Proviso Update

Developing policy solutions in response to the public health challenges of high tetrahydrocannabinol potency cannabis

Commerce and Gaming Committee
WA State House of Representatives
November 18, 2021

ADAI Mandate
Progress to Date
Next Steps

ADAI Mandate

Progress to Date

Next Steps

ADAI Mandate

General Fund → WA HCA → ADAI

Initial report by December 31, 2021- summarize progress made to date, preliminary policy recommendations, and next steps;

A final report must be submitted by December 31, 2022, and shall summarize the analysis conducted by the institute, the process and stakeholders involved, an inventory of relevant cannabis policies in other states, and recommendations for policy changes to reduce the negative impacts of high potency cannabis in Washington state.

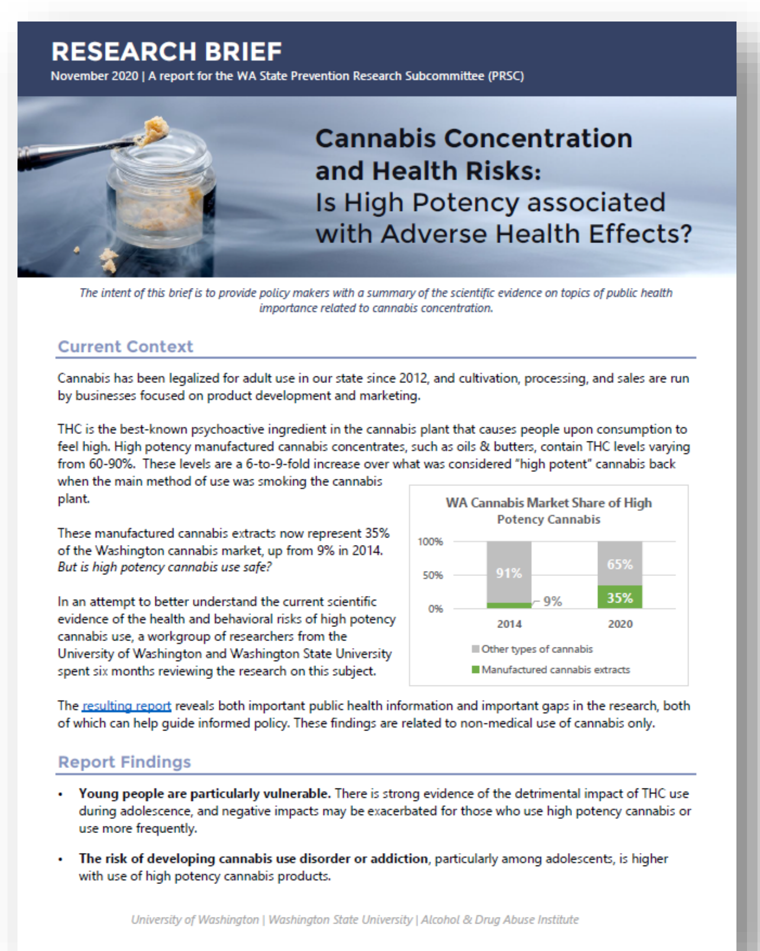
ADAI Mandate

Develop policy solutions in response to the public health challenges of high tetrahydrocannabinol potency cannabis

NON-MEDICAL, COMMERCIAL CANNABIS

ADAI Mandate

Report & Consensus Statement – PRSC/ HCA



RESEARCH BRIEF

November 2020 | A report for the WA State Prevention Research Subcommittee (PRSC)

Cannabis Concentration and Health Risks:
Is High Potency associated with Adverse Health Effects?

The intent of this brief is to provide policy makers with a summary of the scientific evidence on topics of public health importance related to cannabis concentration.

Current Context

Cannabis has been legalized for adult use in our state since 2012, and cultivation, processing, and sales are run by businesses focused on product development and marketing.

THC is the best-known psychoactive ingredient in the cannabis plant that causes people upon consumption to feel high. High potency manufactured cannabis concentrates, such as oils & butters, contain THC levels varying from 60-90%. These levels are a 6-to-9-fold increase over what was considered "high potent" cannabis back when the main method of use was smoking the cannabis plant.

These manufactured cannabis extracts now represent 35% of the Washington cannabis market, up from 9% in 2014. *But is high potency cannabis use safe?*

In an attempt to better understand the current scientific evidence of the health and behavioral risks of high potency cannabis use, a workgroup of researchers from the University of Washington and Washington State University spent six months reviewing the research on this subject.

WA Cannabis Market Share of High Potency Cannabis

	2014	2020
Other types of cannabis	91%	65%
Manufactured cannabis extracts	9%	35%

The resulting report reveals both important public health information and important gaps in the research, both of which can help guide informed policy. These findings are related to non-medical use of cannabis only.

