

Cannabis Resources

HCC would appreciate ongoing, public dialogue regarding legal sales of cannabis. The use of our main funding source (a Federal Drug-Free Communities grant) is to decrease the number of youth who report using alcohol and cannabis. If retail cannabis goes on the ballot and is passed, we hope the community will come together in planning best strategies to continue to keep alcohol and cannabis out of the possession of our children up to age 21.

HCC urges your caution in trusting paid for sites that end with .net .com.

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Our responsibility to our children's brains

PROTECT OUR KIDS
by storing cannabis in a locking jar or box.

***Research shows:**
Marijuana use can impact young people's memory, learning, and ability to pay attention.
The younger a person starts using or the more they use, the greater the problems.

*National Academy of Sciences, "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research", 2017

Responsible use of cannabis means being mindful of others.

 <p>The brain continues to develop until about age 25. Early use of any substance can impact that development. Help young people reach their full potential by waiting as long as possible before trying cannabis.</p>	 <p>Be mindful of roommates and loved ones. Anything smoked or vaped creates second-hand smoke. If you smoke cannabis, do so outside to prevent unwanted exposure.</p>
 <p>Storing your stash in a locking jar or box prevents young people from accessing your cannabis and children from accidental ingestion. Edibles can be mistaken for treats.</p>	 <p>It is illegal:<ul style="list-style-type: none">To provide cannabis to someone under 21.To drive while high.To use in public spaces.For non-U.S. citizens to possess cannabis under federal law.</p>

Remember, like tobacco and alcohol the legal age is 21.

For more information contact: prevention@opportunityalliance.org

The Opportunity Alliance
SOPD UNITE
MAINE PREVENTION SERVICES
Maine Center for Disease Control & Prevention
Department of Health and Human Services

Teen Brains

What You Need to Know

one  **Still Developing**
The pre-frontal cortex is the last part of the brain to mature, at about age 25. It is responsible for decision-making, higher reasoning, judgment, and self-control.

two  **Primed for New**
Teens' brains are primed to seek and take in new experiences. This helps them leave home as young adults, but it can make them vulnerable to risky behaviors.

three  **Additional Risk**
Teens who begin using addictive substances before the age of 18 are 6.5x more likely to develop a substance use disorder compared to those who start using after age 21.

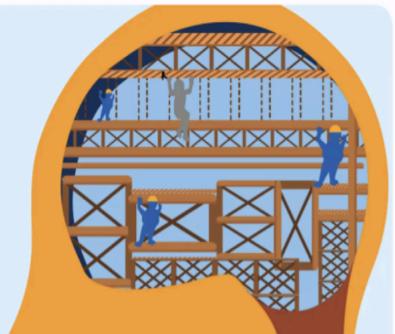
four  **Flexible**
Teen brains are designed to learn new behaviors. This makes them especially able to respond to treatment, especially for mild and moderate Substance Use Disorders.

