

High Potency THC Policy

Overview

HCA's Division of Behavioral Health and Recovery (DBHR) contracts with University of Washington's Addictions Drug & Alcohol Institute (ADAI) to explore policy solutions to the public health challenges of high THC potency cannabis to align with the Proviso stated in ESB 5092.

ADAI has engaged with individual, partner and stakeholder meetings to research, map, evaluate and assess stakeholder participatory feedback towards development of policy solutions. This has been accomplished in three phases:

1. Interview stakeholders representing different perspectives of this complex issue
2. Diverse stakeholders were brought together, aiming to reach consensus/common ground in some areas of policy.
3. ADAI experts used a strategic planning technique outlining the strengths, weaknesses, opportunities, and threats to make suggestions for policy in the area of cannabis potency moving forward. An inventory of cannabis policies and approval processes in the US and Canada that regulates/limits THC concentration was also generated.

Policy recommendations will be shared with the state Legislature no later than January 27, 2023.

Considerations for high THC products

THC is the primary psychoactive (mind-altering) substance found in cannabis. Production of manufactured cannabis products that contain much higher levels of THC than what is naturally found in the plant has raised concern for stakeholders. As Washington cannabis markets increase production and sales of high THC products, it is extremely likely the negative health effects associated with its use will also increase. Washington stakeholders are concerned with non-medical use of high THC products or concentrates.

What is currently known about high-THC products impacts on people's health:

- Use of THC at a young age can be harmful and young people are more vulnerable to the negative impacts of use
- Increase risk of developing cannabis use disorder (addiction), especially for young people.
- Those more likely to utilize products with high-THC products include; younger adults, individuals with low income, racial and ethnic minorities, and those already reporting poor mental health
- Concentrated THC products are more likely to contain contaminants, residues, and other additives, which the effect on the human lungs is not known.

Authority

Proviso stated in ESB 5092, Sect. 215 which requires HCA to contract with ADAI to develop this report to provide recommendations for policy changes to reduce the negative impacts of high potency cannabis in Washington.

Budget

Funded by funds from the the Substance Abuse Mental health Services Administration Substance Abuse Block Grant (SABG) at a maximum reimburseable amount of \$500,000.

Partners

Utilizing both concept mapping and informational interviews, a diverse range of stakeholders were engaged, including:

- **Community:** Prevention & treatment organization employees, educators & school administrators, employees for organizations that represent historically underserved communities, mental illness advocacy organization employees, people with lived experience of harms related to high THC cannabis, and people concerned with healthy youth development
- **Professionals:** Local & state government employees, health care practitioners, health science & public health researchers, and first responders

- **Cannabis consumers & workers:**
Cannabis consumers, producers, processors, retail owners, lobbying associations, and related cannabis industry agencies

Oversight

DBHR provides funds to ADAI for project completion.

For more information

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- ADAI Symposium: High THC Cannabis in Legal Regulated Markets
 - <https://adai.uw.edu/cerp/symposium-2022/>