
Committee Meeting

of

ASSEMBLY OVERSIGHT, REFORM AND FEDERAL RELATIONS COMMITTEE

*The Committee will receive testimony from invited speakers and the public
on the impact of prospective marijuana legislation on the public health,
criminal justice system, and economy in New Jersey”*

LOCATION: West Hall Parkview Room
Middlesex County College
Edison, New Jersey

DATE: April 14, 2018
10:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Joe Daniels, Chair
Assemblyman Eric Houghtaling, Vice Chair
Assemblywoman Yvonne Lopez
Assemblywoman Annette Quijano
Assemblyman Brian E. Rumpf



ALSO PRESENT:

Stephanie M. Wozunk
*Office of Legislative Services
Committee Aide*

Martin Sumners
*Assembly Majority
Committee Aide*

Thea M. Sheridan
*Assembly Republican
Committee Aide*

***Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey***



JOE DANIELSEN
Chairman

ERIC HOUGHTALING
Vice-Chairman

YVONNE LOPEZ
ANNETTE QUIJANO
RONALD DANCER
BRIAN E. RUMPF

STEPHANIE M. WOZUNK
Office of Legislative Services
Committee Aide
(609) 847-3890
(609) 777-2998 fax

New Jersey State Legislature
ASSEMBLY OVERSIGHT, REFORM
AND FEDERAL RELATIONS COMMITTEE
STATE HOUSE ANNEX
PO BOX 068
TRENTON NJ 08625-0068

COMMITTEE NOTICE

TO: MEMBERS OF THE ASSEMBLY OVERSIGHT, REFORM AND FEDERAL RELATIONS COMMITTEE

FROM: ASSEMBLYMAN JOE DANIELSEN, CHAIRMAN

SUBJECT: COMMITTEE MEETING – APRIL 14, 2018

The public may address comments and questions to Stephanie M. Wozunk, Committee Aide, or make bill status and scheduling inquiries to Sophie Love, Secretary, at (609)847-3890, fax (609)777-2998, (609)847-3855, fax (609)292-0561 or e-mail: OLSAideAOF@njleg.org. Written and electronic comments, questions and testimony submitted to the committee by the public, as well as recordings and transcripts, if any, of oral testimony, are government records and will be available to the public upon request.

The Assembly Oversight, Reform and Federal Relations Committee will meet on Saturday, April 14, 2018 at 10:00 AM at Middlesex County College, West Hall Parkview Room, 2600 Woodbridge Avenue, Edison, New Jersey.

The committee will receive testimony from invited speakers and the public on the impact of prospective marijuana legislation on the public health, criminal justice system, and economy in New Jersey.

Issued 4/9/18

For reasonable accommodation of a disability call the telephone number or fax number above, or for persons with hearing loss dial 711 for NJ Relay. The provision of assistive listening devices requires 24 hours' notice. CART or sign language interpretation requires 5 days' notice.

For changes in schedule due to snow or other emergencies, see website <http://www.njleg.state.nj.us> or call 800-792-8630 (toll-free in NJ) or 609-847-3905.

TABLE OF CONTENTS

	<u>Page</u>
Linda Dorsey-Agudosi Private Citizen	2
Thomas A. Coogan, Ph.D. Private Citizen	17
Michael Feinsod Executive Chairman General Cannabis Corporation	26
John J. Zebrowski Chief of Police Borough of Sayreville, and Executive Vice President New Jersey State Association of Chiefs of Police (NJSACOP)	42
Tracy E. Noble Manager Public and Government Affairs AAA Mid-Atlantic	60
Peter Brown, Jr. Councilman 3rd Ward City of Linden	65
Randall Gurak, M.D. President New Jersey Psychiatric Association	76
Adam J. Sagot, D.O. Council on Advocacy New Jersey Psychiatric Association	79
Theodore A. Petti, M.D. Private Citizen	87

TABLE OF CONTENTS (continued)

	<u>Page</u>
Dominick F. Bucci Retired New Jersey State Police, and Member Law Enforcement Action Partnership, and Member New Jersey United for Marijuana Reform (NJUMR)	104
Dianna Houenou, Esq. Policy Counsel American Civil Liberties Union of New Jersey (ACLU-NJ)	107
Arnold W. Schmidt Private Citizen	115
Hugh O’Beirne, Esq. President Board of Trustees New Jersey Cannabis Industry Association	117
Ernest Schapiro, M.D. Representing LaRouche Political Action Committee	121
Susanna Short Private Citizen	126
Hugh Giordano Union Representative/Organizer United Food and Commercial Workers Union, Local 152	133
Amanda Hoffman Member Board of Directors The Coalition for Medical Marijuana-New Jersey	137
Stephen Boracchia, Esq. Private Citizen	140

TABLE OF CONTENTS (continued)

	<u>Page</u>
T.J. Finnerty Owner JobHigher.com	146
Jane Soffer Private Citizen	149
Jeffrey Oakes Private Citizen	152
Michael Ryan Private Citizen	154
Edward N. Tobias, Esq. Private Citizen	156
Tangelo Hamilton Private Citizen	159
Nicole Greco Private Citizen	165
Feliks Khaykin Private Citizen	176
Jeffrey T. King Private Citizen	180
Ian Nugent Private Citizen	181
APPENDIX:	
Testimony submitted by Linda Dorsey-Agudosi	1x
Testimony submitted by Thomas A. Coogan, Ph.D.	4x

TABLE OF CONTENTS (continued)

APPENDIX (continued)

	<u>Page</u>
Testimony submitted by John J. Zebrowski, Esq.	14x
Testimony submitted by Tracy E. Noble	19x
Testimony submitted by Theodore A. Petti, M.D., M.P.H.	22x
Testimony submitted by Dominick F. Bucci	23x
<i>Unequal and Unfair</i> <i>New Jersey's War on Marijuana Users</i> A Report by the American Civil Liberties Union of New Jersey submitted by Dianna Houenou, Esq.	27x
Testimony submitted by Arnold W. Schmidt	93x
<i>Is This Finally The Time When</i> <i>the War on the British-Run Drug Traffic Can be Won?</i> submitted by Ernest Schapiro, M.D.	94x
Testimony submitted by Susanna Short	98x
Testimony submitted by Debra E. Koss, M.D. Senior Vice President New Jersey Psychiatric Association (NJPA)	102x

TABLE OF CONTENTS (continued)

APPENDIX (continued)

	<u>Page</u>
Statement, plus attachments submitted by The New Jersey Council of Child & Adolescent Psychiatry	104x
Testimony, plus attachments submitted by Diane Litterer Chief Executive Officer New Jersey Prevention Network	107x
pnf: 1-182	

ASSEMBLYMAN JOE DANIELSEN (Chair): Welcome to the Oversight, Reform and Federal Relations Committee.

My name is Joe Danielsen.

Before I continue, I'd like to ask everyone to rise for the Pledge of Allegiance. (all recite Pledge)

Thank you.

Would you please take roll?

MS. WOZUNK (Committee Aide): Assemblyman Rumpf.

ASSEMBLYMAN RUMPF: Present.

MS. WOZUNK: Assemblywoman Quijano. (no response)

Assemblywoman Lopez.

ASSEMBLYWOMAN LOPEZ: Present.

MS. WOZUNK: Vice Chair Houghtaling.

ASSEMBLYMAN ERIC HOUGHTALING (Vice Chair):
Here.

MS. WOZUNK: Chairman Danielsen.

ASSEMBLYMAN DANIELSEN: Here.

MS. WOZUNK: We have a quorum.

ASSEMBLYMAN DANIELSEN: Thank you.

Today the Committee has a singular purpose -- to discuss, hear, be educated, and listen to a discussion involving cannabis, and our state, and the community within our state.

We're starting with a blank slate. This Committee was arranged and scheduled here for the benefit of the public to have more access and participation, and have the legislators hear from them, and

professionals, and other people of concern -- concerned or interested, as it relates to cannabis.

This is a growing conversation nationally and within our state. So today's meeting I would like to make it as casual as possible, giving people as much leeway as possible that we can afford, so you can speak freely, and that our community become better educated and more aware of the issues and concerns with the subject matter.

So this Committee has already had one meeting, in early March. We are going to have another two Committee meetings -- one on April 21 at Rowan University, and another one on May 12 at Bergen County Community College. If anyone would like to provide the Committee, or any legislator, with written testimony or material evidence, you could do so at those meetings; or beforehand, or after, any Committee meeting.

So today we are going to start by inviting a few people to come up and testify.

The first person I would like to invite to come up is Linda Dorsey-Agudosi.

Good morning.

L I N D A D O R S E Y - A G U D O S I: Good morning; how are you?

A S S E M B L Y M A N D A N I E L S E N: I'm highly blessed.

M S. A G U D O S I: Thank you.

Just to introduce myself -- my name is Linda Dorsey-Agudosi. As a matter of fact, I graduated from Middlesex Community College back in 1994. I just wanted to put that in there as well.

I'm a resident of Franklin Township, New Jersey, since 1993. So I'm honored to be able to speak and let people know exactly where I'm at right now in my physical situation.

I had a life-changing car accident in 2008; and as a result, I did have two surgeries. And I say that because I had had 10 previous surgeries. So when you look at me, I've had 12 surgeries; and I do live in chronic pain. Every day is a struggle for me.

I've sought numerous alternative treatments; you name it, I was on it, I did it. I had been on numerous prescription drugs, opiates; and you're nonfunctional when you're on those types of medications.

I spent a lot of days just trying to -- just wait until I could get to the next time I can take the prescription.

Fortunately, I was able to, after multiple years, wean myself off of those opiates and take a different approach to my health. I've had--

You know, I take a step back and look at where I was on the prescription drugs, and I'm just grateful that I was educated and introduced to the medical marijuana. I'm more functional; I'm alert. It takes a lot for me to even be able to get up and get out of my house. I have to prepare to go somewhere. I spend three to four times a week at the Wellness Center in the water, stretching, because I'm fused everywhere on the right side. I have had three rods put on my right side, plus I'm fused in my back. So there's like no motion on the right side, so I must try to stretch to get space.

And fortunately with the introduction of the medical marijuana, for example, there's one prescription that I have, Cannatonic, and it's a body -- it's a high CBG. I don't have the brain high and I don't feel as if I can't think with it. And there's another one I take as well that

allows me to do the work in the water that I need. Without taking it, I'm unable to do it. When you see me get up in the morning -- it's difficult for me to get up. I have to take something in order to function; which is not really the way I want to live, but at least I'm more functional with the medical marijuana.

However, there are a lot of social aspects to taking it. For example, when you smoke medical marijuana in a joint form -- and I think you're familiar -- there is an odor to it; it smells. You can't do it everywhere, you know? You feel like you're confined to your own little space because you know you have to take it in order to do something. And taking it in that form -- it doesn't last that long. It may last a few hours. If I'm out and I need something else, what am I going to do?

So in the State of New Jersey, right now, they don't have a lot of the vape oils that they have in other areas; the edibles. There are a lot of limitations on the quantities that you can purchase. And there are so many different things, and I want to at least be able to help you understand what I need, too; as a patient, I was going to say.

For example, there's-- I've had the opportunity to go to other states where it is legal; for example, I want to say, Seattle, Washington. I was able to consult with them; they knew I had a medical marijuana license. And the choices that you can have just on a single dosage -- because I just needed it for something to help me be able to sleep. With the pain, I can't even sleep, so I need something to help to sleep. And I took a little bit of a piece of a -- I want to say it was a chocolate square, not even that much, and I was able to sleep, and I was able to wake up and not have that intense

pain come on you. During the evening, sometimes I wake up with crazy pains, where I need to take something.

One of the things that they also have is these vape oils. Now, there are ones that are for daytime, or nighttime; something that helps give you energy, something that helps heal your bodies. And that's one thing they don't really offer in the State of New Jersey. From what I understand, someone might extract those oils, and they'll send it out to another separate lab that will test it. So it's not being tested in that same facility. Because I want to make sure what I'm getting is what I'm supposed to be taking; you know, make sure it matches up to the choices that we have, as far as the plants. Now, with the plants, there are different choices for different ailments, and things you could take at different times of the day.

I would love to be able to have that option in the oil form, vape oils, in this state as well. Also, in the State of New Jersey, you have to buy at least an eighth of an ounce or a quarter of an ounce. And you can get premium buds, you can get mini buds, you can get shake, you can get topical oils, lozenges. The edibles are basically for children in the state but, you know, as an adult it would be beneficial to me to be able to take an edible something, when I'm trying to do something, to prolong what I've taken to start my day.

One of the things that they also have is sample packs; like, for example, if I was just going to be in town for a weekend or something, I just need a couple of things for the daytime, for the pain, and for me to be able to sleep so I can function. You can't, of course, take it with you; there's no reciprocal license in Colorado. So you're forced to go to the recreational side, which is not what -- I guess my body is used to the medical marijuana.

But my license wasn't acceptable in Colorado, as a reciprocal. Which I think is something that we should do as well. I mean, if I'm a medical marijuana patient, I can't take it with me. I would love to be able to go to a medical facility and be able to just get enough for me to make it through the few days that I'm here, or wherever I may be where they do have that license. Because you're limited to where you can go and what you can do because of your medication. Then you're forced to go back and have to use these prescription drugs, which the side effects from those cause you to have additional issues, where these don't give you those same side effects. I'm finding my body has been able to do things I was unable to do on the prescription medication.

In addition, locations. Bellmawr, New Jersey, for example -- I'm going to say it's, like, Exit 2 on the Turnpike. I live in Somerset County; my mother -- I'm not going to say her age, but she's 78 -- and she's the one who drives me down to have to go all the way to Bellmawr to get the lozenges or the type of oil that's not available in all the different locations. Plus there's one in Cranbury, there's one in Woodbridge, but there are not a lot of local.

And I would love for someone to be able to deliver from Bellmawr to closer to me, or have it available closer to me. Because it is a planned thing that you have to do to plan to go to-- It's a trip; it's not an easy trip. And then riding in the car is difficult. So there are a lot of different things that make it difficult for me to even get the medicine that I want that is available today.

And then there's a limitation of two ounces. And I'm not saying that's-- You know, if that's all I needed was two ounces, that would

be fine. But some months I might want to get the lozenges, so that's going to take away from the product. Or I want to get the topical; that's going to take away from the other products that I'm able to get. And I know that the Governor was looking at increasing it to a larger quantity -- four ounces -- which I, you know, definitely believe we need to that, because I sometimes get to the end of the month and, unfortunately, I might have run out of the Cannatonic. Because I can get the Cannatonic that lasts me a whole month; but then it might be two or three days until my prescription renews. You know, I'm suffering those days, or I can't sleep those days.

So, you know, it's a roller coaster ride just trying to manage the medication that you do have. And I'm constantly seeking alternatives to having to smoke the plant, because not only the odor, and you live with people who don't-- You know, it's not just socially acceptable.

So if we could do something to try to expand the products that we do have. I know they have different processing and things in other states, where one person might be focusing on the oils; and they actually distribute it to other locations and they can sell that product -- so like a retail/wholesale situation there, from what I'm seeing. If they could teach us how to do the process here that they've been doing, we don't want to guess on what we're getting; we want to know -- we want to know if I take *this*, this is going to provide me with the pain muscle pinching spasms that I need to focus on. I don't want to take something not knowing-- If it's for nighttime, it's going to make me sleepy; because that's the way it seems like it's-- They don't have that option here; and I know it's out there.

And it's expensive. It's a cash business, and insurance does not cover it. Now, they definitely did cover all of these other prescriptions that

I was on, over time; but for whatever it takes that would allow me to sit here and talk to you right now -- you know, I'm going to do whatever I can to get the medication I need in order to just be able to sit here.

So I don't know if there are any other things I can share as far as, you know, life -- living on medical marijuana. You know, it's much better than life without.

So I think that's about -- that's what I have to say.

ASSEMBLYMAN DANIELSEN: Ms. Agudosi, thank you so much.

I know it was not the easiest thing for you to do to come out in public--

MS. AGUDOSI: Yes.

ASSEMBLYMAN DANIELSEN: --to tell your personal medical information to the world; to let the world know that you are a user of cannabis, a patient of cannabis. And on this beautiful, God-given Saturday morning you've come out here for the benefit of this Committee and our community. And we are a grateful community for what you've done.

So just to summarize what we've discussed: You are a cannabis patient; you've endured 12 surgeries; you are currently using prescription marijuana. You brought up a good point that you say you're treatment -- I guess, physical therapy three, four times a week; and the cannabis allows even that treatment. So the treatment of cannabis is allowing you to have other non-medicated treatments. That's often forgotten.

You've gone to other states for consultation and to review other products. We discussed the different pros and cons of vape oils; and you

even brought up testing of those things, which is an area of great concern for me, because that is a laboratory product -- in the end, it's a laboratory product like most medications. You discussed the purchase requirements and the purchase limits on that product, and it is different for medical patients and adult-use recreational patients (*sic*).

You discussed the reciprocation between states that we should be looking at; the location of dispensaries -- you discussed driving a far distance to get the medication you feel you need. And driving and traveling that far, that often is -- you have to organize it, plan it, schedule it; often someone else has to do the driving.

The availability of the product -- three hours away, versus three minutes away.

And you discussed the cost of the product -- that, right now, it's a cash business; and none of this is covered by insurance. And these are areas that -- we will look at each and every area of these issues.

It's for people like you that-- I mean, I was already inspired. But it's for people like you who really need this pharmaceutical medication that's provided by this plant that has really charged me. This is truly a calling that I will answer, and so will the other members of this Committee and legislature.

Does anyone have any questions or comments for the--

ASSEMBLYMAN HOUGHTALING: If you were from Colorado, and you were in New Jersey, New Jersey would not honor Colorado's as well?

MS. AGUDOSI: No, they would not.

ASSEMBLYMAN HOUGHTALING: So nobody does that.

MS. AGUDOSI: No.

ASSEMBLYMAN HOUGHTALING: So that's something; okay.

ASSEMBLYWOMAN LOPEZ: Ms. Agudosi, I listened to your testimony.

First, I'm very sorry for your injury.

MS. AGUDOSI: Thank you.

ASSEMBLYWOMAN LOPEZ: Very sorry for your injury.

We all appreciate your testimony today. Having the opportunity to listen to all of you allows us the opportunity to make better informed decisions as it relates to medical marijuana.

I was very taken aback by your testimony, and I appreciate you being here, and I wish you better health.

MS. AGUDOSI: Thank you; I really do appreciate that.

ASSEMBLYWOMAN LOPEZ: Thank you very much.

Thank you.

ASSEMBLYMAN DANIELSEN: Assemblyman.

ASSEMBLYMAN RUMPF: Yes, thank you.

Let me add that I appreciate you being here. I sympathize, to a degree; empathy with the struggle that you face every day.

You made an interesting comment. We are here today, primarily to discuss issues pertaining to recreational marijuana. You described the situation which occurred when you went to Colorado -- they wouldn't accept your credentials, and you were forced into the recreational market.

MS. AGUDOSI: Yes.

ASSEMBLYMAN RUMPF: And I believe I understood you to indicate that there was a noticeable difference; it didn't help you as much. Would that be accurate?

MS. AGUDOSI: It did not help me as much.

I'm going to say as far as the knowledge of what I'm taking here was not in line with what I was able to get there. But in Seattle, I had the consultation, so they were able to tell me what I should take in line with what I was taking here. Does that make sense?

ASSEMBLYMAN RUMPF: Sure.

MS. AGUDOSI: Now, they had different liquids; they had, like, sodas and, you know, different -- so many different edible things in Colorado that, you know, there was one thing called *Mother's Milk*; they said, "This will help you sleep." It did help me sleep, but my whole daytime functioning was based on things I wasn't aware of, or what it was going to do to me before I took it. Did that make sense?

ASSEMBLYMAN RUMPF: It does.

MS. AGUDOSI: I didn't have that consultation to know; so it was different.

ASSEMBLYMAN RUMPF: Do you have any opinions that you would like to share with respect to the issue of recreational marijuana here in New Jersey?

MS. AGUDOSI: Well, I never was a proponent of marijuana overall. But now that I am on the medical marijuana, and if, let's say someone wasn't feeling well or had, let's say, a common ailment -- I'll say, a constipation issue -- instead of taking MiraLAX or something, if I could take just a little Cannatonic, and you don't have any issues, wouldn't that

be better? I mean, you know, I don't know. I don't think that I would let kids, smoke it, unless it's something that would benefit them for their health. I believe adults over 21 should be able to make a decision and do whatever they want, personally.

ASSEMBLYMAN RUMPF: Because your testimony is powerful, in terms of your medical condition; and I appreciate you bringing that forward. I think one of the concerns that many would have would be the potential for abuse outside of the medical context. Do you have concerns there?

MS. AGUDOSI: Well, I can tell you right now, if someone wanted to smoke marijuana, they will smoke marijuana. If I had a preference, I would rather smoke something that I know was grown organically; it was not full of pesticides; or, you know-- I would not want to have anything, let's say, street quality or anything I'm not sure where it came from, what it is, or what it's going to do to me. I would prefer to have something that I know specifically if I do this, this is what it's going to do to help me specifically.

ASSEMBLYMAN RUMPF: Okay; thank you.

MS. AGUDOSI: I think education is important; because some people -- there are different strains. It doesn't give you a head high, but it can help you with your body. Instead of giving someone, I'm going to say, a Xanax or something, because you have anxiety, if you can take something that will alter it without giving you those side effects, I think it would be beneficial to people. I learned that based on usage.

ASSEMBLYMAN RUMPF: Okay.

ASSEMBLYMAN DANIELSEN: Ms. Agudosi, you mentioned the consultations. I know there are dispensaries in New Jersey that give consultations; I know, personally, at least one.

MS. AGUDOSI: Yes; I've been to all three. I have been to the Woodbridge Garden State Dispensary; I've been to the Breakwater Treatment Center, and then I've been at the CSATC -- Compassionate Sciences in Bellmawr. So those three I've been to.

ASSEMBLYMAN DANIELSEN: And they all provided--

MS. AGUDOSI: And each one made you have a consultation before you--

ASSEMBLYMAN DANIELSEN: Okay; I wanted to clarify. Because the way I was getting it from you was that you didn't get the opportunity for a consultation until you went out of state.

MS. AGUDOSI: No.

ASSEMBLYMAN DANIELSEN: I heard wrong; okay.

MS. AGUDOSI: No; I definitely -- you definitely-- Before you can-- You have to make an appointment the first time you go.

ASSEMBLYMAN DANIELSEN: Okay.

MS. AGUDOSI: And within that appointment, you discuss the different things. And their facility might have different products than the other facility. They're not consistent.

ASSEMBLYMAN DANIELSEN: Okay. So your message is, you found it very valuable to have those consultations--

MS. AGUDOSI: Yes, yes; absolutely valuable.

ASSEMBLYMAN DANIELSEN: --where they reviewed you, your lifestyle, and where you want to get to; and then they matched or suggested a product or product line.

MS. AGUDOSI: That's correct.

ASSEMBLYMAN DANIELSEN: Okay.

MS. AGUDOSI: That is correct.

ASSEMBLYMAN DANIELSEN: Excellent.

MS. AGUDOSI: Just like I consulted with my doctor -- my medical doctor, the other day. And she was praising me for being an advocate for my own health, because it's something that she herself would like to be able to prescribe to someone if she wanted. And she said that to me.

ASSEMBLYMAN DANIELSEN: So the interaction between you and your doctor, if I may--

MS. AGUDOSI: Yes.

ASSEMBLYMAN DANIELSEN: --and your cannabis relationship-- Your doctor-- Was your doctor the one who prescribed you?

MS. AGUDOSI: No, that was not my prescribing doctor.

ASSEMBLYMAN DANIELSEN: And your doctor wished she or he could be one to prescribe you?

MS. AGUDOSI: She would like to have the option to be able to prescribe it.

ASSEMBLYMAN DANIELSEN: Was your doctor, who is not prescribing it -- was that doctor impressed with the results that you found using cannabis?

MS. AGUDOSI: Yes, she was. And based on how I was able to turn my -- I turned a lot of things around by being able to manage the pain in order to try to build to back my body up. Because I'm not trying to stay on it -- I would love to not have to be on it forever, on a daily basis.

ASSEMBLYMAN DANIELSEN: Sure.

MS. AGUDOSI: I was in chronic pain, so I'm just trying to do whatever I can to heal myself. And one of the things -- and I'm going to say my previous medical doctor, Dr. Rebecca Steckle, who recently passed away -- the last time I saw her she told me that I should look at it as *medication* and not to look at it as if it's something like a drug; because it is medication, and it's a plant, and it's much better for me, health-wise, functionality, thinking-wise, and being able to control and manage.

ASSEMBLYMAN DANIELSEN: Did your doctor indicate why he or she chose not to be on the registry?

MS. AGUDOSI: I believe that they are -- they weren't pain people; I'm not really clear why.

ASSEMBLYMAN DANIELSEN: You're not sure; okay.

MS. AGUDOSI: I don't have that knowledge. But I know you had to be on a registry in order to get a doctor. And the only reason why I ended up on it is because someone referred me to a doctor. I didn't realize what I was looking for. He said, "I recommend the MMP program," and I said, "What's that?" And he said, "The Medical Marijuana Program." So it was a big decision to say, "I'm going to do it." But I'm very grateful that I was educated, and learned, and was able to. It changed my life, honestly.

ASSEMBLYMAN DANIELSEN: Thank you.

Any other--

Vice Chairman.

ASSEMBLYMAN HOUGHTALING: I think you mentioned that you're allowed two ounces a month.

MS. AGUDOSI: Yes, yes.

ASSEMBLYMAN HOUGHTALING: But you have to pay cash for it.

MS. AGUDOSI: That's correct.

ASSEMBLYMAN HOUGHTALING: Could you just give us an idea of how much two ounces a month would cost you?

MS. AGUDOSI: Well, I could tell you, for the year, I might have spent over \$5,000 cash, I would say. That's a guesstimate.

ASSEMBLYMAN HOUGHTALING: That's pretty steep.

MS. AGUDOSI: Yes; no co-pay. (laughter)

ASSEMBLYMAN HOUGHTALING: No co-pay; I mean, yes. (laughter)

MS. AGUDOSI: Yes. But, you know, that's my main -- that's my main -- that comes first in my life right now.

ASSEMBLYMAN HOUGHTALING: I would say this -- with the Governor, what he has talked about was instituting an expansion of medical marijuana. So, you know, this is very important -- this testimony that we're hearing here today, and what you have to say.

The issue I think we have now is there are so many different ideas, that we have to blend them together to come up with something that really is going to be worthwhile for everybody.

So I want to say thank you for being here.

MS. AGUDOSI: Well, I'm hoping that we can do whatever we can to facilitate delivery service; it would be a wonderful thing. I'm not sure how that would work.

ASSEMBLYMAN DANIELSEN: Delivery service.

MS. AGUDOSI: Yes. The other day I was in so much pain, I couldn't think straight and I wish someone could've delivered something from Bellmawr.

ASSEMBLYMAN HOUGHTALING: Oh, delivery.

MS. AGUDOSI: My mother wasn't available to drive me. I'm still -- I have to get a ride.

Is there anything else, or--

ASSEMBLYMAN DANIELSEN: Thank you.

MS. AGUDOSI: I appreciate your time; I really do.

ASSEMBLYMAN DANIELSEN: I'm just checking for attendance.

Is there a Tom Coogan?

T H O M A S A. C O O G A N, Ph.D.: (off mike) Yes.

ASSEMBLYMAN DANIELSEN: Mr. Coogan, you're up next.

DR. COOGAN: Okay.

I've got written testimony; would you like that, and my permission slip? (laughter)

Does it matter which microphone-- Do you want me at this microphone?

Thank you, Mr. Chairman; I want to thank all the members of the Committee for coming out to hear from citizens today; and for taking on the task, on behalf of the rest of us, of sorting through all the competing

claims you hear on this issue, and set a wise course for us that takes account of all the risks and benefits you are going to hear described.

I could preface this by saying this will be something completely different. I'm just going to talk about data, not personal experience.

And I know you've studied this issue, and I don't want to repeat topics that you've already looked into. But I want to give you a sense of how I weigh disparate and conflicting headlines when it comes across. I've done digging into the data behind the headlines, and I'll frame my comments around two common errors I see in how data is reported.

Talking first about data on traffic accidents and, if time permits, on the risk of teen use.

So the first error I see is overly broad simplified headlines like, "Marijuana is the drug most often reported in accidents." Marijuana is the most commonly used drug, so we should expect it to be the drug most frequently involved in all kinds of things. So a statement that it is *involved* in something, by itself is not very informative.

I know you're aware of the challenges relating marijuana dose and time of exposure to impaired driving and how this, in turn, complicates crash data on marijuana use. The National Highway Traffic Safety Administration took on all these challenges in their 2015 report on Drug and Alcohol Crash Risk, and that study distinguishes the statistical concepts of adjusted, versus unadjusted, risk ratios. Their initial result, with unadjusted odds ratio seems to find a relationship between marijuana and crash risk.

