
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: Rowan University Student Center
Rowan University
Glassboro, New Jersey

DATE: April 21, 2018
10:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Joe Danielsen, Chair
Assemblyman Eric Houghtaling, Vice Chair
Assemblywoman Carol A. Murphy
Assemblyman Ronald S. Dancer
Assemblyman Brian E. Rumpf



ALSO PRESENT:

Stephanie M. Wozunk
Office of Legislative Services
Committee Aide

Martin Sumners
Assembly Majority
Committee Aide

Natalie Ghaul
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



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COMMITTEE NOTICE

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

FROM: ASSEMBLYMAN JOE DANIELSEN, CHAIRMAN

SUBJECT: COMMITTEE MEETING - APRIL 21, 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 21, 2018 at 10:00 AM at Rowan University, Student Center Room 221, 201 Mullica Hill Road, Glassboro, New Jersey 08028.

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 4/17/18

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TABLE OF CONTENTS

	<u>Page</u>
Jon M. Regis, M.D. President, and Chief Executive Officer Reliance Medical Group	2
Steven D. Weinstein, Esq. General Counsel, and Vice President Governmental Relations Rowan University	2
Brian Lee Private Citizen	4
J. Calvin Chatlos, M.D. Representing New Jersey Responsible Approaches to Marijuana Policy (NJ RAMP)	17
Rory Joseph Wells, Esq. Former Assistant Prosecutor Ocean County Prosecutor's Office, and Senior Legal Advisor NJ RAMP	28
Alysa Fornarotto-Regenye Representing Association of Student Assistance Professionals of New Jersey	41
Marielle Marlys Private Citizen	45
Arturo M. Sanchez, Esq. Vice President Compliance Terra Tech Corp.	53
Deborah R. Miran Private Citizen	73

TABLE OF CONTENTS (continued)

	<u>Page</u>
Bridget Hill-Zayat, Esq. Private Citizen	76
Brian Staffa Founder, and Chief Strategy Officer BSC Group	86
Brandon P. Chewey President Asbury Park Cannabis Community, and Founder Shoreganix LLC	86
Bruce Holvenstot Representing New Jersey CannaBusiness Association	111
Joseph L. Linares, Esq. Private Citizen	111
Gabriel Traylor Private Citizen	118
Tracy McHugh Goldman Representing Coalition for Medical Marijuana-New Jersey	119
Shawn Hines Private Citizen	119
Tara Misu Private Citizen	131
Ian Nugent Private Citizen	131
William A. Riback, Esq. Private Citizen	140
Michael Ryan Private Citizen	143

TABLE OF CONTENTS (continued)

	<u>Page</u>
Beth Kwart Private Citizen	145
Kurt Kwart Private Citizen	147
Stacey Gregg Private Citizen	155
APPENDIX:	
<i>Marijuana is Not a Harmless Herb</i> submitted by J. Calvin Chatlos, M.D.	1x
Testimony submitted by Rory Joseph Wells, Esq.	38x
Testimony submitted by Alysa Fornarotto-Regenye	40x
Testimony submitted by Brandon P. Chewey	42x
Diagram, plus article submitted by Bruce Holvenstot	48x
Testimony submitted by Joseph L. Linares, Esq.	50x
<i>FACT (Factual Approaches to Cannabis Trade)</i> submitted by Ian Nugent	52x
pnf:1-160	

ASSEMBLYMAN JOE DANIELSEN (Chair): Good morning, everyone.

Welcome to the Oversight, Reform and Federal Relations Committee meeting to discuss cannabis products.

I am Chairman Danielsen; I represent the 17th Legislative District.

Before I continue any further, I'd like everyone to stand for the Pledge of Allegiance; and I'd like to invite all veterans to salute. (all recite Pledge)

Thank you.

I'd like to thank everyone, starting with the staff who put this meeting together.

We have one singular purpose today, and that is, again, to discuss cannabis products; any facet of that discussion.

If you just bear with us; as the meeting goes forward we're going to try to give everyone an opportunity to talk -- to present what you feel needs to be presented, and for the Committee members to ask any questions.

I'd like to ask if there's a volunteer on the Committee who would like to be a timekeeper, because we're going to try to keep everybody under five minutes.

MR. SUMNERS (Committee Aide): I'll do that.

ASSEMBLYMAN DANIELSEN: Okay; thank you.

So if we cut you off at five minutes, it's not personal. We have to be respectful for everybody who wants to get an opportunity to speak.

Can you take roll call, please?

MS. WOZUNK (Committee Aide): Assemblyman Rumpf.

ASSEMBLYMAN RUMPF: Present.

MS. WOZUNK: Assemblyman Dancer.

ASSEMBLYMAN DANCER: Present.

MS. WOZUNK: Assemblywoman Murphy.

ASSEMBLYWOMAN MURPHY: Present.

MS. WOZUNK: Vice Chair Houghtaling. (no response)

Chairman Danielsen.

ASSEMBLYMAN DANIELSEN: Here.

MS. WOZUNK: We have a quorum.

ASSEMBLYMAN DANIELSEN: Okay.

Our first guest we would like to invite up is Dr. Jon Regis.

Oh, I'm sorry. You know what? Give me one second.

J O N M. R E G I S, M.D.: Sure.

ASSEMBLYMAN DANIELSEN: I'd like to give an opportunity for Dr. Steven Weinstein from Rowan University to speak a moment.

S T E V E N D. W E I N S T E I N, Esq.: Thank you, Mr. Chairman and members of the Committee.

On behalf of our President, Ali Houshmand, and the staff, and students here at Rowan University, we just wanted to welcome you to the University and thank you for taking advantage of our space.

We're a State University, and we have many purposes. But one of them is to bring issues of public importance to the campus, and your presence here today and the witnesses that you bring out helps us fulfill that purpose of being part of the public debate.

If you have a chance-- We're a University that you guys all helped make into a research university a few years back. We're one of a couple of universities in the country that have two medical schools -- the Cooper Medical School of Rowan University in Camden; and the School of Osteopathic Medicine, which, of course, used to be part of the UMDNJ. We have a nationally ranked College of Engineering.

In the last number of years, we've doubled our enrollment to 18,500 students. There are a couple of buildings here we just opened up which were built, in large part, with money that came out of the Building Our Future Bond issue that the Assembly and Senate helped pass, and so on. And we want to thank you for that.

And we're going to thank you for all your past budget support and anticipated support as we move through that process over the next few months.

If you have a chance on your way out, I would recommend that you take a drive -- it's 30 seconds away -- to Rowan Boulevard, which is the best example in the state of public-private enterprise working for a State university. There's been about \$1 billion worth of construction, and nothing existed a few years back; but now it's full of students, and retail, and everything else. And it has brought in, for the Borough of Glassboro -- I think they're over \$1 million in tax revenue, where it used to be about \$50,000.

So we worked together with the community at all levels. We see our role, in addition to supporting students and educating them, as being an integral economic part of the southern part of the state and the entire state.

So with that, I'll get out of your way and you can get on with your business.

But thank you, again, for being here. Our staff is here today if you should need anything; and we hope you have a great hearing.

So thanks very much.

ASSEMBLYMAN DANIELSEN: Thank you, Mr. Weinstein.
(applause)

Okay; the next individual I would like to call up has been very patient -- here, at his third meeting, is Mr. Brian Lee.

You thought I as ignoring you, didn't you?

B R I A N L E E: (off mike) No; I just thought there would be invited speakers who would be speaking first; so I didn't expect to go first.

Oh, boy; okay.

Hi, my name is Brian Lee. I'm from Somerset, New Jersey. I'm from Chairman Joe Danielsen's hometown, actually.

And I am here to offer, maybe, a bit of an outsider perspective. I have never partaken of any kind of marijuana products before; and I also don't drink, I also don't use tobacco products.

But I will say this, though. I think if -- once it becomes legalized and regulated, I would have no problem trying marijuana. And the reason for that is, it's not unlike alcohol and tobacco -- which are substances that I know a lot of people can handle just fine. But for me personally, I'm a little worried about the risk of addiction; and you know, we know that they have some harmful effects on people.

But on the other hand, marijuana -- I've looked into it over the years. There are also anecdotes -- people who I know who partake of

marijuana; and they are functional, they are fine. And we know that it is not addictive, in that it doesn't cause withdrawal symptoms, which is a big difference in how it functions in people's lives.

And so, to me -- I've been to a couple of these hearings, and we've heard a lot of incredibly brave and forthright people who have used medical marijuana to vastly improve their lives. And I would just like to say there is the additional benefit, since we are also talking about recreational marijuana. Now, *recreation* sounds like fun; and from what I hear, marijuana can be fun. But it can also, you know -- it seems to be something that can improve people's moods; and I think that's a benefit that while it's secondary to its medical benefits, that's something we have to keep in mind too.

And so this seems to be a product that can be beneficial, can improve people's moods, can improve people's health. While, on the other hand, its harmful effects are extremely minimal.

And so it has always puzzled me why there is a prohibition on marijuana. To me it's a bit like -- imagine if we lived in a world where Greco-Roman wrestling is legal, but arm wrestling is not. Or imagine if we lived in a world where kissing is legal, but holding hands is not. It feels a little bit to me like that -- that we live in a world where alcohol and tobacco products, or even something like gambling, is regulated to, I think, reasonable degrees; but on the other hand, we don't have -- marijuana remains illegal.

And from what I looked into, it seems like marijuana was made illegal because of some racist assumptions, initially. There were some-- People who were trying to prohibit it associated it with Mexicans and

blacks, and said that once they get on marijuana they become uncontrollable. And now, throughout the years, we know that's not true, because despite the fact that it's illegal, marijuana is very much a part of our society. We probably all know someone who partakes in marijuana, and they don't become rampaging hoards; quite the opposite, in fact.

And so as society progresses, marijuana continues to be illegal. And we see that one of the big effects from its prohibition is that black and brown people get arrested and convicted for it at a disproportionate rate. In fact, this problem is particularly bad in New Jersey; New Jersey has the highest difference between the number of black people who are incarcerated versus white people. In New Jersey, someone who is black is 12 times more likely to be in prison than someone who is white; and this is higher than any other state. And, you know, we have to think that marijuana prohibition and the war on drugs is a big part of that.

Now, I'm not saying legalizing it is going to solve all our systemic and societal racial problems; but it would help. And it is very much, you know, a part of that systemic and societal racism that has led us here with the war on drugs.

And so recently, at the various legalization hearings I've been to, I've heard people say they are worried that once it becomes legalized, marijuana dispensaries will pop up in black neighborhoods and be bad for them. And that seems to me to be like a little bit of a mirror image of the kind of racist stereotypes that started this whole prohibition. Because, you know, we are assuming that black people and black communities cannot handle marijuana; which we know is not true. Because among black people and white people, marijuana usage is identical.

ASSEMBLYMAN DANIELSEN: Mr. Lee, your time's up.

MR. LEE: Okay. I would just like to say that we really should put the *Garden in Garden State*; and please support home grow; and please do not make it illegal for underage to possess marijuana; and find other ways to limit underage consumption.

ASSEMBLYMAN DANIELSEN: Thank you.

MR. LEE: Thank you.

ASSEMBLYMAN DANIELSEN: I appreciate your comments, Mr. Lee; and I appreciate your patience waiting to get that opportunity to speak.

Okay; I'd like to welcome up Dr. Regis again.

DR. REGIS: (off mike) Thank you.

ASSEMBLYMAN DANIELSEN: I apologize for the mix-up in order.

DR. REGIS: No problem, no problem.

I'd like to thank the Committee for this opportunity to speak; and I would also like to thank you for your shout-out to veterans to salute. I'm a proud Army brat; my dad was in the service for 30 years, and my brother was a Captain, and my brother-in-law was a Major in the Army. So I come from a history of service.

ASSEMBLYMAN DANIELSEN: I was Army also.

DR. REGIS: Okay. (laughter)

ASSEMBLYMAN DANIELSEN: And most veterans--

DR. REGIS: I was born at Fort Bragg.

ASSEMBLYMAN DANIELSEN: Oh, really?

DR. REGIS: Oh, yes.

ASSEMBLYMAN DANIELSEN: Most veterans don't realize we're allowed to salute, in and out of uniform, during the Pledge.

DR. REGIS: I thought it was a really nice gesture.

My name is Doctor Regis, and I come to this Committee with a very unique perspective.

I've been a practicing physician in the state for 30 years. I run Reliance Medical Group, which is a series of medical practices. We have 18 practices across five southern New Jersey counties.

Over the past 30 years I've bought, sold, and been partnered with medical practices in every major municipality in the state; from Short Hills, to Newark, to Paterson, to Mount Holly, to Camden, to Atlantic City. In fact, I still have practices in Camden, and Atlantic City, and Northfield, Somers Point to this day.

Reliance Medical Group is the largest independent medical group in South Jersey; and is one of the largest African American-owned businesses in the state. Not many people know that; I like it that way.

I come to you today to discuss cannabis and medicinal marijuana, because one of my physicians -- who couldn't be here today -- on my staff, Dr. David Lunt, has been in this space since the inception of the law. So I feel uniquely qualified to come in and talk about some of his experiences, and my experiences.

Reliance Medical Group has over 60,000 non-repeatable patients in the state. We perform over 155,000 medical visits in the state; and I can tell you that our experience with medicinal cannabis and some of the situations have been lifesaving.

Let me give you some statistics that-- Because one of the things that I have the most interest in is dispelling some myths, and also to make sure that the residents of my state -- my adopted state; I'm originally from North Carolina, I'm a Tar Heel, University of North Carolina -- that education and dispelling myths and long-held beliefs are so critical to this process.

In this country, 88,000 people die from automobile deaths; 64,000 people die from opioid deaths; 16,000 people die from Motrin and aspirin deaths. In fact, one of the most common causes of death, in a person who has osteoarthritis, is intestinal bleeding from non-sterile anti-inflammatory drugs.

UNIDENTIFIED MEMBERS OF AUDIENCE: We can't hear.

DR. REGIS: Sorry

ASSEMBLYMAN DANIELSEN: Yes, if could you stay close to the microphone.

DR. REGIS: Yes, sure; I'm sorry.

There are 20.5 million Americans addicted to some kind of substance abuse; 2 million are addicted to prescription pain relievers; 600,000 are addicted to heroin. But here's the most startling statistic, in terms of death: Zero Americans have died from cannabis; zero are addicted to cannabis. So why is this such an issue behind-- And I'm more in the medicinal space, because I've seen how it can change lives. And I know that the reason why marijuana-cannabis is a Schedule I drug makes no sense. *Schedule I* means it has no medicinal value, and it has a high abuse potential. Does anybody on this Committee or in this audience believe that medicinal cannabis has no medicinal value? But yet, it's still a Schedule I drug. Let

me tell you what that means. That means that it limits-- Docs don't want to get involved. It also limits that we don't have major research going on with Big Pharma and major universities; except for, Thomas Jefferson at Penn just recently announced a (indiscernible) to study medicinal cannabis. But all these years with this Schedule I -- it inhibited and prohibited research into how effective cannabis could be.

So my main purpose here is to make sure that there's an education of the cannabis plant. And it's not a *drug*; it's a *plant*, it's an *herb*. And it is not some mad scientist making it in a lab, like fentanyl, which actually leads to more deaths now than heroin. Fentanyl is causing more deaths now.

I also have a personal experience with medicinal cannabis -- for a sister-in-law with major cancer, and was bed-ridden. And we prescribed medicinal cannabis, and now she's back, working, and a productive member of society.

I would also tell you that, as a physician, four to five months ago, I tried to register on the site -- which is another whole issue of being stigmatized as a doc -- I tried to register on the site. The site never informed me that they got my application. The only way I know that they got my application is I had to put in a password; I went back in and put the password in, and I got onto the site. I have yet, to this day, received any notification that they got my application. And I still can't prescribe medication, and that's something that I want to do.

And I know my time is about up, but I just wanted the Committee to know that Reliance Medical Group stands willing to work with you to make sure that the public gets educated, and to make sure that

this medicinal cannabis is scheduled properly, it's licensed properly, and it is prescribed properly. Because it is another, I guess, quiver in our armament to treat patients.

And I can tell that I've been in touch with more New Jersey residents, in terms of boots on the grounds, taking care of families in this state, than any other doc in this state; 1995 we were doing 7,000 -- 19 percent of every Medicaid delivery in this state was done by an aggregate of docs I put together in 1995.

So I bring that talent and that experience here to this Committee.

ASSEMBLYMAN DANIELSEN: Thank you, Doctor.

DR. REGIS: Thank you very much.

ASSEMBLYMAN DANIELSEN: Before you go, last week we had a Committee meeting similar to this. And three child psychiatrists testified, and they testified to the addiction potential of cannabis. What do you have to say about that?

DR. REGIS: First we have to get to the meaning of the word *addiction*--

ASSEMBLYMAN DANIELSEN: Stay close to the mike.

DR. REGIS: --when you go after a substance and to get a response from a substance that could be deleterious to your health.

There's a difference between *psychological addiction* and *physical addiction*. By that I mean that, when you get addicted and have a physiological response to the withdrawal to the non-continued use of the drug -- like you get from heroin, like you get from fentanyl -- that's a physical addiction. Psychological addiction means that -- you know, I'm

taking Ambien to go to sleep; and I get so used to taking Ambien, even though it's not physiologically addictive, my body gets used to taking it. I think I can't sleep unless I take this drug.

So I can assure you, there are people who continue to use medicinal cannabis because they're used to doing it. Some people would say that's a *psychological addiction*. "I don't want to go to a party unless I'm high," you know? But there's no physiological withdrawal; there's no physical, anatomical addiction to that medicine.

My daughter is a child psychiatrist at Hopkins right now. I was having a conversation with her about this same issue. What truly is addiction? And this is one of the purposes of the Committee -- to re-educate people. What is *Schedule I*? What does *addiction* really mean?

ASSEMBLYMAN DANIELSEN: In your profession--

DR. REGIS: Sure.

ASSEMBLYMAN DANIELSEN: --do you have any particular practice or expertise in pain management?

DR. REGIS: We have -- I have a lot of primary care physicians; we're not pain specialists. But I can tell you, probably 30 to 40 percent of the visits into a doctor's office, number one, are either pain; and number two, are mental health related. And so we deal with a lot of pain.

ASSEMBLYMAN DANIELSEN: Regarding your comment to the type of addictions they might be referring to -- you know, some people say chiropractors get you addicted. I go to a chiropractor; and when I leave, I feel great.

DR. REGIS: Sure; I do too.

ASSEMBLYMAN DANIELSEN: And I get addicted to feeling great. (laughter)

DR. REGIS: Exactly; that is my point.

ASSEMBLYMAN DANIELSEN: Right?

DR. REGIS: Exactly.

ASSEMBLYMAN DANIELSEN: I can get up without pain; I can operate. So is that -- is that possibly a type of addiction?

DR. REGIS: No; I think we're playing with words. But I clearly hear what you're saying.

I think in a true-- What the public needs to hear is that I'm not going to have an insatiable drive and rob my mother or go into serious withdrawal symptoms if I don't have access to this drug. I mean, I've treated patients with the DTs of alcohol. I know, it's worse than heroin withdrawal, in terms of physiological (indiscernible).

ASSEMBLYMAN DANIELSEN: What are your concerns involving cannabis? You know, because they say it could have negative effects on the developing mind of an adolescent, a teenager, someone in their early 20s. Do you have concerns on the other side?

DR. REGIS: Absolutely; I am a huge proponent for the research. I do know that there are certain things that we know. I think one of the most promising areas is the work with addiction withdrawal, using cannabis. I'm actually going to start a research -- if I'm allowed to do that -- where it lessens the craving and it lessens the withdrawal symptoms.

But I clearly also know that there needs to be more research on the effects of marijuana on the developing mind. I'm not saying we just open the doors and we have that. I'm saying there needs to be more

education. But there are some things we do know now that can benefit lives.

ASSEMBLYMAN DANIELSEN: So would you support some sort of model that expanded the medical access, the medical quality of products; and taking that State revenue and possibly supporting some sort of State university research development, some sort of study program -- maybe an integrated curriculum?

DR. REGIS: Absolutely. I think right now there are several universities in the state -- I know one in particular; I'm not going to mention any names -- that are looking at degree courses in cannabis production and cultivation. And I think there are several on the West Coast now. They just had one in Philadelphia looking at this.

Because you understand, cannabis has been used by humans since the beginning of time. It's been used as clothes and for medicine; so it's not new. What we've done is overlaid some criminality to it; and because of hysteria and other things I think the other gentleman mentioned.

So as I said before, this is not a test-tube drug; it's an herb, it's a plant. But I do think -- and I want to make this perfectly clear -- that there needs to be further research; the State needs to support further research. Because we don't really know, at some point, whether there could be some issues. But we already know there are issues with alcohol; we already know there are issues with tobacco, which you can buy freely at certain ages in the state.

And I'm not trying to confuse the issue. But all I'm saying is, from my experience -- and I have a lot of experience in this medicine space -- it's been a very effective way of treating some issues.

ASSEMBLYMAN DANIELSEN: Doctor Regis, there might be some questions from the Committee.

DR. REGIS: Sure.

ASSEMBLYMAN DANIELSEN: Assemblyman.

ASSEMBLYMAN RUMPF: Sure.

Doctor, good morning.

DR. REGIS: Good morning.

ASSEMBLYMAN RUMPF: Thank you for your testimony.

Taking it away from the medical potential for a moment, would you agree that use of marijuana can result in a form of impairment for those who have consumed?

DR. REGIS: Let me say this.

There is conflicting research out there about that, and I think further work needs to be done. I've seen research that says that, in certain areas of legalized marijuana -- that the number of accidents or the number of stops for drug -- not for alcohol, but for drug exposure has gone up since marijuana was legalized.

Then I've seen research that says the opposite. I've seen research that says the number of violent crimes has gone down; the number of opioid deaths and arrests have gone down.

But Colorado -- there's some pretty disturbing statistics coming out of Colorado, in terms of slight increases in crime in certain communities. It hasn't gotten rid of the black market; and I think it's

because we have to drill down on these things. And maybe just because it hasn't been out there long enough; it takes a while to get an effective study to see what the effects are and what's going on.

But I would agree that there needs to be a closer look at some of the effects of, maybe, legalizing marijuana into the general population.

Where I am personally -- I think I'm still (indiscernible); but I think adults are adults, and should be able to participate in what they want to do. But you can't prevent them from going outside.

ASSEMBLYMAN RUMPF: Precisely.

DR. REGIS: You know, I hear that.

ASSEMBLYMAN RUMPF: Okay; thank you.

ASSEMBLYMAN DANIELSEN: Anybody?

Vice Chairman.

ASSEMBLYMAN ERIC HOUGHTALING (Vice Chair):
You mentioned the mental addiction to marijuana. How strong do you think that is to try and break? I mean, I know people get in the habit; so then, all of a sudden, "I have to do this before I do that."

DR. REGIS: Yes, exactly.

ASSEMBLYMAN HOUGHTALING: So do you think marijuana would be a stronger mental--

DR. REGIS: Wow; you're getting out of my bandwidth.

ASSEMBLYMAN HOUGHTALING: Yes.

DR. REGIS: You know, I think you would have to get some addiction medicine specialist (indiscernible) side of addiction medicine. I don't want to speak out of turn here. I try to stay in my lane.

ASSEMBLYMAN HOUGHTALING: Yes.

DR. REGIS: And I've been successful that way, you know?

I do know that psychological addictions, from a medical treatment standard, are much easier to treat than something -- than physical addiction.

ASSEMBLYMAN HOUGHTALING: So they're hard to shake as well. I mean--

DR. REGIS: Could be, could be.

ASSEMBLYMAN HOUGHTALING: Thanks.

DR. REGIS: Thank you.

ASSEMBLYMAN HOUGHTALING: Thank you, Chairman.

ASSEMBLYMAN DANIELSEN: Anybody else? (no response)
Seeing nobody, Doctor, thank you very much.

DR. REGIS: Thank you so much.

ASSEMBLYMAN DANIELSEN: We greatly appreciated your testimony.

DR. REGIS: So do I. Thank you so much.

ASSEMBLYMAN DANIELSEN: I would like to invite up Dr. John Calvin Chatlos.

You are from my alma mater.

J. CALVIN CHATLOS, M.D.: From--

ASSEMBLYMAN DANIELSEN: Rutgers, right?

DR. CHATLOS: Rutgers.

ASSEMBLYMAN DANIELSEN: You're from Rutgers?

DR. CHATLOS: Yes.

ASSEMBLYMAN DANIELSEN: Did I pronounce your name right?

DR. CHATLOS: Yes, you did.

ASSEMBLYMAN DANIELSEN: Welcome.

DR. CHATLOS: And thank you for letting me have the opportunity to appear before your Committee.

Let me introduce myself a little bit. I am an Addiction Psychiatrist, as well as a Child and Adolescent Psychiatrist. I've been working in New Jersey since 1985.

I'm currently an Associate Professor of Clinical Psychiatry at Rutgers; and run an outpatient detox program, an outpatient adult treatment program in New Brunswick. But I'm not here speaking as a representative from Rutgers University.

