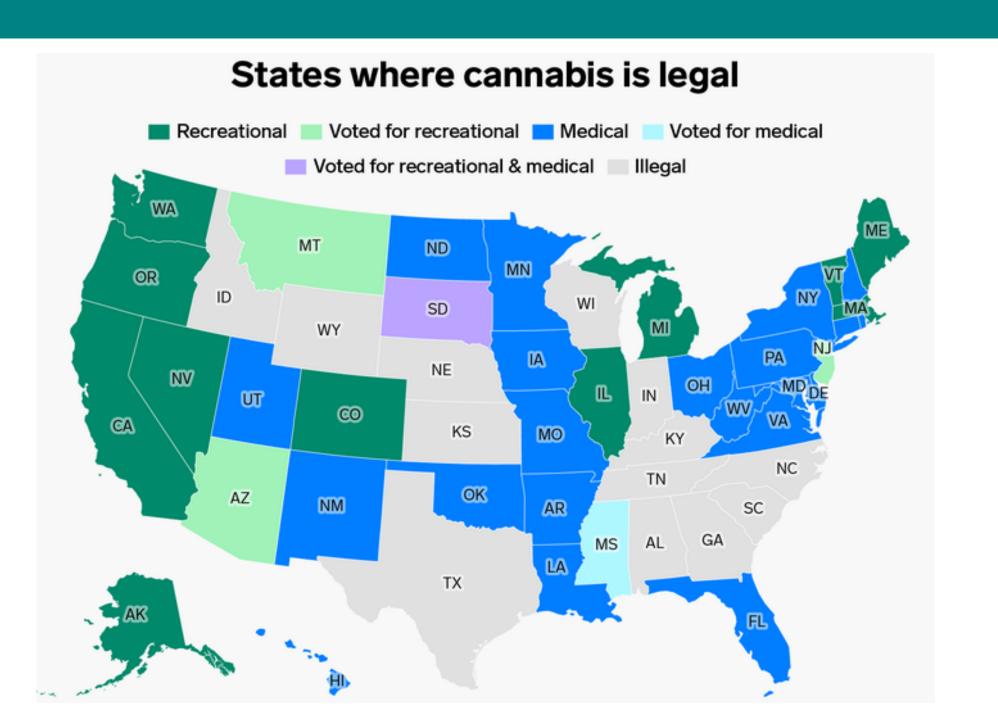
## DISCUSSION OF CANNABIS LEGALIZATION AND LOCAL IMPACTS

Scale Meeting
October 8, 2021

## Discussion Points – Educational Presentation

- Current Medical Cannabis Legislation
- Proposed Recreational Cannabis Legislation (HF600)
- Impacts
- Questions



#### States Where Legalization Passed 2020-2021

New York
Arizona
New Jersey
New Mexico
Montana
South Dakota
Virginia

# States Where Legalization Failed 2020-2021

Florida Maryland Georgia New Hampshire Hawaii Pennslyvania Kentucky Tennessee Louisiana Wyoming

## **Current Medical Cannabis Provisions:**

- Max of 2 in-state medical manufacturers
- Each manufacturer can have 4 distribution centers
- Each manufacturer can have 1 location for the cultivation, harvesting, processing and packaging (can be in same location as distribution center)
- State established 4 service area's
- Each manufacturer can have no more than 2 distribution centers per area
- Recipients must apply with DHS



## **Current Medical Cannabis Provisions:**

- Must have qualifying health need from medical professional
- Must be registered in the state
- Product delivered in liquid, pill, vaporized method form from the oils of plant (not from dried leaves, any other method)
- High cost for recipients due to prohibition of using dried flower, leaves, and stems

## Property Tax Classification for Medical Cannabis

- Classified as Industrial
- Located in an industrially zoned land use area
- Product is grown in an enclosed building
- No agricultural classifications for growers



## Changes to Medical Cannabis – HHS Omnibus Bill



- HF2128 Approved on House and Senate Floors – onto Governor
- Bill Includes:
  - Removes the use of dried leaves, flowers and other plant parts
  - More affordable due to lower processing costs

# Legalization of marijuana & commercialization of THC (Bill HF600)

### **Current Status**

- Passed MN House on 5/13/2021
- No companion bill/hearing in the MN Senate



## What does HF600 Cover?

- New Regulator Agency & State Responsibilities
- Delegation of Powers and Duties
- Local Control & Responsibilities
- Education Requirements
- Land Use
- Taxing
- Licensing
- Economic Development
- Employer Concerns

