

Support to integrate into any effort.
Rulemaking solutions available.
Legislative action required + larger systemic changes

PH&P = Public Health and Prevention
 CC = Cannabis Community

	Readiness High, medium, low		Body of proof Literature supports, examples elsewhere, etc.	Limitations & Considerations Foreseeable challenges or concerns	Mixed Methods If paired with something else on this list, is this a stronger strategy?	Sponsorship Does this item have the potential for a legislator to sponsor it? Yes, no, unknown	Resources Required Funding, personnel, technology, partnerships, etc.	Status Update What stage is this strategy currently? What is needed in addition?
	PH&P	CC						
Public education	High	High	Established proven best practice (when executed with fidelity); other states CO and CA model	When not paired with other strategies, this becomes less effective. When not executed properly, this can be a harmful strategy.	Strengthens any other strategy; must be paired with others to be effective.	Yes	Requires sufficient funding to compete in media markets, requires audience research and strong segmentation. Partnership between DOH, HCA, LCB, and WTSC at minimum.	DOH is in the process of updating existing cannabis consumer ed campaign; 2320 suggested high THC campaign, but did not allocate funds (DOH shifted funds from another area of the program to accomadte, that is not sustainable);
Budtender education	High	Med	Data suggests there is high need. CO great example. Alcohol MAST program good example.	Has been met with resistance in the past. High turnover rate within the industry.	Paired with public education, CUD awareness, and additional policy measures	Yes	Would need a rules change to require a training.	2320 requires DOH to develop a voluntary budtender training. A required training would be ideal. They are hiring a full time person to lead this work.

<p>Increase CUD awareness, access to care, destigmatize, etc.</p>	<p>Med</p>	<p>Med</p>	<p>Research is clear that high THC is associated with increased risk of developing and maintaining CUD; logically, addressing access to care, increasing education about CUD, and destigmatizing CUD make sense. Proven best practices for doing this in clinical settings, can be modified for other applications.</p>	<p>High level of stigma to overcome and misinformation about credibility of CUD (addiction community, health care providers, and people who use cannabis all have different biases about the impact and severity of CUD). Also the interplay between medical and nonmedical cannabis use is difficult to parse apart; harm reduction approaches vs abstinence</p>	<p>Stengthens any other program</p>	<p>Unknown</p>	<p>This could be integrated into existing campaign messaging; adaquet resourcing towards treatment</p>	<p>DOH is in the process of updating existing cannabis consumer ed campaign; 2320 requires DOH to develop a voluntary budtender training.</p>
<p>Increased research</p>	<p>High</p>	<p>High</p>	<p>Gaps exist in what we know about THC impacts at 35%+; audience behavior; industry knowledge/attitudes/beliefs; policy impacts; econmic impacts; etc.</p>	<p>Needs funding. Cannabis use is a complex substance that makes defining high THC difficult because of differences in exposure, titration, and methods.</p>	<p>Stengthens any other program</p>	<p>Yes</p>	<p>Depending on the scale of the research.</p>	<p>Some surveillance studies currently underway; DOH and LCB both exploring consumer audience; LCB Research Program has general plans to explore licensees in the future; various academic partners are either currently applying or waiting for awardee letter for research</p>

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Packaging and/or labeling changes	High	Med	Labels are not well understood by consumers; poison center data indicates calls only coming in from edible products (gap exists here); Data exists supporting what people want on a label and what they currently read on existing labels; Logic suggests harder to open flower products may decrease driving while smoking; Other states do this differently. Canada has set the example. Tobacco has a lot of research supporting labels as a proven best practice.	Resistance likely from industry. Truly best practice approach would not allow creative liberties with labels yet that is unlikely to happen.	Pair with public education and advertising restrictions	Unknown	This would be a significant lift for industry. LCB would need increased capacity to approve packaging and labeling. Consumer education and retailer education needed to clearly explain changes.	Rules changes would be required.

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Tiered tax structure	Med	Low	Some research suggests this would be an effective strategy.	Risk of increasing black market, driving increased smoking, losing tax revenue (thus cutting programs)	Pairing with age gate could balance out revenue. Should be paired with public education, budtender training and CUD prevention	Unknown	Economic assessment	Legislation required.
Age gating high THC	Med	Low	Strongly recommended by research; data supports need to limit youth access; research clear that risk is highest for psychosis under age 25	Would lose tax revenue from 21-24 year olds; no comparison to model from (even across other substances or societal structures aside from car rental)	Pairing with tax tier could balance out revenue. Should be paired with public education, budtender training and CUD prevention	Yes	Economic assessment; changes to ID carding systems; changes to in-store infrastructure; education component for budtenders/licensees and for general public/consumers; changes to E&E resources; changes to in-store signage	Legislation required.

<p>Advertising restrictions</p>	<p>High</p>	<p>?</p>	<p>Strong research to draw connection between exposure to ads and youth perception of harm decreasing, youth initiation increasing, and adult overconsumption increasing. Also strong connection between increased product promotion interfering with reception to public health messaging. Canada has set the example.</p>	<p>On paper, this suggestion sounds reasonable, but in practice it may prove difficult to implement. As it stands, advertising is very hard to regulate for a litany of reasons.</p>	<p>Pair with increased public education and packaging/labeling</p>	<p>Unknown</p>	<p>Increased E&E capacity for regulating; if connected to changes in approval process, increased licensing capacity; education to partners/communities about complaint process</p>	<p>Legislation required.</p>
<p>THC % cap</p>	<p>Low</p>	<p>Low</p>	<p>There is a dose response between negative outcomes from cannabis use and the percentage of THC. The higher THC level, the more likely risk for psychosis, addiction, and negative outcomes like fatal crashes (Note: there are a lot of nuances and caveats to this statement)</p>	<p>While hemp-derived THC markets thrive, capping regulated products may encourage consumers to purchase outside of the legal system. This is not a strategy the industry would likely support. Identifying the threshold for a percentage is arbitrary.</p>	<p>Note, this activity would negate need for changes in taxes.</p>	<p>Unknown</p>	<p>Given the products on the shelves currently, would need to set a long timeline for when this goes into effect, reducing the amount of waste or risk of diversion. Economic assessment may help identify risks posed by this strategy.</p>	<p>Legislation required.</p>

<p>Structural changes in retail stores</p>	<p>Low</p>	<p>?</p>	<p>Some research suggests consumers prefer using their senses to determine best products for purchase, however current store structures prohibit interacting with product in store. This may be contributing to consumers relying on THC percentages to make decisions. ***Is this done in other states???</p>	<p>This would be a huge undertaking both in rules and in the industry.</p>	<p>Pair with increased public education and packaging/labeling</p>	<p>Unknown</p>	<p>there would be a big cost to licensees to rearrange stores, a cost to processors in how they package; there would be education to supplement this strategy.</p>	<p>Rules/legislation required</p>
<p>Develop new licensing structure for producers exclusive to high THC products</p>	<p>Low</p>	<p>?</p>	<p>unknown</p>	<p>Depending on how it is executed, it could greatly impact existing producer/processor licensees</p>	<p>unknown</p>	<p>Unknown</p>	<p>Increased education about the limits of this structure</p>	<p>Rules/legislation required</p>