

POWER OF PREVENTION SEASON 2, EPISODE 1

CANNABIS COMMERCIALIZATION: WHAT YOU NEED TO KNOW WITH KATE FREY

Christin D'Ovidio:

Welcome to The Power of Prevention podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

As laws have changed in New Hampshire and other states making cannabis more available, attitudes and beliefs towards its use have become more accepting too. We're excited to have Kate Frey, vice president of advocacy with New Futures, here with us to explore what this all means in terms of prevention, treatment, and harm reduction, and she's going to help us make sense of these changes and prepare for what is to come. Thank you very much, Kate, for joining us today and for taking time to talk to us about this really relevant topic. There's a lot of terms out there, if you could help us understand what these terms mean.

Kate Frey:

Thanks, Christin. It's a pleasure to be here. Thanks for having me. I think when you're talking about terms, you mean probably terms within the law changes that we've seen with cannabis liberalization. And over the years, probably the last 20, 30 years, we've seen a real shift in the policy change regarding cannabis, the legal use of cannabis. I think very early on we were starting to hear a lot about decriminalizing cannabis or the use of cannabis. If you were arrested for the use, having cannabis on your person or using cannabis, there was a lot of concern about those arresting criminals. That made a lot of sense about those concerns, certainly people shouldn't go to jail for using a small amount of cannabis or having a small amount of cannabis on them. So you really started to learn, hear the term decriminalization, which meant that cannabis use was still illegal. However, the approach was to take out the criminal fine and just have it civil fine.

So just like you would get a speeding ticket or a ticket for jaywalking, you would get a fine or a ticket for cannabis, at least the first event. Decriminalization was a term you heard a lot. The early movement of the change in cannabis policy was around decriminalization and really the fine and what we were doing for punishment. And then you really started to hear more about the medical use of cannabis, the approach that cannabis could be helpful for some medical disorders, and many states started to go in the direction of legalizing cannabis for medical use. In New Hampshire, we call it therapeutic cannabis.

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Christin D'Ovidio:

Because people use some terms interchangeably, and then they'll say things that actually aren't quite correct, I think, which are, you can get a prescription for cannabis or marijuana. Can you speak to that, because I think there's some nuance there that's different?

Kate Frey:

Yeah, that's a great point. So people use that term a lot with marijuana, with the term I have a prescription. And marijuana is not an FDA-approved drug. It is not something that you can get a prescription for. So the way our therapeutic cannabis program works is that under that law for therapeutic cannabis, there are a number of conditions that are approved. So if you have a condition, you have cancer, if you have a condition with a certain symptom, you can certify, your doctor can certify you as having that condition that falls under the law. So your doctor would then sign off and say, "Yes, Kate Frey has this condition under this law that would qualify her for a therapeutic cannabis program."

Then I would apply for the therapeutic cannabis program, get a card, and be able to go to one of the alternative treatment centers in this state. But the doctor absolutely does not write a prescription for marijuana, and that's really important to understand, not an FDA-approved drug. And so you're not getting where you might get when you get a prescription, you get a dose, you get how many pills to take. You don't get that from your provider. You would then go to the alternative treatment center who may advise you on what the best strain is for your condition, but there really isn't that provider relationship at that alternative treatment center.

Christin D'Ovidio:

Why we're so interested at The Partnership about this is because we and other states I know as well looking at our datasets, especially the youth risk behavior survey, we see that as states move to adopt these laws and there may be an increase in adult use, and then we start to see an increase in youth and young adult use as well, because maybe of this growing acceptance or reduced perception of harm. And it's not just that, right? It's behavioral health, it's other substance use. And so for us, we're really looking at that prevention angle and this importance of parents talking to young people about the harm to their developing brain, that it's illegal for most all youth, unless maybe they've been certified to use, to use the product at all anyways. And so what are some steps... Because if people as adults don't understand the risks and harm and there's a lower perception of harm, then they're not able to pass that on to young people and bring that knowledge to them. And so can you talk from your point of knowledge about this?

