

Welcome!

An invitation to our state representatives:

PLEASE JOIN MEMBERS OF LOCAL
PREVENTION COALITIONS FOR A

Legislative Breakfast on Cannabis in CT

NEW DATE! NOW VIRTUAL

A conversation with stakeholders from
Norwalk and Westport, including prevention &
health, youth services, and law enforcement

Please RSVP for Zoom:

JANUARY 12, 2023 | 8:30AM | ZOOM

RSVP AT [POSITIVEDIRECTIONS.ORG/EVENTS](https://www.positivedirections.org/events)



Agenda

1. **Welcome & context for joint Norwalk/Westport meeting** (*Jen Tooker, First Selectwoman, Town of Westport; Lamond Daniels, Community Services Chief, City of Norwalk*)
 - a. *Format of meeting*
 - b. *Self introductions by legislators; others please introduce yourself/role in the chat*
2. **Public health considerations** (*Margaret Watt, Prevention Director at Positive Directions & Norwalk parent; Robin Oshman, MD, Fairfield County Medical Association*)
3. **Youth prevention considerations** (*Kevin Godburn, Westport Youth Services Director; Ben Fitzgerald, AmeriCorps/Prevention Corps serving at Positive Directions; Melissa McGarry, preventionist & Westport parent*)
4. **Law enforcement considerations** (*Lt Anthony Prezioso & Det Ashley DeVecchio, Westport PD; Sgt Sofia Gulino, Norwalk PD*)
5. **Funding considerations** (*Kaitlin Comet, Program Coordinator, & Giovanna Mozzo, Director, The Hub: Behavioral Health Action Organization for Southwestern CT*)

Presenters

- *Jen Tooker, Westport First Selectwoman*
- *Lamond Daniels, Norwalk Community Services Chief*
- *Margaret Watt, Prevention Director, Positive Directions-The Center for Prevention & Counseling*
- *Robin Oshman, MD, Board President, Fairfield County Medical Association*
- *Kevin Godburn, Director, Westport Youth Services*
- *Melissa McGarry, preventionist, Westport and Trumbull prevention coalitions*
- *Ben Fitzgerald, Member, Prevention Corps (serving with Norwalk and Westport coalitions)*
- *Lt. Anthony Prezioso & Det. Ashley DelVecchio, Westport Police Dept*
- *Sgt. Sofia Gulino, Norwalk Police Dept*
- *Kaitlin Comet & Giovanna Mozzo, The Hub*

2. Public Health Considerations: Potency, Health Education Materials

CT's new cannabis market is wide-ranging



Photos courtesy of <https://thcphotos.org/about/>

Forms range in potency, onset & duration of “high”

