

# **MARYLAND CANNABIS PUBLIC HEALTH ADVISORY COUNCIL**

2023 Annual Legislative Recommendations Report

December 1, 2023

**Wes Moore**  
**Governor**

**Aruna Miller**  
**Lieutenant Governor**

**Laura Herrera Scott, M.D., M.P.H.**  
**Secretary**

Submitted pursuant to § 13–4506 of the Health General Article of the Annotated Code of Maryland

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## Table of Abbreviations and Acronyms

BAC	Blood Alcohol Content
Baseline Study	Maryland Cannabis Use Baseline Study
BRFSS	Maryland Behavioral Risk Factor Surveillance Survey
The Council	Cannabis Public Health Advisory Council
The Department	Maryland Department of Health
The Fund	Maryland Cannabis Public Health Fund
HB	House Bill
HBCU	Historically Black College and University
HSCRC	Health Services Cost Review Commission
ICPS	International Cannabis Policy Survey
MMCPS	Maryland Medical Cannabis Patient Survey
MTF	Monitoring the Future
NSDUH	National Survey on Drug Use and Health
OCME	Office of the Chief Medical Examiner
PRAMS	Pregnancy Risk Assessment Monitoring System
THC	Tetrahydrocannabinol
YRBS/YTS	Maryland Youth Risk Behavior Survey/Youth Tobacco Survey

## Background

During the 2022 legislative session, state lawmakers passed House Bill (HB) 1 and amended the Maryland Constitution to legalize cannabis consumption and possession for individuals aged 21 years and older.<sup>1</sup> Maryland voters passed the referendum on November 8, 2022, which took effect on July 1, 2023. The Cannabis Public Health Advisory Council (the Council) and the Cannabis Public Health Fund (the Fund) were established through HB 837, the Cannabis Reform Act, which also passed during the 2022 Maryland Legislative Session.<sup>2</sup>

### *Cannabis Public Health Advisory Council*

Pursuant to HB 837, the Council was created to “study and make recommendation regarding:

<sup>1</sup>Chapter 45 of the Acts of 2022 (HB 1). Accessed 10 Oct 2023 at <[https://mgaleg.maryland.gov/2022RS/chapters\\_noln/Ch\\_45\\_hb0001E.pdf](https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_45_hb0001E.pdf)>.

<sup>2</sup>Chapter 26 of the Acts of 2022 (HB 837). Accessed 25 Oct 2023 at <[https://mgaleg.maryland.gov/2022RS/chapters\\_noln/Ch\\_26\\_hb0837E.pdf](https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_26_hb0837E.pdf)>

1. The promotion of public health and mitigation of youth use of, misuse of, and addiction to cannabis;
2. Data collection and reporting of data that measures the impact of cannabis consumption and legalization;
3. The impact of cannabis legalization on the education, behavioral health, and somatic health of individuals under the age of 21 years;
4. Initiatives to prevent cannabis use by individuals under the age of 21 years, including educational programs for use in school;
5. Public health campaigns on cannabis;
6. Advertising, labeling, product testing, and quality control requirements;
7. Training for health care providers related to cannabis use;
8. Best practices regarding requirements to reduce the appeal of cannabis to minors, including advertising, potency, packaging, and labeling standards; and
9. Any other issues that advance public health related to cannabis use and legalization.”<sup>2</sup>

The Council must report these findings and recommendations annually to the Governor and the General Assembly by December 1. The Maryland Department of Health (the Department) supports the Council in performing its duties, utilizing the Fund to provide staff support and technical assistance.

