To the Members of the House Commerce Finance and Policy Committee:

The Mental Health Legislative Network urges the legislature to be cautious when considering the legalization of recreational cannabis use. There are many positives in HF 600 – particularly the expungement of low-level cannabis offenses – but more needs to be done to consider the significant impacts that broader use of cannabis legalization will have on Minnesotan's mental health – especially on our youth.

Cannabis is not a benign substance. The MHLN is particularly concerned about the connection between cannabis use and psychosis among young people, the impact of cannabis use on the developing adolescent brain, memory and cognitive impairment, and the risks to fetal development when the pregnant woman is using cannabis.

While the MHLN has many concerns with the legalization of recreational cannabis, we acknowledge the significant racial disparities associated with the war on drugs. The burden of a felony conviction affects people long after their involvement in the criminal justice system through discrimination in employment, housing, and civic involvement. Incarceration for such low-level drug offenses comes at great cost to individuals, families, and taxpayers. HF 600 begins the process of righting these wrongs and we are hopeful that more can be done in this area.

These are the areas that the MHLN would like to highlight as this legislation moves forward:

- Edible Cannabis Products: Edible cannabis products can be very potent and typically look like a snack or treat that a child could mistake for candy or a cookie. These products must have child-proof packaging, be clearly marked as a cannabis product, and should not resemble foods that are marketed to children like gummy worms. While there are limits on how much edible cannabis an adult can possess at one time, the MHLN is concerned that there are no limits on the potency in one dose of an edible product. Additionally, all products should come in child-proof packaging and should be odor free.
- **Warning labels:** Much like tobacco and alcohol there should be warning labels on all products sold.
- Office of Social Equity: The MHLN supports the creation of this program and the effort to ensure that communities of color and people negatively impacted by the war on drugs can share in the economic benefits of cannabis legalization.
- **Cannabis Management Board:** The goals of this board should explicitly include responding to the public health impacts of cannabis legalization with a focus on mental health and substance use disorders. Membership on this committee must include someone from the mental health and substance use disorder community. Currently, the language calls for one person with experience in either mental health, substance use disorders, public health, or toxicology. The MHLN also believes that the responsibilities of the board must be more explicit. We recommend adding: "establish public awareness campaigns targeted to youth and their families on the adverse effects of cannabis on developing brains."
- **Cannabis Advisory Council:** Of the 25 members of this council, there is only one expert in the prevention and treatment of substance use disorders. A mental health professional should be included as well. The "patient advocate" member needs further clarification perhaps stating that one patient advocate would be someone who uses the medical cannabis program and at least one patient advocate with experience in the mental health or substance use disorder systems.

- **Reports and Studies:** The council should also release a study on the impacts that cannabis legalization has had on our mental health and substance use disorder systems, including the rates of people with psychosis, increase in rates for other mental illnesses and substance use disorders, ER use, etc. Any reports or studies should include data on use of cannabis by youth under 25.
- **Public Awareness Campaigns:** HF 600 does not specifically appropriate funding for public awareness campaigns. It is not enough to include recommendations on raising public awareness in a report to the legislature submitted by the Cannabis Advisory Council. There must be a robust public awareness campaign funded well enough to ensure that Minnesotans understand the risks associated with cannabis use, particularly among youth.
- **Cannabis Advertising:** The MHLN appreciates the efforts in HF 600 to prohibit marketing campaigns that are likely to appeal to children and young people, including products that look like lollipops or ice cream, images connected to animals or fictional characters, or products primarily consumed by or marketed to children. It should also be a requirement to store all cannabis products in a child-proof container. We also support the prohibition on advertisements that make unfounded claims about the health benefits of cannabis use.
- **Day Care Programs:** The MHLN is concerned that the staff at a day care program are permitted to use cannabis if the parents or guardians are notified in advance.
- Task Force on Medical Cannabis Therapeutic Research: A mental health professional should be included on this task force.
- Adult-Use Cannabis Substance Use Disorder Advisory Council: Membership should be expanded to include at least one addiction physician and one mental health professional.
- Education on Cannabis Use and Substance Use: The MHLN supports efforts to develop a model program to educate middle and high school students on the risks of cannabis use, including the impact on developing brains of children and adolescents. We recommend that this education includes the risks of cannabis use for people with a history of psychosis in their family. The MHLN also supports the education program for youth and for women who are pregnant, breastfeeding, or who may become pregnant. However, these programs will need funding in order to successfully educate the public on the risks associated with cannabis use. You cannot implement this bill without funding education.

There are also important items that are missing in HF 600. First Episode Psychosis Programs should be expanded to provide an early and intensive intervention when someone experiences psychosis for the first time. The legislature should also consider raising the legal age for cannabis use to 25, which is generally accepted as the threshold when the brain is no longer developing.

As more states and the Federal Government move towards the legalization of recreational cannabis, Minnesota must be cautious and fully consider the risks associated with cannabis use, particularly for young people and those at risk of developing psychosis.

Sincerely

Sue Abderholden, MPH NAMI Minnesota Mental Health Legislative Network Shannah Mulvihill, MA Executive Director Executive Director, Mental Health Minnesota Co-Chair, Co-Chair, Mental Health Legislative Network