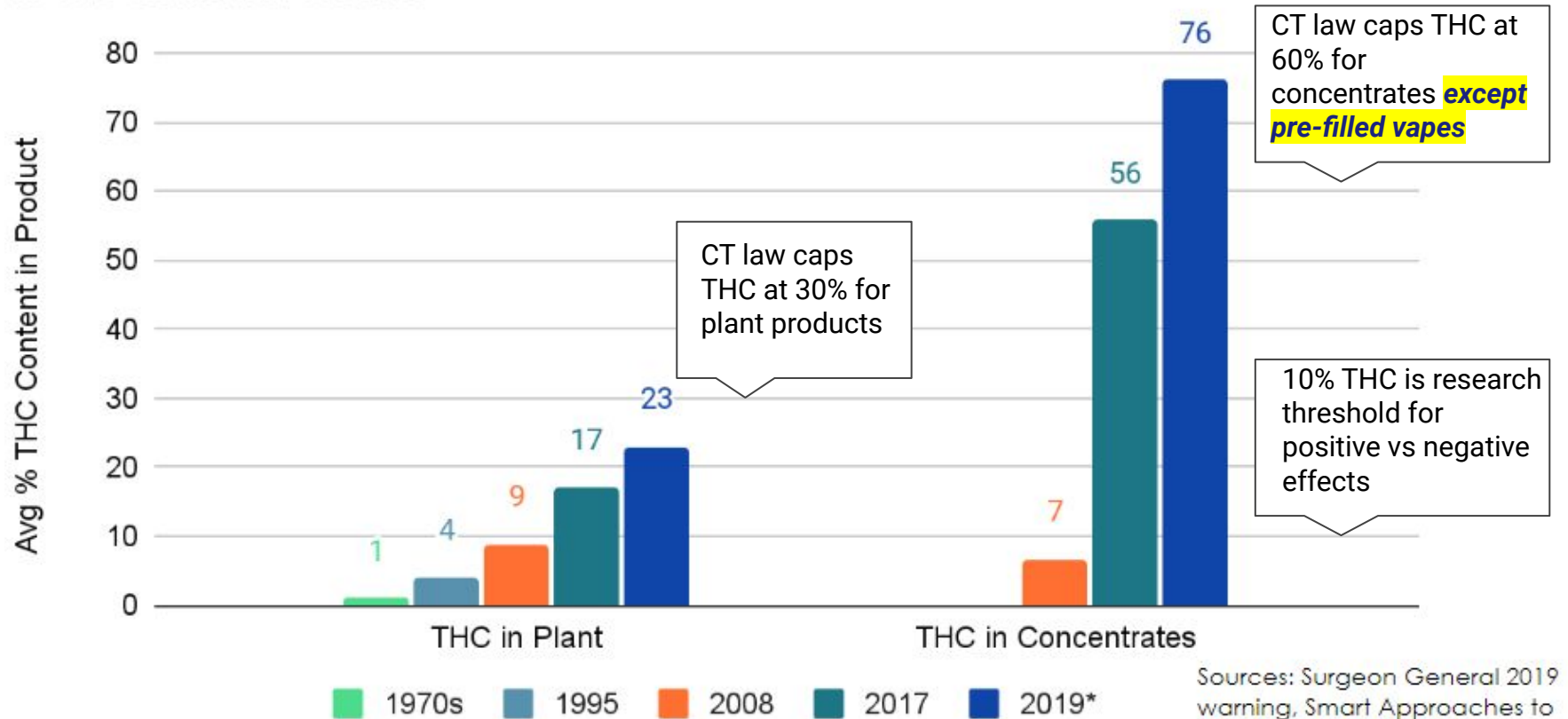
	 DOSAGE	 SKILL LEVEL	 DISCREET	 ONSET	 DURATION
FLOWER	EASY	★	✕	30 SEC	1-3 HOURS
EDIBLES	TRICKY	★★	✓	30 MIN - 2 HOURS	4-12 HOURS
CONCENTRATES	EASY TO OVERDO IT	★★★	50/50	<10 SEC	1-3 HOURS