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Kate Frey:

Yeah, that is the real struggle with marijuana because of that very low perception of harm. And in New Hampshire, actually, when we looked at the NSDUH data on this issue, the National Youth Substance Use Survey, I believe it's called, New Hampshire was third as far as the lowest perception of harm in New Hampshire. So our youth really feel... They fall in the lowest as far as thinking it's harmful, so it's not a good sign. It's a bad sign. That's the rub, and that's what we really try to inform people, and what you have there is a combination of parents not thinking that it's harmful, or at least my kid isn't drinking, or at least my kid isn't doing opiates. You also have the perception, just like we talked about as far as is it prescribed, is it not prescribed? "Oh, it's a the medicine, so it must be fine." "Oh, it's natural."

We're also seeing a really high rate of women using marijuana now when they're pregnant for nausea because of the misperception, oh, it's a plant. And so there's a lot of noise regarding it. I think what we really try to cut to is that informational piece in any law, that there has to be carved out in that legislation, strong information regarding what the risks are, and it has to be what the actual risks are. I think the industry has often tried to play that down a little bit, but we are getting more and more data around that. We understand that high potency does have a link now to anxiety, to psychosis. We do understand there are more concerns with use during pregnancy. We always have understood the use of drugs with a developing brain, to really make sure that information is very clear in any information that is handed out.

We have advocated for social media campaigns prior to New Hampshire passing the law. When we talked to a lot of states who moved in the direction of commercialization, they said, "Don't wait until the law passed to tell people about the risk of driving, the risks of youth. Do it before the law has passed." And also, the other thing that we feel very strongly about is that the funding from the sales of cannabis retail sales have to be used to lower the impact of these harms. And so what we've seen with alcohol is our state benefits greatly from the sales of alcohol in the state. 5% of those gross profits have historically supposed to have gone to prevention, treatment, and recovery. Last year was the first time it was fully funded, so we can't make those mistakes again. We really have to make sure we have an informed workforce, we have programs in place, and we're prepared for things like cannabis use disorder and mental health programs when we start to see increases in cannabis use disorder or psychosis.

Christin D'Ovidio:

I mean, it's striking. You said we are the third highest, well, actually the third lowest, right? The third-

Kate Frey:

Lowest perception, yeah.

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Christin D'Ovidio:

For percentage of youth perception of harm, and we don't have it at that level where it's recreational or completely decriminalized.

Kate Frey:

Correct. You're right. Yeah, and this was back actually pre-pandemic report, I think like 2018, so it would be interesting to see more recent data. One of the things that we have, we tried to approach this too from what we learned from our prevention partners, and because a lot of our public health networks are on the edge of another state, they've learned and talked to parents a lot about what's been an effective tool, and some of the ideas we've gotten is make sure that the stores sell medication lock boxes so that your product can be locked up. We hear over and over there's a 14... Since 2017, there's been a 1400% increase in accidental ingestion of marijuana with young children. We also hear a lot about that with pets. We also know that kids like to use their parents' liquor cabinet, go into their liquor cabinet. Why would it be any different with a marijuana? So there are things that we can approach very differently, learn lessons, and so that's one policy piece we have said, "Hey, listen, if they're going to be selling cannabis, why not have these black boxes available for sale?"

Christin D'Ovidio:

I think that's great. I think what you're saying really does speak to the messaging, because even in some of the campaigns we've run where we're trying to just inform and educate, some people feel like we're telling them not to use it, and it puts up a barrier. That's not the conversation we're trying to have. We're talking about the effect on youth and safety with accidental poisoning.

Kate Frey:

Absolutely. Yeah, and that's a fine line, and that's a really good point. No one wants to feel judged for their youth, but at the same time, they do have to understand that when you're an adult using, it's very different as far as the impact neurologically as compared to a youth or a young person, and especially with the increased potency that we're seeing with the product nowadays.

Christin D'Ovidio:

There is a huge misunderstanding about the potency of cannabis today. Many people think they're using a harmless or natural product only to find out that they're using a product that has been engineered to deliver a high dose of THC. Our guest talks about why this is so important to address in policy.

