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Coalitions Members' Perceived Methods to Prevent Adolescent Marijuana Usage after Legalization

Lanise A. Hutchins
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Walden University

College of Health Sciences

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Lanise A. Hutchins

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Walden University
2015

Abstract

Coalitions Members' Perceived Methods to Prevent Adolescent Marijuana Usage after

Legalization

by

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MA, University of Tennessee, Knoxville, 2002

BS, University of Tennessee, Chattanooga, 1996

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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Abstract

Community coalitions have had successful reductions in adolescent substance abuse, and the legalization of marijuana presents an opportunity for these coalitions to re-evaluate their current methods and messages for preventing adolescent marijuana usage. Using the theory of planned behavior, the purpose of this qualitative study was to determine how legalization of marijuana for recreational purposes affects the methods and messages of coalitions and how the coalition members perceive their efforts to reduce adolescent marijuana usage post-legalization in Colorado. Participants were obtained by recommendations from the executive director in each of four coalitions. A purposive sample of 12 coalition members was interviewed via telephone and recorded. Data from the transcripts were analyzed, coded, and repeated as necessary until themes arose. The major themes suggested that programs alone were inadequate to change adolescents' perception of marijuana, despite the current success of the methods and messages expressed by coalition members. Recommendations included continuing current programs despite legalization, partnering with marijuana retail shops, engaging youth through multiple tactics, developing relationships with youth, and improving parent education to help prevent adolescent marijuana usage. These themes could shape the development of programs that guide adolescents into making better choices, which could ultimately lead to positive social change.

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Dedication

I dedicate this dissertation to my husband, Arthur R. Hutchins, Jr. You have been supportive and understanding through this entire journey. Thank you for your support and encouragement during one of my greatest challenges in life.

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Thank you to the support, motivation and love from my family and friends.

My sister, Trinetta Hardison-Ballard, I thank you for comforting and encouraging me through the days that I called you in tears. You have been a great source of strength and have really gotten me through some tough days. Mom and Dad (Patricia and Dennis Hardison) your continuous support and love is why I have accomplished so many great things. Thank you for delaying your dreams so that I can achieve mine.

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Chapter 1: Introduction to the Study

Introduction

The legalization of marijuana has been debated over the last 40 years (Joffe & Yance, 2004). The debates center on whether marijuana is too harmful to be legalized for medicinal and recreational purposes. For some states, medicinal marijuana has become legal. Discussions on whether to legalize marijuana for medicinal and/or recreational purposes are being held in several states. In November 2012, Colorado and Washington made history by legalizing marijuana for recreational purposes for individuals 21 years of age and older. Legalization of marijuana for recreational purposes may lead other states to adopt similar laws.

Several authors have commented on the risks of legalization. Joffe and Yance (2004) argued that legalization makes marijuana easily available for adolescents. Splete (2011) reported that the amount of attention given to medical marijuana and the legalization of marijuana for recreational purposes has minimized adolescents' perception of marijuana as being harmful. So, the ease of availability and decreased perception of marijuana among adolescents could have potentially led to a surge in usage. Legalization of marijuana for recreational purposes poses a challenge for community organizations committed to reducing adolescent marijuana usage. Kegler et al. (2005) found that community coalitions are an effective approach to reducing unhealthy behaviors in the community and, therefore, could be effective tools for changing the perceptions of adolescents who believe that marijuana is not harmful, thus preventing any potential

surge in adolescent usage. The purpose of this qualitative study was to explore the perceptions of members from three community coalitions in Colorado dedicated to reducing marijuana use among adolescents regarding the legalization of marijuana for recreational purposes. Their perceptions may reveal possible new directions that the coalitions may need to take in reducing adolescent marijuana usage.

This chapter provides a background of the legalization of marijuana in the United States. I outline the purpose of the study and the research questions. I discuss the conceptual framework and the theory grounded in this research.

Background

Marijuana is the most used illicit drug among adolescents in the United States (Johnston et al., 2013). According to the National Institute on Drug Abuse (2012), most people start using drugs as teenagers, and typically begin with marijuana. Kuehn (2013) found that adolescents are using alcohol and smoking cigarettes less than marijuana. As reported in 2011 by the Partnership at Drugfree.org (2012), there has been a 21% increase of adolescents using marijuana since 2008. Additionally, there were approximately 4.3 million adolescents in Grades 9th through 12th who used marijuana in the last month. Since 1998, this number of adolescents using marijuana was the highest it has ever been. The increase in usage shows that marijuana is becoming the norm for adolescents and the perception of the harmful effects has decreased (Partnership at Drugfree.org, 2012).

According to the Youth Risk Behavior Surveillance System, the prevalence of young people using marijuana increased from 2009 (36.8%) to 2011 (39.9%); Centers for

Disease Control and Prevention, 2012). In 2011, new users (initiates) of illicit drugs were over 3.0 million, and half were younger than 18 (National Institute on Drug Abuse, 2012). Of those users that were younger than 18, 67.5% of 3.0 million used marijuana (National Institute on Drug Abuse, 2012). Only 41.7% of adolescents believe marijuana is harmful (National Institute on Drug Abuse, 2012). This percentage is the lowest since 1991 at the start of tracking perceptions of marijuana among youths (Bridget, 2013). The legalization of marijuana for recreational purposes could be an indication that efforts should focus on prevention of adolescent marijuana use more now than in the past.

A publicized debate over marijuana prohibition has been present in the United States since the 1930s (Hall & Pacula, 2003). However, the U.S. federal prohibition of marijuana was implemented early the last century, starting in 1906 with the passing of the Pure Food and Drug Act (Lee, 2012). The Pure Food and Drug Act prohibited the importation of cannabis unless it was for medicinal purposes. By 1925, the first federal inquiry into cannabis concluded that marijuana was not addictive. In 1930, the new Federal Bureau of Narcotics director, Anslinger, made claims that marijuana was a violence-causing drug, it promoted sexual relations across color lines, and it was a dangerous drug with no therapeutic value (Lee, 2012). Anslinger set out to ban marijuana, which he achieved through the Marihuana (Marijuana) Tax Act in 1937. Through prohibitive taxation, all forms of hemp were effectively banned because of the burdensome of a heavy tax (Lee, 2012). In 1941, cannabis was removed from the United States Pharmacopeia and National Formulary, where more than 100 ailments listed Indian

hemp as a remedy (Lee, 2012). In the late 1960s and early 1970s, many young people were ignoring the cannabis prohibition, which prompted a debate on the legal status of cannabis (Hall & Pacula, 2003). Decades later, the debate on the legal status continues, capturing the attention of those who are for or against legalization of cannabis for medicinal or recreational purposes. Currently, 23 states and DC have legalized marijuana for medicinal purposes (Sevigny et al., 2014). Of those 23 states, two have legalized marijuana for recreational purposes (Palamar et al., 2014). The debate over the legalization of marijuana is especially important for adolescents. The legalization of medicinal and recreational marijuana may indicate to adolescents that this drug does not pose any harmful effects to them. The California Society of Addictive Medicine (2009) listed the following reasons why there needs to be a focus on the impact marijuana may have on adolescents:

- Important development of the brain continues until the age of 25, and structural changes damage the brains of young marijuana users
- Children and adolescents are at risk of becoming dependent on marijuana quickly
- The effects of marijuana are significant for children and adolescents before dependence occurs
- Emotions and reasoning are subtle harmful effects of marijuana increasingly being demonstrated in all marijuana users

Because marijuana may be harmful to adolescents, prevention and education programs are needed, especially with the recent legalization of marijuana for recreational purposes.

Coalitions are collaborative partnerships brought together for a common purpose to address community issues. The Centers for Disease Control and Prevention (n.d.) described the benefits of a community coalition as having opportunities to

- Exchange knowledge, ideas, and strategies
- Share risks and responsibility
- Build community concern and consensus for issues
- Engage in collective action that builds power
- Improve trust and communication among community sectors
- Mobilize diverse talents, resources, and strategies

Community coalitions have goals to improve public health through health screening, media campaigns, outreach, and other services (Wells et al., 2008). Roussos and Fawcett (2000) advised that collaborative partnerships are a promising strategy in reducing population health problems and other well-being issues. However, the community's positive perception of the coalition is necessary for effectiveness. Perception from the community can help coalitions by revealing their challenges and successes. The perceptions of coalition members may help in achieving the goals and objectives for the community. Rosales et al. (2010) identified the perceptions of the community and the effectiveness toward positive change regarding lowering the incidence of diabetes. Rosales et al. found that partnerships were an essential part of solving preventative

unhealthy behaviors within the community. Wolff (2001) suggested that community coalitions have the power to broaden social change through advocacy and organizing. Evaluating and understanding community coalitions for their effectiveness should be addressed often (Clark et al., 2010). Reinert (2006) warned that although community coalitions can be helpful, there is potential for complications due to various personalities and backgrounds from the members. These complications can include the lack of effective programs or the dissolution of the coalition. The participants in this study expressed challenges and successes of their coalition.

The legalization of marijuana for recreational purposes has led a new gap in the literature. There is little information about the perceptions of coalition members, particularly their thoughts on preventing marijuana usage among adolescents, in states where marijuana is now legal for recreational purposes. In this study, the perceptions of current and future methods and messaging to prevent adolescent marijuana use were examined from the perspective of members of community coalitions that are committed to reducing marijuana use among adolescents. New methods and messages can be created and adopted from the one-on-one interviews of the coalition members in their efforts to prevent adolescent marijuana usage. The outcome of the study can lead to other coalitions evaluating their methods and messaging to be more effective in preventing adolescent marijuana usage in the community.

Problem Statement

On November 6, 2012, Colorado and Washington became the first states to legalize marijuana for recreational purposes. The new laws allow anyone 21 years of age or older to possess up to an ounce (28.5 grams) of marijuana and permits the sale and tax of cannabis through state-licensed stores modeled after those for alcohol sales (Coffman & Neroulias, 2012). In Colorado, cultivating marijuana is limited to six marijuana plants per person (Coffman & Neroulias, 2012). Although the new laws do not allow person(s) under the age of 21 to use marijuana, there is potential for adolescents to access marijuana easily. The legalization of marijuana could lead to higher adolescent use and low perception of harmful risks (Wall et al., 2011).

Marijuana can provide relief for individuals with serious medical conditions that include cancer, AIDS, and glaucoma (Drug Policy Alliance, 2012). However, the negative consequences of marijuana use are also well documented (National Institute on Drug Abuse, 2010), and the impacts that legalization has on adolescents is a concern for antidrug advocates. The legalization of marijuana may (a) decrease perception of harm, (b) increased exposure, (c) increased health complications, and (d) decline in school performance (Hall & Pacula, 2003). Because the legalization of marijuana for recreational purposes is fairly new, there is no evidence as yet on the effect of legalization on adolescents.

Concerns related to legalization are held among those already engaged in substance abuse prevention programs for youth. Community coalitions have a long

history as an effective approach to reducing and preventing substance abuse among young people (Valente et al., 2007). Because of the legalization, the perspectives from the coalition members can lead to improved methods and messages towards prevention of adolescent marijuana usage.

Purpose of the Study

The purpose of using qualitative research was to explore the perceptions of coalition members about their methods and messages due to the legalization of marijuana for recreational purposes. The members of the community coalitions were those who had a focus on reducing adolescent marijuana usage. In this study, a phenomenological approach was used in this qualitative research. A phenomenological inquiry is used to explore the human experience and perceptions, in this case the experiences and perceptions of coalition members in their efforts to prevent adolescent marijuana usage under the legalization of marijuana for recreational purposes. The participants were coalition members in Colorado, a state that legalized marijuana for recreational purposes. The participants' experiences and perceptions covered the period before and after marijuana for recreational purposes became legal. Because the legalization of marijuana for recreational purposes is recent, the perspectives from coalition members about legalization were explored. The one-on-one interviews from the coalition members may lead to new messages and methods to assist other similar coalitions in continuing to effectively prevent marijuana use. In addition, the potential impact that coalitions have on adolescents were explored despite the legalization of marijuana for recreational purposes.

Finally, one-on-one interviews were an opportunity for members of coalitions to give their perspective on the methods and messaging that may lead to a greater impact on prevention of adolescent marijuana use.

Research Questions

Research Question: What are community coalition members' perceptions of their methods and messaging to prevent adolescent marijuana usage in the light of the recent legalization of marijuana for recreational purposes in Colorado?

Subquestions

1. What methods and messaging did community coalitions use to prevent adolescents' use of marijuana usage before legalization?
2. What methods and messaging do community coalitions use (or plan to use) to prevent adolescents' marijuana use since legalization?
3. How do community coalition members perceive the effectiveness of their methods to prevent adolescents' marijuana usage before and since legalization?
4. What challenges do community coalitions face in educating communities about a possible increase of adolescent marijuana use because of legalization in Colorado?

Conceptual Framework for the Study

The conceptual framework for this study was the theory of planned behavior (TPB) by Ajzen (1991). The TPB is an extension of Fishbein and Ajzen's theory of

reasoned action (TRA) that suggests behavior is intentional and controlled (Connor & Norman, 2005). The intent and control hinders on a person's skills and his or her environment. More details about this theory will be discussed further in Chapter 2. TPB applied to this study because, with the legalization of marijuana for recreational purposes, coalitions may need to re-evaluate the current message and methods to prevent marijuana usage in adolescents. Adolescents' perceptions of marijuana being unsafe may continue to decline. TPB may be useful for the coalitions to create effective messages and methods in reducing adolescent marijuana usage. In this study, through interviews, coalition members had the opportunity to discuss the current methods being used and if new or revised methods are needed to prevent adolescent marijuana usage.

Nature of the Study

The nature of this study was a phenomenological qualitative study. Fischer (2006) described the phenomenological approach as studying the character of consciousness through how humans interpret the world. Of interest to the phenomenological researcher is the participants' points of view, their perceptions and understandings, and live in the world around them (Fischer, 2006).

In this study, 12 one-on-one interviews were conducted with members from three community coalitions in Colorado. A purposeful sample of members of each coalition in Colorado was invited to participate in a one-on-one interview. A fourth coalition was added in order to get at least 12 participants. The one-on-one interviews were used to explore the coalition members' perspectives about the legalization of marijuana for

recreational purposes and their efforts to prevent adolescent marijuana usage. The interviews were audio-taped, and the data were transcribed. The data were analyzed using computer-assisted data software called Nvivo, which will be discussed in further detail, in Chapter 3.

Definitions

Adolescents: Youth between the ages of 12- to 17-years-old. Adolescents seem to be the most vulnerable to using marijuana (Wall et al., 2011).

Legalization: Marijuana has the same regulations on possession, consumption and sale like alcohol (Bretteville-Jensen, 2006).

Marijuana: A dry greenish-gray mixture, consisting of shredded leaves, stems, seeds, and flowers (National Institute on Drug Abuse, 2010).

Medical or medicinal marijuana: Marijuana prescribed by a physician for medical purposes (Lynne-Landsman et al., 2013).

Substance abuse: Includes alcohol, tobacco, marijuana, and other illicit drugs (Miller & Hendrie, 2008).

Using or abusing marijuana for recreational purposes: Smoking or consuming it for no medical reason. The National Institute on Drug Abuse has noted that marijuana can be inhaled like cigarettes and cigars or incorporated into foods.

Assumptions

The prevention methods and messaging used by the coalition members may have been affected by the legalization of recreational marijuana use. I assumed that the

coalitions have been successful in the past in preventing adolescent marijuana use in their community. The success of the methods and messaging in the past can determine the future success of those same methods and messaging. Another assumption was that the coalitions are the best method in preventing adolescent marijuana usage. Other organizations and schools promote prevention of marijuana usage. In this study, coalitions were assumed to be the best source of information for prevention of adolescent usage. Finally, members of the coalition did not agree with the legalization of marijuana for recreational purposes. Members of a coalition believed that using marijuana for recreational purposes is harmful. Members who agree with the legalization of marijuana for recreational purposes may have had personal biases in advocating for prevention.

Scope and Delimitations

The legalization of marijuana for recreational purposes in Colorado and Washington State may impact the education provided by the community coalitions to adolescents regarding prevention of usage. In this study, the perceptions of the effectiveness of the methods and messages delivered by community coalitions to the adolescents were explored. Coalitions have become a popular strategy in improving health in the community (Zakocs & Edwards, 2006). The coalition members in the study determined if their efforts have been successful. Some of the challenges by the coalitions described in Chapter 4 could be lessons learned for other coalitions. Community coalitions could generate an open dialogue across the United States to create better methods to re-evaluate their strategy in targeting youth. Members came from three

coalitions in Colorado. The selection of participants included a diverse group ranging in different age groups, race, and gender. The participants selected were active members of the coalition involved in initiatives to prevent adolescent marijuana usage in the community.

Limitations

Qualitative research often includes a smaller population than quantitative research (Fossey et al., 2002). Thus, the data collected may have been too limited for generalization. In this study, there were 12 members from four coalitions that participated in the one-on-one interviews. The members could have opted out of the study at any time without reason. When invited members decided not to participate prior to the start of this study, new participants were sought until the minimum number of participants was met. Patton (2002) advised that the validity, meaningfulness, and insights within qualitative inquiry are from the breadth of information received from the participants rather than the sample size.

Significance

In this study, perceptions of members of community coalitions that have a focus on reducing adolescent marijuana usage are explored. The legalization of marijuana for recreational purposes pertains to those persons 21 years of age and older. Although there is an age limit, marijuana may be more accessible to young people than the age requirement of 21 years of age or older. The age limit requirement is similar to the age requirement for alcohol and a few years older than the age requirement for cigarettes.

New anti-marijuana media messages may be needed to engage and motivate adolescents to remain drug free or to reduce their use. The outcomes of this study can provide social change for future and current members of community coalitions regarding direction, messaging, and methods on their prevention programs. With these changes, more effective messaging and methods from the coalitions could be discovered and applied by other coalitions to help prevent adolescent marijuana usage in their community.

Summary

Marijuana usage among adolescents is increasing in the United States. Legalizing marijuana for recreational purposes adds another illicit substance with known harmful effects to the market. Legalization could increase the number of adolescents who buy and use marijuana illegally. With the collaboration of community organizations that have come together to form a coalition, there is potential to offset negative effects of adolescents using marijuana. Community coalitions may have to update or develop new methods that will engage the youth. Community coalitions can give their perspectives about the legalization of marijuana for recreational purposes in a phenomenological approach. Community Coalitions can begin a dialogue with other members to find an effective approach in reducing the number of adolescents who use marijuana.

Research on coalitions and opportunities for improving the health and safety of the community will be discussed in Chapter 2.

Chapter 2: Literature Review

Introduction

On November 6, 2012, Colorado and Washington became the first states to legalize marijuana for recreational purposes. In this study, the perceptions of coalition members were explored to evaluate the potential impact of their methods and messages on the use of marijuana for recreational purposes. The legalization of marijuana for recreational purposes poses challenges for those engaged in reducing adolescent usage. In order to understand these challenges, this chapter begins with a review of the literature on the harmful risks of marijuana use as well as the medicinal benefits of marijuana. Chapter 2 also includes a brief history of marijuana laws and characteristics of coalitions and their effectiveness in improving the health of their community. Although there is little research on community coalitions for adolescent marijuana usage, there is ample work from coalitions in reducing other risky behaviors. Also, I will discuss marijuana usage in adolescents and detail the risks and benefits of marijuana. Finally, I will present the known benefits for the current use of medical marijuana.

Literature Search Strategy

The studies discussed in this chapter were selected by using electronic searches found in the following Walden University's research databases: CINAHL & MEDLINE simultaneous search, Science Direct, PubMed, and ProQuest. Peer-reviewed journals, technical reports, and educational and organizational websites were searched from the years 2000 to 2014. Search terms and other associated words were created from the

research questions. The website search consisted of combinations from the following terms: *adolescents, youths, crimes, legalization, coalition, prevention, preparation, perceptions, health promotion, marijuana, cannabis, medicinal, medical, money, law, perspective, economy, substance abuse, intervention, programs, effectiveness, and health education*. The other terms included *marijuana* or *cannabis* in each search. There was little research on studies on community coalitions with a sole purpose on prevention of adolescent marijuana usage. However, there were more studies on substance abuse prevention programs, which combined marijuana with illicit drugs and included alcohol, tobacco, and cigarettes.

