feet. 64 other cities and counties also increased the state's 600-foot buffer from K-12 schools.

**Sacramento** supported youth by **dedicating local cannabis tax revenue to youth programs and addiction prevention efforts**. 24 other jurisdictions dedicated tax or fee revenue to youth, prevention, and/or social equity.

**Stanislaus County** protected youth by **adding more types of sensitive use sites** that cannabis retailers **need to be a minimum distance away from**, including libraries and addiction recovery centers. 147 other cities and counties passed a similar local policy.



**Imperial** protected youth by **limiting the number of cannabis retailers** in their community. 131 other jurisdictions also capped the number of retailers allowed.

## Part 5: Local Policy Practices in Action throughout California\*

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\* Policies effective as of January 1, 2024; from the Getting it Right from the Start California Local Laws Database

**Sonoma County** and 12 other jurisdictions adopted local policies beyond the state to **prohibit cannabis products, packaging, and advertising** that are attractive to youth.

**McFarland** protected youth by **banning cannabis-infused beverages**, along with Chula Vista, Pasadena, and Mono County.

**Santa Ana** and 45 other jurisdictions protected their community by requiring retailers to **disclose the health risks associated with cannabis** on signs, in handouts, or both.

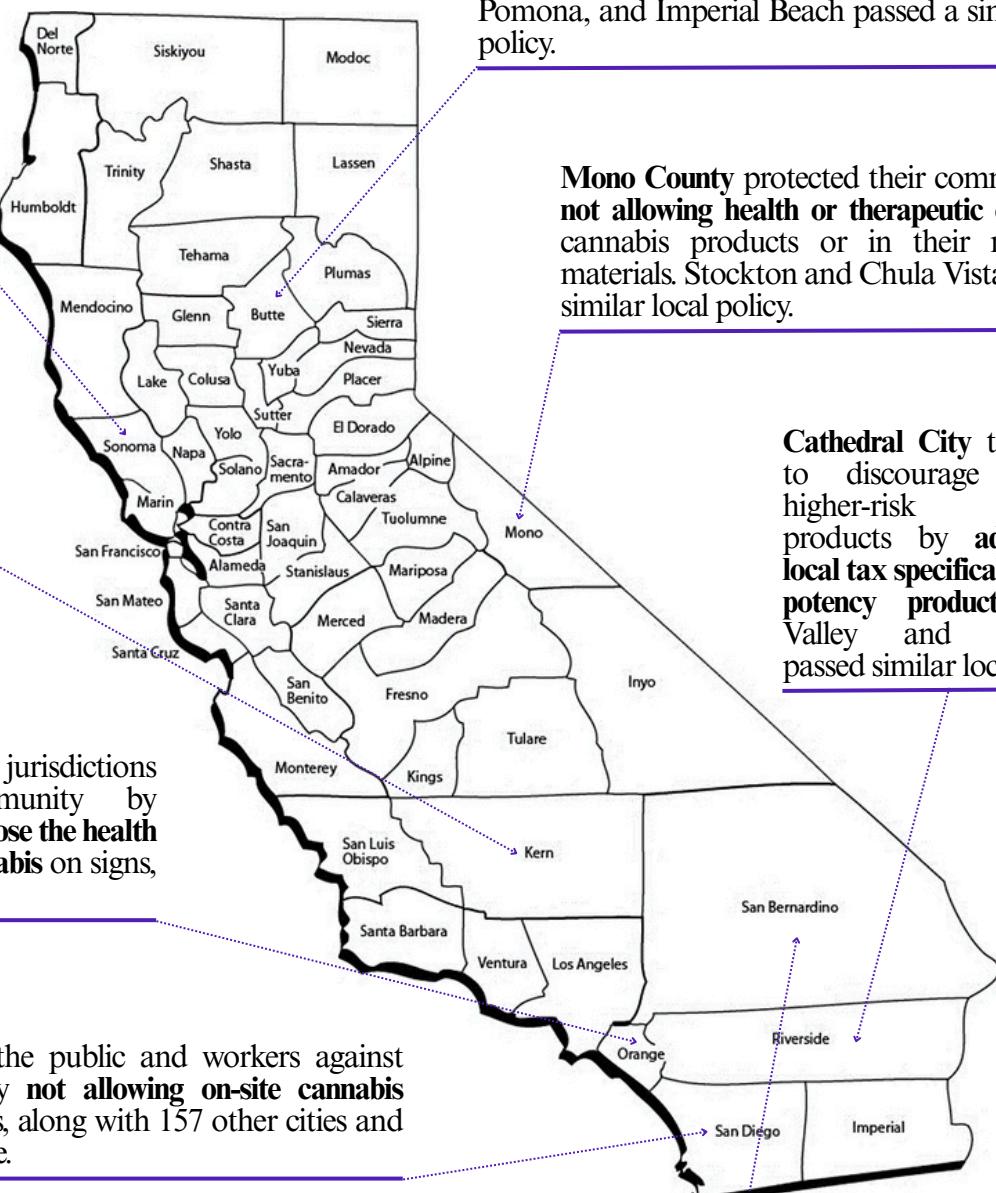
**San Diego** protected the public and workers against secondhand smoke by **not allowing on-site cannabis consumption** at retailers, along with 157 other cities and counties across the state.

**San Bernardino** protected youth by **prohibiting billboards and restricting business signage** to what is needed for identification only. 75 other jurisdictions also limited billboards and 193 others restricted business signage.

**Chico** protected youth by **banning promotions and coupons** offering discounted cannabis. Pasadena, Pomona, and Imperial Beach passed a similar local policy.

**Mono County** protected their community by **not allowing health or therapeutic claims** on cannabis products or in their marketing materials. Stockton and Chula Vista passed a similar local policy.

**Cathedral City** took steps to discourage use of higher-risk cannabis products by **adopting a local tax specifically on high potency products**. Grass Valley and Monterey passed similar local taxes.

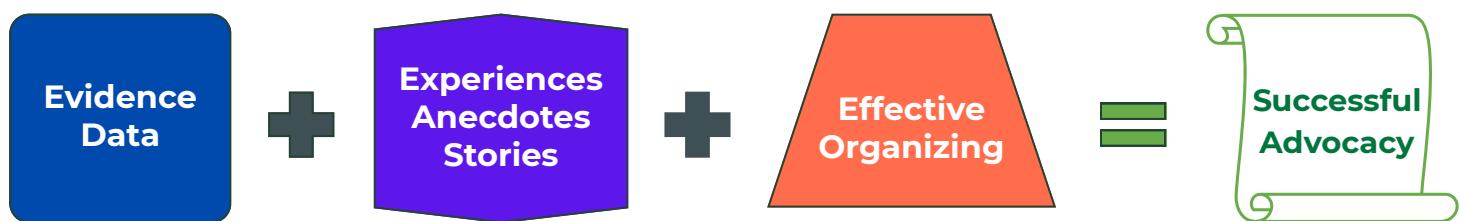


### I. INTRODUCTION

Advocacy efforts can empower youth partners and their adult allies to create a future that promotes health and limits negative impacts of cannabis and hemp on individuals and communities. This section outlines advocacy strategies that support youth-focused public health initiatives. It emphasizes youth participatory action, community education, and nonpartisan methods of engaging with the policy process at local and state levels. By showing up, speaking up, and providing community perspectives, youth partners and their adult allies can lead people to recognize the need for policy change.

The costs and benefits of prevention are tangible, so identify successes and show results. It is key to understand the state and local policy processes, how decisions are made, and at what point to intervene; use that knowledge to educate fellow advocates. The general strategy should be to document the problem(s), formulate evidence-based solutions, engage partners, raise awareness, and educate decision-makers. Organizations need to be aware of the differences between advocacy and lobbying, and what they can and cannot do, although individual young people retain the ability to act on their own as members of their community.