The Developing Brain

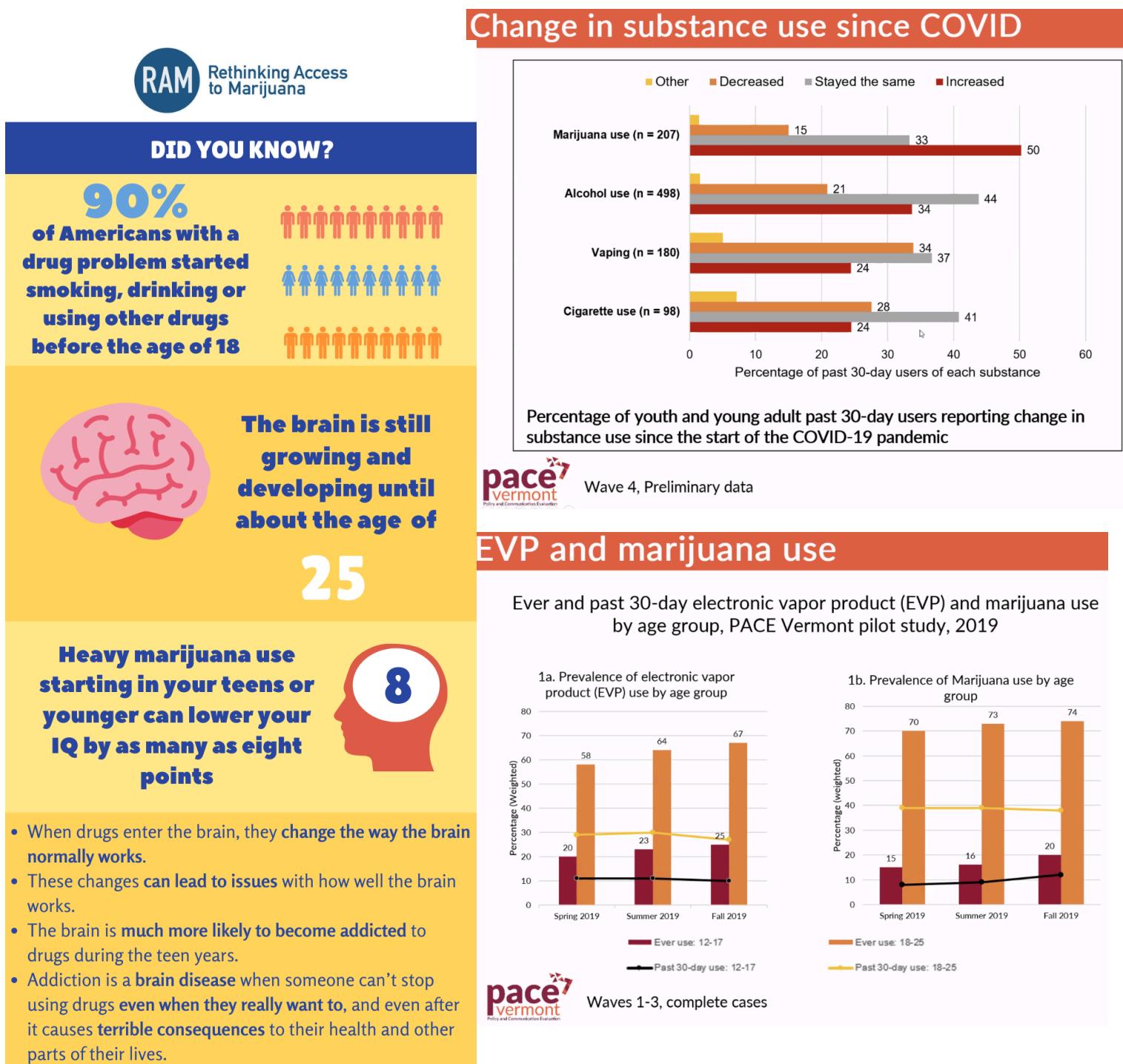
Let's give all young people the opportunity to reach their potential

The brain is built like a house, constructed over time. While people are born with the blueprint for a developed brain, experiences and relationships determine how well the brain gets built.

A healthy brain is key to the ability to learn, handle stress, and build positive relationships. Together we can build a better foundation for stronger brains.



Statistics



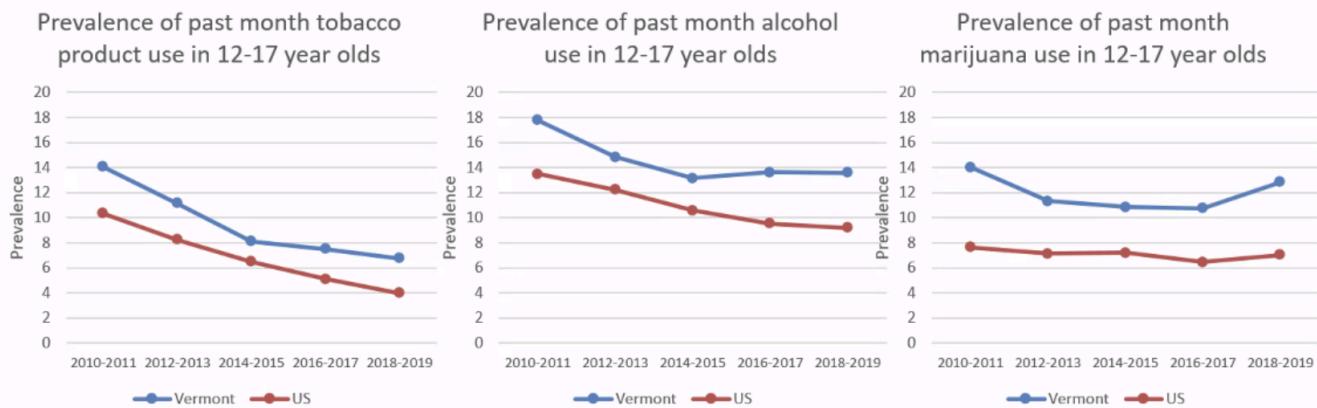
SOURCES:

- National Institute on Drug Abuse for Teens - teens.drugabuse.gov
- Above the Influence - www.abovetheinfluence.com
- Marijuana Fact Check - www.mjfactcheck.org

How does Vermont differ from national trends?

