

DRAFT

Eliminating Current THC Potency Caps

Re: S.72

Ad Hoc Committee report out to the
Substance Misuse Prevention and Oversight Council (SMPC)

Outcomes

- Provide clarity on market products and how much THC is allowed in each
- Highlight public health concerns
- Address some content in the Cannabis Control Board report to the legislature
- Provide clarity on policy solutions other than a THC % cap
- Engage SMPC in discussion as to a position statement and/or an educational document

VT's Legal Cannabis Market

Products and THC allowances

THC Caps currently on flower & concentrates

Purchase Limit Equivalencies to 1oz cannabis flower

Flower	Concentrate	Vape Carts	Edibles (50mg THC / package limit)
28g product	14g product	.5g carts: 16 cartridges 1g carts: 8 cartridges	168 packages at 50mg THC
8400mg THC per purchase (30% THC potency cap on flower)	8400mg THC per purchase (60% THC potency cap on concentrates)	8000mg THC per purchase (100% THC - no potency cap)	8400mg THC per purchase (100% THC - no potency cap)

Current Potency Limits

- Cannabis flower is capped at 30% THC
- Solid concentrates are capped at 60% THC
- Liquid concentrates (including THC vaping liquids) are not capped
- Edibles are capped at 5 mgs per serving / 50 mg per container
 - *Edibles are subject to 3 caps – a per serving THC limit, a per package THC limit, and a per transaction amount that a customer can purchase in a single visit to a retailer.*

ACT 158 Last Legislative Session:

Act 158 last year lifted the ban on liquid concentrate cannabis products with more than a 60% THC potency that are **pre-packaged** for use with battery-powered devices.

It maintains the ban on solids and liquid concentrates with greater than 60% THC in terms of retail sales- they can still be produced.

Here is the link to the bill:

<https://legislature.vermont.gov/Documents/2022/Docs/ACTS/ACT158/ACT158%20As%20Enacted.pdf> [legislature.vermont.gov]

Public Health Concerns

Public Health Considerations

- Accidental ingestion and poisoning
- Links between high potency THC products and Mental health outcomes
- Products already allowed to be at 100% THC level (covered above):
 - Edibles; cannot be sold unless prepackaged
 - Pre-packaged vape liquids (all liquid concentrates)
- Instances showing up in the ED in VT

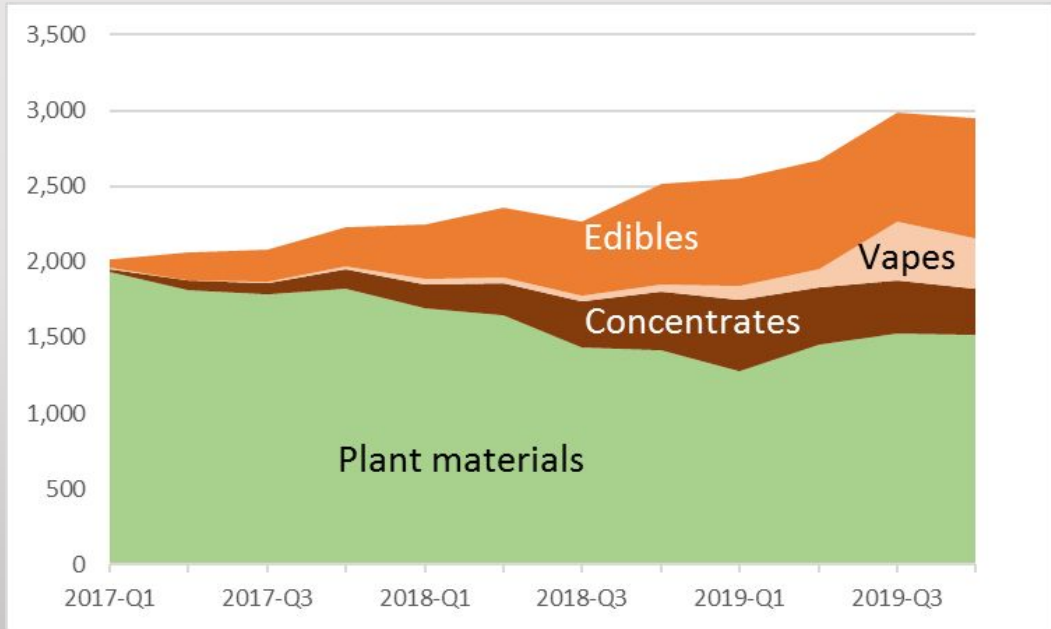
Health Risks: Accidental Ingestion

Cannabis Product Exposures Resulting in Poison Control Center Calls Increased Relative to Plant Materials (US, 2017-2019)

Total of 29,471 reported in a 3-year period.

