Overview of State Marijuana Legalization Policy: Implications for Public Health

Cannabis Summit, 2017

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the CDC Foundation.
Overview

- Background
- Potential public health concerns/challenges
- Highlights from state policy tracking (setting a baseline for state presentations to come…)
Marijuana: Adult Use, Medical Use, and Cannabidiol (CBD) or Low-THC
Current Status of State & Territorial Laws

Last updated: 4/20/2017
Health effects of marijuana include:

- **Youth Initiation and psychosocial outcomes**
  - Some evidence of impaired learning, memory, attention

- **Dependence/Addiction**
  - Strong evidence; increases for early initiation and heavy use

- **Pregnancy/Prenatal Outcomes**
  - Strong evidence of low birthweight

- **Injury Prevention and Control**
  - Strong evidence of increased accidental ingestion; MV Crash

- **Mental health outcomes**
  - Strong evidence of increased risk of Schizophrenia and other psychoses; some evidence of increased risk of other mental health outcomes

- Increased risk of abuse/dependence of other substances

- Increased risk of respiratory effects
Health Effects Difficult to Tease Out

- Variation in strain and potency
- Variation in modes of use (e.g., smoking, edibles, vaping, dabbing)
- Strong overlap with tobacco, alcohol and other drugs
- Overlap with other social determinants
- Frequency of use poorly defined and not captured in surveillance
Therapeutic Uses:

• Schedule 1 substance – by definition means currently no accepted medical use.

BUT:

• Evidence of use for multiple sclerosis, for chemotherapy induced nausea and vomiting, and for chronic pain (but much of the evidence is based on isolated cannabinoids);

• Inadequate scientific evidence to assess effects on a host of other conditions.
Public Health Challenges

• Lack of good data, surveillance, research to inform messaging, programming;

• Medical vs. Recreational marijuana;

• Often a new areas for public health agencies

• Touches many areas of public health and safety:
  • Injury prevention and control
  • Pesticides and lab testing
  • Perishables and food inspection
  • Chronic disease
  • Reproductive/maternal/child health
  • Mental health and substance use
  • Adolescent health
  • Occupational health
  • Equity/Disparities

• Limited funding coming to public health agencies
Recreational Policy Tracking - Methods

• **Data Collection:**
  » Quarterly updates from State Public Health Agencies and Regulatory partners
  » Review of ballot measures, laws, rules & regulations

• **Data Validity:**
  » Snapshot in time
  » Cross checked by state agencies directly

• **Analyses:**
  » Overall, similarities and differences
Areas Assessed

- **Basics of the policy**: year passed, year retail marketplace opened, regulatory agency(ies), legal possession amounts, home grows, taxes, vertical integration, local control, funding allocations.

- **Packaging and Labeling**: Universal symbol, warning labels, childproof packaging, restrictions on packaging, testing/reporting requirements, product limitations, edibles serving size and packaging.

- **Time, place, manner**: Public/on-site consumption policies, zoning, advertising/marketing/point of sale
# States and Policy Timeline

<table>
<thead>
<tr>
<th>State</th>
<th>Year Passed (percent support)</th>
<th>Stores Open?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>2012 (55%)</td>
<td>January 2014</td>
</tr>
<tr>
<td>Washington</td>
<td>2012 (56%)</td>
<td>July 2014</td>
</tr>
<tr>
<td>Oregon</td>
<td>2014 (56%)</td>
<td>October 2015 (through Medical dispensaries)</td>
</tr>
<tr>
<td>Alaska</td>
<td>2014 (53%)</td>
<td>October 2016</td>
</tr>
<tr>
<td>Nevada</td>
<td>2016 (54%)</td>
<td>July 1, 2017 (through Medical dispensaries)</td>
</tr>
<tr>
<td>California</td>
<td>2016 (56%)</td>
<td>January, 2018</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2016 (54%)</td>
<td>Must begin licensing retailers by July 1, 2018</td>
</tr>
<tr>
<td>Maine</td>
<td>2016 (50%)</td>
<td>Still Unknown</td>
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</tbody>
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Policy Basics

• **Regulatory Authority:**
  » Typically Depts. of Revenue/Taxation/Consumer Affairs OR Liquor/Alcohol/Beverage Control Boards
  » Public health has had retail regulatory role in 2 states (OR, CA)
  » 5 states (WA, OR, AK, CA, MA) have rule making/advisory boards; public health on all but 1 (WA); industry on all but 1 (WA)

• **What’s Legal?**
  » Most states have ~1oz possession or 7-8g concentrate (ME has 2.5 oz total)
  » MA and OR have higher home possession (10 oz and 8 oz)
  » Home grows in all states (~6 plants), with exception of WA.
Policy Basics

