

# Cannabis: Moving Forward, Protecting Health

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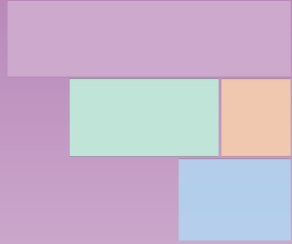


**ALCOHOL, TOBACCO AND  
OTHER DRUGS SECTION**



# Conflict of Interest Disclosure

Nothing to Disclose



# Health Equity in Drug Policy

*“The Issue is Justice”*

—Braveman et al., 2011



# Historical Context

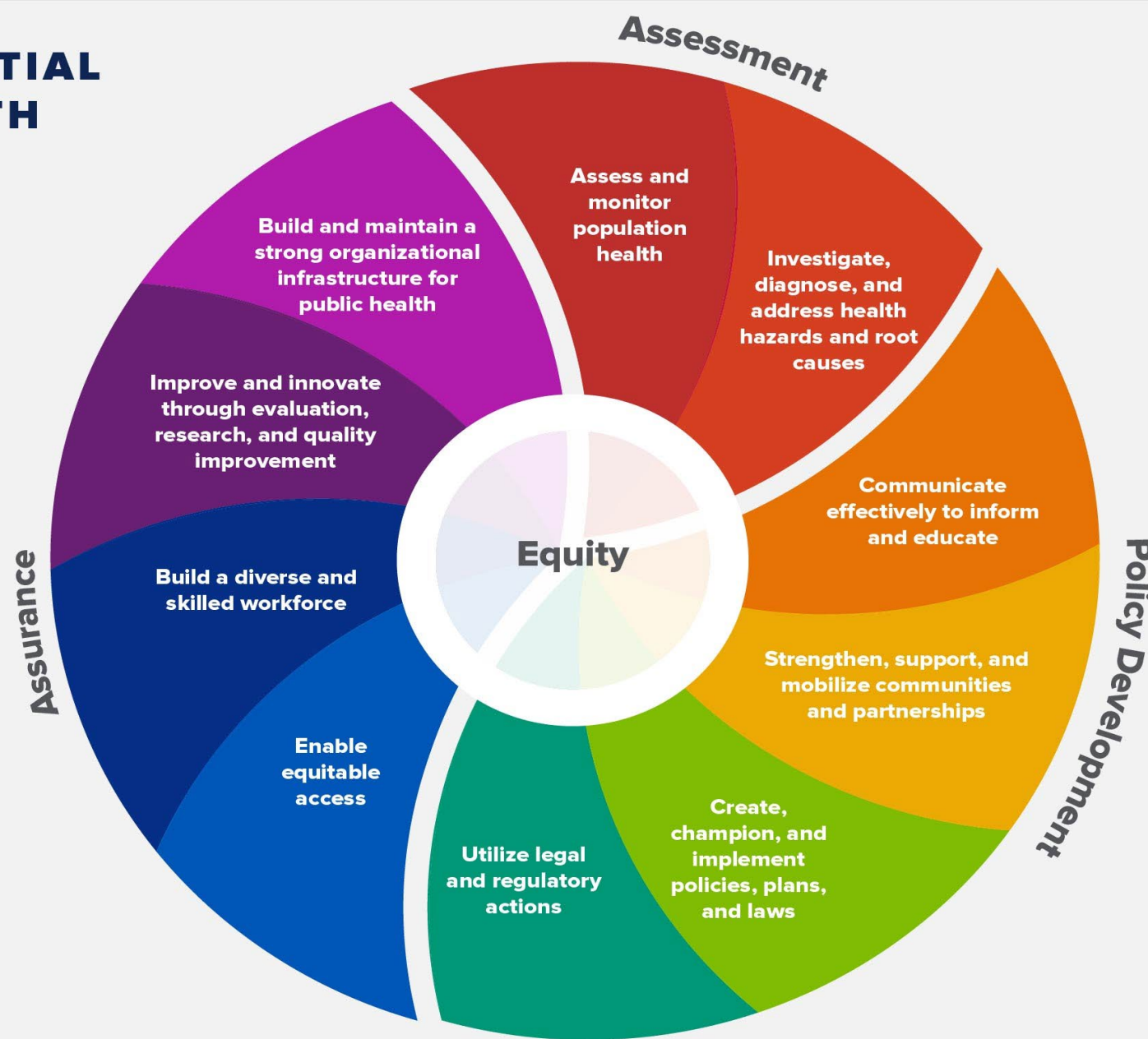
*“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and black with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”*

*—John Ehrlichman, Richards Nixon’s domestic policy advisor (as cited in Baum, 2016).*

# THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



(de Beaumont, n.d.)