Report Findings

- **Young people are particularly vulnerable.** There is strong evidence of the detrimental impact of THC use during adolescence, and negative impacts may be exacerbated for those who use high potency cannabis or use more frequently.
- **The risk of developing cannabis use disorder or addiction**, particularly among adolescents, is higher with use of high potency cannabis products.

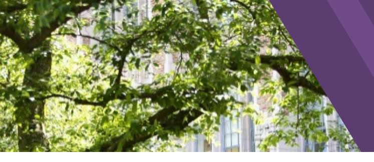
University of Washington | Washington State University | Alcohol & Drug Abuse Institute

Joint UW & WSU Workgroup:

Beatriz Carlini, PhD, MPH, *UW, Addictions, Drug & Alcohol Institute* (Chair)
Celestina Barbosa-Leiker, PhD, *WSU, Health Sciences*
Carrie Cuttler, PhD, *WSU, Department of Psychology*
Julia Dilley, PhD, MES, *Multnomah Co. Health Department & OR Public Health Division*
Caislin Firth, PhD, MPH, *UW, Addictions, Drug & Alcohol Institute*
Kevin Haggerty, PhD, MSW, *UW, School of Social Work*
Jason Kilmer, PhD, *UW, Department of Psychiatry & Behavioral Sciences*
Michael McDonell, PhD, MS, *WSU, College of Medicine, Behavioral Health Innovations*
Nephi Stella, PhD, *UW, Depts of Pharmacology and Psychiatry & Behavioral Sciences*
Denise Walker, PhD, *UW, Innovative Programs Research Group*
Dale Willits, PhD, *WSU, Criminal Justice & Criminology*

With:

Sara Broschart, *WA State Liquor and Cannabis Board*
Trecia Ehrlich, *WA State Liquor and Cannabis Board*
Kristen Haley, *WA State Department of Health*
Christine Steele, *WA HCA, Division of Behavioral Health & Recovery*
Liz Wilhelm, *Prevention WINS*



ADAI Mandate

Consensus:

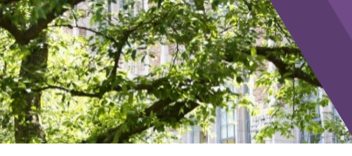
NON-MEDICAL, COMMERCIAL CANNABIS

THC content of cannabis products contributes to adverse health effects in a **dose-response manner.**

Increased risk particularly concerning for:

- Young users
- People with pre-existing mental health conditions

Harms are likely to disproportionately affect **marginalized populations** (low income, minorities)



ADAI Mandate

State Budget Language: ADAI Scope of Work

Develop **policy solutions** in response to the public health challenges of high tetrahydrocannabinol potency cannabis:

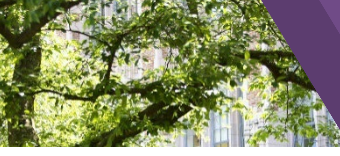
- Conduct **individual interviews** with stakeholders and experts representing different perspectives
- Facilitate **joint meetings** with stakeholders to identify areas of common ground and consensus
- Develop **recommendations for state policies** related to cannabis potency and mitigating detrimental health impacts.

4 ½ months

ADAI Mandate

Progress to Date

Next Steps



Progress to Date

July to Mid-November 2021

- Identified **policies** proposed/adopted in North America
- Identified **stakeholders and experts** (iterative process)
- Defined **approach** for stakeholder analysis

Progress to Date

Policies Proposed/Adopted in North America

Taxation based on THC Potency

Regulate or prohibit marketing

Require minimum CBD content

Prohibit certain product types

Limit total THC in a single purchase

Regulate packaging or labeling

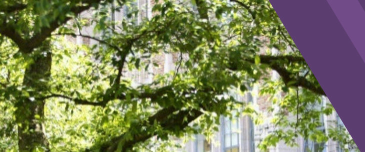
Cap on THC concentration

Require serving size

Progress to Date

Identified Stakeholders

- Community
- Health Experts
- State & County Agencies
- Prevention Agencies
- Cannabis Industry



Progress to Date

Stakeholders: Individuals & Agencies

Community

Consumers, mental health advocates, historically marginalized groups

Health Experts

Clinicians, researchers, health care agencies and professional associations

State & County

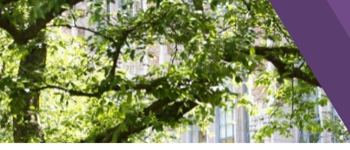
State & County Agencies

Prevention Agencies

Prevention Agencies

Cannabis Industry

Farmers, processors, retail, lobbying organizations, media



Progress to Date

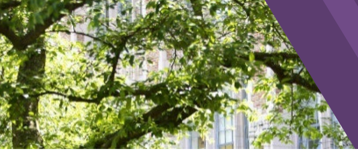
Approach for Common Ground/Consensus

Individual Interviews

- In-depth perspectives from diverse stakeholders/experts
- Lived experience or representing collective interests

