

APPENDIX

RONEET LEV, MD

**Chief, Scripps Mercy Hospital Emergency Department, San Diego
Chair, San Diego and Imperial County Prescription Drug Abuse Panel
President, San Diego Emergency Medicine Oversight Commission**

TESTIMONY

I have been practicing emergency medicine in San Diego for 28 years. They say the entire world is a stage and people in the emergency department have the front seat.

Working on the opioid epidemic for the past 7 years, I realized the link to marijuana.

I would like to share with you what marijuana looks like in the emergency department and what marijuana looks like in the morgue.

Every day in California we treat patients ~~for the~~ with marijuana poisoning. Every day.

The number of emergency visits for marijuana related diagnosis has gone up by 830% from 2006 to 2014. That's 1,108 people to 10,302 people a year in San Diego alone.

Picture a 25-year-old woman with loud audible retching who is writhing in abdominal pain. We can hear her agony from across the emergency department. We termed the condition, scromiting. Scromiting is screaming and vomiting, and the hallmark for cannabis hyperemesis syndrome. She has been to numerous emergency departments, was receiving Dilaudid - a strong opioid each time, was exposed to multiple CT scans and radiation, and yet she could not understand why she was so sick. Her cure, would be simple. Stop smoking weed. The problem is that her marijuana addiction was also becoming an opioid addiction. Every day we ~~see~~ treat cases of scromiting.

So who dies of marijuana? The San Diego marijuana death diaries counted 462 people who died with THC in their system in 2016.

A 1 year old baby

A 15 year old

A 19 year old driver - along with 31 other drivers

A 55 year motorcyclist - along with 9 other motorcyclists

A 21 year old who jumped off a bridge - along with 76 other suicides

A 55 year old with hypertension - along with 63 cardiac deaths

Marijuana is associated with a 3-fold risk of death from hypertension;
If you have high blood pressure, you should not smoke weed

THC was involved with 29 % of all homicides; 30 % of illicit drug deaths; 30 % of prescription deaths; 30 % of alcohol deaths

If THC was really a medication, the FDA would have a big black box warning.

The green political wave on marijuana is placing profit over people, profit over public health.

Marijuana legalization in California has unleashed a public health disaster. Don't do the same in New Jersey.

Cannabis Hyperemesis Treatment Guideline

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851514/>

**Written Testimony on Recreational Marijuana Legalization
Black Caucus Hearing
April 24, 2018**

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Chief of Staff & Sr. Policy Advisor, Smart Approaches to Marijuana (SAM)
<http://www.learnaboutsam.org>

This testimony is based on my own expertise and that of over a dozen top scientists who serve on the Advisory Board of Smart Approaches to Marijuana (SAM). Co-founded by former U.S. Representative Patrick Kennedy, SAM is the leading non-partisan, non-profit national organization offering a science-based approach to marijuana policy.

I have worked in the health care and public health environment for nearly a decade, from nonprofit behavioral health-integrated community health centers to large hospital systems. I am now Chief of Staff and Senior Policy Advisor at SAM. I received my Bachelor of Arts in Communication from the University of Denver and recently moved to Virginia from the state of Colorado, where I had lived the past twenty years.

Legalization of recreational marijuana is bad policy and should be opposed. As a Coloradan, I can tell you the toll of legalized marijuana has been intense. Clouds of marijuana smoke cover the city of Denver and a state once known as destination for health and fitness has become known for drug use. The multi-billion-dollar marijuana industry places billboards, posters, stickers, and ads on every form of media across the state encouraging use of high-THC edibles such as ice cream, gummies, and brownies. They have even used cartoon characters to promote their products in my state. I urge you to consider the consequences of this environment when you think about the future of your state.

Legalization of recreational marijuana is wrong for New Jersey. This policy has manifested major public health and safety problems for Colorado and it will certainly result in many other negative consequences for New Jersey, for five main reasons:

- (1) Legalization of recreational marijuana would increase drug use among New Jersey kids;
- (2) Legalization of recreational marijuana would be a strain on New Jersey's budget;
- (3) Legalization of recreational marijuana will reinforce, not diminish, the black market for marijuana, especially because the amounts allowed for home grows are excessive;
- (4) Legalization of recreational marijuana will aggravate drugged driving, creating costs likely to outweigh revenues;
- (5) Legalization of recreational marijuana would be a burden for New Jersey's employers and business community;

A. Public health impact

The addictive nature and negative health effects of marijuana are numerous. While there is much research on these effects, little coverage and notification has been provided to the public of the alarming impact they are having on my home state of Colorado. This is likely in part because many prominent reporters in Colorado are now being paid by the Big Marijuana industry.¹

The only nationally representative study on marijuana use, the National Survey on Drug Use and Health (NSDUH), indicates that Colorado currently holds the top ranking for first-time marijuana use among youth, representing a 65% increase in the years since legalization.² Young adults age 18-25 continue to increase in marijuana use, well above the national average.

Of particularly grave concern in the field of public health is the increase in hospital and emergency room utilization after legalization. In Colorado, the annual rate of marijuana-related emergency room visits increased 35% between the years 2011 and 2015.³ Making matters worse is the fact that these marijuana emergency room visits have also increased among children and adolescents.⁴ Additionally, calls to poison control centers have risen 210% between the four-year averages before and after recreational legalization.⁵

The burden on emergency departments stemming from the type of patient care required and the resulting financial implications have been large for hospitals in Colorado.⁶ Considering the financial impact as well as the overall implications for public health, the legalization of this drug is completely unsustainable. This is why national medical associations do not support marijuana legalization. For example, the American Medical Association states that, “cannabis is a dangerous drug and as such is a public health concern; the sale should not be legalized.”⁷ The

¹ Westword. <http://www.westword.com/news/marijuana-dispensary-chain-terrapin-care-station-hires-political-reporter-peter-marcus-9366884>

² National Survey on Drug Use and Health. (2006-2016). State use estimates [Data file]. Retrieved from <https://www.samhsa.gov/data/population-data-nsduh>

³ Colorado Department of Public Health & Environment, Colorado Violent Death Reporting System. (2017). Colorado Suicide Dashboard. Retrieved November 22, 2017, from https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4

⁴ Colorado Hospital Association. (2016). As reported in *Monitoring Health Concerns Related to Marijuana in Colorado*. Retrieved Jan 20, 2018 from https://www.researchgate.net/profile/Katelyn_Hall2/publication/316885353_Monitoring_Health_Concerns_Related_to_Marijuana_in_Colorado_2016/links/591631b40f7e9b70f49dc1b2/Monitoring-Health-Concerns-Related-to-Marijuana-in-Colorado-2016.pdf

⁵ Rocky Mountain Poison and Drug Center. (2017). Retrieved December 22, 2017, from <http://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

⁶ Finn, K. (2015). The hidden costs of marijuana use in Colorado: One emergency department's experience. *Journal of Global Drug Policy and Practice*, 10(2), 1–26. Retrieved February 3, 2018, from http://www.globaldrugpolicy.org/Issues/Vol_10_Issue_2/Articles/The_Hidden_Costs_of_Marijuana_Use_in_Colorado_Final.pdf

⁷ Report 2 of the Council on Science and Public Health (I-13), A Contemporary View of National Drug Control Policy. (2013). American Medical Association. Retrieved from <https://www.ama-assn.org/sites/default/files/media->

American Academy of Pediatrics and American Academy of Adolescent Psychiatry, and American Society of Addiction Medicine all have serious concerns about marijuana and oppose legalization.⁸

B. Legalization of recreational marijuana would be a strain on New Jersey's budget

When costs are counted, legalized recreational marijuana will not bring in revenue for the state of New Jersey. The social costs associated with marijuana far outweigh any revenue that it brings in. SAM has conducted many studies to this effect that you will hear in subsequent testimonies. In Colorado, we have certainly see this to be the case. In fact, in the first election year after legalization we were asked for an additional education tax- when we were promised marijuana taxes would cause our schools to overflow with funding.

The Denver Post had a headline recently that stated, "Why pot taxes can't solve Colorado's budget problems."⁹ The Colorado Independent also reported that pot taxes weren't the solution to the budget.¹⁰ Living in Colorado, it is apparent the tax revenue has not increased our quality of life but instead handed a multi-billion-dollar drug industry the keys to our state. Adding insult to injury, the Colorado bureaucracy to regulate the industry continues to consume a large percentage of what revenue is made.¹¹

Every year, there will always be claims of a silver bullet for the budget. Yet, as history shows us, every year, there is always need for something more. Marijuana will not be a workable, pragmatic, or even helpful solution in the short or long term.

C. Legalization will reinforce, not diminish, the black market for marijuana

Perhaps most importantly, legalization of recreational marijuana will roll out the red carpet for a larger black market for pot than currently exists. Although this may initially sound counterintuitive, a closer look at what has happened in Colorado (where recreational marijuana was legalized in 2012) reveals why.

In February 2015, years after legalization passed, Colorado Attorney General Cynthia Coffman told reporters: "The criminals are still selling on the black market. ... We have plenty of cartel activity in Colorado [and] plenty of illegal activity that has not decreased at all."¹²

[browser/public/about-ama/councils/Council%20Reports/council-on-science-public-health/i13csaph2-summary-only.pdf](http://www.brower/public/about-ama/councils/Council%20Reports/council-on-science-public-health/i13csaph2-summary-only.pdf)

⁸ Public Health Organizations' Position on Medical Marijuana. [Web post, Smart Approaches to Marijuana]. (2016) Retrieved from <https://learnaboutsam.org/the-issues/public-health-organizations-positions-on-medical-marijuana/>.

⁹ The Denver Post. <https://www.denverpost.com/2016/08/12/why-pot-taxes-cant-solve-colorados-budget-problems/>

¹⁰ Colorado Independent. <http://www.coloradoindependent.com/157618/marijuana-tax-wont-fix-colorados-budget-woes>

¹¹ McGovern, B. (2015, June 12). Colorado weed czar: Revenue up in smoke. *Boston Herald*. Retrieved from http://www.bostonherald.com/news_opinion/local_coverage/2015/06/colorado_weed_czar_revenue_up_in_smoke.

¹² "Special report, 'Clearing the haze:' Black market is thriving in Colorado." *Colorado Springs Gazette*, 20 Mar. 2015. Retrieved from <http://gazette.com/special-report-clearing-the-haze-black-market-is-thriving-in-colorado/article/1548305>.

NV: drug-related
workplace ↑ 21%

MT ↑
cause
in 57%

50% of
all drug
misdms.
→ MT

NV: saved 1.5 hrs & MT

47% increase
since 16

NV: parcels being shipped ↑ M%, edibles 455%

To further reinforce the spread of black market activity, a special media investigation revealed in 2018 that a record number of packages were mailed to or from Colorado through the U.S. Postal Service, up to 934 from 805. The number was 234 in 2012.¹³ This is especially thriving in rural areas due to the difficulties involved in distinguishing between legal and criminal marijuana farms. About \$6.5 million worth of illegal marijuana was confiscated by federal agencies in the White River National Forest in Aspen, Colorado, and 9,200 illegal marijuana plants were found growing on islands in the middle of the Colorado River.¹⁴

The surge in black marketeering derives from organized criminal groups “hiding in plain sight” in legalized states.¹⁵ Marijuana growing and sales no longer attract the type of attention they did prior to legalization—and the taxes imposed on state-legalized pot necessary to pay for all the bureaucratic oversight create a large demand for cheaper product that the black market easily fills. Legalizing recreational marijuana will create similar incentives.

Drugged Driving

Marijuana-impaired driving is increasingly responsible for traffic fatalities in Colorado since pot legalization was established there. Marijuana is now involved in more than one of every five deaths on the road, and that number is rising.¹⁶ The number of drivers in Colorado intoxicated with marijuana and involved in fatal traffic crashes increased 88% from 2013 to 2015.¹⁷ Marijuana-related traffic deaths increased 66% between the four-year averages before and after legalization.¹⁸

The issue of drugged is a significant problem and much worse given the many families across this country who are bereft of their loved ones as a result of irresponsible state marijuana laws. Colorado has given control of the narrative around this drug to Big Marijuana, a profit-hungry

¹³ Larson, D. (2018). Record number of mailed marijuana packages caught by feds in Colorado last year. *Denver 7 News*. Retrieved February 9, 2018, from <https://www.thedenverchannel.com/news/investigations/record-number-of-mailed-marijuana-packages-caught-by-feds-in-colorado-last-year>

¹⁴ Associated Press. (2017, September 29). Federal agencies raid pot grow operation in Aspen area. *Denver News*. Retrieved February 3, 2018, from <https://www.usnews.com/news/best-states/colorado/articles/2017-09-29/federal-agencies-raid-pot-grow-operation-in-aspen-area>

¹⁵ Durbin, Kaitlin. “Colorado Springs mayor: Day of reckoning coming for city’s illegal marijuana growers,” *Colorado Springs Gazette*. 28 May 2016; Gurman, Sadie. “Drug traffickers ‘hiding in plain sight’ amid legal Colorado marijuana.” *The Cannabist*. 28 Jan. 2016.