**Figure 1:** General approach to advocacy



### II. ADVOCACY VERSUS LOBBYING

What is advocacy and what is lobbying? The terms can overlap, but they're not the same. Any individual or organization can educate government officials, their staff, or the public about topics or issues relevant to their community; advocacy can involve presenting strategies for addressing problems, but without taking a position on specific legislation (e.g., ballot initiative/proposition, bill, ordinance, or regulation). Depending on how an individual or organization is structured and funded, lobbying may be strictly prohibited. For example, public funds may not be used for any activity that is considered lobbying, many private funders do not allow lobbying supported by their funds, but both generally allow using funds for advocacy (when appropriate). While some organizations may allow using funds for lobbying, you need to understand the constraints of your organization and your funder(s). You also need to be clear when you are acting as part of an organization with specific support, and when you are acting as an individual.

## II. ADVOCACY VERSUS LOBBYING (CONT.)

### Advocacy

Advocacy is the broader act of supporting a cause, idea, or policy. It involves educating, raising awareness, and influencing public opinion in general. Advocacy does not explicitly involve trying to influence a specific piece of legislation or asking government officials to vote a certain way. With that said, there are some nuances; for example, providing decision-makers or the public with educational materials about a specific piece of legislation, without requesting a specific action on the legislation, is still considered advocacy. An organization or coalition can provide information about specific legislation to their own members, including their position on it, and the names of elected officials and their positions on the legislation, if there isn't a specific call to action. Other examples of advocacy activities include:

- Educating government officials and the public about issues in the community.
- Organizing a public awareness campaign.
- Speaking at a community event.
- Writing op-eds or social media posts that don't take a specific position on a piece of legislation.
- Submitting written comments before a public government meeting that share experiences and impacts of an issue in the community, but without referencing specific legislation that is being considered.
- Providing oral comments during a public government meeting to voice general concerns about an issue in the community, but without asking anyone to vote a certain way on a particular piece of legislation.
- Informing the public about the progress of a specific piece of legislation.
- Requesting improved enforcement of existing laws and regulations.
- Supporting the enactment of private or voluntary policies.

### Lobbying

Lobbying refers to efforts to change a specific piece of legislation or influence government decisions about legislation they are considering. General examples of lobbying include:

- Meeting with a government official to ask them to vote for or against a specific piece of legislation.
- Telling members of the public to contact government officials and ask them to vote for or against a specific piece of legislation.
- Submitting written comments or giving oral comments during a government meeting that reflects an individual's or organization's view on a specific piece of legislation being considered.

### II. ADVOCACY VERSUS LOBBYING (CONT.)

**Table 1:** Direct Advocacy and Direct Lobbying

	Direct Advocacy	Direct Lobbying
<b>Goal</b>	Provide general education to lawmakers, government officials, or their staff or inform them about an issue in the community.	Influence lawmakers, government officials, or their staff to take action on specific legislation.
<b>Requests Action on Specific Legislation</b>	No, it cannot.	Yes, it can.
<b>Calls to Action</b>	Encourages lawmakers, government officials, or their staff to learn more about important issues in the community they work for and figure out approaches to address problems.	Asks lawmakers, government officials, or their staff to support, oppose, or amend a specific piece of legislation.

### II. ADVOCACY VERSUS LOBBYING (CONT.)

**Table 2:** Grassroots Advocacy and Grassroots Lobbying

	Grassroots Advocacy	Grassroots Lobbying
Goal	Provide general education to members of the public and increase awareness about an issue.	Influence members of the public to take action on a specific piece of legislation.
Requests Action on Specific Legislation	No, it cannot.	Yes, it can.
Calls to Action	Encourages members of the public to stay informed, attend events, and vote!	Encourages members of the public to contact lawmakers about a specific piece of legislation.

**Table 3:** Strategies to Avoid Lobbying

Instead of saying this...	Say this!
“Please do not pass this ordinance allowing cannabis retailers to serve food and beverages in areas that people consume cannabis.”	“We appreciate all of the work that California policymakers have already done to ensure our state has strong restrictions to ensure smoke free air; those policies have helped keep our communities healthier. We know from past experience that if restaurants allow smoking indoors, employees and customers are inevitably exposed to secondhand smoke, which poses significant health risks.”
“Vote no on this proposed policy that would allow temporary events with cannabis consumption areas.”	“We want to bring your attention to these statistics about the presence of THC in drugged driving accidents. Communities that allow cannabis consumption at fairs, parks, concerts, and other temporary events will likely have more intoxicated drivers on the streets.”

### II. ADVOCACY VERSUS LOBBYING (CONT.)

**Table 3:** Strategies to Avoid Lobbying (Cont.)

Instead of saying this...	Say this!
“Pass this proposed local ordinance that would prohibit flavored inhalable cannabis products.”	“We are concerned about flavored inhalable cannabis products in our community because decades of research from the tobacco industry has shown that flavored inhalable products are particularly appealing to youth.”
“Vote yes on this proposed bill that would increase the required distance that cannabis retailers must be from residential areas.”	“We want you to understand that there is strong evidence suggesting the closer youth live to a cannabis retailer, the more likely they are to develop cannabis use disorder.”
“Oppose this ordinance that would allow more cannabis retailers in our community.”	“There are many issues communities have faced after allowing cannabis retailers to be located within their borders. Research is finding that the more retailers there are closer to a home, the more likely teens living in that home are to use cannabis and to develop cannabis use disorder. Some organizations recommend no more than 1 retailer per 20,000 residents.”
“Please support this ordinance that would increase local taxes on cannabis.”	“We want to make you aware that cost is a major influence on consumer purchasing habits, and many cities, states, and countries have successfully reduced the use of harmful substances like tobacco and alcohol by increasing the taxes on those goods, while also raising money for local needs.”

### III. YOUTH PARTICIPATORY ACTION AND EMPOWERMENT STRATEGIES

#### **Research and Data Collection**

Youth partners can gather existing data, conduct surveys, or interview community members to collect evidence, assess needs, and identify issues related to cannabis/hemp in the community. Some problems can be documented by taking pictures (i.e., Photo Voice Assessment) in the community or at local schools. Findings can be shared in public forums or through community reports to inform policy discussions.

### III. YOUTH PARTICIPATORY ACTION AND EMPOWERMENT STRATEGIES

#### ***Advisory Boards and Councils***

Youth partners can join or create advisory boards or councils to provide input on local programs and policies related to cannabis/hemp. Perspectives should be shared with decision-makers regularly; establish a meeting schedule, either face-to-face, virtually, or through phone calls. Advisory board/council meeting minutes can be summarized and sent to decision-makers via email to keep them apprised of what is being discussed.

#### ***Digital Storytelling and Testimonial Projects***

Youth partners can create short videos, blogs, podcasts, or public service announcements (PSAs) about their experiences and views on public health issues related to cannabis/hemp. Distribute content to community leaders, schools, and decision-makers to humanize the public health concerns associated with cannabis/hemp.

#### ***Youth-Led Public Forums or Town Hall Meetings***

Organize nonpartisan forums for youth and other advocates to present issues and solutions to community members and decision-makers. These events create platforms for dialogue about issues related to cannabis/hemp in the community without advocating for specific legislation.

### IV. COMMUNITY EDUCATION AND AWARENESS-BUILDING STRATEGIES

#### ***Public Education Campaigns***

Create informational campaigns (e.g., social media, posters, newsletters) that raise awareness about key public health issues related to cannabis/hemp, highlighting impacts on youth. Tabling or setting up exhibits at local community events is an excellent way to have a presence in a community. Focus messaging on education, not legislation.

