

**REPORT OF THE VIRGINIA  
DEPARTMENT OF EDUCATION**

**Comprehensive Plan for Virginia's  
Youth: Universal Cannabis and Other  
Substance Use Education, Prevention,  
and Professional Development  
(Chapter 552, 2021 SSI)**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 5**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2022**





**VIRGINIA  
IS FOR  
LEARNERS**

January 14, 2022

Members of the General Assembly of Virginia  
General Assembly Building  
Richmond, Virginia 23219

**Dear Members of the General Assembly:**

I am pleased to submit the report on *Comprehensive Plan for Virginia's Youth: Universal Cannabis and Other Substance Use Education, Prevention, and Professional Development* pursuant to [HB2312](#) (Herring) and [SB1406](#) (Ebbin; Lucas) passed by the 2021 General Assembly of Virginia and signed into law. These bills ended the prohibition of simple possession of cannabis for adults 21 years and older.

If you have questions or require additional information relative to this transmittal, please do not hesitate to contact Michael F. Bolling, Assistant Superintendent for Learning and Innovation, at [Michael.Bolling@doe.virginia.gov](mailto:Michael.Bolling@doe.virginia.gov) or (804) 225-2034.

Sincerely,

Rosa S. Atkins, Ed.D.

Acting Superintendent of Public Instruction

RSA/MFB/oml

Enclosure





Virginia General Assembly

**Comprehensive Plan for Virginia's Youth:  
Universal Cannabis and Other Substance Use Education, Prevention, and  
Professional Development**

**November 1, 2021**

Developed Pursuant to House Bill 2312 and Senate Bill 1406  
from the 2021 General Assembly  
Code of Virginia § 22.1-206

VIRGINIA DEPARTMENT OF EDUCATION



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# Comprehensive Plan for Virginia’s Youth: Universal Cannabis and Other Substance Use Education, Prevention, and Professional Development

## I. INTRODUCTION

During the 2021 legislative session, [HB2312](#) (Herring) and [SB1406](#) (Ebbin; Lucas) were passed by the General Assembly, and signed into law. These bills ended the prohibition of simple possession of cannabis for adults 21 years and older.

[HB2312](#) and [SB1406](#) are informed by public health expertise, include prevention and education measures, and commit resources to needed health and education services. The bills include best practices to prevent youth access, including banning advertising that is attractive to youth, prohibiting stores near schools, mandating warning labels and child-prevention locks, and requiring robust public health education curriculum for all students in the Commonwealth and corresponding professional development for teachers. By implementing a comprehensive evidence-based cannabis education curriculum in public schools using a health and wellness approach, Virginia will proactively support healthy lifestyles for youth, emotional health and wellbeing and social skills integrated with a wide range of risk and protective factors. Cannabis prevention curriculum will also not only reduce the onset and regular use of drugs among youth, it will elevate student voice and agency. Students will learn about the science behind healthy choices and benefits on overall growth and development. Generations of students in Virginia will benefit from an effective, frequent, consistent, comprehensive high-quality, evidence-based cannabis substance use prevention education program.

Virginia public schools have experience with providing quality substance abuse instruction to students on a variety of topics. Section [22.1-206](#) of the *Code of Virginia* requires instruction concerning drugs, alcohol, substance abuse, and tobacco and nicotine products in public schools. It states:

- A.** Instruction concerning drugs and drug abuse shall be provided by the public schools as prescribed by the Board of Education.
- B.** Instruction concerning the public safety hazards and dangers of alcohol abuse, underage drinking, underage marijuana use, and drunk driving shall be provided in the public schools. The Virginia Alcoholic Beverage Control Authority and the Virginia Cannabis Control Authority shall provide educational materials to the Department of Education.

The Department of Education shall review and shall distribute such materials as are approved to the public schools.

- C. The Virginia Foundation for Healthy Youth shall develop and the Department of Education shall distribute to each local school division [educational materials](#) concerning the health and safety risks of using tobacco products, nicotine vapor products, and alternative nicotine products, as such terms are defined in § 18.2-371.2. Instruction concerning the health and safety risks of using tobacco products, nicotine vapor products, and alternative nicotine products, as such terms are defined in § 18.2-371.2, shall be provided in each public elementary and secondary school in the Commonwealth, consistent with such educational materials.

