



Policy Position: Adult Use Cannabis Regulation

Hawai'i Public Health Institute (HIPHI) supports policies that increase safety and positively impact the public health of our state. Cannabis does have positive impacts for individuals with specific medical conditions. Conversely, short and long term recreational cannabis use has been shown to impair motor coordination (i.e., interfering with driving skills), alter judgment, and can make it more difficult to learn and retain information.¹ This is supported by data from Colorado which reported fatal accidents involving cannabis rose by 62 percent after recreational cannabis legalization in 2012.² Long term and heavy use (\geq one use per day) has also been linked to addiction and altered brain development (especially among youth and early users), poor educational outcomes, and lower IQs.³ While the negative health effects reinforce the need for HIPHI to oppose the legalization of recreational cannabis, we recognize that there also needs to be a larger conversation about the public health protections and implications if recreational cannabis were to be legalized. HIPHI supports ensuring access to safe, regulated products for specific medical conditions identified by a healthcare provider. Furthermore, it is vitally important to ensure that social justice issues are addressed, and that is achievable by decriminalizing small amounts of personal use recreational cannabis. No one should be in jail due to personal use possession.

A public health focused approach is necessary. States that have legalized recreational cannabis have followed a for-profit driven model that prioritizes generating tax revenue over public health and other concerns.⁴ Legalization is different from decriminalization. Once legalization happens, the commercialization of

recreational use cannabis is allowable. That includes marketing, shops with a variety of tetrahydrocannabinol (THC) infused products, enticing products to youth. Decriminalization means people will not suffer undue punishments for possession of small amounts of recreational cannabis for personal use. In other words, industry will not be allowed to take advantage of a market for their profit. This situation would be similar to the methods of big tobacco companies used for marketing and to gain new, young customers.

Recreational cannabis continues to be legalized in many states, generally with limited public health input. Although valid medicinal applications exist, the National Academies of Science, Engineering, and Medicine concluded that substantial evidence suggests that cannabis use is also associated with significant harms, including psychosis, schizophrenia, cannabis use disorder, motor vehicle collisions, low birth weight, and respiratory symptoms. Evidence is emerging regarding the association of cannabis use with youths' cognition and cardiovascular disease, as well as other areas of concern.⁵

The 2019 vaping epidemic demonstrated the hazards of rapid product innovation without due evaluation of safety. With widespread lifetime and adolescent use of cannabis, reaching 43.6% of 12th-grade students nationally, and 51.5% of 18- to 25-year-olds in 2018,⁶ even modest increases in risk may have a significant effect on population health. Cannabis use via an electronic smoking device in the past 30 days, which typically involves high-potency concentrates, increased from 5% of 12th-grade students in 2017

to 14% in 2019, with 3.5% vaping near daily in 2019. The potential magnitude of mental health effects associated with the growing market of high-potency cannabis products, which are sold in a legalized market, is evidenced by estimates of the population-attributable fraction of first-episode psychosis due to use of high-potency cannabis (>10% THC) at 12% in 11 primarily European cities studied, and by elevated risk for first-episode psychosis found in individuals using these products daily. Treatment data also suggest reason for concern. In 2014, cannabis was the leading drug used by clients entering drug treatment in a study of 22 European countries, representing 46% of all new clients, up from 29% in 2003. Both cannabis-related new clients and daily users in treatment more than doubled between 2003 and 2014.⁷

In 2019, Hawai'i decriminalized the possession of small amounts of cannabis. This law ensures that anyone found with up to three grams of cannabis will pay a \$130 fine instead of being jailed.⁸ Decriminalizing the possession of small amounts of cannabis and collaborating with appropriate partners for best practice methodology is necessary to address social justice concerns.

As witnessed in other states, it has proven impossible to create a recreational cannabis system free from industry influence. Industry influence was present within the Dual Use of Cannabis Task Force, the entity tasked with recommending policy language to establish a recreational cannabis system in the state. This task force included a number of pro-cannabis industry members and minimal to no representation from public health and substance use prevention fields. No policy proposal has included substantial regulations needed to ensure public health and safety is prioritized above profit. The risk of public health harms from a profit-driven policy agenda and industry outweighs the chance that a system free from industry interests and one that protects public health will be created. HIPHI values health and people over profit and industry; therefore, it does not support a recreational cannabis system. The current medical system protects public health and provides access to safe products for patients. Additionally, the decriminalization law ensures that adults are not criminalized for recreational use.

As legalized recreational cannabis continues to be considered in Hawai'i, it is necessary to consider important public health protections learned from the work done in regard to commercial tobacco regulations.

GUIDING PRINCIPLES

- People's health is more valuable than profits.
- Policy development should be evidence based.
 - Evidence based policymaking refers to the method of policy development that consults facts and credible, relevant evidence to make decisions, over political opinion or theory (i.e., a politician taking this approach may use scientific evidence to aid the development of a new healthcare policy, instead of ideological beliefs).
 - Policy decisions should be unbiased.
 - Existing evidence is used to support policy development.
- Health equity is a key part of all policies.
 - Health equity means the attainment of the highest level of health for all people.
 - Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.⁹

POLICY APPROACH

To be public health focused means that a cannabis regulatory system should prioritize the following eight goals:

1. Preventing youth cannabis use;
2. Reducing cannabis-related harms to individuals and communities;
3. Ensuring accurate information about the risks of cannabis use;
4. Controlling the prevalence, frequency and intensity of cannabis use;
5. Decriminalizing small amounts of cannabis possession by adults over 21;
6. Maintaining a medical cannabis system that provides safe products to medical patients while maintaining strict public health regulations (i.e., flavor ban on products, advertising restrictions, outlet density);
7. Minimizing the environmental impact of cannabis cultivation, and;
8. Minimizing the influence of the cannabis industry and the profit motive in setting cannabis policies.¹⁰

POLICY PRIORITIES

Prevent youth cannabis use.

- Prohibit recreational cannabis products and delivery systems that are attractive to young people such as candies, candy bars, lollipops and other candies, flavored e-liquids and juices should be included.
- Restrict marketing and advertising practices that appeal to youth or are highly visible.
- Require products to be contained in generic packaging that uses only black lettering, contains no colors, pictures, cartoons, or images that might appeal to children and youth.
- Maintain the current advertising restrictions enforced by the medical cannabis system.

Ensure policy development is free from conflicts of interest.

- Prohibit the inclusion of the cannabis industry on regulatory advisory boards and task forces.
- Require conflict of interest disclosure statements for all state-sponsored advisory boards and task forces involved in developing policy.

Decriminalize recreational use of cannabis by adults and youth.

- Work with appropriate partners to best develop policies that do not criminalize adults and youth. Hawai'i currently has decriminalized possession of three grams or less in statute.

Maintain public health regulations of the current medical cannabis system.

Current regulations include, but are not limited to, the following:

- Housing the regulatory system and compliance entity under the state's Department of Health.
- Flavor ban on products.
- Plain product packaging.
- Retail outlet density regulations.
- Advertising restrictions.
- Restrict the number of retail outlets and cultivators per county, and allow counties the ability to create stricter rules.
- Require cultivators and manufacturers to be located in areas zoned for agricultural and manufacturing uses.
- Require cultivators and retail outlets to be located at least 1,000 feet of primary and secondary schools, playgrounds, churches, or treatment and recovery centers.

- Require cultivators and retail outlets to be subject to local zoning ordinances in addition to state requirements. Local zoning ordinances may be stronger, but never weaker, than state minimums.
- Restrict high potency THC products.

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