



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

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**Attn: Senate Finance Committee**

**Re: SB 516 Cannabis Reform**

**Hearing Date: March 9, 2023**

**LETTER OF INFORMATION**

On behalf of the Maryland-DC Society of Addiction Medicine (MDDCSAM), the Maryland Public Health Association (MdpPHA), and the National Council on Alcoholism and Drug Dependence, Maryland Chapter (NCADD), we commend Maryland lawmakers' efforts to thoughtfully balance the considerable benefits of cannabis legalization against the foreseeable public health harms. We recognize and appreciate that cannabis legalization will result in a profound reduction in serious harms related to over-criminalization. We are writing to ensure that the foreseeable public health harms are understood and to suggest ways to minimize them.

Experience in other states suggests that legalization will increase cannabis use,<sup>1,2,3</sup> daily cannabis use,<sup>4</sup> and the use of high-potency (i.e., high THC content) cannabis products,<sup>5,6</sup> and will increase the prevalence of cannabis-related harms among some individuals.

Most people who use cannabis do not experience problems. However, cannabis-related harms are not rare and will become more common after legalization. The most significant potential harms are an increased prevalence of cannabis use disorder (CUD, sometimes called cannabis addiction) and of cannabis-related mental health conditions.

At the end, we suggest several amendments for the regulatory framework that are informed by the information below.

**CANNABIS USE DISORDER (CUD)**

Approximately 22% of those who use cannabis develop CUD.<sup>7</sup> The risk is quite low (on the order of 2-4%) for those using less than monthly, but is much higher (on the order of 30-50%) for those using daily.<sup>8</sup> The risk is greater the younger the age at starting cannabis use.<sup>7</sup> About one-in-ten of all people seeking treatment for any substance use disorder are seeking treatment for CUD.<sup>9</sup> About 20% of adolescents develop CUD within four years of beginning cannabis use.<sup>10</sup>

CUD can be broadly defined as the loss of control over cannabis use even when it causes significant and sustained impairment in functioning. Specific criteria for diagnosis are found in the American Psychiatric Association's Diagnostic and Statistical Manual, 5<sup>th</sup> Edition (DSM-5). Like other substance use disorders, CUD significantly impairs a person's ability to function in psychological, behavioral, social, educational, and/or vocational domains.

Cannabis legalization laws are associated with a 20% increase in the rate of cannabis use by adults<sup>3</sup> and with a 25% increase in the prevalence of CUD in adults.<sup>11</sup> This is consistent with the association of legalization

laws with an increase in potential CUD “risk factors,” such as electronic drug delivery methods (e.g., “vaping,” “e-cigarettes”), marketing and promotion, and increased THC content.<sup>12</sup> Legal dispensary products often contain up to 85% THC. Higher THC concentrations are associated with increased risk of CUD, psychosis, and other negative outcomes.<sup>13,14,15,16,17,18</sup>

Even without CUD, regular cannabis use can potentially result in a host of ongoing impairments that are not always recognized as cannabis-related. Withdrawal symptoms, which can cause significant distress or impairment, can make it difficult to stop using cannabis even in those without CUD. There is reason to believe that practices that make cannabis more easily accessible (e. g., delivery services) will increase cannabis use and the attendant risk of unhealthy use.<sup>19</sup>

## **MENTAL HEALTH EFFECTS**

Acute cannabis use is associated with impaired learning, memory, and motor coordination, as well as decreased ability to plan, organize, solve problems, and make decisions (which are called executive functions). These impairments can lead users of cannabis to make risky decisions.<sup>20</sup> Cannabis intoxication is associated with anxiety, panic attacks, and paranoia, as well as psychosis (delusions, hallucinations), especially in those with a history of psychosis from any cause or who are vulnerable to psychosis.<sup>21</sup> Legalization of cannabis for adult use is associated with increased prevalence of hospitalization for cannabis-associated psychosis.<sup>22</sup>

Long-term regular cannabis use is associated with a number of mental health effects, primarily in those who use at least weekly. A common adverse effect is impaired cognitive performance, including impairments in attention and working memory, information processing speed, and executive functioning,<sup>23</sup> especially in adolescents.<sup>24</sup> Cognitive performance may take months to normalize after cannabis cessation. Regular cannabis use is associated with worsening of anxiety, depression, and bipolar disorder symptoms and increases the likelihood of developing a depressive disorder.<sup>25,26,27</sup> It is also associated with a greatly increased risk of developing first-episode psychosis. The risk is even higher with use of high-potency cannabis (i.e., high THC content).<sup>17</sup> Cannabis use is also associated with a significantly increased risk of suicidal ideation, suicide planning, and suicide attempts.<sup>28</sup>