In addition, [HB2312](#) and [SB1406](#) (2021) included enactment clauses 18 and 19 to provide for additional instruction for students specifically related to marijuana use. They read:

- 18. That the Virginia Department of Education (the Department), with assistance from appropriate agencies, local school divisions, and appropriate experts, shall implement a plan to ensure that teachers have access to sufficient information, resources, and lesson ideas to assist them in teaching about the harms of marijuana use among the youth and about substance abuse, as provided in the 2020 Health Standards of Learning. The Department shall (i) review resources currently provided to teachers to determine if additional or updated material or lesson ideas are needed and (ii) provide or develop any additional materials and resources deemed necessary and make the same available to teachers by January 1, 2024. The provisions of this enactment shall become effective in due course.
- 19. That the Secretary of Education, in conjunction with the Virginia Department of Education, shall develop a plan for introducing teachers, particularly those teaching health, to the information and resources available to them to assist them in teaching the 2020 Health Standards of Learning as it relates to marijuana use. Such plan shall include providing professional development webinars as soon as practicable, as well as ongoing periodic professional development relating to marijuana, as well as alcohol, tobacco, and other drugs as appropriate. The plan shall include the estimated cost of implementation and any potential source of funds to cover such cost and shall be submitted to the Governor and General Assembly by November 1, 2021. The provisions of this enactment shall become effective in due course.

This report fulfills the requirement of enactment clause 19 and includes recommendations for a statewide plan to inform state level policy and budget decisions, and support school divisions' efforts to providing proactive, collaborative supports and resources so that all students acquire healthy, informed decision-making skills when it comes to cannabis and other drugs. This plan builds upon, supports, and informs school division implementation of an evidence-based curriculum aligned with the *2020 Health Education Standards of Learning* (SOL).

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## II. VIRGINIA’S HEALTH EDUCATION STANDARDS OF LEARNING (SOL)

The academic success of students is strongly linked to their health. Health contributes to the ability to learn and focus, and health skills empower students to achieve health and wellness throughout their lives. The *Health Education SOL* establish, promote, and support health-enhancing behaviors, and define the skills, knowledge and expectations for what students should know and be able to do to be prepared for and live a healthy life. Virginia’s [\*Health Education Standards of Learning\*](#) assure core competencies for overall health including physical, mental, emotional, and social health and are organized around the following three essential strands:

- 1. Demonstrate the knowledge and skills to make healthy decisions that reduce health risks and enhance the health of oneself and others.**
- 2. Demonstrate the ability to access, evaluate, and use health information, products, and services that influence health and wellness in a positive manner.**
- 3. Demonstrate the use of appropriate health practices and behaviors to promote a safe and healthy community when alone, with family, at school, and in other group**

The *Health Education Standards of Learning* identify the concepts, processes, and academic, social and emotional skills for a continuum of learning experiences for students from kindergarten to grade ten. The standards provide school divisions and teachers with a guide for creating aligned curricula and structured learning experiences that will provide students with the necessary knowledge, processes, and skills to make healthy choices (goal setting and planning skills, responsible decision-making, communication and assertive skills), prevent some chronic disease, and avoid health-risk behaviors. The standards also reflect age-appropriate knowledge and abilities, increasing in depth and complexity as students mature and are designed to provide a core body of knowledge (i.e., Body Systems, Nutrition, Physical Health, Disease Prevention/Health Promotion, Substance Abuse Prevention, Safety/Injury Prevention, Mental Wellness/Social and Emotional Competence, Violence Prevention, Community/Environmental Health), while also allowing flexibility for students to develop personal values and beliefs and shared positive group norms, and for individual school communities to address local health issues and emerging health concerns.

Included in Health Education is the science of addiction and how one should intervene when faced with a situation involving cannabis or other drug misuse or abuse. This Comprehensive Cannabis Education Plan establishes the need for preventative education, highlights statistics on student use of cannabis and other drugs, and provides a roadmap for effective cannabis education.

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### III. THE NEED FOR PREVENTION EDUCATION

Schools can be instrumental in the public health approach needed to address misuse of cannabis by educating students of all ages about the safe use and risks of all forms of cannabis. The key to preventative education is building an understanding of the risk factors of drug abuse at all ages of human growth and development.

#### *Risk Factors*

According to the National Institutes of Health’s National Institute on Drug Abuse (Preventing Drug Use among Children and Adolescents: A Research-based Guide for Parents, Educators, and Community Leaders, 2011), research over the past two decades has tried to determine how drug abuse begins, how it progresses, and how other factors can add to a person’s risk for drug abuse.

- Risk factors such as early aggressive behavior, lack of parental supervision, mental health illness and challenges, abuse, trauma, substance abuse, drug availability, and poverty can increase a person’s chances for drug abuse
- Protective factors such as self-control, parental monitoring, academic competence, anti-drug use policies, school engagement, family support, strong neighborhood attachment, and sense of purpose can reduce the risk.