Conceptual Framework

The TPB has been part of the curriculum for prevention and intervention programs. In the TPB, three independent constructs determine the behavior: attitude, subjective norms, and perceived behavioral control (Bartholomew et al., 2011). The behavior construct is attributed to the attitude towards the behavior, the subjective norms construct is attributed to the social norm and perceived behavioral control is attributed to the ease or difficulty in performing that behavior (Ajzen, 2002). Additionally, according to the TPB, human beings have a sensible manner by taking in available information and considering the implications of their actions (Ajzen, 2005). Kam et al. (2009) concluded that TPB has implications for designing health messages. With the legalization of marijuana for recreational purposes, coalitions may need to re-evaluate their current

message to discourage adolescents from using marijuana. The coalitions may use the TPB to create an effective message in reducing adolescent marijuana usage.

TPB can be helpful in influencing behavior and developing health messages. Huansuriya, Siegel, and Crano (2014) examined the parents' exposure to parent-child advertisements to determine if there was a change in children's attitudes, subjective norms, perceived behavioral control, and intent to use marijuana. Huansuriya et al. explored the parents' intentions to influence the children using TPB. The participants included 1,349 pairs of parents and their children ages 12 to 18 for Rounds 1 and 2 and 1,276 for Rounds 3 and 4 (Huansuriya et al., 2014). The advertisements came from the National Youth and AntiDrug Media Campaign that encouraged parent-child communication. Huansuriya et al. found that the exposure of advertisements may have changed the parents' attitude to initiate drug communication with their children. In addition, the ads were successful in reinforcing existing beliefs and behaviors within the participants. Kam, Matsunaga, Hecht, and Ndiaye (2009) applied the TPB to examine substance use among Mexican-heritage youths and found that the researchers should seek culturally sensitive and effective programs for prevention. Kam et al. concluded that TPB constructs are important in developing health messages. TPB can be useful in predicting unhealthy behaviors and developing messages to improve that behavior (Bashirian, Hidarnia, Allahverdipour, & Hajizadeh, 2012). The use of TPB could be valuable to coalitions in developing health messages for their methods and messages.

TPB has shown to be effective in predicting the behaviors in adolescents who use marijuana. Hohman, Crano, Siegel, and Alvaro (2013) examined adolescent attitudes towards marijuana use in the context of the TPB using an ambivalence indicator. Hohman et al. found that there was an association between adolescents' uncertainty towards marijuana use and peer norms. The prevention programs can be a source of influence for adolescents to resist, discontinue, and abstain from marijuana by combating any uncertainty with this drug. Coalitions that focus on reducing adolescent marijuana usage may use the TPB as a guide.

TPB could be used for planning methods and messages by coalitions. Connor and McMillan (1999) determined that, as TPB is useful in predicting intentions to use cannabis and frequency of use, coalitions engaged in reducing adolescent usage of marijuana may want to include it in their prevention program planning. In this study, the program planning from the coalition members was explored to determine if their methods and messaging included any of the components of the theory.

Description of Marijuana

Pot, grass, reefer, weed, herb, and marijuana are among the many names used to describe the hemp plants *Cannabis Sativa* and *Cannabis indica*. Marijuana is smoked like a cigar or rolled cigarette, but is called a "blunt" or a "joint." It can also be consumed by brewing it in a tea or by incorporating it into different foods. In Sharma, Murthy, and Bharath (2012) advised that the cannabis plant contains more than 421 chemical compounds, and 61 of those compounds are cannabinoids. The effects of smoking or

consuming marijuana are due to the active main ingredient called delta-9-tetrahydrocannabinol (THC; National Institute on Drug Abuse, 2010). More than 2,000 compounds are produced by smoking marijuana due to decomposition by high temperatures (Sharma et al., 2012). THC passes from the lungs to the bloodstream rapidly causing immediate effects. The inhaled marijuana ultimately reaches the entire body altering the normal function of the brain. The brain is affected when the THC binds to cannabinoid receptors (CBRs) that are located on the surface of the nerve cells (Sharma et al., 2012). The CBRs are part of a communications' network called the endocannabinoid system. The endocannabinoid system controls a normal developing and functioning of the brain. CBRs regulate the movement, coordination, learning and memory, and higher cognitive functions such as pleasure and judgment (National Institute on Drug Abuse, 2010). The effects of smoking marijuana can last from 1 to 3 hours or, if consumed in foods or beverages, up to 4 hours (National Institute on Drug Abuse, 2010). Another cannabinoid is CBD (cannabidiol), which is nonpsychotropic and has anticonvulsive, antianxiety, antipsychotic, antinausea, and antirheumatoid arthritic properties (Mechoulam et al., 2002) Marijuana users experience desirable effects like hilarity, self-confidence, relaxation, and acute introspective capacity (Rojas, 2011). However, marijuana users can also experience unpleasant effects such as depression, irritability, and a decrease in attention (Rojas, 2011).

Harmful Risks of Marijuana

When someone smokes marijuana, THC stimulates the CBRs artificially, disrupting the function of the natural, or endogenous, cannabinoids. When the receptors in these key brain areas overstimulate, marijuana "high" occurs, as well as interruptions of other mental processes when there is an overstimulation in the receptors of these key brain areas (National Institute on Drug Abuse, 2010). Over time, the effects of marijuana can alter the function of CBRs and can lead to addiction. A user is addicted when he or she has difficulty controlling the usage of the drug and ends up interfering with various aspects of his or her life (National Institute on Drug Abuse, 2012). A user can also become dependent on marijuana. Dependence occurs when the user feels like he or she is unable to stop using and cannot function without the drug (Budney et al., 2007). Nonetheless, marijuana is less addictive than tobacco, alcohol, and other illicit drugs (Gumbiner, 2010).

Marijuana effects can also lead to withdrawal symptoms when drug use stops. Some of the negative consequences of using marijuana are psychotic episodes, sleep impairment, and increased risk of chronic cough or bronchitis (National Institute on Drug Abuse, 2010). Youth who smoke marijuana regularly are at twice the risk (14 /1,000) of psychosis compared to youths (7/1,000) without a family history of mental illness (MacDonald, 2011). Smoking marijuana can increase the heart rate 20-100 % over the baseline for as long as 3 hours (National Institute on Drug Abuse, 2010). There is a possible impairment to cognitive development. From early childhood to adulthood, a

regular marijuana user can drop 8 points on an IQ test (Diller, 2013). Marijuana use can also affect driving for teens. Diller (2013) advised that young people who smoke marijuana within 3 hours of driving are at twice the risk of a car accident than those who are not high. Youth who use marijuana may also experience long-term use effects including coughing, wheezing, and lung cancer (American Academy of Child and Adolescent Psychiatry, 2013). With the effects that marijuana has on adolescents, coalitions should evaluate their current methods and messaging to ensure effective outcomes. The harmful effects of adolescents using marijuana should be included in the methods and messages by the coalitions.

Other potential health risks associated with cannabis usage include a decline in mental health. However, McGee, Williams, Poulton, and Moffitt (2000) conducted a longitudinal study to determine the association between cannabis and subsequent mental health among individuals between the ages of 15- to 21-years-old. McGee et al. found only a limited association between the two. McGee et al. argued that an individual with current mental health issues is at more of a risk of becoming a cannabis user than from a cannabis user developing mental health issues later. By contrast, Hall (2006) found that cannabis was a drug of dependence with increasing as the age of initiation decreased. Additionally, Hall reported that cannabis dependence among young people was associated with usage of other illicit drugs, underperformance in school, and reports of psychotic symptoms. Marijuana causes serious harm to the cognitive development of the adolescents. Adolescents should be told the truth about the harmful effects of marijuana.

There is also evidence that long-term marijuana usage is associated with reduced educational attainment, unemployment, poor health and other negative outcomes (Green et al., 2010). Fergusson and Boden (2008) examined the linkages between cannabis use and particular outcomes such as education, income, welfare dependence, and unemployment and found that, by age 25, 35.9% of those who did not use cannabis were able to obtain a university degree compared to 1.9% who did use cannabis over 400 times. At age 25, income was higher from those who never used cannabis. Between ages 21-25 years, there was a higher rate of welfare or unemployment for those who used marijuana compared to those who did not. In addition, study participants aged 21 to 25 years who never smoked marijuana had a more positive outlook on their relationships and were more satisfied with life. Marijuana not only affects the mental capabilities of adolescents but their education and employment are at risk. Coalitions should include lack of educational attainment and unemployment in their methods and messages.

Marijuana use can lead to criminal activity. Green, Doherty, Stuart, and Ensminger (2010) sought to determine if heavy adolescent marijuana usage (use 20 or more times) in a lifetime is associated with later adult criminal involvement. Drug, property, and criminal records showed that heavy marijuana users are more likely to be involved with criminal activity than nonusers. Also, heavy marijuana users are more likely to be arrested at a younger age than light and nonusers. Additionally, there were more arrest records for heavy marijuana (58.9%) users than for light marijuana users and nonusers (34.8%). Green et al. suggested that educating the youth on marijuana

prevention should be a top priority due to the many negative consequences of using it. Green et al. advised that the prevention of heavy marijuana use among adolescents can lead to a reduction of drug and property crimes in adulthood. However, risks of criminal activity due to heavy usage of marijuana can be due to other associations and confounding variables. Lynskey and Hall (2000) and Ostrowsky (2011) found that the marijuana users had other factors, such as race, geographic location and family dysfunction, which should be considered when associating the marijuana with unhealthy behavior.

Marijuana Gateway Theory

Marijuana leading to harder illicit drugs is recognized by the Office of National Drug Control Policy (ONDCP) as the Gateway Theory (also known as the Gateway Hypothesis or the Gateway effect), but the evidence to support it remains controversial. According to MacCoun (2006), seven interpretations of this theory exist. Choo, Roh, and Robinson (2008) listed five of those interpretations as being the following unique theories:

- *Marijuana use is a warning sign* –Marijuana is an indication that future use of illicit drugs is evident;
- *Marijuana precedes and often is responsible for the use of other drugs* – According to a youth survey by the Office of National Drug Control Policy (ONDCP), marijuana is the most widely available illicit drug, which makes it possible to be a beginner drug;

- *Marijuana experimentation reduces the risks of using other illicit drugs*– This theory suggests that if marijuana users do not receive the expected outcome, other harder illicit drugs will be used;
- *Marijuana experimentation can lead the intoxicated and impaired user under the influence to try harder illicit drugs*- This is expected; however, other claims have suggested that the ONDCP has exaggerated the threats of marijuana;
- *Marijuana users can come in contact with sellers of harder illicit drugs*- The sellers of marijuana can also sell other illicit drugs.

Choo et al. conducted surveys in three public middle and high schools to test these theories. There were 869 students surveyed in grades eighth, 10th and 12th. Most of the participants were between the ages of 12 and 18 years old. The participants completed a self-reported survey questionnaire consisting of family risk factors such as education marital status, drug use among family members, and peer and parental perceptions. The questionnaire measured the participant's use of tobacco, alcohol and illicit drugs that include marijuana, cocaine and LSD. Choo et al. tested the gateway theory by investigating the independent effect of prior illicit drug and marijuana use that may have led to using hard drugs. Other factors were school commitment, peer, neighborhood and family influence. Choo et al. found no evidence to support any of these theories.

However, Choo et al. did find that marijuana use is tied to the personalities of individuals and their environments such as peer influences, school factors, neighborhood conditions,

and family structure. Conversely, DeSimone (1998) found evidence that marijuana was a gateway to cocaine. DeSimone reviewed data from the National Longitudinal Survey of Youth (NLSY) that showed past marijuana users tend to become cocaine users at a later stage in life. Morral, McCaffrey, and Paddock (2003) investigated the marijuana gateway effect to find an association between young marijuana users and those that lead to using other illicit drugs. A survey of U.S. households from 1982 to 1994 was used to simulate a model of adolescent marijuana drug use initiation. Morral et al. defined the assumptions of the model as:

- individuals tend to use drugs that are usually distributed in the population;
- this tendency is correlated with the probability of using drugs given the chance
- hard drug initiation was not associated with use or opportunity to use

Morral et al. found that associations between marijuana use and harder illicit drug use can be expected even without the gateway effect. The writers claim that individuals who are predisposed to using drugs are more likely to try marijuana and stronger drugs than those who were not predisposed to using drugs. Lessem et al. (2006) examined three components of the Gateway Theory on

- whether adolescent marijuana use predicts drug use in early adulthood,
- whether there is a significant association between marijuana use and illicit drug use exist after adjusting for family background, and
- whether any association between marijuana use and illicit drug use is due to common genetic or environmental factors.

To test these components, a sample from the National Longitudinal Study of Adolescent Health was used in assessing the subjects twice in their adolescence and once in their young adulthood approximately five years later. Lessem et al. found that marijuana users were twice as likely to use illicit drugs in young adulthood compared to nonusers. However, similar to the findings of Choo et al. the youth's environments mediated much of this relationship.

Gateway theories have mixed results because of confounding factors. Although marijuana may lead to the desire to try harder illicit drugs, there is a possibility that other factors are driving those desires.

Medical Benefits of Marijuana

The federal government deemed marijuana a Schedule 1 controlled substance in 1970 and, therefore, illegal for physicians to prescribe (Lu, 2012). However, by 1982, six states had reclassified marijuana as a Schedule 2 controlled substance, which physicians may prescribe, and currently, 20 states have legalized marijuana for medicinal purposes. The potential medicinal properties of marijuana have been the subject of substantial research and heated debate. According to scientists, the active ingredients in the cannabis plant have therapeutic potential to stimulate appetite, control nausea, decrease ocular pressure and relieve pain (National Institute on Drug Abuse, 2011). In the early 1990s, dronabinol (Marinol) and nabilone (Cesamet), both containing THC, were the only FDA-approved, marijuana-based medications. Doctors prescribed these to treat nausea in patients undergoing cancer chemotherapy. These medications were used to stimulate

appetite in patients who were losing weight quickly due to Acquired Immunodeficiency Syndrome (AIDS; National Institute on Drug Abuse, 2010). Today, sativex, a chemically pure mixture of plant-derived THC and Cannabidiol, is the second generation of cannabis-based medications (National Institute on Drug Abuse, 2010). Sativex is a new product, formulated as a mouth spray, currently available only in the United Kingdom and Canada (National Institute on Drug Abuse, 2010). The physician prescribes the mouth spray for the relief of pain and spasticity associated with cancer and neuropathic pain in multiple sclerosis (National Institute on Drug Abuse, 2010).

Medical marijuana can alleviate symptoms of severe medical conditions including cancer, AIDS, and glaucoma. Marijuana can be an effective alternative to synthetic painkillers (Drug Policy Alliance, 2012). Woolridge et al. (2005) measured the use of cannabis by patients in an HIV clinic to examine the benefits, if any that it has on controlling symptoms. A questionnaire was completed by 523 patients and 143 of them used cannabis to treat HIV symptoms. Some of the symptoms included lack of appetite, nausea, depression, weight loss, and anxiety. One of the most prevalent symptoms, lack of appetite, showed that 97% of the participants who used cannabis saw an improvement (Woolridge et al., 2005). Cannabis use improved other symptoms concluding that there is evidence that cannabinoids have therapeutic applications for HIV related symptoms. Croxford and Yamamura (2005) investigated the therapeutic use of cannabinoids on the immune system and a number of inflammatory disorders. Croxford and Yamamura found

that cannabinoids can be an agent to help in the stimulation of cells towards the sites of inflammation, therefore, a potential treatment for inflammatory disease.

Currently, 20 states have legalized marijuana for medicinal purposes. Cerda, Wall, Keyes, Galea, and Hasin (2012) found that the legalization of medical marijuana in particular states has led to an increase in marijuana use and dependence, although this does not necessarily indicate a causal relationship. Similarly, Harper, Strump and Kaufman (2012) found that passing medical marijuana laws do not have an effect on marijuana use. Wall et al. (2011) suggested additional empirically-based research to determine the association between medical marijuana laws and marijuana use. Wall et al.(2011) found that adolescent marijuana use was higher, and perception of risks were lower in states that legalized medical marijuana between 2002 to 2008 compared with states that did not legalize medical marijuana (Wall et al., 2011).

Adolescent Marijuana Usage

According to the National Institute on Drug Abuse (2012), adolescent marijuana use has been increasing since the mid-to-late 2000s. Adolescent marijuana use among 8th graders increased from 5.8% in 2008 to 7% in 2013 (+1.2%); among 10th graders from 13.8% in 2008 to 22.7% in 2013 (+8.9%) and among 12th graders from 19.4% in 2008 to 22.7% in 2013 (+ 3.3%). Daily use has also increased for 12th graders from 5% in the mid-to-late 2000s to 6.5% in 2013 (+1.5%; National Institute on Drug Abuse, 2014).

The reasons for this increase are probably complex. One reason appears to be that young people increasingly view marijuana use as being harmless when compared with

other illicit and prescription drugs. The perceptions of marijuana risks among youths have decreased through the years. Plancherel et al. (2005) found that marijuana was not considered dangerous compared to other drugs. Those who smoked marijuana regularly did not feel that it was harmful compared to non-users or those who have stopped using marijuana.

The rate of adolescents using marijuana has increased slightly over the last two decades. Anderson, Hansen, and Rees (2012) examined medical marijuana laws in relation to marijuana usage among high school students. Data from the Youth Risk Behavior Survey (YRBS) covered 13 states between 1993 through 2009. The potential for usage after legalization of marijuana was found to be no greater than 1.4 percentage points and the frequency of use showed no more than 0.4 percentage points. However, marijuana use among 12th graders increased by 4.3 percentage points from 2006 to 2011 (Anderson et al., 2012). Similarly, Harper, Strumpf and Kaufman (2012) sought to determine if legalization of medicinal marijuana increased adolescent usage. Harper et al. used state level estimates from the 2002 to 2009 National survey on Drug and Health. Harper et al. examined past month's marijuana use and perceived riskiness to use from state level estimates. Harper et al. found that the evidence showed a decrease in adolescent marijuana use due to legalization.

The perception of the harmful risks of using marijuana among adolescent has declined since the last two decades. Khatapoush and Hallfors (2004) examined the adolescents' attitudes towards marijuana about the legalization for medicinal purposes in

California. The data was retrieved by a telephone survey collected in part of the Robert Wood Johnson Foundation's Fighting Back initiative. The survey administered in 1995, 1997, and 1999 included age groups ranging from 16 to 44 years. Khatapoush and Hallfors (2004) found that the marijuana legalization for medicinal purposes had little impact on youth's attitudes toward marijuana. Because adolescent perceptions of the harmful risks of marijuana have decreased over the years, previous studies have shown that legalization of medicinal purposes has no effect on adolescent usage. More research is needed to analyze the impact on legalization of marijuana for recreational purposes. However, Khatapoush and Hallfors (2004) warn that the legalization of marijuana may lead to increased access and availability, therefore, a potential increase in use.

Adolescent Prevention Programs and Campaigns

Federal resources to support education and outreach programs to prevent substance abuse in the 2014 fiscal year are totaling \$1.4 billion (Office of National Drug Control Policy, 2013). According to the National Registry of Evidence-based Programs and Practices, more than 310 interventions exist in supporting substance abuse prevention, treatment, and mental health (Substance Abuse Mental Health Services Administration, 2013). Prevention programs have used various methods to reduce substance abuse to include marijuana usage. Sloboda et al. (2009) sought to discover the effectiveness of a substance abuse intervention program called Take Charge of Your Life (TCYL). Sloboda et al. examined a cohort of adolescents by utilizing a randomized field trial collecting longitudinal data over a five year period. Sloboda et al. hypothesized that

the impact of TCYL would differ from students who had experiences with substances than those students who did not have experiences of substances at baseline (Sloboda et al., 2009). The study initially consisted of 17,900 students in the treatment group and 16,170 students in the control group for a total of approximately 34,000 seventh graders. Over the course of five years, seven self-administered surveys were given, which included approximately 19,000 students that completed one to seven surveys with approximately 10,000 students completing the final survey in the 11th grade (Sloboda et al., 2009). The results showed that the program had a negative impact on nonusers of alcohol, tobacco and no impact on marijuana users. However, the program was found to be effective marijuana users at baseline by reducing or eliminating marijuana usage. From this study, Sloboda et al. concluded that TCYL should not be a universal prevention intervention. The outcome of the study could have been affected because of the large sample and the length of time (five years) for the study.

