Position of Chester County Department of Drug and Alcohol Services on the Statewide Legalization of Cannabis

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The Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA), an affiliate of the County Commissioners Association of Pennsylvania (CCAP), is a professional association representing the 47 Single County Authorities (SCA’s) across the Commonwealth. SCA’s receive state and federal dollars to plan, coordinate, and manage, fiscally and programmatically, the delivery of drug and alcohol prevention, intervention, treatment, case management, and recovery support services at the local level.

SCA’s have a keen interest in the current discussions regarding potential legalization or decriminalization of cannabis. We believe that any changes to public policy or law should be based on research and evidence, not public opinion polling. Our hope is that public health concerns will drive the conversation and the subsequent policy decisions. We believe that SCA’s and the prevention and treatment community need to be key stakeholders in the process and welcome the opportunity to participate in the discussion.

PACDAA employs the term 'cannabis' as a comprehensive descriptor that encompasses marijuana products and other related substances. This terminology reflects the diverse array of products derived from the cannabis plant, which are utilized for medicinal, recreational, or industrial applications.

The consensus of PACDAA members is to oppose full, statewide legalization and the creation of a new industry for distribution and sale of cannabis. In the situation where the Commonwealth proceeds with legislation allowing the legalization of cannabis, we are adamant that certain structures and plans be implemented to protect vulnerable populations. We offer the following concerns as areas that are critical to consider in these discussions:
• There are concerns with the legalization of cannabis use, including those related to overall public health and safety, the unintended impact on youth, a negative impact on mental health, impaired driving, and the continued prevalence of the illicit use. Additional consideration must be given to the type and manner of taxation and the ethical delegation of the tax revenue.
• Public health and safety concerns exist pertaining to the number of accidental poisonings\(^1\) and the interaction between cannabis and other medications\(^2\), both of which can lead to an increased number of emergency department visits.
• The commercial cannabis industry has developed much more potent forms of cannabis. Between 1995 and 2015, THC content in the cannabis flower has increased by 212\(^3\). The emergence of edible cannabis products with high THC content presents new concerns regarding addiction potential and safety, including overconsumption, inconsistent labeling and formulation, accidental consumption, and products that may appeal to children.\(^4\)
• Proximity to a medical cannabis dispensary has been associated with a four- to six-times larger usage of cannabis and higher positive expectations of cannabis.\(^5\)
• The connection between cannabis use and a variety of mental health concerns cannot be disregarded. Research suggests that there may be a connection between cannabis use and psychosis/psychotic like experiences,\(^6\) anxiety disorders,\(^7\) and suicide.\(^8\)\(^9\) Community healthcare facilities and emergency departments must learn more and be prepared to address episodes of cannabis-induced psychosis and other mental health conditions that may be related to cannabis use.
• The concerns for the adolescent population do not end at accidental poisonings\(^10\) and mental health conditions, such as psychotic disorders and psychotic-like experiences.\(^11\) Research of the impact of increased access to cannabis on youth and the developing brain must be involved in any public health discussion.
• The presence of cannabis retailers and cannabis advertising affects children’s perception of cannabis. A 2017 study in Oregon correlated exposure to the
cannabis retail environment and adolescent cannabis use and beliefs, specifically noting that cannabis use in younger students was linked to the exposure to cannabis advertising and cannabis use in older students were more common for students whose schools were within a mile of a cannabis retailer.12

• Impaired driving remains a significant concern. Substantial evidence has shown a statistical association between cannabis use and an increased risk of motor vehicle crashes.13 Tetrahydrocannabinol (THC) impacts driving ability, specifically reaction time, lane position, and lane weaving.14 A national study examined impaired driving and found that risky driving behaviors were higher in states that legalized cannabis than states that did not legalize cannabis.15

• Discussions that legalization of cannabis is a solution to social justice issues have been disproven. Crime data in states that have legalized cannabis demonstrates how minority communities continue to be disproportionately affected in terms of arrests, justice system involvement, negative social and economic consequences, and public health impacts.16

• Diversionary programs (as opposed to/in conjunction with legalization/decriminalization) for specific levels of offenses (like ARD) are seen as an opportunity to utilize intervention and treatment services to reduce and/or prevent cannabis use disorder and other substance use disorders. Diversionary programs could decrease the costs to the criminal justice and other state and local systems and communities. 17

• Legalization of cannabis does not eradicate an illicit market. A study in CA found that the number USPIS cannabis seizures were greater in states that allow for medical and recreational cannabis than for states that criminalize cannabis.18 A February 2024 bipartisan letter from more than 50 members of Congress was sent to the Attorney General to express concern over reports of Chinese nationals cultivating cannabis illegally in the United States.19

• Legalization of cannabis can both positively and negatively impact the local economy. One study found that “post-legalization, average state income grew by 3 percent, housing prices by 6 percent, and population by 2 percent. However,
substance use disorders, chronic homelessness, and arrests increased by 17, 35, and 13 percent, respectively.”

- There are a wide variety of approaches to how to tax cannabis, including a percentage of price tax, a weight-based tax, and a potency-based tax. Each comes with its own pros and cons. The cannabis tax cannot be so high that users choose to purchase cannabis illegally, nor can it be too low and potentially limit the revenue to the state. Additionally, the question of where the revenue from cannabis tax should be dedicated must be carefully considered. If the amount of cannabis purchased and sold within the state decreases, how will these programs and services funded by the revenue from cannabis tax be affected?

- There remain many unanswered questions and consequences regarding public health impacts of the legalization and use of medical cannabis, including in law enforcement, employment/hiring practices, medical issues, and others that we see as the priority to focus on at this point.

SCA’s agree there is a need to discuss these critical issues with community stakeholders before the enactment of any new legislation. There are also diverse opinions regarding diversion, decriminalization, and enforcement efforts; current practice has resulted in inconsistencies in enforcement and penalties. PACDAA members support addressing social justice in a comprehensive approach that includes key stakeholders and is based on research that truly reflects this issue. Significant discussion needs to take place to whether counties and/or municipalities should retain the option to regulate cultivation, sale, delivery, security, inventory control and/or use of cannabis within their jurisdictions. Any local regulation should be opt-in rather than opt-out and counties and/or municipalities must be able to create more stringent requirements than the state’s law if they so choose.

SCA’s and the prevention, intervention, treatment, and recovery communities must be key players in the process.