Research has shown that the key risk periods for drug abuse are during major transitions in children’s lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage—early adolescence—that children are likely to encounter drugs for the first time. When students enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse cannabis, prescription drugs, alcohol, tobacco, and other substances.

When young adults leave home for college or work and are on their own for the first time, their risk for drug and alcohol abuse is very high. Consequently, young adult interventions are needed as well. Because risks appear at every life transition, prevention planners need to choose programs that strengthen protective factors at each stage of development.

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Scientists have proposed various explanations of why some individuals become involved with drugs and then escalate to abuse. One explanation points to a biological cause, such as having a family history of drug or alcohol abuse. Another explanation is that abusing drugs can lead to affiliation with drug-abusing peers, which, in turn, exposes the individual to other drugs.

### *Cannabis Usage among Adolescents*

According to the Centers for Disease Control and Prevention (Marijuana and Public Health: Data and Statistics, 2021), in 2019 about 48.2 million people, or 18 percent of Americans, have used cannabis. Approximately three out of every ten cannabis users develop a disorder, the risk for which increases if they began using cannabis before age 18. Additionally, the National Institute on Drug Abuse (2021) recently found a significant increase in adolescent use of cannabis, with 11.8 percent of eighth-graders and 35.7 percent of twelfth-graders reporting that they used cannabis within the past year.

There are indications that frequent cannabis use may be particularly harmful to the adolescent brain (Morkrysz, Freeman, Korkki, Griffiths, & Curran, 2016). It is plausible that those who begin cannabis use early in adolescence would be more likely to become heavily dependent. Early, heavy use may then interfere with academic achievement, leading to long-term consequences in adulthood. In addition, from a more biological perspective, use of cannabis during critical developmental periods may cause persistent, long-term alterations in brain structure and brain function. Some studies suggest that the effects of cannabis use during adolescence could be more serious than during adulthood (Jager & Ramsey, 2008) because it may alter the trajectory of brain development (Crews, He, & Hodge, 2007).

The [Virginia Youth Survey](#) (VYS) biannually gathers information about the health risk behaviors of middle and high school students. The survey is implemented by Virginia Department of Health (VDH) and the Virginia Foundation for Healthy Youth (VFHY) with the Virginia Department of Education (VDOE)'s support for dissemination of the questionnaire within schools. Information collected through the VYS is submitted for the Youth Risk Behavior Survey (YRBS) and is comparable with other states. Middle school students are asked about 60 questions, while high school students are asked about 90 questions and are asked to respond to additional questions related to VFHY's peer crowd research.

**Figure 1.** Year-to-year comparison of reported current use and behaviors of drugs among middle school students.

### Middle School Use and Behaviors

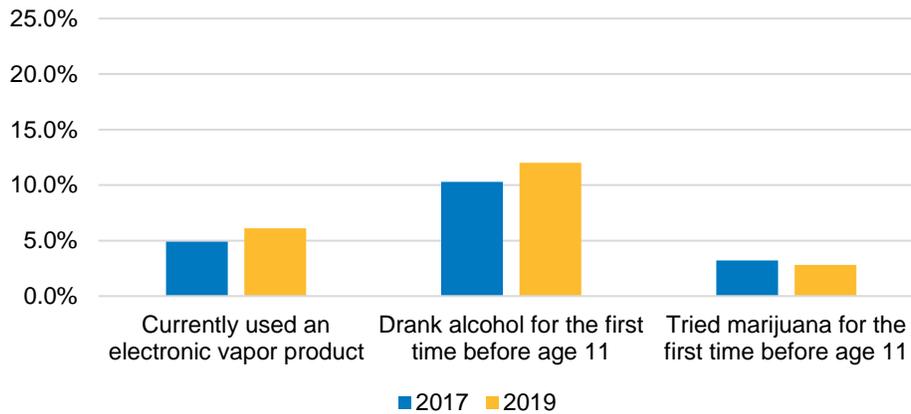
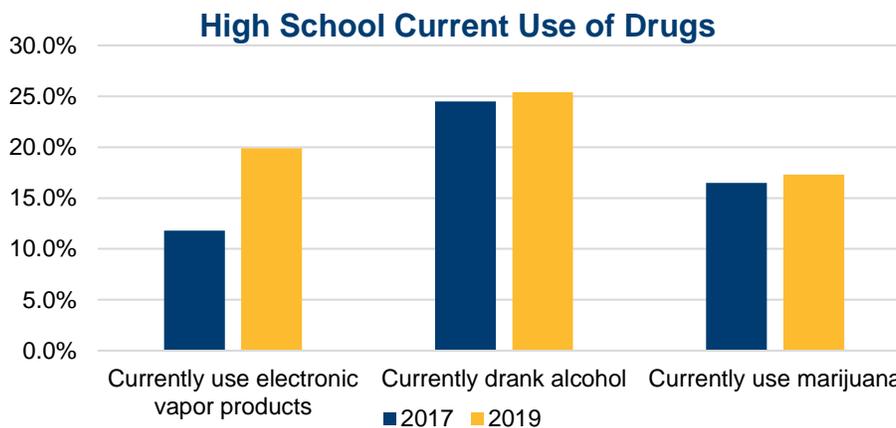


