

APPENDIX

Wilbert Yeung, M.D.

██████████
Florham Park, NJ 07932

March 1, 2018

Honorable Joe Daniels
Chairman, Assembly Oversight, Reform & Federal Relations Committee
334 Elizabeth Ave.
Somerset, NJ 08873

Dear Chairman Daniels:

I am writing this letter as president of the New Jersey Council of Child and Adolescent Psychiatry (NJCCAP) to express our concerns as the state of New Jersey considers legislation that would legalize recreational marijuana use. Our organization represents over 200 New Jersey child and adolescent psychiatrists who are committed to the mental health needs and well-being of our citizens. In particular, we would like to draw your attention to the science that highlights the negative effects of marijuana on the developing brain of children, adolescents and emerging adults. We ask that you give careful consideration to the following evidence as you review legislation that could expand access to marijuana.

There has been a national trend towards increased marijuana use which coincides with a decrease in the public perception of the harm associated with marijuana use and addiction. This has occurred despite the potency of marijuana increasing significantly over the past 40 years. There is a lack of public awareness and education around the negative effects of marijuana use. Even the evidence cited for the beneficial effects of medical marijuana pertains almost entirely to studies of specific oral cannabinoid compounds rather than use of inhaled marijuana.

Our greatest concern lies with regard to children, adolescents, and young adults up to 25 years old whose brains are still developing. There is a growing body of evidence documenting altered brain development, cognitive impairment, decreased brain activity in areas of the brain, and a significant increase in risk of developing psychotic symptoms and disorders in individuals of this age who use marijuana. Cannabis use in adolescents is associated with increased incidence and worsened course of psychotic, mood and anxiety disorders. Those with habitual use have a greater risk of decreased academic performance, increased school dropout rates, decreased overall educational attainment and decreased workplace productivity.

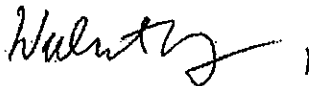
Furthermore, earlier age of first marijuana use predicts higher likelihood of developing a cannabis use disorder (encompassing both abuse and dependence). The use of marijuana in adolescents increases not only the risk of addiction to marijuana, but also the risk of addiction to other substances including opiates. While our legislature has moved forcefully to increase opiate treatment options, there has been less focus on prevention. Limiting access to marijuana in these critical populations is essential in preventing new marijuana, opiate, and other substance use disorders.

And yet there is inadequate funding going toward the education, prevention, or treatment of marijuana use and addiction. Legalization of marijuana has been proposed as a way of decreasing rates of incarceration and increasing the flow of tax revenues from the regulated sale of marijuana toward funding for education and treatment. However, there is no evidence for this and in states where marijuana has been legalized there have been concerning results such as increased emergency room visits for cannabis toxicity, psychotic reactions, and cannabis diversion to minors.

We are concerned that current legalization proposals will increase both legal (21 years and older) and illegal (under age 21 years old) access to marijuana for members of this highly vulnerable population without putting appropriate safeguards, education, and treatment in place. There needs to be increased research into the health effects of marijuana (especially pertaining to child and adolescent mental health), public education to children and families regarding the known adverse effects of marijuana on youth, and improved access to evidence-based treatment for cannabis use disorders. We would ask that any legislation to legalize marijuana use include measures to proactively address these issues.

Our organization remains as always committed to the mental health and well-being of children, adolescents, and adults. Please do not hesitate to contact us if we may be of any assistance in this ongoing discussion. Thank you for your time and consideration.

Sincerely,



Wilbert Yeung, M.D.

President

New Jersey Council of Child and Adolescent Psychiatry

Cc: Assembly Oversight, Reform & Federal Relations Committee

Marijuana and Youth: Utilizing Science to Inform Policy



Brain development continues until the age of 25

Cannabis use in youth is associated with decreased brain connections and volumes in areas involved with memory, decision-making, self-control, and motor functions.¹

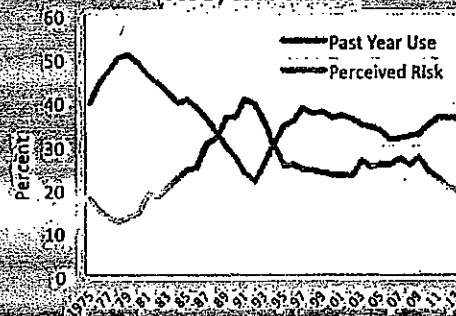
Effects of cannabis use in adolescence

- Decreased academic performance, increased drop-out rates, and decreased college enrollment and educational achievement.
- Decreased occupational performance and increased unemployment later in life.
- Increased rates of and worsening of psychotic disorders (including 2-5x increase in schizophrenia), mood, and anxiety disorders.
- Decreased IQ by 8 points on average.

Rates of Use²

- 45% of US high school seniors have used cannabis
- 23% of US high school seniors use currently
- 6% of US high school seniors use daily
- Decreased perceived risk is associated with increased use in youth.

Marijuana Perceived Risk vs. Past Year Use by 12th Graders

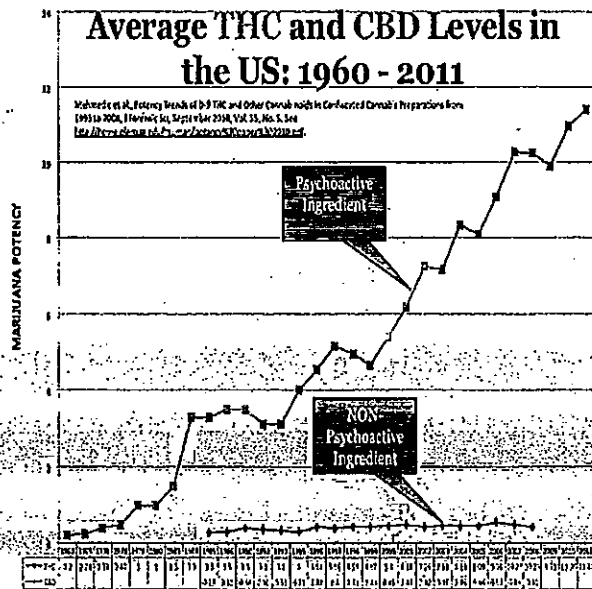


SOURCE: University of Michigan; 2013 Monitoring the Future Study

Cannabis Use and Addiction³

- Earlier use predicts greater risk of developing addiction to cannabis.
- People who begin using marijuana before the age of 18 are 4-7 times more likely than adults to develop a marijuana use disorder.⁴
- Youth who use cannabis are at greater risk for developing addictions to other substances, including opioids.

Marijuana and Youth: Utilizing Science to Inform Policy



Marijuana Potency and Youth⁵

- Currently marijuana has higher potency (12% THC) vs. marijuana in 1990's (3%) and edibles and concentrates are even higher (62%).
- Increased potency cannabis use associated with dangerous effects including unrelenting vomiting, difficulty breathing, increased heart rate, and severe psychotic symptoms.
- Increased potency has been associated with increases in adolescent detox/rehab admissions and calls to poison control due to child marijuana ingestion and exposures (2-fold increased rate of accidental exposure in children less than 6 in states with legalized marijuana).

Recommendations

NJCCAP, NJPA and NAMI oppose any legislation that will increase access of marijuana to adolescents. We recommend the following steps be taken:

- Increased funding of educational programs for youth and their families about the effects of marijuana on youth.
- Increased funding of research into the effects of marijuana on youth and treatment strategies for marijuana addiction.
- Increased access to evidence based substance treatment programs for youth.
- Implementation of steps to prevent the distribution of marijuana and cannabis products to children and adolescents.

¹Volkow, ND, et al. Adverse health effects of marijuana use. *N Engl J Med.* 2014 June 5; 370 (23): 2219-2227.

²Johnston, LD, et al. (2014). *Monitoring the Future national results on drug use: 1975-2013: Overview, Key Findings on Adolescent Drug Use.* Ann Arbor: Institute for Social Research, The University of Michigan.

³Hall, W, Degenhardt L. Adverse health effects of non-medical cannabis use. *Lancet.* 2009 Oct 17; 374(9698): 1383-91.

⁴Winters KC, Lee C-Y. Likelihood of developing an alcohol and cannabis use disorder during youth: association with recent use and age. *Drug Alcohol Depend.* 2008;92(1-3):239-247.

⁵ElSohly MA, et al. Changes in cannabis potency over the last 2 decades (1995-2014): Analysis of current data in the United States. *Biol Psychiatry.* 2016 Apr 1; 79(7):613-9.





May 12, 2018

Hon. Joe Danielson, Chairman
New Jersey Assembly Oversight, Reform, and Federal Relations Committee
New Jersey General Assembly
State House
P.O. Box 098
Trenton, NJ 08625-0098

Dear Assemblyman Danielson:

On behalf of the Distilled Spirits Council, a national trade association representing producers and marketers of distilled spirits sold in the United States, I thank you for the opportunity to comment on Assembly Bill 1348, "*An Act concerning marijuana, amending and supplementing various parts of the statutory law,*" which is currently before the Oversight, Reform, and Federal Relations Committee.

It has long been the position of proponents that the retail sale of marijuana should be made under a similar regulatory and retail scheme as the highly regulated beverage alcohol system, which is very familiar to policy makers. In fact, the declarations in A1348 also make numerous references to "...taxing, controlling, and legalizing marijuana for adults like alcohol." While the Distilled Spirits Council does not take a position on the legalization of marijuana, we have recently established a series of guiding principles for states that are considering the implementation of recreational marijuana sales. They are:

- **Ensure that the taxation and regulation of marijuana in governmental jurisdictions where marijuana has been approved for consumption is at least comparable to taxation and regulation of distilled spirits.**

Distilled spirits are among the most highly taxed retail products in the consumer marketplace. The price of an average bottle of spirits sold in the State of New Jersey is \$15.50. Of that, accounting for all state, local, federal and indirect taxes and fees, approximately \$7.96 of that price, or 51.3%, is tax. Excluding the federal excise tax on spirits, for which there is currently no comparable taxation for retail marijuana, the tax imposed on an average bottle of spirits is 37.5% in New Jersey.

