AN ACT Relating to reducing the public health harms associated with high THC cannabis products by raising awareness, implementing and studying health interventions, and increasing the minimum legal age of sale of high THC cannabis products to prevent psychosis; amending RCW 69.50.357; adding a new section to chapter 28B.20 RCW; creating new sections; prescribing penalties; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. (1) The legislature finds that whereas the THC concentration of cannabis-infused edible products is limited to 10 percent by state law and the THC concentration of cannabis flower is biologically limited, there is currently no limit on the potency of cannabis concentrates such as THC-infused vape oils, shatter, and dabs. High THC products are readily available with a THC concentration of nearly 100 percent. These high THC products bear little resemblance to the cannabis plant voters thought they were legalizing in 2012. Dr. Beatriz Carlini from the University of Washington's addictions, drug, and alcohol institute has described these highly concentrated products as "as close to the cannabis plant as strawberries are to frosted strawberry pop tarts." Prior to Washington legalizing cannabis sales, many of these extremely high

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potency products did not exist or were not widely available. By 2019, sales of high THC products had grown to nearly 40 percent of total sales of cannabis products.

(2) The legislature further finds that Washington state's most prominent cannabis researchers at the University of Washington and Washington State University released a consensus statement about the public health risks posed by high THC products. That statement summarizes the best available science: "Use of cannabis with high THC concentration increases the chances of developing cannabis use disorder or addiction to cannabis, particularly among adolescents. High-potency cannabis use can have lifelong mental health consequences, which often manifest in adolescence or early adulthood. Daily cannabis use, particularly of high-potency products, increases the risk of developing a psychotic disorder, like schizophrenia, and is related to an earlier onset of symptoms compared to people who do not use cannabis." In 2022, the addictions, drug, and alcohol institute at the University of Washington completed a legislatively funded report that made science-backed policy recommendations to stem the tide of public health harms associated with high THC products. Several of those recommendations are incorporated herein.

(3) The legislature finds that continued legislative inaction to curb the public health harms of high THC products will have serious consequences for all Washingtonians. Of individuals presenting to emergency departments with cannabis-induced first episode psychosis, 50 percent will receive a diagnosis of schizophrenia within eight years. Researchers have identified cannabis use disorder as a "major modifiable risk factor for schizophrenia" and noted "an increasing proportion of cases of schizophrenia may be avertible by preventing cannabis use disorder and this increase is likely linked to the increase in THC concentration." Researchers estimate that up to 30 percent of cases of schizophrenia in young men ages 21 to 30 could be averted by preventing cannabis use disorder. Schizophrenia is a serious mental illness for which there is no cure. The costs borne by state and local governments related to persons with schizophrenia, in terms of law enforcement and fire response, civil commitment, incarceration, competency evaluation and restoration, court costs, public defense services, psychiatric hospitalization, emergency department utilization, and housing and homelessness services far exceed the tax revenue generated from the sale of high THC products.
(4) Therefore, it is the intent of the legislature to enact evidence-based public policy solutions to address the public health harms associated with high THC products.

NEW SECTION. Sec. 2. The legislature intends to provide the department of health with recurring funding available each fiscal year, beginning in fiscal year 2025, to allow the department of health to issue requests for proposals and contract for targeted public health messages and social marketing campaigns directed toward individuals most likely to suffer negative impacts of high THC products including persons under 25 years of age, persons reporting poor mental health, and persons living with mental health challenges. Messages and media campaigns funded must include information about risks, comparative dosing of cannabis products, and resources for persons seeking support for quitting or decreasing their intake of tetrahydrocannabinol. The content of public health messages and social marketing campaigns must be developed in partnership with persons targeted by the messages and campaigns and in consultation with professionals proficient in public health communication and in cannabis research.

NEW SECTION. Sec. 3. By July 1, 2025, the department of health must develop an optional training that cannabis retail staff may complete to better understand the health and safety impacts of high THC cannabis products. In developing the optional training, the department of health must consult with cannabis retail staff, cannabis consumers, persons who have been harmed by high THC products, health care providers, prevention professionals, researchers with relevant expertise, and behavioral health providers.

Sec. 4. RCW 69.50.357 and 2022 c 16 s 71 are each amended to read as follows:

(1)(a) Retail outlets may not sell products or services other than cannabis concentrates, useable cannabis, cannabis-infused products, or paraphernalia intended for the storage or use of cannabis concentrates, useable cannabis, or cannabis-infused products.

(b)(i) Retail outlets may receive lockable boxes, intended for the secure storage of cannabis products and paraphernalia, and related literature as a donation from another person or entity, that
is not a cannabis producer, processor, or retailer, for donation to their customers.