Figure 1 is a year-to-year comparison of 2017 and 2019 middle school drug use and behaviors related to alcohol, electronic vaping products and marijuana. Current electronic vapor use (“vaping”) and reports of drinking alcohol for the first time before age 11 continue to rise among middle school students. Straying from this upward use trend, however, there is a slight decrease in the number of middle school students who reported trying marijuana for the first time before age 11.

**Figure 2.** Year-to-year comparison of reported use of drugs among high school students



Similar to middle school, Figure 2 reveals an upward trend of current electronic vapor product use among high school students. Additionally, the number of high school students currently drinking alcohol and using marijuana also increase from 2017 to 2019.

Most of the evidence the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019) has on effective programs and practices comes from evaluations of programs implemented during childhood and adolescence. Many of these programs have lasting effects as

their participants continue to show delayed or reduced substance misuse well into young adulthood when compared with nonparticipants. Programs implemented in childhood and adolescence with protective effects lasting into young adulthood typically have employed behavior modification and behavior management, classroom management, and social and emotional skills education.

According to SAMHSA, two crosscutting principles should be integrated when planning and implementing substance use prevention education: cultural competence (culturally responsive program selection and implementation) and sustainability. Evidence-based interventions to prevent substance use, misuse, and addiction should also target risk factors and enhance protective factors (Adams, 2021). Effective school-based strategies that combine substance use prevention and health education curricula, link students to youth-friendly mental and behavioral health providers in the community, and increase protective factors such as parent engagement and school connectedness, can prevent the initiation of drug use. Such interventions need to begin early in life to delay or prevent initiation of substance use and continue throughout the lifespan. Although there are exceptions, most risk and protective factors associated with substance use also predict other problems affecting youth, including delinquency, psychiatric conditions, violence, and school dropout. Therefore, programs and policies addressing those common or overlapping predictors of problems have the potential to simultaneously prevent substance misuse as well as other undesired outcomes (Preventing Drug Use among Children and Adolescents: A Research-based Guide for Parents, Educators, and Community Leaders, 2011).

#### **IV. VIRGINIA CANNABIS EDUCATION PLAN AND PROPOSED BUDGET**

The Virginia Department of Education 2022-2024 *Comprehensive Plan for Virginia's Youth: Universal Cannabis and Other Substance Use Education, Prevention, and Professional Development* provides the framework to address student use of cannabis by educating students of all ages about the risks of all forms of cannabis. The plan reflects the latest science around risk factors, substance abuse, and protective factors. Using an equity-based approach, the priorities and goals of the plan will address the increasingly diverse needs of students, provide educator supports and professional learning opportunities, give students voice and choice, empower teachers, build meaningful partnerships with parents, and identify or create highly effective evidence based youth prevention materials aligned with health education standards implemented with fidelity. The plan will be continuously revisited and adjusted to reflect changing trends in student usage and attitudes.

Through *Virginia’s Comprehensive Plan for Virginia’s Youth: Universal Cannabis and Other Substance Use Education, Prevention, and Professional Development*, the VDOE will support seven important components of health and cannabis education:

1. clear communications;
2. educator supports and professional learning opportunities;
3. well-informed stakeholders;
4. an equity-based approach;
5. use of evidenced-based youth prevention materials;
6. embedding support within instruction (not an add-on); and
7. implementation with fidelity.

Within the constraints of current resources and infrastructure, VDOE staff will be initiating proactive efforts to identify relevant standards, existing evidenced-based instructional resources and provide professional learning opportunities to division leaders and teaching staff to lead and support cannabis education for all Virginia students. This will be done by providing webinars to relevant staff in divisions and providing curricular resources on the VDOE website. VDOE will collaborate with Virginia partners like the Virginia Foundation for Healthy Youth (VFHY) and the Virginia Alcohol Beverage Control Authority to support cannabis education efforts.