School Prevention Programs

The mostly widely used drug use prevention program in the United States is the D.A.R.E (Drug Abuse Resistance Education; Perry, et al., 2003). More students use this program in elementary but this program is available for middle and junior high students. The D.A.R.E Plus project is an expansion of the D.A.R.E (Drug Abuse Resistance Education) program that extends to the middle/junior high school level. The purpose of this program was to reduce alcohol, tobacco and marijuana usage among seventh and eighth grade students (Perry et al., 2003). Perry et al. evaluated the effectiveness of the

D.A.R.E and D.A.R.E Plus program on drug use and violence in middle and junior high schools. The difference in the two programs is that D.A.R.E has a 10 session curriculum focusing on character building and citizenship as well as how to resist influences of drug use. The D.A.R.E Plus program was designed like a teen magazine. It was classroom-based and had four sessions led by peers with parental involvement. A second component of the program included extracurricular activities. The results of the survey found that the D.A.R.E program did not show any significant behavior effect. However, the program was enhanced by the D.A.R.E Plus components. In comparison, the D.A.R.E Plus program was more effective than D.A.R.E in reducing tobacco and violence only.

There have been many interventions and some evaluated thoroughly to prevent adolescent marijuana usage. For example, Swan et al., (2008) examined the Teen Marijuana Check-up (TMCU), an in-school intervention program that encourages teens to take responsibility of their own drug abuse. In this intervention, the problem was the prevalence of regular marijuana usage in adolescents and the need for effective intervention programs. Swan et al. sought to discover the recruitment of adolescents, the key intervention factors, the nature of the counseling style used, and the clinical challenges within the intervention program (Swan et al., 2008). An evaluation of the TMCU, a secondary prevention and early treatment program for adolescent marijuana users, was evaluated. The TMCU intent is to attract teen users in this program that are content, ambivalent or dissatisfied with using marijuana. Swan et al. did not mention the number of participants that participated in the program. The participants were between

the ages of 14 to 19 and used marijuana on at least nine of the preceding 30 days with no medical or psychiatric illness. The program consisted of interviewing, a computerized self-administered questionnaire, and feedback sessions that help teens deepen their understanding of marijuana in their lives. There were two trials with this program and Swan et al. concluded that the in-school brief intervention had several different key elements of effectiveness to reach teens that were smoking marijuana. Youth did not feel pressure to change because of the confidentiality protections put in place and the trained staff members using motivational tactics in the intervention's delivery (Swan et al., 2008).

Another in-school prevention program to reduce adolescent substance abuse was the Positive Youth Development (PYD) program, which emphasized a strength-based approach to promotion of positive outcomes for adolescents. The substances abused included alcohol, marijuana, cocaine/crack, heroin, and other drugs. Tebes et al. (2007) examined the effectiveness of this after-school program, which was located in urban settings. The experimental group consisted of 149 adolescents, and another 155 were assigned to a control group. There was no indication of a specific race or gender. Behavior assessments of substance use were collected at program entry, completion, and at one year follow-up. The results indicated that the intervention group did view drugs in a negative light after receiving the intervention, and drug use was significantly lower one year after beginning the program (Tebes et al., 2007). Tebes et al. controlled for pretest

differences in the case and control groups and the hierarchical linear model (HLM) was used to conduct an assessment for program effectiveness.

Adolescent Marijuana Campaigns

One of the largest public health advertising campaigns, the National Youth AntiDrug Media campaign, has a main goal to prevent drug abuse, specifically marijuana. The first phase of the campaign focused on marijuana but included other drugs and included some parental advertisements (Carpenter & Pechmann, 2011). The second phase included the brand, *Above the Influence*, targeted ages 12 to 17 and focused on living above the negative influences of marijuana (Carpenter & Pechmann, 2011). Carpenter and Pechmann (2011) examined the exposure to *Above the Influence* and the usage of marijuana by using the 2006 to 2008

Monitoring the Future (MTF) cross-sectional survey instrument has been used to evaluate youth outcomes in other antidrug campaigns. Carpenter and Pechmann found no association between the campaign and reduced marijuana usage for eighth grade boys and students in the 10th and 12th grades. Carpenter and Pechmann did find that higher antidrug advertising lead to lower rates of marijuana usage by eighth grade adolescent girls in the past month or lifetime. For adolescent boys, there was no association. In this study, antidrug campaigns were found to have more of an effect among eighth grade girls than any boys. Carpenter and Pechmann advised that antidrug campaigns need to reevaluate the campaign and tailor it to fit a widespread community of interest to include other age groups and boys. The study did not follow the same students over time, so it was difficult

to determine the outcomes when the advertisements changed in the local media market. Carpenter and Pechmann could not determine a causal relationship between antidrug campaign and adolescence marijuana usage.

The Office of National Drug Policy spends approximately 180 million per year on the National AntiDrug Media Campaign in an effort to prevent drug use, especially marijuana, among youths. There is no compelling evidence that this campaign was effective prior to 2002. However, in 2002, the campaigns were revamped and thereafter showed the harmful effects of marijuana usage. Palmgren, Lorch, Stephenson, Hoyle, and Donohew (2007) sought to evaluate the Marijuana initiative of the campaign on high sensation-seeking and low sensation-seeking adolescents. Palmgren et al. conducted a cohort study over a period of 48 months by interviewing 100 same age adolescents in two moderate-sized communities. Interviews were conducted monthly via laptop computers. The findings suggested a significant reduction in the marijuana usage by high sensation-seeking adolescents. Showing adolescents the negative consequences of marijuana usage helped in changing their attitudes. Campaigns that show harmful effects of marijuana usage can have a positive effect on reducing the incidence of marijuana usage in adolescence (Palmgren et al., 2007).

Alvaro et al. (2013) examined adolescent's attitude marijuana prevention ads, their intentions to use marijuana, and their subsequent marijuana use. The secondary data analysis came from the National Survey of Parents and Youth (NSPY). The NSPY was a four year panel that was conducted in response to the National Youth AntiDrug Media

Campaign. The age of the respondents ranged from 12 to 18 years of age. The findings of this study suggested that resolute non-marijuana users responded more favorably to the ads than users and vulnerable nonusers. The results of the study were somewhat mixed. Older respondents had intentions to use marijuana. However, after being followed for a year, initiated marijuana users with positive ad responses showed a reduction in both intentions to use and actual use of marijuana. Alvaro et al. suggested that the findings of the campaign did not necessarily fail but have had a positive effect among users who liked the campaign ad.

Marijuana Legalization for Recreational Purposes

Marijuana became legal for recreational purposes in Colorado and Washington State in the elections of November 2012. According to Campbell (1999), if cannabis were made legal for uses other than medicinal, people would consider this as a signal for it being safe, and there would be an increase in usage. However, because the legalization of marijuana for recreational purposes in two states is recent, any increased of usage has not been reported.

The economic effects of legalization for recreational purposes will also need to be studied. According to the Drug Policy Alliance (2012), legalizing and regulating marijuana will bring the nation's largest cash crop under the rule of law, creating jobs and economic opportunities in the formal economy instead of the illicit market. Annually, taxpayers are losing \$41.8 billion because of national marijuana prohibition laws (Gettman, 2007). As the supply of marijuana in the United States reaches up to

approximately 31 million pounds annually (Gettman, 2007), and the retail price can be \$7.87 per gram or \$3,570 per pound, the overall retail value is some \$113 billion per year (Gettman, 2007). Earleywine (2007) has noted that legalizing marijuana could yield tax revenue of \$2 billion annually at the merchandise rate, or more than \$6 billion if the tax rate were comparable to that for alcohol and cigarettes. Gettman has suggested that marijuana regulation and legalization could produce the following benefits:

- restore the capital flow in the illegal marijuana market to legitimate and taxable economic channels;
- eliminate contemporary criminal justice and border security costs and provide for the reallocation of resources to other pressing drug, immigration, and homeland security problems;
- deflate teen commerce in marijuana and consequently contribute to a reduction in availability of marijuana to teens and adolescents;
- eliminate the flow of considerable capital away from the US economy by contributing to an increase in the amount of marijuana grown in the US for domestic consumption; and
- shift the fiscal costs related to marijuana use from all taxpayers to marijuana users themselves by way of excise taxes.

Colorado and Washington State have legalized medicinal and recreational marijuana possession and use only by adults. Growers and sellers are licensed and taxed. However, state law for marijuana sales to and possession by minors remains illegal

(Caulkins et al., 2012). Large scale commercial production and sale of marijuana has not happened before, so there is no evidence that this will influence consumption in any way. Caulkins, Hawken, and Kleiman (2012) proposed that the commercialization could affect consumption by making drugs easier to get, making them cheaper, improving quality and reliability as perceived by consumers, and by changing the attitudes of consumers toward the drugs and the attitudes of others about those who use drugs. However, Anderson et al. (2012), Harper et al. (2012), and Khatapoush et al. (2004) found that medical marijuana laws have had little impact on youth.

Community Coalitions for Public Health

From previous research, community coalitions have been successful in reducing unhealthy behaviors among adolescents. Wolff (2001) stated that a community coalition can be powerful interventions for change. The diversity of the group yields many different perspectives, which can lead to creating or revising current methods for reducing adolescent marijuana. Robles-Schrader, Harper, Purnell, Monarrez, and Ellen (2012) implied from their study that there was a need for community coalitions to collect feedback from neighborhood partnerships and incorporate those insights into strategic planning efforts in an ongoing manner. More of this study will be discussed later in this chapter.

Coalition Characteristics

The coalition makeup consists of various elements. Cohen, Baier, and Satterwhite (2005) listed several advantages of a coalition such as conserving resources and more

widespread outreach within the community. Coalitions can accomplish more objectives and have greater credibility than a single organization. Also, a coalition provides a forum for sharing information and reaching out to experts for advice and their perspectives. Coalitions help members understand the scope of their jobs in a broader perspective. Lastly, coalitions are a vehicle for building trust among the community members, grassroots organization and diverse sectors of large organizations in the community.

The effectiveness of the program can depend on how well the coalition is functioning. Brown, Feinberg and Greenberg (2010) examined the result of a quality evidenced-based programs (EBPs) based on the functioning of certain aspects of a coalition. The specific goal was to evaluate the level of poverty against the quality of the EPBs. Brown et al. focused on the communities that care (CTC) model, which follows the EPB process of assessment, planning, and implementation of EPB intended to reduce risk youth behavior. The characteristics of the community evaluated included the coalition age, funding, governance/leadership and internal cohesion (Brown et al., 2010). Brown et al. analyzed and collected data from the years 2003 to 2007 via web-based survey and questionnaire from 62 coalitions in Pennsylvania. The outcome of the study found an association between the coalitions' involvement and the existing mechanisms to promote fidelity. In addition, the study found that a well-functioning coalition equals greater number of efforts in evidenced-based programs. However, coalitions that have difficulties in functioning may not be able to implement high quality evidence-based programs.

The success of a coalition depends on various elements. Mayer et al. (1998) conducted a qualitative study with a case study design to determine successful practices of a coalition. Mayer et al. used the focus group interview method. The focus group included 10 and 12 members from two coalitions. The findings from this study showed favorable performance due to selected features of a coalition. From the analysis of the transcript of the focus groups, Mayer et al. determined the coalitions' success by:

- Selecting only interventions that have available resources
- Choose interventions on their prospects of effectiveness. Conducting interventions that are fun and social can neglect the strength of the intervention
- Give the intervention a distinct identity by separating it from community festivals and events
- Adapt intervention models to the local community to ensure the intervention matches the local needs
- Choose objectives of healthy behavior that are prevalent to the community
- Attract the community to the health programs by employing active outreach approaches
- Include health objectives geared to the community and not on an individual level
- Seek a broad continuation of funding sources

The Role of Community Coalitions in Promoting Health

A coalition is formed to combat risky behaviors and bring awareness to a variety of issues affecting the community. Individuals and the representatives of the organizations within the coalition pool their resources together, unable to do it on their own, to effect change (Pluye et al., 2004). Some of the coalitions have been successful in their efforts and others have had some challenges. In this section, the various roles that coalitions have embarked on to improve the health and wellness of the community will be explored.

The communities in Miami birthed one of the earliest coalitions. The Miami communities had a concern of being known as the “Cocaine Capital” (Drug Strategies, 2001). During the mid-1980s, crack cocaine was an epidemic (Drug Strategies, 2001). Many communities took ownership of the problem and formed coalitions. In 1990, community coalitions held their first national meeting in Washington, D.C. This meeting led to the formation of the Community AntiDrug Coalitions of America (CADCA; Drug Strategies, 2001). Their goal was to determine if communities can help in reducing the use of illegal drug and alcohol. Over the years, the Robert Wood Johnson Foundation and the Federal government has provided funding for coalitions. The Community Partnership Demonstration Grant Program, directed by the U.S. Department of Health and Human Services’ Center for Substance Abuse Prevention (CSAP), was established to give approximately \$450 million to 251 community partnerships in 45 states and Puerto Rico. These funds went to decreasing substance abuse by improving conditions in the

community environment. In order for the coalition to be effective in solving problems within the community, certain characteristics should be present. Raynor (2011) found five characteristics of a coalition: Trust among members, respect, safe dissent, unity and sensitivity to power differentials.

Thousands of coalitions are designed to prevent unhealthy behaviors and improve the health of the community. Many studies have explored the benefits and challenges of partnering with other groups and organizations to form a coalition to solve a specific health issue in the community. Some of these studies have shown the positive results that a collaborative partnership can have.

Over the years, studies have evaluated the effectiveness of a coalition. Kumpfer, Turner, Hopkins, and Librett (1993) suggested that in order to have effective community coalitions extra attention needs to be directed to the selection and training of leaders. Kegler et al. (2005) examined the effectiveness of a coalition approach in mobilizing a teen pregnancy prevention initiative. Kegler et al. found support for programs and services from community leaders, increased cooperation among agencies, successful youth development strategies in the community and increased resource sharing among community agencies and organizations.

Coalitions implemented programs that led to successful results for children. Findley et al. (2008) had similar results in their examination of the effectiveness of a coalition to improve child vaccination rates. The coalition's *Start Right Intervention* was successful in increasing immunization rates among children younger than three years

(Findley et al., 2008). Findley et al. noted that a number of factors contributed to the success of the program including community ownership, peer educator training, parental education and empowerment and culturally appropriate reminders (Findley et al., 2008). Some research on the effectiveness of a coalition did not produce such positive results. For example, Halfors, Cho, Livert, and Kadushin (2002) sought to determine the effectiveness of a coalition by examining the *Fighting Back* substance abuse initiative. The results showed that strategies aimed at either youth or community/prevention outcomes showed no effects while strategies to improve adult-focused outcomes showed significant negative effects over time, compared with matched controls. Community coalitions did not show any benefits with a comprehensive array of strategies. There was a significant negative effect on the overall outcomes due to increasing the number of high-dose strategies (Halfors et al., 2002). Halfors et al. concluded that community coalitions have broad goals with no specific outcomes. Coalitions are expensive to maintain and consideration needs to be on whether or not a coalition is a successful solution to reducing drug use in the community (Halfors et al., 2002).

Coalitions can be unsuccessful due to conflicts among the members. Watson-Thompson, Fawcett, and Schultz (2008) examined two coalitions to determine the change in the community. Watson-Thompson et al. found that one community coalition was not able to resolve internal conflicts and was dissolved. However, the second coalition was able to make a change within the community. Mizrahi and Rosenthal (2001) examined data from interviews with coalition leaders. From a focus group, Mizrahi and Rosenthal

found that the coalition leaders were reluctant to admit to failure or defeat. However, the overall outcome was positive. Mizrahi and Rosenthal suggested that the community improvement and social change come from coalitions that are characterized by sustained commitment, contributions of people, strategic use of relationships and competent leadership. Conversely, Lackey, Welnetz, and Balistreri (2000) described the efforts of community coalitions uncharacteristic of what was found in Mizrahi and Rosenthal (2001) study. Mizrahi and Rosenthal noted that the community coalitions were not able to meet their goals or work consistently to achieve them. Lackey et al. advised that, over the course of four and a half years, participation in the coalition meetings decreased to the lowest point with only paid staff and consultants in attendance. The decline in attendance was due to several factors such as disapproval of the staff, quarrelsome coalition members, and lack of establishing advocacy goals. Although the studies mentioned earlier in this chapter does not show a positive outlook for a coalition, other studies do show successful and positive outcomes for coalitions.

Previous studies have found various ways for coalitions to function in an effective way. Gloppen, Arthur, Hawkins, and Shapiro (2012) recommended that continued training and technical assistance are key elements in maintaining an effective coalition. Gloppen et al. (2012) suggested that community coalitions maintain implementation fidelity and continue to achieve community-level impacts on adolescent health and behavior outcomes (Gloppen et al., 2012). Another study showed that a community coalition can be effective if new methods are developed to sustain members. Kramer et

al. (2005) discussed coalition models related to the Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Prevention of teen pregnancy. Despite the positive assessments of the program, Kramer et al. concluded that the community coalitions were no longer functioning by the end of the funding period. Kramer et al. suggested that future research must focus on what kinds of community coalitions are best for different tasks and under what circumstances a difference will be made in major public health issues. Feinberg, Greenberg, and Osgood (2004) sought to determine community readiness by a coalition. Feinberg et al. evaluated whether community readiness, prevention knowledge, coalition functioning, and barriers are linked to perceived effectiveness of community coalitions. Feinberg et al. conducted interviews with 203 leaders of the Communities that Care (CTC) prevention board. The CTC targets adolescence behavior problems like substance use, school dropout, violence and teen pregnancy. Feinberg et al. found little evidence that shows community coalitions positively effecting community-level outcomes for delinquency and substance abuse. However, Hawkins et al. (2009) decided to test whether the CTC prevention system reduced adolescent tobacco, alcohol, and other drug use and delinquent behavior community wide. The purpose of the CTC was to prevent adolescent drug use and delinquency by using the advances of prevention science (Hawkins et al., 2009). The CTC Prevention system provided training and materials for coalition mobilization and empowerment among diverse community stakeholders. The Community Youth Development study (CYDS) evaluated the CTC prevention system, to determine its

effectiveness in the community. Hawkins et al. measured the effectiveness by the reduced levels of risk, increased levels of protection, decreased incidence and prevalence of tobacco, alcohol, other drug use and delinquency in early adolescence (Hawkins et al., 2009). Hawkins et al. followed a panel of eighth-grade students from grade five through grade eight. Hawkins et al. began evaluation four years after the implementation of CTC in communities (Hawkins et al., 2009). The findings showed that the community coalitions were able to reduce the rate of delinquent behaviors in approximately four years of adopting the CTC system. In addition, the CTC system reduced the prevalence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people community wide (Hawkins et al., 2009).

Members who empathized with the community of interest can build a long-standing coalition. Robles-Schrader et al., (2012) examined challenges in the processes of coalition building in achieving HIV prevention. Robles-Schrader et al. conducted qualitative interviews across 10 coalitions. Robles-Schrader et al. found that challenges facing coalitions varied based on specific populations. Some of the challenges included acceptability and goals in discussing sexual issues with adolescents, goals of sexual health activities with adolescents, and competition among collaborating agencies (Robles-Schrader et al. 2012). Robles-Schrader et al. emphasized that the coalition should be representative of the community of interest. Robles-Schrader et al. advised that understanding the various challenges such as limited resources and different approaches

to solving problems within the community of interest can increase the success and sustainability of the coalition's achievements.

Summary and Conclusions

TPB will be a guide in determining if the methods and messaging from the community coalitions is an effective tool in reducing adolescent marijuana. As previously discussed, TPB is a good predictor for planning and implementing drug prevention programs. Marijuana, known by many street names, can be inhaled or consumed to cause effects to the body. Using marijuana can be harmful to the body or helpful. Harmful risks include mental health issues and users committing crimes. Although studies have shown that marijuana users are more likely to have violent behavior, other studies have suggested that confounding factors may be the cause. Some studies have shown that marijuana can be beneficial for medical purposes despite the harmful effects. For medicinal purposes, marijuana helps patients decrease the effects of various illnesses and diseases. Medical marijuana has led to a confusing picture of the science related to usage.

The marijuana gateway theory suggests that using marijuana can lead to using illicit drugs like cocaine, heroin, and LSD. However, some studies have shown little to no support of this theory causing even more confusion on the dangers of marijuana. Adolescents seem to be a high risk group of marijuana usage as their perceptions of the harmful risks has decreased over the years. Studies have shown that medicinal marijuana legalization has not led to increased usage or a change in the attitudes of adolescents towards marijuana. In addition, many campaigns and prevention programs in the

community and in schools geared toward reducing adolescent marijuana usage have had mixed success in reducing marijuana usage. The role community coalitions will play in reducing adolescent marijuana usage despite the legalization may be crucial to the adolescents in being aware of the risks. Community coalitions have sometimes been successful in reducing risky and unhealthy behaviors; however improvements will have to be made in order to have consistent positive outcomes. Coalitions' effectiveness in the community includes successful partnerships; platform that addresses entire communities, advocacy for social change, and diversity (Wolff, 2001).