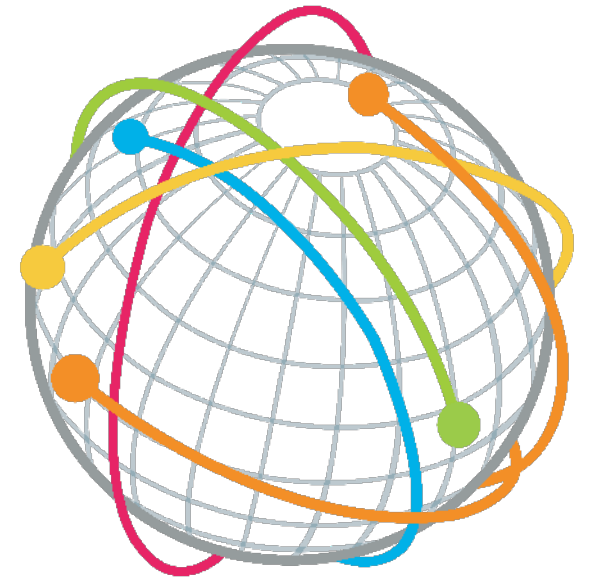
# Assessment, Policy Development, Assurance

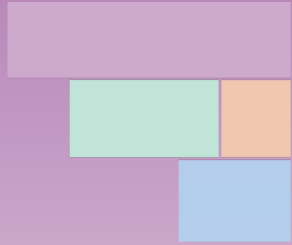
- Assess and Monitor
  - Baseline data
  - Community and key stakeholder engagement
- Policy Development
  - Implementation of policies, plans, laws (PPL)
  - Legal and regulatory actions to address Public Health and historical injustice
  - Collaboration/partnership
- Assurance - **enforcement**
  - Regulatory infrastructure
  - Professional education and licensing
  - Workforce development
  - Accountable, transparent, inclusive



# Equity at the Center of PH Framework

- Build/maintain PH infrastructure
- Use tax revenue to support PH framework
- Use quality/process improvement and data monitoring
- Adapt and adjust based on emerging research
- Difficult to launch - \$\$\$
- Litigation abounds - MA, IL, ME
- States learn with each effort

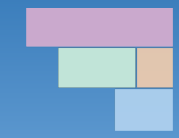




# Implications

*Public Health Policy and Practice*





# Health Equity Concerns

- Decriminalization, medical legalization, and adult-use legalization are all separate and distinct acts at the state level.
- Decriminalization does not expunge criminal records.
- Veterans, minorities, and low SES risk loss of federal benefits.
  - Public housing
  - Supported living
  - Veteran benefits
- Impact of stigma on individuals and communities
- Cost of medical certification and product can be a burden.