¹⁶ Fatality Analysis Reporting System and Colorado Department of Transportation (CDOT), as reported in Rocky Mountain HIDTA Investigative Support Center Strategic Intelligence Unit. *The Legalization of Marijuana in Colorado: The Impact*, Volume 4. Sept. 2016. Web. 23 Oct. 2016.

¹⁷ Migoya, D. (2017, August 25). Exclusive: Traffic fatalities linked to marijuana are up sharply in Colorado; Is legalization to blame? *Denver Post*. Retrieved February 3, 2018, from <https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/>

¹⁸ National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS) 2006-2011 and Colorado Department of Transportation 2012-2016. Retrieved February 6, 2018, from <http://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

industry that is not looking after public safety. I implore you to not let New Jersey go the way my state did and turn your roads into a public hazard.

D. Employers

Marijuana legalization also involves significant risks to existing businesses. According to the National Council on Alcoholism and Drug Dependence (NCADD), illegal drug use is responsible for annual economic losses of over \$80 billion.¹⁹ As marijuana is by far the most widely used illegal drug, it is unsurprising that its use would trigger significant losses on its own.²⁰

Unlike cigarettes, marijuana's psychoactive properties intoxicate and create tangible problems in the workplace. A peer-reviewed study of thousands of employees indicated that marijuana users were unjustifiably absent from work 77 percent more often than non-users, and had a rate of workplace injuries 85 percent higher than that control group.²¹ (They were also involved in workplace disciplinary incidents as a rate 55 percent higher than the control group,²² but there is less data available to quantify the costs of such behavior on employers' bottom line.)

As marijuana use has increased in states that have legalized its use, so has use by employees, both on and off the job. Data from major drug testing firm Quest Diagnostics, which analyzes the results millions of workplace drug tests each year, reported in the year following legalization, marijuana positivity rates with urine tests in Colorado increased 20 percent compared to the five percent average increase among the U.S. general workforce.²³

Large businesses in Colorado also now state that after legalization, they have had to hire out-of-state residents to find employees that can pass a pre-employment drug screen. The CEO of the large Colorado construction company GE Johnson has said his company "has encountered so

¹⁹ *Drugs and the Workplace* (Issue brief). (n.d.). Retrieved March 29, 2017, from National Council on Alcoholism and Drug Dependence Inc. website: <http://www.ocpa-oh.org/Drugs%20and%20the%20Workplace.pdf>.

²⁰ Recent incidents in the United States and abroad underline this point. The engineer involved in a 2016 train crash that killed two line workers in Pennsylvania tested positive for marijuana use after the wreck, per a National Transportation Safety Board report. Halsey, A., III. (2017, January 26). *Amtrak engineer in fatal crash tested positive for marijuana, NTSB says*. Retrieved March 29, 2017, from https://www.washingtonpost.com/local/trafficandcommuting/amtrak-engineer-in-fatal-crash-tested-positive-for-marijuana-opioids-ntsb-says/2017/01/26/27e7fba6-e3f0-11e6-a453-19ec4b3d09ba_story.html?utm_term=.ab53162c3c70.

And more recently, two employees at a German BMW plant who got high just before reporting to their stations caused over \$1 million in losses after they caused an assembly line stoppage. Brown, A. (2017, March 20). *Stoned Assembly Line Workers Cost BMW \$1 Million in One Day, Report Claims*. Retrieved March 29, 2017, from http://www.thedrive.com/news/8449/stoned-assembly-line-workers-cost-bmw-1-million-in-one-day-reportclaimsutm_content=inf_10_3522_2&xid=socialedge_pd&tse_id=INF_930fda1010c911e7af245d7f4020bc76.

²¹ Zwerling, C., (1990). "The Efficacy of Preemployment Drug Screening for Marijuana and Cocaine in Predicting Employment Outcome." *JAMA: The Journal of the American Medical Association*. 264.20. 2639.

²² *Id.*

²³ Quest Diagnostics. Workforce drug test Positivity rate increases for the First time in 10 years, driven by marijuana and amphetamines, finds quest diagnostics drug testing Index™ analysis of employment drug tests. *Quest Diagnostics Newsroom*, 11 Sept. 2014.

many job candidates who have failed pre-employment drug tests because of their THC use that it is actively recruiting construction workers from other states.”²⁴

E. Conclusion

Regardless of good intentions, legalization of recreational marijuana is bad policy. It will increase marijuana use (including among children), make New Jersey roads more dangerous, reduce businesses' productivity, and target communities of color. I would like to share with you the story of why my wife, 15-month-old daughter and I moved across the country to Washington, D.C. to work on this issue. We have lived in Colorado for nearly our entire lives. The city of Denver has always been among the most beautiful and known for its quality of life, air, and fitness. We used to love taking our baby daughter on walks through our neighborhoods in the Denver area. However, with the dramatic rise in marijuana use after legalization, we had to stop taking her out on walks due to incessant marijuana smoke filling her stroller and presumably her lungs. When we would go on drives, one of the 1,014 pot dispensaries in the state (compared to 300 Starbucks and McDonald's combined) was always nearby and could be smelled in our car.²⁵ This is not the kind of experience any family should have in this country and this is wrong for New Jersey. I am here first of all because I want to save my state from its terrible mistake, but even more than that, to urge decision-makers in other states (such as New Jersey) to run from the terrible mistake we made in our state. For those reasons, I urge you to join every major medical association in the country by not supporting recreational marijuana legalization.

²⁴ “Drug use a problem for employers.” Editorial. *Colorado Springs Gazette*, 24 Mar. 2015.

²⁵ Rocky Mountain High Intensity Drug Trafficking Area. (2017). The legalization of marijuana in Colorado: The impact. Retrieved February 3, 2018, from <http://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

**Written Testimony on Recreational Marijuana Legalization
Black Caucus Hearing
Jersey City, New Jersey
April 24, 2018**

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<http://www.learnaboutsam.org>

Racial disparities in arrest rates for drugs are a well-documented (and lived) reality. For decades, drug policy has contributed to skyrocketing incarceration rates among minority populations. However, that marijuana legalization is promoted as a victory for racial justice is ironic at best. Just look at marijuana's counterparts, the alcohol and tobacco industries. It is an unjustified reality in many Black communities that a child cannot take a walk without passing a liquor store on every corner. And they cannot even see inside other convenience stores because of the cigarette and alcohol advertisements plastered on the windows. Liquor stores in poorer, non-White neighborhoods far outnumber those in richer, White counterparts.^{1,2} People tell us that we should regulate marijuana like alcohol and that is what scares me.

Already the marijuana industry—comprised almost entirely of White men—is copying the successful playbook of the alcohol industry. In Denver, the epicenter of legalized weed, lower-income, Brown and Black neighborhoods are already experiencing this. In one minority neighborhood, there is one pot business for every 47 residents.³

The increased availability of marijuana in these neighborhoods matters, because while some will argue that marijuana isn't harmful, the science says otherwise. Marijuana users are three times more likely to become addicted to heroin than non-users,⁴ and frequent pot use by kids is correlated with higher possibilities of welfare dependency and permanent IQ loss.⁵

¹CDC. African Americans and tobacco use. CDC, 17 Aug. 2016; U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 1998.

² CDC. African Americans and tobacco use. CDC, 17 Aug. 2016; National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Smoking and Tobacco Control Monograph No. 19, NIH Pub. No. 07-6242, June 2008; Gardiner PS. The African Americanization of Menthol Cigarette Use in the United States. Nicotine and Tobacco Research 2004; 6:Suppl 1:S55-65; Ton HT, Smart AE, Aguilar BL, et al. Menthol enhances the desensitization of human alpha3beta4 nicotinic acetylcholine receptors. Mol Pharmacol 2015;88(2):256-64; Smokefree.gov. Menthol Cigarettes. Bethesda (MD): U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2015.

³Migoya, David, and Baca, Ricardo. "Denver's pot businesses mostly in low-income, minority neighborhoods". *The Denver Post*, 2 Jan. 2016.

⁴ National Survey on Drug Use and Health (NSDUH), 2011-2013.

⁵ Weir, Kirsten. "Marijuana and the Developing Brain." Monitor on Psychology, American Psychological Association, Nov. 2015, www.apa.org/monitor/2015/11/marijuana-brain.aspx.

Contrary to the argument that marijuana legalization will promote criminal justice, we've seen that legalization has not produced reductions in incarceration. Advocates of legalization often point out how "marijuana arrests" have plummeted because of legalization and laud this as a victory for social justice. While the finding itself is true, it is not a victory for social justice for two reasons.

There are two main metrics that we can look at when evaluating the impact of the criminal justice system in minority populations. The first is the raw percentage of the prison population that is comprised of minorities, compared to the percentage of the state population that they comprise. The second is the rate of incarceration of minorities for a particular crime versus others for doing the same thing. In order for legalization to be hailed as having had a positive impact, it should cause a reduction in the minority prison population as well as an equalization in racial disparities of marijuana-related arrests. Legalization has done neither. Disturbingly, according to state data⁶, in states that have legalized since 2014, the overall prison population has stayed stable and in some states like Colorado* and Washington D.C. it has risen sharply after years of decline is projected to continue to rise with no discernible change in demographics. Only Alaska which has the tenth lowest population of African-Americans at just 23,263 according to 2010 census data⁷ has shown a significant decline since legalization and it is projected to continue. In Colorado, you are still twice as likely to be arrested for marijuana related violation if you are black than if you are white.

These stats should not surprise us. After all if the real issue is systemic injustice and discrimination, do we really think that changing a law will change the hearts and practices of discriminatory officers and departments? If prior to legalization a corrupt officer would unfairly incarcerate someone for marijuana, then post legalization said officer will simply change his excuse and arrest someone for some other trivial matter – perhaps claiming they have too much marijuana (more than 2 ounces) or some other trivial matter - say taillights. Remember why Eric Garner was killed? It was over cigarettes – a legal drug.

If marijuana was the main tool or crutch of injustice in the criminal justice system, then it would stand to reason that legalizing would have a major impact on the overall prison population. However, if the main problem is the policing practices, then as we are seeing, legalization has no discernible impact. Worse than that, we are seeing that legalization has

⁶ <https://www.colorado.gov/pacific/dcj-ors/ors-prisonpopproj>; <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/prison-inmate-population>; <https://doc.dc.gov/page/inmate-demographics-and-statistics>; http://www.oregon.gov/doc/resrch/pages/inmate_population.aspx; <http://www.correct.state.ak.us/>

* In the year 2016 Colorado showed a 4.9% decline in prison population which according to the *Colorado Office of Research and Statistics Division of Criminal Justice* occurred primarily in one quarter of the year and is attributed to legislation (Senate Bill 124) that Colorado passed which changed how technical parole violations were dealt with pushing people towards treatment and training as necessary rather than sending them back to prison. Germaine to this discussion, that legislation is an example of positive criminal justice reform and something that has actually led to a reduction in the rate of incarceration as well as the overall prison population – something marijuana legalization has yet to show it can do. Unfortunately, after that temporary reduction in the overall prison population in 2016, the rate of incarceration has continued to rise and is projected to continue.

⁷ <https://www.census.gov/2010census/popmap>

increased the school to prison pipeline for people of color. In the two years after Colorado legalized marijuana, the number of Hispanic and Black kids arrested for marijuana-related offenses rose 29 and 58 percent, respectively. In the same period, the number of White kids being arrested for identical crimes dropped eight percent.⁸ And in schools that had 25% or fewer youth of color, there were 313 marijuana-related suspensions compared to 658 marijuana-related suspensions in schools comprised of populations with 76% or more youth of color.⁹ All of this is especially alarming given that adolescents who smoke marijuana once a week are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college.¹⁰

Where is the social justice in that? And more tellingly, where are the protests by (mostly White) legalization activists now? Their silence is deafening. Now that they've pocketed their cash, they seem undisturbed by what happens in non-White communities. Ultimately, legalization only exacerbates social justice issues by prompting well-meaning citizens to think that they have "done something" for civil rights by voting for pot, instead of actually engaging in the hard work that promotes institutional change.