#### ***Workshops and Trainings***

Host community workshops led by subject matter experts or advocates on topics like public health or substance abuse prevention. Invite local stakeholders and decision-makers to attend as learners.

#### ***Media Engagement***

Submit op-eds, letters to the editor, or articles highlighting public health concerns associated with cannabis/hemp. Feature the voices of youth and other advocates combined with data, but without urging votes for specific legislative action.

### V. ENGAGING DECISION-MAKERS AND STAKEHOLDERS

#### ***Educational Briefings and Policy Roundtables***

Host briefings that present objective data, case studies, and community concerns about cannabis/hemp. Provide balanced information about best policy practices without asking for specific votes or policy outcomes.

#### ***Policy Landscape Analysis***

Share reports that map existing policies related to cannabis/hemp, identify gaps, and express community needs. Offer recommendations as potential options, not directives. The Friday Night Live California Youth Council has created a toolkit that provides guidance about how to best utilize available resources, such as the Public Health Institute's annual Local Cannabis Policy Scorecards for incorporated cities and counties in California (available at <https://www.gettingitrightfromthestart.org/ca-cities-counties/>).

#### ***Site Visits and Experiential Learning***

Invite local and state leaders to visit schools, youth programs, or community centers to talk about issues associated with cannabis/hemp. Walk by any local cannabis retailers, smoke shops, or other businesses of concern. Showcase community initiatives and share youth stories to illustrate impact without urging legislative action.

#### ***Testimony before and at Public Hearings***

Youth partners can provide factual, personal testimony before and at public hearings on issues related to cannabis/hemp. Emphasize the importance of youth perspectives without advocating for or against specific legislation. Youth partners should also mobilize their peers to communicate with policymakers either directly, at key hearings, or by organizing public awareness events.

Written comments can be submitted before most public hearings at the state and local level. While there will often be specific instructions for submissions, youth partners can identify specific regulatory officials or committee-members and try to correspond with them directly. Consider the amount of time the recipient will take to read submissions; simplify technical content and communicate the main points. Public hearings usually reserve time for oral comments. Youth partners should prepare oral comments ahead of time and coordinate advocacy efforts with their peers. Creating and disseminating “model” comments or sign-on letters are other great ways to elevate community perspectives.

#### ***Community-Led Resolutions***

Collaborate with local agencies or school boards to pass resolutions that promote public awareness about issues related to cannabis/hemp and provide guidance. Resolutions can express intent without creating enforceable law or requiring lobbying activity.

## VI. PATHWAYS FOR STATE AND LOCAL POLICY CHANGE THAT ARE NOT LOBBYING

### ***Working through Advisory Committees***

Join, participate in, or help form advisory committees on youth issues or substance abuse within schools or local government. Provide recommendations based on data and community input without directly influencing legislation.

### ***Coalition Building***

Form or join coalitions with like-minded organizations focused on shared goals. Use coalitions to amplify educational efforts and distribute nonpartisan resources.

## VII. CONCLUSION

Youth engagement and community education are powerful tools for advancing public health. This can often be accomplished without engaging in lobbying. By focusing on participatory action, informed storytelling, and nonpartisan outreach, youth partners can raise awareness, build community momentum, and influence the policy landscape in meaningful and legally compliant ways. Youth partners should strategize on ways to mobilize their peers to make sure their voices are heard; community outreach is an effective way to rally people to advocate for a common goal. Social media and listservs can be great low-cost ways to communicate and notify other community members and peers. Schedule time to speak directly to decision-makers, which in addition to showing up in numbers at key hearings or organizing protests and other events, can be extremely impactful.

It is important to take an evidence-based approach to advocacy; learning about the science, reviewing the data, and including it in testimony is beneficial. But the real stories of youth are also incredibly powerful. When applicable, use peer-reviewed literature and cite the sources in footnotes or endnotes. Gather local data and examples to document a problem. Testimonies or personal stories combined with data can be very effective; youth partners should rally their peers or other community members to give their real-life experiences, but it is important to clearly establish a relationship with the advocacy effort. For example, a person testifying that their family member was killed by an intoxicated driver is an important testimony, but make sure there is a clear relationship, such as mentioning how often THC is found in drugged driving accidents.

## VIII. GETTING IT RIGHT FROM THE START RESOURCES

### **Local Cannabis Policy Scorecards**

- [CA Cities & Counties – Getting it Right from the Start Policy Scorecards](#)

### **Public Health Principles for Cannabis Policy**

- [Principles for Protecting Youth, Public Health, and Equity in Cannabis Regulation](#)

### **Model Local Ordinances**

- [Getting it Right from the Start – Retail and Marketing Model Ordinances](#)

## I. INTRODUCTION

The policy process in California is a multi-step procedure that involves several stages, from idea generation to final implementation. This is an overview of how it typically works.

## II. BILLS PROPOSED BY THE STATE LEGISLATURE

<b>STEP 1</b>	<p>The policy process begins with an idea, which often stems from the identification of an issue or problem that requires government action. This initial idea can come from virtually any person or organization, but often arises from:</p> <ul style="list-style-type: none"><li>• Public concerns</li><li>• Research or data indicating problems</li><li>• Political pressures</li><li>• Unprecedented events</li><li>• Advocacy groups</li></ul>
<b>STEP 2</b>	<p>Policy formulation, which often begins when an individual or group persuades a member of the state Legislature to author a bill where solutions to the identified issue are proposed. Policy formulation can result in a wide range of policy alternatives, some of which may compete with each other. This step typically involves:</p> <ul style="list-style-type: none"><li>• <b>Interest Groups:</b> Propose ideas and provide input based on their expertise or goals.</li><li>• <b>Policy Analysts and Think Tanks:</b> Provide research and data to inform the development of potential solutions.</li><li>• <b>Public Input:</b> Citizens, community groups, and other stakeholders may provide suggestions through public hearings or individual consultations and help to shape the bill.</li><li>• <b>Legislators:</b> Draft initial policy then sends the language for the bill to the Legislative Counsel's Office, where it is drafted into the actual bill. The initial drafted bill is returned to the Legislator for review.</li></ul>
<b>STEP 3</b>	<p>The legislative process, where policymakers take proposed policies and turn them into law. This includes:</p> <ul style="list-style-type: none"><li>• <b>Introductions:</b> A state legislator introduces a bill into either the California Assembly (if the author is an Assemblymember, at the Assembly Desk; bills that start with AB) or Senate (if the author is a state Senator, the bill is introduced at the Senate Desk; bills that start with SB), where it is assigned a number and read for the first time.</li><li>• <b>Committees:</b> Bills then go to the Senate or Assembly Rules Committee, where they are referred to relevant committees for review, amendments, and approval or rejection. Bills are not heard in a committee until at least 30 days after they have been introduced and printed; each bill must appear in the Senate or Assembly Daily File (agenda of the day's business, together with public notice of bills set for committee hearings) for at least four days prior to being heard in a committee.</li></ul>