Long-term regular cannabis use beginning in adolescence is associated with educational, occupational, and social & interpersonal impairments.<sup>24</sup>

## **EFFECTS ON PREGNANCY**

Cannabis legalization is associated with increased cannabis use by women before getting pregnant, during pregnancy, and after giving birth.<sup>29</sup> Prenatal (*in utero*) exposure of the fetus to cannabis is associated with short-term and long-term adverse effects, including low birth weight and neonates small for gestational age.<sup>30</sup> Prospective longitudinal studies suggest that prenatal cannabis exposure is associated with subtle neurobehavioral effects in childhood. The American College of Obstetricians and Gynecologists recommends against cannabis use during pregnancy or breastfeeding.<sup>31</sup> Cannabis legalization is associated with increased rates of hospitalization with cannabis-involved pregnancy.<sup>32</sup>

## **CANNABIS USE WILL LIKELY INCREASE OVER YEARS OR DECADES:**

It is too early to fully assess health effects of legalization laws. Most experts predict that legalization and commercialization will continue to reduce the cost of cannabis products substantially over time.<sup>12,33,34</sup> Since it will take many years for commercial markets to mature, it may not be possible to fully assess their health

effects until the 2030s.<sup>35</sup> The removal of cannabis prohibition has already led to a price collapse in multiple states (e.g., at least a 70% drop in wholesale prices in Colorado, Oregon, and Washington).<sup>36</sup> Rates of cannabis use are expected to be price-sensitive, as rates of alcohol and tobacco use are known to be.

## **GUARDRAILS NEEDED AGAINST INDUSTRY’S POTENTIAL INFLUENCE ON PUBLIC HEALTH**

Over time, one can expect the burgeoning cannabis industry to engage in practices designed to maximize profits by enlarging the user base and promoting regular and heavy use. Most sales and profits come from those who use heavily or have CUD.<sup>12,35</sup> Heavy, daily, or near daily consumers of cannabis (10-20% of all consumers) are responsible for approximately 60-80% of total cannabis consumption; this incentivizes the cannabis industry to encourage heavy, daily cannabis consumption.<sup>19</sup> Sound public health policies are likely more effective when enacted early, “before a large and profitable cannabis industry has developed with the financial and political resources to resist public health regulation, as the alcohol industry has effectively done in most developed countries.”<sup>33</sup> A public health framework for legalized cannabis should be based on best public health practices established for tobacco control.<sup>37</sup> The World Health Organization’s Framework Convention on Tobacco Control 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.”<sup>37</sup>

## **AMENDMENTS FOR CONSIDERATION**

### **Article—Alcoholic Beverages**

#### **1-101: Makeup of the new Alcohol, Tobacco and Cannabis Commission**

- Only one new position with knowledge and expertise in the cannabis industry
- Amend the public health position to require expertise in alcohol, tobacco, and/or cannabis

#### **1-309.2: Makeup of Advisory Board on Medical and Adult-Use Cannabis**

- To avoid swaying this Board to industry (see section above on Guardrails Against Industry Influence), eliminate industry positions, include a member from all five topics under 4b, and include a conflict of interest clause, as with the ATC and Medical Cannabis Commission Commissioners

### **Division III. Cannabis**

#### **Subtitle 1. Definitions**

- Authorization to certify for medical cannabis should not be expanded to providers who are not entitled to prescribe controlled substances (i.e., registered nurses)

#### **Subtitle 2. Cannabis Regulation and Enforcement Division**

##### **36-203**

- Include basic labeling requirements besides child-proof packaging—THC potency, all ingredients, serving size, servings per container, calories (if applicable)

#### **Subtitle 4. Cannabis Licensing**

- Eliminate the delivery license
- Remove exemption to the MD Clean Indoor Air Act for on-site consumption establishments
- Eliminate the ability for a food service facility to apply for an on-site consumption license
- Remove preemption of local control for all license types

#### **Subtitle 9. Advertising**

##### **36-902**

- All advertisements for products containing cannabis, regardless of whether or not they make medical or therapeutic claims, should be labeled with information on the most significant side effects or risks
- Permissible medical or therapeutic claims should be determined by the Public Health Advisory Council. Therapeutic claims should be based on evidence interpreted by unbiased experts without the potential for influence by persons associated with the cannabis industry.

#### **Subtitle 10. Responsible Vendor Training Program**

- Training should include risks of cannabis use including CUD, risks of consumption by women considering pregnancy or who are pregnant or breastfeeding, risks of evoking psychosis (especially in those with a history of psychosis), etc.
- Training should include how to identify intoxicated individuals and strategies to prevent overservice

#### **Subtitle 11. Prohibited Acts**

##### **36-1103**

- Create a reasonable potency cap that is valid across all non-medical license types without exception.