- **Ensure that any efforts to legalize the consumption of marijuana include a 21-year-old legal purchase and use requirement.**

The distilled spirits industry has been a recognized leader in the effort to prevent underage access to alcohol and has a strong commitment to moderate and socially responsible use of our products by individuals over the legal drinking age. Further, the industry has a very robust and effective code of marketing and advertising practices that prohibits our member companies from targeting under-21 age consumers.

- **Insist on the development of a standard measurement of marijuana-induced impairment (comparable to .08 BAC).**

The amount of alcohol (ethanol) in an individual's bloodstream used as an indicator of whether a person is legally intoxicated and, therefore, too impaired to drive has been scientifically established and repeatedly verified through decades of practical application. There has not yet been a comparable, widely accepted test or scientific standard established for determining THC impairment. States and the federal government should be pushing hard to develop such standards to ensure safety on our roadways.

- **Advocate for development of a roadside impairment test for marijuana such as the breathalyzer test for beverage alcohol.**

Similar to the lack of a standard measurement of marijuana-induced impairment, there is currently no manner by which to reliably and accurately determine an individual's tetrahydrocannabinol (THC) level at the point of law enforcement interdiction. Perhaps the legislature would consider dedicating sufficient marijuana tax revenues to determine a scientifically sound impairment standard as well as accurate roadside testing technology.

- **Ensure that the same penalties exist for driving under the influence of marijuana and other intoxicants as for driving under the influence of beverage alcohol.**

The penalties for driving under the influence of THC should be no less than those for driving under the influence of alcohol at all levels. A lower per-se level of impairment as well as increased penalties for higher levels of THC, like those that exist for high-BAC offenses, should also apply. Our surveys indicate this is broadly supported by the American public.

Oversight, Reform, and Federal Relations Committee

May 12, 2018

Page three

- **Ensure that testing and reporting the presence of marijuana and other drugs, as well as beverage alcohol is required for all U.S. highway fatalities.**

This is a standard that should be adhered to by all jurisdictions to evaluate the impact of increased marijuana use and the resultant traffic safety implications.

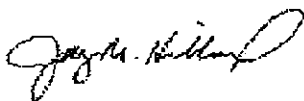
- **Require that all marijuana products appropriately disclose the THC dose in a manner similar to the alcohol by volume declaration required of beverage alcohol products.**

By Federal law, all alcoholic beverages sold in the United States must declare the ABV (alcohol by volume) contained in each product. This ensures transparency and disclosure for the end user at the retail point of sale. This same standard should apply to any retail product containing THC.

We hope these general principles will assist policymakers in their discussion of how to establish a regulatory and tax scheme for the retail sale of marijuana and cannabis-related products that is similar to what exists today for beer, wine and spirits. We appreciate the opportunity to share our thoughts with you as you continue your deliberations.

Should you have any questions or if you would like to discuss any of the above guiding principles further, please feel free to contact me at jhibbard@distilledspirits.org or by phone at (207) 831-8285. Thank you again for your consideration.

Sincerely,



Jay M. Hibbard
Vice President, Government Relations

cc: Members of the New Jersey Oversight, Reform, and Federal Relations Committee
Mr. Martin Summers, Assembly Majority Office
Ms. Thea Sheridan, Assembly Minority Office
Ms. Stephanie M. Wozunk, Office of Legislative Services

Justin Escher Alpert
Livingston, New Jersey
justinalpertesq@escheralpert.com
[REDACTED]


May 12, 2018

Dear Chairman Daniels and Honorable Members of the New Jersey General Assembly Committee on Oversight, Reform & Federal Relations:

Thank you for taking your hearings to *The People*. What a welcome outreach this is on the part of the General Assembly. May this practice continue for other important issues confronting The People of The Garden State.

Thank you for leading the conversation about responsible approaches to marijuana policy... on a Saturday. This is obviously important. Let's get it right and cultivate real economic and cultural growth here in The Garden State, with a broad sense of Liberty and Prosperity.

Very truly yours,



Justin Escher Alpert

From: Justin Escher Alpert <justinalpertesq@escheralpert.com>
Sent: Monday, May 14, 2018 10:30 AM
To: Danielsen, Asm. D.O.; Houghtaling, Asm. D.O.; Dancer, Asm. D.O.; Lopez, Asw. D.O.; Quijano, Asw. D.O.; Rumpf, Asm. D.O.
Cc: McKeon, Asm. D.O.; Jasey, Asw. D.O.; Bramnick, Asm. D.O.
Subject: The Assembly Oversight Committee's May 12, 2018 Public Hearing; Healthy Communities Here in The Garden State

Dear Chairman Danielsen and Honorable Members of the New Jersey General Assembly Committee on Oversight, Reform & Federal Relations:

Four thoughts about this past Saturday's public hearing. Welcome the addition to previously submitted testimony.

1. Municipal Alliances and GCADA Grants. There is welcome opportunity here to rethink the role of Municipal Alliances and the GCADA grants. There has been as of late a new acknowledgment of the public health crises facing our communities, with many socioeconomic factors that go well-beyond local educational programming. The investments that we *need* to accountably make in our communities, in both the public and private sectors, are readily visible in our communities. So, let's begin to empower the Municipal Alliances to actually define the full-investments that are needed in those communities, and how we can put our teens and graduates to *good work at good wages* doing the kind of work that *one would expect to find them doing* in a healthy community. Let's build healthy dynamics. Active and engaged young adults with *actual responsibilities* and Real potential do not have enough time to be sitting around loitering. Leadership is important. Accounting for what we "value" is important.

2. Alcohol. The protocols surrounding alcohol are ripe for revisiting. It has been decades since we got MADD. Times have changed. Our ability to send messaging has changed. Our car services have changed. And while those of a certain age may not think twice about going out to dinner on a Saturday night and putting away over a bottle of wine per couple and driving home, *if we actually look*, there is a *cultural shift* with the younger generations. They actually take a car service when they go out drinking and set new standards of excellence that older generations had not previously considered. As an aside, if we are going to extend actual responsibilities, we might consider lowering the local driving age to 16 so our teens can get to their good jobs (and afford their cars) as we build up a healthy dynamic cultural value. As well, we might reconsider what *is* and *is not* working within the protocols we have created around alcohol. By bringing the stakeholders together and with strong leadership, we may accomplish things *culturally*, that have been difficult to achieve by force of law. Welcome internal reflection and continuing conversation.

3. Responsibility. We are all responsible for the *People* in our geographic and cultural communities. We want to keep them healthy. As well, the desire to succeed and do well is fundamental to the human condition. Corporate commerce obviously *needs* to be responsibly regulated. But beyond serving the needs of money, if we are going to empower Free Citizens to *be responsible* for their communities, we actually have to empower *People to be responsible* for their communities. *This is a banking issue.* We can actually account for the "value" that is

created by serving the needs of the community and reflect that value as stored in Real Value of Land in the community. Community leadership has to be able to create healthy, engaging *choices* for People in the community, and give them the Freedom to actually *make* those healthy choices and grow. This is how *innovation* happens. That American Spirit should be cultured and carried forward. Welcome opportunity to devise a new economic model that secures the blessings of a greater sense of Economic Liberty.

4. Accountability. We ought to take a broad look at the not-for-profits that are presently operating in this State, *across the board*. We ought to look at salaries and rents and landlords and sales and licensing fees and management fees. There may be some instances whereby imposing an underlying accountability, we might be able to leverage the organizations into creating Real Value in their communities and perhaps even solving some of the problems that they originally set out to solve (and what do we do with *those* successful people?). Again, this is a *banking* issue. How do we account for dynamic value in the community? How do we measure returns? When we measure the Real Value that is actually created, to whom will it flow? To whom *should* it flow? So now let's look back up to the Municipal Alliances and the jobs discussed in Paragraph 1 above. We need a fresh look at local banking, credit, and development that is actually accountable to the community served so that we can cultivate Real growth of vibrant, healthy, attractive, affordable, sustainable, entrepreneurial communities all-across The Garden State. Good banking should be as much of an art as it is a science. Let's throw off the national chains that have weighed us down for the past several decades and foster local cultures of Liberty and Prosperity.

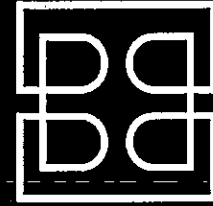
That's all. Again, thank you for generously bringing your Committee hearings out to The People. The General Assembly has a special duty to *The People*, and it is wonderful to see this forward-thinking engagement. Perhaps *every committee* would benefit from holding a hearing every few months out in the community when it comes to important issues and developing responsible new approaches. Thank you to each of the Committee members for your time (*on a Saturday, nonetheless*) and for your leadership going forward.

Please let me know how I may help.

Very truly yours,





Justin Escher Alpert
Livingston, New Jersey

(~~XXXXXXXXXX~~)



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DETAILED HERE For Your Review

-  OUR POINT OF VIEW
-  EXTRACTION & SAFETY FACTS
-  CULTIVATION & SECURITY FACTS
-  AN OVERVIEW OF THE CULTIVATION PROCESS

Connect with BSC:

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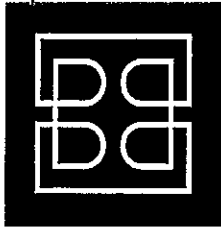
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Our Point of View

FOR YOUR CONSIDERATION

License Separation, Cultivation / Processing / Retail

The separation of licenses into these three categories allows for specialization, which in turn will allow for a real industry to take shape.

