

A series of technical assistance
manuals for community coalitions

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STRATEGIZER[®]

Marijuana – Debunking the Myths



Marijuana — Debunking the Myths

Developed by Community Anti-Drug Coalitions of America®
and the Office of National Drug Control Policy

“The risks associated with marijuana have been trivialized and our kids are getting the wrong message. It is time to dispel the myths about marijuana. The facts are compelling, but we must arm parents, teachers, community leaders and our children with the truth. Outdated and false perceptions about the drug are putting today's kids at risk.”

***—John P. Walters, director,
Office of National Drug Control Policy***

INTRODUCTION

Marijuana is the most widely used illicit drug among America's youth today, according to the 2001 National Household Survey on Drug Abuse, and kids are smoking it at a younger age than ever before. Moreover, the strength of the drug has increased in the past two decades, and adulterants are often added to increase its effects.

Yet many kids think marijuana is harmless. References to marijuana abound in movies, in popular music and on TV, “normalizing” and trivializing use of this pernicious drug. Parents admit to being ambivalent about the drug and unaware of its risks to young users. Moreover, prevention advocates are up against well-financed and organized campaigns to promote marijuana for medicinal purposes and to legalize it.

Marijuana is a serious, harmful drug, yet because of the folklore and false information that surround and support it, many people

do not perceive marijuana to be a problem. Since the 1990s, surveys have shown that marijuana use among youth has increased as perceptions of risk and peer disapproval among youth have declined. Focused on other issues, the prevention field has largely avoided addressing the issue of marijuana use directly. As the front line in substance abuse prevention, coalitions must take a public stance that it is not *just* marijuana, and that use of any illicit drug is dangerous and unacceptable behavior.

Community and parental complacency about marijuana are based on common misconceptions, including:

Myth 1: Marijuana is harmless.

Not so. Marijuana is more potent than ever and can lead to a host of significant physical, social, learning and behavioral problems at a crucial time in the lives of young people.

Myth 2: You can't get addicted to marijuana.
Despite popular belief, scientific research has shown that marijuana use can indeed lead to dependency and addiction.

Myth 3: Marijuana won't hurt you — it's just a plant.
A significant body of research has identified the consequences of marijuana use, including changes to the brain, problems with learning, effects on mental health, and lung and respiratory damage.

Myth 4: Marijuana doesn't make you lose control. It just makes you mellow.
Marijuana affects many of the skills required for safe driving and other tasks, and these effects can last up to four hours. Research has also shown a link between frequent marijuana use and increased violent behavior.

Myth 5: Marijuana isn't as popular among youth today as other newer drugs like Ecstasy.
Marijuana is the most commonly used illicit drug in the United States.

Myth 6: There's not much parents or anyone else can do to stop youth from experimenting.
Parents are the most powerful influence on their children when it comes to drugs. Two-thirds of youth ages 13-17 say losing their parents' respect is one of the main reasons they don't smoke marijuana or use other drugs.

At present, pro-marijuana messages dominate information available on the Internet, and community norms tend to tolerate marijuana use. Well-organized campaigns promoting marijuana's medicinal uses, decriminalization and legalization frequently make the headlines. There is an urgent need to actively challenge the myths that support and sanction marijuana use by providing accurate scientific information and working to change the attitudes of youth, parents, influential adults (doctors, nurses, educators, journalists) and the broader community about marijuana. Coalitions need to tell young people — and parents — the other, factual side of the story on marijuana.

After recording significant progress in the campaign against marijuana use in the late 1970s, the prevention field as a whole has largely focused its energies and

resources elsewhere; very few current prevention efforts specifically target marijuana use. Great strides have been made in alcohol and tobacco prevention. Marijuana use must receive the same kind of focused attention.

Keeping communities drug-free and healthy means coalitions must overcome complacency about marijuana and implement strategies to prevent and reduce youth marijuana use.