- **Taxes:**
  - Excise taxes vary widely: ~10% (ME, MA) to 37% (WA); 15% is the norm
  - AK is only state with weight-based tax

- **Vertical integration**
  - Allowed in all states except for WA

- **Funding for Public Health Agency:**
  - 4 states have actual (OR, WA, CO) or expected (MA) funding for public health agency. Wide range in $$.
  - Public health funding typically for surveillance, education
  - Funding not protected in any state
Policy Basics

• Medical Marijuana Marketplace
  » AK is only state without existing medical marketplace
  » WA is only state with fully merged Medical/Adult Use
  » All other states have or moving towards parallel regulation

Local Control to Ban/Amend Policy
  » Allowed in all states (with some tax implications and restrictions on extent of local control)
Packaging and Labeling

- **Universal Symbol**
  - Required in 2 states (CO, OR); will be required in 2 new states (CA, MA)

- **Warning Labels**
  - Required in all states, but vary widely
  - On packaging vs. at point of sale
  - Most commonly include warnings against: youth use, operating machinery/driving/impairment
  - Some include warnings about: dependence (AK, WA) delayed effects from edibles (CO, NV)
Packaging and Labeling

• **Childproof packaging?**
  » Required in all states (with exception of ME, NV – where rulemaking is ongoing); resealable requirements in most states.

• **Cannabinoid/pesticide testing**
  » All states require THC amount on label; 3 (CO, OR, WA) require CBD.
  » No states require pesticide disclosure on label
Packaging and Labeling

- **Edibles**
  - 10mg serving size in CA, CO, WA, NV
  - 5 mg serving size in AK, OR
  - Most states prohibit products that look like candy and/or commercial food items
  - Adulterated products prohibited in some form in 4 states (AK, CO, WA, NV)
  - Shelf-stable products only in WA
Time, Place, Manner

• **Public/On-Site Consumption**
  » Any public/on-site consumption prohibited (WA, OR)
  » Prohibited, unless municipality approves on-site consumption (CA, CO, MA)
  » Rule-making underway for potential exemptions (AK, NV)
  » Ballot measure language allows (ME)

• **Zoning and Advertising/Marketing**
  » Zoning for retail locations ranges from 300 ft (NV) to 1000 ft (WA) from child/community-related locations (varies by locality)
  » In most states: no advertising 1000 ft. from child-related location
  » In all states: cannot advertise health benefits, safety, or make false statements
Conclusions

• Marijuana legalization impacts a variety of public health divisions

• Most state public health agencies lack funding to conduct vital public health work related to marijuana

• State marijuana policies impacting public health vary widely across states and change quickly

• Lots of areas to watch with major public health implications (industry engagement in rules and regs, packaging and labeling, advertising, public use)
Acknowledgements

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Questions?

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Cannabis in The Great Land

Jay C. Butler, MD
Chief Medical Officer,
Dept of Health and Social Services, and
Director, Division of Public Health
Unique Policy Elements in Alaska: History

• Ravin Doctrine *(Ravin v Alaska, 1975)* made marijuana quasi-legal >40 years ago
  – Alaska Supreme Court: right to privacy protected by the Alaska Constitution includes an adult’s right to possess and use small amounts of marijuana in the home

• Decriminalization flip-flop
  – Decriminalized by Legislature in 1982, *up to 4 ounces*
  – Recriminalized by ballot measure in 1990
  – Medical marijuana approved by ballot measure in 1998
  – Court of Appeals overturned ballot measure in 2000s
Unique Policy Elements in Alaska: History

• Ballot Measure 2, November 2014: "An Act to Tax and Regulate The Production, Sale, and Use of Marijuana” passed by 53%
  – Alaskans age 21 and older may possess up to an ounce and six plants
  – Established Marijuana Control Board in Dept of Commerce
  – Defined tax at cultivation facility: $50/once; lower tax allowed for certain parts of plant
  – Public consumption banned; fine up to $100
Unique Policy Elements in Alaska: Medical Marijuana

- Ballot Measure 8, Nov. 1998, legalized medical marijuana in Alaska for a number of specific “debilitating conditions”
- Restrictions: Public use prohibited; possession limits
- Statute does not address source of marijuana
Unique Policy Elements in Alaska: Medical Marijuana

• Requires permit (“Medical Marijuana Card”)
  – Statement from provider in a “bona fide physician-patient relationship” examined patient and diagnosed a “debilitating medical condition” listed in AS 17.37.070
    • Does not require specifying the debilitating medical condition
    • Parental statement also required for children aged <18 years
  – $25 registration fee; good for 1 year; renewals, $20
  – Cards from other states not recognized in Alaska

• Alaska Medical Marijuana Card Benefits
  – Affirmative defense (facts that mitigate legal consequences)
  – Allows two primary caregiver and alternate caregiver (proxies)
Unique Policy Elements in Alaska: Medical Marijuana

Welcome To Releaf Alaska!