#### *Cannabis Public Health Fund*

Dollars allocated to the Fund are managed by the Department. The Fund’s purpose “is to provide funding to address the health effects associated with the legalization of adult-use cannabis,” which may be used “for:

- 1) Supporting the Advisory Council in performing its duties;
- 2) Supporting data collection and research on the effects of cannabis legalization in the State;
- 3) Providing funding for education and public awareness campaigns related to cannabis use, including funding for educational programs to be used in schools;
- 4) Supporting substance use disorder counseling and treatment for individuals;
- 5) Training and equipment for law enforcement to recognize impairments due to cannabis; and
- 6) Purchasing technology proven to be effective at measuring cannabis levels in drivers.”<sup>3</sup>

An initial \$5 million was earmarked in fiscal year 2023 to establish the Fund and cover initial expenditures.<sup>4</sup> Fiscal analysis on cannabis reform from the Department of Legislative Services estimated that \$1.8 million will be distributed to the Fund in fiscal year 2024, increasing annually to \$6.8 million in fiscal year 2027. The funds are non-lapsing, and allocations are disbursed to the Fund on a quarterly basis. See Table 1.

Revenue from the nine percent sales and use tax on adult-use cannabis sales first go to the Maryland Cannabis Administration to offset administrative costs. Revenue is then allocated as follows: five percent to the Cannabis Public Health Fund; 35 percent to the Community Reinvestment and Repair Fund; five percent of tax collected in each jurisdiction to that

<sup>3</sup>Ibid.

<sup>4</sup>Department of Legislative Services, “Fiscal and Policy Note: Cannabis Reform (HB 556),” 2023, Maryland General Assembly, Accessed 29 Sep 2023 at <[https://mgaleg.maryland.gov/2023RS/fnotes/bil\\_0006/hb0556.pdf](https://mgaleg.maryland.gov/2023RS/fnotes/bil_0006/hb0556.pdf)>.

jurisdiction; and five percent to the Cannabis Business Assistance Fund (through fiscal year 2028). The remaining 50 percent of tax dollars after these distributions are deposited into the State General Fund.

**Table 1.** Projected Cannabis Sales and Use Tax Revenue Distribution (\$ in Millions)

Funding Source	FY 2024	FY 2025	FY 2026	FY 2027
Projected Total Tax Revenue	\$36.0	\$73.1	\$111.8	\$146.6
Cannabis Public Health Fund	\$1.8	\$3.7	\$5.0	\$6.4

#### *Council Membership*

The Council has 17 members: ten members are appointed by the Governor, and seven members serve as ex-officio or their designee. The statute has specific requirements for member roles and term limits. Each appointed Council member serves a four-year term, which is staggered to ensure continuity of Council operations. Current Council members are listed in Table 2 below.

**Table 2.** Cannabis Public Health Advisory Council Members (2023)

Governor-Appointed Positions	
Council Member Name	Council Role
<b>Dorothy Lennig</b> <i>Executive Director, Governor's Office of Crime Prevention, Youth, and Victim Service</i>	Representative from the Governor's Office of Crime Prevention, Youth, and Victim Service
<b>Dr. Madhumi Mitra, Ph.D.</b> <i>University of Maryland Eastern Shore</i>	Representative from a Historically Black College and University (HBCU)
<b>Mathew Swinburne, Esq.</b> <i>Network for Public Health Law, Eastern Region</i>	Academic Researcher with Expertise in Cannabis Law and Policy
<b>Dr. Deondra P. Asike, M.D.</b> <i>Johns Hopkins Medicine</i>	Health Care Provider with Experience in Cannabis
<b>Dr. Leigh Vinocur, M.D.</b> <i>Ananda Medical Practice</i>	Public Health Professional with Cannabis Experience
<b>Dr. Leah Sera, Pharm.D.</b> <i>University of Maryland, School of Pharmacy</i>	Pharmacist Licensed in Maryland
<b>Dr. David A. Gorelick, M.D., Ph.D.</b> <i>University of Maryland, Baltimore</i>	Health Care Provider with Experience in Substance Use Disorder Treatment and Recovery