That goal might seem difficult, but marijuana can do great damage to young people's futures, and parents and youth need access to accurate information. Coalitions are well positioned to begin turning the tide against the apathy toward marijuana use in our communities.

Prevention interventions must build on reaching out to youth — and parents — with up-to-date scientific evidence on the significant health, social, learning and behavioral effects of marijuana on young users. Coalitions have the opportunity and the obligation to speak out and take a stand against youth marijuana use.

This Strategizer will:

- Provide accurate, scientific information about the specific harmful effects of marijuana, discuss research-based information on the myths and misperceptions youth and adults hold about marijuana and suggest ways to address them;
- Equip coalitions with strategies to reduce and prevent youth marijuana use;
- Share reports from the field about how other coalitions are reducing or preventing marijuana use.

“Make no mistake, marijuana is a harmful, addictive drug that is readily available to our children in communities across the country. Teenagers who are smoking marijuana today are using a drug more potent than what was available in the 1960s.”

***—Louis Z. Cooper, M.D., president,
American Academy of Pediatrics***

THE NEGATIVE EFFECTS OF MARIJUANA

The facts about marijuana use are compelling and effective tools for prevention advocates. Here is information that you can use in your coalition's campaign against marijuana:

Marijuana is Addictive

- Research has now established that marijuana is addictive. In fact, more youth enter treatment with a primary diagnosis for marijuana dependency each year than for all other illicit drugs combined.
- Sixty percent of teens currently in drug treatment have a primary marijuana diagnosis.
- Today's marijuana is more potent and its effects can be more intense.

Marijuana Hurts Young Bodies and Minds

- *The brain.* Smoking marijuana leads to changes in the brain similar to those caused by cocaine, heroin and alcohol.
- *Lung damage.* Regular marijuana users often develop breathing problems, including chronic coughing and wheezing. Smoking marijuana makes lung conditions such as asthma worse.
- *Mental health.* For young users, marijuana can lead to increased anxiety, panic attacks, depression and other mental health problems.
- *Risky behavior.* According to the 2001 National Household Survey on Drug Abuse, adolescents age 12 to 17 who use marijuana weekly are nine times more likely than non-users to experiment with other illegal drugs or alcohol, five times more likely to steal and nearly four times more likely to engage in violence.

Marijuana Affects Learning and Academic Achievement and Impairs Driving

- Researchers have found that heavy marijuana use impairs the ability of young people to concentrate and retain information.
- Marijuana affects alertness, concentration, perception, coordination and reaction time, many of the skills required for driving and other tasks. These effects can last up to four hours after smoking marijuana.

Marijuana Today is Stronger Than Ever

- Marijuana is much stronger and more addictive than it was 30 years ago. The average THC level rose from less than 1 percent in the late 1970s to more than 7 percent in 2001.
- Sinsemilla potency has increased, rising from 6 percent to 13 percent. THC levels of 20 percent and up to 33 percent have been found in samples of sinsemilla.

Marijuana Users Are Younger Than Ever Before

- Every day in 1999, more than 3,800 youth ages 12-17 tried marijuana for the first time. That's more than tobacco.
- The number of eighth graders who have used marijuana doubled between 1991 and 2001, from one in 10 to one in five.
- Scientists now know that humans undergo a second major spurt of brain development in their early teens: Marijuana use at this age could pose great risks for the health and development of young people.
- Research reported by NIDA shows marijuana's effects on the brain can cause cumulative deterioration of critical life skills.
- Young marijuana users often introduce other youth to the drug, according to a January 2003 report in the *Journal of the American Medical Association*.

STRATEGIES COMMUNITY COALITIONS CAN USE

The dissemination of accurate, scientific information about marijuana is key to challenging myths and changing complacent attitudes by raising awareness of the drug's hazards. Engaging all segments of the community, from the media to schools and the medical community, as well as parents and young people, is the comprehensive approach that's required.

