

Testimony in Opposition of Senate Bill 594

Cannabis - Advertising - Alterations

Before the House Economic Matters Committee: April 2, 2026

The Public Health Law Clinic submits this testimony in opposition to Senate Bill (SB) 594, which aims to repeal language protecting minors from exposure to cannabis advertisements. Adoption of this bill would be inconsistent with crucial public health protections for minors in Maryland cannabis law. Additionally, passage of SB 594 would take Maryland out of alignment with the majority of states that prevent cannabis advertisements from either indirectly targeting minors or using elements which are attractive to minors. Importantly, these risks are not evenly distributed and are likely to disproportionately impact communities with higher proportions of racial minorities and lower income levels.

This Bill Is Inconsistent with Maryland's Public Health Goal of Protecting Minors

Maryland and other states nationwide recognize the importance of preventing youth cannabis use. Research demonstrates that the human brain continues to develop until the age of 25.¹ Cannabis use during adolescence has been linked to conditions such as psychosis, anxiety, depression, and neurocognitive decline in adulthood.² Furthermore, adolescent cannabis use is correlated to worsened academic grades and lower likelihood of high school graduation and college enrollment.³

Given this body of evidence, when Maryland legalized adult-use cannabis in 2023, it created a comprehensive regulatory system that prioritized protecting public health and preventing youth initiation of cannabis. It achieves this by reducing the appeal of cannabis and cannabis products to individuals under 21 years of age, through packaging, labelling, product design, and advertising rules. SB 594 would repeal some of these critical protections as they relate to advertisements.

Specifically, SB 594 would permit advertisements that indirectly target underage individuals or use elements that could be attractive to minors. This creates a serious public health issue because exposure to cannabis advertisements during adolescence has been linked to an increase in likelihood of cannabis use.⁴ Research shows that exposure to cannabis advertising is correlated with increased positive views of cannabis, intent to use cannabis, and overall cannabis usage.⁵

¹ National Academies of Science, Engineering, and Medicine, *The Promise of Adolescence: Realizing Opportunity for All Youth* 18 (2019), https://www.ncbi.nlm.nih.gov/books/NBK545481/pdf/Bookshelf_NBK545481.pdf

² Flavia Padoan et al., *Concerns Related to the Consequences of Pediatric Cannabis Use: A 360-Degree View*, 10 *Children* 1721 (2023), <https://doi.org/10.3390/children10111721>.

³ Olsen Chan et al., *Cannabis Use During Adolescence and Young Adulthood and Academic Achievement*, 178 *JAMA Pediatrics* 1280-89 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11459363/>.

⁴ Pamela J. Trangenstein et al., *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, 82 *J. Stud. on Alcohol & Drugs*, 288–96 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8864622/>.

⁵ Alisa A. Padon et al., *Characteristics and Effects of Cannabis Advertisements with Appeal to Youth in California*, 137 *Int'l J. on Drug Pol'y* 104718 (2025), <https://doi.org/10.1016/j.drugpo.2025.104718>; Jennifer M. Whitehill et

The majority of states prohibit cannabis businesses from indirectly advertising to youths, with 27 states (AL, AK, AR, CA, CT, DE, FL, IL, KY, ME, MI, MS, MO, MT, NV, NJ, NM, NY, OH, OK, OR, RI, UT, VT, VA, WA, and WV) specifically prohibiting the indirect targeting of minors or usage of elements which could be found attractive to minors. Of these 27 states, 22 states prohibit advertisements that are “attractive” or “appealing” to minors. 19 of the 27 states prohibit advertisements that indirectly target minors, as reflected in language such as “designed to appeal,” “reasonably be considered to target,” and “likely to appeal.” 14 of the 27 states include both in their statutory provisions.⁶ If SB 594 is passed, Maryland would leave the majority of states that recognize the critical importance of protecting minors from unnecessary cannabis advertisement exposure.

SB 594 Will Disproportionately Impact Neighborhoods Based on Racial and Economic Status

The significant risks associated with youth exposure to cannabis advertisements are unlikely to be evenly distributed throughout the state. Public health research has consistently demonstrated that advertising for substances such as tobacco, alcohol, and cannabis is disproportionately concentrated in communities characterized by higher proportions of racial minorities and lower income levels.⁷ The issue is not only the impact of cannabis advertising on youths, but which youths will be most affected. Given these advertising trends, Maryland’s minority communities will be disproportionately impacted by the public health harms generated by SB 594.

al., *Exposure to Cannabis Marketing in Social and Traditional Media and Past-Year Use Among Adolescents in States with Legal Retail Cannabis*, 66 J. Adolescent Health 247–54 (2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6980270/>.