# Policy and Governance

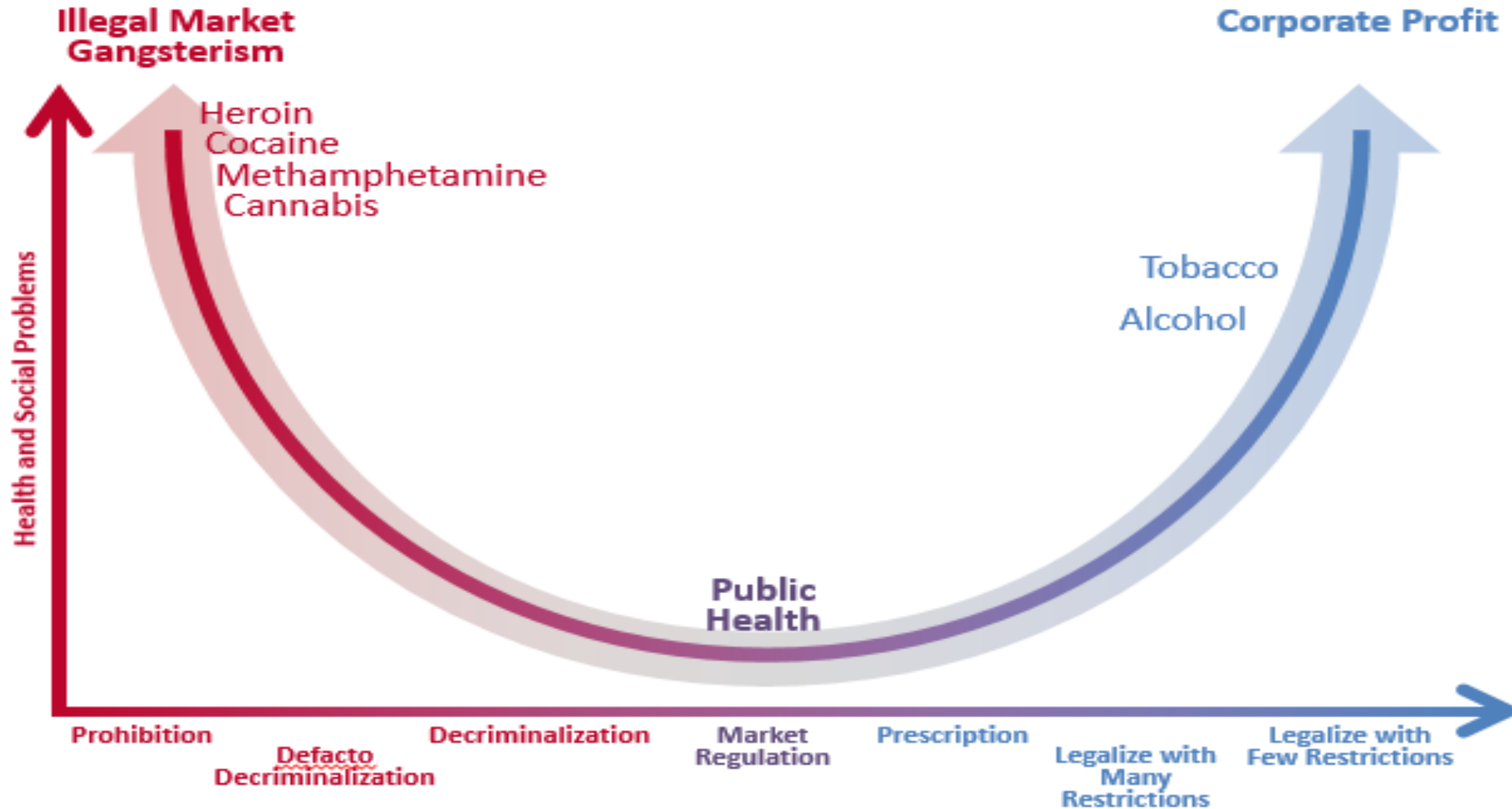
## What People Care About the Most

- Youth use
- Driving while high
- Poison control calls
- **Tax revenue**

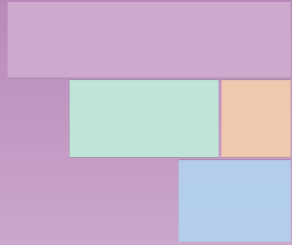
## Unresolved Implementation Issues

- Potency
- Shift away from illicit/grey markets
- Testing labs/contaminants
- Onsite consumption and events
- Delivery
- Equity—health and economic
- Public housing

# The Paradox of Prohibition



(Adapted from Carter & MacPherson, 2013, p. 89)