<b>Jocelyn Bratton-Payne, MSW</b> <i>New Hope Treatment Center</i>	Experience with Cannabis Use Disorder
<b>Karrissa Miller, MSW</b> <i>Pinnacle CT, LLC and US Cannalytics</i>	Representative from a laboratory that tests cannabis
<b>Nora Urbietta Eidelman</b> <i>College Park United Methodist Church</i>	Individual with 5+ years in Health or Social Equity
<b>Ex-Officio/Designee Positions</b>	
<b>Senator Benjamin Kramer</b> Member from the Senate of Maryland, appointed by the President of the Senate	
<b>Delegate Terri Hill, M.D.</b> Member from the House of Delegates, appointed by the Speaker of the House	
<b>Elizabeth Edsall Kromm, Ph.D., M.Sc.</b> Secretary of Health Designee	
<b>Sara Barra, M.S.</b> Deputy Secretary of Behavioral Health Designee	
<b>Martin Proulx, MBA</b> Secretary of Agriculture Designee	
<b>Dawn Berkowitz, M.P.H., CHES</b> Director of Maryland Cannabis Administration Designee	
<b>Jason Semanoff</b> State Superintendent of Schools Designee	

### *Council Workgroups*

While statute does not require workgroups, the Council may form workgroups to help carry out Council activities. In September 2023, the Council established two workgroups: (1) Youth Cannabis Use Mitigation and (2) Data and Surveillance. Each workgroup will identify a Lead to guide workgroup goals, priorities, and actionables tasks as recommendations are refined.

The workgroups will develop action plans that align with selected goals and priorities. The priorities and action plans for the workgroups will align with the Council's focus areas as outlined in statute and a public health framework for adult-use cannabis legalization, with an emphasis on youth prevention and health equity.

### *Cannabis Public Health Framework*

Traditional approaches to substance use prevention and treatment rely heavily upon law enforcement and medical intervention for severe disease (i.e., addiction treatment for substance

use disorder). The criminalization of drug use has led to high rates of mass incarceration in the United States and has disproportionately harmed low-income neighborhoods and majority Black communities despite similar rates of drug use compared to other races (i.e., White, Asian, etc.) and ethnicities (Hispanic/ Latino/a/x).<sup>5</sup> Similar trends exist in Maryland: Black Marylanders are more likely to be charged (3.61 times) or arrested (2.41 times) for cannabis possession than White Marylanders despite similar rates of cannabis use.<sup>6</sup>

A public health framework recognizes that social and racial inequities in the criminal justice system intersect with other challenges that communities of color face (i.e., discrimination, disinvestment, racism, etc.) and further deepen health disparities.<sup>7</sup> Known as “social determinants of health,” or “health related social needs,” these factors are “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>8</sup> Many states that have legalized cannabis for adult-use have used a public health framework to inform the policymaking process, drawing upon best practices and lessons learned from regulating commercial tobacco products and alcohol.<sup>9,10</sup> These efforts include: reducing youth access and underage use, implementing mass-reach media campaigns, establishing smoke and vape-free environments, regulating marketing and advertising, and establishing product safety standards (i.e., packaging, warning labels, testing, etc.) and licensing rules and regulations for retailers.<sup>11</sup> The Centers for Disease Control and Prevention follows a public health framework for their cannabis strategy (2020-2025), built on the following focus areas: monitoring trends and advancing research; building state, local, and territorial capacity; supporting health systems and health care providers; partnering with public safety, schools, and community coalitions; and improving public knowledge and awareness.<sup>12</sup> A public health framework for cannabis legalization:

- Prevents youth use, misuse, and cannabis use disorder;
- Ensures equitable access to behavioral health and substance use disorder treatment;
- Ensures quality management through surveillance and data collection, as well as training for health care providers; and
- Engages with community partners to achieve health equity.

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<sup>5</sup>Cohen A, et al., “How the war on drugs impacts social determinants of health beyond the criminal legal system,” *Annals of Medicine*, 2022, 54(1): 2024–2038, Accessed 29 Sep 2023 at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9302017/>>.

<sup>6</sup> Department of Legislative Services, “Racial Equity Impact Note: Cannabis Reform (HB 837),” 2022, Maryland General Assembly, Accessed 10 Oct 2023 at <<https://mgaleg.maryland.gov/Pubs/BudgetFiscal/2022RS-HB0837-REIN.pdf>>.

<sup>7</sup>Ibid fn 4

<sup>8</sup>US Department of Health and Human Services, “Social Determinants of Health,” Office of Disease Prevention and Health, *Healthy People 2030*, Accessed 10 Oct 2023 at <<https://health.gov/healthypeople/priority-areas/social-determinants-health>>.

