



MINNESOTA FINDINGS FOR LOCAL REGULATION OF CANNABIS

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The following sample findings and evidentiary support for local cannabis and lower potency hemp edibles regulation were adapted from the Public Health Institute's California Cannabis Retail and Marketing Model Ordinance. The findings were amended to reflect Minnesota specific data and findings where applicable.

These findings could be used to support sales and use regulation of cannabinoid products and lower-potency hemp edibles. Local governments can adapt and supplement these findings to reflect and support any policies they adopt.

Findings

The [City/County], hereby finds and declares as follows:

WHEREAS, based on the most reliable and up-to-date scientific evidence, the [City/County Board] finds that the rapid introduction of newly legalized edible cannabinoid products ("edibles") and cannabis products, presents a significant potential threat to the public health, safety, and welfare of the residents of [City/County], and particularly to youth; and

WHEREAS [City/County] has the opportunity to be proactive and make decisions that will mitigate this threat and reduce exposure of young people to the products and to the marketing of these products;

WHEREAS the United States Surgeon General has issued an advisory to alert the public to the known and potential harms to developing brains, posed by the increasing availability of highly potent marijuana in multiple, concentrated forms;

¹and the reasons for concerns with the increasing use of marijuana by pregnant women², adolescents, and youth;³ and

WHEREAS the National Academies of Sciences, Engineering and Medicine note that the growing acceptance, accessibility, and use of cannabis and its derivatives have raised important public health concerns, while the lack of aggregated knowledge of cannabis-related health effects has led to uncertainty about the impact of its use;⁴ and

WHEREAS 43.6 million Americans ages 12 and older reported using cannabis in the past 30 days, 61.8 million reported use in the past year,⁵ and 90 percent of adult cannabis users in the United States said their primary use was recreational; and between 2002 and 2023, the percentage of past-month cannabis users in the U.S. population ages 12 and older increased steadily from 6.2 percent to 15.4 percent;⁶ and

WHEREAS research has found cannabis use during adolescence, especially of products high in tetrahydrocannabinol (THC), or heavy use, is associated with suicide attempt,⁷ high school drop-out,⁸ higher likelihood of use of other illicit drugs and experiencing mental health impairment;⁹ and

WHEREAS the perception of risk from regular use of cannabis consumption has been falling steadily, dropping from 58.3% to 27.6% among 12th graders nationally between 2000 and 2022,¹⁰ and only 15.57% of 12- to 17-year-olds in Minnesota between 2021 and 22 consider cannabis use to be a great risk;¹¹ and

WHEREAS, according to the 2022 Monitoring the Future survey, 15% of 10th graders and 20.6% of 12th graders in the U.S. reported vaping cannabis within the past year;¹² and

WHEREAS national marijuana use among full-time college students has been increasing since the early '90s, with 39.5% of students who use at least annually;¹³ and

WHEREAS, nationally, there have been significant increases in cannabis use among those age 12 and older, but especially among those ages 18 to 22,¹⁴ and cannabis use rates by youth ages 18 to 22 are higher in states with legal adult-use cannabis than in non-legal states;¹⁵ and

WHEREAS cannabis use during pregnancy has risen substantially between 2002 and 2017 (from 3.4% to 7.0%), increasing the risk of low birth weight, and the COVID-19 pandemic increased prenatal cannabis use by 25%;¹⁶

WHEREAS, in 2022, 12% of 11th grade students in Minnesota reported that they had used marijuana in the past 30 days, a number far exceeding that for cigarette smoking (4%);¹⁷ and

WHEREAS, in 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) reviewed the available scientific evidence on the health effects of cannabis and cannabis-derived products, and while noting substantial evidence of therapeutic effectiveness of medicinal cannabis for a limited number of indications, noted evidence of association of cannabis use with harm in a wide range of areas.¹⁸ The NASEM study found “substantial evidence”¹⁹ to support the following conclusions:

- (a) Initiation of use at an earlier age or more frequent use is a risk factor for the development of problem cannabis use;
- (b) Maternal cannabis smoking during pregnancy is associated with low birth weight in offspring;
- (c) Cannabis use is associated with increased risk of motor vehicle crashes;
- (d) Cannabis use increases the risk of development of schizophrenia and other psychoses, with the highest risk among the most frequent users;
- (e) Long-term cannabis smoking is associated with worse respiratory symptoms and more frequent chronic bronchitis episodes; and
- (f) Increases in cannabis use frequency are associated with developing problem cannabis use.

The NASEM study found less conclusive, but still worrisome, emerging evidence for a wide range of other harms, including impaired academic achievement and educational outcomes, development of substance use disorders, suicide completion, high blood pressure, and increased unemployment, among others; and

WHEREAS the findings of the NASEM study and other research lead us to conclude that establishing retail sales of adult-use cannabis and lower-potency hemp edibles should be carried out cautiously, in such a way as to prevent undue exposure of youth and expansion of problem use; that unfettered expansion and diversification of products and of marketing are not prudent; and that, like tobacco and alcohol, cannabis use may pose significant risks to public health, especially when initiated early in life; and

WHEREAS Minnesota has recognized the danger of cannabis use among youth by prohibiting the sale of lower potency hemp edibles and cannabis to those under age 21 and by requiring that

edibles be packaged so as not to appeal to underage persons and in child-resistant containers;
and

WHEREAS many years of alcohol and tobacco retailing, which are likely to have parallels in cannabis retailing, have demonstrated that retailers continue to sell alcohol and tobacco to underage consumers, as evidenced by the following:

- Among minors nationwide who smoked cigarettes in 2021, 19.6% percent had obtained their own cigarettes by buying them in a store or gas station and 20.2% had obtained their own cigarettes by buying them in a vape or tobacco shop;²⁰ and 14.5% of minors nationwide who used alcohol in the past 30 days in 2012 had obtained the alcohol themselves in an alcohol retail outlet;²¹ and

WHEREAS the density of tobacco retailers, particularly in neighborhoods surrounding schools, has been associated with increased youth smoking rates;²² multiple studies have found that the density of tobacco retailers near schools was positively associated with the prevalence of students reporting smoking;²³ and

WHEREAS a study found that higher dispensary density in states with legal cannabis laws was associated with higher likelihood of youth ages 14 to 18 experimenting with cannabis vaping and edibles;²⁴ and

WHEREAS proximity to cannabis retailers is associated with increased harms of cannabis use including increases in poison control calls, increased cannabis use during pregnancy, cannabis-related hospitalization during pregnancy, and an increase in cannabis use among adults and young adults;²⁵ and

WHEREAS home delivery of alcohol products has been associated with increased rates of purchase by minors;²⁶ and

WHEREAS unintentional exposure to cannabis by children under age 6 resulting in seeking care at poison centers in the United States increased by 1375.0% between 2017 and 2021;²⁷ and

WHEREAS children and young people are particularly influenced by cues suggesting tobacco smoking is acceptable, which holds relevance for cannabis smoking;²⁸ and

WHEREAS young people are much more likely to use candy- and fruit-flavored tobacco²⁹ and alcohol products;³⁰ and nationwide, minors are twice as likely to consume alcopops as adults;³¹ the Centers for Disease Control and Prevention has stated that flavored tobacco products help establish smoking habits that can lead to long-term addiction;³² and similar findings are expected for cannabis; and

WHEREAS the federal Family Smoking Prevention and Tobacco Control Act (FSPTCA), enacted in 2009, prohibited candy- and fruit-flavored cigarettes,³³ and in 2020, FDA guidance prioritized enforcement against flavored e-cigarettes largely because these flavored products were marketed to youth and young adults,³⁴ and younger smokers were more likely to have tried these products than older smokers;³⁵ and similar findings are expected for flavored cannabis; and

WHEREAS edible cannabis products have become increasingly common and are available in a variety of flavors and forms that appeal to children and young adults,³⁶ including cotton candy, lollipops, gummy bears, brownies, chocolate chip cookies, “pot” tarts, Rice Krispies™ bars, and bubble gum, apple, cherry, chocolate, grape, peach, strawberry, and vanilla flavors; and

WHEREAS allowing growth and diversification of the legal THC edibles market, especially of products attractive to youth, with minimal statewide oversight and regulation, is likely to expose youth to these products and normalize their use without safeguards in place to protect public health and safety; and

WHEREAS the potency of cannabis and cannabis products has increased dramatically over the past decades from 4% tetrahydrocannabinol (THC) to 15 to 30+% THC in flower and up to 95% or more in extracted products,³⁷ and growing evidence clearly supports greater risk from these products; and

WHEREAS daily use of cannabis products over 10% THC has been associated with an increased risk of developing psychosis,³⁸ and such daily use has greatly increased in the past decade amongst youth;³⁹ and

WHEREAS the U.S. Centers for Disease Control and Prevention has reported that 10.0% (1.56 million) high school students and 4.6% (550,000) middle school students reported current use of e-cigarettes;⁴⁰ and use of similar devices for consumption of cannabis by youth has been rapidly increasing in Minnesota with 14.5% of high school students reporting they have ever used an e-cigarette device to vape marijuana;⁴¹ and

WHEREAS, while the sale of cannabinoid products has been legalized in Minnesota, it continues to be a Schedule I prohibited substance federally and therefore presents special challenges in multiple federally regulated spheres including banking, broadcasting, and immigration; and

WHEREAS youth exposure to advertising of products such as alcohol, tobacco and food has been shown to create positive attitudes, brand identification, and an increased likelihood of initiation and use of these products;⁴² and

WHEREAS the [City/County Board] finds that a local regulatory system for cannabis retailers is appropriate to ensure that retailers comply with the cannabis laws and business standards of [City/County] to protect the health, safety, and welfare of our youth and most vulnerable residents; and

WHEREAS [City/County] has the opportunity to be proactive and make decisions that improve compliance among cannabis retailers with laws prohibiting the sale or marketing of cannabis products to underage persons; and

WHEREAS [City/County] has a substantial interest in promoting compliance with state and local laws intended to regulate cannabis sales and use, and in promoting compliance with laws prohibiting sales of cannabis and cannabis products to underage persons; and

WHEREAS low prices are known to facilitate use of tobacco by minors⁴³ and while prices of cannabis should not be so high as to promote illicit sales, they should also not be artificially lowered through discounting or depressed by overproduction; and

WHEREAS research demonstrates that youth are particularly price-sensitive and responsive to changes in price,⁴⁴ and in the case of tobacco, when cigarettes cost more, fewer adolescents start smoking,⁴⁵ and similar findings are expected for cannabis;

NOW THEREFORE it is the intent of the [City/County Board], in enacting this ordinance, to ensure responsible cannabis retailing, allowing legal sale and access, without promoting increases in use, and to discourage violations of cannabis-related laws, especially those which prohibit or discourage the marketing, sale or distribution of cannabis and cannabis products to youth under 21 years of age.

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The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not lobby nor does it provide direct legal representation or advice. This document should not be considered legal advice.

Endnotes

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