With the addition of sustained financial support in 2022-2024, the VDOE could also:

- dedicate staff to coordinate cannabis education efforts;
- collaborate with stakeholders, professional organizations, agencies and subject matter experts to provide instructional resources and professional learning opportunities;
- develop additional instructional resources for teachers;
- coordinate social media campaigns among students and parents;
- develop a student and educator ambassador program; and
- coordinate and provide extensive professional development to teachers, school leaders, and other community members and stakeholders.

### *Comprehensive Plan Coordination and Collaboration*

VDOE will hire a Cannabis Education Plan Coordinator (CEPC) to coordinate the activities in the 2022-2024 comprehensive plan to ensure all teachers have access to sufficient information, resources, lesson ideas and professional learning to assist them in teaching about the harms of cannabis and other substance use among the youth, as provided in the 2020 *Health Education Standards of Learning*. In addition, the CEPC will coordinate stakeholder feedback, consult, hire behavioral health prevention specialists and other subject matter experts to provide professional development to appropriate audiences (health education teachers, school nurses, administrators,

parents, community groups, and others, as appropriate), and collaborate with other partners focused on substance abuse prevention.

### *Tools and Resources for Cannabis Education*

The CEPC will coordinate efforts to identify, develop, and promote effective prevention resources and tools, in conjunction with other agencies' substance use prevention resources. This may include such agencies as the Virginia Department of Health, the Virginia Department of Behavioral Health and Developmental Services, Virginia Alcohol Beverage Control Authority, and the Virginia Foundation for Healthy Youth. The CEPC will also review Health Smart Virginia curriculum and instructional resources currently provided to teachers that reinforce skills students need to avoid substance use. Requested funding in this area will include costs associated with the development of additional or updated tools and resources, including model lessons, instructional videos, and stipends for teachers to vet materials. All tools and resources will be made available to Virginia educators at no cost to support prevention education instruction by January 1, 2024.

### *Effective Communications*

The CPC will collaborate with Virginia partners like VFHY to coordinate and implement an effective communications plan that includes a student social media campaign, parent education campaign, and ambassador collaborative. Funding requests in this area will provide for costs associated with consulting fees and social media advertising.

It is imperative to engage with students through various social media platforms to increase peer-to-peer youth social norming of cannabis-free lifestyles and provide educational support for a social media presence. The youth social media campaign includes the social media accounts and messaging targeted at teens that

- emphasizes that 24/7 cannabis-free is the way to go;
- teaches resistance and refusal skills;
- supports non-cannabis use in social scenes; and
- presents alternative strategies for securing safe transportation - reminding teen drivers that any cannabis level is unacceptable while behind the wheel.

The social media campaign will recruit and encourage students to submit social media messaging. These students will help bring relevant content, references, and topics to the campaign messaging. Messages collected from student contributors will be reviewed by their teacher ambassadors, and submitted to the VDOE for approval before being published on any @VAcannabisfreeyouth accounts.

In addition, the CEPC will provide leadership for a parent education campaign to inform parents/guardians about the consequences of social hosting and enabling of underage cannabis use and impaired driving. The parent education campaign will utilize social media platforms and school websites to discourage parental social hosting of cannabis events, and parental enabling of underage cannabis use and impaired driving. The campaign will primarily focus on spring break, prom, graduation, and summer between high school and college. The concerted parent education initiative will enlist parent organizations, the Virginia High School League and other partner organizations statewide.

The CEPC will also facilitate the development of a robust Ambassador Collaborative comprised of student and educator ambassadors. Student ambassadors will be responsible for encouraging, leading, and reviewing student social media submissions and communications. Educator ambassadors will assist in identifying potential student ambassadors and providing guidance to student ambassadors reviewing student submissions. All members of the Ambassador Collaborative will provide feedback to the CEPC on effective practices and on ways to enhance student and parental engagement.

### *Professional Development*

Professional development in substance abuse prevention education is key to effective implementation. The CEPC will coordinate and provide extensive professional development to parents, teachers, school leaders, and other community members and stakeholders. Funding requests in this area may include but will not be limited to travel and expenses related to providing in-person training. Professional learning opportunities will be made available via webinar and/or in-person meetings that address:

- coordinating local efforts and reviewing, revising, and developing local substance abuse curriculum;
- best practices for classroom teachers;
- prevention education tools, resources, instructional strategies, and professional learning strategies; and
- effective communication with parents and community stakeholders.

