A BILL FOR AN ACT

RELATING TO CANNABIS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that marijuana, also 2 known as cannabis, is a plant with psychoactive properties 3 derived primarily from its main psychoactive component 4 tetrahydrocannabinol (THC). With more legalization occurring 5 across the nation, there have been changing trends that affect 6 youth cannabis use such as greater public acceptance, declining 7 perception of risk, increasing availability of new products, 8 higher potency, pervasive marketing with products that appeal to youth, and varying content of THC in similar products. 9

10 The legislature further finds that addressing cannabis use 11 among youth is a major public health concern. In 2022, the 12 department of health reported that youth lifetime use was at 13 33.2 per cent while use in the past month was at 20.3 per cent. 14 Treatment agencies for cannabis use disorder reported that 63.5 15 per cent of kids presenting for treatment do so because of 16 problems stemming from overuse of cannabis. As of 2023, 17 cannabis use by youth in the past month, a better determinative



H.B. NO. 814

indicator for the effects of legalization, increased albeit
 modestly. While youth cannabis use declined overall in 2023,
 older students consistently reported higher usage at twenty-two
 per cent, suggesting a need for targeted interventions aimed at
 older adolescents. Also, cannabis use among girls increased to
 eighteen per cent.

7 The legislature also finds that there is general agreement 8 from available data that cannabis use is not healthy for young 9 people. Except for some refractory epilepsy and seizure 10 disorders, there is no established beneficial use of cannabis in 11 children. There is, however, extensive evidence that cannabis 12 use causes serious, permanent harm on developing brains. 13 Studies show that early cannabis use can impair adolescent brain 14 development causing cognitive impairment and underdeveloped 15 decision-making as well as functional impairments in attention 16 and memory. There are increased risks for the early onset of 17 psychiatric conditions, such as schizophrenia. Early cannabis 18 use can also lead to cannabis use disorder, suicidal ideation, 19 poor school performance, increased high school dropout rates, 20 and negative effects on male fertility. Physicians, parents, 21 and children alike need to be aware of these risks.



H.B. NO. 814

1 The legislature additionally finds that prevention 2 practices can protect youth from the potential harm of cannabis 3 use as well as be a link for youth to access treatment. It is 4 important to build and support a diverse and skilled public 5 health workforce for cannabis prevention and treatment that 6 provides health support functions and ensures continuous quality 7 improvement to develop an organizational infrastructure that 8 prevents the harms of cannabis and improves public health. Ιt 9 is also critical for Hawaii reassure the community that it has 10 the capacity to address prevention and treatment for youth 11 cannabis use.

12 There are a number of informational, media, and evidence-13 based prevention strategies that communities could implement to 14 prevent youth cannabis use, such as: public education, local 15 policy, environmental scans, data monitoring, and community 16 collaborations. Public health and education as well as media 17 campaigns are more effective if the effort develops and is 18 implemented in a comprehensive public health and education 19 campaign. Public education messages can decrease the 20 misconceptions about cannabis as well as build support for 21 prevention strategies, increase knowledge about relevant aspects



H.B. NO. 814

of the law, and establish positive social norms and healthy
 beliefs. Programs and media campaigns that educate youth about
 risks and consequences of cannabis use and emphasize refusal
 skills have been and will continue to be important strategies to
 prevent youth cannabis use.

6 Hawaii can build upon other states' successful prevention-7 oriented, media-based interventions designed to reduce 8 adolescent cannabis use using similar message strategies. 9 Media-based campaigns are attractive as intervention strategies 10 given the potential economies of scale associated with media 11 interventions as well as youth involvement with and influence by 12 media. Media-based interventions show reductions in cannabis 13 use when in-school media and promotional materials are combined 14 with community-based efforts, especially when positive autonomy 15 and competence goals are linked with non-use.

16 Prevention programs work best when combining a community 17 focus on a population segment with an environmental strategy to 18 address social norms and economic conditions to influence 19 behavior. Key components of prevention include education and 20 awareness in community campaigns, skill-building programs, 21 family-based prevention and education, family strengthening



Page 4



programs, peer interventions, community engagement, coalition
 building, and policy and regulation.

3 The legislature further finds that cannabis is habit 4 forming and can lead to addiction, especially for adolescents. 5 Adolescents who start using cannabis before the age of fourteen 6 are four times more likely to become addicted by the time they 7 are adults. Cannabis addiction is more common among teens than 8 adults because their brains are still developing and are far 9 more sensitive to the chemicals in cannabis. Therefore, cannabis use peaks in teen years and early twenties. 10

Cannabis, like other addictive drugs, demonstrates 11 12 heightened behavioral responses and altered brain activity as 13 well as withdrawal symptoms of irritability, sleep problems, anxiety, and cravings. The high potency of cannabis currently 14 15 available is noteworthy because it increases the 16 unpredictability of a reaction, accounting for a rise in 17 emergency room visits due to the effect of cannabis. However, 18 since cannabis does not generally pose an immediate threat to 19 health, it can be more challenging to stop using the drug. 20 Moreover, many people who later develop addiction to other 21 drugs, first started with cannabis.



