

Towards a long-term vision for Municipal-use of the Cannabis Excise tax

August 18, 2018

Towards a long-term vision for Municipal-use of the Cannabis Excise tax

1. Introduction

Recreational cannabis will be legal in Canada on October 17, 2018. As Ontario's municipal governments prepare for the local impacts of this legalization, preventing youth substance abuse remains a major priority. In 2017, 19% of Ontario's grade 7-12 students reported using cannabis in the past year. Nine percent of these students reported using cannabis and driving (CAMH, 2017). In light of these statistics, legalization presents understandable concerns for municipal governments, local communities, parents and young people.

It also comes with opportunity. In the long term, municipal cannabis revenues are a welcome funding stream for innovative municipal governments interested in tackling the negative impacts of cannabis legalization and substance abuse in their communities. Municipal action can minimize these negative impacts while contributing to community resilience. Jurisdictions around the world have successfully introduced new and effective ways to reduce youth cannabis and illicit substance consumption while enhancing youth employability and skills development. Many of these same programs have also been effective at increasing overall community well-being. Recreational cannabis legalization also creates economic development opportunities for small businesses and communities interested in benefiting from legal cannabis.

Although locally implementing the new recreational cannabis regime will be costly for municipal governments in the initial legalization period, these cost pressures are expected to lessen once jurisdictions gain experience with the new system. This presents new long-term opportunities for municipal governments interested in leveraging their share of the cannabis excise tax towards community betterment. Addressing youth substance abuse prevention by investing in local youth skills development and community engagement initiatives is one way municipal governments can address the long-term needs of their communities and youth in the post-legalization context. Such an approach requires municipal leadership in youth substance abuse prevention as well as a flexible provincial approach to eligible expenditures for municipal cannabis revenues.

This discussion paper sets out to kick-start this conversation. It also aims to make the case for municipal investments in local youth substance abuse prevention leveraging the municipal share of the cannabis excise tax. To do this, we provide examples of innovative and successful local programming from jurisdictions around the world.

Investing in youth will help our young people build skills, resilience and self-reliance. As the order of government closest to the people, municipalities are often the first to recognize the negative impacts of substance abuse on their youth and in their communities. As frontline social service providers, municipal governments have the on the ground knowledge necessary to develop efficient, effective and responsive programming to empower local youth and address their needs in the post-cannabis legalization period.

2. The Ontario Context

Canadian teenagers and young adults are frequent users of recreational cannabis. 41% of Ontarians aged 15-24 report having consumed cannabis in their lifetime. 28.1% of this same group reports using cannabis in the last 12 months (Cannabis Stats Hub, Statscan, 2018). One of the policy objectives of legalizing recreational cannabis is to make youth access more difficult. Currently, the

product is readily accessible to this demographic from illicit and grey market sources across the province. Many Ontarians are nonetheless concerned about the destabilizing effects that legalizing recreational cannabis will have on people and communities. 10.3% of Ontario youth aged 15-24 report having a cannabis use disorder over the course of their lifetime. Municipal governments are on the frontlines providing these youth and their families with services. If legal recreational cannabis does lead to destabilizing impacts in local communities, municipal governments will be the first to notice and the first to respond.

Recreational cannabis legalization is a federal initiative. Bill C-45, *the Cannabis Act*, was introduced in the House of Commons in June 2017. It received Royal Assent on 21 June 2018. Notably, the bill legalizes recreational cannabis consumption and possession for adult Canadians and allows them to grow up to four cannabis plants in their residence. Under the Federal *Cannabis Act*, recreational cannabis will be legal across Canada effective 17 October 2018.

The Association of Municipalities of Ontario created a Marijuana Legalization Task Force shortly after the 2015 Federal Election anticipating that the Liberal government would fulfill its election promise to legalize cannabis by the end of its four-year mandate. Since legalization was first announced, AMO has called for:

- The provincial and federal governments to fund the cost impacts of legal cannabis on local policing, bylaw enforcement, public health and other affected municipal services;
- A municipal share of the cannabis excise tax;
- A robust education campaign aimed at increasing consumer awareness and protecting youth;
- An approach to cannabis that enables local communities to benefit from the economic opportunities presented by legal cannabis, including municipal authorities to license local cannabis production, private retail businesses and consumption venues.

The Province of Ontario under the Liberal government initially reacted to the federal legalization of recreational cannabis by introducing the provincial *Cannabis Act* in December 2017 alongside the *Ontario Cannabis Retail Corporation Act*. These pieces of legislation raise the minimum age to 19 and enable the creation of an LCBO-subsiary responsible for cannabis retail and distribution across Ontario. The legislation and resulting regulations established a key role for municipal governments in the new cannabis regime. This role includes municipal input in the siting of storefronts, places of use enforcement, enforcement against the grey market and responsibility for many of the negative impacts of cannabis legalization expected to be felt locally.

To address the cost implications of this municipal role in the new cannabis regime, the Ontario government under the Liberals committed to providing \$40 million of the provincial portion of the cannabis excise tax to municipal governments to offset anticipated costs. Further, the provincial government indicated that any excise tax amounts received by the province over \$100 million would be split 50/50 with municipal governments. Lastly, the Ontario government committed to review the funding agreement in two years time. This agreement was established in March 2018 and confirmed by Minister of Finance Vic Fedeli in August.

