



VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Healthcare Agency

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HEALTH, RECOVERY & WELLNESS

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To: Blue Ribbon Commission on Marijuana Policy, c/o Office of the Lt. Governor

From: Ventura County Behavioral Health Department, Alcohol and Drug Programs
Patrick Zarate, Division Manager; and James Mosher, Principal Consultant

RE: Effective Prevention Strategies: Protecting Youth from Marijuana Harms

Dear Commissioners and Lieutenant Governor Newsom:

The Ventura County Behavioral Health Department (VCBH) has a long-standing commitment to the development and implementation of effective, evidence-based strategies for preventing and reducing youth tobacco, alcohol, marijuana, and other drug use and related-problems. Our focus on youth marijuana prevention has become more urgent in light of the recent scientific evidence involving the adverse impacts of marijuana use on young people's brain development, which has enormous implications for youth health, safety and well-being in both the short and long term.

Based on our review of the Commission's *Progress Report* and a related submission by Professor Rosenbaum, a Commission Member, VCBH is concerned that the Commission has an incomplete understanding of the current science regarding alcohol, tobacco, marijuana and other drug prevention as it applies to young people. This shortcoming, if not corrected, will undermine the credibility and accuracy of the Commission's final report and recommendations.

VCBH and its contractors have developed the attached Issue Briefing *Protecting our Youth: Options for Marijuana Regulation in California*. We hope this submission, with the attached *Issue Briefing*, will be useful in providing a more complete and accurate understanding of the current state of prevention science, and the implications for marijuana policy for communities throughout our great State.

Marijuana Policy and Prevention

The Commission appears to view prevention as focused primarily on educational and persuasion strategies to convince young people to abstain from marijuana use. This focus is highlighted by the Commission's failure to address youth prevention strategies in the context of its discussion of taxes and regulation. Commissioner Rosenbaum, in her separate submission, does not mention marijuana policy, pricing, or regulation in her critique of marijuana youth prevention strategies.

As discussed in more detail in the attached *Issue Briefing*, the prevention field has moved far beyond the confines of education and persuasion in understanding and developing effective youth prevention strategies in the context of drugs that are legally available to adults but illegal for youth (i.e., alcohol

and tobacco). The science is well-developed and is particularly relevant to the Commission's deliberations as it considers the implications for youth if marijuana is legalized in California. (Please see attached Issue Briefing for relevant citations to the scientific literature.)

First and foremost, the science has found that the most effective strategies for reducing and preventing youth problems include raising the price, reducing the availability, and restricting youth exposure to commercial advertising for the drugs involved. The National Academy of Sciences, National Institute on Alcohol Abuse and Alcoholism, U.S. Centers for Disease Control and Prevention, the World Health Organization, and the Surgeon General of the United States have documented the scientific evidence regarding these prevention strategies as they apply to alcoholic beverages and have made specific recommendations for their implementation at federal, state and local levels.

Understanding this new approach to prevention involves a paradigm shift from a focus on *individual* youth (seeking to educate and persuade them to be abstinent and to intervene if they ignore the abstinence message) to a focus on the social, cultural, political and economic *environment* that youth encounter in their daily lives. The messages youth receive in their everyday community in terms of how a legal drug is made available and marketed are far more powerful than any countervailing messages they hear from parents, teachers, and health officials.

Environments are shaped by *policy*, which can be legislative (e.g., laws and regulations), institutional (e.g., company and school) and informal (neighborhood watch programs). Policies are therefore an integral part of any comprehensive drug prevention strategy. The attached *Issue Briefing* provides a detailed review of the relevant prevention policies, the science documenting their effectiveness, and their applicability to marijuana policy. They include:

- Strict controls on commercial sales and furnishing to youth, focusing primarily on adult providers through well-funded compliance check programs;
- Limitations on the sale of products that are attractive to young people or put them at heightened risk of harm;
- Price controls through fees and taxes to maintain relatively high prices over time, although not too high to foster illegal production and sale, with revenues dedicated to compliance, implementation, enforcement, and prevention;
- Restrictions on the number, type, location and sales practices of marijuana retail outlets; and particular attention to product quality, environmental protection, and the prevention of public nuisance activities associated with marijuana cultivation, distribution and sales.