But upon more careful analysis, that finding is not supported. The summary of that report states that while unadjusted data suggests a 25

percent higher crash risk for drivers who tested positive for THC, when the analysis incorporated variables of age, gender, ethnicity, and alcohol concentration level they found no significant increase in crash risk associated with the presence of drugs. To quote the summary of that report, “This finding indicates that these other variables were highly correlated with drug use, and account for much of the increased risk associated with the use of the drug and with THC.”

That’s the end of that quote.

I’ll quote further from the comments of the body of that report.

“Unadjusted odds ratios must be interpreted with caution, as they do not account for other factors that may contribute to increased crash risk. For example, male drivers have a higher crash rate than female drivers. Likewise, young drivers have higher crash rate than older drivers. To the extent that these demographic variables are correlated with specific types of drug use, that may account for some of the increased crash risk associated with drug use.”

That’s the end of that quote; and of course the simple version of that is, correlation is not causation.

And the broader lesson I take from that is, a simple headline that says something is associated with marijuana has to be treated very cautiously; and careful statistical evaluation is needed before any useful guidance can be drawn from such data.

So one type of error is looking too broadly at the data and ignoring the important details. A different sort of misleading headline can come from focusing on too narrow a data set without any context. An example of this is a report that just came out in February of this year that

said, “Legalized states have had more deaths of pedestrians in traffic accidents.” This report caught my eye, so I looked into it and had some correspondence with the group that sponsored this study to try to understand it.

The study was done by the Governors’ Highway Safety Association. It compared the first six months of 2017 to the first six months of 2016. They reported that of all the states in the country, 23 had increases in pedestrian fatalities, 20 had decreases, 7 had no change. Sounds kind of random.

They went on to highlight, though, that states that had “legalized recreational use of marijuana, between 2012 and 2016, that group, as a subgroup, had an increase in pedestrian deaths, while all other states together had a decrease.”

So the first caution here is if 23 states had increases in pedestrian deaths, what reason would there be to think that legal cannabis might be a unique factor in just 7 of those states? But another problem with this report is that the subgroup of states that had legalized, by 2016, did not include California; though that state did vote to legalize at the same time as Nevada and Massachusetts, states which were included in their subgroup analysis.

For the first six months of 2017, California actually had a big decrease in pedestrian deaths. So the states that had voted to legalize, overall, in fact, had a big decrease in pedestrian deaths. And then maybe the headline would have been that, “People in legalized states aren’t getting out to walk as much anymore.” (laughter)

So I wrote to the sponsor of that study for clarification; the response was, California was not included because it had not implemented their law, yet, in 2017. But that's not the wording in the report; and if that's their criteria, they should not have included Massachusetts, Maine, and Nevada, none of which had implemented by the first half of 2017. So neither the original description nor the clarification matches the subgroup of the states in their analysis.

They were helpful, though. They referred me to their source of data. To me, it makes more sense to look at a longer time span than six months, and to look at states that have lived under legalization. So I did this; and for the two years, 2014 to 2016, Washington and Colorado, together, had an 18 percent increase in pedestrian deaths; which sounds serious. That 18 percent is just slightly less than the 22 percent increase in pedestrian deaths in the country as a whole in the same time period.

So whenever a percent increase claim is made, I remind myself to ask: compared to what?

So though the headline for the Governors' Association report and their accompanying cartoon infographic is entirely misleading, it's likely to keep coming up in the course of the debate. And if it does, I ask you to remember: Just strike that one off the list. There's no evidence for a pedestrian fatality effect.

So the two watch-outs I have -- headline statistics that are too broad about something being marijuana related without any investigation of correlated factors. And on the flip side, reports that are too narrow and the data chosen that lack any context -- a six-month snapshot of states that really don't have anything in common.

And it's clear to me -- a lot of these headline statistics are the result of a selective search for data which can be used to back up an already-formed opinion; as opposed to using all available data to build a well-informed position.

Now, it's misleading to overdramatize statistics to serve an end; it would be just as serious to try to explain away any and all effects, for there are sure to be some unwanted outcomes of something as significant as legalizing adult-use cannabis. The question you all have to consider is, what's the scope of those risks, and are they manageable?

So we're going to go back to traffic risks. I don't want to give the impression that the National Highway report is the last word. And traffic issues come up; in the most recent Stockton survey of Jersey residents, traffic concerns were the second-most commonly cited concern of those opposed to legalization, after addiction issues.

So I'm going to comment quickly on several other studies; and I have the full citations in my written testimony.

The 2017 National Academy of Sciences' summary report on marijuana risks included a section on driving, and they focused on a meta-analysis of 20 independent studies. And that analysis showed 20 to 30 percent higher odds of an accident due to marijuana exposure. When they did subgroup analysis that included correlated variables, they found the magnitude of that odds ratio weakened to 11 percent increased crash risk. Which I take as a high-end estimate, compared to the National Highway Safety analysis, which found no increased crash odds after adjusting for other risk factors.

So remember, this doesn't mean 11 percent more crashes; it means that any person's chance of getting in a crash -- whatever their odds are initially -- increased by 11 percent with marijuana exposure.

So would 11 percent be a show-stopper for legalization? Is 11 percent increased crash risk a big number? For context, a blood-alcohol level of 0.05, which would not get you arrested, has a 200 percent increased crash risk; compared to the best statistical estimates of a marijuana crash risk of between 0 and 11 percent. So even if we accept 11 percent as a crash risk estimate, that's the estimate under the current legal system when all this data was collected, and that risk is still there today. The issue you have to consider is how much more risk would there be if you take action on legalization.

And there's some data on that. Initially, from reports prepared by the state of Colorado -- and recent studies that also included the states of Washington and Oregon -- the Colorado Department of Public Safety produced a study on their first year of legalization. They reported, "Colorado State Patrol's marijuana DUIs increased from 12 percent of DUIs in 2014, to 15 percent in 2015." Sounds like a problem, and could make for an ominous headline. That's the percentage of DUIs. Other things may have gone down; in fact the report says, I quote, "The number of Colorado State Patrol summonses issued for driving under the influence of marijuana decreased 1 percent between 2014 and 2015." It depends on how you look at things.

The Denver Police Department, on the other hand, did find the number of marijuana DUI cases increased, from 33 cases in 2013, to 73 in 2015. It could be portrayed as a huge percent increase. But the scope of

the problem is relevant. Citations for marijuana accounted for 3 percent of DUIs in Denver. Is that good news or bad news? I'm not sure. Marijuana was 2.5 percent of Denver's DUIs before legalization, and 3 percent after.

DUIs, though, are a product of law enforcement; in any case, they're not the real problem. Traffic accidents are. And I want to mention two studies that compared crash data before and after legalization -- one from the Highway Loss Data Institute and one from the University of Texas. Both studied accident rates in legalized states and compared them to rates in other states that had not legalized. And the two studies use different comparators and came up with different results.

The insurance group compared legalized states to neighboring western states. The academic study picked states around the country that were matched for driving environment, weather conditions, and economics.

The academic study reported no statistical increase in accident rate per billion miles driven; while the study by the insurance group reported a 3 percent increase in insurance claims in legalized states compared to their neighbors.

ASSEMBLYMAN DANIELSEN: Mr. Coogan. I apologize for interrupting you.

This is fascinating; some of this -- you're offering some critical data I find very, very important. Because we have limited time, people are waiting -- I'm almost thinking just to have a meeting with you and some legislators, because I want to continue learning what you have to offer. But I think at this level of data and the volume at which you're giving it to us, some of it is going to get lost, including our lost time today.

MR. COOGAN: Okay.

ASSEMBLYMAN DANIELSEN: So would you mind, maybe, summing it up; and then let's schedule where you can have an intimate meeting--

MR. COOGAN: That sounds-- You made my day. (laughter)

ASSEMBLYMAN DANIELSEN: --where we'll really grind through this stuff?

MR. COOGAN: That would be fantastic.

If I could-- I'll sum up, and skip ahead quickly, to-- There's a quote.

So the Highway Loss Data Institute looked at this. And you have to think they're not interested in underestimating this risk. But the introduction to that report -- and I'll read a short quote -- and this is my summary.

The introduction to that report says, "Though there is evidence from simulator and on-road studies that marijuana can degrade some aspects of driving performance, researchers haven't been able to definitively connect marijuana use with more frequent real-world crashes."

So this is a report that came out last month; that's their summary of what the state of the world is today. So it flies in the face of common sense to say, you know, you test people in a lab, they have poor sensory motor integration -- reflexes, attention. And that way is like alcohol, so you say they must be bad drivers.

There's a different dimension, though, in which alcohol and marijuana are different besides sensory motor integration, and reflexes response, and awareness; is, behaviorally, alcohol drivers can be impulsive,

aggressive and risk-taking. These are attributes that have never been laid at the door of marijuana users; to the contrary.

So I think the phenomenon to describe it is, why people in the lab are such bad drivers, but they're not showing up in the crash statistics is because there's a behavioral component besides the sensory component.

How's that?

ASSEMBLYMAN DANIELSEN: Thank you.

MR. COOGAN: All right.

ASSEMBLYMAN DANIELSEN: And make sure we have your contact information.

MR. COOGAN: All right; thank you.

ASSEMBLYMAN DANIELSEN: I'd like to invite up our next speaker, Arnold Schmidt; are you here? Arnold Schmidt? (no response)

ASSEMBLYMAN DANIELSEN: Okay; not here yet.

Okay, our next speaker will be Michael Feinsod.

M I C H A E L F E I N S O D: Good morning.

ASSEMBLYMAN DANIELSEN: Good morning. Did I pronounce your last name correctly?

MR. FEINSOD: You did.

I'm Michael Feinsod; I'm the Chairman of General Cannabis, based in Denver, Colorado.

I'm here to share any knowledge that we have about the industry.

I think it's a great day, given that in the last week the Federal government has given some guidance to Senator Gardner from Colorado that the Federal government will not interfere with a well-run state

program. And coming from a well-run state program, I think Colorado is an excellent place to start looking as you explore adult-use and expanding medical marijuana in the state.

I'll tell you a little bit about General Cannabis. I came to the industry four years ago; bought a security company. We're the largest security company in Colorado -- moving cannabis. We guard grows and dispensaries. We move cannabis from cultivation sites to dispensaries, and we move cash at the end of the day to banks, on behalf of dispensaries.

We have a consulting company that does everything from licensed consulting to design consulting of cultivation sites and dispensaries. We help people open cultivation sites, we help them manage cultivation sites, and we help them manage dispensaries.

We have a branding company that helps new cannabis brands launch in different states, providing patient education, providing knowledge about the product, and helping to expand product awareness.

We have a company -- a subsidiary in Arizona that makes edibles in a medical-only state. So I consider us one of the experts on dose control in the country.

And we are at the center of the industry, I guess is the best way to picture -- is the best way to describe it. We only employ best practices; we only employ people who have been in the industry since it's been legal. We have no master growers, we have no master cultivators who have been in the industry for more than four or five years. And we only work in states where there are strict regulations that give us guidance on how to help our clients succeed.

That's the background on General Cannabis. If I can share any knowledge, that's what I'm here for.

ASSEMBLYMAN DANIELSEN: How many states are you operating in now?

MR. FEINSOD: As of today, 14; we have 141 people spread around the country, concentrated in Colorado, Washington, California, Maryland, and Arizona, as of today.

ASSEMBLYMAN DANIELSEN: And you don't own any licenses; you're just servicing the industry.

MR. FEINSOD: Correct. We assist licensed providers, execute the benefits of their license, provide consistent product, consistent medicine in the states where it's referred to as *medicine*. And help brands advance themselves and distinguish themselves as leaders within the industry.

ASSEMBLYMAN DANIELSEN: Did you just say that you do not perform the cultivation -- or you can?

MR. FEINSOD: We don't own the licenses; we do perform cultivation for people who have the licenses.

ASSEMBLYMAN DANIELSEN: Okay; right.

MR. FEINSOD: So all my employees are licensed within the states where we operate. I'm a licensed marijuana cultivator within the state of Colorado, giving me the right to move freely within the state of Colorado in compliance with the regulations. I can buy cannabis, I can sell cannabis in different quantities on a wholesale basis, and I can move cannabis between locations, as long as it's within the state regulations.

ASSEMBLYMAN DANIELSEN: Are there any aspects of the cannabis business, of a non-license holder, that you cannot provide a license holder?

MR. FEINSOD: Within the state of Colorado, we are not allowed to own a -- to share in the profits of an operation; and that's a broad definition under the statute. It was meant to provide individual -- limit ownership to individuals. An LLC or corporation is not allowed to own the actual right to produce cannabis within the state of Colorado. Within the state of California, they will be, within the state of Washington they are.

ASSEMBLYMAN DANIELSEN: Right. But you make a profit--

MR. FEINSOD: Yes.

ASSEMBLYMAN DANIELSEN: --or else you wouldn't be in business.

MR. FEINSOD: That's what we try to do.

ASSEMBLYMAN DANIELSEN: You just can't share the profit.

MR. FEINSOD: Yes, we--

ASSEMBLYMAN DANIELSEN: So you charge a fee--

MR. FEINSOD: We're a management company; we're cost-plus.

ASSEMBLYMAN DANIELSEN: Okay.

MR. FEINSOD: We come in and say, "We'll help you provide a service, and we'll help deliver a product," and --

ASSEMBLYMAN DANIELSEN: So that would be cultivating, production, laboratory; it would be transport, money management, money transport, cannabis transport, marketing, branding, advertising--

MR. FEINSOD: Correct.

ASSEMBLYMAN DANIELSEN: --consultations, legal; you do it all.

MR. FEINSOD: We try and hang around the hoop.

ASSEMBLYMAN DANIELSEN: So there is nothing that you don't do?

MR. FEINSOD: There's probably some stuff that we don't do, but we're learning. We're stepping into different aspects of the industry. Extraction is the biggest -- is our biggest investment, going forward.

ASSEMBLYMAN DANIELSEN: I would think so.

So you're experienced in 14 states. You seem just primed to give us advice.

MR. FEINSOD: Yes; I'm excited to be here today.

ASSEMBLYMAN DANIELSEN: So why don't you give us some advice.

MR. FEINSOD: It's exciting to be here--

ASSEMBLYMAN DANIELSEN: And speak slow, because I'm writing slow.

MR. FEINSOD: Sure. (laughter)

It's exciting to be here and have a bunch of adults with open minds talking about the pros and the cons of the industry.

My first advice would be to stop talking about adult-use as *recreational use*; and possibly refer to it as *adult-use* in the same way we think

of certain other drugs -- OTC drugs, allergy drugs -- that are restricted to people who are 18 years old, but you don't need a prescription. That's one way -- it's a mindset to change the thought process of it. Recreational use in the state of Colorado has increased significantly because you don't need to go through the hoop of getting a medical card. So that changes the social aspects of it and gives people the ability to say, "I'll pay the premium and tax to just not have to go to the doctor and be in a registry."

I think some of the things that are important are security. As you roll out these programs, an absolute zero tolerance for slippage of the product from seed to sale. In Colorado, we've done an excellent job of tracking. From the time a plant is cut until the time that product is sold to a customer, we know everything that went into that -- the ingredients and, in most cases, who touched it along the way.

Dose control -- something that the first -- one of the first speakers spoke on is the inconsistency between products. As the industry evolves, dose control -- it must be mandated. We have a 10 percent variance in dose control allowances, meaning that the standard dose in Colorado is 10 milligrams. We're not allowed to be off by more than 0.9 milligrams either way. So that's -- within the current technology of marijuana, that's enough to not cause an adverse reaction, and give a patient a consistent experience.

There are some products that -- I don't know who brought -- there are some pictures over there -- but there are products that I've been involved with the manufacturing of that can truly be used as medicine. They are recreational products, but you could take 5 milligrams and control your dosage and, what we know as, *titrate* -- self-medicate; but decide how

much medication makes your back feel better or help decide what helps make your back feel better at night when you'd like to sleep, or when you need to be awake.

So from seed to sale is one of the most important things; and insuring the integrity of the product, much like any other drug. It has to be a consistent product that is -- every time you go into the-- Right now, you go into CVS, you walk down the pain management aisle. There's Advil, there's Tylenol, there's Aleve; limited to those three. There are three generics of each one of those. So we've just created 12 drugs -- there are 12 products there that are all exactly the same. We need to get cannabis within the state to have the patient pick the same product, but have consistent dosage; different products, but have consistent dosage.

Education would be something else. You know, I think what somebody highlighted was the difference between doctors wanting to register and be associated with the program. That's something else, again; that an adult-use program sidesteps the doctor from having to actually give a prescription for the product, and allows them to recommend the use of it the same way he would recommend taking Advil or an OTC drug.

So again I think of adult-use more in the OTC or the regulated liquor world -- that we keep it out of children's hands at all times, but we responsibly educate the public and the doctors on how to use it.

I could keep going-- (laughter)

ASSEMBLYMAN DANIELSEN: You gave us a lot of writing, Mike.

MR. FEINSOD: Yes.

ASSEMBLYMAN DANIELSEN: Does anyone have any questions?

ASSEMBLYMAN RUMPF: Sure.

ASSEMBLYMAN DANIELSEN: Excuse me?

ASSEMBLYMAN RUMPF: I do.

ASSEMBLYMAN DANIELSEN: Go ahead.

MR. FEINSOD: Please.

ASSEMBLYMAN RUMPF: Thank you.

I note with some interest that your suggestion that we stay away from the term *recreational use*. It would appear that a lot of the testimony that we hear focuses on the medicinal aspect of the use of marijuana. The bill that we're considering however, pertains to the recreational use, much like when somebody's going out to mow the lawn, they want to grab a can of beer. They're onto doing that to cure an ache; they're doing that -- perhaps they're doing that because they want to enjoy the experience, and it's going to have somewhat of an effect upon their well-being. They're going to get buzzed if they have more than one.

Talk about that a little bit. What do you call that when applied to marijuana? Is there not a recreational use that we're considering?

MR. FEINSOD: Well, we haven't talked about why the lawnmower -- the said person using the lawn mower has decided either to use the beer or, in this case, cannabis. I think we're talking about somebody who is looking for, generally, relaxation, might be -- we could agree upon that might be what they're looking for.

So an adult might be able to use, responsibly, the lawnmower with a responsible use of cannabis. What they're using it for, in that case, is

the anxiety in that. And I think that the manufacturer of the lawnmower would probably say, "You should never operate it under the use of alcohol." And I'd probably say the same in the case of cannabis. Why lower your level of awareness in any way, shape, or form, as you're putting yourself in front of something that might cause harm? So it's not a motor vehicle; but in the case of a lawnmower, we are talking about something that could be considered dangerous in the same way.

So in the same context, I wouldn't recommend doing it either.

(laughter)

ASSEMBLYMAN RUMPF: I appreciate you bringing up that distinction.

What I was really getting at is that a lot of people are going to want to smoke marijuana to get high, not because there is a medical reason for doing so. What do you call that, if not *recreational use of marijuana*?

MR. FEINSOD: What do I call it? I call that the use of marijuana, most likely for the purpose of relaxation; in the same way that we could, again, have this discussion -- how do we describe the use of adult-use alcohol in this state? What is the purpose of it?

So getting high is an overused distinction these days. And I think the first speaker really focused in on it -- the difference between different products. So -- and again, this is where we'll get real technical. We've moved away from the weed of the 1960s and the 1970s, to the point where we actually know the genetics of what we can grow. So if I could give you a sativa, which might actually increase your concentration, and give you a better opportunity possibly -- I'm not arguing that you should operate

that lawnmower -- but theoretically, it might give you a little bit more concentration, the same way Adderall or a prescription drug might.

And then on the other side of the spectrum, an indica, which would probably keep you on the living room couch, and the lawn wouldn't get mowed. (laughter)

So I don't know if I answered your question directly, but I think we really have to -- if we're comparing the two, I think we have to look at what the person who walks into a bar and looks to get from a beer or multiple beers; and what a person might look for in cannabis to get. And I think getting high is too broad a generalization. And at the end of the day, when I take two Advil from driving or flying for hours, it's to reduce some inflammation in my back for the general pain and achiness in my back. Which might be the same reason in the state of Colorado I might use recreational cannabis.

ASSEMBLYMAN RUMPF: Okay. I'm waiting to hear more, Mr. Chairman, if I may, about the experience in Colorado.

You have people who enjoy drinking wine; you have people who enjoy having a beer or hard liquor. Marijuana is in that category as well. I'm not here to dispute the benefit of the product in the medicinal context; and I appreciate your education about going into the drugstore with the Advil and the Tylenol.

But there's a whole other component to that, that we really are not engaging in that discussion here. And that is the -- we'll call it the *adult-use*; but for the purpose of pleasure, if nothing else.

MR. FEINSOD: Absolutely; yes.

ASSEMBLYMAN RUMPF: And how is that going in Colorado?

MR. FEINSOD: I would say well, from an economic standpoint.

One of the things that Colorado has grappled with, and is just first starting to experiment with, is public consumption. So we restricted the use of it to home use; so that's one thing. So people are using it at home to relax, to go to sleep, or to manage pain, for the most part.

And then, to the point of the second speaker, whether or not those people, then -- and for the most part, Coloradans do drive, you know -- there are no incidents of them getting in their cars and leaving. That would be the equivalent of probably having two beers or two glasses of wine with your friends at home, or using it in the comfort of your bathroom through a vaporizer, an edible, or in the kitchen, through an edible; and just going on with your daily life.

So we don't have-- I assume you get a citation, but we don't see people smoking in public in Colorado. We haven't allowed that outside of bars, outside of -- on the street. You'll get a ticket, you'll get-- It just doesn't happen, because it's not socially acceptable.

So recreational use, to your point, then, is limited to private homes; and we haven't seen any problems that I've been made aware of or I've heard about. And I'd welcome the challenge -- the discussion of any of them, because I'd be intrigued.

ASSEMBLYMAN RUMPF: Okay; I appreciate that.

ASSEMBLYMAN DANIELSEN: I have one question.

MR. FEINSOD: Sure.

ASSEMBLYMAN DANIELSEN: You mentioned the medical patients going -- moving over to recreational, even though it has a higher premium of taxes and different packaging. Is it your opinion that you find that medical patients -- they have to endure the expense of going to the doctor, paying out of pocket, that time and that cost of paying for the doctor, and then going, paying for the marijuana product -- that some are just leaving the cannabis medical column and just going to the simple -- buying it under the recreational statute instead?

MR. FEINSOD: Absolutely; and we've seen that statistically.

ASSEMBLYMAN DANIELSEN: Because now they don't have to pay for the medical registration permit; they don't have to go to the doctor -- which is all out of pocket. So like, for example, our permit in New Jersey is \$200. So instead of paying-- If we had recreational, they would say, "Listen, I'll avoid the \$200 fee, and the cost of going to the doctor, and the cost of paying the doctor. I could avoid all of that just by buying it on the recreational."

So you find that the medical cannabis sales -- some were lost to people just saying, "Hey, I'm just going to buy under the recreational statute."

MR. FEINSOD: I can deliver information that will show you statistically that after 2014, when recreational adult-use marijuana was permitted in Colorado, the number of prescriptions went down dramatically; the number of units sold went down dramatically; and the patient counts -- and the absolute units sold within the state including, recreational and medical, went up.

ASSEMBLYMAN DANIELSEN: Really?

MR. FEINSOD: So to your point, these medical patients moved to recreational; there were more choices within recreational, because they were driven by market, by successful manufacturers on the recreational side, because of the volume of dollars that had gone to that side. We as manufacturers, or our clients, were able to invest in recreational and create a better product. So I would--

ASSEMBLYMAN DANIELSEN: Interesting. So you're saying -- so if the money's there behind the product, they'll grow it; but if it's not there under medical, if the market is not allowing it, there are not going to do it because it's going to be at a loss.

MR. FEINSOD: Exactly.

ASSEMBLYMAN DANIELSEN: Interesting.

MR. FEINSOD: Our clients are going to make a decision as far as shelf space -- will be 85 percent recreational and 15 percent medical, because that's where the patients are and they are willing to pay tax.

ASSEMBLYMAN DANIELSEN: So the patients are benefiting from the recreational side because the market was there.

MR. FEINSOD: Because the dollars are being spent, and then that leads to research and development in that product side. And we make better products now-- We make the same products on the recreation and medical side now; it's just easier to get. It might cost you more per unit, but people are willing to sidestep the medical system, to your point.

ASSEMBLYMAN DANIELSEN: So you'll have a cannabis product that now is being benefitted from the recreational people and the medical people. So would the opposite be true: If Colorado got rid of adult-use, then that product would probably go away also.

MR. FEINSOD: A number of products would probably go down, and it would become more like a traditionally phar-- Where there's single brands of medicine.

ASSEMBLYMAN DANIELSEN: So there would be less available, or gone.

MR. FEINSOD: I would think less available.

ASSEMBLYMAN DANIELSEN: That's interesting; I didn't even think of that.

MR. FEINSOD: A free market is driven-- The Colorado free market -- the dollars on the recreational side have caused the quality of the product to go -- to increase significantly, and the cost to the patient, the user, to decline significantly. And that's been -- that's pretty clear.

ASSEMBLYMAN DANIELSEN: Oh, and for the record, I'd like to recognize Member Quijano.

ASSEMBLYMAN HOUGHTALING: I just have a question.

You talked about where, in Colorado, you're only allowed to use it in the home -- home use--

MR. FEINSOD: Correct.

ASSEMBLYMAN HOUGHTALING: --recreational marijuana. Are all the states the same with that?

MR. FEINSOD: All the states are different on everything.

Some of the states would allow you-- Denver happens to be an urban -- it's obviously a city, so they took great care to avoid public smoking within apartment buildings and on the street. Washington state -- I would assume, on the corner of your own property, you could probably

consume, and it's a different dynamic. I can have an answer on Seattle this afternoon, and Portland, to find out; I'm not sure, to tell you the truth.

ASSEMBLYMAN HOUGHTALING: So it's not like they're -- like a bar, that you -- a club that you go to and smoke marijuana.

MR. FEINSOD: There are no smoking clubs like that; no.

ASSEMBLYMAN HOUGHTALING: Okay; thanks.

MR. FEINSOD: Like the *Amsterdam experience*, I think is what you're referring to. (laughter)

ASSEMBLYMAN DANIELSEN: Annette Quijano.

ASSEMBLYWOMAN QUIJANO: I know you just mentioned that there was a decrease in the medical and increase with the recreational, because there are barriers. But before that, I just want to ask you, for individuals who travel to your state who have the marijuana card, do you recognize other states' cards?

MR. FEINSOD: The state of Colorado does not.

ASSEMBLYWOMAN QUIJANO: Does not; okay.

MR. FEINSOD: Does not.

ASSEMBLYWOMAN QUIJANO: Thank you.

MR. FEINSOD: I can give you examples -- Las Vegas does, and they're a vibrant medical--

ASSEMBLYMAN DANIELSEN: Could you bring that microphone closer to you?

MR. FEINSOD: Sorry; the state of Nevada does, and again, the state of Arizona doesn't. But focusing on Nevada -- a vibrant cross-recreational and medical market has taken hold in the, probably, 12 or 13 months that it's been open.

ASSEMBLYWOMAN QUIJANO: Well, the only reason I bring it up is that there was an individual who had gotten a ticket, a criminal ticket for having marijuana. And they had a Florida medical marijuana card. And so I'm looking at legislation to make sure that we recognize other states.

MR. FEINSOD: Reciprocity; absolutely.

ASSEMBLYWOMAN QUIJANO: Yes; because I think if you're ill and you need to be in the State of New Jersey -- because you have family or might enjoy our medical facilities -- then that's not the time that we punish people and give them a criminal conviction when they need the marijuana because they're ill.

MR. FEINSOD: I appreciate--

ASSEMBLYWOMAN QUIJANO: Thank you.

MR. FEINSOD: I agree with you wholeheartedly. And I think it gives people the opportunity to travel to states where there's better quality medical cannabis, which is an interesting dynamic.

ASSEMBLYWOMAN QUIJANO: Thank you.

ASSEMBLYMAN DANIELSEN: Well, I believe that-- I agree with you, but we also have to make sure New Jersey's law enforcement also recognizes New Jersey's medical marijuana completely too. (laughter and applause)

ASSEMBLYWOMAN QUIJANO: I don't disagree with you; I just--

ASSEMBLYMAN DANIELSEN: If you read the material from the ACLU, they highlight a story where the brother had a card and still was prosecuted. And that worries me; so I agree with you, times two.

Thank you very much.

Does anyone have any questions? (no response)

Okay.

MR. FEINSOD: My pleasure.

ASSEMBLYMAN DANIELSEN: Michael, thank you very much.

MR. FEINSOD: Thank you; thank you very much for considering the issues.

ASSEMBLYMAN DANIELSEN: We'll stay working together on this.

MR. FEINSOD: Thank you, guys. (applause)

ASSEMBLYMAN DANIELSEN: Okay; I would like to call up Chief John Zebrowski, Sayreville Police; and Tracy Noble, from AAA Clubs of New Jersey.

Chief, are you currently on the job?

CHIEF JOHN J. ZEBROWSKI: Yes.