In this study, the perspectives of coalition members and their methods and messaging in reducing adolescent marijuana will fill a gap in giving members of a coalition a platform to express their perspectives on the legalization of marijuana for recreational purposes. Legalization of marijuana for recreational purposes is new. There has yet to be a study that expresses the concerns of coalition members and their methods and messaging to prevent a potential escalation of marijuana use among adolescents. The following chapter will describe those methods that will be used in this study.

Chapter 3: Research Method

Introduction

In this qualitative research study, I explored the perceptions of coalition members in relation to the potential impact of their methods and messages on the use of marijuana for recreational purposes. Qualitative researchers use methods to understand social or human problems from an individual's perspective. The method used to obtain perspectives from members of a coalition included one-on-one interviews. The recent legalization of marijuana for recreational purposes in Colorado created potential challenges for the coalitions that are trying to prevent adolescent marijuana usage. The perceptions of coalition members were explored to discover if any of their methods to prevent adolescent marijuana use in their communities have been successful. In addition, the coalition members were asked about current and future methods and messaging for prevention of adolescent marijuana use. The information from this study might be helpful to other coalitions in evaluating their methods and messages due to recent legalization. In this chapter, a description of the method will be addressed. This section also includes a description of the role of the researcher and issues of trustworthiness. Ethical procedures are detailed to protect the participants.

Design and Rationale

I conducted one-on-one interviews by phone with 12 members from four coalitions. Their perspectives were explored on the legalization of marijuana for

recreational purposes. Each member gave their perspective, and a culmination of the answers from each participant was used to answer the following research questions:

Research Question: What are community coalition members' perceptions of their methods and messaging to prevent adolescent marijuana usage in light of the recent legalization of marijuana for recreational purposes in Colorado?

Subquestions

1. What methods and messaging did community coalitions use to prevent adolescents' use of marijuana usage before legalization?
2. What methods and messaging do community coalitions use (or plan to use) to prevent adolescents' marijuana use since legalization?
3. How do community coalition members perceive the effectiveness of their methods to prevent adolescents' marijuana usage before and since legalization?
4. What challenges do community coalitions encounter in educating communities about a possible increase of adolescent marijuana use because of legalization in Colorado?

This research design allowed members of the coalition to talk about their ideas and make comments about their opinions on the future of their methods and messages. According to Doody and Noonan (2013), interviewees have the benefit of telling their own story; the interview allowed members of the coalition to stimulate self-discovery and exploration. Telephone interviews may not be the most attractive form of method

compared to face-to-face interviews, but advantages do not exist (Novick, 2008). Novick (2008) suggested that a phone interview may allow interviewees to freely disclose information. Advantages to conducting telephone interviews include decreased cost in eliminating travel and the ability to reach out to participants in other geographic areas.

Role of the Researcher

As the researcher, I conducted the interviews. Semistructured interviews allowed me to have a predetermined set of questions in addition to having the freedom to seek clarification or additional information (Doody & Noonan, 2013). No professional or personal relationships existed among me and the other participants in the study. I am not a member, nor involved in any coalition dealing with the prevention of adolescent marijuana usage. Therefore, I did not have any personal bias or favoritism in conducting the study.

As an interviewer, I advised the participant via e-mail of the number of questions that will be asked. Also, I explained to the participant that there may be additional questions for clarification and/or further information. I advised the participant that the interview was recorded for accuracy. I reviewed the signed confidentiality agreement with each participant and asked for a verbal agreement upon starting the interview. Upon scheduling the interviews, I asked the participants for a convenient time in an uninterrupted setting. If the scheduled time was not free of interruption and inconvenient for the participant, it was rescheduled. During the phone interview, I asked the questions and allowed the participant to answer. I repeated or clarified the questions as needed by

the request of the participant. Before moving to the next question, I asked the participant if there was anything he or she would like to add and if I may move on to the next question. At the close of the interview, I asked the participant if there was any additional information he or she would like to add. I closed the meeting after the participant finished the response with any additional information.

Methodology

Interviews

The method in this study was qualitative research using a one-on-one interview to collect the data. There were 12 one-on-one interviews conducted via telephone to members from four coalitions in Colorado. Each interview lasted up to 45 minutes. An interview guide (Appendix A) was used for each interview. The interview process timeline was three to four interviews weekly for approximately 5 or 6 weeks. More details of the one-on-one telephone interviews and the research are outlined in this section.

Pilot Study

A pilot study was conducted in Washington State. According to other coalitions in Colorado and Kim (2010), a pilot study is an opportunity to make adjustments and revisions prior to conducting the main study.

Context of the Study

I used an Internet search engine to find various coalitions in Colorado. I contacted a coalition whose focus was on adolescent marijuana usage. The executive director

typically leads the coalition in their efforts to create a healthy community. After I explained the purpose of the study, the community coalition's executive director granted permission for the coalition's participation and provided any assistance that I needed with this study. I obtained the other two coalitions by recommendations from the executive director of the first coalition. Each of the four coalitions in Colorado has an initiative to prevent adolescent marijuana use.

Criteria for Selecting Participants

Qualitative researchers focus on the unit of analysis. The unit of analysis could be a program, an event, individuals, or groups that are being observed and or interviewed. For this study, purposeful sampling was used to select the participants. In purposeful sampling, the size of the sample depends on the purpose and resources available. Purposeful sampling was useful in this study because it gave me a degree of control to include diversity among the participants. The participants were members within the coalition who were interested in being in this study. The number of participants interviewed was 12. According to Francis et al. (2010), interviews should be done until reaching saturation, but suggested to begin with a minimum sample size. Frances et al. suggested specifying the number of interviews to be conducted before new ideas will emerge. In this study, the minimum was 12 with three more interviews for new ideas. The sample was selected based on the following criteria: age, gender, race, and role in the coalition. The participants were legal adults aged 18 and older. The gender included both

men and women and the races included a diverse group of individuals culminating a vast different in the races or at least a race that represents the community.

Data Collection

In qualitative research, data are collected in several different ways: observations, interviews, documents, and audiovisual materials. One-on-one telephone interviews were conducted with one to five members of each of the four coalitions. The goal was to gather data on their perceptions of the effects of the legalization of recreational marijuana, following the questions given in the previous section. The telephone interview required the interviewer and interviewee to be in an area free of interruptions. The interview lasted approximately up to 45 minutes. Extra time was given for additional clarification or additional information that may arise. After the final response from the participant, I asked if there was anything he or she would like to add. After that response, I asked the participant if I could follow up with him or her if I had any additional questions and then ended the interview. The one-on-one interviews were audio-taped and transcribed. Participants were asked questions to give their perspective on the future of the coalition due to the legalization of recreational marijuana.

Data Analysis

In this study, I gathered data by audio-taping all interviews. A transcriptionist transcribed the audio recordings. I reviewed the transcripts and notes taken during the interview. I used the NVivo computer software program to organize the data. Creswell (2007) stated that NVivo provides security by putting collected data in a single file.

NVivo allows the data to be easily manipulated and made available to conduct searches. Similar to coding by hand, themes can emerge from the data that are put into NVivo. Themes emerged after the data were repeatedly entered, explored, and coded in NVivo. Patton (2002) suggested that the analysis programs reduce the amount of work by speeding up the processes for locating coded themes, grouping data together in categories, and comparing passages in transcripts or incidents from field notes. In the phenomenology approach, data is analyzed without from judgment. Patton suggested spreading out the data for examination so that every participant's view has equal weight. Lastly, the data were organized into meaningful clusters. NVivo was helpful in organizing the interviews for analysis.

Issues of Trustworthiness

Lundman (2004) suggested that research should be as trustworthy as possible. Steps must be followed to ensure internal and external validity for this study. In internal validity, the following should be considered: credibility, accuracy, triangulation and peer review. For credibility, I performed accurate methods and procedures used for qualitative research. These methods and procedures included data gathering and the use of information seeking behavior. Additionally, an accurate account of the findings was credible. Lundman advised that no data will be left out or unnecessary data included within the findings. The triangulation of the data sources was used to include various viewpoints from the participants. I sought recommendations and received feedback from members of the dissertation committee. Member checking was used to evaluate the

dialogue for any bias. Participants were offered a copy of the transcript of their interview to review. Creswell (2007) advised that external validity arises when there is generalization outside of the participants. In external validity, the following should be considered: transferability, reliability and confirmability. The method of collecting the information can be used for future research because the context of the legalization of marijuana for recreational purposes is recent. A detailed description of the method was provided for transferability. For reliability, a description of a detailed plan of events in the design of research and data gathering was included for possibly repeated efforts of this study in the future. Additionally, an evaluation of the effectiveness of the research was discussed. For confirmability, a detailed account of each one-on-one interview is detailed in Chapter 4 of this study. In addition, a research journal was kept to write my own bias and assumptions about how coalition members ought to be thinking. My journal was also useful in bracketing my own perspectives. Through recordings, a transcription of each one-on-one telephone interview ensured the triangulation of the data sources.

Ethical Procedures

The proposal was approved by the Institution Review Board (IRB) prior to conducting the study. Creswell (2007) advised that the IRB protects against human rights violation. The IRB process verified the study of any potential risks of physical, psychological, social, economic or legal harm to the participants in the study (Creswell, 2007). To avoid ethical issues in conducting qualitative research, an informed consent allowed the participants to know the full scope of this study. I advised the participants

that their responses will not be tied to their name or likeness in any way. If the participants become uncomfortable, the option to opt-out of the study at any time was made available without fear of any repercussions. I informed the participants of the process of this study prior to the interview accompanied with a consent form. I advised them that their participation could help other community coalitions by providing new methods and messages to use for marijuana adolescent prevention. The interview site was via telephone allowing the participant and interviewer to choose a comfortable and quiet setting that is familiar. The participant and I decided on the time and day for an interview. I offered no incentives unless I deemed it necessary in order to obtain participants. I notified the participants that I could keep the tape recordings from the interviews no less than five years. In addition, the recordings will not be accessible to anyone outside of the research team.

I did not experience ethical issues in conducting qualitative research. As discussed in Chapter 1, the proposal was approved through the IRB for protection of the participants in the study. I gave each participant a consent form that describes the study and the option to opt-out. It also included a section that will ensure anonymity.

Summary

Qualitative research was used to gather the feelings a one on one interview with members from three different coalitions in Colorado. The one-on-one interview allowed me to ask questions of the coalition members as it relates to the legalization of recreational marijuana. Their perspective addressed the methods and messaging to

prevent adolescent marijuana use since the legalization of marijuana. I facilitated the interview questions without input or bias. I conducted 12 one-on-one interviews via telephone until a point of saturation of the information was reached. A purposeful sample of the participants for each coalition ranged between one to five people. The questions asked of the participants were open-ended and audio-taped. I entered the data into NVivo software in order to find a common theme. A detailed account of the study will be described noting weaknesses and strengths without bias. A discussion of the results is in Chapter 4.

Chapter 4: Results

Introduction

In this chapter, I describe the study and findings from this qualitative research. The purpose of this study was to explore the perceptions of members of marijuana reduction coalitions about the potential impact on their methods and messages since the legalization of marijuana for recreational purposes. The sample coalitions were in Colorado, a state that has legalized marijuana for recreational purposes. Participants' experiences and perceptions covered the period before and after legalization. The research question and subquestions were the following:

Research Question: What are community coalition members' perceptions of their methods and messaging to prevent adolescent marijuana usage in the light of the recent legalization of marijuana for recreational purposes in Colorado?

Subquestions

1. What methods and messaging did community coalitions use to prevent adolescents' use of marijuana usage before legalization?
2. What methods and messaging do community coalitions use (or plan to use) to prevent adolescents' marijuana use since legalization?
3. How do community coalition members perceive the effectiveness of their methods to prevent adolescents' marijuana usage before and since legalization?

4. What challenges do community coalitions encounter in educating communities about a possible increase of adolescent marijuana use because of the legalization in Colorado?

Setting

Interviews consisted of 12 active members of four coalitions who had an interest in reducing adolescent marijuana usage. The participants did not mention any personal or organizational conditions that may have influenced or impacted their experiences at the time of the study. The interviews were conducted over the phone with participants in Colorado. The participants chose an uninterrupted environment to participate in the phone interview.

Demographics

The participants of the study lived in Colorado and were active members of four coalitions that have a focus on adolescent marijuana prevention. The participants were identified as males and females from various ethnic backgrounds aged 18 and over.

Data Collection

In seeking the answers to the research questions, a pilot study was conducted to determine the accuracy of the interview guide. The pilot study consisted of an interview from a member of a coalition who focuses on adolescent marijuana prevention in Washington State. Washington State is the only other state that has legalized marijuana at the time of the study for both medicinal and recreational purposes. From searches on the Internet, several coalitions in Washington State were contacted via e-mail and phone for

their participation in the study. These coalitions had a focus on adolescent marijuana prevention. The director of one of the coalitions was contacted and permission was granted for an interview from an active member of the coalition. The interview from the member led to an adjustment of two questions; the two questions were combined into one to avoid duplication (Appendix A). No other changes were made, and the study was conducted.

Before collecting the data, I asked for a signed letter of cooperation (Appendix D) from the director of the coalition to solicit participants. Each participant had to sign a consent form (Appendix E) and return it to me prior to being interviewed. The participants received anonymity in this study, and seemed comfortable in responding to my questions as truthfully as possible. Phone interviews were conducted at their convenience on the day and time of their availability. In this study, 12 participants were interviewed, using the questions from Appendix A. The interviews were recorded using an audio recorder as presented in Chapter 3. The data were collected from members of four coalitions instead of three as planned (see Chapter 1), in order to obtain adequate participant data. Each participant was labeled according to the coalition he or she belonged to (Coalitions 1, 2, 3, and 4) and an individual alphabet letter (A, B, C, etc.). A transcriptionist signed a confidentiality agreement (Appendix B) and transcribed the audio recordings. Transcripts were reviewed and then sent to the participants for member checking as will be described later in this chapter.

Data Analysis

In this study, data were gathered by audio-taped interviews. Data were analyzed through the transcription of the audio after being reviewed by the participants for member checking. Transcripts were transferred into the NVivo computer software program analysis. Data were entered, explored, coded, and repeated as necessary until themes started to arise. Commonly used words and phrases from participants were used to create themes (Appendix F). The themes that apply to the research questions are discussed later in this chapter.

Evidence of Trustworthiness

The following concepts guided the research to ensure evidence of trustworthiness: credibility, transferability, dependability, and confirmability. For credibility, I used standard procedures for data collection and analysis in interviewing active members of the coalitions dedicated to reducing adolescent marijuana in their community. For transferability, a description of the method is noted in Chapter 3 and all steps of this were followed. For dependability, the process of the study can be used for future researchers by any researcher over time. The research questions proved to be effective. For confirmability, the detailed step-by-step method noted in Chapter 3 was followed. A research journal was kept to record any potential researcher bias or assumptions about the participant responses. My journal, as well as the audio-recording and transcription of each one-on-one interview, will be kept for a period of 5 years. The triangulation of the data sources was used to include various viewpoints from the participants. I sought peer

review from members of the dissertation committee. Member checking was used to evaluate the dialogue for any bias.

Discrepant Cases

According to Lewis (2009), discrepant cases are searched within the responses to remove data that does not fit into the themes or does arising from the bulk of the data. The discrepant cases were labeled and incorporated into themes as indicated.

Results

In this study, the responses from the interviews led to the findings. Each interview question was an attempt to answer each research question. In this section, I addressed each research question with the responses based on the questions asked of the participants. With each question, themes emerged from the responses of the participants.

Interview Question 1

1. Themes about personal attitudes to legalization. The range of feelings brought out several themes related to their attitude about legalization.

Theme 1.1 Marijuana usage by youth is against the law. Participant A of Coalition 2 stated,

Personally, I think it's a wrong move. It violates state and federal law. I think the states are in conflict with that. I just do not approve with this drug. I just do not approve with this drug. It's a drug that causes many issues for young people and users due to dependency and involvement in car crashes and other parts of life

that causes substance abuse and crimes associated with it. I think it's a bad idea and I do not support it personally.

Theme 1.2 Marijuana usage is dangerous. Participant A of Coalition 2 stated, "It's a drug that causes many issues for young people and users due to dependency and involvement in car crashes and other parts of life that causes substance abuse and crimes associated with it. I think it's a bad idea and I do not support it personally."

Participant B of Coalition 2 stated, "Personally, I think it's dangerous to our culture."

Theme 1.3 Colorado will regret legalization. Participant D of Coalition 1 stated, "Well, in Colorado, I personally I don't think marijuana should be legal. Since it's legalized, I think Colorado has buyer's remorse. Before we legalized it, we did not take care of laws against packaging, edibles and things like that. They need to work on back tracking on a lot of them."

Participant B of Coalition 4 stated,

"I have mixed feelings. I don't feel it should be used recreationally. I think there are some medical benefits from it, but that has been abused since the law was passed here, it just doesn't set well with me. I think it was a bad choice."

Theme 1.4 Legalization has not impacted my personal life (discrepant case).

Participant B of Coalition 1 stated, "Personally, I think I'm indifferent. I'm not for or against it. It really hasn't impacted my personal life or my community in a hugely negative way."

Theme 1.5 There may be advantages to legalization (discrepant case).

Participant A of Coalition 4 stated,

Personally, I think it's amazing and awesome; we should have done this [legalization of marijuana for recreational purposes] 30 years ago. I'm so excited that this is finally being done and that we will stop punishing people who use this substance because many of these people need this substance. I know a lot of people in town who are using it medically. The results are... I'm dumbfounded. People are saying it helps them with surgery and sleep.

Participant C of Coalition 2 stated,

Both my personal and professional opinions are the same. I think that legalization of marijuana has pros and cons. The positive part is that it takes the crime out of it. It will reduce the crime of dealing with marijuana. I think if an adult decides to use marijuana, it's a personal choice. It's not my choice but I will respect it. The part that I don't like and I'm very concerned about is there's not enough additional legislation to prevent marketing to go to kids.

2. Themes about professional attitudes towards legalization. Themes emerged related to their professional concerns from the participants.

Theme 2.1 Legalization makes it harder to persuade students to abstain.

Participant B of Coalition 2 stated, "Professionally, I feel like it makes my conversation with students more difficult."

Theme 2.2 Legalization creates other new challenges. Participant A of Coalition

3 stated,

In Colorado on January 1st [2014], marijuana was approved for sale in retail shops. It's an effort that we have a lot of unknowns about and many, many regulations that are being considered now for the issues that have come up. For me, working in the field with youths, we really do look to the facts that it's still illegal for anyone under 21 and the only legal use for under the age of 21 is medicinal use. It certainly is a challenge because of the unknowns.

Participant B of Coalition 4 stated,

I have mixed feelings. I don't feel it should be used recreationally. I think there are some medical benefits from it, but that has been abused since the law was passed here, it just doesn't set well with me. I think it was a bad choice.

Participant A of Coalition 1 stated,

In a professional setting it will make our work harder, because society is becoming more accepting of marijuana. It is already filtering down to the youth making it harder to convince them not to use it because of the views changing in favor of marijuana both medicinally and recreationally.

Participant B of Coalition 1 stated,

Professionally, I'm a little more hesitant and a little more concerned because I work with youth. I'm a little more concerned about the messages that it sends and what we are doing to prevent them from purchasing it for recreational purposes.

Theme 2.3 Majority of the voters enacted the law to legalize marijuana.

Participant A of Coalition 2 stated,

Professionally, my job as a police chief is to enforce the laws and uphold the Constitution. The voters voted for this, so I honor the fact that it is lawful for persons to use it in private if they are older than 21 years of age.

Theme 2.4 Legalization reinforces the need to tell students the truth.

Participant A of Coalition 4 stated,

Professionally, because I teach classes and I'm on the coalition, I think it's a positive too. We need to tell the kids the truth about drugs and not lie to them and use bogus research. We try to find bad things about all these drugs and kids just laugh and don't listen anymore. The government has a history of funding research that only looks for the negative with drugs. The kids don't listen anymore. My coalition has tried to tell kids the truth the best we can find it. Legalizing marijuana falls in line with our mission which is these drugs shouldn't be criminalized. I hope other states see that this won't become the downfall of Colorado.