One of my interests in this issue is, I have a 20-year-old son and an 18-year-old daughter who are going to be affected by the decisions that the Legislature makes regarding changing marijuana laws.

I have been following the discussions, some of the information, the decisions; and I am very concerned about information and misinformation about both the beneficial and harmful effects of marijuana.

One of the things that people need to know -- the problem with marijuana is that we have natural marijuana-like receptors that are built into our bodies, very similar to THC. And what's more important is not only do humans have it, but so do all primates, all mammals, all amphibians, all reptiles, all fish, and even primitive animals. And why is this important? Because it's been in evolution for billions of years; it must be important. We don't know why, but we do know it's important in brain development and in the immune and reproductive systems.

Because of my concern with misinformation, one of -- science has a cardinal rule: If a study is done and it can't be repeated with the same results, it's worthless. So what I brought for you is a booklet that has summaries of some of the major studies about the effects of cannabis, harmful and not harmful.

One of the first pages is a study summary, by the National Academies of Sciences, Engineering, and Medicine, that shows both harmful and not harmful effects. And the title of my booklet is *Marijuana is Not a Harmless Herb*.

I'm going to say a few things from some of these studies. Most of these studies have been done with marijuana, with the THC content of 10 percent or less. And some of the results -- addiction does occur with marijuana. It occurs in 10 percent of users; 17 percent of adolescent users, and 30 percent of daily users.

It has been associated with an increased risk of progressing to other illicit drugs; and yes, the *gateway hypothesis* has been shown to be accurate, even in excellent studies in other countries.

Intoxication -- acute intoxication has been shown to be associated with coronary events; long-term use associated with heart attacks and strokes; acute use increasing traffic injuries; babies of mothers using marijuana having impaired attention learning and memory problems, impulsivity, and behavior problems; doubles the risk of psychosis and schizophrenia in at least eight studies; and an increased risk of earlier onset of psychosis in young people.

Regular use has an increased risk of depression. It also lowers levels of educational attainment, high school and college; and it changes

brain structures, especially those related to memory and intellectual function; as well as white matter of the brain, which is related to the speed of neuro function.

Earlier use by adolescents and young adults, such as college students, increases the risks of all of these events; as well as the concentration of THC going from 4 percent in 1995, 13 percent in 2012, and new products are up to 98 percent THC.

It can impair driving, when it's combined with alcohol that's greater than the use of either one alone; and early use is associated with increased welfare dependence, unemployment, and lower income at age 25.

Every one of those things has a paper in here.

I bring this so that you can look at the facts and make the decisions yourself.

Any of the members of the Committee -- I have my e-mail address. If you would like, I can e-mail you a digital copy of what this is.

And I want to add one more thing.

If it's going to be done, why now? The last page of this booklet, the National Institute of Drug Abuse has started a study called the *ABCD Study -- Adolescent Brain Cognitive Development Study*; a 10-year study -- that's all -- so that by the end of 10 years, we will know what the effects are on the brain of drugs, alcohol. Adolescents -- they're following 10,000 children testing growth, intellectual function, brain development, neurochemicals, hormones, and almost anything imaginable to answer the question, "What is happening?"

ASSEMBLYMAN DANIELSEN: Doctor, can you wrap that up?

DR. CHATLOS: So I just would ask, please slow down on moving to full commercialization and legalization.

And I will leave this with you, as well as answer questions.

ASSEMBLYMAN DANIELSEN: So don't go anywhere.

One, did you leave your contact information with OLS?

DR. CHATLOS: Yes.

ASSEMBLYMAN DANIELSEN: You're going to leave this? Okay.

DR. CHATLOS: May I?

ASSEMBLYMAN DANIELSEN: Yes, sure.

Thank you; we'll make copies for all the board members.

So Doctor, I hear your caution, personally. So you're recommending that we go slow and cautiously.

DR. CHATLOS: Yes.

ASSEMBLYMAN DANIELSEN: It's hard to say "no" to that, right?

DR. CHATLOS: Yes.

ASSEMBLYMAN DANIELSEN: So you are recognizing the potential for addiction -- for disrupting the brain growth in development, and long-term effects.

So what is -- in simple terms, what's your recommendation to the State?

DR. CHATLOS: The first recommendation would be to expand and loosen up the medical marijuana program, as there is clear evidence of some positive effects, and it needs to meet the people--

ASSEMBLYMAN DANIELSEN: Okay; expand and loosen up the medical.

DR. CHATLOS: I would like to see something done to decriminalize it, at least, because of all the social consequences that have nothing to do with these medical aspects.

ASSEMBLYMAN DANIELSEN: Right some wrongs; okay.

DR. CHATLOS: I would not like to see any kind of commercialization and distribution, if it--

ASSEMBLYMAN DANIELSEN: When you say *commercialization*, are you referring to adult-use or recreational?

DR. CHATLOS: Only adult-use. I would expect -- hope that any laws only are legal for adults. But I raise the question: If there was a new medication or pill, even if it had good effects and had the list of those possible harmful effects, no one would approve it for over-the-counter non-prescription use.

ASSEMBLYMAN DANIELSEN: Okay.

What is your attitude when it comes to a patient and a doctor; and any encumbrances or limitations put on a doctor? Like, for now, we heard testimony, a doctor-- Well, they have to register on a list; they may or may not be on a list. And then the State is kind of intervening between the doctor and their patients.

Now, you've had patients in your career; and I'm sure you'd find that somewhat difficult to work with if you were limited on how to treat your patients. What's your general attitude with that?

DR. CHATLOS: As I said, I think loosening up the medical marijuana. That's what the doctor was talking about -- that the regulations

are tight. It is not as accessible as it could be, and I think something like that would be good -- would be helpful.

ASSEMBLYMAN DANIELSEN: Okay.

Any members of the Committee?

ASSEMBLYMAN RUMPF: Thank you, and good morning, Doctor.

Your testimony, quite frankly, is somewhat alarming. I think you presented it in a very calm way; but much of what you suggest gives me great pause for concern.

First, let me ask you to clarify your testimony. You speak about the speed of nerve function. What did you mean by that?

DR. CHATLOS: In the brain, we have our nerve cells and they are coated with a substance called *myelin*; that's what I referred to as the *white matter of the brain*. That is what speeds up the nerve cells' impulses; and that's one of the things that we're beginning to see may be affected by marijuana use in the brain.

And again, I say primarily the developing brain; but we now know that the developing brain is developing rapidly until about 25 years of age.

ASSEMBLYMAN RUMPF: Okay.

DR. CHATLOS: Adults, starting with marijuana use, almost all or most of these effects would be much diminished.

ASSEMBLYMAN RUMPF: And you speak also about the increase in the THC content, going from 4 to 13 percent to, in some cases today, over 90 percent. Does that have an impact upon the effects that we're going to see from the users?

DR. CHATLOS: I can only imagine it would be at least multiplied as much as the strength is, going from 13 percent; with some of the newer products that aren't even plant, they're processed -- they have up to 90, 95 percent of THC. And that's the harmful ingredient.

ASSEMBLYMAN RUMPF: Excuse my ignorance, but is that the equivalent of going from a 40-proof to 80-proof to 90-proof in the alcohol context? Can that comparison be made?

DR. CHATLOS: It's almost the equivalent of going from a 40-proof to almost 200-proof.

ASSEMBLYMAN RUMPF: Wow.

DR. CHATLOS: We're talking about almost 100 percent THC.

ASSEMBLYMAN RUMPF: Doctor, you didn't touch on anything for the more geriatric population. Are there any statistics out there for the effects upon those who reach my age and older?

DR. CHATLOS: That's a good question; that isn't my area of expertise.

I think it is a concern, because your age and my age -- we are the baby boomers, and our cohorts are doing a lot of marijuana use.
(laughter)

I don't hear that there are any unusually, unexpected, alarming effects in the older population; which is interesting.

ASSEMBLYMAN RUMPF: That is interesting.

You prefaced your testimony by speaking of your daughters.

DR. CHATLOS: Daughter and son.

ASSEMBLYMAN RUMPF: Daughter and son; I apologize. And that suggests to me that that is, in part, what brings you here today. You're concerned about their future in this state, with respect to what we do with marijuana.

DR. CHATLOS: Yes.

ASSEMBLYMAN RUMPF: Would that be correct?

DR. CHATLOS: Yes, sir.

ASSEMBLYMAN RUMPF: And are you encouraging your children to stay away from the substance?

DR. CHATLOS: They have -- they know I am an addiction specialist; they know what my opinion is. I have encouraged them to stay away from both marijuana, and alcohol, and drugs. Again, I tell them about their developing brain; their decision -- as they get to be 21 and 25, that will be their decision.

ASSEMBLYMAN RUMPF: All right.

DR. CHATLOS: I am truly astounded myself by the results of what happens to developing brains with cannabis; and that's my concern, really, as a Child and Adolescent Psychiatrist.

Separate from-- The more available it is, the more likely young people, even though it's illegal for them, are going to be using it. And that's a major concern.

ASSEMBLYMAN RUMPF: Thank you, Doctor.

ASSEMBLYMAN DANIELSEN: One question from me.

I was in a scenario; and I'll ask you to put yourself in the same scenario, since you are an addiction specialist, and my colleague brought up what would you do as a father.

So if you were to imagine yourself at the bedside of one of your children in a hospital in tremendous, agonizing, unspeakable pain -- say, from chemo -- and you had a choice: A strong opioid getting rid of the pain, or a product that had CBD in it, that would also get rid of the pain. Which would you give your child?

DR. CHATLOS: I can't answer, because it would need to be -- what are the specifics?

ASSEMBLYMAN DANIELSEN: If you were to put yourself in that scenario, you have to answer it.

DR. CHATLOS: The CBD is not as effective for pain as opiates. We all know that, because we have specific receptors for opiates for pain, and they are different than the marijuana receptors.

ASSEMBLYMAN DANIELSEN: The scenario I gave you was, if they both successfully dealt with the pain.

DR. CHATLOS: Together?

ASSEMBLYMAN DANIELSEN: No, not together.

DR. CHATLOS: Equally?

ASSEMBLYMAN DANIELSEN: Yes; one or the other.

DR. CHATLOS: I would have no problem.

ASSEMBLYMAN DANIELSEN: With a CBD product?

DR. CHATLOS: No, no problem.

ASSEMBLYMAN DANIELSEN: Okay; thank you. That was very fair, and I apologize for putting you in an imaginative scenario.

DR. CHATLOS: CBD appears to be one of the best parts of the cannabis plant, and seems to have most of the medicinal effects. And

developing that further I think is very useful. But again, that's different than commercialization.

ASSEMBLYMAN DANIELSEN: And you already testified that we need more research, development; we need more studies.

DR. CHATLOS: Absolutely.

ASSEMBLYMAN DANIELSEN: And, I mean, there are over 400 compounds in cannabis, and we only give attention to two, right?

DR. CHATLOS: These are the two main ones that make a difference.

ASSEMBLYMAN DANIELSEN: Business up front; party in the back. It's like the pharmaceutical mullet. (laughter)

ASSEMBLYMAN HOUGHTALING: Thank you, Chairman.

I just have one question.

DR. CHATLOS: Yes.

ASSEMBLYMAN HOUGHTALING: We had testimony before that marijuana was not addictive; and you said that, through your studies, 10 percent could be addicted. Was that a physical addiction, mental addiction?

DR. CHATLOS: Yes; it is a physical addiction.

ASSEMBLYMAN HOUGHTALING: Physical.

DR. CHATLOS: And there is plenty of brain research, especially done -- and some of it's in that booklet by the National Institute of Drug Abuse.

They now can measure which compounds are likely to produce the brain changes that we call *addiction*. That is physical. Now, it doesn't

have the same withdrawal as opiates; it doesn't even have the withdrawal as alcohol, which is even more dangerous than opiates.

But it is physically addictive. And 17 percent of adolescents who use it will get addicted; 30 percent of those who are using daily, even adults, will get dependent on it.

And if you look at our treatment services around this state, most of the admissions for treatment, for anyone under the age of 21, are primarily for marijuana.

ASSEMBLYMAN HOUGHTALING: Thank you, Chairman.

ASSEMBLYMAN DANIELSEN: Anyone else? (no response)

Doctor, thank you so much.

DR. CHATLOS: Thank you very much.

ASSEMBLYMAN DANIELSEN: I'd like to invite up Rory Wells, former Assistant Ocean County Prosecutor.

Rory Wells.

R O R Y J O S E P H W E L L S, Esq.: I do have several copies of my remarks.

ASSEMBLYMAN DANIELSEN: You can hand them in.

I would encourage you instead of reading -- because we're going to read that offline--

MR. WELLS: Okay.

ASSEMBLYMAN DANIELSEN: --is just to have a discussion with us.

MR. WELLS: Okay; very good. I appreciate that.

ASSEMBLYMAN DANIELSEN: Or a combination therein. It's more natural.

MR. WELLS: I understand.

ASSEMBLYMAN DANIELSEN: And you only have five minutes.

MR. WELLS: I got you. (laughter)

My name is Rory Wells; I am a former Assistant Prosecutor in Ocean County. I served for about 12-and-a-half years in that role. I also served our country, as a former Lieutenant in the United States Marine Corps.

I am clearly very passionate about this issue. I do hope you read my remarks, and I welcome the opportunity to really have an open conversation.

One of the things that concerns me the most about us moving towards commercialization and legalization of this drug is that, whatever the level is -- whether it be 4 percent, 8 percent, 10 percent, 12 percent -- of the people who are partaking in this drug now -- once you commercialize it and legalize it, that will obviously increase. And one of the things that I think was a good example -- the first individual, the young man who testified here today -- he was advocating for the drug and for the sales of this drug. But he also said something very important. He stated that he had never done drugs; did not engage in getting high or illegal substances. But if we were to commercialize it, and use it, and sell it in retail establishments in dispensaries, he would begin to use this drug. Whatever that may be -- using it, abusing it, experimenting with it.

And I think that's the point that I want to make. If we commercialize this and legalize it, it will not stay the same. The numbers

we have -- they can't. Everything will increase, and we will deal with the consequences as well.

One of the things that, as we move on this debate -- and I've been very fortunate to testify a couple of times in a couple of different avenues -- is one of my concerns with the side that advocates for this drug never admits that there's any negative consequences. And I think that is a weakness on the part of those advocating for commercialization. There are clearly negative consequences.

I just want to read four statistics. I know I don't like getting into a battle with the statistics, but my organization -- I'm also an advisor for NJ-RAMP, *Responsible Approaches to Marijuana Policy*; our parent group is SAM, and the website is *learnaboutsam.org*.

But very briefly, four key points in four different states that have legalized.

In Washington State, in 2017, of the 424 violations among licensed marijuana businesses, 288 violations pertained to selling marijuana to minors, and 136 violations were for allowing minors access to a restricted area.

The second point: Washington D.C. saw public consumption and distribution arrests nearly triple, between the years 2015 and 2016. A disproportionate number of those marijuana-related arrests occurred among African Americans.

All of these are sourced on our website, from the studies that we had got this information from, at *learnaboutsam.org*.

The third point: Colorado marijuana arrests for young African American and Hispanic youth have increased since legalization. That's from the Colorado Department of Public Safety, 2016.

And finally, in Anchorage, school suspensions for marijuana use and possession increased more than 141 percent; from 2015, when legalization was implemented, to 2017.

One brief final point: Because my background is law enforcement, I certainly acknowledge the disproportionate arrests and social justice issues that are prominent with this problem. But my concern is this: We've seen some numbers out of Colorado and Washington. If we were to commercialize and legalize, it's still illegal to distribute it if you're not licensed; it is still illegal for public consumption, in some areas. So it would be a shame if we commercialized and legalized this product to address a social justice aspect, and we actually aggravated the problem and made it worse. That's what I don't want to see.

In addition, I recognize that marijuana use is -- it's consumed by adults, and also young people, and those sorts of things. But I don't want that to actually increase. I don't want-- I haven't given up on the fact that perhaps, as a state and as a community, we can still lower the drug usage rate in our state; and that includes marijuana. And I know there's a difference, and it's a healthy difference, and people want adults to be able to partake in this as an adult, and use it wisely, and all of those things.

But me, in general, with my background and some of the things that I've seen, I want to see less marijuana and less drugs in our community, not more. And if you commercialize it and legalize it, by extension, you'll increase the amount of drugs in our communities.

ASSEMBLYMAN DANIELSEN: Thank you, Mr. Wells.

MR. WELLS: Yes.

ASSEMBLYMAN DANIELSEN: Any questions from the Committee?

ASSEMBLYMAN RUMPF: Mr. Wells, thank you for being here this morning.

Can you bring it home a little bit, in terms of these statistics that your related to the Committee? Why is it that we're seeing the increased absenteeism and suspensions, arrests, disproportionate to race, etc.? What's actually happening to create that?

MR. WELLS: I think what happened-- And I know we all point to Colorado and Washington, because they were first out of the box. This whole issue is still relatively new. Retail commercial sales is only 48 months old -- just over 48 months old. Marijuana is old; we've been using marijuana forever, and that sort of thing, and medical marijuana is 20 years old, and we all know about that.

But the actual commercial retail sales is about -- just over four years. And we're just starting to see some of the negative numbers from these states. And unfortunately, I believe one of the other individuals testified that whenever you have the product out there, you're going to see an increase in drugged driving; you're going to see an increase in youth who have access to these drugs. It's just -- it would be intellectually dishonest for us to say that we're going to legalize this, and all of our numbers will stay the same or, in fact, decrease. That's not going to happen.

So one of the things-- And I recognize-- My position is clear: I'm honest, I don't want us to commercialize it. I don't want us to slow down. I want us to not do it.

But I recognize that because the retail sales is still-- Once they started with the retail sales, that's when, really, a lot of the data has started to collect. So we don't have a lot of time. So we're looking at data that started since 2014, really. One of the arguments that I think is strong is, in New Jersey, would it hurt for us to wait another two or three years to examine, to see? And I don't want to conflate medical marijuana and the use and research that's going on here. I'm specifically addressing commercial and retail sales.

So in regards to the numbers -- I'll conclude with this -- in regards to the numbers, all of them have gone up, in terms of negative consequences. One last number: Of the individual youth who are on probation in Colorado, there was an increase of 40 percent of those youth who have tested positive for marijuana. Those are kids who are on probation in Colorado. So clearly, they get access to it through -- whether it be family members, friends, or through sneaking it through the dispensaries themselves. They're all just concerns that I have.

ASSEMBLYMAN RUMPF: Mr. Wells, just one last question; and you didn't really address this earlier.

We heard earlier testimony about the increased THC content.

MR. WELLS: Yes.

ASSEMBLYMAN RUMPF: Does that have -- do you share any concern with respect to that development?

MR. WELLS: Well, I do; but it would be just as a layman. I don't have any specific experience with that.

I know one of the things that the Committee is aware of, and that most people in this debate are aware of, with the THC levels is -- with law enforcement, there's no way to garner when somebody is under the influence; what levels they may be at when somebody pulls somebody over. That's an issue that has yet to be solved.

In comparison, for example, when somebody is under the influence of alcohol, and they blow a 0.08, we have a clear line that determines, "Okay, this person is under the influence at the legal limit; we will now charge this person with a DUI, or worse." That does not exist for THC.

So I can't-- My general layman's view is, more is not necessarily better. One of the problems, when you commercialize this and you open it up, you get the edibles. A lot of times people, when we talk about marijuana, they only picture the smoking of the herb. But when the edibles come, a lot of the times people will take those edibles-- And if you don't know, but when you choose it as an edible and you get high off of the product, it takes longer for the high to take effect; I guess about 30 minutes or so. So what happens is, a lot of times people will take the edible cookie, a brownie; they don't feel any effect. And then they'll take another one, and then they may take another one, and then they've, essentially, overdosed on the drug, so to say.

The edibles are a concern as well -- the sodas, the candies, all of the products that would come with legalization. It wouldn't necessarily just be like it is now.

Thank you for the questions; I appreciate it very much.

ASSEMBLYMAN DANIELSEN: Vice Chairman.

MR. WELLS: Yes, sir.

ASSEMBLYMAN HOUGHTALING: As an Assistant Prosecutor, did you ever prosecute anybody for being under the influence of marijuana?

MR. WELLS: No; not specifically under the influence. But for the crimes they might have committed while they were under the influence. And certainly, this is a whole much longer debate.

You know, there is room for improvement, certainly, with law enforcement and how we prosecute at the municipal level. I was a Prosecutor at the Superior Court for years; and now I'm a private attorney. So I represent people, and I see both the good and the bad. You know, people who smoke it and engage in this product as smoking -- most of them don't realize, but they stink; you can smell that. And when an officer pulls somebody over and they smell marijuana, they're going to go looking. And sometimes maybe it isn't right; maybe they smoked earlier in the day, they're no longer high, or whatever the case may be. But sometimes they get in those vehicles and they find guns, and drugs, and other things; because of the probable cause that's established through that marijuana.

So I have mixed emotions with that, because I don't want it abused and I don't like the disproportionate arrest rates. But I recognize that, also, I don't want you abusing this drug and committing crimes while you do it. And that's-- Unfortunately, that's something that is an individual decision that we would have to deal with.

ASSEMBLYMAN HOUGHTALING: Chairman?

ASSEMBLYMAN DANIELSEN: Mr. Wells, early on you mentioned you didn't want the social justice issues to get worse. How would they get worse?

MR. WELLS: Well, I think-- It seems to me -- this is my opinion -- that once they legalize the drug, a lot of people thought, "Okay, well now it's legal, let me go out and get it." And they purchased it. If you hand that drug to somebody else, or if you give that drug to somebody else -- and certainly if it's over the legal amount -- those are all offenses for which you could be charged.

I don't know exactly -- in Washington D.C., and the point that was made there -- was specifically the arrests for public consumption and distribution had increased. So I think what everybody wants to try and address is, if you have a small amount of personal use marijuana, and it's legal, we don't want the police to bother you. But there's a whole education component that would need to come. If it is legal, and you can use it as an adult, "Okay, well, you know, you can't drive with it. You know you can't use it in public areas. You know you can't distribute it. If you don't have a license, you can't sell it."

And I think what happens is -- a lot of people, when this stuff gets legalized, they take all of these liberties -- it's legal now, you know, and they end up getting in trouble. It will still be illegal -- my understanding, from all the bills -- for anyone underage to have this drug. So we're still waiting-- And I guess that's one of my points, is that it's still new. Whether this tapers off, and those numbers come back down, we don't know yet. But at least, at this point, it appears that the disproportionate arrests have actually increased for minorities.

ASSEMBLYMAN DANIELSEN: Why is that?

MR. WELLS: And I don't know specifically. But I think--

ASSEMBLYMAN DANIELSEN: Wait a minute; hold on. You spent years as a Prosecutor. They all went through you.

MR. WELLS: Well, not all of them.

ASSEMBLYMAN DANIELSEN: I mean--

MR. WELLS: I mean, I was good--

ASSEMBLYMAN DANIELSEN: --everything that went by you, went through you. And you can't sit there and say you don't know what's going on.

MR. WELLS: Right; no. But this is what-- Mr. Chairman, this is what I believe is happening.

People take liberties. Once you say this is legal, and you say you can have a small amount of marijuana on you, that doesn't mean you can sell it; that doesn't mean you can distribute it; that doesn't mean you can have it, for example, on the campus. This would probably still be a smoke-free campus; you're not allowed to have the marijuana. So if you have marijuana on campus, you would get charged.

So it appears that individuals -- specifically minorities -- were getting charged, still, for these offenses. Not necessarily possession under 50 or under 10 -- whatever the number is -- public consumption, abuse, sales, and those sorts of things.

And that's my point. Will that number taper off after some time of educating the public? We don't know. But we do know, in this short period of time that we've had to observe it, we have statistics that -- those numbers actually increased.

ASSEMBLYMAN DANIELSEN: Mr. Wells, the ACLU published a report in 2017, the *Unequal and Unfair: New Jersey's War on Marijuana Users*. It demonstrates a horrible inequity of the application of our law and our law enforcement at a cost of my brown sisters and my brown brothers. There's a parade of people going to jail, getting pulled over, getting prosecuted, their lives changing. And your County is one of the worst in here.

MR. WELLS: Yes.

ASSEMBLYMAN DANIELSEN: So that's why I said earlier -- you can't say you don't know. You were one of the tools in the shed.

So where does the problem start? You know, where is it originating from? Is it an institutional thing; is it a cultural thing? We cannot continue this parade of black brothers and sisters going to jail. There's more money in that than in the marijuana. I mean, we have to stop that. (applause)

Please, please; we're not here for applause; but you could have applauded a little bit more. (laughter)

So, I mean, it didn't start when someone purchased the marijuana; it didn't start when they used it. It starts when they get pulled over, right? It starts once the law enforcement goes into a dwelling. Actually, I would think it started before that, with an attitude, or a training, or someone's background, right? But then it has to go in front of -- on someone's desk, who is in a position that you're in.

And some of these towns, as it relates to marijuana -- their arrests or their prosecution -- 85 to, some towns, 100 percent are just simply small possessions -- right? -- 85. And the disparity rate is 3 times to

15 times greater for a black man than a white man for the same offense, for the same traffic stop.

