

Youth Cannabis Prevention Initiative (YCPI)

Substance and Addiction Prevention Branch

Center for Healthy Communities

California Department of Public Health (CDPH)

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Our CDPH Team



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What is the Substance and Addiction Prevention Branch?

Established July 2020 We aim to reduce individual, social, and environmental harm from addiction and substance use through research-driven prevention, education, and treatment



Primary, secondary, and tertiary prevention



Alignment with the social-ecological model



Equity, justice, and addressing the social drivers of health



Stigma-free, trauma-informed, and Adverse Childhood Experiences (ACEs)-aware strategies



What is the Youth Cannabis Prevention Initiative?

CDPH SAPB's Youth Cannabis Prevention Initiative (YCPI) is built around:



As mandated in Proposition 64, approved by voters in 2016, the California Department of Public Health shall create and administer a youth prevention and surveillance program from taxes deposited into the Youth Education, Prevention and Early Intervention and Treatment Account (YEPEITA).







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SUBSTANCE AND ADDICTION PREVENTION BRANCH



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Youth Cannabis Prevention Initiative

The Youth Cannabis Prevention Initiative includes the California Cannabis Surveillance System (CCSS) and the Cannabis Education and Youth Prevention Program (CEYPP). The CCSS is a public health data collection and analysis system for youth and adult cannabis use, legal, social, and environmental impacts, and health outcomes. The CEYPP provides health education and prevention to reduce the negative impacts and consequences of cannabis use through state and local partnerships and public awareness campaigns.

To learn how the Youth Cannabis Prevention Initiative is funded, read the Legislative Mandate Infographic (PDF).

To learn about California law as it pertains to cannabis use, please visit the Department of Cannabis Control website.

For questions, please contact us at cannabis@cdph.ca.gov.

Cannabis Basics

CDPH in the Community Public Awareness and Communications

- Cannabis Terms and Definitions
- What are THC and CBD?
- How Cannabis Is Used

Cannabis Data

California Cannabis Surveillance System

New Webpage! Visit us on the web

https://go.cdph.ca.gov/cannabis





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YOUTH CANNABIS PREVENTION INITIATIVE



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California Cannabis Surveillance System (CCSS)

The CCSS is a public health data collection and analysis system that tracks youth and adult cannabis use; legal, social, and environmental impacts; and health outcomes. CCSS shares data via dashboards, data briefs, reports, presentations, and fact sheets. The links below are the most recent data products.

For questions, please contact us at cannabis@cdph.ca.gov

Dashboards

Data Briefs and Reports

- CA Overdose Surveillance Dashboard
- Cannabis Use & Consequences in California: 2016 Baseline Data Brief (PDF)

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Fact Sheets and Infographics

- Cannabis-Related Calls to Poison Control From 2018-2021 (PDF)
- Marijuana and California Youth: Trends and Impacts (PDF)

Marijuana Use Among California Adults (PDF)



Formative Research and Evaluation Products

 Youth Cannabis Education and Prevention Media and Social Marketing Campaign Formative Research Executive Summary (PDF)



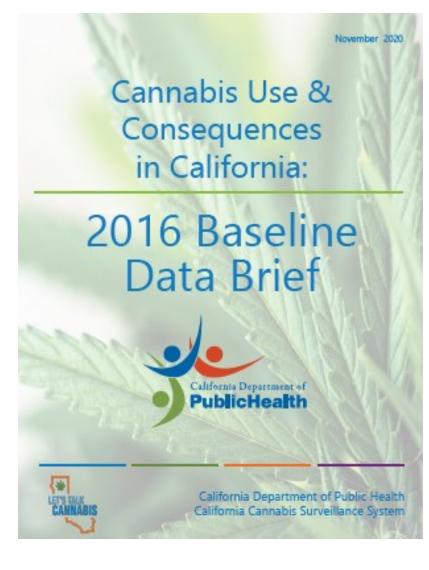
Data Briefs and Reports

CDPH has released a <u>2016 Baseline Data Brief</u> and is currently working on newer editions of the Data Brief.