Theme 2.5 New Norm is Frightening. Participant E of Coalition 2 stated,

My concerns professionally and personally are twofold. One, if the access is more available then it might be easier for young people to get a hold of the substance. Also the perception of harm, thinking that it's less harmful, less scary and that becoming the new norm is frightening to me. The other concern I have is with driving. Marijuana impairs [your] driving.

Interview Question 2

3. Themes arising from the goals of the coalitions. Participants presented their view of their coalition's goals, which have remained the same since the legalization of marijuana for recreational purposes.

Theme 3.1 Our goal is to promote marijuana prevention. Participants discussed that education and promotion are part of their goals that have remained the same since legalization in adolescent marijuana prevention. Participant C of Coalition 1 stated, "The goals are really the same. The goals are too keep marijuana out of the hands of youth in our county."

Participant B of Coalition 1 stated,

The goals are on the lines of creating awareness around the health risks of using marijuana at a young age and also educating the kids about the potential effect it could have legally, physically. Also, we need to educate and empower the parents to talk to the kids about using marijuana and to work with local schools to implement curriculum around marijuana and other drugs.

Participant A of Coalition 2 stated,

The goals are to educate young people, parents and community about the hazards and dangers of using the substance and to help them understand the law as it pertains to it. Mostly its education; there are also a few dollars available from our Coalition to fund impaired driving enforcement which includes driving under the influence of marijuana.

Participant E of Coalition 2 stated, “Our goal as a coalition is to promote positive youth behaviors and to make youth a priority.”

Participant A of Coalition 4 stated,

I think it’s the same goals because this coalition is unique in my opinion. In the very beginning, some of us would... call us maybe, I don’t know... trouble makers or radicals, we wouldn’t join because we thought this was another D.A.R.E or Just Say No or try to keep the kids from using drugs campaign. We all agreed that this group did not take the position on things like legalization or opening dispensaries in town, but that we would try to educate both sides the best we could. Legalization didn’t change anything... we all still tried to be fair. I don’t agree with some of the things the coalition does because we shouldn’t try to scare kids away from drugs. Some of our advertisements can be perceived that way. Fear doesn’t work. Legalization didn’t change that fact. I think there’s something else there if a 15 year old is using marijuana and drinking. Something else is going on with that child. Drug users need help not punishment. They are turning to drugs for some other reason. We should try to reward kids on our campus who do not use drugs. We aren’t punishing them.

Participant C of Coalition 2 stated,

The goals will be prevention. The only thing that will work is prevention in form of education...educating kids in all ages from very early to high school about the

risk of marijuana. That way they can make an informed decision. I don't think marijuana is a bad thing or good thing...it's what people do with it.

Participant D of Coalition 2 stated,

The goals are to keep youth in schools and to keep them with the mindset for higher education. We perceive the legalization of marijuana will hamper our goals and objectives because it's destructive for our youths and kids because we live in a small community where marijuana is already existent. The legalization is opening a lot of gates that we would not like opened. It opens a new world for experimentation and that it's legal now so it's ok to do it.

Participant B of Coalition 4 stated,

The goals are prevention and also education on how it can affect an adolescent brain. The damage that can be done is permanent. The coalition is doing the Choice Pass and random drug testing. My son was picked one year for a random drug test. We want the kids to take ownership of what they are doing and grow up to be responsible adults.

Interview Question 3

4. Themes relating to coalition strategies. The responses from this question created themes associated with the coalition's strategies.

Theme 4.1 We teach youth prevention education in the schools. Participant D of Coalition 1 stated, "The strategy for our coalition we implemented a strategic plan thru educating in the schools as well as getting teen councils involved."

Participant A of Coalition 1 stated,

Our programs are not specific to marijuana. It's all included in tobacco, alcohol and other drugs programs. We teach Parent Prevention and Education thru a program entitled MALT.....M = Model Good Behavior, A = Offer Alternatives, L = Lock-Up Alcohol and Drugs and T = Talk to Your Kids Often. We offer the program to parents and youths both in all 3 counties. We do Prescription Drug Take Back Day as well as Alcohol Responsibility Training. We also do Community Prevention Education where we collaborate with all youth and/or governmental organizations to make nearly constant presentations to establish a culture of awareness and a call to action to promote healthy living for youths. We also do a Youth Prevention Education in the schools as well as Public Policy work to limit youth access and initiation in the schools and community.

Theme 4.2 Community forums are useful for awareness and incentives to abstain. Participant A of Coalition 2 stated, "In addition to the enforcement, we do community forums and parent workshops."

Participant D of Coalition 2 stated,

We have a lot of informational forums. We host in our high school a big debate forum where we invite members of the community, law enforcement, specialists in the prevention and detection, and we also invite our local groups that prevent the usage. But it's also educational in the forums with classes. We have it twice a year. We have a big party where we invite all the kids and we burgers and

hotdogs. We invite former drug addicts, people who were in trouble with the police and even inmates to tell their stories. Their testaments are very shocking for the kids.

Participant A of Coalition 4 stated,

The second one is a Choice Ski program here. The ski resort had made a deal with the coalition that if a kid agrees to be drug free for a year, the kids will receive a ski pass. They will also get discounts at a lot of merchants in town and they get free meals at the college cafeteria. The list is a mile long. During the summer, they get to use the facilities at a ski area. Last year, 650 kids signed up for it. The kids are agreeing to random drug testing during the year.

Participant B of Coalition 4 stated, “In conjunction with the Choice Pass, we have other drug free social events. One night they went swimming, we’ve held barbeques and movie nights as well.”

Theme 4.3 School curricula should include marijuana prevention.

Participant E of Coalition 2 stated,

We do some in school education and prevention through health classes at the middle school and high school levels. We have broadened focus beyond high school student prevention to ensure middle and even elementary school students receive a drug prevention program that includes marijuana prevention. We also focus on parent education that is free. Parents can learn about a range of topics including substance abuse and marijuana abuse and also how to make sure their

kids aren't using and support intervention treatment if they are using. We also have a perspectives and roles in the community.

Theme 4.4 Law enforcement training is needed for drug-impaired driving

(discrepant case). Participant E of Coalition 2 stated, "We also work with law enforcement to make sure officers are prepared with the training they need and to make sure there's enough law enforcement around for drug impaired driving."

Theme 4.5 We should partner with marijuana retail stores to ensure proper

ID check. Participant E of Coalition 2 stated, "Lastly, we are looking to partner with marijuana retail stores, like we do with alcohol retailers, to do prevention education to make sure that their product doesn't get into the hands of youth."

Participant B of Coalition 1:

A lot of what we do is similar to what has been done before. We work with local schools to implement curriculums, creating awareness throughout the community, and giving parents strategies to talk to their kids. I think one thing that's different is working with some of the owners of recreational shops to make sure they ID people when they come in the shop to send the message that they aren't getting it in the hands of kids. Also, we are continuing to make sure there is messaging out there about the risks associated with marijuana use. We also want kids to know why you have to be 21 to purchase marijuana and some of things that could happen if you use before 21.

5. Themes relating to Coalition Messages. Several themes emerged as each participant discussed their coalition's messages.

Theme 5.1 An attitude shift in social norms surrounding substance abuse is needed. Participant A of Coalition 1 stated, "Lastly, we do an AntiDrug Social Marketing Campaign that increases awareness and creates an attitude shift in the social norms surrounding substance abuse."

Theme 5.2 We need to keep marijuana out of the young people's hands.

Participant C of Coalition 1 stated,

The common message revolves around relationship building with the retailers so that we are on the same page with them. We want to make sure we are the same page and encouraging some best practices with them to keep marijuana out of the hands of use. Also, we are education school teachers and parents.

Participant B of Coalition 2 stated,

Right now, we are in the research phase. We are trying to figure out how to confront these issues. Specifically, we use the Healthy Kids Colorado Survey. Because of the data in it, we have seen an increase in marijuana use. Based on those findings, we are trying to implement greater awareness of marijuana use thru community forums.

Theme 5.3 There is concern that legalization encourages the perception that marijuana is safe for kids. Participant C of Coalition 2 stated,

The first thing we are doing is measuring the kid's perception of the use of marijuana thru surveys. The first data we have is that kids perceive marijuana as a safe thing. Our goal from that information is to give the right information to the kids. It's not safe for kids. We want to provide information to the parents too.

Participant A of Coalition 3 stated, "We actually have a social marketing campaign for several years. We have now included marijuana. The messages are getting the facts about marijuana use and the effects in marijuana."

Participant A of Coalition 4 stated, "We focus on the parents a great deal. We have a campaign for a long time about having an open dialogue with your kids."

Interview Question 4

6. Themes arising from the process of coalition evaluations. Most of the participants mentioned a specific evaluation tool. Some gave the time period and others mentioned the results of the evaluation. The Healthy Kids Colorado Survey seemed to be the most recurring among participants for evaluation of their methods and messages. The perception about the evaluation from the coalition members proved to be similar.

Theme 6.1 We review the Healthy Kids survey every two years to monitor adolescents' perception. Participant C of Coalition 1 stated, "We are still trying to sort that out. We do have the Healthy Kids Colorado survey we use."

Participant D of Coalition 1 stated, "Every 2 years we do the survey with middle and high school students. The survey is very important about getting the perspective from kids."

Participant A of Coalition 1 stated,

Most of the time, we do pre and post program surveys. We do parent surveys every two years. Our main method of evaluation is the Healthy Kids Colorado Survey which is done every two years in every school district from middle school to high school. It gauges risky behavior and protective factors in all sort of behavior not just substance abuse.

Participant B of Coalition 1 stated,

We have access to the Healthy Kids Colorado surveying. It is done every couple of years throughout the entire state and locally. It gages their level of use in the past 30 days and over the past year. It also gages their attitude towards risky behaviors in general. With regards to marijuana, it will help us to see the numbers around youth and that attitudes don't go up in the next few years with increased access or the fact that it's legal recreationally for use for those over 21.

Participant A of Coalition 2 stated, "It's pretty complicated because this is such a new law. We do the Healthy Kids Colorado survey. It's completed in the middle and high schools in our area."

Participant B of Coalition 2 stated,

Right now, our key to success would be the type of people we interact with. We have a community forum coming up in a week or so. If it's well attended and people learn something new, then that's how we can gage our success. In the Health Kids Colorado Survey, if they statics approve or if we see it decline, then we will know the end result.

Theme 6.2 other methods, besides the Healthy Kids Survey, are used to monitor adolescent perception and behavior. Participant C of Coalition 2 stated,

“We evaluate it thru this survey we use every 2 years. The survey we use has several questions. We have many measurements on that survey.” Participant D of

Coalition 2 stated,

We have a survey at middle school and high school level. We survey as many kids as we can. We have problems getting in the private schools. The survey involves alcohol and marijuana. We are currently targeting potential users. We gather the data. We have new data coming out for this summer. We see a small trend of decrease. It’s not a major trend.

Participant A of Coalition 3 stated,

In the past we have done a couple of things. There a number of county wide focus groups that are sponsored by the research company we use for the counties that had a grant we have been working under. We are able to do focus group with both youth and parents in a number of communities within our county as well as within the state.

Participant A of Coalition 4 stated,

The number of kids that participate expands every year, if they are any positive drug tests and we do a drug survey in the schools. It’s presented to the coalition once a year. We know that right now kids perceive marijuana as safer than before it became legal. Our number shows no increase in usage since legalization.

Participant B of Coalition 4 stated,

The coalition uses data that is collected. We are constantly trying to come up with different ideas for the kids as well. We use surveys to collect the data. Surveys go out to all the parents with children from middle school grade thru high school.

7. Themes arising from the content of evaluation. The Healthy Kids Colorado Survey collects data every odd year. The last data collected was in 2013 and presented in a report in 2014. The participants had not received the most current survey data by the time of their interview. The 2011-2014 data showed that 39.5% of students reported ever trying marijuana and about 22% reported using in the last 30 days (Colorado Coalition for Healthy Schools, 2014) The survey results also noted that 42% of the students knew someone with a medical marijuana card or license (Colorado Coalition for Healthy Schools, 2014).

Theme 7.1 We are seeing slight changes to adolescent marijuana usage.

Participant E of Coalition 2 stated,

One of the scariest changes we have seen that is the perception of risk and harm at middle school and high school level. Young people are reporting on surveys that marijuana isn't as risky and as harmful as it was years ago. We are seeing slight changes in kids reporting that it's easier to access marijuana. We aren't seeing major changes in actual use at this point thru the main behavioral survey we conduct. However, working with school contacts who are seeing more prevalent

use during the school day and more creative ways of consumption in the school building.

Theme 7.2 There has been a decline in substance abuse among high school students. Participant A of Coalition 1 stated,

In 2012, substance abuse and abuse among high school the local county had declined an average of 6% which can be looked at a 24% change over all. There was a 9% decrease in binge drinking. Tobacco use was a 3% decrease. Smokeless tobacco use decreased by 3%. Marijuana use decrease by 8%. Lifetime prescription drug abuse had decreased by 6% points. In Moffitt County, there was a 9% decrease in binge drinking, a 10% decrease in smoking, 15% point decrease in smokeless tobacco, 6% point decrease in Marijuana use, 9% point decrease in lifetime prescription drug use, and 9% decrease in DUI. In the local county, we did not have good participation in 2012. We were successful in getting the survey implemented in all school districts in 2013, but we still don't have comparisons. We do have figures for this year, specific to marijuana 18.5% of students in 11th and 12th grades had... usage of 22%. [used marijuana in the last 30 days] One thing that concerns us is ease of access.

Interview Question 5

8. Themes arising from perceptions of behavioral change resulting from coalition activities. Themes arising from perceptions of behavioral change resulting from

Coalition activities Responses yielded both a positive and negative perception of the behavior change due to the coalition's strategies.

Theme 8.1 Just because marijuana is legal does not mean you should use it.

Participant C of Coalition 1 stated, "I really cannot at this time. We don't work directly with adolescents that much. We do a little thru Teen Counsel. We work mostly to educate adults on how to interact with kids."

Participant D of Coalition 1 stated,

We are pushing for adolescents not to use. Whether it's legal or not, adolescents are not allowed to use marijuana. We are just reinforcing that as we do with alcohol. Just because marijuana is legal doesn't mean you shouldn't use it. I can't say that I've seen an attitude change about it. I think that continually educating them will be really important.

Participant B of Coalition 1 stated, "We haven't done the specifics measures since legalization. In general, we are the phase where we have collected some information. We can't say that we have seen specific behavior change."

Theme 8.2 Some kids understand the message of the coalition that marijuana is harmful. Participant B of Coalition 4 stated, "I think the coalition has been very straight forward with the kids. And in talking with some of the kids as well, they understand the damage that can be done and how drugs will affect them socially."

Theme 8.3 We see kids with problems that could force them into using marijuana. Participant A of Coalition 2 stated, "What we are seeing right now is more

acceptability and kids not perceiving this as a harmful substance or drug. They are changing their perception of harm in seeing the data.”

Participant C of Coalition 2 stated,

I have very surprising things. The first thing is in one presentation in high school, one of the kids talked about a movie he saw about marijuana. He took the movie as scientific fact. I see that vulnerability of the kids. I have seen teens smoking and using more openly. The marketing shows that it's good for everything. It goes from one kid to another kid....like the older brother to the younger one. We have one case with a 17 year old that lost custody of her child because of malformations from marijuana use during pregnancy.

Theme 8.4 Adolescents have easier access to marijuana.

Participant D of Coalition 2 stated,

We have seen that part of the group doesn't want to change. We are trying to find the kids who could fall into the trap. On the survey, we see kids who say no to the drug, they are respected for not doing it. We see kids with problems, social issues that could force them into using.

Theme 8.5 The stigma attached to the use of marijuana has declined. Participant

E of Coalition 2 stated,

We get to look at the broader behavioral trends we see because we work with so many different angles. The perception of risk and harm has increased and the

ability for kids to access marijuana has become much easier. We have not seen any major changes in the youth.

Participant A of Coalition 3 stated,

I think generally there's a reduced stigma attached to the use of marijuana in Colorado. There certainly is attached to it the thinking that the collection of sales tax dollars helps us purchase much needed services in our state so that much use dollars might be directed towards mental health issues and treatment of law enforcement and prevention in a much smaller way.

Interview Question 6

9. Themes related to effective strategies and/or methods. Participants discussed effective strategies and/or methods by the coalition and the challenges in preventing adolescent marijuana usage.

Theme 9.1 Collaboration with marijuana retail shops in the prevention of adolescent marijuana use. Participant C of Coalition 1 stated, "I think they are effective because of the relationship we are building with retailers. We have them on board as far as packaging and marketing."

Theme 9.2 We are providing education through various methods. Participant E of Coalition 2 stated, "As a whole, the methods are effective because we are providing education from a lot of avenues; educating parents, educating students and having increased enforcement. We are also working with retailers as well."

10. Themes that emerged were the participant's feeling on finding a solution to the challenges.

Theme 10.1 We need to implement more strategies around marijuana usage.

Participant D of Coalition 1 stated,

I do think it's going to be more effective as we implement more around specific marijuana use and reinforcing it. Our coalition talks to them about the legal and medical ramifications. Do I think it helps? Yes. Does it stop everyone? No. To my goal and my coalition goal is to figure out how we can reach out to every single child. I know when we go and talk that it's from a totally different perspective than law enforcement or medical people.

Theme 10.2 Young people see so many people around them using marijuana.

Participant A of Coalition 1 stated,

Specific to marijuana, we did focus groups 2 years ago and very few students, in all 3 counties, saw nothing wrong with it. They see so many adults around them using it who are supposed to be telling them don't use it. One student mentioned that you never see headlines in the paper where someone used marijuana and hit and killed a family. The police do not have the limits set to be able to charge someone with driving under the influence of marijuana. It wouldn't stand up in court.

Theme 10.3 The effectiveness of the coalition's efforts has not been determined.

Participant B of Coalition 1 stated,

We are still figuring out how effective or not effective they are. We just recently created a strategic plan that has some of those specific goals around the changes we want to see. We can better answer that in a couple of years.

Participant A of Coalition 2 stated,

I'm not sure I can give you a direction answer on that. Education helps but how much it helps we don't really know yet. I don't see it hurting the cause. It's certainly helping by letting people know it's a dangerous substance on young minds that are still developing.

Theme 10.4 Coalition activities may not be reaching students. Participant B of Coalition 2 stated,

I think the main goal is increasing adolescent's awareness. I think bringing good education to the issues involved is key. The Coalition is doing a good job bringing community leaders together to discuss these issues. In short term, the Coalition may not be reaching students themselves.

Participant C of Coalition 2 stated,

I think that it's very hard to measure. I don't think it will be extremely effective because in order to be effective it needs to be constant on the message....repeating it over and over again. One presentation won't shed much light. The only thing that will make it efficient is to get the message to the students at every level and the parents.

Theme 10.5 Reaching the right audience is essential. Participant D of Coalition 2 stated,

I think we have to reach out more to the Hispanic community. I see a lot of interest there in that community. Just knowing we are there, they seem not to get in trouble. We don't have a detox center. That creates a lot of problems because we don't have a way to help those kids. They just get in trouble. We don't have a system in place for those kids to detox. We need more help in that. We try our best with the resources we have. We wish would we have more response from the community.

Participant A of Coalition 3 stated,

Our approach is targeted at the parents involved. Our information is to help them savvy around sharing information with their children they are influencing. It's still very new but the results on how we evaluate those outcomes are still yet to be seen.

Participant B of Coalition 4 stated,

I think that the education needs to begin in the home with the parents. There are parents out there that have smoked marijuana and probably smoked it in front of their Children. So a lot of the problem with kids using is the parents are using.

Theme 10.6 Kids need to be told the truth about cannabis. Participant A of Coalition 4 stated,

There's an over 20 year study that shows if you teach kids the truth about drugs that they will not experiment with drugs. I totally agree with that. The risk is they may be more willing to try a drug if they are told the truth. By telling them the truth about cannabis, they may see that it's less harmful and maybe they may experiment with it.

Interview Question 7

11. The themes that emerged from the responses to this question were related to how the coalition engages the youth through messages and methods. For this response, many participants had a few ideas on how they can engage and influence the youth's perception that smoking marijuana does have harmful effects despite the legalization.

Theme 11.1 We need to engage youth in conversations about marijuana prevention.

Participant C of Coalition 1 stated,

We are engaging them through conversation to make sure our desires and needs are the same as theirs. This way we can keep up with the new products that become available and pass that info along to the parents and teachers.