So, like, I would almost think-- You mentioned that educational component. Should that educational component be applied at maybe the law enforcement end, the prosecutorial elements and the police academies? Or should, when a town or county reached a red flag number of statistics, should the Attorney General's Office come in and take control like the Department of Education does to school districts?

I mean, how do we go to bed knowing that this is going on? How do we meet our maker, knowing that we're treating people simply differently because of the color of their skin? The numbers just don't lie; I mean, they're staggering.

MR. WELLS: Sure.

ASSEMBLYMAN DANIELSEN: I knew it was bad; I didn't know it was this bad. And since you come from the County that is one of the worst in the state on this subject--

MR. WELLS: Well, the-- You know, for me, I was at the Superior Court level; I was Assistant Prosecutor with the Ocean County Prosecutor Office. So a large majority of those arrests are done in their municipalities. We have 33 municipalities in Ocean County. We do have a large tourism industry; so we get -- our population is, let's say, about 600,000 people; but in the summertime, it doubles. So we have well over a million people.

So there are going to be a lot of arrests. People come to Ocean County -- whether it be our theme parks, our beaches, our boardwalks --

and they want to go on vacation and recreate. And there are a lot of arrests that are made.

So I can't necessarily justify, "Well our County is doing this." It's clearly a systematic problem that needs to be addressed statewide. Do I think something could be done in the law enforcement side? Of course. One of my roles with the Ocean County Prosecutor's Office -- one, I was very honored, as an African American -- I was the liaison to our Police Academy. So for 10 years I taught at the Ocean County Police Academy. I've instructed a lot of officers who have come through. And we've had these discussions about stops, about discretion, about disproportionate arrests, about how you treat people in the community.

I mean, that's just obviously-- My role is a drop in the bucket. But do I think we have to look statewide? We have 565, 566 municipalities in the state. Do we look at each one of those; do we talk to the Chiefs, do we say, "When are you making these stops? When is discretion used?"

It's very hard for a police officer to pull somebody over, to smell marijuana, and to not take action. Because there could be liability if the person, one, is under the influence or has drugs; and they let him go, or they drive off, there then is some kind of responsibility to that officer.

So I don't know -- honestly, I don't know the answers. I would certainly be willing to help work towards those answers, in terms of training and looking at law enforcement in these types of situations. But, you know, I don't necessarily think more drugs is the answer; and I also don't think that if you were to legalize marijuana today, and commercial dispensaries

were open and the whole bit, I don't think the disproportionate arrest problem goes away today either. We still have to work on that.

Would it make a difference? There are differences of opinion. I think, based on the numbers I saw, like I said, my concern is that it would actually increase. Whether that stables off after some time, I don't know. And I respect the different opinions on this position.

But for me, I think we have a long way to go; and I certainly think there is room, in terms of law enforcement, for training them, for looking at how arrests are made, what are the situations, and what are the consequences you're doing to somebody when you bring them in for a small possession amount.

ASSEMBLYMAN DANIELSEN: Thank you.

Any other members -- any questions? (no response)

Mr. Wells, thank you so much.

MR. WELLS: Thank you so much, Chairman.

ASSEMBLYMAN DANIELSEN: We really appreciate it.

MR. WELLS: I do appreciate being here.

ASSEMBLYMAN DANIELSEN: Okay; I'm going to invite up the next three people together: Marielle Marlys, Donna Platt, Alysa Regenye.

ALYSA FORNAROTTO - REGENYE: Marielle and I are going to speak.

ASSEMBLYMAN DANIELSEN: Excellent.

MS. FORNAROTTO-REGENYE: Okay.

Do we get -- do we each get five minutes?

ASSEMBLYMAN DANIELSEN: Yes.

MS. FORNAROTTO-REGENYE: Okay; just want to make sure.

So I did give you a handout, which is--

ASSEMBLYMAN DANIELSEN: What is your name?

MS. FORNAROTTO-REGENYE: I'm sorry; Alysa Fornarotto-Regeneye.

And I did give you a handout that you have with more--

ASSEMBLYMAN DANIELSEN: Closer to the microphone.

MS. FORNAROTTO-REGENYE: Sorry.

So I did give you a handout, each one of you, on some facts that I would like to present today.

I've worked in the field of addictions for 25 years, both in the prevention education, as well as in counseling. I am a Licensed Clinical Alcohol and Drug Counselor; I am a mother of two; and I work in a school setting. And that's really key for me, because the school setting is truly the gatekeepers to, hopefully, redirecting youth to use (*sic*).

For the future of our youth, young citizens of New Jersey need you, our legislators, to role model for them a careful and cautious decision-making process which reflects good sound judgement based on the consideration of all alternatives.

There is a saying, "A smart man learns from his own mistakes, but a wise man learns from others." On behalf of the Association of Student Assistance Professionals of New Jersey, as well as the Youth Rite of Passage -- Impact of Marijuana Legalization Statewide Collaborative, and educators across the state of New Jersey who value happy, healthy, and

achieving youth, we ask you to please use caution and explore all possible ramifications of the legalization of marijuana.

Adolescent addiction rests upon the conscience of policymakers across the United States, and now in New Jersey. The CDC states marijuana users are three times more likely to become addicted to heroin. Actually, in the brain, there is a connection between receptors -- between cannabinoid receptors and opioid receptors. You know, there is -- we all say in the field of addictions, "Not every marijuana user goes on to use heroin." However, if you ask any heroin user what the first drug that they connected with, 9 out of 10 times they're going to say marijuana and, most likely, in their teen years.

The latest research indicates that adolescent brains, in particular, are primed for addiction, due to the loosened gene expression. This is fact; and you have all the resources in front of you -- bibliography, everything.

Kids are six times more likely to use pot simply because of a parental attitude of indifference; or any adult who is one of their mentors. Those who smoked weed heavily as teens showed mental decline; as a matter of fact, they declined 8 points -- there was an 8-point drop in IQ scores. Teenagers who are daily users of marijuana are 60 percent less likely to complete high school or obtain a university degree; 7 times more likely to attempt suicide; and 8 times more likely to use other drugs.

Research indicates marijuana's cannabinoids activate the same CB1 Receptor System as opioids, like I said, like OxyContin, morphine, and heroin, etc. This triggers a dopamine release in the mesolimbic reward system. Cannabis use in adolescence has also been associated with

increased risk of psychosis in adulthood, and that is something that we have seen here in New Jersey. It has been on the rise.

And since legalization was put on the platform, the vaping in schools has skyrocketed. In some schools, in some school districts, those-- I'm a substance counselor; I'm a Student Assistance Counselor in a school system. Some systems have experienced up to 80 infractions a week. That's devastating to any community. It's devastating to the school, as well as those families.

Citizens of Colorado were tricked by Big Marijuana, just like many generations were tricked by Big Tobacco. New Jersey must avoid those same devastating mistakes which have taken a toll on human collateral in Colorado through significant increases in homelessness, psychosis, crime, ER visits, even teens high on pot in schools.

Actually, there are two videos I would really like to encourage you to see. One is called, *Weed Documentary* -- they are both accessible on YouTube -- *Weed Documentary 2016, High School Marijuana in an American Public High School*. The other one is *Marijuana X Documentary, Full Director's Cut*. That was actually developed by a gentleman here in New Jersey, Mike DeLeon.

It is impossible to leave youth out of the equation of legalization. We all know that legalizing marijuana goes beyond an adult choosing to use an addictive, mind-altering drug. It is about aggressive marketing, lowering the public's perception of harm, especially youth's perception of harm, since they look to adults to model healthy behaviors. And we all know that leads youth to a broader rite of passage with legalizing marijuana.

ASSEMBLYMAN DANIELSEN: You have 10 seconds.

MS. FORNAROTTO-REGENYE: Okay.

So Student Assistance Counselors and Administrators have seen a huge increase in vaping in schools across New Jersey.

I'm asking for your help in just taking all this information into consideration.

ASSEMBLYMAN DANIELSEN: Thank you.

M A R I E L L E M A R L Y S: Hi.

My name is Marielle Marlys: I am a sophomore at New York University. I am 20 years old.

And I'm really here today because abuse has been prevalent in my own family; and I have also seen this with my peers at a university level. It is very, very common.

And so I came home this weekend from school for this meeting today. And ironically enough, yesterday I met with one of my friends from high school. And I knew that she had begun to use marijuana once she entered the collegiate level. I had no idea the scale at which she was using it -- before class, after class, all hours of the day.

And it really shocked me yesterday to hear that she was ending school -- she was going to be taking a leave of absence -- because this was young woman who wanted to become a doctor.

She had all these goals. She was bubbly, she was just one of those people who you meet, and their energy is so outstanding.

And to see her physically look depleted; as well as-- You know, speaking to her, it was truly like talking to someone who was no longer alive

inside. And that sounds very dramatic, but that's the best way I can describe it. It was devastating.

And she began to use marijuana, like I said, when she entered college; and now she's using Xanax.

So this is just one instance where people have used marijuana, and it has led to a higher substance abuse later on.

And, you know, the number one drug teens do use is marijuana; that's a fact. And I really do believe that this story is not isolated; this is the new face of addiction today.

And I really ask-- I'm 20 years old; I've seen this, I've lived it, I am asking that you take all these different considerations into play when making your decision.

Thank you; and thank you for allowing me to speak today.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions from the Committee?

ASSEMBLYWOMAN MURPHY: Thank you so much.

Thank you for the facts here to look at.

You had indicated in here that there's a poll by FDU in New Jersey--

MS. FORNAROTTO-REGENYE: Right.

ASSEMBLYWOMAN MURPHY: --that legalization is not supported by the majority of New Jersey residents. Do you -- are you able to send me a copy of that poll?

MS. FORNAROTTO-REGENYE: I can locate it for you.

ASSEMBLYWOMAN MURPHY: Because there are -- at least what I see, and I have had a few meetings -- quite a few meetings with not

only my constituents, but also professionals, who are on the fence; as well as are in support of the legalization of marijuana. So I would really like to see that poll to be able to compare it to the amount of support I'm getting, as well as what the polls say.

MS. FORNAROTTO-REGENYE: Sure.

ASSEMBLYWOMAN MURPHY: So if you wouldn't mind; Samantha can give you my card--

MS. FORNAROTTO-REGENYE: Absolutely.

ASSEMBLYWOMAN MURPHY: --if you wouldn't mind. And then we'll make sure the Committee, as well, gets it, if they're interested.

Thank you.

ASSEMBLYMAN DANCER: Mr. Chair.

Alysa, you had mentioned about the vaping. Could you just explain me to me again about the higher incidents of vaping in the schools? And is there some nexus or connection there with--

MS. FORNAROTTO-REGENYE: So it's interesting; because all of us SACs across New Jersey have been discussing this for the -- this school year is really paramount for us. It started last year, the vaping in the schools; but this year it has -- it took us from the very beginning of the school year.

And so, you know, what's going on is kids are not-- We have the leaf form of pot; which as you know, back 20, 30 years ago -- back in the 1970s, it was only 4 percent THC. Now the leaf form is anywhere between 16 to 47 percent THC. The vaping form, which is a very highly concentrated form of THC-- Which also, by the way, has residue of either

butane or propane, because you need butane or propane to use in part of the process of extracting the THC from the pot plant.

So we have students now who are turning from the leaf form to the vaping form. And I will tell you this -- that those students who I see who have transitioned over to the higher concentration at 99 percent THC-- Unfortunately for those kids, you just start to see a very quick decline. You start to see decline in their mental health, in their academics; high absenteeism. Unfortunately, those are the ones who have to go away for residential; and very often insurance becomes a problem, because insurance doesn't think that marijuana is a problem. So that's a big problem for all of us who are trying to advocate for individuals; not just youth, but individuals who are addicted, because it is addictive. That's a problem for us, because we can't get them into treatment.

So I'm sorry; I know I went off-topic.

ASSEMBLYMAN DANCER: No, you're good; you answered my question.

MS. FORNAROTTO-REGENYE: Okay.

ASSEMBLYMAN DANCER: Thank you, Alysa.

Thank you, Chairman.

ASSEMBLYMAN DANIELSEN: Okay; anybody else?

ASSEMBLYMAN RUMPF: Thank you; thank you, both, for your testimony.

The testimony that you offered about your friend really being reduced and not having the life inside of her that she once did.

Alysa, I'm going to turn that over to you. Is that something that you see in the students who have these incidents? You described 80

infractions in some systems in a single week. What are we actually seeing the students look like?

MS. FORNAROTTO-REGENYE: So this is really-- You know, the face of addiction has truly changed. And the *face of addiction* -- really, that kind of coined phrase came around with the opioids, but it's true across the board with any substance. I don't want us to get lost in the opioid epidemic, because it starts with the gateway drugs. And marijuana is the number one illicit gateway drug that is used among the teen population.

So what we see -- we have honor roll students -- high honors, athletes, who are turning to substances for various reasons. A lot of pressure on kids to perform; so very often they're using pot just to relax from their anxiety. The problem with that is, THC actually causes anxiety. You know, there are two substances-- We've mentioned two different properties of pot today; one was the CBD, and one is the THC. So the THC is the actual addictive psychoactive substance. CBD is not addictive, and it's not psychoactive. So yes, that is a very well worth medicinal property that's in marijuana.

So the problem is, we have pot that's being grown today specifically with high concentrations of THC and purposely very low CBD. So we're not talking about natural-- There is no natural pot today. The natural pot is from the 1960s, okay? Those days are gone. We're talking about -- it's really, it's a man-made pot at this point because they're using technology to create new pot. So it's creating major psychosis -- mental health issues -- in youth across the nation. If you look at Colorado -- it is definitely the highest in Colorado. Let me just see; I did have a couple of things on Colorado (refers to notes).

ASSEMBLYMAN RUMPF: I think your point as well is it's already here in New Jersey.

MS. FORNAROTTO-REGENYE: Oh, it's been here -- it's been in New Jersey for several years -- the concentrated form. And so we've been seeing-- We have kids in schools now who are acting very bizarre, very erratic. That's that high THC. It causes catatonic states in kids; it causes kids to act very strange. So sometimes-- And plus, marijuana is a hallucinogenic; the THC is a hallucinogenic. So when you have concentrations of THC in a substance, then you're causing all sorts of risks.

ASSEMBLYMAN RUMPF: So if we legalize today, do you see, in your opinion, the difficulties increasing?

MS. FORNAROTTO-REGENYE: It would be devastating. You have to think about who is our future. That's what we need to really look at. Who is our future? It's the youth. So if we have youth who are becoming more and more addicted to a substance, and then becoming more and more unhealthy -- the dropout rate is increasing; the treatment admissions are increasing. In New Jersey, 2016 -- okay? -- there were-- Okay, in 2016, heroin caused 32,369 treatment admissions; alcohol caused 20,287 treatment admissions; marijuana caused 11,004 treatment admissions. Half of those -- about 5,502 -- were for adolescent treatment admissions.

However, I want you to understand something. People who get into treatment are really the lucky ones. There is somebody looking over their heads if they make it into treatment. Because the majority -- and this is a national statistic -- okay? -- the majority of people who are addicted to

any substance don't ever make it to treatment for a lot of -- a host of different reasons.

So why would we want to legalize another drug? Why would we want to do that on a national level, let alone here in New Jersey? You have to consider -- the State of New Jersey is much more densely populated than Colorado. Colorado is a sprawling state, yes? They have plenty of land. And look at the homelessness camps they have. They have hundreds of homelessness camps just in one big city, where there are 100 homeless people in each one of those 100 homeless camps. Can you imagine what your communities are going to look like? How are we going to keep up with the treatment needs of those individuals? How are we going to keep up with the mental health needs? Because your psychiatric hospitals will soon be filled. What else are you going to do with them?

I would like -- I would prefer to redirect youth to a healthier way of living. I want to send clear and consistent messages to youth. I've been--

ASSEMBLYMAN DANIELSEN: I'm going to interrupt you there--

MS. FORNAROTTO-REGENYE: Go ahead.

ASSEMBLYMAN DANIELSEN: --because you've been out of time a long time.

MS. FORNAROTTO-REGENYE: Sorry.

ASSEMBLYMAN DANIELSEN: But I would like to ask a question.

You are aware there are some cannabis strains where it's high in CBD and only trace levels of THC. You are aware of that right?

MS. FORNAROTTO-REGENYE: You know, it's funny that you asked that, because I have pictures from the dispensaries. And they all have -- the THC that I see on them -- let's see, one of them is *Dream Police*, it's called. And Dream Police has 14.5 percent THC with 0.04 percent CBD.

ASSEMBLYMAN DANIELSEN: I understand. I was just making the comparison that, you know, that science does go into cultivating these, and there are some products that you don't get high from because it's only a trace level of THC. So there is no hallucinogenic quality or properties of that product. While, at the same time, there are strains that are the opposite; they have high THC and low CBD.

Yes or no; you are aware of that? There's a whole variety of strains and products out there. And when you go to the extracted products, the edibles--

MS. FORNAROTTO-REGENYE: Which are really dangerous.

ASSEMBLYMAN DANIELSEN: --the options expand even more. And if I understand your testimony, is you are most concerned with the THC compound than the--

MS. FORNAROTTO-REGENYE: I am; the CBD. I'm not -- it's not the CBD that I'm concerned about--

ASSEMBLYMAN DANIELSEN: Right; okay.

MS. FORNAROTTO-REGENYE: --but the CBD-- I mean, even NIDA, the National Institute on Drug Use -- they recognize that CBD -- there are positive things with that property; not THC.

ASSEMBLYMAN DANIELSEN: Okay.

Any other questions? (no response)

Thank you very much, ladies.

MS. FORNAROTTO-REGENYE: Thank you.

ASSEMBLYMAN DANIELSEN: I'd like to call up the next two, Kris Krane and Arturo Sanchez.

A R T U R O M. S A N C H E Z, Esq.: Good morning.

ASSEMBLYMAN DANIELSEN: You are Arturo?

MR. SANCHEZ: Yes, sir.

ASSEMBLYMAN DANIELSEN: And do we have a Kris Krane? (no response) Kris Krane, 4Front Ventures?

Mr. Sanchez, it looks like you're on your own. Don't be nervous; everybody is watching you. (laughter)

MR. SANCHEZ: Oh, no; that's fine.

ASSEMBLYMAN DANIELSEN: And you'll never get this chance again. (laughter)

MR. SANCHEZ: Good morning, Chairman Danielsen, members of the Committee.

Arturo Sanchez; I am Vice President of Compliance with a company that goes by the name of Terra Tech Corporation. It's a publicly traded company on the QTC market.

We are an agriculture company that's vertically integrated. We have farms in New Jersey that actually produces *produce* for local grocers. It's sold under the banner *Edible Garden*, and found in many common chains along the Eastern Seaboard.

But we are also a vertically integrated cannabis company, with presence in the state of Nevada -- four retail sites and cultivation

manufacturing -- and a presence in the state of California -- two retail sites, as well as cultivation and manufacturing in the state of California.

Before I go on a little bit more about our company, I want to give you a little bit about my background.

I am a former public servant; I worked 13 years in the City of Oakland, and I worked there as a Deputy City Attorney for a Councilperson, as well as for the City Administrator's Office on the public management side.

And in that capacity I worked on a variety of different issues, one of which was in 2004 -- 2003, helping to draft the initial dispensary legislation for the City of Oakland.

So there are cities and jurisdictions in this country that have been dealing with this issue since the early 2000s; and in fact the City of Oakland was the first city to recognize a collective cooperative to issue medical cannabis. And that collective -- or cooperative, actually -- ended up in the U.S. Supreme Court case where the city joined, as a friend of the court, on behalf of people who were being sued by the U.S. government.

So I say all of that -- it's subsequent work for that city, for the City of Long Beach; and my last place of tenure was the City of Sacramento, where I helped oversee public safety elements; so, police and fire. And throughout that tenure, I had a close relationship with regulating cannabis.

After I left the public sector, I joined this company as the Vice President of Compliance, with the specific goal of making sure that all our entities comply with local and state regulations.

And so that brings us full circle to my testimony here. I have found this to be a wonderful discussion, full of all the nuances and all of the conflicts and complexities that exist in trying to address an industry that is burgeoning and changing throughout the country. It's not just New Jersey; it's everywhere. And a lot of these issues are being dealt with on a day-to-day basis.

But what I can tell you is we are seeing regulated markets in the state of California and in the state of Nevada that are coming on line and are working. I can also tell you that the issues that have been raised are issues that you will have on your doorstep that need to be dealt with, just like we dealt with them in 2004 in the City of Oakland where we regulated dispensaries which did not exist before then.

And so I'm here in favor of moving forward with additional medical licensing in the State of New Jersey, revising it so that it is safe access and equitable access; in favor of adult-use, reasonably regulated and, moving forward. And I would say that if experience is anything, it is that if you are not careful and learn from the lessons of other states that have done things well and done things poorly, then you will create or exacerbate black and gray markets, as were described by other folks here.

But I think that turning a blind eye to the opportunity for careful regulation-- And the careful exercise of your legislative power to allow for a thoughtful development of this industry and safe access is really the right pathway for the legislation to go -- for the legislators to go.

ASSEMBLYMAN DANIELSEN: Do you have any specific recommendations that the State do for our process or the end result?

MR. SANCHEZ: Well, I do agree with the Doctor who spoke at the beginning. Anything that adds stigma to doctors participating in the medical prescription -- or recommendations, as you may call them here -- for people to gain safe access, is just a barrier.

The lessons that we're learning now are related more to the monetary regulations, rather than the operational regulations. The industry can conform to testing, to distribution requirements, to safe organic growing if that's where the State wanted to go. But the hard parts are regulating the economics of the plant such that you actually begin to impact the black and the gray market. Because if you overregulate the price, what it will do is drive the medical market into the black market again because they don't have to pay an excise tax; they don't have to pay a local tax.

ASSEMBLYMAN DANIELSEN: Interesting.

MR. SANCHEZ: And they don't have to pay a licensing fee in order to be a compliant business. They don't have to pay security; they don't have to have the cameras; they don't have to hire someone like me to come in and say, "You did not put up a sign that you're supposed to have. You don't have your occupancy sign. You're not doing things the way you're supposed to," right? A public company like ours -- we must do everything, because we are regulated by the Federal government for SEC compliance, and that includes audits at all levels.

And so the tough part is the economics of it. Because if it's cheaper and easier to get somewhere else, then you do see a proliferation of that black market, because the regulated market becomes too pricey.

The other side of that is -- if you look at Oregon, the plant has become so easy to come by that the price has basically deflated the market. So in some ways, this industry is about learning the economics--

ASSEMBLYMAN DANIELSEN: Are you sure that's always the case? I mean, I can crush a few grapes and make some wine; I can brew my own beer. But it's so much better down the street, and it's much more expensive. I find myself going to that liquor store.

MR. SANCHEZ: Well, that's absolutely true. But the issue here is about the individual. It's about *individuals* who have been participating in the black market for a while, and have become adept at creating strains that achieve the same level.

ASSEMBLYMAN DANIELSEN: Oh, okay.

MR. SANCHEZ: Right? So it's not -- I'm not speaking to the issue of you can grow this at home; because it's true -- you're not going to get the same results if you're growing. You could grow grape tomatoes; it's probably going to be about that big (indicates). And it might not taste as good as what you can find in a market. But you're absolutely right; there's a need and an opportunity that comes with a commercial market that we should definitely look at. I'm only speaking to the economics of the availability and the impact that that can have in dragging people away.

ASSEMBLYMAN DANIELSEN: So your company is vertically integrated, which means that you cultivate -- indoors, outdoors, I suppose.

MR. SANCHEZ: Yes.

ASSEMBLYMAN DANIELSEN: You have a separation laboratory?

MR. SANCHEZ: In California, you're not allowed to have a lab if you are growing, and manufacturing, and retailing. So--

ASSEMBLYMAN DANIELSEN: Okay; I understand that, and I agree with that sort of model.

MR. SANCHEZ: We do too.

ASSEMBLYMAN DANIELSEN: So you do not -- so your company that's cultivating, but not the chromatography or the separation of the compounds. Is that right?

MR. SANCHEZ: We do manufacture; we make distillates, or--

ASSEMBLYMAN DANIELSEN: Oh, you do? Just not in California.

MR. SANCHEZ: Just not in California now. We have licensing that's about to start. Remember, California started licensing and regulating the market in January. So we have business sectors that are being built up in California that will start.

ASSEMBLYMAN DANIELSEN: Okay.

MR. SANCHEZ: And the same will be true in Nevada.

ASSEMBLYMAN DANIELSEN: And you also -- your company also retails?

MR. SANCHEZ: Yes.

ASSEMBLYMAN DANIELSEN: Okay.

So back to my question of how do you think New Jersey should proceed. Should we-- You know, because if companies are not making a profit, they won't research, they may cut corners against-- The illegal elements will become involved. Do you have any other guidance for the State?

MR. SANCHEZ: I think that the State and the legislators are taking the right approach of listening, and moving forward, and thinking about thoughtful legislation. What I would encourage you to do is actually come out and visit California, which is the most recent regulated market on the adult side. They are going through some tough transitions related to the regulatory market. They did not do what Nevada did, which was phase-in, from medical to adult in a slower process. What they did is, they turned on the spigot; come January, you can come get your license. And you had a natural conflict between the regulated and those who chose to not participate.

