

## Public Health and Prevention + LCB Discussion on high THC: Parts 2, 3

*June 11, 2024*

*19 attendees from LCB and external partner agencies and associations were present 6/11/2024.*

### **Opening remarks**

Kristen provided a quick level-setting to walk through the purpose and deliverables for the discussions and summarized the discussions that have taken place to date, including part one discussion group on June 3, 2024 (reference those notes for further information).

Participants discussed round one in depth and spent roughly 10 minutes on round two. The discussion will pick back up from that point during the next meeting on June 17. Notes from June 11 are summarized below.

*June 17, 2024*

*20 attendees from LCB and external partner agencies and associations were present 6/17/2024.*

### **Opening remarks**

Harrison and Kristen explained that the call was being hosted today as part of an existing Washington Healthy Youth Coalition subcommittee for cannabinoids. Kristen walked the participants through the goal of today's call, explained the discussion framework and briefly covered what was discussed last week.

### **Discussion**

The discussion was structured into three rounds, and content was prioritized based on the volume and level of input from partners on each topic during previous discussions. Kristen then posed the following questions for the group to discuss during each round:

1. *What data, evidence, or expertise do you have to support the potential for this strategy?*
2. *What would make this strategy most effective?*
3. *What concerns do you have with this strategy?*

#### *Round one:*

- Public education
- Budtender education
- Packaging and/or labeling changes

#### *Round two:*

- Increased research
- Tiered tax structure
- Age-gating of high-THC
- Advertising restrictions

#### *Round three:*

- THC % cap
- Structural changes in retail stores
- Develop new licensing structure

Round one (notes from 6/11):

|                            | What data, evidence, or expertise do you have to support the potential for this strategy?   | What would make this strategy most effective?  | What concerns do you have with this strategy?  |
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| <b>Public education</b>    | <p>This is well established as a proven best practice when done the right way for the right purpose.</p>  | <p>Consider ways to integrate understanding signs of problem use, and promote ways to seek treatment or support with substance use disorder.</p> <p>Seek to address cultural norms around excess use, high THC product preferences, and mitigate risk of stigmatizing people who use these products.</p> | <p>When done wrong and not with best practices, can cause harm.</p> <p>So expensive. Difficult to reach audiences with so many channels these days.</p> <p>Whatever policy idea we choose will need some public education, but it cannot be the only thing.</p> <p>Existing resources for consumer education are not currently up to date.</p>   |
| <b>Budtender education</b> | <p>No comments made regarding evidence base for this approach.</p> <p>The MAST card system within Alcohol Licensees is a proven strategy for influencing the cultural norms around responsible vendors.</p> | <p>Involve industry in creation of messaging.</p> <p>Look to the existing MAST program for inspiration.</p>  | <p>Large pushback from industry about making this required.</p> <p>Challenge exists with the high turnover rate of budtenders.</p> <p>Concerned with E&amp;E's capacity to monitor whether this was being implemented (if required). Can enforcement be increased to help w compliance/budtender info?</p> <p>Education at point of sale differs from education at point of consumption, where people are actually intoxicated and interventions would be more effective.</p> <p>Budtenders have voiced concern about shouldering the burden of responsible vendors,</p> |

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|  |   |   | like with alcohol. (driving, pregnant population, etc.)<br>Less viable politically.  |
| <b>Packaging and/or labeling changes</b> | <p>Multiple people stated they see this as a smart strategy with promise.</p> <p>Probably has the best data coming out of Canada and other places. Plain packaging, more reasonable font sizes.</p> <p>Some people were not as sure about the efficacy/research and the implementation feasibility.</p> | <p>This is an environment strategy to an extent and is more likely to see impact.</p> <p>Look to Canada as an example.</p> <p>Could be a great way to get this to the consumer directly.</p> <p>Currently: cannabis has this required warning on packaging "It is illegal to operate a motor vehicle under the influence of cannabis;"</p> <p>What could a change look like?</p> <ul style="list-style-type: none"> <li>--Larger font</li> <li>--Maybe a bag that says what it is and is hard to miss.</li> <li>--place poison center NFK on all products.</li> <li>--add QR code to more information from a campaign.</li> <li>--make child resistant packaging required for all products to minimize likelihood of people consuming as they drive home.</li> <li>--add warning related to potential risk to mental health</li> <li>--(Note added from 6/17, related to structural changes) terpene profiles (and better labeling of terpenes) may be an alternative way for consumers to determine preference vs THC concentration</li> </ul> | <p>Explore better ways to implement unique identifiers. (LCB and DOH will take this conversation offline as it intersects with other areas.)</p> <p>Some concern about packaging being least effective tool for those who need an intervention the most. Is there evidence that it also supports those who at higher risk for SUD?</p> |

Overall notes from this round:

- Consider that these three activities put a lot of onus onto the consumer, which in itself is not a best practice. There was general agreement that while these activities may be effective and worth pursuing, they should not exist in isolation or without supplemental environmental activities implemented too.
- For example:
  - <https://leafmagazines.com/specials/2021-washington-edible-special-yummies-gummies/>
  - <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/personal-use/how-read-understand-cannabis-product-label.html>
- Some partners showed interest in a field trip to LCB or a retail location to better understand the current product landscape.