### *Role of Virginia School Divisions*

Virginia school divisions have the primary responsibility in implementing successful substance abuse prevention education programs through local curriculum. Each school board must ensure that their school division provides an age-appropriate program of instruction on the risks of abuse of cannabis and other drugs using curriculum lessons and materials aligned with the *Health Education Standards of Learning*. Local curriculum should be focused on equipping

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students with information about cannabis and understanding of what drugs are—life skills that enable them to manage situations without turning to misuse and abuse of drugs and the ability to resist pressure to use drugs of any kind. This will include the need to provide local professional learning opportunities for educators as teachers orchestrate a critical pathway for enhancing the impact, sustainability, and fidelity of effective cannabis and other drug use prevention curriculum that includes social-emotional learning, social justice, and culturally responsive practices; interactive and engaging learning strategies; and resources and evaluation techniques appropriate to students’ needs. Successful implementation of local cannabis education programs requires additional support funding.

*Implementation Funding Needs*

An annual allocation of \$275,000 to VDOE is necessary to fully implement the Comprehensive Cannabis Education Plan for Virginia’s more than 1.25 million students.

**VDOE Comprehensive Cannabis Education Plan Proposed Budget**

Essential Components	2022	2023	2024
Cannabis Education Plan Coordinator (CEPC)	\$125,000	\$125,000	\$125,000
Educational Tools, Resources, and Professional Development	\$125,000	\$125,000	\$125,000
Effective Communications	\$25,000	\$25,000	\$25,000
Total Budget	\$275,000	\$275,000	\$275,000

In addition to the annual allocation to the VDOE, there is a need to support school divisions directly in successful implementation with students. Currently, there is no specific state funding allocated to Virginia public schools divisions to address cannabis and other substance abuse prevention education curriculum and staff development. As Virginia’s Comprehensive Cannabis Education Plan will reach more than 1.25 million students and thousands of teachers each year, an allocation of \$2 per student in direct aid will support sustained equitably accessible high-quality evidence and science-based curriculum and staff development in all school divisions.

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*As Virginia’s Cannabis Education Plan will reach more than 1.25 million students and thousands of teachers each year, an allocation of \$2 per student in direct aid will support sustained equitably accessible high-quality evidence and science-based curriculum and staff development in all school divisions.*

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**V. CONCLUSION**

The *Comprehensive Plan for Virginia’s Youth: Universal Cannabis and Other Substance Use Education, Prevention, and Professional Development*, pursuant to [HB2312](#) and [SB1406](#) (2021),

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fulfills the requirement of enactment clause 19 and includes recommendations for a statewide plan to complement support school divisions' efforts to providing proactive, collaborative supports and resources so that all students acquire healthy, informed decision-making skills when it comes to cannabis and other drugs. Supporting sustained evidence-based cannabis and other substance use prevention curricula is of paramount importance to promote healthy lifestyle choices for Virginia's students. The comprehensive Cannabis Education Plan will provide extensive professional development for teachers and other stakeholders as well as ensure that teachers have access to sufficient information, resources, and lesson ideas to assist them in teaching about the harms of marijuana use among the youth and about substance abuse, as provided in the 2020 *Health Education Standards of Learning*. The proactive support for parents, caregivers, and other stakeholders included in this plan will provide needed supports in rearing healthy children and adolescents. This Comprehensive Cannabis Education Plan builds upon, supports, and informs school division implementation of an evidence-based curriculum aligned with the 2020 *Health Education Standards of Learning*.

## VI. APPENDICES

### APPENDIX A - DEFINITIONS

**Addiction:** A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

<https://www.asam.org/Quality-Science/definition-of-addiction>

**Cannabis:** The dried flowers, leaves, stems, and seeds of the cannabis plant, which contains more than 100 compounds (or cannabinoids) including tetrahydrocannabinol (THC) and cannabidiol (CBD). <https://www.cdc.gov/marijuana/what-we-know.html>

**Drug misuse:** The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more frequently, or longer than prescribed or using someone else's prescription, (e.g., nonmedical use)...

<https://www.cdc.gov/drugoverdose/opioids/terms.html>

**Ingestible marijuana product:** A marijuana product intended to be consumed orally, including marijuana intended to be consumed orally or marijuana concentrate intended to be consumed orally.

**Education for drug abuse prevention in schools:** Programs, policies, procedures, and other educational experiences that contribute to the achievement of broader health goals or preventing drug use and abuse.

**Evidence-based interventions:** Refers to programs and policies that are supported by research and proven to be effective.

