

# Protect Wisconsin Youth



## Preventing Youth Access to Delta-8 THC and Other Hemp-Derived Psychoactive Cannabis Products

**SEPTEMBER 2024**

**Wisconsin State Council on Alcohol and Other Drug Abuse  
Prevention Committee  
Psychoactive Hemp Derivatives Ad Hoc Committee**



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## **Charge to the Psychoactive Hemp Derivatives Ad Hoc Committee**

### **Charge**

Provide recommendations and guidance for addressing the proliferation of hemp-derived, psychotropic cannabis products [referred to throughout this report as derived psychoactive cannabis products (DPCPs)].

### **Rationale for the formation of an ad hoc committee**

The Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) has a statutory responsibility to provide leadership and coordination regarding substance use issues confronting the state. This responsibility includes generating awareness about these issues and providing recommendations to state and local policymakers and agencies on how to address them.

Toward this end, SCAODA's Prevention Committee requested that SCAODA approve the formation of an ad hoc committee to address growing concerns over the proliferation of unregulated derived psychoactive cannabis products (DPCPs).

As of yet, neither the federal government nor the state have chosen to regulate DPCPs, including putting into place commonsense safeguards to protect the health and safety of young people.

Thus, with this report, SCAODA undertakes its statutory responsibility by generating awareness about the emerging public health threat of unregulated derived psychoactive cannabis products and providing recommendations to state and local policymakers and agencies on actions needed to deter underage use of these harmful substances.

Ultimately, these recommendations need to reach policymakers at the state, county, municipal and school district levels. In Wisconsin, though, rarely does this happen with any sway without the due diligence of local coalitions. Local coalitions sounded the alarm about DPCPs, and local coalitions clamored for a resource to help guide their efforts in protecting the young people in the communities they serve.

It is the hope of the Psychoactive Hemp Derivatives Ad Hoc Committee that this report is a helpful resource in effecting healthy community change around DPCPs.



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## Acknowledgements

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**Cecilia J. Hillard, PhD**, Associate Dean for Research; Professor; Director, Neuroscience Research Center; G. Frederick Kasten, Jr. Endowed Chair in Parkinson's Disease Research. Dr. Hillard provided the committee with important background information on the science of derived psychoactive cannabinoids.

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## Background

### How We Got Here

Industrial hemp has been a viable cash crop in the United States for hundreds of years until banned under the Harrison Act of 1914 and the Marijuana Tax Act of 1937 effectively combining all forms of cannabis into a federally prohibited plant/substance (PBS, n.d.). The 1970s Controlled Substances Act (CSA) continued with this delineation, and it remained for nearly 45 years, industrial hemp was illegal under federal law to produce in the United States (though it could be imported from countries like Canada) until the 2014 Farm Bill allowed for states to launch pilot programs where farmers were allowed to apply to participate (Mark et al., 2020). Based on this successful pilot, the next version of the Farm Bill, released in 2018, eliminated “industrial” from the term and redefined “hemp” as “the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 THC [tetrahydrocannabinol] concentration of not more than 0.3 percent on a dry weight basis” (Otis & Queensland, 2019). The new definition explicitly includes cannabinoids, such as cannabidiol (CBD), which clarifies the scope of the defined term of “hemp” when used in other related laws.

#### **Important Terminology** (SAMHSA, 2023)

**CBD** is the primary non-psychoactive cannabinoid in the cannabis plant.

**Delta-9-tetrahydrocannabinol ( $\Delta^9$ -THC or delta-9 THC)** is the most prominent psychoactive component of the hemp plant, has been illegal in the United States since the Marijuana Tax Act of 1937, and delineated a Schedule I under the Comprehensive Drug Abuse Prevention and Control Act of 1970.

Regulation of products containing cannabis or cannabis-derived compounds also remained within the US Food and Drug Administration (FDA), under the Federal Food, Drug, and Cosmetic Act (FD&C Act) and section 351 of the Public Health Service Act (Gottlieb, 2018).

To align with the new federal bill, the Wisconsin legislature adopted the 2019 Wisconsin Act 68 (effective date of November 28, 2019), which modified state law in accordance with the 2018 Farm Bill and made several other changes regarding hemp-related actions in Wisconsin. The 2019 Wisconsin Act 68 also clarified the relationship between hemp products and certain cannabidiol (CBD) products, expanded and repealed certain requirements of the state’s Controlled Substances Board (CSB), and set a threshold level of delta-9 THC for purposes of certain offenses that would prohibit a restricted controlled substance in a person’s blood (Otis & Queensland, 2020).

Following the passage of 2019 Wisconsin Act 68, the Wisconsin Department of Agriculture, Trade, and Consumer Protection (DATCP), was assigned to license, inspect, and test hemp grown in the state. This was the case until January 1, 2022, when Wisconsin hemp growers were licensed by the US Department of Agriculture (DATCP, n.d.).



In the years that have followed the passage of the 2018 Farm Bill, the FDA issued ten warnings to various manufacturers of cannabis-derived products based on illegally promoting unsubstantiated health claims (FDA, 2024). Notably, the first warnings related to delta 8-tetrahydrocannabinol ( $\Delta 8$  THC) occurred in May 2022, with warnings for ‘copy cat products’ containing  $\Delta 8$  THC released in July 2023.

In addition to  $\Delta 8$  THC, other derived psychoactive cannabis products (DPCPs) continue to flood the market. Here is a partial list which may be available in products sold in your community -  $\Delta 10$  THC,  $\Delta 6a10a$ , THCV, THCH, THCP, THC-O or THC-O Acetate, THC-A, CBN, CBG, HHC (Leafly, 2024). It’s important to note that whether it is referred to as cannabis-derived, hemp-derived cannabinoids, or DPCPs, the THC is the same, and will have the same intoxicating effects (MOCM, n.d.).

The availability and accessibility of CBD and THC-containing products in retail establishments or via online vendors is widely unrestricted for sale or transport on a federal or state-level (USPS, 2019). As will be highlighted in this report, there are local municipalities, including many in Wisconsin, who have placed restrictions on in-person sales through ordinance based on age of the consumer (21 years and older).



## Executive Summary

In an August 2023 letter to Congress, the Cannabis Regulatory Association (CANNRA) summed up the concern nationally over derived psychoactive cannabis products this way: “The broad definition of ‘hemp’ in the 2018 Farm Bill has resulted in a marketplace that includes a wide array of products that contain the range of cannabinoids that can be derived directly or chemically from the Cannabis sativa L. plant, including intoxicating cannabinoids like delta-9 THC, delta-8 THC, delta-10 THC, THCP, THCB, THCjd, hexahydrocannabinol (HHC), H4-CBD, and THC-O-acetate. The language in the 2018 Farm Bill effectively legalized marijuana federally, without product regulation, and called it ‘hemp’” (Cannabis Regulators Association, 2023).

The 2018 Farm Bill legalized hemp, defining it as, “the plant Cannabis sativa L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis (7 USC § 1639o (1) HEMP).” This definition of hemp not only fails to take into consideration the other 100 plus cannabinoids found in the Cannabis sativa L. plant, but it also opened Pandora’s box by including “all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, *whether growing or not* [emphasis added].”

As a consequence, under the protection of the Farm Bill, manufacturers are able to synthesize and sell derived psychoactive cannabis products as long as their products fit the Farm Bill’s broad definition of hemp. This interpretation of the Farm Bill was upheld in 2022 by the Ninth Circuit Court of Appeals. The Court ruled that federal law does not explicitly prohibit the manufacture and sale of hemp-derived products, regardless of how they are manufactured or their intoxicating effects, as long as the products are initially sourced from either hemp or a cannabinoid extracted from hemp. Thus, the proliferation of DPCPs flooded the market.

One study conducted by Rossheim and colleagues found at least 26 different intoxicating compounds in hemp-derived cannabis products readily available on the market (Rossheim et al., 2024).

**Derived Psychoactive Cannabis Products (DPCPs)** is a term coined by a team of public health researchers to categorize the wide array of diverse, intoxicating products being manufactured and sold as ‘hemp’ under the 2018 Farm Bill. The researchers chose not to include ‘hemp’ in the term to avoid giving the false impression that these products have no or low levels of THC and are thus not psychoactive (Rossheim et al., 2023). Except when quoting specific sources where an alternative term may have been used, the authors of this report chose to use ‘DPCPs’ when referring to these products.



Wisconsin, like the rest of the country, has been inundated with DPCPs that are available in many communities throughout the state in a variety of retail settings like gas stations, convenience stores, grocery stores, vape and smoke shops, and in some instances, vending machines and online.

DPCPs are sold in the form of vapes, gummies, candies, edibles, concentrates, and tinctures (e.g., infused liquids). What's more, some manufacturers are not shy about promoting the intoxicating qualities of their products and packaging them in ways that appeal to children and mimic well known commercial food products.