Cultivation and Processing are two completely different business models, requiring different financial models, types of experts and staff, sets of equipment, and real estate. Not everyone who can formulate and manufacture an edible can grow a plant.

Larger current license holders may want to hold both licenses for obvious reasons, and those who are equipped to competently do so shouldn't necessarily be barred from that, but better to separate the licenses and allow the option to hold both, than to force smaller, but more specialized teams to hold both when they are better suited to hold only one or the other. For merit based licensing, this could also keep an extremely qualified candidate from being awarded just because they don't want to be a jack of all trades

Vertical Integration & Current Language in A-3421

To the point above, if all new licenses are separate, and all Phase 1 licensees are grandfathered to remain vertical, Phase 2 medical entities will be at an inherent disadvantage if they are disallowed from holding multiple license types, assuming their merit deems them capable of such.

When the expanded market is fully operational, vertical Phase 1 entities will be in a position to "starve out" new single license holders by temporarily forfeiting margins where product changes hands - something that isn't possible when separate entities all need to keep margins healthy enough to stay in business.

While low costs for patients are an obvious plus, there are other more organic ways to promote lower costs market wide that don't limit the ability of Phase 2 businesses to compete and serve an expanding patient population. The cannabis industry as a whole is already experiencing a race to the bottom, and better to let that play out within a healthy business ecosystem than to expedite it via playing fields that were not equally regulated.



How Many Retail Locations is Enough vs. Too Many? We Recommend:

- 3 medical retail locations per county to ensure proper patient access
- Roughly 600 adult-use dispensaries for NJ's 8.98 million residents and 98 million annual visitors, based on the number of dispensaries in the other mature adult use states that have not experienced problems related to over-saturation. This would come out to about 1 storefront for every 15,000 people.

CO has 518 storefronts
- 1 for every 11,000 residents
WA has 467 storefronts
- 1 for every 15,500 residents
OR has 535 storefronts
- 1 for every 7,600 residents,
but is too saturated

Tiering Cultivation by Canopy Space, as in Massachusetts

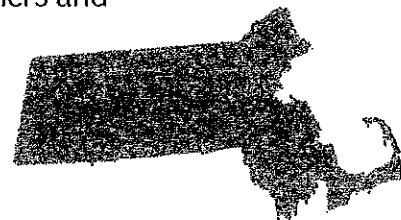
As is the case in Massachusetts, we believe NJ should tie the expansion or relegation of canopy based on sales volume. Use the 65% and 85% thresholds that Massachusetts has set forth. We're happy to discuss their model more in detail at your request.

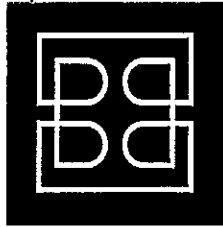
Municipal Bans & Zoning

While it's important to allow towns to opt out, it is equally important to educate the towns by providing a guidance document that explains what it would mean to allow marijuana and what it would mean to ban. Don't feel pressured to regulate local zoning at the state level. Allow towns to zone where they want establishments and where they do not, and allow them to create their own buffer zones. Due to New Jersey's unique size and population density, certain towns may want to have an establishment but cannot abide by 1000 foot buffer or something very large. Cultivation operations are best suited in current agricultural zones and, in certain instances, industrial zones, where operators wishing to grow indoors will want to be.

The Cannabis Control Commission in Massachusetts has done an excellent job providing guidance documents for business owners and municipalities on their public-facing website. These documents can be used for templates for NJ.

mass-cannabis-control.com





Extraction Facts

METHODS & SAFETY CONCERNS

Botanical extraction processes applicable for cannabis are used on hundreds of plants around the world safely. While cannabis is unique in its specific medicinal qualities, it is extracted like most other Botanicals.

Cannabis can be extracted using a number of different solvents, but "solventless extraction" is also possible, using different combinations of temperatures and pressures. This is a hot-button issue right now, as the general population gets educated about the differences and comes to properly understand the benefits, risks, and common misconceptions.

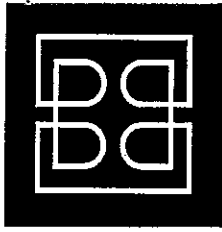
The most common solvents used for extracting cannabis are CO₂, ethanol, & a combination of hydrocarbons like butane & propane.

When regulated properly most types of Botanical extractions can be carried out safely. Both MD and NV have an excellent regulatory framework for extraction and manufacturing which we can follow.

With the right post-processing equipment and properly trained staff, all solvents can be removed from medicinal products in the laboratory.

Hydrocarbon extraction has received a lot of negative press thanks to a few individuals who were ill-equipped to manage this process and created unsafe situations. Gas is flammable. Explosions are not commonplace, and are completely avoidable in the proper environments with the proper professionals. If the state were to require anyone using any type of extractor indoors to use a Class 1 Division 1 or a Class 1 division 2 room which includes Industrial strength ventilation and many other specific parameters for safety there should be no concern of any type of explosion or accident.





Cultivation

METHODS & SECURITY

In contrast to using artificial light indoors the most efficient ways to grow cannabis involve as much sunlight as possible.

That being said, a densely populated state like NJ is understandably interested in mitigating the security risks that many perceive come with exposed growing. But cultivation techniques and security technologies have come a long way since we originally locked everything indoors. While building public support behind outdoor cultivation in NJ may be a long shot, the practice of growing outdoors in some rural areas of New Jersey would be possible.

Regardless, since the price of legal medical marijuana is a great concern for many in the state, creating rules and regulations that will allow operators to maintain a lower cost of operation is advantageous for both business owners and patients.

In Pennsylvania greenhouses are allowed but outdoor cultivation is not. In other states, and in NJ currently, growing in a greenhouse is not allowed.

Many think that allowing plants to be publically visible creates an automatic security risk. We can offset this by allowing greenhouses but regulating that the walls be frosted, obstructing view of the plants inside. The cost of most greenhouse operations remains much lower than indoor cultivation and therefore there's room to reduce prices for consumers.

While it may be perceived as the most secure, growing indoors is actually the least efficient and comes at the highest cost for business owners and subsequently patients. Since all light has to be created artificially and powered by electricity, the electricity demands for these new operations are substantial.

States like Massachusetts have drafted regulations to cap the energy consumption in cultivation facilities that would disallow the industry standard way of operating using high pressure sodium high intensity lights and instead would force operators to use LED lights or something else. This further increases the costs of operations for the business owner who then pass them on to the patient. If the intent is to reduce the energy demand on the local grid, the answer is to allow greenhouse and outdoor cultivation, and work effeciently with a security team to understand how to secure it.





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The Commercial Cultivation Process

- Key background info:
 - Life cycle is controlled by light, *except* cannabis ruderalis (autoflower) which has a genetically programmed life cycle
 - In indoor/greenhouse environments, we control light, we control life cycle
 - Ideal commercial production lifecycle is 60 flowering day
 - Life cycle is broken up into stages
 - Stages of the life cycle often parallel the layout of a facility and the assembly line of production in a cultivation facility
- Stages of the life cycle
 - Propagation
 - Stage from seed to seedling or from clone to seedling
 - Lasts for 10-14 days
 - Plants are under 24 hours of light during this stage
 - Purpose is to develop roots and a few leaves for photosynthesis if from seed
 - Seedling
 - While technically part of the vegetative growth phase, seedlings should be differentiated because they are sensitive to all variables like temperature, humidity, pests, disease. In addition, most regulatory structures with plant counts do not count seedlings.
 - Seedlings have had roots for less than 14 days and are putting on as much growth in the rootzone as above ground
 - Seedlings are usually transplanted into larger media/containers prior to moving to the vegetative growth stage
 - Purpose of this stage is to fill out the rootzone which supports the plant's vegetative growth and nutrient delivery
 - Vegetative Growth
 - Duration of this stage is dictated by light
 - If you keep a plant in >12 hours of light, it will indefinitely continue to grow
 - Purpose of this stage is to allow for the plants to grow to the desired size/shape prior to inducing flower
 - Flowering
 - Duration of this stage is dictated by plant genetics and furthermore the plants historical/genetic origin
 - Vary between 7-16 weeks
 - Induced by subjecting the plants to >12 hours of darkness for more than 2 days in a row
 - Flowering has its own phases and is broken down further (timeframes given are for traditional commercial strains)
 - Stretch - weeks 1 thru 3

- Bulking - weeks 4 thru 6
- Hardening / Ripening - 7-9
- Harvest
 - Dictated by a production calendar (60 days, 63 days, and 70 days are most common) or by observing the trichome heads under a 10X-30X microscope to qualitatively measure their coloring - when the desired color composition is reached, plants are harvested - most commonly a 50% amber trichome / 50% cloudy white trichome is used
 - Plants are cut and trimmed wet or hung to dry before trimming
 - Plants are defoliated and shucked (at some point in the process - this varies by production style)
- Drying
 - Duration depends greatly on geography/climate and more specifically the relative humidity of the environment the plants are in
 - More slowly the plants dry, it is believed the terpenes/VOCs will remain more intact
 - Goal is to bring the flower's water activity to 0.55 by reducing the RH of the dry room from 70% to 50% over the series of a few days
 - Dry room should be kept dark to preserve cannabinoids / terpenes
- Curing
 - Many commercial operations skip this stage completely
 - Allowing the dried flower material to continue to dry slowly over extended time automated system with laminar air flow
- Packaging
 - Most flower is packaged by hand as of April 2018. Paxiom and GreenBroz are 2 companies who have introduced automated packaging solutions for dried flower. Smart companies are adopting them.
 - Plastic drums and mylar bags are the two most common forms of packaging.
 - Packaging designs and packaging technology for dried flower and infused products will continue to evolve. Childproof packaging is standard.
- Distribution
 - Most products are distributed by the producers in all markets across the US, meaning the cultivators themselves or the producers themselves hire staff or contract with third parties where allowable, to get their products from their factories to the dispensaries that ultimately sell the product to the end consumer

Questions about anything you read here?
Don't hesitate to contact us at any time.