ASSEMBLYMAN DANIELSEN: Okay.

Good morning; thank you for coming.

CHIEF ZEBROWSKI: Good morning, Chairman Danielsen.

I want to thank you and the members of the Oversight, Reform, and Federal Relations Committee for this opportunity to speak as well.

I want to share the concerns of the entire membership of the New Jersey State Association of Chiefs of Police with you today.

And I also welcome you to Middlesex County -- to my County; it's a wonderful County. I'm sure today you traveled upon the more than 39,000 public roadways in order to get here. In fact, on a regular work day,

there is cumulatively over 200 million miles travelled on our public roadways.

I'm also here as part of the Working Group for the New Jersey State Association as well. And that is a compilation of seasoned and learned Chief Executives of law enforcement from around the State of New Jersey, whose purpose is, at this time, to study the subject, investigate the available research, and focus the discussion as it relates to and affects the law enforcement community. But most importantly, we're here to provide the necessary support to our individual communities, as well to our lawmakers -- yourself -- to make an informed decision on this very important issue.

Let me begin by telling you that I'm not holding myself up as a clinical expert on the legalization of recreational marijuana; rather, I'm just speaking to you today as an experienced law enforcement officer with over 30 years of enforcing laws related to impaired driving, and whose community is a connecting point for many points of interest and major transit hubs including New York City.

So on any given day, the access points in Sayreville for the New Jersey State Parkway is crowded with commuters averaging over 100,000 vehicles a day. We are also the home of such busy highways as the State Parkway; Highways 9 and 35 run directly through my town, adding an additional 400,000 travelers per daily commute -- that's twice a day -- providing direct access to the Turnpike, and Route 18, and other locations.

We have experienced our share, and more, of horrific crashes, traffic congestion, snarl-ups, delays, as well as pedestrian and cyclist fatalities caused by those under the influence.

So I feel appropriately qualified to discuss issues and concerns related to impaired driving and, in this case, drugged driving, and its affect upon the motoring and non-motoring public.

And I'm not alone in this experience. New Jersey has some of the most heavily traveled and congested roadways in the United States. And our efforts to thwart drunk driving have met with a great deal of success, as the incidents of drunk driving and crashes due to drunk drivers have been relatively low and stable over the last decade or so.

But *drugged driving* is not the same as *drunk driving*. And our collective understanding of the impairments due to drugged driving is limited.

As for marijuana, the physiological and metabolic effects from its consumption are more complex from that which comes from consuming an alcoholic beverage.

Let's begin with this point: Marijuana is not a benign drug. Impairment due to drugged driving has certain comparable similarities to impairment due to drunk driving; but it's the differences that make the roadways less safe and the ability to enforce drugged driving laws much more difficult.

Alcohol is unique among impairing drugs in that there is a documented correlation between blood levels and levels of impairment. That doesn't exist for other drugs, and it has been shown to be non-existent for THC in marijuana. Currently, it's not possible to identify a valid impairment standard for marijuana, or any other drug equivalent to the 0.08 BAC limit for alcohol, which is currently the per se standard in New Jersey.

Although blood alcohol content can be accurately measured and correlated with behavioral impairment, it's not the same case with marijuana, in part because alcohol is water soluble, whereas marijuana is stored in the fat and is metabolized differently, making a direct correlation with behavior difficult to measure. Since THC is fat soluble, it is quickly removed from blood and is soaked up by the brain and other highly perfused fatty tissues in the body.

Exacerbating the problem is the matter of how to best create, implement, and enforce laws prohibiting impaired driving. This is particularly concerning in New Jersey, the most densely populated state, where the risk of catastrophic consequences related to a drugged driving incident is exponentially more probable.

The members of the Working Group have researched the issue in an effort to better understand how the legalization of recreational marijuana will affect our communities. And that research, thus far, validates our concerns and strengthens our collective resolve that the State of New Jersey should not legalize the use of recreational marijuana.

We understand that this research remains formative and descriptive, and much of it is related to the relatively short period in which marijuana has been legalized in certain states. We feel that it is much better to postpone any decision until independent and comprehensive research has been completed using a better sampling of size and time. But given the statistics that are available today, it is clear and indisputable the use of recreational marijuana negatively impacts both the motoring, pedestrian, and special needs community; and that innocent people in states where recreational use of marijuana has been legalized are at a greater

risk of harm, injury, and death due to the increased numbers of impaired drivers.

Let's look at what we do know.

The percentage of traffic deaths related to marijuana doubled in Washington state in the year retail marijuana sales were allowed.

In Colorado, marijuana is now involved in more than one of every five deaths on the road.

A recent review of literature on drug-impaired drivers found that being under the influence of marijuana nearly doubled the risk of a driver being involved in a motor vehicle crash resulting in death. And over the first six months of 2017 -- yes, a relatively small period -- pedestrian fatalities rose sharply from a year earlier in states that had legalized recreational marijuana.

And then, finally, combining marijuana with alcohol appears to increase impairment dramatically, beyond the effects of either substance alone.

To this point, it has been a collective and a successful effort from law enforcement, legislators, advocates, and our community members making the superhighways, our heavily travelled arteries, all of our 39,000 public roadways, safer with motor vehicle crash rates due to drunk driving at all-time lows. This is not the time to reverse the course. It is imperative we do not underestimate the adverse impact legalizing recreational marijuana will have on traffic safety within our communities.

I, along with each and every member of my group, the New Jersey State Association of Chiefs of Police, invite and look forward to

forming lasting partnerships for the purposes of better defining this specific issue and providing clarity where there is misunderstanding.

We appreciate opportunities such as this, and from you, to help frame and focus the discussion on specific concerns. And most importantly, we want to encourage and engage our individual communities into action and in opposition to the legalization of recreational marijuana.

And I just want to, again, thank you for this opportunity today.

ASSEMBLYMAN DANIELSEN: Thank you, Chief.

May I ask you a few questions?

CHIEF ZEBROWSKI: Absolutely.

ASSEMBLYMAN DANIELSEN: You cited some studies. Could you provide those studies to the Committee?

CHIEF ZEBROWSKI: I can; yes.

ASSEMBLYMAN DANIELSEN: Did those studies detect cannabis was the cause, or just was present?

CHIEF ZEBROWSKI: Present.

ASSEMBLYMAN DANIELSEN: Present; okay.

CHIEF ZEBROWSKI: And I think what we have to understand, as far as those statistics -- and I agree with the earlier speaker in that-- Listen, numbers are what they're going to be. We're dealing at a very short period of time in which most states have legalized it. So we don't really know what the effects are going to be long-term.

I think, from our perspective, we would like to see this wait. Take more time to be able to better understand it; have an independent study -- one that doesn't depend on the money or the funds from specific groups in order to have this studied further. I think that, at this time, we

understand it -- what the results have been are more descriptive, as opposed to being comprehensive at this point.

ASSEMBLYMAN DANIELSEN: Okay. So those studies-- So that's what concerns me. So, you know, with any substance that's in your body that may affect, positively or negatively, someone's driving -- and we're kind of focusing on driving; that's an area of my personal concern -- but if you were to take a cannabis product on Monday, and then were in a fatal accident on Friday, it would be present and then those numbers would go up.

CHIEF ZEBROWSKI: Well, the question is the issue--

ASSEMBLYMAN DANIELSEN: So there's a difference of it being *present* and a *causal relationship* to it.

CHIEF ZEBROWSKI: Well, that's correct. And the issue really is-- And, again I'm not a doctor, but my understanding is the issue, or the level of the THC that's present in the fluids or, basically, in the body itself. The concern that I have and the concern that we have as Chiefs is you cannot measure impairment in the same way that you measure impairment in alcohol. Because in the alcohol, you're measuring what's in the blood, which will stay there for a period of time.

With the THC -- that's metabolized very quickly. Someone can be impaired; but in fact, because of a certain period of time that has elapsed, you're not going to be able to say that the impairment to a certain level has been reached. And in fact many of these states that have had this per se level are finding that many people, by the time that they're actually tested -- those levels are low. My concern is that there was an impairment

at the time that the action occurred, and we're not able to measure that impairment. That's really my concern.

ASSEMBLYMAN DANIELSEN: Does your experience lend you to have an opinion on other medications that could impair -- right? -- that you also cannot quantify? And you know why-- And are you treating the cannabis product any different from any other medication of impairment?

CHIEF ZEBROWSKI: Well, I don't know if we are treating it any different. What I do know is I'm here today to discuss the issue that you're wrangling with, and that is the legalization of recreational marijuana.

So my specific comment would be, I'm concerned at this point with what you're looking to legislate, and be able to give you as much information on that issue as I possibly can.

ASSEMBLYMAN DANIELSEN: Look, I tend--

CHIEF ZEBROWSKI: And I'm not trying to mince words on that, but--

ASSEMBLYMAN DANIELSEN: Right; I tend to share your concern.

CHIEF ZEBROWSKI: --I'm trying to direct-- Right -- direct the discussion to what we're discussing today.

ASSEMBLYMAN DANIELSEN: Right. But there's an irony here of -- a concern that we all have, you know? Listen, here's some medication; it's a pharmaceutical, and it could make your driving worse; but some are saying it also could make your driving better, depending on--

CHIEF ZEBROWSKI: Well, I haven't read any articles -- and I'm sure someone could find them -- but I haven't read any articles that said

that you're going to drive better when you have been using recreational marijuana.

ASSEMBLYMAN DANIELSEN: Well, remember, there could be a product without any THC involved; it could be another compound. There are over 400 compounds.

CHIEF ZEBROWSKI: But I think the issue of the recreational-- But I would say to you then that if recreational marijuana did not have THC, would that be *recreational*, then? Because I think the issue is, is what the Assemblyman said earlier--

ASSEMBLYMAN DANIELSEN: Good point; good point.

CHIEF ZEBROWSKI: --is the fact that-- I understand the argument about alcohol; and I think maybe one or two drinks does not impair, as much as the idea of having recreational marijuana, with that THC, and the effects that that has. I believe that, in essence, there's no other distinction other than to say you're taking it to get high. And I think that's the distinction that we're trying to get at. We're not -- we, as an organization--

ASSEMBLYMAN DANIELSEN: Fair enough.

CHIEF ZEBROWSKI: --are not arguing for medical marijuana or that issue. We understand that there is a need; in fact, we're very sympathetic and very empathetic; and quite frankly, I'm horrified when I hear stories that you've talked -- discussed about, where someone is arrested and treated as a criminal in those cases. And I agree there has to be more education to my group, and there has to be more discussion to make sure that that's an easier process.

But we're talking about something that's more specific here, and a little bit more narrow in focus, that our concern is.

ASSEMBLYMAN DANIELSEN: So if I'm understanding you correctly -- so you're kind of looking at the recreational, the adult-use only. You understand the medical call, right?

CHIEF ZEBROWSKI: Yes; we're not taking a position on the medical. We understand and we respect that there's a need.

ASSEMBLYMAN DANIELSEN: Okay; fair enough.

Vice Chair; and then Member Quijano.

ASSEMBLYMAN HOUGHTALING: I think, currently, what we heard at the last meeting, they have police officers who have been trained to look for people who are under the influence of marijuana.

CHIEF ZEBROWSKI: Yes, we have special officers who are called *Drug Recognition Experts*, DREs.

ASSEMBLYMAN HOUGHTALING: So let's say, you know, somebody's in a bar drinking, and he gets pulled over, and he has a high alcohol content. He's pretty much going to get convicted of a DWI. But let's say someone pulls somebody over who he suspects has been high on marijuana. When he goes to court, what would be the chances of a conviction rate on that, would you think? I mean, I'm not looking for the exact number, but--

CHIEF ZEBROWSKI: Well, there are very specific rules as to when a DRE can actually be called out to a scene in order to perform his -- the activities that he needs -- he or she needs to do in order to make that determination of impairment.

Certainly, if-- Well, one, it has to be that that person has taken a breathalyzer test and has not achieved a higher number than the per se number. But if they are in a certain range, then a DRE would be brought in in order to begin to identify certain behavioral characteristics that they have quantified as being levels of impairment.

I will tell you that that is an extensive training program that our officers go through in order to become DREs, and is an extensive program for continuing education for them to do each year.

My concern is that we don't have enough of them; my concern is that it is extremely expensive to be able to keep up with enforcement, and may be very cost prohibitive for law enforcement as well.

ASSEMBLYMAN HOUGHTALING: But would his determination hold up in court?

CHIEF ZEBROWSKI: It has, yes.

ASSEMBLYMAN HOUGHTALING: Oh, it has; okay.

ASSEMBLYMAN DANIELSEN: As a law enforcement--

Oh, I'm sorry.

Member Quijano.

ASSEMBLYWOMAN QUIJANO: No, go ahead.

ASSEMBLYMAN DANIELSEN: As a law enforcement officer, how are we doing on the war on drugs?

CHIEF ZEBROWSKI: On the war on drugs? It depends on what you're talking about. We have, currently, an opioid and heroin epidemic that is unrivaled, and one I've never seen before. There are a number of causes for that, and I don't have the answer to every cause.

I will tell you, though, that we in law enforcement have come to embrace partnerships -- particularly in the medical field, particularly with you legislators -- in order to try to figure out what is the best way to approach the war on drugs. It is not simply an enforcement issue. I would argue to you much of it has to do as well with treatment and recovery. And we've understood that, and we understand that more than ever, and we've begun to partner in order to do that.

The war on drugs has to take an awful lot of different avenues in order to be able to eradicate it. And certainly, drug interdiction is one of them; but it's only a small part now.

ASSEMBLYMAN DANIELSEN: More specifically, regarding cannabis -- let me ask you a question you can answer as if this was 30 years ago, and you can answer it as if it were today -- the presence of illegal marijuana in our neighborhood. Is it more available today or less available today? From a law enforcement-- So the teenager, in our house or down the street -- is it more difficult today for them to get it, have we gotten rid of it; or has it always been there, it's always here, it's always going to be here?

CHIEF ZEBROWSKI: I think there always has been a certain level. I think it has risen and fallen over the last decade or so. But I would say it is still readily available.

ASSEMBLYMAN DANIELSEN: Okay; readily available. That's been my impression from a non-law enforcement-- It's here; no one has, from law enforcement -- you can correct me if I'm wrong -- said, "Hey, listen, I think we can rid of this stuff." You know, I've never heard of that, so I don't have any logical, intellectual information to say, "We're going to

get rid of it.”

So if that’s true, you know, it’s going to be here regardless. Would you agree with that, or do you have a hope that we’re going to get rid of it?

CHIEF ZEBROWSKI: Well, I would like to tell you that I think what I would like to see, at some point, is our bodies to be naïve (*sic*) to these narcotics. And I think that at some point down the line -- maybe through educational programs, and treatment, and rehabilitation -- I think that that’s something that, possibly, we can achieve. We’re not there, by any means, at this point. But certainly I don’t think that we just throw it out and say, “You know what? Let’s just legalize it instead, because we can’t handle it,” because I don’t believe that’s the case as well.

I think we’ve come a long way from the understanding of basically, in the early 1970s, where Richard Nixon said, “It’s a war on drugs and we want to have the military involved.” That’s not the way it is anymore. It is a much more balanced approach. And like I said, it is a smarter approach in that we’re partnering with our medical professionals, yourselves, and others to try to be able to balance how we go about this.

ASSEMBLYMAN DANIELSEN: One last question. Would you agree, from the law enforcement standpoint, that statistically, either from your town or generally through the State -- since you’re representing the Chiefs’ Association -- that the number of arrests for drugged driving of cannabis, compared the number of arrests for small-time possession of cannabis, where small-time is in the 90 percentile compared to driving while under the influence -- is that accurate?

CHIEF ZEBROWSKI: I'm not sure I understand the question. Are you saying that there's more small-time possession arrests as opposed to drugged driving?

ASSEMBLYMAN DANIELSEN: Drugged driving.

CHIEF ZEBROWSKI: Yes, I would say that is absolutely correct.

ASSEMBLYMAN DANIELSEN: All right; so we have more of a problem, statutorily, with someone carrying a joint versus driving impaired.

CHIEF ZEBROWSKI: I think that there is a certainly a social justice issue that needs to be addressed.

ASSEMBLYMAN DANIELSEN: Oh, that's another question, but--

CHIEF ZEBROWSKI: Well, it's all tied into that, I think. I think the issue is we don't want to see young people who are in danger of, in fact, that they can't get jobs, they can't get loans, they can't get student applications to colleges. We agree; we want to see those young people succeed as well. So I do think it's a social justice issue.

ASSEMBLYMAN DANIELSEN: Okay. Since you brought that up, one last question -- this time I really mean it. (laughter)

I have to ask, because you seem like a very sincere professional.

CHIEF ZEBROWSKI: That's because I am. (laughter)

ASSEMBLYMAN DANIELSEN: And I believe that, Chief.

CHIEF ZEBROWSKI: I appreciate that.

ASSEMBLYMAN DANIELSEN: Can you shed some light-- Explain to me why there is such a gross disparity in the statistics, where a

black man is 3, 4, 15 times more likely to be arrested for carrying cannabis than a white man. In my own District, that is statistically a fact. I'm not proud of it.

Do you want to speak on that; are you prepared to speak on that today? I don't want to put you on the spot, but--

CHIEF ZEBROWSKI: I wasn't -- I wasn't prepared to speak on it, but I will go back to the same issue that I just discussed, and that is the issue of social justice. And I'll go back to the issue of the training and education. We want to partner with everybody. So we understand-- And this is not lip service; we want to partner with our communities to determine how wide that is occurring. Again, I go back to the idea of we want to see everybody succeed; it's better for all of us. I don't have an answer for you on that, but I would certainly like to be involved in that discussion.

ASSEMBLYMAN DANIELSEN: I appreciate your candor, Chief. That is something that we absolutely have to fix. We're well past the point of calling it a *coincidence*.

Anybody else for the Chief?

Member Quijano.

ASSEMBLYWOMAN QUIJANO: Chief, you had said you had an Association of Police Chiefs, right?

CHIEF ZEBROWSKI: Yes.

ASSEMBLYWOMAN QUIJANO: Okay. Have you had discussions -- because I want to do a comparison, and we have to get the numbers -- how many people have been stopped for a drunk driving, how many people have been stopped for distracted driving, how many people

have been stopped for just texting while using the phone? Because that is an epidemic, and it continues to be. We have, in the Legislature, increased the fines dramatically; but all you have to do is drive down your street and people are on the cell phones. And sometimes I don't even know how they're driving, because they have a cigarette, and they have the phone, and who's holding the steering wheel, right?

So I want to be able to compare; so if you can provide numbers, or tell me where to find the numbers. Because I want to do a layover of the numbers as it pertains to drivers, and then bring in what happens if someone is caught with -- what is it? -- drugs in the car; is that 39:4-49.1 -- that one. And also the number of conditional discharges. So if someone comes into municipal court, it's their first time they were ever caught with drugs, they can get a conditional discharge.

So I think we have to look at all those different numbers to get really a true snapshot of what's happening in New Jersey.

CHIEF ZEBROWSKI: We can do our best to get whatever information you need.

ASSEMBLYWOMAN QUIJANO: Okay.

CHIEF ZEBROWSKI: I don't know if all of that is available and available in the same locations. But we will certainly -- if you put that together, we'll do the best we can with the information.

ASSEMBLYWOMAN QUIJANO: Well, let's do this; provide me what you can--

CHIEF ZEBROWSKI: Sure; but if you could give us that list, I would appreciate it.

ASSEMBLYWOMAN QUIJANO: --and then I will find out--
And then we can work together. Because I want, you know--

I think it's important to actually get a true picture of what's happening on our roads. And then if we pass recreational marijuana, will it change the numbers? We have to see -- and what's happening in other states.

And I was told there is some kind of test being researched so that you could, if someone is stopped, know if they're high at that moment. But I also attended a conference in Las Vegas, and there was a Sherriff there and he was very clear in saying that he can tell if someone is impaired. Maybe not from what, but he can tell -- and he has training, as well as all the officers -- of what to do with someone if they look impaired. Because when you stop someone, you don't know why they're impaired, okay? It could be medication; they took an improper dosage, they might have lost weight so it's not the correct dosage, or they missed a dosage. So the thing is, there are a lot of things that occur when there's a stop.

CHIEF ZEBROWSKI: Correct.

ASSEMBLYWOMAN QUIJANO: Something came up recently in the news about an individual who was not taken back to the station, and that there was a search done right on the roadside. What's your policy, or has your organization even discussed that issue yet, since it's so current?

CHIEF ZEBROWSKI: That just occurred; we haven't had another meeting before to discuss that yet. But I've seen that, and I really don't want to comment, because it happened in another agency. But I can tell that I don't think that represents the majority of police officers, State

Troopers, and everyone else who is involved in enforcing the laws in New Jersey.

ASSEMBLYWOMAN QUIJANO: Okay; thank you.

ASSEMBLYMAN DANIELSEN: Did you--

ASSEMBLYMAN RUMPF: Yes, thank you.

Just by way of prelude -- I've served as a municipal prosecutor, as well as municipal public defender. You referenced the Drug Recognition Evaluation, the DREs.

CHIEF ZEBROWSKI: Yes, sir.

ASSEMBLYMAN RUMPF: My experience in Ocean, Atlantic, Burlington counties has been that the DREs are very problematic. Somebody who may be under the influence of marijuana, leading to impairment, such that they are charged with a 450 -- that is a case that we never like to see. From the defense perspective, we're talking about the need to get an expert to counter the view of that Drug Recognition Evaluator. We're asking towns to expend \$1,000, \$2,000 from their municipal budget to provide the funds necessary to obtain that defense expert.

From the prosecution side, a DRE, although certainly probative, is by no means conclusive, as with the alka test reading of a 0.09 or a 0.10b. And the real concern -- and I want to know if you share that concern -- is, in part, the subjective nature of the DRE; the lack of a reliable method for ascertaining whether or not the level of impairment has been reached; and the difficulties that are going to become more and more inherent in the municipal court system. All of those difficulties are going to be

compounded if New Jersey legalizes recreational marijuana. Is that a fair statement?

CHIEF ZEBROWSKI: That is fair to say; that's accurate, and we share those concerns.

ASSEMBLYMAN RUMPF: Okay; thank you.

ASSEMBLYMAN DANIELSEN: Thank you, Chief.

CHIEF ZEBROWSKI: Thank you.

ASSEMBLYMAN DANIELSEN: Ms. Noble.

Full disclosure: I'm a member of the AAA Club since 1985.

(laughter)

TRACY E. NOBLE: We certainly appreciate that.

ASSEMBLYMAN DANIELSEN: No matter where you are, they find you. (laughter)

ASSEMBLYMAN HOUGHTALING: They have a lot of maps.

MS. NOBLE: Well, thank you, Chairman, and members of the Committee, for facilitating this very important discussion.

As mentioned, my name is Tracy Noble, and I am the spokesperson for the AAA Clubs of New Jersey. And we represent more than 2 million New Jersey motorists.

The issue before you -- it's very complex and it impacts many public policy areas. And I'm here today to raise our concerns regarding the impact the legalization of recreational marijuana will have on the safety of our roadways.

And those concerns are not limited to the lack of tools to measure impairment beyond the presence of THC, and a lack of

understanding by the general public about the impairment capabilities of today's marijuana and the impact that it has on our driving ability,

AAA continues to investigate the full impact legalization has had in other states; and we strongly believe that before New Jersey considers legalization, we need to just take a collective pause and see what those other implications are.

We know that drugged driving is on the rise and is more prevalent than even the public may realize. And this is particularly concerning since research has shown that marijuana can have significant effects on driver behavior behind the wheel.

Here in New Jersey, Drug Recognition Experts conducted more than 1,100 DRE evaluations, in 2016 and 2017, where the lab confirmed the presence of cannabis in the toxicology testing. Legalization of marijuana would most likely increase those numbers.

Marijuana impairs psychomotor skills and cognitive functions, including reaction time, distance perception, lane tracking, motor coordination, and attention span.

In a recent AAA poll, conducted by National Research, 89 percent of New Jersey drivers surveyed consider someone driving after using illegal drugs a serious threat to their safety; and 79 percent believe that driving under the influence of marijuana is a dangerous behavior.

So legal marijuana on our roadways does pose new concerns; and 69 percent of those surveyed in the AAA survey believe that drivers who are under the influence of marijuana should be held to the same standard and penalized in the same manner as drunk driving.

But there are no testing procedures that currently exist to reliably predict driver impairment due to the consumption of marijuana, and most states are not fully prepared to handle an increased spike in drugged driving. And this is where AAA's concern lies.

Unlike alcohol, the presence of certain amounts of THC does not correlate with driver impairment. So one step that we would like New Jersey to take before legalizing marijuana is to define impairment beyond the measure of a substance in the driver's system. In New Jersey, the DUI law begins with a definition of a BAC of .08. As we are seeing more and more impairing substances on our roadways, it would be better to define what impairment looks like. In Colorado, impairment is defined as consuming a substance "that affects the person to a degree that he or she is substantially incapable, mentally or physically, to exercise clear judgment, sufficient physical control, or due care in the safe operation of a motor vehicle."

Additionally, we need to look at New Jersey's open container law and how that would pertain to either burnt marijuana or edibles in reach of the driver. Would it be measured the same way as open containers of alcohol are?

And then we also need to expand the terms of implied consent. New Jersey's implied consent law currently requires drivers to submit to a breathalyzer, if there is probable cause to believe that the driver has been driving while intoxicated. In order to provide for new technology and quicker collection while drugs are in the driver's system, implied consent should be expanded to include oral fluids and urine, if necessary.

Implied consent must also extend to a field sobriety test and a DRE evaluation, if deemed necessary.

So currently there is no technology equal to a breathalyzer; but there are emerging technologies, and New Jersey should consider looking into pilot programs that other states have looked into regarding oral fluids. There are states--

ASSEMBLYMAN DANIELSEN: Oral what?

MS. NOBLE: Oral fluids -- saliva. There are other states that have done these pilot programs and have had success with them.

Legalization would include a revenue stream from taxation; and a significant portion of that should be dedicated to the New Jersey Division of Highway Traffic Safety for education programs to ensure the public is aware of the dangers of impaired driving. And there should also be a public education program about the effects of marijuana in all its form.

It has taken many years to change the attitudes about drinking and driving on our roadways, and we must now begin that same process about educating the public about drugged driving.

Part of the public's misperception comes from a lack of understanding of how marijuana has changed over the years. The potency of today's marijuana is significantly and exponentially stronger than it was 20, 30, 40, 50 years ago. Then, active THC was 3 to 5 percent; today, THC can be anywhere from 15 to 25 percent, and the active THC in edibles and extracts goes far beyond that.

As an advocate for the safety of motorists, AAA has concerns about the safety implications of individuals using marijuana and getting

behind the wheel. So before we have legalization, we need to be able, and be prepared, to manage the roadway safety concerns.

Thank you for your time.

ASSEMBLYMAN DANIELSEN: Thank you.

Ms. Noble, you mentioned that there are 900 DRE cases that lab confirmed?

MS. NOBLE: Eleven hundred.

ASSEMBLYMAN DANIELSEN: Eleven hundred?

MS. NOBLE: Eleven hundred DRE evaluations that--

ASSEMBLYMAN DANIELSEN: Where did you get that from?

MS. NOBLE: From the New Jersey Crash Data that was obtained by the DRE.

ASSEMBLYMAN DANIELSEN: New Jersey Crash Data; okay.

MS. NOBLE: Yes.

ASSEMBLYMAN DANIELSEN: That's coming from the State?

MS. NOBLE: It was coming from the -- I can't think of his name -- the head of the DRE Association, who is with Ocean County.

ASSEMBLYMAN DANIELSEN: Okay; thank you.

Any questions from the members?

ASSEMBLYWOMAN QUIJANO: Yes.

Ms. Noble, can you provide, from AAA, any research you have done on distracted driving, texting while driving, alcohol, medication, and any other category I might not have thought of?

MS. NOBLE: Yes.

ASSEMBLYWOMAN QUIJANO: Because I want to get a true -- as I said to the previous speaker -- a true snapshot of what's going on on our roads.

MS. NOBLE: I will be happy to provide you with the AAA studies--

ASSEMBLYWOMAN QUIJANO: Thank you so much.

MS. NOBLE: --as well as our most recent polling data.

ASSEMBLYWOMAN QUIJANO: Okay.

ASSEMBLYMAN DANIELSEN: Can you send that stuff to the Committee so we can all get that?

MS. NOBLE: I certainly can.

ASSEMBLYMAN DANIELSEN: Okay; any other questions?

(no response)

Ms. Noble, thank you very much.

MS. NOBLE: Thank you.

ASSEMBLYMAN DANIELSEN: Enjoy the rest of your weekend.

MS. NOBLE: You too.

ASSEMBLYMAN DANIELSEN: All right; next I'd like to call up Peter Brown.

C O U N C I L M A N P E T E R B R O W N: (off mike) Can I bring the mike over here, or--?

ASSEMBLYMAN DANIELSEN: Sure; whatever you need to do.

(Councilman Brown refers to information presented on an easel before the Committee; he stands out of range of recording while first presenting and, therefore, the transcription is less than complete and accurate. A copy of his presentation was not submitted for publication.)