Of major concern is the impact DPCPs can have on the health and development of young people. Research continues to shed light on the deleterious effects delta-9 THC can have on adolescent mental, emotional, and behavioral health. Numerous studies have found that adolescent cannabis use is associated with:

- Compromised cognitive development (learning, memory, and attention)
- Poor academic performance
- Development of cannabis use disorder
- Risk of psychiatric disorders, such as depression, psychosis and suicidality
- Intoxication leading to impaired decision making, reaction time, and coordination (Ladegard & Bhatia, 2023)

For these reasons, this report prioritizes strategies aimed at reducing access and appeal to young people. DPCPs are currently unregulated at both the federal and state level. In Wisconsin, unless a municipality chooses to impose their own restrictions, there are no state-level regulations in place to prevent underage exposure to, and use of, these products.

With lessons learned from tobacco and alcohol, this report offers evidence informed recommendations for state, local, and school district policymakers to take the first steps in protecting our young people from the harms of underage use of derived psychoactive cannabis products.





## Prevention 101

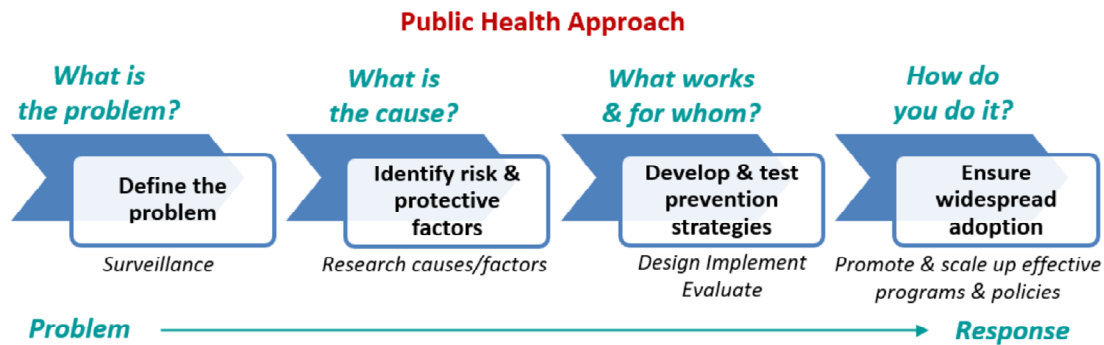
**Public Health** is what we, as a society, do collectively to assure the conditions for people to be healthy (*Institute of Medicine*)

In Wisconsin, we strive to create communities where kids have the opportunity to be happy and healthy. Communities often form community coalitions to assess community conditions and either reduce or enhance these conditions through action. In this section, you will learn how communities can apply an evidence-based approach to addressing youth access to DPCPs, a condition that is preventable.

One way we work to assure the conditions for people to be healthy is through primary prevention. Primary prevention aims to prevent disease or injury by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.

A public health approach to primary prevention means using data, best practices, cross-sector collaboration, and community engagement. The public health approach, depicted in Figure 1, guides us in **1)** clearly defining and monitoring the problem, **2)** identifying the risk and protective factors causing the problem, **3)** applying and testing appropriate prevention strategies, and **4)** ensuring widespread adoption of effective strategies (CDC, 2024).

**Figure 1: Public Health Approach**



Source: NASBLA. (n.d.). <https://www.nasbla.org/advocacy/public-health>

The Strategic Prevention Framework (SPF) is an evidence-based planning tool based on the public health approach that can be used to identify and employ prevention interventions that will be effective in addressing a substance use problem impacting a community.

### Strategic Prevention Framework (SPF)

Figure 2 illustrates the interconnected steps that prevention planners work through as they apply the SPF process to a local problem. Once the Assessment and Capacity stages are completed, the



information gleaned in those steps is used in the Planning stage to select strategies with the strongest evidence of effectiveness for modifying the local conditions and thus preventing new cases of the problem from occurring.

Environmental strategies for substance misuse prevention are rooted in a public health approach that targets change across entire populations or communities. Environmental prevention strategies are interventions that modify or change the environment in which individuals make choices. The focus of environmental strategies is to change the environment in ways that encourage people to make healthy choices.

**Figure 2: Strategic Prevention Framework**



Source: *Substance abuse and mental health services administration*. SAMHSA. (n.d.). <https://www.samhsa.gov/>

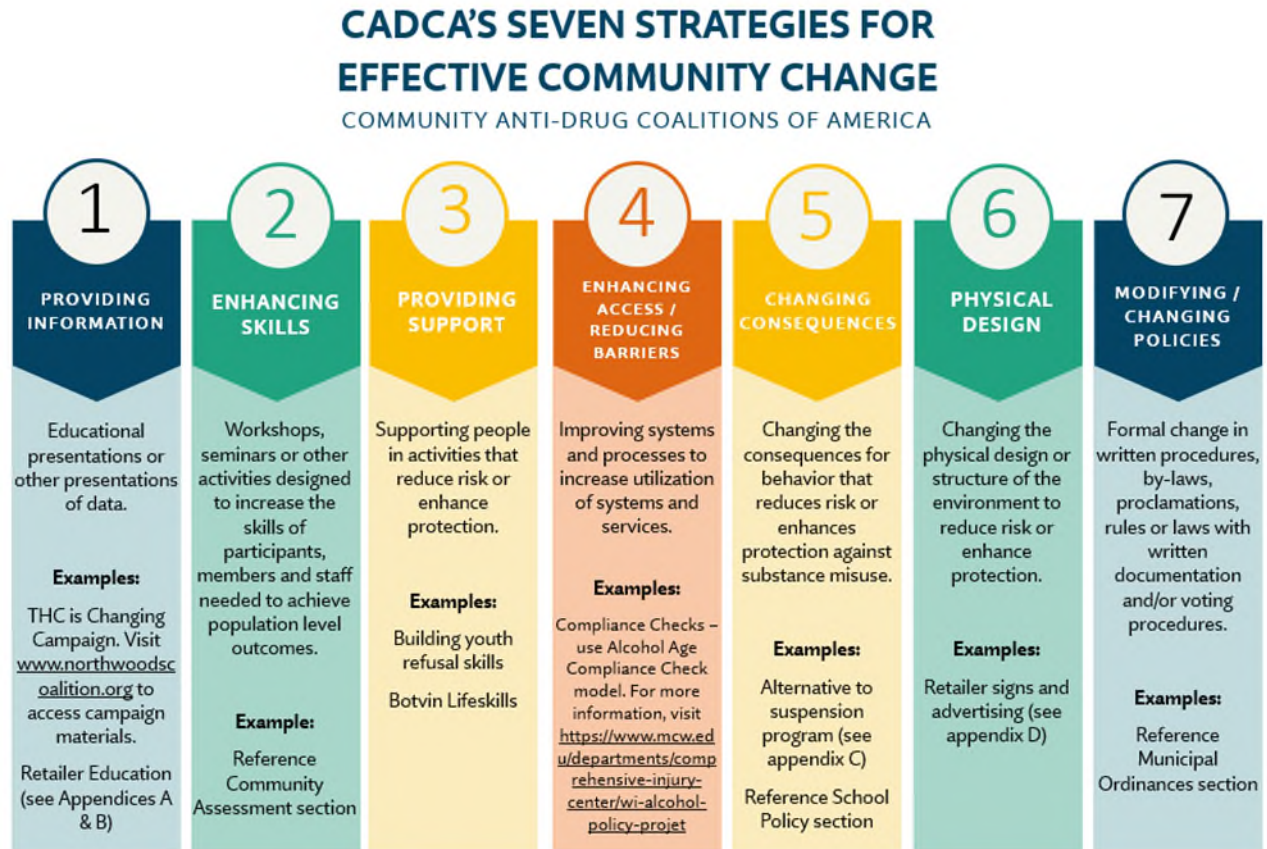
County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, is an example of a resource that can be utilized during the SPF Planning stage to explore evidence-informed strategies and solutions. CHR&R’s website features [What Works for Health](#), a tool to help prevention planners find policies and programs that are a good fit for their community's priorities (see Appendix J).

With regards to the priority of this report, the use of derived psychoactive cannabis products (DPCPs) by young people, the [What Works for Health](#) tool offers a scientifically supported strategy for preventing the underage use of two other legal substances that prevention researchers have suggested may have similar results for DPCPs. Establishing and enforcing a minimum legal sales/purchase age of 21 for both alcohol and tobacco has demonstrated effectiveness in protecting the health and safety of young people (CHR&R, n.d.).



The Community Anti-Drug Coalitions of America (CADCA) developed seven strategies, explained in Figure 3, to use as part of a comprehensive approach to seek community change rooted in evidence-based research. Each strategy should be implemented at a state, regional, and local level to ensure we are addressing youth access to hemp derivatives at all levels.