To continue to legalize and commercialize marijuana is to continue to allow an addictive industry to profit off minorities and the marginalized. It's time for us to wake up and realize that legalizing marijuana only reinforces the pillars of racial inequality in our country.

⁸Colorado Department of Public Safety, Division of Criminal Justice, Office of Research and Statistics. *Marijuana Legalization in Colorado: Early Findings*. Denver, Mar. 2016.

⁹Colorado Department of Public Safety. (2016). *Marijuana legalization in Colorado: Early findings*. Retrieved February 3, 2018, from <https://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf>

¹⁰Fergusson, D.M., et al. (2003). Cannabis and Educational Achievements. *Addiction*, 98(12).

Data points re: pot from the National Institute on Drug Abuse (NIDA)

1. pot - most commonly used illicit drug and currently illegal drug in the US particularly with young people. 11 million young adults ages 18-25.
2. Effects: altered senses, altered sense of time, changes in mood, impaired body movements, difficulty in thinking and problem solving, impaired memory. At higher doses hallucinations, delusions and psychosis.
3. Physical problems: breathing problems, increased heart rate, problems with child development during and after pregnancy. Currently twice as many pregnant mothers test positive for pot than admit to smoking pot on pre-questionnaires. Interventions occur with mothers who test positive with drugs at delivery, what will be the frequency of pregnant mothers who test positive with pot if and when it becomes legal.
4. Addiction and symptoms of withdraw (classic sign of addition) grouchiness, sleeplessness, decreased appetite, anxiety and cravings (drug hunger), continued use even in the sight of serious consequences (incarceration and re incarceration)

Comment:

In an age when we are heavily debating whether or not to build a southern wall in part to stop the flow of drugs into the Country, is this the right thing to do?

In an age when we have developed improved delivery tools to ingest smoke products (vaping), is this the right thing to do?

In an age when we are witnessing on a weekly, almost daily basis, the tragic, fatal result of drug over doses, is this the right thing to do?

In an age when we are witnessing the tragic and deadly actions of our citizens due in part to poor, untreated mental health conditions, is this the right thing to do?

In this age we are seriously considering introducing onto the free market another mood-altering, mind changing chemical with the only clear justification that it will reduce the number of arrests and incarcerations (which decriminalizing will accomplish) as well as increase revenue for the opportunistic entrepreneurs as well as to increase government revenues. As the AC mayor has called it the new

gold rush -- Be reminded that all the glitters is not gold. And I submit this is not the right thing to do!

Our experience on Steel Pier Post drug testing policies:

1. Elimination of accidents involving staff errors.
2. Severe or total reduction of "near accidents" at the hands of staff
3. Severe reduction of absenteeism.
4. Almost total elimination of sick leave.
5. Elimination of workmen's comp claims.
6. Enhanced safe working environment for employees and the public.
7. Eradication of serious personnel conflicts that led to unacceptable behavior.
8. Eradication of property theft both corporate and personal.

Thank you for your time

Anthony Catano

President

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April 24, 2018

Testimony before the NJ Black Legislative Caucus

My name is Frank Greenagel. I have taught at the Rutgers Center of Alcohol Studies since 2008 and at the School of Social Work and the School of Communication since 2011. I have served on the Governor's Council of Drug Abuse and Alcoholism since 2011. I am the supervising therapist at the NJ Recovery HS in Roselle and also Direct the Family Program at College Recovery, a treatment program in New Brunswick. I am a consulting therapist for the NY State Troopers EAP and serve as a Medical Officer in the Pennsylvania National Guard. I am the co-chair of the Middlesex County chapter of the National Association of Social Workers, am a member of the National Association of Alcohol and Drug Abuse Counselors and serve as the Public Policy Chair of the NJ Society of Addiction Medicine. I have other jobs and associations, but for the sake of time I won't keep listing them.

I have treated people who have used and abuse marijuana since 2004. I have treated both genders, all races, all socio-economic classes and people aged 13 to 79. I have treated veterans since 2004 and active service members since I was directly commissioned back into the Army in 2014.

I am someone who will make more money if marijuana is legalized in NJ. I will see more patients who have problems caused or exacerbated by their marijuana use, and my trainings for treatment programs and community speeches will be even more in demand. Despite the positive effect on my bank account, and unlike almost everyone else who would profit from the legalization of marijuana, I am completely against the legalization of this dangerous drug.

There are three major arguments that are given by the for-profit marijuana movement.

- 1) It is a major revenue source.

- 2) It is medicine
- 3) Legalization is a civil rights issue and will reduce criminal justice disparities among minorities

I will point out the problems with each argument.

- 1) It is a major source of revenue.

- a. Marijuana revenues have increased in Colorado and Washington over the last three years, but the revenues are not nearly as large as California has anticipated. This is partly because the illegal market in California continues to thrive.
- b. Since legalization in Colorado, tax revenue from alcohol and tobacco has decreased. Economists call this an example of a substitute good.
- c. Economists, tax experts, public health officials and governmental bean counters all agree that alcohol and tobacco are revenue negative. For every current dollar that those drugs bring in, they cost between 7 and 10 dollars in the future. This is due to health care and criminal justice costs, which are easily measured. Workplace productivity costs are difficult to measure and family problems and their costs are very hard to measure. If we were able to figure out the workplace and family costs, tobacco and alcohol would be even more revenue negative.
- d. Because of health care costs and legal costs, marijuana is almost certainly a long term source of negative tax revenue. Remember, even with legalization, marijuana crimes will include underage use, public smoking, public intoxication, and drugged driving. Neither the American Government nor the American people seem to have a strong grasp of the concept of negative long term tax revenues.
- e. So-called medical marijuana is taxed at a lower rate than recreational marijuana. In March, Governor Murphy increased the number of diagnoses from 11 to over 30. Those new diagnoses covered included anxiety and chronic pain - both are quite common. This will undercut the revenues brought in from higher taxed recreational marijuana as tens or hundreds of thousands of more people will seek low taxed medical marijuana as an alternative.
- f. Some politicians state that some of the marijuana tax revenue will go towards funding prevention and treatment programs. We heard similar arguments in the 1970s about casino tax revenues going to fund schools statewide and to rebuild Atlantic City's infrastructure. I invite you to walk

around outside and see if that promise was kept. I can assure you that most of the casino tax revenue was soon diverted into the general fund. I believe that marijuana tax revenue would similarly be diverted into a general fund. It is a false carrot meant to lull a too-trusting public and our officials into agreeing to this terrible public policy.

2) It is medicine.

- a. I take no issue with people with AIDS, late stage cancer, or glaucoma that use marijuana to alleviate their symptoms or the side effects of various medications.
- b. I have no problem with the federal government moving marijuana from schedule I to schedule II in order to conduct studies.
- c. There has been almost no worldwide random controlled clinical trials on these 30+ diagnoses that it is approved for in NJ. There have been no RCTs in the USA.
- d. Major arguments about legalization have been made using veterans and for-profit marijuana advocates love to offer up anecdotal evidence. I have treated hundreds of veterans over the years. I have many stories about veterans whose problems got far worse while using marijuana, including a veteran who recently completed suicide despite taking marijuana to treat his complex trauma. I am a veteran myself and rejoined the Army in 2014 after a 10 year break in service. This is a population that is incredibly important to me, and my actions easily support that claim. The VA reports that over 20% of veterans with a diagnosis of PTSD also have a substance misuse disorder (my experience finds that number to be much higher - substance misusers are skilled at hiding their problems from their families and providers). Treating people with a substance misuse disorder with a dangerous drug that has not gone through random controlled clinical trials is terrible medical practice. It is the government's duty to protect the public from untested substances falsely labeled as medicine.
- e. Medical professionals do not prescribe marijuana. They recommend it. This is an important manipulation of words. If they prescribed it, they would be liable to malpractice suits. By recommending it, they are not. It seems quite peculiar that people argue that it is medicine but that doctors will not prescribe it.
- f. This talk of both medicalization and legalization has caused a significant problem: it has lessened the stigma associated with marijuana. A Hazelden-

Betty Ford poll found that 60% of people aged 18-25 believe that marijuana has no negative impact on the brain. With less stigma comes increased use.

3) Legalization is a civil rights issue and will reduce criminal justice disparities among minorities

- a. Since legalization in Colorado in 2014, there has been an 8% drop in the arrest rate of whites under 21 for marijuana. Hispanics under 21 have been arrested at a rate 29% higher. Blacks under 21 are arrested 58% more.
- b. There are similar numbers in Washington state as well.
- c. Arrests involving marijuana in Washington DC are way down, but blacks are still arrested at a much higher rate than whites and Hispanics. While it is a good thing that there are fewer arrests, legalization has not changed the racial problems in the criminal justice system.
- d. Tobacco and alcohol are disproportionately sold in and disproportionately affect minority communities. Marijuana stores will almost certainly follow a similar pattern. In Denver, marijuana stores are much more prevalent in minority areas. If marijuana is legalized, I am certain that there will be no stores in Marlboro, Upper Saddle River, Alpine, Tewksbury, Montgomery or Bedminster. I am also certain that there will be a push for stores in Asbury Park, Atlantic City, Newark, Camden, Trenton, Patterson and Jersey City.
- e. Whites supported legalization about 20 points more than blacks in DC. This would be the first Civil Rights Issue that whites were more supportive of than blacks. I can assure you that this is not a Civil Rights Issue, and I strongly believe that calling marijuana a Civil Rights Issue is demeaning.

To be clear: I am opposed to the legalization of marijuana. I am in favor of decriminalization. I believe that any decriminalization (or legalization) bill should include a provision that addresses marijuana arrest records and provides for the release of prisoners who are solely incarcerated for marijuana use or possession, as well as adjusts the sentences of those who got longer sentences because of any historical marijuana convictions. If we lose and recreational marijuana is legalized in NJ, I beg of you to force municipalities to opt-in to growing, producing and selling it rather than make it an opt-out law where it immediately becomes legal in all 565 municipalities.

I really want to thank you all for your service to NJ and for holding these hearings. Thank you so much for patiently allowing me to testify. I am happy to answer any questions now or in the future.

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Recreational Marijuana Legalization

Testimony of

Ben Cort

OPPOSE

Smart Approaches to Marijuana

April 24, 2018

Written Testimony on Recreational Marijuana Legalization
New Jersey Legislative Black Caucus
April 24, 2018

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I thank you for the opportunity to testify today on the complex and often misunderstood subject of cannabis legalization. My expertise comes not from books or academic study, rather I speak to you from practical, on the ground experience. I wish to share with you the reality of what it is like to live, stay sober, help other addicts find sobriety and raise a family in Colorado in a post marijuana industrialization era.

My credentials are much less impressive than those of my fellows here today but relevant none the less. I am a person in long term recovery. I am a recovering drug addict sober since June 15, 1996, I lived in Washington DC at the time. I am also the father of three amazing kids who have known commercialized marijuana for most of their lives. From 2007-2017 I worked in nonprofit drug and alcohol treatment in Denver and Boulder and have been a consultant to the field since leaving the University of Colorado Hospital in February of 2017. I am the author of Weed Inc, a book about the commercialization of cannabis and a vocal opponent of the marijuana industry and proponent for recovery and sobriety. I am a Board member of SAM, Smart Approaches to Marijuana as well as the NJ based nonprofit NALGAP, the National Association of Lesbian, Gay, Bisexual, Transgender Treatment Providers and Their Allies. I also recently gave a TEDx talk on the social justice issues associated with this new industry. If my experience on the front lines of Colorado's great social experiment has taught me one thing it is that the Marijuana Industry is a massive, persuasive, well-funded political movement that will stop at nothing to get its products into the hands of customers. This industry's primary purpose is to maximize profits regardless of the individual or social costs. Their willingness to manipulate public opinion by using

alternative facts and selective statistics knows no restraint. In Colorado, this has led to more marijuana stores than McDonald's and Starbucks combined (1,014 retail marijuana outlets, with 394 of them being located with medical marijuana outlets, versus 600 McDonald's and Starbucks) (RMHIDTA, 2017; RMHIDTA, personal communication, January 25, 2018). Mark my words, the effort in NJ to commercialize marijuana is anything but grassroots. It is a well-funded lobbying effort focused on one thing: making money. In Colorado the lion's share of that money is being made off of our disenfranchised and most at-risk communities. The National Survey on Drug Use and Health found that 28% of women living in low-income areas tested positive for marijuana use during pregnancy (Foeller & Lyell, 2017).

