Pennsylvania Society of Addiction Medicine

Position Statement on Mitigating Harm from Recreational Cannabis Legalization in Pennsylvania

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The Pennsylvania Society of Addiction Medicine (PSAM), a state chapter of the American Society of Addiction Medicine (ASAM), represents more than 400 Pennsylvania physicians and other providers specializing in addiction treatment. The mission of PSAM is to provide a collaborative community and resource for the physicians and associated professionals dedicated to excellence in advancing the science and best practices of substance use research, education, and clinical care for individuals and families living with substance use disorders. Our shared humanitarian goals are to improve and save lives. ***We have created this position statement to emphasize the need to include safety measures in recreational cannabis legislation to reduce harms from expanded access to cannabis in Pennsylvania.***

Issue:

As of 2024, 39 states and DC have enacted medical cannabis laws and 24 states and DC have enacted recreational cannabis laws. Currently, over half of US residents live in localities (52.8%) where recreational cannabis is legal.[1] Pennsylvania first enacted a medical cannabis law in 2016 and is now one of about 15 states that have legalized medical but not recreational cannabis. Lawmakers are now considering various legislative efforts that would legalize recreational sales and use in Pennsylvania. **We write now urging policymakers in Pennsylvania to include these recommended protections in any proposed recreational cannabis legalization.**

Current state of Medical Use in PA

Medical cannabis use in PA requires physician certification for qualifying conditions including chronic pain, cancer, epilepsy, and anxiety disorder.[2] Chronic pain is the predominant qualifying condition, consistent with national trends where chronic pain accounts for 48.4% of patient-reported qualifying conditions across medical cannabis programs.[3]

The certification process in Pennsylvania is notably siloed from routine medical care. Physicians do not prescribe cannabis but rather certify patients who then access products through state-licensed dispensaries, without specification of product type, dosage, or frequency.[2,3] Focus groups with Pennsylvania medical cannabis users revealed significant frustration with lack of education about medical cannabis use, inconsistent product availability leading to inadequate symptom relief, and high out-of-pocket costs.[4]

Public Health Risks of Recreational Cannabis Legalization

Contrary to some popular misconceptions, cannabis use, including inappropriate use of medical cannabis, can lead to addiction, which clinically is referred to as cannabis use disorder (CUD). CUD is defined by impairments in functioning and health, and often physical dependency signs like tolerance and withdrawal.[5] The rates of CUD have varied in studies, from 22 to 30% of people who use cannabis developing a CUD.[6,7] States with medical cannabis laws and recreational cannabis laws have experienced increased rates of adult cannabis use and CUD since legalization.[1,8] Provisions allowing less regulated supply (such as dispensaries and home cultivation) show stronger associations with increased CUD. [8,9]

Cannabis product potency has increased substantially while prices have fallen sharply following legalization. The average THC content of cannabis flower has increased, and products now include concentrates and extracts with over 60% THC. A 10% price reduction is associated with approximately 2.5% increase in use rates among regular adult users.[10,11]

Cannabis THC content/potency differs from, for example, opioid potency, in that higher potency does not carry a higher risk of death from overdose as this type of overdose reaction is not physiologically possible with THC. However, higher potency cannabis strains and extracts have been associated with increased adverse reactions such as cannabis hyperemesis syndrome, psychosis, and some mood disorders.[12]

Increased cannabis exposure across the population negatively impacts many facets of mental health. Regular cannabis use, especially heavy use, has been linked to increased rates and worse outcomes in numerous psychiatric symptoms and diagnoses, including depression, anxiety disorders, bipolar disorders and in particular mania, psychosis and schizophrenia, and suicidality.[13]

Cannabis harms extend beyond addictions to include those using cannabis less regularly. States with medical and recreational laws have experienced higher rates of emergency department visits and hospitalizations for cannabis-related harms, traffic fatalities, cannabis poisoning (particularly

from children consuming edible cannabis products), cannabis-induced psychosis, and complications from chronic use.[10,14]

Risks and Benefits of Pennsylvania Legalizing Recreational Cannabis

There are advantages to legalizing recreational cannabis that must be weighed against the potential public health impacts of legalization. From a public safety perspective, cannabis-related arrests have decreased substantially in states with legalization, though racial disparities in enforcement persist, with Black and Hispanic individuals still more likely to be arrested than White individuals despite lower or similar usage rates.[11,15]