And so you have the non-participatory folks with no -- there's no stick on them; there's no enforcement mechanisms currently existing in the state, unless your license-- If you're licensed and you're paying for your license, we will come out and do inspections. But there is no one doing anything about the unregulated illegal markets.

And so that tension just popped up overnight in the state of California because they moved quickly on regulating the market and making it so cost-prohibitive that the market split in two -- those who chose to participate, and those who did not.

ASSEMBLYMAN DANIELSEN: Interesting. Do you have any opinion on the number of cultivators, the number of production labs, the number of retail locations?

MR. SANCHEZ: My personal opinion -- the company would say that we're in favor of no limits. My personal opinion is that each jurisdiction -- because I'm a local jurisdiction guy, so I grew up working for cities, and I think you never take local control away -- and so I think you

allow for informed processes at the local level. Some may choose to participate; some may choose not to participate. But you allow them to find the right number in the right places that work within their communities, so that you don't have conflicts of interest pop up because you didn't take their voices into account, right?

They also get to community-build to a certain extent, in that there are ancillary businesses that come up that will grow with this industry -- the bottle makers, the people who actually do the packaging -- the other industries that could potentially be additional jobs and job placement for local jurisdiction.

So I wish I had a clear-cut answer for you about what the right number is, but I think it's an environmental condition that needs to be determined by the locals, to a certain extent, for the right number for them. No caps at the State would allow the locals -- through zoning, local regulation -- to determine what the right number is for their community.

ASSEMBLYMAN DANIELSEN: I'm surprised that's your position, because I would think that if you had too many, you saturate the market; then there are companies not making money the legitimate way.

MR. SANCHEZ: I'll tell you why it is, if I may be so bold as to jump in there.

ASSEMBLYMAN DANIELSEN: Sure.

MR. SANCHEZ: I apologize.

Zoning and regulatory arms at the local level will restrict naturally the number. When we started in Oakland, the reason we had to draft something was that facility that I told you about, the one that the U.S. Supreme Court closed down. And then everybody assumed that we

were the city that welcomed everyone in; and for a while there we were having *Oaksterdam*, which was--

ASSEMBLYMAN DANIELSEN: *Oaksterdam*. (laughter)

MR. SANCHEZ: --a three to four-square block area of the downtown area of Oakland where there was proliferation of collectives, right? And the state, at the time, was working on SB 420 -- their pun intended -- to actually come up with a regulatory framework on collectives or operatives.

But they only considered the giving element; they did not consider the commercial element that had naturally popped up in Oakland as a result of what the city had done, right? It had recognized the medical right to have safe access.

And so when it did that, all these folks just came into one area. And the original decision for the city was, you either regulate the number of permits that you make available, or you allow a zone, or you regulate them to certain zones. The city, at the time, made the decision to not create a zone because then they felt there would be an overconcentration of proliferation of them in one particular area and could draw away from the downtown. So they chose to limit the number and the placement of them, and try to geographically break them up with boundary restrictions.

The then-Mayor at the time, current Governor Brown, wasn't a big fan. But when he became Attorney General a couple of years later, essentially took that same framework and applied it to his Attorney General guidelines, wherein he recognized the right to conduct commercial activity. The state followed a few years later, and much of it sort of bloomed from there to a certain extent.

So it's not that I don't believe-- It's not that I believe that there should be an unlimited regulated market; it's that I think with the right local controls, at the local level, you can achieve the number balance that you need for that particular community and that particular economy.

ASSEMBLYMAN DANIELSEN: Interesting; thank you.

Any questions?

Assemblyman.

ASSEMBLYMAN RUMPF: Just briefly, we heard statistics earlier this morning concerning the relatively high number of infractions, if you will, with respect to youth access to the facilities and to the product in the regulatory framework. Is there a reason for that? What's going wrong that that is happening?

MR. SANCHEZ: I couldn't speak to those statistics; and as I understand them, if I recall, they were referenced correctly, it was from Colorado and from Washington D.C. So we're in Nevada and California.

What I can say is, we have not necessarily seen the same types of reports. What I can say is that much of what they said I would agree with in terms of the inequities of certain laws and how they are applied. The city of Oakland, again, is a good example. They are going through their own bias on the enforcement issues and how they choose to enforce certain laws on certain individuals. The cannabis and drug issue is a small slice of a larger problem: traffic enforcement, jaywalking enforcement, gun crimes, felony arrests for people on probation -- things that all mix together in certain ways. So I would be an uninformed person to tell you the right way to connect the issues that were said earlier with this, except anecdotally as I just did.

ASSEMBLYMAN RUMPF: Okay; thank you.

ASSEMBLYMAN DANIELSEN: Assemblywoman.

ASSEMBLYWOMAN MURPHY: Thank you.

Through the Chair.

Mr. Sanchez, thank you for being here.

I know you just provided some recommendations, and you've been working in California in the process for a long time. What would you say would be the best lesson learned out of your best practices, when doing this, that we could either -- whether it's good or bad -- that we either should stay away from doing or we should look into doing the same thing? If you could comment. I know every issue always has best practices. So what would you say would be the biggest lesson learned out of the process you just came out of in California?

Thank you.

MR. SANCHEZ: Yes, ma'am. I always like my Robert's Rules of Order.

Through the Chair, to Assemblywoman Murphy -- I appreciate the question.

My personal lesson learned is in 2003 when we drafted -- that created a ton of black and gray markets that we didn't know we were going to create. We decided to regulate a retail commercial storefront; we created a gray market for cultivation at the personal level. And so the lesson learned there is as legislators ask the questions of what markets will pop up -- because for each action there's actually an equal and opposite, or slightly misdirected reaction in that there are opportunities for both good and bad -- right?

And there's also an opportunity for additional industries, or sectors, for the State of New Jersey to build up -- good, blue collar jobs that could come out of some of this. But also the reinvigoration of certain downtown areas or other things, if done with careful planning and with careful zoning in partnership with the locals.

ASSEMBLYWOMAN MURPHY: Just one more question, through the Chair.

Have you seen increase, decrease in the usage? Because now you're talking about -- you've got legalization and medical marijuana. Have you seen an increase in usage? Because you said earlier that it's kind of stabilized now that you've done this for a few years. Or is it still too early to tell?

MR. SANCHEZ: Through the Chair, again, too.

For the state of California, it is too early to tell. Regulated markets started January 1 of this year--

ASSEMBLYWOMAN MURPHY: Okay.

MR. SANCHEZ: --to now.

What I can tell you are sales and the trend that we're seeing now. First day adult sales, of course, spiked up; medical sales went down a little bit. And this is in spite of the fact that medical pays less in taxes; but it paid a tax. It didn't have the state tax before that.

And the numbers have been trending down slightly over that period. There's no data to base it on; but the fundamental belief is that some of the medical folks are being driven into that gray-black market because those folks don't charge the taxes. So that's where I say the economics of the issue are really one of the pinch points.

The other lesson there is, if you look at Oregon, again, the proliferation of product driving the price down, hurting the industry; and then you see the tendency for folks to find ways into, “Well, okay, I’m not making money through the regulated market. I have to go sell this somewhere else.” And so that potential is there, which is why the careful balance in numbers -- the excellent question you asked is absolutely right. What’s the right balance?

ASSEMBLYWOMAN MURPHY: And one last question.

You said you increased jobs that came out of the medical portion? Or when you just started legalization did you hire more people to -- whether it’s in administration, oversight, regulations, or and in the farming area?

MR. SANCHEZ: That’s a great question, and it allows me to dig a little deeper.

The funny thing is, is the regulated market has caused some in the industry -- people manufacturing and cultivating actually had to let some folks go. And part of that is because it became too expensive to keep them on with the additional tax burden.

But what I meant by that are the ancillary businesses that pop up. So there’s a wonderful bottle making company in California that goes by the name of *Kush Bottles*. And they make glass products, but they happen to make glass products that occupy this space. And glassblowing and glassmaking is one of those blue-collar jobs that sort of went away to a certain extent at some point; but this industry has the potential of creating ca certain niche markets for something like that. That’s what I meant by the job opportunities that exist--

ASSEMBLYWOMAN MURPHY: Okay; thank you.

MR. SANCHEZ: --the delivery people, the people who are making the packaging, the people who are working on the trimming in a cultivation site. For Oakland, they required 50 percent local hire for anyone in business. I think you could go for the equity part of this issue a little further, right? You can go to more than 50 percent local hire; you can go through your Workforce Investment Boards and develop programs that train people on how to connect with this industry, and that require a first look or first right of refusal, something like that, to hire local people who have been traditionally unemployed or disenfranchised.

For us, that's important because, as a larger company, we have good health insurance. We offer a 401(k) plan; people can buy stock in our company. And for me, it's about generational wealth building, right? The opportunities to balance out the scales of injustice, or justice, come from the potential of someone owning a stock that some day could be the equivalent to an Apple or something else. This is a long-term investment, and that's sort of the way we need to look at the industry, but also at the people who we're hiring and investing in, in our local communities. It's a long-term investment. It's the long view that matters, right? Do it well, build it up; and who knows what it can do in terms of generating economies for the locals.

ASSEMBLYWOMAN MURPHY: Thank you.

ASSEMBLYMAN DANIELSEN: Mr. Sanchez, thank you for expressing yourself regarding the number of licenses and placements. It's going to be a delicate equation for us, because you can't always -- it's not

always easy to say that an industry is *servicing* a neighborhood versus *exploiting* it.

MR. SANCHEZ: Yes.

ASSEMBLYMAN DANIELSEN: You know? And we have to find that balance.

Since you're vertically integrated -- so who would be in charge of your cultivation process? Who's the highest level professional?

MR. SANCHEZ: Well, at each individual site--

ASSEMBLYMAN DANIELSEN: Not a name, but what's their position and qualifications

MR. SANCHEZ: We have a Head Cultivator at each individual site, and they would have been someone who would have knowledge and experience in actually cultivating. They all report up the chain to a Director of Cultivation, who reports to the Chief Operating Officer of the Corporation.

ASSEMBLYMAN DANIELSEN: And what about the laboratory?

MR. SANCHEZ: It will be an equivalent reporting up. There will be, essentially, a Director of Manufacturing who has a Head Lab Director at each of the facilities that we have operating.

ASSEMBLYMAN DANIELSEN: What would their qualifications -- what would be the typical qualifications?

MR. SANCHEZ: Well, the young man who we had doing this for us in Oakland for a brief period of time before the transition happened was an organic chemistry graduate from the University of California Berkeley. Go, Bears; I'm a Cal grad myself. I had to throw that in there.

And very qualified and incredibly intelligent, familiar with the strains and the different products, and with safely distilling the products in the manner that we were looking for at the time.

So it would be someone equivalent, with that kind of experience and that kind of safety. My role in the Corporation is to make sure the facilities that are built are compliant; make sure that the people we hire have the right technical capabilities; and they conduct spot checks and inspections to make sure that all the safety measures are being implemented as we require from the Corporation, which sometimes go above and beyond what the locals do.

So we're working and building a seamlessly integrated operation where we have multiple eyes to make sure we do things safely.

ASSEMBLYMAN DANIELSEN: What are some of the things that you do to make sure things are going safe and being produced safe? I mean, do you guys grow all organic; do you put chemicals on your plants, pesticides? What do you do in the laboratory?

MR. SANCHEZ: We avoid pesticides, and the state of California regulates what you can use and can't use on the plants.

What I should say is we're in between cycles; the last cycle, at the end of 2017, was cultivated and harvested. And so we're in a start-up phase for indoor cultivation for us right now; and we're actually just getting the outdoor phase in the state of California.

So this will be the first series of cycles where we have to worry about what's going on in the product -- whether it has some sort of contaminate or something we have to deal with and get rid of it, and whether or not it's meeting the testing requirements.

But an interesting issue that that raises is considering when it gets tested is one of the things that I think you'll have to think about is, do you test it at the cultivation level, or do you test it after it's been manufactured? Or do you test it after it's been cultivated, manufactured, and pre-retail? Each of those yields gives different results.

ASSEMBLYMAN DANIELSEN: When you say *pre-retail* -- what, and sent to the baker?

MR. SANCHEZ: Well, that's actually more nuanced--

ASSEMBLYMAN DANIELSEN: As an example.

MR. SANCHEZ: --because you can manufacture and create distillate--

ASSEMBLYMAN DANIELSEN: Right.

MR. SANCHEZ: --or you can bake with the oil that was created by the manufacture.

ASSEMBLYMAN DANIELSEN: Should we be treating this any differently than any other pharmaceutical?

MR. SANCHEZ: I feel like my personal opinion will get in the way of-- No, I think it's--

ASSEMBLYMAN DANIELSEN: Don't edit yourself; let it out, let it out.

MR. SANCHEZ: I think the short answer to that is, it's different. It's a different product; and something that was made. Even though it has some elements of having been made in a lab, it still must be grown, it must be monitored in that way. It's more akin to looking for the organic elements that you started your question with. What is the root that we are starting with? And then let's make sure each time it's touched, it's

touched in a safe and intelligent manner; and that we have the right regulations to protect the end user from either receiving a contaminant or from receiving something that exceeds what our allowable limits are.

ASSEMBLYMAN DANIELSEN: And we have to do it in a way that the end product is affordable and accessible, safe, effective, and someone is going to make a profit. That's the reality, right?

MR. SANCHEZ: Yes. At the local level, I probably care about the end less, but yes, it's true; we're here because the end result is that there's a commercial viability to this. But we started out as a medical company; our CEO is someone who actually had to take the product because he had a severe back injury. And I started out in a city that recognized the medical need long before many other people did. So many of us are actually believers, even though there is a commercial element to the work.

ASSEMBLYMAN DANIELSEN: Okay.

Any other questions?

Vice Chairman.

ASSEMBLYMAN HOUGHTALING: You had mentioned that the medical marijuana wasn't selling as well, so they sold it as recreational marijuana. Is that what you said?

MR. SANCHEZ: No, no. I think what you're recalling is that I said we started out the year really strong on the adult sales; and medical not so much. Our belief is that the medical folks went away because the price of the product became too expensive; and so they went to the gray and black market.

ASSEMBLYMAN DANIELSEN: I hear that a lot.

MR. SANCHEZ: That's our belief. I believe that's what your inquiry is about.

ASSEMBLYMAN HOUGHTALING: Is there a difference between the medical marijuana and the recreational marijuana?

MR. SANCHEZ: On the limits to the THC, yes. You can actually have higher limits for medical.

ASSEMBLYMAN HOUGHTALING: Are the plants the same?

MR. SANCHEZ: The root of the product -- it remains the same. But when it gets manufactured into something where you test it for the amount of THC in it--

ASSEMBLYMAN HOUGHTALING: Right.

MR. SANCHEZ: --the limits apply to that and not to the flower.

ASSEMBLYMAN HOUGHTALING: So there could be a medical marijuana store here, and across the street there could be a recreational marijuana store? You couldn't -- you still need a prescription to buy the medical marijuana-- Or not a prescription; you need approval from a doctor to buy medical marijuana?

MR. SANCHEZ: Well, sir, I want to tailor my answer just to say -- we're talking about California and Nevada now.

ASSEMBLYMAN HOUGHTALING: California and Nevada; yes.

MR. SANCHEZ: --and in California and Nevada, they do have two different license types. But most retailers have both. So for instance, we carry medical and adult products. And at the point of sale, when someone has checked in -- at the point of sale, they're either a medical or an

adult recreational user. And if they're medical, then they have access to certain products that the adult user does not.

ASSEMBLYMAN HOUGHTALING: Okay.

MR. SANCHEZ: Does that answer your question?

ASSEMBLYMAN HOUGHTALING: Yes; thank you.

Thanks, Chair.

ASSEMBLYMAN DANIELSEN: Okay; anyone else? (no response)

Mr. Sanchez, thank you very much.

Did you give your contact information to OLS?

MR. SUMNERS: We have it.

ASSEMBLYMAN DANIELSEN: We have it?

MR. SUMNERS: Yes.

ASSEMBLYMAN DANIELSEN: Excellent; I'm sure there will be a number of people reaching out to you for further discussion.

MR. SANCHEZ: Thank you for your attention.

Everybody have a good day.

ASSEMBLYMAN DANIELSEN: At this time I'd like to take a 15-minute recess, and we'll convene shortly.

(Committee recesses at 12:10 p.m.)

(Committee returns at 1:04 p.m.)

ASSEMBLYMAN DANIELSEN: Thank you, everyone.

This Committee meeting is back in session.

I'd like to invite up, to come speak, Deborah Miran; I apologize if I am mispronouncing that -- and Bridget Hill.

DEBORAH R. MIRAN: Thank you, Mr. Chairman.

I didn't plan to speak today, so I do not have prepared remarks.

But I am here for a few minutes in the interest of correcting the record on some of the comments that had been made previously this morning.

ASSEMBLYMAN DANIELSEN: And which one are you -- your name?

MS. MIRAN: Deb -- I'm Debbie Miran, M-I-R-A-N.

I'm a former Commissioner with the state of Maryland. I worked on the Medical Cannabis Commission for three years. I was responsible for writing the regulations that were promulgated in our state, and also I was responsible for the application process and the full implementation. Maryland has now been open for business five months; and I'm happy to say that we have 32,000 patients registered, and about 700 providers.

What I would like to start with is, just first of all, say that I'm very pleased what the Governor of New Jersey did a couple of weeks ago, when he was able to expand the program and to include some important new conditions, including treatment for substance use disorder, cannabis use disorder. Both New Jersey and Pennsylvania now have provisions, which no other state has at this point. To me it's a recognition that this plant and these cannabinoids can help with acute states of withdrawal; they can lessen drug seeking behavior; and they can be done without throwing another narcotic at these addicted patients.

Having said that, I would also like to correct a few things that I heard earlier this morning.

First and foremost, last year the DEA formally announced and corrected their website to indicate cannabis is no longer considered a gateway drug. It is not a gateway drug, and that's been -- that record has been corrected and it is well understood.

Secondly, the underage brain development questions that I've heard so much about this morning. I often look at these reports, and I would issue caution to all of you that when you're looking at this data, keep it in context. It's very easy to take data out of context and present it in a way that might favor one side or another. I represent data here; not a position, although I do support medical use. I think that before you get overly sensitized to some of the things that are presented, most of the time when you see these studies published, there are too many confounds to be able to say definitely that cannabis is causing cognitive impairment. There is a study that I was just trying to pull up for you -- and I will send it if you are interested - it was just published in *JAMA* last week, simply saying that we cannot always rely on this data to give us these definite positions.

I'd also like to speak to the concentrations in the plant. It could be all over the place, but know that currently there are many, many strains that have been developed, focused on the high CBD content; focused on more THC content. And also focused on some of the minor cannabinoids -- all of which are being shown to have some therapeutic potential. We're delighted about that.

When you hear about concentrates that are in the 70, 80, 90 percent THC range, these are extracts. This isn't how the plant has come.

So these plants have been harvested and processed and extracted and concentrated,

States can control that. If you look around at some of the states now -- in Virginia, recently onboard, and West Virginia -- you can, as a state, you can set limits on these concentrate levels. And then the industry would have to abide by you.

I'd also like to say that there was a question that I believe the Chairman raised to the last speaker. Should we treat this differently than any other pharmaceutical? And I'd like to just offer my thoughts on that.

This is medicine; these are sick people. We should be treating this-- And this is the approach I took in Maryland -- we have the FDA in our backyard. If we don't approach this as medicine, from the point when it's first a seedling or cutting is put into the ground, all the way through processing and what is on the dispensary shelf -- from quality control, quality assurance, testing, labeling -- so that these patients know exactly what they're getting and it's pure and potent-- I know we can't make claims, because this is not an FDA-approved product, but the states can control all of that, and we attempted to do that in Maryland. And I'm happy to work with the State of New Jersey if you're interested. I've worked with other state programs, by the way.

Thank you.

ASSEMBLYMAN DANIELSEN: Thank you, Deborah.

And you have given your contact information to OLS?

MS. MIRAN: I have not, but I will.

ASSEMBLYMAN DANIELSEN: All right; please do.

MS. MIRAN: Thank you.

ASSEMBLYMAN DANIELSEN: Good afternoon, ma'am.

BRIDGET HILL - ZAYAT, Esq.: Hi, I'm Bridget Hill-Zayat. I'm an attorney with Hoban Law Group based in Denver. We're the oldest and, I think, largest cannabis-focused law firm in the country.

I work, also, at Stockton University, teaching a class in cannabis law and history.

I just wanted to discuss a few things that I heard today and to bring up one new point I didn't hear mentioned at all.

I would urge you to consider renewable energy as part of the process as you do this. Cannabis is an incredible consumer of energy; it's been compared to server farms -- huge amounts of energy. If you can somehow incorporate sustainable energy practices into your thought processes, it would probably be well served.

Also, I would encourage you to verify some of the statistics you're hearing; especially make sure they're coming from unbiased sources. Vaping -- vaping is not just used for cannabis; it's used for tobacco as well, or nicotine. Butane is not so commonly used to produce these liquids that they put into the vape pens. Now it's usually supercritical CO₂; it creates a much cleaner product, especially when used to deliver medicine.

And I would also urge you to consider the black market in all of this. When cannabis is prohibited, it's exacerbating the black market. The product is cheaper and not regulated, so you can potentially consume some pretty dangerous product.

Thank you.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions from the Committee?

ASSEMBLYMAN RUMPF: Yes; thank you, Mr. Chairman.

Ms. Miran.

MS. MIRAN: Yes.

ASSEMBLYMAN RUMPF: Thank you for your testimony.

You mentioned -- you suggested that perhaps consideration should be given to setting a concentrate level for THC, presumably. Did Maryland do that?

MS. MIRAN: We did not.

ASSEMBLYMAN RUMPF: Are you aware of any states which did?

MS. MIRAN: I believe -- I mentioned Virginia. Virginia has a new law, just recently signed. What they have done is to say that products in the dispensaries must have at least 15 percent CBD, the non-psychoactive component; and that can be combined with up to 5 percent THC, the acid form; THC, the neutral form; and any of the other cannabinoids. But primarily THC, because THC in the neutral form is the psychotropic component.

ASSEMBLYMAN RUMPF: Okay. And your testimony seemed to me to be centered on the medicinal use of marijuana. Do you share the concerns expressed this morning with respect to the recreational, or adult usage of marijuana?

MS. MIRAN: I don't have a personal position about adult-use; but I am not against it.

ASSEMBLYMAN RUMPF: Okay.

MS. MIRAN: So I guess I'm supportive.

ASSEMBLYMAN RUMPF: And, I'm sorry; just to follow up, Deborah (*sic*).

Are you licensed in New Jersey and Colorado?

MS. HILL-ZAYAT: I'm licensed in New Jersey and Pennsylvania.

ASSEMBLYMAN RUMPF: And Pennsylvania.

MS. HILL-ZAYAT: Our firm is based in Colorado.

ASSEMBLYMAN RUMPF: Got you. So they have you here in New Jersey?

MS. HILL-ZAYAT: We have offices across the country; yes. I'm not in all of them. (laughter)

ASSEMBLYMAN RUMPF: Great; I appreciate that.

Thank you.

MS. HILL-ZAYAT: No problem.

ASSEMBLYMAN DANIELSEN: Assemblyman, I believe Colorado has regulated that, and they've made a difference between recreational and medical. And the packaging was different. When I went out there, I found fewer medical patients buying a medical product. The package -- say it was cookies. The medical package could have, say, 30 cookies in it, and the recreational would have 10. And each cookie -- you could have had, maybe, 10 milligrams per cookie versus, maybe -- I don't know what the numbers are -- 20 milligrams per cookie on the medical. So there was a difference; and how much you can purchase within a certain timeframe.

I hope that clarifies that.

So when I ate my first cookie as a part of my research (laughter), I knew just to--

ASSEMBLYMAN HOUGHTALING: (Indiscernible).

ASSEMBLYMAN DANIELSEN: So when you go there, they give you state literature; you get counseling from one of their *pot-a-tors*. And then on the package end, it's also repeated -- what the state recommendation of dosage is, if you're a first-timer, if you've been around a while, if you have a ponytail or not, you know. (laughter) So that state addressed it that way.

ASSEMBLYMAN RUMPF: Thank you.

ASSEMBLYMAN DANIELSEN: So your practice within the firm is surrounded by cannabis?

MS. HILL-ZAYAT: Cannabis business and energy.

ASSEMBLYMAN DANIELSEN: And energy.

MS. HILL-ZAYAT: That's right.

ASSEMBLYMAN DANIELSEN: Explain the energy--

MS. HILL-ZAYAT: There are all sorts of ways that, basically, we can help bring down the cost of energy and make sure that there are some renewable practices used by -- especially the growers.

ASSEMBLYMAN DANIELSEN: Such as?

MS. HILL-ZAYAT: You can buy renewable energy credits. So you pay for the production of renewable energy and then incorporate that into your business plan. You can install solar arrays. It depends on the jurisdiction you're in; if the jurisdiction is deregulated, you could possibly go with an energy supplier distinct from your utility. There are lots of behind-the-meter agreements you could get into, basically where you start a

power purchase agreement between you and the renewable energy generator.