“Marijuana is not a rite of passage but a dangerous behavior that could have serious health consequences. Parents must realize that what they tell their children about drug use makes a difference.”

— Richard Carmona, M.D., U.S. surgeon general

Many of the programs and environmental interventions coalitions currently use to change community norms and promote behavioral change can be applied to marijuana prevention/reduction efforts, especially if they are focused on marijuana issues and specifically address the myths and realities discussed earlier in this *Strategizer*.

For many coalitions, the important issue is to make sure that marijuana is addressed as intensely and consistently as other illegal drugs, such as Ecstasy and cocaine. Interventions that seek to increase perceptions of risk are often the most successful. Such interventions, which must be science-based, generally include school- and community-based programs for youth and programs and media campaigns for parents and others who influence young people.

In some states, coalitions will be using these interventions to change community norms to counter pro-legalization efforts. In these states, advocacy strategies may need to be added to the mix. In all cases, it is important that coalitions tailor the message to the appropriate audience: The information that parents need to hear, for example, is different from the message that teens need to hear.

Begin with an Assessment

For coalitions to realize measurable outcomes from their efforts, the first step, as with all interventions, is to conduct a needs assessment and determine the extent of the problem in YOUR community. National surveys and even state data are useful only for revealing broad trends; what is important to your community is the prevalence and incidence of marijuana use.

Without baseline data showing you specifically if and where marijuana is a problem in your geographic area of responsibility, you will have no idea where to target your efforts, and your interventions will likely fail. Once you

have that baseline data, you will be able to measure the results of your efforts and evaluate your success.

Local needs assessment data also is critical to gaining support of key stakeholders in your community who may not feel that marijuana use is as serious as some other drugs. While national headlines are important, it is local data that will convince local stakeholders and funders.

The second most important step is to make sure that prevention/reduction efforts targeting marijuana are comprehensive and broad-based. The work of community coalitions is most successful when communities employ multiple strategies across multiple sectors.

The Idea Sampler that follows identifies many of these sectors. Others who need to be involved include the faith community, law enforcement, local government, the business community and all other stakeholders who share an interest in drug-free youth. For more tools, ONDCP has developed an online Marijuana Awareness Kit full of materials to help you bring this important prevention message to your community.

IDEA SAMPLER: Strategies for Addressing Marijuana Use

ENGAGE PARENTS — Help parents move past their ambivalence by giving them accurate information to use as they talk with and monitor their children. Research consistently shows that parental attitudes are a primary factor influencing youth drug use.

The Sussex County Coalition for Healthy & Safe Families (Newton, NJ) addresses marijuana use with a widely distributed pair of newsletters, one tailored for parents

CHALLENGING THE MYTHS

PARENTS CAN MAKE A DIFFERENCE

- Parents are the most powerful influence on their children when it comes to drugs. Two-thirds of youth ages 13-17 say losing their parents' respect is one of the main reasons they don't smoke marijuana or use other drugs.
- In 2000, 31 percent of youth whose parents did not strongly disapprove reported use of an illicit drug in the past month.
- Parents who perceive little risk associated with marijuana use have children with similar beliefs.

Research shows that many parents:

- Are ambivalent about marijuana, considering it to be relatively risk-free;
- Neglect to refer to marijuana use when talking to their children about drugs;
- Are more concerned about so-called "hard" drugs and the dramatic increase in use of Ecstasy and other club drugs;
- Do not fully appreciate the specific dangers of marijuana today — drawing on, in some cases, their own experiences with the drug;
- Do not realize how young children are when they start to smoke marijuana.

The Message

Parents need to specifically understand that:

- Marijuana is not an "outdated" drug — it is by far the most widely used illicit drug among youth today;
- Marijuana is not relatively "risk-free" — it is a harmful, addictive drug that can increase risk-taking behaviors that can jeopardize a young person's future (e.g., pregnancy, car crashes,

losing a job or scholarship, and criminal behavior);

- While people of their generation may have "experimented with pot," the increased potency of marijuana today means far greater risks for their own children, who typically are trying it at much younger ages;
- Marijuana is often adulterated with other substances (e.g., sometimes a marijuana joint is dipped in embalming fluid, then PCP is added), increasing the risks and hazards;
- They are the key to fostering a serious attitude about marijuana in young people. The best thing parents can do is talk to their children about drugs, including marijuana, and carefully monitor their activities.