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Kate Frey:

Another challenge, as well as the perception of harm, is really understanding the potency of the product around the market now. It is very different from the marijuana in the '60s or '70s, so when you have a conversation with an adult who may have gotten high in the '60s or '70s, those products, that plant was not as engineered as it is nowadays, and besides the plant, you have edible products, you have very high concentrate products like waxes and dab. They're almost pure THC, and so the average potency back in the '60s and '70s may have been up to 15%, and now you're really looking at 30% all the way up to 98%, depending what products you're looking at. We really are starting to understand that link, particularly with teenagers, that link with high potency product and cannabis use disorder and various clinical depression and psychotic issues. That's what we're really concerned about. And in some ways, we won't really know the full effect until more research is done. For the reasons for it being illegal for so long, we don't have a full understanding of that yet.

Christin D'Ovidio:

As a late adopter to cannabis commercialization, New Hampshire can avoid the mistakes of other states. Kate shares the public health measures that new futures is getting behind in order to protect people's health while also giving consumers a choice.

Kate Frey:

I look at it like the commercialization movement had two ways, if you will. There were states that were very early out front with moving in the direction of legalizing and commercializing cannabis, and those were the states out West, Colorado and Washington and Oregon, and those states really, we're talking about probably 2010, and a lot of those conversations were really being led by the industry. A lot of them were under voter referendum. It wasn't until recently that the legislative bodies in states started to pass the law, so it was under voter referendum, and then there was not public health at the table for a lot of the discussions. And so what they really found early on is that the industry was able to kind of set their own limit. A lot of what we've learned were, unfortunately, other states' mistakes, and so some of the products we talked about were designed to appeal to kids.

Even though the age was 21, we know from what you said earlier, Christin, about vaping, about other addictive drugs, an industry playbook is to design products that are attractive to kids so that they identify them. The trick goes all the way back to Joe Camel. What you were really seeing in other states were flashy packaging, cartoon characters. You were seeing products that look like candies and cookies and not childproof packaging. And so Colorado in particular had a very rough start of it with a lot of accidental ingestion.

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That's what you, I think, heard a lot about early on. And so I think what you did start to see is states demanding the industry kind of pull back a little bit on that and start to demand more restrictions on what is allowed, what kind of packaging is allowed. And to be honest, we still have these conversations with our liquor commission with the alcohol they sell, so it leaves our ongoing conversations.

But the good news from that is that the states that have recently passed is that we're seeing better language around that, and it's acceptable, and the industry knows that they can't push the envelope on things like that. We're also seeing things like buffer zones around schools so that cannabis stores aren't setting up in parking lots of schools. A lot of communities are, early on, lower socioeconomic communities, that's where the cannabis retail sales were setting up and the wealthier communities were opting out. So now there are better ways of setting up buffer zones around things like schools and not invading communities and making the same mistakes we did with alcohol and tobacco stores. The other thing, too, is we are starting to make headway on potency. This is something the industry will absolutely push back on. They don't believe that they should have potency limits, but two states recently have put in potency limits.

The industry will say, "Well, we don't know what those potency limits should be, so we shouldn't have any." And so Vermont and Connecticut have put in potency limits of 30% THC for products, and I believe 15% for flour. The industry is still fighting that. Vermont is actually in the middle of trying to keep their potency limits. What we're advocating for is having potency limits in New Hampshire. So we are finding that the states who have passed commercialization more recently, like Vermont, Connecticut, New York, do have better public health regulations in hand. So that's good. And I think that even the states that passed early on have made some changes just because I think their community demanded it.

Christin D'Ovidio:

Many states are also talking about social justice. Can you elaborate on those efforts and what they mean here in New Hampshire?

Kate Frey:

I think when we talk about our principle, we talk a lot about prevention, but we really care about the social justice aspect of legalization, too, and a lot of conversations early on is we have to do this for social justice reasons, but it was always the industry who was talking about it, so we really wanted to make sure those conversations are truly about social justice. So any policy has to also include things like annulment, expungement of past criminal arrests, but also opportunities for those who have been impacted by the war on drugs or have grant opportunities for those communities. We really want to make sure that social justice is a true principle within cannabis policy. We've had a lot of those conversations here in New Hampshire, and we're happy about that.

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Christin D'Ovidio:

Schools are on the front line of prevention along with caregivers. Could you talk to us a little bit about the roles that schools play?