Past month use

Adolescents



<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>



Vermont vs. other states with adult-use cannabis sales

Past-month marijuana use in young adults aged 18-25, pre- and post-implementation of adult-use policies permitting cannabis sales, NSDUH				
State	Date passed	Opening date of first retailers	Past-month marijuana use in young adults (Pre-implementation)	Past-month marijuana use in young adults (Post-implementation)
Colorado	2012	Jan-14	29.05	31.75
Washington	2012	Jul-14	25.56	21.87
Alaska	2014	Oct-16	25.02	26.27
Oregon	2014	Oct-16	26.29	33.15
Nevada	2016	Jul-17	18.25	31.49
California	2016	Jan-18	24.07	26.48
Massachusetts	2018	Nov-18	30.27	31.01
Vermont*	2020	Oct-22	38.99	Not yet available

Youth Cannabis Prevention Conference

The recordings and supporting materials from the Youth Cannabis Prevention Conference on September 23rd sponsored by the VDH ADAP are available for viewing and sharing at:

<https://healthandlearning.org/youth-cannabis-prevention-2021/>

Also available are the materials from the September 7th Webinar Latest Trends in Cannabis and Youth and the recording and materials from September 9th Webinar Consequences Of Cannabis Use and Legalization on Youth at: <https://healthandlearning.org/cornerstone-webinar-series-current-cannabis-trends-and-impacts/>

Retailer density / location resources ~ cannabis & tobacco - compiled by Mt. Ascutney Prevention Partnership

On cannabis use and dependence:

<u>Geographical access to recreational marijuana</u>	October 2021 Washington State	Using survey data from the Behavioral Risk Factor Surveillance System, we find that as retailers open closer to where they live, more individuals use marijuana and more frequently. These effects are concentrated among young adults (ages 18-26), women, and rural residents. Controlling for distance to the nearest retailer, we find that whether retail density affects marijuana use depends on how it is measured.
<u>Recreational Marijuana Availability in Oregon and use among adolescents</u>	Feb 2020 Oregon	This study suggests that legalization and greater retail availability of recreational marijuana is positively associated with marijuana use among adolescents. Higher rates of past-30-day marijuana use and more favorable beliefs were observed in counties that allow recreational marijuana sales in unincorporated areas, both before and after legalization of recreational sales in 2015. The prevalence of past-30-day marijuana use increased, relative to the downward secular trend, after legalization both in counties that did and did not allow recreational marijuana sales. There were parallel changes in beliefs favorable to marijuana use. Analyses with 2016 and 2018 SWS data suggested that the association between allowing recreational marijuana sales and past-30-day marijuana use could be accounted for by retail marijuana outlet density and beliefs.
<u>Retail Availability of Recreational Marijuana and Alcohol in Oregon Counties and Co-Use</u>		Limited access, requested free copy through student account