**Figure 3: CADCA’s Seven Strategies for Effective Community Change**



Visit <https://www.cadca.org/> for more

### Example from the Tobacco 21 Movement

The Tobacco 21 movement began in 2005 when Needham, Massachusetts became the first town in the US to enact a law raising the Minimum Legal Sale Age (MLSA) to 21.

In March 2015, the National Academy of Medicine issued a report titled, “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products.” The report



modeled the likely public health outcomes of raising the MLSA to 19 years, 21 years, and 25 years, taking into consideration the developmental stages during which adolescents and young adults are more vulnerable to the adverse effects of nicotine (*Centers for Disease Control and Prevention*).

On December 20, 2019, the minimum legal sales age was raised from 18 to 21 nationwide. “The tobacco space understood that effective and comprehensive Tobacco 21 policies on a state and local level start with strong language, ample planning for implementation and enforcement, and an equity focus. Which is why states and localities can pass or strengthen their own age of sale laws to ensure state and local agencies have the authority to enforce the higher age of sale, incorporate other best practices, and ensure retailers are following the law” (*Counter Tobacco*).

At its root, the Tobacco 21 movement, with an emphasis on policy, is an example of a successful approach to keeping harmful, addictive products out of the reach of young people, similar to what is needed for DPCPs.



## Community Assessment

A community assessment is a way for community stakeholders to determine the current policies, systems and strategies already in place to address areas of concern, and identify any gaps. This assessment identifies health needs in the community through data collection and analysis, commonly referred to as community health assessments, and community health improvement plans. (Wisconsin Department of Health Services, 2024).

### Conducting a Community Assessment

Community assessments can be conducted through a variety of methods including environmental scans, community surveys, key informant interviews, and more.

- **Environmental scans** can be used in your community to determine the prevalence of derived psychoactive cannabis products (DPCPs) (see Appendix E for an environmental scan template). This scan is intended to be used in local retail establishments to determine the prevalence of DPCPs being sold. If you are unsure where to begin, gas stations, convenience stores, smoke or vape shops, bars, and grocery stores are good places to start looking. Outlet density maps can then be created from environmental scans to paint a visual picture of where DPCPs are being sold in a community in relation to schools, parks, youth serving organizations, or other. Taking photos of the products in these establishments can be powerful when sharing your findings with key stakeholders and community members.
- **Key informant interviews** can be used to gather data from local stakeholders that work with the youth population (see Appendix F for a key informant interview template). Examples of individuals to consider interviewing include school principals or administrators, school resource officers, police officers, school counselors, emergency room or hospital staff, and parents.
- **Community Surveys** can be completed by general community members to collect data on the knowledge and thoughts of the general population (see Appendix G for a community survey template). A community survey can provide insight into what the general public's opinion or knowledge may be of certain issues. It is important to understand community perceptions about the issue you are looking to address.

### Evaluating Results

Ideally, your coalition or group would use all three examples of data collection and more if available, to analyze the landscape of DPCPs in your community. Additional data may include Youth Risk Behavior Survey data. To truly make a lasting impact, your coalition should implement strategies from all of [CADCA's 7 Strategies for Change](#). However, if you find that community perception of harm is low, your coalition or organization may need to spend additional time implementing community education and awareness.



## Municipal Ordinances

Derived psychoactive cannabis products (DPCPs) are unregulated, intoxicating substances that have high potential for misuse among young people and pose a significant threat to their healthy development. Creating the conditions in which young people can be healthy often requires policy solutions. Our neighborhoods are shaped by specific policies that guide development, and consequently, our well-being. When elected officials and decision-makers work together with their local public health departments and community coalitions, it results in healthier communities with more people benefitting from equitable policies. Those most impacted by policies should also be meaningfully involved in the process.

One policy solution that has demonstrated effectiveness in reducing underage alcohol and tobacco use has been limiting access to these products to those age of 21 and older (What Works for Health, see Appendix J).

### Local Ordinances in Wisconsin

Examples of existing local ordinances regulating the sale of DPCPs in Wisconsin include:

- [Wood County](#) (see Appendix I) and local municipalities within the county:
  - [Town of Grand Rapids](#)
  - [City of Marshfield](#)
  - [City of Nekoosa](#)
  - [City of Pittsville](#)
  - Village of Port Edwards
- City of Kaukauna (see Appendix H)
- City of Abbotsford
- City of Medford

### Local Authority

Some communities may face barriers when attempting to pass policy on DPCPs. Communities are encouraged to discuss local policy with their corporate council or city attorney.

### Information about Home Rule

According to the Wisconsin Legislative Council, cities and villages derive home rule power from both Wisconsin's Constitution and statutes. Constitutional home rule power, as interpreted by the Wisconsin Supreme Court, is very limited. For that reason, the most contested issue in a home rule case, and the focus of a court's analysis, is the scope of statutory home rule, or whether the local regulation is preempted by state statute. In the instance of DPCPs, there is no state statute.



County home rule is more limited than municipal home rule, because a county cannot rely on constitutional authority to act. A county’s statutory authority provides only “organizational and administrative power,” which is narrower than city and village police powers. Counties will find, however, that they are within their power to protect public health and safety, so where the state may be lacking in regulation, home rule may apply (*Wisconsin Legislative Council, 2023*).

### County Authority under State Statute

Counties may face setbacks if local attorneys feel a county is not within its authority to regulate DPCPs under the State’s Uniform Controlled Substances Act (Wis. Stat. 961). Counties do, however, have adequate authority under Wis Stat. Ch. 59 which outlines the governing power of counties.

#### **59.54. Public protection and safety**

**(6) Peace and order.** The board may enact and enforce ordinances to preserve the public peace and good order within the county including, but not limited by enumeration, ordinances prohibiting conduct that is the same as or similar to conduct that is prohibited by [ss. 947.01\(1\)](#) and [947.02](#), and provide a forfeiture for a violation of the ordinances.

#### **Peace and order**

Legislature has power to vest in a county board or municipal council power to provide for good order of community by enacting ordinances regulating local affairs, provided there is not included the power in either to create crimes and impose criminal punishment, and under such a grant of power county or municipal government may enact ordinances prohibiting some of the very acts already prohibited by state law, and in such a case there may be a prosecution under the state law as and for a crime and a civil action under local ordinance for the recovery of a fine. [State ex rel. Keefe v. Schmiede \(1947\) 28 N.W.2d 345, 251 Wis. 79.](#)

#### **Ordinance Components to Consider**

Community risk factors that can contribute to youth use of DPCPs include widespread availability of products, a large number of DPCP retailers in a given area, no limitations on days and hours of sale, broad exposure to marketing, and products, packaging, and marketing that appeals to young people.

Thus, policymakers should consider including the following components in an ordinance:

- Minimum age of purchase (21 years or older)
- Require products be placed behind the counter in retail establishments
- Requirements for quality standards and health warnings
- Require retailers to prominently post signage that customers must be 21 or older to purchase
- Require valid age verification at point of sale



- Prohibit packaging that appeals to young people and mimics common food brands
- Limit the number of businesses allowed to sell DPCPs as well as their proximity to locations frequented by young people
- Restrictions on whether delivery from the retailer is allowed

### **Minimum Legal Sales Age (MLSA)**

Research shows that alcohol, tobacco, and illicit drug use can substantially influence the growth and development of youth. It has also been shown that the likelihood of developing a substance use disorder (SUD) is decreased if substance use is taken up after adolescence (Rioux et al., 2018).

The Substance Abuse and Mental Health Administration (SAMHSA), recommends that states considering legalizing marijuana may want to establish a minimum purchasing and use age of at least 21, comparable to the legal age to purchase alcohol and tobacco. This is of particular importance when considering that marijuana remains illegal at the federal level and research continues to demonstrate its negative impacts on the developing brain (SAMHSA, 2021). As many DPCPs are unregulated novel substances which can cause intoxication and carry a high potential for misuse, an age restriction would create a barrier to youth access.

### **Zoning**

In Wood County, a zoning regulation was included in the DPCPs ordinance in which products containing the named isomers (delta-8 THC, delta-10 THC, THC-A, THCO, HHC, and THCP) cannot be sold within 750 feet of a hospital, church, or youth-serving organization defined in the ordinance as childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, springing arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.). This ordinance also includes temporary picnic events in which vendors can sell products. To see more information on outlet density mapping, refer to the Environmental Scan Explanation in the [Community Assessment](#) section of this report.

### **Emphasize Restricting Sales to Minors (A Lesson from Tobacco)**

Ordinances focused on reducing youth access are successful in reducing youth use when they are well enforced to ensure a high rate of compliance (Counter Tobacco, 2023). Rather than treat young people as the wrongdoers, ordinances should focus on limiting access to youth. Rigorous enforcement of restrictions against sales to young people is critical to minimizing access to these products and, ultimately, preventing underage use. The most successful youth access programs incorporate routine retailer compliance checks in which volunteers under the legal purchasing age attempt to purchase these products. Refer to Appendix C to read more about the ineffectiveness and potential unintended consequences of purchase, use, and possession (PUP) policies.