COUNCILMAN BROWN: (off mike) (Indiscernible).

Hello; so thank you for you guys having me today.

So a little bit about myself. I am a Councilman--

ASSEMBLYMAN DANIELSEN: Closer.

COUNCILMAN BROWN: I am a Councilman in the City of Linden; I am also the Chairman of our (indiscernible) and also Co-Chairman of our Municipal Alliance Grant.

So what we did in Linden is that we formed an ad hoc committee back in November of last year to look at how the legalization of marijuana would affect us on a local level. Because there has been a lot of talk about that as far as the social aspect of it, the economic impact it would have on our community, as well as our education system. No one's talked about the impact that it would have on--

(Councilman Brown switches to another microphone)

--as well as the effect it was going to have on our school system; as well as our desirable impact from a quality of life standpoint.

So I took a trip over to Colorado, through our nonprofit, to see what it would be like. And so it was much different from what I expected when I visited the dispensaries.

So one of the things you'll notice -- I'll go quickly through this -- is that there are a lot of different products, as you have heard from

testimony, on the recreational side. Besides products as far as the leaf itself, they have evolved into different types of materials.

So one of the ones I saw over there was an inhaler. As you can see from the company's own website, companies like Quest are bringing to the market new and innovative ideas that would make us rethink what cannabis conception is all about. And if you flip it over, one of the other things that I saw is that vapor pens that we know of have transformed to where they have actually vapor pens in the form of writing pens, mascara, and lipstick; that you actually can carry these pens to smoke marijuana around on the street without people knowing.

What I also noticed when I was there are the oils that we talked about here. You have different types of marijuana products that you would conceal. And the THC levels are different, and their outline of other different materials as well. So when we're talking about the products that they're selling, it's not just the THC we're talking about, and the different levels; but also other chemicals that are being put into these products that we really have no data or research on.

And so when you go over there, you get -- you either get the oil in the form of syringes or in cartridges; and this is one of the warnings they put on the back. And what is scary is, that besides all the chemicals that are in there, is -- on the bottom it tells you right there that the product was produced without regulatory oversight for health, safety, or efficiency. So there really is no oversight; they're telling you right off the bat, as far as when they're producing this -- or there is very little oversight. So from a health perspective, what are we really putting into our bodies that no one is, in my opinion, talking about?

So I will just go through one or two pictures real quick so you guys can get the picture.

So we've all heard of brownies and things of that nature. But what they are also selling is -- they have pills -- up in the top corner -- and they have liquid drinks where they are infused with THC and cannabis products. So they could be in the form of energy drinks, they could be in the form of coffee. The pills are designed for you to-- I guess someone came up here and talked about sleep, if you wanted to; or take them for whatever.

So when I went into the store, I asked them, "What are some of your products?" And they try to sell you different types of products. Granted, they are not doctors or experts; they do have an answer for everything that you would want to consume, and suggest.

What I found troubling, in my opinion, is that when people compare cannabis usage to drinking, drinking -- if you have a bad day, and you get really buzzed, or you overdo it, you feel awful the next morning. The problem with cannabis is you actually have different products where you can consume cannabis in different ways at any time throughout the day. So really there is no limit for you as far as when your body knows to stop.

One of the other things that we found interesting is that there is really no way to stop these products from entering the homes of minors -- that no one is talking about. Everyone is saying, "Well, the bill is going to say the age of 21." Well, here's the problem. You have a college student who is 21 years old who goes into one of these stores. I can buy a bottle of

those pills, 60 pills, for \$30. I'm on a college campus; I can turn around and split those pills in 10s to 6 different people and sell it for \$20.

ASSEMBLYWOMAN QUIJANO: They do it already.

COUNCILMAN BROWN: And you're right; they do it now in the form of Ritalin, and in the form of other prescribed drugs; they still do it. My problem with this market -- as the gentleman testified earlier -- is that this is geared towards the recreational side. The medical side has at least controlled the variation and different types of products. The recreational side has actually blossomed -- as you can see in stock prices, as you can see in business models -- to make it where you can consume it for any reason. And the likelihood of children getting their hands on this will increase. I haven't heard any testimony from superintendents of any school districts, as far as the issues they're facing right now, with students coming in high. And the consequences when the student comes high to school -- how that impacts their academic and attendance records.

Products like this are going to give them a harder time. When I spoke to my Superintendent, these are things that they are afraid of. So while we are focusing on adult-use, the problem is no one is talking about the risk that we're putting our children in. And as a parent, this is something I am concerned about.

I'm sorry, but that's all I have for right now.

ASSEMBLYMAN DANIELSEN: Councilman, thank you very much.

One of your displays here-- Hold up -- yes, that one. So that one is interesting.

So a couple of things that jump out at me is the ingredients list. I mean, it's not just cannabis. I mean, the cannabis is at the top; yes, the cannabis is at the top.

The other thing that is remarkable is the level of THC versus CBD. There could be another product that those numbers could be reversed.

The second thing that I have to mention is the naming convention. The medical cannabis field absolutely has to change its name in convention. They're just not going to get the seriousness by calling their medicine *Red Headed Stranger*. (laughter)

Anyway, so I tend to agree with you -- the medical products need to be--

COUNCILMAN BROWN: Oh, no; this isn't medical. This is recreational.

ASSEMBLYMAN DANIELSEN: Right.

COUNCILMAN BROWN: And so that's what I'm saying -- the fear is, with the recreational side, is that they say that there's oversight; there really is limited oversight as far as what they're consuming and what they're-- And these levels change from product to product.

So the display I showed you earlier -- so you would go in there and you could pick -- just like you heard about; you go to Amsterdam and you pick different plants. In Colorado, you're picking different oil products at different levels of things.

ASSEMBLYMAN DANIELSEN: Right; but that could be a medical product. It just happened to be on the recreational shelf.

COUNCILMAN BROWN: Yes.

ASSEMBLYMAN DANIELSEN: There's nothing stopping that product to being on the medical shelf, right?

COUNCILMAN BROWN: Other than the laws that would be passed.

ASSEMBLYMAN DANIELSEN: I mean-- Yes, what I'm saying is the difference between medical-- From the other states, anyway, the difference between a medical product and an adult-use only product is either how much is in the package, the intensity of each product, and the amount of taxes. Is that your understanding as well?

COUNCILMAN BROWN: Yes.

ASSEMBLYMAN DANIELSEN: You went to Colorado, right?

COUNCILMAN BROWN: Yes.

ASSEMBLYMAN DANIELSEN: Okay.

COUNCILMAN BROWN: And one of the things I forgot to mention in Colorado -- a couple of other things -- that when I spoke to-- I went to five different dispensaries; one of the ones I went to was the third-longest-serving dispensary. And he told me that their market has transformed from when they first legalized it, where it used to be the dispensary--

ASSEMBLYMAN DANIELSEN: Excuse me.

Vice Chair.

COUNCILMAN BROWN: --the dispensary would normally buy the plant directly from you, and it was an all-plant business. And he told me last year where his sales -- where the main driving force of his business was in the plant. It has since flipped over, where it's more of these vapor products -- that, again, you can't detect, whether you're an adult or a

child -- and other types of edible products. Where now they not only flipped, but now doubled his leaf sales.

And I think when we talk about the leaf itself -- like the woman who testified before, it is a deterrent. Now, as an elected official, that's an issue that we haven't talked about -- is that if you legalize marijuana in a city like Elizabeth, Linden, Newark, Irvington, Paterson -- when you have a large amount of apartments, or even duplexes, how am I going to deal with that as a local official when I have a resident call me, "Hey, someone is smoking marijuana and I can smell it next door." Because I've gotten those calls already.

Now again, keep in mind that all politics is local. Something I learned from my State Senator when I interned with him is that, on a local level, no one has really talked about how we're going to address this and the impact on our local budget.

As the Chief talked about the DRE -- in Linden, we have only one DRE for a police force of 125 and a population of 42,000 people. Union County -- Sherriff Joe Cryan will tell you we only have about 10. So we're grossly understaffed, and that is going to be passed on to the taxpayers.

As far as this 3 percent revenue that the City of Linden would get -- we looked at that, and we've done the studies. For us to get \$60,000, or 3 percent, we would have to sell over \$5 million worth of marijuana in the City of Linden. Keep in mind I have a budget of \$109 million; so \$60,000 is a drop in the bucket. And Linden this year, as far as our track record, which I have been on top of that budget for the last five years, we have lowered our taxes this year, got rid of the garbage surcharge, and we're

in line for a double-A bond rating. So we've handle our finances in a great way. When we see something like this, we know it's going to impact us, and our financial adviser's actually done studies to the point where-- I've been appointed to -- and I forgot to mention this in the beginning -- to the New Jersey League of Municipalities Task Force on a subcommittee for the budget. And they're looking to use the Linden model to look at the costs and the revenue side of it.

ASSEMBLYMAN DANIELSEN: Would you agree that any compound could be put into those products -- from, I don't know, cocaine could be in there, fentanyl could be in any of those products, Adderall could be in-- You know, I mean, they could have any compound or drug in those products.

COUNCILMAN BROWN: Actually--

ASSEMBLYMAN DANIELSEN: So why are we handling this differently? Why do you see this differently?

COUNCILMAN BROWN: Because, Assemblyman, as the gentleman answered who came here before -- on the medical side, when you had people who were prescribed and consulted with doctors; and when they went to the dispensaries, they were consulted. That limited that diversity and the different types of products that are out there now. Once you open this up to a free market, like anything else -- like alcohol, like tobacco -- the marketing changes, the different products change. And to me, when it comes to marijuana, it's more dangerous, in a sense -- is that now I can consume it in an edible, a pill form. One of the pictures I didn't show -- they have massage oil with THC. I don't understand why I would need a

massage oil with THC from a recreational standpoint. And some people are coming out and saying, “What are the effects of--”

UNIDENTIFIED MEMBER OF AUDIENCE: (off mike)
(Indiscernible) smoking it. I’m sorry.

ASSEMBLYMAN DANIELSEN: Excuse me; order, please.

COUNCILMAN BROWN: From a recreational standpoint.

Medical -- I 100 percent agree with, and decriminalization I 100 percent agree with. We have to look at the social aspect. But when you open up something like this in the free market, the municipalities -- you talk about us making money; \$60,000 was a drop in the budget. The companies that are making this are multi-billion dollar companies. And if you look at Canada, for example, you have three or four stocks -- public-traded stocks that are just waiting for that market to legalize, where those stocks have already quadrupled -- four times, within the last two years.

ASSEMBLYMAN DANIELSEN: So you’re making a distinction from -- you’re speaking on behalf -- not the medical market, but the recreational.

COUNCILMAN BROWN: Yes; medical I’m 100 percent in favor of.

ASSEMBLYMAN DANIELSEN: Okay.

COUNCILMAN BROWN: It’s the recreational.

ASSEMBLYMAN DANIELSEN: Just helping you make your message clear here.

COUNCILMAN BROWN: Yes. And I think we -- I think that’s the distinction that that we have to make. A lot of people combine

the medical and the recreational -- where a lot of people agree with the medical; it's the recreational side--

ASSEMBLYMAN DANIELSEN: Then you recognize, in the absence of a recreational or adult-use market, that you might be still looking at -- the medical market will look like that.

COUNCILMAN BROWN: No, in the medical market-- Let me put it this way. I feel more comfortable with a medical market, in a sense, because the government-- As an elected official, I know government can step in and look at what are they doing; have requirements, whether they are from the FDA perspective, or whatever oversight, as far as what ingredients are being put in there, and the benefits, and have studies done, and things like this.

ASSEMBLYMAN DANIELSEN: Fair enough.

COUNCILMAN BROWN: From this market, just like the dispensary I visited I told you, overnight, their market switched over once this recreational component was added. Why do we need -- again, from a recreational drug use standpoint -- THC in a drink? I don't understand why you need it in an energy drink, in a coffee drink -- other than if you want to have THC with your coffee in the morning and then a drink in the afternoon. Again, who is that benefitting? That's benefitting the companies, in my opinion.

ASSEMBLYMAN DANIELSEN: Okay.

Any questions from the Committee? (no response)

Councilman, thank you very much; enjoy the rest of your Saturday.

COUNCILMAN BROWN: And if you have any questions on the local level, too.

ASSEMBLYMAN DANIELSEN: My next guests -- I would like to call up three, Dr. Randall Gurak, Dr. Adam Segot, and Dr. Ted Petti.

Doctors, good afternoon.

R A N D A L L G U R A K, M.D.: Good afternoon; now it's afternoon.

ASSEMBLYMAN DANIELSEN: Thank you for coming.

DR. GURAK: Thank you for having us.

My name is Dr. Randall Gurak; I'm a Board-certified child and adolescent psychiatrist and a Board-certified general psychiatrist. But I'm coming as the President -- current President of the New Jersey Psychiatric Association. We represent about 850 psychiatrists throughout the State of New Jersey.

I personally have about 25 years of experience treating children, adolescents, and adults. And I've seen firsthand some of the ravages of marijuana use in my patients.

There's a growing trend in the United States towards legalization of marijuana for both medical and recreational purposes. And with this trend there's been an increase in marijuana use and a decrease in the public perception of the harm associated with marijuana, its use and addiction.

The potency of marijuana has increased significantly over the years, as well as the availability of synthetics and edibles. And these are often ingested by children with dire consequences.

There's a lack of public awareness and education around the negative effects of marijuana use and abuse that needs to be addressed,

particular risks for children and adolescents, whose brains are still in development. The brain remains in the developmental stage through the age of 25. During this critical developmental period, the young brain is more vulnerable than the mature brain to the adverse, long-term effects of THC, the active ingredient in marijuana.

Cannabis use in youth is associated with reduced neural connectivity in the brain and reduced brain volumes in areas that influence memory, decision making, impulse control, and motor functions.

Efforts in public education to alert the public concerning the adverse effects of tobacco, alcohol, and even cannabis have been successful when they have been sustained. There are many well-documented adverse effects of marijuana use, such as altered brain development, cognitive impairment, decreased brain activity in areas of the brain, and significant increases in the development of psychotic symptoms and psychotic disorders.

Habitual use has had a greater risk for increased (*sic*) academic performance, increased school dropout rates, decreased overall educational attainment, and decreased workplace productivity. There are also known carcinogens and toxins in marijuana, and our long-term risks for developing cancer really are unknown at present.

The use of synthetics has led to multiple emergency room visits for paranoia, anxiety, and psychosis. The use of marijuana, particularly in adolescents, not only leads to the risks of addiction to marijuana, but also the risk of addiction to other substances.

Multiple reports of increased driving accidents, as we've heard; and fatalities linked to driving under the influence of marijuana.

Currently, there is little funding going towards education, prevention, or treatment of marijuana use and disorders. There is a huge amount of public funding involved in the criminal penalties for marijuana, for possession; and this has disproportionately affected the poor and minority groups.

Legalization of marijuana has been proposed as a way of decreasing these rates of incarceration and increasing the flow of tax revenues toward the funding of education and treatment. There is no evidence that this has worked in states where marijuana has been legalized. There has been concerns, actually, in those states about increased emergency room visits, cannabis toxicity, psychotic reactions, and cannabis diversion to minors.

The New Jersey Council on Child Adolescent Psychiatry, the American Academy of Pediatrics, New Jersey NAMI, and my organization, the New Jersey Psychiatric Association, all oppose any legalization that will increase access of marijuana to adolescents. We recommend several steps be taken beforehand.

One, increase funding for educational programs for youth and their families about the effects of marijuana; two, increased funding on research into the effects of marijuana and treatment strategies for marijuana addiction; number three, increased access to evidenced-based substance abuse treatment programs; number four, implementation of steps to prevent the distribution of marijuana and cannabis products to children and adolescents.

I thank you.

ASSEMBLYMAN DANIELSEN: Thank you.

A D A M J. S A G O T, D.O.: Good afternoon, honorable Chairman, and other Assemblymen and women, and staff. We certainly appreciate you taking the time to hear the diverse opinions of your various constituents here today, and we appreciate you allowing us time to speak on this issue.

As my colleague, Dr. Gurak, had mentioned, he is a--

ASSEMBLYMAN DANIELSEN: Excuse me.

For the record, state your name.

DR. SAGOT: Sorry; my name is Dr. Adam Sagot. I am a psychiatry resident, a member of the New Jersey Psychiatric Association Advocacy Council, and a Child Training Fellow.

I'm here to speak to you more on the science of why we oppose legalization and increasing access to children and adolescents. As Dr. Randy Gurak had alluded to, brain development in adolescents continues approximately until the age of 25. This is a pivotal period in which the executive function -- the decision-making centers of the brain -- is formed. This forms throughout adolescence, and can be dramatically impacted by the exposure to various substances including, and specifically, marijuana.

What we are talking about here is -- as the gentleman from Colorado had mentioned -- marijuana is not what it was in the 1960s and 1970s. As some people have already spoken to you about today, the various concentrations have increased from 6 to 12 percent in the plant-based product, to upwards of 30 percent; and in the synthetics and edible products, anywhere from 60 to 90 percent. And the more concerning aspect, from a medical perspective, are the discrepant ratios of cannabidiol,

CBD, to the various concentrations of tetrahydrocannabinol, THC, the psychoactive component.

And I will speak to you as a clinician here, when I can certainly say that I agree with the statistics that have been presented to you today that vaping oils, dabbing -- as it is colloquially termed by those who use -- have increased in my own practice. I have seen a dramatic increase in the number of admissions to my in-patient psychiatric unit, secondary or related to the use of synthetic cannabis through the use of concentrated THC oils. These people have a predisposition to mental illness -- some do and some do not -- but nevertheless, they are coming into the hospital with a psychotic presentation, paranoid, obsessive; with perceptual disturbances, mainly auditory and visual hallucinations.

There are certainly individuals in the community who do not have the same predispositions and may not experience these unfortunate side effects. However, those with mental illness and those with the predispositions for mental illness are at a dramatic increased risk for experiencing these worrisome adverse effects of cannabis.

And our concern is that increasing the level of access will increase the opportunity for diversion and increase the opportunity for use categorically. We do not necessarily oppose medical use, although there is still limited data. Because unfortunately, in the United States, due to the scheduled nature of the drug we are talking about, it precludes quality studies from being conducted. In the studies that have been conducted, we are talking about case reports and case studies. As scientists, we grade evidence: one through four and A through D. And when we talk about study grading, the lowest quality of evidence is considered to be that only of

case reports and case studies; and the highest quality are referred to as *double-blinded randomized controlled trials*, none of which have been performed in the United States due to the Federal legislation against studying the product.

So I appreciate anyone coming here to you today, including myself, giving you statistics. But our statistics are based largely on case reports, and our clinical experience, and personal experience. Scientifically, we have to pause and we have to make sure that we do not just start a train in which policy goes before scientific evidence can be enacted and performed correctly and well.

In speaking to the lovely young woman who spoke earlier about her terrible pain, about what sounds like a horrific car accident, it speaks to an issue that would more appropriately be discussed within the context of broadening State-approved indications and access of medical cannabis, and less towards legalization. As I mentioned before, she referred to the other formulations of the drug that would be available, should recreation move forward. And these include things such as lozenges, sodas, lollipops, edibles, and vaporizing oils; many of which have packaging that is directly targeting children and adolescents.

That is the most worrisome aspect, from my perspective -- is when we talk about diversion, it is seen in any sort of substance -- whether we are talking about alcohol, as another speaker had mentioned; medications that we prescribe, such as benzodiazepines, like Xanax, or stimulants, such as Ritalin. There is no reason to presume that this case should be any different; just like it is with cigarettes and alcohol, diversion will occur.

And again, what's more worrisome is the statistics regarding risk. When something becomes legal, the perceived risk reduces dramatically. And we do have studies that are able to use people's self-report of using marijuana, and the perceived risk of the substance has been steadily declining since 1989 and 1993. Since that time, as the perceived risk has gone down, the reported use has gone up. And our biggest concern is that should legalization, and not decriminalization, move forward, that this perceived risk will continue to decline and use will continue to be increased.

ASSEMBLYMAN DANIELSEN: Thank you, Doctor.

Before you go on, may I ask you a question?

So you heard the testimony -- you mentioned it -- so what would your advice to that patient be, if that patient wanted to have access to a cannabinoid?

DR. SAGOT: Well, as you had mentioned before, there are two different types. You had pointed to the graph where there was a CBD and a THC quotient. The CBD has been well studied, and is legal in all 50 states; and has been shown to be an antiemetic -- something to help with nausea; as well as an anti-inflammatory -- a substance to help with pain.

However, I would also implore people to consider that there have been reports of analgesic effect of the substance to great effect. And when we are talking about medical uses, I am again in favor of medical uses, despite the limited data, due to the overwhelming number of anecdotal reports. It's hard to ignore, even though they are not the same quality as the randomized controlled trials.

However, we are not talking about medical use, as many speakers have spoken to, at this day. We are talking about recreational use. And I would certainly implore someone who has refractory pain to opioids, to consider any and all measures, under the legal guise and medical supervision, to help provide analgesic relief.

ASSEMBLYMAN DANIELSEN: Okay, so let's put recreational use aside for a moment.

Medically, what-- Medically, your biggest concern is science is not coming before policy. And we are limited, because we don't have FDA participation. But you do recognize we have a call for patients to be relieved.

DR. SAGOT: Absolutely. I can recognize that there is a call for relief.

ASSEMBLYMAN DANIELSEN: Then based upon your background as a professional, what do you recommend New Jersey do then?

DR. SAGOT: I implore New Jersey to look at statistics of self-report and compile meta-analyses to show, over time and longitudinal data -- to show that those who are willing to come forward and admit their use under medical supervision, without the penalty of law to be able to report their benefits so it can be well studied. As of right now, we have case reports and case series from the United States. There are other countries in the world that are able to study this more effectively; however, in this country, we are unable to.

Yet nevertheless, this state and many others, in my opinion, have appropriately approved medical use for certain conditions. We have not approved it for all indications; and some states, specifically California

approved a number of indications that have not been well studied. And even our former Governor had suggested, in September 2016, that it should be approved for post-traumatic stress disorder, while there is a lot of conflicting evidence as to whether or not that would be beneficial. Which is why we implore you, before you consider policy, please ask the experts in medical science.

DR. GURAK: Can I just add one thing to that too?

In all the treatments -- medication and other treatments that I prescribe to my patients -- I always want to balance the risks and the benefits, and that's with any medication that I prescribe.

Here I don't really know what those are, and that's always a problem.

ASSEMBLYMAN DANIELSEN: You mentioned earlier that some of these products are packaged and converted specifically to target to children. Can you give me one example?

DR. SAGOT: Sure. If you look at the soda products, if you look at the candies -- that include anything from gummi bears, to Sour Patch Kids -- to the inhalers and vaporizing pens that have young, energetic individuals ranging from men to women in various different degrees of clothing -- they are specifically targeted at a younger audience.

ASSEMBLYMAN DANIELSEN: The reason I ask that question, Doctor, is because not only Ms. Agudosi reported here the social cost to be seen smoking marijuana. And she said she preferred a lozenge; it's more inconspicuous. But I have three other friends who are patients; one works for a major pharmaceutical company. And specifically, he will take a lollipop at lunch time, because he's afraid for the professional cost

that will come. And he's not a child; he's a high-level executive, and he walks through the hallways of the pharmaceutical company with a lollipop in his mouth that has the cannabinoids in it.

DR. SAGOT: And Chairman, I appreciate you bringing up that point.

And again, that individual went through a medical physician, received a supervised evaluation, and then went to a medical- and State- (indiscernible) regulated facility to receive their product. And the penalties for that person diverting their product are that much greater than the idea of the *en masse* or generalized threat to anyone who diverts a recreational product.

ASSEMBLYMAN DANIELSEN: Thank you.

DR. GURAK: Also, we know from the past with tobacco products -- when we take away the marketing towards kids -- like Joe Camel, or sports figures with chew -- it's effective and the use goes down.

ASSEMBLYWOMAN QUIJANO: So you're testifying today that we should regulate the advertising of the products.

DR. SAGOT: I would suggest that, if legalization were to move forward.

ASSEMBLYWOMAN QUIJANO: Okay; so have you also suggested this in the alcohol industry? Because at our public hearing in Trenton, someone brought up a bottle of liquor, and it had cotton candy. And so I had never seen that in a bottle. And I said, "Okay, this could -- a child could look at this."

DR. SAGOT: Sure. And Assemblywoman, if you're asking me if physicians are opposed to any sort of marketing of alcohol towards children and adolescents, it could be a categorical "yes."

ASSEMBLYWOMAN QUIJANO: Okay; so--

DR. SAGOT: Unfortunately, our lobby is not quite nearly as large as that of the alcohol industry. (laughter)

ASSEMBLYWOMAN QUIJANO: Okay. Well, under the Chairman here, you see everybody gets the ability to speak.

DR. SAGOT: Which we certainly appreciate.

ASSEMBLYWOMAN QUIJANO: Right now, currently, anybody can go to certain areas in certain towns and buy this product. Not medicinal, just regular product, right? There is no regulation, there's no control, we don't know what they're cutting it with, we've heard stories -- a raid, and other materials that are being cut. So wouldn't you want it regulated to protect those individuals?

DR. SAGOT: If you're asking to choose between two lesser evils of regulation, I'm all for more regulation of a product that could be consumed by anyone when their health could be potentially at risk.

If you're asking if I think the legalization process that we are discussing here has already set forth adequate regulatory steps in place, I would have to disagree as of so far.

ASSEMBLYWOMAN QUIJANO: Well, we don't have it; we don't have it yet in New Jersey. That's why we're discussing what's out there so that New Jersey can make the best decision for New Jersey.

DR. SAGOT: Well, I--

ASSEMBLYWOMAN QUIJANO: So you're talking about other states.

DR. SAGOT: I agree. We can talk about other states, as they have already mentioned. In Colorado, we certainly appreciate that there is a wealth of tax revenue to be gained. And that as you have heard earlier, there have been an increased number of ER visits and there have been increased traffic accidents. And the study that they have mentioned before referred to something called *odds ratio* which, to those who don't understand it, is the odds of experiencing an incident when exposed to something, versus not. And he mentioned a number of variables that were involved in those calculations. The problem is, we have too many confounding variables. A confounding variable rules out our ability to specifically identify a substance as a target. And when you do the adjusted ratio, the numbers available that are not confounded are limited.

ASSEMBLYWOMAN QUIJANO: Thank you.

ASSEMBLYMAN DANIELSEN: We're here to talk about both; and that's why, as each witness comes up, I try to define if they're talking about the recreational versus the medical.

ASSEMBLYWOMAN QUIJANO: I understand perfectly which one they're talking about; thank you.

ASSEMBLYMAN DANIELSEN: Sir, you're next. You're up.
Thank you for being patient.

T H E O D O R E A. P E T T I, M.D., M.P.H. It's been my pleasure.
Is this on? Okay.

ASSEMBLYMAN DANIELSEN: It is; just keep it close.

You have three microphones; that means you're the most important. (laughter)

DR. PETTI: All right.

I am Ted Petti. I'm speaking as a child and adolescent psychiatrist, who has seen the devastation caused by increasingly potent, sometimes adulterated marijuana and synthetic cannabinoids.

I am also-- And I am representing as a concerned citizen and a concerned clinician. I'm a Professor of Psychiatry and Child Psychiatry at Rutgers-Robert Wood; I'm a past President of the New Jersey Council of Child and Adolescent Psychiatry; I've been President of other child and adolescent psychiatric associations; and I'm a former officer in the New Jersey Psychiatric Association.

But I'm speaking as a concerned citizen.

I have spoken on this topic at local, national, and international professional meetings. In all the discussion of increasing the availability of medical marijuana, decriminalization, or legalization for recreational purposes, the effects of such legislation on youth has received negligible attention in New Jersey. And I'm pleased that at this meeting, at least, we are addressing that issue.

My arguments are not about the extent to which marijuana or cannabis should be legalized. It is about the need to attend to the special vulnerabilities of adolescents and young adults to the effects of marijuana, particularly the markedly elevated proportion of tetrahydrocannabinol, THC, that does the most damage to the developing brain through age 25 years.

The interpretations of cherry-picked data to predict exaggerated benefit or harm from further legalization have gone well beyond the existing research base, and are contradictory to the point of being useless to guide a coherent and beneficial policy for New Jersey citizens.

This is especially true regarding the minimal attention to the impact of such legislation on youth, whose brains are especially vulnerable to short- and long-term effects of cannabis. These effects have been described by my two colleagues; and I am especially concerned, and it is rarely talked about, is the adverse effects are especially critical for pregnant teenagers who are more likely to use marijuana than older pregnant women.

Marijuana has been documented to have adverse effects on the fetus, and thus should be absolutely avoided during pregnancy. You are strongly urged to consider the diversion of marijuana to youth as a major factor to address in any legislation or regulations when increased access to adults is being deliberated.

