

Health and Human Services priorities regarding marijuana legalization



King County

Health and Human Services priorities regarding marijuana legalization

OVERVIEW

In Washington state, marijuana (also called cannabis) was legalized for medicinal use in 1998 and for recreational (non-medical) use in 2012, but remains illegal under federal law. In the context of a growing market and evolving regulatory oversight, local and regional governments have an important role to play in monitoring the impact of this policy change. King County is committed to working with partners to apply a public health lens to this issue; protect the public from unintended consequences; and prevent negative health impacts, particularly on youth. Public Health – Seattle & King County (PHSKC) and the King County Department of Community and Human Services (DCHS) lead these efforts for the County. Our shared priorities regarding marijuana legalization include the following:

1. Broaden the evidence base
2. Prevent youth use and ensure access to treatment
3. Inform pregnant and breastfeeding women about potential risks
4. Protect people from injury, poisoning and death
5. Ensure environmental health and safety
6. Promote racial equity and healthy communities

Adequate funding and effective regulatory capacity are critical to success in all of these areas. King County opposes measures that assume a local regulatory role without commensurate funding and support stable funding for regulatory oversight, enforcement, education, treatment and prevention.

DETAIL: SIX KEY PRIORITIES

1. Broaden the evidence base

Historically, marijuana impact studies have been limited in scope and based on cannabis material with lower potency than many of the products currently available on the market. There is an urgent need to expand the evidence base related to the health and social impacts of marijuana, including developing an adequate system to collect data and identify trends. We support efforts to:

- Remove administrative and legal barriers to scientific and epidemiological research
- Monitor negative health risks, particularly related to edibles and high potency products
- Expand the evidence base related to medicinal use and claims of positive health effects
- Evaluate the effectiveness of regulatory frameworks and traditional prevention practices

2. Prevent youth access and use

Research shows that marijuana use can have long-term effects on the developing brain when use begins in adolescence, especially with regular or heavy use.ⁱ Marijuana use at an early age can affect memory, school performance, attention, and learning, and can increase risk for mental health problems. According to the Centers for Disease Control, 1 in 10 marijuana users will become addicted, and for people who begin using before the age of 18, that number rises to 1 in 6. We support efforts to:

- Promote access to and awareness of education and treatment resources for youth and for people of all ages
- Ensure that educational information is relevant, accurate and accessible to youth and adults who influence them

- Reduce youth access to and appeal of marijuana – through responsible adult use; regulation of marketing, packaging, pricing and labeling; and enhanced enforcement of age requirements at the point of sale
- Promote and expand protective factors such as family management, pro-social youth programs and other therapeutic interventions

→ Key resource: [Marijuana Fast Facts and Fact Sheets](#), CDC

3. Inform pregnant and breastfeeding women about potential risks

In the context of legalization, a growing number of pregnant women are turning to marijuana to ease nausea or morning sickness.ⁱⁱ Yet, research shows that using marijuana while pregnant can cause health problems in newborns, including low birth weight and developmental problems.^{iii iv} We support efforts to:

- Inform health care providers and pregnant and breastfeeding mothers regarding the potential risks associated with marijuana use
- Encourage health care providers to ask about marijuana use and provide alternative approaches for managing symptoms
- Increase ongoing surveillance of marijuana use among pregnant and breastfeeding women

→ Key resource: [What You Need to Know About Marijuana Use and Pregnancy](#), CDC

4. Protect people from injury, poisoning and death

Marijuana impacts the skills required for safe driving and increases the risk of injury, death and crashes.^v Unintentional ingestion of edible marijuana products and poisoning from products with high concentrations of tetrahydrocannabinol (THC) are also a growing risk.^{vi} We support efforts to:

- Prevent and monitor drugged driving, marijuana use with alcohol, and associated crash risk
- Increase awareness of risk of using marijuana and driving and/or riding with an impaired driver
- Promote safe storage, childproof packaging and warning labels for marijuana products
- Ensure clear consumer information on THC content per serving for products, including edibles
- Monitor new delivery devices to protect consumer safety
- Voice caution related to dosage and inform consumers, especially first-time users, of risks

→ Key resource: [What You Need to Know About Marijuana Use and Driving](#), CDC

5. Ensure environmental health and safety

Marijuana consumption can lead to harmful environmental health impacts. For example, breathing secondhand marijuana smoke may affect the health of nonsmokers, including babies and children who are exposed.^{vii} To mitigate community risk, we support efforts to:

- Protect people against exposure to secondhand marijuana smoke
- Assess safety issues related to cultivation (mold, mildew, pesticide/herbicide runoff)
- Protect worker and consumer safety through effective oversight of chemical adulterants (pesticides, herbicides, etc.), and precaution related to communicable and food-borne illnesses

→ Key resource: [Marijuana: How Can It Affect Your Health?](#), CDC

6. Promote racial equity and healthy communities

People of color are far more likely to be stopped, searched, abused, arrested, prosecuted, convicted and incarcerated for drug law violations than white people. Additionally, youth of color are more likely to suffer life-long consequences of underage marijuana use such as school suspension, academic failure, interaction with the criminal justice system; as well as lost income, career and industry opportunities. We support efforts to:

- Monitor for and address disproportional and abusive enforcement of marijuana age-limit laws
- Take a restorative justice / therapeutic approach to youth convicted of or suspected of using marijuana
- Minimize or eliminate school suspensions/expulsions that put youth of color at achievement disadvantage
- Avoid the clustering of legal cannabis businesses through planning and policies related to store licensing and siting; and take measures to prevent negative community impacts
- Promote screening and referrals for substance use disorder in schools and clinic settings and address gaps in access to treatment

→ Key resource: [The Drug War, Mass Incarceration and Race](#), Drug Policy Alliance

CONCLUSION

Our mission is to protect and improve the health and well-being of all people in King County and to provide equitable opportunities for people to be happy, self-reliant and connected to community. The recent legalization of marijuana presents a complex set of emerging risks and challenges to achieving these goals. In this environment, we will: evaluate proposed state and local policy proposals based on the priorities outlined in this statement; leverage funding available through the State Department of Health to prevent youth access and use; and work with community partners and sister agencies to promote racial equity and healthy communities for all.

ⁱ National Institute on Drug Abuse. [What are marijuana's long-term effects on the brain?](#) November 16, 2016.

ⁱⁱ Kelly C. Young-Wolff, PHD, MPH, Lue-Yen Tucker, BA, and Stavey Alexeeff, PHD, 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.

ⁱⁱⁱ Conner SN1, Bedell V, Lipsey K, Macones GA, Cahill AG, Tuuli MG. [Maternal Marijuana Use and Adverse Neonatal Outcomes: A Systematic Review and Meta-analysis](#). Obstet Gynecol. 2016 Oct;128(4):713-23. doi: 10.1097/AOG.0000000000001649.

^{iv} Wang, G.S., G. Roosevelt, and K. Heard, [Pediatric marijuana exposures in a medical marijuana state](#). JAMA Pediatr, 2013. 167(7): p. 630-3.

^v Hartman RL, Huestis MA. [Cannabis effects on driving skills](#). Clin Chem. 2013;59(3):478-492. doi:10.1373/clinchem.2012.194381.

^{vi} Hancock-Allen, J.B., et al., [Notes from the Field: Death Following Ingestion of an Edible Marijuana Product—Colorado](#), March 2014. MMWR Morb Mortal Wkly Rep, 2015. 64(28): p. 771-2.

^{vii} Cone, E.J., et al., [Non-smoker exposure to secondhand cannabis smoke. I. Urine screening and confirmation results](#). J Anal Toxicol, 2015. 39(1): p. 1-12.