Releaf Alaska provides professional and confidential medical cannabis evaluations and education in Anchorage, Alaska. It is our goal to create a comfortable and stress-free environment for patients that wish to acquire their medical cannabis recommendation and ID card. We are able to answer questions and extend our knowledge to inquiring patients, however it is important to understand that our doctors are consulting with patients solely about their qualification for medicinal cannabis. Releaf Alaska serves ALL of Alaska, contact us to schedule an appointment!
Unique Policy Elements in Alaska: Local Governance

White area encompasses the unorganized borough
What Has Gone Well

• Intradepartmental coordination (for the most part)
• Interdepartmental coordination (for the most part)
• DHSS coordination with some representatives of industry and some community partners
• Regulations:
  – Defining serving size and packaging
• Timeline from Ballot Measure 2 (Nov 2014):
  – 90 days to legalization
  – 18 months to develop regulations and issue licenses
Herbal Outfitters Opens, Oct. 29, 2017
Valdez, Alaska

A line forms outside Herbal Outfitters. Marijuana retailer Herbal Outfitters opened its doors to customers for the first time in Valdez on Saturday. (Marc Lester / Alaska Dispatch News)
What Has Gone Well

- No more than 10 servings per package

SERVING SIZES OF PURCHASED EDIBLES HAVE UP TO 5MG OF THC.
What We Might Do Differently

• Timeline from Ballot Measure 2
• Readiness and clear policy
• Coordination with *all* stakeholders
• Regulations:
  – Attempts to limit concentration ultimately resulted in no limits
  – Representative input
• Board make-up and support
• Tax revenue for public health response
  – 50% currently committed to prison recidivism prevention
Ongoing Discussions

• Labeling requirement
  – Currently:
    • Marijuana has intoxicating effects and may be habit forming.
    • Marijuana can impair concentration, coordination, and judgment. Do not operate a vehicle or machinery under its influence.
    • There may be health risks associated with consumption of marijuana.
    • For use only by adults twenty-one and older. Keep out of the reach of children.
    • Marijuana should not be used by women who are pregnant or breast feeding.[}
Ongoing Discussions
Ongoing Discussions

Anchorage Assembly tells state to allow onsite use of marijuana

ANCHORAGE, (KTUU) - At Tuesday’s Anchorage Assembly meeting seven out of its eleven members voted to urge the Marijuana Control Board to allow the use of marijuana at licensed shops.

“We’ve created sort of a catch 22 and so it’s legal to buy it but nowhere to legally smoke it,” said assembly
Ongoing Discussions

• On-site consumption
  – Use limits
  – Clean indoor air and employee health
  – Serving with other foods or alcohol

• Disposal of waste and product deemed “unfit for sale”

• Employee sampling for QA purposes
Public Messaging: Goals

• Share health and legal information with Alaskans.
• Start conversations.
• Stay balanced in tone, factual in content.
• Share new information regularly.
• Employ humor when appropriate.
• Make DHSS a trusted place to go for reliable information in Alaska.
• Use social medial and website as a source of reliable information, marijuana.dhss.alaska.gov.
• Supplement with traditional PSAs and printed materials.
2015 Core Messages

• Cannot yet be bought or sold
• Legal age is 21 and older
• Not legal in public places
• Keep away from children
• “Driving high is a DUI”
• “What’s grown in Alaska, stays in Alaska”

https://www.youtube.com/watch?v=D7yRlxxILnk
2016 Core Messages
• Affects people differently
• Delayed effects of edibles
• Increasing THC content
• Advise against use during pregnancy and breastfeeding
• Keep out of reach of children

https://www.youtube.com/watch?v=le-DZ81W8Hk
GET THE FACTS ABOUT MARIJUANA IN ALASKA

RESponsible CONSUMER

marijuana.dhss.alaska.gov
UPDATE: Marijuana-intoxicated motorist injures cyclist
Marijuana Legalization in Washington State: Implications for Public Health

2017 Cannabis Summit

Mary Segawa, MS
Public Health Education Liaison
Mission

Promote public safety and trust through fair administration and enforcement of liquor, cannabis, tobacco, and vapor laws.
Medical use of marijuana approved for qualifying conditions (I-692)*