The national trend to legalize marijuana, for both medical and recreational purposes, has been accompanied by a decrease in the perception of harm associated with marijuana use by youth in 8th through 12th grades. Decreased fear of harm has been clearly associated with increased use. Moreover, adolescents living in medical marijuana states with a plethora of dispensaries are more likely to have tried new methods of cannabis use, such as edibles and vaping, at a younger age than those living in states with fewer dispensaries. And that's under consideration by -- according to the most recent papers -- articles in the New Jersey *Star-Ledger*.

New Jersey has the lowest reported monthly usage of marijuana by those ages 12 through 17 years, compared to all states with marijuana

authorized for medical purposes. Arguably this may be related to limited availability of medical marijuana. But New Jersey has among the strictest regulations to limit potency through ceilings on THC content and amount of marijuana that can be purchased and in one's possession at any given time.

Fortunately, the national rates of daily or monthly use of marijuana have not yet reached the levels present in the 1990s. Strong efforts, similar to those successfully implemented to drive marijuana and other drug use down in the later 1990s, are needed to keep use by youth below those levels.

We ask for special consideration to be given to the unique issues related to youth in your deliberations. Society has dealt successfully with this problem through intensive public education focused on adults marijuana use in the 1990s and before. Current prevention efforts have been successful in lowering the use of all substances of abuse, but marijuana. Current prevention efforts have been successful in doing this. There are many means to also be successful in New Jersey and across the country; but we're talking about New Jersey today.

Given the adverse effects of THC on the developing brain, New Jersey must consider keeping the THC levels low enough to reduce adverse effects, while promoting further research into the effects of any further legalization of cannabis.

Warning labels is one manner of prevention; and there are many more, including limiting the ability of for-profit organizations in ads covertly targeting youth. It's been demonstrated that when recreational marijuana is legalized, when it's there, billboards are up which appeal

probably more to adolescents than they do to adults. And it's demonstrated that where that happens, the increase in marijuana is clearly evident.

Attached to my note to you, the New Jersey Council of Child and Adolescent Psychiatry position paper, that has been endorsed by the New Jersey Psychiatric Association, expands on the this matter.

And again, I want to thank you for the ability to share these views, and I welcome questions and comments.

ASSEMBLYMAN DANIELSEN: Doctor, thank you.

I have one quick question.

Why is a pregnant teen more likely to use marijuana?

DR. PETTI: Well, it may be because it does have anti-nausea effects.

ASSEMBLYMAN DANIELSEN: *Is* she more likely, or she *may* be more likely?

DR. PETTI: Pardon?

ASSEMBLYMAN DANIELSEN: You purported that--

DR. PETTI: No, the data that I've seen--

ASSEMBLYMAN DANIELSEN: --she *is* more likely.

DR. PETTI: --indicates that pregnant girls are more likely to use -- are using marijuana more frequently than pregnant older woman. I mean, I can't cite that study today--

ASSEMBLYMAN DANIELSEN: But have you compared--

DR. PETTI: --but it's in the literature.

ASSEMBLYMAN DANIELSEN: Have you compared-- Okay. So then, that pregnant teen -- have you compared the pregnant teen, versus non-pregnant teens, from that same neighborhood?

DR. PETTI: This is not my research; and I can't say one way or the other, because I can't visualize that particular study.

ASSEMBLYMAN DANIELSEN: All right; because the way your statement said it -- that if you're pregnant and if you're a teen, then you are more likely, and-- That's not what you're saying.

DR. PETTI: No; that's not what I'm saying.

ASSEMBLYMAN DANIELSEN: Okay.

DR. PETTI: I'm saying when they've looked at this, they found that pregnant teens are more likely, to a comparative group of older women who are pregnant, to be using marijuana. And let me just add, that we can demonstrate that this has effects on the fetus.

ASSEMBLYMAN DANIELSEN: Sure.

DR. PETTI: Not only that, but some recent studies at Mount Sinai have demonstrated that in rats -- although rats, of course, are not humans; but we share a lot of genes and a lot of neurotransmitters together -- that it's not just-- It affects that fetus, but it also affects -- if it's a female, it affects future fetuses by the offspring of the individual using marijuana.

ASSEMBLYMAN DANIELSEN: Sure. I'm reading more and more about the negative effects on a child's development, as it relates to cannabis. A lot of drugs could affect a child's development. And you know, in your experience, when a child has been exposed to cannabis or any drug, is it your experience that access to that drug or that pharmaceutical was

through criminal channels? I mean, it wasn't a doctor prescribing a child recklessly--

DR. PETTI: No; well, just recently in New Jersey-- Right.

ASSEMBLYMAN DANIELSEN: --or a crazy uncle. I mean, this was through -- this was probably through illegal channels that child had access to it, or what have you, right?

DR. PETTI: Well, in my experience, I--

ASSEMBLYMAN DANIELSEN: It certainly wasn't him, right?
(indicates)

DR. PETTI: Pardon?

ASSEMBLYMAN DANIELSEN: He's not giving the children the irresponsible drugs, right? (laughter)

DR. PETTI: Well, let me answer your question.

I have not had that particular-- My experience has been they got it through illegal means. But there's a very strong literature that indicates that every state that has legalized marijuana, either for medical or for recreational purposes, diversion to youth and use by youth has markedly gone up, compared to states where it's not legal.

And I'm a co-author of a paper that is being submitted for publication, with colleagues from California. In California, the rate of marijuana use is astronomically high. Many of the kids in my colleagues' practice, private practice -- and those are co-authors on this paper -- have gotten marijuana diverted from medical marijuana. Some have gotten it from illegal means.

Now, in states where it's not legal, it clearly has been illegal -- it's been from illegal sources. But the data is very clear -- whether it's

Colorado, Washington, California -- when you have access to marijuana -- particularly with a number of dispensaries, an increasing number of dispensaries, the probability of diversion is incredibly high.

ASSEMBLYMAN DANIELSEN: The diversion from a medical cannabis product, versus non-medical.

DR. PETTI: Diversion either from medical or recreational.

DR. SAGOT: And Mr. Chairman, I'd like to add -- that study my colleague was referring to refers to the scientific fact that a teenager, compared to an adult, has a comparative disadvantage in the decision-making processes.

What I was mentioning before -- the executive function centers of the brain continue to develop throughout adolescence, which goes through age 25. So a teenage pregnant woman, versus an adult pregnant woman, would be at a comparative disadvantage to make a proper decision in regards to certain issues. They are more impulsive and they do not weigh risks and benefits in the same way a more mature and developed brain does.

DR. PETTI: Yes. To put it in even simpler terms, as the brain develops, the [amygdala](#) -- that part of the brain that's involved with pleasure -- develops a lot faster and has a lot more influence on what the brain does and what thinking and behavior occurs than the prefrontal cortex. The prefrontal cortex is the last to occur (*sic*). The prefrontal cortex becomes mature at age 25 -- fully mature at age 25. So you have that part of the brain that wants pleasure, versus that part of the brain that says, "What are you doing? Think about what you're doing." And that's the point.

And the concern for me also -- although that's why I'm glad I'm presenting as a private citizen, rather than somebody representing an organization -- is that individuals between the ages -- depending on when it's legal, between the ages of 18 and 21, or 21 and 25, are more likely to go after marijuana -- you've talked about social justice -- but are more likely to go out and get marijuana because of the pleasure, versus the caution of, "This might do something to my brain."

ASSEMBLYMAN DANIELSEN: Do your doctors prescribe medications to your patients?

ALL: Yes.

ASSEMBLYMAN DANIELSEN: Some of them have side effects?

DR. SAGOT: Absolutely.

ASSEMBLYMAN DANIELSEN: And you go through an equation -- I hope I don't oversimplify -- that you're prescribing that because the benefits outweigh the detriments?

DR. SAGOT: Yes, Mr. Chairman; whenever we prescribe a medication, as part of the informed consent we provide a list of benefits, risks, and alternatives to any medication we would prescribe any patient.

ASSEMBLYMAN DANIELSEN: Well, could there be an appropriate scenario, through your practice, where you could see yourself prescribing one of your patients a cannabis product?

DR. SAGOT: As an adult or child and adolescent psychiatrist, we have no data to suggest that it is beneficial for any of the psychiatric disorders that we are currently aware of.

ASSEMBLYMAN DANIELSEN: Not even anxiety?

DR. SAGOT: In fact, the studies that report subjective improvement in anxiety also note tremendous increases in rebound anxiety when the substance is no longer in the system.

ASSEMBLYMAN DANIELSEN: Even without THC involved?

DR. SAGOT: Specifically, with THC. The studies that involve cannabidiol are more favorable, but have yet to be fully studied.

ASSEMBLYMAN DANIELSEN: Okay.

MR. PETTI: There also is an excellent article in the archives of *JAMA Psychiatry* that suggests looking at the studies that have been done. There is a moderate effect size with marijuana, compared to placebo; but it's nothing to write home about.

But every individual is different. As a scientist, I know that when we do probability studies, we're looking at the probability of 0.05 percent. That means 1 out of 20 people might respond to something, and so we always have to consider that when we're prescribing medication.

There are some individuals who are at much greater risk for developing adverse effects to anything, including aspirin or Tylenol. But marijuana is very clearly defined as something that has major effects on the developing brain. And those individuals who are especially at risk are incredibly high-risk for early psychosis and evolution into schizophrenia, which is a very difficult diagnosis to treat successfully.

ASSEMBLYMAN DANIELSEN: We hear from people all the time -- they have chronic pain, anxiety, and sleep disorder. What would be the alternative?

DR. PETTI: Well, to chronic pain, it certainly seems to be-- Sleep disorder is a whole other issue, and I can't speak to that. I am for

medical marijuana, especially if it accompanied by adequate research to support it.

The Federal government has made it -- the FDA, and I think this is more related to race and ethnicity than it is to the scientific basis -- has made it a drug that is almost impossible to prescribe. And Congress has made it very difficult to do any research in this. We need to have research; we need to be able to understand what this drug actually does.

But I personally believe that it can be medically useful for certain kinds of conditions; and seizures and epilepsy, certain kinds, may be very vulnerable to being treated effectively with cannabidiol. But THC does have some -- some therapeutic benefit.

And really, what I'm most concerned about is *big cannabis*, which is similar to *big tobacco*. And our society has done a very poor job of taking money, such as the money that the tobacco companies gave to states, for prevention and treatment; in terms of using it for roads and maintenance. And I'm hoping that in the deliberations around medical marijuana, around whatever legalization is put forth, that the money really gets earmarked. The devil is in the details, and I am hoping that this Committee will have the details necessary to help protect youth.

DR. GURAK: If I could just answer one of the concerns.

I would prescribe, if there were FDA studies that showed me that it was effective, just as the studies are in (indiscernible) the pharmaceuticals that I use.

But in all the studies that I've seen, they have not been as controlled or have the necessary data -- the numbers -- to make me feel satisfied that I'd be doing my patient a service. I see patients who ask for

medications for different things all the time, and I have to decide on those things. And in my open discussion with my patient, the risks involved -- I'm not sure I can give them an adequate answer at this point.

ASSEMBLYWOMAN QUIJANO: I have a question.

Dr. Petti, you were talking about diversion; and how the younger generation, with the states that are legal, have been diverted -- medical marijuana has been diverted.

DR. PETTI: Yes; absolutely.

ASSEMBLYWOMAN QUIJANO: In those studies, did they come up with recommendations on how to handle--

DR. PETTI: Not that-- They just say, "Be careful."

ASSEMBLYWOMAN QUIJANO: Okay.

DR. PETTI: I've not seen any concrete recommendations. But it's really interesting -- New Jersey, with its strict regulations, is the lowest in all the states that have legalized marijuana for medical purposes.

And what's really of concern is that when you have multiple-- As in Colorado -- when Colorado went from medical marijuana to recreational marijuana, there wasn't much difference in terms of the changes of adolescent views of the harm of marijuana, because there were so many dispensaries. I think, in Denver, there were more dispensaries for marijuana than there were, combined, Starbucks and McDonald's.

ASSEMBLYMAN DANIELSEN: Wow.

DR. PETTI: So you get a sense of how an area can be oversaturated. Whereas, in Washington state, where there were fewer dispensaries, there was a big change, once it was legalized, in terms of the

feeling that, “Well, it’s not as harmful as we thought before, and we’re going to use it more.”

ASSEMBLYWOMAN QUIJANO: So in that study, do they talk about a family members bringing marijuana into the home, and then the young individual taking it? Or what? I don’t understand the diversion; how was it diverted?

ASSEMBLYMAN DANIELSEN: Good question.

DR. PETTI: Well, it’s diverted in many ways. One way is, I buy it and I sell it.

ASSEMBLYWOMAN QUIJANO: Okay; well, that’s happening now, okay?

DR. PETTI: Pardon?

ASSEMBLYWOMAN QUIJANO: That’s happening now.

DR. PETTI: Yes; that’s one way.

Another is that, I buy it, and I have it in my house; and my kid takes it. Another is, I give it to my kid. Having a relative in the home with marijuana increases the probability of marijuana use, and probably increases the diversion.

ASSEMBLYWOMAN QUIJANO: But that happens with all medications, doesn’t that?

DR. PETTI: Pardon?

ASSEMBLYWOMAN QUIJANO: Bringing any medication into the home increases the ability of someone underage taking it.

DR. GURAK: So if I could just say a couple of things.

One is, the other medications don’t look like gummi worms or gummi bears; where kids just see that, and aren’t sure.

ASSEMBLYWOMAN QUIJANO: No--

DR. GURAK: So that's one of our concerns.

There is some suggestions on marketing and products; and I'll get you that information.

ASSEMBLYWOMAN QUIJANO: No, I have seen the child-proof, very plain packaging, so it's not enticing to children. But I also believe in personal responsibility. If you bring any drugs into the home, you need to lock it up, just like you need to lock up your gun. You just don't bring something into the home that can endanger your family without taking personal responsibility.

There is a famous commercial in North Jersey -- I'm not sure the agency -- and it shows you, you know, an older person getting their medication from their medicine cabinet. And when it closes, you see a young adult going into that family member's medication. So there has to be discussion on personal responsibility too, in the household.

DR. GURAK: But there's no reason to be a gummi worm.

ASSEMBLYWOMAN QUIJANO: No, it doesn't need to be.

DR. GURAK: That's one of the things that we would say is--

ASSEMBLYWOMAN QUIJANO: But if I decided I needed to consume marijuana, and I wanted it in a different delivery source, then it's my responsibility, if I bring it into the home, to lock it up, too. Not leave it in the kitchen where anybody in the family could grab it; but to actually lock it up.

And I really think -- in personal responsibility, that parents -- and the adults in the family have to say, "I'm bringing this in; this is for

mommy and daddy,” for whatever reason -- medical, recreational -- “Don’t touch it, and I’m going to lock it up.”

DR. SAGOT: And we would certainly agree that there is a large aspect that involves personal responsibility. Which is why one of the asks of the Council of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and the New Jersey Psychiatric Association involves improved education for children and families, so that they can consider this as dangerous as any other medication when we’re talking about medicinal use.

ASSEMBLYWOMAN QUIJANO: Okay.

DR. PETTI: And that’s exactly how we were able-- I mean, the rates of marijuana use by adolescents, in the late 1980s and early 1990s, was much higher than it is today. The rates increased as perceived harm decreased, as medical marijuana became more notable and we had big cannabis entering into it.

Somebody mentioned earlier -- it is billions of dollars. The estimate is, some states will-- In Canada, I think, we’re estimating a \$3 billion to \$5 billion industry, right? We’re talking big, big, big bucks.

ASSEMBLYWOMAN QUIJANO: It’s a new industry.

DR. PETTI: And the concern for many of us, particularly those who have been involved in public health, is that big cannabis is going to take control, and they have the money -- as one of our speakers spoke earlier -- and that’s a concern. That money goes into lobbying; that money goes into all kinds of things. And we need to protect kids, and we’re hoping that you do this in the beginning, not at the end.

ASSEMBLYWOMAN QUIJANO: Okay.

ASSEMBLYMAN DANIELSEN: Thank you.

ASSEMBLYWOMAN QUIJANO: Thank you.

ASSEMBLYMAN DANIELSEN: The *big cannabis* you speak of-- But isn't that also true with big pharmaceuticals now, that you're currently prescribing with?

DR. PETTI: Well, there's a slight--

ASSEMBLYMAN DANIELSEN: You know, these are the same companies that--

DR. PETTI: There's a slight difference between the two.

ASSEMBLYMAN DANIELSEN: Well, they're bigger.
(laughter)

DR. PETTI: Well, come on. Let's look at it.

ASSEMBLYMAN DANIELSEN: I mean, they finance universities--

DR. PETTI: I mean, pharmaceuticals, generally, are pretty good.

Now, I'm not saying that pharmaceutical companies and Big Pharma are perfectly innocent; I'm not saying that. But they're not lobbying something, they're not selling something that we know have adverse effects on youth and not talking about it -- and not talking about it.

(laughter)

ASSEMBLYWOMAN QUIJANO: They are.

ASSEMBLYMAN DANIELSEN: Order, order, order, order.

Hey, everybody. (gavels) We're not going to tolerate that.

All right; hold on. Let's back up a step, Doctor.

DR. PETTI: All right; let's back up.

ASSEMBLYMAN DANIELSEN: Take your breath. (laughter)

DR. PETTI: Okay.

ASSEMBLYMAN DANIELSEN: I mean, almost every pharmaceutical has some sort of side effect.

DR. PETTI: Including aspirin.

ASSEMBLYMAN DANIELSEN: I mean, my daughter just went through a year-and-a-half of chemo and she'll never have children, right? But it saved her life, right? (applause) And those doctors, you know -- thank God that they're around.

But do you want to reword that comment -- that the pharmaceuticals -- adverse effects?

DR. PETTI: Well, I think we talk-- I mean, the FDA is very clear that when you market a product, you have to describe what the side effects are. And FDA has asked for product labeling and information sheets. I don't see anybody handing out information sheets about marijuana or cannabis.

ASSEMBLYMAN DANIELSEN: Good point; good point.

DR. GURAK: Yes, I would just echo that point -- is that if the FDA regulated marijuana the way they regulate the medications, I would have no problem with that, because I would have the information. I could tell them what the studies are.

ASSEMBLYMAN DANIELSEN: Right; okay.

DR. GURAK: That's not the case here. But if they did, that's--

ASSEMBLYMAN DANIELSEN: So you're saying, with the current pharmaceutical products, there's more disclosure, there are more warnings, even on commercial--

DR. GURAK: There are regulations; they can't give me a pen anymore.

ASSEMBLYMAN DANIELSEN: Okay.

DR. GURAK: They don't give me anything, actually. So if that happened, that would be fine.

ASSEMBLYMAN DANIELSEN: All right.

DR. PETTI: But it's a good point.

ASSEMBLYMAN DANIELSEN: In the interest of time, we're going to have to end it here.

But please make sure OLS and the Majority Office have -- OLS has your contact information. I'm sure there are going to be legislators, on and off this Committee, who want to continue the conversation.

DR. PETTI: We would be delighted to provide more information.

ASSEMBLYMAN DANIELSEN: Well, I think you need to be part of this process.

And I thank you for being a part of it today.

ALL: Thank you.

DR. SAGOT: We appreciate your time.

ASSEMBLYMAN DANIELSEN: Thank you.

I'd like to call up Dianna Houenou from the ACLU; and Dominick Bucci, the retired State Trooper.

As the hours click on, I'm going to increasingly ask people to be more efficient, and faster, and shorter.

DOMINICK F. BUCCI: I'll be fast and shorter. I want to get to the question end of it.

First I want to thank everybody here for giving me the opportunity to testify on marijuana legalization from a law enforcement perspective.

And I want to applaud you in advance, in this conversation in New Jersey, for holding this historic hearing. It's a great step in the right direction.

Now, after a 25-year career with the New Jersey State Police, I retired as a Lieutenant. I have dedicated much of my life to fighting crime and protecting the safety of New Jersey residents up and down our state.

I enforced our marijuana laws from the day President Richard Nixon declared an all-out war on drugs in 1971, having joined the New Jersey State Police in 1966, retiring in 1991.

I spent 22 of those years of service working as a narcotic detective. I've covered a lot of ground, from street-level dealers all the way up to international cartels.

As somebody who made many arrests for marijuana possession, I have come to the conclusion that our marijuana laws are a failure -- an abject failure. They do not improve public safety, and that New Jersey should move towards legalizing and regulating marijuana for adults.

As I said, I retired in 1991; and the last thing I remember just before retiring was the death of a young man from Brick Township -- during the execution of a search warrant -- whose crime was possession of about 5 pounds of marijuana.

Now, I can tell you, 25 years have passed since that day; and it still haunts me today.

I took an oath of office when I joined the State Police to protect and serve the people of New Jersey. And when I look back at my career, the most rewarding memories are from the time I spent as a road Trooper, helping people. As a narcotics detective, I can't help but feel I let the people down.

That's the main reason that I joined an organization called *Law Enforcement Action Partnership*. I wanted to make up for the support I gave to this failed war, and the hundreds of lives that I had a negative impact on by making countless marijuana arrests.

We have a saying at LEAP, "You can get over an addiction, but you're never going to get over a conviction." And that's true today.

Drug warriors, who cheerlead our focus on dedicating enormous criminal justice resources to arrest and prosecute people who use drugs, are always concerned about the message that marijuana legalization, at a state level, sends to young people. That message those folks apparently want to send to our children and teens about marijuana is this, "We're not going to create an age barrier to marijuana and make it harder to get. We're going to leave it in the hands of the drug dealers who don't care about your well-being, health, safety, or your age.

"We don't want you to use drugs; but we're going to continue ensuring that it's easy to experiment with marijuana. We are going to continue putting you at risk of being exposed to other drugs, robbed or injured by street dealers."

It's hard to find anyone today who says they're concerned about the message we send to young folks because we legalized alcohol; or who are concerned about our messages about cigarettes, even though these

two legal drugs are very dangerous. We have reduced tobacco and alcohol use through regulation and education, and we can absolutely do the same about marijuana.

LEAP understands that alcohol prohibition created gang wars over who would control that very lucrative illegal market. Innocent people and good cops died in that fight; and they are dying in this fight, too. I lost two partners in the 25 years I was in the State Police, both around drugs. One of which, when we executed a search warrant, we were met on the other side of the door with a 12-gauge shotgun. It took the life of Al Mallen, who had three kids. That was over 27 years ago. Two years ago, his son committed suicide. Was it related? I think it was.

Nearly all studies show that countries or states that have modified their repressive drug laws experience a decline in drug use by teenagers. The Netherlands decriminalized marijuana use for adults 40 years ago, and marijuana use there is nearly half as prevalent as it is in the United States. We can learn something from that.

A key part in ending this failed policy is legalizing marijuana, thereby taking the marketplace away from the control of drug gangs and regulating distribution, just as we do alcohol and cigarettes.

Again, I want to thank you for letting me offer my perspective as a former law enforcement officer. (applause)

ASSEMBLYMAN DANIELSEN: Dianna, good morning.

DIANNA HOUENOU, Esq.: Good afternoon.

ASSEMBLYMAN DANIELSEN: Oh, good afternoon.
(laughter)

Go ahead.

MS. HOUENOU: Good afternoon.

My name is Dianna Houenou; I'm the Policy Counsel with the American Civil Liberties Union of New Jersey.

So thank you, Chairman Danielsen, and members of the Committee, for the opportunity to testify before you today.

The ACLU has long been an opponent of marijuana prohibition -- since the 1960s. Here in New Jersey, in 2015, we formed a statewide coalition to advocate for the legalization, taxation, and regulation of marijuana as a racial justice and social justice issue.

Our members in this coalition include not just the ACLU, but our partners at Law Enforcement Action Partnership, the New Jersey Chapter of NORML, the NAACP New Jersey State Conference; as well a Municipal Prosecutor from Union County, and an amazing national organization, Doctors for Cannabis Regulation.

We see-- Legalization is a racial justice issue for many reasons, the least of which stem from the racist history of the war on drugs. It's well-documented that the war on drugs was created to target and disrupt communities of color, leading to raids and arrests of community leaders.

And this has led to the arrest of thousands and thousands of people in states -- in every state across our country. And here in New Jersey we are-- While we now have nine states, plus the District of Columbia, to have legalized marijuana, and while the rest of the country is growing in its support of legalization, in New Jersey we're making more arrests than ever before. We're making nearly 25,000 arrests per year for marijuana possession.

And those arrests are not made equally among our communities. Communities of color are disproportionately impacted by those arrests. And Chairman Danielsen, you've referenced the ACLU report, so I won't spend time belaboring what you already know about these racially disparate arrests. But Assemblyman Rumpf, your District -- in your District, blacks are arrested at a rate that's four times higher than whites, despite similar usage rates. In the 11th District, also 4.3 times higher than whites, despite similar usage rates. And in that District, there were nearly a thousand arrests made in 2013 alone.

These arrests don't just impact one individual; they impact our entire families and our communities. Because the consequences don't just include jail time; you can lose your job and be barred from future employment; you can lose your housing. If you are a student, you can lose your financial aid. If you're an immigrant, you can be deported. And you can lose the custody of your own children and be barred from adopting children.

Because of our disparate arrests, these consequences have a disparate impact on our communities of color. And because this war was created with a racist intent, we cannot end the war without racial justice, and we cannot separate racial justice from this issue.

So New Jersey United for Marijuana Reform advocates for priorities within legalization. We need to make sure that we provide automatic expungements for people with prior records. And Assemblywoman Quijano has introduced legislation that would do that, and so we thank her for her leadership on that issue.

We believe in permitting limited home grow, so that people with limited mobility or limited incomes can still access the plant, and patients can grow the strains that they need.

We need to incorporate real meaningful access to the job and business ownership opportunities that are going to come with legalization. Which means keeping licensing fees low; which means not barring people arbitrarily based on a prior record.

And we need to invest revenue into our communities, into community programs, such as education, drug treatment, and drug prevention programming; reentry services, job training, and adult education.

Now, trying to separate social justice and racial justice from this issue really amounts to another form of gradualism. And communities of color are all too familiar with--

ASSEMBLYMAN DANIELSEN: Excuse me; what was that word?

MS. HOUENOU: *Gradualism.*

ASSEMBLYMAN DANIELSEN: Okay.

MS. HOUENOU: And communities of color are all too familiar with it. They have been told, time and time again, by politicians on both sides of the aisle, "You'll get your jobs later. You'll get access to the ballot later. We'll free you later; you'll get your justice later."

But here in New Jersey, enough is enough. And we have the power to bring justice -- full, meaningful justice to our people immediately; and we must.

Now, we heard some opponents say that legalization-- Legalization does not fix racial -- systemic racism or racially discriminatory

policing. It doesn't; they're right. It is not a silver bullet, and the advocates of legalization do not purport it to be a silver bullet. But New Jersey legislators still push for criminal justice reform measures even if they singlehandedly don't fix our entire criminal justice system.

Our legislature has passed measures in recent history limiting the use of solitary confinement, even though it doesn't eliminate abuses -- all abuses within our prisons. We still push for accountable and transparent policing, even though it singlehandedly doesn't end prosecutorial misconduct. Similarly, we still have to push for legalization, because it's a critical part of our broader criminal justice reform work that's needed here in the Garden State, and because it's worth fighting for.

We really-- Simply put, ending these unnecessary arrests, ending racially disparate arrests, and providing economic opportunities for our communities and reinvesting in our communities, is absolutely worth fighting for.

Thank you.

ASSEMBLYMAN DANIELSEN: Very well put.

Before I go-- Vice Chair.

ASSEMBLYMAN HOUGHTALING: I have no questions.

ASSEMBLYMAN DANIELSEN: So I've gone through this material you offered us about six or seven times; and I understand some of it.

So one thing that jumps out here -- obviously, you're highlighting the racial disparity in arrests that involve -- actually, that are *only* involving cannabis. And also, that it's for possession only, versus distribution or cultivation.

What I noticed in here -- tell me if I'm wrong -- is that you've listed some towns that have a very low population of black people; but yet, they have a very high number of arrests. So that the black people who are involved here are working or passing through.

And then there's still that same level, that same intensity of racial disparity with some towns that have a high population of black and brown people. So it's almost like wherever you go, you know, you're in danger if you're dark.

MS. HOUENOU: Absolutely.

ASSEMBLYMAN DANIELSEN: Right?

MS. HOUENOU: And that's not limited to just marijuana; yes.

ASSEMBLYMAN DANIELSEN: Okay. So then follow along with me.

MS. HOUENOU: Yes.

ASSEMBLYMAN DANIELSEN: If you-- This, right here, is about -- involving marijuana only; but it could have been-- Could you have put a similar book together for coke -- for cocaine?

MS. HOUENOU: We could have; it would have required--

ASSEMBLYMAN DANIELSEN: Would it show similar disparities?

MS. HOUENOU: I'm sorry?

ASSEMBLYMAN DANIELSEN: Would it show similar disparities of arrests?

MS. HOUENOU: Without looking at the data, I can't say. Because the work that is involved in putting a report like this together -- the

report that we released in 2017 -- requires combing through a number of records from municipalities; it involves requesting records from our many, many municipalities in the state as well.

