Infobrief for 1/12/23 Legislative Breakfast on Cannabis

Thank you for joining us on January 12, 2023 for a legislative breakfast on cannabis organized by The Norwalk Partnership and the Westport Prevention Coalition. **We hope you will introduce legislative proposals to address some of the concerns we have outlined today!** We hope you'll in touch with our local prevention coalitions during the session.

I. Concern: Reduce the harm from high-potency products

CT's cannabis law caps THC levels at 30% for plant matter and 60% for concentrates. These limits are a harm reduction approach, since research finds that products above 10% THC are associated with major mental health impacts such as psychosis. (See THC research at end of this document.) CT is at the vanguard in this respect, as many states have not set any limits on potency. However, the law specifically *exempts* pre-filled vape cartridges from these THC caps. These are the products of choice for youth and young adults, due to their high potency and their discretion (no odor). Local schools that have confiscated THC vapes have tested them and found THC levels above 90%. Last year one of our local high schools sent 3 students to the hospital by ambulance when they passed out after a single hit from a THC vape (dab pen).

Edibles are a related area of concern since potency can vary significantly and the impact of the products consumed may not be felt for hours. Locally, coalition members found illegal THC gummies for sale at a yoga store in December; each gummy was the equivalent of *three* 5 mg servings. The entire package of "candies" could easily be consumed at one time for a massive overdose. In fact, our local towns have recently had scares with children consuming edibles and becoming very sick even before retail sales went into effect this week.

Policy options:

1. Remove the exemption on pre-filled vapes so that all cannabis products in CT consistently follow the same potency limits.
2. Maintain current THC caps to reduce harm, or actually decrease the current THC caps to reflect the science. Because of the rapid change in the potency of cannabis products in recent years, research that has been conducted only differentiates products below and above 10% THC, finding that frequent use of products above 10% is associated with schizophrenia.
3. Require edibles to be sold only in single serve (5 mg) packages.

II. Concern: Require products & establishments to display information about health risks

Although today's cannabis is much more potent than ever before and poses greater risks in terms of addiction and mental illness, there is low awareness among consumers about how the products have changed and about the latest research on cannabis. One result is that adults are less likely to talk to their children about cannabis or to be able to provide accurate information. State efforts (such as the beintheknowct.org website and billboards) and the planned campaigns by the Alcohol and Drug Policy Council (APDC) will not reach everyone and do not emphasize the health risks, as they primarily focus on the legal age and a message to keep cannabis away from children and pets. We can look to other substance use policies and practices (alcohol, nicotine) for guidance.

Policy options:

1. Require Health Warning Labels (HWLs) on all cannabis products as is done for alcohol and nicotine. HWLs should highlight the risks to fetal development, brain development, addiction, mental health,

driving. The current CT law only requires specifying the legal age for consumption of cannabis. Research finds that HWLs are most effective when they are graphic or include both graphics and text.

   a. *Article: Perceptions of effectiveness and believability of pictorial and text-only health warning labels for cannabis products among Canadian youth - ScienceDirect.*
   b. *Click for summary of HWL research.*

2. Require educational material to be provided with every purchase of cannabis or cannabis concentrates, as Colorado has done and as is already the practice in CT for prescription drugs.
   a. *Resource: See example from Colorado at the end of this document.*
3. Consider requiring every point of sale to feature a large, bilingual poster that uses graphics to show the health and mental health risks from cannabis.

III. Concern: Support efforts to prevent underage substance use

Our local surveys match state and national data in finding that youth believe cannabis to be the least risky of commonly used substances. Adults, too, do not perceive cannabis to be as risky as other substances, and teens report their parents do not send strong message to them about cannabis. States that have legalized retail cannabis have seen a 25% increase in youth with cannabis use disorder (SAM Legalization Impact Report 2020). As a result, prevention education is critical. CT's prevention model relies on local community coalitions to do prevention work using 7 proven strategies: providing information, education, and support; reducing access; addressing physical design; ensuring appropriate consequences; and advocacy around policies. Aspects of prevention include the need for programs to educate youth and parents, to support teens who are struggling with addiction, to provide positive youth engagement and diversion from criminal justice. However, staffing, programming and funding for all this work is extremely limited. The model relies primarily on people or agencies to donate their time.