Like its predecessors, Big Marijuana makes 80% of it's profit from 20% of the users, people like me who are unable to use in moderation. The casual user, like the casual drinker, holds little value to the industry, the money is in problemmed use. The industry also targets the economically disenfranchised. According to the Colorado Department of Public Safety, Coloradoans who earn under \$20k annually are twice as likely to consume marijuana products regularly as those who earn over \$50k a year.

The definition of what marijuana products are is widely misunderstood. For Colorado, and all of the other recreational states, this lack of clarity opens the door for a multitude of manufactured products unimaginable to even the most dedicated consumers a few years ago. By loosely defining what "marijuana" is, expect to see an onslaught of products ranging in method of ingestion as well as potency that should change the way you perceive the simple cannabis plant.

When I thumb through my local papers and see advertisements for marijuana products they are rarely for the plant. Even when they are in plant form, they boast potency levels that are often more than 50 times what is naturally occurring. Often these products have names like "Toxic Kool-Aid" "Girl scout Cookies" and "Green Crack". I see cartoon characters advertising "Buy one, Get one" and early bird specials for items such as THC infused Gum, Candy, Soda, coffee, ice cream, suppositories, suckers, gummy bears, chocolate bars, pop rocks, cotton candy, cookies, and breath spray. These edibles comprise approximately 20 to 50% of the market in legalized states (where data is available), thereby increasing their availability to children and youth who are normally unaware of consumption serving sizes and consequences (Colorado Department of

Revenue, 2015; O'Connor, Danelo, Fukano, Johnson, Law, & Shortt, 2016).

Ads also promote THC-specific vaporizers disguised to look like pens, highlighters, beverage containers, lighters and asthma inhalers in which one can consume THC oil flavored like bubble gum. The ads for the plant are hard to find- they are mixed in with coupons, specials and even "first one is free" ads for extremely potent derivatives such as BHO (Butane and Propane Extracted Hash Oil), Honey, Wax, Shatter, Butter, Dabs, Solvent less, Live Resin, Sauce, Caviar, Moonrock, Rosin, and Sugar Wax. Many of these products contain levels of THC that were unimaginable a few years ago, and some upwards of 99% potent.

In Colorado we were unprepared for the innovation of the industry and as such attempted to regulate a plant rather than the massive industry that was waiting in the wings to cash in on our ignorance. By going first we are able to show other states what to expect. I hope NJ takes note of what this is, not an exercise in democracy or social justice, rather another money grab from a wealthy industry looking to cash in. Years after legalization passed, Colorado Attorney General Cynthia Coffman said: "The criminals are still selling on the black market. ... We have plenty of cartel activity in Colorado [and] plenty of illegal activity that has not decreased at all."

5 kids (Colorado Independent) A special media investigation revealed in 2018 that a record number of packages were mailed to or from Colorado through the U.S. Postal Service, up to 934 from 805. The number was 234 in 2012. This is especially thriving in rural areas due to the difficulties involved in distinguishing between legal and criminal marijuana farms. About \$6.5 million worth of illegal marijuana was confiscated by federal agencies in the White River National Forest in Aspen, Colorado, and 9,200 illegal marijuana plants were found growing on islands in the middle of the Colorado River. (Denver Post)

I will leave you with one thought, something that should give pause to even the most passionate supporter of the industry. According to a report entitled "Marijuana Legalization in Colorado: Early Findings" by the Colorado Department of Public Safety, the Denver Post reports "Denver's Pot businesses mostly in low-income minority neighborhoods." Colorado has seen an 8% reduction in the arrests of white kids for marijuana related crimes, while in that same time period the number of Hispanic juveniles arrested for marijuana related crimes increased by 29% and the arrests of black youth for the same crimes increased by 58%.

As you consider changing state law to accommodate the marijuana industry I hope that you will carefully look to my home state of Colorado and listen to those of us living there and not profiting by the “green rush” when we urge caution.

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Mr. Chairman and all esteemed members of the Caucus: Thank you for being here today to learn more about this important issue and to listen to some of the people in this area and our insights.

My name is Robert Zlotnick and I am executive director of Atlantic Prevention Resources, a local non-profit human service agency with offices in Pleasantville and Absecon. APR was founded in 1985 to serve Atlantic County by raising awareness about substance use, reducing the stigma associated with addiction and trying to get people help for substance use disorders. Primarily, we offer evidence-based prevention programming to address substance use and school violence. Since 2009, we also operate an outpatient addiction treatment program for adults. APR is the Atlantic County Affiliate of Facing Addiction with NCADD, an organization formed just this year through the merger of the National Council on Alcoholism and Drug Dependence, founded in 1944 and Facing Addiction founded just a few years ago. APR also operates the Join Together Atlantic County Coalition founded more than 5 years ago to address underage drinking, and youth use of marijuana and prescription drugs.

Since 2009 I have served as a member of the NJ Governor's Council on Alcoholism and Drug Abuse; appointed by Senate President Sweeney. I do not represent the Governor's Council in any way here today and my testimony does not reflect the official position of any agency or organization, including Atlantic Prevention Resources and Join Together Atlantic County, even though the missions and positions of those organizations do support my testimony.

I am also a person in long-term recovery. 9 days ago, I celebrated 32 years since I got clean and sober. From the age of around 13 or 14 until I was 23, I drank alcohol and smoked marijuana, almost daily. According to potency studies at the University of Mississippi, the weed that I last smoked 32 years ago likely contained a little more than 2% THC by volume, the national average in 1986. By 1995 the average THC content in the US was up to a whopping 4%, nearly doubling in less than 10 years. And 4 years ago, the average weed on the street had a THC percentage of more than 12%. So, in 2014, weed was nearly 6 times the average potency since I smoked my last joint in April of 1986. Note that during that same time period, levels of CBDs have decreased. CBDs are believed to contain many positive benefits, while at the same time potentially reducing the "high" from THC.

A couple of years ago I was visiting with family in Fort Collins, Colorado and my wife and I visited a dispensary. The "bud-ista" took our photo, and I was holding a jar of "Colorado Kush" which they claimed to be 38.5% THC. That's almost 20 times what the average was in 1986. So, the weed of the 1970s or 1980s compared with that of today is like comparing a 12 oz. can of Coors beer at 5% ABV with 24 oz. or 16 shots of Hennessy Cognac at 40% ABV. That's just a little math...

Here's some philosophy: I prepared these comments last Friday, which was the 20th of April or 4/20 - our national day to celebrate cannabis. If I had never stopped smoking weed, I might have had a more difficult time preparing these comments. In fact, my testimony would have been very different today. Even if I were in favor of legal marijuana, I might not have made it here. My whole life would be different. I would have a different wife, one or more ex-wives or still be a bachelor. Heaven knows if I would have kids and if I did, I don't believe that they would be

Hi. Thank you for establishing this forum such that all voices can be heard on the debate about legalization of marijuana for recreational purposes in New Jersey.

My name is Melissa Tassé. I am a Ph.D. neuropharmacologist residing in New Providence, NJ and am a very active citizen of the state of New Jersey. I founded The Honey Bee Foundation – a privately funded non-profit whose mission is to educate parents about the developing brain and its vulnerability for developing substance use disorders (aka addictions) in children and teens. If parents truly understand how the brain develops and the effects of substances - e-cigarettes, cigarettes, alcohol, marijuana, etc. - on their child's developing brain, they would have a very different view about the wisdom of the use of these neuro-active agents during the adolescent and teenage years.

As we discuss legalizing marijuana, we must acknowledge that we are talking about legalizing a mind-altering substance that affects the brain by impairing cognition, judgment and reflexes.

I could dispel the points that the marijuana industry touts as justification for legalizing marijuana. However, given my background and expertise, I wish to focus my time to express the science and data behind the consequences of marijuana consumption on our youth and their developing brains as this is what truly matters for this debate.

1. Children using any substance are more likely to develop an addiction, or substance use disorder. 94% of all addictions start during adolescence, and 17% of adolescents and teens who begin using marijuana will develop a marijuana use disorder.
2. The adolescent and teen brain is still in a process of critical development making it that much more vulnerable to drug use.
3. Regular heavy marijuana has been shown to cause an 8 point drop in IQ that is not reversed when use stops.
4. We also know from several studies and from the Monitoring the Future Study that heavy marijuana use is also associated with:

Educational Outcomes	Life Outcomes
Lower grades and exam scores	Lower satisfaction with life
Less likely to enroll in college	More likely to earn lower income
Less likely to graduate from HS or college	More likely to be unemployed

Furthermore, in a study of postal workers, those who tested positive for marijuana on a pre-employment urine screen experienced greater number of accidents, injuries and absenteeism. ER visits and car accidents have also increased with marijuana usage. Additionally, marijuana is often used in conjunction with alcohol. In states that have legalized recreational marijuana, has there been a drop in alcohol consumption, alcohol-related hospitalization, or DUIs?

Let's not be fooled that children under 21 will not use. By legalizing it, we – as a society – are endorsing and normalizing its use. The brightly colored THC sodas, candies, gummies, billboard ads, sponsorships, newspaper advertisements, and more will be in the faces of our children. The industry makes money off of developing addictions in children as these are their lifelong and most profitable customers. Is this really where we want our tax revenue from?

Can we not learn our lessons from opioids, alcohol, cigarettes, and even sugar? These were all introduced as substances that were believed to actually be good for people WITHOUT sufficient data. It has taken us DECADES to reverse the harm on the youth of our country of advertising to children and easy access. The damage has been done and it is MASSIVE!

Yes, specific cannabinoids in the marijuana plant can be isolated and could be of benefit to people suffering from epilepsy, loss of appetite due to disease, or perhaps even chronic pain. But this research must be left to the scientific community; these non-psychoactive isolates that are carefully dose-controlled are not the same thing as consuming marijuana recreationally. More research and data is needed to understand the effects on children, and the Adolescent Brain Cognitive Development study (ABCD Study), will answer many questions in the coming years.

I am baffled as to WHY we would want recreational marijuana to be legalized without first really understanding the science and the data that is coming out of states where it is already legalized. Marijuana is not a benign, harmless substance – far from it! We owe it to ourselves to be educated and informed as to what recreational marijuana legalization will do to our society and especially the children in our society.

We should not pass any legislation to legalize recreational marijuana until we better understand the science, data, and consequences. Yet, if we do, legalization should only be done as part of a massive educational campaign about the risks and unanswered questions of marijuana use. Anything short of that would be deeply irresponsible.

April 24, 2018

Hello my name is Dr. Kristine De Jesus and the owner of The Wellness Cooperative a professional recovery coaching practice based in Rahway, NJ. I have a doctorate in Clinical Psychology with specializations in Health and Cross Cultural Psychology. My passion is the intersection of culture, health and social justice. I have spent most of my professional career working in college mental health, working with young people whose lives have been affected by alcohol and other drugs. Countless lives have been negatively affected by marijuana possession and use. Despite similar rates of marijuana use across races and ethnicities, Blacks and Latinos have overwhelmingly been targeted by police and the criminal justice system. Instead of providing compassion, treatment and support for those found in possession of or using marijuana, we as a nation choose to incarcerate these men and women. Those supporting the movement to legalize marijuana say this is a social justice matter. However, if this were the case, we would be considering reparative justice, prior to legalization. What is the rush to legalize marijuana when we have not yet figured out how to restore the rights of so many black and brown people across our great state for participating in commerce that we are pushing to legalize? Are we as a state willing to legalize marijuana when thousands of people remain behind bars for engaging in this same enterprise? Are we willing to overlook concerns about the long-term effects of this increasingly potent strains of marijuana on the developing brains? Why are we considering legalization of cannabis without setting parameters around where these drug dealing storefronts will be located? Cannabis legalization is a complex issue, fraught with risks, especially to our youth and people of color. Why are we as a state in such a rush to legalize? Could it be money?

