Prevention Pillar Recommendations

Prevention Pillar
Mayor's Drug Policy Task Force
April 2015

Municipal Drug Policy Task Force
Prevention Pillar Recommendations
April 24, 2015

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Members of the Prevention Pillar include:

- Christine Barksdale, Ithaca Police Department
- Fabina Benites Colon, Multicultural Resource Center
- Kris Bennett, Tompkins County Youth Services Department
- Stacy Cangelosi, Alcohol and Drug Council of Tompkins County
- Marcia Fort, Greater Ithaca Activities Center (GIAC)
- Amie Hendrix, Tompkins County Youth Services Department
- Judy Hoffman, Ithaca City School District
- David Johnson, Ithaca City School District
- Nicole LaFave, Multicultural Resource Center
- Tim Marchell, Cornell University
- Laura Beth Santacrose, Cornell University
- Ted Schiele, Tompkins County Health Department
- Angela Sullivan, Alcohol and Drug Council of Tompkins County
- Liz Vance, Ithaca Youth Bureau
- Roberta Wallitt, Community member

The Prevention Pillar has four recommendations:

1. To establish and/or reinvigorate a city and/or county coalition focused on improving the health and well-being of community members.
2. To implement a licensing ordinance of retail outlets selling tobacco and smoking paraphernalia in the city of Ithaca (and/or Tompkins County).
3. To implement a social host ordinance in the city of Ithaca (and/or Tompkins County).
4. To implement local licensing regulation of retail and medical marijuana outlets (and/or Tompkins County).

The Goal of the Prevention Pillar:

The overarching goal of the Prevention Pillar is to reduce the onset and frequency of use of all substances (alcohol, tobacco, and other drugs) among community members. These substances are often interrelated in that individuals who use one or more of these substances are more likely to use/try other substances. This phenomena is often called the gateway theory or the gateway effect, which states that the use of alcohol or tobacco can often lead to an increased likeliness of an individual using other drugs such as marijuana, cocaine, heroin or prescription drugs without a prescription. Ultimately, prevention aims to reduce and/or delay the onset of use of any substance and simultaneously reduce access to substances.

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Recommendation # 1: Establish and/or reinvigorate a county coalition focused on improving the health and well-being of community members.

1. **Current Status**
    a. There are many different organizations and agencies in Ithaca that are working to improve the lives of youth. However, they often are working in silos and are often underfunded.
    b. The Community Coalition for Healthy Youth (CCHY) grew out of the Community Drug Task Force established by Mayor Alan Cohen in the late 1990s. After successfully obtaining federal funds over several years, the CCHY is currently in a period of transition since the end of its most recent grant.

2. **Goal**
    a. Create a coordinated and sustainable organization that works collaboratively with representative community stakeholders to assess opportunities and act to implement initiatives that will contribute to lasting change in community norms and systems, thereby reducing substance use and abuse problems for the entire community.

3. **Rationale**
    a. An important goal of prevention is to minimize the number of risk factors and maximize the number of protective factors, so that protective factors outweigh the risk factors, which in turn reduces the risk of drug abuse.
    b. Environmental strategies offer well-accepted prevention approaches that can change the context (environment) in which substance use and abuse occurs. Environmental approaches potentially reach entire populations and reduce collective risk. They create lasting change in community norms and systems, supporting widespread behavior change and, in turn, reducing problems for entire communities. Environmental strategies are implemented most effectively as part of a community problem solving process conducted by coalitions.
    c. Coalitions can harness the community's power to create change. A well-functioning coalition engages residents, law enforcement, schools, nonprofit organizations, the faith community, youth and other key groups to work in tandem to address community concerns. Coalitions are well positioned to ensure sustained action on pervasive community problems that have eluded simple solutions. And, coalitions enable residents to contribute to making a difference and creating the political will necessary to influence development and implementation of lasting policy. (CADCA 2010)

4. **Recommendation: Create a new committee/enhance the existing CCHY coalition**
    a. The Mayor's Office should work with the Community Coalition for Healthy Youth (CCHY) to establish and/or reinvigorate a county coalition with representative community members from different sectors. This group would be responsible for conducting a needs and assets assessment of the community, and

act on this information by recommending appropriate initiatives in an ongoing way.

