



# Cannabis & Public Health in Rhode Island

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**New Initiatives Training: The Courts, Schools, and Child Welfare Conference, Sept 9, 2024**

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# Using the Terms Cannabis versus Marijuana

It is important to recognize the history of racial and ethnic discrimination in which the term “marijuana” has been used, popularized, and connected to the War on Drugs.

This presentation uses the terms “**cannabis**” and “**marijuana**” to most accurately and clearly communicate the data.

The term **cannabis** is more scientifically accurate and racially and ethnically sensitive. It will be used throughout the presentation to refer to Rhode Island’s legislation legalizing adult use (i.e., The Rhode Island Cannabis Act) as well as in reference to other related topics.

The term **marijuana** will be used to reference the State’s program for medical use (i.e., Rhode Island Medical Marijuana Program). It will also be used when reporting from research studies, as well as standardized State and national surveys.

# Historical Context of Cannabis in the U.S.

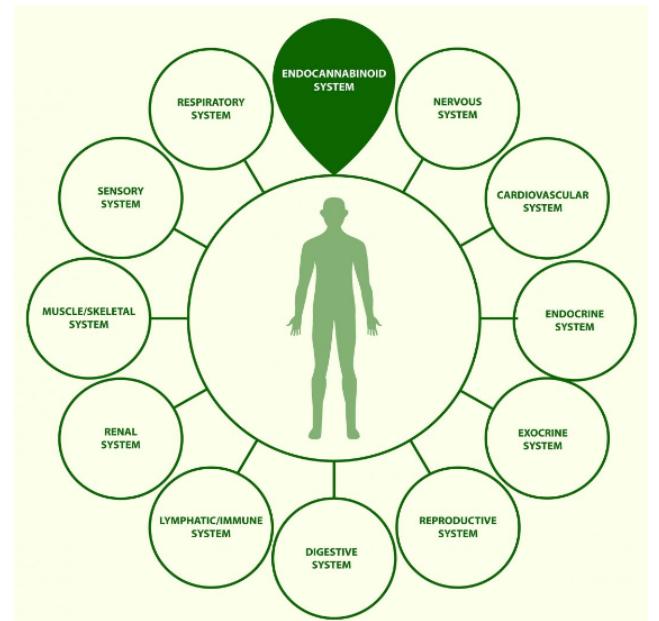
- **Pre-1900s:** Cannabis was used medicinally and prescribed by physicians
- **1930s:** Term 'marijuana' was introduced to negatively associate the plant with Mexican immigrants and utilize fear and racism
- Campaigns inaccurately link cannabis to criminal or deviant behaviors
- **1930-50s:** Cannabis restrictions began (Two- to 10-year prison sentence and \$20,000 fine)
- **1970:** Marijuana declared a Schedule I substance
- **1986:** Racially biased penalties enacted for marijuana and crack cocaine
- **1990s:** War on Drugs criminalizes cannabis and other drugs instead of reducing risk or harms

## Rhode Island

- **2006:** Medical Marijuana Program (MMP) began, regulated by RIDOH
- **2013:** Cannabis decriminalized, possession becomes civil offense (fine, no jail time/criminal record)
- **2022:** Adult Use legalized, sales began in December and regulated by DBR/CCC

# How Cannabis Affects the Body: Endocannabinoid System

- Cannabis has health benefits for some people and health risks for others
  - Endocannabinoids and phytocannabinoids
  - Prior medical history and comorbid conditions
  - Dose and method of ingestion matters
- The Rhode Island Medical Marijuana Program includes eligible debilitating medical conditions (e.g., chronic pain, PTSD, chemotherapy)
- More research is being conducted on the health risks and benefits in certain populations



# Cannabis Regulations in Rhode Island

## 1) Medical Cannabis

- Medical Marijuana Program started in 2006 and is regulated by RIDOH
- Need a medical card; sold at dispensaries (currently seven in Rhode Island, but more to come)
- Requires qualifying medical condition (e.g., chronic pain, PTSD, cancer, HIV, seizures)



## 2) Cannabis for Adult Use

- RI Cannabis Act legalized sales starting in December 2022
- Regulated by the Cannabis Control Commission
- Must be 21 or older and show identification; sold at dispensaries



## 3) Hemp

- Cannabis that contains less than 0.3%  $\Delta 9$ -THC (all other cannabinoids e.g. CBD,  $\Delta 8$ -THC)
- Federally legal from the 2018 Federal Farm Bill; regulated by RI Department of Business Regulation
- Often used for textiles, fuel, paper, and other industrial uses
- Sold for consumption in many unregulated places, most often as CBD

# Cannabis for Medical Treatment

The Rhode Island Medical Marijuana Program at RIDOH started in 2006.