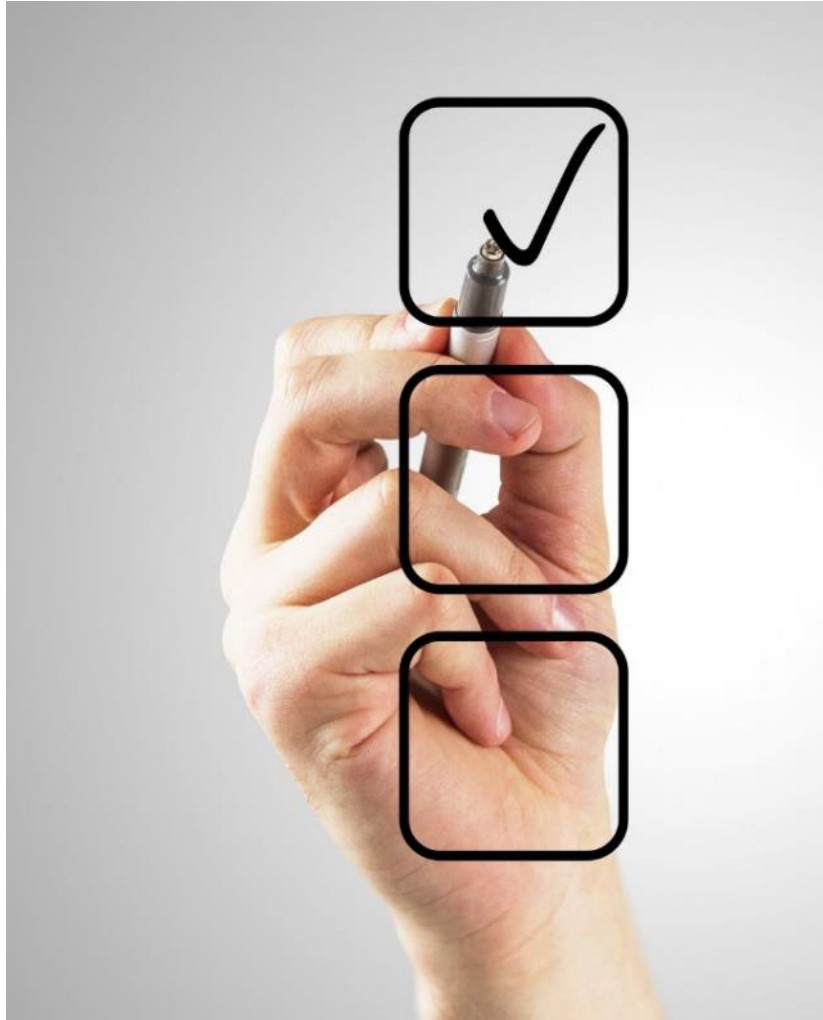


# Research & Practice

A Public Health Approach to Regulating Cannabis:  
APHA Policy Number 20206 (Adopted October 24,  
2020)

*The challenges: What we know and what we are  
learning...*

# Evidence-Based Strategies to Protect Public Health



## Actions in Four Key Areas:

- Protecting children, youth, and other vulnerable populations
- Minimizing harm to the public
- Prioritizing equity and social justice; ameliorating harms caused to populations disproportionately impacted by prior drug policy approaches
- Monitoring patterns of cannabis use and related public health and safety outcomes



# Protect Children, Youth, and Vulnerable Populations

- Limit age of purchase to 21 years and over
  - Restrict cannabis retail stores to adults only, mandatory ID checks in all stores and dispensaries
- Implement zoning restrictions on retail stores and dispensaries
  - Not near schools, campuses, or other child- or community-based locations
- Raise the price through taxation and reinvesting in EB PH programs
  - Funding implementation/evaluation of prevention campaigns
- Regulate characteristics of legal cannabis products that may appeal to children and youth (e.g., flavors, shapes, forms, names)
- Restrict advertising and promotion of commercial cannabis products in the community, particularly areas frequented by youth
- Educate pregnant and breastfeeding women about the potential harms



# Minimize Harm to the Public

- Regulate product form and characteristics, require product serving sizes and concentration limits (e.g., capping or limiting the availability of high-THC products) to reduce harms that may be related to overconsumption, accidental consumption, poisoning, or increased likelihood of cannabis dependence
- Link taxes to THC content, to discourage products with > THC concentration
- Rigorous testing standards to prohibit contaminant—pesticides, heavy metals, microbials, and residual solvents
- Product packaging:
  - Plain and opaque, includes a universal symbol, is child resistant, and contains minimal product branding elements
  - Clear, legible, rotating health warnings; all warnings are also prominently posted in stores and provided with any permitted cannabis product delivery
  - Labels include disclosure of all ingredients and allergens, the percentage of THC and CBD, and the serving size
- Restrict cannabis-related advertising and marketing to the maximum extent allowed under U.S. and state law
- Retain strong smoke-free indoor air rules
- Standards and objective technology for determining cannabis-impaired operation of motor vehicles/machinery