## School Policy

### Introduction

For school staff and administration, the lack of oversight of derived psychoactive cannabis products (DPCPs) presents significant challenges. Firstly, it creates confusion surrounding the legality of these products on school premises. Without clear regulations in place, enforcing policies regarding their possession and use becomes problematic. Additionally, the varying quality and safety standards of these products raise concerns about student health and safety. It's crucial to recognize that the absence of oversight means that the contents of these products can vary widely, potentially leading to unintended exposure to contaminants or higher levels of THC. This lack of clarity also complicates drug policy enforcement, as determining the legality of DPCPs under existing policies becomes unclear. To address these challenges, schools must collaborate with local authorities and health agencies to develop clear policies and guidelines regarding the possession and use of DPCPs. Education and awareness initiatives can also play a vital role in ensuring that students, parents, and staff are well-informed about the potential risks associated with these products, helping them make informed decisions.

### Action

For school staff and administration, effectively addressing the impact of uncontrolled derived psychoactive cannabis products (DPCPs) in schools necessitates a multifaceted approach that encompasses the following education and policy measures:

- **Comprehensive education** campaigns are essential to equip both staff and students with a thorough understanding of the risks associated with DPCPs, and the legal framework surrounding their use. Collaborating with local health authorities and experts, we can develop engaging materials and host informative sessions to raise awareness.
- **Clear and enforceable policies** are paramount to set boundaries and expectations regarding the possession, use, and distribution of DPCPs on school premises. These policies should be communicated clearly to all stakeholders and consistently enforced, with appropriate consequences outlined for violations.
- **Providing support services** for students struggling with substance use issues related to DPCPs is crucial. This includes offering counseling, support groups, and referrals to external resources.
- **Regular review and updates of policies and educational initiatives** are essential to stay abreast of evolving laws, trends, and challenges.

By taking a proactive and collaborative approach, we can create a safe and supportive environment for our school community amidst the complexities of DPCP use.



## Educational Campaigns

Education about DPCPs is crucial for both students and faculty in schools. Understanding the effects, risks, and legal status of these substances empowers individuals to make informed decisions about their health and well-being. With more than 11% of 12th graders reporting use of delta-8 products in the past year the time for education is now (Harlow, et al., 2024). For students, this education fosters responsible decision-making and helps prevent substance use. For faculty, it enables them to recognize signs of drug use among students and provide appropriate support. By incorporating education on DPCPs into school curricula, we can promote a safer and healthier learning environment for everyone.

## Policies

School policies concerning DPCPs are crucial in establishing a safe and supportive learning environment. These policies must be comprehensive, addressing not only the disciplinary repercussions of substance use but also providing support and intervention options.

When it comes to DPCPs, which are relatively new and sometimes misunderstood substances, schools need to educate not only students but also faculty and staff. This education should cover the effects, risks, and legal status of DPCPs, ensuring everyone understands its potential impact on health and behavior. Punitive measures alone are often inadequate in addressing the complex issues surrounding substance use among students. Instead, **schools should incorporate restorative practices and alternative disciplinary measures into their policies.** Rather than automatically resorting to suspension or expulsion, schools can offer counseling, support groups, or substance use education programs. These alternatives not only address the immediate issue, but also aim to identify and address the underlying reasons for substance use like stress, peer pressure, or mental health issues.

### **Sample policy of how a school may alter their student behavior code to outline the outcome of a student violation:**

#### **Possession, Use, and/or Under the Influence of a Cannabis Product (Natural or Synthetic), or the Possession/Use of Related Paraphernalia**

- Immediate notification to Parent/Guardian
- Confiscation of substance and paraphernalia if applicable.
- Referral to Student Counselor for a minimum of three sessions
- Assignment and completion of two-hour Cannabis Prevention Alternative to Suspension Program – Must be completed within one week of violation unless otherwise scheduled.

Working with schools or district administration to revise the school's behavior code can create a supportive environment where students feel comfortable seeking help. In doing so, discuss the referral process with the school disciplinarian, the expected timeline from referral to program completion, and any reporting obligations.



Creating a supportive environment where students feel comfortable seeking help is crucial. Schools should ensure confidentiality and non-judgmental support for students who come forward with substance-related concerns. Fostering open communication and offering resources for both prevention and intervention can empower students to make healthier choices and provide the necessary support when needed. Adopting a holistic approach that considers the individual needs of students can create a safer and more inclusive environment for all members of the school community.

### **Review and Updates on Education and Policies**

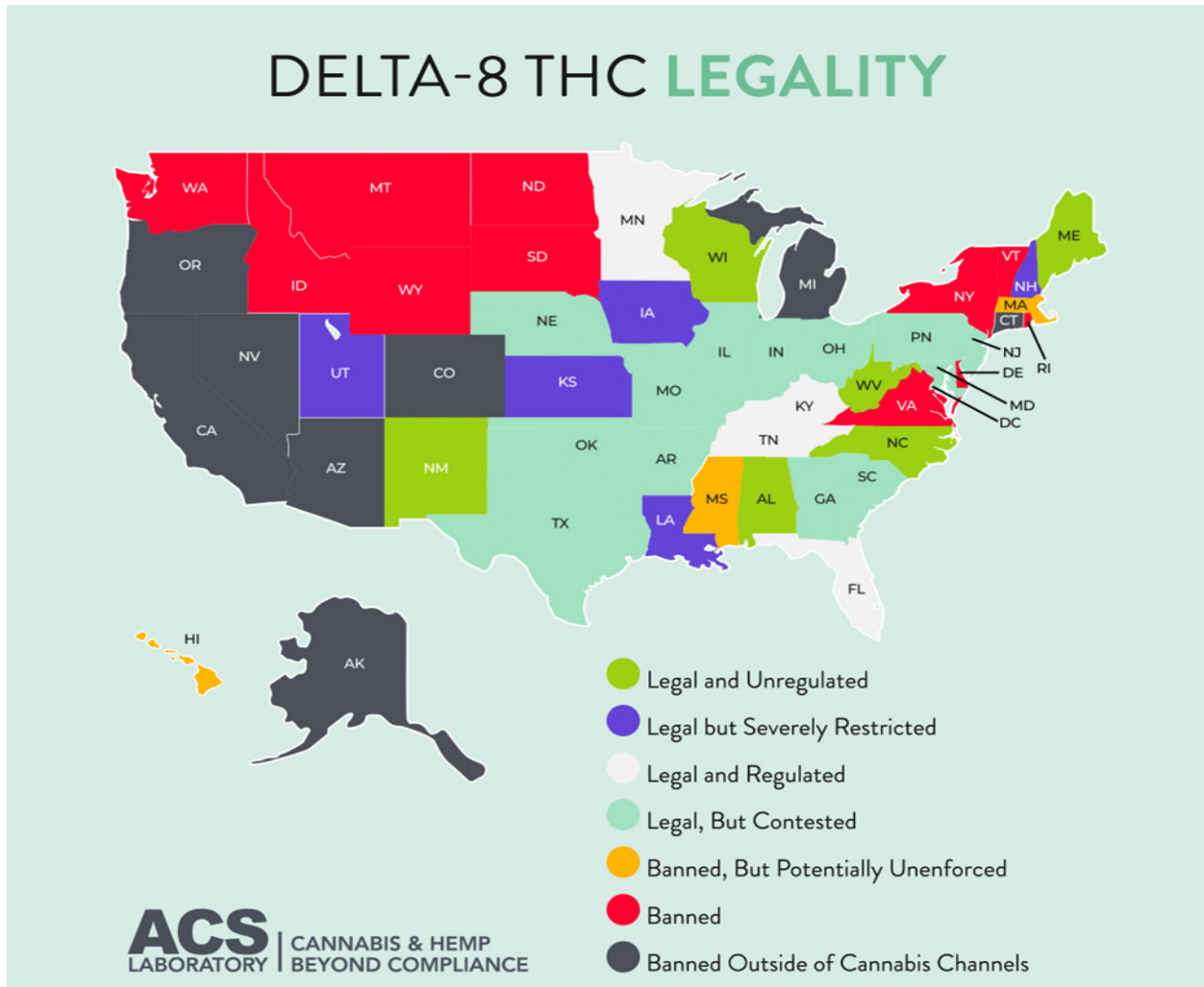
It is important for schools to regularly update their educational materials and policies regarding substance use. This ensures that they are in line with current societal norms, scientific understanding, and emerging trends in drug use. The following are reasons to review and update:

- Societal attitudes towards substances and drug use change over time due to cultural shifts, legislative changes, and advancements in research. It is essential for educational materials and policies to reflect these changes to effectively address current challenges and concerns.
- Scientific knowledge about substance use is continually evolving, with new research uncovering the effects of different substances on individuals' health and behavior. By staying up to date with these developments, schools can provide accurate and relevant information to students and faculty, empowering them to make informed decisions and respond appropriately to substance-related issues.
- The landscape of drug use is dynamic, with new substances constantly emerging and evolving. Schools must remain vigilant and proactive in addressing trends, updating their policies to effectively address new substances, and changing patterns of use.
- Regular updates to educational materials and policies also demonstrate a commitment to continuous improvement and responsiveness to the needs of the school community.