ASSEMBLYMAN DANIELSEN: Your firm represents these cannabis companies?

MS. HILL-ZAYAT: Across the spectrum, from cradle to grave: growers, processors, dispensaries, ancillary businesses, everyone.

ASSEMBLYMAN DANIELSEN: Now, these investors that get into this, are they-- Any of them from out of the country?

MS. HILL-ZAYAT: Some; but most of our -- most of the investors I encounter are from the United States. They usually have private offices; this is family money. Banks aren't interested, for obvious reasons; so it's usually families or businesses with their own money to spend.

ASSEMBLYMAN DANIELSEN: Have you run across people who worried you; who were knocking on your door, saying, "Hey, here's a suitcase of money?"

MS. HILL-ZAYAT: I'm too scared (laughter); frankly, personally too conservative to get messed up with that. I have my license to worry about; I want to make sure I can still practice law for years to come. I believe that this is going to be a non-issue in 15 years, and I want to still be a lawyer then.

ASSEMBLYMAN DANIELSEN: Ms. Miran -- is that your last name?

MS. MIRAN: Yes.

ASSEMBLYMAN DANIELSEN: Am I pronouncing that right?

MS. MIRAN: Yes.

ASSEMBLYMAN DANIELSEN: So you helped write the Maryland statutes.

MS. MIRAN: Regulations.

ASSEMBLYMAN DANIELSEN: The regulations.

MS. MIRAN: Yes.

ASSEMBLYMAN DANIELSEN: So what did you do well there? What did Maryland do well, and what did it not do well?

MS. MIRAN: That's a good question. I have testified in several states to answer that question. In 30 seconds or less, I would have to say that we listened to the public, like you're doing today. I can't emphasize enough how much we learned, as Commissioners -- there were 15 of us -- to really understand the details that had to go into those regulations, so that we didn't overly regulate or that we missed something.

I think the other thing that was very important was to put certain aspects of things that are dynamic into guidances. I followed the FDA model; my background is from -- I've been with pharma for 30 years. FDA puts things that are rapidly changing, like details of testing -- I'm a chemist, by background -- we put those in a guidance. So that way, the state of Maryland had the flexibility if a new technology came along, or if there was a need to change a specification or a test -- that we had the flexibility to revise it in a guidance and didn't have to wait for rulemaking.

So I would definitely encourage New Jersey -- if you have such a process where you can supplant regulations with guidance, to use those.

ASSEMBLYMAN DANIELSEN: Well, being -- your chemist background, are you comfortable with the level of casualness or

unregulation of the current laboratories that are doing the extractions, and modifications, and baking of this pharmaceutical?

MS. MIRAN: Before I answer that, I just want to correct -- and I think this came up this morning -- a little bit of confusion.

Laboratories, to me, mean the testing facilities; in other words, the independent laboratories where products are sent to be tested and put on the dispensary shelves.

Processing laboratories, or processing facilities are those people who take the plant material and extract the cannabinoids, and the terpenes, etc., and then further process it into a finished dosage form -- whether it be an edible product or a rational pharmaceutical product.

So to answer your question then -- I'm very happy with what we did. We relied on the published monograph that the American Herbal Pharmacopeia has published. I'm also a member of the USP workgroup that is working on national standards. So we had a lot of really good input; and once again, my fallback was, what would the FDA do?

So we devised our specifications for testing and for controlling -- quality control throughout the process with the FDA in mind; you know, washable walls -- I mean, a way to produce medicine in a clean environment.

ASSEMBLYMAN DANIELSEN: Look at that.

MS. MIRAN: And it can be done; it's absolutely doable.

ASSEMBLYMAN DANIELSEN: Would you have done anything different? Are you hoping that Maryland makes a few more changes? I mean, what's on your hit list? What are you bragging about, and what are you, like, blaming someone else for? (laughter)

MS. MIRAN: I wish we had more providers. We are--

ASSEMBLYMAN DANIELSEN: Providers of what?

MS. MIRAN: Meaning the physicians; we call them *providers* because we have-- Maryland allows for more than just M.D.s and D.O.s. We allow for nurse practitioners--

MS. HILL-ZAYAT: Dentists.

MS. MIRAN: --dentists, podiatrists -- anybody who can hold a controlled, dangerous substance license can recommend in Maryland now.

We need to triple our numbers, as far as the providers are concerned. We know the patients are there and we already have the growers. But, you know, the weakest link right now is to get the professional medical community on board. And we are doing that with education.

MS. HILL-ZAYAT: And that's true across the board in almost every state that just has a medical program. The doctors are always the least inclined to join in.

ASSEMBLYMAN DANIELSEN: Least inclined--

MS. HILL-ZAYAT: They have-- They're risk-adverse by nature, I think. And especially if their names are published, they have no interest in participating.

ASSEMBLYMAN DANIELSEN: Is that right?

MS. HILL-ZAYAT: Yes.

ASSEMBLYMAN DANIELSEN: Kind of like attorneys who have to advertise, right?

MS. HILL-ZAYAT: Maybe. (laughter)

MS. MIRAN: We did, in Maryland, make the option for the list. Patients can have access to -- anybody can have access to it, under FOI -- Freedom of Information. However, if a physician absolutely does not want their name on that list they have that option. So we have honored that.

ASSEMBLYMAN DANIELSEN: So in Maryland, physicians -- do they have to register to be--

MS. MIRAN: Yes.

ASSEMBLYMAN DANIELSEN: They have to register?

MS. MIRAN: Yes. It's a very simple process, though. There's no charge; and we do not require any kind of CME training. Now, am I proud of that? I'm on the fence about that one. I think newer states coming on board -- you're seeing much more of a two-to-four hour CME requirement for providers in cannabis science and medicine.

ASSEMBLYMAN DANIELSEN: So there's discussion here about doing away with that registration list. You know, a doctor is a doctor; a patient is a patient. Why should we be between the two?

MS. MIRAN: And I would support that.

ASSEMBLYMAN DANIELSEN: You would support that?

MS. MIRAN: Yes.

ASSEMBLYMAN DANIELSEN: So is that one change you would like to see Maryland make?

MS. MIRAN: I think it's a benefit to the patients if they have a go-to place when they're looking, if their own physician or practitioner is not going to participate, for whatever reason. It's a convenience to the patient. I mean, so you have to decide -- and I'm not telling you what to

do, but -- if you want this to be patient-centric, help them with that and help them steer them to someone who will participate.

ASSEMBLYMAN DANIELSEN: And what about the -- you're using different terms -- the laboratory, the extraction laboratories that do the extractions, and the isolations, and everything? Again, those are scientific processes. How did you address that in Maryland?

MS. MIRAN: Same way; we went right back to good manufacturing practices. And this is equipment; it's equipment that needs to be purchased, calibrated, validated -- just like you would if you were making tablets. And that's all doable. These instrument manufacturers have done a very good job engineering these. So you put it in a clean space--

ASSEMBLYMAN DANIELSEN: Did you mandate that; did you recommend it; did you just guide towards that? How did Maryland--

MS. MIRAN: Once again, in my opinion, I don't like to put that level of detail in a regulation because-- You all will have inspection authority, correct? So you will be able to go into these facilities -- I mean, not *you*; whatever, the State Board of Health, or-- I'm sorry for my ignorance; I don't know who controls cannabis medically in New Jersey. But we lost some of that to the inspection process. So that they can go in, and if they see a violation of practice, there are penalties.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MIRAN: I just would caution about putting too much detail about technicalities in regulations that are hard to revise and keep up-to-date.

ASSEMBLYMAN DANIELSEN: Okay.

Any questions from the Committee? (no response)

Ladies, thank you so much.

MS. HILL-ZAYAT: Thank you.

MS. MIRAN: You're welcome.

ASSEMBLYMAN DANIELSEN: Brian Staffa and Brandon Chewey.

B R I A N S T A F F A: Good afternoon, everybody.

Thank you for having us today.

ASSEMBLYMAN DANIELSEN: Welcome.

B R A N D O N P. C H E W E Y: Thank you for having us; Brandon Chewey. Nice to be here.

ASSEMBLYMAN DANIELSEN: Just push your button; the other one.

MR. CHEWEY: Oh, thank you.

ASSEMBLYMAN DANIELSEN: There you go.

MR. CHEWEY: Can you hear me now? All right.

Brandon Chewey; I'm here from Asbury Park, New Jersey.

I'm here to talk to you guys about substance abuse; our opioid epidemic directly.

I wasn't going to read, but I'm going to go over some of the points I have.

I am a person in recovery from opioid disorder. I suffered from an 11-year heroin--

ASSEMBLYMAN DANIELSEN: Stay close to the mike, or speak up.

MR. CHEWEY: Sure.

ASSEMBLYMAN DANIELSEN: The other mike there.

MR. CHEWEY: Oh, sorry. That's probably why it wasn't working.

ASSEMBLYMAN DANIELSEN: There you go.

MR. CHEWEY: So I suffered from an 11-year heroin addiction. And I don't like to say it to come off and play the victim role, or anything like that. I'm far from a victim.

I acquired my disease of addiction when I was 16 years old, just like kids do today. We're having this discussion today about cannabis and how harmful it can be; I hear things all day long. I'm a cannabis advocate; I travel, I go all over the state speaking to councils, speaking to anyone I can because education is key.

You know, there's a lot of talk going on about how opioids -- how the epidemic can be halted or saved with cannabis; how it can help. And just to speak on that.

If you had asked me five years ago if I would ever use cannabis to put into my recovery, I would have told you "no." Because I was taught by the 12-step programs-- All of the facilities in New Jersey -- the rehab facilities -- I've been to 24 of them, so 24 times-- I'm sorry, I've had the fortune of going; a lot of friends are dead now, and they don't have the fortune to go to these rehabs.

I've been to these rehabs; State-mandated ones, private ones -- they all teach the same curriculum. It's the 12-step regimen, which helps many people; many people stay clean and it works for many people. And I've learned a lot from the 12-step program. But that can't be the only option that we supply our patients with at these rehab programs.

I've been to jail; unfortunately, I've spent multiple years in our jail system. I've been guilty of nothing other than simple possession; possession with intent. I've had the misfortune of spending about -- a collective of six years incarcerated for simple possession.

I grew up in Ocean Township, New Jersey. I grew up in a conservative family; very conservative, anti-cannabis, very strict.

So I want to point this out to everyone who is concerned about their children, and the health and the safety of their children. Your kids are going to use cannabis; I mean, they're going to drink alcohol. This is what happens. So to deny the basic human evolution of this plant and the science is just absurd to me.

So a little bit more about myself; I know I'm time-limited.

I obtained recovery from opioid disorder. Not many people have that success, and it's a very difficult struggle; it's a very difficult path. It's important that we cater to the details on an individual diagnosis, on an individual basis, because each person will be affected by cannabis differently. Some people say, oh, they're hallucinating. Sativa indica -- it all treats people differently, okay? And our endocannabinoid system is all tied into it. If you don't know what the endocannabinoid system is, I highly suggest you get educated on that. There is a huge lack of education right now causing the disparities, causing the socio-economic problems in our society.

I got high in Asbury Park; I used heroin in Asbury Park for 11 years. I got sober in Asbury Park; I was homeless in Asbury Park. And I'm here today, almost six years away from heroin. I have my girlfriend in the back with me. We're engaged; we have a 5-year-old child in our life. My

girlfriend is approaching four years' sobriety as well. She does not use cannabis. So to each person -- they're going to have their own method of recovery.

When I got sober, the doctors told me-- The first two years of recovery I wasn't feeling comfortable. They wanted to put me on benzodiazepine; that was the only option for my chronic PTSD diagnosis -- benzodiazepine. That's what they kept saying; I had chronic PTSD. I refused, because that's what was taught to me: Do not take these pills; they're very addictive. And I didn't want to. My PTSD was so bad I wasn't comfortable; I couldn't sleep, I couldn't get through the day, I wasn't comfortable. And this is a problem we see with addicts throughout -- across the board.

My anxiety was so bad; I didn't want to take these pills. Cannabis -- thank God, for me -- was added to the medical marijuana list just as I was two years' sober. And so approaching my sobriety now -- I live in Asbury Park. And I have people dying around me every single day from this epidemic, okay? I see people dying. And people are coming to me, because I've endured an 11-year heroin addiction. I was that kid who people said, "He's not going to make it." I came from a great home. By the time I was 17, 18 years old, I was homeless in the streets. My parents did not enable me; they didn't.

ASSEMBLYMAN DANIELSEN: Mr. Chewey, since you're out of time, I want you to sum it up because--

MR. CHEWEY: Sure.

ASSEMBLYMAN DANIELSEN: --your testimony is very valuable. So let me help you try to sum it up.

MR. CHEWEY: Yes, go ahead. Ask me.

ASSEMBLYMAN DANIELSEN: In a sentence or two, what are you recommending that the State do?

MR. CHEWEY: We need co-op programs; I mean, to take care of our patients.

ASSEMBLYMAN DANIELSEN: Closer to the mike.

MR. CHEWEY: We need to take care of patients on an individual basis. We can't have a broad spectrum of diagnosing patients on a level; and every time we diagnose somebody, we have to take it more of an individual matter. Cannabis needs to be implemented on an individual basis.

ASSEMBLYMAN DANIELSEN: Is my understanding correct; based upon what you said is, do you see cannabis as being both an exit and a gateway substance?

MR. CHEWEY: I see it as an exit drug.

ASSEMBLYMAN DANIELSEN: Exit?

MR. CHEWEY: I know a lot of people say that--

ASSEMBLYMAN DANIELSEN: Do you see it as an entry drug?

MR. CHEWEY: Exit drug; 100 percent; 100--

ASSEMBLYMAN DANIELSEN: You don't see the other one?

MR. CHEWEY: No; I mean, I can see the potential.

ASSEMBLYMAN DANIELSEN: I mean -- right

MR. CHEWEY: I can see the potential.

ASSEMBLYMAN DANIELSEN: So you lived as a heroin addict for many years.

MR. CHEWEY: Yes.

ASSEMBLYMAN DANIELSEN: Thank you for revealing that to us. And you must have come in contact and lived with many heroin addicts--

MR. CHEWEY: Yes.

ASSEMBLYMAN DANIELSEN: --dealers, etc. Would you -- your understanding and your observation from the past, if you could represent all the people who you have run into, did you see that cannabis was a gateway drug for them, as these addiction specialists and psychiatrists are reporting to us?

MR. CHEWEY: No. To be honest with you, I've lived this, and this is the education that we need to instill in our communities -- everywhere.

ASSEMBLYMAN DANIELSEN: So what do you think drew these fellow heroin addicts to heroin, in your opinion, in your observation?

MR. CHEWEY: Every mother has a prescription pill cabinet; every mother has a cabinet full of pills, I mean, right? In the bathroom, you have your pill cabinet, usually? Kids go to their parents' houses; they party, they find some pills, they're passed around the house. The next thing you know, someone is hooked on opiates. And that's how it happens. No matter what we do to protect our kids from the opiate epidemic, they're going to experiment.

And I'm going to end with one final thing. Asbury Park -- I got out and I didn't know what to do. So I just started taking people on my couch, and I showed them the regimen that I built: exercise, healthy diet, positive mind, a work ethic; mixed with cannabis, if necessary. But fit to

the individual person's diagnosis. Right now, we can't even contain -- we don't have enough cannabis for our medical patients. It is clearly an exit drug. I would highly suggest you guys please look into it further for opioid addiction, because I'm living proof that it does help.

ASSEMBLYMAN DANIELSEN: Do you work in the cannabis industry right now?

MR. CHEWEY: I am -- I just formed the Asbury Park Cannabis Community, so that we can educate the people. We're trying to connect-- Asbury Park is extremely culturally diverse, and it could hold a very large scale of what is to come to New Jersey. So I'm hoping that-- I've spoken with the Mayor and a couple of other elected officials--

ASSEMBLYMAN DANIELSEN: Is that a volunteer thing, or do you -- is it employment?

MR. CHEWEY: Yes; no, that's volunteer, because I want to see--

ASSEMBLYMAN DANIELSEN: Okay.

MR. CHEWEY: I live in Asbury; I want to see my community make the right choice. And I believe Mayor Moor will make the right choice; yes.

ASSEMBLYMAN DANIELSEN: Thank you.

MR. CHEWEY: So, yes, I'm in the Asbury Park Cannabis Community, and we are beginning to educate the community members because there's a huge gap in education.

I won't take up any more of your time.

Thank you for having me, very much.

ASSEMBLYMAN DANIELSEN: You stay there; there might be some questions.

MR. CHEWEY: Sure, sure.

ASSEMBLYMAN DANIELSEN: Mr. Staffa.

MR. STAFFA: Yes; my name is Brian Staffa. I'm the Founder and Chief Strategist of BSC Group.

It's a privilege and a pleasure to be with you all today.

I want to applaud you for allowing us all to come and speak with you.

While it's going to be, again, a privilege and an honor to follow up on what the gentleman next to me just said -- the challenges and, thankfully, the success that cannabis has brought into his life -- I want to be here to serve as someone from the industry; who may be able to serve as a resource for some of the science, some of the methodologies with how medical cannabis is produced across best practices.

But again, I see this as a tremendous privilege. I've been in 24 of the 29 legal states and well over 100 different facilities. And the reason that you should care about that is I have had to memorize the regulations in over 17 of those states and be able to advise clients on what to do, based on interpretations of those regulations.

No, I am not an attorney; but I understand cannabis operations at the very high level and often represent the investors and those in the boardrooms. So I have to be able to educate and provide that level of scientific detail in an easy-to-digest manner so that everybody can move forward as a whole.

I wanted to be able to address a few things that the women before me had mentioned, and just sum up some of the misperceptions that many have been able to get through, really, as it relates to the safety and efficacy of medical cannabis.

And for the record, I am both in the industry -- I am a medical patient in New Jersey; so I'm speaking with those with that background. I fully support medical expansion for increased patient access. Six facilities for any number of patients are far too few. And I also support full adult legalization in New Jersey, mostly because I see it as a tremendous barrier-breaker for those who are too stigmatized or too afraid to go to their doctor, for whatever reason, and have to jump through any hoops to experiment to see if medical cannabis -- even on an adult-use regulated side -- may be appropriate for their use.

I would make the argument that in most regulated markets, the adult-use side is either farther regulated than the medical side or is equivalently regulated. And I see that as a benefit, because regulations equal safety. And of course, there is a very finite limit to those regulations so that you don't stifle the growth of the industry as well.

We can quite easily regulate the concentration of cannabinoids in a finished product. And I just wanted to make it clear that there are several different types of finished products that we are referring to. The finished flower product limits that you're going to see there -- between 20 and 30 percent maximum -- because physiologically the plant cannot sustain more than, say, 30, 32 percent of an oil content. It's just not physically possible.

And when we're talking about the concentration of an oil -- when we're getting in the 60 and the 70 percent of THC, or whatever that cannabinoid concentration is -- again, all of that can be controlled in the extraction facility with the right scientists on your staff. Furthermore, one of the products that had you referred to -- the infused -- the cookies or the edibles -- on the medical side the dosaging is often allowed to be higher because most medical patients will need more than a standard adult-use customer to be able to get the effect out of the medicine.

So to your point, Mr. Danielsen, you were saying that medical patients in Colorado have the ability to purchase, say, 300 milligrams in a package, instead of just the 100-milligram limit. And as it relates to the concentration of the oil, at that point, it's really a misnomer. We're looking at dosaging at that point. So we're looking at a few different products.

Again, to your point, it does start with education. Most folks are able to be presented with what Colorado calls the *start low and go slow*, which is a pamphlet produced for the educational aspect of it to be able to just explain how things work, so that we don't have people who are being negatively affected with their perceptions of the industry.

I had a couple of notes here that Bridget was able to touch on -- with the chromatography in the testing lab. I think what I'll do is I'll wrap up by saying the cannabis industry is evolving very quickly, and there are so many very complementary industries of what-- Part of what my firm does is bring the scientists from pharma, ag, consumer packaged goods, and food and beverage -- from complementary industries into cannabis; because those are the folks who we're relying on. And it can't escape us in this room, that

we're sitting in New Jersey. This is really the pharmaceutical capital of the country, and we look at things with that type of scope.

And while, to a point from before, I don't think cannabis needs to be regulated in the exact way that pharma is, there are so many processes and procedures from other industries that we can look and draw from. Like Debbie had said earlier, with the FDA's GMP; and then there's also the GLP -- the Good Laboratory Practices; a lot of things that we can follow. And other great organizations -- some that I'm a part of, like ASTM, is trying to develop national standards for the entire industry, as is the NACB and others.

But thank you very much for the time. And please, I would love some questions.

ASSEMBLYMAN DANIELSEN: Thank you, both of you.

Mr. Chewey.

MR. CHEWEY: Yes.

ASSEMBLYMAN DANIELSEN: Before you tried-- And I'm going to ask you a personal question, if you don't mind.

MR. CHEWEY: Yes, sure.

ASSEMBLYMAN DANIELSEN: Before your first testing or use of heroin, had you had a cannabis product?

MR. CHEWEY: Yes.

ASSEMBLYMAN DANIELSEN: Okay. The reason I ask is, when we hear testimony from psychiatrists, addiction specialists, law enforcement, they also state that statistic; that they interview heroin users, and there's always this cannabis use before that. And they put this correlation together of cannabis; the next step is heroin.

Speak to that.

MR. CHEWEY: Well, that can be said for anything. When you have opposition, you're going to have people who are going to connect those two dots.

But the reality of it is, kids are just as easily drinking bottles of alcohol and going to the hospital with alcohol poisoning every single weekend, from taking it right out of their parents' liquor cabinet, or having someone buy liquor for them at the local liquor store. I used to do it when I was a kid; I mean, honestly.

So we're really putting up these fears, and we can't live in fear and scare our children. We should educate them as to the proper way. And we should educate our children so much that they should understand what cannabis is.

And just to add to that -- when I went through my first withdrawal as a person with opioid addiction at 16 years old, I think about this now. When I was in high school, there was no education on opiates; I didn't know what withdrawal was. We need to educate our children

So to educate them with cannabis, rather than scare them and say, "This is bad; this is no" -- we're going to continue to have the same problems that we continue to have. We're adults; we need to educate our kids in the right way. I have a child in my life; I want her to have an education.

ASSEMBLYMAN DANIELSEN: Yes.

MR. CHEWEY: You know? I don't want--

ASSEMBLYMAN DANIELSEN: I'm still wrestling with -- and I'm sure my colleagues are, and the whole state -- is this-- The claim that

there's a correlation between this use and then the gateway. And we've heard testimony from -- actually, Committee people in my own town came and testified that it was their exit drug. But, you know, as much as I respect licensed psychiatrists, and addiction specialists, and law enforcement, you lived in the street; probably, literally on the street--

MR. CHEWEY: I did.

ASSEMBLYMAN DANIELSEN: --at times, and in jail with this.

MR. CHEWEY: Yes; and that's--

ASSEMBLYMAN DANIELSEN: I have to give you at least as much credence. And that's why I asked--

MR. CHEWEY: I appreciate that.

ASSEMBLYMAN DANIELSEN: --if you're employed or whatever. Because I wanted to give you an opportunity to put more credibility to your testimony by saying that you're not being compensated to be here.

MR. CHEWEY: No.

ASSEMBLYMAN DANIELSEN: This is a volunteer thing--

MR. CHEWEY: This is all advocacy for me.

ASSEMBLYMAN DANIELSEN: And I don't know you.

MR. CHEWEY: No; I started helping people with heroin when I got home. Because when you're in recovery, if you're not helping somebody, what are you really doing?

ASSEMBLYMAN DANIELSEN: That's interesting.

I'm still not done wrestling with that.

Mr. Staffa, what is your recommendation to our state? How should we proceed? What have you seen done really poorly -- very poorly, in other states, that you would like us to avoid?

MR. STAFFA: Sure. And I'll add to the point, to the improper correlation--

ASSEMBLYMAN DANIELSEN: That's right; I forget you're a medical patient, too, for whatever reason.

MR. STAFFA: Yes. I think maybe a better question would be, has everybody who has eventually led down the road to heroin, perhaps, had a cup of coffee? Perhaps they've had some caffeine first. Should we draw that correlation? And I say that very seriously, because it's that hilarious.

ASSEMBLYMAN DANIELSEN: During lunch I made the comparison -- I had potato chips right before the cookie. (laughter)

MR. STAFFA: Exactly right.

MR. CHEWEY: It's serious.

MR. STAFFA: But it is--

ASSEMBLYMAN DANIELSEN: You're supposed to have them after the cookie. (laughter)

MR. CHEWEY: And we're laughing at it now, because it is funny -- those correlations. But we need to really-- I'm so thankful you guys are having these hearings and engaging with us, because we really, really need to get this message out. People are dying; people are going to jail for simple possession of cannabis. And people are allowed to go to the bar, drink alcohol, and it's the social norm. And cannabis is less toxic, and it has medical value.

ASSEMBLYMAN DANIELSEN: Back to your recommendations on the professional level.

MR. STAFFA: Sure.