Approved qualifying medical conditions, include:

- Cancer or cancer treatment, including chemotherapy or radiation
- Glaucoma or glaucoma treatment
- Positive status for HIV or treatment for HIV
- AIDS or treatment for AIDS
- Hepatitis C or treatment for hepatitis C
- A chronic, debilitating disease or medical condition or its treatment that produces one or more of the following:
  - Cachexia or wasting syndrome
  - Severe, debilitating, chronic pain
  - Severe nausea
  - Seizures, including but not limited to those characteristic of epilepsy
  - Severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis or Crohn's disease
  - Agitation related to Alzheimer's Disease

Drug Name	Active Ingredient	Compound	Medicinal Use
Marinol	Dronabinol	THC	symptoms of nausea and vomiting after chemotherapy appetite loss caused by AIDS
Syndros	Dronabinol	THC	symptoms of nausea and vomiting after chemotherapy appetite loss caused by AIDS
Cesamet	Nabilone	THC	symptoms of nausea and vomiting after chemotherapy
Epidiolex	Cannabidiol	CBD	Dravet syndrome Lennox-Gastaut syndrome
Sativex	Nabiximols	CBD THC	neuropathic pain and symptomatic relief of spasticity during multiple sclerosis

Cannabinoids-based drugs approved by FDA for medical use.

# Cannabis and Benefits

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Studies have shown that cannabis may help treat some people with:

- Chemotherapy-induced nausea and vomiting
- Chronic neuropathic pain
- Inflammatory conditions
- Parkinson's disease symptoms
- Epilepsy

# Cannabis and Risks

Studies have shown short-term effects can include:

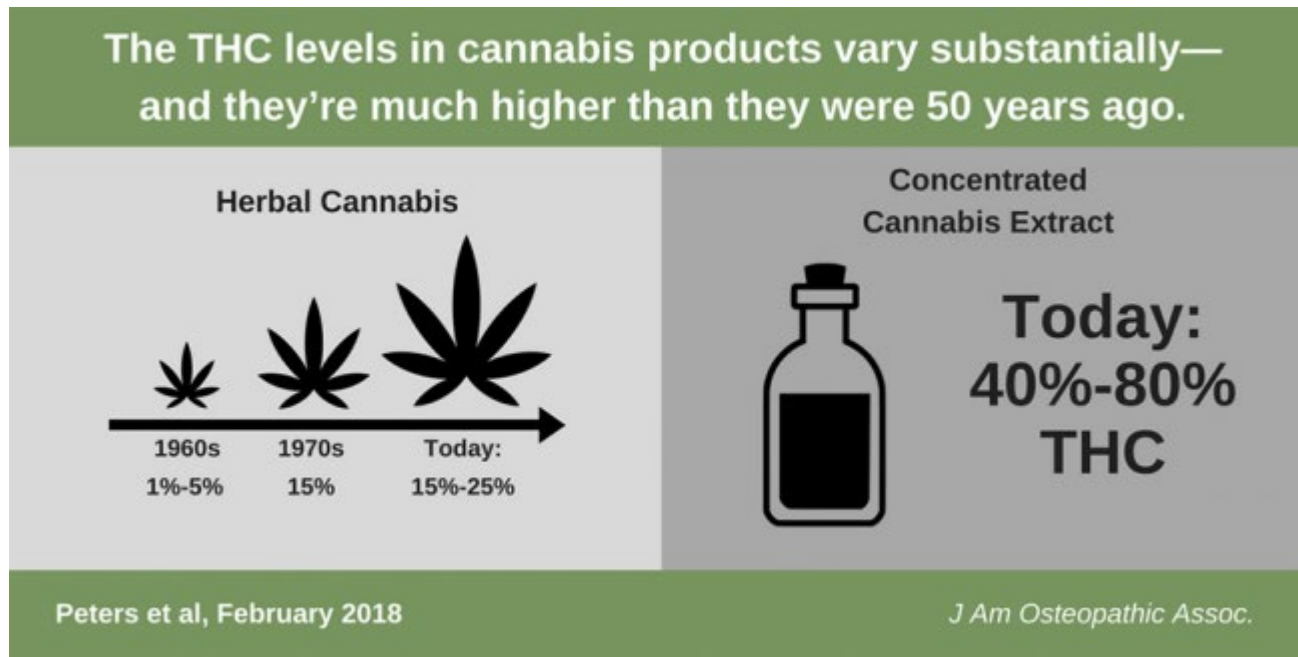
- Impaired memory
- Poor motor coordination
- Altered judgment
- Psychotic symptoms