### II. BILLS PROPOSED BY THE STATE LEGISLATURE (CONT.)

<b>STEP 3 (CONT.)</b>	<ul style="list-style-type: none"><li><b>Floor votes:</b> After committees review the bill, it goes to the full chamber (Assembly or Senate) where it is read a second and third time on the floor. During the third reading the author explains the bill, then there can be discussion/debate among the members; ultimately the bill will require a majority (or supermajority) vote to leave its chamber of origin.</li><li><b>Cross-Chamber Approval:</b> If a bill passes one chamber, it moves to the other chamber (i.e., from the Assembly to the Senate or vice versa) and this process repeats (first reading, committees, second and third reading, final approval). If a bill is amended in the second chamber, the chamber of origin can object to the amendments, in which case the bill will go to a conference committee; three Assemblymembers and three members of the Senate meet to negotiate out the differences. If they agree on a single version of the bill, it goes back to the Senate and Assembly floors for approval. If the chamber of origin doesn't object to any amendments, or there are no amendments made, the bill goes to the Governor after approval.</li><li><b>Governor's Signature:</b> If both chambers pass a bill, it is sent to the Governor, who can sign it into law, veto it, or allow it to become law without a signature. A Governor's veto can be overridden by a 2/3 vote in both chambers.</li></ul>
<b>STEP 4</b>	<p>Implementation of a passed bill is important to ensure fidelity and alignment with the authors' intentions. This often requires action at the state and/or local level, including:</p> <ul style="list-style-type: none"><li><b>Regulations:</b> State and/or local agencies often need to develop detailed rules and guidelines to carry out a new state law.</li><li><b>Budget:</b> The allocation of resources is often necessary to fund the policy, which is determined in the state's budget process.</li><li><b>Public Agencies:</b> One or more state and/or local agencies are typically responsible for implementing and enforcing the policy.</li></ul>
<b>STEP 5</b>	<p>Evaluation and feedback, which is fundamental to ensure the bill achieved what it intended to while identifying any unforeseen impacts. This may involve:</p> <ul style="list-style-type: none"><li><b>Assessing Outcomes:</b> Agencies or external evaluators track whether the policy is achieving its goals.</li><li><b>Reports:</b> Some policies come with mandated reporting requirements, such as annual reports on implementation or outcomes.</li><li><b>Public Feedback:</b> Public opinion, through surveys, hearings, or media, plays a role in evaluating the policy.</li><li><b>Adjustments:</b> Policies may be revised, amended, or even repealed if they are deemed ineffective or problematic.</li></ul>

### III. VOTER INITIATIVES

In California, some bills also go through the initiative process, which is a key feature of the state's direct democracy model. Voters can directly propose new state laws, amendments to existing ones, or amendments to the state constitution through petitions and vote on them via ballot measures. Statutory Initiatives include new state laws and amendments to existing ones; they require a simple majority vote to pass. Voters can propose changes to the California Constitution (i.e., Constitutional Amendments), which require a higher threshold of signatures to qualify but, like Statutory Initiatives, only require a majority vote to pass.

<b>STEP 1</b>	A proposal for a new law or constitutional amendment is drafted and introduced by the people (an individual or a group) rather than by the legislature. The text must be clear and legally sound. In California, there are no limitations on the types of issues that can be addressed through the initiative process, as long as the proposal is not inconsistent with the United States Constitution.
<b>STEP 2</b>	Submitting the initiative for review by the California Attorney General, which currently has a \$2000 filing fee that is refunded if the proposed measure qualifies for an election ballot. Following approval, the Attorney General's office prepares a title and summary of the initiative, which serves as a description for voters. A Fiscal Impact Statement is also prepared, detailing the potential financial effects of the initiative on the state.
<b>STEP 3</b>	Gathering enough signatures from registered voters to qualify an initiative for the ballot. The number needed is typically a percentage of the total votes cast in the most recent gubernatorial election; for a statutory initiative, you need 5% of the total votes cast for governor in the last election, and for a constitutional amendment you need 8%. Signature-gathering must occur within 180 days from the date the Attorney General's title and summary are issued. This is typically a costly part of pursuing a ballot initiative since over half a million signatures are needed.
<b>STEP 4</b>	Signatures are turned into county election officials for verification, who then report them to the Secretary of State. If enough valid signatures are collected, the Secretary of State certifies the petition and places the measure on the ballot for the next statewide election. California typically holds initiatives during primary or general elections.
<b>STEP 5</b>	Campaigning! Supporters and opponents of the measure can campaign to persuade voters. The California Secretary of State publishes an official voter guide that includes summaries, arguments for and against, and financial disclosures related to each initiative. This helps voters make informed decisions.
<b>STEP 6</b>	Voting on the initiative at election time. If the majority of voters approve the measure at election time, it becomes law or amends the state constitution, depending on the type of initiative. Initiatives usually pass by a simple majority vote (i.e., 50% + 1). In rare cases, some types of amendments may require a supermajority, which is two-thirds approval.  There is also a process where voters can approve or reject a law passed by the legislature, called a Referendum, which can be initiated through a petition if the legislature passes a law that citizens wish to challenge.

### IV. REGULATIONS

Regulations are specific, detailed rules and procedures that help carry out the intent of a law. Regulations are usually created by a government agency, such as the California Department of Public Health.

<b>STEP 1</b>	An agency drafts proposed regulations.
<b>STEP 2</b>	A notice of the proposed regulation is published, then stakeholders (e.g., businesses, interest groups, the public) are given a minimum of 45 days to provide public comment. An Initial Statement of Reasons and an Economic and Fiscal Impact Statement are also required.
<b>STEP 3</b>	After considering public input, the agency establishes a final version of the regulations; they may modify the regulations, but any “substantial” changes require they allow at least 15 days for additional public comment on the modified version, and in some cases the agency must publish another 45-day notice in the California Regulatory Notice Register.
<b>STEP 4</b>	The final version of the regulation is reviewed by the Office of Administrative Law (OAL) to ensure it complies with the California Administrative Procedure Act (APA), then it is filed with the Secretary of State.
<b>STEP 5</b>	Once approved, the regulations are implemented and enforced by the agency upon the effective date of the regulations. Temporary emergency regulations go through a faster, more streamlined process and can be issued by state agencies to respond to urgent situations (e.g., California's 2024 Emergency Hemp Regulations).

### V. LOCAL POLICY

The local policy process in California involves a series of steps and procedures by which local governments—including cities, counties, special districts, and school districts—develop and implement laws, regulations, and policies within their jurisdictions. While local governments have the authority to create and enforce laws specific to their communities, the process often mirrors elements of the state policy process, though it is more local and responsive to the needs of the community.

There are several different ways local governments can adopt policies:

- **Ordinances** are binding laws that apply within the local jurisdiction and usually require approval through a legislative process. They must be approved by elected officials. Some issues need to go to the voters, such as new local taxes (e.g., a local cannabis tax ordinance).
- **Local regulations** are more detailed rules or standards created by a local government agency (such as a department or commission) to implement or enforce a broader policy set out in an ordinance. Regulations are often created when an ordinance gives an agency the authority to make rules to carry out the law, and they do have the full force of law.

### V. LOCAL POLICY (CONT.)

- **Resolutions** are non-binding, policy statements that express a decision or stance on a particular issue. Resolutions constitute a written action or decision of the city, and deal with matters of temporary or special nature.
- **Ballot initiatives** are generally binding measures where voters directly propose putting an issue to vote in local elections after gathering signatures in support. City and county elected bodies can also propose placing a measure on the ballot.

Local policies can be inspired by several different things:

- A local elected official may identify an issue.
- Constituents can raise concerns (e.g., during public comment).
- A change in state or federal policy could prompt local action.
- A staff member, commission, or advocacy group could bring forward a proposal.

However an idea for a local policy originates, the first step involves research and drafting. Local government staff may conduct policy research or have community members complete surveys to determine the best path forward. Legal review is also generally required to ensure compliance with state and federal laws. Local governments may also outsource the foundational research collection to a third party.

The information collected is used when drafting proposed ordinances, regulations, or resolutions. Before any formal action is taken, it is common for public meetings, workshops, and other informational sessions to be held so feedback can be gathered from residents, businesses, community groups, and other stakeholders. Commissions or advisory boards (e.g., planning commissions) may review and make recommendations.

