

Proposed Model State Cannabis Laws to Reduce Harms

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Background: Despite the majority of states passing legislation and policies to allow access to medical and/or recreational, or nonmedical, use of cannabis and cannabis-derived products, there has been little coordination with the medical establishment, especially mental health and addiction specialists, to mitigate potential harms of legalized access (1). As the nation’s leading professional society for addiction psychiatrists, AAAP encourages states to consider the following, well-established and widely-reproduced findings in the scientific literature regarding *cannabis and mental health* (2):

- 1). Cannabis can be addictive for upwards of 9-17% of users (3, 4) and 30-50% of daily users (5,6), especially those who begin use at younger ages (i.e. under age 18) (7).
- 2). Cannabis can cause transient psychosis (a break from reality, paranoia, etc.) with just a single episode of use (7). Risk is especially high with edibles, high potency cannabis, or products such as concentrates (i.e. wax, shatter) – which have in common contents higher in THC:CBD ratios (2,7).
- 3). Cannabis can cause and/or worsen psychiatric symptoms, especially for individuals vulnerable to, or experiencing mood, anxiety, trauma-related, or psychotic disorders (6, 4).
- 4). The developing brain (i.e., persons under age 25) is especially vulnerable to the use of cannabis on cognitive performance and increasing the risk for later development of mood and substance use disorders (6).
- 5). There is currently *insufficient evidence* for the use of “medical cannabis” to treat *any* psychiatric disorder, including the increasingly approved “qualifying condition” of post-traumatic stress disorder (PTSD) (2,6).
- 6). Blood levels of THC and its metabolites do not correspond to levels of physical or mental impairment and are not reliable for roadside testing of driver safety (6).

Proposed tenets: While AAAP does not endorse expanded access to cannabis, given the above scientific findings consistent with widespread expert consensus in medical and research communities, AAAP proposes the following key elements to inform any potential statewide initiative to legislate or amend expanded legal access to cannabis:

- 1). Legal recreational sales of cannabis should be limited to adults aged 21 or older (some states may consider the age of 25). Similarly, any potential marketing or advertising of cannabis and cannabis-derived products to youth and young adults should be banned.
- 2). As there is currently no psychiatric indication for “medical cannabis,” states should not include such indications (e.g. PTSD, anxiety, depression, opioid use disorder) as qualifying conditions. Similarly, advertising touting the use of cannabis for treating mental health conditions should be banned.
- 3). Any expansion of legal use should include strategic public awareness campaigns and packaging alerts about potential harms from use (8), especially heavy or daily use, or use of high-potency and edible products, such as risks of addiction, psychosis, and worsening of mood and anxiety symptoms. Targeted campaigns to prevent cannabis use during pregnancy and breastfeeding are warranted given the increasing prevalence of cannabis use among pregnant women living in the US (9).
- 4). State-level regulation, including allocation of funds for purchase of high grade analytic equipment, is critical for quality control measures to ensure proper chain of custody, testing, and labeling of cannabis-derived products so that users have accurate information about what they are ingesting. Mechanisms to audit and impose penalties for infractions or fraudulent practices should be built into initial legislation.
- 5). Regulations are needed to guard against impaired driving and innovative approaches with dedicated funding from cannabis sales are needed to respond to this vital public safety issue.
- 6). States should maintain a public registry supported by revenue from cannabis sales that reports annually on adverse outcomes associated with medical and recreational cannabis product sales and/or consumption.

Signed,

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References

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