Testimony before the
Assembly Oversight, Reform, and Federal Relations Committee
on Marijuana Legalization

May 12, 2018

By
Sheila Brogan, Chair
Ridgewood Municipal Alliance Committee

Good morning. Thank you for coming to Bergen County and holding hearings on the important topic of legalizing recreational marijuana. My name is Sheila Brogan and I am chairman of the Ridgewood Municipal Alliance Committee and today I am here representing our municipal alliance. I am a long time resident of Ridgewood, a licensed social worker, mother of three and active volunteer in my community. Each year we receive a grant from the Governor's Council on Alcohol and Drug Abuse (GCADA). As you may know, "GCADA administers the State's \$10 million Alliance to Prevent Alcoholism and Drug Abuse Program which is the largest network of community-based anti-drug coalitions in the nation with thousands of stakeholders serving on nearly 400 Alliances encompassing more than 530 municipalities throughout New Jersey. Municipal Alliances are established by municipal ordinance and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey." (wording taken from the GACA web site)

So it is of interest that GCADA's voice has been silent on the issue of legalizing recreational marijuana.

Our Alliance did not want to remain silent. The Ridgewood Municipal Alliance is made up of representatives from our police force, our schools, parents and community members. We are opposed to legislation that would legalize recreational marijuana and this winter approved a resolution, which we sent to the Bergen County Municipal Alliance and GCADA. I will read it ... (attached).

I would also like to bring your attention to Marijuana legalization Quick Facts from Smart Approaches to Marijuana – read from Quick Facts also attached.

I am grateful for your study of this issue and urge you not to recommend legalization of recreational marijuana.

Thank you.

**Resolution Opposing
The Legalization of Recreational Marijuana in New Jersey**

WHEREAS, there has been support by Governor Phil Murphy and discussions in the legislature of legalizing recreational marijuana in New Jersey estimating that it will increase state revenues by \$60 million in year one and more than \$300 million in subsequent years from taxes imposed on growers, marketing, and sales; and

WHEREAS, New Jersey would be the tenth state to legalize recreational marijuana for adults 21 and over joining Alaska, Washington, Oregon, Colorado, Massachusetts, Nevada, Maine, Vermont, and California; and

WHEREAS, marijuana is not a benign drug and legalization of recreational marijuana would likely trigger an increase in use, with foreseeable increases in social, legal, economic, law enforcement, and healthcare costs; and

WHEREAS, legalization of recreational marijuana sends a confusing message on drug use to those under 21, primarily our middle school and high school students; and

WHEREAS, a danger associated with marijuana use by adolescents may lead to a sequential pattern of involvement with illegal drugs.

WHEREAS, marijuana is addictive. Approximately 9 percent of users overall become addicted to marijuana with a higher rate of addiction associated with daily use. Seventeen percent of those who start using marijuana during adolescence become addicted; and

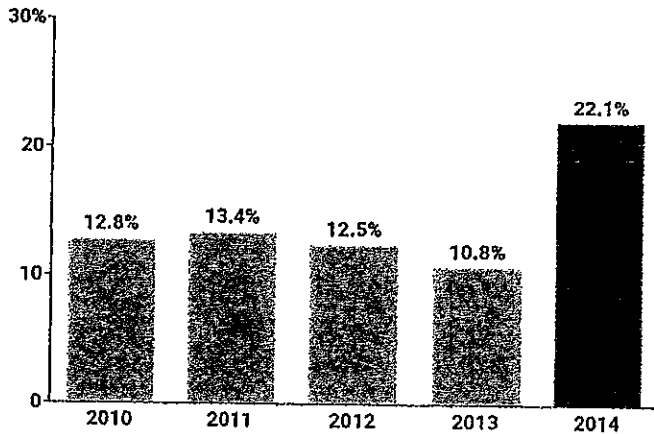
NOW, THEREFORE BE IT RESOLVED, that the Ridgewood Municipal Alliance Committee is opposed to legalization of recreational marijuana in New Jersey; and

RESOLVED, that the New Jersey Legislature should not move forward to legalize recreational marijuana because of the state's economic needs. Increasing state revenues should not be the driving force behind this legislation especially since there has not been efforts to fully understand the unintended consequences and public health issues associated with legalizing recreational marijuana; and

RESOLVED, that a copy of this resolution shall be forwarded to Bergen County Municipal Alliance, the members of the 40th legislative district delegation, and the Governor's Council on Alcoholism and Drug Addiction (GCADA).

MARIJUANA LEGALIZATION: QUICK FACTS

WA traffic fatalities where driver tested positive for marijuana



Source: AAA Foundation (2016).

HEALTH RISKS

According to virtually every scientific review, including a 2016 World Health Organization report and a 2017 National Academy of Sciences study, **marijuana is addictive and harmful**—despite rhetoric from the marijuana industry.

The chances of becoming dependent on marijuana can be **up to 50% for some users**, and regular use is indisputably dangerous to the adolescent brain, in some cases linked to permanent reductions in IQ.

Unlike cigarettes, marijuana also intoxicates, sometimes with tragic results. **The percentage of traffic deaths related to marijuana more than doubled in Washington State the year retail marijuana sales were allowed**, and Colorado has seen similar increases in pot-related accidents.

MARIJUANA EDIBLES

Marijuana legalization has spurred a boom in pot "edibles." THC concentrate is mixed into almost any type of food or drink, including gummy candy, soda, and lollipops. Today, **these edibles comprise at least half of Colorado's marijuana market.**

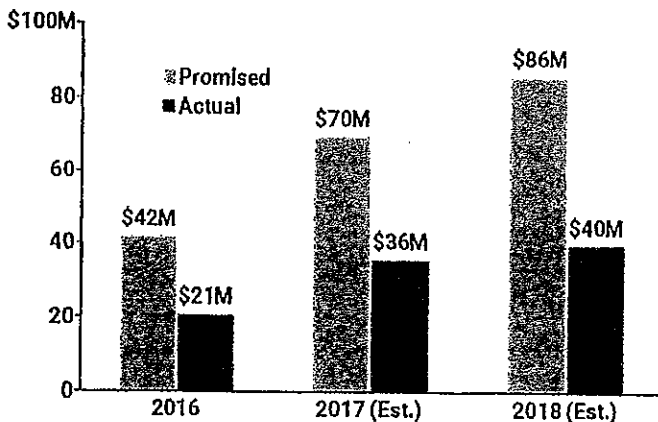
Edibles' potency (several times that of an average joint) and their attractiveness to kids have led to **serious problems in legalized states like Colorado:**

- A 19-year-old jumped to his death from a fourth-floor balcony after eating a highly potent pot candy.
- Emergency poison control calls for children aged 0 to 8 more than tripled in Colorado after legalization.
- More high school seniors are using pot now than a decade ago; even as use of cigarettes, alcohol, and all other drugs combined has declined.



THC-infused sodas currently on the market as of February 2017.

Marijuana tax money for prevention & education, WA



Source: Initiative 502; Washington State Economic and Revenue Forecast Council (as reported by The Seattle Times)

COSTS OUTWEIGH TAX REVENUE

Although it is still early for comprehensive cost studies on the costs of marijuana legalization, unsettling trends have already surfaced in Colorado & Washington state, suggesting that, like tobacco and alcohol, costs outweigh revenues:

- Over half the pot money promised for drug prevention, education & treatment in WA **never materialized.**
- **Bureaucracy consumes a significant portion of Colorado marijuana tax revenue.**
- **More CO youth - especially black & Latino kids - are being arrested for pot-related offenses post-legalization.**
- **Adolescent suicide victims in Colorado are increasingly found with marijuana in their systems.**
- **Marijuana offenses in Colorado elementary and high schools have increased 34 percent since legalization.**

MARIJUANA & OTHER DRUGS: A LINK WE CAN'T IGNORE

A 2017 STUDY OF over 30,000 American adults demonstrated that marijuana users were more than twice as likely to move on to abuse prescription opioids – even when controlling for age, sex, race/ethnicity, other substance use disorders, any mood or anxiety disorder, prior nonmedical opioid use, and family history of drug use disorder, alcohol use disorder, depression, and antisocial personality disorder. (1) Similarly, the CDC also says that marijuana users are three times more likely to become addicted to heroin.(2)

And according to the seminal 2017 National Academy of Sciences report, "There is moderate evidence of a statistical association between cannabis use and the development of substance dependence and/or a substance abuse disorder for substances including alcohol, tobacco, and other illicit drugs."(3)

RECENT STUDIES WITH animals also indicate that marijuana use is connected to use and abuse of other drugs. A 2007 *Journal of Neuropsychopharmacology* study found that rats given THC later self-administered heroin as adults, and increased their heroin usage, while those rats that had not been treated with THC maintained a steady level of heroin intake.(4)

Another 2014 study found that adolescent THC exposure in rats seemed to change the rodents' brains, as they subsequently displayed "heroin-seeking" behavior. Youth marijuana use could thus lead to "increased vulnerability to drug relapse in adulthood."(5)

The National Institutes of Health says that research in this area is "consistent with animal experiments showing THC's ability to 'prime' the brain for enhanced responses to other

drugs. For example, rats previously administered THC show heightened behavioral response not only when further exposed to THC, but also when exposed to other drugs such as morphine—a phenomenon called cross-sensitization."(6)

