

# MARYLAND CANNABIS PUBLIC HEALTH ADVISORY COUNCIL

*Deondra P. Asike, M.D.*

January 30, 2025

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The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 215/HB 132 - Cannabis - On-Site Consumption Establishments and Cannabis Events - Letter of Opposition**

Dear Chair Beidle:

The Maryland Cannabis Public Health Advisory Council (the Council) is submitting this letter of opposition for **Senate Bill (SB) 215/House Bill (HB) 132 - Cannabis – On-Site Consumption Establishments and Cannabis Events**. SB 215/HB 132 establish permissible business operations and other requirements for on-site cannabis consumption establishments and for cannabis events.

The Council supports the goal of enlarging opportunities for social equity cannabis licenses, but opposes SB 215/HB 132 due to the unknown public health risks imposed by this very new consumption model, including a possible increase in cannabis-impaired driving, potential exposure of minors to cannabis products and advertising, and the introduction of a new license category with which we have little information on which to base regulations. Additionally, the bills do not include necessary restrictions that already apply to licensed cannabis dispensaries, including the location, advertising and promotion of on-site cannabis consumption establishments and cannabis events.

SB 215/HB 132 expands public access to two types of legal oral cannabis products: “edibles” and beverages. Cannabis products ingested orally characteristically take 30-60 minutes to begin exerting their effects; effects may last for 8-12 hours.<sup>1</sup> This pattern means that many customers at an on-site cannabis consumption establishment or cannabis event will not be visibly intoxicated while on-site, so remain eligible to purchase multiple single servings of cannabis product. They will become visibly intoxicated after they leave the site, increasing the risk of motor vehicle crashes and other public health harms.<sup>2,3</sup> This is a very different pattern than that of alcohol intoxication, which begins within minutes after drinking starts and wears off within several hours. Thus, regulations that limit the public health harms of alcohol intoxication are not effective for regulating intoxication from oral cannabis ingestion.

In addition, were a cannabis consumer to become intoxicated while on-site, evaluation of their level of intoxication would be left to the subjective judgement of establishment staff, which increases the potential for problematic interactions. Unlike for alcohol, there is currently no objective, scientific method for measuring cannabis intoxication.

The Council supports the goal of limiting total on-site consumption of cannabis by an individual customer. Because there is no immediate effect from oral cannabis (as there is with inhaled cannabis), users may unintentionally over-consume, thinking they have not taken a sufficient amount. However, the bills' limit of sales to single-servings containing no more than 5 mg THC will not prevent such over consumption. Nothing in the bills prohibits repeated sales to the same customer as long as they are not "visibly intoxicated." However, as noted above, customers are unlikely to become intoxicated until after leaving the establishment.

Additionally, the Council is concerned that SB 215/HB 132 do not place any restrictions on where on-site cannabis consumption lounges and cannabis events can be located and does not clarify whether the current advertising restrictions apply to cannabis events. Current Maryland law prohibits licensed cannabis dispensaries from locating within 500 feet of pre-existing schools, playgrounds, childcare centers and other public spaces where children are present and from advertising or sponsoring events unless the audience is reasonably expected to be 21 years or older. These statutory restrictions are rooted in the considerable body of public health research showing that exposure to cannabis dispensaries or cannabis advertising is associated with positive attitudes towards cannabis use and increased use.<sup>4,5</sup> The bills do allow local jurisdictions to ban on-site cannabis consumption establishments and cannabis events or limit their location (using zoning authority). The Council believes that leaving such important public health restrictions to local authorities is insufficient protection for the health of Marylanders.

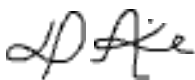
Additionally, the Council is concerned that proposed cannabis events would allow the presence and consumption of both cannabis and alcohol. This combination of two intoxicants contravenes current Maryland public health messaging that strongly advises against such use. Ample public health evidence shows the co-use of alcohol and cannabis produces increased intoxication.<sup>6</sup>

Finally, the Council is required to develop consumer educational materials for on-site consumption establishments, in accordance with MD Code, Health - General, § 13-4504. As SB 215/HB 132 do not establish an implementation timeline for licensing of such establishments, the Council feels it is premature to develop these materials.

Were Maryland to authorize these new venues for cannabis consumption, the State would be entering into an area where there is insufficient data to mitigate any public health harms.

For these reasons, the Council respectfully urges this Committee to issue an unfavorable report on SB 215/HB 132. The Council recommends the legislature delay the requirement for MCA to issue licenses for on-site consumption until sufficient information has been gathered to determine the public health implications.

Sincerely,



Deondra Asike, M.D.  
Chair, Maryland Cannabis Public Health Advisory Council

- 1 Schlienz NJ, Spindle TR, Cone EJ, Herrmann ES, Bigelow GE, Mitchell JM, Flegel R, LoDico C, Vandrey R. Pharmacodynamic dose effects of oral cannabis ingestion in healthy adults who infrequently use cannabis. *Drug Alcohol Depend.* 2020 Mar 21;211:107969. doi: 10.1016/j.drugalcdep.2020.107969. PMID: 32298998; PMCID: PMC8221366.
- <sup>2</sup> Adhikari, K., Maas, A., & Trujillo-Barrera, A. (2023). Revisiting the effect of recreational marijuana on traffic fatalities. *The International journal on drug policy*, 115, 104000. <https://doi.org/10.1016/j.drugpo.2023.104000>
- <sup>3</sup> Pearlson GD, Stevens MC, D'Souza DC. Cannabis and Driving. *Front Psychiatry.* 2021 Sep 24;12:689444. doi: 10.3389/fpsy.2021.689444. PMID: 34630173; PMCID: PMC8499672.
- <sup>4</sup> Han B, Shi Y. Associations of recreational cannabis dispensaries' availability, storefront signage and health benefit signs with cannabis use: findings from a representative adult sample in California, 4 United States. *Addiction.* 2023;118:1270–1279. DOI: 10.1111/add.16132.
- <sup>5</sup> Caislin L, Firth CL, Beatriz Carlini B, Julia Dilley J, Katarina Guttmannova K, and Anjum Hajat A. Retail cannabis environment and adolescent use: The role of advertising and retailers near home and school. *Health & Place* 75 (2022) 102795. [doi.org/10.1016/j.healthplace.2022.102795](https://doi.org/10.1016/j.healthplace.2022.102795)
- <sup>6</sup> Simmons SM, Caird JK, Sterzer F, and Asbridge M. The effects of cannabis and alcohol on driving performance and driver behaviour: a systematic review and meta-analysis. *Addiction.* 2022;117:1843–1856. DOI: 10.1111/add.15770