When it comes to the consequences strategy, CT's cannabis law has virtually no penalties for underage possession. Under CT's cannabis law, a 17 year old in possession of up to 5 oz of cannabis (the equivalent of 375 joints) receives only a handslap: a written warning. Law enforcement can optionally refer the youth to the Youth Services Bureau (YSB) or Juvenile Review Board (JRB) for services that are voluntary--if the local community even has one of those–but there is no option for a Juvenile court summons, fine, or impact on driver's license as there is for alcohol. At age 18, the only consequence is to sign a statement about the health effects of cannabis and pay a $50 fine ($150 for second or greater offenses). In contrast, CT's alcohol legislation puts in place meaningful consequences for underage possession: an impact on driver's license, the possibility of a Juvenile summons, and a $136 fine starting at age 16.

Policy options:

1. Align the cannabis law to match the alcohol law in terms of consequences for underage possession.
2. Provide training and programs to YSBs and schools to be able to support youth who are struggling with cannabis use disorder, seeking to quit vaping, etc.
3. Invest in funding local prevention coalitions to address issues such as education, access, treatment, and consequences.

IV. Concern: Empower law enforcement to evaluate suspected DUIs and conduct compliance checks

Police are limited in their ability to ensure that impaired drivers do not threaten public safety. Although the CT law specifically states that driving while using cannabis is prohibited, it also states that smelling cannabis or seeing someone using it while driving is not sufficient grounds for a traffic stop. The law also relies on Drug Recognition Experts (DREs) to assist with impaired driving stops, in the absence of a reliable roadside test, but there are very few DREs in the state and the training is long, difficult, and expensive.

Other aspects of the cannabis law will also require monitoring. Compliance checks will need to be conducted at retail establishments; retailers out of compliance will need to be fined; designated places for public consumption will need to

be monitored. The cannabis law does not appear to specify fines for underage sales. Some local tobacco retailers have been repeatedly cited for tobacco/vape sales to minors, indicating that low fines are not a deterrent. For example, one smoke shop in Norwalk was cited 8 times in one year. This experience should be taken into account in identifying cannabis fines.

There are also elements of the CT cannabis law for which there is, in practice, no agency or service responsible for monitoring compliance: unlicensed locations such as health / yoga shops (where we found THC gummies for sale), billboards that are illegally located near schools, home delivery. Our prevention coalition members have identified and made calls about some of these issues as volunteers, but there is no practical way for DCP to monitor any of these issues at the municipal level.

Policy options:

1. Allow traffic stops to assess for impaired driving.
2. Determine penalties to retailers who sell to minors.
3. Ensure adequate funding and support for law enforcement to support compliance checks and enhance enforcement efforts.
4. Consider whether municipalities, health departments, police, or prevention coalitions are responsible for monitoring issues such as illegal advertising and set up protocols for this purpose.

V. Concern: Allocate funding to meet the increased need in prevention and enforcement

CT's cannabis law specifies a sales tax based on THC potency levels which goes to the state, as well as a 3% municipal tax. The state revenue only goes to the General Fund in the first couple of years and thereafter is allocated 75% to the Social Equity Fund, which supports cannabis enterprises through capital, technical assistance and workforce development, and 25% to the Prevention & Recovery Services Fund (P&R), which supports substance misuse prevention, treatment, and recovery services as well as data collection. The description of the P&R Fund does not specify funding for mental health, despite the increase that has already occurred in cannabis-induced psychosis, and does not specify how funds will be divided up among the various services or how much will go to the designated Local Prevention Coalitions. Nothing is allocated to law enforcement.

Table 1: State Retail Cannabis Tax Revenue Distribution

Funds and Accounts	FY 22	FY 23	FYs 24-26	FYs 27-28	FYs 29+
Cannabis Regulatory and Investment Account: to pay costs state agencies incur in implementing the state's recreational cannabis law	100%	-	-	-	-
General Fund	-	100%	15%	10%	-
Social Equity and Innovation Fund: to fund appropriations for (1) access to business capital, (2) technical assistance for business start-ups and operations, (3) workforce education, and (4) community investments	-	-	60%	65%	75%
Prevention and Recovery Services Fund: to fund appropriations for substance abuse prevention, treatment, and recovery services and substance abuse data collection and analysis.	-	-	25%	25%	25%

In terms of the municipal tax revenue, it is designated for one of six purposes, none of which specifically addresses prevention or law enforcement. The allowed uses, in communities that allow sales, are: streetscape improvements, youth employment/training, reentry programs from Dept of Corrections/probation, mental health and addiction services, youth services bureaus/juvenile review boards, civic engagement.