ADDRESSING YOUTH'S FALSE BELIEFS

Since the 1990s, marijuana use among youth has increased as perceptions of risk and peer disapproval have declined. Young people's attitude is often: "If marijuana was bad for me I would have heard about it." The trouble is a lot of stories, myths and false anecdotal information about marijuana circulate unchallenged.

The Message

- Provide factual information about the drug. It is important to be honest and not to exaggerate or create more myths.
- Discuss "short-term" effects, such as losing control and doing something stupid or that the teen may regret, which young people relate to better than long-term, future consequences, such as lung cancer.
- Provide evidence that marijuana is addictive. Discuss the facts of dependency and withdrawal symptoms when the drug is stopped.
- Make it clear that marijuana can end up controlling the user — not the other way around.



CHANGING PERCEPTIONS OF RISK

Medical Marijuana

Young people often interpret the pro-marijuana messages of medicinal use and legalization campaigns in the media as meaning that marijuana is harmless or even beneficial in some way. Disturbingly, interviews with teens found that some believe that marijuana can cure cancer and other serious diseases.

Prevention efforts must be sure to dispel these sorts of myths. Note that:

- Research has NOT demonstrated that smoked marijuana can be helpful as medicine;
- Marinol, a prescription drug approved by the FDA, is a medicine — smoked marijuana is not;

- Smoked marijuana contains more than 400 chemicals and increases risk of cancer, lung damage and pregnancy complications.

Coalitions should know that some drug legalizers may use “medical marijuana” as a red herring in an effort to advocate broader legalization of drug use. The Institute of Medicine conducted a comprehensive study in 1999 to assess the potential health benefits of marijuana and its constituent cannabinoids. The study concluded that smoking marijuana is not recommended for the treatment of *any* disease condition. In *all* instances, there are approved drugs available to treat medical conditions believed by some to be relieved by smoking marijuana.

Myths Youth Believe About Marijuana

Myth: Marijuana won't hurt you, it's just a plant.

Fact: Cocaine comes from coca plants, heroin from poppy plants and both are harmful.

Myth: Marijuana is not addicting.

Fact: Marijuana can be addictive, like any other psychoactive drug.

Myth: Marijuana is allegedly used for medicinal purposes, so it can't be bad for you.

Fact: Cocaine and opiates are used for medicinal purposes too, and they can be dangerous.

Myth: Marijuana doesn't cause you to lose control; you know what's going on around you.

Fact: Marijuana can impair your judgment, causing you to do things you'll regret (e.g., having sex and increasing your risk of STDs, unplanned pregnancy, driving with people who are high or intoxicated or putting yourself in any other vulnerable position).

Myth: Marijuana smoke isn't all that dangerous to the lungs.

Fact: Marijuana smoke contains toxic chemicals that can cause lung problems, including cancer.

MARIJUANA—DEBUNKING THE MYTHS

and other adults and one specifically aimed at youth. According to Rebecca Carlson, coordinator, the biggest problem in Sussex County is trying to make parents who grew up in the 60s and 70s understand that today's marijuana is not the drug they may have once used. "We want them to know of the devastating effects that marijuana can have," Carlson explains as the rationale for launching the parents' newsletter.