(ii) Retail outlets may donate the lockable boxes and provide the related literature to any person eligible to purchase cannabis products under subsection (2) of this section. Retail outlets may not use the donation of lockable boxes or literature as an incentive or as a condition of a recipient's purchase of a cannabis product or paraphernalia.

(iii) Retail outlets may also purchase and sell lockable boxes, provided that the sales price is not less than the cost of acquisition.

(c)(i) Retail outlets may not sell a cannabis product with a THC concentration greater than 35 percent to a person who is under age 25 who is not a qualifying patient or designated provider.

(ii) Violations of this subsection (1)(c) are subject to the following penalties:

(A) A five-day suspension or $500 penalty for a first violation;

(B) A seven-day suspension for a second violation during a two-year period;

(C) A 30-day suspension for a third violation in a two-year period; and

(D) Cancellation of license for a fourth violation in a two-year period.

(2) Licensed cannabis retailers may not employ persons under ((twenty-one)) 21 years of age or allow persons under ((twenty-one)) 21 years of age to enter or remain on the premises of a retail outlet. However, qualifying patients between ((eighteen)) 18 and ((twenty-one)) 21 years of age with a recognition card may enter and remain on the premises of a retail outlet holding a medical cannabis endorsement and may purchase products for their personal medical use. Qualifying patients who are under the age of ((eighteen)) 18 with a recognition card and who accompany their designated providers may enter and remain on the premises of a retail outlet holding a medical cannabis endorsement, but may not purchase products for their personal medical use.

(3)(a) Licensed cannabis retailers must ensure that all employees are trained on the rules adopted to implement this chapter, identification of persons under the age of ((twenty-one)) 21, and other requirements adopted by the board to ensure that persons under
the age of ((twenty-one)) 21 are not permitted to enter or remain on
the premises of a retail outlet.

(b) Licensed cannabis retailers with a medical cannabis
endorsement must ensure that all employees are trained on the
subjects required by (a) of this subsection as well as identification
of authorizations and recognition cards. Employees must also be
trained to permit qualifying patients who hold recognition cards and
are between the ages of ((eighteen)) 18 and ((twenty-one)) 21 to
enter the premises and purchase cannabis for their personal medical
use and to permit qualifying patients who are under the age of
((eighteen)) 18 with a recognition card to enter the premises if
accompanied by their designated providers.

(4) Except for the purposes of disposal as authorized by the
board, no licensed cannabis retailer or employee of a retail outlet
may open or consume, or allow to be opened or consumed, any cannabis
concentrates, useable cannabis, or cannabis-infused product on the
outlet premises.

(5) (The) Except as provided in subsection (1)(c) of this
section, the board must fine a licensee ((one thousand dollars))
$1,000 for each violation of any subsection of this section. Fines
collected under this section must be deposited into the dedicated
cannabis account created under RCW 69.50.530.

NEW SECTION. Sec. 5. A new section is added to chapter 28B.20
RCW to read as follows:

(1) Subject to amounts appropriated for this specific purpose,
the University of Washington addictions, drug, and alcohol institute
must develop, implement, test, and evaluate guidance and health
interventions for health care providers and patients at risk for
developing serious complications due to cannabis consumption that are
seeking care in emergency departments, primary care settings,
behavioral health settings, other health care facilities, and for use
by state poison control and recovery hotlines to promote cannabis use
reduction and cessation for the following populations:

(a) Youth and adults at high risk of adverse mental health
impacts from use of high THC cannabis;

(b) Youth and adults who have experienced a cannabis-induced
first episode psychosis but do not have a diagnosis of a psychotic
disorder; and

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(c) Youth and adults who have a diagnosed psychotic disorder and use cannabis.

(2) The University of Washington addictions, drug, and alcohol institute must submit a preliminary report to the appropriate committees of the legislature summarizing the progress toward developing and testing health interventions and recruiting patients and health care facilities to participate by December 1, 2025. The institute must provide a progress report on initial outcomes of the health interventions for participating patients and health care facilities by July 1, 2027. The institute must submit a final report to the appropriate committees of the legislature summarizing the results of the interventions and any recommendations for implementation of health interventions by December 1, 2028.

(3) This section expires December 31, 2028.

NEW SECTION. Sec. 6. In recognition of the sovereign authority of tribal governments, the governor may seek government-to-government consultations with federally recognized Indian tribes regarding raising the minimum legal age of sale of cannabis products identified in RCW 69.50.357(1)(c), in compacts entered into under RCW 43.06.490. The office of the governor shall report to the appropriate committees of the legislature regarding the status of such consultations by December 1, 2025.

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