⁶ States that only use “attractive” or “appealing”: Ala. Code § 20-2A-61; Alaska Admin. Code tit. 3, § 306.770; Cal. Code Regs. tit. 4, § 15040; Conn. Gen. Stat. Ann. § 21a-421bb; Code Del. Regs. 5001-10.0; Fla. Stat. Ann. § 381.986(9)(h)(2)(b); 410 Ill. Comp. Stat. Ann. 705/55-20; Mass. Ann. Laws ch. 94G, § 4; Mich. Admin. Code R. 420.507; 15 Miss. Code. R. 22-9.1.2; Mo. Code Regs. Ann. tit. 19, § 100-1.010; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; Ohio Admin. Code 1301:18-4-22; Okla. Stat. tit. 63, § 427.21; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-21; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-140; W. Va. Code R. § 64-109-23.2.1.b. States that use language reflecting an indirect targeting standard: Ark. Code Ann. § 20-56-305; Fla. Stat. Ann. § 381.986(9)(h)(2)(b); 410 Ill. Comp. Stat. Ann. 705/55-20; 915 Ky. Admin. Regs. 1:090; Mass. Ann. Laws ch. 94G, § 4; Mich. Admin. Code R. 420.403; 15 Miss. Code. R. 22-9.1.2; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; OAR 845-025-8040; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-21; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-1401; Wash. Rev. Code Ann. § 69.50.369; W. Va. Code R. § 64-109-23.2.1.b. States that incorporate both: 410 Ill. Comp. Stat. Ann. 705/55-20; Mass. Ann. Laws ch. 94G, § 4; Mich. Admin. Code R. 420.403; 15 Miss. Code. R. 22-9.1.2; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-17; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-1401; Wash. Rev. Code Ann. § 69.50.369

⁷ Truth Initiative, *The Truth About the Tobacco Industry and Retail Environment* (Jan. 23, 2025), <https://truthinitiative.org/research-resources/tobacco-industry-marketing/truth-about-tobacco-industry-and-retail-environment>; Pat McKee et al., *Malt Liquor Marketing in Inner Cities: The Role of Neighborhood Racial Composition*, 10 J. Ethnicity in Substance Abuse 24 (2011).

The 2024 Maryland Tobacco Retail Modernization Act Report shows that nearly 48% of licensed cigarette retailers in the state are located in Baltimore City, Prince George’s County, and Baltimore County.⁸ Baltimore City specifically has the highest density of cigarette and other tobacco product retailers per square mile in the state.⁹ This higher retail density increases exposure to promotional activities, therefore increasing environmental marketing.¹⁰ In 2012, a Surgeon General report concluded that high densities of tobacco retailers in neighborhoods contribute to smoking by increasing environmental cues and exposure to advertising.¹¹

Data from the Maryland Cannabis Administration (MCA) on licensed dispensaries shows similar patterns in cannabis retail density.¹² Out of the 112 licensed dispensaries, nearly 61% of cannabis dispensaries are in Anne Arundel (10), Baltimore County (18), Baltimore City (11), Montgomery County (18) and Prince George’s County (11).¹³ It is important to note that all these counties have an established or increasing minority population. This data places these counties’ advertising environments within a broader public health grouping that recognizes density and marketing as risk factors for initiation and continued usage of tobacco, alcohol, and cannabis.¹⁴

Emerging national research in the cannabis retail and marketing environment also indicates there are demographic disparities.¹⁵ In California, research found that jurisdictions permitting commercial cannabis businesses tend to have lower income levels and a higher proportion of Black and Latinx residents compared to jurisdictions which prohibit such businesses.¹⁶ In Colorado, studies found that areas with a higher proportion of racial minorities and lower income levels were more likely to have recreational cannabis retailers.¹⁷ A multi-city study from 2024 found that retailers in neighborhoods with greater percentages of non-White individuals were more likely to utilize youth-oriented marketing in their cannabis advertisements.¹⁸

⁸ Alcohol Tobacco and Cannabis Commission, Maryland Tobacco Retail Modernization Act Report (2024), [https://dlslibrary.state.md.us/publications/ATC/SB1056Ch462\(2\)\(2024\).pdf](https://dlslibrary.state.md.us/publications/ATC/SB1056Ch462(2)(2024).pdf).

⁹ *Id.*

¹⁰ A Surveillance Project: Retailer Density and Smoking Rate (LRC 2023) <https://law.umaryland.edu/media/sol/sol-2022-images-and-files/academics/programs-and-centers/legal-resource-center-for-public-health-policy/pdfs-docs-and-files/A-Surveillance-Project--Retailer-Density-and-Smoking-Rates-.pdf>

¹¹ US Surgeon General, *Cause and Effect: Tobacco Marketing Increases Youth Tobacco Use* (2012).