So I can't speculate as to what an analysis of cocaine arrests would show. But we do know that the war on drugs -- not just the war on marijuana, but the entire war on drugs -- was meant to target communities of color; and we know that, historically, we have treated drugs differently in our criminal justice system based on race.

ASSEMBLYMAN DANIELSEN: Lieutenant Bucci, so, based upon your testimony, you now recognize the disparity and the application of law, comparatively, for white people versus dark people? Is that what you're saying?

MR. BUCCI: Yes; throughout my whole career.

ASSEMBLYMAN DANIELSEN: Throughout your whole career.

MR. BUCCI: When I was a uniformed Trooper, I was told if you want to get ahead in the State Police, you have to do it in plain clothes.

ASSEMBLYMAN DANIELSEN: Okay; so is my impression correct that if we took away cannabis off the face of the earth, that the law enforcement community would find another excuse to continue the disparities, or--?

MR. BUCCI: I don't know if you want to call it an *excuse*, but--

ASSEMBLYMAN DANIELSEN: Tool?

MR. BUCCI: A tool? I think there would be a lot less blacks being arrested, yes, if we took marijuana off the table completely--

ASSEMBLYMAN DANIELSEN: Right.

MR. BUCCI: --it would. Now, when I worked under--

ASSEMBLYMAN DANIELSEN: Temporarily or permanently?

MR. BUCCI: That's a good question; that's a good question.

ASSEMBLYMAN DANIELSEN: Would law enforcement, then, find a new tool?

MR. BUCCI: Hopefully, they would go out and do what they're supposed to do -- is go after criminals.

ASSEMBLYMAN DANIELSEN: Hopefully; yes.

MR. BUCCI: That's what they should be doing.

ASSEMBLYMAN DANIELSEN: That community has been hopeful for a lot of years.

MR. BUCCI: You know, since this war on marijuana-- When you do the stats, since this war on marijuana, the arrest rates for -- or the clearance rates for murder, for child abuse, have all gone way down. I think it's down around 60 percent. It was, at one point, at 80-some-odd percent; now we're down around 60 percent, because we're so tied up with locking people up for possession of pot.

I live in a little town; in Seaside Park Borough. Last year, 2,300 people were arrested for possession of marijuana on the boardwalks. I couldn't believe it. We had the highest in Ocean County; higher than Seaside Heights, which has more activity than Seaside Park. And why is that?

ASSEMBLYMAN HOUGHTALING: People come there.

ASSEMBLYMAN DANIELSEN: Yes; okay.

Anything else; Vice Chair?

ASSEMBLYMAN HOUGHTALING: No.

ASSEMBLYMAN RUMPF: Just one question

The ACLU report -- would you be able to make that available to me as well?

MS. HOUENOU: Absolutely; certainly. (laughter)

ASSEMBLYMAN DANIELSEN: I have some copies. (laughter)

MS. HOUENOU: All right; so the Chairman has graciously given you his copy.

ASSEMBLYMAN RUMPF: I'd appreciate that.

ASSEMBLYMAN DANIELSEN: Everybody should have a copy of that. But get more copies for all the legislators.

MS. HOUENOU: Absolutely. Every legislative office should have received a copy when we released it -- a hard copy -- when we released it in 2017. But we would be happy to provide you with a copy. It's also available on our website, at the *ACLU-NJ.org* website.

ASSEMBLYMAN RUMPF: Terrific; thank you.

MS. HOUENOU: Of course.

ASSEMBLYMAN DANIELSEN: Okay; thank you very much. Enjoy the rest of your weekend. (applause)

I'm going to call up Arnold Schmidt and Hugh O'Beirne.

I'm going to apologize to you ahead of time, because I am going to bring to your attention it's 1:20 p.m. We're quickly running out of time, so is there a chance you could keep it under 5 minutes?

A R N O L D W. S C H M I D T: I can keep it at 2 minutes and 45 seconds.

ASSEMBLYMAN DANIELSEN: Look at you; you big show-off. I love it. (laughter)

MR. SCHMIDT: I don't know him (indicates); we're not together. But whoever you want to go first, it's up to you.

ASSEMBLYMAN DANIELSEN: You're talking; your time has already started. (laughter)

MR. SCHMIDT: Okay; let me just get my glasses.

Good afternoon, and thank you for having this -- for this opportunity.

The illegal sale of pot will continue to allow the distribution of treated product that can cause human health issues, including addictive and hallucinogen-producing additives.

The illegal sale of pot will keep the growing and distribution of marijuana in the hands of criminals. To continue the war on drugs, specifically pot, has proven to be a waste of time and resources for the past 40 years.

Prosecution and incarceration ruins the lives of people for doing something no more harmful -- in most cases, less harmful -- to themselves or those around them than drinking a beer, a glass of wine, or a martini. And there is no conclusive scientific proof that untreated pot, on its own, is addictive, like the other mind-altering drugs I just mentioned.

Decriminalization will likely embolden criminal sellers who will sell unregulated, treated, harmful products; which would not be the case if a user was able to purchase a regulated, untreated product of choice at a legal dispensary. Legalizing the sale of pot should substantially reduce the use of

bad street products by the monitoring and regulating of what users purchase and consume from legal dispensaries.

Another benefit of legalizing pot -- not a primary motivation -- is that New Jersey will gain millions of dollars in taxes that can be used for good causes. That's millions of dollars that won't go into the pockets of criminals who can use that money to purchase more dangerous and addictive drugs, as well as guns and ammunition. Additionally, millions more dollars in resources will be saved by freeing the time of police, judges, prosecutors, and court staff, allowing them to go after and prosecute real criminals instead of chasing our tails for another 40 years on frivolous cases, ruining people's lives, while believing we are taking the moral high ground; when what we are really doing is continuing to persecute and prosecute our minority populations at a disproportionate rate, as statistics bear out.

Those statistics also show that ruining people's lives in this way will push them into and keep them in our welfare system, costing us more money and more resources.

Finally, legal or illegal, the best way to dissuade our children from smoking pot, or cigarettes, or drinking alcohol illegally, or taking and becoming addicted to opioids or other illegal drugs, is good parenting. It's on us as parents and extended family members. We can't do all our parenting through legislation.

We won't stop the people of New Jersey or, for that matter, the citizens of our country, from smoking pot by keeping it illegal. What we can do is enact legislation that will help keep people safe.

To be clear, I'm advocating for the legalization of marijuana; but not until our New Jersey legislators have an appropriate plan that is right for New Jersey.

Thank you for your time.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions? (no response)

Sir.

HUGH O'BEIRNE, Esq.: Thank you for the honor.

My name is Hugh O'Beirne; I am the President of the New Jersey Cannabis Industry Association.

We are a trade association that has constituent members who cut across every vertical of this industry; participants who have experience in every one of the jurisdictions -- from the CBD-only, through the medical, through the recreational jurisdictions in this country; as well as members from Canada. We have trade associations and advocacy groups as well in our midst. And we are assembled to synthesize best practices, leveraging the hindsight of the other states and now, internationally, with respect to the development of a safe, accessible, fair, and profitable legal industry; and effective and efficient medical industry.

I wanted to talk a bit about industries and how they play into the broader picture of legalization. One piece of background that's interesting to note is that New Jersey has already had a recreational market; and that was perfectly legal. And as a matter of fact, that legal market persisted longer than the illegal market we live in currently. As far back as the 1850s, 1870s, and 1880s there was legal cannabis consumed, in concentrated forms of hashish, in New Jersey and the Eastern Seaboard.

Which only came to an end beginning in the 1930s due to, as Ms. Houenou correctly pointed out, the intentional racist policies of the government and other bodies that were imbued with anger over the defeat of prohibition -- of alcohol.

So just a little bit of context -- we should talk about what our industries are in New Jersey right now. We have a small and struggling current medical -- legally medical market in New Jersey. That current market is going to expand, thankfully, through a series of best practices that you all are participating in. And it will be, I have no doubt, a tremendous boon to the people who are suffering in New Jersey, into the future; and a gold standard for other states in this union, with respect to how medical cannabis can be developed properly and dispensed fairly and safely.

But there's another market that we want to talk about, and that's the much, much larger market in New Jersey right now.

So currently, the illegal cannabis market in the United States is estimated at \$45 billion of revenue annually; and New Jersey's illegal market is understood to be approximately \$1 billion of illegal revenue annually. Needless to say, as its name would indicate, the illegal market operates as an opaque, unaccountable, noncompliant, and often dangerous system of disparate operators. The illegal market participants, of course, include -- they're not limited to, but they do include -- some of the worst cartels, gangs, and other criminal organizations internationally within the State of New Jersey and otherwise.

These participants in this market have, for some time, and will continue into the future -- particularly stimulated by a decriminalization-without-regulation-of-cannabis market approach -- sell indiscriminately to

minors. They will sell, often, very harmful products. We heard talk of synthetic cannabis, right? Some of the problems that they're finding in synthetic cannabis are even worse than real black market cannabis that has been treated poorly and without care by miscreants who are selling, right now, throughout the state.

And of course, let's be really clear that these illegal marketers are selling other substances. Cocaine, methamphetamines, heroin, and other opioids are part and parcel the menu that is often sold; and again, sold indiscriminately.

We get to this point that I think, scientifically, it's becoming more and more clear that the term *gateway drug* is without particular reference. It's sort of a silly term. But what's not silly is that we have very much a *gateway market*. The people who we currently abide -- and because prohibition has clearly failed to prevent this, selling cannabis in the state -- sell these other products as well. And they sell them, often, at the same time and in the same context. And they're incentivized to sell the other drugs even more, because they are far more profitable, because they do come with absolutely documented physical dependency potential. So it's a great thing. You get a customer who will kill to be your customer.

So we have a gateway market in New Jersey. We've been ineffectually fighting it through the police force; we have been depriving people disproportionately of liberty and property for decades, to no effect.

And yet it goes on. We say we have this heroin epidemic. Well, so much of that heroin epidemic comes through the gateway opened by the cannabis deal.

So, again, like alcohol prohibition, cannabis prohibition didn't just fail there; but it has also stimulated a legal market of very, very dangerous players.

And so the opportunity today -- right? -- is to find something better, and more effective, and more American for overcoming irregular, irrational, and perverse markets. And that's a good market, a transparent market, an accountable market, a participating market, a regulated market; one that actually has to be open and honest before the powers-that-be within the state, and the communities in which they operate; ones that form capital, that are profitable for the communities in the state, that hire people that participate in this state; and that are available for massive sanction, if it is found that they are doing any of the dozens and dozens of things that are currently tolerated in this illegal market right now.

So we certainly advocate legalization; and the use of an industry -- that we're seeing internationally, as well as nationally, to combat this scourge of illegality effectively -- to come to this state. We've talked about -- should it be called *recreational*; should it be called *adult-use*? I certainly believe that adults in New Jersey should be afforded the ability to exercise their adulthood, with respect to the discretion as to choose to interact with this plant or not, and not be threatened with loss of liberty or property by the State. I think that's a very American sentiment to have.

But at any rate, we think that by having a regulated and accountable market we will do great benefit for the state in dealing with the current situation that it has right now. And it's a little bit of back to the future, right? The freedoms that the New Jerseyans enjoyed, from our founding up until 1937, would be reinstated; but this time, with a regulated

mindset and one that data could be gathered appropriately and studied, and choices could be made and could be tailored appropriately.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions from the Committee? (no response)

Thank you, gentlemen. (applause)

Next I would like to call up Gaetano Lardieri.

Gaetano? (no response)

Dr. Ernest Schapiro.

ERNEST SCHAPIRO, M.D.: (off mike) Yes.

Yes; I'm a retired physician, and I am speaking on behalf of the LaRouche Political Action Committee.

I consider marijuana legalization a crime against humanity, morally equivalent to euthanasia, because it destroys those faculties that make us human. And in that way, it eventually destroys the entire society.

The greatest victims of Murphy's Law (indiscernible) that marijuana is not harmful will be our youth. The surveys, for 40 years, as my colleagues have said, show that teenage drug use is inverse to perceived risk.

Now, there's a big gray elephant in the room; his name is George Soros. There is a singular lack of curiosity about how we reached this point.

Now this man, as a teenager -- he worked, identifying Jewish property for the Nazis in Hungary. After the war, he was picked up by the British Empire; he's been used for decades for financial warfare, destroying the currencies of a whole series of countries back in the late 1990s -- Asian Tiger countries, like Indonesia, South Korea, Thailand. And he's been in

cahoots directly with the FARC, the terrorists in South America, the Shining Path in Peru; and in this country, it's a little different approach. It's the gradual step-by-step approach.

Now, if you want to see a case study, look at the history of medieval Islam. At one point, they were an advanced culture; they led the world in medicine, and science, and astronomy; but whose decline, over centuries, coincided with the widespread use of hashish. When it was realized that hashish had masterly destroyed the moral character and productivity, the rulers sought to ban it. But they gave up by the 1300s.

Consider this: Although there was ample trade with Europe, hashish was not being imported into Europe. There was no market for it; they had a culture that did not accept this kind of poison.

Now 40 years ago, I was a founder of the National Anti-drug Coalition, and I contributed materials that went into our book, *Dope, Inc.*, which showed how the dope traffic, for centuries, is British Imperial policy. Our nation's takeover by the drug culture has since then been so gradual and befits the strategy of the British game masters and their agents, like Soros and Phil Murphy, that people don't see how dire the situation has actually become. When we began this campaign 40 years ago, the big debate was decriminalization. There was no medical marijuana. Most marijuana was imported from South America.

So there's another big elephant in the room; it's the British Empire. In this discussion here, people act like it's an objective question. It's no more objective than whether there were chemical weapons used by the Syrian government. We didn't wait for the evidence; we didn't wait to find out. We attacked. And it's the British who have been inciting that;

it's the Mueller dossier, followed by the (Indiscernible) business, and then one thing after another. The British are pushing this thing; people don't seem to realize the influence that they actually have in this country -- being played like puppets on a string.

So you have to actually look at this thing in the real world, in terms of history and politics.

I'm an old man; I'm 81 years old. I've seen this happen, okay? I want to stop this.

In summary, the basis of a Republic is the active involvement of its citizens in a sense of national purpose and progress. Worst of all, we instead are creating a large, permanent underclass of lethargic, underachieving, alienated, and self-absorbed people. This is in direct violation of the principle of the general welfare in the preamble to the Constitution.

That's what's unfolding here.

ASSEMBLYMAN DANIELSEN: Doctor, thank you very much for your presentation.

DR. SCHAPIRO: You have no questions?

ASSEMBLYMAN DANIELSEN: I haven't turned to my left or right yet.

DR. SCHAPIRO: Huh?

ASSEMBLYMAN DANIELSEN: I'll answer that in a moment.

DR. SCHAPIRO: Yes, okay; all right.

ASSEMBLYMAN DANIELSEN: Any questions from the Committee members?

ASSEMBLYMAN HOUGHTALING: I have none.

ASSEMBLYMAN DANIELSEN: Doctor, I have a question for you.

DR. SCHAPIRO: You have to speak louder; I don't hear too well.

ASSEMBLYMAN DANIELSEN: I have a question for you.

DR. SCHAPIRO: Yes.

ASSEMBLYMAN DANIELSEN: Did you prescribe medications to your patients in the past?

DR. SCHAPIRO: No, I didn't actually; I never had to. I went through residency in psychiatry; and then I worked in a clinic where I did examinations. So I had no occasion to write prescriptions; no.

ASSEMBLYMAN DANIELSEN: Okay. Even without any experience in the pharmaceuticals, relative to your patients--

DR. SCHAPIRO: Not compared to these three doctors who spoke.

ASSEMBLYMAN DANIELSEN: Sure. Do you recognize any medical value of any of the compounds produced by the cannabis plant?

DR. SCHAPIRO: It may very well turn out -- CBD seems to have some bona fide use. But this is not being treated that way. It should be treated like any other herb, you know, from which you hope to isolate an active principle that does some good.

ASSEMBLYMAN DANIELSEN: Right.

DR. SCHAPIRO: Like, did people smoke digitalis for heart failure? No; they take digoxin as a pill, a standardized -- so many micrograms that you take. And it's highly purified, and it's under FDA standards.

ASSEMBLYMAN DANIELSEN: So you too distinguish the difference between medical use, medical research, medical science, medical benefit, and then recreational.

DR. SCHAPIRO: Smoking -- I mean, there are no drugs that you smoke. I mean, whoever heard of smoking a drug? I mean, it's incredible. I mean, how people could fall for such a thing.

ASSEMBLYMAN DANIELSEN: Right; okay.

DR. SCHAPIRO: No; I mean, you take-- There are certain rules of absorption where you take in a standard amount of the drug.

ASSEMBLYMAN DANIELSEN: Okay; thank you very much, sir.

DR. SCHAPIRO: No political question about what I said about the British? I mean, don't you have any -- doesn't that arouse some thought about, "Well, where the heck did this come from? How did he get -- how did he come up with this idea?" or "Can I refute it?" -- what he said.

And about the President; I mean, look, look what he's doing.

ASSEMBLYMAN DANIELSEN: Well, we're running low on time right now.

DR. SCHAPIRO: I mean, he got elected not to do this, and now he's gone and done it.

Some powerful force is operating on him, opposed to his basic inclination. That's what happened to our country -- we're being destroyed the same way.

ASSEMBLYWOMAN QUIJANO: Chairman, can we continue?

ASSEMBLYMAN DANIELSEN: Okay; Doctor Schapiro, you and I can continue this conversation offline. But this Committee is running out of time, and I have a long list of people behind you.

Thank you.

ASSEMBLYMAN HOUGHTALING: Thank you.

DR. SCHAPIRO: Yes; all right.

ASSEMBLYMAN DANIELSEN: Okay, I would like to invite up Susanna Short.

S U S A N N A S H O R T: Thank you.

ASSEMBLYMAN DANIELSEN: Good afternoon, Susanna.

MS. SHORT: Good afternoon.

I have *good morning* on my paper, but it is afternoon.

My name is Susanna Short; I own homes in Morris and Monmouth counties. I'm primarily a resident of Mendham Township.

I don't represent any particular organization, business interest, or political party here in front of you today. But I am a member and supporter of several groups that advocate for both the reform of the medical marijuana program and the legalization and regulation of cannabis for adult use.

I'm not a patient in the medical program, but people close to me are patients, both in this state and in others. So I do come from a sympathetic place to the patient population when I address this issue.

I'm strongly in favor of legalization for adult use, but with the caveat that it must be done in a way that benefits patients in our medical program, and in a way that has racial and social justice at its core. I'm aware of the recent and pending changes to the medical program. I believe

those changes are mostly positive, but they miss the mark on doing anything to increase competition in the medical marketplace and thereby reduce the cost of medicine for our state's patients. The women who started today said that she is spending about \$1,000 a month on her medicine. Without more competition, that won't come down. And without lower costs, the black market will proliferate, and this is something that must be kept in mind when determining regulations for the adult-use program as well.

There are many people who would qualify for medical cannabis who choose to purchase on the black market because it's cheaper.

I'll tell you a little about myself in the ways that relate to this issue.

I was born and raised in Philadelphia, on a street that was called *High* Street, somewhat relevant to today's topic -- a little joke. It's the Germantown section of Philadelphia. I was in the racial minority where I grew up -- my family was in the racial minority -- and my social conscience and lens of the world was informed by a rich childhood in integrated schools and friends from different ethnic and socioeconomic backgrounds.

When my parents decided to move in with my grandparents, they sold their home to a formerly homeless family for \$1. They actually never got their \$1. This wasn't because my parents were wealthy or that they couldn't have used the money. My mom stayed home -- earned no income staying home with her six children, and my father's salary was modest as a religion teacher in a program teaching juvenile delinquents.

I remember one of the magnets that we had on our fridge: Live simply so that others may simply live.

My education was in the Philadelphia school system for some years, and also in Catholic schools run by the Sisters of Saint Joseph. I graduated from a Jesuit college, which I chose to attend because I received a full scholarship, and also because they promised that I would grow “not only in wisdom, but also in grace.”

The Jesuit ideal of being a person for others was at the heart of my education; and I was able to promote social justice through my role as the campus editor of the newspaper, campus ministry department, and through the Special Jesuit Liberal Arts, from which I graduated with the highest GPA in the College of Arts and Sciences.

I also met my husband in college, and I am proud that we have initiated and recently endowed a scholarship at our alma mater that is called the *Men and Women For and With Others Scholarship*.

As I evaluate this issue of legalization, my Catholic faith and Catholic social teaching certainly factor in. And I’m no saint, but I do try to strive to implement some of these tenets, including the option for the poor and solidarity, among others.

The war on drugs has been a war on black, brown, and poor people; and it has created and exacerbated poverty in our communities. Just yesterday, I read a perspective piece in the *Washington Post* that juxtaposed the criminalization of black crack cocaine addicts in the 1990s with the recognition of the primarily white opioid crisis as a chronic disease; it’s prosecution and prisons for people of color, while white addicts have treatment centers and sympathy.

Cannabis, as a substance, does not destroy lives and families as crack cocaine and opioids do. But prosecution of minor marijuana offenses

does ruin lives and families, and overwhelmingly those destroyed lives are the lives of people of color.

One of my first jobs, besides babysitting and waiting tables, was working as a community organizer in Brooklyn, where I collaborated with community members around the issues of affordable housing. I came up with strategies for ESL parents to advocate for their children in the public schools. And I also worked with the community when a methadone clinic moved in, and I came to understand the ways that addiction destroys families and communities, as well as the ways that treatment programs can help.

My husband and I also recently served as temporary resource parents -- aka *foster parents* -- for the New Jersey Department of Child Protection and Permanency, and again I gained firsthand knowledge of how addiction destroys families and damages children.

I have relatives and friends whose families have been ravaged by alcoholism and opioid addiction. In these encounters with addiction, I have personally not seen cannabis abuse come anywhere close to the levels of destruction of these other substances; and I am aware of research that indicates that cannabis is a safer alternative to alcohol, can reduce opioid addiction, and is generally not as addictive as dozens of other substances, including caffeine and sugar, one of which is a vice of mine.

I also worked at a high school, for about 10 years, as a high school teacher; and I am an educator at heart. So tied up in that piece of my heart is a profound love for children and a genuine admiration of teenagers. I think teenagers are awesome. The last thing I would want to

do is to advocate for a change that will harm young people or put them at greater risk.

If we can effectively reduce black market activity and properly educate about cannabis, I am hopeful for a reduction in teenage use of cannabis. I am encouraged by stats out of Colorado, where they went from having the highest rate of teen use prior to legalization, to the seventh-highest after regulation.

There is absolutely no way that underage people obtain access to dispensaries in other states; it just doesn't happen, and it wouldn't happen in New Jersey.

Teenagers are smart enough to know that cannabis is not a gateway drug. And if that's the message that we're giving them, that it's a gateway drug, they will listen to nothing else that we attempt to educate them on about this topic.

Alternatively, if we can inform them about the complexities of the plant, about the endocannabinoid system, and the ways that it is harmful for the developing brain -- what I know of teenagers tells me that many of them will evaluate the issue scientifically and make informed decisions.

Of course legalizing cannabis for adult use will not eliminate teen use; but if their only source is the black market, and if we can reduce black market activity, it is a step in the right direction.

I have to shake my head in disbelief at these municipalities that are preemptively banning cannabis sales in their towns because they don't want to bring marijuana to their towns. Marijuana is in our towns, regardless of our zip codes, okay? (applause) There is approximately a

billion dollars of cannabis being sold annually in the black market across the state, and it's used at the same rates by white, brown, and black people. Yet it is people of color who are disproportionately penalized. Data indicates--

ASSEMBLYMAN DANIELSEN: You have less than a minute left.

MS. SHORT: You know what? Dianna went through this, so I'm not going to say what Dianna said. She went through -- the ACLU.

Some people propose decriminalization when they see the racial injustices; and that will not solve the problem. We even see Governor Cuomo, in his state -- right? -- decriminalization has been the law of the land; and he now is laying the pathwork, the groundwork for legalization. All that does is empower the black market; it still levies fines against people for minor offenses, and if people cannot afford to pay those fines, they will end up in jail.

I have a personal interest in health and wellness that draws me to this issue. I won't get into the medical benefits; some of the medical patients can speak to that. But I will say that one of the things that I do in my family's insurance agency is sell life insurance coverage. And I think it's important to note that life insurance carriers, who want to disqualify you from coverage for just about everything, will insure you if THC is detected in your system. That's important to me; it means that -- certainly they won't insure if there's cocaine, methamphetamine -- anything like that. But they will insure you if you have THC in your system.

It is also worth noting-- When we speak about the distinction between medical and adult-use, there are a lot of overlaps for people who

are using cannabis recreationally to serve a medical purpose -- whether it is to sleep better, or to reduce anxiety, or to soothe some pain.

Something that Dr. David Nathan, the head of the Doctors for Cannabis Regulation, said the other day stuck with me. "You do not have to be pro cannabis to be pro legalization, pro regulation, and pro taxation."

ASSEMBLYMAN DANIELSEN: Are you just about done?

MS. SHORT: I am; I'll go here.

Just please realize as you're making up regulations, just realize that this is an industry that was built on the backs of people of color. And as our program takes shape in New Jersey, it would be such a mistake to allow this industry to be taken over by white men. We've seen it in other states -- these white men are heralded as *trailblazers* and *industry pioneers*, while people of color are still viewed as *criminals*. Please don't let that happen in New Jersey. We have the opportunity to be the leaders here, to regulate in a way that rewards municipalities for welcoming cannabis businesses that operate responsibly, to use funds generated by the program to reinvest in communities that have been hard hit by the war on drugs.

Please include automatic expungement in the final legislation.

I know how hard you work; I have a family member who is a public official. And I know how hard this is, and I really do commend you for doing your research on this.

ASSEMBLYMAN DANIELSEN: Thank you.

MS. SHORT: The amount of information you have to digest and read is significant.

ASSEMBLYMAN DANIELSEN: Thank you very much.

MS. SHORT: You're welcome. (applause)

ASSEMBLYMAN HOUGHTALING: Thank you.

ASSEMBLYMAN DANIELSEN: I'd like to invite up Hugh Giordano.

HUGH GIORDANO: I have been waiting patiently.

ASSEMBLYMAN DANIELSEN: Thank you; five minutes

MR. GIORDANO: Yes; all right.

Good evening, Chair -- good afternoon, Chair, and the rest of the Committee.

My name is Hugh Giordano; I am a union representative for the United Food and Commercial Workers Union, Local 152. So United Food and Commercial Workers Union has approximately 1.2 million members across the United States, Canada, and Puerto Rico. We represent workers in health care, retail, warehouse; and we represent workers both in the adult-use and medical side of cannabis. So we look at this as an important issue, specifically for our membership.

We represent workers in cultivation operations in the medical and adult-use dispensaries, edible-infused products, service firms such as security and software, and auxiliary products.

One of the things that I found interesting was -- talking about the testing. You know, this is a way to create good jobs, science-based jobs, trades jobs. There is testing there. And just through working -- being a representative within the union that represents cannabis, there are tests that are done. It's primarily a test between inactive and active THC. So when folks say that there is no testing, that's not the truth. There is testing.

So let's get back into the union side of this for a minute. In Minnesota, we organized the first medical dispensary. The janitor made

\$18 an hour, full benefits, pension; the lab techs made \$22 an hour, full benefits and pension; head growers made \$2,200 a week. This brings the working class out of poverty and brings them up into the middle class, and that's the job of all the labor movement -- is to make sure that workers are treated with the basic respects. And cannabis has already done that.

If you look at the numbers, by the year 2020 it is estimated, through *Forbes Magazine*, that between 250,000 and 300,000 jobs will be created through the cannabis industry. That's more than public utilities, more than manufacturing, and more than public sector jobs.

Manufacturing has been the backbone of this country. Cannabis can be the new backbone of the country for the working class.

By 2025, based on the current models, it is estimated that it will bring in -- it's a \$24 billion industry. That's just based off the current states that have legal -- on the adult-use or medical side.

If they were to legalize it tomorrow, on a Federal level, it would create \$132 billion; 1 million jobs; and let's just look at -- let's just talk about that for a second. If we look at it through the union side of it, the trades would have tons of jobs. The UFCW represents the folks on the retail side; United Farm Workers represent the workers on the cultivation side; the Teamsters represent these workers on the transportation side. And then you have IBEW, and LiUNA, and all these other -- Steam Fitters unions that are building these facilities. This would definitely create the blood back into the middle class of the labor movement and the working class.

If you look at, too -- if we look-- A lot of the workers who work in the security part of these dispensaries are retired police officers. So this

helps FOP and PBA members. This gives retired police officers, who are well-trained, an opportunity to create an economic value, still, in society. And they get to use their expertise, which I think is very important.

If we look in California -- California currently has around 50,000 workers in the cannabis program. That was because of a robust medical program. So the medical program created this, that -- also job creation.

Let's talk about small business. The UFCW 100 percent supports the small businessman and small businesswomen. One-third of small business people start with \$50,000 or less. So this allows the middle class to have the opportunity to start a business. Fifty percent start with \$10,000 or less, and they're called *caregivers*. So this gives the-- Again, this gives the working middle class an opportunity to start a business.