ENGAGE YOUTH AND THE SCHOOLS — Find out more about the local drug education/prevention curriculum in your area schools. What is being taught regarding marijuana prevention? Contact the local PTA chapter to co-sponsor a "Prevention for Parents Night." Provide parents with the facts on youth marijuana use. Be sure to have a Q&A session and invite the press. Include role-playing exercises to demonstrate how parent/adult caregivers can talk to youth about the dangers of marijuana use. Enlist the student council, school newspaper staffs, theater groups and school art departments to deliver the anti-marijuana message. Engage young people. Survey them to learn more about their attitudes and behavior. Involve them in delivering the messages: peer-to-peer communication is a powerful tool.

The Northern Berkshire Community Coalition (North Adams, MA) targets marijuana use through school-based social norms marketing campaigns, according to coalition spokesperson Elena Traister. A group of students in each middle or high school (those participating in the UNITY youth program of the Northern Berkshire Community Coalition) decided which substance to target (alcohol, cigarettes, or marijuana). At the conclusion of the campaign, according to Traister, each UNITY group evaluated their efforts. They surveyed their peers to find out how many had heard the message and how many could now correctly esti-

mate the percentage of their peers who did not engage in the target activity (smoking, drinking, or smoking marijuana). The results were displayed on posters, which were presented to the public at the UNITY year-end reception. All schools marked a significant improvement in their peers' ability to correctly estimate non-use.

In informal discussions about marijuana with high school youth, Schenectady (NY) County Substance Abuse Prevention Partnership discovered that young people believe that smoking marijuana and driving is far less dangerous than drinking alcohol and driving. In fact, they have deemed it the "designated-driver drug." Among the beliefs their comments revealed are:

- They feel there really is no legal consequence. If Schenectady youth have to go to court on a charge, they pay a \$50 fine and nothing more (police have difficulty getting consequences to stick, and the county has just one Drug Recognition Enforcement Officer);
- They do not perceive marijuana as harmful, believing it doesn't have the same potential for causing violence, date rape and vandalism as other drugs;
- They give little credence to the results of brain research showing the potential for physical harm from marijuana use.

To address this challenge, according to Nancy Jones, prevention specialist/evaluator, Schenectady has modified and strengthened its educational approaches, environmental efforts and skills development for youth.

Jane Callahan, former executive director of the City of Vallejo (CA) Fighting Back Partnership, says that marijuana is an integral part of the overall illegal drug abuse prevention effort in Vallejo, including such strategies as



The Sussex County (NJ) Coalition's newsletter targeting marijuana use.

implementing FAST (Families and Schools Together) programs & FAST Works in all middle schools. Drug and alcohol use among Vallejo students showed decreases in almost every category, according to the results of the 2000-01 California Healthy Kids Survey, with decreases in alcohol and marijuana use among 11th-graders particularly impressive compared to 10 years ago.

The Irvine (CA) Unified School District, a 1998 Drug Free Communities grantee, treats marijuana and tobacco use similarly as health smoking hazards through instruction in health classes and through a social marketing campaign at one of the high schools. reports Nancy Colocino, coordinator for guidance resources. She is particularly concerned about perceptions of risk: In a survey of fifth graders, 98 percent said cigarettes would be bad for a person's health, 75 percent feel alcohol would be bad, and just 73 percent feel marijuana would be bad for a person's health.

Santa Barbara (CA) Fighting Back, has established a system of care for young people that spans prevention, intervention and treatment and includes targeted marijuana efforts within this framework. Collaboration with local school districts has enabled the partnership to institutionalize a comprehensive prevention program (the Youth Service System) at all local secondary school campuses. This innovative program provides trained prevention specialists on each campus who coordinate a variety of prevention activities, as well as creating linkages to treatment from the schools. The coalition also provides youth service specialists at a community school for high risk youth, where marijuana use is very high.

ENGAGE THE COMMUNITY — Team up with the local Chamber of Commerce or other civic organization to host lunch seminars for local businesses to educate them about the dangers of youth marijuana use and its impact on adults in the workplace. Consider sponsoring a community forum involving volunteer groups, service organizations, faith groups and others to help raise awareness about the dangers of marijuana and the importance of drug prevention. Be sure to invite the press! As you engage the community, make sure that you have a collaborative relationship with law enforcement and other key community stakeholders (e.g., the faith community).