# Regulatory Agency

# Cannabis Management Board (CMB) appointed by Governor - Powers & Duties

- Regulate the lawful cannabis industry
- Establish programming, services, and notification to protect, maintain, and improve the health of citizens
- Prevent unauthorized access for people under 21 years of age
- Establish standards for product testing, packaging, and labeling
- Promote economic growth in areas that experienced a disproportionate, negative impact from cannabis prohibition
- Issue and renew licenses

# State Responsibilities

- Manages the receipt of applications and fees: issues licenses for cannabis businesses
- Receives complaints on suspected violations of a safety or health standard
- Issue administrative orders and penalties when violations are found
- Revoke or suspend licenses
- Inspects businesses for compliance to all rules and requirements

# State Responsibilities

- Move Administration from Dept of Health to Dept of Commerce
- Proposed Cost of implementation: \$25 million
  - Grants for farmers/growers
  - Creation of governance
  - Less than \$2 million allocated to 6 various departments to split for community support
  - No local dollars allocated for support

# Delegation of Powers & Duties

#### **CMB** can enter into agreement with:

- Community Health Board
- City
- County

#### And can delegate the following duties:

- Licensing
- Business Compliance Inspection
- Reporting to the state
- Enforcement
- Prosecution

# Local Controls & Responsibilities

#### **Local Governments CANNOT**

- Prohibit the possession, transport or use of cannabis or its products
- Prohibit the establishment or operation of a licensed cannabis business

# Local Controls & Responsibilities

#### **Local Governments CAN:**

- Restrict times, places, and manners of the operations of a licensed business
- Prohibit the operation of a licensed business within 1000' of a school, day care, nursing home, union headquarters, house of worship, Capitol grounds
- Establish interim ordinances that regulate, restrict, or prohibit businesses within the jurisdiction until 1/1/2024
- Ensure compliance with state fire code and building code
- Provide input on ordinances/regulations to the State.
- Provide input and comment on applications to the State.

# What the Proposed Bill Allows

- Possession of 10 pounds within residence
- Possession of 2 ounces allowed in public on one's person
- Possess or transport of 8 grams of cannabis or its concentrate
- Possess or transport edible products infused with up to ≤ 800 mg of THC
- Give away (in public) up to 2 oz cannabis
- Use cannabis product in public
- Cultivate up to 8 plants, 4 of which can be mature
- Cannot drive any motor vehicle while under the influence

# Prohibition in Bill for Consumables

#### State Board Not to Approve Following Cannabis and Its Products

- Is or appears to be a lollipop or ice cream (should include all 'candy'- but does not)
- Has characteristics of a real or fictional person, animal, or fruit
- Marketed like products consumed by children
- Has THC applied to an available candy or snack food item
- Is a product, consumed by combustion or vaporization, that tastes or smells like something other that of cannabis

# Public Health Requirements

#### The proposed bill requires public health to:

- Conduct an education program to educate pregnant women, breastfeeding women, and women who may become pregnant on the adverse health effects
- Provide training and technical assistance to home visiting programs regarding safe and unsafe uses of cannabis and cannabis products
- Issue grants to qualified agencies and programs to provide education and training

# School District Youth Education

- Youth education won't start until 2023, as it is funded by the dispensary revenue
- Will be in school settings (presumably health classes)
- Will address top 3 adverse health effects on the use of cannabis or cannabis products



# Impacts on the Public's Health

- Potency and Products
- Impact to Health
- Youth Impact
- Impact to Workload

#### This is not your grandma's weed!!!





Some products photographed for this website that contain THC may also contain other non-psychoactive ingredients.  ${}^*\text{Our photographs are licensed by } \textbf{Creative Commons}$ 

## Potency Changes

- Typical street weed has increased from 15-20% potency to THC products of 70-90% (dabbing)
- The higher the potency and the younger the marijuana user, the more likely to have Cannabis Use Disorder (CUD)
- Currently 9-30% may develop CUD
- Potential for treatment needs to increase



# Soup mixes, and party dips, Pretzels







Mints, THC gum, and sugar packets







## **Edibles and Consumables**

- The board shall not approve any product "designed or likely to appeal to persons under age 21".
- Products cannot depict a person under age 21 or include an image designed or likely to appeal to persons under age 21, including cartoons, toys, animals, or children.
- However, edibles include candy and baked goods.