Seventy percent of those businesses are profitable; that means people have good jobs for the long term.

Let's talk about women for a second in the cannabis industry. Thirty-six percent of people who are CEOs within the cannabis industry are women; 63 percent of women in cannabis are at high-level executive levels. Let's compare this to the current business model in the United States. Only 5 percent of women are CEOs, and only 25 percent of women are at high-level executive levels.

The UFCW has an apprenticeship program. We talk about, you know, the issue of underage children getting cannabis. The UFCW has worked with the state of California and Oaksterdam University to create a strong, robust apprenticeship program, just like you would for the carpenters or the ironworkers. And what we do is we train our members to

make sure that they're not selling to underage children. Look what the UFCW has done in Pennsylvania with the state stores.

ASSEMBLYMAN DANIELSEN: Wrap it up.

MR. GIORDANO: Sure.

ASSEMBLYMAN DANIELSEN: You're done.

MR. GIORDANO: Oh, my God; so much good stuff here.

(laughter)

So LiUNA--

ASSEMBLYMAN DANIELSEN: You can type that up and send it in to the Committee.

MR. GIORDANO: Okay.

So just real quick, I guess-- First off, I want to say the Garden State Dispensary is the first union dispensary here in New Jersey. And I would suggest that if the patients can go there, that's great; because it creates good jobs and the Garden State Dispensary management is excellent.

LiUNA and IBEW are going to start covering medical cannabis, because they're tired of their members going on opioids.

And I just want to thank the patients, real quick, because I've been going to these council meetings to fight these ordinances to ban dispensaries, which hurt patients and hurt the working class. And I hope that the Assembly holds these councils accountable and don't give them a dime of the tax revenue when they block these dispensaries and hurt patients and hurt the working class. (applause)

Thank you.

ASSEMBLYMAN DANIELSEN: All right; thank you.

(applause)

Amanda Hoffman.

If you could keep it under 5 minutes.

A M A N D A H O F F M A N: I will, I will.

Thank you.

Good afternoon, Chairman and the rest of the Committee.

I apologize for being a little nervous; I was not expecting to come up so quickly.

My name is Amanda Hoffman. I'm a resident of Franklin Park in Somerset County. I have testified in Trenton as a patient; I've testified in many townships as an advocate; and today I am testifying as a central New Jersey taxpayer.

I'm tired of my taxes paying for this war on cannabis consumers. The smell of marijuana is a pretext for routine violations of our constitutional protections against unreasonable searches and seizures.

Cannabis prohibition is inherently racist. It's founded on lies and propaganda that are perpetuated to this day. Racial disparities of enforcement have been revealed in study after study on the national, state, and county level; it is an appalling waste of our tax dollars and law enforcement resources to keep arresting people over marijuana.

Legalization is inevitable. We should decriminalize it now to stop clogging up the criminal justice system with nonviolent cannabis consumers while Trenton figures out the details for a retail marijuana system.

Regarding concerns about public health and substance abuse: If we are concerned about drug use as a public health issue, then we should treat it as a health issue and not a law enforcement issue. We cannot incarcerate our way out of our substance abuse crisis.

In fact, cannabis can be an exit ramp for patients as part of their recovery from the use of other drugs, such as opiates. If we stop treating all cannabis use as a substance abuse problem, it will free up treatment resources for people with actual dependency issues.

I'm currently a patient in the medical marijuana program, and I am a Board Member of the Coalition for Medical Marijuana New Jersey. I suffered in pain, for over a decade, with inflammatory bowel disease before I found relief via cannabis therapy. But I'm not here to tell that story. I want to mention that cannabis can help relieve many common conditions as an over-the-counter remedy, and provide a safer choice than alcohol for adult consumption.

We're already familiar with incredible stories of cannabis treating severe conditions, such as epilepsy, Parkinson's, HIV AIDS, multiple sclerosis, ALS, Crohn's, cancer. But cannabis is also effective for headaches, nausea, joint pain, muscle aches, and other symptoms on their own, not only when related to a major illness.

Over-the-counter cannabis can help people who may be considering joining the medical marijuana, but who aren't sure if it will help them. Given the time and expense associated with enrolling in the program, a retail cannabis establishment can help people receive relief immediately.

One of the biggest trends right now is *micro-dosing*, using a small amount of cannabis product to relieve aches and pains. The fastest-growing

segments of the cannabis consumers' products are seniors and adult women. Cannabis is a medicine with an incredible safety profile that works with the endocannabinoid system in the body. Seniors, especially, can experience the benefits of cannabis as a topical cream or lotion, without worry that it might interact with their medications.

Instead of taking medication that impacts the liver, like Tylenol, or cause gastrointestinal bleeding, like NSAIDs, a person can use cannabis to relieve pain.

As part of my treatment, my doctor recommended I abstain completely from alcohol. This was easier than I expected, thanks to cannabis. The gateway theory of marijuana has been thoroughly disproven in recent research; instead, cannabis functions as an exit drug. Many patients have replaced or reduced opiate use with cannabis; many others have replaced alcohol with cannabis as well. Cannabis is less toxic to the body than alcohol, which is already legal and regulated for adult social use. Instead of relaxing with a glass of wine after work, a person could enjoy a cannabis cookie. A girls' night out could replace drinks at a bar with a session at a cannabis lounge instead. A regulated market can provide products for adults to enjoy and keep these products out of the hands of the under-aged. Licensed stores check IDs; unregulated drug dealers do not. Again, the choice should be available to adults within a regulated market if they wish to consume alcohol or cannabis.

The harms of marijuana are actually the harms of prohibition. By ending prohibition, we free up our law enforcement and drug treatment resources to be used on better priorities. By ending prohibition we generate revenue instead of wasting it.

By legalizing cannabis in New Jersey, we open space for new businesses and new industries in the Garden State.

Thank you for your time. (applause)

ASSEMBLYMAN DANIELSEN: Thank you.

I'd like to call up Stephen Boracchia.

C O U N C I L M A N S T E P H E N B O R A C C H I A, E s q . :

Thank you for the time to speak.

ASSEMBLYMAN DANIELSEN: Just to let you know -- five minutes.

COUNCILMAN BORACCHIA: Absolutely.

My name is Stephen Boracchia; I am in the industry in California, and a New Jersey resident for 11 years.

I am a Naval Academy graduate; I was a Marine; Rutgers law schools graduate as well. I am also a Councilman in Atlantic Highlands.

I got into the business last August, and I have been -- I'm up to here (indicates) in it right now.

So you've heard a lot of 10,000-foot experiences; I'm going to give you the ground floor -- what I think is important, what I've seen.

First, I'm the Compliance Officer for the company. I make sure that the rules are followed; I have a heavy hand. No one wants to get in trouble; we keep it really straight and narrow, and really follow the regulations.

But I've seen some things, regulatory-wise. Regulations -- when you think about them, they have to be well-thought out. In California, we had some issues; nobody understood the regulations at first. A majority of them, yes; but there were a lot of them where we had to interpret. Nobody

wants to be put in a position where you need to creatively determine what a regulation means.

So we need a lot of interface with the regulators. For instance, we have samples; we have retailers. We're a wholesaler; we actually deliver product. We have 14 salespeople throughout, selling to retailers. And I ride with them to see that they're following the rules properly. And I noticed something. How do you get samples? There is nothing -- no provision in the law as to how to deliver samples to a retailer, right? Very simple stuff. When you take the marijuana out of this, it's just a regular business where you sell products. Of course, it gets complicated when you add the product. So regulations have to be thought through; I'm always available to help with that.

Banking is another issue. I don't know how many of you had to carry \$20,000, \$30,000 in cash, in public, put it in your car, and try to put it in a safe somewhere because you can't get a bank. There have been people murdered over this. And I think what we have to do, as public officials -- I consider my job, first job, is keeping my town safe; and I know you feel the same way. So I think what we should do is have an outreach to local community banks, let them know they're allowed to take cannabis money; FinCEN guidelines are there. That was not pulled when the Cole Memo was pulled. There's a concept called *enhanced due diligence*; you can work that through. We can have banks where our ATCs, and distributors, and other members--

Right now, it's a little -- kind of easy to get a bank, because there aren't too many cannabis companies in New Jersey. Once you start having a lot of them, they're only allowed to take 7 to 9 percent, on

average, of their assets, because its subject to recall by the Federal government. And if they can't get that money and provide for it in some fashion, they can lose their charter. So that's one issue.

Delivery services are important for medical patients. I think we need to continue and expand that.

I want to talk about Oakland a little bit, in terms of what Dianna was talking about before. Our warehouse is in Oakland. We went to Oakland for a reason; they had an equity program. They wanted to have people who have suffered from the war on drugs and in terms of the social justice aspect.

And they had a program -- we would find people, give them part of our warehouse space; we'll help them get into business. I'll set up agreements where I'll take their product, or have service agreements with them. We'll help them get in business.

I was in Massachusetts last week talking to the Commission -- actually, two weeks ago -- and they have an Economic Empowerment -- similar situation. Those people are applying now. I asked them, "How are you going to come up with the \$2 million or \$3 million you need to run the business?" And they're like, "Well, we don't know." You can't go to a bank; they're not going to give you the money. They need the big companies, the big cannabis, to come in and help them out; and we're led to do it. I think it's something we should be doing to give back to our communities; in return, we got a better look. And in terms of our applications in Oakland, as a result I had one of the first licenses in the state.

We currently have four licenses now, and we're going into Oregon as well.

Products -- you know, I can tell you, I've been all over looking at products. One thing I did not like in terms of edibles -- I don't want to see gummi bears; I don't want see them near my kid or in anybody's house. Because it's too easy; there are too many things and too many products like that we have to think through; make sure they're not attractive to kids. There are advertising restrictions, most places; usually it's calculated -- 70 percent of the audience needs to be an adult over 21 before you can have an advertisement of some kind. And some of that is pretty reasonable, so I think that's fine.

People have been talking about testing. You know, one good thing about the regulated market is there's a lot of testing that goes on. There are up to 250 different tests go through each time they run the test. That helps a lot because despite what we've heard today about not knowing what the product can do long-term, we do know what pesticides will do to you if they are in there; we do know what other drugs will do to you if they are in there. We check for that; and the labels are very clear, very specific, and that's taken care of.

Opioids -- another issue. In my official capacity in town I was visited by two gentlemen who started an association; I believe they will be speaking to you next week.

And public safety I think has improved as well, because you're going to reduce the black market. The black market is where our kids get introduced to other drugs, much harder drugs. We'll eliminate that, to an extent; it will never go away, but we're going to shrink it.

Anyway, that's all I have to say.

Any questions for me, I'd be happy to answer.

ASSEMBLYMAN DANIELSEN: Well, you brought up another interesting aspect of this industry that isn't always spoken about -- is the banking services; very complex. Not every bank will accept your account, and you almost have to find a way in.

COUNCILMAN BORACCHIA: Right.

ASSEMBLYMAN DANIELSEN: And then you have transporting the cash from dispensary, or one licensed facility to another.

COUNCILMAN BORACCHIA: Yes.

ASSEMBLYMAN DANIELSEN: And you brought up delivery products that could be focused on children. You know, I get why some cannabis patients don't want to bring a bong to work. But however, there's a reason why they don't put pirates -- you know, that skull and crossbones -- on cereals anymore, because it's put on poisonous cleaning products--

COUNCILMAN BORACCHIA: Right.

ASSEMBLYMAN DANIELSEN: --and children will think it's for them. So, you know, we're going to have to talk more about the edible products that could be attractive to children--

COUNCILMAN BORACCHIA: Right.

ASSEMBLYMAN DANIELSEN: --along with labeling, and packing, and child safety measures; I agree with you.

And testing, you brought up.

Does anyone have any questions for this gentleman? (no response)

Okay; thank you very much.

COUNCILMAN BORACCHIA: Thank you.

ASSEMBLYMAN DANIELSEN: T.J. Finnerty.

T. J. FINNERTY: Thank you for letting me share my experience, strength, and hope with cannabis.

I have lost 175 pounds since switching to medical cannabis, from psychotropic medications, some three-and-a-half years ago. And I have a 12-step message for all: This is not a drug; this is a flower bud. Somebody bullshitted us all a long time ago and said this is a gateway drug. And it's going to turn out to be the flower bud that gets us off drugs.

I challenged myself, those three-and-a-half years ago, to get off everything; because I found it offensive when a psychiatrist suggested that I should use cannabis because I have 30 years of 12-step participation, 25 of which are sober. And 22 of these years were ruined on psychotropic medications that doctors say are not harmful.

I was chemically castrated, corralled, and became a chemical cash cow of Big Pharma. And that's about to change with cannabis. And patients are going to become productive again and, therefore, they're going to lose a lot customers; and that is what the ugly truth is.

I came off eight psychiatric medications that they thought I needed for bipolar disorder or whatever. It was really just PTSD from being born into an alcoholic home and abused since birth. My first breath probably included cigarette smoke and the faint smell of alcohol. And the ugly truth is, we have an addiction problem in America, and it is Big Pharma's addicted to us, and so is Big Alcohol and so is Big Tobacco.

And they all know when they took this seed out of the food chain -- somebody very high up on the food chain took this nutrient for our nervous system out of the food chain and screwed all of us.

I came off Seroquel, Neurontin, Wellbutrin, Prozac, Effexor, Ambien, Lamictal, and-- I'm probably a little bit nervous here, because I have to admit that I was a loser, to tell you I'm a winner now. I was the biggest loser on these pharmaceuticals; I had a 4.0 grade point average at Seton Hall University; I was trying to get a master's to understand the side effects of what I was taking on all these medications. I went to therapy every week, I saw my psychiatrist once a month, and I went to 12-step meetings at least five times a week. And I couldn't behave myself out of an M&M bag.

I was up to 326 pounds; and I was legitimately disabled and I couldn't work. And I am now bankrupt; I use to own a million-dollar home in Warren Township, New Jersey. I used to be the Vice President of the Fire Department. And yet, when I tried to get help, Chris Christie's government wouldn't give me one dollar of social services, not one medication for four months, and demanded I go get a job -- despite the fact I was homeless.

And I have to tell you, a guy with almost two master's degrees and a former IBMer who knows how to escalate something, I couldn't get any help, despite nine months of effort.

So unfortunately-- I own JobHigher.com, J-O-B-H-I-G-H-E-R.com, because when I bought that medical marijuana card and I felt the effects, the improvement of my symptoms -- and I think a lot of people had PTSD coming from childhood experiences that it's a very common problem.

I've been in the rooms many years, so I've been fighting addiction for a long time. As a matter of fact my brother, who shot me at the age of 13, and framed me for it before I went into my freshman year of high school, was an opioid addict. He got hooked on Percocet, as the doctors threw hundreds at him, back 45 years ago. And my mother used to work for Ciba-Geigy pharmaceuticals, the makers of Ritalin; and that was the first drug they started treating my PTSD with, at the age of 6. So doctors want to do studies and all--

ASSEMBLYMAN DANIELSEN: You're out of time.

MR. FINNERTY: But let me wrap it up.

I like the acronym GOD -- or *Grow off Drugs* with God's flower buds, because that's exactly what we're all going to do. We're all going to bloom.

And thank God for recreational, because that means recovery for people who refuse to seek help, who refuse to speak out and say that they have emotional issues. Most people in denial are stuck in denial and they won't even go to a doctor. So recreational means recovery for a lot of people who will slowly get better just by having this product out there.

I think you need something to compete with the cost of chemicals that are out there, and I found medical cannabis to be a nutrient for my nervous system; and it's going to be for you too.

So thank you for letting me share. (applause)

ASSEMBLYMAN DANIELSEN: Thank you.

ASSEMBLYMAN HOUGHTALING: Thank you.

ASSEMBLYMAN DANIELSEN: Jane Soffer. (indicating pronunciation)

JANE SOFFER: Soffer. (indicating pronunciation)

ASSEMBLYMAN DANIELSEN: Good afternoon.

MS. SOFFER: I'll be quick.

Just taking in everything that's been said this morning -- this afternoon, I came in--

Real quickly, this gentleman -- it's marvelous what the cannabis has done for him. My one question is -- and from hearing all of the pros for cannabis -- are you speaking of only cannabis, or cannabis with the THC in it, and how much? Because that's a big difference. Because the THC is the harmful part of the marijuana; and the cannabis is the medical part. And so that would be my question -- with all of these people who have great results. And I've seen it on my own.

I drive for Somerset County Transportation; I transport people to mental health clinics. For 23 years, I have been following, studying, getting -- just listening people. And this hits very much at home for me. I grew up in Somerset; I know your sister, Nina, very well.

ASSEMBLYMAN DANIELSEN: You know my sister, Nina?

MS. SOFFER: Yes; I'm a Getz.

ASSEMBLYMAN DANIELSEN: Oh, my gosh.

MS. SOFFER: I have lost a nephew in August to heroin overdose; I lost a nephew to alcohol in a car accident, from drinking; I just put another nephew into a Teen Challenge program in Buffalo on Tuesday. Thankfully, the Narcan saved him from his heroin overdose. He was blue and seconds from death.

I have another nephew in Long Island Teen Challenge who overdosed on heroin. My sister did CPR on him and, thankfully, got him to

breathe before they got there with the Narcan that saved his life again. So this is very dear to me.

My nephew who just recently overdosed -- for three years I've been telling my brother, you know, he thought that marijuana was okay for his to use; at least he's not drinking and driving. And I said it's going to lead to something hard, but worse. I'm not saying that happens in every case; but the THC and the marijuana, possibly, that he was getting off the streets -- it wasn't good enough for him, and eventually he went to the heroin.

So after listening to everybody, I just think this should be in three, like, segments. Yes, I do believe that the cannabis has so much benefit for -- especially the woman who spoke; she really opened my eyes. I have seen it -- a woman I transport had a stroke; she's my age, she cannot speak at all. She's in a wheelchair, she barely can -- she really can't do anything for herself. She started smoking -- getting marijuana from a friend on the weekend; and when I picked her up Monday, she was talking like me. But when it wore off, she was back to her--

So I have seen it; she does have medical marijuana now. And I have seen the benefits of it, but I've also seen the -- I go to a lot of drug awareness nights over the years; many. And one thing that stuck out -- which a couple of people have touched on -- is the parents' responsibility. One thing that just impacted me so much was little children at a young age are watching us. If they see a parent come up from a hard day of work, "Oh, boy, what a day I've had. I need a glass of wine." Or the father says, "What a day," and pulls open the refrigerator and drinks a beer. That child

is watching. “Wow, you know, Dad’s calming down after a beer; Mom’s a different person. She’s not, like, so uptight.” That’s programmed.

So when they get into middle school -- which is when kids really-- Every house almost has alcohol in it. I made a promise, years ago, if I’m going to tell my kids the dangers of alcohol or drugs, they will never see me use alcohol or drugs. And I do not have it in my house and, praise God, I have never had a problem with my children. They’re grown adults now. But that really impacted me.

So yes, it’s-- And all these drug awareness night I go to, I don’t see many parents. They just don’t think that it’s ever going to happen to their child; and I’ve seen it, with kids raised up in good homes. A lot of times it will start with alcohol; it is a gateway. Alcohol, cigarettes, and smoking pot at the middle school age -- very possibly.

So anyway--

ASSEMBLYMAN DANIELSEN: Ms. Getz (*sic*), thank you very much.

MS. SOFFER: Okay.

ASSEMBLYMAN DANIELSEN: It’s a -- I guess I have to say it’s good to see you again. I don’t think I’ve seen you since I was 7. (laughter)

MS. SOFFER: I don’t think I’ve ever--

But thank you; thank you for your time.

ASSEMBLYMAN HOUGHTALING: Thank you.

ASSEMBLYMAN DANIELSEN: And I apologize for any of my behavior back then. (laughter)

MS. SOFFER: I don’t remember (indiscernible).

ASSEMBLYMAN DANIELSEN: I was adorable, though.

Stu Zakim; Zakim Stu Zakim? (no response)

Jeffrey Oakes.

Five minutes, sir.

J E F F R E Y O A K E S: Thank you.

Good afternoon, Committee. Thank you for having me speak here.

I have been sitting here laughing at some of this stuff. It's amusing; some of it is educational, some of it's funny, some of it's sad. And I made some notes.

And a lot of it I'm not going to rehash; I may touch on it quickly.

I've been a patient in the medical program for four years now. I'm a cancer patient as well. I was diagnosed three years ago with colon cancer, metastasized in the colon and my -- a tumor in my colon, excuse me, the size of a tangerine. I had half my colon removed.

Four months later, it metastasized to my liver, where I had two tumors approaching the size of golf ball. They had recommended chemotherapy to reduce the size of -- six treatments of chemotherapy to reduce the size of the tumors; which I started. And after three treatments, I had to stop myself because I was so sick from it.

So I continued to treat myself with the medical cannabis, and I was allotted the full two ounces from the dispensary; which is, hopefully, being increased to four, because us cancer patients require more. But anyway, I continued my treatment; and the plan was, over about three months, I had these -- three months, I guess, I had these six chemo

treatments in hopes that the tumors would be reduced in size and I would be able to get the procedure that I needed.

Well, I got so sick I couldn't do the chemo, but I continued to do my cannabis treatment. At the end of those three months, my tumors in my liver had reduced 50 percent in size. The exact words from my doctors were -- he said, "Well, it was either chemotherapy or the cannabis." Those were his exact words.

As far as the effects -- hallucinogenic effects of the cannabis-- Like I said, I have been in it four years; I'm allotted the full two ounces. Like I said, I cannot have opioids; I have half a colon, my colon will not function; it just will not work. It is not a long-term solution.

For me, and for a lot of other folks who spoke here this afternoon who are in the program, this new talk of *recreational marijuana* -- I hate the term -- is, by proxy, making it very difficult for us to survive. You folks here are literally legislating on my life and some of the folks who are behind me. This medication, for me, is so important that if I don't have it, I'll probably die of opioid use, guaranteed.

I don't use any opioids at all. We have an opioid epidemic. I think last year -- somebody correct me if I'm wrong -- I think there was 1,700 deaths in New Jersey; 1,700. Let's multiply that by all the states we have in the country, and if it's all -- we get the same numbers, in one year that's more people passing away from opioid abuse than passed away in the Vietnam War. Those are pretty frightening numbers, and I think we should be paying more attention to those than the detrimental effects of THC or the compounds that are in that plant -- which, I know we had a lot of speakers here saying that they are detrimental to our health.

Well, I'm here to tell you -- and I am living proof of it -- that I wouldn't be here without it, literally. And I can't say any more of this; it is just absolutely shocking to us medical patients the pushback we get from this over, probably, 80-year-old stigma that there is some sort of element in this plant that is detrimental to our development.

We've heard people talk about how it is detrimental to the development of children; about how you have to lock it up in the house. Really? I don't have any opioids in my house, but I guarantee you if I did, and a small child came in there and ate the whole bottle, he'd probably be dead. If he got into my cannabis, he'd put it in his mouth and say, "I'm not eating this; it's too sharp and it doesn't taste good."

Gummi bears? Okay; there might be an argument there. But let's give a child a whole bag of gummi bears; where does he end up? He might have the jitters a little bit, he might fall asleep. Maybe he'll throw up. He might go to the emergency room, but he's not going to be a fatality. Because we haven't had one; there's not one recordable fatality from cannabis in history. Water is more toxic than cannabis. I can sit here with a bowl of cannabis and start smoking like crazy, and you guys can drink water and you'd be dead before me. That's how toxic cannabis is.

ASSEMBLYMAN DANIELSEN: Thank you.

Mr. Oakes, I really appreciate your testimony. And it's people like you who we are focusing on, and who we should hold right in the center of this subject. Because you are a living testimony; I wish you all the best.
(applause)

MR. OAKES: Can I just add one more thing?

If you could give me, like, 20 seconds.

My last visit in the hospital to have a tumor removed from my liver -- they gave me 100 units of morphine; I used 5 of them. I used my whole allotment of cannabis oil, half of it before my surgery and half of it after. I reduced my opioid use 95 percent in that procedure.

Thank you. (applause)

ASSEMBLYMAN DANIELSEN: Thank you.

Michael Ryan.

MICHAEL RYAN: Mr. Chairman and Committee, I want to thank you for giving me this opportunity.

My name is Michael Ryan; I'm a life-long resident of Union County.

I'm a legalization activist; I have been since I was a young adult, and part of that activism involves spending 18 years in Federal prison.

I think the answer that we're looking for can be found in truth. And if we're honest about marijuana, and what-- I think that there's not a question of how the legislature should proceed.

The marijuana prohibition began with a gross untruth of blacks and Mexicans raping and pillaging society; and it was -- it's been sustained by the untruths about addiction and the scare tactics that are used -- have been used; some of them we heard today, about the children using marijuana. That's obviously not what we're taking about; that's not what the legislation is considering.

I see the State of New Jersey as the spearhead of activism at this time. And all the states that are legalizing marijuana -- that is ultimately going to bring the Federal marijuana laws down. And that is

something that has been -- they should have never been enacted, and it has been a long, long time that they've caused the injustices that they have.

I'm sorry; I'm not used to testifying.

And I just want to say that the legislation-- The point -- the one concern that I have is that the legislation that is being considered -- it would prevent or would not allow someone like me to participate in the industry. And that is just another injustice that is being considered. The industry -- if you were to-- By not allowing somebody with a conviction for distributing marijuana -- to not have their record expunged, as you're considering to have someone with a record for expungement -- for possession to have their record expunged -- it's just another one of those untruths-- It's not facing the truth. The truth is that the marijuana laws have been wrong; that's what you're-- I mean, that's why we're having -- that's why we're at where we're at, is that the-- We're not changing the marijuana laws because the -- or considering changing the marijuana laws because the drug dealers won. We're considering changing the marijuana laws because they were wrong; they're not -- they're wrong and it-- If we're going to admit that they're wrong, then everybody who has been punished for violating those laws -- all of those people have to be--

ASSEMBLYMAN DANIELSEN: Okay; your time has expired.

MR. RYAN: Okay.

ASSEMBLYMAN DANIELSEN: I want to thank your testimony.

MR. RYAN: Thank you. (applause)

ASSEMBLYMAN DANIELSEN: Edward Tobias.

EDWARD N. TOBIAS, Esq.: Good afternoon.

Actually, my remarks will be brief, because I really had only planned to observe the proceedings. But if I'm called before the Committee, I will appear.

But these are all off-the-cuff remarks.

So actually my name is Edward Tobias; I'm an attorney in New Jersey. I just completed the process of winding down my 20-year general law practice, and I'm now specializing in cannabis law.

One of the reasons I'm able to do that is because the Legislature and the judiciary system allow me now to speak of that. Prior to September of 2016, according to the rules of professional conduct, lawyers were not allowed to counsel clients to do illegal acts. That law was changed; and essentially, paraphrasing the rules of professional conduct, I am now allowed to counsel clients regarding the validity, scope, meaning, and application of existing and/or proposed cannabis law subject to New Jersey Rule of Professional Conduct 1.2(d). That Rule also allows me to comment on Federal law because, of course, it is still illegal under Federal law. So I can comment regarding Federal policy regarding cannabis.

As an attorney, the rule of law is very important to me; and we hear in the news *respect for the rule of law*, and that's on a wide range of issues. On this particular issue, I respect the rule of law; therefore, I was only able to start my practice after the law was changed.

I believe you're in a unique position, taking the time to listen to the members who spoke here, who each and every one of them has valid points. I wouldn't be an attorney if I wasn't able to say *on the other hand*. So pros and cons both have valid issues.

You're in a unique position to listen to each of these issues. And my personal -- I'm going to do my personal advocacy, because I'm going to lean towards more of the legalization. I'm for legalization of cannabis; I'm an individual supporter of the Marijuana Business Association; I just joined. But it was founded five years ago as the voice of legal cannabis; and nothing is going to happen under the current prohibition for all the reasons I believe were mentioned here.

But to take into account all the other positions, there must be thoughtful regulation towards legalization. And I think New Jersey has that, again, unique position to look to the other states, see where they made mistakes, see where they did it the right way, and to forge a law and a series of regulations that the Federal government can look to, to provide a model law for the entire United States, so that we can have a cohesive policy regarding this *issue*, let's say.

That's all I really want to say. As I said, it was just off-the-cuff, and I want to thank you for your time.

ASSEMBLYMAN DANIELSEN: Thank you very much.

ASSEMBLYMAN HOUGHTALING: Thank you. (applause)

ASSEMBLYMAN DANIELSEN: Tangelia Hamilton.

UNIDENTIFIED MEMBER OF AUDIENCE: (off mike)

Excuse me; is it still possible to fill out a slip?

ASSEMBLYMAN DANIELSEN: We're going to run out of time.

UNIDENTIFIED MEMBER OF AUDIENCE: Like, one minute?

ASSEMBLYMAN DANIELSEN: You can fill it out; but I don't know if I'm going to get to you. That's why we're having three of these; out of four meetings -- so you can -- you'll be welcomed to attend another meeting.

UNIDENTIFIED MEMBER OF AUDIENCE: Yes, I (indiscernible).