b. The Prevention Pillar recommends the City of Ithaca adopt this group as an advisory group.
c. The following areas for action have been identified by the prevention pillar and focus groups, as areas for the Coalition to explore:
    i. Educational strategies (e.g. media campaign marketing the Good Samaritan Law)
    ii. Economic development (e.g. address joblessness, job opportunities for youth, work with business owners, affordable housing etc.)
    iii. Increased recreational opportunities for youth (e.g. coordinate and advocate existing opportunities)
    iv. Mental health resource support (e.g. address mental health needs among community members identified in focus group)
    v. Adopt restorative justice perspective within school systems and the community.
d. Membership:
    i. The Coalition will be comprised of diverse stakeholders including those directly involved in and closest to issues of concern. The Coalition should have an executive board and subcommittees that include the voices of people providing services, and those receiving services. Members of the coalition will be responsible for representing their stakeholders and for reporting back to their stakeholders about the work of the coalition.
    ii. In order to be eligible to obtain federal funding, members of the coalition should include representation from the following sectors:
        1. Businesses (employers)
        2. Education (K-12 and colleges and universities)
        3. Faith based/religious organizations
        4. Governmental agencies (state, local or tribal agencies)
        5. Health care providers
        6. Law enforcement
        7. Media
        8. Parents/guardians
        9. People living with addiction and/or in recovery
        10. Service providers
        11. Treatment providers
        12. Youth (e.g., Youth Council members)
        13. Youth serving organizations
e. Resources:
    i. Resources will be needed to assess substance abuse risk factors and areas of concern in our community, determine and implement specific interventions, and evaluate results for effectiveness.
    ii. Staff support will be needed to assure a sustainable coalition model.

iii. The coalition will need resources to meet with youth in the evenings and on weekends when youth are available to determine how to expand and provide opportunities for all youth in the community.

5. Evaluation

a. Collect baseline data of specific problem areas/concerns
b. Implement specific interventions to address the identified problem areas/concerns
c. Evaluate results for effectiveness

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Recommendation # 2: Implement a licensing ordinance of retail outlets selling tobacco and smoking paraphernalia in the city of Ithaca (and/or Tompkins County).

1. **Current Status:**
    a. In the last few years, Ithaca has experienced a proliferation of retailers selling smoking paraphernalia. New "Vape" shops are opening in communities at a rapid rate.
    b. Among Middle and High School students, the Tompkins County average for 30-day cigarette use since 2008 is declining or flat for all grades. In 2014, 30-day cigarette use for grades 11 and 12 was 7.3% and 10.3%, respectively. See Figure 1 in the Appendix.
    c. 30-day Marijuana use among Tompkins County Middle and High School students has increased since 2008 in all grades except 9 & 10. In 2014, 30-day marijuana use rates for grades 11 & 12 was 28% and 31%, respectively. See Figure 2 in the Appendix.
    d. Perception of harm: The rate of perceived risk from smoking cigarettes is the same for 8th, 10th, and 12th grades, with about 92% of all Tompkins County students responding there would be great or moderate risk of harm to themselves from smoking 1+ packs of cigarettes a day. Among 12th graders, just 19% believe there is a great or moderate risk from trying marijuana once or twice. Fewer than half believe the risk extends to smoking marijuana once or twice a week. See Table 1 in the Appendix.
    e. Peer acceptance: While peer disapproval of cigarettes is high for grades 8 and 10, nearly one-in-five 12th graders do not report peer disapproval of cigarette use. Peer disapproval of marijuana use is under 50% among 12th graders, and just 70% for 10th graders. See Table 1 in the Appendix.
    f. Ease of availability (access): Over one quarter of 10th graders and over half of all 12th graders feel cigarettes are easy to get. Close to half of 10th graders and two-thirds of 12th graders say marijuana would be easy to get. (All Tompkins County schools.) See Table 1 in the Appendix.
    g. A clear majority of Tompkins County adults are not opposed to policies that would restrict access to tobacco products. See Table 2 in the Appendix.
    h. Currently there is no local licensing of tobacco retailers or smoking paraphernalia retailers.

2. **Goal:**
    a. Reduce the risk of tobacco and marijuana use among youth by regulating retail outlets that visibly display and sell smoking paraphernalia and/or tobacco products within the city (and/or county).

b. Regulate the number and density of retail outlets, and the proximity of outlets to youth and family oriented centers of activity within the city (and/or county).

