



# Washington State Liquor and Cannabis Board

**Bill Description:** Concerning high THC cannabis products

**Bill Number:** 2SHB 2320

**Sponsor:** Rep. Lauren Davis

**Effective Date:** 6/6/2024

**Amends:** Amending RCW 69.50.357; adding a new section to chapter 71.24 RCW, and creating new sections

## Background

Tetrahydrocannabinidiol (THC) is the main impairing or intoxicating chemical found in cannabis plants. It is concentrated in the flowers of the plant, and growers control heat, moisture, and light during the flowering stage to increase its concentration. THC can be concentrated further through chemical extraction using solvents to separate the THC from the rest of the plant. This allows cannabis concentrate products to rise to over 90% THC.

While more research is needed, there is some evidence for a correlation between using high-potency THC product use and certain mental and physical health issues from cannabis hyperemesis syndrome to psychosis, to seizures. As a result, several states have funded research into these products, and one state (Vermont) has banned the sale of concentrates that exceed 60% THC.

Washington State law defines cannabis products in three general categories: “usable cannabis” or dried flower, “Cannabis-infused product” like edibles or beverages, “Cannabis concentrates” which are resins or extracts and which have a THC concentration of at least 10 percent. A proviso in the 2021-23 biennial operating budget tasked the University of Washington’s Addictions, Drug and Alcohol Institute to submit a report on potential policy solutions to the public health problems associated with high-THC or high-potency cannabis products. The final report was submitted in late 2022, and the House Regulated Substances and Gaming committee heard a presentation of the report in Dec. of 2022.

## Summary

The bill begins with an intent statement pointing to the research on health harms correlated with high-THC cannabis products. It notes that young people are at particular risk. As such, it states that the Legislature intends to review research on the impact of raising the age to buy high-potency products from 21 to 25 years.

Section 2 tasks the Department of Health (DOH) with getting input and doing campaigns to raise awareness of the risks to young adults (below age 25) of high-potency cannabis. They may also develop training for employees of cannabis retailers on the safety and impact of high-THC products.

Cannabis retail shops are required to post a warning sign at the point of sale on the possible risks of high-potency cannabis and the higher risk they may pose to people under 25 years old. The DOH must develop the warning sign and provide it to retailers. Failure to post the sign will be a compliance issue the LCB will monitor.

The Health Care Authority (HCA) must contract to, “develop, implement, test, and evaluate guidance and health interventions for health care providers and patients,” for at-risk patients in emergency rooms. A focus must be on promoting use reduction and cessation for youth and adults at high risk of mental health issues, youth, and young adults who have had one cannabis-induced psychotic episode but who have not been diagnosed with a psychotic disorder, and youth and adults who have been diagnosed with a psychotic disorder and who use cannabis. The HCA must also write a report to the Legislature about its progress in creating the guidance for health care providers and cessation programs by Dec. 1, 2025. The HCA must then report on outcomes of the health interventions by July 1, 2027, and submit a final report by Dec. 1, 2028.

The Liquor and Cannabis Board (LCB) must collect data on the amount of products sold under the three broad categories (usable cannabis, cannabis concentrates, and cannabis-infused products), the average THC concentration, the average milligrams of THC per unit sold, and the range of THC concentration in both usable cannabis and cannabis concentrates. The report is due by Nov. 14, of 2025.