Data Briefs include information on:

- Youth and Adult Cannabis Use
- Cannabis Use among Pregnant Women
- Motor Vehicle Crashes Involving Cannabis
- Cannabis Seizures
- Cannabis-related Arrests
- Secondhand Cannabis Smoke Exposure
- Cannabis-related Poison Control Center Calls
- Cannabis-related Emergency Department Visits and Hospitalizations
- Cannabis Abuse or Dependence





Fact Sheets and Infographics

CDPH released fact sheets (data up to 2018) on:

- Cannabis Use and Impacts Among Youth
- Cannabis Use and Impacts Among Adults

Marijuana and California •l• •)CDPF Youth: Trends and Impacts

About Marijuana

Figure 1. Increase in THC concentration from 1995 to 2018. Source

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Marijuana use among youth, particularly products with high

concentrations of THC, are known to have serious health

Youth who use marijuana are at increased risk for mental

health problems, including depression and increased risk of

effects on the developing brain.

National Institutes on Drug Abuse (NIDA) Potency Monitoring

Program, Quarterly Report # 142.

Marijuana is the most commonly used drug in the United States.¹ It can be taken in many forms, such as eaten in cookies and candies (i.e., edibles). smoked, vaped, or dabbed as an oil or concentrate. The chemical tetrahydrocannabinol (THC) that is present in the marijuana plant is what gives the user a feeling of being "high". The plant contains other chemicals such as cannabidiol (CBD) and flavor compounds called terpenes, which may also have an effect on the user's mood.

The amount of THC can vary widely by form. For example, marijuana that is dabbed can have up to ten times more THC per puff than smoked marijuana.2 The amount of THC in marijuana has increased significantly over the last 25 years, from about four percent in 1995 to over 15 percent by 2018 (Figure 1). Some forms of marijuana, like edibles and concentrates, have very high levels of THC - up to 90 percent, making youth use of marijuana a cause for concern. 34

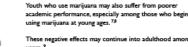
Marijuana and Health

Fast Fact

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Marijuana can affect brain development, Studies have shown that youth who are heavy users of marijuana may have a reduction in mental abilities that lasts into adulthood.3

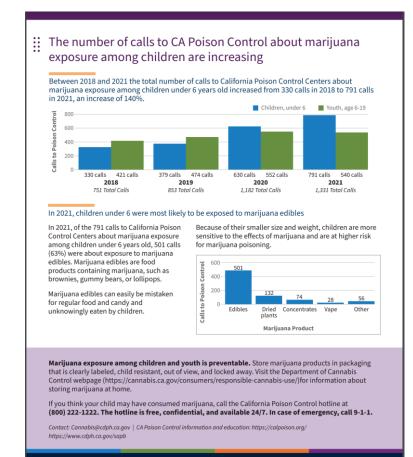




suicide.⁶

These negative effects may continue into adulthood among

CDPH released an infographic on <u>cannabis-related</u> Poison Control Center calls among children and youth from 2018 to 2021.