# Edibles (gummy everything)







# THC desserts (fudge and candy)





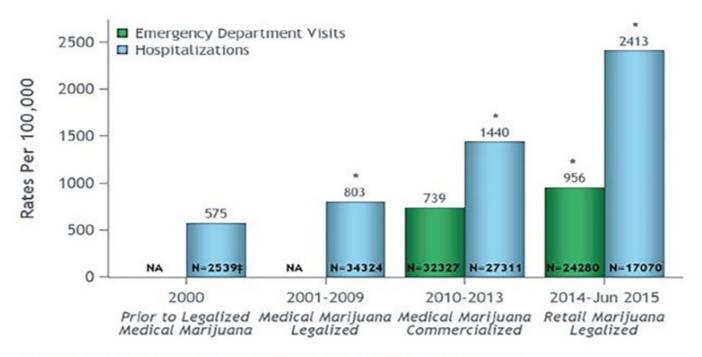






# IMPACT TO HEALTH

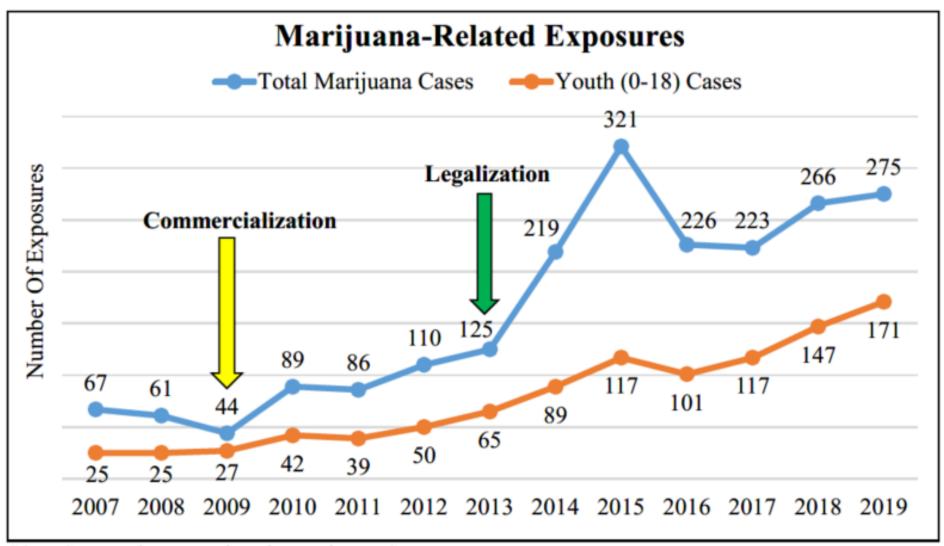
## Impact on Healthcare in Colorado



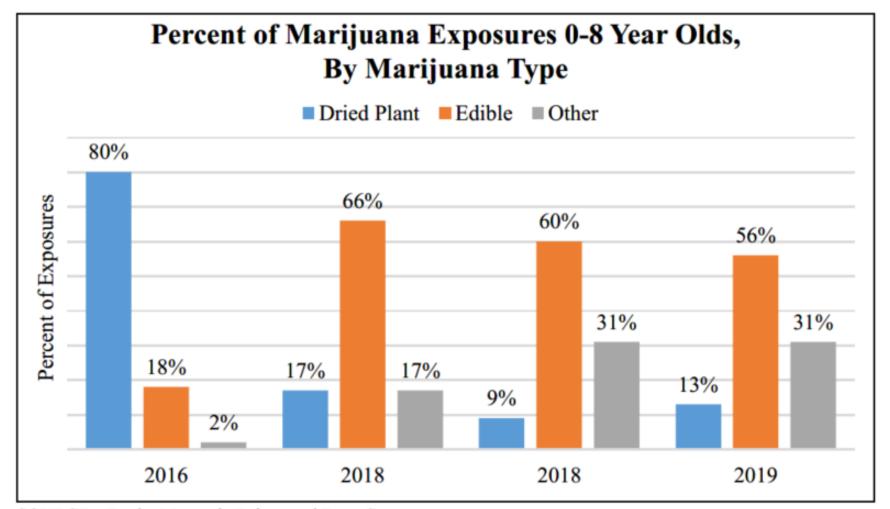
\*Rate significantly increased from previous time period with a p-value <0.001. †ICD-9-CM codes 305.2, 304.3, 969.6, and E854.1 were used to determine HD and ED visits with possible marijuana exposure, diagnoses, or billing codes.

‡The Ns are the total number of HD or ED visits with possible marijuana exposures, diagnoses, or billing codes in the specified time period.