Manufactured product exposures substantially increased.

Individuals exposed were more likely to be **children age 11 or under**.

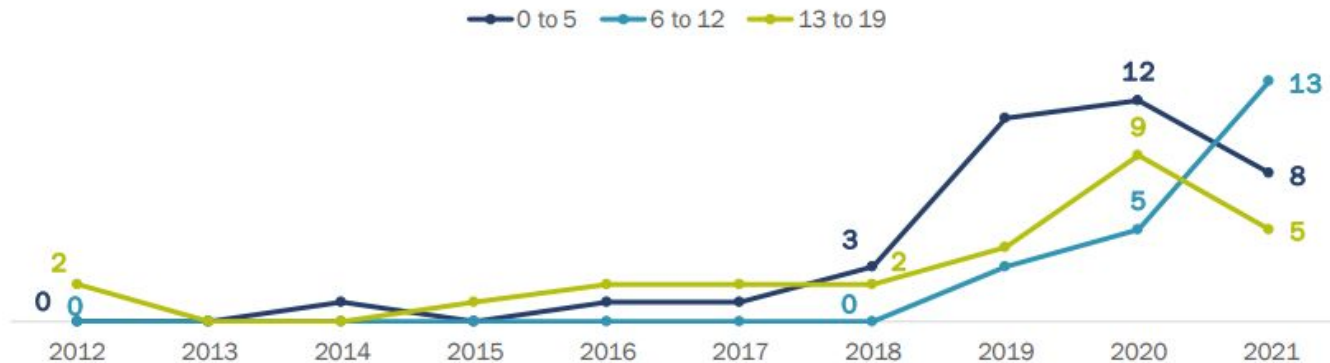


Types of exposures reported to poison centers

Cannabis-related poison center calls have been increasing for those age 6-12

Cannabis-related poison center calls among Vermonters between 0 and 19 years old increased from 2 calls in 2012 to 26 in 2021. In recent years, people between 0 and 5 years old had the highest number of cannabis-related poison center calls, but 6 to 12 year olds surpassed the other age groups in 2021.

**Cannabis-related Poison Center Calls Among Vermonters
Ages 0 to 19* (2012-2021)**



Data source: Northern New England Poison Center

*Between 2012 and 2021, four people are missing age – one each in 2013, 2018, 2019, and 2021. Therefore, totals in the text might not match the graph.

From VDH Cannabis data pages

Hospital data shows

- The annual rate of inpatient hospitalizations for cannabinoid hyperemesis syndrome significantly increased between 2016 and 2020. The rate per 10,000 visits increased by more than 400% between 2016 (1.3) and 2020 (6.1).
- The annual rate of emergency department visits for cannabinoid hyperemesis syndrome steadily increased between 2017 and 2020. The rate per 10,000 visits increased by 700% in this time – a significant change.

Treatment

- The number of Vermonters accessing treatment for cannabis use decreased between 2017 and 2020. This is true for adults (18+) and youth (<18, although the number decreased only between 2018 and 2020). During this timeframe, the total number of Vermonters in treatment for cannabis use decreased by 33%.

Responses to CCB statements

CCB Report

Rather than imposing %-based potency limits, other states seek to encourage responsible consumption through education, purchase/serving size/total THC package limits.

Updated Information

“Pioneer” states are currently responding to public health concerns related to high potency THC:

~ **Washington**, two active bills:

- 30% THC cap on concentrates
- 65% tax on any product >35% THC

~ **Colorado** 2022 HB21-1317:

- limits amount of retail concentrate that a patient can purchase in one day to 8 grams age 21+ or 2 grams ages 18-20
- requires coroners to establish study methods to test for presence and quantity of THC in non-natural death cases and enter results in CO State violent death reporting system.



CCB Report

Data is incomplete on the link between high THC with mental health outcomes

Updated Information

Multiple published studies show a link between psychosis and frequent and high potency cannabis use

- Study of 6,788 persons diagnosed with substance-induced psychosis found that 47.4% of persons with cannabis-induced psychosis converted to either schizophrenia or bipolar disorder.¹

- Other studies and findings see:

www.bit.ly/3IMtGvS

¹ <https://pubmed.ncbi.nlm.nih.gov/29179576/>

CCB Report

Quebec's solid concentrates limit policy "has pushed consumers to the illicit market"

Quebec has a higher use of concentrates than VT, despite the ban

Updated Information

Quebec's de facto ban on concentrates has been a success (next slide)