Effects from long-term use may include:

- Exacerbation or earlier onset of mental health conditions for those already at risk
- Dependence
- Neurocognitive impairment
- Cardiovascular or respiratory disease

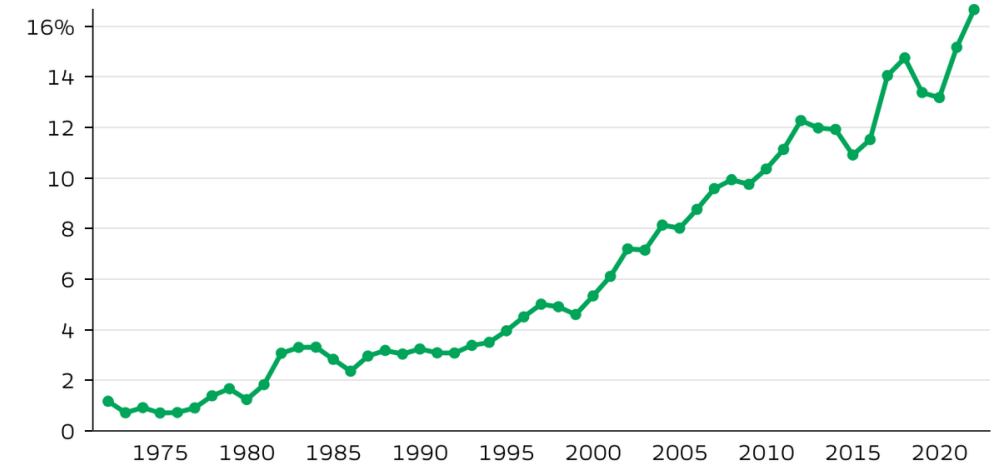
# Cannabis Potency

**The percentage of THC in a cannabis product is the amount of intoxicating substance that causes a high. The greater the percentage, the higher the risk for negative health effects.**



## Today's cannabis is a lot stronger than its predecessors

Cannabis available today contains more than 10 times as much **THC**, on average, than it did in the 1970s

