



Michigan Prevention Association Cannabis Harm Reduction Recommendations

The Michigan Prevention Association (MPA), along with other prevention agencies and coalitions across Michigan, has reviewed the research and data on the effects of marijuana use on youth and local communities and is becoming increasingly concerned with the growing harms associated with legalization.

AREAS OF CONCERN

There has been a significant increase in marijuana potency over time.

- Marijuana is a MUCH more potent drug now than in years past –today averaging 3 to 7 (or more) times stronger (in leaf form) than in the 1980s. Some samples of marijuana extracts have an 80% -90% THC level. (*National Institute on Drug Abuse*)

Negative Effects of High Potency THC

- The risks of physical dependence, addiction, and other negative consequences increase with exposure to high concentrations of THC and the younger the age of initiation. Higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis. (*US Surgeon General's Advisory Report 2019*)

Accidental exposures are increasing

- Michigan kids eating marijuana edibles is on the rise, according to calls to Poison Control Centers. This includes kids bringing THC edibles into the classroom.
- Edible marijuana takes time to absorb and to produce its effects, increasing the risk of unintentional overdose, as well as accidental ingestion by children and adolescents. (*US Surgeon General's Advisory Report 2019*) Dr. Varun Vohra with the MI Poison and Drug Information Center says on average, a typical joint has 40 mg of THC, but an edible can have up to 400 mg.

Legalized marijuana leads to increased youth marijuana use.

- Since Colorado, Washington, Oregon, Alaska, and the District of Columbia (Washington, DC) legalized marijuana, use of the drug in all five jurisdictions has continued to rise above the national average among youth aged 12–17. (*National Survey on Drug Use and Health [NSDUH] 2006-2017*)
- Colorado currently has the highest ranking for first-time marijuana use among youth, with a 65% increase in the years since legalization. (*NSDUH, 2006-2017*)

Youth are more susceptible to marijuana addiction.

- The human brain continues to develop from before birth into the mid-20s and is vulnerable to the effects of addictive substances. (*National Institute on Drug Abuse*)
- Frequent marijuana use during adolescence is associated with changes in the areas of the brain involved in attention, memory, decision-making, and motivation. Deficits in attention and

memory have been detected in marijuana-using teens even after a month of abstinence. (*National Institute on Drug Abuse*)

Perception of harm is low, particularly among youth

- Just 40% of 11th grade students reported smoking marijuana once or twice a week to be of moderate or great risk. (2020 MiPHY)

Regular marijuana use is linked to academic underperformance.

- Marijuana can impair learning in adolescents. Chronic use is linked to declines in IQ, school performance that jeopardizes professional and social achievements, and life satisfaction. (*National Institute on Drug Abuse*)
- Regular use of marijuana in adolescence is linked to increased rates of school absence and drop-out, as well as suicide attempts. (*National Institute on Drug Abuse*)
- The fat-soluble properties of THC and its affinity for building up in the fat cells of the brain – affects learning and life success, including employability. (*Safeguarding Michigan's Future: Prosecuting Attorneys Association of Michigan. Medical and Recreational Marijuana from a Public Health Perspective: Michigan Association for Local Public Health, et.al.. National Institute on Drug Abuse. Fergusson and Boden. Addiction pp 969-976, 2008*)

Increase in impaired driving and ED visits.

- Michigan State Police data indicates that Drivers Tested Positive of Cannabinoid Drugs from 2012 to 2016 more than doubled for Total Crashes, and Fatalities. (*Michigan State Police*)
- Five Southeast Michigan Trinity Hospitals, from 2017 to August of 2019, treated 14,846 patients for marijuana related issues. Of those 1,422 (close to 10%) were under age 21. (*Trinity Hospitals*)

RECOMMENDATIONS TO LIMIT HARM

1) Placing limits on THC potency as a cornerstone of Harm Reduction strategies.

This is perhaps the most urgent measure to prevent cannabis from increasing the burden of serious mental illness and cannabis use disorder. According to Addiction Psychiatrist Dr. Elizabeth Stuyt, whereas 4% THC may significantly decrease pain, at 8% THC causes an increase in pain or hyperalgesia¹⁰.

A standard unit of THC is 5mg. While this is not a recommended dosage, it establishes a standard measurement for research purposes. [Experts](#) cited in the Journal of Cannabis Research recommend starting off with 2.5 mg of THC, which is one-half of the research standard. They suggest not exceeding 40 mg of THC per day. The current maximum concentration per serving for beverages and edibles allowed by the State of Michigan is 50mg/serving. According to Michigan's Cannabis Regulatory Agency, there is no maximum set for topical formulations, tinctures, or other infused products.

Edible cannabis takes time to absorb and to produce its effects, increasing the risk of unintentional overdose. Accidental ingestion of a high potency product also increases the risk for child poisoning.