<sup>9</sup>National Conference of State Legislatures, “How Four States Incorporated Public Health and Cannabis Policy: A Case Study,” Aug 2022, Accessed 10 Oct 2023 at <<https://documents.ncsl.org/wwwncsl/Health/NCSL-PH-and-Cannabis-Policy.pdf>>.

<sup>10</sup>Pacula RL, et al., “Developing Public Health Regulations for Marijuana: Lessons From Alcohol and Tobacco,” *American Journal of Public Health*, 2014, 104(6): 1021–1028, Accessed 10 Oct 2023 at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062005/>>.

<sup>11</sup>Barry RA, and Glantz S, “A Public Health Framework for Legalized Retail Marijuana Based on the US Experience: Avoiding a New Tobacco Industry,” *PLOS Medicine*, 27 Sep 2016, 13(9): e1002131, Accessed 10 Oct 2023 at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5038957/>>.

<sup>12</sup>Centers for Disease Control and Prevention. “Cannabis Strategy: Fiscal Years 2020-2025.” Accessed 25 Oct 2023 at <<https://www.cdc.gov/marijuana/pdf/CDC-Cannabis-Strategy-2020-2025-Fiscal-Year-3-Pager-508.pdf>>.

## 2023 Council Activities

The Council was established in 2023. Governor Wes Moore announced appointed members on July 17, 2023 and ex-officio members were identified by the end of July 2023.<sup>13</sup> The first meeting was held virtually on August 29, 2023. Meetings in 2023 focused on establishing the infrastructure of the Council and building rapport among Council members. This includes electing a Chair, establishing workgroups, establishing Council bylaws, and creating a Council webpage to interface with the public and ensure compliance with the Open Meetings Act.<sup>14</sup> In total, the Council will meet six times in 2023 (August 29, September 26, October 18, November 1, November 15, and December 14).

## Data Sources and Limitations

The Council reviewed data and reports from state agencies, such as the Maryland Cannabis Administration, and other states that have already legalized adult-use cannabis. Best practices were examined from research literature and resources, including those drawn from commercial tobacco prevention and control efforts (Appendix A). The Maryland Cannabis Administration submitted the statutorily-required Maryland Cannabis Use Baseline Study (Baseline Study) to the State Legislature in March 2023. The Baseline Study included data on cannabis use trends among Maryland adults and youth and provided several recommendations related to public health outcomes for adult-use cannabis in several topic areas, including: (1) data collection and surveillance; (2) impaired driving; (3) youth access to and use of cannabis products; (4) mental health; (5) health care; (6) treatment for problem use or cannabis use disorder; (7) cannabis use in pregnant or breastfeeding persons; and (8) unintended ingestion. The Baseline Study was utilized as a foundation for the Council's recommendations.

The Baseline Study will be replicated every other year by the Maryland Cannabis Administration, with the next report due in 2025. Several existing population-based data sources were relied upon to complete the Baseline Study.

- Youth data sources include the 2021-2022 Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS), 2020 National Survey on Drug Use and Health (NSDUH), 2021 Monitoring the Future (MTF) as well as Maryland Poison Center call data. MTF only provides national estimates (no state-level analysis).
- Adult data sources include the 2021 Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), 2012-2020 National Survey on Drug Use and Health (NSDUH), 2022 and 2023 Maryland Medical Cannabis Patient Survey (MMCPS-22, MMCPS-23), 2019-2020 Pregnancy Risk Assessment Monitoring System (PRAMS) and 2021 Health Services Cost Review Commission (HSCRC) Case Mix Data.