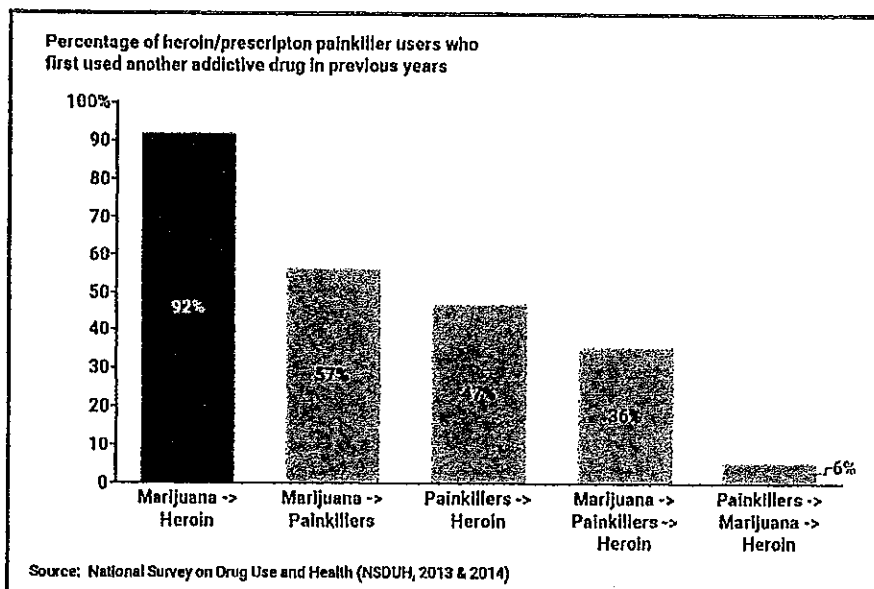
ADDITIONALLY, THE MAJORITY of studies find that marijuana users are often polysubstance users, despite a few studies finding limited evidence that some people substitute marijuana for opiate medication. That is, people generally do not substitute marijuana for other drugs. Indeed, the National Academy of Sciences report found that

"[C]annabis use, even among adults with moderate to severe pain, was associated with a substantially increased risk of non-medical prescription opioid use...."

—*The American Journal of Psychiatry* (2017)

"with regard to opioids, cannabis use predicted continued opioid prescriptions 1 year after injury... Finally, cannabis use was associated with reduced odds of achieving abstinence from alcohol, cocaine, or polysubstance use after inpatient hospitalization and treatment for substance use disorders" [emphasis added].(7)

Moreover, a three-year 2016 study of adults also found that marijuana compounds problems with alcohol. Those who reported marijuana use during the first wave of the survey were more likely than adults who did not use marijuana to develop an alcohol use disorder within three years.(8) Similarly, alcohol consumption in Colorado has increased slightly since legalization.(9)



1. Olfson M, et al. Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States. *Am J Psychiatry* 2017. <https://doi.org/10.1176/appi.ajp.2017.17040413>.
2. Centers for Disease Control. *Today's heroin epidemic: Infographics show more people at risk, multiple drugs abused.* CDC, 7 July 2015.
3. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda ("2017 NAS Report").
4. Elgert, Maria et al. "Adolescent Cannabis Exposure Alters Opiate Intake and Opioid Locus Coeruleus Neuron Populations in Adult Rats." *Neuropsychopharmacology* 32.3 (2006): 607-615.
5. Stroppini, Serena et al. Chronic THC during adolescence increases the vulnerability to stress-induced relapse to heroin seeking in adult rats. *European Neuropsychopharmacology* Volume 24, Issue 7 (2014), 1037-1045.
6. "Is marijuana a gateway drug?" National Institute on Drug Abuse. Jan. 2017. See also Panillo LV, Zanetti C, Bames C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.* 2013;38(7):1198-1208; Cadoni C, Pisanu A, Solinas M, Acquas E, Di Chiara G. Behavioural sensitization after repeated exposure to Delta 9-tetrahydrocannabinol and cross-sensitization with morphine. *Psychopharmacology (Berl).* 2001;158(3):259-266.
7. 2017 NAS report.
8. Weinberger AH, Platt J, Goodwin RD. Is cannabis use associated with an increased risk of onset and persistence of alcohol use disorders? A three-year prospective study among adults in the United States. *Drug Alcohol Depend.* February 2016.
9. Rocky Mountain HIDTA Investigative Support Center Strategic Intelligence Unit. *The Legalization of Marijuana in Colorado: The Impact*, Volume 4. Sept. 2016 (citing CO Department of Revenue).

THE COSTS OF MARIJUANA LEGALIZATION TO SOCIETY

GROWING CALLS TO LEGALIZE MARIJUANA usually extol the virtues of tax revenues. The marijuana industry is quick to estimate large amounts of revenue from pot sales, but it rarely, if ever, discusses the societal costs of legalization. But if alcohol and tobacco are any indication, tax revenue from marijuana sales will be paltry compared to the potential costs.

One study in Colorado found that one Colorado emergency room's admissions alone due to pot use alone may cost the state hundreds of thousands of dollars. (1)

Uncollected payments among marijuana-related patients at one another hospital in Colorado totaled \$210 M. (2) Furthermore, the US Department of Transportation has valued a loss of a single human life from a car crash at \$6.6 Million. In Colorado, ER visits have quadrupled and car crashes have risen by more than 45%. (3, 4).

States are likely to pay dear costs related to tourism and homelessness issues as well. The homelessness issue in Colorado has exploded. (5) Additionally, Visit Denver, the tourism bureau charged with attracting businesses to the state, has found marijuana to be a chief concern, with many convention-goers commenting that they will not consider Denver a viable option for their next convention because of "streets reeking of weed."

Legalization also results in administrative and enforcement costs, similar to alcohol regulation. In fact, alcohol is the top reason for arrest of all drugs, since so many people use it.

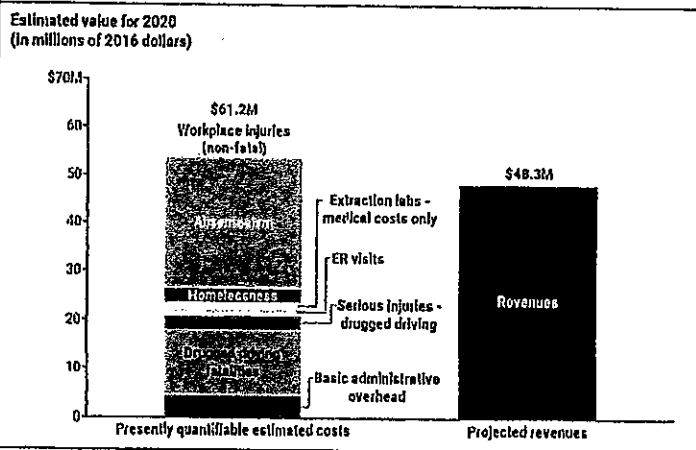
WORKPLACE LOSSES are another potential money loser for a state contemplating legalization. As most people injured in serious drug-related workplace accidents are co-workers of the drug-using employee

Every \$1 received in tax revenue from our legal drugs costs society more than \$10 in lost social costs, due to workplace, highway, health, criminal justice, and other reasons.

or other third parties, this will affect a state's workforce broadly. This does not include lawsuits stemming liabilities or increased insurance premiums.

We also cannot quantify, as of yet, costs due to: greater other drug use, greater marijuana use among underage students, property and other economic damage, controlling an expanded black market, sales to minors, public intoxication, and other burdens.

NO POLICY is without its costs. Legalization will result in significant costs to society, resulting from workplace losses, car crashes, homelessness, lost convention revenue, administrative enforcement, burns resulting from high THC production accidents, and other issues. As even a limited set of costs comes due, it is quickly out-pacing the revenue raised, leading to a net loss for the state and its residents.



A study of revenues versus costs in Rhode Island found that a conservative estimate of costs outweighed - by more than 25% - the potential revenues estimated by pot advocates. The biggest cost centers came from workplace injuries, absenteeism, and drugged driving fatalities.

Source: Costs of Legalization, SAM.

- See <https://www.nbcnews.com/health/health-news/er-visits-kids-rise-significantly-after-pot-legalized-colorado-n754781>
- The Hidden Costs of Marijuana in Colorado, at http://www.globaldrugpolicy.org/issues/Vol%2010%20Issue%202/Articles/The%20Hidden%20Costs%20of%20Marijuana%20Use%20in%20Colorado_Final.pdf
- See <https://www.nbcnews.com/health/health-news/er-visits-kids-rise-significantly-after-pot-legalized-colorado-n754781>
- See <http://www.denverpost.com/2017/08/26/colorado-marijuana-traffic-fatalities/>
- See <https://www.cbsnews.com/news/legal-marijuana-drawing-homeless-to-colorado/>

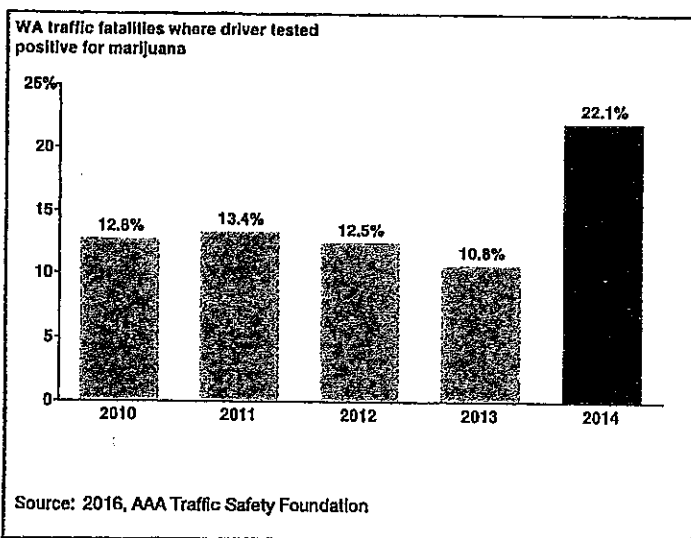
DRIVING AND MARIJUANA: A DANGEROUS MIX

DRIVING WHILE HIGH is a growing problem in the U.S. Estimates show that a third of impaired driving incidents can be traced to marijuana, while many more involve a combination of multiple substances. (1)