Recreational cannabis legalization in PA might be expected to have similar results as other states who legalized recreational cannabis after already having medical legalization in place. When Colorado expanded cannabis legalization from medical to recreational, hospitals saw increased rates of hospitalizations due to CUD, head injuries due to falls, motor vehicle accidents where cannabis was involved, cyclic vomiting syndrome, childhood poisonings, and psychiatric concerns including schizophrenia and substance induced-psychosis, mood disorders, and intention self-harm and suicide.[9]

Some other public health effects remain uncertain, including how the legalization of medical and recreational cannabis use has affected other substance use. Some evidence suggests potential reductions in opioid prescribing and certain opioid-related harms, while impacts on alcohol and tobacco use are inconclusive.[8,10,16,17]

Position:

Experts in addiction medicine may differ regarding whether recreational cannabis should be legalized or only decriminalized. Regardless of one's position, legalization should incorporate evidence-based safeguards to minimize foreseeable public health harms. As Pennsylvania legislators consider legalizing recreational cannabis in Pennsylvania, our state experts in addiction treatment and public policy recommend incorporating the following rules and regulations to try and mitigate potential harms resulting from increased access to cannabis products.

Regulatory authority for recreational cannabis should be with an agency dedicated to the health and safety of the commonwealth. Whether directly or through a sub-group dedicated to the task, the Department of Health should oversee regulation of recreational cannabis products in

Pennsylvania. Several states have assembled advisory boards or task forces with representation from addiction medicine, behavioral health, and public health organizations to guide the implementation of cannabis legalization. An overseeing department should form an independent advisory board with a strict conflict of interest policy, with members of the medical community including physicians specializing in psychiatry, addiction medicine, and emergency medicine.

Pennsylvania's distribution and sale of cannabis should use a model other than commercialization. A standard commercial sale model would, by its nature, incentivize following regulations as little as possible and pursuing the greatest sales and profit possible – regardless of the public health impacts. States that legalized cannabis using a for-profit private marketplace incentivized the cannabis industry to utilize political influence to avoid regulations that might protect consumers but reduce profits.[18] We recommend limiting production, marketing, and sale to nonprofits, benefit corporations, small co-ops, buyers' clubs, home cultivation, or public authority. Pennsylvania has already demonstrated success in the state model for liquor sales, which legislators should consider adapting for sale of recreational cannabis.

Limit the sale of cannabis products to only those who are at least 21 years old. Many harms from cannabis are augmented by earlier onset of use, especially during childhood. IQ decline and cognitive deficits, especially in working memory.[19–21] Similar to age of purchase laws for alcohol, age of purchase of 21 or older for cannabis should reduce the population level harms of early life exposures to cannabis.

Place THC potency and purchase limits on cannabis products. The THC potency of cannabis products relates to higher risk for psychiatric harm, including psychosis and CUD.[22] Evidence supports cannabis efficacy for neuropathic pain at low THC concentrations (<5-10%), while high-potency cannabis (>15% THC) is associated with increased risk of acute intoxication, and adverse effects such as psychosis.[12] By reducing the potency of available products for recreational use, PA may be able to reduce the increase in substance-induced psychosis episodes and primary psychotic disorder (e.g. schizophrenia) development that can result from legalization. We suggest the following THC limits: oral or dissolvable products limited to 5 mg per serving and 50 mg per package, concentrate products limited to 50 mg per package, and plant matter limited to <25%. Weight-based sales limits for flower in other states range from 1.0-2.5 oz and for concentrates from 3.5-15.0 g - far exceeding what daily users typically consume over a month.[23] Thus, states concerned about public health and diversion have been advised to reduce sales limits and base them on total THC content across all purchased products rather than weight alone.[23]

Require testing of cannabis products. Cannabis products sold legally in Pennsylvania should be held to requirements regarding product safety and testing. Similar to current rules regarding the testing of medical marijuana in Pennsylvania, recreational cannabis should be tested by independent labs for cannabinoid quantification and terpene content, as well as potentially harmful contaminants or additives (solvents, metals, pesticides, mycotoxins, microbials, etc).

Require safer packaging of cannabis products. Recreational cannabis products should have to meet the same strict packing and labeling standards as current medical cannabis products do. Given the rise of cannabis poisonings in children in states that have legalized cannabis sale, cannabis products should only be sold in packaging that is child-proof and not appealing to children.