At the professional level, the best thing to do is to be able to speak to not only the public, but other regulators, like Debbie; and being able to physically go to other facilities in other states. I've had the privilege to lead some of the media folks from New Jersey and quite a few other -- people who are interested in the space, to be able to go through facilities in Colorado, Oregon, Washington, Nevada; see what is working, talk to those folks.

The greatest threat would be to not go far enough; perhaps, having far too few licenses -- so that the medical patients or, eventually, the adult-use consumers who want to have access to those products cannot get it legally, or it is far too expensive, and simply continue to go and proliferate the black market. That would be my first -- biggest fear.

ASSEMBLYMAN DANIELSEN: Where do you see the pinch point? Was the pinch point at the cultivator, or was the pinch point at the retail? Where did the supply chain get compressed?

MR. STAFFA: There's an oversupply in certain states, like Oregon, where they didn't regulate perhaps the size of the canopy. Or the greater risk is that they didn't regulate the black market that was using the regulated market as a shield, so they were setting up very large-scale black market grows. And I think the more appropriate thing would be to simply have enough funding through the regulated market to be able to crack down on the black market.

ASSEMBLYMAN DANIELSEN: Interesting.

MR. STAFFA: To the gentleman's point before -- California is struggling with that tremendously. And if you go, you'll land in California right now, and you do a Google search for delivery service. You can have cannabis delivered to your hotel room in 30 minutes; but you don't know if it's actually regulated, legal, or not, and that's because there are so many people abusing the system that there is no regulation -- or, they are not following the regulations because it's cost-prohibitive. And California and other states are struggling with the lack of funding to provide that oversight, and that has hurt the regulated market tremendously.

ASSEMBLYMAN DANIELSEN: Interesting. Because I understand, in comparison, Colorado, potentially-- And some people claim they had too many retailers, and there was a price war, and it went down, and people started cutting corners, and so forth.

MR. STAFFA: As it relates to the retail locations having far too many-- And I would think that they're probably referring to Denver, specifically, where there are more dispensaries than Starbucks, technically. But that's predominantly because Denver is one of a very few towns and communities in Colorado that have allowed dispensaries. And I see -- if you have the regulatory body able to inspect and oversee those regulations, they will be caught before there are corners cut that really harm anyone.

And my argument would be that having the proliferation of locations is the natural ebb-and-flow of a business cycle; that we're trying to make this somewhat capitalistic here, though. It has to be controlled by the government. People are going to try something that doesn't work, because they didn't have the right patient flow; they weren't able to (indiscernible) customers properly, and they couldn't produce enough revenue. Because

businesses do have to fail; and I would strongly suggest -- in many of the restrictive licensing states where you're only going to have 10 or 12 or 15 licenses for several million people -- people who win those licenses see it as winning a lottery ticket, and they can do literally no wrong because they can print their own money. And I think it has to be a delicate balance, where there is enough competition that the operators who may not be able to be sustainable, through just being able to be businesspeople and be able to support the patients and the consumers, they have to fail.

MR. CHEWEY: Absolutely.

ASSEMBLYMAN DANIELSEN: Okay.

Anybody?

ASSEMBLYWOMAN MURPHY: Through the Chair, Mr. Chewey and Mr. Staffa, thank you so much for coming today.

Mr. Chewey, first, I would like to congratulate you on your years of sobriety, as well as your girlfriend's.

MR. CHEWEY: Thank you.

ASSEMBLYWOMAN MURPHY: It is a major accomplishment and a lot of courage to sit up here and to tell the whole room, as well as the people listening to this, your story and your struggle. So I congratulate you, and I think it's a wonderful thing.

I also believe that we, as legislators, hear so much testimony on data; we hear so much testimony on professional opinions, you know, based upon doctors and other resources.

One of the things that, at least, helps me -- and I'm sure everybody up here feels the same way; or at least I hope they do -- that listening to personal stories brings us into reality. It provides us with a

sense that, “Yes, there’s more to it than just data that we’re reading on paper.” So I thank you as well for that.

So let me ask you a question, if you don’t mind answering a couple of personal questions.

MR. CHEWEY: Sure.

ASSEMBLYWOMAN MURPHY: You used cannabis as an exit drug.

MR. CHEWEY: Not at first; but yes.

ASSEMBLYWOMAN MURPHY: Eventually; okay.

MR. CHEWEY: Yes.

ASSEMBLYWOMAN MURPHY: Do you still use cannabis, or are you completely off?

MR. CHEWEY: I am -- I still use cannabis; I do.

ASSEMBLYWOMAN MURPHY: Okay.

MR. CHEWEY: But I use it -- you can ask my girlfriend -- very sparingly now.

ASSEMBLYWOMAN MURPHY: Okay.

MR. CHEWEY: I found a better quality of life--

ASSEMBLYWOMAN MURPHY: Okay.

MR. CHEWEY: --and I use it as needed.

ASSEMBLYWOMAN MURPHY: And how easy was it for you to stop -- or I should say *decrease*, because you’ve haven’t stopped -- so how easy was it for you to decrease the amount--

MR. CHEWEY: The cannabis use?

ASSEMBLYWOMAN MURPHY: --of cannabis that you use?

MR. CHEWEY: Very easy. I mean, once you go through a heroin addiction, other things are fairly easy when it comes to substance abuse maintenance, I would say.

ASSEMBLYWOMAN MURPHY: Okay.

MR. CHEWEY: It's a state of mind, to me, anyway. So each person is going to give you a different answer when you ask them about that. But for myself, you know, coming off of marijuana is like having the same feeling you would have from a caffeine headache, you know?

ASSEMBLYWOMAN MURPHY: Right; okay.

MR. CHEWEY: That's the feeling you would have. So there's not much anxiety or withdrawal that's going to make you crave, physically, that cannabis, you know? Nothing significant to me whatsoever. I mean, I haven't medicated today, and I'm perfectly fine, you know?

ASSEMBLYWOMAN MURPHY: And surviving.

MR. CHEWEY: Yes, so, I mean, I'm glad I can bring some light and personal matter to the issue, because we're dealing with a personal thing. Cannabis should be able to be grown like tomatoes, if you ask my opinion, in our backyards. It's the Garden State; and you now, the best way-- Right now, we have shortage for our patients who are dying. And I see -- not to take any more time here -- but I see in my neighborhood, in Asbury Park, people getting out of prison. People are being denied parole because they're failing drug tests for marijuana. So they're failing-- People are already in prison; there are drugs all over prison. People are failing drug tests for -- their exit drug test from prison. They have to take a urinalysis, and people are failing this drug test for cannabis, and they're being denied their freedom because they're failing for cannabis when they're locked in a

cage. I mean, if we can just think about that for a minute -- all the things that go on inside of our prison system.

I'd much rather our prisoners smoked cannabis; there are a lot of terrible things that go on in prison; things that have left me with PTSD. And it's lunacy, if you really want to get down to it. We need to normalize -- normalize cannabis, because it's-- We have OxyContin and fentanyl at every pharmacy; every pharmacy in this town, in this country, you can get OxyContin and fentanyl like that (snaps fingers). And there is somebody in every neighborhood who has it.

So to me it's just really, really ignorant to not allow something that could potentially save somebody's life, you know? I have friends here, who I advocate with, who I see here; and they are in pain. I'm fortunate to not have as much physical pain as other patients, but people are in terrible pain; terminally ill people. I've seen-- A friend of mine, whose name is Jeff Oakes -- he's from Oceanport, New Jersey -- Jeff Oakes was given two months to live, and he was on about nine prescription pills for his cancer; he had cancer. And Jeff is now going on over a year-and-a-half in remission from his cancer. He dumped all his pills away; all the -- he was going to chemo, everything -- threw it away, substituted for-- He doesn't smoke his cannabis as much, but I know he takes a lot of his edibles and whatnot, which we don't have here in New Jersey. He makes his own, which is an injustice to the patients, because not selling edibles here in our dispensaries-- The patient's only getting a certain amount allotted for their cannabis. Now, when you have to infuse that, and you have to turn it into an edible, you have to -- you're going to lose some of that cannabis. And we

have some very expensive dispensary cannabis here that is not covered by our health insurance.

So our patients are not dealt with fairly here in the state. I think Governor Christie did a very good job with that, in keeping people out of our medical program. And it's really time we expand that and lead the way to legalization. Because the more we use scare tactics and the more we scare our children, giving--

Right now, I just recently had to turn down 11 jobs; in the last three years, I turned down 11 salaried positions. I didn't turn them down; they turned me down. I got the job, I got hired; I told them my past before I even got interviewed. But every time my background came up, from a legal department -- you know, we're talking pretty good jobs that would have had me well set up -- I can't get these jobs because I'm a liability. I can't touch a \$100,000 account if I have distribution or possession on my record, you know? And these are the things that many people in our neighborhoods deal with. And we wonder why we have this reiteration and this endless cycle of crime, when it is really a health care issue, in my mind.

I thank you for asking the question. I don't mind speaking personal; I talk about my story all the time. They teach you in NA you have to give away what you have to keep it going.

So I enjoy instilling regimens for people. People are coming to me and saying, "Hey, how did you do it?" People from prison are writing me, "Hey, how did you do it? I'm coming home soon; I don't have anywhere to go, I don't know what to do." I'm one man, and that's why I'm doing Asbury Park Cannabis Community, because we have so many people who are looking for answers; people who need-- Do you know how

many times a day -- I have about five social media platforms. I have about 15 messages a day I'm getting for, "How do I sign up to get a medical marijuana card?" Why are we hiding this information from people? People need this. We have a pill problem; there is an alternative.

ASSEMBLYMAN DANIELSEN: Mr. Chewey, I'm going to ask you to hold it there.

MR. CHEWEY: Sure.

ASSEMBLYMAN DANIELSEN: My colleague would like to ask a question.

ASSEMBLYMAN RUMPF: Mr. Chewey, I'm also thankful for your recovery--

MR. CHEWEY: Thank you.

ASSEMBLYMAN RUMPF: --and glad that you could be here today with us.

When you used marijuana to help aid in your recovery, what was it that -- if you know -- that helped? Was it the CBD, the THC?

MR. CHEWEY: It's a combination of both. What it is, for me, personally, and for most addicts -- most people in recovery who I have spoken to -- the hardest part isn't getting clean or getting sober; it's staying sober. So to ask me if it's the THC or CBD -- for me, it's a combination of them both. Two strains that I use; one is a high-CBD strain and one is a mediocre THC-CBD, a combination of them both.

It really depends on the individual. The individual can use low dose, and feel the effects, with high CBD; or high THC might work for somebody. It all depends on the diagnosis of the person, like I was talking about earlier.

ASSEMBLYMAN RUMPF: It's very individualized.

MR. CHEWEY: It really is, as far as the recovery goes.

But to answer that in full, how it helps opioid addiction -- cannabis allows for the thought process. When a person recovers from heroin addiction, they're suppressing thoughts, emotions, feelings that are being suppressed by heroin, opiates; numbing your feelings for years. Eleven years I numbed my feelings. So when I got sober, I had a rush of emotions that I did not deal with for 11 years. And these emotions, and thoughts, and feelings didn't stop; imagine 11 years of suppressed thoughts coming to you at once -- it's an overload.

ASSEMBLYMAN RUMPF: So the marijuana calmed you down.

MR. CHEWEY: Absolutely. I mean, my alternative was Xanax and Klonopin, which I had taken on the doctor's advice in the past, and that had led me to relapse. So this time around they offered it to me; I said "no" for two years, and I was in pain. And then medical marijuana came around and, against advice -- my sponsor's advice; he told me, "Don't do it." But I couldn't suffer anymore, and my sponsor actually told me, he said, "I'd rather you do the marijuana than go on the Xanax," is what my sponsor from AA told me.

ASSEMBLYMAN RUMPF: Now, let me just follow up, because you do have a lot of knowledge to give us; and I recognize that.

MR. CHEWEY: Please, please.

ASSEMBLYMAN RUMPF: Marijuana is also able to create a euphoric sense, is that correct?

MR. CHEWEY: Yes.

ASSEMBLYMAN RUMPF: And the legalization of recreational marijuana -- we would then be making available to people the ability to consume a new substance that's going to produce that euphoric, hallucinogenic -- the high.

MR. CHEWEY: A hundred percent.

ASSEMBLYMAN RUMPF: Do you feel it appropriate that we make that more available in the recreational sense, not as a medicinal component?

MR. CHEWEY: To be honest with you, I don't see it as a problem. The problem I see is that we need to ensure that our medical patients are taken care of before we go on to legalization, because I don't want to see our medical patients suffer from a shortage of medicine. But I do not see a problem-- We're adults; I mean, as long as we instill the proper education, we know that it's factually less toxic and deadly than alcohol, which is legal. We had that -- we went through that in the 1920s, you know, with prohibition. And now we're dealing with cannabis prohibition, and this is going to take a lot--

Once legalization comes, you're putting drug dealers out of business. So, you know, the costs are coming down. Right now, cannabis is illegal. Our medical dispensaries have extremely high prices; the black market is thriving right now. Other states have so much cannabis it has to go somewhere, you know?

ASSEMBLYMAN RUMPF: Well, I think we've also heard that the black market has not gone away.

MR. CHEWEY: Right; no.

ASSEMBLYMAN RUMPF: You know, the testimony about Oregon.

MR. CHEWEY: I don't think it ever will.

ASSEMBLYMAN RUMPF: And Mr. Staffa, you had mentioned that you support recreational use as a *barrier-breaker*, I think was your terminology.

MR. STAFFA: Yes.

ASSEMBLYMAN RUMPF: I can understand that; you know, perhaps there are people out there who don't want to be on record as needing the medicinal component. However, there are HIPAA protections, which we should be mindful of when we're talking about people who have used.

But is it really necessary, with the protections that are already in place from the medical privacy, that we need to expand across the universe of recreational use, simply to eliminate a potential stigma?

MR. STAFFA: I would argue that yes, we do. And predominantly because, if I can quickly outline the process by which someone has to go through in New Jersey right now to get a medical card.

They have to go and visit a doctor; let's say, where--

ASSEMBLYMAN RUMPF: That's all right; I think we--

MR. STAFFA: You understand that it's--

ASSEMBLYMAN RUMPF: --we kind of know.

MR. STAFFA: --very lengthy and--

ASSEMBLYMAN RUMPF: And that's probably changing; I said that process is probably changing as well.

MR. STAFFA: And I would say that any barrier of simply having to go to any doctor, any prerequisite to be able to purchase this to see if it's right for them, I think is too much.

ASSEMBLYMAN RUMPF: Thank you, both.

MR. CHEWEY: Thank you.

ASSEMBLYMAN DANIELSEN: Anybody else? (no response)

Gentlemen, thank you very much.

MR. CHEWEY: Thank you very much.

MR. STAFFA: Thank you, guys.

Please feel free to connect with me if you guys have any follow-up questions.

ASSEMBLYMAN DANIELSEN: Did you leave your contact information?

MR. STAFFA: I did, yes; and I am happy to give everybody a card as I walk away.

ASSEMBLYMAN DANIELSEN: Feel free.

MR. STAFFA: I will.

ASSEMBLYMAN DANIELSEN: I'd like to invite Joseph Linares and Bruce Holvenstot.

B R U C E H O L V E N S T O T: Mr. Chairman, this must be Joe here.

J O S E P H L. L I N A R E S, Esq.: Indeed it is.

MR. HOLVENSTOT: And I'm Bruce; nice to meet you.

MR. LINARES: A pleasure to meet you, Bruce.

ASSEMBLYMAN DANIELSEN: Who would like to go first?

MR. HOLVENSTOT: Thank you very much.

My name is Bruce Holvenstot; I'm a -- I moved down to Pemberton, New Jersey, in 1988. I've been working as a remodeling contractor since then.

My presentation today is entitled *Substantial Control for a Controlled Substance*. And I'd like to say to-- Obviously, I'm on the *pro* side.

And although I may not agree with some of the opinions of the *anti* side, I would warn those of us on the *pro* side to appreciate that the Legislature has a political downside to tackling this difficult topic; and that the way to help the Legislature come to the decision you're urging them to come to is to address the concerns: teenagers, gateway drugs -- that sort of thing.

So in that light, what I've done is come up with some ideas that ride primarily on the existing rules and regulations of the State concerning the control of tobacco and alcohol. And just to help you, if I could hand these over, please? (hands testimony to Committee Aide)

Okay; it's a typical pyramid. Down at the bottom, left, is my State-licensed grow house in a secure facility with, hopefully, the blessings of my local Police Chief and Health Department.

In that grow house are the plants; and attached to each and every one is a State-issued stem tag. And that's simply a plastic barcode that cannot be removed from the plant without either killing the plant or cutting the tag. Which means that you can account for what you're doing. If you buy 200 tags, you're supposed to have 200 plants; and the gentleman from the State with the card reader can come to your grow house, go down the rows, and say, "Okay, you were issued 200 tags; I count 150." And the grower goes, "That's correct. In the back room are the males that I've

culled, and they still have the tags on them.” So there’s no leakage, because that’s the issue, I think, that gets a lot of people upset. They don’t want people avoiding their taxes and siphoning stuff off to sell to teenagers, right?

At the top of the pyramid -- all roads lead to Trenton. And in Trenton, or some other appropriate location, we have a bonded warehouse and the proposed State bank. And all my product goes up to that bonded warehouse where it’s tested for safety, and lack of mildew, and THC content. And the State bank issues me my money from the State bank directly to my bank account, with the appropriate taxes and fees reduced. So I can file my tax returns and not be accused by anybody, again, of cheating or siphoning product off.

Going downhill, perhaps the State bank would want to consider issuing a debit card. You would have to have a debit card ID that you will have to present at the retail outlet to, again, prevent any kind of funny business. I don’t have to describe what I’m talking about. And then the retailer, they’re redeeming their money-- Well, there’s no cash; that’s the beauty of it. There’s no cash.

ASSEMBLYMAN DANIELSEN: So you’re out of time.

So let me understand what your message is here today with this exquisitely drawn up diagram. (laughter)

MR. HOLVENSTOT: Rather modest; thank you.

ASSEMBLYMAN DANIELSEN: Is this a model that you are suggesting we have?

MR. HOLVENSTOT: Yes; for you to consider.

ASSEMBLYMAN DANIELSEN: Okay; because I know when I went out to Colorado, they had stem tags--

MR. HOLVENSTOT: Right.

ASSEMBLYMAN DANIELSEN: --from seed to sale. They were able to track not only the plant, but the outcome of the plant, but then what it was turned into. With, kind of, the exception of -- if the plant was then dried and ground up and went to production area, you know, then they had to restart the tracking into the cookies.

MR. HOLVENSTOT: Well, I want the product, the bud, to go directly from the grow house up to the bonded warehouse. So then I can go -- I'm not baking cookies, I'm not siphoning it off.

ASSEMBLYMAN DANIELSEN: So you want a separation of licenses. Yes, I'm becoming more and more interested in that area as well.

MR. HOLVENSTOT: Yes, because historically, Standard Oil -- this vertical integration -- it's just an area that can produce a lot of problems; tracking exactly what's going on, right?

ASSEMBLYMAN DANIELSEN: And some other things; it's interesting.

MR. HOLVENSTOT: Please go on, sir.

ASSEMBLYMAN DANIELSEN: You're out of time. Do you have one or two sentences that you want to throw out to the Committee?

MR. HOLVENSTOT: Yes.

My concluding remark is that for the State, and for the people of New Jersey, and for little old potential farmers like myself, this is a golden goose. Let's not mess it up; let's keep it lily clean, because that's what the public demands in order to let this--

ASSEMBLYMAN DANIELSEN: Yes.

MR. HOLVENSTOT: We've had a hundred years of propaganda. It needs to be properly regulated so the public has confidence in what's going on.

ASSEMBLYMAN DANIELSEN: I don't think anyone is in a rush to do it wrong. I think I speak for everybody.

MR. HOLVENSTOT: Thank you.

ASSEMBLYMAN DANIELSEN: You're welcome.

Mr. Linares.

MR. LINARES: Good afternoon.

My name is Joseph Linares, and I'm an attorney with Walsh, Pizzi, O'Reilly and Falanga in Newark, New Jersey. I'm here to submit comment on behalf of pro bono clients Steven Kadonsky and Genny Barbour today, both of whom respectfully submit that any proposed marijuana reform legislation include retroactive application and corrective measures.

First, I raise the concerns of--

ASSEMBLYMAN DANIELSEN: Explain what that is; I'm not that smart.

MR. LINARES: Sure; no problem. I can get into it.

But the concern for both these individuals is that there have been discrepancies in the current laws -- notably the Compassionate Use Act, the Controlled Dangerous Substance Act, the Drug-Free School Zone Act -- which have frustrated medical access to students who use cannabis to control certain disorders. And that any new legislation would pay some homage to the fact that individuals, like Genny, who have had their access

to their medical cannabis frustrated -- that this is-- It is noted as a corrective measure to those discrepancies we've been living in since the Compassionate Use Act was introduced in 2010.

Similarly, Mr. Kadonsky's concern is that many states that implemented recreational use, or decriminalization measures, have not appropriately afforded measures to individuals who have convictions, or who are incarcerated for offenses that are either no longer illegal or that are now lesser offenses under revised law. And that if we don't include those measures in our legislation, we're going to perpetuate the injustices that have been done by the war on drugs. Because while we may destigmatize the substance, we would not be destigmatizing the individuals who the laws that control the substance currently have affected.

So the problems with previous convictions, and sentences, and other penalties for sale, distribution, possession, use -- whatever -- would continue to affect-- Most notably there's a disparity, as the Committee recognized earlier, between minorities and their white counterparts, in terms of the criminal penalties that have been levied and the prosecution of certain offenses. And that those problems would not be relieved by any decriminalization or legalization; but even exacerbated, because it would affect -- those convictions would continue to affect housing; funding, whether it be student loans, business grants, licenses, things of that nature.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions from the Committee? (no response)

MR. LINARES: And I did submit written comment that more appropriately lays out the story of the individuals and how this -- how the discrepancies in the law have affected have--

ASSEMBLYMAN DANIELSEN: If you want to send some material to the Committee, the OLS will make sure we all get it, you know; could be a letter--

MR. LINARES: Sure; I had the good fortune of submitting it late last night, so I'm not sure that it made it to you guys.

ASSEMBLYMAN DANIELSEN: Okay.

MR. LINARES: But it contains my contact information.

ASSEMBLYMAN DANIELSEN: Well, they'll get it to us.

MR. LINARES: Sure.

UNIDENTIFIED MEMBER OF COMMITTEE: She's getting a message over there.

ASSEMBLYMAN DANIELSEN: Excuse me?

UNIDENTIFIED MEMBER OF COMMITTEE: I think it is in the packet.

ASSEMBLYMAN DANIELSEN: What's that mean (indicates)?

MS. WOZUNK: It's in the packet.

ASSEMBLYMAN DANIELSEN: Oh, it's in the packet; okay. I didn't know if you were just learning--

MR. LINARES: Isn't that -- it counts in basketball; no?

ASSEMBLYMAN DANIELSEN: Well, this also means I'm just learning how to play the piano (indicates), or type. (laughter)

Okay; did you want to sum up in one or two sentences before we say goodnight?

MR. LINARES: Sure.

I think that if we're going to move forward with any legislation that would change the public perception and the illegal status of the substance, I think that the individuals who have been affected by the previous legislation, and some contradictions between our medical program and the criminal statutes be recognized, corrected, and some homage paid to the injustices done.

ASSEMBLYMAN DANIELSEN: Very good; thank you very much, gentlemen.

MR. HOLVENSTOT: Thank you.

MR. LINARES: Thank you.

ASSEMBLYMAN DANIELSEN: Okay; just to let everybody know, it's 2:05 p.m., and certainly-- How many do we have left?

MR. SUMNERS: We have seven all together.

ASSEMBLYMAN DANIELSEN: Okay; I'm going to keep this down to four minutes per person, because we have a hard stop. So I apologize, and we're going to -- if the Vice Chair is with me on that.

Vice Chairman? Let's bring it down to four minutes per person.

ASSEMBLYMAN HOUGHTALING: Okay.

ASSEMBLYMAN DANIELSEN: Would you agree to that?

ASSEMBLYMAN HOUGHTALING: That would be fine.

ASSEMBLYMAN DANIELSEN: Okay; Tracy McHugh Goldman and Gabriel Traylor. Gabriel Traylor.

GABRIEL TRAYLOR: (off mike) Oh, that's me; sorry.

I didn't actually intend to speak.

ASSEMBLYMAN DANIELSEN: Okay; excellent.

What's your name?

MR. TRAYLOR: That's me, Gabriel.

ASSEMBLYMAN DANIELSEN: Gabriel; okay, very good.

Thank you.

Tracy; she's coming.

And let's -- Shawn Hines; Shawn Hines.

Good afternoon.

S H A W N H I N E S: How are you doing?

T R A C Y M c H U G H G O O D M A N: I'd like to apologize to the Council.

Currently, I am not allowed to sit completely.

ASSEMBLYMAN DANIELSEN: Do whatever you need to do.

MS. McHUGH GOODMAN: I need to--

ASSEMBLYMAN DANIELSEN: We're all family here.