- The ban has reduced concentrates use. Rates of concentrates use is lower than the Canadian average.
- While residents are obtaining larger % of concentrates from illegal markets, the total illicit market purchases are lower than Canadian average

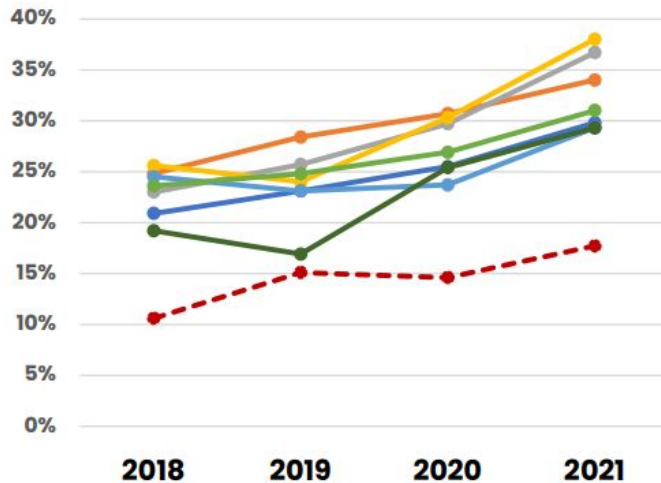
Quebec's concentrates use and Vermont's rates are not comparable.

Lower use of prohibited products in Quebec vs. rest of Canada.

CA BC AB SK MB ON QC ATL

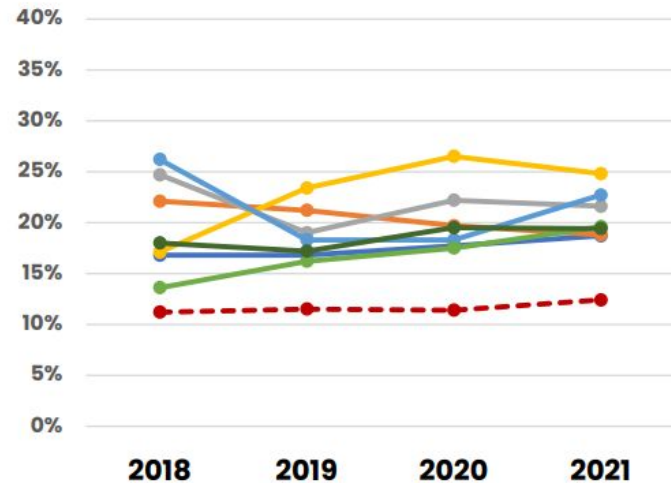
Vape liquids

PAST 12-MONTH USE



Solid concentrates

PAST 12-MONTH USE



CCB Report

Capping THC limits contributes to the growth of illicit market.
Removing the cap will affect illicit market expansion.

Updated Information

There are examples of product bans/caps that have not resulted in expanded illicit sales

“States with no potency limits still have a thriving illicit market.” citation from CA report

Legally supplied low- and medium-THC products may be good enough substitutes for illegally produced high-THC products

By contrast, bans on specific types of products are simple, common and—contrary to some claims—do not always produce illegal markets large enough to undermine their benefits. Uruguay restricted cannabis potency, Canada limited legalization to flower products in the first year and Quebec still restricts the forms and flavors of edible cannabis products, all without collapsing the system.

Italicized text: Caulkins JP. The virtues of bans on high-THC content cannabis products? *Addiction*. 2023.
<https://doi.org/10.1111/add.16131>

CCB Report

Fillers used to dilute potency
cause harm to public

Updated Information

- The additives used in vapes that caused harm are liquids/oils like vitamin E acetate and are not used on concentrates
- If there is a need to dilute potency, there are naturally occurring solvents that can be used and are safe for consumption
- There is not substantial research on the negative impacts of fillers (VDH)

Policy Considerations

Need SMPC dialogue around recommendations or a position? Goal is to educate the legislature.

OPTIONS

- Retain existing caps
- Expand caps to include vape liquids and edibles
 - The VT Medical Society is arguing to maintain the solid and liquid concentrate ban and to repeal the allowance of pre-packaged liquids
- Allow flower to increase and not concentrates
- Remove all THC % potency caps
- Taxation increases with potency*
- Age restrictions, raise age of high THC products to age 25*
- More stringent purchase limits*
- Prohibit marketing and advertising of high potency products*
- Require high THC labeling & messaging*

Discussion

What agreements can we make as a Council to message information and education in relation to S. 72 and any other discussions about increasing the potency caps on THC? and education to the legislature on S.72?