#### Poison Control/Marijuana Exposure Data

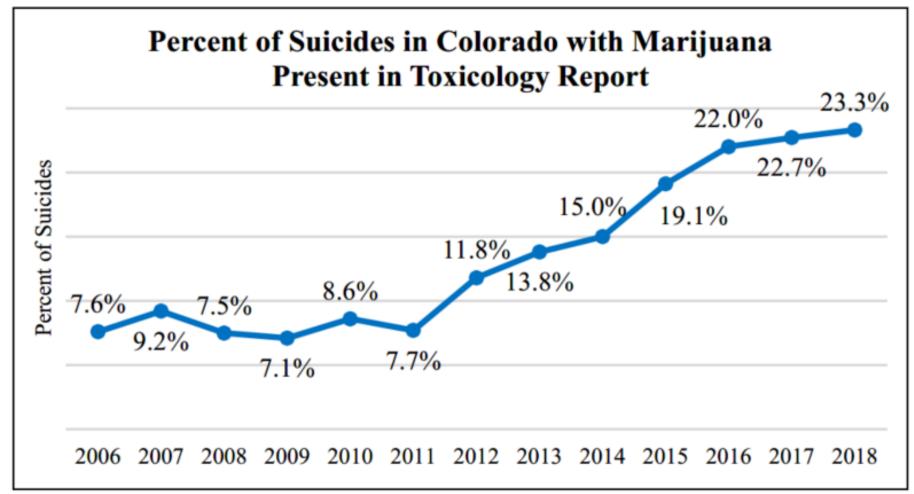


SOURCE: Rocky Mountain Poison and Drug Center



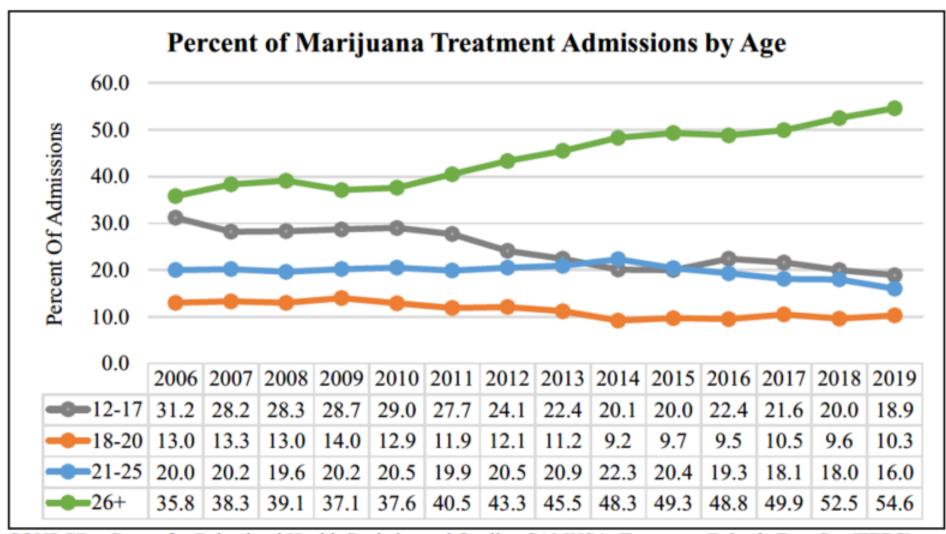
SOURCE: Rocky Mountain Poison and Drug Center

**NOTE:** The code for marijuana edibles did not go into effect until 2016. Therefore, any cases of edible marijuana exposure which occurred prior to 2016 were coded under "dry plant." Other marijuana includes oral pills/capsules, concentrated extracts (to include oils and tinctures), topical preparations, marijuana devices, and unknown/other forms of marijuana.



SOURCE: CDPHE, Colorado Violent Death Reporting System

**NOTE:** Toxicology is not available for every suicide. Only those suicides with toxicology available are represented above. Due to an 18-month lap in detailed suicide circumstances and toxicology information from coroner and law enforcement records, 2018 is the most recent year available.



SOURCE: Center for Behavioral Health Statistics and Quality, SAMHSA, Treatment Episode Data Set (TEDS).

Based on administrative data reported by states to TEDS through April 1, 2020.