You will find additional material about the Strategic Prevention Framework (SPF) in the [Prevention 101](#) section of this report. The SPF approach helps identify and employ prevention interventions that will be effective in addressing substance use problems. Soliciting feedback from students, parents, and other stakeholders can ensure that the schools' approach to substance use prevention and intervention remains effective and relevant. By staying informed and responsive, schools can better fulfill their role in promoting the health and well-being of students and creating a safe and supportive learning environment.



### State Recommendations



Source: ACS Laboratory. Retrieved online July 22, 2024 <https://www.acslab.com/cannabinoids/regulation-the-legality-of-the-delta-8-a-state-by-state-guide>

The Agriculture Improvement Act of 2018 (“2018 Farm Bill”) legalized hemp as well as hemp derivatives and isomers. This created a loophole that inadvertently allowed for the chemical alteration of hemp to create over a dozen intoxicating cannabinoids. This has resulted in the proliferation of derived psychoactive cannabis products (DPCPs) that are unregulated and being sold at gas stations, grocery and convenience stores, smoke/vape shops, and other retail outlets.

The direct effects of these DPCPs on the developing brains of children and youth can include – impairment of cognitive function, memory, and judgment; hallucinations; anxiety; psychosis;



depression; nausea and vomiting; dizziness and tremors; and loss of consciousness. Prolonged use may result in dependency, leading to addiction and withdrawal symptoms.

Unfortunately, until congress addresses this loophole, states are left to fend for themselves in regulating these products. Thus far state-level regulatory action has ranged from full prohibition to complete unrestricted access. Within this range are states who have chosen to limit access to those age 21 and older.

The State of Wisconsin has yet to place any restrictions on DPCPs. However, a few local communities including Wood County and the City of Kaukauna have passed ordinances prohibiting the sale of these products to anyone under the age of 21.

**It is the recommendation of this report that state policymakers follow suit and enact legislation similar to the Wood County (see Appendix I) and Kaukauna ordinances (see Appendix H) so that all young people are protected from the potential harms posed by derived psychoactive cannabis products.**

### **Guidance from State Cannabis and Hemp Regulators**

The Cannabis Regulators Association (CANNRA) is a national, nonpartisan association of government agencies regulating cannabis, cannabinoids, and hemp across more than 45 states and U.S. territories. CANNRA's mission is to convene, educate, and support governmental jurisdictions responsible for implementing cannabis and cannabinoid policies and regulations.

A key aim of CANNRA is to foster collaboration and coordination to identify and share best practices that safe-guard public health and consumer safety, promote equity, and create regulatory certainty for industry participants.

Among the regulatory best practices identified by CANNRA members, the following emerged as some of the minimum requirements recommended for protecting the health and safety of young people (CANNRA, n.d.):

- Licensing of retailers to allow for consistent application of minimum standards to operate.
- Age verification at point of sale with strict requirements for age verification in ecommerce and in-person delivery.
- Relevant warnings displayed prominently on the label in legible font, using easy to understand language.
- Packaging and labeling that does not appeal to children.
- Packaging and labeling that does not mimic non cannabinoid commercial items.
- Packaging that is child-resistant as appropriate for product forms and intoxication potential.



- Advertising regulations to ensure that advertising is not designed or implemented in a way that targets or appeals to children and includes any relevant warnings.
- Education, compliance, and enforcement programs to ensure compliance with minimum standards and regulations.

### **Guidance from the Tobacco 21 Movement**

Additional guidance can be taken from a consortium of national public health organizations that identified the key elements of a strong policy that establishes age 21 as the minimum legal sales age (MLSA) for all tobacco products (Preventing Tobacco Addiction Foundation, 2019).

Adapting these elements to establish age 21 as the MLSA for all DPCPs, a strong policy will do the following:

- Define DPCPs to include current and future products
- Prohibit the sale of DPCPs to persons under the age of 21
- Require the retailer of DPCPs or their employee to verify the age of the purchaser prior to the sale
- Require the retailer of DPCPs to post signs stating that sales to persons under the age of 21 are prohibited
- Designate an enforcement agency and establish a clear enforcement protocol;
- Create a retail licensing program to sell DPCPs
- Dedicate funding to fully cover enforcement costs, either through licensing fees or as a provision in a state statute or local ordinance
- Provide authority for the state, county, or municipality to inspect retailers for compliance with MLSA 21 and a mandated minimum number of annual compliance checks for every retail establishment of DPCPs
- Provide penalties focused on the retailer or licensee rather than the youth purchaser or non-management employee
- Establish a civil penalty structure for violations rather than a criminal penalty structure to avoid unintended consequences that disproportionately impact marginalized communities and undermine the public health benefits of the policy
- Ensure that local jurisdictions have the authority to enact more stringent regulations for products than state or federal law



## Glossary

The nomenclature of cannabis products is not standardized and often varies from state to state as well as common names and street names can be vernacular in nature. Additionally the proliferation of these products is exponentially increasing. It must be noted that this is an ever-changing landscape. Currently, in Wisconsin, these products are often referred to as weed light, diet weed or legal pot. For purposes of this report, a glossary of terms has been included to help the reader better understand the issue from a lay person's perspective with reference to medical and scientific language.

**Analog** - A compound having a structure similar to that of another compound

**Biosynthetic** - The formation of chemical compounds by a living organism, or a laboratory process modeled after these reactions in living organisms.

**Cannabidiol (CBD)** - One of two main cannabinoids found in the cannabis plant; in its pure form, it has no known psychoactive effect

**Cannabinoids** - Naturally occurring compounds found in the Cannabis sativa plant possessing psychoactive properties

**Cannabis Hyperemesis Syndrome (HPS)** - Abdominal pain, nausea, and repeated vomiting caused by marijuana use

**Cannabis Induced Psychosis** - Psychosis triggered within minutes, hours or days of smoking or consuming marijuana; the disorder is listed in the DSM-5, a catalog of mental disorders that health professionals use to diagnose patients

**Cannabis sativa L.** - Flowering plant containing tetrahydrocannabinol (THC), both hemp and marijuana are this plant

**Delta-8-tetrahydrocannabinol (Delta-8 THC or  $\Delta 8$  THC)** - A cannabinoid that is typically manufactured from CBD and produces psychoactive effects; it is structurally different from delta-9 THC

**Delta-9-tetrahydrocannabinol (Delta-9 THC or  $\Delta 9$  THC)** - One of two main cannabinoids found in the cannabis plant and produces psychoactive effects; it is potentially more potent than delta-8 THC and may have more considerable side effects; it is illegal in Wisconsin and currently a Schedule 1 drug.

**Derivative** - a product that is based on another source; having parts that originated from another source

**Derived psychoactive cannabis products (DPCPs)** - Products include edibles, dab, budder, shatter, leaf, bud, tincture, flower, tonics, and oils/wax for vaping/dabbing



**FDA-approved product** - FDA has determined that the benefits of the product outweigh the known risks for the intended use

**Hallucinogenic** - A substance that induces visions or imaginary perceptions, to see or hear things that do not exist outside of the mind

**Hemp** - Cannabis plants and products with a delta-9 concentration of no more than 0.3 percent on a dry weight basis

**“High potency” marijuana** - Product measured at 10 percent THC or higher

**Intoxicating** - A reversible pattern of behavioral or psychological changes produced by the drugs' action on the CNS (e.g., mood, belligerence, impaired cognition, judgment, motor skill performance, and social functioning)

**Intoxication** - A condition that follows the administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception, affect, or behavior, or other psychophysiological functions and responses

**Legal weed** - DPCPs are often referred to as "legal" weed as they do not currently fall under state marijuana regulations yet produce similar effect

**Marijuana** - Cannabis plants and products with a delta-9 concentration of greater than 0.3 percent on a dry weight basis

**Methods of consumption** - Smoking, vaping, ingesting (eating or drinking)

**Novel** - new or unfamiliar, in this report referring to a drug or substance that has not been around very long

**Potency** - Percentage of THC (or psychoactive component) within the product in terms of the dose required to produce a given effect

**Psychoactive effects** - The effects of a drug or other substance on the mind (i.e., mind-altering), such as changes in mood, awareness, thoughts, feelings or behavior; any psychoactive effect is considered intoxicating (i.e., Causes a "high")

**Psychoactive substances** - Any substance, natural or synthetic, or any natural substance material, which has psychoactive properties; when taken in or administered into one's system, psychoactive substances affect mental processes, e.g. perception, consciousness, cognition or mood and emotions; psychoactive substances include alcohol and nicotine

**Psychosis** - A collection of symptoms that affect the mind, where there has been some loss of contact with reality; it is a collection of symptoms that make it hard to distinguish between what is real and fake





**Synthetic** - A product produced artificially through chemical or biochemical process

**THC Isomer** - An isomer is a compound with the same chemical formula but a different arrangement of atoms in the molecule and different properties

**Therapeutic claims** - Statements made regarding a product ability to prevent or treat a health condition

**Total THC** - Measurement of all isomers of Tetrahydrocannabinol (THC) within a given product



## Appendix A: Impact Coalition Handout



# Preventing Cannabis Sales to Minors



### Delta-8 THC

Delta-8 tetrahydrocannabinol (THC) is a psychoactive chemical substance found in the Cannabis plant (hemp and marijuana). The chemical is extracted from hemp byproducts, then added to products in highly concentrated levels to be smoked, vaped, or ingested in some way.