While several data sources were reviewed for the Baseline Study, there are many gaps in the data that may affect a clear picture of the public health impacts of legalizing adult-use cannabis. Existing population-based surveys of youth and adults ask relatively few questions about cannabis use. Additional data points that would be beneficial to collect include: reasons for use,

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<sup>13</sup><https://governor.maryland.gov/news/press/pages/governor-moore-announces-appointments-to-office-of-social-equity-and-cannabis-public-health-advisory-council.aspx>

<sup>14</sup><https://health.maryland.gov/phpa/ohpetup/council/Pages/default.aspx>



access to cannabis (i.e., usual source), frequency of driving (or riding in a car) while using cannabis, ease of access, and cannabis use by peers. Similarly, data on cannabis use during pregnancy are also limited, with just one year of data collection on this topic area. A key survey of pregnant and breastfeeding persons lacks detailed data collection on cannabis use, limiting insights into prevalence and patterns of use.

Multiple nontraditional data sources were consulted to better understand the extent of cannabis-impaired driving in the State.<sup>15</sup> Data on the prevalence of driving while impaired by cannabis (by youth or adults) as well as cannabis-related traffic accidents are limited. Two surveys conducted in special population groups showed about one in five respondents, in the past month, had driven within three hours of consuming cannabis.<sup>16</sup> Preliminary data suggest a harmful misperception that driving under the influence of cannabis is less risky than driving under the influence of alcohol.<sup>17</sup> This is concerning as Maryland contemplates cannabis business licenses to allow on-site cannabis consumption<sup>18</sup> with the potential for an increase in impaired driving for patrons leaving these establishments. Under the 2023 Cannabis Reform Act, licenses for on-site consumption establishments are currently permitted to be awarded on or after May 1, 2024. Nationally, though a handful of adult-use states have passed laws granting state or local authority for on-site consumption, the concept is still novel and very few businesses in the country have been licensed and/or are yet operational. With few on-site consumption facilities operating nationwide, there are not yet clear best practices for licensing and regulation of these facilities. There is little data to support claims that these facilities reduce public consumption. Consuming cannabis in these establishments could lead to an increase in impaired driving.

Specific to health care related topics, data show that while few adults are hospitalized each year due to cannabis, rates of problem use and dependence are unclear. Measurement of cannabis "dosage" is novel and has begun to be assessed in Maryland's medical cannabis patients, but not at the population level.

To close existing data gaps, it will be important to improve statewide and jurisdictional-level surveillance, implement new cannabis-specific surveys to examine the impact of cannabis policies, and establish key metrics to measure the success of public health protections in reducing use among youth, pregnant and breastfeeding persons, as well as in reducing risks associated with adult-use cannabis.

## **Recommendations**

During the Council meeting on October 18, 2023, the Maryland Cannabis Administration presented key recommendations gathered from the Baseline Study as well as emerging trends evidenced from the first several months since adult-use legalization on July 1, 2023. Council workgroups discussed and prioritized recommendations from the Baseline Study to be included in the Council's report and to guide future activities. A survey was circulated to all Council members to vote on recommendations (October 20th), with responses due by October 24th. The

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<sup>15</sup>Maryland Medical Cannabis Commission. "Maryland Cannabis Use Baseline Study." 1 Mar 2023. Accessed 30 Oct 2023 at <[https://dlslibrary.state.md.us/publications/Exec/MDH/NMLMCC/HG13-4401\(b\)\\_2022.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/NMLMCC/HG13-4401(b)_2022.pdf)>.

<sup>16</sup>Ibid.

<sup>17</sup>Preliminary data from the Maryland Medical Cannabis Patient Survey 2023 (MMCPs-23).

<sup>18</sup>Onsite consumption business/lounges refer to indoor or outdoor locations, open to the public, licensed to allow individuals aged 21 and older to consume cannabis on its premises.

recommendations with the most votes from each topic area were included in this report. In the event of a tie (i.e., the same number of Council members voted for different recommendations), multiple recommendations were included. These broad recommendations are the starting point for moving forward with Council priorities, and activities will be further delineated throughout 2024. Focus areas will include data surveillance and evaluation, and youth use mitigation.

The following recommendations were selected by the Council.

### *1. Data Collection and Surveillance*

There are data collection gaps that impede routine surveillance on cannabis-related measures, including ones required for legislative studies. Specific areas with surveillance gaps include youth access to cannabis, including usual source and reasons for use as well as youth and adult risk perceptions, knowledge and attitudes, driving behaviors, cannabis use during pregnancy and breastfeeding, and problem cannabis use.