## Maternal Health

- 15.2% of women used marijuana 3 months leading up to their pregnancy
- 7.8% used THC during their pregnancy
- Having a low-weight baby is 1.7x more likely among mothers who use marijuana, and having a preterm baby is 1.5x more likely
- 4.4% used THC postpartum and while breastfeeding
- 2/3 of accidental exposure of marijuana edibles happened in children 8 years old or younger
- No current data to discuss the impact of in utero edible exposure

### Early Childhood Development

- Marijuana use during pregnancy can affect the developing fetus
- THC can enter the fetal brain from the mother's bloodstream
- It may disrupt the endocannabinoid system, which is important for a healthy pregnancy and brain development
- THC in breastmilk is dangerous for babies and can be found in milk up to 6 days after last use
- No current data to discuss the impact of in utero edible exposure

#### Public Health Estimated Cost

- For each dollar of revenue gained on sales, CO is expected to spend... (police, fire, social services)
- Marijuana- \$4.57
- Tobacco/vape- \$9.00
- Alcohol \$13
- Costs related to the healthcare system and from high school drop-outs are the largest cost contributors.
- Costs of marijuana ranged from accidental poisonings and traffic fatalities to increased court costs for impaired drivers, juvenile use, and employer related costs.



## Youth Impact



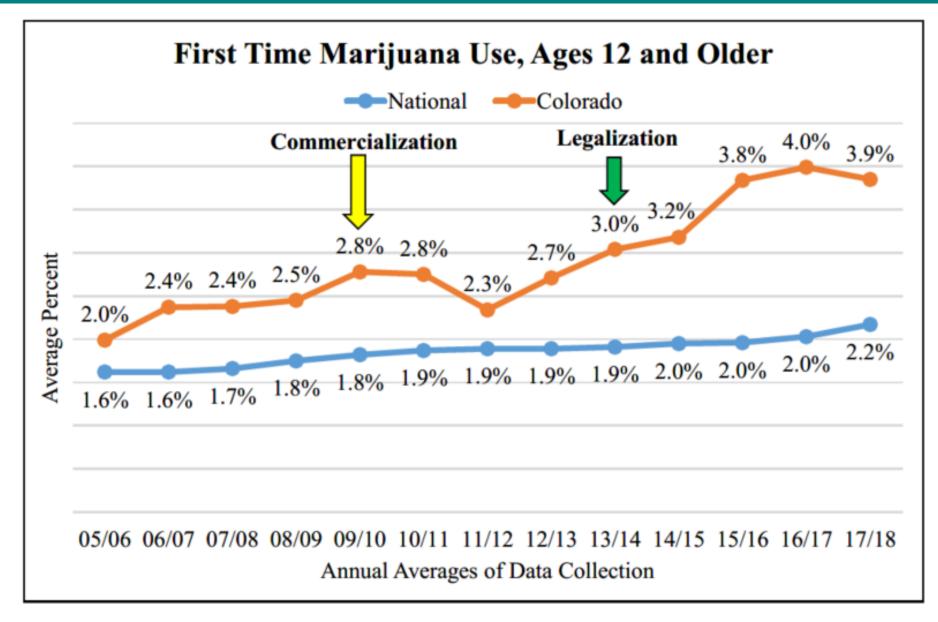
#### Lessons Learned from Colorado

Since marijuana was legalized in 2013:

- Past month marijuana use for ages 12 and older **increased 30%** and is **76%** higher than the national average, currently ranked **3rd** in the nation.
- Past month adult marijuana use (ages 18 and older) increased 19% and is 73% higher than the national average, currently ranked 3rd in the nation.
- Past month college age marijuana (ages 18-25) use increased 6% and is
   50%higher than the national average, currently ranked 3rd in the nation.
- Past month youth marijuana (ages 12-17) use decreased 25% and is 43%higher than the national average, currently ranked 7th in the nation.

## Past 30 day Use

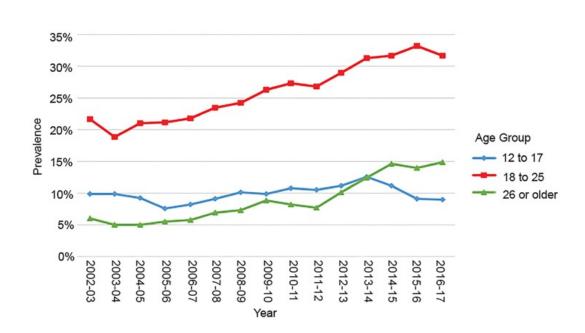
Grade	Colorado	MN/Scott
9 <sup>th</sup> Grade	13.3%	7.5%
11 <sup>th</sup> Grade	24.3%	15.5%



