Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 837 Cannabis Reform. House Judiciary Committee. February 14, 2022

LETTER OF INFORMATION

MDDCSAM applauds the decriminalization and expungement components of this bill. Legalization of cannabis production, distribution, as well as possession of adequate personal use quantities can limit profound harms primarily borne by minority communities targeted by 'mass incarceration.' Onerous civil penalties should also be eliminated.

However, depending on how it is done, cannabis legalization risks significantly worsening the harms of cannabis use disorder (CUD) and other forms of unhealthy cannabis use. Though most people who use cannabis do not develop CUD, long term cannabis addiction is a common disorder and a significant public health problem that can impair functioning as severely as other substance use disorders.

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Over time the cannabis industry is expected to become increasingly consolidated, and to increasingly adopt marketing, promotion, government relations, and product design practices now used by the tobacco and alcohol industries. Tobacco and alcohol industries have an economic incentive to increase sales to customers, including customers with unhealthy use, or use disorders who account for a disproportionate share of sales. These incentives will be present in a future consolidated cannabis industry as well.

Robust guardrails are needed to protect the regulatory framework from industry influence over time. Dr. Susan R.B. Weiss, Director of Extramural Research at the National Institute of Drug Abuse (NIDA), reported to the Maryland House Cannabis Referendum and Legalization Workgroup (Oct 2021) that cannabis business operatives should not be involved in setting or overseeing the implementation of regulations on the industry. She also expressed concern that federal legalization could lead to large alcohol and tobacco companies becoming more involved in the cannabis sector.

According to the October 2020 Public Policy Statement on Cannabis by the American Society of Addiction Medicine (ASAM), "The history of major multinational corporations using aggressive marketing strategies to increase and sustain tobacco and alcohol use illustrates the risks of corporate domination of a legalized cannabis market. . . **The marketing and lobbying muscle of a for-profit industry is likely to influence the future trajectory of cannabis policy. . . with regulators drifting over time toward more industry-friendly postures."** (1: ASAM)

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A public health framework for legalized cannabis should be based on best public health practices established for tobacco control. (2. Barry RA et al). **The World Health Organization Framework Convention on Tobacco Control**, ratified by 180 parties, calls for protecting the policymaking process from industry interference. It states that **"[Governments] should not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy."** (2. Barry RA et al.)

Therefore, the Public Health Advisory Council described in HB 837 should adopt transparent policies and procedures that include a Conflict of Interest Policy for vetting Council members and guiding Council operations, and which conforms with Conflict of Interest best practices as described by the National Council of Nonprofits.

HB 837 should specify that membership of the Public Health Advisory Council (Pg. 25 line 4) excludes persons that receive any items of value such as salary, payment, equity interest, investment instruments, benefits, or other forms of compensation from any cannabis-related business such as cannabis dispensaries, growers, processors, other retail or wholesale cannabis-related businesses, or persons who receive similar items of value from business partners, consultants, suppliers or entities with any significant financial relationship with a cannabis business, or their immediate family members, with the exception of one representative of a laboratory that tests for cannabis, if said individual only receives items of value from the aforementioned laboratory.

Meetings of the Council and its workgroups should be observable by the public.

It should be stated that the Cannabis Public Health Fund shall allocate and disperse funds by the Maryland Department of Health in accordance with the recommendations of the Public Health Advisory Council, in a manner consistent with evidence-based best practices to the extent practicable, in a manner that is publicly transparent, and that is described in a Department website.

Advisory Council recommendations (pg 27 line 15) should be included an annual report available to the public.

Before public health funds are allocated, there should be an opportunity for public review and comment of the Council's annual reports.

Home cultivation and cannabis buyers' clubs should be permitted as in many other states. Both tend to reduce the adverse incentives and influence associated with full commercial legalization of cannabis production and marketing. Both are included in adult-use cannabis laws in other states, and both were recommended in the aforementioned ASAM policy statement. (1. ASAM policy statement)

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In view of powerful incentives to expand consumption, and considering decades-long efforts to "denormalize" tobacco consumption, avoiding the encouragement of increased consumption should be one of the goals of any adult use cannabis regulatory scheme. Promoting cannabis use is not socially or economically beneficial to our communities in the long run. (3. Gettingitrightfromthestart)

HB 837 should specify that council recommendations shall include public health campaigns on prevention and treatment of unhealthy cannabis use in youth and adults, rather than simply "public campaigns on cannabis." (pg 27 line 26)

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Adult use cannabis should be labeled with THC potency, and taxation should be based, at least in part, on THC potency, as in several other states. THC potency is associated with adverse outcomes including the risk of CUD. (4) (5) (6) (7) (8)

Taxation based on weight incentives producers to create ever more concentrated products. Possibly as a result, the THC potency of retail cannabis products have roughly tripled in recent years. According to the aforementioned ASAM policy statement, "The concentration of THC in commonly cultivated marijuana plants has increased three-fold between 1995 and 2014 (from 4% to 12% respectively), while THC concentrations in cannabis sold in dispensaries averages between 17.7% and 23.2%." (1. ASAM)

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We also recommend that the due date for the first report of the Comprehensive Baseline Study of Cannabis Use (Pg. 4 line 25) be changed from January 1 2023 to January 1 2024 to allow adequate time to establish procedures and to collect baseline data.

We recommend the elimination of all criminal and civil penalties or fines for simple cannabis possession below a personal use amount.

Respectfully,

Joseph Adams, MD, FASAM, Chair, Public Policy Committee

REFERENCES

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