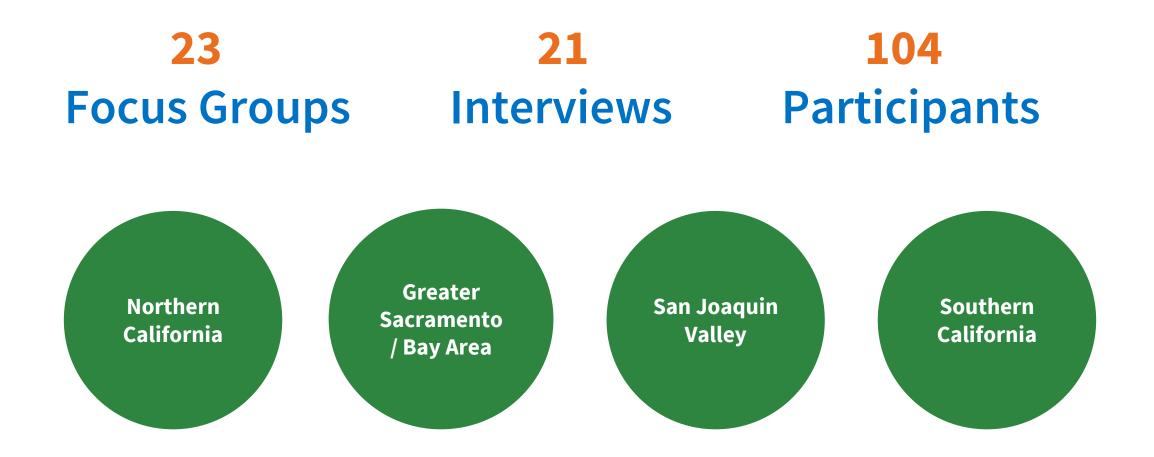






Youth Cannabis Education and Prevention Campaign

Formative Research With California Youth and Parents/Guardians





Formative Research Executive Summary

Research Participant Overview

	Tweens (Age 11 - 14)	Teens (Age 15-20)	Parents and Guardians (Age 30-55)				
Sample Size	28 participants	27 participants	24 participants				
Participant Profile	Experimenters and Susceptible Non-Triers	 Experimenters and Susceptible Non-Triers Past 12-month and/or past 30- day use Self-reported ACEs* 	 Self-identify as parent/ guardian to child ages 11-17 Used at least once during lifetime 				
Race / Ethnicity	White/Caucasian, Hispanic/Latino, African American/Black, Asian, American Indian/Alaska Native						



*ACEs = Adverse Childhood Experiences

Tween (11–14-year-olds) Executive Summary: Research

Key Observations

- COVID-19 exacerbates challenges.
- Conveyed the importance they feel in developing a sense of self by describing their rooms as their "sanctuary."

Statement Testing

Most believable and motivating statement: Teens who begin using marijuana before the age of 18 are more likely to develop problems with marijuana, such as addiction.

Risk Perception

- 10 out of 28 participants perceived great risk when 11–14-year-olds use cannabis 1–2 times per week.
- Most participants (15 out of 28) perceived great risk when 11–14-year-olds use cannabis daily.
- The perception of risk was lower among older participants. Use by older teens or adults was perceived as less risky than use among younger teens.



Teen (15–20-year-olds) Executive Summary: Research

Key Observations

- Care about their mental health and openly shared challenges.
- Surprised by messaging that noted cannabis use could cause anxiety and depression.
- Desire to hear non-judgmental information.

Statement Testing

The most believable and motivating statement was: Marijuana smoke exposes users to heavy amounts of ammonia, hydrogen cyanide, and other toxic chemicals that are also found in tobacco smoke.

Risk Perception

- Most older teens perceived cannabis use as very risky when used by 11–14-year-olds daily or 1–2 times per week.
- The perception of risk was lower among older participants. Use by older teens or adults was perceived as less risky than use among younger teens.



Teens: Reasons for Cannabis Use

To Have Fun & Bond

"Yeah, it's usually when I'm with my friends, but we usually stay in because I don't like going out when I'm high. ... Sometimes we watch a movie. Sometimes we watch those videos online, and we also just listen to a lot of music, too. And then we also talk a lot." - Male, EXP

"I typically only do it when a bunch of my friends just want to go down. It's usually before bed because then I'll just get really tired, so I'll go to sleep. So, we'll watch a movie or TV, and then I just knock out." - Female, EXP

To Cope & Escape

"Because it'll only help me within when I'm having anxiety attacks, but throughout the day, since I'm not constantly smoking, it doesn't help me throughout the entire day. Only in the moment that I do it." - Female, EXP

"Before I smoke, I would look forward to smoking and then when I am high, I will probably be very content with life and my stresses no longer stress me out, and I'm just vibing. It keeps me in a upward spiral in life." - Female, EXP



Parents and Guardians Executive Summary: Research

Key Observations

- Would be upset if another parent allowed their child to use cannabis in their care without their knowledge.
- Not always clear on the exact risks of cannabis, especially for older teens.
- Expressed wariness over their level of influence on their child's cannabis use behavior.
- Appreciated ads that provided clear guidelines on how to navigate ongoing conversations about cannabis with their children.

Statement Testing

- Most believable statement: It is illegal to give cannabis to minors and punishable by law.
- **Most motivating statement:** Cannabis can slow your reaction time, distort perception, and impair your coordination, increasing your chances of getting in a car accident.

Risk Perception

- Most participants perceived great risk associated with 11–17-year-olds using cannabis daily.
- Participants' views of risk changed depending on their child's age. Participants were concerned if there was any cannabis use among tweens, and for older teens, participants were less concerned.