Because of the highly concentrated levels of delta-8 in these products, the effects tend to be similar to typical marijuana containing delta-9 THC.

### Youth Substance Use

Most substance use starts between the ages of 13-17. Individuals are more likely to develop a substance use disorder the younger they begin using substances, and the more substances they use. Research shows that adolescent dependence on THC can cause mental psychosis, schizophrenia, and other mental disorders.

### What Retailers Can Do

- Train employees to be aware that it is illegal in Wood County for persons under 21 to possess and use psychoactive cannabinoids, such as THC, HHC, and other hemp-derived substances that cause the user to become "high".
- Utilize free resources provided by IMPACT that support compliance with Wood County's hemp-derived cannabinoid ordinance.
- Display signage to customers that state you must be 21 or older to purchase hemp-derived cannabinoids (exception: must be 18 or older to purchase CBD).

[healthypeoplewoodcounty@gmail.com](mailto:healthypeoplewoodcounty@gmail.com)  
[www.healthypeoplewoodcounty.org](http://www.healthypeoplewoodcounty.org)

January 2023



## Appendix B: Minnesota Department of Health Factsheet



# Hemp-Derived Cannabinoid Product Compliance

## FACT SHEET<sup>1</sup>

This fact sheet is intended as a resource for retailers and others to assess compliance with legal requirements for the sale of edible cannabinoid products, a.k.a., hemp-derived cannabinoid products (edibles, beverages, and topicals) as provided under [Sec. 151.72 MN Statutes](#).

### Products Allowed

- Edible cannabinoid products, as defined under section 151.72 (Edibles), and products applied externally to the body that are properly labeled and contain no more than 0.3% THC (dry weight).
- Edibles can contain up to 5 mg of hemp derived THC per serving and have maximum of 50 mg per package.
- Beverages can contain two servings of up to 5 mg of hemp-derived THC per container for a total of 10 mg.

### Products Not Allowed

- Products that are not an edible and contain non-intoxicating cannabinoids may not be sold if they are intended to be smoked, vaped, chewed, swallowed, drank, injected, or absorbed through a mucous membrane.
- Edibles modeled after brands of products primarily consumed by or marketed to children or that bear the likeness of or contain cartoon-like characteristics of a real or fictional person, animal, or fruit that appeals to children.
- Products that contain any synthetic cannabinoids.
- Products that contain artificially derived cannabinoids other than Delta-8 (▲8) and Delta-9 (▲9), including THC-P, THC-O, and HHC.
- Products that contain an ingredient not approved by the U.S. Food & Drug Administration.
- Products where extracted or concentrated hemp-derived cannabinoid has been applied or added to any commercially available product.
- Customers may not mix products with alcoholic beverages.

### Packaging

- With the exception of beverages, edibles must be prepackaged in a child-resistant container.
- All edibles, including beverages, must be packaged in tamper-evident and opaque packages or containers.
- Edibles, other than beverages, intended for more than a single use or that contain multiple servings, must have each serving indicated by scoring, wrapping, or have another indicator that identifies the individual serving size.

### Labeling

- Products packaged in a way that resembles trademarked, characteristic, or product-specializing packing of any commercially available food product are not allowed.
- Product packaging that includes a statement, artwork, or design that could reasonably mislead any person to believe that the package contains anything other than an edible cannabinoid product are not allowed.

---

<sup>1</sup> NOTE: The information appearing in this document is for general informational purposes only and is not intended to provide legal advice to any individual or entity. We urge you to consult with your own legal advisor before taking any action based on information appearing on this document or any site to which it may be linked.



## HEMP-DERIVED CANNABINOID PRODUCT COMPLIANCE FACT SHEET

- Products must bear a label\* that prominently and conspicuously displays the following:
  - The statement, “Keep this product out of the reach of children.”
  - The name, location, phone number, and website of the manufacturer of the product.\*
  - The name of the accredited laboratory used by the manufacturer to test the product.\*
  - The amount or percentage of cannabinoids found in each serving size of the product.
  - The list of ingredients in the product.
  - The batch number of the product.\*
  - A statement that the product has not been approved by the U.S. Food & Drug Administration (unless such approval has been secured).
  - A statement that the product does not claim to cure, treat, diagnose, or prevent any disease, or alter the structure or function of the body.

\*If the label requirements cannot fit on the product, an outer package that contains the product or a scannable or matrix barcode that links to the manufacturer’s website that lists the information is acceptable.

### Sale and Placement of Product

- Products must only be sold to people 21 years of age or older.
- Edible products other than products intended to be consumed as a beverage must be displayed in a locked case or behind a checkout counter where the public is not permitted.

State law does not prohibit delivery of hemp-derived cannabinoid products (edibles, beverages, and topicals). However, prior to initiating a sale or otherwise providing a product, an employee of the retailer must verify that the person to whom the product is being provided is at least 21 years of age, as established with one of the allowable identification documents listed at Minn. Stat. § 151.72, subd. 5c.

### Edible or Beverage Destruction

- Non-compliant products must be removed from displays and destroyed or returned.
- Edibles may be finely chopped or ground and mixed with coffee grounds, soil, or garbage, making them inedible. Place the mixture into a container or box and seal it with tape, then throw away in the trash. Beverages may be poured down a plumbed drain. Do not pour beverages down storm drains. Empty containers should be recycled or thrown away in the trash.

### Testing

- A manufacturer must submit samples of each batch of product to be tested by an independent, accredited laboratory to certify that the product meets the standards established under Minn. Stat. § 151.72, subd. 4.
- At a minimum testing must confirm that the product contains the amount of cannabinoids stated on the label, does not contain more than trace amounts of any mold, residual solvents or other catalysts, pesticides, fertilizers, or heavy metals, and does not contain more than 0.3 percent of any tetrahydrocannabinol.

Minnesota Department of Health  
Office of Medical Cannabis  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5598  
health.hempedibles@state.mn.us  
www.health.state.mn.us/people/cannabis/edibles

08/23/23



## Appendix C: Alternative to Suspension Program



In Wisconsin and in our communities, we've seen a notable uptick in possession, use, and purchase (PUP) policies as a strategy to address youth tobacco use. We know that these strategies have the potential to do more harm than good and that there are alternative strategies that are more supportive in quitting.

### What are PUP policies?

Possession, use, and purchase (PUP) policies target and penalize youth for possessing, using, or purchasing tobacco products. Examples of PUP ordinances and policies might include suspension from school, community service, monetary fines, and incarceration because of a student's nicotine addiction.

### PUP policies disparately affect marginalized youth...

**Youth of color** — as well as **LGBT youth, youth with disabilities, and boys** — are more likely to smoke because these populations have been targeted via advertising and retailer placement by the tobacco industry.<sup>1</sup>

High smoking rates are correlated with **low income**, and there are more tobacco retailers and advertisements in less affluent areas. Consequently, low-income youth are more likely to smoke and be affected by PUP laws.<sup>1</sup>

### ...which perpetuates inequitable health outcomes.



Wisconsin DPI student incident data show **significant disparities in suspensions and expulsions** in schools across the state for Indigenous and Black students, other students of color, and students with disabilities.<sup>2</sup>



Students who find themselves on the receiving end of harsh school discipline policies are also **more likely to face adversity and toxic stress** outside of school.<sup>3</sup>



Research shows penalties like expulsion and suspension result in **negative educational and life outcomes**.<sup>4</sup>

Last Updated: 9/14/2020





## PUP policies are ineffective and can have unintended consequences.

- Tobacco companies and their allies have a long history of supporting PUP laws to shift the blame away from the tobacco industry.
- These laws are ineffective as they focus on the unfair punishment and stigmatization of youth. In addition, penalizing youth can be counterproductive as it can push youth to engage in behavior deemed as deviant or associated with adulthood and it can also deter them from seeking support for cessation when addicted.