Participant A of Coalition 2 stated,

That is a real challenge. I let young people know that there are a lot of people who use this drug and other drugs. It provides young people who do not use drugs more opportunities to get good jobs and more opportunities as they grow up.

Participant B of Coalition 4 stated,

I believe that education is the key thing and holding them accountable. They are going to experience peer pressure. We talked to our son on numerous occasions about this topic. In high school, the percentage goes up as far as kids who have tried it according to surveys. We just sent in the survey for this year, so I don't have statistics yet.

Theme 11.2 We should engage youth through teen councils to keep them busy.

Participant D of Coalition 1 stated,

Obviously, going into the schools, we only get to go in twice a year. We go in at the beginning of the school year and the end of the school year. We are very into the Teen Council. Our leader deals a lot with the teen council. She goes and sits with them because those kids are the ones who are coming up with ideas on other things to do for the kids rather than going out and smoking pot or drinking. We come up with things with teen council to come up with opportunities to keep the kids busy.

Theme 11.3 engaging youth through multiple tactics requires enough

resources. Participant B of Coalition 1 stated,

I think that it goes beyond the Coalition. The Coalition needs to be the catalyst of collaboration around that messaging. Our area has a few teen counsels that are used to be a voice for the youth in our community. We need to engage them in conversation around that and work with other youth agencies to make them aware of our message we want to give. We work with kids as early as elementary

school. There are mentoring services in the area that the Coalition works with. We need to make sure that we are all on the same page to get the message out to kids of all ages.

Participant D of Coalition 2 stated,

I don't think we have enough resources. In some ways, we feel like we are very small in what is needed out there. We need our voices to be heard. The local government is helping to spread the word. We need to get them to the events that attract them. Once we attract them, then we can spread the word. We need to educate parents and a lot of parents about the effectiveness of marijuana. The media is helping in the wrong way by talking about it being medical now.

Theme 11.4 Best practices in adolescent prevention are yet to be determined.

Participant A of Coalition 1 stated, "I don't know that we have come up with best practices yet."

Theme 11.5 Developing relationships with kids can make them more receptive to the message. Participant B of Coalition 2 stated,

I think the key aspects to that is first their parents...we are growing up in a generation of people where the number one reason kids are smoking marijuana is because their parents are doing it or allowing them to do it. Educating and teaching our parents is important. Also, relationship with kids, whether it's mentor or parents, you need to gain the respect and trust of the students.

Theme 11.6 We should gain trust by providing accurate information. Participant

A of Coalition 3 stated, “I think that just sharing the accurate information we know as being the facts and helping them understand some of the dangers in the choices they make for themselves.”

Participation A of Coalition 4 stated,

I think there is international research now that shows marijuana is so usable for so many things, from Alzheimer’s to cancer. So I would love to be able to have open dialogue about the latest research on the positive effects of cannabis. I know the coalition would draw a certain line that we aren’t going to tell them that it could be good for people and that would be fine if that was the case. I know I’m the minority but that we shouldn’t be telling kids not to use marijuana. We should be telling them not to smoke marijuana that there are vaporizers that dispensers are selling that there are no lung effects. You see so many scary things about lung cancer. There’s no research that shows smoking marijuana leads to lung cancer. I think the coalition should have a commercial that says if you are going to do marijuana, don’t smoke it...use the edibles.

Theme 11.7 We should use existing partnerships to begin conversation with youth at an early age. Participant E of Coalition 2 stated,

I think we should work with existing partners, whether it’s student council or sports teams, just working with them to have conversation around what their perceptions and experiences. We haven’t started it yet for this year, but we are working on a Positive Social Norm Campaign. We’ve also thought about starting

the conversation younger which would be great. We are in the very early stages of working with elementary schools students.

Interview Question 8

12. The themes that emerged from the responses were related to the challenges that the coalition has with obtaining resources. Participants expressed their opinions on the various challenges that they deal with it as part of their coalition.

Theme 12.1 Coalitions struggle with acquiring funding. Participant C of Coalition 1 stated, “We struggle with funding. We also struggle with the use of marijuana is fairly prevalent in the adult community. Therefore, it comes a little more of a challenge to get the adult community onboard.”

Participant A of Coalition 1 stated, “The main problem is funding. With the way the economy has been, the money isn’t there. It’s hard to convince funders that prevention is worth the investment.”

Participant D of Coalition 2 stated,

Money is an issue of course. And we don’t get much exposure. There’s an interest and a political agenda. How can we stop this when kids have issues and it’s an escape route? It all goes back to the media and their message.

Theme 12.2 We must battle negative community norms with limited resources.

Participant E of Coalition 2 stated,

We are limited with staff, time and financial resources to do what all we want to do. The community perception of what’s normal has shifted. There’s a lot more

misinformation out there about what's ok to do for young people. We are constantly battling negative community norms and strive to provide education on what local laws are and why they are that way from a medical perspective.

Theme 12.3 Perception of marijuana's harmful risks declines due to legalization. Participant D of Coalition 1 stated,

The biggest challenge for me is that I'm in law enforcement that some of the kids I talk to think it's harmless because it's been legalized. They understand the alcohol part of it but not the marijuana part. One of the biggest hurdles is educating them.

Participant B of Coalition 1 stated,

The challenge that it's no big deal that it's legal now is definitely the biggest. There are a lot of parents in our area that are users. The challenge too is the parental attitude that it's no big deal. We need to help the community to understand that it is hurtful for kids to use at an early age.

Participant A of Coalition 2 stated, "The main challenge is the perception to harm and that the stuff is so readily available."

Participant B of Coalition 2 stated,

The culture is very accepting of this. It's hard to separate the legalization of marijuana and kids wanting to participate in something that is now legal. Some marijuana retailers are packaging marijuana in packaging that looks like candy. When kids see candy they want it, and regardless if they read the label or not,

“candy” advertising has a direct impact on kids. Another difficulty is that our kids go to concerts and can smoke marijuana.

Participant A of Coalition 3 stated, “Our stigma, our state, the retail shops.....some of the voters believe it’s not a dangerous choice. There are others who are now rethinking how they voted to legalize marijuana.”

Theme 12.4 Employers’ challenges in employees using marijuana due to the legalization (discrepant case). Participant C of Coalition 2 stated,

The first that comes to mind is about employees and employers. The area we live there are seven or eight resources where people come and the owners of the resorts don’t want to test for marijuana because they wouldn’t be able to have enough employees. I see that as a terrible message. That’s a high risk situation and a bad message.

Theme 12.5 Challenges with parents’ setting positive examples.

Participant A of Coalition 4 stated, “We see that it’s more available....that’s the biggest challenge. The parents might have it in the home and the kids can find it.”

Participant B of Coalition 4 stated,

I think again that the parents are to set an example. Kids watch their parents and emulate their parents. Sometimes parents hope that somebody else will raise their children why they are off doing what they want to do. Until the values change in the home, and parents understand what affect they have on their children, it will continue on. With the legalization, some think its ok now. I hold different beliefs

than that. They say it will increase the tax base and all these things, I think it's a lie. It was a ploy so the vote would pass. Parents are people voting for it. I strongly disagree.

Interview Question 9

13. Themes related to the support coalitions receive from the community in their efforts to reduce adolescent marijuana usage.

Theme 13.1 We receive a lot of support from the community.

Participant C of Coalition 1 stated,

We receive a quite a bit. The fact that it is legalized doesn't mean there is no support to keep it out of kid's hands. The legalization has made people aware that the desire is to keep in out of the hands of children.

Participant D of Coalition 1 stated,

We will receive a lot of support especially when we start showing examples of what the kids think of marijuana thru the survey results. I think that legalizing it has opened the door for kids to get their hands on it.

Participant A of Coalition 1 stated,

From the community at large, we have pretty good support. We are not sure how much of it is lip service. It just doesn't translate into their behavior however.

Participant B of Coalition 1 stated,

I think it's going to be half and half. No one wants kids to be using drug. There is a level of support from the community and educators. The support has to be balanced against the challenge of those who don't think it's a big deal.

Participant A of Coalition 4 stated,

The people of this area are very supportive of the legalization. We were much higher than the rest of the state. One of the districts within the city has an 82% rate of support. I think the people of town think that it should be legal but they don't think kids should use it.

Participant B of Coalition 2 stated,

I think right now it's politically or socially a cause for kids, people are quick to support kids. On the other hand, we go up against a brick wall where people are saying we are being too strict, or this isn't that bad.

Theme 13.2 Some people are regretting the vote for legalization.

Participant C of Coalition 2 stated,

What I see right now is a lot of people regretting the vote ...not because it's legal but because there's not enough legislation that deals with driving under the influence of marijuana. The marijuana stays in the body for a long time. We' have cases here in Colorado where people ingest marijuana to get higher quicker and end up overdosing.

Participant D of Coalition 2 stated,

I don't have to pass it in terms of votes. But I know that people in this community who like to have marijuana out. We live in a small community who doesn't want big city problems. The community can back us up, but it takes more than one. Show up to the meetings and convince your council man. We are welcome in the community.

Theme 13.3 Most community members believe marijuana is harmful.

Participant E of Coalition 2 stated, "Overall, the community has been really supportive at the state and local levels. Most community members, partners and individuals agree marijuana is harmful for adolescent use."

Interview Question 10

14. Themes of the coalition being successful in reducing adolescent marijuana usage emerged from the responses to this question.

Theme 14.1 Coalitions are doing a great job. Participant C of Coalition 1 stated, "I think we have been successful, but it's so fairly new."

Participant D of Coalition 1 stated, "I think we've done an excellent job. It can just get better with the marijuana usage. We are increasing our process about how we now understand about marijuana usage since it's legalized."

Participant A of Coalition 1 stated,

I think we have done very well. We were contracted a by the Office of Behavioral Health to write a handbook for communities attempting to pass social host

ordinances. We were also successful in another county in the non-cigarette tobacco licensing ordinance. We are working on that in two other counties.

Theme 14.2 Additional efforts to prevent adolescent marijuana use in the community are needed. Participant B of Coalition 1 stated,

I would love to say that we have done well so far. I do think it's hard to tell because we aren't too far into the year. Some of the shops just recently opened up. Additional efforts in the community will take a little more time to show themselves. The messaging around talking to your kids about using drugs, offering information to parents, working with schools and shop owners are all steps in the right direction.

Theme 14.3 Not using drugs lead to good jobs and more opportunities.

Participant A of Coalition 2 stated,

That is a real challenge. I let young people know that there are a lot of people who use this drug and other drugs. It provides young people who do not use drugs more opportunities to get good jobs and more opportunities as they grow up.

Theme 14.4 Kids are using marijuana because of their parents.

Participant B of Coalition 2 stated,

I think students are receptive to the message and willing to listen to it. I think the key aspects to that is first their parents...we are growing up in a generation of people where the number one reason kids are smoking marijuana is because their parents are doing it or allowing them to do it. Educating and teaching our parents

is important. Also, relationship with kids, whether it's mentor or parents, you need to gain the respect and trust of the students.

Theme 14.5 Consistent messaging can lead to effective results.

Participant C of Coalition 2 stated,

I don't know.....I don't have an answer on how effective we have been so far. We can measure it better have five years of legalization and getting our message out there. If we are consistent on the message we will see results in four or five years.

Theme 14.6 More efforts needed in schools to reduce adolescent marijuana

usage. Participant D of Coalition 2 stated,

I think we have done an ok job. We could do more. In my opinion, we can do more. There are still ways we can come to schools. There are still ways we can do our talks. We don't have enough people to go out into the schools. The schools I am more worried about. We are not truly bringing the message to the schools.

Participant E of Coalition 2 stated, "I think we have done pretty well but we can only do better."

Participant B of Coalition 4 stated, "Like I said, I've only been a part of the coalition for the last 4 years. But we have seen a decline in usage. The jury is still out this year with the law passing."

Interview Question 11

15. Themes related to the future efforts by the coalition emerged from the responses.

Theme 15.1 Successful efforts will show a decrease in usage.

Participant C of Coalition 1 stated, “A: If we are successful, we will see a decrease in usage by data from the Healthy Kids Colorado Survey.”

Participant D of Coalition 1 stated, “I think that without the coalition we would have a continual increase of adolescents using marijuana. I think that what we are doing we will see a decrease of usage in marijuana in the next five years.”

Theme 15.2 Coalition should continue to do policy work. Participant A of Coalition 1 stated,

I don't really know. I think we will still be fighting it. Every year there's another set of students who are influenced by the media and the presence of dispensaries which are popping up all over Colorado. We will still be doing policy work. We have testified at the local Board having them not allow recreational marijuana establishments and they did not allow them. We testified to the county commissioners and weren't successful. It's a community by community fight and a school by school fight.

Theme 15.3 Education to prevent adolescent marijuana use will be continued. Participant B of Coalition 1 stated,

That's a good question. In five years, I think some of it will definitely be similar in educating them. Some of the difference might be in the school curriculum. Some of the other efforts will be to continue to educate shop owners on how to ID people when they come in the door. We will also continue to educate parents about the hazards of supplying it and letting them smoke it in your home.

Theme 15.4 More clarity and accountability needed on the legalization.

Participant B of Coalition 2 stated,

I would hope there's more clarity on the issue. Where we leave, there are a lot of gray areas of what people can and can't do. I would hope that in five years from now there is great clarity and greater accountability.

Theme 15.5 Prevention studies in pursuit of universal strategies are needed.

Participant C of Coalition 2 stated,

I have a feeling that the feds, the state and the non-profit institutions, we are going to invest a lot of effort and money to try to do prevention studies and try to become leaders in prevention. I see us achieving our results and learning from the results.

Participant D of Coalition 2 stated, "Wow. That's a good question. It's hard to predict the future. My feeling that there will be more studies and research done. We are going to see more people driving under the influence."

Participant A of Coalition 3 stated,

I think we will look to the data. We will be looking at universal strategies we have in place regarding getting our message out on social networks with social marketing efforts as well as being able to offer education referral in communities could be a good strategy in schools or health centers.

Theme 15.6 Other drugs will be more of a concern in the future.

Participant A of Coalition 4 stated,

The good thing about this coalition is they do not agree, but they agree to support the decisions the group makes. We agree to disagree. Not everyone agrees with my position but that is fine. I think that looking at other substances, like alcohol and cigarettes, will be our focus.

Theme 15.7 More parents need to talk to their kids about drug use.

Participant B of Coalition 4 stated,

That's a good question. Because of the grant funding, I think it's only funded through the next five years. I hope it continues on. I point it back to the parents and what they are doing. I don't know.....I wish there were more parents that would talk with their children. Parents are very irresponsible anymore.

Theme 15.8 Legalization portrays a negative picture of Colorado.

Participant A of Coalition 2 stated,

I really have no idea. I think the whole trend in this state is the usage in this drug; especially we are seeing numbers in 7th and 8th graders. We all know that when kids use it, they will continue to use it. If they don't use it, once they are grown it's very unlikely. I think we are painting a very negative picture of what Colorado will look like in five years. We are going to have a state full of marijuana users. There's a lot of harm associated with it.

Participant E of Coalition 2 stated, "I really can't predict that. I'm not sure what our needs will be at that point."

Interview Question 12

16. Several themes arose from the responses to this question related to recommendations and suggestions to other coalitions. Participants expressed that collaboration and communication are important factors in adolescent marijuana prevention.

Theme 16.1 Partnerships are needed with people distributing marijuana to aid prevention.

Participant C of Coalition 1 stated, “The first path has to be to develop a partnership with the people distributing the marijuana. If you put up a resistance to the dispensary or retailers, you’re ability to work together will be severely limited.”

Participant B of Coalition 1 stated,

Our Coalition director has developed very good relationships with the recreational shop owners. They have put letters to the editor in the paper as a pair. They have conversed a lot about being on the same page about the regulations. They have also had a good relationship with the police. One thing our Coalition has done well, and I suggest other Coalitions to do well, is making sure you have strong relationships in your community with people who are on the front lines of dealing with this stuff. I would suggest educating parents.

Theme 16.2 Use language the kids are using to be successful in prevention.

Participant C of Coalition 2 stated,

I would say the first thing is the tool of communication. If we go to say no, or that type of campaign, we will fail. But if we go to the language the kids are, we will be successful. The message needs to be based on the age of the kids and motivation instead of negativity.

Participant D of Coalition 2 stated, “I think for other agencies state and country wide, you need to go to the schools. The schools are the best place to spread the message. Bring it to the kids.”

Theme 16.3 Coalitions should influence funders to provide money to the coalition.

Participant E of Coalition 2 stated,

I definitely encourage those relationships to be built. If there’s an avenue to get sustainable funding, for example maybe local tax revenue, to help with prevention and education, it would certainly be a huge relief to know the funds were coming in.

Participant A of Coalition 1 stated,

The stakes are too high. You will have to work very hard to get funding in place. You have to be up close and personal with the kids in schools. An obstacle you’ll face is trying to change community norms. Try to influence funders to provide the money to help you. You can’t do the work without the infrastructure. It’s not forthcoming from the federal government.

Theme 16.4 A diverse group of people is needed to help reduce adolescent marijuana usage (discrepant case). Participant D of Coalition 1 stated,

The only advice I can give what I've seen that our coalition has done. Our members are made up from quite a diverse group of people, from clergy to medical to law enforcement to school board. You need all those people to help you.

Participant A of Coalition 1 stated,

The stakes are too high. You will have to work very hard to get funding in place. You have to be up close and personal with the kids in schools. An obstacle you'll face is trying to change community norms. Try to influence funders to provide the money to help you. You can't do the work without the infrastructure. It's not forthcoming from the federal government.

Theme 16.5 We should reward kids who do not use drugs. Participant A of Coalition 4 stated,

Don't just use the fear based research that shows the negative effects of drugs. Don't use the punishment unless it's a last resort. Use the rewards guide to show kids if they don't use drugs they will be rewarded for it. I think the kids that are using drugs are struggling with something and they are the ones who really need the help.

Theme 16.6 Educating Parents can lead to more education to the youth.

Participant B of Coalition 4 stated, “I think the big thing is education. If they can get more parents involved, and go to coalition to coalition meetings where the parents can be educated as well, I think that would be a very positive step.”

17. Themes to Avoid Legalization and become politically involved.

Theme 17.1 Perceptions have grown that marijuana is harmless and readily available. Participant A of Coalition 2 stated, “The main challenge is the perception to harm and that the stuff is so readily available.”

Theme 17.2 We should encourage coalitions to become more politically involved. Participant B of Coalition 2 stated, “I would encourage other Coalitions to get involved in the political process before its legalized. Be present in the town hall and council meetings to raise awareness now than after the fact.”

Participant A of Coalition 3 stated,

I would advise against legalization. Access will be increased or available. It’s a drug that’s not positive for any use. I don’t think we can lobby or effect voters support. We need to take a more complete look at the effects.

Themes Identified from the Results

Theme 1.1 Marijuana usage by youth is against the law.

Theme 1.2 Marijuana usage is dangerous.

Theme 1.3 Colorado will regret legalization.

Theme 1.4 Legalization has not impacted my personal life (discrepant case).

Theme 1.5 There may be advantages to legalization (discrepant case).

Theme 2.1 Legalization makes it harder to persuade students.

Theme 2.2 Legalization creates other new challenges.

Theme 2.3 Majority of the voters enacted the law to legalize marijuana.

Theme 2.4 Legalization reinforces the need to tell students the truth.

Theme 2.5 New norm is frightening.

Theme 3.1 Our goal is to promote marijuana prevention.

Theme 4.1 We Teach Youth Prevention Education in the Schools.

Theme 4.2 Community forums are useful for awareness and incentives to abstain.

Theme 4.3 School Curricula should include marijuana prevention.

Theme 4.4 Law enforcement training is needed for drug-impaired driving
(discrepant case).

Theme 4.5 We should partner with marijuana retail stores to ensure proper ID
check.

Theme 5.1 An attitude shift in social norms surrounding substance abuse is
needed.

Theme 5.2 We need to keep marijuana out of the young people's hands.

Theme 5.3 There is concern that legalization encourages the perception that
marijuana is safe for kids.

Theme 6.1 We review the Healthy Kids Survey every two years to monitor
adolescents' perception.

Theme 6.2 Other Methods, besides the Healthy Kids Survey, are used to monitor adolescent perception and behavior.

Theme 7.1 We are seeing slight changes to adolescent marijuana usage.

Theme 7.2 There has been a decline in substance abuse among high school students.

Theme 8.1 Just because marijuana is legal does not mean you should use it.

Theme 8.2 Some kids understand the message of the coalition that marijuana is harmful.