<p><u>of Alcohol and Marijuana and Related Beliefs among Adolescents</u></p> <p>Jan 2021</p> <p>Oregon</p>	
<p><u>Associations between Licensed and Unlicensed Outlet Density and Cannabis Outcomes</u></p> <p>March 2021</p> <p>Los Angeles County, CA</p>	<p>After controlling for demographic factors and cannabis outcomes at a time point prior to their opening (Time 1), licensed cannabis outlets were associated with young adults' cannabis use, heavy use, and intentions and unlicensed outlets were associated with young adults' heavy cannabis use and CUD symptoms.</p> <p>The current study is among the first to find associations between cannabis use outcomes and density of cannabis outlets among young adults using data from two time points: pre-opening and post-opening of recreational cannabis retailers. Findings can inform policies around the density and placement of cannabis outlets. (Am J Addict 2020;00:00-00)</p>
<p><u>Impacts of dispensary density on abuse and dependence</u></p> <p>June 2015</p> <p>California</p>	<p>An additional one dispensary per square mile in a ZIP code was cross-sectionally associated with a 6.8% increase in the number of marijuana hospitalizations (95% credible interval 1.033, 1.105) with a marijuana abuse/dependence code. Other local characteristics, such as the median household income and age and racial/ethnic distributions, were associated with marijuana hospitalizations in cross-sectional and panel analyses.</p> <p>Prevention and intervention programs for marijuana abuse and dependence may be particularly essential in areas of concentrated disadvantage. Policy makers may want to consider regulations that limit the density of dispensaries.</p>
<p><u>Density related to racial/ethnic differences with young adult intentions to use</u></p> <p>July 2021</p>	<p>Living near more outlets of any type was not significantly associated with intentions to use in the full sample, adjusting for individual- and neighborhood-level characteristics. However, race/ethnicity-stratified models indicated that living near more outlets of any type and more RCRs were significantly associated with stronger co-use intentions among white young adults. Higher MCD density was marginally associated with stronger co-use intentions among Asian young adults. However, higher MCD density was significantly associated with lower intentions to use e-cigarettes among Hispanic young adults.</p>
<p><u>Examining physical availability of cannabis across CA cities</u></p> <p>October 2014</p>	<p>Regulations on the number and densities of marijuana outlets may be a sufficient means to restrain overall levels of marijuana use within cities. However, alternative use of delivery services may also provide easy access to marijuana and mitigate these effects.</p>

	Availability of marijuana was consistently related to current use and frequency of use, but not lifetime use (i.e current users use more heavily)
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On cannabis and crime:

Article / Link	Summarized findings
<u>Cannabis dispensaries and Crime, Denver CO</u> March 2018	The current study addresses cannabis critics argument that dispensaries are a magnet for crime. This study examines the effects of both medical and recreational marijuana dispensaries on yearly crime rates in $N = 3981$ neighborhood grid cells in Denver, Colorado, 2012–2015. Estimates from Bayesian spatiotemporal Poisson regression models indicate that, except for murder and auto theft, both types of dispensaries are associated with statistically significant increases in rates of neighborhood crime and disorder. The theoretical and policy implications of these findings are discussed.
<u>From Medical to Recreational Marijuana Sales</u>	Independent of effects for covariates, densities of marijuana outlets were unrelated to property and violent crimes in local areas. Density of marijuana outlets in spatially adjacent areas were positively related property crime in spatially adjacent areas over time. Density of marijuana outlets in local and spatially adjacent blocks groups were related to higher rates of marijuana-specific crime. This study suggests that the effects of the availability of marijuana outlets on crime do not necessarily occur within the specific areas within which outlets are located, but are occurring in adjacent areas. Thus, studies assessing the effects in local areas are underestimating their true effects.

On cannabis and property values:

<u>The impact of cannabis dispensaries on property values</u> March 2021	We find statistically significant negative effects of recreational marijuana dispensaries on housing values that are relatively localized: home prices within a 0.36 mile area around a new dispensary fall by 3–4% on average, relative to control areas. We also explore increased crime near dispensaries as a possible mechanism driving depressed home prices. While we find no evidence of a general increase in crime in Seattle, WA, there is a significant increase in nuisance-related crimes in census tracts with marijuana dispensaries relative to other census tracts in Seattle.
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Tobacco research on “buffer zones”

<u>Reducing disparities in Tobacco Retailer Density by Banning Tobacco Product Sales Near Schools</u> Feb 2017	Our results confirmed socioeconomic and racial/ethnic disparities in tobacco retailer density, with more retailers found in areas with lower income and greater proportions of African American residents. A high proportion of retailers located in these areas were in urban areas, which also have stores located in closer proximity to schools. If a ban on tobacco product sales within 1000 feet of schools were implemented in New York, the number of tobacco retailers per 1000 people would go from 1.28 to 0.36 in the lowest income quintile, and from 0.84 to 0.45 in the highest income quintile. In New York and Missouri, a ban on tobacco product sales near schools would either reduce or eliminate existing disparities in tobacco retailer density by income level and by proportion of African American.
<u>Associations between Tobacco Retail Outlets and use of Youth Cigarettes - Texas</u> Oct 2017	We observed a geospatial association between the presence of TRO around the schools and current use of cigarettes in the eastern area of Dallas County and in the southeastern area of Harris County. Also, a geospatial association between the presence of TRO around the schools and current use of e-cigarettes was observed in the entire Tarrant County and in the northeastern area of Harris County. However, this association was not consistent across all the counties. More research is needed to determine why some areas are at higher risk for this association.
<u>Characteristics of Tobacco Retailers and Proximity to Schools – Lincoln NE</u> *a student write up, not a peer reviewed article	This descriptive epidemiology project provides an overview of the number, characteristics, and proximity of retailers that sell tobacco and vaping products to middle and high schools. ArcGIS was used to map the proximity of these retailers to public and private middle and high schools in Lincoln, Nebraska. Mapping the retailers and schools allowed us to explore the potential exposures to these products teens experience on a daily basis. Roughly 74% of schools had a Tobacco Retailer within ½ mile buffer of the school and an average of 2.34 retailers within the ½ mile
<u>Sample ordinance from Gladstone MO</u>	See PDF download for example of buffer zone ordinance language
<u>Tobacco Retail License Density - Toolkit</u>	Resource from ChangeLab Solutions; downloads as a PDF

