

Legalizing Cannabis for Non-Medical Adult-Use Policy Statement

POSITION

The Association of State and Territorial Health Officials (ASTHO) acknowledges the increased ability of state and territorial health agencies to assess the health impact of legalized cannabis use, inform the public about the risks of cannabis use, monitor patterns of cannabis use and associated health effects, and guide policies and regulations aimed at preventing cannabis use and treating cannabis use disorder. The legalized use of cannabis is an important public health issue as more jurisdictions allow such use and state and territorial health agencies strive to improve, promote, and protect the public’s health. Also, with limited scientific evidence of the health impacts of cannabis, legalization of cannabis increases access to a substance without full knowledge of the potential consequences.

Summary of Recommendations:

- Develop evidence-based or evidence-informed public awareness campaigns, primary prevention programs, and product safety requirements.
- Support increased public health surveillance of cannabis use and its health impacts.
- Ensure that cannabis legalization does not negatively impact existing tobacco control laws.
- Support the facilitation and funding of additional research on the health impacts of cannabis use.
- Support availability and access to mental health and substance use services.

This policy statement does not endorse the non-medical, adult use of cannabis but rather addresses the issue within states that have approved non-medical adult use.

BACKGROUND

Cannabis is the most commonly used illegal drug in the U.S. with 37.6 million users in the past year.¹ A national survey of Americans 12 years of age and older showed 22.2 million Americans reported using cannabis in the past 30 days and the percentage of past month users increased between 2002-2015.² A Kaiser Permanente study found the percentage of pregnant women who screen positive for cannabis use by self-report and/or a positive toxicology test doubled between 2009 and 2016, from 4 percent to 7 percent.³ No conclusive evidence exists on the short- and long-term health effects of cannabis use, however, the National Academy of Sciences reviewed the research that does exist and found varying degrees of evidence on health benefits for patients with certain medical conditions as well as negative health impacts associated with using cannabis.³ Substantial evidence exists that smoking cannabis long-term can increase episodes of chronic bronchitis and other respiratory symptoms.³ Cannabis use is also associated with an increased risk for schizophrenia, other psychoses, and motor vehicle accidents.³ The CDC reports that about 1 in 10 cannabis users will become addicted, and 1 in 6 cannabis users who start before the age of 18 will become addicted.²

By February 2021, 15 states, two territories, and the District of Columbia have authorized the growing, processing, and use of cannabis for non-medical purposes by adults 21 years and older.⁴ All but two of the jurisdictions authorize the retail production and sale of cannabis.⁵

Changing the legal status of cannabis does not necessarily make it a safe, risk-free substance. Cannabis use may affect brain function, lung and cardiac function, chemical interactions with other drugs, pregnancy outcomes, and addiction risks, or cause harm to others in the vicinity of second-hand cannabis smoke.⁶ Special considerations are needed for certain populations such as pregnant and

breastfeeding women, youth, and adolescents. The active ingredient in cannabis, tetrahydrocannabinol (THC), can cross the placenta and is found in breast milk for up to 6 days from last use, which creates concern for health effects on the fetus.³ Prenatal exposure to cannabis is associated with lower birth weights.³ Cannabis edibles may look like products that are attractive to children like cookies or candy. In states where cannabis is legalized, there have been incidents in which children have accidentally eaten cannabis products.² In adolescents, acute cannabis use can impair learning, memory, and attention and there is evidence of an association between cannabis use and impaired academic achievement and education outcomes.³ Finally, research shows that approximately 30% of cannabis users are at risk of developing cannabis use disorder.⁷

A state or territorial health department may have many roles and duties after cannabis legalization. The health department may be responsible for monitoring patterns of cannabis use and associated health effects, incorporating cannabis related questions into existing population-based surveys, performing surveillance of hospitalization and emergency discharge data for cannabis related incidents, conducting surveillance among vulnerable populations including pregnant women and children for negative health effects, developing policies and regulations related to cannabis, implementing health communication campaigns on cannabis, ensuring a competent public health workforce that can perform cannabis related functions, and regulating or providing guidance on the distribution of cannabis.⁸

RECOMMENDATIONS

With regards to the legalization of non-medical, adult-use of cannabis, ASTHO recommends:

- Developing public awareness campaigns, primary prevention programs, and product safety requirements. These efforts can be used to help limit the access of cannabis and inform the public, particularly pregnant and breastfeeding women, parents, and adolescents, about the risks of cannabis use as well as services for the treatment of substances use disorders and mental health issues. Also, product safety efforts such as warning labels, content labels, and child-proof packaging can be used to inform about potential risks and prevent accidental exposure to cannabis.
- Supporting increased public health surveillance of cannabis use and its health impacts. To understand the potential consequences of cannabis legalization agencies need to monitor and evaluate its health impact on the public.
- Ensuring that cannabis legalization does not negatively impact existing tobacco control laws. With cannabis being primarily ingested by smoking, its legalization and increased social acceptance risks existing tobacco control laws aimed at preventing exposure to secondhand smoke. Applying smoke free laws to cannabis use will prevent any currently unknown health impacts associated with secondhand smoke exposure.
- Supporting the facilitation and funding of additional research on the health impacts of cannabis use. Real and perceived barriers to cannabis use research limit the evidence-base that is needed to develop effective policies and practices that address any negative health impacts. An adequate evidence-base on the health impacts of cannabis use will allow state and territorial health agencies to efficiently fulfill their responsibility to promote and protect public health.
- Supporting the availability and access to mental health and substance use services for cannabis use disorder. With nearly a third of cannabis users being at risk of cannabis use disorder it will be key to have treatment services that are accessible and available for those who need them.

APPROVAL DATES

Community Health and Prevention Policy Committee Approval: November 18, 2019

Board of Directors Approval: February 24, 2021

Policy Expires: February 29, 2024

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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¹ Health Effects: Marijuana. Centers for Disease Control and Prevention. <https://www.cdc.gov/marijuana/health-effects.html>. Published February 27, 2018. Accessed June 6, 2019.

² National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. Washington (DC): National Academies Press (US); 2017 Jan 12.

³ Young-Wolff KC, Tucker LY, Alexeeff S, et al. Trends in Self-reported and Biochemically Tested Marijuana Use Among Pregnant Females in California from 2009-2016. *JAMA*. 2017;318(24):2490–2491. doi:10.1001/jama.2017.17225

⁴ The eleven states are Alaska, California, Colorado, Illinois, Maine, Massachusetts, Nevada, Oregon, Vermont, and Washington.

⁵ Vermont and the District of Columbia do not currently allow the retail production and sale of cannabis.

⁶ Moreno, Joelle Anne, Half-Baked: The Science and Politics of Legal Pot (May 9, 2019). *Penn State Law Review*, Vol. 123, 2019; Florida International University Legal Studies Research Paper No. 19-06. Available at SSRN: <https://ssrn.com/abstract=3385536>

⁷ Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 2015;72(12):1235-1242. doi:10.1001/jamapsychiatry.2015.1858.

⁸ Ghosh T, Van Dyke M, Maffey A, Whitley E, Gillim-Ross L, Wolk L. The Public Health Framework of Legalized Marijuana in Colorado. *Am J Public Health*. 2016;106(1):21–27. doi:10.2105/AJPH.2015.302875