# Prioritize Equity/Social Justice and Prevent Harm to Those Disproportionately Impacted

- Implement, fund, and monitor policies and regulations
  - Address social inequity and harms caused by disproportionate drug-related arrests of minority, vulnerable, and marginalized
  - Systematize expungement and/or resentencing for cannabis-related criminal records
  - Decrease arrests, and support reentry and community development
- Allocate resources to support and promote health equity in communities disproportionately impacted by prior drug policies
- Implement density caps to avoid cannabis commerce concentrated in low-income neighborhoods—perpetuating inequity
- Monitor and assess public health effectiveness and disproportionate impacts of cannabis regulations





# Monitor Patterns of Cannabis Use and Related Public Health and Safety Outcomes

- Fund and support data-monitoring efforts across a range of data collection systems and sources both before and after policy changes occur to ensure that policies do not negatively impact public health and safety, and that public health approaches are targeted, measurable, and effective in impacting behavior change and health outcomes
- Fund and support research into the health effects of cannabis use, including policy-based research that seeks to characterize a range of public health and safety effects following the adoption and implementation of certain policy approaches



# Emerging Research, Data, and Practice

- Need for agreed standards of measurement for dose/potency – increasing potency.
- Product safety standards - state level approaches to molds, pesticides, heavy metals, etc.
- There is no federal mandate or funding for developing standards.
- State-level data is key - baseline data needs are immediate.
- CDC/state collaborative has identified nine data points for adults, measures for specific populations (youth, medical users, pregnant women) and a list of secondary measures - funding to implement is needed.
- Emerging areas for data collection include vulnerable populations, pregnant women, adverse effects, tribal nations, diverse populations, and sex/gender differences.
- Market data - seed to sale and industry data on medical programs and retail stores



# Findings and Recommendations

- Promote Collaboration - key stakeholder involvement is essential
- Moving away from Illicit Markets – determine appropriate taxation, regulation, home grow limits, and equitable approaches
- Systemize Expungement of Records – timelines and monitoring
- Establish Bias-Free Training - clinical and industry workforce
- Facilitate Access to Medical-Use Cannabis
- Expand and Standardize Cannabis Measures - data collection at the state and national level
- Promote Product Research and Testing - certified labs and standards



# Resources and Links

- American Public Health Association (APHA) Cannabis Policy 20206, Oct. 2020  
<https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2021/01/13/A-Public-Health-Approach-to-Regulating-Commercially-Legalized-Cannabis>
- American Public Health Association (APHA) Policy Statements [www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements](http://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements)
- Cannabis Public Policy Consulting [www.cannabispolicyconsulting.com](http://www.cannabispolicyconsulting.com)
  - Regulatory Determinants of Cannabis Outcomes Survey & Policy Simulation Lab
  - Consulting
- Counter Tools Cannabis and Public Health Learning Collaborative
  - Contact Elizabeth Gerndt: [elizabeth@countertools.org](mailto:elizabeth@countertools.org)



# References

- Abramovici, H., Dilley, J., Grant-Lenzy, A., Schauer, G., & Weiss, S. (2019, January 30). *Public health cannabis monitoring and surveillance in an era of legalization* [Keynote address]. 2019 North American Cannabis Summit, Los Angeles, CA, United States.
- Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrel, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health, 101*, no. S1, S149–S155. <https://doi.org/10.2105/AJPH.2010.300062>
- The de Beaumont Foundation. (n.d.). *The 10 essential public health services* [Infographic]. <https://debeaumont.org/10-essential-services/>
- MacPherson, Donald. Should Cannabis be Legalized in Canada? Simon Fraser University, November 14th, 2014. Canadian Drug Policy Coalition (CDPC).
- National Academies of Sciences, Engineering, and Medicine. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. The National Academies Press. <https://doi.org/10.17226/24625>



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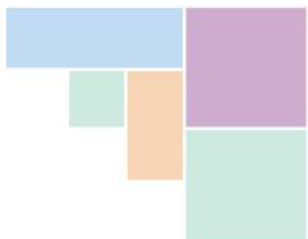
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