In Colorado, marijuana-related traffic deaths increased by 48 percent after the state legalized recreational use of the drug. (1) In Washington State, 18.6% of all DUI cases in the state tested for drugs were positive for THC; from January through April, 2015, 33% were positive for THC. (2) The number of fatally injured drivers positive for marijuana in the state more than doubled following marijuana legalization, reaching 17% in 2014. (3)

Even as Colorado's population has increased, fatal accidents in CO related to alcohol-impaired drivers have fallen during the era of recreational pot legalization, from 160 in 2011 to 143 in 2015 (crashes where Blood Alcohol Content, BAC, was greater than or equal to 0.08 percent), an 11 percent drop over four years. At the same time, traffic fatalities overall have risen, from 447 in 2011 to 608 in 2016, a 26 percent rise over five years, as drivers testing positive for marijuana use have risen sharply.

AAA has released guidelines on impaired driving that are important to remember. First, there is no science showing that drivers reliably become impaired after ingesting a specific amount of marijuana. This is very different from alcohol, and we could never count on a 0.08 BAC level equivalent for marijuana. Second, research has not been able to reliably measure impairment based on THC levels. (4) THC blood levels fall so rapidly that such measured levels are vastly lower than when the impaired driving occurred due to the long delay in testing. But the effect on driving persists beyond the feeling of being high.



One groundbreaking study found that that chronic marijuana use can impair a person's ability to drive for up to three weeks after stopping marijuana use. (5)

Other research has noted non-chronic users who smoke one or two marijuana joints are likely to test positive for marijuana at standard cut-off levels for only 2-3 days, with many testing negative 24 hours after smoking marijuana. After three to five days, such users almost always test negative. (6)

Furthermore, marijuana-impaired driving is likely an underreported problem, since many drivers high on

Driving while high on marijuana doubles or triples your risk of a car crash. Driving high on marijuana and alcohol is more harmful than driving on either alone.

marijuana are also using alcohol. (7) Since there is an established standard for drunk driving, the criminal justice system often stops at a lab test showing greater than 0.08 BAC levels.

DRIVING WHILE HIGH is an unappreciated problem, compounded by a growing industry intent on protecting their brand and image. A recent Liberty Mutual survey found that a third of students said driving under the influence of marijuana is legal in states where it is recreational. More than 20% of teens reported it's common among their friends. Parent perceptions were similar: 27% said it's legal and 14% said it's common among friends. (7) A public education campaign on the dangers of driving while high is vital.

- https://www.washingtonpost.com/local/trafficandcommuting/drugged...4c-281e-11e7-a616-d7c8a68c1a66_story.html?hpid=hp_hp-top-table-main-drug-driving%3Ahomepage%2Fstory&hpid=hp_hp-top-table-main-drug-driving%3Ahomepage%2Fstory
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- Weed Out the Confusion: One-Third of Teens Think Driving Under The Influence of Marijuana is Legal in States Where Recreational Use By Adults is Permitted <https://libertymutualgroup.com/about-liberty-mutual-site/news-site/Pages/Weed-Out-the-Confusion.aspx>

Committee Members

My name is Sanjay Chaudhari and I am a CUMMA patient, horticulturalist, environmentalist, former Rutgers Certified Master Gardener, Father and victim of the ongoing war on patients in New Jersey. Despite being a patient in Illinois, California, and New Jersey, my medical cannabis usage was used against me as a reason to take away custody of my children. But I'm not here to speak about that greatest tragedy of my life, or the predominantly minority communities that have been disproportionately devastated by the war on "drugs,". I am not here to speak about marijuana, as many, including myself, consider it an inappropriate and discriminatory term that should not be used as it is extremely offensive to Hispanic and Latino people. But I am here to speak about Cannabis and tomatoes to a lesser extent. I hope you will chose to be on the right side of history and help make Cannabis legalization a reality in New Jersey.

I hope you can help to strengthen CUMMA in two ways. First and most importantly please return patients' rights to grow their own medicine as was originally written in CUMMA, before Mr. Christie removed it. Patients could save thousands of dollars annually and produce higher quality, more specific cannabis strains for their unique needs. Secondly, please regulate the licensed cannabis producers more strictly.

Since becoming a patient, I have been very disappointed with the quality and production methods of most of the ATC's in the state. At least three ATC's are predominantly hydroponic. Hydroponic production creates the greatest negative environmental impact and produces the lowest quality cannabis. Plants are grown in an inert media like rockwool and all fertility is essentially force fed to the plants in non-organic, ionic nutrients. If growers are not regulated and required to remediate the waste water, they will further pollute New Jersey waterways with phosphates and nitrates. I think all hydroponic producers, not just those of cannabis should be more strictly regulated and required to remediate all waste water. It is illegal to use fertilizers on our lawns certain times of the year because of the potential to pollute ground water, so hydroponic production certainly shouldn't be allowed to directly dump this waste into our sewers year around. I consider hydroponics an inappropriate, and unscrupulous production method for cannabis.

Other producers are using "soilless" production methods, where a potting soil with little to no fertility is used and fed similar non-organic ionic nutrients. This is a slightly better production method and produces slightly higher quality cannabis medicine. This method also does not have as much detrimental fertilizer runoff as hydroponic production, so it has less of an environmental impact. The problem with this method is that the potting soil used must be discarded after one cycle because it is so full of these ionic chemical salts that it cannot be reused. This will find its ways into landfills, I imagine, and these nutrients will leach into and pollute our ground water and watersheds similarly but to a lesser extent than hydroponic production.

If you could encourage or require organic, probiotic growing methods producers could reuse their soil forever and there would be little to zero impacts to our ground water and watersheds.

This also produces the highest quality of cannabis medicine for patients that is currently unavailable.

A lot of people don't know about cannabis and that's ok because it had been taboo for so long, but most people know tomatoes. Commercial cannabis that is currently being produced in NJ is like the commercial tomatoes in the grocery store. Sure, it's a tomato, but it may look pink instead of deep red and it may slice more like an apple than a tomato. If you eat an heirloom tomato from your garden or from a farmer's market, it's an entirely different, delicious experience. It's the nature of commercial production to grow as much, as quickly and cheaply as possible to make the largest margins. It's not very different from our ATC's. The most medicinal strains of cannabis are notoriously low yielding. It's not in the best interest of ATC's to produce these strains as they will make far more money growing commercial strains that yield more. I think it's unconscionable to not allow patients to grow their own medicine, which will most likely be far better-quality medicine than what is commercially produced.

There are now over 3000 different strains, or varieties of cannabis. Our ATC's each carry several varieties. These strains have unique cannabinoid profiles, and patients all have unique conditions and biochemistry. There are over 100 cannabinoids in differing ratios in each strain. We need to be able to do our own research and identify our own best strains of medicine without fear of imprisonment and the desolation of our lives. The three strains that have provided me the most help over the years, Grundge Era, American Kush, and Sweet Virginia are not available at any of our 6 dispensaries. We need to be able to share strains with other patients, not for profit but for healing and compassion.

Back to the tomato. More tomatoes are grown by home gardeners than by commercial growers but both markets can co-exist. People will always need dispensaries as most people will not suddenly start growing cannabis which is fairly complex in its needs and production, but we should have the right to grow our own safer, healthier, heirloom organic medicine too, if we choose to.

I hope you can help New Jersey develop a "Craft Cannabis" market. Limits on the number of plants an ATC or dispensary can grow to 2,000 max would force producers to figure out how to grow higher quality cannabis, which they need to do rather than just focusing on how much weight they can grow. The largest ATC, Harmony Foundation that is set to open soon has over 18,000 plants from my understanding and they are fully hydroponic. When producers can flood the market with inferior hydroponic cannabis, it causes crashes in prices and then organic craft growers can no longer survive the market. This is happening in Washington and Oregon. Cannabis prices become very cheap but the quality invariably goes down as well and then the patients and the people of the state suffer as do craft growers, while unscrupulous hydroponic growers dominate the market. I'd much rather see 400 craft growers producing 2,000 flowering plants each than more hydroponic Mc Cannabis dispensaries.

There is corruption with the current CUMMA. The 6 producers have carte blanche and it is not a free or competitive market. Last year I was "trolled" on social media by the President of

Compassionate Sciences, now Curaleaf, George S, when I was complaining about hydroponic production of cannabis. He asked on facebook why I became a patient if I thought the ATC's were so bad. First I didn't know how bad their production methods were until I became a patient, and second the people fortunate enough to be allowed to cultivate cannabis in the state certainly shouldn't be harassing, intimidating, and banning patients. The cannabis that I consumed from Compassionate Sciences was the worst cannabis I've consumed in 17 years. I literally wept after consuming it.

I would be excited to answer any questions or provide any additional insight at any time and have provided my contact information. Please don't be bullied by the cannabis lobby. Please find knowledgeable, caring people the help regulate the industry and keep the ATC's in check.

I have a dream that you can help end the war on families and be the voices of reason and benevolence. Please help create a regulated cannabis market that does not pollute New Jersey ground water and watersheds and empowers our CUMMA patients and all people of New Jersey.