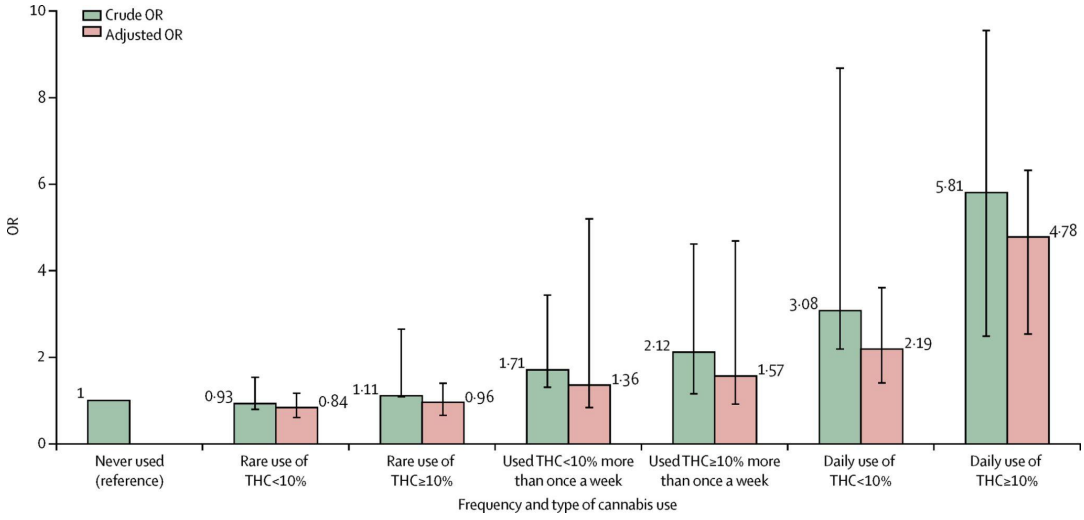
Policy options:

1. Revisit the percentages of cannabis tax revenue allocated to social equity vs prevention & recovery vs general fund, in light of the anticipated increased needs for public health, prevention and law enforcement.
2. Specify that P&R funds can be used for "*mental health and"* substance misuse prevention, treatment, recovery, and data collection.
3. Identify how much of the P&R funds should be allocated toward each of the designated areas (prevention, treatment, recovery, data collection).
4. Ensure that adequate P&R funds go directly to the local level as well as the regional level.
5. Specify that the municipal tax revenue can be used for prevention and law enforcement.

—----------

RESOURCE: Research on high-potency THC:

- The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study - The Lancet Psychiatry