AMO continues to advocate for municipal interests in the implementation of legal cannabis in Ontario. A key component of current advocacy efforts are to promote a long-term vision for recreational cannabis. This vision embraces the economic potential of the legal cannabis market for local economies and promotes municipal leadership in curbing youth substance abuse in local

communities. Municipal programming to address youth substance abuse can help address the underlying reasons of youth cannabis use and other substance abuse. Municipal leadership in the form of skills development and community engagement programming also ensures young people can build the skills they need to succeed. Such a vision benefits more vulnerable youth in our communities while leading to social and economic benefits for municipal governments and the community at large.

3. Jurisdictional Scan

Jurisdictions worldwide have addressed youth substance abuse in their communities by implementing successful projects and programs on national, regional, and local scales. Many of these initiatives serve as international best practices for effective policy and programming to address youth substance abuse in local communities. Though not all are transferable to the Ontario context, these initiatives provide important insights for the development of local response to youth substance abuse in Ontario's municipalities. A full list of all analyzed initiatives can be found in Appendix A. Here we take a deep dive into examples of youth substance abuse prevention programming in five different jurisdictions. We start with a local example.

3.1 City of Brantford

Within Ontario, the City of Brantford has been one of the first municipal governments to take a lead on addressing youth cannabis consumption in the community in advance of legalization in October 2018. In December 2017, Brantford established its own Cannabis Task Force to assess local implications, engage with the community, and make recommendations to City Council regarding actions needed to improve the City's readiness for cannabis legalization (Chair and Members – Cannabis Task Force, 2018 June 12, p.3). A survey conducted by the Task Force found that a top concern for Brantford citizens was the education needs of youth and the health risks associated youth cannabis consumption. This concern was cited by 42.6% of the survey's 2727 respondents (Chair and Members – Cannabis Task Force, 2018 June 12, p.4-5).

One of the major initiatives to come out of this work is Brantford's development of a community-wide Cannabis Education Campaign aimed at youth. This education campaign will launch in September 2018 and encourages safe use, prevention among youth and vulnerable populations and includes messaging to prevent cannabis impaired driving (Chair and Members – Cannabis Task Force, 2018 June 12, p.6). The education campaign targets youth, seniors, and the community at large through social media, videos, digital ads, sponsored content, brochures, college and university publications, transit shelters, newspaper, digital boards, and community screens (Chair and Members – Cannabis Task Force, 2018 June 12, p.6-7). These actions recognize the leadership of municipal governments on Ontario's front lines. While the Task Force is committed to responding to the needs of Brantford's citizens during legalization, it is important to note that the share of revenue promised by the Province will not be sufficient to entirely cover the costs of the City's important work (Chair and Members – Cannabis Task Force, 2018 June 12, p.8).

3.2 Iceland

Iceland's approach to reducing youth drug use builds off of research from the United States seeking to prevent youth drug-use by providing natural highs through activities like sports, music, dance, and martial arts. Notably, these activities are complemented by life-skills training (Young, 2017

January 19). The research informed a national plan developed to address high rates of youth substance abuse in Iceland (Young, 2017 January 19). The Youth In Iceland initiative changed laws to restrict alcohol and tobacco access for youth while also strengthening of relationships between parents, their children, and their schools, and implementing a curfew for children between ages 13 and 16 (Young, 2017 January 19).

Through engaging with stakeholders, Youth In Iceland built a network of support, monitoring, and positive youth development at the community level (Sigfusdottir et al., 2008, p.19). The initiative also stands out for its emphasis on continued data collection and long-term approach to prevention (Sigfusdottir, 2008). The Youth in Iceland initiatives has a significant, tangible benefit for Icelandic communities and Icelandic youth. Between 1998 and 2007, there was a 50% decrease in the number of tenth graders reporting being drunk in the past month. There was also a 10% decline in daily cigarette smoking among the same age group and a 60% decrease in the number of tenth graders past cannabis use (Sigfusdottir, 2008, p.20). Since then, Youth in Iceland has been replicated internationally. The Youth In Europe initiative is modelled after this Icelandic project.

3.3 Portugal

Portugal decriminalized all drugs in 2001. This policy, though controversial, has resulted in success. Following the decriminalization, drug usage rates decreased. The decline in usage rates was followed by a dramatic decrease in drug related pathologies (Greenwald, 2009, p.1). Notably, lifetime prevalence rates for the 15-19 age group have also dramatically decreased since decriminalization (Greenwald, 2009, p.14). As of 2017, only 5.1% of young adults between the ages of 15 and 34 use cannabis (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.1). People accessing life-saving drug treatment has also increased by more than 60% between 1998 and 2011 (Drug Policy Alliance, 2015, p.2).

Portugal's success is attributed to its model for prevention. Following decriminalization, resources previously used to prosecute and imprison drug users were reallocated towards treatment programs and harm reduction (Greenwald, 2009, p.14). Universal drug prevention is also a part of Portugal's education curriculum. It was developed by teachers with the involvement of students, public health care centres, municipalities, the Ministry of Health, and civil society organizations (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10). Portugal has also implemented the 'Me and Others' across educational setting since. This program focuses on promoting healthy development for children (European Monitoring Centre for Drugs and Drug Addiction, 2007, p. 10). Additionally, Portugal has implemented community-based interventions targeting vulnerable groups, family based interventions and interventions focused on substance use at music festivals. Prevention and support consultations with young people who use psychoactive substances have also been implemented (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10). Finally, large media campaigns have rolled out over recent years to raise awareness about drug use. Educational campaigns have also targeted young people (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10).