H.B. NO. 814

1 The legislature also finds that as cannabis use increases, so will the need for treatment for cannabis use disorders. 2 3 Approximately three in ten people who use cannabis have cannabis 4 use disorder. The risk of developing cannabis use disorder is 5 stronger in people who start using cannabis during youth or 6 adolescence and who use cannabis more frequently. Most teens 7 who enter substance use disorder treatment programs in Hawaii 8 and other states report that cannabis is the main or only drug 9 they use. Teens who identify other drugs as their primary drug 10 of choice often say they use cannabis too.

11 Adolescent substance use disorder treatment refers to a 12 range of interventions designed to help young people overcome 13 issues related to the use of alcohol, drugs, or other 14 substances. Since adolescents have unique developmental, 15 psychological, and social needs, treatment approaches are 16 tailored specifically to this age group, focusing on building 17 healthy behaviors, coping mechanisms, and support systems. 18 Behavioral therapies are the best practice and are available for 19 treating cannabis use disorders using motivational enhancement, 20 cognitive therapies, and motivational incentives. Early 21 identification and treatment can prevent long-term substance





dependence and help adolescents build healthier futures. While
 engaging in a supportive and structured program increases the
 chances of successful recovery.

4 The purpose of this Act is to protect children from health
5 risks associated with cannabis use by implementing extensive,
6 well-funded public health protections. Specifically, this Act
7 appropriates funds for:

8 (1) A public health and informational campaign;

Grants to prevent substance misuse among youth; and 9 (2)10 (3) Grants to treat substance use disorder among youth. SECTION 2. There is appropriated out of the general 11 12 revenues of the State of Hawaii the sum of \$4,000,000 or so much 13 thereof as may be necessary for fiscal year 2025-2026 and the 14 sum of \$2,000,000 or so much thereof as may be necessary for 15 fiscal year 2026-2027 for the department of health to develop 16 and implement comprehensive messaging in a public health and 17 informational campaign that includes media regarding youth 18 cannabis use and its impact on public health and safety. The 19 campaign may inform the public about any new laws related to 20 cannabis and the continuing risks that cannabis use poses to 21 children. A multi-media campaign may include a mix of digital,



Page 7

Page 8

1 social media, radio, and television advertising, along with materials for schools and community groups. 2 3 The sums appropriated shall be expended by the department of health for the purposes of this Act. 4 5 SECTION 3. There is appropriated out of the general 6 revenues of the State of Hawaii the sum of \$5,000,000 or so much 7 thereof as may be necessary for fiscal year 2025-2026 and the 8 same sum or so much thereof as may be necessary for fiscal year 9 2026-2027 for the alcohol and drug abuse division of the 10 department of health to administer grants for community-based 11 organizations to provide youth and families with evidenced-based 12 prevention services that prevent substance misuse among youth, 13 especially youth cannabis use. 14 The sums appropriated shall be expended by the department 15 of health for the purposes of this Act. 16 SECTION 4. There is appropriated out of the general 17 revenues of the State of Hawaii the sum of \$5,000,000 or so much 18 thereof as may be necessary for fiscal year 2025-2026 and the 19 same sum or so much thereof as may be necessary for fiscal year 20 2026-2027 for the alcohol and drug abuse division of the 21 department of health to administer grants for community-based



H.B. NO. 814

organizations to provide youth and families with evidenced-based
 treatment services, such as residential, intensive outpatient,
 and outpatient programs, to treat substance use disorder among
 youth, especially youth cannabis use.

5 The sums appropriated shall be expended by the department6 of health for the purposes of this Act.

7 SECTION 5. The department of health shall submit a report
8 to the legislature no later than twenty days prior to the
9 convening of the regular session of 2027, of its findings and
10 recommendations, including:

11 (1) The manner in which funds received pursuant to this
12 Act have been expended;

13 (2) The particular service providers involved;

14 (3) The number of persons who have been served;

15 (4) A description of the services provided;

16 (5) Measurable outcomes; and

17 (6) Any proposed legislation.

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SECTION 6. This Act shall take effect on July 1, 2025.

INTRODUCED BY: JAN 1 7 2025



Report Title:

DOH; Youth Cannabis Use; Appropriation

Description:

Appropriates funds for the Department of Health to develop and implement a public health and informational campaign; administer grants to prevent substance misuse among youth; and administer grants to treat substance use disorder among youth.

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