Require clear labeling and warnings to encourage safe use. Some consumers may not understand that cannabis products are not developed, tested or proven safe or as are other substances regulated by the FDA. Thus, state regulatory authorities must ensure clear labeling. This should include, at minimum:

- Cannabinoid and terpene content both per serving and per package
- Discuss use with a medical professional before using. Cannabis use can interact with medications and recreational use has been linked with worsening health outcomes, particularly in certain mental health conditions
- Recreational cannabis should be avoided in people who are pregnant, plan to become pregnant, or are breastfeeding
- Use of cannabis products can lead to hazardous use and dependence and can worsen certain mental health conditions. Discuss with a medical professional before use if you have a history of a substance use disorder or mental health condition.
- Use of cannabis products can interact with medications
- Do not use this product before or while driving or operating heavy machinery
- Keep out of reach of children
- Product description cannot use the word(s) “candy” and/or “candies”
- For ingestible products: “The intoxicating effects of this product may be delayed by two or more hours.”

Prohibit public marketing of recreational cannabis products and stores. Cannabis advertisements have been shown to disproportionately reach adolescents compared to adults (Winfield-Ward) and increased exposure to cannabis marketing has been associated with increased use and rates of CUD among adolescents.[24,25] It should be considered whether allowing public advertisements for cannabis products serves any public good, as banning them entirely would likely lead to lower levels of use of cannabis and all associated harms and health consequences. To most reduce the harms from recreational cannabis legalization, Pennsylvania should take a similar approach as used with tobacco – making it legal for adults to purchase but not allowing widespread advertisements to drive increased use.

If Pennsylvania does make the decision to allow public advertisements of recreational cannabis, then limit advertising that is misleading or targets youth. Advertising should be restricted from places that are specifically targeted towards youth or likely to reach youth, including: print and digital media with a youth audience, social media websites, billboards, television shows and movies that are rated as appropriate for children or adolescents. We recommend prohibiting product placement and misleading marketing with government health authority for approval of packaging and warning labels. We recommend requiring health warnings on advertising, promotion, and sponsorship covering a significant portion of the display area.

Funds from the sale of cannabis should be used to mitigate and improve access to care for the psychiatric and medical harms that are likely to become more prevalent with increased population-level exposure to cannabis. A substantial proportion of cannabis tax revenue should be earmarked to fund prevention and mitigation of cannabis-related harm and substance use disorder, as well as substance use and mental health disorder treatment programs, including public awareness campaigns about the risks of cannabis use, including cannabis use disorder. Cannabis-generated revenue should also be used for enforcement of laws and regulations. Use of cannabis tax revenue for other purposes may create inappropriate incentives to maximize cannabis sales and revenue, despite negative public health consequences.

Substance induced psychosis must be permitted as a reimbursable primary diagnosis for inpatient psychiatric hospitalizations. Cannabis is a common precipitant of both psychosis and mania, which often require inpatient psychiatric hospitalization but currently cannot be the primary diagnosis when seeking reimbursement from state health plans for treatment.

Cannabis use disorder should be recognized as an eligible primary diagnosis for reimbursement across the full continuum of ASAM levels of care, including ASAM Level 3.7 withdrawal management and residential treatment when medical necessity criteria are

met. As the prevalence and severity of cannabis use disorder increase following legalization, patients must have timely access to evidence-based treatment based on clinical need rather than arbitrary diagnostic reimbursement limitations.

State agencies should partner with healthcare providers, nonprofits, and public health agencies to engage in robust and longitudinal data collection. Examples of important data sets may include relative benefits or harms of various THC delivery systems, potency levels, patterns of cannabis use and sales, prevalence of cannabis-related harm, impairment and motor vehicle crashes, marketing prevalence and reach, and the effectiveness of prevention and control programs. Data collection can be funded by tax revenue generated by the sale of recreational cannabis products and/or within the structure of existing public mechanisms. This data collection should be mandated and explicitly codified into any legislation which would legalize cannabis, with this responsibility being mandated at regular intervals by an appropriate department or bureau.

Summary

To more safely legalize cannabis for adult use in Pennsylvania, we urge and implore legislators to:

- Delegate adult use cannabis regulation to the Department of Health or a subsidiary agency
- Create a sales/distribution model similar to Commonwealth-run liquor stores
- Prohibit product public marketing
- Mandate safe, clearly labeled packaging for sale only to individuals aged 21 or older
- Continue the effective quality assurance process already in place for medical marijuana
- Mandate and fund a permanent data collection regime

Cannabis has been effectively illegal for nearly a century, so we encourage the legislature to understand legalization as a multi-generational endeavor for which we must precisely and vigorously prepare. We can build on what works while also learning from mistakes other states have made. The tenets discussed above will ensure that adults in the Commonwealth can enjoy the freedom of cannabis legalization while safeguarding vulnerable populations, especially children, for decades to come.

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