Kindest Regards,

Sanjay R. Chaudhari
Randolph NJ


sanjayrchaudhari@yahoo.com

Hello, my name is Gale Bonker and I live in Byram Township, New Jersey. I'm advocating that all New Jersey politicians, lawmakers and influencers support legalizing, taxing, and regulating marijuana for adults.

This issue has been important to me for a long time, but it became even more personal when I was arrested for marijuana possession, despite being a responsible consumer. A friend and I were driving home when we were pulled over for a broken headlight. My friend, the completely sober designated driver who was also over 21 years of age, was driving. Nonetheless, the police proceeded to interrogate, search, handcuff, and arrest us, even though we were just trying to get home safely by having a designated driver, a practice that has been drilled into our heads since before we could even legally drink. Since then, I've suffered from severe anxiety, post-traumatic stress, and financial hardship.

Nonetheless, my story is not unique. New Jersey makes over 23,000 marijuana possession arrests per year. Like thousands of others with similar stories, I was denied my dignity and made to feel like a criminal for something that nine other states, including two I used to live in (Massachusetts and California), have already legalized.

Despite my setback, I must move forward, and implore that our lawmakers will come through for myself and others and legalize the responsible adult use of cannabis in New Jersey. I make lemonade out of lemons, and much-overdue civil rights reform out of both my own and others' traumatizing personal experiences. I want to make sure that no one else in our state finds themselves in the dehumanizing situation my friend and I were in, especially those whom our criminal justice system disproportionately affects, such as people of color, immigrants, and low-income people.

For every white person in our state like me who gets arrested for possession, there are three Black people who are also arrested, despite the fact that marijuana usage is very similar among Black and white people. I am disgusted by the fact that my Black peers often face harsher sentences and higher fines than my white peers. Additionally, some of us who do not have ample income are put in extreme financial hardship due to the thousands of dollars that an arrest can cost someone. Others of us are at risk of losing public housing, educational financial aid, jobs, immigrant statuses, and more, all for being in possession of a plant that has been proven to have significant medical benefits, and is much safer than other completely legal substances such as tobacco and alcohol.

Cannabis should not even be a scheduled drug, especially a Schedule 1 drug, because it does not share the 'high' abuse potential associated with other "Schedule 1" substances like heroin, or even other legal recreational substances. According to a National Academy of Sciences review, cannabis' dependence liability is similar to that of caffeine (7%) or anxiolytics (9%), and is far lower than the dependence liability of alcohol (15%) and tobacco (32%). Cannabis possesses an acceptable and known safety profile, and has no known risk of lethal overdose. According to a World Health Organization review, the acute toxicity of cannabis is very low. On a similar note, despite what some may believe, marijuana is not a gateway drug, but rather an exit substance, since it helps wean users off of more harmful and addictive drugs such as opioids. In fact, in many states where marijuana has been legalized, the opioid epidemic and violent drug-related crimes have been significantly reduced.

Clearly, marijuana prohibition has failed in New Jersey. It's time to move away from our failed approach, tax and regulate marijuana like alcohol for adults, and build a safe and controlled system. S830, A1348, and A1557 are a great start, and cannabis legalization should go forward with a system that is fair, profitable, and advances social and racial justice.

Legalization must include measures to heal the harm caused by injustice by:

- Providing for automatic and retroactive expungements of criminal records due to marijuana-related convictions. Otherwise, an expungement costs hundreds of dollars and requires a long, complicated process.
- Providing meaningful ways for New Jersey's entrepreneurs and small business owners to participate in the legal market, with an emphasis on the inclusion of business owners of color.
- Providing concrete measures that ensure reinvestment in low-income communities and communities of color that have disproportionately been the targets of the War on Drugs.
- Allow for home grow in order to ensure accessibility of cannabis to all New Jersey citizens regardless of ability, income or residence location.
- Use the projected \$300 million in annual tax revenues for education, drug treatment and prevention, and justice reinvestment, such as re-entry and job training programs.

Please support legalizing, taxing, and regulating marijuana like alcohol for adults. Thank you for your attention to this very important issue, and for allowing me to testify today.



Please attribute this information to:
Monmouth University Poll
West Long Branch, NJ 07764
www.monmouth.edu/polling
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Released:
Thursday, April 19, 2018

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NEW JERSEY: LEGAL WEED SEEN AS ECONOMIC BOON

But poll also finds widespread concern about opioid use

West Long Branch, NJ – The *Monmouth University Poll* finds that 6-in-10 New Jersey residents support legalizing marijuana use, with support now 11 points higher than it was four years ago. Most say that such a policy will help the state’s economy and few think it will lead to an increase in drug crime. But the poll also finds widespread concern over another drug issue – the opioid crisis – with most New Jerseyans saying the state is not doing enough to deal with this problem.

Most New Jersey adults (59%) currently support legalizing the possession of small amounts of marijuana for personal use, while 37% are opposed. Statewide support has increased since Monmouth last asked this question four years ago. Support stood at 48% in April 2014 while opposition was at 47%. Support has increased most dramatically among Democrats, going from 49% in 2014 to 65% currently. Independents’ support increased from 51% to 60% and Republican support increased from 37% to 45% over the same time period.

Helping to drive this opinion is the fact that 60% of New Jerseyans believe that legalizing marijuana would help the state’s economy – including 68% of Democrats, 60% of independents, and even 50% of Republicans. Just 16% of state residents say it would hurt the New Jersey economy and 20% say it would have no impact.

“The strongest argument for marijuana legalization may be the bandwagon effect. With many other states doing it, most New Jerseyans seem to view such a move as a potential economic boon with a limited downside,” said Patrick Murray, director of the independent Monmouth University Polling Institute.

Just one-third of state residents (32%) feel that legalizing marijuana would lead to an increase in other drug crimes while 26% say it will actually lead to a decrease in those offenses. Another 39% say marijuana legalization would have no impact on the rate of other drug crimes.

“Even though increasing drug crime is not a major concern in the marijuana legalization debate, the public sees other serious issues with drug use, especially opioids,” said Murray.

Nearly 9-in-10 New Jersey adults (86%) say that addiction to opioids – which include pain medications like Vicodin and OxyContin as well as street drugs like heroin and fentanyl – is a very serious problem in the United States. Another 9% say it is somewhat serious and very few say it is either not too (2%) or not at all (1%) serious. One-in-five (20%) say that this issue is a bigger problem in New Jersey than it is in most other parts of the country and 13% say it is less of a problem here, while the majority (59%) say the opioid addiction problem is about the same in New Jersey as it is elsewhere in the country.

Most New Jerseyans (59%) say the state is not doing enough to deal with the opioid problem here. Just 26% say it is doing enough. By party, 64% of Democrats and 62% of independents compared with 47% of Republicans say the state is not doing enough.

The *Monmouth University Poll* was conducted by telephone from April 6 to 10, 2018 with 703 New Jersey adults. The results in this release have a margin of error of +/- 3.7 percent for the full sample. The poll was conducted by the Monmouth University Polling Institute in West Long Branch, NJ.

QUESTIONS AND RESULTS

(* Some columns may not add to 100% due to rounding.)

[Q1, Q7, Q12 held for future release.] [Q2-6, Q8-11, Q13-25 previously released.]

26. Overall, do you support or oppose legalizing the possession of small amounts of marijuana for personal use?

	April 2018	April 2014
Support	59%	48%
Oppose	37%	47%
(VOL) Don't know	5%	6%
(n)	(703)	(803)

27. Do you think legalizing marijuana in New Jersey would help the state's economy, hurt the state's economy, or have no impact on the state's economy?

	April 2018
Help	60%
Hurt	16%
No impact	20%
(VOL) Don't know	4%
(n)	(703)

28. Do you think legalizing marijuana in New Jersey would lead to an increase in other drug crimes, lead to a decrease in other drug crimes, or have no impact on the number of other drug crimes?

	April 2018
Increase	32%
Decrease	26%
No impact	39%
(VOL) Don't know	3%
(n)	(703)

29. Now, I'd like to ask you some questions about opioids, which include pain medications like Vicodin and OxyContin as well as street drugs like heroin and fentanyl. Is opioid addiction a very serious, somewhat serious, not too serious, or not at all serious problem in the United States?

	April 2018
Very serious	86%
Somewhat serious	9%
Not too serious	2%
Not at all serious	1%
(VOL) Don't know	2%
(n)	(703)

30. Do you think opioid addiction is a bigger problem in New Jersey than it is in most other parts of the country, is a bigger problem in most other parts of the country than it is in New Jersey, or is about the same in New Jersey as in most other parts of the country?

	April 2018
Bigger problem in New Jersey	20%
Bigger problem in other parts of the country	13%
About the same	59%
(VOL) Don't know	7%
(n)	(703)

31. Is New Jersey doing enough or not doing enough to deal with the opioid problem here?

	April 2018
Doing enough	26%
Not doing enough	59%
(VOL) Doing too much	1%
(VOL) Don't know	14%
(n)	(703)

[Q32-35 held for future release.][Q36-39 previously released.]