- a. Recommendation - Improve statewide and jurisdictional-level surveillance by adding cannabis-related questions to existing surveys, including the Maryland YRBS/YTS, BRFSS, and PRAMS.
- b. Recommendation - Develop a statewide plan to address public health and safety concerns related to adult-use cannabis legalization, with goals, objectives, strategies and expected outcomes.

### *2. Impaired Driving*

The prevalence of cannabis-related traffic crashes in the State is unknown. A biological measure of cannabis impairment (like what exists for alcohol impairment with Blood Alcohol Content or BAC) does not exist and testing for the presence of Tetrahydrocannabinol (THC) is not routinely collected in substance-involved traffic crashes. Further, emerging data suggests a harmful misperception that driving under the influence of cannabis is less risky than driving under the influence of alcohol.

- a. Recommendation - Strengthen public health and public safety collaborations to align education efforts, including training programs (i.e., driver's education, responsible retailer training, drug recognition expert training).
- b. Recommendation - Fund hard hitting education campaigns to correct misperceptions about the impairing effects of cannabis and risks of driving under the influence of cannabis.

### *3. Youth Use/Access*

One in four Maryland high school students have tried cannabis at least once. About one in seven students reports current cannabis use (in the past month).<sup>19</sup>

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<sup>19</sup>Maryland Department of Health. Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (2021-22).

- a. Recommendation - Study youth access to and why youth use unregulated products (i.e., unregulated vape shops, pop-up shops, online retailers) to inform policy and programmatic activities related to unregulated cannabis purchases.
- b. Recommendation - Provide funding to local jurisdictions and/or community-based organizations for youth prevention, school-based education programs, advocacy, and outreach efforts.

#### 4. *Mental Health*

Maryland survey data suggest a link between cannabis use and mental health in youth as well as adults, but the directionality is uncertain (i.e., do mental health needs lead to cannabis use or vice versa, does cannabis help or harm mental health, etc.).

- a. Recommendation - Study the association between cannabis use and mental health to inform appropriate educational strategies and/or treatment resources.
- b. Recommendation - Study the impact of high potency THC products on short and long-term mental health in youth and adults.

#### 5. *Health Care*

There is growing recognition of the importance of a standard “dose” of THC to help consumers monitor their use. However, there is no standard measure of cannabis “dose.”

- a. Recommendation - Study “dose” to provide Marylanders who choose to use cannabis with a mechanism by which to better monitor their use.
- b. Recommendation - Support health care provider training on cannabis “dose,” as well as contraindications and interactions.

#### 6. *Problem Use and Cannabis Use Disorder*

Data on problem use among Marylanders is insufficient. Nationally, about ten percent of past-year cannabis consumers displayed “high risk” patterns of cannabis use.<sup>20</sup> However, Maryland does not have dedicated cannabis support services (i.e., a quitline).

- a. Recommendation - Increase the availability of resources for problem cannabis use and support for Marylanders who would like help quitting cannabis use, including youth, pregnant or breastfeeding persons and those who are experiencing problem cannabis use or addiction.
- b. Recommendation - Educate health care providers in screening for problem use and making referrals for treatment.

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<sup>20</sup>Hammond D, Corsetti D, Goodman S, Iraniparast M, Danh Hong D, Burkhalter R on behalf of the ICPS Research Team. International Cannabis Policy Study - United States 2021 Summary. Sept 2022.

### *7. Pregnancy and Breastfeeding*

Professional organizations discourage any cannabis use during pregnancy.<sup>21</sup> Data on cannabis use during pregnancy is limited.

- a. Recommendation - Ensure cannabis use questions are included in the Maryland PRAMS survey.
- b. Recommendation - Fund educational campaigns to inform pregnant persons of the potential risks associated with cannabis use while pregnant or breastfeeding and how to talk to their provider about safer alternatives to cannabis during pregnancy.
- c. Recommendation - Educate OB/GYN and family medicine providers to screen for problem use and make referrals among pregnant and breastfeeding patients.