Kate Frey:

Yeah, I mean, absolutely. I think the schools are the first stop of identifying kids with substance use disorder. I think we have learned important lessons with the importance of things like student assistance program counselor and how vital they are. That is why our funding principle is so important to us, is that we have to have a mechanism to manage the harms caused. We have to expand our prevention efforts. We have to make sure that we have safety net within our schools, and so if it's expanding the use of the SAP coordinators or creating other programs, then we need to do that. I think we'll also need to understand interventions around cannabis use disorder more so, and we're hearing a lot about the workforce not really being prepared for that yet. So I think while I don't have the answer at my fingertips, I think that we understand that the schools absolutely have to be ready.

Christin D'Ovidio:

Thinking about that kind of brings me to talking about stigma and substance use prevention and that barrier that it creates for people. How do you think stigma, which it's a cultural societal creation around anything, how does that impact maybe policy development or legislation in New Hampshire?

Kate Frey:

Yeah, I think there's so many different levels when you talk about stigma. I mean, certainly when we talk about stigma within the substance use disorder field, we're talking about reducing the stigma for those who have a substance use disorder and understanding a substance use disorder, it's a disease, trying to move away from terms like he's an addict, she's an addict. Understanding that it's a disease like any other disease and that we need to treat it like a disease. But I also think we have to understand, we have to be careful with our language, even with when we're talking about cannabis and the old terms that are bandied about with people who may not be pro cannabis legalization and using terms like hotheads or they're stoned all the time, we have to be careful of that stigma, too. There are some people who may use it because they need it for their health or to manage a disorder, or if it's legalized, moving away from those stigma, those concerns.

The same time, people who have been opposed to maybe passing cannabis, they're automatically called a prohibitionist, where in actuality, their concern is really what we talked about, is moving into this with our eyes wide open and making sure we're ready and we have prevention, treatment, and recovery ready to go, and that we're not making the same mistakes as other states.

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So I think it's stigma in a couple different lenses within all of these conversations. And so all I can say is that we just have to really listen to one another and be careful with our language in all types of conversations, but especially understanding, the most important thing is understanding that addiction is a disease we have to be very careful about it's setting up our young people when we are legalizing one more addictive drug and not just think, "Oh, everything will be okay." And then if they do suffer from a substance use disorder, we have to get them the help they need without judgment.

Christin D'Ovidio:

Well, we ask the same question of all of our guests at the end of the show, which is, if you could give us your definition of prevention, and so I will ask that of you.

Kate Frey:

To me, I think when I started my job seven years ago in this role, it was the traditional sense of prevention, the programs in schools and talking to your kids about substance use and doing everything you can to keep kids away from drugs, that traditional sense of prevention. And boy, I think I've done a 180 completely on that. I think that we have to meet people where they're at, even with prevention. I started this job when my kids were probably 11 and 12, and the conversations I had with them at 11 and 12 were very different over the years and moved in different places because they were in different places.

And so I think the prevention community as a whole had a dialogue about that more, and so it's really reducing harms and making sure we're meeting people where they're at. We're understanding that, again, having those conversations that young people are very vulnerable for many reasons, and we can't let an industry set the rule. We really have to be able to look out for kids like that and put prevention policy into place, make sure we're thinking about it outside of the traditional lens of prevention.

Christin D'Ovidio:

Thank you, Kate. We've been speaking today with Kate Frey, the vice president of advocacy at New Futures. We really appreciate the time you've taken to talk with us today, Kate. You have in our listeners valuable information. If you enjoyed this conversation, then you won't want to miss our upcoming episode this season where we sit down with Kristen Gilliland, a professor from Vanderbilt University. We talk about what cannabis use does to the developing brains of adolescents and the rare but real risk of developing psychosis that can result in lifelong mental health challenges. She knows firsthand how dangerous the substance can be, both as a scientist and as a mom who lost her son to an accidental opioid overdose. If you have children or someone you love who is struggling with cannabis use, you don't want to miss this interview. At The Partnership, we are committed to bringing you fact-based information so you can make informed decisions around the use of substances and how to get involved in your community.