¹² Maryland Cannabis Administration, *Dispensary Locator*, <https://cannabis.maryland.gov/Pages/Dispensary-Locator.aspx> (accessed Mar. 3, 2026); see also Maryland Cannabis Administration, *Licensed Dispensaries Map*, <https://maryland.maps.arcgis.com/apps/insight/basic/index.html?appid=51f75b68c70f4c6d8ab0aa4f4de74f55> (accessed Mar. 27, 2026).

¹³ *Id.*

¹⁴ Jackson et al., *Media/Marketing Influences on Adolescent and Young Adult Substance Abuse* (2019).

¹⁵ Ellicott C. Matthay et al., *Equity in Coverage of Local Cannabis Control Policies in California (2020–2021)*, 112 *Am. J. Public Health* 1640 (2022).

¹⁶ Ellicott C. Matthay et al., *Equity in Coverage of Local Cannabis Control Policies in California (2020–2021)*, 112 *Am. J. Public Health* 1640 (2022).

¹⁷ Yuyan Shi et al., *Availability of Medical and Recreational Marijuana Stores and Neighborhood Characteristics in Colorado*, *J. Addiction* (Apr. 24, 2016).

¹⁸ Carla J. Berg et al., *Neighborhood Demographics in Relation to Marketing and Regulation-Related Factors Among Cannabis Retailers in 5 US Cities*, 265 *Drug & Alcohol Dependence* 112471 (2024).

Maryland-specific and national data highlight significant public health and equity implications in the advertising strategies of tobacco, alcohol, and cannabis businesses. Baltimore City has the highest density of tobacco retail environments in the state, increasing general advertising exposure, followed by Baltimore County and Prince George's County.¹⁹ National data confirms the disproportionate marketing in Black communities and greater advertising intensity in lower income neighborhoods.²⁰ These trends are similarly found in alcohol and cannabis marketing.²¹ In Maryland, Black residents, regardless of education level, experience higher exposure to cannabis advertising.²²

Because advertising exposure increases the likelihood of youth initiation, product selection, and purchasing behavior, these disparities directly contribute to racial and socioeconomic inequities in substance use and related health conditions. Maryland data is consistent with national research demonstrating that advertising exposure follows a racial and socioeconomic scale, rather than being evenly distributed across communities.

Conclusion

Current Maryland law protects minors from targeted cannabis advertisements. SB 594 would lessen these protections, and, as a result, risk the health and safety of minors. These risks are not evenly distributed across Maryland's youth. Cannabis advertising exposure is disproportionately concentrated in neighborhoods characterized by higher proportions of racial minorities and lower income levels. By repealing certain prohibited criteria, SB 594 would not only risk minors being more likely to be influenced to use cannabis at a younger age, which can lead to serious health and developmental risks, but also exacerbate existing disparities, such as worsened health conditions and adverse social determinants of health, for communities that would bear the greatest impact from increased exposure.

SB 594 unnecessarily and dangerously expands permissible cannabis advertising. The proposed changes would allow advertising which negatively impacts Maryland's youth. Weakening protections for minors serves no public health purpose and instead prioritizes expanded marketing flexibility over the safety of Maryland's residents. Any marginal benefit to industry flexibility is severely outweighed by the risk to minors, especially those in already overexposed and vulnerable communities. The Public Health Law Clinic respectfully urges this committee to issue an unfavorable report on SB 594.

¹⁹ Alcohol Tobacco and Cannabis Commission, Maryland Tobacco Retail Modernization Act Report (2024), [https://dlslibrary.state.md.us/publications/ATC/SB1056Ch462\(2\)\(2024\).pdf](https://dlslibrary.state.md.us/publications/ATC/SB1056Ch462(2)(2024).pdf).

²⁰ Joseph G. L. Lee et al., *A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing*, 105 Am. J. Public Health e8 (2015); Truth Initiative, *The Truth About the Tobacco Industry and Retail Environment* (Jan. 23, 2025), <https://truthinitiative.org/research-resources/tobacco-industry-marketing/truth-about-tobacco-industry-and-retail-environment>.

²¹ Pat McKee et al., *Malt Liquor Marketing in Inner Cities*, 10 J. Ethnicity in Substance Abuse 24 (2011); Carla J. Berg et al., *Neighborhood Demographics in Relation to Marketing and Regulation-Related Factors Among Cannabis Retailers in 5 US Cities*, 265 Drug & Alcohol Dependence 112471 (2024).

²² Payam Sheikhattari et al., *Race by Education Intersectional Differences in Exposure to Tobacco Advertisement in Baltimore City*, 7 J. Lung Health & Diseases 9 (2023).

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This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law; the University of Maryland, Baltimore; or the University of Maryland System.