David Morales, executive director of the Dothan-Houston County Substance Abuse Partnership in

Dothan, AL, has been fighting to change perceptions of risk about marijuana for at least five years. That's how long his coalition has been focusing on adults who seem to feel "that marijuana is not such a big deal." "We emphasize in our presentations to parents that kids really do listen to them and when parents don't speak out, kids hear them even louder," Morales says. "We also target special messages to grandparents and foster grandparents and to employees." Morales recommends that presentations be kept simple and direct and include video or slides. "If you give clear, concise information, people will listen."

ENGAGE THE MEDIA — Make the media your ally, not an adversary, in the campaign against marijuana. Use press releases, op eds, fact sheets, letters to the editor and meetings with the editorial boards of local newspapers in a collaborative effort to convey your message. Examples ready for customization using local statistics and quotes can be found in ONDCP's Marijuana Awareness Kit. Monitor local coverage of drug-related articles and be ready to supply additional information that casts a positive slant on prevention efforts in the community. Engage the journalists who regularly cover substance abuse issues and help them design and adapt messages and materials for the specific audience your interventions are intended to reach. Distribute PSA scripts to public affairs directors at local radio stations and encourage them to make on-air announcements about your marijuana campaign. Host a media briefing to highlight the dangers of marijuana use. Speakers might include local drug counselors, police, physicians or a child or parent with a personal story about marijuana abuse. A slide presentation and video are available as part of the Marijuana Awareness Kit.

ENGAGE THE MEDICAL COMMUNITY — Urge physicians, school nurses and other members of the medical community to take a public stand on this issue, especially if your community has high emergency room rates for marijuana-related incidents. (The American Academy of Pediatrics has urged its members to address marijuana with patients, focusing especially on potency and behavioral issues.)

ENGAGE COMMUNITY "STARS" — Is there an athlete or other celebrity in your community that youth admire, and is he or she a legitimate role model? If so, that individual would be a powerful addition to your campaign.

LINK TO NATIONAL CAMPAIGNS FOR RESOURCE MATERIALS

There are several national anti-marijuana campaigns currently underway. These campaigns are good resources for coalitions to secure materials and strategies addressing marijuana use.

NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

The National Youth Anti-Drug Media Campaign, a congressionally-funded initiative of the White House Office of National Drug Control Policy (ONDCP), is a multi-dimensional effort designed to educate and empower youth to reject illicit drugs. To dispel myths and misconceptions about marijuana, the most widely used illicit drug among America's youth, ONDCP and the Media Campaign launched a comprehensive marijuana prevention initiative in fall 2002 aimed at reaching youth, parents, and other influential adults. An online Marijuana Awareness Kit offers a range of materials and tools to help coalitions dispel the myths about the drug and bring important prevention messages to their communities.

Web sites: www.mediacampaign.org
www.whitehousedrugpolicy.gov

Campaign Online Resources:

FOR YOUTH

Freevibe

This National Youth Anti-Drug Media Campaign-sponsored Web site helps young people understand the dangers of drugs and make responsible decisions with their lives. The site features moderated bulletin boards, role-playing games, media literacy tools, pop culture news, and facts about marijuana and other drugs. The Campaign maintains Freevibe with support from the National Clearinghouse for Alcohol and Drug Information.

Web site: www.freevibe.com

FOR PARENTS AND OTHER ADULTS

The AntiDrug

The AntiDrug is a Web-based component of the National Youth Anti-Drug Media Campaign that provides parents and other adult caregivers with strategies and tips on raising healthy, drug-free children. This award-winning site encourages parents to help their children with these difficult issues by offering information from behavioral experts as well as other parents. It also offers suggestions on how to address sensitive subjects such as a parent's personal history with drugs. Visitors can also register for a free parenting tips e-mail service at this site. Information from TheAntiDrug.com is available in Spanish at www.laantidroga.com and in various Asian languages (Korean, Cambodian, Chinese and Vietnamese) through the homepage.

