



Date: January 9, 2026

To: Texas Department of State Health Services

From: Aubree Adams, Director, Citizens for a Safe and Healthy Texas

Re: Urgent Public Health and Safety Concerns Regarding Intoxicating THC Products

Dear Commissioner and Members of DSHS Leadership,

Citizens for a Safe and Healthy Texas submits this letter to formally address the escalating public health and safety crisis created by intoxicating hemp-derived THC products being sold across Texas. Although marketed as "legal hemp," these products function pharmacologically the same as intoxicating marijuana and are contributing to measurable and preventable harms statewide.

This issue is not about private choice. Texans already possess personal freedom in private settings. The issue before the State is the **retail commercialization and normalization and promotion of intoxicating THC**, driven by chemical manipulation, misleading labeling, and aggressive and false marketing practices—often appealing to youth—while minimizing or denying well-documented risks. For thousands of Texas families, this has become a public health emergency.

Families across Texas report severe outcomes associated with THC exposure, including addiction, cannabis-induced psychosis, suicide attempts and completions, violent behaviors, repeated hospitalizations, and debilitating and sometimes deadly gastrointestinal disorders such as cannabinoid hyperemesis syndrome (CHS). Many individuals suffer long-term or permanent psychiatric injury (schizophrenia and bi-polar). Families are financially depleted, emotionally exhausted, and extremely perplexed that their lived experiences are dismissed while corporate growth and profits are the primary concerns of far too many Texas legislative leaders.

Texas currently lacks a comprehensive THC mitigation strategy. For example, adequate public education on impairment, addiction, and psychiatric risks along with reliable methods to detect THC impairment, particularly in drivers, is woefully lacking. Further, a statewide data surveillance system related to THC harms and sufficient treatment and recovery options need to be implemented before progressing any further.

Law enforcement is neither properly funded nor equipped to police an industry that repeatedly demonstrates non-compliance. Products are mislabeled, chemically altered to increase potency, and marketed as "safe" or "therapeutic" despite lacking FDA approval. The FDA even prohibits the addition of any form of THC to a food, drink, or beverage; this is technically considered an adulterated food item. Rather, THC products are sold in forms that normalize use and appeal to youth. The medical, legal, educational, treatment, and human costs are borne by Texas families and taxpayers.

Recent tragedies -- fatal stabbing of Andrew Meiser at Baytown Sterling High School, underscore the consequences of failing to address THC impairment, including violent incidents and traffic fatalities linked to THC use. These events highlight dangerous gaps in impairment policy, enforcement, and public safety protections that demand immediate action.

While we oppose retail THC sales, if Texas permits them, the following eight urgent regulatory protections are essential.

If Texas is to protect public safety, **THC-impaired driving must be addressed first and without delay**. We urge DSHS, in coordination with other state agencies, to take the following actions before any further accommodation of retail THC:

1. Establish THC-Impaired Driving Policy Immediately (Highest Priority) - THC impairment differs fundamentally from alcohol impairment and requires a distinct, evidence-based framework. Texas should:

- Establish THC-specific impairment standards recognizing prolonged and non-perceptible impairment
- Fund validated impairment assessment tools and technologies
- Require statewide ARIDE and Drug Recognition Expert (DRE) training
- Mandate comprehensive toxicology testing in all traffic fatalities and serious injury crashes
- Publicly report THC-related crashes, arrests, and outcomes
- Implement clear penalties and zero-tolerance standards for impaired driving and in safety-sensitive workplaces
- Establish liability frameworks so families harmed by THC-impaired drivers are not left bearing the costs

2. Remove Intoxicating THC Products From Retail Access Until Proven Safe - No intoxicating THC product should remain on shelves without demonstrated safety, enforceable labeling standards, and impairment protections.

3. Launch a Statewide Public Education Campaign - Texans must receive clear, evidence-based information on THC addiction, psychosis, suicide risk, violent behavior, CHS, pulmonary and cardiac risks, and long-lasting impairment.

4. Establish Comprehensive THC Data Collection and Surveillance - Track emergency visits, psychiatric admissions, suicides, violent incidents, traffic fatalities, youth exposure, school-related incidents, homelessness, mass shootings, and other crimes related to THC.

5. State-Funded Prevention, Recovery (Treatment and Crisis Infrastructure), and Accountability - Families cannot continue to shoulder the medical, financial, and emotional costs alone. This must include public and school prevention education, specialized treatment for cannabis use disorder, cannabis-induced psychosis, and CHS; crisis helplines and response teams; voluntary purchase-restriction programs; and clinical oversight for high-risk patients, including careful monitoring of psychiatric medications.

6. Mandatory, Standardized Warning Labels - All THC products must clearly warn that:

- They contain THC and other unregulated chemicals not proven safe
- THC use may cause addiction, psychosis, schizophrenia, bipolar disorder, anxiety, depression, suicidal ideation, violent behavior, cognitive impairment, CHS, and cardiovascular and pulmonary issues
- THC impairment can last hours or days, even without feeling "high"
- THC accumulates in the body and may cause permanent injury, especially to the brain
- Use around children, during pregnancy, or while breastfeeding is unsafe

7. Prohibition of Safety and Medical Claims

Products may not be marketed as "safe," "therapeutic," or "medicinal" without FDA approval. Violations must carry meaningful civil and criminal penalties. Only FDA-approved cannabis-derived medications may make medical claims and must be dispensed by prescription.

8. Additional Protective Measures

- Minimum purchase age of 25
- Strict zoning limits and municipal opt-out authority
- Flavor bans and child-resistant, non-attractive packaging
- Potency caps (e.g., 2 mg per package) and daily purchase limits
- Comprehensive advertising bans
- Prohibition of online sales and home grows (to abolish the black market)
- The THCA content should be included in any total THC limitation amounts

Every state that has legalized or commercialized THC has failed to implement adequate public health protections before harm occurred. Texas must not repeat these mistakes.

Citizens for a Safe and Healthy Texas stands ready to provide subject-matter expertise and evidence-based resources to support effective public education, reliable THC impairment detection, comprehensive data surveillance, and meaningful investment in prevention, treatment, recovery, and accountability.

If Texas cannot establish and enforce these safeguards—with THC-impaired driving policies implemented first and without delay—we urge state leadership to reconsider permitting retail THC sales altogether. Public safety must be built **before** commercialization, not retrofitted after preventable injury, death, and lifelong harm.

Respectfully submitted,

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