

December 3, 2024

Grant Baldwin, PhD, MPH  
Division of Overdose Prevention  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention  
4770 Buford Highway, NE  
Mail Stop F-63  
Atlanta, GA 30341

Capt. Christopher Jones, Pharm.D., DrPH,  
MPH  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services  
Administration  
5600 Fishers Lane  
Rockville, MD 20857

Rahul Gupta, MD, MPH, FACP, MBA  
Office of National Drug Control Policy  
Eisenhower Executive Office Building  
17th Street and Pennsylvania Avenue, NW  
Washington, D.C. 20504

Nora Volkow, MD  
National Institute on Drug Abuse  
National Institutes of Health  
3WFN MSC 6024  
16071 Industrial Dr - Dock 11  
Gaithersburg, MD 20892

Dear Drs. Baldwin, Gupta, Jones and Volkow,

The undersigned groups represent organizations focused on healthy youth development and mental health and substance use prevention. We are concerned about the impact of marijuana legalization on the health and well-being of our nation's youth. In light of a growing body of research and clinical evidence of the harms to young people who use today's commercialized, high-potency marijuana products,<sup>1</sup> **we encourage the federal government to issue guidance on best practices for protecting public health to states** that have legalized adult non-medical use of marijuana, or are considering doing so, **related to effectively protecting young people in the context of marijuana legalization.**

The undersigned groups understand the complexities around marijuana given its conflicting legal status at the federal and state levels. Protecting youth from the harms of today's high-potency marijuana regardless of state policy needs to be the federal government's top priority. Therefore, **we believe that federal leadership is needed to protect the nation's youth** and we encourage you to work together to develop strong public health guidance for states to utilize in their own legal and regulatory frameworks.

Historical experiences with cigarettes, alcohol and nicotine vaping demonstrate harm to youth health in the context of the legalization of marijuana.<sup>2</sup> In the midst of a youth mental health crisis, many teens are turning to marijuana to self-medicate mental health conditions.<sup>3</sup> **Inconsistent and insufficient regulation of marijuana at the state level** is leading to higher levels of THC and more potent products.<sup>4</sup> This **puts young people at risk for cannabis use disorder and other negative health outcomes**, including cannabinoid hyperemesis syndrome (CHS) and marijuana-induced psychosis.<sup>5</sup> Young adults (18–25) are experiencing the highest rates of marijuana use and cannabis use disorder.<sup>6</sup> Many in this age group remain under the age of legal purchase.

The National Academies of Sciences, Engineering and Medicine recently released a [report](#), “*Cannabis Policy Impacts Public Health and Health Equity*,” calling for **federal public health leadership in cannabis policy**, given that **state regulatory frameworks legalizing marijuana prioritize commercial over public health interests, and that creation and enforcement of regulations vary widely across the states**. The report specifically calls on the Centers for Disease Control and Prevention, in conjunction with other federal agencies, to **create best practices for state regulation of marijuana**, based on alcohol and tobacco policies (see Recommendation 2-2). The best practices should **include ways to limit youth appeal and access** and other related areas of regulatory oversight.

**The undersigned groups urge the CDC and other federal agencies to develop and issue these best practices as quickly as possible given the urgent public health need.**

Partnership to End Addiction developed a set of [evidence-based legal and regulatory provisions](#) to prioritize protecting young people when legalizing marijuana or other addictive substances. These youth protection provisions are derived from: (1) an extensive review of the marijuana, tobacco/nicotine and alcohol research literatures and (2) a landscape review of relevant provisions in states that had legalized marijuana for adult non-medical use as of October 2022. The recommended provisions cover the key areas of regulatory oversight, including product composition; packaging and labeling; advertising and marketing; locations of marijuana use; and sale and distribution to youth. Many of these areas were also identified by NASEM as areas of focus for federal best practices. **The undersigned groups urge the CDC and other federal agencies to utilize this research when developing the best practices.**

Our report findings are consistent with other leading health organizations’ and researchers’ findings showing that **there is currently tremendous variation in the regulation of marijuana at the state level and that better, more authoritative alignment and dissemination of best practices are needed.**<sup>7</sup> By utilizing existing research from the fields of alcohol and tobacco, and emerging research on marijuana, **such best practices can be issued quickly.**

We welcome any opportunity to help develop, disseminate and/or provide feedback on the guidance. Please do not hesitate to contact Lindsey Vuolo at Partnership to End Addiction ([lvuolo@toendaddiction.org](mailto:lvuolo@toendaddiction.org)) with any questions.

Thank you for your attention to this matter and your commitment to promoting the health of our nation’s youth.

Sincerely,

American Society of Addiction Medicine  
Association for Nonsmokers-Minnesota  
Boston University  
City of Minneapolis  
Inner Explorer Institute  
Getting it Right from the Start  
National Prevention Science Coalition to Improve Lives  
Partnership to End Addiction

PIRE-Pacific Institute for Research & Evaluation

Reintegration Support Network

SADD, Inc. | Students Against Destructive Decisions

Social Development Research Group, School of Social Work, University of Washington

Society for Prevention Research

Society for Public Health Education

The Unregret Foundation

Ventura Council of PTA's

## Endnotes

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- <sup>1</sup> Ladegard, K., Thurstone, C., & Rylander, M. (2020). Marijuana legalization and youth. *Pediatrics*, 145(Suppl 2), S165–S174. <https://doi.org/10.1542/peds.2019-2056D>
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- <sup>2</sup> Barry, R. A., & Glantz, S. (2016). A public health framework for legalized retail marijuana based on the US experience: Avoiding a new tobacco industry. *PLoS Medicine*, 13(9), e1002131. <https://doi.org/10.1371/journal.pmed.1002131>
- <sup>3</sup> Child Mind Institute & Partnership to End Addiction. (2022). *Substance Use + Mental Health in Teens and Young Adults: Your guide to recognizing and addressing co-occurring disorders*. <https://cdn-01.drugfree.org/web/prod/wp-content/uploads/2022/06/19200915/Co-Occurring-Disorders-Guide-052622-1.pdf>
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- <sup>4</sup> National Institute on Drug Abuse. (2022). *Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) potency of cannabis samples seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995-2021*. Potency Monitoring Program, Quarterly Report # 153, NIDA Contract Number: N01DA-15-7793. Available at: <https://nida.nih.gov/research-topics/marijuana/cannabis-marijuana-potency>
- <sup>5</sup> Hines, L. A., Cannings-John, R., Hawkins, J., Bonell, C., Hickman, M., Zammit, S., Adara, L., Townson, J., & White, J. (2024). Association between cannabis potency and mental health in adolescence. *Drug and alcohol dependence*, 261, 111359. Advance online publication. <https://doi.org/10.1016/j.drugalcdep.2024.111359>
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- <sup>6</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2024). 2023 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/release/2023-national-survey-drug-use-and-health-nsduh-releases>
- <sup>7</sup> Barry, R. A., & Glantz, S. (2016). A public health framework for legalized retail marijuana based on the US experience: Avoiding a new tobacco industry. *PLoS Medicine*, 13(9), e1002131. <https://doi.org/10.1371/journal.pmed.1002131>
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