NORML - passed on by Stephanie Waterman

<https://norml.org/marijuana/fact-sheets/> - provides some very easy to read excerpts with links to the full text of peer reviewed, published research articles across a myriad topics on cannabis. It addresses all the classic issues in this debate - public health & safety, children, opioid use correlations, crime, and comes from a variety of sources around the country, and the world.

Some Educational resources - passed on by Janet Potter

<https://smokescreenmovie.org/> talks about the implications of retail markets out west, with the cannabis travel, illegal cannabis farms' impacts on environment, law enforcement. "Smokescreen" was created to persuade Idaho voters against taking any steps towards cannabis decriminalization, including opposing the legalization of medical cannabis.

Content warning for Smokescreen: includes racist imagery of cannabis use, images of alcohol/other substance use, disparaging comments about people experiencing housing insecurity and people with mental illnesses, does not cite sources for statistical claims made by interviewees. Includes outright falsehoods about current trends in youth cannabis use and misleading information on the connection between cannabis use and opioid use.

Marijuana X (I have the DVD)

SAMSHA Preventing Cannabis Use for Youth:

https://store.samhsa.gov/product/preventing-marijuana-use-among-youth/PEP21-06-01-001?utm_source=SAMHSA&utm_campaign=a0b37bfe7e-New_Publications_2021_10_26_1600414&utm_medium=email&utm_term=0_ea1c4b138c-a0b37bfe7e-168205793

Cannabis Control Board Advisory Committee Board

(14 members, 4 Cannabis Industry, 1 alcohol industry, 2 prevention, no treatment or recovery or families with lived experience)

Member / Statutory Position

Shayla Livingston (A) one member with an expertise in public health appointed by the Governor
Stephanie Smith (B) the Secretary of Agriculture, Food and Markets or designee

- State environmental hazard mitigation employee

Kim Watson (C) one member with an expertise in laboratory science or toxicology appointed by the Governor
(Stone Environmental)

Nader Hasim (D) one member with an expertise in systemic social justice and equity issues appointed by the Speaker of the House

- introduced bills to lessen criminal penalty for substances

<https://legislature.vermont.gov/people/single/2020/30973>

Ashley Reynolds (E) one member with an expertise in women- and minority-owned business ownership appointed by the Speaker of the House—**CEO, Elmore Mountain Therapeutics (cannabis company)**
<https://emtcbd.com/ashley-reynolds/>

Mark Levine (F) the Chair of the Substance Misuse Prevention Oversight and Advisory Council or designee
Chris Walsh (G) one member with an expertise in the cannabis industry appointed by the Senate Committee on Committees

Sivan Cotel (H) one member with an expertise in business management or regulatory compliance appointed by the Treasurer —**Alcohol Industry expert 12 years including start up of Stonecutter Spirits, 6 years on Wall Street**

- **From LinkedIn:** “Sivan spent the first part of his career in financial services at Bear Stearns, J.P.Morgan Chase, and Bank of America Merrill Lynch. Before working in finance, he graduated with honors from Wesleyan University with a Bachelor's degree double-majoring in Psychology and Music and a Master's degree in Psychology.”

