## MARYLAND PSYCHIATRIC SOCIETY

February 10, 2025

The Honorable C.T. Wilson
Chair, Economic Matters Committee
230 Taylor House Office Building
Annapolis, Maryland 21401

RE: Oppose House Bill 132 - Cannabis - On-Site Consumption Establishments and Cannabis Events

Dear Chairman Wilson and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

This proposed bill authorizes two types of venues for selling and consuming cannabis products—only oral products, i.e., "edibles" and beverages, are allowed; no products can brought into the establishment or taken off-site. [The bill was introduced by the Maryland Cannabis Administration (MCA) with the goal of enhancing social equity in the cannabis industry. Only social equity applicants are allowed to obtain licenses.]

**On-site cannabis consumption establishments**: [Mentioned in the original legalization statute and licensed by MCA, so have the same restrictions on product testing, packaging, and labeling, venue location, advertising, and age-gating (customers must be 21 years or older) as licensed dispensaries.] There are several specific safeguards: product must be served in single-serving containers with a limit on delta-9-THC content (10 mg for edibles, 5 mg for beverages), only one serving can be bought at a time, vendors cannot sell to someone who is "visibly" intoxicated. However, these safeguards are ineffective. There is no limit on the number of times someone can buy a single serving. Because of the delayed onset of effect for oral cannabis products (typically 30-60 minutes, vs. seconds for inhaled cannabis), customers are unlikely to be "visibly intoxicated" when purchasing but are likely to be intoxicated after leaving the establishment (e.g., driving). Thus, there is substantial risk of adverse effects such as motor vehicle crashes.

[12 other states have legalized on-site cannabis consumption establishments; only one state [Minnesota] doesn't allow inhalational use. However, the programs are too new (or not yet operational) for there to be any sound data on public health harms from their operation. Thus, Maryland is a pioneer in this area.]

**Cannabis events**—This allows anyone to pay a \$500 fee (which can be increased by local jurisdictions) to obtain a permit to hold an event where licensed cannabis products can be sold. [This type of venue is not mentioned in the initial legalization statute.] Events can last up to 12 hours daily for 4 consecutive days. As licensed products, the cannabis products are subject existing requirements for product testing and packaging and labeling. A cannabis event is not a licensed cannabis establishment, so is not subject to restrictions on venue location or advertising. A cannabis event could be held across the street from a school. One of the 3 types of cannabis events would not have to be age-gated. The bill allows local jurisdictions to ban or impose their own restrictions. However, important public health safeguards warrant explicit state-wide implementation and should not be dependent on local political action.

For these reasons, the Maryland Psychiatric Society urges an unfavorable report on HB 132. If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted, The Maryland Psychiatric Society and the Washington Psychiatric Society Legislative Action Committee

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