3. Rationale

a. It is well established in the research literature that increased access to tobacco and alcohol is associated with higher levels of use among youth. Ease of access is influenced by multiple factors including the geographic density of retail outlets. In short, the more tobacco and alcohol are available commercially, the more likely they are to be acquired and used by youth.
b. The Institute of Medicine recommends restricting the number and location of retail outlets for cigarettes in communities based on associations found between density of cigarette retail outlets and advertising and adolescent smoking, and studies linking the density of retail alcohol outlets and youth alcohol use. (Report of the U.S. Surgeon General, 2012. Page 545.) Similarly, the Community Guide to Preventive Services (created by a task force of the U.S. Department of Health and Human Services) recommends measures to control alcohol sales as a means of preventing excess alcohol consumption. These include regulation of alcohol outlet density, and maintaining limits of days and hours of sale. (http://www.thecommunityguide.org/alcohol/index.html)
c. While research on the impact of marijuana retail outlet density is only now beginning to be possible (in Colorado and Washington), lessons learned about the impact of tobacco and alcohol outlet density and advertising can reasonably be applied to marijuana. Specifically, the availability and visibility of marijuana smoking paraphernalia in stores that sell tobacco products is likely to exert an effect on youth beliefs and behaviors related to marijuana. As marijuana paraphernalia becomes more visible and commercially available to Ithaca youth, the more likely they may be to view marijuana use as acceptable and not harmful.
d. A draft ordinance to license retail tobacco and retail smoking paraphernalia outlets was sent to Common Council by Mayor Myrick in late 2012. The effect of the proposed licensing ordinance would be to regulate tobacco outlet density, as well as reduce exposure of youth to the sale and visible display of smoking paraphernalia, which is commonly used for the purpose of smoking marijuana. The Council Planning & Economic Development Committee tabled the item at their December 2012 meeting, saying that they would wait until after the Commons reconstruction to reconsider. The projected completion for the Commons reconstruction is the summer of 2015.
e. This prevention strategy is a proactive step for changing cultural norms over the long term to increase perception of risk and decrease social acceptance of tobacco

and other drugs among youth and young adults.

4. **Recommendation to the city (and/or county):**
    a. City or county licensing of retailers who sell any tobacco products, electronic cigarettes and vaporizers, and smoking paraphernalia. City and/or county has a substantial public health interest in limiting access to these products. Licensing may address any or all of the following: total number of retailers, density of retailers, hours of operation, minimum age access, and proximity of retailers to schools, playgrounds, libraries, and community centers where children and families are likely to congregate.
    b. Examples of local regulation of outlets in NYS include the City of Newburgh (2015), Ulster County (2015), Cayuga County (2014), and Dutchess County. These examples can be viewed at http://www.tompkinscountyny.gov/wellness/tobaccofree/pos

5. **Evaluation**
    a. Number of retail outlets selling tobacco and smoking paraphernalia
    b. Track business activity in order to monitor any impact on overall business activity in the affected area(s).
    c. Middle and high school 30-day use rates, perception of harm, peer acceptance, age of first use, ease of access for cigarettes/tobacco and marijuana.

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Recommendation # 3: Implement a social host ordinance in the city of Ithaca (and/or Tompkins County).

1. **Current Status**
    a. Individuals under the legal drinking age of 21 (high school and college students) are consuming alcohol in significant numbers in Ithaca.
        i. Prevalence
            1. In 2014, the 30-day Alcohol use among Tompkins County 12th graders was 42.9%. See Figure 3 in the Appendix.
            2. According to Cornell's Fall 2012 Alcohol and Social Life Survey, 69% of Cornell students reported consuming alcohol in the past 30 days (many of whom are under the legal drinking age of 21).
            3. According to Cornell's Alcohol and Social Life Survey from spring 2014, 43% of students indicated they had engaged in high-risk drinking in the last 2 weeks. The sample includes individuals who are of the legal drinking age (21+) and those who are under the legal drinking age. For more information, read the report here http://www.gannett.cornell.edu/cms/pdf/aod/upload/Alcohol-and-Social-Life-Survey-Results.pdf
        ii. Access:
            1. College students and parents often provide alcohol to people under 21.
            2. High school students acquire alcohol from multiple sources, including accessing it in their own homes with or without their parents' knowledge, from other relatives, and from other people they know. Very rarely are high school students purchasing the alcohol themselves. Among Tompkins County high school students who drank in the past year, 23% reported getting alcohol at home with parents' permission, 12% reported getting alcohol at home without parents' permission, 27% reported getting it from a friend who is 21 years or older and 26% reported getting it from a friend who is under 21 years old (2014). See Table 3 in the Appendix.
            3. Similarly for college students, Cornell undergraduate students report the most common location for alcohol consumption is at off-campus house or apartment parties (Alcohol and Social Life Survey data).