Tim Wessel (I) one member with an expertise in municipal issues appointed by the Senate Committee on Committees

Ingrid Jonas (J) one member with an expertise in public safety appointed by the Attorney General

David Scherr (K) one member with an expertise in criminal justice reform appointed by the Attorney General

Billy Coster (L) the Secretary of Natural Resources or designee

Jim Romanoff (M) the Chair of the Cannabis for Symptom Relief Oversight Committee or designee

Meg D'Elia (N) one member appointed by the Vermont Cannabis Trade Association

NORML <https://norml.org/> Vermont Chapter: <https://normlvt.org/>

- Front page of NORML website has a very misleading and flawed report:
<https://norml.org/blog/2021/12/15/government-funded-study-shows-unprecedented-declines-in-marijuana-use-by-young-people/>

Based upon Michigan survey, also had flaws as mentioned here that the data was not accurate and misrepresented the decrease: On December 15, 2020, the National Institute on Drug Abuse announced new data from the annual Monitoring the Future study conducted by researchers at the University of Michigan. On December 16, a data processing error was found. This error misrepresented the scope of the decreases in daily or near-daily vaping of nicotine, marijuana, and just flavoring. NIDA's materials were updated on December 17 to reflect the correct data.

A bit more about the Monitoring the Future Survey:

40,000 “random” sites choose to take this survey (not sure how they are chosen and cannot find where it is listed), out of 41,852,838 teens in USA total (.095%)

Vermont Health Department and DOE utilize the Youth Risk Behavior Survey:

<https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>

Cannabis:

2019 YRBS 40% of students had reported EVER using cannabis (27% HHS, 6% HMMS)

2017 YRBS 37% of students reported EVER using cannabis (27% HHS, 7% HMMS)

This is hardly “unprecedented decline in cannabis use”--steady for high school at nearly 1 in 3, and dropped 1% at middle school level.

The latest data is incredibly skewed since the start of the pandemic with all these surveys and tools, as they are done in home (where it is potentially not confidential) or the highest risk and most vulnerable do not take the survey or opt-out (dropped out of school, are hospitalized, in residential placement, at Wilder School, quarantine, skipping school, don't have access to internet or computer, etc.). Long story short, these numbers are conservative (lower than reality).

Looking at the 60% THC Cap. CCB recommends 60%:

<https://normlvt.org/ccb-to-general-assembly-allow-products-over-60/>

Despite medical association recommending 15%, CCB's response:

<https://ccb.vermont.gov/response-15-thc-cap-recommendation>

(legislature OK'd 30%, so that over rules recommendations of DOCTORS who treat patients)

The other main argument is that a "majority of the marketplace is 60%+ THC" and not able to compete with black market demand.

The Vermont Medical Society recently issued recommendations to the Cannabis Control Board banning products containing greater than 15% THC from the Vermont adult-use marketplace. The CCB feels lowering the THC cap to 15% would merely perpetuate the unregulated market and force consumers to purchase untested, potentially contaminated products.

<https://ccb.vermont.gov/response-15-thc-cap-recommendation>

EQUITY Thoughts from NORML:

<https://normlvt.org/putting-people-over-profits-what-does-a-values-driven-marketplace-look-like/>

Vermont Medical Society Recommendations - submitted by HCC

On behalf of the over 2,000 physician and physician assistant members of the Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT) and the Vermont Psychiatric Association, we appreciate you considering our feedback on regulations regarding density of cannabis retail establishments and recommend that the "buffer zone" between these establishments and schools, parks, college campuses and childcare facilities be at a minimum 1,000 ft.

https://drive.google.com/file/d/170_8NtXXJg5syYg6hJAHFWkm6CnBtrMK/view?usp=sharing

The Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT) and the Vermont Psychiatric Association, we appreciate you considering our feedback on several areas of regulation currently before the Cannabis Control Board (CCB).

https://drive.google.com/file/d/1b4486LRGo_kuQ3AnJo9SXUdxDMETMK71/view?usp=sharing

VERMONT ACADEMIC DETAILING PROGRAM

Topic: Cannabinoids

This session highlights the practical aspects of managing patients prescribed or using cannabinoids in primary care, with a focus on the available evidence-base. This session includes information about prescription, medical marijuana, and over-the-counter cannabinoid products (e.g. CBD) and discusses the risks and benefits of various options. The session also includes resources for patient education.

https://drive.google.com/file/d/1Z_DrK88dFpT6QxfiGVNaJnu_ZOdEoCn/view?usp=sharing

Vermont Medical Society Resolution

VMS Position on Commercialized Sales of Cannabis

As Adopted by VMS Board November 17, 2021

This Resolution amends and replaces the 2018 resolution **Opposing a System of Commercialized Sales of Recreational Marijuana**

https://drive.google.com/file/d/1Qeyq88w_XA5kBMBr-9nTDI7Tt6oVb2bA/view?usp=sharing