3.4 Colorado

Similar to Portugal, legalization of cannabis in Colorado in 2014 has resulted in a decline in youth drug use. Reported rates of youth drug use have fallen to their lowest levels in nearly a decade (Ingraham, 2017 December 11). Between 2015 and 2016 only a little over 9% of youth between the

ages of 12 and 17 used marijuana monthly (Ingraham, 2017 December 11). This has been attributed to the oversight of production and sale by state and local authorities, penalties for selling to minors, and vigilance in checking IDs (Ingraham, 2017 December 11). In addition to the legal restrictions around cannabis, there have been a number of programs and initiatives aimed at informing youth of the risks and realities of cannabis use.

Resources like Speak Now! and Responsibility Grows Here provide parents and young people with information and toolkits to help inform youth about substance abuse and prevention in age-appropriate and evidence-based ways. These resources target both teens and adults and illustrate the harms of cannabis, alcohol, and drug use. Both initiatives receive funding from the state, with Responsibility Grows Here coming out of the Colorado Department of Public Health & Environment and Speak Now! as an effort of the Colorado Department of Human Services in collaboration with community partners.

Other community partnerships include Rise Above Colorado, which was developed as a collaboration between the Colorado Meth Project and The Partnership for Drug-Free Kids (Safarik, n.d.). The program encompasses classroom lessons, afterschool programs, interactive websites, social media, and PSA campaigns (COLORADO PROGRAM TO FIGHT TEEN DRUG MISUSE LAUNCHES, 2014 January 15). In addition, the program emphasizes peer-to-peer influence and parental discussions (COLORADO PROGRAM TO FIGHT TEEN DRUG MISUSE LAUNCHES, 2014 January 15). One unique element of the program is the program's Youth Council who run a teen-targeted website that focuses on healthy behaviours and stories, along with highlighting statistics that demonstrate the number of youth not using drugs in order to combat peer pressure (Life on Purpose, n.d.). All of these examples emphasize the importance of parents and youth working in partnership with government in the development of community programming to ensure young people learn about cannabis in supportive and comprehensive environments. Taking direction from impacted community members is key in ensuring government programming and activities are responsive to the needs of local residents.

Colorado is also a great example of how municipalities have responded to cannabis legalization through using their share of revenues for programs related to regulation, enforcement, education, and public health. Known as the Denver Collaborative Model, the state shareback and municipal taxation model provided the City of Denver with \$29.5 million in revenue from marijuana sales (City of Denver, 2016, p.10). Of this revenue, \$1.5 million has been invested in youth prevention and education through distributing retail marijuana sales tax revenue to youth-serving organizations (City of Denver, 2016, p.16). These funds are used to create alternative consequences for unlawful cannabis use or possession, prevent further involvement of youth and young adults in the justice system, improve outcomes for youth through coordinated services, reduce and address the potential harm of substance use, and promote core competency training for youth serving professionals (City of Denver, 2016, p.16).

Another Colorado municipality has used its share of cannabis revenues to start a scholarship program. Pueblo County now offers cannabis-funded scholarships to graduating high schools students so they can develop the skills and competencies necessary to thrive at a local college.

3.5 Spruce Grove

The Youth Engagement Strategy for Spruce Grove, Alberta identifies that youth are facing challenges such as labelling, lack of transportation, difficulties balancing school and work, stress, violence, and drug and alcohol use (Youth Engagement Strategy, 2016 November). Youth involvement within the community shows positive impacts, contributing to reductions in alcohol consumption, recreational drug use, violent behavior, crime, school failure, smoking, risky sexual practices, delinquency, and emotional problems (Youth Engagement Strategy, 2016 November). In addition to programming from the Tri-Municipal Drug Strategy Coalition, the Youth Engagement Strategy provides additional support to youth driven programs and events, supports volunteer opportunities and advances youth engagement in municipal planning alongside other youth engagement activities (Youth Engagement Strategy, 2016 November). This approach takes the position that youth involvement and empowerment results in positive health outcomes, reduction of risky behavior and greater civic engagement overall.

The municipal cannabis revenues in Ontario can similarly be leveraged to meet these same objectives.

4. Analysis

The jurisdictional scan presented here demonstrates three key success factors for programming to address youth substance abuse. These include taking on a community-based approach, focusing on youth empowerment and engagement, and ongoing measurement of progress to inform next steps.

Municipal governments are already engaged in this work and are strategically placed to move it forward. We see this in the cases of Spruce Grove and Brantford, two municipalities that are actively working to respond to the concerns of youth drug use through municipal programs and social services. Several Ontario municipalities also take part in the Municipal Drug Strategy Coordinator's Network of Ontario. These municipalities have developed drug strategies that address the unique circumstances of their communities. These strategies are based on prevention, harm reduction, treatment, enforcement, and justice (Municipal Drug Strategy Co-ordinator's Network of Ontario, n.d.). These initiatives point to the strategic place of municipalities and their ability to coordinate and implement responses that respond to the unique needs of each community.

In addition, municipalities have the ideal position to foster youth empowerment and engagement at the local level. This can be done in many ways, through skills-building and employment-training programs for youth, creating youth councils, hosting town halls and other forums for youth to give feedback on municipal initiatives. Municipal partnerships with community groups provide even more ways for youth to engage meaningfully with governance and community building. In addition, community centres, public libraries, and community hubs provide public spaces and resources where youth can take part in classes and programs that develop talents and life skills, activities that have proven to be beneficial for the long-term health and skill development of youth.

Finally, active monitoring and feedback can help inform what success looks like and how municipal programs can get there. Tools like the CAMH Ontario Student Drug Use and Health Survey can be complemented with program evaluation and local surveys conducted through sites where youth participate in programming, or even on a larger scale as was done in Brantford. Data collection in the form of surveys or workshops can help to inform future directions and make sure programming

meets the needs of the community and the youth within it, ensuring efficient and effective use of public resources.