1998

Initiative 502 – Retail sales and possession, limited quantities, ages 21 and over

2011

SB 5073 - Regulated medical, partially vetoed

2012

Retail stores opened – July 2014

2016

SB 5052 – Integrated medical marijuana market; effective July 1

*Did not “legalize” medical use; provided affirmative defense for qualifying patients with valid recommendation and their designated providers.
• With Colorado, diving into uncharted territory
• Don’t know what you don’t know
• Outreach to and inclusion of other state agencies, including Department of Health and DSHS Division of Behavioral Health and Recovery
• Stakeholder involvement and feedback
How Do We Limit Access

• Age restrictions
  • 21+ for non-medical use
• Possession limits
  • 1 ounce useable, 16 ounces solid (edibles), 72 ounces liquid, 7 grams concentrate
• Limits on production and retail stores
  • Challenge to determine “need”
• Compliance checks
  • 93 percent compliance rate
• No home grows except for medical
  • Legislative directive to study
Packaging and Labeling*

• Servings individually packaged in child-resistant packaging
  • Issue – Consumer doesn’t keep product in packaging. Environmental waste.

• THC and CBD content on label
  • Issue – Some consumers place emphasis on high THC

• Warning statements required on packaging and/or accompanying materials
  • Issue – Are they legible? Will they be read?

• Not for Kids symbol required on packaging for edibles

* Revisions underway to increase clarity, close loopholes
Edibles

- Prohibition on “high risk” products (e.g. products that need refrigeration or heat; fruit or vegetable juices or butters, pies that contain egg, dairy, products, etc.)
- Cannot be “especially appealing to children”
  - Issue – Where to draw the line, how to define
- All products/labels submitted to 4-person team for approval; wide range of products approved, some denied
Washington Poison Center Data

Marijuana Exposure by Age in WA for 2015-2016

*In 2015, 14 exposure cases had unknown ages
*In 2016, 21 exposure cases had unknown ages
Advertising

*Cannot be within 1000 feet of schools, playgrounds, recreation centers, child care centers, parks, libraries, game arcades not restricted to those 21 and over.*

**Restrictions added in 2017 Legislative session:**

- Business signs and outdoor advertising
  - 2 sign limit, maximum 1600 square inches
  - Sign spinners, sandwich boards, inflatables, persons in costume prohibited
- Information is limited to:
  - Business or tradename
  - Business location
  - Identifying the nature of the business
Advertising (cont.)

- Must indicate purchase and possession limited to 21 and older
- Cannot contain depictions of plants or products
- Cannot use movie or cartoon characters or other depictions appealing to children
- May contain images (to be further clarified by rule)
- Logos may not contain plants, products, or be appealing to children

- Billboards
  - Restrictions same as above but also contain required warning statements

  *Jurisdictions can add further restrictions but must enforce them.*
Drugged Driving

- Per se limit (5 nanograms THC per ml of blood)
- High visibility traffic enforcement
- Media campaign

AAA Foundation for Traffic Safety - Key Findings

From 2010 through 2013, the estimated number and proportion of drivers involved in fatal crashes who had a detectable concentration of THC in their blood ranged from a low of 48 (7.9 percent) to a high of 53 (8.5 percent)

- The number and proportion both doubled from 49 (8.3 percent) in 2013 to 106 (17.0 percent) in 2014
Other Issues / Challenges

- Pesticide protocols
- Drugged driving protocols
- Enforcement capacity
- Push for more lenient policies, rules (e.g. on-site consumption, more licensees, etc.)
- Chasing research
- Federal limitations
Revenue Allocations

- Prevention and reduction of substance abuse
- Marijuana education and public health program
- Healthy Youth and Young Adult surveys
- Long-term evaluation of legalization
- Research on short- and long-term effects of use
- Basic health
- Community health centers
- Drop-out prevention
- Website
- Help line
Education

- Printed materials
- Social media
  - Banners
  - Pop-ups
  - Videos / Animation
- Transit ads
Thank You!

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Overview of State Marijuana Legalization Policy: Implications for Public Health

Andy Baker-White, JD, MPH
Association of State and Territorial Health Officials
August 29, 2017
About ASTHO

ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. territories and freely associated states, and the District of Columbia. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in public health practice.

**Vision**
Healthy people thriving in a nation free of preventable illness and injury.

**Mission**
To transform public health within states and territories to help members dramatically improve health and wellness.
Who’s dealing with it?

Amsterdam and the Netherlands

Uruguay
Here in the U.S.

- Federalism
- First Amendment
- Enforcement
- Housing issues
- Public use
- Workers protection
- Perceptions
- Surveillance support