 **zamnesia**

The potency (THC levels) of today's cannabis poses health risks

Increase in Strength of Cannabis Over Time

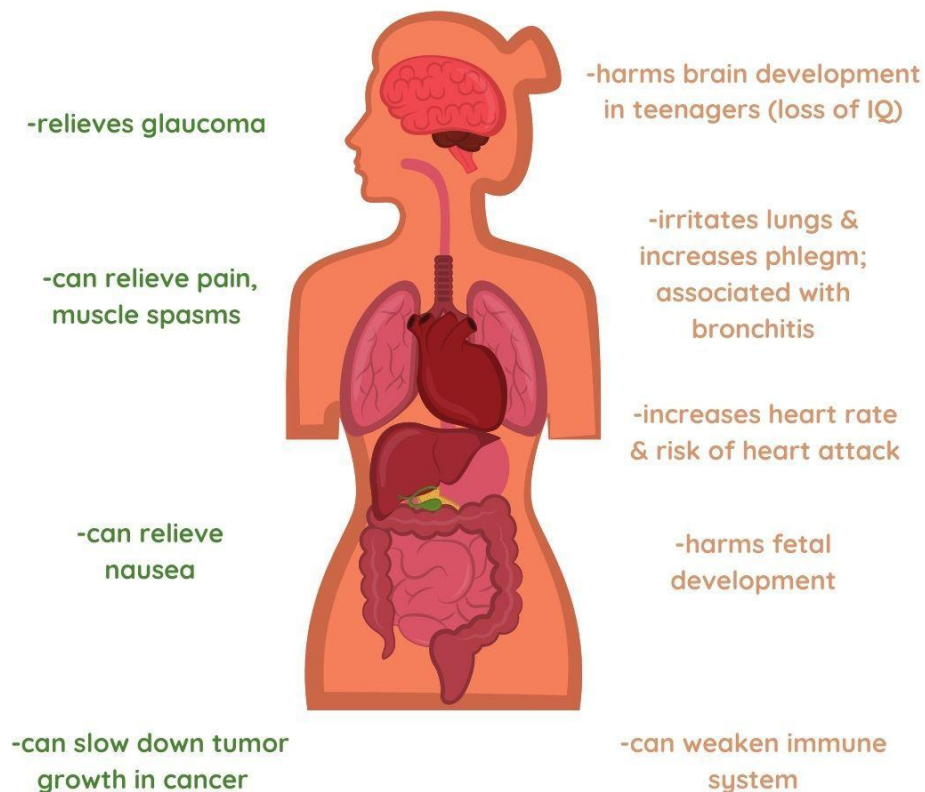
% THC Content in Product



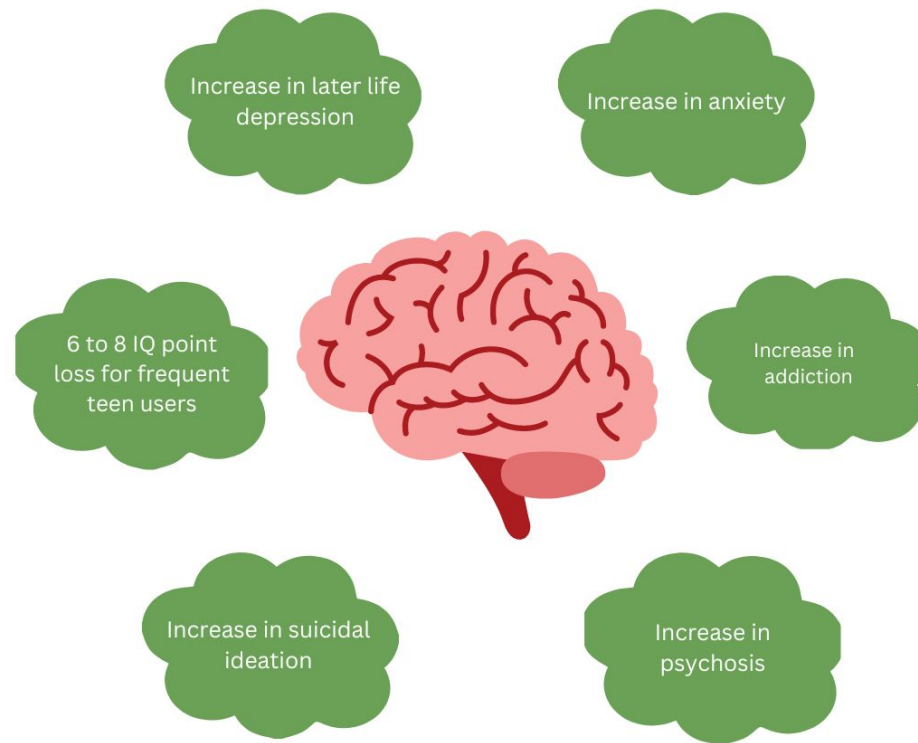
Sources: Surgeon General 2019 warning, Smart Approaches to Marijuana 2021 report

Cannabis use is associated with *physical health risks* including:

Effects of Cannabis



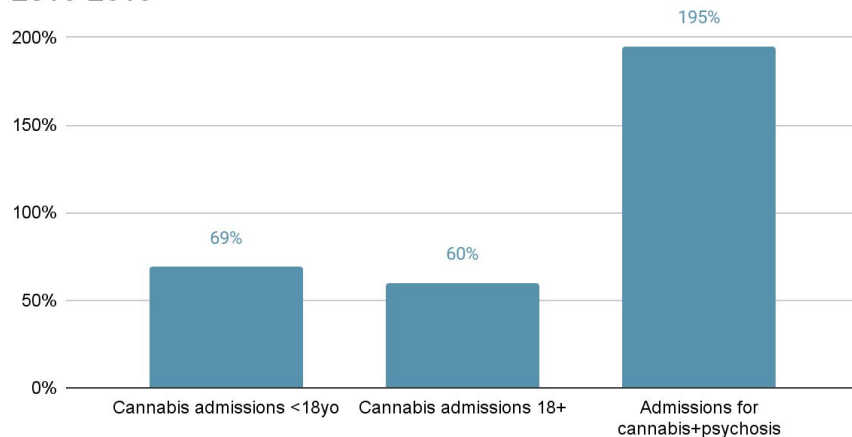
Cannabis use is associated with *mental & behavioral health risks* including:



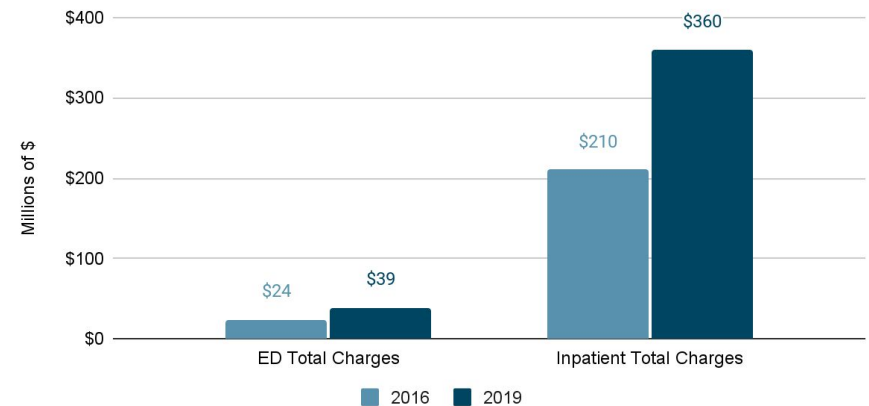
The stronger the product, the more frequent the use, the greater the risk

CT DPH Statistics related to Cannabis

3-Year Increase in Cannabis-related Hospital Admissions in CT, 2016-2019



Cannabis-Related Hospital Costs for CT Residents, 2016 & 2019, in Millions



Positive marijuana results at time of autopsy:

- **73% increase** from 2015-19 to 2020-21

Example of Colorado's Required Educational Material on THC Concentrates (outside)

ADDITIONAL RESOURCES:

MED's Reporting Form
Report adverse health effects
<https://bit.ly/329D9fn>

Rocky Mountain Poison & Drug Center:
1-800-222-1222
(central telephone number for consumers to report adverse use and product effects)

Safe2Tell:
1-877-542-SAFE (7233)

National Suicide Prevention Lifeline:
1-800-273-8255

CO Crisis Services:
1-844-493-8255

Colorado Department of Public Health Resources:

Youth and Marijuana:
<https://cannabis.colorado.gov/health-effects/effects-on-youth>

Monitoring Health Concerns Related to Marijuana in Colorado:
2020 and THC Concentrates in Colorado Report (2020):
<https://marijuanahealthinfo.colorado.gov/reports-and-summaries>

Monitoring Health Concerns Related to Marijuana in Colorado:
Literature Review:
<https://marijuanahealthinfo.colorado.gov/Literature-review>

Health Care Provider Resources:
<https://cdphe.colorado.gov/marijuana-health-care-provider-resources>

Responsibility Grows Here:
<https://responsibilitygrowshere.com/>

Forward Together Campaign from CDPHE/CDHS:
<https://forwardtogetherco.com>

This resource may be subject to updates based on the Colorado School of Public Health's systematic review of all available scientific evidence pursuant to Section 23-20-142, C.R.S. (HB21-1317).

DR 8515 (11/15/21)



COLORADO
Department of Revenue
Marijuana Enforcement Division

USE OF REGULATED MARIJUANA CONCENTRATE

Medical and Retail Marijuana Stores are required to provide this resource to individuals purchasing Regulated Marijuana Concentrate.

EXAMPLES OF A SERVING SIZE FOR EACH TYPE OF CONCENTRATE

Regulated Marijuana Stores offer various categories of marijuana concentrates. Stores may refer to marijuana concentrates using different names, including but not limited to terms like shatter, wax, butter, sugar, hash, resin, and rosin.

Inhalation other than Vaping: When consuming regulated marijuana concentrate by inhalation other than vaping (e.g. dabbing) the recommended serving size is a sphere with the diameter no larger than the dot below:

Start Low. Go Slow.