Formal proposal of an ordinance or resolution occurs when a City Council or County Board of Supervisors officially introduces the proposed policy at a public meeting. This usually involves:

1. A first reading of an ordinance.
2. A presentation by staff.
3. Initial public comments.

Sometimes, staff or advisory bodies may propose policies, but elected officials must approve them. The local legislative review and approval process usually must include at least two public hearings, during which the proposal can be discussed, there is an opportunity for local officials to request amendments, and the public has an opportunity to comment. In many cities or counties, proposals are sent to a committee for detailed analysis. For example, a public safety committee might review an ordinance related to crime prevention, while a budget committee may evaluate the financial impact of a proposed policy.

A second reading is held at a subsequent meeting, during which final discussions occur. The ordinance or resolution is then subject to a vote by the legislative body (e.g., City Council, County Board of Supervisors). A simple majority vote is usually all that is required for adoption, after which it becomes law; an “effective date” may also be specified. In certain cases, a proposal might require a supermajority vote (i.e., two-thirds majority) or to be passed by voters, depending on the issue (e.g., emergency ordinances, local tax measures).

When a city or county is going to consider a local ordinance, the Ralph M. Brown Act (California Government Code § 54950 et seq.) requires that the agenda be posted at least 72 hours before a regular meeting. That is the minimum legal public notice that the ordinance is going to be introduced or discussed. The second reading and final vote must be at least 5 days after the first. However, some policies require substantially more notice, and urgency ordinances

### V. LOCAL POLICY (CONT.)

may be adopted immediately after a supermajority vote in certain circumstances, but generally at least 72 hours notice is given to the public.

Once an ordinance, ballot initiative, or resolution is approved, it enters the implementation phase, where local government agencies or departments put the policy into action. Depending on the policy, a local government department or agency (e.g., Planning Department, Public Works, or Housing Authority) will be responsible for carrying out the policy. This can include:

- Creating regulations to guide enforcement and operational procedures.
- Allocation of funding or other resources to implement a new policy.
- Setting up programs.
- Hiring staff to oversee and implement policies.
- Establishing internal procedures.

After a policy is implemented, it must be evaluated to make sure that it is accomplishing what was intended by the author(s). Local governments often rely on data collection, public feedback, and performance metrics to assess the effectiveness of the policy. Government agencies and departments track progress to ensure that the policy is being implemented effectively. For example, if a city enacts a new zoning ordinance, it will monitor how the changes affect land development and housing affordability. Local residents and interest groups may provide feedback on the policy's impact through public meetings or surveys. Based on the evaluation, local governments may adjust or amend policies to better address community needs. This could include revising ordinances, adding new regulations, or even repealing ineffective policies.

**Table 1:** Key Players in the Local Policy Process

Key Player	Role
Local Elected Officials	Mayors, County Supervisors, and City Council Members are key actors in the local policy process. They often have a significant influence on policy, especially if they hold leadership positions.
City Council	In cities, the City Council typically serves as the legislative body that passes ordinances and resolutions. City Councils are usually composed of elected officials who represent the city's residents.
Board of Supervisors	In counties, the Board of Supervisors functions as the legislative body, and each Supervisor represents a geographic district within the county.

### V. LOCAL POLICY (CONT.)

**Table 1:** Key Players in the Local Policy Process (Cont.)

Key Player	Role
Local Agencies and Commissions	Many local agencies and commissions, like Planning Commissions, Housing Authorities, and Public Health Departments, play a role in shaping local policies. These agencies can propose regulations, develop policy frameworks, and implement policies.
City Managers and County Administrators	In cities with a council-manager form of government, or counties with a county executive/administrator system, the City Manager or County Administrator implements policies, oversees staff, and often helps draft legislative proposals for the City Council's or County Board of Supervisors' consideration.

### VI. CALIFORNIA POLICY RESOURCES

- <https://capitolmuseum.ca.gov/learn/about-the-government/life-cycle-of-a-bill/>
- <https://www.senate.ca.gov/citizens-guide/legislative-process>
- [https://oal.ca.gov/rulemaking\\_participation/](https://oal.ca.gov/rulemaking_participation/)
- <https://oag.ca.gov/initiatives>

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### Part 4: Preventing Social Normalization of Cannabis

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16. Cal. Bus. & Prof. Code § 26152.

### I. MODEL LETTER ON INDOOR CONSUMPTION AND TEMPORARY EVENTS

[name of intended recipient]  
[address of intended recipient]  
[email and/or phone number of intended recipient]

[date]

#### Re: Cannabis consumption lounges and social consumption at special events

Dear [name of intended recipient]:

On behalf of [name of your organization], [I am/we are] writing to inform you about our concerns with cannabis consumption lounges and the social consumption of cannabis at special events.

For decades, community activists have fought to promote clean indoor air and protect people from the health risks associated with smoking/vaping, as well as those from second-hand and third-hand smoke/vapor. In 2024 over two-thirds (67%) of California cities and counties that allowed storefront cannabis retailers wisely prohibited on-site use altogether.<sup>1</sup>

Today we are seeing industry-driven efforts to increase profits by opening cannabis consumption lounges; we are also seeing cannabis events where smoking/vaping is allowed being authorized at state fairs and other venues frequented by children, youth, and families. Social consumption of cannabis at special events and cannabis consumption lounges undermine the progress made to ensure smoke-free air; they inevitably increase accessibility to cannabis and undermine public health efforts by fostering inaccurate perceptions of safety and reversing progress made to de-normalize smoking behaviors. Employees and patrons are both put at an increased risk for respiratory conditions, heart disease, and stroke,<sup>2</sup> but employees would be at particular risk, as they have no choice but to breathe in second-hand smoke/vapor during their shifts; exposure is a concern whether they are working indoors at a consumption lounge or outdoors at a special event.<sup>3,4</sup> The potential health risks for visitors and employees that may be pregnant are especially concerning; research has found that prenatal cannabis

1. [https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit\\_2024-State-of-Cannabis-Policy-in-Californias-Cities-Counties.pdf](https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit_2024-State-of-Cannabis-Policy-in-Californias-Cities-Counties.pdf)

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## I. MODEL LETTER ON INDOOR CONSUMPTION AND TEMPORARY EVENTS

exposure is associated with several adverse maternal health outcomes during pregnancy and harms to the infant.<sup>5,6</sup>

It's important to note that evidence suggests that cannabis smoke and/or vapor may be even more harmful than tobacco smoke.<sup>7</sup> Researchers have compared the pollution levels (as fine particulate matter in the air) when a user smokes a Marlboro tobacco cigarette to the pollution levels that occur when the user smokes cannabis in a joint, bong, and pipe, as well as when they vaporize cannabis. They found that all the methods of cannabis consumption produced as much or more pollution than the tobacco cigarette; cannabis joints were the most polluting, producing 3.5 times more particulate matter than the tobacco cigarette. In another study that compared cannabis and tobacco smoke, cannabis smoke was found to have 20 times higher levels of ammonia and 3-5 times more hydrogen cyanide, nitrogen dioxide, and nitric oxide.<sup>8</sup> Researchers have also assessed the effects of on-site cannabis consumption on fine particulate matter in the air at a cannabis retailer where smoking was banned, but vaporizing and dabbing were permitted, and found that the average fine particulate matter concentration when the business was open was 28 times higher than when the business was closed.<sup>9</sup> These studies indicate that secondhand cannabis smoke and vapor pollutes the air as much or more than tobacco smoke.

