



State-Level Variation in the Regulation of Edible Cannabis Products  
Webinar - November 14, 2017  
Questions and Answers with RTI International

Q: Will those best practices be available for print?

Our policy and survey research not only indicate variation between states in the regulation of edible cannabis products, but that dispensary staff may not engage in practices that fully protect the health and safety of consumers. While we have yet to formalize a set of best practices based on this research, we would be happy to have more detailed discussions with those who are interested and brainstorm about reports or practice documents that could be of further use.

Q: Are the data provided publicly available?

All state-level policies presented in the first portion of the webinar are indeed publicly available. However, the survey data are *not* publicly available.

Q: Can health departments help model that through a food safety framework?

We definitely believe that a food safety framework can inform edibles regulation, although it is notable that states vary in how involved their health departments are with their medical and/or recreational cannabis systems.

Q: What about product expiration? Do the cannabinoid profiles change with time?

Many states require that the expiration or “best-buy” date be listed on the edible product package. Comparatively less is known about how levels of THC or CBD, for example, may shift over time, but experimental studies suggest they decrease. There is also risk for bacterial and fungal contamination of edibles that are mishandled or sold beyond their expiration dates.

Q: Should we require dosage limits be posted on product packages?

Many states now require that the number of servings be listed on the package, and that in some cases (such as Colorado) that the individual serving sizes be clearly demarcated on the edible product itself. Many states also include something on the edible product label about the need to “start slowly,” but states have not been actively setting dosage limits to restrict how much a consumer ingests. This is an area where the dosage limits may be different for medical and recreational users. So far, states have focused on restricting the amount of cannabis a medical patient or recreational user may possess at one time or within a certain period of time. Some states also include regulations on how dispensary staff can communicate the health and safety risks of retail products, although less is known about edible-specific policies.

Q: Should there be a dosage limit related to time as it relates to edibles as the absorption rate can be delayed leading to over consumption?

Generally, states have so far responded by recommending that consumers start slowly with edible products, which is the category of products where delayed consumption is an issue. State laws do

not generally allow on-site consumption at the dispensary. Therefore, it would be difficult in practice for states to actually enforce a dosage limit.

Q: There are serious side effects using any of the products. Are there any warning for using the products?

Not to our knowledge. Some states require that potential side effects be included in a consent form that medical marijuana patients must sign, when the patient meets with a physician in order to obtain medical marijuana. However, there is no scientific consensus around the general, long-term effects of marijuana use, or the serious side effects of exposure to things such as pesticide residue are also unknown. There is a need for more science to better understand these effects, so that the states can implement policies that reflect these findings.

Q: Have any states that have legalized recreational marijuana drafted strong regulations regarding intuitive dosing of multiple servings of liquid marijuana edible products? Require dosing cups or syringes, or integrated dosing systems or hash marks on the side of the bottles? What about for carbonated beverages?

Yes. For example, Colorado and Washington State each require that measuring devices be included with a marijuana-infused liquid product that contains multiple servings.

Q: Has any state explored capping carbonated beverages to single servings. I.e. 1 bottle = 1 serving (in AK its 5mg max).

To my knowledge, no states at this time specifically limit carbonated, cannabis-infused beverages to just one serving. Rather, the states instead regulate how to accurately measure out a single serving when there are multiple doses within one liquid product.

Q: What is the Federal climate for legalizing medical Cannabis to enable standardization of standards concerning public health issues.

Legally, no federal agencies will be able to promulgate any regulations unless and until cannabis is rescheduled or taken off of the schedule of substances, under the Controlled Substances Act. Politically, Attorney General Jeff Sessions has publicly stated his opposition to the legalization of marijuana.

Q: Are there any industry or groups making recommendations for common labeling practices?

The National Cannabis Industry Association, Drug Policy Alliance, and the Marijuana Policy Project.

Q: Does Nick know of or recommend a particular retail staff educational program that we could share with interested jurisdictions?

Courses are available through Americans For Safe Access, Patient Focused Care Certificate Also, the state of California has started an apprenticeship program to become a cannabis pharmacy technician. The program is available through the Division of Apprenticeship in California's Department of Industrial Relations.

Q: Are there any guideline for medical use for children who have cancer or other severe immunocompromised diseases?

Some of the states that have legalized medical marijuana allow certain kinds of cannabis products to be made available to children, for certain conditions. This varies quite a bit across states.

Q: Has there been much research on second hand smoke exposures, or THC values in second hand smoke?

There have been some studies that have raised concerns about secondhand smoke exposure. Most states prohibit smoking or vaping cannabis in public, and in other designated places.

Q: What is the percentage of people that abuse the system, i. e. pretending to have "diseases" just to get THC?

Although there is not a specific figure tied to "malingering" patients, this represents an important area of inquiry. In particular, states with existing medical laws may want to closely monitor their pool of licensed patients if/when a recreational law becomes enacted. It is possible that the rate of new medical patients may decrease or that the renewal of medical licenses may also decrease after recreational laws are passed.