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**When addressing cannabis policy, Congress needs to start by protecting children**

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September 20, 2023

The [cannabis](https://www.washingtonexaminer.com/tag/marijuana) industry, both medical and recreational, has expanded rapidly in the United States over the last decade. Currently, 38 states and the [District of Columbia](https://www.washingtonexaminer.com/tag/washington-dc) have legalized medical marijuana. Twenty-two states and Washington, D.C., have more recently legalized recreational cannabis. The catch for the dispensaries is that because cannabis is illegal at the federal level, these businesses are unable to engage in commercial banking.

Cannabis industry advocates on [Capitol Hill](https://www.washingtonexaminer.com/tag/congress) are advocating for the passage of legislation that would permit access to the banking system making it possible for greater expansion and profit to this multi-billion dollar industry. This offers an opportunity to have a national conversation on the effect of cannabis on youth. For many years research has been accumulating on the risks of cannabis use by youth and these risks increase with increasing THC concentration. The passage of the so-called SAFE Banking Act will expand the commercialization of products with ultra-high concentrations of THC, the main psychoactive chemical in cannabis and the component that can lead to addiction.

The cannabis of the 1960s to 1980s had a [THC content of less than 2%.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312155/) THC content has [been steadily increasing since the 1990s](https://www.biologicalpsychiatryjournal.com/article/S0006-3223%2816%2900045-7/fulltext). [Today’s plants have THC content exceeding 15% and extracts can reach 95% purity](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312155/).

For years there have been scientific studies implicating cannabis in a number of adverse effects, including mental health risks for adolescents. As early as 1987, [research showed a link between adolescent use of cannabis, psychosis, and a diagnosis of schizophrenia](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2887%2992620-1/fulltext). [Cannabis use has been linked to depression and suicide](https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state). [Data from Colorado](https://pubmed.ncbi.nlm.nih.gov/31316694/) showed cannabis to be the most common substance found in suicide deaths of 10- to 19-year-olds at 30.6%, compared to 9.7% for alcohol in 2016.

[The U.S. Centers for Disease Control and Prevention is clear](https://www.cdc.gov/marijuana/featured-topics/what-we-know-about-marijuana.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Finjury%2Ffeatures%2Fmarijuana-health-effects%2Findex.html) that adolescent cannabis use can harm the brain, which continues to develop and mature until about age 25. Acute cannabis use impairs memory, concentration, and learning. [A cohort study that began in 1972-73 and continued until participants were 45 years old](https://pubmed.ncbi.nlm.nih.gov/35255711/) showed long-term cannabis use to be associated with a significant loss of IQ in adults after controlling for alcohol and other illicit drug use and environmental factors. Unfortunately, these studies and [a comprehensive review published in 2017](https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state) summarizing mental health effects associated with cannabis use from the National Academies of Science, Medicine, and Engineering have received little attention to date.

[Cannabis use continues to rise year over year according to the National Survey on Drug Use and Health](https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report). In 2021, nearly 19% of 12-17-year-olds had used cannabis in the past year. Of these, nearly 5% developed cannabis use disorder. Approximately 2.6 million Americans initiated cannabis use in 2021 and 869,000 were adolescents. Given the burgeoning data on cannabis health risks, we need to focus more on making this information widely available.

[The cannabis industry spent a record $5.8 million to lobby Congress last year](https://www.opensecrets.org/federal-lobbying/industries/summary?id=N09) because it wants access to capital markets and mainstream legitimacy, which would be provided by the SAFE Banking Act. There should be no doubt that this legislation will accelerate cannabis commercialization. However, nowhere is there acknowledgment or discussion of the need to protect youth from the threat of their products.

The SAFE Banking Act presents a chance for Congress to take action that will help to inform Americans of what is in the cannabis products they buy and to help protect our children from cannabis harm. Congress can prioritize America’s youth using the SAFE Banking Act by adding language to the legislation to address product quality and safety issues. This legislation provides an opportunity to require clear and accurate labeling of all products containing THC. Developing testing standards and ensuring that THC content in cannabis products is accurately reported should be made a priority for the FDA.

An issue of some urgency is the increasingly widespread availability and use of concentrates with high THC purity. A federal advisory panel should be convened to consider regulations specific to THC concentrates given the unique and unprecedented risks they present. This legislation should prohibit the distribution of cannabis as candy or with flavors, which we know appeal to underage users. Finally, significant new funding is needed to address cannabis prevention in youth as well as to increase funding for substance use disorders related to cannabis.

It seems obvious that we would want to limit the harm of cannabis to youth before expanding the threat to their futures through greater commercialization. The time has come for serious dialogue about the risks associated with cannabis use, particularly by young Americans. Congress should balance the demands of industry lobbyists with the needs of the next generations.

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