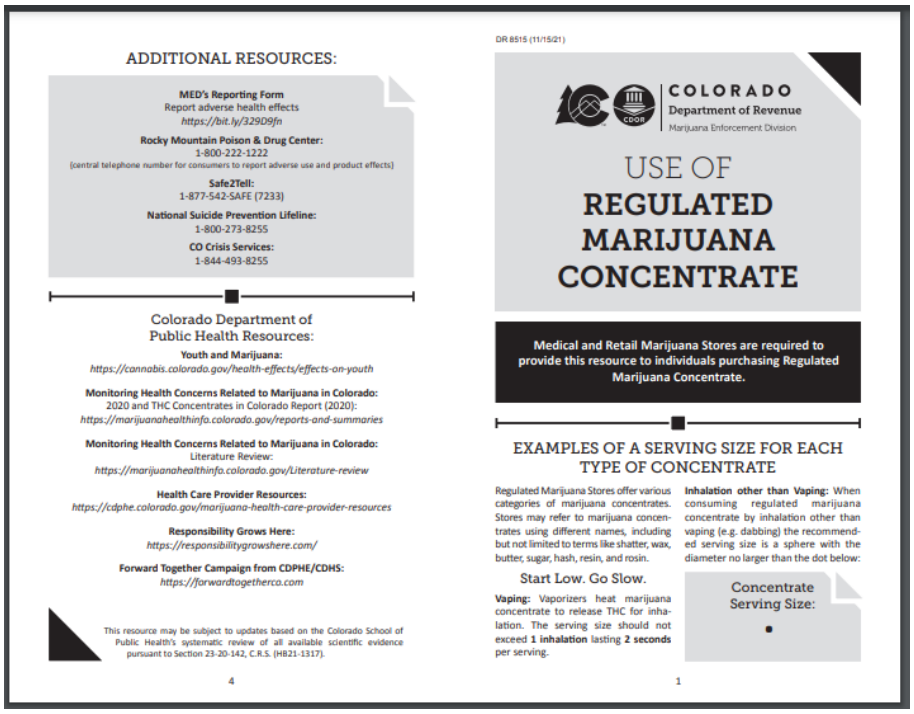


- The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist - The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist - Mo Med. 2018 Nov-Dec; 115(6): 482–486. Numerous studies have demonstrated that using cannabis prior to the age of 15–18 significantly increases the risk of developing psychotic symptoms.23 The risk is dose dependent and increases with greater frequency of use and with higher potency THC. A landmark study out of the UK analyzed 780 adults, ages 18–65, 410 with their first psychotic episode versus 370 matched healthy controls.24 They found that use of high potency THC >15% resulted in a three times increased risk of psychosis, and if the use was daily there was a five times increased risk. Those using hash with <5% THC did not exhibit psychotic symptoms. [...] The strongest recommendation would be to initiate regulations to limit the concentration of THC. Ideally this would be to less than 10% as there is no good research on concentrations greater than this for any medical condition and there is significant literature on the negative effects of high potency THC.

- Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study The risk of individuals having a psychotic disorder showed a roughly three-times increase in users of skunk-like [high-potency] cannabis compared with those who never used cannabis… Use of skunk-like cannabis every day conferred the highest risk of psychotic disorders.
- What Is Considered 'High THC'?

- [Cannabis (Marijuana) Concentrates DrugFacts | National Institute on Drug Abuse (NIDA)]

RESOURCE: Example of Marijuana Concentrate handout developed by Colorado for distribution with all cannabis concentrates sold:



ADDITIONAL RESOURCES:

MED's Reporting Form
Report adverse health effects
https://bit.ly/329D9fn

Rocky Mountain Poison & Drug Center:
1-800-222-1222
(central telephone number for consumers to report adverse use and product effects)

Safe2Tell:
1-877-542-SAFE (7233)

National Suicide Prevention Lifeline:
1-800-273-8255

CO Crisis Services:
1-844-493-8255

Colorado Department of Public Health Resources:

Youth and Marijuana:
https://cannabis.colorado.gov/health-effects/effects-on-youth

Monitoring Health Concerns Related to Marijuana in Colorado:
2020 and THC Concentrates in Colorado Report (2020):
https://marijuanahealthinfo.colorado.gov/reports-and-summaries

Monitoring Health Concerns Related to Marijuana in Colorado:
Literature Review:
https://marijuanahealthinfo.colorado.gov/Literature-review

Health Care Provider Resources:
https://cdphe.colorado.gov/marijuana-health-care-provider-resources

Responsibility Grows Here:
https://responsibilitygrowshere.com/

Forward Together Campaign from CDPHE/CDHS:
https://forwardtogetherco.com

This resource may be subject to updates based on the Colorado School of Public Health's systematic review of all available scientific evidence pursuant to Section 23-20-142, C.R.S. (HB21-1317).

4

DR 8515 (11/15/21)

COLORADO
Department of Revenue
Marijuana Enforcement Division

USE OF
REGULATED MARIJUANA CONCENTRATE

Medical and Retail Marijuana Stores are required to provide this resource to individuals purchasing Regulated Marijuana Concentrate.

EXAMPLES OF A SERVING SIZE FOR EACH TYPE OF CONCENTRATE

Regulated Marijuana Stores offer various categories of marijuana concentrates. Stores may refer to marijuana concentrates using different names, including but not limited to terms like shatter, wax, butter, sugar, hash, resin, and rosin.

Start Low. Go Slow.

