

Cannabis Public Health Advisory Council

Instructional Programs and Services

April 17, 2024

PRESENTED BY

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Skills-Based Health Education



By the end of this session, participants will have:

1. Reviewed how comprehensive skills-based health education programs address cannabis use.
2. Reviewed the new regulatory requirements for cannabis use and storage in childcare facilities.
3. Received clarification on the administration of medical cannabis in a school setting.
4. Received clarification on the shift in school discipline policies and practices, which now take a more rehabilitative and restorative approach rather than punitive measures.



1. Comprehensive Skills-Based Health Education

2. Early Childhood

3. School Health

4. Restorative Discipline Policies and Practices

Comprehensive Skills-Based Health Education

Comprehensive Skills-Based Health Education - Video



Defining Comprehensive Skills-Based Health Education

Comprehensive skills-based health education is a planned and **sequential** set of learning experiences focused on **developing the skills** needed to live healthy lives. Building skills related to their health allows students to **make healthy choices** and **take customized actions** to better their health and that of those around them.

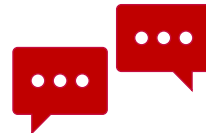
The **skills** developed in comprehensive skills-based health education include:



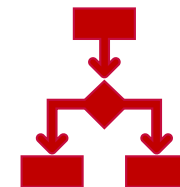
**ANALYZING
INFLUENCES**



**SELF-
MANAGEMENT**



**INTERPERSONAL
COMMUNICATION**



**DECISION
MAKING**



**GOAL-
SETTING**



**ACCESSING VALID
& RELIABLE
RESOURCES**



**ADVOCACY FOR
SELF & OTHERS**

<https://dsd.maryland.gov/regulations/Pages/13A.04.18.01.aspx>

COMAR 13A.04.18.01 (1 of 2)

- Local education agencies (LEAs) must provide an instructional program in comprehensive health education **each year** with sufficient frequency and duration **to meet the requirements of the State Framework** for all students in prekindergarten through 8th grade.
- LEAs must offer a comprehensive health education program for students in grades 9 through 12, which enables students to meet **graduation requirements** and select health education electives.
- LEAs must **provide access** to the comprehensive health education curriculum for **non-diploma-bound students**.
- Every five years, local superintendents **certify** to the State Superintendent of Schools that the Prek-12 grade Comprehensive Health Education instructional **programming meets the requirements** of this Regulation – 2025.
- The comprehensive health education instructional program shall help students adopt and maintain healthy behaviors and skills that contribute directly to a student’s ability to successfully **practice behaviors** that protect and promote health and **avoid or reduce health risks**.

<https://dsd.maryland.gov/regulations/Pages/13A.04.18.01.aspx>

COMAR 13A.04.18 Continued (2 of 2)

Specialized Training Requirements

Local education agencies must develop guidelines and procedures for the support of qualified teachers. This includes a planned and continuous program of professional learning to adequately train its personnel to update a teacher's knowledge, instructional materials, and methodology in health education.

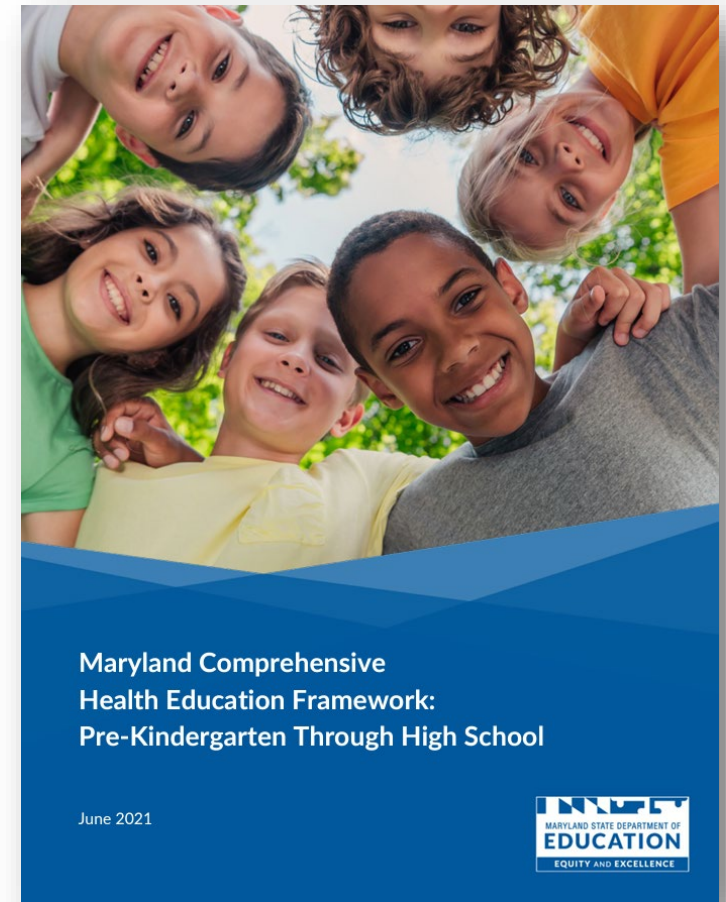
At a minimum, a licensed and highly qualified health education teacher must receive specialized training on the following topics:

- skills-based health education;
- drug addiction and prevention education;
- family life and human sexuality; and
- awareness and prevention of sexual abuse and assault.