Proponents of legalization cite social justice as the reason to legalize, yet as we have already heard with decriminalization and legalization come some fascinating trends. The data is clear. The rates of arrests and incarcerations go down with legalization. However, statistics are a funny thing and data can be manipulated. The Drug Policy Alliance touts the social justice impact of legalization noting a reduction in the rate of incarceration, this is true. However, if we look at the racial breakdown of arrests and incarcerations we find that rates of incarceration are down among Euro-Americans, and Blacks and Latinos over the age of 21. However, there is an increase in the rates of arrests and incarcerations of Blacks and Latinos those under 21 (50% and 20% respectively).

(<https://www.npr.org/2016/06/29/483954157/as-adults-legally-smoke-pot-in-colorado-more-minority-kids-arrested-for-it>) The social justice panacea promised by the venture capitalists isn't a reality. If the goal was truly justice we would be engaging in meaningful discussion about releasing those incarcerated for marijuana offenses or who got caught up in the reactionary "3 strikes you're in policy" of the 1990's. Yet these discussions do not appear to be happening. What is the plan to provide justice to those incarcerated for using or selling marijuana this "harmless drug"?

Reduced rates of incarceration, access to wealth, new job creation are all benefits promised by the cannabis lobby to the community. Unfortunately they do not benefit all members of our community equally. Access to wealth plays a part in how a community is impacted by the marijuana industry. Mass marketing, marketing products targeted to youth (such as youth with "pot tarts" and marijuana laced gummy bears), and selling "an experience" is par for the course in the marijuana industry. It isn't hard to imagine that with legalization those people who can't afford a vacation will spend their hard earned money on a dime bag, take a (temporary) break to smoke their worries away. Look at the amount of mommy memes on Facebook about wine, or the recent story about the "marijuana mom" who claims marijuana makes her a better parent. (<https://www.today.com/parents/marijuana-moms-say-smoking-pot-makes-them-better-parents-t114510>) Not shockingly the alcohol industry has recognized the cash cow that is the marijuana industry and has started investing.

(<https://www.newjerseycannabusiness.com/news/the-company-behind-corona-beer-just-bought-into-the-marijuana-business>) This infiltration of the "big business" into the marijuana business just about ensures that there will be a pot shop on every corner, right next to the liquor store selling loosies, and one of a number of fast food joints. This is a phenomenon we don't see in Chatham, Westfield, or HoHoKus.

The likelihood that a dispensary will be placed in communities like Point Pleasant, Moorestown, and Wall Township is low. Wealthy municipalities have the resources to enact laws to ban dispensaries being built in their towns. People in middle and working class communities may have resources to move if the climate of the neighborhood changes. Those is lower SES communities don't have the same resources and are less likely to have the resources to fight the Big Marijuana lobby. If a loved one develops a Cannabis Use Disorder people from wealthy communities have the cash or insurance necessary to send a loved one to treatment, pay for a sober living community, hire a professional recovery coach like myself, and cultivate a community that supports life in recovery. What happens to those who live in Atlantic City, Keansburg, Camden or any urban city in NJ and don't have access to health insurance or quality addiction treatment?

Rates of Substance Use Disorder is approximately the same across race and cultures, however how it is treated can vary greatly. Participation in treatment is equally low among all racial and ethnic groups. Those with access to wealth or good insurance tend to yield higher quality care, and more expedient access to treatment. Getting quality treatment for a welfare recipient could take days or even weeks to find a bed. With the opioid crisis, beds are in high demand, because Cannabis Use Disorder is less likely to result in death than an Opioid Use Disorder inpatient beds are hard to come by, and quality intensive outpatient programs that accept medicaid and NJ Family care are almost non-existent. Free recovery support services like the ones offered by Woodbridge Township, NJ are even rarer. Access to treatment and recovery services is a social justice issue. For many people of color their access to treatment has come through the process of incarceration. The 1980's war on drugs was the answer to treating addiction. We incarcerated people who used drugs and those who sold drugs to finance their addiction. The vast majority of those people were from urban areas, could not afford good legal

representation. As a country we have learned from the War on Drugs and have cultivated a kinder, gentler approach to treating Substance Use Disorder. So while access to treatment will potentially remain a challenge, legalization advocates promise of lower incarceration rates, more jobs, and lower rates of "Opioid Abuse".

The cannabis industry is a lucrative business. The NJ Cannabis lobbying organization's website (<https://www.newjerseycannabusiness.com>) would have us believe that those involved with the legal solicitation of marijuana are from diverse backgrounds. When we look at who owns dispensaries in states that have legalized there is a noticeable trend, a vast majority of those who own dispensaries are of Euro-American ancestry (who are 60% of the US population), own 80% of the dispensaries, meanwhile Blacks and Latinos (who make up 31% of the population) own only 10% of the dispensaries in the nation. The NJ CannaBusiness Association slyly encourages everyone who wants to see legalized marijuana to join. For a mere \$42 a year you can rub elbows with wealthy folks who can afford a one-time payment of \$20,000 which allows them lifetime membership of this cannabis lobbying organization. By providing access to membership there is the illusion of equality. The cannabis lobby can claim inclusion, but in NJ (and other states) anyone who has ever been convicted of a crime (or has been arrested) is banned from applying for a license. Data suggests that Blacks are 3x more likely to be arrested for marijuana possession than their white counterparts.

(http://www.nj.com/politics/index.ssf/2017/06/nj_is_arresting_more_people_for_marijuana_than_eve.html) thus highlighting the racial bias that plays out when it comes to securing a license to own a dispensary. This is noteworthy because many of those is that many people of color with arrest records are for histories of simple possession, while the others were arrested for being visionary entrepreneurs wanting to cash in on the selling marijuana before it became, en vogue.

Legalization of marijuana is not about equal access to treatment, improving quality of life, reducing risk related to the Opioid crisis, and it certainly isn't about reparative or social justice. Legalization of marijuana is about making money from selling a drug that people of color have been (and continue to be) arrested and incarcerated for using and selling, while systematically removing them from access to the process of legally profiting from participating in commerce. It is about commercialization. It is a get rich quick scheme thought up by the Ivy League grads and others with access to wealth.

(<https://www.forbes.com/sites/jicolao/2013/03/26/meet-the-yale-mbas-trying-to-tame-the-marijuana-industry/amp/>). If we look beyond the curtain we see that the Wizards of Wall Street have created talking points about social justice to get communities of color to buy into the narrative about justice and equity, betting that they won't do their research and realize that the data and the narrative don't equate.

If we as a state care about our urban and working class communities, if we care about the developing brains of minors who may grow up impacted by second hand marijuana smoke, if we care about reparative and social justice and providing reparations to individuals and families who were victims of the war on drugs, we must slow this process down. Figure out how we will

make amends to those incarcerated for using and selling this "harmless" drug, set stringent guidelines related to limiting access to those under 25 years of age (as the brain continues to develop until age 26), and set aside funds to ensure that profits from the sale of cannabis and cannabis related products fund evidence based prevention efforts, as well as evidence based treatments for Substance Use Disorder, The health and well-being of our fellow citizens are at stake.

Thank you.

I would like to thank the Legislative Black Caucus for the opportunity to speak on this very important issue. My name is Chris Leusner, I am the Chief of Police of the Middle Township Police Department. I also serve as 2nd Vice President of the New Jersey State Chiefs of Police Association and a member of our Marijuana Working Group. The New Jersey State Chiefs of Police Association opposes the legalization of marijuana. We believe the risks to our communities far outweigh any potential benefits. However, we do believe common ground can be found on this issue and we acknowledge that alternatives to arrest and incarceration must be included in the discussion. I will highlight a few of our concerns if marijuana were to become legalized in the State of New Jersey.

First, Driving While Impaired.

We believe there will be an increased risk to the public with more impaired drivers on the roadways of our state resulting in more crashes and fatalities. We also believe it will increase government costs to detect and successfully prosecute violators. There will be a significant need to train more Police Officers as Drug Recognition Experts, which is an expensive proposition. Colorado saw its costs increase from \$50,000 a year to \$500,000 a year to train Drug Recognition Experts. We understand there have been discussions of per se violations of the amount of THC in the blood as part of the dialogue surrounding

legalizing marijuana. This is a complex process that may result in many drivers going undetected because of the lack of scientific basis to establish such a level, it will also require officers to take obtain a written warrant, transport the individual to the hospital to obtain a blood sample and it will ultimately add considerable time to an arrest for impairment.

Middle Township is a seventy two square mile community. 8th largest geographically in the State of New Jersey and we handle between 900 to a 1000 crashes a year. In my professional opinion based on over twenty years of law enforcement experience, the roadways of Middle Township will certainly not be safer if marijuana is legalized but more dangerous.

Second, Edibles.

Edibles are a huge concern with marijuana. The most prominent difference between ingesting and inhaling cannabis is the delayed onset of the drug effect with ingestion. Consumers often do not understand this aspect of edible use and may consume a greater than intended amount of the drug

before the drug has taken effect. Most troubling, high quantities of THC are reported to produce transient psychotic symptoms as hallucinations, delusions, and anxiety in some individuals.

Unintended pediatric exposure to edibles is another concern. According The Journal of the American Medical Association Pediatrics reported the number of annual pediatric marijuana cases increased more than fivefold from 2009 to 2015 in Colorado. I know in Cape May County recently we seized Rice Crispy treats infused with THC that were bought over the internet and once taken out of the package, you would never know it contained THC. Many of the edibles sold in Colorado have listed in fine print, only consume 1/8th of the edible. What do we think will happened when a young adult or worst a teenager or child, takes a bite of THC infused cookie. Do we think they will only eat 1/8th of the cookie? What happens when that same teenager doesn't feel the effects fast enough and think it is not working? I think you get the point. Edibles are a huge concern.

Third, the myth the Black Market will disappear.

I read very frequently if we legalize marijuana, it will destroy the black market, bring the business into the open where it can regulated and taxed. Unfortunately, this is not the case in states that have

legalized marijuana. The Colorado Chiefs of Police Association in partnership with the Police Foundation put out a Practical Guide for Law Enforcement, Colorado Legalization of Marijuana and the Impact on Public Safety. In this guide, Colorado law enforcement officials report the black and grey market not only exist but is thriving. All one needs to do is type Marijuana Black Market Colorado in Google and search the local news stories to see it is real problem occurring on a frequent basis. The legalization of marijuana in Colorado has not saved millions of dollars in law enforcement costs but has created more costs. According to the Chiefs in Colorado in the same report, investigations into the Black Market are complex, very time consuming and often requires extensive investigation to prove it is a black market grown product or sold on the black market.

In closing, the members of the New Jersey State Chiefs of Police believe there will be many adverse impacts to our communities if New Jersey legalizes marijuana. We stand ready and look forward to working together with our community partners to help chart a course that is in the best interests of all the citizens of the State of New Jersey. Thank You...

Rory Wells, Esq.

April 24, 2018

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New Jersey Legislative Black Caucus

Atlantic City Hearing

Thank you, Mr. Chairman for continuing to hold these hearings **and inviting testimony from different positions on this very important issue.** I want to acknowledge the Caucus Members and our host Second Baptist Church.

I do not believe anyone will dispute that the decision to legalize and commercialize marijuana in the state will increase its use among our citizenry.

The fact that we would be increasing the amount of drugs used, abused and experimented with in our state makes this vote a **"legacy" vote.** This is a vote that will have consequences for generations, long after the money is absorbed.

NJ-RAMP has taken a position against corporate marijuana not just because of how we feel about the issue but because the early science and data supports our position. **We believe the offsetting costs and negative consequences are becoming clearer every day in those states that chose to allow commercial sales in their communities.**

- Washington, DC, 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 (Moyer, 2017; District of Columbia Metropolitan Police Department [DCMPD], 2016).
- Along with the increase in property crimes, the Boulder Police Department has reported a 54% increase in marijuana public consumption citations since legalization (BPD, 2017).
- In Anchorage, school suspensions for marijuana use and possession increased more than 141% from 2015 (when legalization was implemented) to 2017 (Wohlforth, 2018).

As a part of my testimony here today I want to encourage everyone to **do their own research on the positions, costs and effects commercial sales of marijuana would have on our neighborhoods. Often polls and agenda-driven statistics can be misleading.** For example, asking someone if we should prosecute and jail a person with a small amount of marijuana does not mean they support retail pot shops in their community. I hope the citizens of New Jersey and our leaders reject this course of action.

Thank you very much for allowing me to participate in this discussion.

