



Mission: To improve public health in Maryland through education and advocacy Vision: Healthy Marylanders living in Healthy Communities

HB 837 Cannabis Reform

Hearing Date: 2/14/22

Committee: Judiciary

Position: Favorable with amendments

Chairperson Clippinger and members of the Judiciary Committee: The Maryland Public Health Association (MdpHA) would like to offer favorable testimony with amendments regarding HB 837, sponsored by Delegate Clippinger. We appreciate those who have worked very hard to bring us to this point and have not shied away from shining a bright light on the trauma and devastation the continued war on drugs has done to countless individuals and communities of color.

MdpHA does not take a position on the use of cannabis itself, but instead focuses on the legislative process towards legalization. It is our goal to ensure the steps taken are equitable, are evidence-based, are methodical and incremental, acknowledge that certain communities have been historically disproportionately impacted by the war on drugs, protect vulnerable populations, and anticipate unintended negative consequences of policy.

In order to work within this vision, it is imperative that the sound structures enumerated in this bill be coupled with an initial projection of what a strong licensing and regulatory system would look like. Last year, MdpHA asked that the decriminalization and record expungement portions of the House and Senate cannabis regulatory bills be separated out, as there was little disagreement as to the need for those things to happen. Fortunately, we see this bill as addressing that concern and even moving further forward with the public health-focused inclusions. But we feel that without even a draft of a regulatory structure, it is an incomplete picture. Without guardrails, disparities can arise. Young adults who are female (vs. male) or identify as lesbian, gay, or bisexual have 40% higher odds of reporting seeing cannabis promotions online (vs. heterosexual youth).¹ After legalizing in Oregon, minor in possession tickets increased 28% and were highest among AI/AN and Black youth.² These unintended outcomes that are being seen in other states need to be considered and avoided in statute sooner than later.

Having said this, we offer the following recommendations specifically for HB837.

Broaden the focus

One overarching recommendation is to remove considerations around cannabis from a vacuum. Most illicit and even licit substances are rarely used singly, in addition to being strongly linked to mental and behavioral health issues. By focusing the attention of the bill's tasks solely on cannabis, it misses the opportunity to address the frequent co-occurrence of these other issues, especially in those who are experiencing the greatest harms. By addressing these issues

holistically, the individuals experiencing these overlapping harms will benefit more completely.

Baseline survey

A baseline survey is appropriate in order to gather pre-existing data and establish a status quo before any interventions. It can also validate national survey data and fill in the vast gaps in knowledge in the state. The timeline proposed, however, is untenable due to the time needed to draft and revise a survey instrument (*much of the proposed data to be included is presently not collected*), field the survey, prepare the data, analyze the data, and publish a report.

We recommend producing a baseline report that includes what data we DO collect at this time, but also makes recommendations for the type of data that should be collected in an ideal surveillance system, how it should be collected, and potentially a draft survey. (*It is possible that this falls under the intentions of the Public Health Advisory Board, but we believe it is imperative to design and be dedicated to a complete surveillance system from the outset.*) An alternative recommendation is to extend the timeline to produce the full report, which must then be coupled with a recommendation to extend the timeline that HB 1 proposes for legalization.

Include at a minimum the following data:

- Pre-existing trends across all topics
- Additional population: families with young children
- Sources of purchase among minors, college students, adults
- In addition to hospitalizations, use of other health care services related to cannabis
- Financial impacts on the state healthcare system
- Data on cannabis-related incidents in schools, including suspensions/expulsions
- Drug-related arrests and convictions stratified by demographics
- Co-occurring use rates with alcohol, tobacco, and other drugs (ATOD)
- Co-occurring substance use disorder rates with ATOD
- Co-occurring rates of psychiatric disorders, such as anxiety and depression (*these are common among regular cannabis users, especially adolescents and young adults*)

There are a few existing surveillance tools currently in the state that might provide opportunities to collect additional data. One example is the Maryland Pregnancy Risk Assessment Monitoring System ([PRAMS](#)), a CDC-supported surveillance project. PRAMS has a Marijuana & Prescription Drug Use Supplement that could be incorporated that other states have used—currently only cigarette smoking, hookah use, and heavy drinking are assessed in Maryland.

We also recommend a series of rigorous evaluations from the baseline and to assess ongoing trends, instead of just a biannual report of collected data. (*although the Advisory Council may recommend these types of studies, it may be more appropriate to mandate something more rigorous from the beginning*)

Cannabis Public Health Advisory Council

Recommendations for the advisory council:

1. Include/replace members or member descriptions with the following expertise:
 - a. Professional/researcher with a focus on women's and/or perinatal health,
 - b. Professional/researcher with expertise in cannabis policy,
 - c. Epidemiologist with expertise in substance use and prevention (*including alcohol, cannabis, tobacco*).
2. Appoint the members of the advisory board in a more equitable manner. An example is 2019's HB768, the Prescription Drug Affordability Board (members appointed more equally by the Governor, Senate President, House Speaker, AG, etc.).
3. Strengthen the conflict of interest parameters. Members may not have direct or indirect financial interest, ownership, or management, including holding any stocks, bonds, or other similar financial interests in cannabis industries or commercial cannabis entities (exempting the laboratory representative—consider making this an ad hoc or non-voting position). Members also may not have an official relationship (e.g., immediate family members, spouses) to someone as described above.
4. Secure adequate and sustainable funding to ensure achievement of tasks to lay the foundation, especially before expected tax revenues become available.
5. Include co-occurrence of cannabis along with alcohol, tobacco, and other drugs in considerations for studies, campaigns, and other tasks.

Public Health Fund

Adequate and sustainable funding is necessary to ensure the extensive list of tasks outlined may be addressed appropriately and effectively.

Ensure transparent criteria are developed and used for contracts and grants. The process for research awards should include external peer review by recognized experts without conflicts of interest (*similar to National Institutes of Health or National Science Foundation grant reviews*).

Include education, public communication, and training on substance use beyond only cannabis use. Cannabis is often co-occurring with alcohol, tobacco, and other drugs. This is especially important for youth.

Include a standing legal resource or technical assistance center that may be accessed by the advisory council, state and local government agencies, law enforcement, community coalitions working on substance misuse, etc. We support the University of Maryland Legal Resource Center's amendment language (please see testimony from Director, Kathi Hoke).

Thank you for considering our recommendations. We urge additional conversation around these topics in order to strengthen this foundational approach.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

¹ Krueger, E. A., Bello, M. S., Unger, J., Cruz, T. B., Barrington-Trimis, J. L., Braymiller, J. L., ... & Leventhal, A. M. (2021). Sociodemographic differences in young adults' recall of tobacco and cannabis marketing online and in television/film. *Preventive medicine reports*, 24, 101592.

² Firth, Caislin L et al. "Implications of Cannabis Legalization on Juvenile Justice Outcomes and Racial Disparities." *American journal of preventive medicine* vol. 58,4 (2020): 562-569. doi:10.1016/j.amepre.2019.11.019