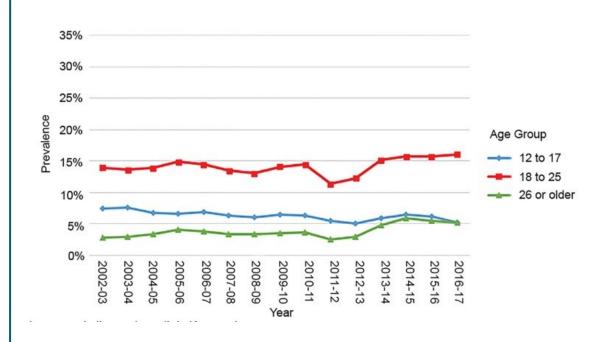
SOURCE: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2017 and 2018

# Changes in past-month cannabis use by year and age group

Colorado (Legalized State)



Kansas (Non-Legalized State)



#### THC Legalization Impact on Youth

- No amount of THC is safe for developing brains
- Negatively affects memory, motor impairment, decision making, mood and responding to stress
- Chronic use is linked to decline in IQ, school performance, increased rates of drop out and suicide attempts
- Risk for early onset of psychotic disorders and linked to a range of mental health problems in teens such as depression or anxiety.
- 25% increased risk for future opioid abuse

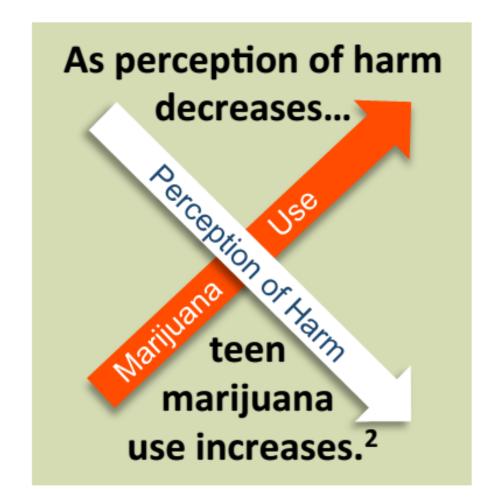
#### Legalization Impact on Youth Research

- A survey of more than 500,000 people compared marijuana use before and after widespread legalization in the US and found that more teens were using the drug. In addition, the survey found a **25% increase** in the number of teens reporting cannabis use disorder after legalization.
- National data from the Youth Risk Behavioral Study (YRBS) stated, "There was no evidence that the legalization of medical marijuana encourages marijuana use among youth."
- Moreover... marijuana use among youth may actually decline after legalization for recreational purposes." A second study that the reason might be limited accessibility as a result of strict regulations around legal marijuana sales. (YRBS)

#### Perception of Harm

"Parents who use marijuana themselves may not fully realize the effect this can have on their children. Seeing parents use marijuana makes kids more likely to use it themselves, whether or not their parents tell them not to, because actions speak louder than words."

— **Sheryl A. Ryan, MD**, American Academy of Pediatrics Committee on Substance Use and Prevention



Source: National Institute of Health; Monitoring the Future Survey

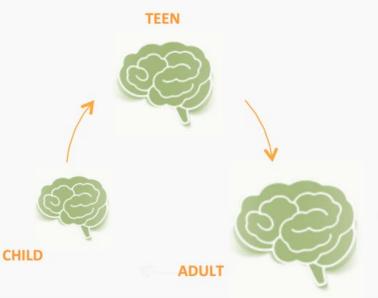
#### COVID19 Impact on Youth Marijuana Use

- A Canadian study found that adolescent substance abuse, including cannabis use, had increased in 2020, particularly among teens experiencing pandemic-related fear and depression.
- Results also suggest a surprisingly large number of adolescents were using substances with parents during the COVID-19 crisis.
- Many experts have observed or predicted a rise in teen cannabis use due to social isolation, limited activities, and increased stress.

#### Consequences of Recreational Use

#### MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is still developing and it is especially vulnerable to drug use.





Regular heavy marijuana use by teens can lead to an IQ drop of up to **8 points**<sup>3</sup>









to graduate from HS or college

#### **Life Outcomes**







more likely to be unemployed

#### Impact to Schools

- Drug violations reported by Colorado's K-12 schools have increased 45% even as the combined number of all other violations has fallen
- There has been an increase in high school drug violations of 71% since legalization and school suspensions for drugs increased 45%
- Marijuana is the #1 substance found in suicides of young people in Colorado who are 10–19 years old

#### Youth Access to Alcohol Comparison

Students who drank alcohol in the past 30 days most often reported getting it from:



Friends

43%



**Parents** 

22%



**Parties** 

28%



Someone else

bought it



Took from home

26%

16%