### *8. Unintended Ingestion*

Rates of unintended cannabis ingestion have increased, especially in children under age five.

- a. Recommendation - Fund educational campaigns to encourage cannabis consumers to always lock up cannabis and to increase awareness of licensed/regulated products in Maryland versus unlicensed/unregulated products. Include related educational messaging about risks of secondhand cannabis smoke and vape.
- b. Recommendation - Require dispensaries to keep affordable lockboxes for sale and on display during all hours of operation.

## **Conclusion**

The Council will maintain its focus on studying and promoting best practices that address the public health impact of adult-use cannabis legalization in Maryland. Using the recommendations selected above, the Council will develop a roadmap to identify goals and actionable tasks moving forward, and vote to affirm priorities to protect public health and safety as they relate to adult-use cannabis.

The Council will continue to share their expertise and inform cannabis legislation impacting the public health of Maryland youth and adults, including the effects of on-site consumption sites, impaired driving, and youth exposure to advertising and high potency products. The Council will look at necessary health and safety studies and conduct consensus building on licensing and regulation best practices for cannabis businesses, including on-site consumption sites, advertising, packaging and labeling. In addition, the Council will support and collaborate with the Department and other state agencies on enhancing statewide data collection and surveillance capabilities and on other emerging issues, as requested. This includes addressing existing data gaps on statewide surveys and looking at new data sources, such as hospital data, police/highway safety data, and data on problem cannabis use and cannabis use disorder, among others. The Council looks forward to advancing health equity and providing public health recommendations to guide Maryland residents through the ever-changing cannabis use environment.

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<sup>21</sup>The American College of Obstetrics and Gynecologists and the American Academy of Pediatrics recommend NOT using any type of cannabis (including CBD) while pregnant or breastfeeding.

## Appendix A - Council Member Cannabis Resources

### General

- [Maryland Cannabis Administration](#)
- [Alcohol, Tobacco, and Cannabis Commission](#)
- [Maryland Department of Health, Center for Tobacco Prevention and Control](#)
- Centers for Disease Control and Prevention
  - [Marijuana and Public Health](#)
  - [Cannabis Strategy \(Fiscal Years 2020-2025\)](#)
- Legislation
  - HB 837 - Cannabis Reform ([Chapter 26, Acts of 2022](#)) [created Council]
  - HB 556 - Cannabis Reform ([Chapter 254, Acts of 2023](#))

### Data and Reports

- Maryland Cannabis Administration
  - [Cannabis Use Baseline Study](#) (2023)
  - [Cannabis Reform: Best Practices for Medical Cannabis Home Grow, Onsite Consumption, and Methods to Reduce Youth Use](#) (2022)
- Public Health Law Center
  - [Toking, Smoking, and Public Health: Lessons from Tobacco Control for Marijuana Regulation](#)
  - [Recreational Marijuana, Tobacco, & The Shifting Prerogatives Of Use](#)

### Youth Prevention

- Substance Abuse and Mental Health Services Administration - [Preventing Marijuana Use Among Youth](#)
- Stanford Medicine - [Cannabis Awareness and Awareness Toolkit](#)
- Centers for Disease Control and Prevention - [Marijuana and Youth: The Impact of Marijuana Use on Teen Health and Wellbeing](#)

### Media and Messaging

- Maryland Cannabis Administration
  - [Point-Of-Sale Toolkit](#)
  - [Responsible Use Toolkit](#)
  - Videos
    - [Adult-Use Overview](#)
    - [Driving Safety](#)
  - Fact Sheets
    - [Cannabis and Driving Don't Mix](#)
    - [Cannabis, Pregnancy, and Breastfeeding](#)
    - [Storing Cannabis Safely](#)
- Maryland Department of Transportation - [Zero Deaths Maryland, Cannabis Impairment](#)

### Treatment

- Substance Abuse and Mental Health Services Administration
  - [Behavioral Health Treatment Locator](#)

- National Helpline (1-800-662-4357)
- Maryland Department of Health, Behavioral Health Administration - [Get Help: Maryland 988](#)