Concept Mapping

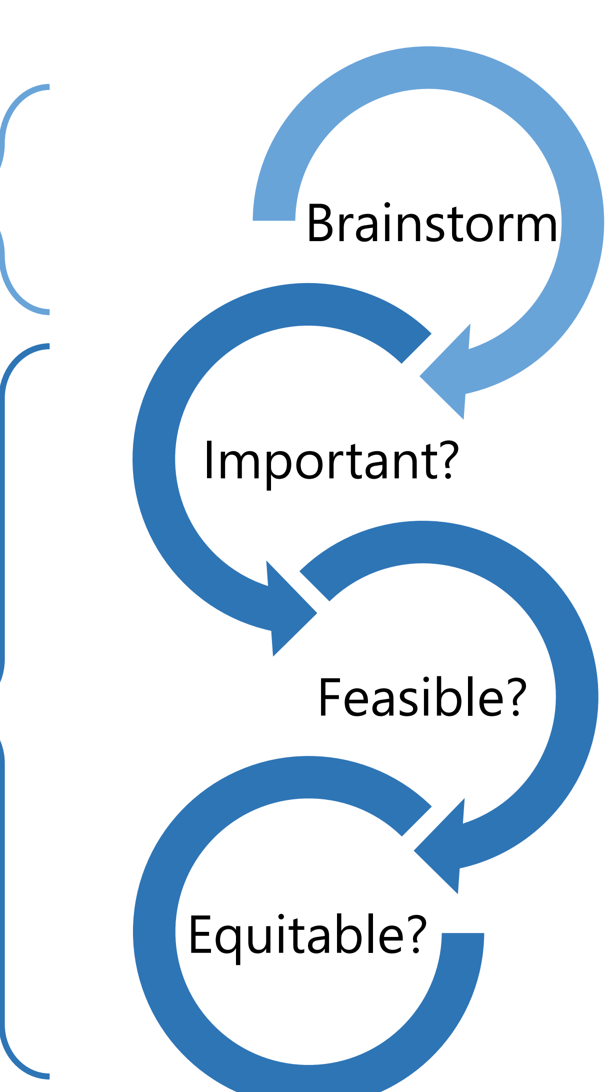
- Equitable and participatory approach
- Ample participation, Anonymous input
- Our role: synthesize data, analyze areas of convergence ("go zones") rated as important, feasible and equitable



Progress to Date

Concept Mapping

First phase



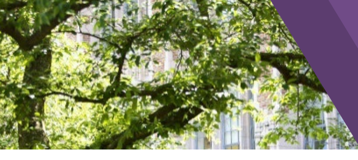
Capture collective thinking

Second phase: collective & anonymous rating

Stakeholders inform the analysis

13-14 months

ADAI Mandate → Progress to Date → Next Steps



Next Steps

Recommendations for Policy Changes

North America Context

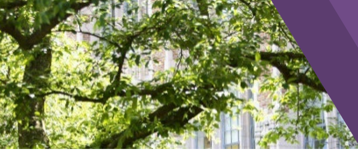
- Policies
- Initiatives
- Programs

Local Stakeholders

- Community
- Schools
- Researchers
- Health care providers
- State/local government
- Prevention coalitions
- Cannabis industries

Local Assessment

- Acute health events
- Fires and explosions
- Mental Health events



Next Steps

Recommendations for Policy Changes

- Policies
- Initiatives
- Programs

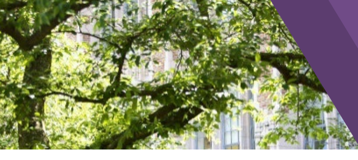
North America Context

Local Stakeholders

- Community
- Schools
- Researchers
- Health care providers
- State/local government
- Prevention coalitions
- Cannabis industries

- Acute health events
- Fires and explosions
- Mental Health events

Local Assessment



Next Steps

Recommendations for Policy Changes

North America Context

- Policies
- Initiatives
- Programs

Local Stakeholders

- Community
- Schools
- Researchers
- Health care providers
- State/local government
- Prevention coalitions
- Cannabis industries

Local Assessment

- Acute health events
- Fires and explosions
- Mental Health events

Key Points

- The focus of policy recommendations is **retail**, **non-medical** cannabis
- This project has **just started** – about 20% or 4 months of work
- The scope of work is a natural extension of the collective work of WA scientists documenting a **dose-response relationship** between THC concentration and health harms (PRSC)
- ADAI will make recommendations based on a **participatory and equitable approach** – policy recommendations will be based on the voices heard in the stakeholder analysis process

Thanks!

Questions?

bia@uw.edu