5. Conclusion

Municipal governments and the people they represent have understandable concerns about the impact legal cannabis will have in their communities. As the frontline order of government and a key partner in social service delivery, municipal governments will be the first to recognize these impacts and to understand what is necessary to address these challenges on the ground.

A common concern is the impact that legalization will have on youth. The negative impacts of youth substance abuse and cannabis consumption are already being felt in local communities given the prevalence of cannabis consumption amongst those aged 15-24. It is AMO's position that municipal governments are strategically placed to respond to the cannabis-related needs of youth in their local communities. In the long term, the municipal cannabis revenues should be leveraged to respond to youth substance abuse, including but not limited to cannabis use disorders, within municipalities. Given the prevalence of youth cannabis consumption, these resources are best directed at vulnerable youth. Skills-building programs, employment training and opportunities to engage in community building are proven ways to reduce youth substance abuse and delay cannabis consumption amongst younger Ontarians. Municipal governments should have the flexibility to respond to emerging local needs resulting from legal cannabis. Examples from around the world provide effective models to increase resilience and self-reliance in our youth.

Bibliography

- Association of Municipalities of Ontario. (n.d.). *Cannabis Legalization: AMO Update and Long-Term Considerations* [PPT]. Retrieved from: <https://www.amo.on.ca/AMO-PDFs/Cannabis/COWCannabisDeck.aspx>.
- Blond, P. (2010). *Red Tory: How left and right have broken Britain and how we can fix it*. London: Faber.
- Burman, D. (2018, June 20). Legal pot FAQ: Your burning questions answered. *CityNews*. Retrieved June 25, 2018, from <https://toronto.citynews.ca/2018/06/20/legal-pot-faq-your-burning-questions-answered/>
- CAMH. (2017). *Drug Use Among Ontario Students: Highlights from the Ontario Student Drug Use and Health Survey* (Rep.). ON: CAMH.
- Chair and Members – Cannabis Task Force. (2018 June 12). *Cannabis Task Force Update*. Brantford: The Corporation of the City of Brantford.
- City of Denver. (2016). *The Denver Collaborative Approach: Leading The Way in Municipal Marijuana Management* (Rep.). Denver, CO.
- Colorado Department of Public Health & Environment. (n.d.). Responsibility Grows Here. Retrieved July 3, 2018, from <http://responsibilitygrowshere.com/>
- COLORADO PROGRAM TO FIGHT TEEN DRUG MISUSE LAUNCHES. (2014, January 15). 5280. Retrieved May 18, 2018, from <http://www.riseaboveco.org/articles/news01152014.html>
- Denver Public Health. (n.d.). Facts about Marijuana and Youth Health. Retrieved June 29, 2018, from <http://denverpublichealth.org/home/community-health-promotion/youth-health/youth-and-marijuana>
- Drug Policy Alliance. (2015). *Drug Decriminalization in Portugal: A Health Centered Approach* (Rep.). New York, NY
- European Monitoring Centre for Drugs and Drug Addiction. (2017). *Portugal: Country Drug Report 2017* (Rep.).
- Government of Ontario. (2018, May 4). *Provincial Framework: Federal Cannabis Legalization* [PDF]. Toronto: Queen's Printer for Ontario.
- Government of Ontario, Ministry of Finance. (2018, March 9). *Ontario Supporting Municipalities to Ensure Safe Transition to Federal Cannabis Legalization* [Press release]. Retrieved June 18, 2018, from <https://news.ontario.ca/mof/en/2018/03/ontario-supporting-municipalities-to-ensure-safe-transition-to-federal-cannabis-legalization.html>
- Greenwald, G. (2009). Drug Decriminalization In Portugal: Lessons for Creating Fair and Successful Drug Policies. *Cato Institute*.
- Hall, K., & Shikaze, S. (2013). Community-municipal partnerships. *Municipal World*, 123(1), 15-18.
- Ingraham, C. (2017, December 11). Following marijuana legalization, teen drug use is down in Colorado. *The Washington Post*. Retrieved July 3, 2018, from

https://www.washingtonpost.com/news/wonk/wp/2017/12/11/following-marijuana-legalization-teen-drug-use-is-down-in-colorado/?noredirect=on&utm_term=.f1047154d084

Life on Purpose. (n.d.). Retrieved May 18, 2018, from <https://iriseaboveco.org/>

Municipal Drug Strategy Co-ordinator's Network of Ontario. (n.d.). About. Retrieved June 19, 2018, from <http://www.drugstrategy.ca/about.html>

Safarik, H. (n.d.). MISSION. Retrieved May 18, 2018, from <http://www.riseaboveco.org/about.html#drugabuse>

Sampana-Kanyinga, H., Hamilton, H. A., Leblanc, A. G., & Chaput, J. (2018). Cannabis use among middle and high school students in Ontario: A school-based cross-sectional study. *CMAJ Open*, 6(1), E50-E56. doi:10.9778/cmajo.20170159

Service Canada. (2018, March 09). Introduction of the Cannabis Act: Questions and Answers. Retrieved from <https://www.canada.ca/en/services/health/campaigns/introduction-cannabis-act-questions-answers.html>

Sigfusdottir, I. D., Thorlindsson, T., Kristjansson, A. L., Roe, K. M., & Allegrante, J. P. (2008). Substance use prevention for adolescents: The Icelandic Model. *Health Promotion International*, 24(1), 16-25.

Speak Now – Talk with your kids about alcohol and drugs. (n.d.). Retrieved July 3, 2018, from <https://www.speaknowcolorado.org/>

Tindal, C. R., Smith, P. J., Tindal, S. N., & Stewart, K. (2017). *Local government in Canada*. Toronto, ON: Nelson Education.