### There are effective alternatives to PUP policies.

Schools have an interest in addressing behavior that is disruptive and harmful to health, and can consider weighing the severity of the infraction with the consequences and effectiveness of the punishment. Schools seeking to avoid punitive measures in their tobacco-free policy may consider the following non-exhaustive list of alternatives to suspension programs:

- [INDEPTH](#) (American Lung Association)
- [The Rise of Vaping](#) (Campaign for Tobacco-Free Kids)
- [Aspire](#) (MD Anderson Cancer Center)
- [Healthy Futures](#) (Stanford University)



*The programs listed above are for reference only, and are not an official endorsement.*

#### Additional Resources

- [Addressing Student Commercial Tobacco Use in Schools: Alternative Measures](#)
- [School Discipline Practices: A Public Health Crisis and an Opportunity for Reform](#)
- [PUP in Smoke: Why Youth Tobacco Possession and Use Penalties Are Ineffective and Inequitable](#)

#### Citations

1. [PUP in Smoke: Why Youth Tobacco Possession and Use Penalties Are Ineffective and Inequitable](#) (ChangeLab Solutions)
2. [WISEdash](#) (Wisconsin Department of Public Instruction)
3. [School Discipline Practices: A Public Health Crisis and an Opportunity for Reform](#) (ChangeLab Solutions)
4. [Policy Statement: Out-of-School Suspension and Expulsion](#) (American Academy of Pediatrics)

Last Updated: 9/14/2020





## Appendix D: Retailer Signs and Advertising



Photograph design credited to Marshfield Area Coalition for Youth (MACY)



## Appendix E: Environmental Scans Template

### Environmental Scan Data Collection Form

Adapted from: Alliance for Wisconsin Youth materials: <https://www.dhs.wisconsin.gov/aoda/awy.htm>

#### Scan Participant Information:

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Store Information:

Store name:

Address:

City:

State:

Website address:

List any other social media presence:

#### Store Type: (circle one)

Chain Convenience      Gas Station      Vape Shop      Small Market      CBD Store Other

(please specify): \_\_\_\_\_

#### Store Placement: (circle correct answer)

Yes	No	Is the store within 1,000 feet of a school?
Yes	No	Is the store withing 1,000 feet of a daycare center?
Yes	No	Is the store within 1,000 feet of a church?
Yes	No	Is the store within 1,000 feet of a playground or recreation facility?
Yes	No	Is the store within 1,000 feet of a bar or liquor store?
Yes	No	Does the store have displayed advertising of CBD?
Yes	No	Does the store have displayed advertising of Delta 8





		Is store close to bus stop, sidewalk, bike paths?
--	--	---

**Other Observations:**

### Environmental Scan / Data Collection Form

#### Product Survey:

Delta 8 is sold in many forms, please identify the delta 8 products on display and for purchase.

Product Type	Gummies	Lolli pops	Pre-rolled joints	Flavored liquid for vape pens	Loose "bud"	Other (please list)
Notes						

**Other Observations:**

#### Access/Placement/Signage: (circle correct answer)

Yes	No	Are Delta 8 Products self-serve?
Yes	No	Are Delta 8 Products out in show but locked in cases?
Yes	No	Are Delta 8 Products behind counter?



Yes	No	Are Delta 8 products where customers can easily see them?
Yes	No	Are there signs for minimum age for Delta 8 product purchase? <b>If so what age _____</b>
Yes	No	Are there signs stating that delta 8 may show up on a drug test?
Yes	No	Are there signs that share how products are tested?
Yes	No	Are Delta 8 ads or signs located at three feet from the floor or below?
Yes	No	Are there signs about the potency or other warning use signs about Delta 8?
Yes	No	Are there signs about CBD/Delta 8 sold outside of building?
Yes	No	Are they selling at alternate locations (i.e. Farmer’s Market, Festivals)?
Yes	No	Are there sales for the products (i.e. 2 for 1, Coupons)?
Yes	No	Are products sold/priced by potency

**Other Observations:**

**Labeling/Packaging: (circle correct answer)**

Yes	No	Has name and full address of store?
Yes	No	An identity statement – Indicate the nature and use of a product
Yes	No	The net weight? (Please list how they measure)
Yes	No	The amount of active THC?
Yes	No	A batch or date code?
Yes	No	Name and location of testing company?
Yes	No	Suggested amounts of consumption?
Yes	No	Has kid friendly flavors? (ie bubble gum, cotton candy, etc)
Yes	No	Any warning of use?
Yes	No	Were staff available and knowledgeable to answer questions about product/use?
Yes	No	Were any pamphlets of information handed out with product?



## Appendix F: Key Informant Interview Template

### Key Informant Interview- Law Enforcement

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/ Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Adapted from:

[https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII\\_Questions.pdf](https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII_Questions.pdf)

A coalition representative should speak with law enforcement personnel to learn about their experiences and perspectives regarding Delta-8 or hemp derived THC products.

Preparing and conducting the interview- The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?

\_\_\_\_\_

2. What hemp derived THC problems do you see in our community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What factors do you believe are causing these problems?

\_\_\_\_\_

\_\_\_\_\_



---

4. Are any officers assigned specifically to these issues in the community?

---

5. Does your community do random locker checks at school with a drug dog?

---

6. How do you think law enforcement could better address the hemp derived THC problems in our community?

---

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7. What are the misconceptions about hemp derived THC that you hear from those in the community?

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### Key Informant Interview- School Personnel

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/ Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Adapted from:

[https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII\\_Questions.pdf](https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII_Questions.pdf)

A coalition representative should speak with school personnel to learn about their experiences and perspectives regarding Delta-8 or hemp derived THC products being used by students.

Preparing and conducting the interview- The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?

\_\_\_\_\_

2. What hemp derived THC problems do you see in our school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What factors do you believe are causing these problems?

\_\_\_\_\_

\_\_\_\_\_



---

4. Are any school personnel assigned specifically to these issues in the school?

---

5. Does your school do random locker checks at school with a drug dog?

---

6. How do you think the school/education sector could better address the hemp derived THC problems in our community?

---

---

---

---

7. What do students say when asked about hemp derived THC products?

---

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---

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8. What do parents or caregivers say when told their student was found with hemp derived products?

---

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## Appendix G: Community Perception Survey Template

### Community Perception Survey:

1. Are you a resident of this city/county?

---

2. How many years have you lived in your city/county?

---

3. Do you know what hemp-derived cannabis products are? (ex: Delta-8, Delta-10, etc)

---

4. Do you know where you can buy hemp-derived cannabis products in our community?

---

5. Do you know that there (is/is not) an age restriction on purchasing hemp-derived cannabis products in our community?

---

6. Other thoughts or feelings on hemp-derived cannabis products in your local community:

---



## Appendix H: City of Kaukauna Ordinance 9.32

### 9.32 Restriction on Sale and Possession of Hemp-Derived Cannabinoids And Synthetic Cannabinoid Prohibited

#### 1. Definitions

- a. In this subsection, hemp-derived cannabidiol constitutes one of the many intoxicating compounds found in the Cannabis sativa plant, or any current or future synthetic version thereof, referred to as hemp:
  - i. Any part of the Cannabis sativa L plant, including the seeds thereof; and
  - ii. All derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not;
  - iii. Containing a delta-9 [THC] concentration of not more than 0.3 percent; but
  - iv. Does not include non-intoxicating cannabinoids, including cannabidiol (CBD).
- b. In this subsection, synthetic cannabinoid constitutes those human-made or manufactured chemicals that mimic tetrahydrocannabinol (THC) and are referred to by many common street or trade names such as but not limited to: "Spice," "K2," "Genie," Yucatan Fire," "fake" or "new" marijuana:
  - i. Salvia divinorum or salvinorum A: All parts of the plant presently classified botanically as salvia divinorum, whether growing or not, the seeds thereof; any extract from any part of such plant, and every compound, manufacture, salts derivative, mixture or preparation of such plant, its seeds or extracts.
  - ii. 1-(2-(4-(morpholinyl) ethyl))-3-(1-naphthoyl) indole: Common or other names: JWH-200.
  - iii. 1-Butyl-3-(1-naphthoyl) indole: Common or other names: JWH-073.
  - iv. 1-Butyl-3-(1-naphthoyl) indole: Common or other names: JWH-073.-hexyl-3-(1-naphthoyl) indole: Common or other names: JWH-019.
  - v. 13-(1-naphthoyl) indole: Common or other names: JWH-018.-pentyl-3-(2-methoxyphenylacetyl) indole: Common or other names: JWH-250.
  - vi. 1-pentyl-3-(2-methoxyphenylacetyl) indole: Common or other names: JWH-250.
  - vii. 1-pentyl-3-(4-chloro-1-naphthoyl) indole: Common or other names: JWH-398.
  - viii. 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol): Common or other names: CP 47, 497 and homologues.
  - ix. 2-methyl-1-propyl-1H-indol-3-yl)-1-naphthalenyl-methanone: Common or other names: JWH-015.