Decades of research has shown that ventilation systems do not reduce toxic levels of particulate matter in secondhand tobacco smoke and many of the harmful constituents found in cannabis smoke cannot be eliminated through air ventilation systems or air cleaning technologies. The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) states in their standards for ventilation for acceptable indoor air quality that there is no safe level of exposure to secondhand smoke, that cannabis smoke should not be allowed indoors, and that ventilation and other air filtration technologies cannot eliminate all the health risks

5. Young-Wolff, K. C., Adams, S. R., Alexeef, S. E., Zhu, Y., Chojolan, E., Slama, N. E., Does, M. B., Silver, L. D., Ansley, D., Castellanos, C. L., & Avalos, L. A. (2024). Prenatal Cannabis Use and Maternal Pregnancy Outcomes. *JAMA internal medicine*, 184(9), 1083–1093. <https://doi.org/10.1001/jamainternmed.2024.3270>

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### I. MODEL LETTER ON INDOOR CONSUMPTION AND TEMPORARY EVENTS

caused by cannabis and other smoke.<sup>10</sup>

In addition to health risks for employees and customers, another concern is that consumption of cannabis at special events or at cannabis consumption lounges will lead to more intoxicated driving accidents in the surrounding community.<sup>11,12</sup> This is of particular concern when it comes to cannabis edibles, which can take hours after being consumed to impart their full effect.

We now have generations of California youth, including Gen Z and Millennials, who have grown up in smoke-free environments, resulting in far lower rates of smoking and reduced risk of cancer, heart disease, and respiratory issues.<sup>13</sup> This is progress that must be protected for the next generations and not undermined by going backwards on smoke-free air. Cannabis retailers do not need onsite consumption lounges to survive.

Thank you for allowing us to express our views on this important matter.

Respectfully,

[Name]

[Title]

[Contact Information]

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### II. MODEL LETTER ABOUT OUTDOOR ADVERTISING HARMS

[name of intended recipient]  
[address of intended recipient]  
[email and/or phone number of intended recipient]

[date]

#### Re: Outdoor cannabis advertisements

Dear [name of intended recipient]:

On behalf of [name of your organization], [I am/we are] writing to express our concerns about cannabis businesses marketing on outdoor advertising devices, such as billboards, that are public facing and therefore seen by children, youth, and young adults. Californians who voted to pass Proposition 64 were assured that the state would implement the nation's strictest child protections, including advertising restrictions.<sup>1</sup>

Cannabis advertisements are prevalent along many of California's roadways, exposing millions of children and youth to ads promoting a legal, but harmful and addictive, substance every day on their way to school or other activities. Adolescents who see billboards even rarely or sometimes had 5 times the odds of cannabis use disorder (CUD/addiction), and youth who saw them most or all of the time had 6 times the odds of CUD.<sup>2</sup> It has been well documented that youth exposure to outdoor advertising of cannabis, alcohol, or tobacco products increases youth interest in, use, and positive perceptions of those products.<sup>3,4,5</sup> While broadcast, print, and digital advertising can utilize audience composition data to limit advertising placement in media where youth are likely to be exposed, outdoor advertising lacks audience composition controls, making it impossible to allow outdoor advertisements without risking youth exposure. Children and teenagers who are driven by their parents on a public street or highway with a cannabis billboard will be exposed to this advertising just as often as adults who travel

1. Official Voter Information Guide, November 8, 2016, General Election.  
<https://vig.cdn.sos.ca.gov/2016/general/en/pdf/complete-vig.pdf>

2. Trangenstein PJ, Whitehill JM, Jenkins MC, Jernigan DH, Moreno MA. Cannabis Marketing and Problematic Cannabis Use Among Adolescents. *J Stud Alcohol Drugs*. 2021 Mar;82(2):288-296. doi: 10.15288/jsad.2021.182.288.

3. Hust SJT, Willoughby JF, Li J, Couto L. Youth's Proximity to Marijuana Retailers and Advertisements: Factors Associated with Washington State Adolescents' Intentions to Use Marijuana. *J Health Commun*. 2020;25(7):594-603. doi:10.1080/10810730.2020.1825568

4. Collins RL, Martino SC, Kovalchik SA, Becker KM, Shadel WG, D'Amico EJ. Alcohol Advertising Exposure Among Middle School-Age Youth: An Assessment Across All Media and Venues. *J Stud Alcohol Drugs*. 2016;77(3):384-392. doi:10.15288/jsad.2016.77.384

5. U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta, Georgia: 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, 1998.

### II. MODEL LETTER ABOUT OUTDOOR ADVERTISING HARMS

the same path. These have included, for example, visuals that imitate Joe Camel, product names using delicious flavors and food terms known to attract youth, and messaging telling young people that their problems can be solved by cannabis products.

Research has found that, historically, racial and ethnic minorities have been exposed at higher rates to alcohol, tobacco, and cannabis billboards in cities throughout California.<sup>6,7</sup> Youth in minority communities are already disproportionately affected by the legal consequences of underage alcohol, tobacco, and cannabis use, as well as long-term health disparities resulting from habitual consumption of these substances.<sup>8</sup> Furthermore, the National Survey of Drug Use and Health found a 28% relative increase in past 30 day use by Californians aged 12-17, between 2016-2017 and 2018-2019.<sup>9,10</sup> This is not an acceptable outcome of cannabis legalization.

We urge you to consider California's youth and the disparities in substance use driven by aggressive marketing. Not exposing children and youth to cannabis ads is important and California cities and counties have the authority to take important steps to protect them.

[If there are local examples or pictures you can provide, it can make your letter more powerful]

Sincerely,

[Name]

[Title]

[Contact Information]

6. D'Amico EJ, Rodriguez A, Tucker JS, Pedersen ER, Shih RA. Planting the seed for marijuana use: Changes in exposure to medical marijuana advertising and subsequent adolescent marijuana use, cognitions, and consequences over seven years. *Drug Alcohol Depend.* 2018;188:385-391. doi:10.1016/j.drugalcdep.2018.03.031

7. D.G. Altman, C. Schooler, M. D. Basil, Alcohol and cigarette advertising on billboards, *Health Education Research*, Volume 6, Issue 4, December 1991, Pages 487–490, <https://doi.org/10.1093/her/6.4.487>

8. Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, Cepeda J, Comfort M, Goosby E, Goulão J, Hart C, Kerr T, Lajous AM, Lewis S, Martin N, Mejia D, Camacho A, Mathieson D, Obot I, Ogunrombi A, Sherman S, Stone J, Vallath N, Vickerman P, Zábranský T, & Beyer C. Public health and international drug policy. *Lancet.* 2016;387(10026):1427-1480. doi: 10.1016/S0140-6736(16)00619-X.

9. Center for Behavioral Health Statistics and Quality. 2018-2019 National Survey on Drug Use and Health: Model-Based Prevalence Estimates; Rockville (MD): SAMHSA; 2020. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/reports/rpt32805/2019NSDUHsaeExcelPercents/2019NSDUHsaeExcelPercent/s/2019NSDUHsaePercents.pdf>

10. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health: Comparison of 2016-2017 and 2017-2018 Population Percentages; Rockville (MD): SAMHSA; 2019. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/reports/rpt23236/NSDUHsaeShortTermCHG2018/NSDUHsaeShortTermCHG2018.pdf>

### III. MODEL LETTER ABOUT CANNABIS RESTAURANTS

[name of intended recipient]  
[address of intended recipient]  
[email and/or phone number of intended recipient]

[date]

#### Re: Cannabis restaurants

Dear [name of intended recipient]:

On behalf of [name of your organization], [I am/we are] writing to express our concerns about letting cannabis retailers prepare and sell conventional foods and beverages for consumption in the same area where cannabis is consumed, or to become club spaces. In California our cities and counties have the power to say no to on-site consumption, and even if they allow it, they can say no to cannabis restaurants and clubs. In 2024 over two-thirds (67%) of our cities and counties that allow storefront cannabis retailers wisely prohibited on-site use altogether.<sup>1</sup> Establishing cannabis consumption lounges as new social hubs in our community is ill-advised, as it risks reinforcing false perceptions of safety and re-normalizing smoking in our communities.

