March 1, 2023

Re 23-HB1147, Public Health – Cannabis Programs – Cannabis–Induced Psychosis and THC Concentration Limit

Economic Matters and Health and Government Operations Denver, Colorado 80203

Chair Wilson and Committee Members:

My name is Bryon Adinoff. I am an addiction psychiatrist, neuroscientist, Clinical Professor at CU Anschutz Medical Campus, and president of Doctors for Cannabis Regulation (DFCR). DFCR serves as the global voice for physicians and other health professionals to advance the legalization and science-based regulation of cannabis.

In my capacity as president of DFCR, I am writing to express my opposition to HB1147.

Prior to retiring from full-time academia four years ago, I was the Distinguished Professor of Alcohol and Drug Abuse Research at the University of Texas Southwestern Medical Center in Dallas and for over 30 years I was an addiction psychiatrist in the Department of Veterans Affairs. I have published and spoken widely on the biological effects and treatment of addictive disorders and I am the Editor-in-Chief of *The American Journal of Drug and Alcohol Abuse.* I am a Distinguished Fellow in the American Psychiatric Association and American Academy of Addiction Psychiatry.

HB1147 proposes to require an [unnamed] "cannabis oversight agency to…establish a monitoring and prevention procedure to ensure that individuals who have been diagnosed with cannabis–induced psychosis cannot purchase cannabis or cannabis products through the State's medical cannabis program or adult–use cannabis program." I have several concerns with this portion of the bill:

- It is a highly unusual reach of government to prohibit an individual's personal use of a legal substance based upon an individual's health status, as determined by a medical diagnosis. It is unclear why this specific and isolated aspect of substance use has been selected for the proposed extensive and intrusive monitoring system. As alcohol and tobacco are far more toxic and dangerous substances than cannabis, will this legislative committee also be considering legislation proposing to prohibit the sale of alcohol to anyone with a DUI conviction or a diagnosis of alcohol-induced pancreatitis, high blood pressure, heart disease, stroke, liver disease, cancer of the breast/mouth/throat/esophagus/liver/colon/rectum, or depression/anxiety or to prohibit the sale of tobacco to anyone with a tobacco-related cancer or COPD? Excessive tanning is a known cause of skin cancer; will legislation be forthcoming banning access to tanning salons to anyone with tanning-related melanoma? Will high-caloric foods be banned to those suffering from obesity?
- The Diagnostic Statistical Manual (DSM)-5 does not include a diagnosis of Cannabis-Induced Psychosis. DSM-5 *does* include a diagnosis of Cannabis-Induced *Psychotic*

Disorder, which requires a "disturbance causing clinically significant distress or impairment – *not better explained by a psychotic disorder that is not cannabis related.*" This is often a tricky and problematic diagnosis to make. As a practicing psychiatrist for over four decades, I can assure you that many psychiatric diagnoses are made without careful scrutiny. Does the diagnosis of "cannabis-induced psychosis" need to be made by a board-certified psychiatrist or can it be made by an intern during a patient's late-night visit to the ER?

- The vast majority of research on cannabis-induced psychotic disorder has been conducted in individuals obtaining cannabis from illicit markets. It is therefore clear that individuals with psychotic disorders (whether related to cannabis use or not) can access cannabis whether or not it is legally available. The proposed bill, therefore, will be unlikely to decrease cannabis use in this targeted population. Rather, it will push these individuals into the unregulated market, undermining the voters' efforts to provide a safe and carefully regulated cannabis market to the populace.
- It remains uncertain how a monitoring system can be designed that will maintain patient confidentiality. Sharing personal diagnostic information of psychiatric diagnoses with cannabis dispensaries, without patient consent, would appear to be an unconscionable and likely illegal betrayal of patient confidentiality.

HB1147 also proposes to prohibit the sale of cannabis containing greater than 15% concentration of delta-9-THC. Over 90% of the cannabis sold in cannabis dispensaries in other states is greater than 15% THC. While it is reasonable to consider a potential cap on THC concentrations, there is presently no scientific basis for a specific limit – and certainly not as low as 15%. From purely a financial perspective, there will be little market for cannabis with less than 15% THC. If this cap is required, Maryland cannabis dispensaries will not be financially viable and tax receipts will be limited or non-existent; Maryland citizens will either utilize the illicit market or travel to adjacent states to purchase cannabis. And the overwhelming voice of Maryland's voters for a viable, regulated market will be ignored.

In conclusion, I encourage you to oppose HB1147.

Sincerely,

Bryon Adinoff, MD