Young, E. (2017, January 19). How Iceland Got Teens to Say No to Drugs. *The Atlantic*. Retrieved May 9, 2018, from <https://www.theatlantic.com/health/archive/2017/01/teens-drugs-iceland/513668/>

Youth Engagement Strategy [PDF]. (2016, November). Spruce Grove: Spruce Grove Family & Community Support Services.

Appendix A – Jurisdictional Scan

Iceland

Iceland's approach to reducing drug use was built off of research from the United States which sought to address the reasons why youth used drugs by providing a natural highs through activities like sports, music, dance, and martial arts, complemented by life-skills training (Young, 2017 January 19). This research informed a national plan developed to address the extremely high rates of substance abuse in Iceland (Young, 2017 January 19). The Youth In Iceland initiative involved the changing of laws to restrict alcohol and tobacco access for youth, strengthening of relationships between parents, their children, and their schools, and a curfew for children between ages 13 and 16 (Young, 2017 January 19).

Through engaging with these stakeholders, Youth In Iceland sought to build a network of support, monitoring, and positive youth development at the community level (Sigfusdottir et al., 2008, p.19). The initiative also stands out for its emphasis on continued data collection and long-term approach to prevention (Sigfusdottir, 2008). It appears as though this approach is a successful one, as between 1998 and 2007, there was a 50% decrease in the number of tenth graders reporting being drunk in the last month, a 10% decline in daily cigarette smoking among the same age group, and a 60% decrease in the amount of tenth graders who had ever used cannabis (Sigfusdottir, 2008, p.20). Since then, it has been replicated internationally and formed the model for other initiatives such as Youth In Europe.

“Youth in Europe”

Based on the results of Iceland's programming, European Cities Against Drugs initiated a five year international project in cooperation with capitals, cities and states in Europe ([Youth in Europe - A Drug Prevention Programme: Programme Outline, p.1](#)). Since 2006, several European communities have initiated the program as a model for their youth drug prevention efforts ([Icelandic Centre for Social Research, 2015](#)). The program relies on systematic evaluation, targeting of risk and protective factors, and localized training for prevention personnel (Icelandic Centre for Social Research, 2015).

The international scope allows for the participating communities within the program to compare prevention strategies and enact holistic, evidence-based programming (Youth in Europe - A Drug Prevention Programme: Programme Outline, p.1-2). This programming focuses on mobilizing society and research and evaluation in its efforts to foster prevention through increased involvement of youth in organized activities and participation in public institutions, and through raising public awareness and enhancing cooperation between local governments and other stakeholders in the lives of adolescents (Youth in Europe - A Drug Prevention Programme: Programme Outline p.2).

Portugal

In 2001, Portugal decriminalized all drugs, a policy which has been generally thought of as a success, as following decriminalization, drug usage rates have stayed the same or decreased, with drug related pathologies dramatically decreasing (Greenwald, 2009, p.1). Lifetime prevalence rates for the 15-19 age group have also dramatically decreased since decriminalization (Greenwald, 2009, p.14), and as of 2017 only 5.1% of young adults between the ages of 15 and 34 use cannabis (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.1). People receiving drug

treatment has also increased by more than 60% between 1998 and 2011 (Drug Policy Alliance, 2015, p.2).

Much of the reasons for Portugal's success has been attributed to its model for prevention. Resources that has previously been used to prosecute and imprison drug addicts are now channeled into treatment programs and harm reduction (Greenwald, 2009, p.14). Universal drug prevention is part of Portugal's education curriculum and was developed by teachers with the involvement of students, public health care centres, municipalities, the Ministry of Health, and civil society organizations (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10). Portugal has also implemented the Me and Others programme that has been implemented across educational setting since 2006, focusing on promoting healthy development for children which is evaluated annually (European Monitoring Centre for Drugs and Drug Addiction, 2007, p. 10). Additionally, community-based interventions targeting vulnerable groups, family based interventions, interventions focused on substance use at music festivals, and prevention and support consultations with young people who use psychoactive substances have also been implemented (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10). Finally, large media campaigns have been implemented several times in recent years to complement awareness-raising and information activities aimed at young people (European Monitoring Centre for Drugs and Drug Addiction, 2007, p.10).

Colorado

Similar to Portugal, legalization of cannabis in Colorado in 2014 has resulted in the rate of adolescent marijuana use falling to its lowest level in nearly a decade (Ingraham, 2017 December 11). Between 2015 and 2016 only a little over 9% of youth between the ages of 12 and 17 used marijuana monthly (Ingraham, 2017 December 11). This has been attributed to aspects of the legal framework surrounding cannabis legalization including the oversight of production and sale by state and local authorities, penalties for selling to minors, and vigilance in checking IDs (Ingraham, 2017 December 11). In addition to the legal restrictions around cannabis, there have been a number of programs and initiatives aimed at informing youth of the risks and realities of cannabis use.

Resources like Speak Now! and Responsibility Grows Here provide parents and young people with information and toolkits to help inform youth about substance abuse and prevention in age-appropriate and evidence-based ways. These resources target both teens and adults and illustrate the harms of cannabis, alcohol, and drug use. Both initiatives receive funding from the state, with Responsibility Grows Here coming out of the Colorado Department of Public Health & Environment and Speak Now! as an effort of the Colorado Department of Human Services in collaboration with community partners.