We want to convey the key reasons for our significant concerns about creating these spaces in our community. These include:

- Contribution to already increasing youth addiction rates
- Increased risk of motor vehicle crashes
- Exposing workers to harmful secondhand cannabis smoke
- Backsliding on historic progress in smokefree air

**Smoke is smoke!** Rooms filled with cannabis smoke/vapor pose significant threats to anyone in that environment.<sup>2,3</sup> Cannabis consumption lounges have harmful particulate matter levels similar to the hazardous levels in air during wildfires. Researchers have compared the pollution levels (as fine particulate matter in the air) when a user smokes a Marlboro tobacco cigarette to the pollution levels that occur when the user smokes cannabis in a joint, bong, and pipe, as well as when they vaporize cannabis.<sup>4</sup> They found that all the methods of cannabis consumption

1. [https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit\\_2024-State-of-Cannabis-Policy-in-Californias-Cities-Counties.pdf](https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit_2024-State-of-Cannabis-Policy-in-Californias-Cities-Counties.pdf)

2. Wang X, Derakhshandeh R, Liu J, Narayan S, Nabavizadeh P, Le S, Danforth OM, Pinnamaneni K, Rodriguez HJ, Luu E, Sievers RE, Schick SF, Glantz SA, & Springer ML. (2016). One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc.*, 5(8):e003858. doi:10.1161/JAHA.116.003858

3. Meehan-Atrash J, Luo W, McWhirter KJ, & Strongin RM. (2019). Aerosol Gas-Phase Components from Cannabis E-Cigarettes and Dabbing: Mechanistic Insight and Quantitative Risk Analysis. *ACS Omega*, 4(14):16111-16120. doi: 10.1021/acsomega.9b02301

4. Ott WR, Zhao T, Cheng KC, Wallace LA, & Hildemann LM. (2021). Measuring indoor fine particle concentrations, emission rates, and decay rates from cannabis use in a residence. *Atmospheric Environment*: X; Volume 10. <https://doi.org/10.1016/j.aea.2021.100106>.

### III. MODEL LETTER ABOUT CANNABIS RESTAURANTS

produced as much or more pollution than the tobacco cigarette; cannabis joints were the most polluting, producing 3.5 times more particulate matter than the tobacco cigarette. Ventilation systems don't work.<sup>5</sup> Smoking in the workplace, including restaurants and bars, has been prohibited for over a quarter of a century. California's smoke-free air laws protect Californian workers and patrons alike against the harms of secondhand smoke, so why should our community allow cannabis to be an exception? Especially when research suggests secondhand cannabis smoke and vapor pollutes the air as much or more than tobacco.

**Cannabis addiction is skyrocketing!** Daily use of cannabis has increased dramatically in young adults (age 19-30), typically associated with addiction, quadrupling between 1991 and 2023.<sup>6</sup> Today one in ten young American adults are consuming cannabis daily. Similarly, daily or near daily use by teens<sup>7</sup> and by older adults is also increasing. This heavy use is driven by the vast increases in the potency cannabis sold in our state. The cycle of higher potency, leading to more addiction and more frequent use, and in turn to other increased adverse mental and physical health effects is playing out all across the state,<sup>8</sup> and emergency department visits from cannabis have skyrocketed.<sup>9</sup>

**Car crashes are already a problem!** After going to a cannabis restaurant or club, people have to get home. Crash fatality rates increased in Colorado and Washington after recreational legalization while declining in comparison states without legalization.<sup>10</sup> In California, driver fatalities testing positive for drugs increased from 43% in 2018 to 50% in 2019. According to the National Institute on Drug Abuse, after alcohol, cannabis is the drug most often found in the blood of drivers involved in crashes.<sup>11</sup> Cannabis impairs reaction time and other factors involved with driving ability.<sup>12</sup> According to the US Department of Transportation, 10,142

5. ASHRAE. ASHRAE Position Document on Environmental Tobacco Smoke. June 2023.

[https://www.ashrae.org/file%20library/about/position%20documents/pd\\_environmental-tobacco-smoke-2023-06-28.pdf](https://www.ashrae.org/file%20library/about/position%20documents/pd_environmental-tobacco-smoke-2023-06-28.pdf)

6. Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2024). Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 65, 1976–2023. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

7. Miech, R. A., Johnston, L. D., Patrick, M. E., O'Malley, P. M. (2024). Monitoring the Future national survey results on drug use, 1975–2024: Overview and detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

8. California High Potency Cannabis Scientific Committee report. October 2024. Retrieved from: <https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/10/California-High-Potency-Cannabis-Think-Tank-Report-10-30-24.pdf>

9. [https://thenmi.org/reports/California%20Marijuana\\_Impact\\_Report\\_2022\\_FINAL.pdf](https://thenmi.org/reports/California%20Marijuana_Impact_Report_2022_FINAL.pdf)

10. Aydelotte JD, Brown LH, Luftman KM, Mardock AL, Teixeira PGR, Coopwood B, Brown CVR. Crash Fatality Rates After Recreational Marijuana Legalization in Washington and Colorado. *Am J Public Health*. 2017 Aug;107(8):1329-1331. doi: 10.2105/AJPH.2017.303848.

11. NIDA. 2019, December 31. Drugged Driving DrugFacts. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/drugged-driving> on 2021, April 23.

12. Asbridge, M., Hayden, J. A., & Cartwright, J. L. (2012). Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ* (Clinical research ed.), 344, e536. <https://doi.org/10.1136/bmj.e536>

### III. MODEL LETTER ABOUT CANNABIS RESTAURANTS

people already lost their lives in an alcohol-impaired driving accident in 2019.<sup>13</sup> At that rate, 27-28 people in the United States die in drunk-driving car crashes every day, about one person every 52 minutes. We don't need to add more cannabis drugged driving deaths to that toll.

Social environments where people can eat or be entertained while consuming cannabis will inevitably exacerbate drugged driving, already a major problem in this country, and harms from polluted air. We need to learn from our past mistakes with tobacco regulation so history will not repeat itself.

Respectfully,

[Name]

[Title]

[Contact Information]

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13. National Center for Statistics and Analysis. (2020). Overview of Motor Vehicle Crashes in 2019 (Report No. DOT HS 813 060). National Highway Traffic Safety Administration. Available at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813060>

### IV. MODEL SOCIAL MEDIA POSTS

#### Big Cannabis and Big Tobacco

How #BigCannabis Mirrors #BigTobacco: For decades, tobacco downplayed risks while targeting youth. Now, #cannabis follows same playbook with "wellness" marketing despite rising potency & kid-friendly flavors/ads. Let's not make same mistakes twice.

### How Big Cannabis Mirrors Big Tobacco

*History Repeating: The Dangerous Playbook*

Big Tobacco	Big Cannabis
<b>"Natural" Marketing</b> Claimed cigarettes were "natural" while adding addictive chemicals	<b>"Natural" Marketing</b> Promotes "all natural" while increasing THC potency dramatically
<b>Youth Targeting</b> Cartoon characters and flavored products to attract young users	<b>Youth Targeting</b> Flavored vapes and candy-like edibles appeal to young users
<b>Industry Lobbying</b> Fought regulations and health warnings for decades	<b>Industry Lobbying</b> Undermining health regulations with industry influence

**We don't have to make the same mistakes twice.**

#### High Potency Cannabis Harms

@sfstandard's @low\_\_impac exposes serious mental health risks linked to today's ultra-potent #cannabis products — risks that have been overlooked for too long. It's time for a real conversation about #psychosis, #addiction, & #prevention. Link: <https://sfstandard.com/2025/04/27/san-francisco-cannabis-weed-addiction-chs/>

High potency #THC is linked to #addiction, #psychosis, depression & #anxiety especially in youth. Yet many still believe cannabis is harmless. Let's get real about risks. People deserve clear, honest #PublicHealth info and policy. What's stopping us? #Cannabis

### IV. MODEL SOCIAL MEDIA POSTS



### Preventing Youth Cannabis Use

The younger people start using cannabis, the more likely they are to get hooked or harmful mental health effects. High school is not the time for cannabis.