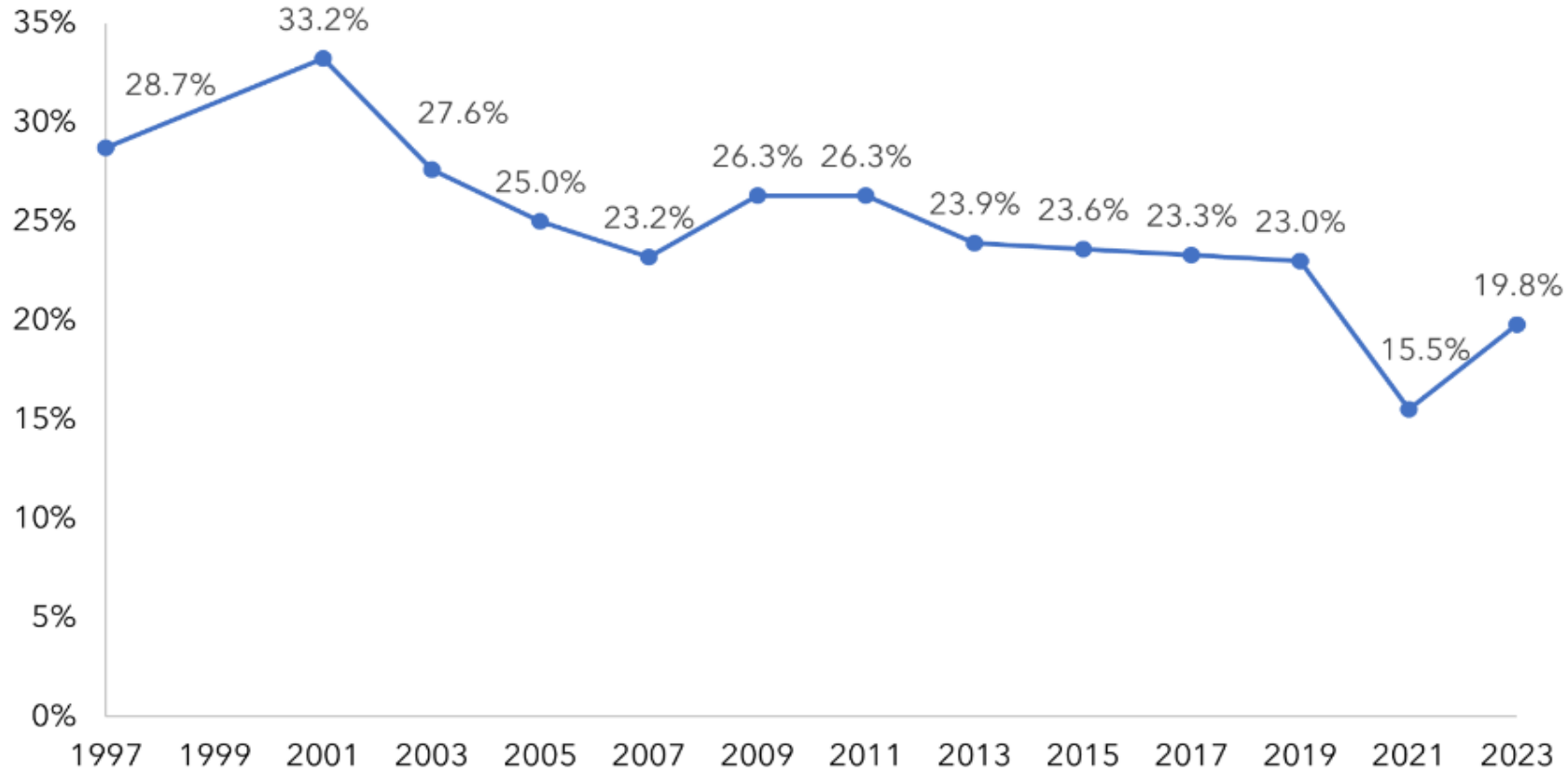


SOURCE: NIDA POTENCY MONITORING PROGRAM, UNIVERSITY OF MISSISSIPPI



# Cannabis Use by Rhode Island High School Students, 1997 - 2021

Rates of reported cannabis use by high school students have been decreasing since 2011.



Data Source: YRBS

YRBS  
Question:  
During the  
past 30 days,  
did you use  
marijuana?

# Cannabis Use Trends from 2022 to 2024 among RI Middle & High School Students

## Significant INCREASES in

- **Perceived peer and parent disapproval** of use of marijuana (smoke or vape) among high school students
- **Perception of risk or harm** with use of marijuana (smoke or vape) among high school students
- **Past 30-day marijuana use** (smoke or vape) among middle school students