<https://dsd.maryland.gov/regulations/Pages/13A.04.18.01.aspx>

Maryland's Comprehensive Health Education Framework Prekindergarten through 12th Grade

- Developed by a diverse group of stakeholders, it identifies, at a minimum, what students should know and be able to do by grade level or grade band.
- As mandated by COMAR, LEAs must develop and/or procure an age-appropriate curriculum aligned with the requirements of the State Framework.
- LEAs can add additional topics and/or expand on others if they choose (e.g., Naloxone training, Stop the Bleed training).



https://www.marylandpublicschools.org/about/Documents/DCAA/Health/Health_Education_Framework_July_2022.pdf

Resources Used by Some Local Education Agencies

- [Catch My Breath](#) has a marijuana vaping lesson (free)
- [PTTC's Microlearning Toolkit: Vaping Prevention 101](#) (Lesson 2: Neurobiology of Nicotine and Cannabis) (free)
- Stanford Medicine REACH Lab – [Cannabis Awareness & Prevention Toolkit](#) (free)
- ETR's Youth to Youth Session – [Youth-Led Substance Use Prevention](#) (free)
- [Christopher Pepper's Teen Health Today Newsletter](#) often discusses substance use (free option)
- [Candor Health Education](#) - Substance Use Curricula – Grades 4-12 (for purchase)
- [MSDE's Substance Use Prevention Canvas Courses for Educators](#) (free)
 - Elementary – Using a Skills-Based Approach to Substance Abuse Prevention
 - Secondary – Preventing Substance Use through Health Skill Development



Early Childhood

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Preventing exposure to and ingestion of cannabis in licensed and regulated child care programs.

New Cannabis Regulations

Designed to ensure the safety, health, and well-being of individuals, particularly children, by implementing strict measures regarding the use, storage, and handling of cannabis and related products in different environments, including home-based child care facilities.

Cannabis regulations for:

- COMAR 13A.15 Family Child Care
- COMAR 13A.16 Child Care Centers
- COMAR 13A.17 Child Care – Letters of Compliance
- COMAR 13A.18 Large Family Child Care Homes

Establish guidelines and restrictions regarding the use, storage, and accessibility of cannabis, cannabis edibles, and smoking and vaping paraphernalia and byproducts and related products in licensed and regulated child care programs. These proposed regulations expand upon the existing prohibition for smoking and use of alcohol to also prohibit vaping and any use of cannabis in the child care setting.

<https://marylandpublicschools.org/stateboard/Documents/2023/1205/Cannabis-Regulations-COMAR-13A-A11Y-V2.pdf>

Impact of legalization in child care homes, facilities, etc. (1 of 4)

COMAR 13A.15.01.02, 13A.16.01.02, 13A.17.01.02, 13A.18.01.02:

- defines cannabis as the cannabis sativa L. plant and its derivatives with a tetrahydrocannabinol (THC) concentration greater than 0.3% on a dry weight basis. The proposed regulations define cannabis to also include any product that is composed of cannabis, cannabis concentrate, or cannabis extract, including but not limited to cannabis vaporizing devices, edible cannabis products, and any usable cannabis products.
- The regulations differentiate between cannabis and hemp or hemp products, which are excluded from the definition of cannabis.
- The proposed regulations define vaping as using a device that can deliver aerosolized or vaporized products, including but not limited to nicotine and cannabis, to an individual inhaling from the device. require biohazards and biocontaminants to be disposed of in a clean and sanitary manner. This regulatory change was requested by the Federal Administration for Children and Families.

<https://marylandpublicschools.org/stateboard/Documents/2023/1205/Cannabis-Regulations-COMAR-13A-A11Y-V2.pdf>

Impact of legalization in child care homes, facilities, etc. (2 of 4)

COMAR 13A.15.01.02, 13A.16.01.02, 13A.17.01.02, 13A.18.01.02:

- define vaping as using a device that can deliver aerosolized or vaporized products, including but not limited to nicotine and cannabis, to an individual inhaling from the device.
- require biohazards and biocontaminants to be disposed of in a clean and sanitary manner. This regulatory change was requested by the Federal Administration for Children and Families.
- expand the list of potentially hazardous items to include alcohol, tobacco, cannabis, cannabis edibles, and smoking and vaping paraphernalia and byproducts.
- provide that the very rare administration of medical cannabis by a caregiver who is a qualifying medical cannabis patient is governed by the Maryland Department of Health regulations found at COMAR 10.62.01-10.62.37. The regulations prohibit smoking or vaping of any medical cannabis.