The Commission's *Progress Report* includes a section entitled "Evidence-Based Prevention and Education" (p. 6), which completely ignores this substantial body of research that has been endorsed by some of the most respected scientific and governmental bodies in the public health field.

Youth Prevention: Implications for Regulating the Marijuana Industry

An important lesson from alcohol policy involves the difficulty in enacting and implementing these policy strategies. This is largely due to the opposition of the alcohol industry, particularly at the producer level. Since the end of Prohibition, the industry has become increasingly powerful and more

concentrated. A small number of large, mostly foreign-based transnational firms control the alcohol producer market, generating more than \$100 billion in sales and showing enormous, multi-billion dollar profits. Through political donations, a sophisticated network of lobbyists, and various political connections, the industry exercises enormous influence, particularly at the federal and state level, and helps limit the reach of regulatory agencies that are supposed to oversee their marketing practices.

The industry's opposition to alcohol policy initiatives to prevent underage drinking stems from the perception that the initiatives interfere with its marketing efforts and their profitability. Public health research demonstrates that the earlier young people initiate alcohol (as well as marijuana) use, the more likely they are to be heavy users in later life. Further youth constitute at least 10 percent of the alcohol market. From the transnational alcohol companies' perspective, maintaining and expanding markets is critical to success and engaging youth early is central to market maintenance and expansion. By contrast, smaller producers and retailers, in general, do not exercise the same level of political influence, are less likely to market to young people, and are more amenable to public health initiatives.

This situation can be avoided should marijuana be legalized with appropriate controls placed on the marijuana industry that:

- Promote small business;
- Deter takeovers by large firms;
- Integrate public health and safety goals into the regulatory structure;
- Ensure adequate oversight by relevant governmental agencies, including direct governmental control of the wholesale tier of the market; and
- Limit lobbying and political influence by the marijuana industry.

The attached *Issue Briefing* provides details regarding each of these regulatory topics.

To the extent the Commission's Progress Report addresses issues related to regulating the industry, the public health implications for youth are largely ignored. The Commission appears to endorse, at least tacitly, an assumption that marijuana, if legalized should be treated as an ordinary commodity in the stream of commerce, similar to what is emerging in the alcohol market. Yet alcohol and marijuana are not ordinary commodities because of their addictive qualities and, importantly, the risks of harm they pose for young people. We urge you to focus attention upon these important regulatory issues and their implications for the health and safety of California's youth.

Youth Prevention: The Importance of Local Control and Public Health Oversight

A key lesson from alcohol (and tobacco) policy is the importance of delegating to local governments substantial authority to regulate the alcohol and tobacco markets, operating within state guidelines. This model should be adopted for marijuana legalization. Local governments are in a better position than the state to regulate land uses, shape the availability structure to facilitate enforcement and monitoring, and respond to new developments in the market. Citizen input is more likely to have an effect on policy than at the state level, in part because the industry is less able to control the political process. State regulation should establish the basic regulatory structure, institute quality control standards, and support and guide local licensing and enforcement activities. Local governments should be allowed to require dual licensing and impose additional restrictions that enhance and

expand state regulations. And it is critical that revenues from taxes and fees be used to ensure adequate funding for these local functions.

In addition, if marijuana is legalized, primary regulatory authority should be placed with the California Department of Public Health, collaborating with public safety agencies. The new Marijuana Control Section can be parallel to the Tobacco Control Section within the Department, and could achieve similar public health outcomes over time. By contrast, experience with alcohol policy demonstrates that the Department of Alcoholic Beverage Control is not an appropriate agency to regulate marijuana should it be legalized. The Department does not have public health expertise and lacks the independence from the alcohol industry needed to ensure consistent and effective regulatory action.

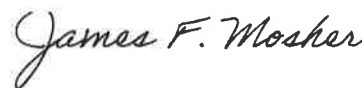
Please refer to the attached *Issue Briefing* for additional discussion of these two topics.

Colleagues of ours from across California are hoping that your Commission will give full and fair consideration to the lessons learned from alcohol and tobacco prevention, BEFORE you issue final recommendations regarding marijuana; protecting the public health and safety for generations.

Very Truly Yours,



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cc: Office of Senator Fran Pavley
Office of Assemblymember Jacqui Irwin
Ventura County Board of Supervisors
Michael Powers, County Executive Officer, Ventura County
California Behavioral Health Directors Association (CBHDA)