Web site: www.TheAntiDrug.com

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)

NCADI provides a wealth of free, valuable information and resource material that parents and others can share with young people about substance abuse. The Clearinghouse offers research data and statistics and an online catalog of resources as well as highlighting prevention-related conferences, events and initiatives. In addition, NCADI's hotline is staffed by information specialists 24 hours a day. NCADI is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the U.S. Department of Health and Human Services.

Web site: www.ncadi.samhsa.gov

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

NIDA supports more than 85 percent of the world's

research on the most fundamental and essential questions about drug abuse, including tracking emerging drug use trends, understanding how drugs work in the brain, and developing and testing new drug treatment and prevention approaches. NIDA produces a variety of timely, scientifically based and user-friendly educational materials about marijuana and other drugs that are readily accessible to parents, young people and educators on its Web site.

Web sites: www.drugabuse.gov
www.marijuana-info.org

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA is a government agency responsible for improving the quality and availability of prevention, treatment and rehabilitative services for substance abuse and mental illnesses. Reality Check is a public education initiative developed by SAMHSA's Center for Substance Abuse Prevention (CSAP) to educate adults who influence teens about the health risks of marijuana use. For Real is a companion program and Web site created to speak directly to teens and their concerns.

Web sites: www.health.org/reality/
www.ForReal.org

NATIONAL PTA – DRUG AND ALCOHOL ABUSE PREVENTION PROJECT

The National PTA is a not-for-profit association of parents, educators, students and other citizens active in their schools and communities. The PTA site offers a special section for parents on protecting their children from drugs and alcohol and provides drug facts, positive parenting tips and family activities.

Web site: www.pta.org/parentinvolvement/drugalcohol/

Publications for Parents and Other Caregivers

Wake Up to the Risks of Marijuana: A Guide for Parents. White House Office of National Drug Control Policy. National Clearing-house for Alcohol and Drug Information, Publication No. PHD956. (800) 788-2800 or www.TheAntiDrug.com/pdfs/Risks_Marijuana_Parent_Guide.pdf. Free.

Marijuana: Facts Parents Need To Know. National Institute on Drug Abuse, U.S. Department of Health and Human Services, NCADI Publication No. PHD712. (800) 788-2800; TDD: (800) 487-4889. Free.

Keeping Your Kids Drug-Free: A How-To Guide for Parents and Caregivers, 2001. White House Office of National Drug Control Policy. National Clearinghouse for Alcohol and Drug Information, Publication No. PHD884. (800) 788-2800. Free.

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www.drugabuse.gov/Marijuana Facts for Teens.
NIDA InfoFax Marijuana 13551.

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Treatment Episodes Data Set (TEDS), 1994-1999: National Admissions to Substance Abuse Treatment Services. SAMHSA, October 2001.

Community Anti-Drug Coalitions of America® is a membership-driven organization put in place to give anti-drug and drug-related violence coalitions technical assistance and support. The purpose of the *Strategizer Technical Assistance Manuals* is to provide step-by-step guidance on various topics relevant to the work you do in your community each day. We know you are busy, so *Strategizers* are designed to be easy-to-use guides that help to streamline the planning process.

Strategizers cover such topics as long-range planning, board and staff development, development of media strategies,

marketing planning, fundraising for coalition operations and programs, methods for engaging hard-to-reach populations, and more. For a current list of *Strategizer Technical Assistance Manuals* or for additional technical assistance on the topic covered in this *Strategizer*, contact the CADCA staff by writing to: 901 North Pitt Street, Suite 300, Alexandria, VA 22314, or call toll-free: 1-800-54-CADCA.

Please notify CADCA regarding the technical assistance needs you may have. Your coalition is on the front line against the ravages of drugs, alcohol and violence.



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