Other community partnerships include Rise Above Colorado, which was developed as a collaboration between the Colorado Meth Project and The Partnership for Drug-Free Kids (Safarik, n.d.). The program encompasses classroom lessons, afterschool programs, interactive websites, social media, and PSA campaigns (COLORADO PROGRAM TO FIGHT TEEN DRUG MISUSE LAUNCHES, 2014 January 15). In addition, the program emphasizes peer-to-peer influence and parental discussions (COLORADO PROGRAM TO FIGHT TEEN DRUG MISUSE LAUNCHES, 2014 January 15). One unique element of the program is the program's Youth Council who run a teen-targeted

website that focuses on healthy behaviours and stories, along with highlighting statistics that demonstrate the number of youth not using drugs in order to combat peer pressure (Life on Purpose, n.d.). All of these examples emphasize the importance of parents and peers in partnership with government and community programming to ensure young people learn about cannabis in supportive and comprehensive environments.

Colorado also is a great example of how municipalities have responded to cannabis legalization through using their share of revenues for programs related to regulation, enforcement, education, and public health. Known as the Denver Collaborative Model, the state shareback and municipal taxation model provided the City of Denver with \$29.5 million in revenue from marijuana sales (City of Denver, 2016, p.10). Of this revenue, \$1.5 million has been invested in youth prevention and education through distributing retail marijuana sales tax revenue to youth-serving organizations (City of Denver, 2016, p.16). These funds are used to create alternative consequences for unlawful marijuana use or possession, prevent further involvement of youth and young adults in the justice system, improve outcomes for youth through coordinated services, reduce and address the potential harm of substance use, and promote core competency training for youth serving professionals (City of Denver, 2016, p.16).

Spruce Grove

The Youth Engagement Strategy for Spruce Grove, Alberta identifies that youth are facing challenges such as labelling, lack of transportation, difficulties balancing school and work, stress, violence, and drug and alcohol use (Youth Engagement Strategy, 2016 November). Youth involvement within the community has been shown to have positive impacts, contributing to reductions in alcohol consumption, recreational drug use, violent behavior, crime, school failure, smoking, risky sexual practices, delinquency, and emotional problems (Youth Engagement Strategy, 2016 November). Although currently there is programming to address these issues through the Tri-Municipal Drug Strategy Coalition, the Youth Engagement Strategy recommends additional support to youth driven programs and events, supporting volunteer opportunities, youth engagement in municipal planning, and youth engagement activities (Youth Engagement Strategy, 2016 November). This approach takes the position that youth involvement and empowerment results in positive health outcomes, reduction of risky behavior and greater civic engagement overall.

Brantford

Within Ontario there have also been efforts to address youth cannabis consumption in the lead up to legalization. For example, the City of Brantford has actively been working to prepare for cannabis legalization including through advocating to other levels of government, working closely with the Ontario Cannabis Secretariat, and with the AMO Task Force on Cannabis Legalization (Chair and Members – Cannabis Task Force, 2018 June 12, p.3). In addition, Brantford also established their own Cannabis Task Force in December 2017 in order to assess local implications, engage with the community, and make recommendations to City Council regarding actions needed to improve the City's readiness for cannabis legalization (Chair and Members – Cannabis Task Force, 2018 June 12, p.3).

The Task Force has been active in its public engagement, hosting a Community Cannabis Workshop to bring stakeholders from the health, enforcement, education, and private sectors, as well as over 40 community agencies, businesses, advocacy groups, and associations together in order to identify

information gaps and highlight areas for planning (Chair and Members – Cannabis Task Force, 2018 June 12, p.4). This workshop resulted in the identification of actions such as enhanced by-laws, education campaigns, and economic development opportunities that would support community readiness (Chair and Members – Cannabis Task Force, 2018 June 12, p.4). Following the workshop, the Task Force also launched a community-wide survey in May of 2018 in order to gauge public opinion regarding cannabis legalization and inform suggested steps for readiness based on the themes that came out of the workshop (Chair and Members – Cannabis Task Force, 2018 June 12, p.4). The top concern coming out of the survey was the education and health risks associated with cannabis use among youth which was cited by 42.6% of the survey's 2727 respondents (Chair and Members – Cannabis Task Force, 2018 June 12, p.4-5).

One of the major initiatives to come out of this engagement includes the recommendation that Council support the development of a community-wide Cannabis Education Campaign that would launch before September 2018 and would support the goals of safe use, permitted places of use, prevention of use among youth and vulnerable populations, and messaging focused on the prevention of impaired driving under the influence of cannabis (Chair and Members – Cannabis Task Force, 2018 June 12, p.6). The implementation of this programming requires an estimated investment of \$42 000 and targets youth, seniors, and the community at large through social media, videos, digital ads, sponsored content, brochures, college and university publications, transit shelters, newspaper, digital boards, and community screens (Chair and Members – Cannabis Task Force, 2018 June 12, p.6-7). These actions recognize the significance of municipal government as the level of government closest and most accessible to the people, meaning that when social policy changes happen, they first turn to municipalities for information, clarity, and guidance (Chair and Members – Cannabis Task Force, 2018 June 12, p.8). While the Task Force is committed to being able to respond to the needs of Brantford's citizens during legalization, it is important to note that the share of revenue promised by the Province will likely not be sufficient to entirely cover the costs of the City's important work (Chair and Members – Cannabis Task Force, 2018 June 12, p.8).

"Preventure"

Preventure is an anti-drug program that was developed by University of Montreal psychiatry professor and has been piloted in Europe, Australia, and Canada ([Szalavitz, 2016 September 29](#)). The program was developed in response to the idea that personality factors may lead to adolescents being more vulnerable to alcohol misuse ([Conrod, Castellanos, & Mackie, 2007, p.181](#)). The program focuses on four traits seen as risks for alcohol and drug use: sensation seeking, impulsiveness, anxiety, and hopelessness (Szalavitz, 2016 September 29).