Vermont Cannabis Control Board Report to the House Committee on Ways and Means, the Senate Committee on Finance, and the House and Senate Committees on Government Operations as per Sections 4a, 11, & 13 of Act 62 (2021) - submitted by Ally Tufenkjian

[report that was recently issued by Vermont's Cannabis Control Board](#) could helpful in contextualizing retail cannabis at the state level as we all consider potential local impact and implementation

Studies on Youth Use and Racial Disparity - submitted by Miriam Wood

Here's a federally funded study that was just released today finding that youth marijuana use significantly decreased in 2021, despite the fact that more state cannabis legalization laws are being enacted and implemented across the country:

<https://www.marijuanamoment.net/youth-marijuana-use-decreased-significantly-in-2021-despite-state-reforms-federally-funded-survey-finds/>

Below is data on the racial disparity in regards to cannabis and arrests in VT.

<https://graphics.aclu.org/marijuana-arrest-report/VT>

Sleep and Cannabis Use - submitted by HCC

Cannabis prevention and interventions should target inaccurate expectations that cannabis improves sleep and to inform potential and current users that edibles may in fact reduce sleep quality and duration. Read the full study abstract: <https://www.sciencedirect.com/science/article/abs/pii/S0306460320307723>

Sleep health, specifically chronotype and social jetlag, may be risk factors for marijuana use and therefore targets for future cannabis use prevention programs for adolescents. Read the entire study abstract: <https://www.sciencedirect.com/science/article/abs/pii/S1054139X2030656X>

There was sufficient evidence to suggest that cannabis use alters circadian rhythms, and hence, negatively impacts sleep. The bulk of research to date highlights the negative effect of cannabis on sleep. Read the full study abstract: <https://www.liebertpub.com/doi/abs/10.1089/can.2020.0174>

Act 86 - summary developed by the Mt. Ascutney Prevention Partnership (MAPP) - LANDLORDS beware!

Some clarification about Silberman's statement on Dec 13.

LANDLORDS: A tenant would not need written permission to cultivate. Tenants may grow marijuana on rental property unless the lease agreement states that it is not allowed.

TOWNS: It is illegal to consume marijuana in a public place. Municipalities may adopt a civil ordinance to provide additional penalties for consuming marijuana in public places.

PARENTS: See the youth penalties for driving, use in your home, dealing.

SCHOOLS: Primary and secondary schools may impose administrative penalties for possession of marijuana on school property.

EMPLOYERS: Employers may prohibit or "otherwise regulat[e]" use, consumption, possession, transfer, display, sale, or growing of marijuana in the workplace.

Read the Act 86 What You Need to Know:

<https://docs.google.com/document/d/1jcF0vdQwkgXOKU3zupHmZfK0PH2zc83G/edit?usp=sharing&ouid=102438145098379883140&rtpof=true&sd=true>

Some answers from VT's Chief Prevention Officer and the Cannabis Control Board - submitted by Janet Potter

As of Dec 16, 2021: these questions (in black) were answered by Monica Hutt, VT Chief Prevention Officer (her responses in red) and Cannabis Control Board (responses in green):

Do municipalities need to opt in in order to host a cannabis establishment? Yes with respect to retail operations. Other license types—cultivation, product manufacturing, testing, and wholesale—are subject to local control and zoning, but may operate in municipalities that have not “opt-ed in.”

If a municipality has not opted to host a cannabis retail store, can it keep other types of cannabis establishments from operating? My understand is yes unless an existing dispensary is already operating in the area- I believe that those are grandfathered in but would encourage the selectboard to confirm that. Local municipalities have the same bylaw, ordinance, public nuisance, and zoning authority over cannabis establishments that they would for any business operating within its boundaries with the one caveat that a municipality cannot pass ordinances or bylaws that are so restrictive that they effectively prohibit the operation of a cannabis establishment within the municipality.