Round two (notes from 6/11 and 6/17):

|                             | What data, evidence, or expertise do you have to support the potential for this strategy?   | What would make this strategy most effective?  | What concerns do you have with this strategy?  |
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| <b>Increased research</b>   | <p>Research is indirect; clear one direction of harm and risks, this is discredited by opponents.</p> <p>Research is important, it supports policy efforts.</p> | Can speak to community norms and perception of cannabis use, especially high THC.                            |  |
| <b>Tiered tax structure</b> | <p>Shared report related to discussion around potential tax structure changes: <a href="#">Cannabis-Potency-Tax-Workgroup Report FINAL.PDF (wa.gov)</a></p>     | Explore how can we offset this impact by offering more resources to this population. Consider health equity. | <p>Concern with negatively impacting those with substance use disorder</p> <p>Some shared curiosity about the tiered tax structure especially with possible federal regulation changes on the horizon</p> <p>Currently, WA has one of (if not the) highest tax on general product: 37% excise plus 10% sales. Raising that even more for high-THC product could create more tax than product value/cost.</p> |

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|                                 |   |  | A total restructuring of the 37% would need to happen.  |
| <b>Age-gating High-THC</b>      |   | <p>Could be a very effective way to shift cultural norms.</p> <p>Some partner interest in age gating for high concentration products because of the increased amount of fatalities (59% increase in impaired driving since 2019) in which we see younger drivers as the most overrepresented in those fatality numbers.</p>  | <p>How politically feasible is this? Not likely if budget is in deficit.</p> <p>Lots of barriers</p> <p>There isn't any precedent in the US for 25. Except car rental? The political lift is huge.</p>  |
| <b>Advertising restrictions</b> | <p>Advertising restriction was an effective strategy for tobacco.</p> <p>They do work and there are best practices around this. We don't require specific health warnings right now. Nothing specific to high THC.</p> <p>Most U.S. states, including WA, have limited cannabis advertising bans, and Canada imposes heavy restrictions on the promotion of cannabis.</p> <p>Ad limits, per Canadian source (note, data may lack detail/be dated per some accuracy concerns raised) (Participant will send article to Kristen as follow up)</p> | <p>How do you craft the language so it does as intended? Perhaps focusing on the required warning message for these products?</p> <p><b>**Maybe pair it with cannabis signage bill?</b></p> <p>Current regulations: Product specific restrictions on outdoor advertising (i.e., could be advertised but not a picture of the product). Additionally, retailers advertise online and on other media avenues. Enforcing ad regulations in these contexts and with 3<sup>rd</sup> parties also involved would be a big lift</p> <p>There is not really a prohibition of advertising at this point, across digital landscape and print</p> | <p>Tough to enforce. Tough to write this effectively.</p> <p>Legal question about ability to regulate this issue.</p> <p>May be worth considering how 'similar' medications are marketed when it comes to medical cannabis restrictions</p> <p>National branding around these products (unregulated, hemp derived or synthetic) that we don't have authority to regulate.</p> |

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|  |  | <p>media—only on out of home (OOH). Can't say anything false or misleading.</p> <p>High potency delta-8 THC (synthetic) is not available in I-502 stores- it is illegal outside of I502 stores (though compliance is an issue, especially because the change is recent due to implementation of SB 5367)</p> |  |
| <p><b>Additional</b><br/> For reference: <a href="https://www.learnaboutcannabiswa.org/legal-issues/high-thc-policy/">https://www.learnaboutcannabiswa.org/legal-issues/high-thc-policy/</a></p> |  |  |  |

Round three (notes from 6/17):

|  | <b>What data, evidence, or expertise do you have to support the potential for this strategy?</b>  | <b>What would make this strategy most effective?</b>  | <b>What concerns do you have with this strategy?</b>  |
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| <b>THC % cap</b>                           | <p>At least 2 states- Connecticut and Vermont- have THC caps (though with exceptions for cartridges). This could be a way to mitigate the harms of high THC products while still allowing for sale of high THC products (i.e. concentrates could be sold, but not 70%+)</p> | <p>Would need to understand where to put the cap and why?</p> <p>Use existing research to guide how this looks.</p> | <p>Seems the simplest to do but that might be deceptive.</p> <p>Possibility for push back with how potent cannabis currently is on the market.</p> <p>Would this create an issue with revenue?</p> <p>Risk of pushing consumers into black market.</p> <p>Concern with how it impacts medical system.</p> |
| <b>Structural changes in retail stores</b> | <p>Looking at pushing the focus away from the intoxicant by allowing other products like bakeware to be sold in stores.</p>   | <p>What norms may need to change here to support product choice based on</p>  | <p>In current form: Sniff jar issue is that the product in the jar isn't the same as the one they are buying. It gets</p>   |

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|  | <p>Look of products and smell are how people want to buy. When not able to see the product, they look at what is written on the label.</p> <p>Data from Oregon consumer preference survey suggests smell and appearance are preferred selection criteria</p> <p>Could help take away the hold that high THC has on some consumers in decision making</p>   | <p>something other than concentration?</p>   | <p>old/stale. Hassle to dispose of for retailers.</p> |
| <p><b>Develop new licensing structure for producers exclusive to high THC products</b></p>   | <p>High THC producer/processor license would allow for dynamic regulation of product that has higher consumer risk- not just because of THC content- but also because of potential contaminants</p> <p>Utah did something similar did to address vapor product/tobacco sales- they have two retailers licensees for general tobacco retailers and specialty tobacco retailers and a lot of the stricter tobacco regulations have been for those specialty retailers<br/> <a href="https://tobaccolaws.utah.gov/licensing-permitting/">https://tobaccolaws.utah.gov/licensing-permitting/</a></p> | <p>Separate flower from everything else.</p> |   |
| <p><b>Additional Comments:</b></p> <p>Daily/near daily use in 21-25 year olds has significantly increased, as has the prevalence of those surveyed reporting at least 2/5 symptoms associated with cannabis use disorder (Kilmer, 2022)</p> <p>Q: are high THC product in particular more risk? A: Risk of psychosis from is elevated from high THC products (defined as 10%+ for studies) as compared to low THC use or no use (e.g., Di Forti, 2019)</p> |  |  |   |