(laughter)

MS. McHUGH-GOODMAN: Well, I need--

ASSEMBLYMAN DANIELSEN: Make yourself comfortable and take your time. Take a deep breath, and we're going to start the clock right now.

MS. McHUGH GOODMAN: Okay.

ASSEMBLYMAN DANIELSEN: You can do whatever you want in four minutes.

MS. McHUGH GOODMAN: My name is Tracy McHugh Goldman; I am here representing several things today.

I would like to thank you for your service.

One of the things that I am here today for is to make sure that we can get access to our veterans. Right now, our veterans, even if they have an ID, they are still considered an illegal drug user. That's something that needs to be changed; that can be changed via the descheduling.

That, of course, is -- goes right along with the black market. A lot of our veterans are forced into that position because if they get any aid -- or housing aid or if they live in veteran housing -- then they cannot be a patient. And that forces them into having to deal with opioids and other medications. It doesn't give them any options, and they need to be able to have the options.

The men -- as yourself, Chairman -- signed up to do a service for us, which was not to come home with all of these injuries; and we owe them more.

For myself, one of the main reasons that I've gotten involved in this is I'm a spina bifida patient; the doctor--

ASSEMBLYMAN DANIELSEN: I'm sorry; you're a what?

MS. McHUGH GOODMAN: I'm a spina bifida patient. The doctor had said in the beginning how that science -- if you cannot-- I'm sorry; I can't remember his words exactly. But if it can't be explained by science, then it doesn't exist. Well, I am the proof as to why that does not count as anything. It needs to be completely debunked because they teach you in elementary school that if you don't have a full skeletal system, that you cannot stand up. If your backbone is not connected to your tailbone, you can't stand. Mine is not, yet I'm walking. I walked up here today.

My parents were told that I wouldn't make it past 1; and now I'm going to be 40 soon. Medicinal marijuana was a major aspect in that.

As far -- I just wanted to quickly touch on the gateway drug area. I know Brandon was very carefully trying not to step on me where that was concerned. He and I worked together as far as activism.

The reason why-- I'm from the Rocky Horror Picture Show; the original mallrats, back when Echelon Mall existed. Congressman Norcross actually went to high school with my father, so that's kind of the area that I'm from. I'm very lucky to have been in a situation where nepotism was able to get me the medical care and treatment that I needed when I was younger, or else I would not be here in front of you today.

But via everything that is being done right now, one of the things I'm not supposed to be doing is sitting, because I have a wound that is at the degree that it needs to be treated in the hospital, but it can't be. My surgeon did not feel that, with my medical condition, if he had put me in the hospital, he would be able to treat me at the same level of care -- due to the fact that I am a medicinal marijuana patient, and because it does do so much for me. He would have had to take me backwards and put me on continuous opioids to the point that I would have been back, drooling on myself, not knowing my name. And he didn't want to do that to me, so he's been treating from home.

So we need to do something for patients to allow them to be able to medicate when they're in the hospital. Because right now, even if you get it legally from a dispensary, you check it in through the pharmacy like you would another medication. You cannot -- they actually hold it. They can't give you your medication while you're there. So you would have no choice but to go back to opioids.

And the one quick thing about -- the whole marijuana being a gateway drug. The reason why a lot of people say that it's a gateway drug is because, hey, you know, that's what we all start off with. That's what every kid is going to start off with. Every kid is going to tell you, "I'm never going to do it, I'm never going to do it, I'm never going to do it." My 8-year-old tells me every day, "I'm never going to do it." Someday, he's going to; but it's just reality. Kids are going to do it. Knowledge is power; we know that.

I was a victim of the D.A.R.E. program back in the day. I say *victim of* -- which I know a lot of people-- Brandon was being careful not to step on this. But the reason why we don't consider marijuana a gateway drug is because 90 percent of the people who I know who became heroin addicts, or even worse drugs, did so because they felt that they were lied to through the D.A.R.E. program. Because the D.A.R.E. program told you, "Oh, my God, you try marijuana; oh, that's evil. That's it; that's the beginning of your downfall." Then they went out, as kids do -- same thing with alcohol -- they tried marijuana; and boom.

ASSEMBLYMAN DANIELSEN: Your time is up.

I really appreciated your testimony, and I really appreciate the fact that you came out here, and I am super appreciative that you waited so long and patiently.

So, Mr. Hines.

MR. HINES: Hello; my name is Shawn Hines.

I have an interest in seeing marijuana legal, and allowing the citizens to grow their 12 stalks, 6 mature, like they have in most other states.

The legalization of marijuana saves lives. I don't know what happened to my page here (referring to notes).

All right; 25 percent fewer overdoses in states where there is legalized marijuana -- medical marijuana. Add to that another 6.5 percent, I believe, lives saved from these opioid deaths -- this opiate death epidemic -- the fentanyl; what is it -- the carboxyl, or something -- and the heroin. Carfentanil and the fentanyl -- where you only need a few grains of the fentanyl -- okay? -- and the carfentanil; and it can kill you, if I have that right, okay?

And everyone is saying that these drugs work synergistically. That means where they may have needed three pills -- pain pills to ease their pain; now they can take one pill and smoke some medical marijuana -- or however they do it -- and they're not there with those three pills, the four pills, until they're dead, all right? -- in the morning. Okay, so it really is saving lives.

Crime: I would like to debunk some of these police officers and things I've been hearing -- who come to these various hearings with all these statistics and things.

I spent a lot of time on my computer, and one of the first things I discovered was that legalizing marijuana in the states bordering Mexico tended to reduce crime. In California, violent crime dropped 15 percent; in Arizona, it dropped 7 percent; homicides dropped 10 percent; homicides directly related to the drug trade dropped 41 percent. That was just from legalizing it in these border regions.

Areas within 250 miles of the border -- the drop in crime -- that's where it most significant. The drop in crime also spread to states inland.

ASSEMBLYMAN DANIELSEN: Mr. Hines.

MR. HINES: Yes, sir.

ASSEMBLYMAN DANIELSEN: I apologize for interrupting you, and I appreciate the statistics.

So what's your message with all this?

MR. HINES: Well, the message with this particular issue -- which is the reduction in crime -- is that crime is reduced.

Now, okay, this is FBI data--

ASSEMBLYMAN DANIELSEN: So are you -- is this all in an effort to tell us to do something, or not to do something? That's what I'm getting--

MR. HINES: Well, this is to counteract-- You've been hearing a lot of talk from RAMP; they have all these cops coming in -- I don't know if they're on their payroll, or whatever -- but they always seem to be bad; legalization is bad. "Slow it down; we don't want it legal, we don't want it legal. It's bad for communities, it's bad for everything, everyone." And their own agencies are saying that it's not so bad.

And they do quote Colorado, okay? The situation with Colorado, as everyone probably knows, is they have a marijuana law that is atypical. In certain conditions, with their medical marijuana, you can grow 99 plants. And that's a little -- that's a little bit excessive. No one is going to use 99 plants.

ASSEMBLYMAN DANIELSEN: Are you saying -- are you purporting that Colorado allows for a person to grow 99 plants at home?

MR. HINES: Yes; medical--

ASSEMBLYMAN DANIELSEN: That's not my understanding.

MR. HINES: Medical marijuana -- I buy-- If I'm correct, now. I read this; unless they're putting fake news on the Internet; I don't believe it's the norm.

ASSEMBLYMAN DANIELSEN: No such thing as fake news.

MR. HINES: I believe you can apply, and it is not a difficult process.

The cartels are coming in, and they're taking advantage of that in these Colorado areas, okay?

ASSEMBLYMAN DANIELSEN: Yes; I don't-- Sir, I don't think that's accurate.

MR. HINES: Okay, you don't believe that? Okay.

Well, here's something else. It says that Colorado's government house -- the senate and the legislature, or the legislative -- the house and the senate, okay? -- the house passed HB17-1220, and that is to rein that in; rein those 99 plants in. And there's a partner -- a companion bill, which is going to finance the police to allow them to investigate the growing situations to make sure everyone is growing the proper amount.

So the cartels are bringing all this cocaine in; they're bringing the heroin in; they're bringing the prescription pills in--

ASSEMBLYMAN DANIELSEN: Okay; Mr. Hines, I appreciate your testimony.

You're out of time.

MR. HINES: Okay.

ASSEMBLYMAN DANIELSEN: We have to move on to the next people, because we have a hard stop.

MR. HINES: Thank you.

ASSEMBLYMAN DANIELSEN: I really appreciate--

MR. HINES: You're welcome.

ASSEMBLYMAN DANIELSEN: It looks like you put together a lot of material.

MR. HINES: I'm sorry I confused you with Senator Sweeney when I first got here. You were, in fact, the gentleman who I talked to at the Trenton hearing; and I just want to apologize. I got you a little confused.

ASSEMBLYMAN DANIELSEN: Oh, please don't. I am way better looking than he'll ever be. (laughter)

MR. HINES: Okay; all right.

ASSEMBLYMAN DANIELSEN: I have Mediterranean blue eyes.

MR. HINES: Okay; well, I'm going to take care of that.

ASSEMBLYMAN DANIELSEN: Not to be confused with those, right, everybody? Everybody agrees?

UNIDENTIFIED MEMBERS OF COMMITTEE AND AUDIENCE: We do.

ASSEMBLYMAN DANIELSEN: All right.

MS. McHUGH GOODMAN: And thank you very much for your service.

MR. HINES: Thank you very much.

ASSEMBLYMAN DANIELSEN: All right; thank you, ladies; thank you.

ASSEMBLYMAN HOUGHTALING: Could I just say--

ASSEMBLYMAN DANIELSEN: Oh, I'm sorry.

ASSEMBLYMAN HOUGHTALING: --a word.

I want to compliment you for being here. You have a disability and you were here advocating for veterans. I'd just like to compliment you for that.

MS. McHUGH GOODMAN: Oh, thank you. Our veterans are the most important resource that we have in the United States.

ASSEMBLYMAN DANIELSEN: Amen.

MS. McHUGH GOODMAN: Hey, go Army. That's what it's all about.

But as the incoming historian for our local auxiliary unit in Oaklyn, New Jersey, I would love nothing more than to be able to say that we were able to make real change happen to veterans. Because, right now, they are a major part of the black market because they are forced that way; because they cannot get it through legal avenues, because not only the stigma, but then you also have the fact that, hey, now you admitted today, Chairman, that you were testing when you were out, you know-- The VA can now mark you as an illegal drug abuser.

ASSEMBLYMAN DANIELSEN: Let them do whatever they want. (laughter)

MS. McHUGH GOODMAN: Right?

ASSEMBLYMAN DANIELSEN: The reason why I disclosed, without hesitation, that I went out to Colorado; and part of the research--

And I could've gone out with a team of delegation, you know, a delegation team.

MS. McHUGH GOODMAN: Okay.

ASSEMBLYMAN DANIELSEN: I chose not to. But if we don't start talking about this and giving it the level of seriousness, then it's going to be that -- always that dark room discussion.

MS. McHUGH GOODMAN: Absolutely.

ASSEMBLYMAN DANIELSEN: And we have to kind of normalize it.

And you know, I didn't just do it haphazard; I wasn't partying or anything. I documented my steps and I researched it out there; talked to professionals, the managers, the master growers. I also -- before I even talked to people in the industry, I'll tell you who I went to go talk to -- the firefighters. Because I'm a firefighter too.

MS. McHUGH GOODMAN: Thank you.

ASSEMBLYMAN DANIELSEN: And an Army veteran. But I talked to them and I asked them, "Hey, what have you seen out there?" And actually, what I got from the nurses, the rescue squad, and the fire department was that Colorado had a lot of bumps in the road their first eight months because nobody knew really how to handle themselves. As we had an expression in the Army, the *Big Mac Attack*. (laughter) So people got a Big Mac Attack. But once they got counseled and-- Everything seemed to calm down and so forth.

MS. McHUGH GOODMAN: One of the things I wanted to throw out real quick was, I had spoken to a few of the owners of the dispensaries in the State of New Jersey about maybe a way to help our

veterans, on a small scale, with home cultivation via some sort of a-- Obviously, they would need to get licensed to make sure they don't have any kind of conflicts in their background, where maybe they could then go set up at these facilities and maybe train to do just small scale cultivation so that way they can medicate on an easier basis. And they don't have to -- one, the cost for veterans in the State of New Jersey -- the best for veterans with PTSD traumatic brain injury -- those are the most injuries that were seeing coming home right now; that's what my husband suffers from as well -- it's \$121 a quarter. That's ridiculous. That's why they're going to the black market; because to get the best thing for what you need -- it's so far out-priced you can't do it.

So--

ASSEMBLYMAN DANIELSEN: My understanding from the master growers-- You know, I almost don't have too much my personal opinion -- too much concern about home cultivation. The plant takes a long time to grow.

MS. McHUGH GOODMAN: It does.

ASSEMBLYMAN DANIELSEN: And it takes a lot of room; it takes a lot of electricity. And, you know, I made the comparison -- I can crush a few grapes and make my own wine.

MS. McHUGH GOODMAN: Right.

ASSEMBLYMAN DANIELSEN: But I could just go down the street and buy a nice bottle.

I don't think -- as long as there is some sort of limit to that, you still have an electric bill to pay.

MS. McHUGH GOODMAN: Actually--

ASSEMBLYMAN DANIELSEN: And the smell -- you know, growing -- it smells even when it's growing.

MS. McHUGH GOODMAN: But a lot of times, that electric bill--

ASSEMBLYMAN DANIELSEN: Not everybody is going to do that.

MS. McHUGH GOODMAN: The electric bill offsets the cost of-- And it also keeps you from going black market and having the possibility of ending up in cuffs.

ASSEMBLYMAN DANIELSEN: Yes.

MS. McHUGH GOODMAN: A lot of people -- at least, from the area where I'm from -- I'm from the Haddon Heights-Collingswood area. They would prefer to--

ASSEMBLYMAN DANIELSEN: I think we also still have to deal with this issue with law enforcement.

MS. McHUGH GOODMAN: Oh, definitely; absolutely.

ASSEMBLYMAN DANIELSEN: Because law enforcement has a legitimate issue when it comes to drivers.

MS. McHUGH GOODMAN: Yes.

ASSEMBLYMAN DANIELSEN: But I still hear stories from my brothers and sisters of color saying, you know, "Listen, they're banging down my door, and I even had a medical card and I still went to jail."

MS. McHUGH GOODMAN: And they're still-- Absolutely; it's ridiculous. It needs to be corrected, and it needs to be corrected for everybody.

ASSEMBLYMAN DANIELSEN: So I don't want to allow something that exacerbates the parade of people going to jail.

MS. McHUGH GOODMAN: That's true; that's absolutely correct.

ASSEMBLYMAN DANIELSEN: Right?

MS. McHUGH GOODMAN: Yes.

ASSEMBLYMAN DANIELSEN: So the prosecutor said, if we do this wrong, it will make things worse.

Thank you very much.

I'd like to call up Tara Misu from Blazin' Bakery.

T A R A M I S U: Yes.

ASSEMBLYMAN DANIELSEN: The name--

MS. MISU: Tara Misu.

ASSEMBLYMAN DANIELSEN: --caught my interest; and Ian Nugent.

Ian; come on up, Ian.

I A N N U G E N T: (off mike) I'm coming.

ASSEMBLYMAN DANIELSEN: Am I pronouncing your last name right, Misu (indicating pronunciation)?

MS. MISU: *Tara Misu*, like the dessert.

ASSEMBLYMAN DANIELSEN: No way.

MS. MISU: Yes. (laughter)

ASSEMBLYMAN DANIELSEN: No way.

MS. MISU: Well, see, I've been in this business eight years.

ASSEMBLYMAN DANIELSEN: Are you an entertainer as well?

MS. MISU: I can be entertaining. (laughter)

Eight years ago you did not want to use your real name; and I've been doing this a while. So I branded myself as such, and--

ASSEMBLYMAN DANIELSEN: Oh, so that's not real name?

MS. MISU: My real last name is Sargenti (phonetic spelling); but that's long and Italian, and Tara Misu is so much more fun.

ASSEMBLYMAN DANIELSEN: Oh, my God. (laughter)

All right; we'll go with Tara Misu.

MS. MISU: All right; I like it.

ASSEMBLYMAN DANIELSEN: Obviously. (laughter)

MS. MISU: Well, I like that you're accepting it.

Okay; so my background is -- I own Blazin' Bakery. I've been in the cannabis industry for eight years. I've been based in New Jersey the entire time. And I create a product that was for use with legal herbs; and it's for sale in all 50 states; it's been in Spencer Gifts. I'm in over a thousand stores.

And what I want to do now -- it's this exciting time in New Jersey -- is I want to transfer that over to having a pre-made edible infused line and apply for a Class I processing license.

So that's what I would like to speak about; it's what I am very passionate about. My background is, I went to -- you chuckled before -- Oaksterdam University; I'm a proud graduate, as well as graduating with honors from Rutgers.

So with our six bills floating around right now -- we have three medical, we have three adult-use -- it seems that with the mashup of the two medical bills recently, that what we're leaning towards is a combined

processing/cultivation license. And I see that as a huge problem for someone like me, who has a background in edible making, extraction. I've been doing this a long time; it's my specialty. I do it well.

ASSEMBLYMAN DANIELSEN: How do you extract? What methodology do you use?

MS. MISU: In New Jersey, I don't do it at all. (laughter)

No; well, I think butane should be legal. I know it has the explosive factor, and it does have the residual solvent. But it's a small amount. I think CO2 is better for cartridges, but it's slower and it's more expensive, and I think people should have the options to do both, because I think both excel at different purposes. I don't think butane should be illegal, although I do see how much cleaner CO2 is. And even ethanol extraction -- I think we should give processors the option.

ASSEMBLYMAN DANIELSEN: Do you -- or, your friend (laughter) -- use an oil -- cooking through oils?

MS. MISU: Yes. I mean, the product I made -- coconut oil has the highest fatty acids, medium chain triglycerides. So it infuses the best.

But when you're going to be doing processing, you're taking the actual natural oils out of the plant. As they mentioned, it can hold up to 30 percent. So you're just extracting what's there; you're not actually-- Commercial processing is different than at-home in your crockpot with your butter. Commercial -- you're taking just the extract--

ASSEMBLYMAN DANIELSEN: Allegedly.

MS. MISU: Well, allegedly, yes.

So with this, that is where my strength is. What I don't know is irrigation, and pH levels of soil, and the best type of grow lights, and

humidity levels. And I don't want my license -- for me to either have to give away half of my business or merge with someone else, form a new LLC, so I can partner with a grower to do-- And I'm sure he doesn't want to get into baking. He's been specializing in botany. Why does he care about making cookies now, you know?

So for me to have to grow my own herb to make a great edibles line, great extracts, I feel like it's asking a bakery to grow their own wheat. It doesn't make sense.

ASSEMBLYMAN DANIELSEN: So your expertise -- is it on the baking side or is it on the chemistry -- the separation side? Because, you know, are you a chemist?

MS. MISU: I am not.

ASSEMBLYMAN DANIELSEN: Are you a chromatographer?

MS. MISU: I am not. I've worked with people smarter than myself to develop that end.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MISU: My--

ASSEMBLYMAN DANIELSEN: Are you more of a baker?

MS. MISU: More baking.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MISU: I mean, just all around kind of jack-of-all-trades.

ASSEMBLYMAN DANIELSEN: I mean, that's a science.

MS. MISU: Yes.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MISU: But the other part of that, that I care about aside, is the-- I think the two should absolutely be separate. I think you're also

going to create monopolies if you're only giving out so many licenses. And then if, later down the line, you do have just processing, now you have people who are selling directly and they're going to want to sell-- Someone else is going to have to deal with the middle man to get their raw goods when someone else is not. And you're not going to be able to compete pricewise.

But my second concern is the number of licenses. Now, with -- say, we do -- the medical bill goes through and we have 12 licenses; 6 of them being grandfathered in from the existing dispensaries. Now we have 6 that are open for a state of 9 million people. If it does not meet need, we get 3 more; now we have 15. When recreational goes through -- that bill is being mentioned 15. So it's (indiscernible) going to grandfather back in the medical.

So now someone like me, who really-- I mean, I have a young following of people who use my products. My interest is in recreational. Now I'm being forced to pair with pharmacists; and, you know, get doctors on my board. Now I'm being forced to do a medical license just so I can be grandfathered into rec, because there may not be rec licenses until the second round now, once people are being grandfathered.

And 15 licenses as a whole -- they were estimating \$1 billion a year in Jersey. That's so low. It's going to be between \$2 billion and \$3 billion. New York is the number one tourist destination in America; number 8 in the world. We have a 130 million people within a one-day's drive, and we're going to be one of only two states east of the Mississippi to have recreational. We're going to have people flooding in once recreational

passes, because they won't have to go to a doctor, or get a license, or pay fees. They're just going to come here.

And with 15 processing licenses -- if we do \$2.5 billion the first year -- which is a very fair estimate -- each one of those processors will be making \$23 million a year. It's not hard to see that we are not going to be able to meet that demand. Twelve people are going to hit the lottery in a state of 9 million people, and everyone else is going to get shut out of licenses.

I'm sorry; it's my time.

ASSEMBLYMAN DANIELSEN: Ms. Misu.

MS. MISU: Yes.

ASSEMBLYMAN DANIELSEN: All right; so in your suggested business model--

MS. MISU: Yes.

ASSEMBLYMAN DANIELSEN: --you're saying that-- How would that work? So you would get your product from a cultivator.

MS. MISU: Yes; I would have a--

ASSEMBLYMAN DANIELSEN: Yes; and it would be a finished product, as far as they're concerned.

MS. MISU: They sell me plants. I process it, make oil, sell the oil direct--

ASSEMBLYMAN DANIELSEN: Oil, or--

MS. MISU: --infuse edibles--

ASSEMBLYMAN DANIELSEN: Or cookies.

MS. MISU: Yes, both.

ASSEMBLYMAN DANIELSEN: And then you would do the extraction, you'd modify it; you infuse it, bake it--

MS. MISU: Yes.

ASSEMBLYMAN DANIELSEN: --and then you'd package it. In your business model, would you also retail it, or you would resell it to retail?

MS. MISU: No, because I think there are people who are going to be better than me at retailing, you know? There are people who, you know, own a chain of--

ASSEMBLYMAN DANIELSEN: So you get the plant, and then you modify it into another product, and then you sell it to a retailer.

MS. MISU: Exactly.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MISU: And, I mean, if people want to do more than one, that's great. I mean, you can apply for two licenses. But I think to force people to do areas that are not their expertise -- now you're just overwhelming people, and you're going to dilute the people who really are great at one thing.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions for her? (no response)

Okay.

MS. MISU: All right; thank you.

ASSEMBLYMAN DANIELSEN: Don't go anywhere; you know, people might think of questions.

MS. MISU: Okay.

ASSEMBLYMAN DANIELSEN: Mr. Nugent; welcome.

MR. NUGENT: Hello; thank you for having me.

A lot of wonderful people here today. And I can get up and reiterate what they said; but the one thing I want to reiterate is something Bridget said.

We're sitting here and, in 15 years, this isn't going to matter. We're heading towards legislation; we're heading towards recreational. That's the reality of the situation. I think we can all agree on that; that's where we're going.

So what I prepared for everyone and handed out was kind of the *FACT Handbook*. It was prepared, I guess, in opposition to RAMP.

ASSEMBLYMAN DANIELSEN: Opposition to what?

MR. NUGENT: RAMP.

ASSEMBLYMAN DANIELSEN: RAM?

MR. SUMNERS: RAMP.

MR. NUGENT: RAMP.

ASSEMBLYMAN DANIELSEN: What's RAMP?

MR. NUGENT: It's an anti-cannabis organization.

Anyway, I'm going to talk on a few points.

So pretty much all I'm asking is to kind of take a step back and look where we are; look at what prohibition has done, and look how we can rectify it.

I think the one thing we really need to keep in mind, going forward, is refranchising for everyone who has been affected negatively by this. We can't pass recreational use and leave everyone behind. It's not fair; people have been disproportionately affected.

Another big point -- there is going to be a lot of money in this. And something that New Jersey doesn't have for people like myself, people of youth, is industry. We have to go to New York or Philadelphia for jobs. I don't want to leave; I like New Jersey. Having a new industry come in that I can get involved in and not have to travel or commute is a great opportunity.

The cost to the state, having to continually deal with cannabis prohibition, for both the legislative and judicial system, is outrageous.

I can just keep going on and on, but all I'm saying is, look where we're going and let's go there together.

ASSEMBLYMAN DANIELSEN: Thank you.

MR. NUGENT: I'm kind of rambling.

MS. MISU: Can I ask the board something?

ASSEMBLYMAN DANIELSEN: Sure, as long as it's not algebra. (laughter)

MS. MISU: No, of course not.

ASSEMBLYMAN DANIELSEN: Amen.

MS. MISU: So with the 15 licenses, do we believe that that's actually going to change? And do you feel that we need to go through medical to get to recreational; or do you think going straight to rec is something feasible?

ASSEMBLYMAN DANIELSEN: I'm not so sure it's appropriate for any Committee people to answer that question, because we're not here to talk about a specific bill.