-What are some of the pros and the cons to consider when determining whether or not to legalize retail cannabis in a municipality? This can be from legal, public health, social equity, and retail/revenue standpoints. This is a really big question- I would encourage you to google the question to get a good sense of the national conversation. Also, the CCB has its own website and you may find some good information there - [Consumers | Cannabis Control Board \(vermont.gov\)](#)

-What is the amount of revenue the state of Vermont anticipates to generate from retail cannabis sales in the next few years? How much of that revenue might funnel back directly to municipalities? Here is a presentation done by the market rate consultant related to revenue: [Vermont_CCB_Report_Oct_15_2021-1 \(1\).pdf](#)

Additionally, the recently submitted rules speak to the amount of revenue that may flow back to municipalities. You can find that in the rules here:

[Laws, Rules, and Regulations | Cannabis Control Board \(vermont.gov\)](#)

-Why is legalizing cannabis a racial justice issue (if we have someone who can speak to this)? Xusana Davis, the Director of Racial Equity for the state of Vermont has been consulting with the Board. Again, this is a big issue connected to the disparate impact of drug laws on historically marginalized populations- higher rates of incarceration, impact on social standing, economic equity, etc.

-A [Seven Days article](#) from Oct. 19th, 2021 mentions that the Cannabis Control Board is considering a separate proposal for “social equity reductions” where “Qualified applicants [for retail licenses] — people of color or those who have a cannabis-related conviction —

could have their fees waived in year one and get lessening breaks on fees for the following three years." What are other measures the Cannabis Control Board is considering from a social equity standpoint? **In addition to these concepts, the Board has worked to support equitable hiring for the businesses but, again, it would be best to read through the filed rules to see the scope of the work to-date.** The Board has been considering: priority licensing review; reduced and waived fees; technical and business management assistance, and access to Cannabis Business Development Fund. We will be releasing a report very soon on other measures we are considering as well as recommendations for the legislature that were brought up in a series of Social Equity town hall meetings.

The Vermont Control Board decided to not have warning labels on Cannabis packaging (similar to what tobacco products have). Why they don't feel these warnings would help? **This was misreported in the media- there will absolutely be warning labels on packaging. Our mandatory warning labels and advertising restrictions can be found in Rule 2, sections 2.2.10 through 2.2.12.**

-What are some positions of other towns (particularly surrounding towns) doing with this issue. **I can't speak to this.**

-What, if anything, is New Hampshire doing? **I can't speak to this.** There was actually a recent story on the evolution of cannabis laws in New England as well as the current status of New Hampshire (no real prospect of tax and regulate anytime soon) available here:

<https://www.ledgertranscript.com/Another-push-for-marijuana-legalization-begins-Maine-and-Vermont-44024862>

- How will the zoning be managed? **As I understand it, zoning is handled by individual towns and there may be minimum set back requirements issued in the rules. Again, please do read those yourself to make sure I am not missing anything.** We set a floor on buffer zones that is tied to the drug free school zone statute (18 V.S.A. § 4237(d)). Towns are permitted to impose additional zoning requirements, again with the caveat that the zoning ordinance cannot be so restrictive that it effectively prohibits the operation of a cannabis establishment within the municipality.

Other links to youth prevention initiatives - HCC

Smart Approaches to Marijuana

Learn more at <https://learnaboutsam.org/>

National Marijuana Initiative

Learn more at <https://www.thenmi.org/>

Parents Opposed to Pot

Learn more at <https://poppot.org/>

A Parent's Plea: Don't Make My Job Harder

Link to this document:

https://drive.google.com/file/d/1VZu3p6wW9_QVQakLnIF0K0VFaLgW49Bb/view?usp=sharing

How Can States Protect Children from Legal Marijuana?

https://nationalfamilies.org/past_projects/nfia_archive/NFIA%20Archive/nationalfamilies.org/workshop_videos.html

Video clips from a 2013 conference of leaders in the field and government.

Parent Movement - parenting just got a lot harder with cannabis legalization

<https://parentmovement2-0.org/>

When it comes to preventing drug use among kids, parents are the most important factor. But **access** to a drug and the **perception of its harm** are two powerful Environmental Prevention factors that help reduce use as well. Most parents don't realize these environmentally-based protective factors exist and are working on their behalf to help keep their kids away from drugs - until the protections are gone.

Eye-opening ways in which BIG Cannabis is preparing for new limits on marketing

<https://www.cannabisbusinessexecutive.com/2022/01/5-digital-marketing-trends-driving-the-cannabis-industry-in-2022/>

Many Marijuana Vendors Aim Advertising at Kids: Study

<https://consumer.healthday.com/1-21-many-pot-vendors-aim-advertising-at-kids-study-2656425558.html>

Let's Talk Cannabis - VDH

<https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis>