

Dialogue4Health

Understanding Marijuana, Session 2: Marijuana and Communities

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>> Laura Burr: Welcome to today's Dialogue4Health web forum, Marijuana and Communities: Criminalization, Impact, and Moving Forward.

Brought to you by our partner, CA4Health. We also thank the California endowment for funding today's event. My name is Laura Burr. I will be running today's web forum, along with my colleague, Joanna Hathaway.

Audio is through your computer speakers or headphones. Click "event info" to see the phone number if you need to call in to hear this event.

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Today's forum is listen only for the audience. That means you can hear us, but we can't hear you. That doesn't mean it won't be interactive. You can share your thoughts and questions by typing them into the Q&A box and we'll try to answer as many of your questions as we can. The Q&A panel is on the right side of your screen. It can be toggled on and off by clicking the Q&A icon on the top right of your screen. Again if you're on a Mac, you'll see the icon on the bottom right of your screen. To submit a question, in the Q&A panel select "all panelists" in the dropdown menu so your question gets sent to the right place.

We'll start now with a quick poll so you can tell us whether you are attending alone or whether you are in a group. You will see the poll appear on the right side of your screen. Please select from one of the four choices. When you've made your selection, just click the "submit" button. Let us know, are you attending alone? Are you attending maybe in a small group of two to five people? Maybe you're in a larger group of six to ten. Perhaps you're in a large room today with all of your colleagues, more than ten people.

And we can see responses coming in now. Let us know who you are attending with. And we can go ahead and close the poll in a moment. So if you haven't selected or hit the "submit" button, do that right now. We can see that as usual, most of our audience is attending individually. We have about 7 percent who are in groups of two to five people. So thank you for taking our poll.

Now it is my pleasure to introduce our moderator for today, Kristania De Leon, Project Manager for CA4Health. She has worked and volunteered with a range of organizations addressing domestic and international women's rights, homelessness, education, and promoting diversity. She joined the Public Health Institute in 2011 where her work focuses on public policy and advocacy, developing community-driven programming, capacity building, and bringing social justice issues to the front of public health efforts across California. She obtained her BA from the University of British Columbia and is currently an MA candidate in social innovation at the University of San Diego's Kroc Institute of Peace and Justice.

Welcome, Kristania. Take it away.

>> Kristania De Leon: Thank you so much, Laura. Thank you, everyone, for joining us today for our web forum. We are looking forward to a discussion, introducing our great lineup of speakers. First we want to share a little bit about who might be participating today. While the majority of registrants are predominantly from California, we are delighted to welcome partners from all over the U.S. and abroad.

Our registrants are mostly working with government institutions, at city, county, state and federal levels. We also have representation from nonprofits, and there's a good mix represented today, showing a broad interest in this topic, hopefully working together to facilitate and inform a great discussion.

Before we get into our main event, I want to briefly share a little bit about CA as a sponsor of today's webinar. CA4Health is an inclusive statewide community of practice comprised of people and organizations working to advance chronic disease prevention and health equity in California. We are compassionate, diverse and committed individuals jointly working through dialogue and action, because we believe that increased collaboration fostering nontraditional partnerships and tackling tough challenges together will create impactful, lasting change in California. If you are in California, we invite you to become a member of the CA4Health community. Learn more about us at our free brochure at CA4Health.org.

I want to provide some context for today's webinar. Since the passage of Proposition 164 which legalized adult use marijuana, we are aware about conversations about marijuana at the state and local government levels, community groups and within communities. Many of us were not quite the same conversations or approaches. To ensure the space to build capacity and understanding about marijuana and legalization, we developed a webinar series intended to look at three key issues. Our health, our communities, and how we ultimately facilitate equitable policymaking. We recognize that the series won't address everything. We hope as a whole it provides a solid foundation for answering existing questions, perhaps inspiring new questions, expanding our basic understanding, and offering a pathway forward and viewing marijuana issues through an equity lens.

Our first session took place on November 14 and focused on the scientific findings around marijuana use. If you missed that session, please be sure to watch it on the dialing meant fourth, especially with findings around marijuana and health.

Today we have three wonderful speakers who provide a broader landscape and context around the issues of marijuana and our community, focusing on the realities of criminalization, impacts, and how we address these issues moving forward. We will hear from Jolene Forman with the Drug Policy Alliance, Diane Goldstein with Law Enforcement Action Partnership, and Juell Stewart from Hood Incubator. There will be time for Q&A at the end of the webinar. We will answer as many of them as time allows. Also as Laura indicated, please feel free to type

questions in the Q&A panel throughout the presentation and we will get to as many as we can. We will address any questions as they arise.

It is my honor to introduce the first presenter today, Jolene Forman, Staff Attorney with the Drug Policy Alliance office of legal affairs. She engages in legislative and initiative drafting, policy advocacy, litigation, and public education in support of drug policy reform. She has authored multiple pieces of state legislation including marijuana legalization and racial and ethnic impact bills. She drafted amicus briefs, challenging draconian drug laws that are applied to people who sell drugs and pregnant women who use drugs. In addition she wrote several reports for DPA, including analyses of racially disparate drug arrests.

You can read the range of her incredible accomplishments on the Dialogue4Health website. Welcome our first presenter today, Jolene.

>> Jolene Forman: Hi, good morning. I will be focusing my part of the presentation on American marijuana policy starting at the turn of the 20th century and through the modern day war on drugs all the way until current efforts to legalize marijuana. I will be giving a broad American overview, but then focusing a little bit on California marijuana policies as they are distinct from other jurisdictions. It should be noted before I continue that America's drug policies as well as marijuana policies had grave impacts on other countries in the world. Unfortunately we don't have time to discuss those broader impacts. Today I'll focus my presentation on domestic marijuana policy.

The use of marijuana for both medical and nonmedical purposes is not new. Indeed, the use of marijuana has been documented as far back as 12,000 years ago, making it one of the earliest cultivated crops. The first record of its medical use dates back to 4,000 BC in China where the plant originated and was used as anesthetic during surgery.

Records from 1,000 BC in India praise it for reducing anxiety which is a use that medical marijuana patients are prescribed, not prescribed, actually, recommended marijuana for now. By medieval times the plant reached Europe. And German records indicate that it was used for tooth aches and for relieving pain during childbirth. Marijuana was also widely used in the United States for centuries, where it was considered a useful drug for the treatment of numerous afflictions and remained in the U.S. pharmacopeia until 1941. Marijuana was criminalized in the early 20th century not because of any evidence of risk to public health or safety but rather as a result of racial prejudice against an influx of immigrants arriving from Mexico who were associated with marijuana use.

Marijuana prohibition started at the state and local level in the Southwestern United States. It was driven by xenophobic and racist animus towards Mexican farm workers immigrated to the United States. By the early 1920s it was believed, particularly in the towns near the southwest border, that marijuana gave Mexicans superhuman strength to commit acts of violence. By the 1930s, Harry Anslinger, the first U.S. Drug Czar driven by racist motives thought to prohibit marijuana earlier. He passed the Marihuana Tax Act which was very different than modern day marijuana prohibitions, not focused on criminalization. It was focused on supply side prohibition.

That brings us -- we are going to jump through time a bit and get to the modern day drug war. Since the drug war began there has been a lot of speculation surrounding the drug war's true origins. Many believe that it was fueled by racism. But only recently one of Nixon's former aids confirmed that criminalizing and marginalizing certain communities of black persons is what the drug war including the war on marijuana was intended to view. That's a broader view. Now I'll go into a more detailed history of marijuana.

So starting way back at 4,000BC we have the earliest recorded use of marijuana for medical use. We are going to jump way back to -- way forward to modern times. So as I just mentioned, in 1920s was the build-up of prohibition at the state and local level which led to federal prohibition of marijuana in 1937. That policy was mainly in place until President Nixon passed the controlled substances act of 1970, which was effective 1971. And in the controlled substances act, marijuana was scheduled as a schedule 1 substance, meaning it had no medical use and hypotension for abuse. During the same time period, President Nixon asked one of his aids to convene a commission called the shaver commission to review the dangerousness of marijuana. The shaver commission determined that marijuana was not very dangerous and in fact should be decriminalized and moved to a lower schedule. It wasn't, and to this day it remains a schedule 1 substance at the schedule level.

In the 1980s and 90s the drug war was ramped up, starting with the Reagan administration. Arrests and incarceration rates dramatically escalated. Half of all drug arrests and convictions were for marijuana related offenses.

In 1996, the tide started to turn when California became the first state in the nation to legal marijuana for medical use providing the first type of legal access to marijuana in the country. In 2010 marijuana legalization beyond medical purposes became the mainstream political issue when California put prop 19 on the ballot which was to legalize marijuana for adult use. It failed by a narrow margin but it catapulted the marijuana legalization movement forward. Two years later in 2012 Washington and Colorado became the first two U.S. states, and really the first two political jurisdictions in the world to legalize marijuana and to allow for legally regulated market.

In 2013, Uruguay followed suit and became the first nation to legalize, establish a legally regulated market. In 2014, Alaska, Oregon and Washington, D.C. legalized marijuana for adult use, although DC doesn't have a regulated market. They only allow home grow and sharing. In 2016, the number of states that allow for legal adult use of marijuana doubled. Now there's eight, plus DC. The newest states, California, Maine, Massachusetts and Nevada, all of which have legally regulated markets.

We also currently have 29 states that have legalized marijuana for medical use. And about a dozen or so more that have legalized low THC, high CBD marijuana.

Currently, Arizona, Florida, Missouri, Nebraska and South Dakota have filed preliminary legalization initiatives and several other states, Connecticut, Illinois, Maryland, NMJ, New Mexico, New York and Vermont have taken steps to legalize marijuana through the legislature which hasn't happened yet but soon will.

In addition to these efforts to legalize more and more states, efforts are also being made to go beyond merely legalizing marijuana, but to start repairing the harms of marijuana enforcement and criminalization, and to make the marijuana industry more equitable.

So what does this map of legalization actually look like? Here is a map of all of the medical states across the country that have legalized marijuana for medical use that allow access to whole plant marijuana. This does not include the dozen plus states that have legalized CBD/low THC laws or low THC medical marijuana laws, that don't provide patients to whole plant cannabis. Here is a map of the states that have legalized marijuana for adult use. What does it mean in terms of the actual population? It means that nearly two-thirds of the population now has access to some legal form of marijuana. 62 percent have access to medical marijuana. Of that 62 percent, 21 percent now have access to adult use marijuana. This gray area of people who don't

have access to legal marijuana, many of those people actually do have access to the low THC/high CBD varieties of medical marijuana.

We also see people's minds changing. Popular opinion has steadily increased over the last several decades. Now support for marijuana legalization across the country is at an all time high of 64 percent, with majorities across political affiliations now supporting marijuana legalization. In addition, 75 percent of people are opposed to the federal government interfering with state marijuana programs regardless of how they feel about marijuana legalization.

So why is legalization so necessary? In part, legalization is necessary because enforcement of our marijuana laws has been unequal. Communities of color, particularly black, Latin and Native-American communities have been disproportionately harmed by criminalization. Black people, particularly black boys and young men, have been arrested at disparately higher rates for marijuana related offenses despite using and dealing marijuana at similar rates with white people. This is true at the national, state, and local levels. For example, nationwide in 2010 black people were four times more likely to be arrested for marijuana possession than white people.

Before legalization took place in California, but after possession of marijuana for personal use was decriminalized in 2011, black people were arrested at nearly four times the rate of white people for marijuana offenses. Latin X people are arrested at disproportionate rates and these rates are probably under-represented in this slide because California historically under-counted Latinos in arrest reports.

As I mentioned briefly but I'll explain a little bit more now, in 2011 California reduced possession of marijuana for personal use from a misdemeanor offense to an infraction punishable only by a fine and fees. No longer punishable by jail time. When this took place, we saw that citations that were being issued were still issued at disparate rates. Black people were cited almost four times more often than white people. We also see that young people are disproportionately arrested. What the slides don't show, boys and young men are also disparately cited.

Even decriminalization is not enough, because citations continue to be unequal.

So what we've learned from marijuana legalization so far is that legalization is effective in reducing arrests. For example, in the District of Columbia, arrests decreased overall by 85 percent after legalization, with possession decreasing by 98 percent. In Alaska, arrests, marijuana arrests decreased by 59 percent. In Oregon they decreased by 50 percent. In Colorado, by 46 percent.

However, while these data show legalization reduces the total number of black and Latino persons arrested for marijuana related offenses it does not eliminate the forces that contribute to the disparities in the first place, such as racial profiling by law enforcement. One report found that arrest rates for black people for remaining marijuana offenses are still double even after legalization. As an example of what I'm talking about, in DC, we can see a huge decline in arrests after legalization. However, in 2016 we can see that arrests are starting to climb up again. In 2012, DC made social use a -- made public use of marijuana an arrestable offense. Since legalization has taken place, there have been more and more public use offenses, and we have seen that black people have been arrested for public consumption at 11 times the rate of white people. This means that safe places need to be provided for people to use this legal substance. It means that police practices need to change so that black people are no longer targeted for marijuana violations.

So I am running low on time. I won't go too far into California case studies. What I would like to point out is that we need to do more than just legalize. We actually need to have retroactive

sentencing reduction and record clearing as part of our marijuana laws, as was done in prop 64 in California as an example, so that people no longer suffer the collateral consequences of marijuana arrests and can get employment and housing and access to education, et cetera. And we also need to invest in the communities most harmed by marijuana prohibition. We need to use the tax revenues to support people who have suffered most under the drug war. And we also need to invest in use and I believe that some other speakers will talk about equity provisions that need to be implemented at both the state and local levels to really repair the harms of prohibition.

One other thing I would like to say before I turn it over. We really need to find ways to allow social consumption of marijuana through licensing of businesses so people housed in federally funded housing or don't have homes have safe places to consume without fear of being arrested for consuming a legal substance. Thank you.

>> Kristania De Leon: Thank you so much, Jolene. There's so much to unpack here. I think the history and context is critical for everyone to understand when discussing the past, the present and future of marijuana legislation. Thank you so much for that overview and insight.

And now I'm pleased to introduce the second presenter. Diane Goldstein. She joined the Redondo Beach Police Department in 1983. She was a resource officer in a special investigations unit, finally retiring as a Lieutenant Commander and the first female Lieutenant in her department in 2004.

Diane came to oppose prohibition through the tragic loss of a close family member who couldn't get the help he needed because the justice system is inadequately designed to help people struggling with mental health and addiction issues.

Diane coordinated several in probation and parole searches and became a specialist in juvenile crime prevention, gang intervention and a recognized leader in crisis management. You can read her bio on the Dialogue4Health website. We encourage you to do so. Join me in welcoming Diane Goldstein.

>> Diane Goldstein: Can you hear me?

>> Kristania De Leon: Yes, we can hear you.

>> Diane Goldstein: Thank you. It weirdly, the mute didn't come off.

So I'm going to talk a little bit about who I represent and how we redefine public safety. That is going to be consistent with not just the evolution of marijuana policy but drug policy in general. The Law Enforcement Action Partnership has been in existence since 2002. Currently our mission is advancing justice and public safety solutions. We believe that substance abuse and in particular the issue of marijuana legalization is clearly a state's rights issue, but from the federal level we believe that we should be implementing public health strategies, first and foremost, that are both more efficient and more effective in eliminating crime in our communities.

So this slide we call the root of all evil. Drug prohibition and marijuana prohibition, going back to the early 1900s, has resulted in many collateral consequences, not just to individuals but has harmed public policy by investing in public safety first as the tool to enforce what are clearly public health issues in our society.

So I believe that I can personally link our drug strategies and our marijuana strategies into the harms of so many things. So as an example, going back to 1986 through 2013, you have seen state corrections spending has grown much faster than education spending. Literally by 141 percent. This has largely been driven by the competing budgets between mental health, education, and public safety. And so when we talk about redefining public safety, we believe

that public safety should be a community-wide initiative, where law enforcement is just one of the stakeholders, not the most important stakeholder.

The term that I like to use when we start talking about how we redefine public safety and how we use our new marijuana law to do it, is by calling it community health and safety, first and foremost.

Law enforcement traditionally has not -- well, let me take that back. Law enforcement innovation relative to the issue of drug policy, we've seen tremendous changes. But when I go in and speak to law enforcement officials and we talk about the role of law enforcement, I always point back to August Vollmer, who was the father of modern policing, who during alcohol prohibition in 1936 helped in alcohol prohibition, he was on the wicker sham commission, but in addition he felt that drug addiction was never a police problem. And that the people that in fact should be handling this issue were medical professionals. And segueing a little bit from just marijuana, when we start talking about the broader opioid issue in our country right now and I'll show a slide later on this issue, is one of the things that we know and what Vollmer in the 1936 said was that the government should be using public health strategies, which included like safe consumption sites and giving prescriptions to people who were suffering from chronic substance abuse.

So this innovation is something that I think is critically important because our drug policy right now is largely driven by ideology, whether it is the issue of marijuana or other drugs at this point.

So estimated drug war spending traditionally has been incredibly high. And what we know right now is between 1970 and 2014 that we've spent over \$1.8 trillion. These estimates are still fairly rough and they are adjusted to inflation, but what I want to point out is for the 2018 federal drug resources by function budget, what we are now doing is we are continuing to spend more on what is called supply side interventions, which is trying to stop the supply of drugs coming into our country.

Where we should be focusing is on the demand reduction side relative to treating people who may have a marijuana substance abuse issue. So right now for the 2018, we are going to spend \$15.6 billion on law enforcement, not counting correctional costs. This is just domestic law enforcement, international law enforcement interdiction. We're only spending \$1.6 million on prevention, intervention, public education. I think those need to be flip flopped. What we see and what we have seen traditionally is that the liberalization of our drug laws and marijuana laws have not contributed to public health harms in our society. Yet we continue to throw more good money after bad money by emphasizing the enforcement level.

Over 55 million Americans use cannabis. 115 million have never tried it. But when we look at this, when we know that not all our states have fully legalized, what we see is the emphasis on the control of the supply side, has not stopped our kids or adults from accessing marijuana, whether or not we are in a legal or illegal state. But what we are seeing in states that have in fact adopted, whether it's medical marijuana or adult consumption, although the perceptions of harms are changing by our kids, we are not seeing them use marijuana in what was predicted with the sky is falling, our kids are going to be becoming marijuana addicts and not going to graduate from high school or college. I am not saying that there are not harms associated with it, but what we do know in a sensibly regulated industry, that it is actually our children are having less access because they can't buy marijuana from stores. People are getting carded. It's no different than the alcohol.

So there are some very good things that we are seeing coming out of the evolution into legalization, whether it is medical or adult consumption.

So drug arrests traditionally have been over a million, million and a half people every year get arrested. From a law enforcement perspective, this drains resources from the proper law of law enforcement, which is for the prevention of property and violent crime. As an example, in Michigan a couple years ago there was the head of the state forensic lab who said that they were unable to clear the backlog of rape kits because they spent 40 percent of their time testing marijuana. And so I think that's the clearest focus when you start talking about what is the proper role of law enforcement? It is to prevent violent and property crime. The investment into drug enforcement and marijuana enforcement in particular is neither efficient nor effective. This is from the Marist Poll in April 2017. We always talk about deterrence and the impact of what making something illegal will do. What I love about this slide is that, why nonusers don't use marijuana. Only three out of ten use it because -- out of ten don't use it because it is potentially illegal. That tells me when we start redefining community health and safety, that if we invest in these other areas where we talk about it from a health and how it impacts work or school or from a family perspective or a safe perspective. When we talk about it from a harm reduction perspective, what our goal should be as public safety officials is to reduce the harms to our community and not all tools are equal. I would rather invest in prevention and education that I know actually help prevent crime more than just arresting people.

This is also, my next slide I think is critically important. At the start of the drug war in the 1970s, when in fact Richard Nixon basically stated through the shaver commission that he was going to ignore that marijuana itself was not a danger to either the consumer or to the producer, is one of the things that happened is back in the 1970s when you start looking at crime reduction and crime clearance rates, which is how many crimes law enforcement actually solve. Back in the 1970s we were clearing eight out of ten homicides. Now it's only six out of ten.

When you look at the burglary rate, you know, if your house is going to be broken into or your vehicle is going to get stolen, the likelihood of us finding that person is only one out of ten. And again, one of the reasons for this is the focus on the enforcement of our drug laws. What people don't realize, the federal government in particular has incentivized law enforcement with block grants. The way that they get this money is by investing their law enforcement resources in to narcotics teams or into police officers that are specifically just going out to arrest people for possession or sales of drugs, including marijuana. So today, marijuana arrests have not lessened. Last year we had about 1.5 million people arrested for all drugs, possession and sales. Out of all of that, 82 percent were just for possession only. Out of those 1.5 million, I think we had almost 700,000 people still in the United States that were arrested for some marijuana violation.

Critically, I think one of the things that significantly is the most important thing, what people don't understand is how a drug conviction can change a young person's life. If we are truly concerned with our young people, what we don't want to do is ruin their opportunity for change. I think that's one of the things that is critically important about proposition 64 because I worked on the campaign with Jolene. I was one of the spokes people, is that the writers of the proposition ensured that our kids who are 18 and under were no longer going to suffer the collateral consequences of a marijuana conviction. One of our founders of LEAP said this traditionally for years. You can get over a drug addiction, but you can never get over a drug conviction. So as we move forward, the emphasis on reducing barriers to entry into the cannabis industry, which I know our next speaker is going to talk about, is critically important. We cannot ignore the impact of law enforcement's heavy enforcement of our drug laws in communities of

color. These collateral consequences are far sweeping from health to adopting children, to losing your professional licensing. What we've seen with these collateral consequences is it encourages recidivism and it encourages crimes in our communities. So the more we change these and reinvest in community mental health programs, infrastructure, drug education programs, the more return to our communities and making them healthy and safe.

The police attitudes are also changing. Very specifically on the issue of our marijuana laws, it used to be police officers were traditionally politically conservative. But what we can see even with this right now, two out of three police officers who were surveyed in this survey they do annually, they are also changing. They believe there needs to be safe access for patients or marijuana needs to be legal completely.

And so I believe that, I'm hoping within the next ten years, just like we saw with alcohol prohibition, that every single state will have safe access for patients, adult consumption. We'll take those monies we have thrown into the enforcement of a failed drug policy and invest them in our communities as a whole.

The Cole Memo, I know that people are concerned about federal and state conflicts. This will change and Jolene will answer any questions on that. As this administration is changing, these are the categories that you'll see are cannabis industry develop and one of the things with proposition 64, it wasn't just about liberalizing laws so adults could responsibly use cannabis, but it was also to look at public health outcomes, to ensure that we are not diverting to our children, to prevent drunk driving or other adverse public health consequences.

So I believe that since I have been working on this issue since 2010, we are seeing the industry is going to be regulated in a sensible fashion that is down the road going to really, really have a significant positive impact on our communities.

From a public health and, or from a public safety and cannabis, what I like about this slide, what I think is really important is that one of the things that we are going to also be receiving from proposition 64 with the tax excise is that it is going to research things like driving under the influence. Money has already been allocated to the California highway patrol to try to develop, constitutionally protected protocols to detect impaired drivers. The most important thing since legalization has really started, going back to 2012, what we know is there is less cartel activity in marijuana. And coming out of Mexico, you have seen the shipments drop significantly, but what we are also seeing the price drops. So there was a bulletin I got where a Mexican marijuana grower said that they are only paying 30 to \$40 per keel low for marijuana so they are no longer growing it down there. Again, economics is going to play a part in listening the harm of an illicit market.

In a free society we will never completely eliminate the illicit market. There are still moon shiners in certain areas of our company. If we drive up the price of marijuana too high, that will drive up -- as our regulators regulate I encourage them to sensibly tax and regulate and not over tax. One of the goals is in fact the reduction of the illicit market.

One of the things that has largely been, in some aspects and certain portions of our government is ignored has in fact been the impact of medical cannabis, medical marijuana on ownership oiled prescriptions. This slide is critical because we have had several papers that came out recently that shows, for example, in Colorado they just did a study that shows that their opioid overdose deaths have been reduced by something like 25 percent. And from a governance standpoint, if we are talking about money spent on Medicaid and Medicare, there was researchers who also looked at this and found in states that had safe access for patients, that they saw a significant decrease in admissions to substance abuse treatment centers, declines in overdose deaths, as well

as fewer crashes, fewer drivers in states tested positive for opioids after fatal car crashes as well as less, a significant amount of decline in monies going towards prescriptions. And so if we connect all our budgeting, if we start connecting the dots between mental health and physical health and public safety and if we start saving money on one place, we need to take that money and put it into treatment programs, education, prevention programs, college education and other programs that do more for the reduction of crime.

But what about the kids? What we do know currently and interesting enough, the director of the National Institute of Drug Abuse was completely surprised because she is completely against the legalization of adult consumption marijuana and it has largely opposed medical marijuana and safe access, as we have it now.

But she said that we had predicted based on the changes in legalization and culture in the United States as well as decreasing perceptions among teenagers that marijuana was harmful and that accessibility and use would go up.

But it hasn't gone up. Again it is counter intuitive to safe access, and people feared for years and law enforcement set into that preliminary ideology to maintain the status quo.

And yet I believe it was to the detriment of law enforcement because one of things that has been critically significant in the last 40 years is the relationship with law enforcement in president communities that were supposed to serve has been badly fractured by the disparate impact of drug enforcement in communities of color. That's one of the reasons I think we need to continue to change the paradigm.

So for California in particular, this is from the 2015 Healthy Kids Survey which is a California-wide survey. What I will point out is again amongst 11 graders there were decreases of five to seven percent. Binge drinking is down. Marijuana is down and lifetime use is down. So even though perceived availability of harms may have declined, in some surveys, here in California our kids kind of believe that maybe they shouldn't be using marijuana or other harmful substances when they are young.

So I would like to end this with a conclusion that from the public safety standpoint cannabis is not plutonium. It is not a substance that in my career in 22 years of working gangs and I ran a narcotics team as well, I had never gone into someone's house who had used marijuana and had beat their wife and kids, raped and pillaged the neighborhood, molested the stepdaughter. With alcohol I saw a significant issue with it. And so I think that the focus again is, you know, we can't arrest our way out of public health issues, whether it is high alcoholism rate, opioid issues or marijuana issues, but that sensible regulation can and does reduce the harms of the illicit market. It can and does reduce the harms of public health outcomes. One of the things that we are going to have to continue to do and this is what I love about proposition 64, is that in fact there are monies for a strong public health campaign around the use of driving and underage youth. There is significant amount of money going back to communes impacted by the drug war and that there's money that is going to be set aside for, in particular, public health and safety. And with that I will turn it over to Juell Stewart.

>> Kristania De Leon: Thank you so much, this is where I introduce Juell. I want to mention quickly a couple housekeeping things. One, confirm that this session is being recorded. So this recording will be made available in the next couple of days, probably early next week so everyone is aware. Reminder, we will be hearing from all our presenters in a row. Send in your questions and we're keeping track of everything as it comes in. Feel free to keep doing that. Finally, it is my honor to introduce Juell Stewart, our final presenter. She is a proud Chicagoan, with a professional background with urban planning and economic development. She brings her

expertise and love of media, communication and messaging for all audiences to her role as a Hood Incubator. She began her career advocating for social justice as a labor organizer in New York City, where she developed her passion for addressing community development through personal connections. She's worked in urban policy, worked as a freelance journalist. Master's in city planning from the University of Pennsylvania, Philadelphia. Thank you for closing this out.

>> JUELL STEWART: Thank you so much. I'm happy to be here on behalf of Hood Incubator. We are based in Oakland, California, we have been there for about a year and it has been a good year. I'm happy to tell you all about us and how we fit into the framework of everything going on surrounding legalization.

Yes, as we said, my name is Juell Stewart. I come from an economic development and food systems planning and policy background. I have worked at the food bank in Philadelphia and Change Lab Solutions here in Oakland. Since I come to this work from that perspective, I'm really especially excited to be on this webinar talking to so many people directly engaged in government work as well.

We are a member-based organization. Our mission is to increase the participation of black and brown communities in the legal cannabis industry. Throughout the industry as investors, owners, workers, patients and consumers. The top picture that you see there is actually one of our -- we had a big member meeting surrounding the National Cannabis Industry Association and it was great to see so many faces out there. There we are in front of Oakland City Hall trying to leverage this unique policy responsibility to empower our communities. We organize our work into three areas. It is a little cut off there. I'm so sorry. The first one is community organizing. Policy and advocacy, and economic development.

We have a host of activities in each one of those areas. Our community organizing work is built around building a sense of community, building connections and relationships between people. Also serves the purpose of de-stigmatizing the plant of cannabis. So we have an annual 420 gathering. We have member meetings, open houses, legal clinics, wellness clinics to give people a baseline to work with and give people the opportunity to meet, see people. That's a really essential part of our work as well.

We have done a lot of policy and advocacy work too. Oakland was the first municipality that we worked with, sort of building the power around the cannabis equity program. We are so proud that that has been rolled out. We also, I didn't get to include this because this happened so recently, but San Francisco recently enacted, they introduced equity initiatives into their approach to their recreational cannabis program as well. We were integral in serving on a committee that informed that policy.

And we are active in municipal, state, and national levels, building strategic alliances statewide and throughout the Bay area.

We also do a lot of economic development work. One of our most talked about programs is our pre-C cannabis business accelerator, we have workforce development programs and we have a vision towards an urban producer co-op model. We think it's important to build the economic base and make an entire ecosystem of entrepreneurs, workers, and things like that. Throughout the whole industry, throughout the whole spectrum.

Our work really directly addresses those disparate effects that we heard Jolene and Diane speaking about. We really address the effect of the war of drugs on people of color. We want to use our programs to empower people of color and increase opportunities for them as well. I'm going to go a little bit in depth into our objectives behind some of our work. As I said, the core

of our work as a member based organization is community organizing. We want to build relationships. We want to engage with people, see what the people want, where they are, what they want to learn. Also acknowledge that people have a lot to teach too. That's the approach that we take. So we want to recognize the inherent strength and wisdom in communities and build on that power. We want to convene people around principles like entrepreneurship as an avenue of building black economic wealth and redistributing capital. These are lofty goals, I know, but this is a unique opportunity in this industry that we see. Something that the parallel that I always draw is the effect industry, especially since we are here in the Bay area. We saw that, we have seen that industry develop in ways that we are now critiquing as a society. It is great that we have that sort of vision of the past because we can construct the future that we want to see. And it really helps to build that power at the base too. So we want to give people the opportunity to build their knowledge base to become informed leaders in the cannabis movement and in the industry as well.

Some of our economic development approach is to be very than blunt about it, using the very thing that has been used as a weapon against the communes of color, cannabis, as a tool for economic liberation. So that is essentially really what we want to do. So we want to provide the foundation for people to either transition from the under ground cannabis economy to the legal cannabis industry, or to give people an opportunity to build their business acumen or transition from a traditional industry or provide ancillary services to the cannabis industry.

The possibilities are endless, you know? We really want to build that pipeline. As I said before referencing the tech community, not to malign them or anything. One thing that people often say is a barrier against engaging people of color truly in their organizations or their businesses is that there is no pipeline. So we are building a pipeline. We want people to have an entire ecosystem in order to realize the economic benefits because just since California alone, cannabis is projected to be a multibillion dollar industry. When we look beyond that and look at the future towards building a national industry, you know, we can't be left behind.

We really want to acknowledge that, but we also want to acknowledge the fact that capitalism hasn't been so great for people of color. We are also interested in developing new models outside of the traditional framework so we can capitalize on the collective purchasing power that people have and engage with new cooperative economic models as a solution to some of those capital and real estate barriers that we have seen.

So that is a little bit about what our organization does. But when we think about, when we've engaged with different cities about building an equity framework we really look, ask questions about four different categories. First, what are the barriers that exist in black and brown communities? We went over that a little bit, but limited financial opportunities, red lining, disparate distribution of wealth and increased police surveillance, all those things are factors that have not only prevented people from going into the cannabis industry, but have been a barrier for a couple of generations. And our are barriers that have been uniquely levied against communities of color in a way that has been oppressive and has really had devastating effects. We want to see which populations are most affected. A lot of the times, it is low income people, working class families, African-Americans and Latinos have been excluded from capital opportunity. You know, this is a language that we all speak. So I won't go too in depth into that. When we are thinking about strategies, how to overcome those things, we also think about incentives. How do you build incentive programs for people to -- for businesses to incubate communities of color? Or business owners of color? What innovative funding mechanisms can come from things like tax allocation. Access to education programs is something that we talked

about with the City of San Francisco. The city college in San Francisco is building a program that can, that will -- a curriculum that will train people to go into the cannabis industry. And CCSS is also free now. So it's tuition free. One of those barriers I spoke about is a little bit diminished. People have the opportunity to have educational opportunities, too. And things like application fee waivers and other business development strategies are essential too.

And finally, because I'm a planner, I think in terms of maps a lot. So what areas have been disproportionately affected? Are there any common themes in that way? What persistent inequities exist and how can we channel resources to address those.

I want to show you maps to illustrate the challenges we are facing as a legacy of the war on drugs. I got these from policy map, if you are familiar with that. Or I made them in policy map. This is San Francisco, just to orient you. This is between 2006 to 2010. The will percentage of all black people who lived in poverty, according to the census tracker. There is a significant number of dark red spots throughout the city. It is not great in those years. Then we see 2011 to 2015. This is a percentage, this is standardized, and we see a lot more dark red. I'm going to flip back and forth. I show these maps because this was really striking evidence. It is something that is so easy to grasp and easy to see, no matter what city you're in. If you do a map like this and you see that legacy of disinvestment jump out at you, it gets clear are why we need these sorts of initiatives, right? Like San Francisco has its own, has a lot going on as a city, as I'm sure you guys know. But it is imperative that we acknowledge these barriers and make steps to change those things.

So when we think about advocating for equity in the cannabis industry and in policy tools that we can use for it, we think about a few different things. Economics. It is very hard for people in general to be able to have a bank that they can go to if they have a cannabis business. So one thing, one solution to that is developing municipal banks that address those financial restrictions on the businesses. And then also gives better and more competitive rates to people in the, that may be affected by it. That is something that has come up in some of the city policies we worked O also remove barriers to employment based on prior convictions. That's important, too. In California proposition 64 allows people with prior convictions to get that expunged from their record. That's great because it means that people can have jobs, not only in the cannabis industry but in other industries too. Also as I spoke about before, education is important. Educational -- there is different ways to acknowledge that disparity too by allocating cannabis tax relief for educational aid or developing workforce training programs. Just creating those pathways for entrepreneurship and perhaps having an incubator program like the Hood Incubator that does that work in communities like subcontracting to organizations like us, I guess.

Reducing the stigma is also very important. Like I said, removing employment based barriers and reducing disproportionate law enforcement responses to cannabis complaints. And having public visibility campaigns. I think someone else, one of the other panelists spoke about when you have that stigma that is persistent, people get pushed to the margins. That is never a good thing. If we are in an era where recreational legalization is law of the land in California starting in 2018. We should reduce that stigma that exists.

Also reinvestment is important. I think it is probably the most essential thing because we have so much evidence that our communities were simply decimated by the war a drugs and the legacy that persists to this day. Developing community benefits agreements that specifically address the needs in low income communities and provide opportunities for people of color are really essential when you are thinking about a strategy for equity on the local level.

And finally, criminalization. Something we talk about now is the war on drugs 2.0. This is kind of, there are still disparities in enforcement, even though it is legal and even though the stigma is minimal, it is minimal in the Bay area, but there's still more arrests of people of color than there are not. And then things like federal housing vouchers. You know, you get into dicey territory. You don't want to criminalize it anymore, but the fact that it's legal, people think the war on drugs is over but there is a lot to go. That's what we are working on. We continue to take steps to minimize the effects is essential too.