Some studies show the risks of physical dependence, addiction, and other negative consequences increase with exposure to high concentrations of THC and the younger

the age of initiation. Scientists suspect higher doses of THC at a young age are more likely to produce anxiety, agitation, paranoia, and psychosis.

2) Standards for concluding impairment under cannabis should be broad and not limited to a specific level of THC markers in the blood.

There is a significantly limited time frame in which a THC marker stays in the blood. At the same time, being fat soluble, there is an accumulation of THC in the brain, affecting brain functions on an ongoing basis. *(Kristin E. Maple, University of Wisconsin-Milwaukee. Centers for Disease Control Prevention, Marijuana and Public Health.)*

3) A dedication of resources to five public service campaigns dedicated to

a) Preventing and reducing youth cannabis use.

The earlier a youth begins using marijuana the higher the potential of negative cognitive and developmental effects including negative consequences for public education of academic underperformance and drug incidents at school. *(Safeguard Michigan's Future; Prosecuting Attorneys Association of Michigan. Fergusson and Boden. Addiction. 103pp 969-976 2008)*

b) Identifying the health concerns of cannabis use during pregnancy & breast feeding.

A women's use during pregnancy may be associated with heart defects and/or stillbirths and/or developmental challenges – decreased growth, impaired cognitive function, decreased academic ability, etc., – for the child. *(Medical and Recreational Marijuana from a Public Health Perspective: Michigan Association for Local Public Health, et.al.) Using cannabis as a nausea remedy may having lasting consequences.*

c) Informing the public on the risks of driving under the influence of cannabis.

Traffic crashes and fatalities all significantly increase with the establishment of cannabis businesses in a State. *(Michigan State Police, Traffic Crash Data. Fatality Analysis Reporting System, Colorado Department of Transportation.)*

d) Implementing an educational campaign to assist the public in understanding what is allowable and not allowable under the Michigan cannabis laws.

Some great pieces have been developed by both the Cannabis Regulatory Agency and the Office of Highway Safety Planning, but need greater dissemination across the state.

e) A science-based education and awareness campaign to educate parents on today's high potency THC. (HHS/CDC)

Many parents are unaware of the increase in THC potency over time and the short and long-term health effects from such high doses. They are often under the false impression that cannabis today is similar to that of their youth.

4) Vaping of cannabis be prohibited in public places, including bars and restaurants.

Regarding Second Hand Smoke, in that the artery recovery time for exposure to 1 minute of tobacco smoke is 30 minutes and exposure to 1 minute of marijuana smoke is 90 minutes, protecting the public and workers in public places is a public health necessity. *(Journal of American Heart Association; July 2016; Springer, et.al)*

5) Strong prohibitions on a business selling, providing, and/or allowing consumption of both cannabis products and alcohol on the business premises.

The combination of alcohol and marijuana use has been shown to increase the likelihood of two vehicle fatal crashes by up to five times. (*Columbia University's Mailman School of Public Health*)

6) Persons in violation of cannabis laws be subject to mental health evaluations, intervention education and/or other alternative opportunities yet to be identified.

Several studies have linked marijuana use to increased risk for mental illnesses, including psychosis (Schizophrenia), depression and anxiety. (*National Institute on Drug Abuse*)

Further, a study of over 9,000 adolescents found marijuana use doubled domestic violence. Also, a study of 6,000 men found a five-fold increase in violence. (*Marijuana, Mental Illness, and Violence; Alex Berenson*)

7) Accurate labeling of cannabis products, including levels of both THC and CBD components as well as risks related to their use, are important to support public health and safety, while reducing harm of using these substances.

There is significant inaccurate information and public perceptions of safe use of cannabis based on anecdotal and faulty sources referred to as science. Actual scientific-based information related to cannabis use, printed on the product labels, can provide an important service to the public's safety and overall well-being.

- a) Warning labels should extend beyond the current required warning for pregnant women. Prominent graphic warning labels should include rotating warnings on key health effects to the general public (dependency, psychosis and schizophrenia, pulmonary effects, low birth weight and harm to infant development when used during pregnancy, motor vehicle crashes as well as other specifics supported by data).
- b) Warning labels should be required;
 - i) on products and cover 30% or more of the principal panel;
 - ii) on advertising and cover 20% of the ad;
 - iii) in stores as combined messages prominently posted at eye height;
 - iv) to have the label design based on the best practice from tobacco regulatory research and emerging data on cannabis warnings.
 - v) to be in capital letters and all text shall be conspicuous and legible.

10) Significant restrictions be placed on "temporary marijuana event" licenses.

