

17-06

STATEMENT OF POLICY

Medical and Recreational 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 recreational cannabis and cannabinoid products. As the current field of evidence points to adverse and potentially positive health impacts from cannabis use, there is currently 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 recreational cannabis within their communities.

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

- I. 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 recreational cannabis.
 - ii. For both medical and recreational 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 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, etc.
5. The incorporation of inhaled cannabis and cannabinoid products and delivery systems into existing laws related to clean indoor and workplace air-quality.
6. The coordination of law enforcement and public safety related activities with the public health community.
7. The coordination of public health and behavioral health activities across public health initiatives related to cannabis.
8. The prevention and treatment of health disparities related to the adverse health impacts of cannabis availability and use by adults and youth.

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 recreational cannabis in some form, bringing the total number to 30 jurisdictions with some form of legalized cannabis.¹ As of October 9, 2017, over 200 million individuals in the United States live in jurisdictions where either medical or recreational 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 the legalization of cannabis has grown from 41 percent in 2010 to 57 percent in 2016.³

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. Recent 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.

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.⁹ 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 that 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 that 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 recreational cannabis, and to a lesser extent, medical cannabis. As of January 2017, eight states with legalized recreational cannabis markets used various taxation schemes on the production and sale, including taxation by weight.⁹ 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 to reduce the consumption of high-THC products and potentially minimize harms.¹⁰ State and local health departments should also take steps to direct recreational 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 recreational 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.¹¹ When considering the regulation of cannabis production, it is important that health departments 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; and

food safety. Additionally, when considering the sale of cannabis and cannabinoids to consumers, it is important that 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.^{12, 13, 14, 15, 16, 17} 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.

A traditional public health function is the provision of accurate information regarding potential health hazards in the community.¹⁸ As state and local health departments support the creation and modification of laws and policies related to cannabis, it is important that 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.¹⁹

With legalized cannabis and cannabinoids potentially increasing the number of cannabis smokers in a community, there is a potential increased chance that laws protecting clean indoor air and workplace air-quality may be violated.²⁰ Health departments should work to ensure that legal cannabis does not undermine existing laws regarding clean indoor air, where they exist.

Partnerships are important tools that 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 that 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

Proposed by NACCHO Public Health Law Workgroup

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