I'm Bishop Jethro James; I'm President of the Newark-North Jersey Committee of Black Churchmen, as well as the Senior Pastor of the Paradise Church and I am also a licensed Social Worker. I am on the Board of St. Michael's Hospital in Newark, NJ. As a Bishop, I am responsible for all social action of all the Full Gospel churches in the State of New Jersey, along with a Chaplain for the New Jersey State Police.

Thank you, once again, for having me.

I've come this morning to warn you about the dangers of trying to pass a legislation that makes empty promises. number one. I was fortunate enough to receive an education and work the corporate world-- I retired from PSE&G, an urban development executive, after 38 years of services. However, this not everyone in my community has been as fortunate but I certainly want them to be.

The first thing I'd like to say that legalizing recreational marijuana could devastate communities of color;

We know that those who would seek employment would never work for the State of New Jersey as a professional if they cannot pass a drug test; you can't teach school in the State of New Jersey if you cannot pass a drug test; you certainly won't be driving any of the Transit vehicles; you will not be working in the prison system; you will not work for any major corporation if you cannot pass a drug test. Even now, in this state, Home Depot, as well as Lowes, requires a drug test as a condition of employment. No legislation will change that.

The reality is that if unemployment in Parsippany -- which is only 25 minutes up Route 80 from Newark -- is 5 percent in their community, it's 15 percent in Newark. We need to ask ourselves, will unemployment go up in our community because of failed drug tests?

I have seen firsthand the changes in young people in our community who become heavy users of marijuana at a young age. It's tragic. For many, starting as young as 12 smoking pot takes over, they choose getting high over school work, they choose getting high over sports and they choose getting high over family life. It robs them. I know, I counsel them and pray with their parents. Why aren't we talking about this? With increase access, use and the normalization of marijuana we put a risk the best and our brightest of our community at even greater risk.

Proponents of legalization suggest their approach will keep our people out of jail. But minority kids are being arrested in increasing numbers in legalized states. Much of what these youths are being found with is what I call the "side products": the candies, the ice cream, the cookies, and the other marijuana- derivative products juveniles as young as 11 are being arrested for. The reality in Denver for juveniles in

the African American community is that there is a 55 percent increase of 11- to 16-year-olds arrested possessing cannabis. In the Hispanic community, there was a 34 percent increase in those arrested. In the white community, 8 percent; it went down, and I'm wondering why. When we look at Denver, Colorado pot shops are put predominantly in African American and poor communities- in some cases one pot shop for every 45 residents.

I met with certain hospital presidents, and we've talked about it from a healthcare perspective. We know that for a hundred years, alcohol and tobacco were pushed in our neighborhood, as well as all over the country. They became a multi-billion dollar industry. This has now shifted to a billion-dollar effort to stop you from smoking cigarettes because of what it does. The American Medical Association, in its recent Journal of the American Medical Association, talks about what cannabis will do to your lungs, as well as your heart. It talks about what it will do to your brain. Proponents sometimes say that marijuana use will help pregnant women with morning sickness. However, science is revealing the damage it will do to the fetus; as well if she continues to smoke, THC will also be in her breast milk.

I sit on the Board of Saint Michael's Hospital in Newark. I am deeply concerned that is was reported that in just on weekend there were 29 incidents of young folks, coming through the emergency showing symptoms of psychosis because they smoked marijuana. In Colorado, the annual rate of marijuana-related emergency room visits increased 35% between the years 2011 and 2015 (CDPHE, 2017). We know that the number of teenagers and young adults going to the emergency room at Children's Hospital Colorado for marijuana-related reasons increased significantly after legalization according to a study by Dr. Wang. He found that 106 teens and young adults visited Children's emergency room for marijuana-related reasons in 2005 and that number jumped to 631 in 2014. Is this what we want for our community? Our young people?

Already, numerous towns in New Jersey have banned marijuana shops. As the debate over legalization begins in the Legislature, more and more municipalities throughout the state are passing ordinances to ban retail sales of marijuana; even our Governor, who is pushing this, can't buy cannabis in his own town of Middletown, due to their recent ordinance.

The reality is that legalization could devastate the African American community. It could devastate so many of our children, rob them having a future. We need to think long and hard about the long-lasting effects that it's going to have on our community.

Thank you so much for hearing me; and God bless all of you. Are there any questions?

THC or CBD

Thank you for the opportunity to discuss legalization of marijuana in the State of New Jersey. First, a few points worth noting; I am not an expert of this subject, however I do know that blacks have suffer many injustices due to their direct or indirect participation in the selling or distribution of illegal drugs in New Jersey. New Jersey has some severe financial issues that they must address in order for the state to be more competitive in the nation.

✓ Specifically, extreme high taxes and significant pension obligations to, name a few. Moreover, the 1.1 million blacks that reside in New Jersey have the highest poverty, highest incarceration rates, highest unemployment, lowest median and household incomes, and homeownership rates...These are a few of the reasons why, I support the legalization of marijuana in New Jersey. Based on the aforementioned, I recommend the following for consideration:

The following are a few of my suggestions to assist you with the legalization of Marijuana in New Jersey. As you know Blacks and Hispanics in New Jersey and across the United States have

had their lives adversely impacted by the sale and use of marijuana and other illegal drugs than any race. Moreover, the communities in New Jersey where Blacks and Hispanics live in disproportionate numbers also show the adverse residual effects from illegal drug activities in terms of neighborhood cleanliness, abandon homes and commercial buildings, all of which diminish appeal and market ability. Therefore, it is my opinion that if the legalization of the manufacturing, marketing and sale of marijuana becomes law in New Jersey, the derived tax revenues from this new industry must be leverage to reverse the above stated societal injustices. Moreover, this new industry can serve as a vehicle to bring some members of New Jersey's population more in harmony with sectors of our state that have greater vibrancy and or appeal. More specifically, all derived tax revenues from the legalization of marijuana should be used to improve the social-economic competitiveness of the underperforming demographics.

Previously, I sent you some information that I received from my national office as to how other states have approached the legalization of marijuana to accomplish similar public good. Please note sections 12 and 13, many of the provisions should be consider for adoption in the proposed New Jersey law.

Accordingly, I recommend the following for your consideration:

- Marijuana should be legalized similar to alcohol, therefore, anyone manufacturing (no matter the quantity), marketing, or distributing outside a licensed facility is breaking the law and should be prosecuted
- Workforce and public safety provisions should be consistent with those of alcohol use at work or while driving
- The tax revenues generated by the manufacturing, sale, and or distribution should be placed in a lock box and any appropriation of

funds must be earmark specifically to provide public education, social and economic improvement of individuals that have been adversely affected by the criminal justice systems, or reside in communities where there is evidences of blight, inhabitable conditions or inconsistent with a prosperous, healthy and enterprising environment.

- Specific initiatives should include:

- Homeownership subsidizes for senior citizens, low income residents, veterans, disabled. ----Financial literacy programs for youth and adults administered by non- profits, faith based organizations.
- Improving the economic standing of low income men and women; especially Blacks and Hispanics.
- ✓-Small business and entrepreneurial development programs.
- Financing programs to support ~~to~~ those individuals that are seeking to secure license to manufacture, market or distribute marijuana in New Jersey
- Establish drug treatment programs
- Make it illegal to manufacture, market or sale, distribute marijuana without a license, and all

Should be a priority

activities associated with the same outside of a licensed facility prohibited.

- Education campaigns via TV commercials, bill boards, school districts, packaging, etc.
- You must be 21 years or older and all purchased must be made at a licensed facility
- Increase the number of proposed licenses from 80 to 120 of which 40 shall be made available to Blacks (20) and Hispanics (20) whom have the made the states' licensing requirements and have the monetary resources to establish and operate the proposed establishment.
- Workforce training and small business capacity with a focus on Black and Hispanics given their high poverty, unemployment and median income levels
- Those incarcerated on offenses related to the sale or distribution of marijuana should be considered for release from the institutions once legalization of marijuana becomes law in New Jersey.
- THC or potency levels of marijuana must be regulated to minimize its effects on becoming a pathway to something more severe, there is also

data that support spikes in marijuana induced offenses by teens and people of color

- The levels of THC before the 1970's were ½ of 1 percent, while today in Colorado are above 30 percent...THC is the component that gets you high...while CBD is the component found in medicinal cannabis

- Blacks and Hispanics must have access to establish enterprises in all communities that are designated to manufacture or sale marijuana in the State of New Jersey, and not be limited to where they are the predominate population.

- Derived tax revenues should not be used for infrastructure related projects, given that the state recently passed revenue protected Transportation Bill.

- Lastly, funds generated should also be used for façade improvements and home renovations for low income residents, seniors, veterans and individuals with disabilities



The above are a few of my proposed recommendations for your consideration as you work to legalize marijuana in New Jersey. I will be sure to forward any additional thoughts and if you should have any questions, please let me know.

Thank you for extending an opportunity for me to contribute to this important initiative in our state.

Best regards,

John Harmon

Association of Student Assistance Professionals of New Jersey (ASAP-NJ)

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"Youth Rite of Passage – Impact of Marijuana Legalization"

Presented by: Alysa Formarotto-Regenye, MSW, LCADC, SAC, SSW (ASAP-NJ)

Presented to: NJ Black Caucus Hearing on Recreational Marijuana Legalization Tuesday, April 24, 2018

I have worked in the addictions field for 25 years, both in prevention education as well as addictions counseling. I am a Licensed Clinical Alcohol and Drug Counselor, I am a mother of two children and I work in a school setting.

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

"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 (ASAP-NJ), 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 legalizing marijuana based on Colorado's.

Adolescent Addiction rests upon the conscience of policy makers across the United States and now in New Jersey. CDC states marijuana users are three (3) times more likely to become Addicted to Heroin.

The latest research indicates a connection between the cannabinoid receptors and opioid/opiate receptors in the brain. According to Dr. Amir Levine, a neuroscientist of Columbia Univ. Dept of Psychiatry, NYC, adolescent brains in particular, are primed for addiction due to the loosened gene expression.

Medical Journalist, Dr. Muiris Houston states "Kids are six (6) times more likely to use pot simply because of a parental attitude of indifference." Those who smoked weed heavily as teens, showed mental decline even after they quit using the drug—and had, on average, an 8-point drop in their IQ scores. That is significant, an 8-point loss could push a person of average intelligence into the lower third of testers. Even those who started smoking pot after age 18, showed some decline.

According to Dr. Muiris Houston, published in the journal Lancet Psychiatry, "Teen Marijuana Use: Is This A Price We're Willing To Pay?" Teenagers who are daily users of marijuana are

- *60% less likely to complete high school or obtain a university degree;*
- *Seven (7) times more likely to attempt suicide; and*
- *Eight (8) times more likely to use other drugs."*

Research indicates marijuana's cannabinoids activate the same CB1 Receptor System as opiates like, oxycontin, morphine, heroin, etc. This triggers a dopamine release in the mesolimbic reward system. In an editorial by Merete Nordentoft, professor of psychiatry at the University of Copenhagen in Denmark, notes: "Cannabis use in adolescence has also been associated with increased risk of psychosis in adulthood." 2016

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, of which have taken a toll on human collateral in Colorado through significant increases in homelessness, psychosis, crime, ER visits, event teens high on pot in schools skyrocketed. Please check out two YOUTUBE videos "Weed Documentary (2016) - High School: Marijuana in an American Public High School;" as well as, "Marijuana X Documentary FULL DIRECTOR's CUT."

It is impossible to Leave youth out of the equation on 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.

Since Colorado legalized marijuana, from cannabis lollipops to pot tarts, gummy bears to reefer's cups, to vaping concentrated forms THC with 99% purity; Colorado is #1 in the nation for first time use of marijuana among youth; and, more than 50% higher than the national average; with more minority youth being arrested for pot in Colorado compared to before legalization.

According to a poll by FDU in New Jersey, legalization is Not supported by the majority of NJ residents.

Please, consider the societal and public health costs to our communities, which will be much greater than the gain from any tax revenue; let your conscience speak to your heart. What we do need to do is:

1. We need to revisit Senate #2031 for more school SACs, previously sponsored by Senator Van Drew, Senator Singer and Senator Stack on April 18, 2016.
2. Parents need more rights and leverage to get their adolescents into proper residential treatment.
3. REVERSE Active Consent Statute, under Chapter 364 from 2002 to Passive Consent school surveys.
4. Need for advanced high quality addiction treatment for adolescents and adults in every community.