2. **Goal:**
    a. Reduce underage access to alcohol, underage drinking and related consequences.

3. **Rationale**

a. Research consistently shows that underage consumption is influenced by the ease of access to alcohol. Research suggests that reducing access to alcohol (for example, by reducing the total number of alcohol outlets in a geographical location) has been shown to be an effective strategy at reducing underage consumption of alcohol.
b. One mechanism for reducing access to underage people is to increase penalties that can serve as a deterrent to individuals who provide alcohol to underage people.
c. Two examples of social settings of concern are:
    i. Parties for teenagers that are held by or with the knowledge of parents.
    ii. Parties held by college students in off campus apartments/houses.
d. Current laws that prohibit provision of alcohol to an underage person are difficult to enforce in an unsupervised setting without age-restricted access, and are therefore insufficient. Law enforcement officials are typically not able to determine who provided alcohol to minors and those under 21 when they arrive on the scene at a party where alcohol is easily available.
e. By contrast, social host ordinances allow for law enforcement officials to hold accountable individuals who host events where underage alcohol consumption occurs, even if the party host does not directly provide/serve alcohol to an underage person. Social host ordinances create accountability for proper oversight of premises where underage drinking may be occurring. Social host ordinances allow law enforcement to cite the individual who hosted the underage drinking on their property. A social host ordinance enhances the ability of law enforcement officials to effectively address disruptive parties.
f. Currently, NY State law allows for parents to provide alcohol to their own children. Social host ordinances still provide an opportunity for families that choose to do so to teach their own children about alcohol in the context of their family setting.
g. Social host ordinances have been adopted in many states and counties across the country. According to Mothers Against Drunk Driving (MADD), more than 150 cities or counties have adopted social host ordinances.
    i. Within New York State:
        1. Albany County passed a social host law in July 2008 (see attached law)
            a. SUNY Albany provides information about social host law
            b. Press Release about the social host law
        2. Cattaraugus County (not passed yet)
        3. City of Cortland passed a social host law in December 2013.
            a. City of Courtland Local Law 5 (page 22)
            b. Newspaper article about first citations.
            c. SUNY Cortland provides information about social host law

4. Dutchess County (full text of law)
5. Long Beach, NY city social host ordinance (1st in NY state)
6. Monroe County (full text of law)
7. Nassau County (full text of law)
8. Ontario County (full text of law)
9. Seneca County (full text of law)
10. Suffolk County (full text of law)
11. Sullivan County (not passed yet)
12. Steuben County (full text of law)
13. Ulster County (full text of law)
14. Westchester County (full text of law)

4. Recommendation to the city (and/or county):

a. Implement a social host ordinance within the city of Ithaca (and/or county)
b. Recommended components of a Social Host Ordinance:
   i. Civil penalty – a financial penalty imposed by a governmental agency. Civil penalties are more easily enforced than criminal penalties because they require a lower burden of proof.
   ii. Cost recovery – a cost recovery component that allows police, fire departments and other emergency services to recover the costs incurred from responding to underage drinking parties, typically after responding two or more times to the same location. This ensures that public safety departments do not shoulder the financial burden.
   iii. The definition of host (responsible occupant of the dwelling) should include the owner if the property is owner occupied or all legal tenants named on a contract lease if the property is tenant occupied. While some ordinances include landlords, we recommend landlords should not be held responsible if property is tenant occupied.

