NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

17-06

STATEMENT OF POLICY

Medical and Adult-use Cannabis and Cannabinoids

Policy

The National Association of County and City Health Officials (NACCHO) supports federal, state, and local activities that improve the capacity and capabilities of local health departments to ensure the health and safety of their communities prior to and following the legalization of medical and adult-use cannabis and cannabinoid products. As the current field of evidence points to adverse and potentially positive health impacts from cannabis use, there is a need for health departments to exercise the precautionary principle (the principle that the introduction of a new product or process whose ultimate effects are disputed or unknown should be resisted) when considering how to approach their stance on the use of medical and adult-use cannabis within their communities.

With this concept in mind, NACCHO recommends the use of the following policies:

1. Policy Recommendations
    a. Federal Guidance
        i. NACCHO encourages the removal of administrative and regulatory barriers to allow for increased scientific and epidemiologic research on the positive and negative health impacts of cannabis and cannabinoid consumption.
    b. State and Local Guidance
        i. NACCHO encourages both state and local health departments to get involved in the law and policy-making processes surrounding the regulation of both medical and adult-use cannabis.
        ii. For both medical and adult-use cannabis and cannabinoids, NACCHO encourages state and local health departments to support the development of legislation, regulations, and policies that include any or all the following measures:
            1. The stable funding and support of localized cannabis research, evidence-based health services, and core public health functions (e.g., surveillance and public education) using state and local taxes on cannabis and cannabinoids.
            2. The allocation of adequate resources to establish prevention and education for youth cannabis use and for secondary and tertiary prevention activities for youth who use cannabis.
            3. The provision of accurate and effective educational materials to the public and medical cannabis patients and providers.

4. The provision of accurate and effective education and prevention activities for pregnant and breastfeeding women.
5. The prevention and monitoring of drugged driving and provision of education related to the risks of using marijuana and driving or riding with an impaired driver, including the risks of using marijuana in combination with alcohol and other drugs.
6. The prevention and monitoring of unintended exposures to cannabis and cannabinoid products.
7. The involvement of health departments in guiding laws and policies focused on the regulation of cannabis production and sales, including, but not limited to pesticide use, packaging and labeling, age restrictions, concentrations, odors etc.
8. The incorporation of inhaled cannabis and cannabinoid products and delivery systems into existing laws related to clean indoor and workplace air-quality.
9. The coordination of law enforcement and public safety related activities with the public health community.
10. The coordination of public health and behavioral health activities across public health initiatives related to cannabis.
11. The prevention and treatment of health disparities related to the adverse health impacts of cannabis availability and use by adults and youth, including the risks of living near multiple retail locations.
12. Stable funding and support from local and state taxes on cannabis and cannabinoids to address social and health disparities such as unequal rates of arrest and substance use disorders connected to cannabis.
13. The protection of county and city local control of cannabis and cannabinoid policy and regulation including retail operations, location, and density as well as public consumption and other regulation to equitably protect the health and safety of the public.
14. The continued utilization of broad defining language to include a variety of cannabis and cannabinoid delivery products, including but not limited to cannabis-infused food products (CIFPs) and vaping in all new legislation.
15. Supporting a health equity framework in determining location of businesses, considering disproportionate impacts of odors on neighborhoods, and accessibility of licensing and application processes to those populations historically impacted by drug policy.

NACCHO, its national partners, and public health departments should also work together to develop policy solutions that ensure the availability of equitable access to potential cannabis and cannabinoid medical treatments for all community members while protecting the public's health from the potential hazards of secondhand smoke inhalation.

Justification

Since 1996, when California became the first state to legalize medical cannabis, 28 more states and the District of Columbia have passed laws legalizing medical or adult-use cannabis in some form, bringing the total number to 33 jurisdictions with some form of legalized cannabis.[1] As of September 15, 2020, over 220 million individuals in the United States live in jurisdictions where either medical or adult-use cannabis is legal.[2] This number is likely to grow as trends indicate an increasing acceptance of cannabis legalization by the public, with polls indicating that the percentage of the United States population that supports some form of legalization of cannabis, has grown from 48 percent in 2010 to 67 percent in 2019.[3]

Despite this increasingly positive view of cannabis and cannabinoid products, the current field of research concerning the potential health risks and benefits of cannabis use is largely unknown. Reviews of scientific literature have found cannabis to be associated with increases in mental health diagnoses and symptoms, worse respiratory symptoms, some cancers, reduced birthweight in babies, increases in motor vehicle crashes, and other substance abuse and misuse issues. At the same time, cannabis use has also been found to be associated with antiemetic benefits, increased sleep, and chronic pain control.[4,5,6]

Further research by the scientific community is needed to gain additional conclusive insights regarding both positive and negative health impacts of cannabis. One way to expand this knowledge area would be through the reduction of administrative and regulatory barriers on research, e.g. the inclusion of cannabis and cannabinoids on the list of Schedule I Drugs administered by the United States Drug Enforcement Agency.[7,8] The potential growth in the body of cannabis and cannabinoid scientific evidence could result in the creation of more reliable evidence that could be drawn upon by public health practitioners, lawmakers, business leaders, and others to develop and inform effective laws and policies firmly rooted in science. In addition, these studies should highlight the issue of contaminants (e.g., pesticides, molds, bacteria, metals, and solvents) in cannabis as a confounding factor in studies on health outcomes.[9]

As more communities legalize the use of cannabis, public health should be positioned to provide critical guidance regarding the health ramifications of newly developed laws and policies. This is especially true when considering the traditional role of public health in monitoring community health; preventing health loss; diagnosing and investigating health hazards; informing, educating, and empowering communities; developing policies; enforcing laws; assuring a competent workforce; linking to and providing care; and more.[10] To ensure that communities maximize the benefits of incorporating public health considerations into the development of laws, health departments should attempt to participate in regulatory efforts as early as possible to ensure scientific and epidemiological evidence and community input are considered during the development of law and policy.