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Legal Cannabis Opponents Unite at Colorado Christian to Fight Pot Industry

THOMAS MITCHELL | OCTOBER 6, 2017 | 2:27PM

Coloradans against the legalization of cannabis have found their collective voice at the Centennial Institute and Colorado Christian University's symposium on October 6, which will continue until 4:30 p.m. today.

"I don't see how this is going to make American great again," Smarter Approaches to Marijuana president and keynote speaker Kevin Sabet said during his talk on the dangers of legalized cannabis. "At least we got rid of drug dealers. What are they all doing now — going to dental school?"

The symposium, Marijuana's True Impact on Colorado, isn't hiding its intent. Although it will conclude with an independently moderated debate between Centennial Institute director Jeff Hunt and cannabis attorney Rob Corry, the keynote speakers and the symposium sessions are definitely anti-cannabis commercialization. Over 200 people from Denver, Pueblo, Colorado Springs and even Georgia are in attendance, collecting tips on how they can fight back against a state and collection of lawmakers they feel have largely ignored them.

Hunt, who has started a petition to ban the Denver 420 Rally and published an op-ed in *USA Today* condemning Colorado's choice to legalize retail cannabis, had three goals when he created the symposium. "First, I want to better educate people about what's happening from commercialization," he told me. "I also want to create bonds that get people to work together. We've been working independently before this."

Individuals and groups opposing pot legalization haven't achieved a constructive level of unity, according to Hunt, who organized the event in hopes of rallying support to fight back against the cannabis industry. With more troops on board, Hunt hopes to achieve his third goal: placing guardrails on Colorado's industry and stopping cannabis commercialization in its tracks so that it doesn't reach the rest of the country.

Many of the discussion topics at the event have similar titles to cannabis industry and advocacy seminars; the tone, attitude and solutions discussed are virtually the opposite, however. Social health effects, edibles packaging; the amount of revenue created, the endocannabinoid system and homelessness are all part of the focus, but the narrative is much more morose and alarming than at an industry mixer.

Frank McNulty, anti-commercialization lobbyist and former Speaker of the House in Colorado, said that he and his colleagues are outnumbered by pot-industry lobbyists and firms nearly four to one, but he still believes Coloradans have something to fight for.

"Up until this last legislative session, it wasn't a battle. The industry had sway," he told the audience. "There is no doubt in my mind that the recreational marijuana industry has significant power with state senators." According to McNulty, a bill passed last session that limits the number of plants Coloradans can grow at home is the first legislation to successfully overcome industry opposition; the Marijuana Enforcement Division's rule against fruit- and animal-shaped edibles is long overdue, he added: "I presented a bill like that three years ago," he said. "We could've done it then."

The symposium hasn't completely disregarded some of the plant's medical benefits. Several speakers, including Sabet, said that CBD medication should be available to children suffering from epilepsy and frequent seizures — but added that the thought of half-ounce joints and potent concentrates like wax and shatter being presented as medicine was hypocritical.

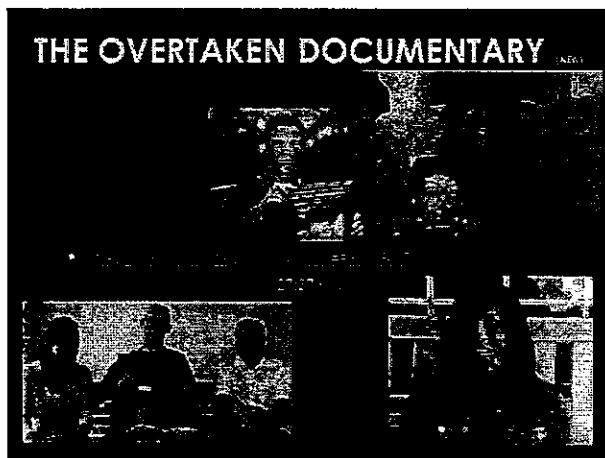
"I'm not going to throw the baby out with the bathwater here. I'm not a nihilist about this. The science is there that there's a potential benefit," pain medicine doctor Dr. Ken Finn said. "But I want a purified, developed product instead of this free-for-all."

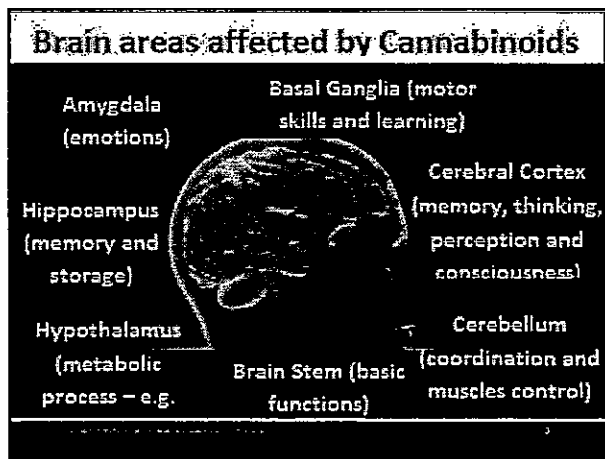
Finn is based in Colorado Springs, where more medical patients reside than in Denver and only medical marijuana dispensaries are allowed. He'll recommend medical cannabis for terminally ill patients, he said, but added that he's noticed a trend of patients exaggerating symptoms when they ask for a medical marijuana card. Marinol, a synthetic alternative to THC and the only cannabinoid approved by the U.S. Food and Drug Administration, is available for patients, "but nobody has ever asked me for Marinol," he noted.

Other topics covered at the event include marijuana's impact on youth, the industry's responsibility, how marijuana affects homelessness and how law enforcement deals with black-market activity. The symposium will continue until 3 p.m. today, when it will be followed by a ninety-minute debate between Hunt and marijuana attorney Rob Corry.

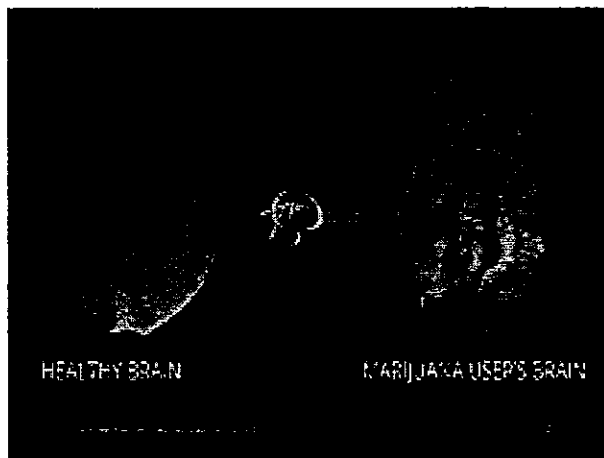
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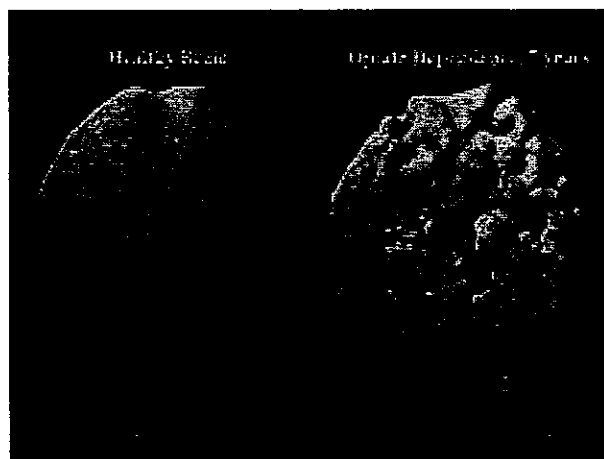


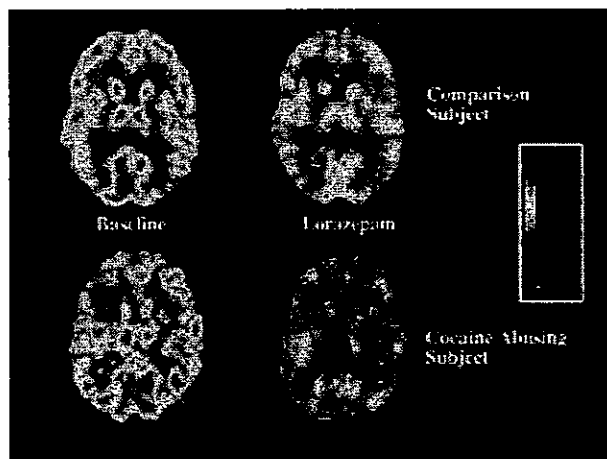












What's in Marijuana? 500+

The main ingredient in marijuana responsible for its *psychoactive*, or mood altering, effects is a cannabinoid called **delta-9-tetrahydrocannabinol**, or "THC" for short.

In combination with other cannabinoids, the amount of THC in marijuana determines the strength of the effect of the drug.

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THE LEVEL OF THC IN MARIJUANA IS NOT ALWAYS THE SAME

IT CAN VARY DEPENDING ON:

- THE STRAIN OR VARIETY OF THE PLANT.
- THE WAY IN WHICH THE PLANT IS GROWN.
- THE PART OF THE PLANT THAT IS USED AND
- THE WAY THE PLANT IS PREPARED FOR USE AND STORED.
- CROSSBREEDING & GENETIC MODIFICATION AND
- "HYDRO" CANNABIS VERSUS "BUSH WEED"

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2011
1st year bus
12-13% drop in budget/operational

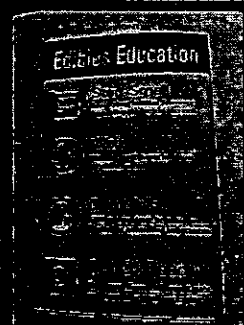
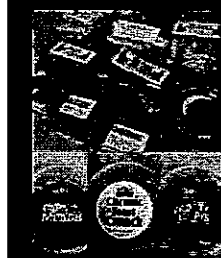


2017

- INITIATION: AT ADOLESCENCE
- SMOKE THE MORE POTENT FLOWERING TOPS (BUDS) OF THE PLANT
- DAG, WAX, EAR WAX, HONEY BUDDER
- MORE REGULARLY



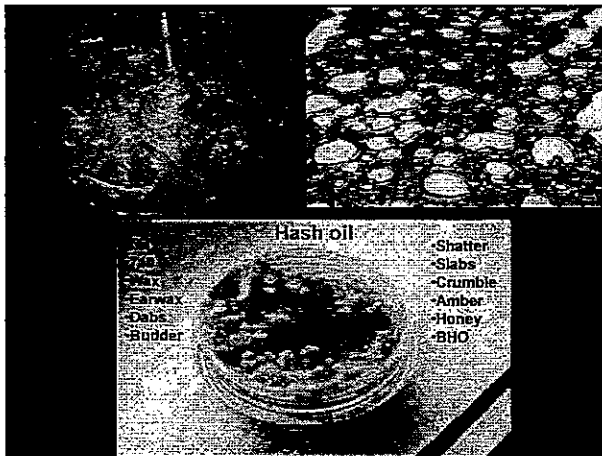
1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthaler and Sponholz (1980). The total protein concentration was determined by the method of Lowry (1956).



- TYPE OF DRUG
- QUANTITY
- QUALITY
- FREQUENCY (HOW OFTEN) (MULTIPLE TIMES)
- ROUTE OF ADMINISTRATION
- SOURCE OF ACQUISITION
- BUY OR BUILT
- OTHER INFORMATION

Marijuana Laced with Fentanyl





Hash oil

- Shatter
- Slabs
- Crumble
- Amber
- Honey
- BHO

Wax
Earwax
Dabs
Budder

RISKS ASSOCIATED WITH VAPING

- INCREASE IN CANNABIS USE FREQUENCY AND/OR QUANTITY AMONG CONSUMERS, DUE TO CONVENIENCE (HIGHER PORTABILITY AND ABILITY TO DISGUISE USE IN THE ABSENCE OF SMELL), BETTER TASTE, AND LOWER PERCEPTION OF RISK.
- INCREASE IN THE INCIDENCE OF NEW CONSUMERS WHO WOULD NOT CONSIDER SMOKING MARIJUANA BUT MAYBE INTERESTED IN TRYING A METHOD PERCEIVED AS LOWER RISK AND LESS HARSH FOR THE LUNGS.