5. Evaluation Plan:

a. While research in this area is still early, social host ordinances have become a popular strategy to address the problem of underage drinking by addressing loud and unruly house parties. Social host ordinances have been adopted in many states and counties across the country.
b. Ventura County in California has Social Host Laws in effect county wide and in all ten incorporated cities.
c. Ventura County Social Host Ordinance Impact Evaluation: Phase I Findings
d. Ventura County Social Host Ordinance Impact Evaluation: Phase II Findings: 2013 Issue Briefing
e. Some of the measures to evaluate successful implementation of a social host law could include:

i. Measure past 30-day alcohol use among high school students (goal is to see trend downward)
ii. Measure young people's awareness of the social host ordinance
iii. Measure young people's support the use of the social host ordinance
iv. Measure peer and parental disapproval rates for use of alcohol
v. Measure if law enforcement perceives the social host ordinance to be a useful tool
vi. Measure number of social host ordinance citations issued
vii. Look to see if hosts are cited more than once
viii. Ensure citation fees are being collected

Recommendation # 4: Implement local licensing regulation of retail and medical marijuana outlets in the city of Ithaca (and/or Tompkins County).

1. **Current Status:**
    a. In July 2014, Governor Andrew M. Cuomo and the New York State Legislature enacted the Compassionate Care Act. As a result, the New York State Department of Health is currently in the process of developing New York's Medical Marijuana Program.

2. **Goal:**
    a. Limit access to marijuana within the city (and/or county) by proactively establishing regulations for number, density, and proximity of retail and medical marijuana outlets.

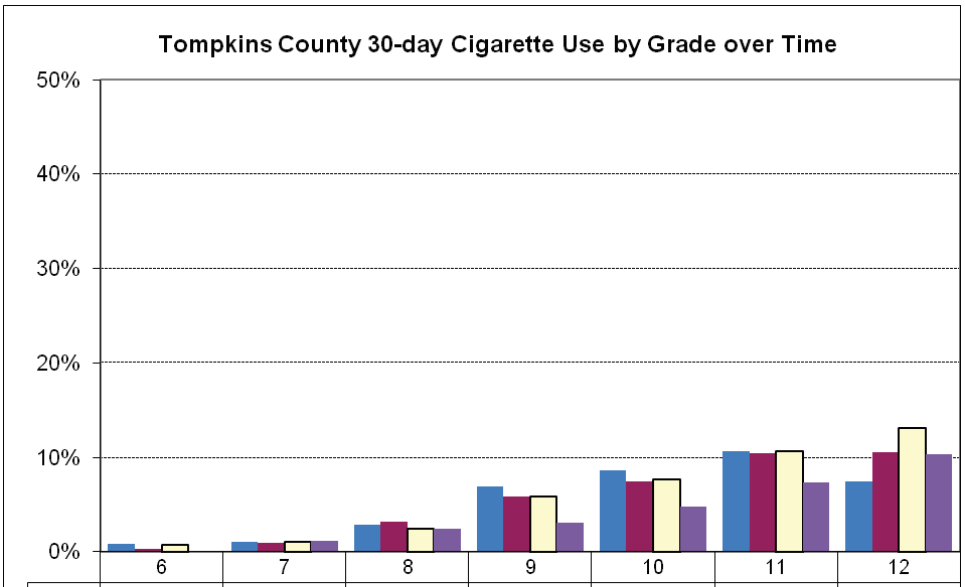
3. **Rationale:**
    a. While research on the impact of marijuana retail outlet density is only now beginning to be possible (in Colorado and Washington), lessons learned about the impact of tobacco and alcohol outlet density and advertising can reasonably be applied to marijuana. Specifically, the availability and visibility of marijuana smoking paraphernalia in stores that sell tobacco products is likely to exert an effect on youth beliefs and behaviors related to marijuana. As marijuana paraphernalia becomes more visible and commercially available to Ithaca youth, the more likely they may be to view marijuana use as acceptable and not harmful.

4. **Recommendation to the city (and/or county)**:
    a. Establish city and/or county regulations for number, density, proximity, and location of any retail outlet, medical dispensary, or other supplier of marijuana, and products containing marijuana.

5. **Evaluation**:
    a. Middle school, high school and college 30-day marijuana use rates, perception of harm, peer acceptance, age of first use, ease of access for marijuana.
    b. Number of prescribing physicians in the area.
    c. Total number of medical marijuana outlets.