The program begins with a two to three day training for teachers ([Wagele, 2016 November 15](#)). At the start of the school year, middle school students take a personality test to identify the outliers who are given a workshop several months later that is targeted to their most troublesome personality trait (Szalavitz, 2016 September 29). The workshops are provided by a counsellor and co-facilitator and incorporate psycho-educational, motivational interviewing, and cognitive-behavioural components (Conrod, Castellanos, & Mackie, 2007, p.183). It was found that the intervention reduced binge drinking, frequent drug use, and alcohol-related problems with studies finding that it also reduced symptoms of depression, panic attacks, and impulsive behavior (Wagele, 2016 November 15). Ultimately, in schools where Preventure was run, drinking was reduced by 29%, including among students who did not attend the workshop (Wagele, 2016 November 15).

Among those who did attend, binge drinking fell by 43% (Wagele, 2016 November 15), indicating that the program is successful in its model for targeting and conducting interventions for high risk youth.

Malaysia

In 1983 Malaysia declared the country's drug problem as a primary security concern ([How, 1999](#)). In response, Malaysia initiated a National Anti-Drug policy which focused on prevention programs in schools and teaching students preventative drug education at all ages from pre-school to post-secondary (How, 1999). The program took on a multifaceted approach which focuses on long-term planning and shared responsibility for addressing problems (How, 1999).

The model taken on in Malaysia is referred to as the TOCOSURE Approach, which encompasses the principles of Total Concept, Comprehensive Approach, Sustaining Efforts, and Reliable Methods (How 1999). As part of the Total Concept, drug education is implemented at all grade levels and repeated in order to reinforce the teachings (How, 1999). This principle also includes an emphasis on the role of co-curricular programs and of parents in educating children through preventative drug education (How, 1999). With regards to the Comprehensive Approach, drug education is complemented with promoting positive personal and social development, academic skills, and intellectual growth in order to develop life skills that help young people resist external pressures (How, 1999). The program's Sustaining Efforts dictate that this education model is sustained over a long period of time, and incorporates Reliable Methods to ensure that the program is research based and incorporating ongoing evaluation to assess the outcomes and impacts (How, 1999).

"Communities That Care"

Communities that Care is a program that was developed by the University of Washington and tested through a randomized control trial in 24 communities across 7 American states ([Volkow & National Institute on Drug Abuse, n.d.](#)). The trial followed 4407 students and surveyed them annually starting in Grade 5, finding that those in Communities that Care were 25% less likely to have initiated delinquent behaviors, 32% less likely to have initiated alcohol use, 33% less likely to have initiated cigarette use, and had 25% lower odds of engaging in violent behavior (Volkow & National Institute on Drug Abuse, n.d.). These effects were even found to be sustained past Grade 10, one year after the intervention phase from time trial ended (Volkow & National Institute on Drug Abuse, n.d.).

The Communities that Care program achieved these outcomes through a 5 phase process. The process begins by getting communities ready to introduce the program through identifying community leaders and stakeholders to get involved and champion the process, as well as by assessing the community ([How It Works, n.d.](#)). Next, communities get organized by forming a board or working with an existing coalition to learn about prevention science, write a vision statement, organize work groups, and develop an implementation timeline (How It Works, n.d.). In the third phase, communities assess their risks and strengths and identify existing resources through reviewing data from a survey conducted among the community's youth, by identifying risk and protective factors, and identifying gaps (How It Works, n.d.). The fourth stage is the creation of a community action plan to reduce risks and strengthen protection, define clear, measurable outcomes, and select and expand tested and effective policy programs available on the Blueprints for Healthy Youth Development website (How It Works, n.d.). In the final stage, communities

implement, monitor, and evaluate their programming, in order to measure results and track progress to ensure improvements are achieved (How It Works, n.d.).

“Keepin’ it REAL”/“Mantente REAL”

Keepin’ it REAL is a substance use prevention curriculum for grades 6-9 that takes on a culturally-grounded approach to effectively reduce alcohol, tobacco, and drug use while increasing anti-drug attitudes and beliefs and enhancing life skills ([Welcome to keepin’ it REAL, n.d.](#)). The program was developed in the United States and has since been expanded into Latin America, with the program operating in countries including Uruguay, Mexico, and Guatemala ([Research in Latin America, n.d.](#)). Through the program, 10 lessons and 4 videos that were developed for and by kids are used to teach students how to assess social situations when drugs are offered and employ one of four resistance strategies – Refuse, Explain, Avoid, and Leave – to decline the offer (Welcome to keepin’ it REAL, n.d.).

“Promoting Prevention”

Promoting Prevention is a UK based initiative involving both the state and voluntary sector in a multi-agency partnership ([Case & Haines, 2003](#)). The program aims to prevent drug use and offenses among 10-17 year olds through educational, economic, and social inclusion (Case & Haines, 2003). Through initiatives and resources deployed in local secondary schools, the program’s objective is to increase participation in education, training, and employment, while reducing exclusion (Case & Haines, 2003).

The program addresses youth exposure to risk factors in the family, school, neighbourhood, and psychological domains (Case & Haines, 2003). Driven by the principles of youth consultation and empowerment, the program is structured around young people’s entitlement to services and designed to promote youth attainment and individual development (Case & Haines, 2003). This is achieved through in-school strategies and policies, the management of exclusions, and planning alternatives for students, such as through alternate curriculums or vocational trainings (Case & Haines, 2003).