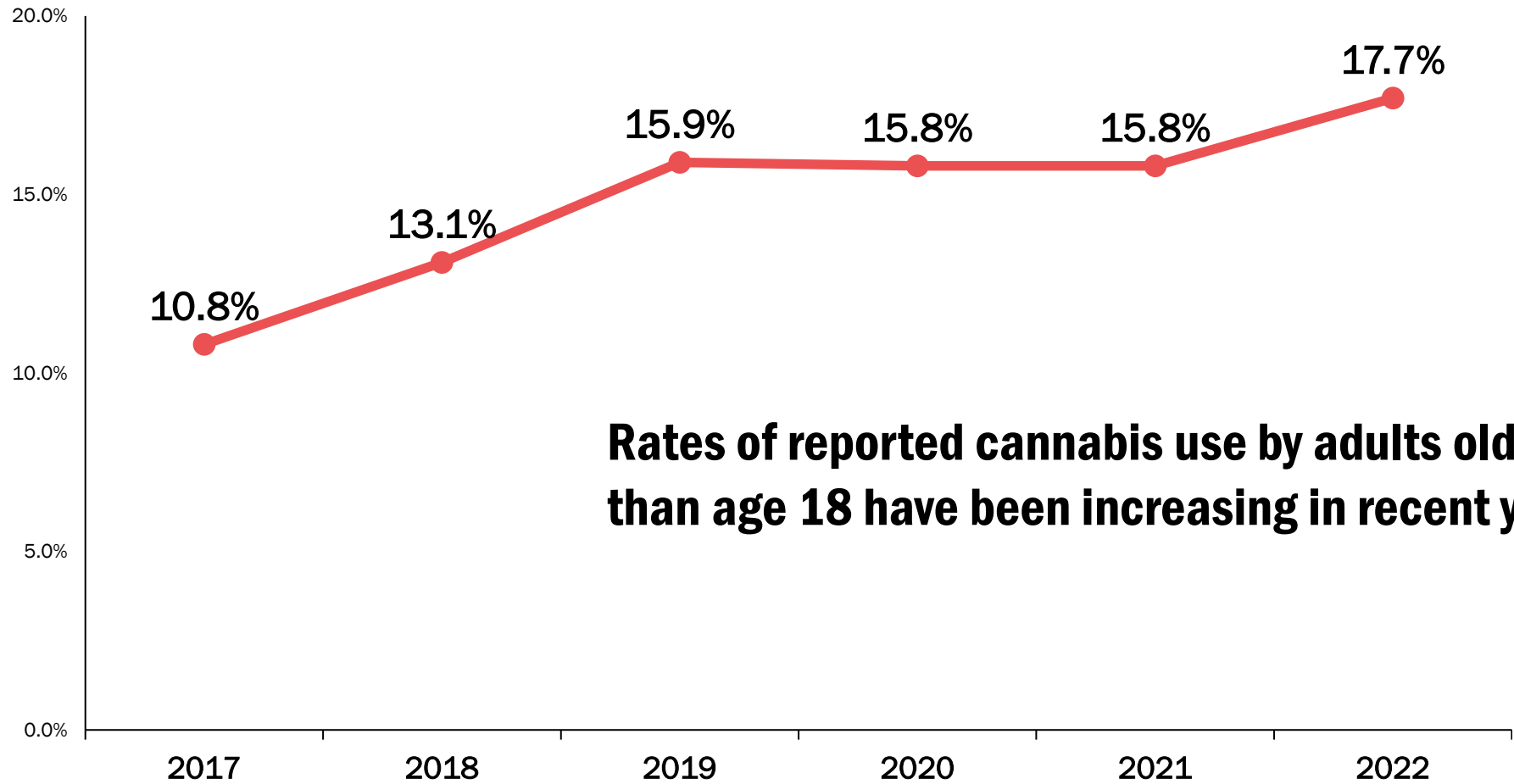
## Significant DECREASES in

- **Past 30-day use of marijuana** (smoke or vape) among high school students
- **Ever use of marijuana** (smoke or vape) among high school students
- **Ease of access of marijuana** (smoke or vape) among high school students
- Percent of high school students who have **ever driven or been a passenger in a vehicle driven by someone under the influence of marijuana**

Source: 2024 RI Student Survey

# Cannabis and Rhode Island Adults older than 18 years, 2017 - 2022

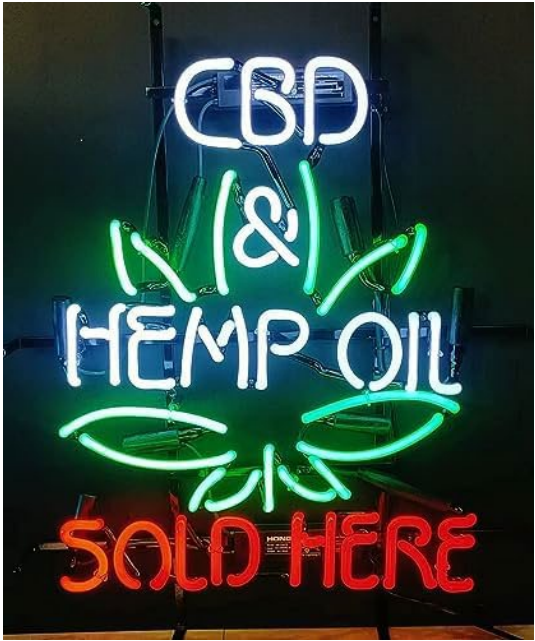
**BRFSS Question:**  
During the past 30 days, did you use marijuana?



**Rates of reported cannabis use by adults older than age 18 have been increasing in recent years.**

Data Source: BRFSS

# Examples of Unregulated Cannabis Products



# Harm Reduction Recommendations

- Avoid using cannabis with other substances (e.g., alcohol, tobacco, other illicit drugs)
- Do not use cannabis before or while you are driving a car
- T-breaks or tolerance breaks can have significant health benefits
- Those who have mental health concerns or are predisposed to mental illness should seek advice from their doctor before using cannabis
- Seek mental health support and resources to treat depression or anxiety
- Avoid cannabis products if you don't know where they came from or if you suspect they're not from a legal source
- Avoid high-concentration THC products; seek out a balanced ratio of CBD : THC
- Wait to use cannabis until age 21 or older
- Keep cannabis products stored securely and away from where children or pets could access

# Thank you!

## Questions? Comments?

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