Removal of a "temporary marijuana event license" would be ideal. At minimum, however, these events ---

- a) Should be restricted to indoor facilities for trade purposes and limited to settings where only those who are 21 years of age or older, with a valid ID and receive an advisory that no person shall operate a motor vehicle to or from the event if consumption has taken place.
- b) A temporary marijuana event license should *not* be granted for events with youth or family friendly activities. As examples, temporary event permits should not be allowable for parks, fairs, concerts or sporting events, all of which will inevitably include teens and youth.
- c) Outdoor temporary events also undermine our historic progress in smoke-free air that have made our parks and many other public spaces smoke-free. There is already strong evidence that marijuana second-hand smoke generates significant particulate matter and has negative health impacts.

11) Encourage communities to adopt policy to minimize outlet density of cannabis-based businesses, including:

a) A cap on licenses per population density

As an example, in California the majority of local jurisdictions which have opted to allow storefront sales, caps have been imposed averaging one licensed storefront per 19,222 residents in 2020.⁸ Many states have imposed limits on the numbers of dispensaries.

A relationship has been identified between the existence of a cannabis business in a community and the increase in use by young people. “Living near a marijuana dispensary relates to a 4-6 fold increase in past 30 day use among young people, 18-22 years of age.” (*The Journal – Addiction – as reported by Smart Approaches to Marijuana.*)

b) Minimum distance from youth serving institutions

Cannabis businesses should be located no less than 1,000 feet from any school, childcare center, college, university, youth center, or church, nor located in any area zoned for residential use.

12) We recommend having a pre-market review of all cannabis products to verify compliance with all standards including attractiveness to children, absence of flavorings, absence of any health or therapeutic claims for marijuana or marijuana products unless the claims are validated by the FDA, etc.

Maryland has used pre-market review and successfully identified products attractive to kids before the products were introduced to the public markets.

13) We recommend prohibiting use of flavor additives to alter the typical flavor of cannabis and cannabis products.

The CRA’s modified administrative rules have improved significantly by ensuring that producers reduce the appeal of cannabis products to minors. However, according to these same administrative rules, “edible marijuana products that are geometric shapes and fruit flavored are permissible.” Fruit-flavored gummies or other edibles appeal to kids!

14) Prohibit marijuana billboards as this form of advertising inevitably exposes children and youth to advertising and increases teen use and cannabis use disorder.⁹

Laws of at least twelve other states restrict billboards: as examples, New York, Ohio, Rhode Island and Virginia ban cannabis billboards; while Montana, Florida, Missouri, Connecticut and New Mexico essentially ban cannabis billboards through advertising restrictions that make them impermissible.

15) Marijuana businesses should be free standing buildings.

a) That is, to not share entryways with other businesses. The purpose is to counteract the common visibility at places families would normally visit. For example, marijuana businesses should not have common entry with supermarkets, restaurants, pharmacies, or malls.

- b) Each should have separate ventilation systems from other businesses. This is to protect consumers and employees of neighboring businesses from any negative environmental hazards.

16) Expanded training on impaired driving detection and investigation

The Michigan Commission on Law Enforcement Standards (MCOLES) recommends that in addition to the existing required completion of the NHTSA DWI Detection and SFST program for all basic law enforcement academy students, MCOLES considers mandating all licensed officers complete the 16-hour Advanced Roadside Impaired Driving Enforcement (ARIDE) training program. The ARIDE program is designed to increase officers' ability to observe and identify the signs of driver impairment related to drugs, alcohol, or a combination of both. The program includes refresher training for administering SFSTs and is designed as an intermediate course between the SFST and DRE training programs. Currently, approximately 20% of licensed officers in Michigan have been trained in ARIDE.

The Commission also recommends expansion of the DRE training program. There are only approximately 160 active DREs in Michigan at present; there are counties that do not have a DRE within their jurisdiction. Though not feasible to require all officers be trained to the DRE level, expansion of the program to enable callout response for enforcement situations in which this level of expertise may be of assistance (injury and fatal traffic crashes, for instance) is advised.

The Commission recommends expansion of the Prosecuting Attorneys Association of Michigan (PAAM) Traffic Safety Training Program (TSTP). This program prepares prosecutors for the complexities of impaired driving case law and court practices; it is an essential component of the state's efforts to deter impaired driving.

These recommendations are put forth with a desire to protect the public health by reducing harms from the legalization of cannabis and the establishment of cannabis-based businesses.

CURRENT RULES AND REGULATIONS

Between the Initiated Law and the CRA's Administrative Rules, the State of Michigan has done a great job of enacting rules to limit the damage that could occur with legalization. However, the concerns and recommendations outlined above, tell us that the work is not over.

The State of Michigan must strengthen the current law and administrative rules and not allow any of the current rules and regulations to be rolled back or weakened.

Current rules and regulations that can be found at [Michigan Legislature - Initiated Law 1 of 2018](#) and [R-4201---R-4201004-combined---03-07-22.pdf \(michigan.gov\)](#)