“Native Connections”

Native Connections is a 5 year grant program for indigenous youth in the United States, supporting grantees in the reduction of suicidal behavior, substance use and misuse; easing the impacts of substance use, mental illness, and trauma in tribal communities; and supporting youth as they transition into adulthood ([Native Connections, 2016 January 14](#)). This is done through adopting a public health model that considers the importance of culture, language, issues of identity and place, and the need for indigenous people to operate both within their communities and broader society ([Public Health Model in Tribal Communities, n.d.](#)). Grantees within the program must work through the Native Connections Approach which was built based on a public health model society (Public Health Model in Tribal Communities, n.d.). Through the stages of Community System Analysis, Community Readiness Model Assessments, Strategic Action Planning, and Implementing the Strategic Action Plan, grantees customize their activities to meet the unique conditions of their communities (Public Health Model in Tribal Communities, n.d.).

The programs developed by grantees are based on the action strategies of health promotion developed by the World Health Organization, which include creating supportive environments,

developing personal skills, strengthening community action, reorienting health services, and building healthy public policy ([Fostering Resilience in Youth and Encouraging Youth Awareness of Mental Health, n.d.](#)). Grantees are expected to focus on areas of identifying and connecting services and supports, involving community members, assessing needs and strengths, developing a plan, and using strategies shown to be effective (Fostering Resilience in Youth and Encouraging Youth Awareness of Mental Health, n.d.). The program also identifies potential resources available through the Substance Abuse and Mental Health Services Administration which grantees can draw on for models of interventions to apply in their own communities.

Canadian Students for Sensible Drug Policy (CSSDP)

Canadian Students for Sensible Drug Policy is a grassroots network of youth and students concerned about the impacts of drug policies on individual communities ([Canadian Students for Sensible Drug Policy, n.d.](#)). They work on a local, national, and international level to promote sensible drug policy, increase awareness about harm reduction, and disseminate evidence-based educational resources (Canadian Students for Sensible Drug Policy, n.d.). One such resource is the Sensible Cannabis Toolkit which is a realistic, evidence based, cannabis education resource ([Sensible Cannabis Toolkit, n.d.](#)).

The Toolkit is based on ten guiding principles for cannabis education including education grounded in evidence-based information, non-judgmental and open dialogue, meaningful inclusion, delivery by a trained facilitator or peer, starting education early with age-appropriate content, supporting parents to have open conversations, harm reduction, context-specific education, ongoing education available to youth, and attention to overlapping issues of racism, social justice, and stigma (Sensible Cannabis Toolkit, n.d.). The Toolkit also addresses topics including what cannabis is and how it is used, reasons why youth may or may not use cannabis, harm reduction, history and legislation of cannabis, and addressing any potential health harms from cannabis use ([Valleriani et al., 2018](#)).

“Roots of Youth Violence”

This report from the Ontario Ministry of Children and Youth Services identified increasing youth and more serious violence including increased use of guns and knives, increased intensity of violence, increasing public presence of violence, growing presence of guns and gangs, and community factors that further contribute to youth marginalization ([McMurtry & Curling, 2008](#)). In response to these conditions, the Roots of Youth Violence report took on an approach of needing to understand the mindset of youth as being the core of public concern (McMurtry & Curling, 2008). The report identifies these “roots” as being poverty, racism, community design, issues in the educational system, family issues, health (particularly mental health), lack of a youth voice, lack of economic activity, and issues in the justice system (McMurtry & Curling, 2008).

In response to these roots, the report outlines an approach that is based on a focus on the identified roots of youth violence, one that is asset-based, tailored to unique conditions, community building, and collaborative (McMurtry & Curling, 2008). Through the report, it is advised that the Premier focus attention and resources on places across Ontario where the roots of youth violence are most prominent (McMurtry & Curling, 2008). These places are identified through an objective and data-based methodology which is based on five indicators of disadvantage that have been compiled into an Index of Relative Disadvantage (McMurtry & Curling, 2008).

The report sets out an approach based on four pillars of a repaired social context grounded in social opportunity and anti-racism, a youth policy framework, neighbourhood capacity and empowerment, and integrated governance (McMurtry & Curling, 2008). Finally, principles for planning, accountability, advice, and recommendations are put forward as the setting of floor targets, the tracking of racial and other relevant differences in the achievement of outcome measures, and supplementary commitment to further reducing gaps between the most and least successful (McMurtry & Curling, 2008). The implementation of the proposed plan is outlined through the report including through bringing attention to recommended priorities for implementation (McMurtry & Curling, 2008). These priorities include the provision of universal access to community-based mental health services for children, the development of a methodology for the collection of race-based data, timely allocation of provincial funding for youth-police liaison committees and frontline officer training programs, and actively working with municipalities towards the implementation of community hubs and the establishment on alternative spaces for youth and youth services in the interim (McMurtry & Curling, 2008).

“Play Works”

Play Works is an Ontario based program championing the importance of play in youth development and engagement. The partnership came together in 2003 among key representatives from leading organizations concerned with the future of Ontario’s youth ([Play Works Platform, n.d.](#)). Recently, lack of places to play, fewer activities, and burnout among volunteers and leaders has led to less youth participation ([Play Works, n.d.](#)). As a result, there has also been an increase in crime, drug use, loitering, and childhood obesity (Play Works, n.d.). Play Works calls on Ontario to become a youth-friendly province, to commit to inter-ministerial and intergovernmental dialogue among leaders, and to a renewed government investment in youth play (Play Works Platform, n.d.). Youth play is thus argued to be important for reducing crime, increasing post-secondary graduation, reduced reliance on social services, and more civic responsibility (Play Works Platform, n.d.).