#### **Article Tax—General**

##### **2-1302.2**

- The proportion of funds allocated to the Cannabis Public Health Advisory Council should be increased to 5%. The Council needs adequate funding and staff to carry out its important mission of developing and enforcing appropriate public health safeguards and monitoring their effectiveness. Minimizing, if not eliminating the exposure of vulnerable groups (adolescents, pregnant and breastfeeding women, individuals with a history of psychosis) to recreational cannabis cannot be successful without strict monitoring and enforcement of public health regulations that carry penalties sufficient to deter violations. This mission requires an adequately funded and staffed CPHAC.
- A portion (5%) of funds should be allocated to fund programs for the prevention and treatment of CUD and other cannabis-related harm

##### **11-104**

- Adult use cannabis should be labeled with THC potency, and taxation should be based, at least in part, on THC potency, as in Connecticut, Illinois, and New York

**Respectfully submitted by:**

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The Maryland Public Health Association (MdPHA)  
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*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.*

## REFERENCES:

1. Gunadi C, et al. Recreational cannabis legalization and transitions in cannabis use: findings from a nationally representative longitudinal cohort in the United States. *Addiction*. 2022;117: 2651–2659.
2. Vachhani K, et al. The relationship between cannabis use and legalization frameworks: A cross-sectional analysis using a nationally representative survey. *Preventive Medicine*. 2022;156:106978.
3. Zellers SM et al. Impacts of recreational cannabis legalization on cannabis use: a longitudinal discordant twin study. *Addiction*. January 2023;118 (1):110-118.
4. Imtiaz S, et al. Cannabis legalization and cannabis use, daily cannabis use and cannabis-related problems among adults in Ontario, Canada (2001–2019). *Drug and Alcohol Dependence*. 2023;244:109765. free: <https://www.sciencedirect.com/science/article/pii/S0376871623000030>
5. Hasin DS, et al. Use of highly-potent cannabis concentrate products: More common in U.S. states with recreational or medical cannabis laws. *Drug Alcohol Dependence*. 2021;229:109159. Free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8667084/>
6. Hasin DS, et al. Adult use of highly-potent  $\Delta^9$ -THC cannabis concentrate products by U.S. state cannabis legalization status, 2021. *Addictive Behavior*. 2023;140:107617.
7. Leung J, et al. What is the prevalence and risk of cannabis use disorders among people who use cannabis? A systematic review and meta-analysis. *Addictive Behaviors*. 2020;109:106479. Free: <https://www.thenmi.org/wp-content/uploads/2020/11/PrevalenceCannabisUseDisorder.May20.2020.-1-s2.0-S0306460320306092-main.pdf>
8. Cougle JR, et al. Probability and correlates of dependence among regular users of alcohol, nicotine, cannabis, and cocaine: concurrent and prospective analyses of the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2016;77(4):e444-450.
9. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Treatment Episode Data Set (TEDS): 2019. Admissions to and Discharges from Publicly Funded Substance Use Treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.
10. Han B, et al. Time since first cannabis use and 12-month prevalence of cannabis use disorder among youth and emerging adults in the United States *Addiction*. 2019;114 (4):698-707. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6411429/>
11. Cerda M, et al. Association between recreational marijuana legalization in the United States and changes in marijuana use and cannabis use disorder from 2008 to 2016. *JAMA Psychiatry*. 2020;77:165–71. free: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2755276>
12. Budney AJ, et al. An update on cannabis use disorder with comment on the impact of policy related to therapeutic and recreational cannabis use. *Eur Arch Psychiatry Clin Neurosci*. 2019;269(1):73-86. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6397057/>
13. Bidwell LC, et al. Exploring cannabis concentrates on the legal market: User profiles, product strength, and health-related outcomes. *Addictive Behaviors Reports*. 2018;8:102-106. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6111049/>
14. Curran HV, et al. Which biological and self-report measure of cannabis use predict cannabis dependency and acute psychotic-like effects? *Psychological Medicine*. 2019; 49:1574-1580. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6541869/>
15. Hines LA, et al. Association of high-potency cannabis use with mental health and substance use in adolescence. *JAMA Psychiatry*. 2020; 77(10):1044-1051 free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7254445/>
16. Freeman TP, et al. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. *Psychological Medicine*. 2015;45:3181-3189. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4611354/>
17. Di Forti, M, et al. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicenter case-control study. *Lancet Psychiatry*. 2019; 6:427-436. free: <https://pubmed.ncbi.nlm.nih.gov/30902669/>