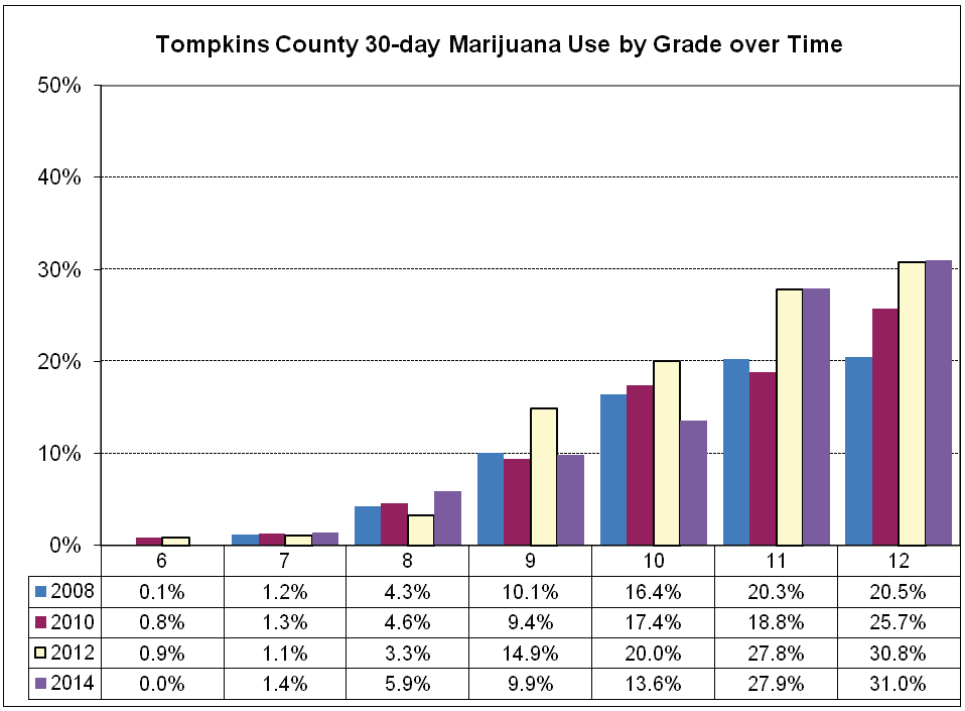
Appendix

Figure 1: Tompkins County 30-day Cigarette Use by Grade over Time



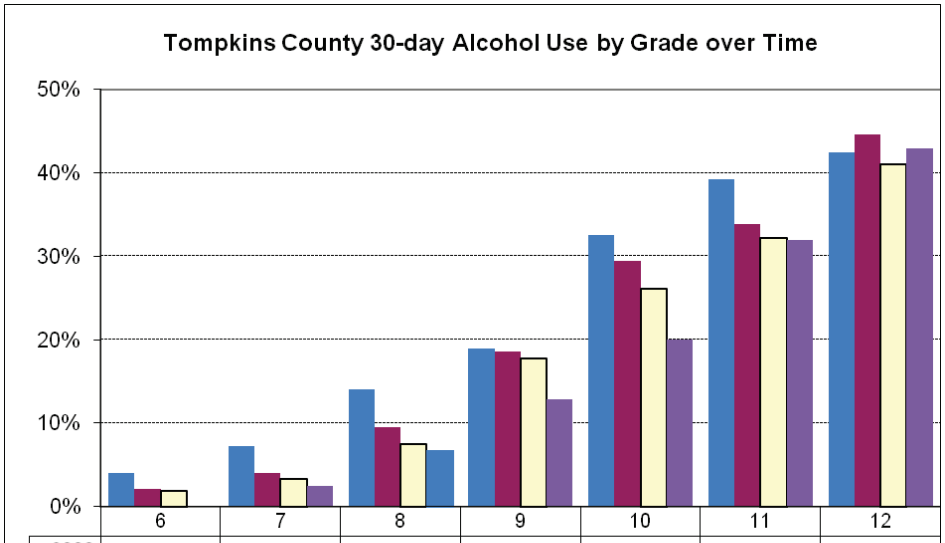
	6	7	8	9	10	11	12
2008	0.8%	1.1%	2.9%	6.9%	8.6%	10.7%	7.5%
2010	0.3%	0.9%	3.2%	5.8%	7.4%	10.4%	10.5%
2012	0.7%	1.0%	2.4%	5.9%	7.7%	10.6%	13.1%
2014	0.0%	1.2%	2.4%	3.1%	4.8%	7.3%	10.3%