Creative Concept Testing Focus Group Summary

21762Audience GroupsFocus GroupsParticipants

~40% Northern California:

- Northern CA
- Greater Sacramento Bay Area
- San Joaquin Valley

~60% Southern California:

• Southern CA

Creative concept focus groups took place over 11 days between May 5-20, 2022



Campaigns to Educate, Influence, and Support Youth & Parents/Guardians

Primary Audience: Youth, ages 13 – 17 **Secondary Audience:** Parents and Guardians (*English and Spanish*)

01

02

Educate youth about the risks

Influence youth behaviors and norms

03

Support parents and guardians

04

Develop toolkits and resources





Primary Audience: Youth, ages 13 – 17

Educate California teens about the risks of underage cannabis use and empower youth to make the best decisions for their emotional, social and physical well-being.

Secondary Audience: Parents and Guardians (English and Spanish)

Equip parents of these teens to have open conversations about underage cannabis use by providing them the tools and resources they need, and reminding them of their influence.



Supporting and Educating California's Youth



Youth are seeking meaning, connections, independence, and learning to regulate and manage their emotions. Youth are increasingly turning to cannabis to bond with friends and to cope with their day-to-day stressors.

Underage cannabis use interferes with youth's social and emotional well-being, two key pillars of mental health.

Social Well-being

SOCIALIZE: To have fun, have a good time, bond or connect with friends, and inspire creativity.

OUR ACTION: Create messaging that speaks to how **cannabis use affects the brain's ability to form memories** and devalues important moments with friends.

Pillars of Mental Health

Youth Primary Reasons for Use

Intersecting Youth Reasons For Use

Emotional Well-being

COPE: To self-medicate, relax or calm nerves, cope with mental health challenges and/or trauma, and get through the day.

OUR ACTION: Create messaging that speaks to how **cannabis use affects the part of the brain responsible for emotional regulation**, making stress and anxiety harder to manage.



Educate, Empower, & Equip Parents/Guardians



Parents/Guardians are unsure of their level of influence on their child's cannabis use behavior. However, Parents/Guardians want to have important conversations about cannabis use with their children.

Underage cannabis use can be influenced by the parental influence in a youth's life

Educate, Empower, and Equip

GOAL: Educate parents/guardians on the risks of cannabis use and emphasize the parental influence to have conversations to prevent youth cannabis use.

OUR ACTION: Create messaging that **helps parents feel empowered to keep trying to have cannabis risk conversations** with their children by reminding them of the influence they have on their child's life. Give parents/guardians the practical guidance and tools they need to have cannabis use risk conversations with their teens.





Supporting Local Partners to Get Involved



Toolkit Materials to Come

CDPH will provide accurate and actionable materials, such as **conversation guides, fact sheets, and more!**



Regular Learning Webinars

CDPH will be hosting knowledge sharing opportunities to **utilize campaign learnings, materials, and other resources at the local level.**



Local Event Opportunities

CDPH will **engage and support local organizations and events by increasing knowledge of the risks of youth cannabis use** on the local level.



CAMPAIGN ACCOMPLISHMENTS AND BARRIERS

ACCOMPLISHMENTS

2020	Exe Con	/ 2021 cuted itract with cue Agency	October 2021 – February 2022 Administered a Community Need Assessment and Local Partner Needs Form	ls 2022	April 2022 Presented at Sta University's Thi Annual Teachin Cannabis Aware and Prevention Conference.	rd g	May 2022 Conducted Creative Concept Te		October 2022 Received approval to produce the campaign's creative concepts.	Late October 2022 Scheduled production
December 2020 Released RFP	February 202 Awarded Con Rescue Agenc	tract to Cy Fe	ecember 2021 onducted ormative esearch	April 2022 Presented the ca creative concep name/images to leadership to ob begin creative c	ts & o state otain approval to	April 20 Received to begin concept	d approval creative	Presen creativ assets	mber 2022 Ited the campaign's re concepts & supporting to state leadership to approval to produce and	October 2022 Delivered statewide webinar: <i>Addressing</i> <i>Youth Cannabis Use &</i> <i>Adult Influence</i> <i>Webinar</i>

BARRIERS



CAMPAIGN LAUNCH PLAN

SOFT LAUNCH		HARD LAUNCH				
NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023			
 Organic social profiles Prepping spokespeople for earned media interviews 	 Organic social content series (CDPH Instagram) Earned media Landing pages 	 Digital paid media Press release Toolkit & webinar Earned media interviews 	 Traditional media Added-value TV interview County events Campaign sizzle video Earned media interviews 			



Comments and Questions?

Email Us: <u>Cannabis@cdph.ca.gov</u> Webpage: <u>https://go.cdph.ca.gov/cannabis</u>



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