Vaping: Vaporizers heat marijuana concentrate to release THC for inhalation. The serving size should not exceed **1 inhalation** lasting **2 seconds** per serving.

Concentrate
Serving Size:



Example of Colorado's Required Educational Material on THC Concentrates (inside)

RISKS AND PRECAUTIONS

WARNING:

Use of Marijuana Concentrate may lead to¹:

1. Psychotic symptoms and/or Psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality);
2. Mental Health Symptoms/Problems;
3. Cannabis Hyperemesis Syndrome (CHS) (uncontrolled and repetitive vomiting);
4. Cannabis use disorder / dependence, including physical and psychological dependence.

Consuming concentrate via inhalation will cause immediate effects.

Marijuana concentrates ARE NOT recommended for inexperienced marijuana users. THC concentration (% THC), amount of concentrate consumed, and frequency of use can result in both short and long-term effects. There is moderate evidence that individuals who use marijuana with THC concentration greater than 10% are more likely than non-users to be diagnosed with a psychotic disorder, such as schizophrenia.

Marijuana concentrate is not approved by the FDA and claims of medical benefits are not supported by the FDA.

Marijuana concentrates ARE NOT recommended for anyone under age 25, except if recommended by a doctor. People under 25 may be at greater risk of potential harm because the brain is not fully developed.

Regulated Marijuana Stores cannot provide medical advice. Any questions related to the health or safety of marijuana concentrates should be discussed with a patient's recommending physician or an adult consumer's primary care physician.

¹ These risks are based on CDPHE evidence statements where there is either moderate or substantial evidence. Where moderate means strong scientific findings that support the outcome, but these findings have some limitations and substantial means robust scientific findings that support the outcome with no credible opposing scientific evidence. <https://marijuanahealthinfo.colorado.gov/glossary>

OTHER STATUTORY & REGULATORY LABELING REQUIREMENTS

The following warning statements must be included on every Container of Regulated Marijuana:

- "Keep away from Children."
- "This product was produced without regulatory oversight for health, safety, or efficacy."
- "There may be long term physical or mental health risks from use of marijuana including additional risks for women who are or may become pregnant or are breastfeeding. Use of marijuana may impair your ability to drive a car or operate machinery."

Universal Symbol - Caution Symbol for Regulated Marijuana THC

All Regulated Marijuana must be sold in a Container that displays the Universal Symbol to caution that the product contains THC.



PENALTIES

The sale, transfer, or dispensing of marijuana in violation of Colorado law is a felony punishable by a prison sentence up to 32 years and/or fines up to \$1,000,000.00.

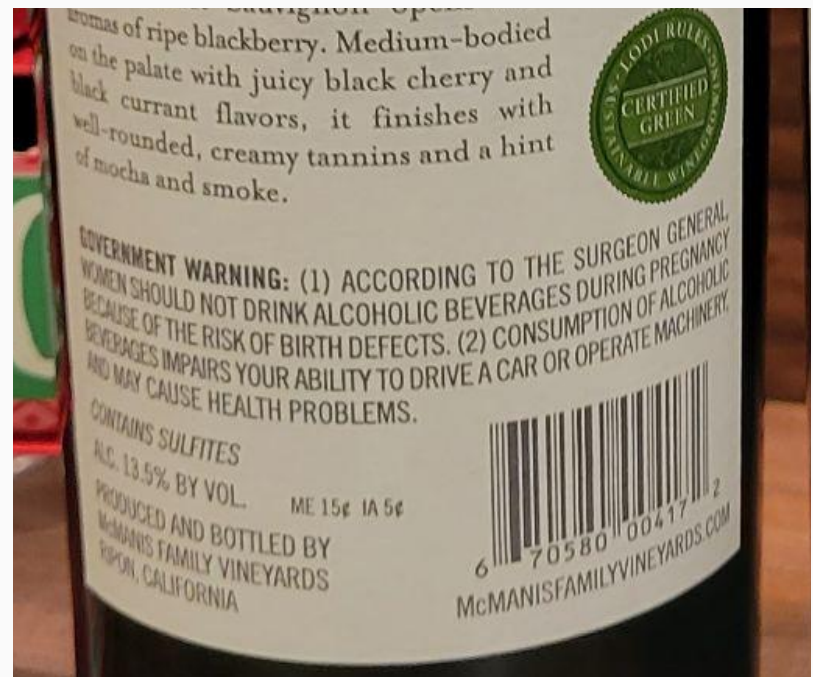
A felony conviction can have serious consequences including the inability to vote while incarcerated, prohibition on obtaining a passport which is required to travel internationally, disqualification for employment, the inability to obtain housing and other serious consequences.