**"Marijuana":** Refers to any part of a plant of the genus Cannabis, whether growing or not, its seeds or resin; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, its resin, or any extract containing one or more cannabinoids. "Marijuana" does not include the mature stalks of such plant, fiber produced from such stalk, or oil or cake made from the seed of such plant, unless such stalks, fiber, oil, or cake is combined with other parts of plants of the genus Cannabis. "Marijuana" does not include (i) industrial hemp, as defined in § 3.2-4112, that is possessed by a person registered pursuant to subsection A of § 3.2-4115 or his agent or (ii) a hemp product, as defined in § 3.2-4112, containing a tetrahydrocannabinol concentration of no greater than 0.3 percent that is derived from industrial hemp, as defined in § 3.2-4112, that is grown, dealt, or processed in compliance with state or federal law. § 4.1-600. Definitions. (Effective July 1, 2021)

**Protective factors:** Factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems. (National Institute on Drug Abuse, 2011)

***Risk factors:*** Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use. (National Institute on Drug Abuse, 2011)

***School-based education for drug use prevention:*** The total set of experiences to which students are exposed over their time at school that contribute to prevention drug use and mitigating the consequences of drug use.

***Substance Use Disorder:*** Occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. (<https://www.samhsa.gov/find-help/disorders>)

## ***APPENDIX B - REACH OF CANNABIS AND OTHER SUBSTANCE USE PREVENTION EFFORTS IN VIRGINIA***

The Virginia Office for Substance Abuse Prevention (VOSAP) Collaborative is tasked with collecting and reporting substance use prevention activity data from agencies of the Commonwealth. Currently, it is estimated that the reach of substance use prevention efforts for youth in Virginia through prevention efforts, including, but not limited to programming and training, resources, educational information and media campaigns through engagements, reaches only a portion of youths in the Commonwealth. The cannabis health education curriculum and professional development plan would significantly expand the current reach of substance use prevention efforts in Virginia by expanding prevention education programming to reach the vast majority of youth in the Commonwealth.

The VOSAP Collaborative report indicates \$21,368,845 was spent on youth substance use prevention efforts. Reporting agencies and organizations shared information by region in a format pre-determined by VOSAP Collaborative members. Analysis of the data show there is not only an inequity in the percentage of regional populations reached across the Commonwealth, there is also an inequity in prevention spending per capita.

Data on youth substance use behaviors are limited. While the [Virginia Social Indicator Dashboard](#) reports substance use behaviors by locality and Community Service Board service areas, youth data are not specifically reported. This gap in data collection does not allow for a direct comparison of regional youth substance use behaviors and the need for youth substance use prevention initiatives in those regions.

## ***APPENDIX C - PARENT INVOLVEMENT AND RESOURCES***

Students should be encouraged to share information and involve their parents, guardians, and other family members regarding the cannabis prevention skills and lessons they learn. It is recommended that resources for information about early warning signs of drug use, resources for early intervention/support, safe use, storage, disposal, and risks of cannabis use be shared with parents. Resources may include the following:

1. CDC resources help [educate consumers](#) about the risks of cannabis misuse.
2. U.S. Food & Drug Administration resource, [What You Need to Know](#), raises awareness of the potential harm, side effects and unknowns to using medical marijuana, also known as cannabidiol (CBD), and provides information about the science, safety, and quality of CBD.
3. [Local Community Service Boards](#) or local health department/government sites provide information about and assistance with finding appropriate substance use disorder treatment and resources for youths and adults.
4. National Institute on Drug Abuse (NIDA) [Marijuana: Facts Parents Need to Know](#)
5. SAMHSA [Talk. They Hear You. Campaign](#) – Aims to reduce underage drinking and substance use among youths under the age of 21 by providing parents and caregivers with resources to discuss substance use with their children.
6. [Get Smart About Drugs](#), a DEA resource for parents, educators, and caregivers.

## ***APPENDIX D - FUNDING AND SPENDING FOR YOUTH SUBSTANCE USE PREVENTION***

During fiscal year 2021, \$21,368,845 was spent throughout the Commonwealth on youth substance use prevention efforts. Agency and organization prevention budgets are funded through federal budget allocations, federal grants, general fund allocations, organization revenue and state grants. This is an 11 percent decrease in spending from fiscal year 2020. While data are unavailable to specifically correlate the COVID-19 pandemic with a decrease in spending, anecdotal information suggests the COVID-19 pandemic played a role.

Table 1 provides specific organization spending totals for youth substance use prevention efforts. Table 2 provides the total expenses each organization had for general substance use prevention efforts. The largest budget allocations to statewide prevention efforts were from Department of Behavioral Health and Developmental Services (DBHDS) and VFHY, respectively. Each VOSAP member organization’s funding for substance use prevention efforts is detailed below.