Theme 8.3 We see kids with problems that could force them into using marijuana.

Theme 8.4 Adolescents have easier access to marijuana.

Theme 8.5 The stigma attached to the use of marijuana has declined.

Theme 9.1 Collaboration with marijuana retail shops in the prevention of adolescent marijuana use.

Theme 9.2 We are providing education through various methods.

Theme 10.1 We need to implement more strategies around marijuana usage.

Theme 10.2 Young people see so many people around them using marijuana.

Theme 10.3 The effectiveness of the coalition's efforts has not been determined.

Theme 10.4 Coalition activities may not be reaching students.

Theme 10.5 Reaching the right audience is essential.

Theme 10.6 Kids need to be told the truth about cannabis.

Theme 11.1 We need to engage youth in conversations about marijuana prevention.

Theme 11.2 We should engage youth through teen councils to keep them busy.

Theme 11.3 Engaging youth through multiple tactics requires enough resources.

Theme 11.4 Best practices in adolescent prevention are yet to be determined.

Theme 11.5 Developing relationships with kids can make them more receptive to the message.

Theme 11.6 We should gain trust by providing accurate information.

Theme 11.7 We should use existing partnerships to begin conversation with youth at an early age.

Theme 12.1 Coalitions struggle with acquiring funding.

Theme 12.2 We must battle negative community norms with limited resources.

Theme 12.3 Perception of marijuana's harmful risks declines due to legalization.

Theme 12.4 Employer challenges employees using marijuana after legalization (discrepant case).

Theme 12.5 Challenges with parents setting positive examples.

Theme 13.1 We receive a lot of support from the community.

Theme 13.2 Some people are regretting the vote for legalization.

Theme 13.3 Most community members believe marijuana is harmful.

Theme 14.1 Coalitions are doing a great job.

Theme 14.2 Additional efforts to prevent adolescent marijuana use in the community are needed.

Theme 14.3 Not using drugs lead to good jobs and more opportunities.

Theme 14.4 Kids are using marijuana because of their parents.

Theme 14.5 Consistent messaging can lead to effective results.

Theme 14.6 More efforts needed in schools to reduce adolescent marijuana usage.

Theme 15.1 Successful efforts will show a decrease in usage.

Theme 15.2 Coalition should continue to do policy work.

Theme 15.3 Education to prevent adolescent marijuana use will be continued.

Theme 15.4 More clarity and accountability needed on the legalization.

Theme 15.5 Prevention studies in pursuit of universal strategies are needed.

Theme 15.6 Other drugs will be more of a concern in the future.

Theme 15.7 More parents need to talk to their kids about drug use.

Theme 15.8 Legalization portrays a negative picture of Colorado.

Theme 16.1 Partnerships are needed with people distributing marijuana to aid prevention.

Theme 16.2 Use language the kids are using to be successful in prevention.

Theme 16.3 Coalitions should influence funders to provide money to the coalition.

Theme 16.4 A diverse group of people is needed to help reduce adolescent marijuana usage (discrepant case).

Theme 16.5 We should reward kids who do not use drugs.

Theme 16.6 Educating Parents can lead to more education to the youth.

Theme 17.1 Perceptions have grown that marijuana is harmless and readily available.

Theme 17.2 We should encourage coalitions to become more politically involved.

Themes by Content

Adolescent's access to marijuana is easier since legalization.

- Marijuana usage by youth is against the law (Theme 1.1)

Although marijuana was legalized for recreational purposes, participants recognized and do understand that it is not legal for youth and that the age of consumption and/or use must be at the age of 21 or over.

- Marijuana usage is dangerous (Theme 1.2)

Most of the participants felt that consuming/using marijuana for recreational purposes is harmful to the body, but some participants believed that using marijuana for medicinal purposes can help.

- We see kids with problems that could force them into using marijuana (Theme 8.3)

Other participants felt that the kids do not believe that marijuana is harmful.

- Adolescents have easier access to marijuana (Theme 8.4)

One participant felt that adolescents do not want to change their perception to believing that marijuana is harmful. Another participant felt that marijuana is more available and leads to more access to adolescents.

- Young people see so many people around them using marijuana (Theme 10.2)

One participant expressed how students felt there was nothing wrong with using marijuana because their parents used it. Also, the participant discussed an incident where the student felt that marijuana was not harmful because headlines in the news do not show someone using marijuana and then killing an entire family.

- There is concern that legalization encourages the perception that marijuana is safe for kids (Theme 5.3)

The message that participants discussed is to enforce to the kids that marijuana is not safe and change the perception of those who believe marijuana is not harmful.

Legalization of marijuana is complex and has potential challenges.

- Colorado will regret legalization (Theme 1.3)

Some participants felt that Colorado residents will regret the vote to legalize marijuana for recreational purposes. Participants feel that there is not enough information surrounding the regulation of the legalization.

- Legalization has not impacted my personal life (discrepant case; Theme 1.4)

One participant felt no impact personally, or in the community from the legalization of marijuana for recreational purposes so the participant could not express a decision to be for or against it.

- There may be advantages to legalization (discrepant case; Theme 1.5)

Some participants felt that there were some advantages to the legalization such as reducing crime and avoid “punishing” people who use it for nonmedical reasons.

- Legalization makes it harder to persuade students (Theme 2.1)

Some participants felt the legalization of marijuana for recreational purposes will prove to be difficult in convincing students who use marijuana that it has harmful effects.

- Legalization creates other new challenges (Theme 2.2)

Participants felt that there are additional challenges to adolescent marijuana prevention such as medical benefits are being abused, more people favor legalization, and the message that legalizing sends to the youths regarding not being so harmful.

- Majority of the voters enacted the law to legalize marijuana (Theme 2.3)

One participant expressed that legalizing marijuana is now a law. Any persons over the age of 21 years old can consume/use marijuana regardless of personal feelings against legalization.

- Just because marijuana is legal does not mean you should use it (Theme 8.1)

A few participants felt unsure about the changes in adolescent marijuana usage since the legalization. Participants felt more time is needed to see a change.

- Perception of marijuana's harmful risks declines due to legalization
(Theme 12.3)

Participants expressed the challenges that they have in the low perception from adolescents on the harmful effects of marijuana use are minimal.

- More clarity and accountability needed on the legalization (Theme 15.4)

One participant is hoping that there will be more clarity surrounding legalization. This participant felt that there is not enough information about legalization.

- Legalization portrays a negative picture of Colorado (Theme 15.8)

Some participants felt that the legalization represents Colorado in a negative way.

Coalitions use survey results to evaluate and monitor adolescents.

- We review this survey every two years to monitor adolescents' perception
(Theme 6.1)

Most participants use the Healthy Kids Survey to monitor various behaviors of kids including drug use. From these surveys, coalitions can develop programs and initiatives to reduce unhealthy behaviors.

- We are seeing slight changes to adolescent marijuana usage (Theme 7.1)

Some participants expressed concern about the low perception of marijuana harmful effects from the surveys.

- There has been a decline in substance abuse among high school students
(Theme 7.2)

One participant discussed a decline in usage from various drugs including marijuana among high school students.

- The stigma attached to the use of marijuana has declined (Theme 8.5)

One participant felt that the adults believe the revenue/tax from the legalization of marijuana can lead to better services and programs for the state like mental health issues, treatment of law enforcement and prevention.

The new social norm represents marijuana as being harmless.

- The new norm is frightening (Theme 2.5)

One participant expressed concern about the new norm being that marijuana will become more available and accessible to young people.

- An attitude shift in social norms surrounding substance abuse is needed (Theme 5.1)

One participant discussed the marketing campaigns that are used to change attitudes and/or perceptions of the marijuana's harmful effects.

- Challenges with parents' setting positive examples (Theme 12.5)

Participants felt that there was a challenge in parents using marijuana. If the kids see their parents using marijuana, they have the perception that it is not wrong and may eventually use marijuana as well. Some participants felt that parents do not think there is anything wrong with using marijuana considering some of them may have voted for the legalization.

- Perceptions have grown that marijuana is harmless and readily available
(Theme 17.1)

Participants felt that the low perception of marijuana being harmful is a challenge.

Coalitions' prevention activities are in schools and the community.

- Our goal is to promote marijuana prevention (Theme 3.1)

Most participants expressed their goals as being the same, which is to continue to promote marijuana prevention. Most of the coalitions, prevention efforts occur in the schools.

- We teach youth prevention in the schools (Theme 4.1)

Some participants discussed the success of their partnerships with the schools in reducing adolescent marijuana use.

- School curricula should include marijuana prevention (Theme 4.3)

Very few participants discussed a curriculum in the school. One participant discussed how their coalition does education and prevention in health classes at the middle and high school levels.

- We need to keep marijuana out of the young people's hands (Theme 5.2)

Most participants discuss the prevention efforts in keeping marijuana out of the hands of young people.

- Engaging youth through multiple tactics requires enough resources
(Theme 11.3)

Some participants felt that multiple tactics are needed to reduce adolescent marijuana prevention.

- Education to prevent adolescent marijuana use will be continued (Theme 15.3)

One participant felt that the collaboration with retail marijuana shop owners will grow in five years. The coalition will still educate them on checking IDs to ensure young people do not try to buy marijuana.

- Prevention studies in pursuit of universal strategies are needed (Theme 15.5)

A couple of participants felt that there will be more research and funding going into prevention studies. One participant felt that there will be universal strategies in place including more messaging on social networking sites.

- Use language the kids are using to be successful in prevention (Theme 16.2)

A couple of participants felt that the messaging needs to be improved so that today's youth can understand. The message needs to be age appropriate with less negativity.

- We should reward kids who do not use drugs (Theme 16.5)

One participant felt that offering incentives to the youth who do not use drugs will be an effective tool reducing adolescent marijuana usage.

Partnerships are essential to the success of the coalition.

- Law enforcement training is needed for drug-impaired driving (discrepant case; Theme 4.4)

One participant discussed collaborating with police officers and making sure training is available about the new law and in particular the driving while impaired law regarding marijuana.

- We should partner with marijuana retail stores to ensure proper ID check (Theme 4.5)

Participants discussed their collaboration with retail marijuana shops to ensure that ID is checked for those who come to buy marijuana.

- Collaboration with marijuana retail shops in the prevention of adolescent marijuana use (Theme 9.1)

One participant discussed having a relationship with the retailers have been effective

- We should use existing partnerships to begin conversation with youth at an early age (Theme 11.7)

Some participants felt that collaboration with others is important. One participant felt that partnering with student councils and sports teams can help the reduction of adolescent marijuana use.

- Partnerships are needed with people distributing marijuana to aid prevention (Theme 16.1)

Participants suggested that other coalitions should partner, if not already, with marijuana retail shop owners to help in reducing adolescent marijuana usage.

- A diverse group of people is needed to help reduce adolescent marijuana usage (discrepant case; Theme 16.4)

One participant felt that the success of a coalition resides in the diversity of the make-up.

This participant felt that it was important to ensure diversity within the coalition.

- We receive a lot of support from the community (Theme 13.1)

A couple of participants expressed that the legalization and low perception of the harmful effects of marijuana has garnered much support from the community and the desire to keep marijuana out of kids' hands. Although participants felt the community supported their efforts, this does not mean that it translates into changed behavior among adolescents. Some participants felt that although there is support for the legalization, the community has a concern for kids using marijuana. However, one participant expressed that more community support is needed to help the coalition in council meetings.

- Most community members believe marijuana is harmful (Theme 13.3)

One participant felt that most of the community believes marijuana is harmful.

Coalition messages about marijuana are engaging, truthful and accurate.

- Legalization reinforces the need to tell students the truth (Theme 2.4)

A few participants felt that it was important now more than ever to tell the truth and give facts about marijuana.

- Some kids understand the message of the coalition that marijuana is harmful (Theme 8.2)

One participant felt that the coalition has done a great job in getting the kids to understand that marijuana can cause harmful effects.

- Kids need to be told the truth about cannabis (Theme 10.6)

One participant felt that kids will see the harmful effects caused by using marijuana if the truth about marijuana was told.

- We should gain trust by providing accurate information (Theme 11.6)

Some participants felt that an accurate picture of medical versus recreational uses of marijuana can help in gaining trust from the participants.

- Developing relationships with kids can make them more receptive to the message (Theme 11.5)

Some participants felt that those with a relationship with the kids could get them to listen such as their parents, mentors, teachers, etc.

- Reaching the right audience is essential (Theme 10.5)

One participant felt that reaching the right community of interest can make a difference. Each message should match the community of interest.

- We need to engage youth in conversations about marijuana prevention (Theme 11.1)

Participants expressed ways to engage the youth, which is through conversation. The conversation consists of what will happen if they use drugs, which is less job opportunities and how to avoid peer pressure

- We should engage youth through teen councils to keep them busy (Theme 11.2)

Participants discussed teens overseeing their own councils and how it has kept them busy.

Major coalition challenges include funding and limited resources.

- Coalitions struggle with acquiring funding (Theme 12.1)

Some participants felt that funding can be an issue in reducing adolescent marijuana prevention in their community. Other participants discussed the limited amount of staff and time people have to dedicate to the coalition.

- We must battle negative community norms with limited resources (Theme 12.2)

Several participants discussed battling limited resources. One participant felt that there was a shift in what the community felt was normal. This participant expressed that there was restrictions on what can be done for young people.

- Coalitions should influence funders to provide money to the coalition (Theme 16.3)

A few participants felt that funding is needed to keep the programs active in the community. More consistent funding can help with better prevention and educational programs.

Parental influences can be a determinant in adolescent using marijuana.

- Kids are using marijuana because of their parents (Theme 14.4)

Some participants felt that the youth are using marijuana because their parents using it.

- More parents need to talk to their kids about drug use (Theme 15.7)

Some participants continue to mention more parental involvement in reducing adolescent marijuana usage. Parents should talk to their kids about the harmful effects of using marijuana.

- Educating Parents can lead to more education to the youth (Theme 16.6)

A few participants mentioned educating parents about marijuana use is needed. One participant felt that educating parents will get them more involved in helping to reduce adolescent marijuana usage.

Future efforts of the coalition include more political involvement.

- Additional efforts to prevent adolescent marijuana are needed (Theme 14.2)

One participant felt that the coalition has done a great job so far but more efforts are needed in the community.

- Coalition should continue to do policy work (Theme 15.2)

One participant felt that the coalition will be more involved in policy work.

- Other drugs will be more of a concern in the future (Theme 15.6)

One participant felt that marijuana usage will not be an issue and that other drugs will be a concern.

- We should encourage coalitions to become more politically involved (Theme 17.2)

One participant felt that more coalitions should be involved politically to prevent legalization and to raise awareness of the harmful effects of using marijuana.

Summary

The overarching question asked in this study: “What are community coalition members’ perceptions of their methods and messaging to prevent adolescent marijuana usage in the light of the recent legalization of marijuana for recreational purposes in Colorado?” Major themes showed that there were:

- Positive responses to the Coalitions’ methods and messages.
- Specific programs are felt to be successful.
- Programs should be continued despite legalization.
- Programs alone will not change adolescents’ perception of marijuana.
- Partnerships with marijuana retail shops could help.
- Parent education is needed to help prevent adolescent marijuana usage.
- Parents can either be a positive or negative influence on their children.

In answer to sub-question 1 (“What methods and messaging did community coalitions use to prevent adolescents’ use of marijuana usage before legalization?”), the major themes showed that there were:

- Current methods and messaging have not changed nor are there plans to change them.

- As mentioned above, participants felt that additional collaboration with the community and marijuana retail shops was needed to aid in their education and prevention of adolescent marijuana usage.

In answer to sub-question 2 (“What methods and messaging do community coalitions use (or plan to use) to prevent adolescents’ marijuana use since legalization?”), the main themes showed that:

- The methods included community prevention education presentations, teen councils, community forums, parent workshops, in-school education and prevention through health classes, social events, ski programs and marketing campaigns.
- The messages used in these methods includes awareness, fear tactics, risks associated with marijuana use, drug impaired driving, remaining drug-free, and do not start using or stop using marijuana.

In answer to sub-question 3 (“How do community coalition members perceive the effectiveness of their methods to prevent adolescents’ marijuana usage before and since legalization?”), the main themes showed that:

- Methods have been effective in preventing adolescents’ marijuana usage
- Partnerships with marijuana retail shops contribute to this effectiveness.
- Survey evaluations demonstrate the success of coalition efforts.
- More clarity on the legalization is needed before future education is planned.

In answer to sub-question 4 (“What challenges do community coalitions encounter in educating communities about a possible increase of adolescent marijuana use because of the legalization in Colorado?”), main themes showed that there were:

- Challenges include funding, perception of marijuana safety, parental attitude, and marijuana edibles that “look like candy” as challenges.
- The fact that marijuana is legal and more available is a challenge in itself.
- Despite these challenges, communities support Coalitions.

The next chapter will discuss the interpretation of these finding and how it relates to previous literature on this topic. I will also discuss any limitations to the study and provide some recommendations for future research and positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative research was to explore the perceptions of coalition members in relation to the potential change of their methods and messages due to the legalization of marijuana for recreational purposes. A phenomenological approach was used to document the experiences and perceptions of coalition members in their efforts to prevent adolescent marijuana usage before and after the legalization of marijuana for recreational purposes. In this study, 12 one-on-one telephone interviews were conducted with members from four community coalitions in Colorado. A purposeful sample of members of each coalition in Colorado was invited to participate in a one-on-one interview. In the one-on-one interviews, I explored the coalition members' perspectives about the legalization of marijuana for recreational purposes and their efforts to prevent adolescent marijuana usage. The interviews were audio-taped, and the data were transcribed. The data were analyzed using computer-assisted data software called Nvivo.

The members of the coalitions who were interviewed had an interest in reducing adolescent marijuana usage in their community. The responses from the coalition members may lead to new messages and methods to assist similar coalitions in continuing to effectively prevent marijuana use. In addition, the potential impact that coalitions have on adolescents was explored despite the legalization of marijuana for recreational purposes.

Themes in Groups

According to findings from the study, most members of the coalition felt that their programs were effective in reducing adolescent marijuana usage despite the legalization of marijuana for recreational purposes. Also, most of the participants felt that their coalition efforts had been successful. However, some participants felt that their programs should not be the only education to adolescents and that partnering with marijuana retail shops could help in reinforcing the harmful effects from using marijuana to adolescents. Some members felt that parents should be educated on the harmful effects of marijuana. Parents can be a negative or positive influence to their children regarding marijuana usage.

Responses from the answers to the questions led to groups of themes: adolescent marijuana is still illegal and coalition members consider it dangerous, but legalization has made access easier. The legalization of marijuana for recreational purposes is an overall concern among coalition members due to its complexity and potential challenges, Healthy Kids' Surveys results are used by the coalitions to evaluate and monitor adolescent marijuana use. The new social norm represents marijuana as being harmless and new strategies are needed to educate adolescents on the harmful effects. Coalition activities to prevent adolescent marijuana use are in schools and the community, and partnerships are essential to the success of the coalition. Coalition messages to the kids about marijuana are engaging, truthful, and accurate; major coalition challenges include funding and limited resources. Parental influences can be a determinant in whether an

adolescent uses marijuana or not, and future efforts of the coalition include more political involvement.

A brief explanation of these grouped themes is as follows:

Legalization allowed access to marijuana easier for adolescents.

- Marijuana usage by youth is against the law
- Marijuana usage is dangerous
- We see kids with problems that could force them into using marijuana
- Adolescents have easier access to marijuana
- Young people see so many people around them using marijuana'
- There is concern that legalization encourages the perception that marijuana is safe for kids

Legalization of marijuana is complex and has potential challenges.

- Colorado will regret legalization
- Legalization has not impacted my personal life (discrepant case)
- There may be advantages to legalization (discrepant case)
- Legalization makes it harder to persuade students
- Legalization creates other new challenges
- Majority of the voters enacted the law to legalize marijuana
- Just because marijuana is legal does not mean you should use it
- Perception of marijuana's harmful risks declines due to legalization
- More clarity and accountability needed on the legalization

- Legalization portrays a negative picture of Colorado

Coalitions use survey results to evaluate and monitor adolescents.

- We review the Healthy Kids Survey every 2 years to monitor adolescents' perception
- We are seeing slight changes to adolescent marijuana usage
- There has been a decline in substance abuse among high school students
- The stigma attached to the use of marijuana has declined.
-

The new social norm represents marijuana as being harmless.

- New norm is frightening
- An attitude shift in social norms surrounding substance abuse is needed
- Challenges with parents' setting positive examples
- Perceptions have grown that marijuana is harmless and readily available

Coalitions' prevention activities are in schools and the community.