Figure 2: Tompkins County 30-day Marijuana Use by Grade over Time



	6	7	8	9	10	11	12
2008	0.1%	1.2%	4.3%	10.1%	16.4%	20.3%	20.5%
2010	0.8%	1.3%	4.6%	9.4%	17.4%	18.8%	25.7%
2012	0.9%	1.1%	3.3%	14.9%	20.0%	27.8%	30.8%
2014	0.0%	1.4%	5.9%	9.9%	13.6%	27.9%	31.0%

Figure 3: Tompkins County 30-day Alcohol Use by Grade over Time



	6	7	8	9	10	11	12
2008	4.0%	7.2%	14.1%	19.0%	32.6%	39.2%	42.5%
2010	2.1%	4.0%	9.5%	18.6%	29.4%	33.9%	44.6%
2012	1.9%	3.3%	7.5%	17.7%	26.1%	32.2%	41.0%
2014	0.0%	2.5%	6.8%	12.8%	20.0%	32.0%	42.9%

Since 2008, alcohol use rates have improved for all grades.

Table 1: Cigarette and Marijuana Core Measures* from the Pride Surveys: Tompkins County Schools, October 2014

PRIDE SURVEYS: TOMPKINS COUNTY SCHOOLS, OCTOBER 2014			
Cigarettes Core Measures *(Pack=1+ packs/day)*			
	8th	**10th**	**12th**
30-day Use	2.4	4.8	10.3
Perceived Risk *(Pack)*	92.4	92.6	92.2
Parental Disapproval	97.5	96.7	93.7
Friends Disapproval	95.5	90.3	80.4
Ease of Access	17.0	26.6	51.4
Risk=Great Risk+Moderate Risk. Disapproval=Wrong+Very Wrong Ease=Very Easy+Sort of Easy			
Marijuana Core Measures *(Try=1x-2x; Smoke=1x-2x/wk)*			
	8th	**10th**	**12th**
30-day Use	5.9	13.6	31.0
Perceived Risk *(Try)*	53.3	29.8	18.9
Perceived Risk *(Smoke)*	78.1	57.6	42.0
Parental Disapproval	94.8	88.5	77.4
Friends Disapproval	89.2	70.6	49.3
Ease of Access	18.9	45.4	67.1
Risk=Great Risk+Moderate Risk. Disapproval=Wrong+Very Wrong Ease=Very Easy+Sort of Easy			

***Core Measures:** Many federal agencies have identified certain data that are most important in measuring drug use and perceptions among youth. These data are often referred to as the *Core Measures* and consist of 30-day use (*the percentage of students who have reported use in the last 30 days*), perception of risk (*the percentage of students who reported that a drug was a moderate risk or great risk when used regularly*), perception of parental disapproval of use (*the percentage of parents who would feel it is wrong or very wrong to use*) and the average age of onset of use. The drug categories examined are: cigarettes, alcohol and marijuana. The chapter entitled *Drug Free Communities Support Program Core Measures* will delve into these measures in detail. This section will briefly summarize these data. [Source: Pride Surveys]

Table 2: Tompkins County Adult Tobacco Survey (2013)

Support requiring retailers to keep tobacco products out of view from customers	
Yes	68.5%
No	23.1%
Not sure/no opinion	8.4%
Pharmacies should not be allowed to sell tobacco products	
Should not be allowed to sell	59.7%
Should be allowed to sell	32.6%
Don't know	7.7%

Restrict the sale of tobacco products in stores located near schools	
In favor of restriction	63.1%
Neutral	20.4%
Against restriction	16.0%
Limit the number of stores that can sell tobacco	
In favor of a limit	46.7%
Neutral	21.2%
Against a limit	30.3%

Table 3: Tompkins County Survey of High School Students – Alcohol Sources

Alcohol sources for students who drank in past year (Tompkins County high school students) (choose one answer)	
Friend, age 21 +	27%
Friend, less than 21	26%
Home with parents' permission	23%
Home without parents' permission	12%
Relative	7%
Bought with or without fake ID	6%

Photograph # 1: Vape Shop in Canandaigua, New York

Photograph # 2: Vape Shop in Canandaigua, New York