MS. MISU: Sure.

ASSEMBLYMAN DANIELSEN: We're here just for a back-and-forth. So I don't think we have any plans right now.

MS. MISU: Okay.

ASSEMBLYMAN DANIELSEN: And we're still trying to figure out where we are and where we need to go.

MS. MISU: Okay; thank you anyway. I appreciate it

ASSEMBLYMAN DANIELSEN: I would hate for any of us to make a commitment at this point when--

MS. MISU: No, no, no.

ASSEMBLYMAN HOUGHTALING: Chairman, I think it's safe to say that we're still modifying medical marijuana. So that's why we're trying to do this, because we want to try to get that right the first time when we do it.

MS. MISU: Okay; thank you. I appreciate the answer.

ASSEMBLYMAN DANIELSEN: Any questions from the Committee? (no response)

Thank you very much.

Michael Ryan and William Riback (indicating pronunciation).

W I L L I A M A. R I B A C K, Esq.: Riback (indicating pronunciation).

ASSEMBLYMAN DANIELSEN: Riback.

MR. RIBACK: Yes, sir.

ASSEMBLYMAN DANIELSEN: Okay, Mr. Riback; you go first, since you sat down.

MR. RIBACK: My name is William Riback; I'm an attorney, I'm an investor in the space.

I've been to Israel; I've spent a week there. I've spent a week with people who have been in Tikun Olam, which is a recognized institution of medical.

I want to say to you that Israel is really doing the research and the treatment with cannabis. We're essentially in the dark ages in this state. We have no research, we have no-- Well, we do have treatment; but we don't have-- We're in the dark ages on research. Pennsylvania has gotten around the Federal problems by researching the patient, rather than researching the plant. So they're now involved -- CHOP, as someone has said, is researching autism. The design of the research is that it will validate the treatments which are already occurring in Israel. Autism is treatable by cannabis. It can elevate people on the spectrum such that you can get behavioral therapy and elevate these people afflicted by this disease much higher. That's going to save taxpayers huge amounts of money.

We also have that in cancer; as a treatment, not as a palliative, but as to actually cure the disease. We have that with Alzheimer's, which is going to save billions of dollars.

ASSEMBLYMAN DANIELSEN: May I interrupt with a question?

MR. RIBACK: Wait; here's the answer, I hope. I would hope that the money that was used in recreational will be funneled into research and treatment for people who need it. We're only at the beginning stages of understanding a very complicated plant which can treat many diseases. And I am enthused by the doctor-patient bill that's coming out, rather than a conditions-based--

ASSEMBLYMAN DANIELSEN: So you're an attorney. Where are you getting these facts from -- that cannabis has been proven to cure cancer?

MR. RIBACK: The Technion in Israel, which is, essentially, the MIT.

You can look up a person named Dedi, last name M-E-I-R, Meir (*sic*). They're using very sophisticated tools to identify the specific molecules and extract the specific molecules. They're doing that; autism-- Right now, we know CBD and THC, at 20-to-1 or a 5-to-1, has great efficacy for many autistic children. It's apparently top secret in this country.

MAMMA -- M-A-M-M-A, in Texas, is being effective; and we're up to four states where we're getting autism to elevate the children from being in a state of frustration and hostility to a state of peace and ability to communicate -- where you can take it to the next level, and then get into behavioral therapy, and then elevate them to actually become functioning citizens.

So what I'm saying is that the tax money -- you have to look at the tax money, and hopefully you're going to put that into purposeful uses to include research and treatment; and collaborate with other institutions, like CHOP and the Technion. And there's just a whole -- I know that the community is dying to investigate it, but Pennsylvania--

ASSEMBLYMAN DANIELSEN: So the Technion has had successful research in cancer and in autism? Is that what you said?

MR. RIBACK: In cancer-- What happened was, they were doing a study in Israel for epilepsy. Within the epilepsy community -- there are a lot of autistic children within the epilepsy community.

It was found that the children were elevating themselves in the spectrum, rather than just not having seizures. When the mothers in Israel heard about it, they demanded the medication without the studies. The Israel Knesset -- or whatever institution permitted the parents to have it -- the woman's name is Abigail Dar -- Abigail, last name D-A-R -- and then it became widespread use in Israel -- or wider spread use in Israel, where it's recognized.

The amount of anecdotal evidence is very widespread. Now there's--

ASSEMBLYMAN DANIELSEN: Your time is up; I apologize.

MR. RIBACK: Okay; that's all right.

ASSEMBLYMAN DANIELSEN: Stay around.

MR. RIBACK: Okay.

ASSEMBLYMAN DANIELSEN: Good afternoon, sir. You are Michael Ryan?

M I C H A E L R Y A N: My name is Michael Ryan.

ASSEMBLYMAN DANIELSEN: Good afternoon.

MR. RYAN: Good afternoon, Chairman.

I thank you, and I thank the Committee, for giving me this opportunity.

Today I want to speak about expungement.

I find it remarkable that we are having this discussion. And based on what has existed for the past 60 years, I have a couple of rhetorical

questions that I ask myself, trying to understand how we -- where we are and how we got here.

One of them is, what's going on? Did law enforcement give up, or did we finally recognize and admit that the laws are wrong and unjust -- marijuana laws?

I know it's not a shortcoming of law enforcement, so I recognize that we finally understand that marijuana is safe and beneficial. I ask you to remember that this is not a new industry; it's not a newly discovered substance. Where we are right now is a result of a movement that has been going on since the 1960s. And it's a struggle of many people and a sacrifice of many people -- many good people.

It's not right to characterize the black market that exists now as *corner drug dealers* and *cartel members*. I'm calling -- I see it as necessary that we are able to erase the criminal records related to violations of the marijuana laws. I'm not advocating for myself; although I would very much enjoy being able to distribute marijuana again. But my 18 years were spent in a Federal prison, and I know that New Jersey does not have the authority to expunge my criminal record. I'm advocating for everyone who has been convicted of possession and distribution. I ask you to think about the racial justice implication of this.

We all are aware of the disparity between the people of color and white people in the marijuana arrests; and it's disheartening and disturbing, to say the least. I think the new legislation-- If the new legislation does not expunge the criminal records, that racial injustice will continue. Because these criminal records exist, they are going to affect the ability for licensing, and the minorities that have suffered at a more

disproportionate level in the -- as far as arrests go, will be more limited in the licensing process.

When they talk about taking the business away from the corner drug dealer, who are they talking about? They're not talking about the white kid from Clark. This has the potential to be another case of a black man creating or sustaining a business and having some powerful money interest come and take it away from him.

I just wish for two things. I wish that we can recognize and admit that the laws are wrong -- the marijuana laws are wrong, and have always been wrong; and I ask that prior convictions be disregarded in the licensing process.

ASSEMBLYMAN DANIELSEN: Thank you.

Any questions from the Committee members? (no response)

Okay; thank you, gentlemen. We really appreciate you coming out here to speak with us today.

MR. RYAN: You know, Chairman, I want to thank New Jersey.

You know, it's not just a cursory thanks. I'm so proud of the State for taking this step in light of the fact that the Federal -- there is still a Federal prohibition against this. I can't tell you how much I appreciate you all taking this time to understand this subject.

ASSEMBLYMAN DANIELSEN: Thank you.

Kurt Kwart and Beth Kwart.

I hope you guys came together, because that would be a coincidence that two people with an unusual last name would show up.

BETH KWART: We did.

ASSEMBLYMAN DANIELSEN: Really? All right.

All right, Beth, you sat down first, you go first.

MS. KWART: Thank you.

Thank you for hosting this today, and for allowing us to speak.

My name is Beth Kwart; I'm here just on behalf of myself as a concerned citizen about this legislation.

I have read the original bill that was proposed; I've researched what's happening in other states. I've attended both pro and con events about cannabis legislation, and have visited Colorado and experienced the adult-use market there personally.

So by no means am I an expert in this field, but I am speaking to you from an informed position. I have done quite a bit of research.

ASSEMBLYMAN DANIELSEN: Did you get the cookie?
(laughter)

MS. KWART: I did not have any cookies, but I did have some other enjoyable products.

Speaking to cannabis as a gateway drug -- I used cannabis in high school and through college. And in my experience, it was not at all a gateway drug; it was more like a *gate*. I never went on to use harder drugs; most of the people who I smoked with never went on to use harder drugs. It was just something that we did for fun, and that was it.

So there are a lot of stories like that that aren't heard, because people don't tell those stories. And all you hear are the others stories, like we heard earlier, about how someone will use it and then end up also using harder drugs.

I'm starting here from a place where I believe that adult-use legislation and expanded medical use will be good for New Jersey and its residents. And as a citizen, again, there are just a couple of things that I would like to see in the proposed bill.

I'd like to see legislation that favors small business growth, reduces barriers to entry for mom-and-pop shops to start up. Some of those barriers would include excessively high application and licensing fees. I'd like to see a market that allows for craft grow, not just big business cannabis.

I'd like to see public consumption included as an option in the bill to allow for public consumption. I think that things like that will help some of our more struggling towns -- especially Atlantic City would greatly benefit from the ability to have public consumption available.

And I would really like to see the bill address social justice issues by including automatic expungement of prior records for marijuana possession.

ASSEMBLYMAN DANIELSEN: Thank you.

KURT KWART: Hi, my name is Kurt Kwart. I'm a firefighter in Atlantic City, New Jersey.

And we've been going to a few events, trying to learn more about the industry and just what's going on.

And I just wanted to say a couple of things; some I already heard here, heard some great stuff.

Just that something needs to be done with the past laws that have unfairly targeted blacks, mostly, with being arrested close to four times

more likely of arrest than a white person. So any laws I think would have to retroactively go back and try to fix those issues.

As a firefighter, almost every shift I deal with heroin overdoses. Some of these people we're giving an overdose (*sic*) to time and time again. And you kind of get jaded, which is sad. Because there are some -- few -- who make it, and you want them all to make it.

But you see that -- just, it's not working. We're giving free antidotes to the same people, many times over. And when I see that in states with legal marijuana -- that the overdose rate is reduced from about a quarter to a third, we need to try anything to fix this problem. It may not be a perfect solution, but it is something that works. I think that was the biggest thing that I wanted to go over.

And just some of the anecdotal evidence I've experienced with people in my neighborhood who have had cancer. They have said, "I went to the doctor; it's \$400." And they started to tell this to their neighbors, and then she said, "Oh, well, my one neighbor -- he just gave me some for free."

So the black market will pick up any slack that's out there; I'm sure of that. And I just-- You know, it's a small thing we can do to try to help these people.

And I would also like to ask for a lower barrier to entry, and business opportunities that are not just for rich people; \$50,000 for a nonrefundable application is just going to make the rich get richer. We need small grows; we need just little mom-and-pops. And yes, big business too. But I would like it to be open for everybody.

Thank you.

ASSEMBLYMAN DANIELSEN: You know, you're bringing up a good point -- the application fee.

If you compared it to, like, a liquor store license. If you made them free, I don't know if it would be more accessible. I mean, you still have to have hundreds of thousands of dollars in inventory for a liquor store or a cannabis retailer, right? So poor people aren't getting involved; not unless they find a generous rich person.

So I haven't heard of a business model yet presented to me that the application fee, or the liquor store license cost, would make any difference of getting someone who's poor to be now a business owner, right? How do you go from being poor to a business owner?

MS. KWART: Sure. I mean, I don't think--

ASSEMBLYMAN DANIELSEN: Even if it was a convenience store, you have to have money for--

MR. KWART: Maybe a few; but that's a \$50,000 gamble you're taking -- that if I apply and get shot down, I lost my 50 grand; 5 grand, maybe--

ASSEMBLYMAN DANIELSEN: If you look at the whole cost you know, from your space to selling your first, right? I think that application fee is a small, very small percentage.

MR. KWART: Oh, yes.

ASSEMBLYMAN DANIELSEN: And I'm concerned with, you know, say we eliminate the fee. I'm concerned that people would be misled to think poor people now have the opportunity. I don't see it, right? If I gave you a liquor license today, could you fill up a store tomorrow? I know I couldn't.

MS. KWART: No, but if I had to pay \$50,000, as Kurt said, to gamble on an opportunity, that's something that a lot of smaller businesses don't have the ability to do. And maybe not -- no, not give them away for free, not allow the applications for free; but if the first entry is \$50,000, then people are going -- it's going to favor the rich; it's going to favor large business. And if it is smaller, then someone could start off with a smaller grow, like a craft grow. I mean, we see how well the craft beer market does in New Jersey, and it gives more opportunities for small businesses, rather than just a few very large businesses.

ASSEMBLYMAN DANIELSEN: I personally share your agenda on that. I'm just being honest; I haven't seen a business model where it works yet, but I'm going to stay with you -- hopeful, without misleading people. Because I haven't seen the model yet.

MS. KWART: Sure.

ASSEMBLYMAN DANIELSEN: I haven't looked at it yet; I hear D.C. did a good job with it, but I'm going to take a better look at D.C.

MS. KWART: I believe that California has a favorable craft grow market as well. I was at an event on Thursday night where I heard a person speaking about craft grow in California. And he said that it was working there for them.

ASSEMBLYMAN DANIELSEN: Southern California or Northern California? Because the growing season is different, and they have more outdoor opportunities.

MS. KWART: Yes, I'm not sure exactly where he was.

ASSEMBLYMAN DANIELSEN: Like Colorado and New Jersey are a little different. You know, it's hard to compare those guys.

MS. KWART: Sure.

ASSEMBLYMAN DANIELSEN: Plus, in California they're crazy. (laughter)

MS. MISU (off mike): Would either of you mind if I added two cents to that?

ASSEMBLYMAN DANIELSEN: Not just yet.

MS. MISU: Okay.

ASSEMBLYMAN DANIELSEN: Does anyone have any questions?

Assemblyman.

ASSEMBLYMAN RUMPF: Hi. What do you mean by *public consumption*? What would that look like?

MS. KWART: To have, you know, coffee shops like they do in Amsterdam; places where people can go and be able to consume cannabis.

ASSEMBLYMAN RUMPF: Okay; thank you.

ASSEMBLYMAN DANIELSEN: Now our culture is -- we're trying to restrict where people can smoke cigarettes.

ASSEMBLYMAN RUMPF: Yes.

ASSEMBLYMAN DANIELSEN: So that would be--

ASSEMBLYMAN RUMPF: Atlantic City is the only remaining.

ASSEMBLYMAN DANIELSEN: Yes.

MS. KWART: Yes.

ASSEMBLYMAN DANIELSEN: Vice Chair.

ASSEMBLYMAN HOUGHTALING: I only had-- What is *craft*? I don't know what that is.

MS. KWART: Sure.

ASSEMBLYMAN HOUGHTALING: The first time I actually heard that term.

MS. KWART: Oh, okay. It's just smaller operations, not -- locally, I would say. Like, just to compare it to a craft beer market. So, like, instead of a cannabis *Budweiser*, you would have a cannabis *Flying Fish* or any other Cape May brewery, kind of, level. Like smaller level of grow operations where there's a little bit more attention being paid to the plant than in larger operations. It produces a different kind of product, from my understanding. And a lot of consumers may be more favorable to products that are coming out of a smaller production than a large-scale production.

ASSEMBLYMAN HOUGHTALING: Okay.

Thank you, Chairman.

MS. KWART: Thank you.

ASSEMBLYMAN DANIELSEN: Well, I'd like to thank you. You know, Beth was a little bit more prepared than you; I just wanted to say that (laughter), as one firefighter to another, you know.

MR. KWART: That's why I married her. (laughter)

ASSEMBLYMAN DANIELSEN: Amen.

MS. KWART: I just have -- if I could ask one question.

I know that there were other events similar to this, and I think this is a really great opportunity to have dialogue with the public. I know there's one more coming. If there's an ability to add any additional, except for the one that's going to be in Paramus -- if you could, please, hold one in Atlantic or Cape May County. It's an extremely long distance for any of us from that area to go up to Paramus. I mean, we drove an hour to be here

today, and then waited several hours to be able to speak. So if you could just please hold one further south too, we would really appreciate it.

ASSEMBLYMAN DANIELSEN: *Further* south?

MS. KWART: Yes. (laughter) There are more of us down there.

ASSEMBLYMAN DANIELSEN: All right. So we had one at Middlesex County College, one down here-- By the way, this is *south*, all right? (laughter)

MS. KWART: This is an hour north--

ASSEMBLYMAN DANIELSEN: This is *yee-haw*.

MS. KWART: --of where we're from.

ASSEMBLYMAN DANIELSEN: This is *where*?

MS. KWART: We came from Ventnor.

ASSEMBLYMAN DANIELSEN: Isn't that, like, Maryland or something? (laughter)

Then we're going up to Bergen. I think if I schedule one more off-campus meeting, that they're going to tar and feather me. (laughter)

MS. KWART: Consider Stockton.

ASSEMBLYMAN DANIELSEN: I don't know.

You know what? We'll take an off-line vote on that, and we'll let you know. It's not easy; you have to get permission. It's a whole process--

MS. KWART: Oh, I believe it.

ASSEMBLYMAN DANIELSEN: --and paperwork, and--

MS. KWART: I understand.

ASSEMBLYMAN DANIELSEN: Before you go, Ms. Misu -- and that's not a dessert; it's just a lady over there who bakes them -- did you want to say something real quick?

MS. MISU: (off mike) I did.

I loved what you guys said, and I started my business when I was 29 with \$2,000. And it is possible.

ASSEMBLYMAN DANIELSEN: You know what? You have to be recorded, and fingerprinted, and-- (laughter)

MS. MISU: I'm sorry.

ASSEMBLYMAN DANIELSEN: Just tell us where your friend's bakery is. (laughter)

MS. MISU: No; I love what they brought up about small business, and I wanted to say I started my business at 29 with \$2,000. And it is potential to start out small scale, get investments down the line. And I think with \$50,000 you could start a boutique, small-batch edibles business for maybe someone who just wanted to get their foot in the door. Obviously, you're not going to compete on a major level. But there is room for, you know, boutique businesses, mom-and-pops; so maybe it's something to consider.

ASSEMBLYMAN DANIELSEN: Okay.

MS. MISU: That's it.

ASSEMBLYMAN DANIELSEN: Thank you very much.

MS. MISU: Just a small interjection.

MS. KWART: Thank you.

ASSEMBLYMAN DANIELSEN: Last person, Stacey Gregg; Stacey Gregg.

S T A C E Y G R E G G: Good afternoon.

ASSEMBLYMAN DANIELSEN: Good afternoon, ma'am.

MS. GREGG: You saved the best for last, but I'm just going to interject -- I'm here for myself, as a parent, as a survivor of-- I'm a cancer widow; I lost my husband to cancer in 2008. And he didn't have the luxury of trying marijuana in different types and what they have available in other states. And we did have, through the doctors, after many times asking--

And even though I did have insurance; we had Cigna. He was a pipefitter -- we had the best insurance. He was always proud, his whole life, that he had great health insurance -- until he got sick. And for people who think health insurance is all that good -- I'm not impressed with the insurance companies here. I don't know where they come into play with legalization of marijuana, and where their little takes are going to be. But back then, just to get the capsules with the little pills, the THC-- Not that we're against it, but the THC did nothing for his pain. He was Stage 4, so maybe that had something to do with it. He lived nine months, total, from diagnosis to operation -- having a lung removed; and the chemo kind of did him in.

My understanding is, through the years-- And my children and different people have said, "Oh, he would have lived," or, "He would have beaten it," or "It would have cured it." Well, you know what? For some people -- everybody responds differently. Your bodies-- We're all very similar, the basics; but each and every single one of you, when you go to have some sort-- When you have a baby, you're going to get different pain relief when you have that baby. Somebody is going to get pain relief by getting into a tub of water with no drugs; somebody is going to need an

epidural. And there are all sorts of things, and they're not going to all work the same for every woman.

And just like with every cancer patient -- everybody doesn't respond to the chemo; they're not going to respond to the pot.

Would I begrudge anybody? I think it's cruel; I think it's horrific that it's taken this long. I think it's cruel that the word is out there that people don't have that option of having THC; people under the (indiscernible). That's been legal, correct, for a while, for medical, in the State of New Jersey?

ASSEMBLYMAN DANIELSEN: For some people.

MS. GREGG: For some people? You have to be terminal or something? What's it now? I think he was Stage 4, so he was allowed to have the THC back then. It's coming up on 10 years now; you tell me, what's the law? Because you're not getting the law out there.

ASSEMBLYMAN HOUGHTALING: People now get two ounces.

MS. GREGG: It was a little capsule; it it wasn't something to smoke. It was a little tablet that he was entitled to.

Do you have the law there? I see you looking down. Are you looking it up?

ASSEMBLYMAN HOUGHTALING: No, we're--

ASSEMBLYMAN DANIELSEN: Put your mike on.

ASSEMBLYMAN HOUGHTALING: You're allowed two--

MS. GREGG: You're allowed two of something.

ASSEMBLYMAN HOUGHTALING: Two ounces.

MS. GREGG: Two ounces of rolled-up joints; two ounces of--

ASSEMBLYMAN HOUGHTALING: Of whatever you're prescribed.

MS. GREGG: Oh.

ASSEMBLYMAN HOUGHTALING: You talk to a counselor; he prescribes a certain strain for you. That's how that works.

MS. GREGG: That's how it works *now*.

ASSEMBLYMAN HOUGHTALING: Yes.

MS. GREGG: Well, back then, it wasn't strains. It was a pill of THC; little tablets that he got.

ASSEMBLYMAN HOUGHTALING: Yes.

MS. GREGG: And it didn't do anything. But it would have been nice; it would have been the humane thing to do to let him do whatever the hell he wanted to do. It's his body.

So this whole thing about the \$50,000-- I'm sitting here, just observing what I'm hearing, and it strikes me as a very -- classicism, with the businesspeople. If you already have money, you can make money. It's not very kind to not consider doing something like a \$2,000 application where you're just running whatever it is you're running for that \$2,000. I don't know where this council thinks that \$50,000 is going, that's nonrefundable. To me it sounds like payola to somebody; it doesn't sound right.

I don't know what kind of business you have; but I've had businesses. You don't have a starter fee that's nonrefundable for an application of \$50,000 -- to be fair to people.

ASSEMBLYMAN DANIELSEN: Well, to be fair to the State -
- and I rarely am -- is there's an exhaustive review process, and a
background investigation; and, I mean, it's very expensive--

MS. GREGG: As much as guns? We have a real problem in
the State with gun background investigations. I'd like to see a \$50,000
application for somebody to be able to buy a gun.

ASSEMBLYMAN DANIELSEN: All right; I'm going to stop--

MS. GREGG: And until-- I'm just going to say--

ASSEMBLYMAN DANIELSEN: I'm going to stop-- No, no;
I'm not going to let you *just say*.

MS. GREGG: Okay; then we'll keep it to this.

ASSEMBLYMAN DANIELSEN: That's not what we're here
for.

MS. GREGG: Okay; but \$50,000 is used for what?

ASSEMBLYMAN DANIELSEN: And now we're out of time.

MS. GREGG: Background -- what is it used for?

ASSEMBLYMAN DANIELSEN: It's for the full application
process, which I believe it costs even more than that. So it's exhaustive;
and we're talking about the ability to manufacture, grow, modify, extract,
infuse, and retail this pharmaceutical. And they take -- the State takes that
seriously, like all the other states do.

MS. GREGG: Okay. And would this bill decriminalize--

ASSEMBLYMAN DANIELSEN: We're not talking about any
bill.

MS. GREGG: None of that; no bills. Just general marijuana,
for or against.

ASSEMBLYMAN DANIELSEN: Yes.

MS. GREGG: So I'm definitely for doing something in the state to decriminalize, to make it less racist, to make it less opportunistic only for large businesses -- whatever that entails, you have a lot to discuss and I know you're going to hear from more people. And I do -- I'm going to put forth that it's a very large state, and I would hope that you-- I travelled two hours to get here; I just happened to be here because my son wants to go to Rowan; he is also looking at Boulder, Colorado. I can't imagine why; but whatever my kid wants, you know?

ASSEMBLYMAN DANIELSEN: Right.

MS. GREGG: We're going to be looking at them. And he is also looking at West Virginia, so that's why I ended up here.

But I am up in Morris County, and this is the first I'm hearing about your thing. So I heard you already did northern Jersey? You're coming back up there?

ASSEMBLYMAN DANIELSEN: No, we did Central.

MS. GREGG: And you're going to come up to Bergen one more time?

ASSEMBLYMAN DANIELSEN: We're going up to Bergen County Community College on May 12.

MS. GREGG: Okay; so we'll try to get you a big crowd up there.

But thank you for what you're doing--

ASSEMBLYMAN DANIELSEN: Thank you.

MS. GREGG: --and please remember people who it didn't work for, but would have loved the opportunity; and are not here to speak for themselves, because they have since passed.

ASSEMBLYMAN DANIELSEN: Thank you.

MS. GREGG: Thank you.

ASSEMBLYMAN DANIELSEN: That concludes our meeting.

Do any of the Committee members have any comment, any questions? (no response)

All right; that concludes the meeting.

Thank you, everyone.

(MEETING CONCLUDED)