- Our goal is to promote marijuana prevention
- We teach youth prevention education in the schools
- School curricula should include marijuana prevention
- We need to keep marijuana out of the young people's hands
- Engaging youth through multiple tactics requires enough resources
- Education to prevent adolescent marijuana use will be continued
- Prevention studies in pursuit of universal strategies are needed

- Use language the kids are using to be successful in prevention
- We should reward kids who do not use drugs

Partnerships are essential to the success of the coalition.

- Law enforcement training is needed for drug-impaired driving
- We should partner with marijuana retail stores to ensure proper ID check
- Collaboration with marijuana retail shops in the prevention of adolescent marijuana use
- We should use existing partnerships to begin conversation with youth at an early age
- Partnerships are needed with people distributing marijuana to aid prevention
- A diverse group of people is needed to help reduce adolescent marijuana usage (discrepant case)
- We receive a lot of support from the community
- Most community members believe marijuana is harmful

Coalition messages about marijuana are engaging, truthful and accurate.

- Legalization reinforces the need to tell students the truth.
- Some kids understand the message of the coalition that marijuana is harmful.
- Kids need to be told the truth about cannabis.
- We should gain trust by providing accurate information.

- Developing relationships with kids can make them more receptive to the message.
- Reaching the right audience is essential.
- We need to engage youth in conversations about marijuana prevention.
- We should engage youth through teen councils to keep them busy.

Major coalition challenges include funding and limited resources.

- Coalitions struggle with acquiring funding.
- We must battle negative community norms with limited resources.
- Influence funders to provide money to the coalition.

Parental influences can be a determinant in adolescent using marijuana.

- Kids are using marijuana because of their parents.
- More parents need to talk to their kids about drug use.
- Educating Parents can lead to more education to the youth.

Future efforts of the coalition include more political involvement.

- Additional efforts to prevent adolescent marijuana use in the community are needed.
- Coalition should continue to do policy work.
- Other drugs will be more of a concern in the future. We should encourage coalitions to become more politically involved.

Interpretation of the Findings

In this study, various ways coalitions can be successful in their efforts was found. The coalition members described current and potential programs that can aid in reducing adolescent marijuana usage in the community. Various themes were found from the responses related to personal and professional attitudes towards legalization, goals of the coalitions, coalition strategies, coalition messages, processes of coalition evaluations, content of coalition evaluations, perceptions of behavioral change resulting from coalition activities, effectiveness due to collaboration, participant's feeling on a solution how to deal with the challenges, engaging through conversation, challenges with acquiring funding, support to reduce adolescent marijuana usage emerged, successful efforts in adolescent prevention, collaboration and communication, and avoiding legalization through political Involvement.

Legalization of marijuana for recreational purposes in Colorado seems to be unclear to most of the participants. Participants felt that the law was not clear when it comes to using marijuana and driving. In Chapter 2, it was mentioned per Diller (2013) that young people who smoke marijuana within three hours of driving are at twice the risk of a car accident than those who are not high. More clarity is needed on the laws of driving and using marijuana. Harmful effects of using marijuana include negative physical and mental health long term effects for adolescents. Most of the participants felt that marijuana is harmful for the youth but did not specify what "harmful effects" entailed.

The marijuana gateway theory or some reference to marijuana leading to harder drugs was not mentioned as a concern among the participants. The participants felt that the accessibility to the marijuana and “edibles” marijuana that look like candy were more of a concern.

As previously mentioned in Chapter 2, Khatapoush and Hallfors (2004) warned that the legalization of marijuana may lead to increased access and availability, therefore, a potential increase in use. Most participants from this study felt that the legalization of marijuana for recreational purposes will make their efforts difficult because the perception of the harmful risks from using marijuana has decreased among adolescents. Some participants felt that there will be an increase in usage because more adolescents perceive marijuana as harmless. However, most of the participants felt that their efforts to reduce adolescent marijuana usage will be successful enough to show a decrease despite the legalization of marijuana for recreational purposes.

Most of the participants discussed an in-school prevention program that has been successful. According to Tebes (2007) and Swan et al. (2008), in-school prevention programs are successful prevention programs in reducing adolescent marijuana usage. Only a few participants mentioned using antidrug campaigns. Although previous research have shown that these can be successful, some research has had difficulties in showing a correlation between reduced marijuana usage and the campaigns.

Robles-Schrader et al. (2012) implied from their study that feedback from neighborhood partnerships is needed in the strategic planning efforts from a community

coalition. Participants discussed the need to collaborate and partner with marijuana retail shops in their efforts to reduce adolescent marijuana usage. This confirms what Kegler et al. (2005) found that an increased resource sharing among community agencies and organizations strengthens the coalitions' efforts in the community.

In Chapter 2, a coalition's success depends on a number of factors detailed by Mayer et al. (1998) such as attracting the community to the health programs by employing active outreach approaches, including health objectives geared to the community and not on an individual level, and seeking a broad continuation of funding sources. Most participants discussed acquiring funding and limited resources as a challenge.

Participants felt that their coalition has been and will continue to be successful despite the legalization of marijuana for recreational purposes. If true, this will be another example of coalitions' effectiveness on reducing unhealthy behaviors in the community.

The conceptual framework for this study was the TPB. The intent is determined by attitude, perceived norm and perceived control of their behavior based on a person's beliefs. As discussed in Chapter 2, TPB can be useful in designing specific health messages (Kam et al., 2009). In this study, TPB was used as a guide to determine effective methods and messaging. Adolescents' attitude towards marijuana is reflected in the Healthy Kids Survey, which was used by most of the participants. The behavior of the adolescents, according to the survey, reflects that the perception of marijuana being harmful has decreased. Therefore, the usage among adolescent marijuana users has not

dropped significantly. Participants expressed that the best way to engage the youth was by being truthful and providing accurate information. Participants felt that more education needs to be done with parents. Parents, who use marijuana, need to change their attitude and perception of the use in order to educate the adolescents that marijuana has harmful effects. Participants felt that the parents are not spending enough time sharing this information with their kids partly due of the lack of knowledge by the participants. A few participants discussed some current education programs for parents and stressed the importance parents' influence has on their kids. Some participants did not mention any programs for parents. Moving forward, it will be important for coalitions to incorporate educational programs for parents to help in changing the perception of adolescents who feel marijuana is harmless therefore reducing adolescent marijuana usage in the communities.

This qualitative research contributes to the area of community coalition effectiveness by highlighting new strategies and methods to reduce adolescent marijuana usage in the wake of legalization. The perspective from the participants starts a conversation among other coalitions on the effectiveness of their current methods and strategies. According to coalition members, truth and honesty about the harmful effects of marijuana are needed to engage adolescents. Additionally, this research recognizes the need for coalitions to partner with other organizations and parents in reducing adolescent marijuana usage in the community in light of legalization.

This study is among many studies that will be conducted to explore the risks, attitudes, behaviors, crime, etc. since the legalization of marijuana for recreational purposes in a U.S. state. The participants in this study felt that it was too soon to talk about the effects their prevention programs have on reducing adolescent marijuana since the legalization of marijuana for recreational purposes. However, participants discussed their strategies and methods, which are lessons learned for other coalitions who have not implemented the same or similar programs. Also, participants gave suggestions and recommendations to coalitions in other parts of Colorado and for coalitions in a state that will or might legalize marijuana for recreational purposes.

Limitations of the Study

Due to the participant size, the findings from this study cannot be generalized. Communicating with three coalitions to collect 12 to 15 interviews proved to be difficult as not many people were willing to discuss their efforts or lack thereof to reduce adolescent marijuana usage in their community. It was necessary to seek a fourth coalition in order to recruit the minimum of 12 participants for this study. A couple of issues prevented coalition participation in the study: First a few of the coalitions did not respond to my request via e-mail and phone. Second, some coalitions agreed to be part of the study but never returned the letter of cooperation. A follow-up was made, but the coalitions never returned a phone call or e-mail.

Another limitation is that according to a few participants, not enough time has passed since legalization for them to determine the extent of the effect among adolescents

using marijuana. Additionally, many participants discussed parent involvement and education to the parents, but there were no mention of the type of education and promotion needed for the parents.

Recommendations

On November 4, 2014, two more states (Alaska and Oregon) joined Colorado and Washington State in legalizing marijuana for recreational purposes. Also, D.C. legalized persons over the age of 21 possession of up to two ounces of marijuana for personal use, the ability to grow up to six cannabis plants in their home, and transfer (not sale) up to ounce of marijuana to another person. Legalization of marijuana has become a nationwide effort since Colorado and Washington state legalized marijuana for recreational purposes (Merica, 2014). Legalization of marijuana for recreational and medicinal purposes is being discussed and could potentially pass the vote in more states in the future. However, some states are determined to keep marijuana from being legal. Florida residents decided in the recent election not to legalize marijuana for medicinal purposes.

Further research is needed to determine the effectiveness of the coalitions in reducing adolescent marijuana usage in the community. A quantitative research should be conducted to outline the prevention programs compared to the results of the Healthy Kids' Survey in Colorado and the other states that have legalized marijuana. Some variables to measure could be age of use, race, and gender. As mentioned previously, one participant discussed reaching out more to the Hispanic community. Future prevention

programs may need to be more directed to the specific population that has a high rate of usage. However, not enough time has passed to determine the effect legalization has on adolescents so a follow-up to this study is suggested in about five years in addition to including the states that have recently legalized marijuana for recreational purposes. Additional research pertaining to the perception of parents and their influence on their kids in the wake of the legalization of marijuana for recreational purposes should be explored. This was an issue of concern by most of the coalition members.

Implications

The implications from this study suggest that coalitions can have a positive change in the community with effective methods and messages despite the legalization of marijuana for recreational purposes. Current methods and messaging are successful but additional efforts should be adopted to engage the youth truthfully and accurately. Despite the legalization of marijuana for recreational purposes, coalitions should continue to educate youth on the harmful effects although the law needs clarity. This is an opportunity for coalitions to be involved politically in influencing the law of their communities. Additionally, these findings reiterate the importance of collaborative partnerships within the community. The participants in this study expressed the importance of coalitions partnering with marijuana retail stores and parents to help in reducing adolescent marijuana usage in the community. Finally, challenges with funding and limited resources align with previous studies. Coalitions should think creatively in developing programs with minimum resources or as mentioned above collaborate with

other partnerships to reduce costs. This will extend the longevity of the coalition in order for them to continue moving towards positive social change.

Conclusions

Legalization of marijuana for recreational and medicinal purposes is likely to be voted on, and approved, in more states in the coming years. Unfortunately, this can be confusing to adolescents who already have a low perception of the risks of marijuana. Education seems to be successful in reducing adolescent marijuana use, but the methods used to deliver the message need more research. Participants in this study felt that their efforts are successful, but had conflicting views on what methods work best. Most participants agreed that parents will need to be open to being educated by coalitions to show a decrease in adolescent marijuana usage, instead of an increase. If coalitions fail to create more effective methods or collaborate with community partners, it is possible that marijuana use could increase in adolescents.

The community's involvement in educating adolescents on the harmful effects of marijuana to the mind and body is essential, according to some of the participants. Additionally, more education is needed on the difference between medicinal and recreational use of marijuana and conveyed to adolescents. Finally, parents should become positive influences in their children's lives by not using marijuana for recreational purposes in their presence. The decision to use marijuana is ultimately the child's and should be done without the influence from seeing their parents use it. This

will allow children to make better choices and decision-making, which could ultimately lead to positive social change.

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Appendix A: Interview Guide

1. What are your feelings about the legalization of marijuana for recreational and medicinal purposes?
2. Tell me the goals of the coalition in preventing adolescent marijuana usage prior to the legalization of marijuana for recreational purposes.
3. Please describe the current strategies and methods your coalition uses to prevent adolescent marijuana use, including any specific behaviors or tactics
4. Describe the process to evaluate the success of the methods and messaging to reduce adolescent marijuana usage.
5. Describe any behavioral or attitude changes from adolescents due to the methods and strategies used to reduce marijuana usage.
6. Explain how the current methods and strategies may or may not be effective in preventing usage by adolescents who consider marijuana harmless.
7. As a coalition member, what are your thoughts on how you can engage the youth and influence their perceptions that smoking marijuana still has harmful effects despite the legalization?
8. Tell me some challenges that you encounter in reducing adolescent marijuana usage due to legalization of recreational marijuana usage.

9. Because residents of this state voted to legalize recreational marijuana, how much support do you think you will receive from the community in your efforts to prevent adolescent marijuana usage?
10. Coalitions over the years have been essential and progressive in reducing unhealthy behaviors and policy changes; how well do you think your coalition has done thus far in your efforts to prevent adolescent marijuana use?
11. What do you think your efforts to prevent adolescent marijuana usage as a coalition might look like in 5 years?
12. Tell me some suggestions that you may have for other coalitions in their efforts to prevent adolescent marijuana usage.

Appendix B: Confidentiality Agreement (Transcriptionist)

Name of Signer:

During the course of my activity in collecting data for this research: Perceptions of Coalition Members' Methods to Prevent Adolescent Marijuana Usage after Legalization" I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature:**Date:**

Appendix C: Request Permission E-mail to Coalitions

Hi

I am a Walden University student pursuing a PhD in Public Health with a concentration in Community Health Promotion and Education. I am in the dissertation process and getting ready to conduct my study. I'm preparing to conduct phone interviews in getting the perspectives on the methods and messaging of the programs to prevent adolescent marijuana usage by your coalition in the wake of the legalization of marijuana for recreational purposes.

I looked through your website and the great things you are doing for the youth and I would like to include members of your coalition for my study. Your participation and identities will remain anonymous. If you can give me some days and times when you are available, I can discuss this a little further with you by phone.

Also, for the study I want to include active members of the coalition over the age of 18 years of age. Do you have anyone in your coalition under the age of 18 years?

I look forward to hearing from you.

Best of health,

Lanise A. Hutchins, M.S.

Graduate Student, Public Health

Walden University

Appendix D: Letter of Cooperation

Name of the Coalition
Name of Executive Director/Manager
XX XX, 2014

Dear Lanise A. Hutchins,

Based on my review of your research, I give permission for you to conduct the study entitled Perceptions of Coalition Members' Methods to Prevent Adolescent Marijuana Usage after Legalization within the **Name of Coalition**. As part of this study, I authorize you to solicit participation from within the coalition, conduct phone interviews from selected participants, follow-up as necessary and disseminate results of the study via e-mail. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: providing a list of coalition members for participant selection. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,
Authorization Official
Contact Information

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the e-mail, or (b) copied on the e-mail containing the signed document. Legally an "electronic signature" can be the person's typed name, their e-mail address, or any other identifying marker. Walden University staff verifies any electronic signatures that do not originate from a password-protected source (i.e., an e-mail address officially on file with Walden).

Appendix E: Participant Consent Form

You are invited to take part in a research study of perceptions of coalition members' methods to prevent adolescent marijuana usage after legalization. The researcher is inviting adult members of a coalition who are actively involved in programs that include prevention of adolescent marijuana usage in the community to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Lanise A. Hutchins, who is a doctoral student at Walden University. This study includes an audio recorded interview by phone at a day and time agreed upon between you and the researcher.

Background Information:

The purpose of this study is to explore the perceptions of coalition members as it relates to the potential impact of their methods and messages due to the legalization of marijuana for recreational purposes.

Procedures:

If you agree to be in this study, you will be asked to:

Be available for a phone interview lasting up to 45 minutes

Be available for one follow-up phone interview as needed

Be available to review a copy of the audio recorded transcription of your phone interview for accuracy

Here are some sample questions:

Describe the current methods and strategies in preventing adolescent marijuana usage.

Describe in detail any specific behavior and attitude tactics included in your methods and strategies in preventing adolescent marijuana usage.

Describe the process to evaluate the success of the methods and messaging to reduce adolescent marijuana usage.

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue or becoming upset. Being in this study would

not pose risk to your safety or wellbeing. A potential benefit could be the discovery of better methods and messaging for prevention of adolescent marijuana usage.

Payment:

There will be no payment to be a participant in this study

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by password protected electronic files. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at lanise.hutchins@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210 Walden University's approval number for this study is **07-23-14-0128721** and it expires on **July 22, 2015**.

Please print or save this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By replying to this e-mail with the words, "I consent", I understand that I am agreeing to the terms described above.

Appendix F: Themes by Context

Adolescent's access to marijuana is easier since legalization

Theme 1.2 Marijuana usage is dangerous

Theme 8.3 We see kids with problems that could force them into using marijuana

Theme 10.2 Young people see so many people around them using marijuana.

Theme 5.3 There is concern that legalization encourages the perception that marijuana is safe for kids

Legalization of marijuana is complex and has potential challenges

Theme 1.4 Legalization has not impacted my personal life (discrepant case)

Theme 1.5 There may be advantages to legalization (discrepant case)

Theme 2.1 Legalization makes it harder to persuade students

Theme 2.2 Legalization creates other new challenges

Theme 2.3 Majority of the voters enacted the law to legalize marijuana

Theme 8.1 Just because marijuana is legal does not mean you should use it

Theme 12.3 Perception of marijuana's harmful risks declines due to legalization

Theme 15.4 More clarity and accountability needed on the legalization

Theme 15.8 Legalization portrays a negative picture of Colorado

Coalitions use survey results to evaluate and monitor adolescents

Theme 6.1 We review the Healthy Kids Survey every two years to monitor adolescents' perception.

Theme 7.1 We are seeing slight changes to adolescent marijuana usage

Theme 7.2 There has been a decline in substance abuse among high school students

Theme 8.5 The stigma attached to the use of marijuana has declined

The new social norm represents marijuana as being harmless

Theme 2.5 New norm is frightening

Theme 5.1 An attitude shift in social norms surrounding substance abuse is needed

Theme 12.5 Challenges with parents' setting positive examples

Theme 17.1 Perceptions have grown that marijuana is harmless and readily available

Coalitions' prevention activities are in schools and the community

Theme 3.1 Our goal is to promote marijuana prevention

Theme 4.1 We Teach Youth Prevention Education in the Schools

Theme 4.3 School Curricula should include marijuana prevention

Theme 5.2 We need to keep marijuana out of the young people's hands

Theme 11.3 Engaging youth through multiple tactics requires enough resources

Theme 15.3 Education to prevent adolescent marijuana use will be continued

Theme 15.5 Prevention studies in pursuit of universal strategies are needed

Theme 16.2 Use language the kids are using to be successful in prevention

Theme 16.5 We should reward kids who do not use drugs

Partnerships are essential to the success of the coalition

Theme 4.4 Law enforcement training is needed for drug-impaired driving (discrepant case)

Theme 4.5 We should partner with marijuana retail stores to ensure proper ID check

Theme 9.1 Collaboration with marijuana retail shops in the prevention of adolescent marijuana use

Theme 11.7 We should use existing partnerships to begin conversation with youth at an early age

Theme 16.1 Partnerships are needed with people distributing marijuana to aid prevention

Theme 16.4 A diverse group of people is needed to help reduce adolescent marijuana usage (discrepant case)

Theme 13.1 We receive a lot of support from the community

Theme 13.3 Most community members believe marijuana is harmful

Coalition messages about marijuana are engaging, truthful and accurate

Theme 2.4 Legalization reinforces the need to tell students the truth

Theme 8.2 Some kids understand the message of the coalition that marijuana is harmful

Theme 10.6 Kids need to be told the truth about cannabis

Theme 11.6 We should gain trust by providing accurate information

Theme 11.5 Developing relationships with kids can make them more receptive to the message

Theme 10.5 Reaching the right audience is essential

Theme 11.1 We need to engage youth in conversations about marijuana prevention

Theme 11.2 We should engage youth through teen councils to keep them busy

Major coalition challenges include funding and limited resources

Theme 12.1 Coalitions struggle with acquiring funding

Theme 12.2 We must battle negative community norms with limited resources

Theme 16.3 Coalitions should influence funders to provide money to the coalition

Parental influences can be a determinant in adolescent using marijuana

Theme 14.4 Kids are using marijuana because of their parents

Theme 15.7 More parents need to talk to their kids about drug use

Theme 16.6 Educating Parents can lead to more education to the youth

Future efforts of the coalition includes more political involvement

Theme 14.2 Additional efforts to prevent adolescent marijuana use in the community are needed

Theme 15.2 Coalition should continue to do policy work

Theme 15.6 Other drugs will be more of a concern in the future

Theme 17.2 We should encourage coalitions to become more politically involved