Inhaling more than 10 mg of THC within 10 minutes can lead to a blood THC level above 5 ng which can be used to support a conviction for driving under the influence.

Health Warning Labels (HWL's) help educate consumers

Health Warning Labels (HWL's) are required on all **alcohol** and **nicotine** packaging...

but CT's **cannabis law** only requires notice of the legal age.



Research suggests that HWLs are most effective when they incorporate graphics

Policy call to action: public health

Legislators: What types of policies would you be willing to support?

- Strengthen potency caps and include pre-filled vapes?
- Mandate health warning labels, with graphics, on all packages?
- Require health/warning information on concentrates and edibles to be provided at points of sale?
- Require single-serve packaging for edibles?

3. Youth Prevention Considerations

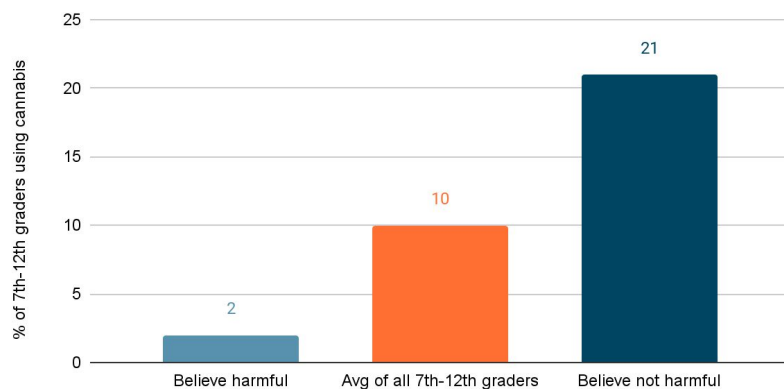
Perceptions Affect Youth Decisions to Use or Not

Risk Awareness:

In our local surveys, teens who know the risks are **10x less likely** to use cannabis:

Teen Cannabis Use is Associated with Risk Awareness

Town example, CT, Spring 2021

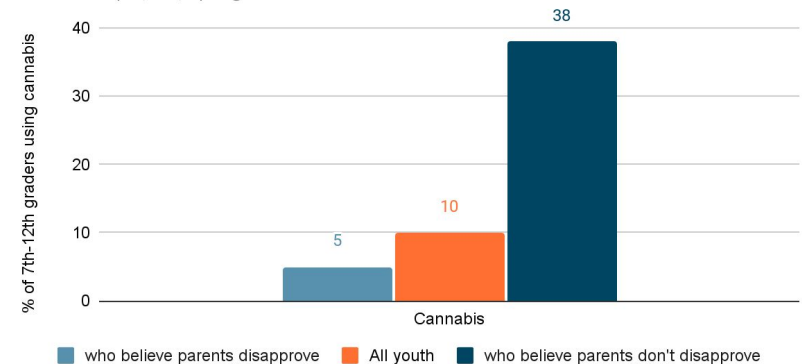


Parental Disapproval:

In our local surveys, teens whose parents disapprove are **7-8x less likely** to use cannabis:

Teen Cannabis Use is Associated with Perceived Parental Approval

Town example, CT, spring 2021



Our data show that adults, like youth, believe cannabis to be less harmful than other substances, and the substance least discussed in families. This is why information and education are critical.

Access Affects Youth Decisions to Use or Not



In recent visits to 6 locations in Westport, Positive Directions found:

- half the stores were illegally selling THC (cannabis)
- half did not card teens

A yoga/wellness shop was selling Delta-9 THC gummies. Each gummy was 3 legal servings according to CT law.