**Table 1.** Total expenses of youth substance use prevention efforts by organization (2021).

<b>Organization</b>	<b>Expenses</b>
Community Coalitions of Virginia	\$11,930
Virginia Alcoholic Beverage Control Authority	\$55,000
Virginia Department of Behavioral Health and Developmental Services	\$9,905,236
Virginia Department of Criminal Justice Services	\$92,500
Virginia Department of Juvenile Justice	\$857,146
Virginia Department of Motor Vehicles	\$620,514
Virginia Foundation for Healthy Youth	\$4,347,638
Virginia National Guard	\$503,344
Virginia State Police	\$175,593
Virginia Department of Health	\$2,400,000
Virginia Department of Education	0
Virginia Department of Social Services	0

**Table 2.** Total expenses for general substance use prevention efforts by organization (2021).

Organization	Expenses
Community Coalitions of Virginia	\$11,930
Virginia Alcoholic Beverage Control Authority	\$149,645
Virginia Department of Behavioral Health and Developmental Services	\$11,800,000
Virginia Department of Criminal Justice Services	\$119,253
Virginia Department of Juvenile Justice	\$857,146
Virginia Department of Motor Vehicles	\$13,766,000
Virginia Foundation for Healthy Youth	\$4,347,638
Virginia National Guard	\$503,392
Virginia State Police	\$175,593
Virginia Department of Health	\$6,711,172
Virginia Department of Education	0
Virginia Department of Social Services	0

**Table 3.** Total expenses of youth substance use prevention efforts by region (2021).

Region	Reach*
Central	\$2,377,260
Eastern	\$2,070,421
Hampton Roads	\$1,915,393
Northern	\$3,026,031
Richmond	\$3,020,930
Southside	\$1,701,028
Southwest	\$2,932,012
Valley	\$1,913,840

**There are gaps in youth substance use prevention efforts.** Based on data located on the [Virginia Social Indicator Dashboard](#), a majority of funding and the fiscal year reach, seen in Table 4, the Southside Region’s substance use prevention reach efforts are significantly greater than the other regions in Virginia (Virginia Alcoholic Beverage Control Authority, 2021).

**Table 4.** Overview of regional population and prevention effort reach and financials.

Region	2019 Population	FY21 Reach	% of Population Reached	Spent in FY21	Spent per person in FY21
Central	708,318	283,020,	39.96%	\$2,377,260	\$8.40
Eastern	139,470	404,143	289.77%	\$2,070,421	\$5.12
Hampton Roads	1,693,111	511,772	30.23%	\$1,915,393	\$3.74
Northern	2,941,065	1,618,725	55.04%	\$3,026,031	\$1.87
Richmond	1,245,604	718,917	57.72%	\$3,020,930	\$4.20
Southside	374,327	3,994,611	1067.14%	\$1,701,028	\$0.43
Southwest	808,765	549,782	67.98%	\$2,932,012	\$5.33
Valley	624,859	1,856,454	297.10%	\$1,913,840	\$1.03

Data found in Table 4 reveal **gaps in the percent of population reach across the eight established regions. Inconsistent statewide implementation of substance use prevention initiatives leads to the inconsistency of population reached and funding spent within each region.** One of the greatest unmet needs for youth substance use prevention is reaching the diverse audiences across the Commonwealth. Virginia’s cannabis health education curriculum and professional development plan will develop inclusive, culturally responsive, science-based materials for youth substance use prevention that relates and reaches the diverse audiences of the Commonwealth. In addition, consideration for a standardized, unified method of data collection and reporting as it relates to youth substance use prevention in Virginia should be considered. This holistic data collection process is key for effectively integrating and streamlining prevention efforts and providing a unified front on youth substance use prevention in the Commonwealth.

## ***APPENDIX E - RESOURCES***

1. Centers for Disease Control and Prevention – [Health Education Curriculum Analysis Tool](#)
2. Collaborative for Academic, Social and Emotional Learning (CASEL), [casel.org](#)
3. [Operation Prevention Discover.Connect.Prevent](#) – The Drug Enforcement (DEA) and Discovery Education created empowering standards-aligned e-learning curricula to inspire life changing conversations and equip students, parents and communities with knowledge and refusal skills
4. [Health Smart Virginia](#) – Alcohol, Tobacco, Drug Use Prevention lessons and resources
5. [Drugs + Your Body: It Isn't Pretty](#) – Scholastic and scientist at the National Institute on Drug Abuse (NIDA) have created posters and a teaching guide to provide students with important scientific facts about the wide-ranging effects of drugs on their developing brains and bodies.
6. U.S. Department of Education's [Region 5 Comprehensive Center](#) supports for capacity-building in design, development, implementation and efficacy monitoring
7. Drug Enforcement Administration's (DEA) [Preventing Marijuana Use Among Youth & Young Adults](#).
8. Adolescent Brain Cognitive Development ([The ABCD Study](#)), is the largest long-term study of brain development and child health in the U.S.

## APPENDIX F - REFERENCES

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