METHODOLOGY

The Monmouth University Poll was sponsored and conducted by the Monmouth University Polling Institute from April 6 to 10, 2018 with a random sample of 703 New Jersey adults age 18 and older, in English. This includes 421 contacted by a live interviewer on a landline telephone and 282 contacted by a live interviewer on a cell phone. Telephone numbers were selected through random digit dialing and landline respondents were selected with a modified Troldahl-Carter youngest adult household screen. Monmouth is responsible for all aspects of the survey design, data weighting and analysis. Final sample is weighted for region, age, education, gender and race based on US Census information. Data collection support provided by Braun Research (field) and SSI (RDD sample). For results based on this sample, one can say with 95% confidence that the error attributable to sampling has a maximum margin of plus or minus 3.7 percentage points (unadjusted for sample design). Sampling error can be larger for sub-

groups (see table below). In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

DEMOGRAPHICS	
Self-Reported	
21% Republican	
41% Independent	
38% Democrat	
48% Male	
52% Female	
28% 18-34	
36% 35-54	
36% 55+	
60% White	
13% Black	
17% Hispanic	
10% Asian/Other	

MARGIN OF ERROR		unweighted sample	moë (+/-)
TOTAL		703	3.7%
REGISTERED VOTER	Yes	632	3.9%
	No	71	11.6%
SELF-REPORTED PARTY ID	Republican	152	8.0%
	Independent	276	5.9%
	Democrat	262	6.1%
GENDER	Male	342	5.3%
	Female	361	5.2%
AGE	18-34	142	8.2%
	35-54	231	6.5%
	55+	320	5.5%
RACE	White non-Hispanic	473	4.5%
	Other	201	6.9%
COLLEGE GRADUATE	No degree	310	5.6%
	4 year degree	389	5.0%
INCOME	<\$50K	163	7.7%
	\$50 to <100K	202	6.9%
	\$100K+	285	5.8%
REGION	North	323	5.5%
	Central	185	7.2%
	South	189	7.1%

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Monmouth University Poll -- NEW JERSEY -- 4/19/18

	REG VOTER		PARTY ID			GENDER		AGE 3		
	Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54	55+
	TOTAL									
Support	60%	50%	45%	60%	65%	60%	58%	69%	62%	49%
Oppose	35%	46%	52%	35%	29%	36%	37%	26%	35%	46%
[VOL] Dont Know	5%	5%	3%	5%	5%	4%	5%	5%	3%	5%

	RACE 2		COLLEGE GRAD			INCOME			REGION OF STATE		
	White	Other	No degree	4 yr degree	<\$50K	\$50-100K	\$100K+	North	Central	South	
	TOTAL										
Support	57%	63%	57%	61%	60%	57%	63%	62%	56%	56%	
Oppose	37%	36%	38%	34%	36%	34%	34%	34%	37%	40%	
[VOL] Dont Know	6%	2%	4%	5%	4%	6%	3%	3%	7%	4%	

	REG VOTER		PARTY ID			GENDER		AGE 3		
	Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54	55+
	TOTAL									
Help	59%	64%	50%	60%	68%	64%	56%	74%	59%	51%
Hurt	15%	19%	28%	14%	9%	15%	16%	10%	14%	20%
No impact	21%	14%	18%	23%	18%	17%	23%	13%	21%	25%
[VOL] Dont Know	4%	4%	4%	3%	6%	4%	5%	3%	6%	4%

	RACE 2		COLLEGE GRAD			INCOME			REGION OF STATE		
	White	Other	No degree	4 yr degree	<\$50K	\$50-100K	\$100K+	North	Central	South	
	TOTAL										
Help	59%	62%	60%	60%	60%	61%	60%	62%	59%	58%	
Hurt	16%	15%	17%	13%	21%	14%	10%	17%	10%	19%	
No impact	21%	20%	20%	21%	17%	21%	23%	18%	24%	20%	
[VOL] Dont Know	4%	4%	4%	5%	2%	3%	6%	3%	7%	3%	

	REG VOTER		PARTY ID			GENDER		AGE 3		
	Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54	55+
	TOTAL									
Increase	32%	44%	42%	33%	24%	30%	33%	21%	32%	38%
Decrease	26%	27%	17%	25%	32%	29%	23%	41%	22%	19%
No impact	39%	40%	37%	39%	41%	38%	40%	36%	43%	39%
[VOL] Dont Know	3%	0%	4%	3%	3%	3%	4%	2%	3%	5%

	RACE 2		COLLEGE GRAD			INCOME			REGION OF STATE		
	White	Other	No degree	4 yr degree	<\$50K	\$50-100K	\$100K+	North	Central	South	
	TOTAL										
Increase	33%	29%	34%	28%	37%	29%	26%	28%	32%	37%	
Decrease	25%	28%	26%	26%	26%	30%	27%	26%	24%	29%	
No impact	39%	39%	37%	42%	35%	37%	43%	42%	40%	32%	
[VOL] Dont Know	3%	3%	3%	3%	2%	4%	4%	4%	4%	2%	

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Monmouth University Poll -- NEW JERSEY -- 4/19/18

	REG VOTER		PARTY ID			GENDER		AGE 3		
	Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54	55+
TOTAL	87%	77%	90%	86%	84%	86%	86%	86%	87%	86%
Q29. Is opioid addiction a very serious, somewhat serious, not too serious, or not at all serious problem in the United States?	86%	8%	17%	9%	12%	9%	10%	9%	8%	11%
Very serious	2%	2%	2%	2%	2%	3%	1%	2%	2%	2%
Somewhat serious	1%	0%	0%	1%	1%	1%	0%	1%	0%	1%
Not too serious	2%	2%	1%	2%	1%	1%	2%	3%	2%	1%
Not at all serious	2%	2%	2%	2%	1%	1%	2%	3%	2%	1%
[VOL] Dont Know										

	RACE 2		COLLEGE GRAD		INCOME			REGION OF STATE		
	White	Other	No degree	4 yr degree	<\$50K	-\$50-100K	\$100K+	North	Central	South
TOTAL	88%	85%	84%	90%	78%	91%	90%	87%	87%	86%
Q29. Is opioid addiction a very serious, somewhat serious, not too serious, or not at all serious problem in the United States?	10%	8%	11%	7%	15%	5%	9%	9%	11%	8%
Very serious	1%	4%	2%	3%	3%	1%	2%	2%	2%	3%
Somewhat serious	0%	0%	1%	0%	1%	1%	0%	1%	0%	0%
Not too serious	1%	2%	3%	0%	3%	2%	0%	2%	0%	3%
Not at all serious	1%	2%	3%	0%	3%	2%	0%	1%	0%	3%
[VOL] Dont Know										

	REG VOTER		PARTY ID			GENDER		AGE 3		
	Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54	
TOTAL	20%	20%	22%	23%	15%	20%	20%	24%	19%	
Q30. Do you think opioid addiction is a bigger problem in New Jersey than it is in most other parts of the country, is a bigger problem in most other parts of the country than it is in NJ, or is about the same in NJ as in most other parts of the country?	13%	14%	8%	15%	16%	14%	12%	20%	11%	
Bigger problem in New Jersey	59%	58%	62%	57%	62%	59%	60%	51%	64%	
Bigger problem in other parts of the country	7%	7%	8%	6%	7%	6%	8%	5%	7%	
About the same										
[VOL] Dont Know										

	RACE 2		COLLEGE GRAD			INCOME			REGION OF STATE	
	White	Other	No degree	4 yr degree	<\$50K	\$50-100K	\$100K+	North	South	
AGE 3	19%	11%	19%	22%	18%	22%	20%	19%	17%	
55+	11%	62%	14%	12%	11%	13%	14%	17%	57%	
Bigger problem in New Jersey	8%	6%	8%	6%	11%	3%	7%	7%	7%	
Bigger problem in other parts of the country										
About the same										
[VOL] Dont Know										

44.

Monmouth University Poll -- NEW JERSEY -- 4/19/18

	REGION OF STATE	
	Central	South
Q30. Do you think opioid addiction is a bigger problem in New Jersey than it is in most other parts of the country, is a bigger problem in most other parts of the country than it is in NJ, or is about the same in NJ as in most other parts of the country?	22%	22%
Bigger problem in New Jersey	15%	6%
Bigger problem in other parts of the country	55%	65%
About the same	7%	7%
[VOL] Dont Know		

	TOTAL	REG VOTER		PARTY ID			GENDER		AGE 3	
		Yes	No	Rep	Ind	Dem	Male	Female	18-34	35-54
Q31. Is New Jersey doing enough or not doing enough to deal with the opioid problem here?	26%	28%	28%	37%	23%	24%	30%	22%	26%	28%
Doing enough	59%	60%	50%	47%	62%	64%	56%	62%	64%	57%
Not doing enough	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%
[VOL] Doing too much	14%	13%	21%	15%	14%	12%	13%	15%	10%	16%
[VOL] Dont Know										

	AGE 3	RACE 2		COLLEGE GRAD			INCOME			REGION OF STATE
		White	Other	No degree	4 yr degree	<\$50K	\$50-100K	\$100K+	North	
Q31. Is New Jersey doing enough or not doing enough to deal with the opioid problem here?	55+	26%	27%	28%	21%	27%	24%	25%	24%	24%
Doing enough	26%	26%	27%	28%	21%	27%	24%	25%	24%	24%
Not doing enough	58%	60%	58%	56%	65%	57%	61%	62%	61%	62%
[VOL] Doing too much	1%	1%	1%	1%	1%	0%	1%	2%	1%	1%
[VOL] Dont Know	15%	13%	14%	15%	13%	15%	14%	11%	14%	14%

	REGION OF STATE	
	Central	South
Q31. Is New Jersey doing enough or not doing enough to deal with the opioid problem here?	30%	27%
Doing enough	59%	55%
Not doing enough	2%	1%
[VOL] Doing too much	9%	17%
[VOL] Dont Know		

U.S.

ADDITIONAL APPENDIX MATERIALS
SUBMITTED TO THE

ASSEMBLY OVERSIGHT, REFORM
AND FEDERAL RELATIONS COMMITTEE

for the
May 12, 2018 Meeting

Submitted by Sheila Brogan, Chair, Ridgewood Municipal Alliance:

Payton Guion “New Jersey arrests more people for weed than almost any other state (see list),” *NJ Advance Media*, April 25, 2018. © 2018 Advance Local Media LLC.