Again, if you have any questions, we are going to have a Q&A at the end of this, but feel free to contact me and also feel free to learn more about the Hood Incubator at hood.org. We have our socials out there. We like to engage with people a lot. Thank you very much and I think we will probably head into the Q&A section.

>> Kristania De Leon: Thank you so much, Juell, foreclosing us out. Thank you to all our of our panelists for such rich information. I think it will be a great foundation for some rich dialogue. I want to, we are going to transition now into the Q&A session. I just want to, after looking through some of the questions, I want to reiterate that our previous session focused on some of the specifics around scientific data and health and marijuana. So I just want to tell people the previous session is on our website and that will be a continuing resource for us to look at. We will do our best to answer as many questions that are coming in pertinent to some of the things raised by our presenters in this session.

So I invite the presenters to unmute themselves when they have a moment. Looking at some of the questions that have come in, just to clarify towards the beginning, all of our presenters talked about the disproportionate rates of criminalization in communities of color and questions around specifying, getting more clarification, really is it because of higher use or higher prevalence of drug use in certain communities or amongst some demographics? And what is the breakdown in the high rates of criminalization?

A lot of them came up during the first presentation. I will hand it over to Jolene first and allow other presenters to weigh in, to kick us off on Q&A.

>> JOLENE FORMAN: Hi, thank you. Use rates and sales rates or distribution rates across races are very similar. The national organization substance abuse and mental health services administration looks into the use rates across races somewhat regularly. They don't do it every year, but at the do it in their surveys on a regular basis. Rates are generally consistent. There might be slight variations but I don't think they are statistically significant.

Other academic articles have looked into distribution rates which I have cited in papers but I don't have at my fingertips that show that distribution is similar across racial groups as well.

>> Kristania De Leon: Anything to add from our other presenters on that question?

(There is no response.)

>> Kristania De Leon: Great. Another question that came in is we have a lot of partners that are working in health, with public health backgrounds, work often in prevention. There's interesting revisiting some of the conversations around why prevention or decriminalization is not enough and why we need a much more holistic approach to look at intentional reform and legalization. I wonder if we can maybe kick it off again. Diane, did you want to talk about that one first and we can open to the rest of the panel?

>> Diane Goldstein: Sure. I think one of the things that is critically important from a law enforcement perspective is that people think that when something is decriminalized that there aren't collateral consequences. I can tell you because in my career, which started in 1983 and ended in 2004, that we saw decriminalization of marijuana where less than an ounce was only --

it went to a misdemeanor and then even to an infraction in 2010. But even with infractions, if people can't afford to pay those tickets, there are significant collateral consequences when you start talking about an arrest warrant that is issued, that becomes then a misdemeanor. Once an arrest warrant is issued and it's a misdemeanor, you can lose your driver's license. When you are a kid, can't get your driver's license if you don't have one for a year after. And so what we have seen across the years from an economic standpoint, it impacts people who are marginalized who are already maybe in poverty or borderline poverty because they can't afford to pay the fine and then it just starts into this vicious cycle where I have seen people's lives ruined literally because they couldn't afford a \$100 ticket. They lost their car, lost their driver's license, lost their job. Let me be clear from an education standpoint, I have a grand daughter. I raised a son. We knew through evidence-based practices that law enforcement is not the solution to preventing our kids from using any substance, whether it is alcohol or engaging in risky behavior. The more we invest in law enforcement resources, the less money we have for prevention, education, and drug treatment.

>> Kristania De Leon: Great. Anything to add from the other presenters on that particular front?

(There is no response.)

(Overlapping speakers.)

>> Jolene Forman: This is Jolene. I'll add a couple of things. I think Diane summarized it very well. So I don't have much to add other than to just kind of reinforce the points that she was making that decriminalization doesn't actually take marijuana or other drugs out of the criminal justice system. They still are in the system focused on punishment and enforced by police. Really we are talking about public health issues that should be addressed in public health mechanisms. In addition, decriminalization doesn't start to repair the harms of the war on drugs which unequally harmed low income communities and communities of color.

>> Kristania De Leon: Thank you both. We have a couple of questions drawing parallels between adjacent industries and other kinds of substances, particularly those around tobacco and alcohol. Question number one, any fears or risks of having new industries now based on marketing? So particularly are there any perceived risks or things you would want to mention or flag in terms of marketing marijuana, like we have seen as challenges around the tobacco and alcohol industries? Or having people use marijuana recollection racially in public spaces, suffering from second hand smoke, things like this? Do you see this as comparable, parallel? Are there things we should be aware of as we move forward? And how do we approach this with a level and equity-based thinking?

Juell, do you want to jump into that? I want to give you a chance to answer this.

>> Juell Stewart: Absolutely. This is something I've thought a lot about. I think as we know as practitioners in this field, it is true that cigarettes and menthol and alcohol are disproportionately advertised to people of color, young people of color, all those things.

But the challenging thing about cannabis is that there are therapeutic and medicinal uses for it. That is not true of alcohol and it is not true of tobacco. So that does put a little kink in it, although there are risks. You are not -- you shouldn't be smoking anything from a health perspective. And there is not enough conclusive evidence about pregnancy and things like that. It is definitely something that needs to be addressed. For example, I see in the Bay area a lot of ads for different dispensaries. I'm in the cannabis industry and right in the bus or the train I'm like wow, I can't believe they can advertise here. And the City of San Francisco actually or the public transportation system in San Francisco just said actually, you guys can't advertise on here,

which I think as a person who is interested in public health is a good thing. It is in line with the standards that we have created for the alcohol and tobacco industries. In that sense that restricting advertising and making sure that people don't get affected by it in disparate ways is effective, but there are things that are going to be harder. I heard public health practitioners saying that edibles are sufficient replacement for inhaling cannabis if you will. And it is not really the same thing. So I think there is some public health sort of research that needs to be done and that is the horse and CART sort of question. It is such a therapeutic thing, meld natural substances adds a bit of nuance to that.