- x. (6aR, 10aR)-9-(hydroxymethyl)-6, 6-dimethyl-3-(2-methyloctan-2-yl)- 6a, 7, 10, 10a-tetrahydrobenzo[c] chromen-1-ol): Common or other names: HU-210.
- xi. Dexanabinol: Common or other names: HU-211.
- xii. Dexanabinol, (6aS, 10aS)-9-(hydroxymethyl)-6, 6-dimethyl-3-(2-methyloctan-2-yl)-6a, 7, 10, 10a-tetrahydrobenzo [c] chromen-1-ol: Common or other names: HU-211.
- xiii. Any similar structural analogs to any of the above.

## 2. Restrictions.

- a. It shall be illegal for any person to use, possess, purchase, attempt to purchase, sell, publicly display for sale or attempt to sell, give, or barter any one or more of the chemicals, whether under the common street or trade names of "Spice," "K2," "Genie," Yucatan Fire, "fake" or "new" marijuana, or by any other name, label, or description, listed under 9.32(1)(b) above.
- b. It shall be illegal for a person under the age of twenty-one (21) to possess or use any amount of any hemp-derived cannabinoid including delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv except as specifically allowed by Wisconsin law.
- c. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv to a person under the age of twenty-one years, except as specifically allowed by Wisconsin law.
- d. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv to a person without having first verified their age by having the purchaser present a valid photo identification.
- e. No individual may provide hemp-derived cannabinoid products to any person under the age of 21 unless the individual is the person's parent or guardian or spouse who has attained the age of 21 years.
- f. Hemp-derived cannabinoids shall not be sold within 750 feet of a hospital, church, or youth-serving organization such as, but not limited to: childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, sporting arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.) The distance shall be measured by the shortest route along a designated roadway or walking path from the main entrance of the youth-serving business/organization to the premises selling hemp-derived cannabinoid products.
  - i. The prohibition in this section does not apply to businesses selling hemp-derived cannabinoids prior to December 6, 2022.



- g. Signs and notices.
  - i. A retailer must post a sign in areas within their premises where any hemp-derived cannabinoid is sold to consumers stating that the sale of any such to any person under the age of twenty-one (21) is unlawful under this section.
  - ii. A vending machine operator must attach a notice in a conspicuous place on the front of their vending machines stating that the purchase of any hemp-derived cannabinoid by any person under the age of twenty-one (21) is prohibited.
- h. Vending machines.
  - i. A retailer or vending machine operator may not sell hemp-derived cannabinoid a vending machine unless the vending machine is located in a place where the retailer or vending machine operator ensures that no person younger than twenty-one (21) years of age is present or permitted to enter unless accompanied by his or her parent or guardian.
  - ii. A retailer or vending machine operator may not sell hemp-derived cannabinoid from a vending machine unless the vending machine is able to first verify that the purchaser is twenty-one (21) years of age or older.
- 3. Medical or dental use allowed. Acts otherwise prohibited under subsection (1) of this section shall not be unlawful if done by or under the direction or prescription of a licensed physician, dentist, or other medical health professional authorized to direct or prescribe such acts, provided that such use is permitted under state and federal laws.
- 4. Penalties.

The penalty for any person under the age of 18 in violation of provision 9.32(2) (b) of this ordinance shall be limited to forfeiture of hemp-derived cannabinoid products to law enforcement and may include another reasonable non-monetary penalty.

- a. Except as stated in 9.32 (4) (a), any
- b. Any person who violates any provision of this ordinance shall, upon conviction, be subject to a forfeiture of not less than \$100, nor more than \$500, exclusive of costs, and upon failure to pay the same shall be confined in the county jail for not more than thirty days.
- c. This ordinance will supersede any ordinance in conflict therewith and must take effect upon passage and publication, as required by law.



## Appendix I: Wood County Ordinance 236.05

### 236.05 HEMP-DERIVED CANNABINOID REGULATIONS

- a. In this subsection, hemp-derived cannabinoid constitutes one of the many intoxicating cannabinoids found in the cannabis plant or a synthetic version thereof.
  - i. A cannabinoid other than delta-9 tetrahydrocannabinol (THC), or an isomer derived from such cannabinoid (delta-8 THC, delta-10 THC, hexahydrocannabinol (HHC), HHC-O, THCA, THC-O, THCP, THCV);  
or
  - ii. A hemp-derived product containing delta-9 tetrahydrocannabinol in a concentration of 0.3 percent or less
  - iii. Does not include non-intoxicating cannabinoids, including cannabidiol (CBD), which is an active ingredient in cannabis, but does not cause intoxication by itself, is not addictive, and does not contain other isomers as listed above
- b. It shall be illegal for a person under the age of twenty-one (21) to possess or use any amount of a hemp-derived cannabinoid including delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV except as specifically allowed by Wisconsin law.
- c. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV to a person under the age of twenty-one years, except as specifically allowed by Wisconsin law.
- d. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV to a person without having first verified their age by having the purchaser present a valid photo identification.
- e. Hemp-derived cannabinoids shall not be sold within 750 feet of a hospital, church, or youth-serving organization such as, but not limited to: childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, sporting arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.) The distance shall be measured by the shortest route along a designated roadway or walking path from the main entrance of the youth-serving business/organization to the premises selling hemp-derived cannabinoid products. The prohibition in this section does not apply to businesses selling hemp-derived cannabinoids from a location used for said sales on December 1, 2022.
- f. The penalty provision under s. 236.04 shall apply to any violation of this subsection.



## **Appendix J: Additional Resources and Tools**

### **Cannabis Regulators Association (CANNRA)**

<https://www.cann-ra.org/>

### **County Health Rankings & Roadmaps: What Works for Health tool -**

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health>

### **Getting it Right From the Start**

<https://www.gettingitrightfromthestart.org/>

### **International Academy on the Science and Impact of Cannabis (IASIC)**

<https://iasic1.org/>

**Monitoring The Future (MTF)** - An annual survey of adolescents across the U.S., which in 2024 began providing national estimates on teen delta-8 use.

<https://monitoringthefuture.org/>

### **Prevention First - Cannabis Policy Resource Center**

<https://www.prevention.org/cannabis-policy-resource-center/>

### **Prevention Technology Transfer Center Network (PTTC) - Cannabis Prevention**

<https://pttcnetwork.org/cannabis-prevention/>

### **Public Health Law Center**

<https://www.publichealthlawcenter.org/>

### **Smart Approaches to Marijuana (SAM)**

<https://learnaboutsam.org/>

### **Stanford Medicine - Cannabis Awareness & Prevention Toolkit**

<https://med.stanford.edu/cannabispreventiontoolkit.html>

### **U.S. Food and Drug Administration (FDA) - Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)**

<https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>

### **University of Minnesota School of Public Health Cannabis Research Center**

<https://www.sph.umn.edu/research/centers/cannabis/>



## Appendix K: DPCPs - The Need for Age Restrictions

In 2018 the United States Agriculture Improvement Act (2018 Farm Bill) expanded the definition of hemp and legalized it by removing it from the Controlled Substances Act. The expanded definition defines hemp as “the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 THC concentration of not more than 0.3 percent on a dry weight basis.”

Thus, the 2018 Farm Bill essentially legalized a whole host of mind-altering cannabis products created chemically from hemp that have intoxicating properties similar to marijuana ( $\Delta$ -9 THC). Known as derived psychoactive cannabis products (DPCPs), these products are readily available on the market and contain any number of intoxicating compounds the most common being Delta-8 tetrahydrocannabinol (THC), THC-P, Delta-9 THC, HHC, THC-A, Delta-10 THC, THC-H, THC-B, THC- JD, THC-X, HHC-P, and Delta-11 THC. What’s more, despite their mind-altering effects, the federal government and many states, Wisconsin included, have yet to impose a minimum legal purchase age on these products to protect young people.

### Why do young people need to be protected from DPCPs?

Evidence continues to mount on the deleterious effects delta-9 THC can have on adolescent mental, emotional, and behavioral health. Numerous studies have found that adolescent cannabis use is associated with:

- Compromised cognitive development (learning, memory, and attention)
- Poor academic performance
- Development of cannabis use disorder
- Risk of psychiatric disorders, such as depression, psychosis and suicidality
- Intoxication leading to impaired decision making, reaction time, and coordination

Because the psychoactive compounds in DPCPs act on the same brain mechanisms as delta-9 THC, researchers hypothesize that the direct effects of DPCPs on the developing brains of children and youth can include –impairment of cognitive function, memory, and judgment; hallucinations; anxiety; psychosis; depression; nausea and vomiting; dizziness and tremors; and loss of consciousness. Prolonged use may result in dependency, leading to addiction and withdrawal symptoms.

Also, there is evidence that the use of delta-8 THC can lead to consequences similar to those produced by delta-9 THC, including cough, rapid heart rate, paranoia, anxiety, breathing problems, and seizure. Furthermore, delta-8 THC exposure in children has been reported to produce altered mental status, seizure-like activity, slow breathing, and vital sign abnormalities.

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