@PHI Research finds teens in CA cities that allow cannabis storefronts and delivery or live closer to retailers have higher risk of psychotic disorders, anxiety and depression. Teens >20 minutes from nearest retailer (vs <5 min) had only half the rate of psychosis.

Study in @JAMANetworkOpen of Canadian teens finds rising #cannabis use post-legalization even as perceived harm has dropped. Legal edibles & extracts may have shifted attitudes more than regular cannabis. Link: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2832970>.

### Harms of Flavored Cannabis Products

Big cannabis is selling fruit flavored vapes and high potency concentrates marketed like candy and baby food. We banned flavored tobacco because it hooks kids, so does flavored cannabis. Time to end the cannabis kids menu.

### IV. MODEL SOCIAL MEDIA POSTS

#### Harms of Cannabis Smoke

Think smoke from a joint is safe? Think again. Smoke from a joint has more dangerous particulate matter than a Marlboro cigarette and the harmful impact on heart cells lasts longer. Keep our air clean for the next generation.

According to UCSF researchers, smoke in on-site consumption lounges can be as bad as air from the worst wildfires. We don't need to go backwards on smoke-free air.

Smoke is smoke. Allowing people to smoke cannabis at concerts, fairs, or in parks is just as bad or worse as allowing cigarettes. Keep our outdoor spaces smoke-free.

### V. MODEL ORAL COMMENTS

- Check in advance how much time you will have – it is typically one or two minutes in during meetings of a public body like a City Council or County Board of Supervisors.
- Virtual attendees are usually given an opportunity to provide public comments; in person attendees may need to fill out a card or sign in.
- Tailor your comments and practice to make sure you can say what you want in the time allowed.
- Speak from the heart, your stories are powerful!

#### Minimizing Density of Cannabis Retailers

Thank you for this opportunity to speak. My name is [xx], I am a [xx], and I live in [neighborhood/city/county]. I'm in [grade] at [school]. I would like to bring your attention to some issues related to the density of cannabis retailers in a community.

More is not always better. In California, about 70% of jurisdictions that have legalized retail cannabis sales have also wisely set limits on the number of retailers allowed within their borders; in 2020, statewide, it averaged about 1 retailer per 19,222 inhabitants. [City/county] has [xx] residents. A huge mistake made in tobacco and alcohol policy was allowing too many points of sale; these become nearly impossible to close once established.

[If you have a story to tell about seeing retailers near your home or school, tell it.]

What happens when you have too many retailers selling the same thing? Naturally, they compete and struggle to survive. Their strategies to sell more cannabis may involve advertising aggressively, discounting products, or ignoring signs that cannabis they are delivering will end up in the hands of a minor. This is especially common when a retailer's area of service is too small. It can quickly become a race to the bottom.

Extensive research conducted in California with hundreds of thousands of people in Kaiser Permanente's healthcare system has found that cannabis use by teens and pregnant people increases with the number of retailers near a person's home. Those researchers found that teens who live where retail sales are allowed, there are more retailers, or retailers are closer to their homes are much more likely to develop psychosis and other mental health conditions; longer drive time to the nearest retailer and lower density of storefront retailers were associated with lower cannabis use by teens. Prenatal cannabis use, which is harmful to both mother and baby, is associated with closer proximity to a retailer, greater retailer density, and residing in a jurisdiction that permits sales versus one that bans sales.

We strongly recommend that you review the evidence available about the impacts of cannabis retailers in communities and avoid allowing too many retailers or ones near places that teens spend their time.

Thank you.

### V. MODEL ORAL COMMENTS

#### Harms of Flavored Cannabis Products

I appreciate this opportunity to speak. My name is [xx], I am a [xx], and I live in [neighborhood/city/county]. I'm in [grade] at [school]. I want to tell you about some of the serious problems we are seeing from products marketed and sold by licensed cannabis retailers.

We know from tobacco research that flavors hook kids, that's why California banned flavored tobacco, but we let the cannabis industry keep selling their kids menu. [If you can, tell a very short story about a friend or yourself – that can be the most powerful message. For example, how you started with a "pineapple express vape" or how your friend or sibling became hooked. You can mention any serious harms you've witnessed, or just seeing other students vaping in the school bathroom.]

Go into a store and you'll see retailers selling cannabis products marketed to attract youth. There is cannabis called pink animal crackers, which most likely isn't pink and doesn't taste anything like animal crackers, and other products like strawberry-banana pre-rolled joints, high potency apple-fritter vapes, and sweet fruit-flavored drinks from brands like "Uncle Arnie's" that contain 100 milligrams of THC in small two-ounce bottles with labels covered in cartoons. These are just a few examples of high dose, highly intoxicating cannabis products designed in a way that appeals to teens.

This is causing many kids, whose brains are more sensitive to the effects of cannabis, to develop serious mental health problems or end up in the ER due to panic, psychosis, or severe vomiting. Cannabis-related calls to the California Poison Control Center went from 850 in 2016 to 2,234 in 2023, and the numbers went up most for calls about children and youth; there was a 469% increase in calls about kids under 5.

I think we can all agree that it is important to keep teens like me safer from the harms associated with cannabis use. There is a lot more that our city can do to make legal cannabis less harmful, attractive, or accessible to youth. Please help.

### V. MODEL ORAL COMMENTS

#### Harms of Cannabis Vapes

I appreciate this opportunity to speak. My name is [xx], I am a [xx], and I live in [neighborhood/city/county]. I'm in [grade] at [school]. I would like to bring your attention to some of the safety issues associated with cannabis vapes.

What I am seeing concerns me. Today the cannabis industry is selling very highly concentrated vape products, with far more THC than ever occurs naturally. You don't see cannabis plants that are eighty percent THC; some vapes have even higher THC content! The high potency of vapes makes them more likely to cause addiction and problems like psychoses.

[If you can, tell a personal story or one about a peer or about your school – these can be the most effective. For example, when did you start vaping and why? Was it a flavored product? Are any of your friends stuck vaping every day? Are people vaping in the bathrooms or other places at school?]

Researchers have analyzed cannabis vapor and identified a laundry list of byproducts that are hazardous to human health, so despite what you might hear from the cannabis industry, the vapor from cannabis vapes is not "safe" – like with tobacco vapes, the vapor being inhaled has high levels of dangerous particulate matter.

Cannabis vape products may also have added ingredients whose safety for inhalation was never tested. For example, it is common to see naturally occurring chemicals called terpenes added to cannabis vapes to create specific flavors. While these may be safe for use in food, that does not mean that they are safe to heat up and inhale. When something is inhaled the exposure can have very different effects than if it was eaten.

Even if vaporizing may seem safer than burning a joint, the reality is that if cute vapes marketed with fruit and other sweet flavors, from gelato to apple fritter, are what get young teens started and then hooked on cannabis, they can be causing harms that need to be addressed. Please, do not ignore the scientific literature. Your leadership is needed to make the cannabis industry less harmful to youth.

Thank you for your time.