>> Diane Goldstein: This is Diane Goldstein and that was beautifully said. One of the things that is important is that in a regulated industry, there are things that as we've seen with the opioids or tobacco, but it being regulated and above in the market, government has the ability to then go back to the industry and say: You also need to be more responsible. I know one of the things that many people in the industries across the nation are doing, they are engaging in public health campaigns on their own by educating consumers. On diversion and logging up their medicines so their kids don't after access.

So to me, the more we bring the industry out into the open, the more we talk about it, the more we can then teach people on how to protect kids and their communities.

>> Juell Stewart: I just wanted to.

>> Kristania De Leon: Please, Juell, continue.

>> Juell Stewart: I want to add one thing. If you are interested in seeing, I think that Oregon has done a really good job of considering a lot of -- putting everything in a public health perspective. So the Oregon health authority has a whole list of resources and things like that. It's really instructive to see how they have been able to build their public education assets.

>> Kristania De Leon: Wonderful. Thank you for that. Something that has come up I think in every presentation today is being mindful of the difference between having a legalized industry for adult use in California and having a gap between our state policy and federal policies. So for Juell in terms of talking about cash banking and for other presenters in terms of criminalization, discrimination and perhaps housing and other areas that have come up, what are some of your perspectives on how to navigate that and how we move forward in a more constructive way that protects citizens, and Californians in this process and helps to be kind of advance more equitable approaches. I'll start with Juell around cash banking and other related issues, and then we can open it up.

>> Juell Stewart: Sure. Cash banking is a huge hurdle not only in securing the finances but also securing the perimeter around your business and things like that. You know, it presents a lot of challenges. The good news is that there have been a lot of -- there's been a lot of consideration about public banks, the state of California is one. And different municipalities like Oakland, Santa Rosa, Santa Fe, Arizona, Maryland, Philly, have thought about it. It is a concept getting some traction.

Let me say, what are the specifics? What is the specific sort of question? Yeah, we need to build momentum around that, I guess. I don't think anybody has really started the municipal bank yet, but hopefully that is an idea that gains traction.

>> Kristania De Leon: Great. Any other insights around, for all of our panelists, around protections, how we talk about the gap between state policy and federal prohibition and what that looks like?

>> Jolene Forman: Yes, this is Jolene. I think I would breakdown my responses into two kind of buckets. The first would be from operators in the marijuana industry. So for them, you know,

they are taking a huge risk because they are not only violating federal law but they are doing it in an open and public way where the feds could potentially come after them. There are very limited federal resources to do so. So the chances of them coming after you are fairly slim, but the consequences are quite dire. So what I encourage operators to do is to comply with local and state laws to give the feds less of an excuse to go after them. Particularly if they are medical marijuana operators and they are protected by the Rohrabacher amendment to the spending bill that says federal funds can't be used, as interpreted by the Ninth Circuit, can't be used to go after marijuana businesses complying with state and local law.

I also strongly encourage operators to consult with a lawyer, particularly those familiar with a 280E tax issue. Marijuana businesses can't write off taxes in the same way that other businesses can. It is imperative that they do that correctly so they are not vulnerable to federal interference.

I also strongly encourage them to find a lawyer who is not only familiar with the 280E issue but one who has represented marijuana businesses before. Then all sorts of other issues come up around insurance, renting places, contracts. So if they have an attorney who is well acquainted with that, they can at least protect them sells to the extent possible.

With regard to individuals, it is really important for individuals to know their rights and know where they are and know where their marijuana is and how it is stored. Know when you're on federal land.

For instance, marijuana is legal in California. But in the City of San Francisco, there are federal parks located within the city. If you are carrying or consuming marijuana on that land, you are no longer protected by state land. Make sure not to transport marijuana across state lines or take it on an airplane.

This goes to one of the earlier issues. Don't consume in public because in all jurisdictions there is public consumption laws. You'll get fined or cited or even possibly arrested depending on the jurisdiction. Also think about how you store your cannabis. Make sure it's in a safe place outside of the reach of children, locked up and protected. It is important because of public use issue that we've previously mentioned, you know, for public health reasons we don't want people smoking everywhere. But it is important for folks to advocate for social consumption spaces where it is lawful to use. So for people who are in federally funded, or federally subsidized or Section eight housing who cannot lawfully consume marijuana at home or especially smoke which they are more likely to be caught for, or people who don't have housing, it is important to advocate for municipalities to allow social use at retail stores.

And I want to just mention one other thing before I pass the mic. I have been going on a little long but it is imperative that noncitizens never admit to using particularly --

(Laughter.)

>> Jolene Forman: -- to a federal government representative even in legal states because it could be ground for deportation.

>> Kristania De Leon: Such great information. Unfortunately we are running out of time. We have a lot of questions that have come in. So we will try to see if we can, if we missed anything, we'll come back to our presenters and get responses to the questions and come back as appropriate.

I think we have gotten amazing take aways for all how we can support communities of color in repairing the impacts of the war on drugs and key things to keep in mind as we move forward supporting equitable community building and policymaking in light of legalization and how we are moving forward.

I just really appreciate all the information we have had provided today. I want to extend my thanks to Jolene, Diane and Juell for providing us with so much knowledge and insight today and acknowledge our partners, Dialogue4Health, CA4Health and Laura and her team. And we are incredibly grateful for all of you are participating today.

I want to make sure that everyone is aware that the third and final session of this webinar will be on December 14. That will focus on equitable policies and approaches. You can follow us on Twitter at CA4Health. If you are a California member, you can join us and receive the most up to date education and opportunity at CA4Health. Thank you to all the presenters and everyone who participated. I pass this over to Laura to close it out and I look forward to engaging with everyone on December 14.

>> Laura Burr: Thanks so much, Kristania, Jolene, Diane and Juell for participating with us today. Thank you also to our partners for funding this event. Thank you to you, our audience. A recording of today's presentation and slides will be available to you by next week at Dialogue4Health.org. You will also receive an email from us with a link to a brief survey. We hope you will take it. We would like to hear from you. The survey includes instructions for getting a certificate of completion for this event, if you would like one.

Thanks so much for being with us. That concludes today's web forum. Have a great day.

(The event concluded at 3:00 o'clock p.m. EST.)

(CART captioner signing off.)