Consequences for Underage Possession can Affect Youth Decisions to Use or Not

Consequences for alcohol possession C.G.S. 30-89 (a-b)		Consequences for cannabis possession C.G.S. 21a-279	
Possession under age 16	<ul style="list-style-type: none"> • Juvenile Summons to court <i>or</i> JRB referral (voluntary services) • 150 Day Delay to obtain driver's license 	Possession under age 18	<ul style="list-style-type: none"> • Written warning • Optional referral to JRB (voluntary services) • <i>No impact on license</i>
Possession ages 16-21	<ul style="list-style-type: none"> • \$136 Infraction • <21 day driver's license suspension • 150 Day Delay to obtain driver's license 	Possession ages 18-21	<ul style="list-style-type: none"> • First offense: \$50 fine • Subsequent offenses: \$150 fine • <i>No impact on license</i>
Permitting a minor (<21) to possess alcohol (Social Host Law)	Class A Misdemeanor Juvenile Summons OR JRB Referral (if underage)	Marijuana is covered under Social Host Law	

Policy call to action: youth prevention

Legislators: What types of policies would you be willing to support?

- Invest in funding prevention work to address issues such as education, access, treatment, and consequences?
- Align consequences for underage cannabis possession align with alcohol penalties?

4. Law Enforcement Considerations

Monitoring & enforcing compliance

- Increase in impaired driving
 - Law prohibits police from stopping a car based on smelling cannabis or seeing driver or passenger smoking/vaping.
 - Drug Recognition Experts (DREs) are not yet in place to assess for impaired driving.
- Increase in policing needed for enforcement
 - Illegal consumption in public spaces
 - Compliance checks at licensed cannabis establishments
 - Fines for underage sales
- No local entity responsible for monitoring:
 - unlicensed locations such as CBD shops, yoga shops
 - local advertising (e.g., illegal billboard)
 - home delivery
- Funding to enable proactive compliance/enforcement

Policy call to action: law enforcement

Legislators: What types of policies would you be willing to support?

- Allow police to stop drivers suspected of impaired driving to assess safety?
- Specify penalties to retailers for underage sales
- Increase funding to police to support compliance checks and enhance enforcement efforts?
- Develop protocols for ensuring compliance on advertising?

5. Funding Considerations

There is virtually no funding for cannabis prevention / education

Prevention work relies on Local Prevention Councils (LPCs) like the Norwalk and Westport coalitions.

- The state funds LPCs through grants administered via the Regional Behavioral Health Action Organizations (RBHAOs).
- LPC grants vary from **\$2,276 to \$10,357 per year** based on the size of the town. *Currently these grants must target vaping in 12-18 year olds.*
- Some towns get State Opioid Response (SOR) mini-grants in the amount of **\$5000 per year**. *These target opioid related work.*

Funding to address these concerns starts late and is overly general

Table 1: State Retail Cannabis Tax Revenue Distribution

Funds and Accounts	FY 22	FY 23	FYs 24-26	FYs 27-28	FYs 29+
Cannabis Regulatory and Investment Account: to pay costs state agencies incur in implementing the state’s recreational cannabis law	100%	-	-	-	-
General Fund	-	100%	15%	10%	-
Social Equity and Innovation Fund: to fund appropriations for (1) access to business capital, (2) technical assistance for business start-ups and operations, (3) workforce education, and (4) community investments	-	-	60%	65%	75%
Prevention and Recovery Services Fund: to fund appropriations for substance abuse prevention, treatment, and recovery services and substance abuse data collection and analysis.	-	-	25%	25%	25%

Note: The Prevention and Recovery Services Fund will provide: “substance abuse (1) prevention, (2) treatment and (3) recovery services, and (4) collection and analysis of data regarding substance use.”

Policy call to action: funding

Legislators: What types of policies would you be willing to support?

- Begin allocating cannabis revenue to prevention as soon as sales start?
- Specify how P&R funds are allocated across prevention, treatment, recovery, and data collection?
- Identify the % of P&R funds that should go to state, regions and towns?
- Amend language about P&R Fund to specify that funds should cover “mental health and substance misuse prevention, treatment, and recovery”?
- Specify that municipal tax revenue can be used for prevention and law enforcement?
- Revisit the % of funds allocated to P&R (25%) vs Social Equity (75%) vs General Fund?