

Notes LCB + Industry Partner Discussion call June 26, 2024: High THC

There were 25 people in attendance from LCB and industry/consumer representatives.

Kristen provided a high-level overview of the high THC session strategy and explained the purpose and deliverables desired as a result from these conversations.

Member Vollendroff spoke about vulnerable populations of youth, young adults, individuals living with mental illness (psychosis), cannabis use disorder diagnosis, as key audiences for us to protect. He also reiterated the goal of these conversations and the clear stance from LCB that this is not an attempt at prohibition.

Questions posed and notes related to each category:

1. What (if anything!) do you consider the biggest risk posed by high THC products?

- Want to open a door to an in between for this binary—there is space in between. Education is a good space—regulating the product may not be the way to do that.
- Educating so people are equipped with information they need to be safe.
 - Echoed—education about these products is important.
- Biggest risk is prohibition failure of state in the execution of that project, and the harms from that are still ongoing. Trying to deconstruct war on drugs and build something different.

2. What changes (if any) would you like to see related to regulations of high THC products? What do you hope will stay the same?

- Defining product categories; talking about highly processed and synthetic products, and altered products are a concern. We don't have the regulatory structure in our product categories, avoid natural cannabis product getting lumped into the same category as the manufactured products.
 - Create different lanes between natural and manufactured products. That could help create better legislation.
- Be mindful that industry is not actively selling to children – have no interest or intention in selling to minors... actually getting from the hemp space, like from a gas station.
 - Regulated THC is not being lumped in with unregulated hemp industry.
- Keep products in the regulated market, labeled, tested, accountability for manufacturing and distribution. Regardless of high THC, keeping them available for adults who choose to use them.
- 1g at a time restriction in WA is a good guardrail, compared to OK 7g (baller jars) which can lead to overconsumption; highest tax in WA; retail stores are doing good job with compliance; WA most stable market, and most consistent, and most functional for small to medium sized businesses.
- Age gate—concern with black market; raising taxes not a good path because already highest tax; more regulation around THC-A and chemically converted products.
- Packaging edibles so they are more tightly child resistance.
- Age gate—concern with young adult friend groups—how does that work in practice?

3. Are there other strategies beyond changes to regulations that you consider valuable and potentially effective?

- Be considerate of psychosis from alcohol too—we don't have encompassing conversations about that. People are adults using these products, they are using knowing the risks.
- As part of educational landscape... Setting social standards, common civic expectations about how these products should be used. Healthy relationship with these products ; look like, fair expectations when in your homes? Socialization of these products.
 - Be concerned for these people with a place of care, compassion who is using a substance, and how to treat CUD with sympathy and not laws/regulations, how can we help them (the way we would help drunk folks),
 - Difference between normalization and casualization, just because it is normal doesn't mean it should be treated casually. Can be general expectations and aspects of legislation that have supported.

Education:

- Education is important, but well curated and based in science and understanding, the more factual and honest we can be. Collaborate with industry and prevention to do the messaging.
 - Want to know if it lands well with industry partners. Want to reduce harm, want people to understand what they are doing and consume in a healthy way.
 - The most accurate information won't save us if not presented in a way people want to talk about it. Moderation or titration expectations. Get the right messenger.
- Retailers will need information about the why for the signage required and what the harms are.
 - Legality of the sign having "may have a problem" anyone talking with AG
- Giving people practical tools in the education strategy.

Research:

- Would want to know more about who is using? Good remedies for harms out there? Are there differences in age groups or at risk users for method of intake. Knowing how people are consuming concentrates. E.g. dab rig different from dry flower vaporizer.
 - Some of these more portable devices, people want to be able to titrate and have access so the experience is more consistent. Edibles can impact the high.
 - Inhaling is the only delivery system that delivers whole plant medicine.
- Cannabis hyperemesis syndrome needs a great deal more investigation.
- If we are looking into the correlation between psychosis and cannabis use we need to be open about what might be causing the problem. For example, are these folks

already susceptible due to family history? I think a lot of research on this topic is looking for information to support an already determined theory vs really being open to looking at the problem from multiple perspectives.

- Psychosis, looks at alcohol and cannabis; people are adults so encompass alcohol and have more context for how it is impacting people.
- Heat applied for vape devices, we don't know at what level different additives are carcinogenic.
- Difference between new or infrequent user, and regular more casual cannabis consumer. Different impacts on psychoactive level, and how people responding to these substances. Novice users or occasional users have different experiences than regular folks.
- Older consumers, among those buying, greatest growth were over 60. We focus on impacts on youth, but that is a segment that hasn't been looked at.
- Differences on products—concentrates, high THC keef/hash 30s/40s... 85+ THC, how those are produced and impacts on people very different products.
- Psychosis, understanding self-medication, environmental conditions, genetics, etc. as metrics and outcome is important. Mental health is key.
- Important to consider pesticides, additives, etc. with the modality and temperature

Additional points made:

- Is there room to make an impact on some other initiatives together using conversations like this?
- Policies for better information about cannabis—as someone who cultivates this plant, it is something that is powerful and can be great but also needs to be treated as something that is powerful. Can help to understand how to do meaningful strategies to protect folks. Help people in public health understand the products.
- Still locking up young people in WA for cannabis. We are still in an area of prohibition—need to stop doing this to children, especially black and brown youth.
- Good public policy is reliant on good science. After ADAI symposium last year, there is a conflation of psychosis and schizophrenia... approaches in public policy would and should be different. Messaging out of ADAI and some of these studies, fail to separate episodic psychosis and schizophrenia, making it hard to understand the research.
 - Good for the outcomes of research and messaging from that research if the differences were clearer.

Wrap-up

Kristen concluded by asking whether another meeting about high THC would be valuable and several people nodded, wrote in the chat, or used reactions to indicate they would like to have another call in the near future.

People also mentioned throughout the call that this was a valuable way to share thoughts and concerns and to problem solve with Kristen about ways to collaborate better with public health—she mentioned that she is happy to attend industry association meetings, and happy to convene on a more regular basis.