18. Hall W, et al. How should policy makers regulate the THC content of cannabis products in a legal market? *Addiction*. 2023; doi: 10.1111/add.16135. Online ahead of print. free: <https://doi-org.proxy1.library.jhu.edu/10.1111/add.16135>
19. Borodovsky JT, et al. The importance of psychology for shaping legal cannabis regulation. *Exp. Clin. Psychopharmacol*. 2020; 10.1037/pha0000362 free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7679279/>
20. Kroon E, et al. The short-term and long-term effects of cannabis on cognition: recent advances in the field. *Current Opinion in Psychology*. 2021; 38:49–55. Free: <https://www.sciencedirect.com/science/article/pii/S2352250X20301135>
21. Hill, Kevin, et al. Risks and benefits of cannabis and cannabinoids in psychiatry. *American Journal of Psychiatry*. 2022; 179:98-109. Free: <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2021.21030320>
22. Moran EV et al., Geographical variation in hospitalization for psychosis associated with cannabis use and cannabis legalization in the United States. *Psychiatry Res*. 2022; 308:114387. free: <https://pubmed.ncbi.nlm.nih.gov/35016118/>
23. Lovell ME, et al. Cognitive outcomes associated with long-term, regular, recreational cannabis use in adults: A meta-analysis. *Experimental and Clinical Psychopharmacology*. 2020; Vol. 28, No. 4, 471– 494.
24. Lorenzetta V, et al. Adolescent cannabis use, cognition, brain health and educational outcomes: A review of the evidence. *Eur Neuropsychopharmacol*. Jul 2020; 36:169-180. free: [https://www.researchgate.net/publication/340444978\\_Adolescent\\_cannabis\\_use\\_cognition\\_brain\\_health\\_and\\_educational\\_outcomes\\_A\\_review\\_of\\_the\\_evidence](https://www.researchgate.net/publication/340444978_Adolescent_cannabis_use_cognition_brain_health_and_educational_outcomes_A_review_of_the_evidence)
25. Crippa, JA, et al. Cannabis and anxiety; a critical review of the evidence. *Hum Psychopharmacology* 2009; 24:515-523.
26. Feingold, D, et al. The association between cannabis use and mood disorders: a longitudinal study. *Journal of Affective Disorders*. 2015; 172-211-218.
27. Lev-Ran S, et al. The association between cannabis use and depression: a systematic review and meta-analysis of longitudinal studies. *Psychol Medicine*. 2014; 44:797-810.
28. Han B, et al. Associations of suicidality trends with cannabis use as a function of sex and depression status. *JAMA Network Open*. 2021; 4:e2113025. Free: <https://pubmed.ncbi.nlm.nih.gov/34156452/>
29. Skelton KR, et al. Recreational cannabis legalization in the US and maternal use during the preconception, prenatal, and postpartum periods. *International Journal of Environmental Research and Public Health*. 2020; 17, 909; doi:10.3390/ijerph17030909
30. De Genna NM, et al. Long-term effects of prenatal cannabis exposure: Pathways to adolescent and adult outcomes. *Pharmacology, Biochemistry, Behavior*. 2022; 214: 173358.
31. American College of Obstetricians and Gynecologists. (2019). Marijuana Use During Pregnancy and Lactation. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation?IsMobileSet=false>
32. Wang GS, et al. Cannabis legalization and cannabis-involved pregnancy hospitalizations in Colorado. *Preventive Medicine*. 2022; 156:106993.
33. Hall W, et. al. Why it is probably too soon to assess the public health effects of legalisation of recreational cannabis use in the USA. *Lancet Psychiatry*. 2016; 3(9):900–906.
34. Smart R, et al. Early evidence of the impact of cannabis legalization on cannabis use, cannabis use disorder, and the use of other substances: Findings from state policy evaluations. *Am J Drug Alcohol Abuse*. 2019; 45(6):644-663. Review. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6934162/>
35. Connor JP, et al. Cannabis use and cannabis use disorder. *Nat Rev Dis Primers*. 2021; Feb 25;7(1):16. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8655458/>
36. Shover CL et al. Six policy lessons relevant to cannabis legalization. *Am J Drug Alcohol Abuse*. 2019; 45(6): 698–706. free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6745015/>
37. Barry RA, et al. A public health framework for legalized retail marijuana based on the US experience: Avoiding a new tobacco industry. *PLoS Med*. 2016; 13(9): e1002131. free: <https://doi.org/10.1371/journal.pmed.1002131>