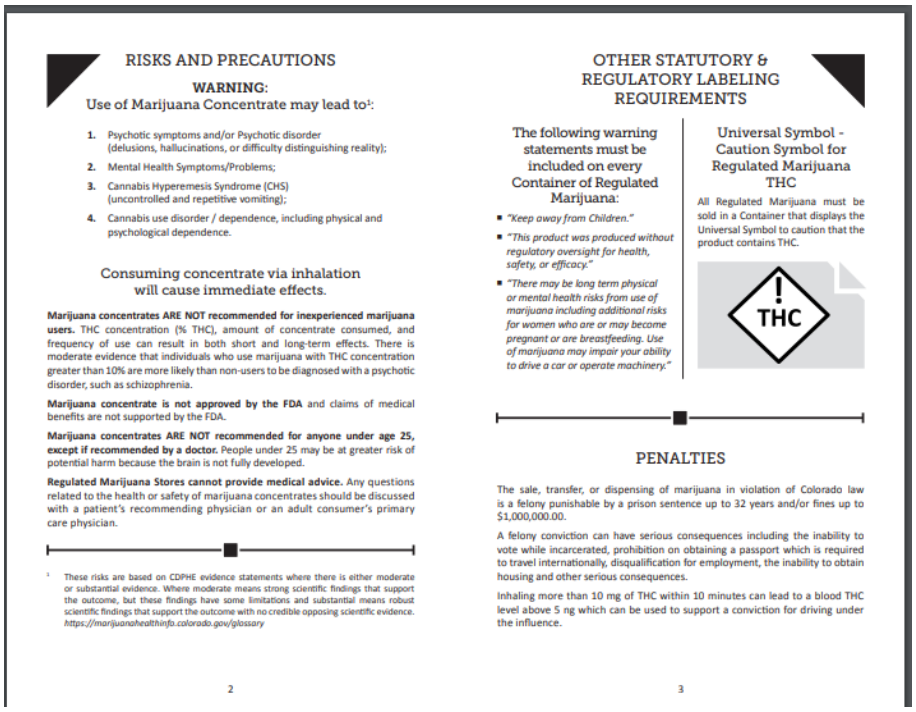
Vaping: Vaporizers heat marijuana concentrate to release THC for inhalation. The serving size should not exceed **1 inhalation** lasting **2 seconds** per serving.

Inhalation other than Vaping: When consuming regulated marijuana concentrate by inhalation other than vaping (e.g. dabbing) the recommended serving size is a sphere with the diameter no larger than the dot below:

Concentrate Serving Size:

•

1



RISKS AND PRECAUTIONS

WARNING:
Use of Marijuana Concentrate may lead to[1]:

1. Psychotic symptoms and/or Psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality);
2. Mental Health Symptoms/Problems;
3. Cannabis Hyperemesis Syndrome (CHS) (uncontrolled and repetitive vomiting);
4. Cannabis use disorder / dependence, including physical and psychological dependence.

Consuming concentrate via inhalation will cause immediate effects.

Marijuana concentrates ARE NOT recommended for inexperienced marijuana users. THC concentration (% THC), amount of concentrate consumed, and frequency of use can result in both short and long-term effects. There is moderate evidence that individuals who use marijuana with THC concentration greater than 10% are more likely than non-users to be diagnosed with a psychotic disorder, such as schizophrenia.

Marijuana concentrate is not approved by the FDA and claims of medical benefits are not supported by the FDA.

Marijuana concentrates ARE NOT recommended for anyone under age 25, except if recommended by a doctor. People under 25 may be at greater risk of potential harm because the brain is not fully developed.

Regulated Marijuana Stores cannot provide medical advice. Any questions related to the health or safety of marijuana concentrates should be discussed with a patient's recommending physician or an adult consumer's primary care physician.

[1] These risks are based on CDPHE evidence statements where there is either moderate or substantial evidence. Where moderate means strong scientific findings that support the outcome, but these findings have some limitations and substantial means robust scientific findings that support the outcome with no credible opposing scientific evidence. *https://marijuanahealthinfo.colorado.gov/glossary*

2

OTHER STATUTORY & REGULATORY LABELING REQUIREMENTS

The following warning statements must be included on every Container of Regulated Marijuana:

- *"Keep away from Children."*
- *"This product was produced without regulatory oversight for health, safety, or efficacy."*
- *"There may be long term physical or mental health risks from use of marijuana including additional risks for women who are or may become pregnant or are breastfeeding. Use of marijuana may impair your ability to drive a car or operate machinery."*

Universal Symbol - Caution Symbol for Regulated Marijuana THC

All Regulated Marijuana must be sold in a Container that displays the Universal Symbol to caution that the product contains THC.

PENALTIES

The sale, transfer, or dispensing of marijuana in violation of Colorado law is a felony punishable by a prison sentence up to 32 years and/or fines up to $1,000,000.00.

A felony conviction can have serious consequences including the inability to vote while incarcerated, prohibition on obtaining a passport which is required to travel internationally, disqualification for employment, the inability to obtain housing and other serious consequences.

Inhaling more than 10 mg of THC within 10 minutes can lead to a blood THC level above 5 ng which can be used to support a conviction for driving under the influence.

3

Contact: Margaret Watt, MPH, MA, Prevention Director at Positive Directions: mwatt@positivedirections.org