<https://marylandpublicschools.org/stateboard/Documents/2023/1205/Cannabis-Regulations-COMAR-13A-A11Y-V2.pdf>

Impact of legalization in child care homes, facilities, etc. (3 of 4)

COMAR 13A.15.01.02, 13A.16.01.02, 13A.17.01.02, 13A.18.01.02:

- Potentially hazardous items such as cannabis, cannabis edibles, and smoking and vaping paraphernalia and byproducts shall be properly stored and kept inaccessible to the children in care.
- Restricts use during child care hours and in the approved space both indoors and outdoors.

<https://marylandpublicschools.org/stateboard/Documents/2023/1205/Cannabis-Regulations-COMAR-13A-A11Y-V2.pdf>

Impact of legalization in child care homes, facilities, etc. (4 of 4)

COMAR (13A.15.11.05, 13A.16.11.05, 13A.17.11.05, and 13A.18.11.05:

- Notice provisions of smoking, vaping, or cannabis use to parents considering placing their child in care.
- A provider and any other individual may not consume alcohol while a child is in care.
- During the hours of operation, the provider and any other individual may not smoke or vape anywhere inside the home or any outdoor area approved for child care use.
- A provider and any other individual who has child care responsibilities may not consume or be under the influence of alcohol, cannabis, or an illegal or nonprescribed controlled dangerous substance during the early care and education program's hours of operation or while providing or assisting with care during on off-site program activity or during transport.
- A provider and any other individual who has child care responsibilities shall ensure that all alcohol, tobacco, cannabis, cannabis edibles, and smoking and vaping paraphernalia and byproducts are inaccessible to children in care.

<https://marylandpublicschools.org/stateboard/Documents/2023/1205/Cannabis-Regulations-COMAR-13A-A11Y-V2.pdf>

Training Early Childhood Staff

- The integration of cannabis-related content has been included within the mandatory training curriculum, as well as the presentation and subsequent Q&A sessions held during both central and regional offices' information sessions for child care licensing.
- Additionally, there is a commitment to providing ongoing technical support and assistance to child care providers, ensuring they are equipped with the necessary knowledge and resources to navigate the complexities surrounding cannabis in the context of child care.





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School Health

Guidelines For Public Schools Allowing The Administration Of Medical Cannabis To Students

In 2020, the Maryland General Assembly codified the Annotated Code of Maryland, Education Article, §7-446, Guidelines for public schools allowing the administration of medical cannabis to students.

- Beginning June 1, 2020, a caregiver may administer medical cannabis to a student who is a qualifying patient of the caregiver on school property, during school-sponsored activities, and while on a school bus.
- A student who is a qualifying medical cannabis patient may obtain medical cannabis only through the student's caregiver or any designated school personnel authorized to administer medical cannabis to the student in accordance with these guidelines.
- A school nurse may not be required to administer medical cannabis to a student who is a qualifying patient.

<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/GuidelinesPublicSchoolAdminMedicalCannabisStudents.pdf>

School Health Guideline Requirements (1 of 2)

The required school health guidelines for the administration of medical cannabis to a student who is a qualifying patient must establish the following:

1. The school personnel who are authorized to administer medical cannabis to a student who is a qualifying patient during school hours and school-sponsored activities and while on a school bus.
2. Specific locations, including a requirement that a school allow the administration of medical cannabis in the school building, where medical cannabis may be administered to students during school hours and school-sponsored activities and while on a school bus.
3. Procedures for educating any designated school personnel on safety considerations for patient use of medical cannabis as it relates to a school setting.
4. Protocols to ensure students who are qualifying patients receive care during school hours and school-sponsored activities and while on a school bus.
5. Security protocols for the possession, storage, and loss or theft of medical cannabis on school property.

School Health Guideline Requirements (2 of 2)

6. A plan for the administration of medical cannabis that must include labeling, as well as dosing, timing, and delivery route instructions as provided by the certifying provider's written instructions.
7. A clear prohibition on any method of administration of medical cannabis that includes smoking or vaping.
8. Specified notice requirements, as necessary.
9. Whether the medical cannabis may be retained on school premises, as specified.
10. Any other necessary guidelines on issues concerning the administration of medical cannabis during school hours and school-sponsored activities and while on a school bus to students who are qualifying patients.

<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/GuidelinesPublicSchoolAdminMedicalCannabisStudents.pdf>



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School Discipline

Disciple Regulations

Marijuana (possession/use) is still not allowed in schools.*

- School discipline policies in response to the legalization of cannabis have shifted towards a more rehabilitative and restorative approach rather than punitive measures.
- School discipline policies incorporate evidence-based prevention strategies, such as peer mentoring programs and alternative disciplinary measures, to address cannabis-related incidents in a proactive manner.
 - For example, [Healthy Futures](#), an Alternative-to-Suspension program developed by the Stanford REACH Lab.



*Exception – Documented medical use by a student in a controlled environment.

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