ASSEMBLYMAN DANIELSEN: Ms. Hamilton.

TANGELA HAMILTON: Hi.

ASSEMBLYMAN DANIELSEN: Good afternoon.

MS. HAMILTON: Good afternoon.

ASSEMBLYMAN DANIELSEN: You ready?

MS. HAMILTON: I'm ready.

ASSEMBLYMAN DANIELSEN: Well, hold on, because you have more than five minutes, starting now.

MS. HAMILTON: Okay.

Good afternoon to the Committee. I want to first apologize for the impassioned comment that I made earlier; I was just a little perturbed, but I want to make sure I'm in order.

Again, my name is Tangela Hamilton; I'm a transplant from Dallas, Texas. I've been here for about four years. And I wanted to be here all my life; I wanted to come here for law school, for the arts, and all sorts of things. I stayed home until I was 40 and took care of my mama; and then I said I would start on my way to live my life.

I got here; a month later, I had a car accident where I was rear-ended on Route 22. It immediately changed my life. Every space in my vertebrae, from L2 on down, I have a bulging disc, and it's impinging upon

a nerve. I was subscribed, literally, to a life of opioid use; Oxycodone and OxyContin, both. I developed an addiction to opioids. I went through a depression because my life had turned around; I didn't get to do the things that I had planned to do. I did land, and am currently employed with a major pharmaceutical firm, so I get to see the other side of drugs; professionally employed there.

Case in point: I went to the doctor, my ob-gyn, who treated me after they found cancer in my body, that I am healed from. She noticed that my liver enzymes were off; and she asked me immediately, "What the hell are you using?" And I began to list my drugs, and when I got to Oxycodone APAP, she said, "Stop right there; you're going to have to stop. It's tearing your liver up." I said, "Then I don't know what to do, because I have to have it."

And so she said, "Have you considered medical marijuana?" I said, "As a kid, absolutely; as an adult, I never would." Daddy was a retired narcotics detective.

But this is my life now, and my pain I had to treat. So I went to my doctor who treated my pain, and asked her about medical marijuana. She didn't prescribe it; but she said she would approve it, and sent me to a doctor who would. He examined me; he saw right off the rip that I would benefit from this drug.

Ever since I've been on cannabis, I have no need for Oxycodone APAP. I feel like I have my life back, I'm not as depressed, I feel better about things. And about the comment about THC -- let me tell you what I'm using. I'm using Cannatonic, like the lady up here first; the CBD strain. Cannatonic is what I use through the day so that I can function. I

don't have a heavy head-high. I have to be clear; I deal with professionals all day long -- executives all day long. So I have to be able to articulate well and think on my toes.

However at night, before I go bed, when the pain gets a little heavier and I need to be able to sleep, that's when that THC kicks in. And it's a different strain -- Blueberry 32 -- and I can finally sleep through the night; where before -- the past five years, I haven't had a night full of sleep since.

So I want to make sure that there's an understanding that there is a benefit to having THC for things like that.

Case in point: All I have to say here is that this is my first meeting of any kind like this -- before a Committee on this topic. But I'm super-duper passionate about it, and I'm driven to see this through to the end. Please consider the economic benefits. And for those of those who would like to really change their whole lifestyle behind it, as far as how we work and how we make a living-- But some of us can't afford to do that; we'll need to have support; we'll need to have education towards us. Just look at these people who are here who took out there Saturday to be here. I'm starving half to death, haven't had breakfast; I'm ready to go home.

But I wanted to see this through.

We are banking on you to help us with our lives. I'm going to leave you all with that.

Have a great day. (applause)

ASSEMBLYMAN DANIELSEN: Hold on, Ms. Hamilton; hold on.

MS. HAMILTON: Oh, okay.

ASSEMBLYMAN DANIELSEN: I can't let you just walk away--

MS. HAMILTON: Okay; of course not.

ASSEMBLYMAN DANIELSEN: --after that passionate testimony; come on, now.

MS. HAMILTON: All right; I'm ready.

ASSEMBLYMAN DANIELSEN: All right.

So all those discs bulging, pushing on nerves--

MS. HAMILTON: Yes, I'm pretty bad.

ASSEMBLYMAN DANIELSEN: --the pain. And I know, when people are in pain, they can't sleep.

But if you were to compare pain then, versus today if you stopped cannabis use like yesterday, what would the pain then be compared to initially? Would it be worse, or would it just be the same?

MS. HAMILTON: I think the pain would be the same; I just feel--

ASSEMBLYMAN DANIELSEN: Do you ever go a day or two without cannabis treatment?

MS. HAMILTON: No.

ASSEMBLYMAN DANIELSEN: If you missed a day, and let the pain come back--

MS. HAMILTON: I'm going to-- Which I've had that happen before, because I had run out of my medicine and couldn't get there. Oh yes, it gets really rough, really fast.

ASSEMBLYMAN DANIELSEN: Is it worse than it was originally?

MS. HAMILTON: No; no, when I go through the -- if I have opioid and I'm out of my meds, or I didn't take my meds, or I don't take it in time -- because you have to be on time with that medication--

ASSEMBLYMAN DANIELSEN: Sure.

MS. HAMILTON: --if you're not, you're going to feel it. Because there was also an addiction involved with that, it seems like it was worse.

ASSEMBLYMAN DANIELSEN: Ah, right; yes.

MS. HAMILTON: You understand?

ASSEMBLYMAN DANIELSEN: Yes.

MS. HAMILTON: Because not only are you dealing with the pain that comes from that injury, but you're dealing with the effects of going through withdrawal. And I don't put that on anybody.

ASSEMBLYMAN DANIELSEN: Yes.

MS. HAMILTON: When I say I don't put that anybody, I wouldn't put that anybody.

ASSEMBLYMAN DANIELSEN: All right. The reason I ask that question is because one of the doctors before you, you heard -- they said, you know, the withdrawal from a cannabis product -- the pain would be even worse, or could be even worse.

MS. HAMILTON: That's not true.

ASSEMBLYMAN DANIELSEN: Did I get that right? Do you guys remember that? I didn't imagine that, right?

MS. HAMILTON: Well, even if you did imagine it, I'm telling you, that is so not the case. I'm telling you right off the rip. When you miss that dosage of that Oxycodone-- Let's say I'm at work and I left my--

It happened to me; I was at work, and I left my pills at home because I was in a rush. Oh, I got the jitter-jitter-jitty, and everything started to hurt. And guess what I did? “Boss Lady, I have to go home; I have to go home and get this medicine in me.”

Whereas, with my cannabis, I have a vape that I can take with me, because I don’t smoke -- that I can take with me. And I can go into a very discreet place, take care of that -- because it doesn’t emit all the smell and this, that, and a third -- and I’m fine. See the difference?

ASSEMBLYMAN DANIELSEN: Yes.

Well, thank you for your-- Does anyone have any questions for her?

Vice Chair.

ASSEMBLYMAN HOUGHTALING: I’m a little conflicted, because you hear some people say that cannabis does not relieve pain, and other people say, no-- You say it does relieve pain.

MS. HAMILTON: Definitely.

ASSEMBLYMAN HOUGHTALING: So that’s one of things, with all these trials, that they talk about the FDA and all that stuff-- I mean, it’s really-- I’m not really sure what to believe. I’m not saying I doubt you--

MS. HAMILTON: Sure.

ASSEMBLYMAN HOUGHTALING: --but I mean, some people say that it doesn’t heal pain.

MS. HAMILTON: Well, you have to understand; to each his own. What happens, and what works for one person, may not work for the other. That’s the same with pharmaceutical drugs. I deal with people who

call in with adverse effects all the time, and they'll say, quicker than nothing, "I bought your medicine; it didn't work for me." And my response is, "I'm not surprised. Not everything works for everybody. But I tell you what; go see your professional, and see if he can prescribe you something that will."

ASSEMBLYMAN HOUGHTALING: Yes; okay.

ASSEMBLYMAN DANIELSEN: Excellent.

MS. HAMILTON: You all have a great day.

ASSEMBLYMAN DANIELSEN: Ms. Hamilton, thank you very much.

MS. HAMILTON: Thank you. (applause)

ASSEMBLYMAN DANIELSEN: Nicole Grew -- G-R-E--

N I C O L E G R E C O: G-R-E-C-O; it's okay.

ASSEMBLYMAN DANIELSEN: Greco; oh, it's Greco.

MS. GRECO: Yes; it's okay.

ASSEMBLYMAN DANIELSEN: All right.

MS. GRECO: So my name is Nicole Greco.

I'd like to thank Mr. Danielsen and the rest of the Assembly.

I will be quick; I'm a dental hygienist, I'm very quick.

So I'd like to thank you for the respect that you paid to cannabis, because you have today.

I have a Michigan medical marijuana card, I have a California medical cannabis card, and I have a New Jersey medical marijuana card.

So my experience is quite interesting, because I moved here already on this medication. But it is not a silver bullet; it did replace all my prescriptions. So I was using it in addition to opiates and benzos to manage

an extra rib in my neck that causes some issues, which hurt me practicing as a dental hygienist and a college professor Monday to Friday.

So when I moved here I had my prescriptions and my medication on me, with my Michigan medical marijuana card, and I was pulled over for the smell, per the police. And they seized both the cannabis and the prescriptions.

So when that happened, I was hospitalized for six days from withdrawal from the opiates and the benzos. So the police also charged me with seven possession charges, which I am still dealing with in the court system; and the dental board and having some issues with employment because of these charges.

So what we go through for access is a testimony to how well it works. There is no way that I would pay \$800 a month for medication that will last me three weeks.

So on the program this is about \$30 of medication (indicates); and this is a full 17 doses, per the New Jersey Medical Marijuana Program. This is, in actuality, for most patients here, three-and-a-half doses; or if you're having seizures, maybe one to two dosings, because of the level of THC.

ASSEMBLYMAN DANIELSEN: I'm sorry; what product is that?

MS. GRECO: This is the Compassionate Sciences oil. So I have the two different caps on here, which I did myself so that I don't make a mistake and take high THC during the day. Because I work as a professional; I do not use plant material ever because of the smell. And after the arrest I obviously am more poignant about that. So I use high

CBD, high THC; I use equal amounts, because we all have read the science, and I know from experimenting that the THC potentiates the action of the CBD.

So unfortunately, in this state, we don't have the access of -- like New Yorkers have 20 to 1; where it's 20 parts CBD and 1 part THC. So you can really still get the action of the CBD, while having the THC.

I had to learn all of this when my dog started having seizures, and I had to find a way to medicate my dog. So I was a proponent of medical cannabis already being, you know, a patient myself.

So the availability of recreational would really just make it more available for medical patients. So I want to frame it differently for you. In this state, I can access ketamine, safely, because it's a Schedule III drug. I cannot safely access cannabis in this state; I have been robbed twice trying to navigate outside of this program, because I run out. I replaced about 100 milligrams of Oxycodone every single day. So you have to be on a high dose. It is what it is, that's the reality of you are a diabetic, or if you are hypertensive, or whatever the case might be, you would need a different dosing.

But I might get 150 Klonopin for the month. No pharmacist has ever argued with me that that's not safe, or told me that that's not safe, or that it needs to be locked up. Why are prescription drug users not facing the same questions or the same rights? In the history of the prescription drug program, has any patient had to beg a government official for access to it?

So the reality is, the DEA and the FDA have left it up to the states, which unfortunately leaves it up to you folks to make these decisions.

And I just want to frame it in a different position for you -- that adult-use will open up the access for the dogs that can't speak for themselves, the children who can't speak for themselves, and the patients who really can't use plant material. So it really needs to be looked at, maybe as adult-use; and stay away from the term *recreational*. But I do want to thank you for using the term *cannabis* and wearing a green tie. It's not lost on me. (laughter)

ASSEMBLYMAN DANIELSEN: I was wondering when someone was going to mention that.

MS. GRECO: Yes. And I live in Middlesex County, I work in Middlesex County, I graduated from Middlesex County; and then I went on to NYU and Columbia, and I have a Health Education Master's Degree. So it is important that we give it up to patients.

ASSEMBLYMAN DANIELSEN: I have a question of curiosity: Those two syringes -- I noticed there's not a needle on it.

MS. GRECO: Yes.

ASSEMBLYMAN DANIELSEN: How do you administer that?

MS. GRECO: So unfortunately, it does look like a needle. So there are parts of this that make me feel a bit like a crack head; no offense, but-- (laughter)

So these -- I use this under the tongue; but then I also can vape it. So this is the vape pen (indicates), and I fill one with THC and one with CBD which, again, becomes an issue with labeling and how I use it. So

that's how I use that oil; I actually brought everything for you. This is how--

ASSEMBLYMAN DANIELSEN: Bring it all out; bring it all out. That's why we're here

MS. GRECO: These are the lozenges; and then I brought the other strain-specific oil. So until Breakwater started adding strain-specific oils, I was limited to this specific oil of Compassionate Sciences. I live in Matawan and I drive to Compassionate Sciences once a week. I don't have \$800 to buy \$800 of medicine, so I have to go every week.

So this is 10-to-1, what they call *10-to-1* THC to CBD. But it's a liquid, so it's very hard to dose.

ASSEMBLYMAN DANIELSEN: So that one you would take at nighttime when you have to go to sleep.

MS. GRECO: So this is what I take at night.

ASSEMBLYMAN DANIELSEN: Right.

MS. GRECO: Right.

ASSEMBLYMAN DANIELSEN: The other one is--

MS. GRECO: Or a really bad day at work, a patient who really hasn't really brushed in 10 years -- something like that. (laughter)

So then you have your high CBD. So that is a different way to medicate. It just depends on what you need.

ASSEMBLYMAN DANIELSEN: And then the one with high CBD, you don't get high as much--

MS. GRECO: I don't.

ASSEMBLYMAN DANIELSEN: Right.

MS. GRECO: I don't.

ASSEMBLYMAN DANIELSEN: Okay.

MS. GRECO: I use it for my dog; not this form, but I don't give her any THC.

ASSEMBLYMAN DANIELSEN: Right.

MS. GRECO: And then I buy strain-specific oils. This is a stavia, which you would use during the day; and then I do use the Cannatonic, as discussed, at night.

So having the availability of strain-specific oils; and now we're going to have the availability of strain-specific lozenges that will really open up the availability. But recreational would open it up even more. But I'm looking at it from the medical patient accessing through the recreational avenue really, unfortunately, because I'm limited to that. And I need full extract cannabis oil to replace what I was using.

ASSEMBLYMAN DANIELSEN: Right.

MS. GRECO: Unfortunately.

ASSEMBLYMAN DANIELSEN: So what's remarkable, sitting from here -- and we're, what, about 12 feet away from each other -- is two things: One, if I were a law enforcement officer, I'm pulling you out of the car, right?

MS. GRECO: Yes.

ASSEMBLYMAN DANIELSEN: Just because I'm curious -- you have a syringe, there are no labels, it's not specifically colored, I don't know where you got it from. I certainly don't know what's inside.

MS. GRECO: So you have to keep it in this (indicates).

ASSEMBLYMAN DANIELSEN: I was just going to bring that up.

MS. GRECO: You have to have it in the packaging.

ASSEMBLYMAN DANIELSEN: All right.

MS. GRECO: And we all follow the law to the *T*.

ASSEMBLYMAN DANIELSEN: All right; right.

Now that bottle you just put out there looks like it came from--

MS. GRECO: Absolutely.

ASSEMBLYMAN DANIELSEN: --through the proper channels; the colors, screens--

MS. GRECO: Everything has labels; I have my card--

ASSEMBLYMAN DANIELSEN: --prescription, labels. Where did you buy it from? What's inside; how much?

Now, that little container next to it; no--

MS. GRECO: This one has a label as well, and it has my name and--

ASSEMBLYMAN DANIELSEN: But it doesn't jump out at you as legitimate.

MS. GRECO: And it doesn't smell.

ASSEMBLYMAN DANIELSEN: Right -- it doesn't have that look and feel of legitimacy.

MS. GRECO: No, I take this at work.

ASSEMBLYMAN DANIELSEN: We all know that orange-yellow bottle.

MS. GRECO: Medical; yes.

ASSEMBLYMAN DANIELSEN: And then the one with the eyedropper is-- That could be anything; that could be anything in the

dropper. So, you know, this whole industry of bottling, packaging, label -- needs to be, in my opinion, standardized so it jumps out at you.

MS. GRECO: Absolutely. But those are all thing which we need to discuss -- is the regulatory aspects. But should we leave that to the states? It needs to be rescheduled, researched, put into capsules, concentrates, tablets, tinctures--

ASSEMBLYMAN DANIELSEN: I agree with you. If the Federal government did their job properly--

MS. GRECO: We wouldn't be here.

ASSEMBLYMAN DANIELSEN: --we wouldn't need to be here.

MS. GRECO: And you could really argue that the--

ASSEMBLYMAN DANIELSEN: But we have to do it.

MS. GRECO: We are here.

ASSEMBLYMAN DANIELSEN: We have to do it.

MS. GRECO: --DEA is complicit to murder.

ASSEMBLYMAN DANIELSEN: One last question: As a patient -- for yourself, not for your dog--

MS. GRECO: Thank you for clarifying.

ASSEMBLYMAN DANIELSEN: I know. (laughter) I would ask your dog questions, but that would be *rough*. (laughter)

MS. GRECO: She's home.

ASSEMBLYMAN DANIELSEN: Who said that?

MS. GRECO: But they had her on Prozac, Xanax, and pain meds.

ASSEMBLYMAN DANIELSEN: All right. So now I'm on all four legs. (laughter)

Did you find -- once you got the prescriptions for the cannabis, did you find a certain level, a certain amount of experimentation on your own of what--

MS. GRECO: Of course.

ASSEMBLYMAN DANIELSEN: --how much, which products, sativa, indica--

MS. GRECO: Absolutely.

ASSEMBLYMAN DANIELSEN: --Push--

MS. GRECO: Absolutely.

ASSEMBLYMAN DANIELSEN: --whatever you did.

MS. GRECO: Same as prescription drugs.

ASSEMBLYMAN DANIELSEN: I should have had asked Ms. Hamilton that question too. How long did it get you to--

MS. GRECO: To titrate everything?

ASSEMBLYMAN DANIELSEN: --to find your own recipe?

MS. GRECO: Well, I have been using for 15 years in some way. So for me it was different; I knew what I was going to approach.

ASSEMBLYMAN DANIELSEN: No, let's talk about the legal years.

MS. GRECO: In New Jersey, it took me about -- only three weeks--

ASSEMBLYMAN DANIELSEN: Three weeks.

MS. GRECO: --three weeks on the program accessing the medicine. And a lot of-- I was diagnosed with fibromyalgia and all these

different syndromes, which now I think were misdiagnosed as opioid hyperalgesia syndrome from 16 years of opiates. And you know, we worry about fentanyl on the weed; my doctor prescribed me fentanyl, and I was 20 years old.

ASSEMBLYMAN DANIELSEN: When you first went there, did you get counseling from the dispensary?

MS. GRECO: Yes, of course.

ASSEMBLYMAN DANIELSEN: And were they -- did you find them to be helpful?

MS. GRECO: Both Breakwater and Compassionate Sciences have been great. But I'm only limited to this, so what could I be counseled on? There's only one available strain, so that's it. You have this Compassionate Science-- There's only that; only 10 and 5, and that's it. So it's not strain-specific; you have either high THC or high-CBD.

ASSEMBLYMAN DANIELSEN: At that location.

MS. GRECO: Yes; and then the other one that even has oil -- only two of the five have oil, and it's unclear if Harmony will carry oil. So only Breakwater in Cranbury and Compassionate Sciences have the licenses to perform extractions right now. So these are the only ones that I can get on this program. I don't feel that this is the dosing that I need; their 35 doses last me 6.

ASSEMBLYMAN DANIELSEN: Did you feel--

MS. GRECO: All the time; they know. They're well aware.

ASSEMBLYMAN DANIELSEN: Right. Now, have you considered bringing the leaf product into your buffet?

MS. GRECO: No, because I tried it and it-- For me, I find that I need continuous dosing; every four hours, as I would have taken prescription drugs. Rather than abortive treatment, meaning smoking when I'm in pain, which is how I used in Michigan -- I would classify that as *abortive treatment*. When I'm in pain, I would take it, and I would use pain management pills all throughout the day like handfals. And now I use every three to four hours -- a lozenge or oil instead.

So I only smoke plant material when I absolutely don't have access to anything else, or I have to navigate outside of the program.

ASSEMBLYMAN HOUGHTALING: I have one question.

So you had to shop around throughout the state for what you have there in front of you?

MS. GRECO: I was-- You're actually just limited. Shopping around would be great; you can only buy it from Compassionate Sciences or Breakwater. Those are the only two which have the extract available.

ASSEMBLYMAN HOUGHTALING: Those are two different facilities, right?

MS. GRECO: Yes, right now. And Breakwater is coming out with more lozenges. So it's great to see the expansion; and I'm happy with any expansion, especially after what I went through -- hospitalization, navigating the criminal justice system in this state -- it's not fun. (laughter)

ASSEMBLYMAN HOUGHTALING: Thank you.

MS. GRECO: No problem. (applause)

ASSEMBLYMAN DANIELSEN: Ms. Greco, thank you so much.

MS. GRECO: My pleasure.

ASSEMBLYMAN DANIELSEN: And I know it's not always easy for patients to come out in public and advocate, but--

MS. GRECO: Somebody has to, though, because the reality is, as medical and dental professionals, we're not managing our patients properly. I can't give them pills, I can't give them anything before or after a procedure--

ASSEMBLYMAN DANIELSEN: Thank you.

MS. GRECO: --so it has to change.

ASSEMBLYMAN DANIELSEN: Thank you.

Christina Garcia. (no response)

We're going to do two more people. If I didn't get to you -- three more people -- if I didn't get to you, we have two more Committee meetings, at a minimum. I encourage you to attend, to speak, to listen, and learn along with us.

Feliks Khaykin.

FELIKS KHAYKIN: Feliks; yes.

How are you doing?

I'll be really fast; I appreciate you even giving me the time when I signed up so late.

I have a, I think, like a semi-interesting perspective.

I am 26 years old. About four years ago, I started a small business in my parents' basement with about \$1,000. That business was buying and selling smoking supplies. Four years later, we are based in Edison, New Jersey. We have 52 employees with no outside investment, and we do upwards of \$5 million in revenue.

We don't touch the plant; we don't touch any sort of cannabis. We actually sell all of our products for tobacco-use only. As any smoking supply company that you go into, any store, any smoke shop, everything is sold as tobacco-use only.

However, as I've seen-- While we sell our products for that intent, we can't control what people actually use them for. And I've seen firsthand just the demographic of customer that comes to us; the questions that people have for us that a lot times we're frankly just unable to answer. You know, we have patients call us all the time, and they're like, "I'm a cannabis patient." We can't even talk to you; we have to hang up the phone. And I think that that's -- it's unfortunate and it--

I think one thing they overlook, especially -- I forgot, one of the first presenters came up here and they were talking about the economic impact of legalizing marijuana and how much tax revenue and things it brings in. One thing is like that they didn't even cover is, the ancillary market that also come with it, right. It's not just growers and dispensaries, right? It's also all these ancillary accessory supply markets; it's things -- lighting stores that sell lighting supplies for people to be able to grow their own medicine.

So I want you guys, as you craft the legislation, to consider not just, like, the -- when it comes to the economic impact, not just the main obvious ones; but all the actual ancillary, the multi-billion-dollar ancillary market that comes along with it -- that also comes in, that also brings in jobs.

Like I said, we were able to come from a \$1,000 investment to over 50 employees right here in Edison, New Jersey, who have health care,

who have workmen's comp insurance, who have everything covered for them. And I think that it's been-- While we sell them for tobacco-use only, I'd be naïve to say that the growing trend of legalization around the country hasn't impacted our success as well.

ASSEMBLYMAN DANIELSEN: May I, for clarification-- I don't mean to interrupt. Let me pause your time.

MR. KHAYKIN: Sure.

ASSEMBLYMAN DANIELSEN: You said you can't talk to your customers. Why not? I'm confused.

MR. KHAYKIN: We don't--

ASSEMBLYMAN DANIELSEN: I mean, a leafy product is a leafy product, right?

MR. KHAYKIN: So we sell -- we don't sell anything with leaf; we don't sell anything that touches marijuana. We sell pipes, we sell vaporizers, we sell storage supplies. And a lot of it is related to compliance. We also service the dispensary market, in terms of the pot pops and the little bottles that she just showed you there -- we actually supply a lot of dispensaries with that right in New Jersey. So we ship out to Colorado; we ship it to Washington and California.

ASSEMBLYMAN DANIELSEN: But if a medical patient calls you up and says, "Hey, you know, I just got a bottle of Cush or Black Galaxy Death Star II" (laughter), you know, or Strange Red Head (*sic*). They got it legally, and you know, they want to bake their leaf product. Couldn't you tell them--

MR. KHAYKIN: Why can't we talk to them about it?

ASSEMBLYMAN DANIELSEN: Couldn't you talk to them?

MR. KHAYKIN: On one hand, like--

ASSEMBLYMAN DANIELSEN: Or are you just being overly cautious?

MR. KHAYKIN: We use our discretion, number one. Attorneys don't even want to give us advice. Like, they don't even want to--

ASSEMBLYMAN DANIELSEN: Well, you need to talk to him (indicates).

MR. KHAYKIN: Exactly.

ASSEMBLYMAN DANIELSEN: He's on the clock.

MR. KHAYKIN: I know his partner, Stu Zakim, actually one of the MJBA guys, pretty well; he's a friend's father. I've seen cases with other smoke shops where people will ask, "I'm looking for a bong; I'm looking for something to smoke my weed." Smoke shops don't like that; they can get in trouble for that, right? It's all about what's the intended purpose of our products. Even though weed may be legal in Colorado, and it may be medically legal in 24 other states -- or however many -- at the end of the day, it's federally illegal, right? And so we can't just openly go and say, "Yes, we want you to go use this for weed. This is how you want to use it." No, we recommend you use it for tobacco, legal essential oils, whatever you want to ingest through this device. But ultimately, it would be nice to be able to give people a little bit more transparency and honesty in regards to how they should use the products if it was in a legal environment.

ASSEMBLYMAN DANIELSEN: Okay.

MR. KHAYKIN: And then, just be-- The other simple thing like the three doctors who were sitting here talking about the medicines and

the pharmaceuticals companies that had -- an uproar of laughter here-- I'm just-- My only thing I was thinking while they were saying that is, the very pharmaceutical companies that they're supported by, that donate to that psychiatric association lobby that he was the President of -- right? -- those very companies are the ones lobbying the Federal government to keep it a Schedule I substance so that there can't be any testing done on it. And it creates this kind of Catch-22 scenario, where these guys are saying, "Well, if there was testing, then I would be okay prescribing it, and I would view it more as a valuable medical substance." But the people who are paying you are the ones preventing that from happening. And so it just creates a conundrum there.

ASSEMBLYMAN DANIELSEN: Okay.

Mr. Khaykin, your time is up.

MR. KHAYKIN: Thank you, guys.

ASSEMBLYMAN DANIELSEN: Thank you very much, and congratulations on your successful business in New Jersey. (applause)

MR. KHAYKIN: Thank you; I appreciate that

ASSEMBLYMAN DANIELSEN: Jeffrey King.

J E F F R E Y T. K I N G: Thank you very much for your time. I appreciate it.

My name is Jeff King; I'm from Eatontown, advocating for the patients, primarily; but I also advocate for people of color and people who have been disproportionately affected by the war on drugs and cannabis prohibition. I don't think prohibition is successful in any application.

So I appreciate you guys taking the time to educate yourselves, and move the State forward -- move beyond the failed war on drugs and the

past mistakes we've made. And we're going to get social justice and we're going to get economic improvement.

So I really appreciate your support on this; and thank you very much for the time.

ASSEMBLYMAN DANIELSEN: Thank you. (applause)

Ian Nugent; Ian Nugent.

You saw how fast he was, right? (laughter)

I A N N U G E N T: I'll be brief.

ASSEMBLYMAN HOUGHTALING: And he got a lot of applause.

MR. NUGENT: Hello; thank you for your time today.

I wasn't planning on speaking or participating; however, listening to what everybody had to say -- there was one perspective that I wanted to add, and that's the perspective of the youth.

We need jobs in New Jersey for us to stay here. There are so many of us who grew up here, were educated here, and then have to move to North Jersey, New York, Philadelphia -- and you can't stay here.

I'm from Monmouth County; Neptune in particular. I love it there; I've lived there my whole life. There is nowhere for me to work after I've graduated college; there are no industries there.

The cannabis industry, as we've just seen, extends beyond just flower, and products, and retail services. There's a huge opportunity for economic growth. And that is really what I'm pushing for the youth.

I appreciate it. (applause)

ASSEMBLYMAN DANIELSEN: Thank you.

That's going to conclude our meeting. I would just like to end it with a reminder that our next regional meeting will be on April 21 at Rowan University; and again, on May 12, at Bergen Community College.

Thank you, everybody; enjoy your weekend. (applause)

(MEETING CONCLUDED)