The early inclusion of public health into the creation process for cannabis laws and policies can also ensure there is political support to identify and procure adequate resources (e.g., staffing and funding) to enable the surveillance of cannabis delivery technologies and the laws that affect them; consideration of public health in the cannabis production and sales regulatory structure; support

for localized surveillance, study of the health impacts of cannabis on the community, and cannabis research that avoids federal research barriers; and the allowance of evidence-based cannabis-related health services that are accessible to all who qualify within states with legalized medical cannabis laws.

A common mechanism for developing monetary resources that could be directed towards public health purposes is the taxation of adult-use cannabis, and to a lesser extent, medical cannabis. As of June 2020, ten states with legalized adult-use cannabis markets used various taxation schemes on the production and sale, including taxation by weight.[11] Taxation may also be used to regulate the sales of cannabis and cannabinoids, with some experts suggesting that tax rates could be correlated with tetrahydrocannabinol (THC) content, as done in Illinois, to reduce the consumption of high-THC products and potentially minimize harms.[12] State and local health departments should also take steps to direct adult-use cannabis tax-revenue towards core public health functions, including surveillance and public education.

In addition to their involvement in discussions regarding taxation, health departments should be involved in other discussions affecting the regulation of medical and adult-use cannabis markets. With extensive experience regulating commercial industries that may have a deleterious impact on health (e.g., tobacco, alcohol, etc.), health departments have a great deal of understanding in this area. Inadequate regulation may result in consequences such as increased cannabis use among minors, marketing directed towards the expansion of heavy-users, and increased industry lobbying efforts directed towards the further weakening of regulations by wealthy for-profit companies.[13] When considering the regulation of cannabis production, it is important for health departments to participate in decisions impacting: the use of pesticides and their effects on both growers and consumers; the packaging and labeling of cannabis and cannabinoid products; the restrictions on the potency of cannabis and cannabinoid products; the accidental introduction of contaminants into products; the availability of flavored items that appeal to children; the potentially unsafe combination of cannabis with tobacco or alcohol; food safety; and cannabis and cannabinoid delivery systems. Additionally, when considering the sale of cannabis and cannabinoids to consumers, it is important public health be involved in decisions regarding age restrictions on purchase and use, locations where and when products may be sold, the pricing of products, and the monitoring of the population for health impacts related to use, labeling, packaging, and concentrations of cannabinoids in CIFPs. [14, 15, 16, 17, 18, 19, 20] While undertaking these activities, public health should work to prevent and address health disparities related to the adverse health impacts of cannabis availability and use by adults and youth, as well as among racial minorities.

Maintaining local control by cities and counties to enact equitable regulation that responds to the local landscape of public health risk is a cornerstone prevention policy learned from the history of regulating tobacco. [21] Local regulation can respond more immediately to community health needs and is less likely to face the same collective industry power of influence that policy can meet at the state level, making it a necessary arena for innovative policy responses.

In addition, local jurisdictions should utilize a health equity framework in determining regulations such as location of businesses, impacts of odors on neighborhoods, and accessibility of licensing and application processes. A framework focusing on health equity provides “communities [with]

fair access to resources and opportunities that facilitate positive physical, emotional, and social health" while focusing on "the explicit and implicit interactions of multilevel influences on [health] outcomes."[22]

A traditional public health function is the provision of accurate information regarding potential health hazards in the community.[23] As state and local health departments support the creation and modification of laws and policies related to cannabis, it is important they define a role for public health in the creation of educational materials for the public as well as for medical cannabis providers and patients. Clear educational materials developed by health departments can mitigate the appearance of mixed messaging from the government in relation to the use of cannabis, as well as reduce the potential re-normalization of tobacco resulting from the potentially increased prevalence of smoking by society.[24]

With legalized cannabis and cannabinoids potentially increasing the number of cannabis smokers in a community, there is a potential increased chance laws protecting clean indoor air and workplace air-quality may be violated.[25] Health departments should work to ensure legal cannabis does not undermine existing laws regarding clean indoor air, where they exist.

Partnerships are important tools health departments should leverage as they address public health initiatives. Coordination between public health and law enforcement leadership should be encouraged following a jurisdiction's legalization of cannabis or cannabinoids. Dialogue between public health and law enforcement could positively impact the proper enforcement of laws that have been, or will be, developed to protect the health and safety of all community members. These laws could include the restriction of sales to and use by underage individuals and the prevention of motor vehicle operation while under the influence of cannabis and cannabinoid products. Additionally, increased coordination between public health, law enforcement, and the justice system could result in the increased use of pre-trial diversion as a potential alternative to incarceration when laws have been violated. Furthermore, increased coordination between public health and law enforcement could support the increased sharing of data that may hold value for epidemiological activities as well as the development of potentially life-saving laws and policies.

Another critical partnership that should play a prominent role in communities where cannabis use has been legalized is between public health and behavioral health due to the latter's experience in treating and preventing substance abuse. As a result, health departments should coordinate with their behavioral health partners across public health initiatives related to cannabis use.

Finally, NACCHO, its national partners, and public health departments should collaborate to develop policy solutions that ensure the availability of equitable access to potential cannabis and cannabinoid medical treatments for all community members while protecting the public's health from the potential hazards of secondhand smoke inhalation as viable policy solutions in this area are currently lacking.

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Record of Action

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