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RISKS ASSOCIATED WITH VAPING

- INCREASE IN MARIJUANA ADDICTION (OR CANNABIS USE DISORDERS). STUDIES FOCUSED IN OTHER SUBSTANCES SUGGEST THAT INCREASES IN POTENCY (AS IS THE CASE WITH EXTRACTS) AND DELIVERY EFFICIENCY (AS IS THE CASE OF VAPORIZATION) INCREASES THE PROBABILITY OF MISUSE AND ADDICTION.



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CANNABINOID HYPEREMESIS SYNDROME

https://www.youtube.com/watch?v=7G131212600
2:26 min

- OBSCURE SYNDROME CALLED CANNABINOID HYPEREMESIS SYNDROME, A CONDITION ONLY RECENTLY ACKNOWLEDGED BY THE MEDICAL COMMUNITY.
- IT AFFECTS A SMALL POPULATION — NAMELY, A SUBSET OF MARIJUANA USERS WHO SMOKE MULTIPLE TIMES A DAY FOR MONTHS, YEARS OR EVEN DECADES.

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What You Need to Know Cannabinoid Hyperemesis Syndrome

Temple University Study

- Painful Vomiting for certain people
- Typically young adults with long history of cannabis use
- Inhibition of gastric acid secretion and inflammation
- Misdiagnosed with cyclic vomiting syndrome

The sickness is believed to be caused by the "activation of CB1 receptors," which affects the gastrointestinal system.

[illegible]

Effects of Cannabis

Short-term

- Short-term memory
Concentration
(enhanced/improved)
We have expressed
a strong interest in
the field of

Long-term

1. Bronchitis
 2. Lung cancer
 3. Decreased

MARIJUANA / CANNABIS AND SCHIZOPHRENIA

- OVERVIEW: USE OF TEST DRIVE DEVELOPMENT (TDD) AND BDD FRAMEWORKS
 TDD AND BDD FRAMEWORKS ARE USED TO DEVELOP SOFTWARE IN A TEST-DRIVEN MANNER. TDD IS A DEVELOPMENT PRACTICE WHERE THE TESTS ARE WRITTEN BEFORE THE CODE IS DEVELOPED. BDD IS A FRAMEWORK FOR WRITING TESTS IN A MORE READABLE AND UNDERSTANDABLE MANNER.
- TEST-DRIVEN DEVELOPMENT (TDD) AND BEHAVIOR-DRIVEN DEVELOPMENT (BDD)
 TDD IS A DEVELOPMENT PRACTICE WHERE THE TESTS ARE WRITTEN BEFORE THE CODE IS DEVELOPED. BDD IS A FRAMEWORK FOR WRITING TESTS IN A MORE READABLE AND UNDERSTANDABLE MANNER.
- TESTING AND DEPLOYMENT CONSIDERATIONS FOR TDD AND BDD
 TDD AND BDD FRAMEWORKS ARE USED TO DEVELOP SOFTWARE IN A TEST-DRIVEN MANNER. TDD IS A DEVELOPMENT PRACTICE WHERE THE TESTS ARE WRITTEN BEFORE THE CODE IS DEVELOPED. BDD IS A FRAMEWORK FOR WRITING TESTS IN A MORE READABLE AND UNDERSTANDABLE MANNER.

TEENAGERS WHO ARE DAILY USERS OF MARIJUANA ARE:

- **60%** LESS LIKELY TO COMPLETE HIGH SCHOOL OR OBTAIN A UNIVERSITY DEGREE
- **7 X** MORE LIKELY TO ATTEMPT SUICIDE
- **8 X** MORE LIKELY TO USE OTHER DRUGS

Source: <http://www.cannabisthejournal.com>

IN ADDITION....

- AN INCREASED RISK OF MARIJUANA-INDUCED PSYCHOSIS
- AN INCREASED RISK OF SCHIZOPHRENIA
- PERMANENT IMPAIRMENT OF COGNITIVE FUNCTIONS

Source: <http://www.cannabisthejournal.com>

Source: <http://www.cannabisthejournal.com>

DAILY USERS

JOURNAL • LANCET PSYCHIATRY

- KIDS ARE **6 X** MORE LIKELY TO USE POT SIMPLY BECAUSE OF A PARENTAL ATTITUDE OF INDIFFERENCE TOWARDS MARIJUANA USE.
- DAILY USERS OF CANNABIS DURING ADOLESCENCE ARE 7 TIMES MORE LIKELY TO ATTEMPT SUICIDE AND 8 TIMES AS LIKELY TO USE OTHER ILLICIT DRUGS LATER IN LIFE.

Source: <http://www.cannabisthejournal.com>

AMERICANS CONSUME VAST MAJORITY OF THE WORLD'S OPIOIDS

FORMER CNBC REPORTER, DANA GLUCKSBERG
CEO STATE

- APPROXIMATELY 80 % OF THE GLOBAL OPIOID SUPPLY IS CONSUMED IN THE US.
- PAIN DRUGS ARE THE 2ND-LARGEST PHARMACEUTICAL CLASS GLOBALLY, AFTER CANCER MEDICINES.
- 300 MILLION PAIN RX WRITTEN IN 2015.

ANALYSIS OF THE DATA FROM A RECENT STUDY BY THE CDC.

- THE 300 MILLION PAIN PRESCRIPTIONS EQUAL A \$24 BILLION MARKET.

PHARMACEUTICAL INDUSTRY, DRUG DEALERS, AND THE OPIOID CRISIS

A LOOK INSIDE THE BRAIN OF A 29-YEAR-OLD DRUG USER

THE DR. PHIL SHOW

- DRUGS DESTROY THE BRAIN OF A 29-YEAR-OLD DRUG USER.

PHARMACEUTICAL INDUSTRY, DRUG DEALERS, AND THE OPIOID CRISIS

YOUR BRAIN ON MARIJUANA

BY JASAR DOBSON

THE SCIENCE OF MARIJUANA'S EFFECTS ON THE BRAIN

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THE SCIENCE OF MARIJUANA'S EFFECTS ON THE BRAIN

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THE SCIENCE OF MARIJUANA'S EFFECTS ON THE BRAIN

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MARIJUANA DELIVERS PSYCHOACTIVE SUBSTANCES, CANNABINOIDS WHICH ACTIVATE THE SAME CB1 RECEPTOR SYSTEM AS OPIATES (LIKE HEROIN, MORPHINE, OXYCONTIN, ETC. TRIGGERING DOPAMINE RELEASE FROM MESOLIMBIC REWARD SYSTEM.

Orlando, Florida, March 14, 2018. Marijuana and opiates both activate the same reward system in the brain, according to a new study published in the journal *Neuropharmacology*.

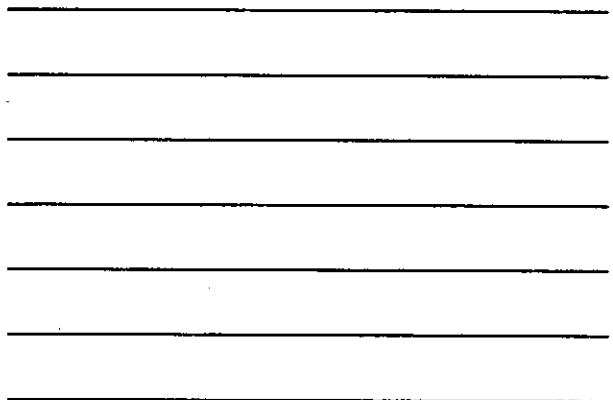
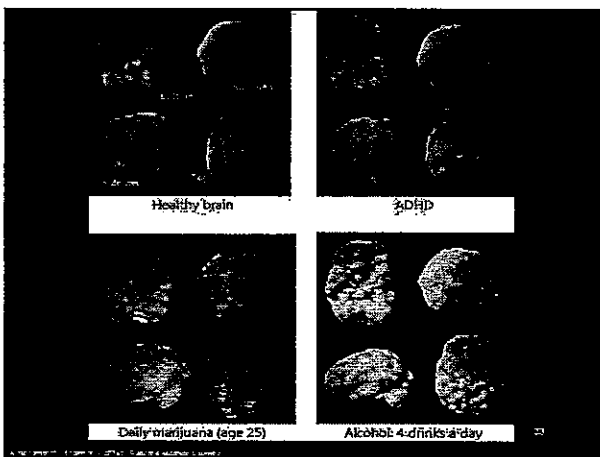
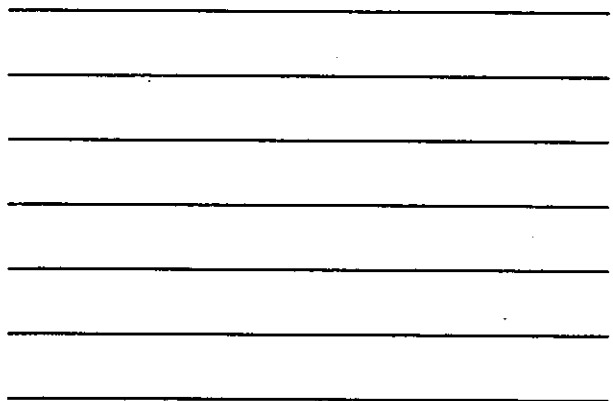
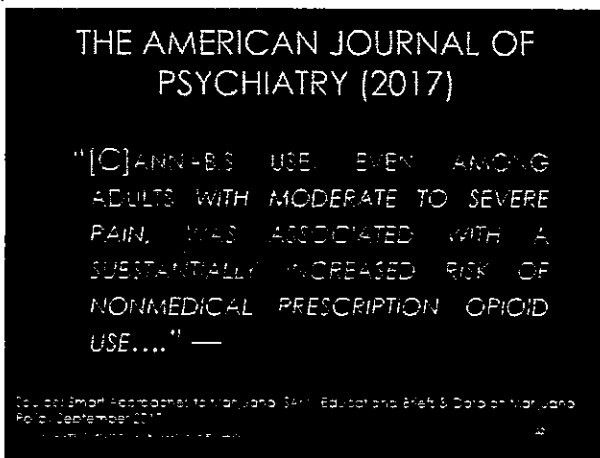
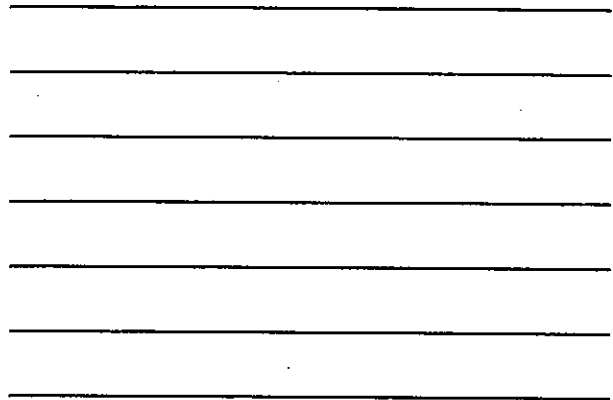
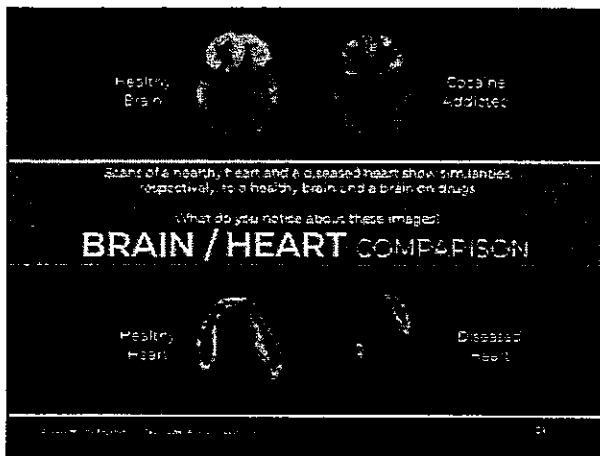
- THE OPIOID SYSTEM IN TURN ACTIVATES THE DOPAMINE REWARD PATHWAY TRIGGERING DOPAMINE RELEASE FROM MESOLIMBIC REWARD SYSTEM.
- OPIOID AND CANNABINOID RECEPTORS ACT LARGELY VIA THE SAME GROUP OF G-PROTEINS AND ARE NOT ONLY EXPRESSED IN SIMILAR BRAIN AREAS, BUT ARE ALSO CO-EXPRESSED IN INDIVIDUAL NEURONS IN THE RAT CAUDATE PUTAMEN AND NUCLEUS ACCUMBENS AND CAUDATE PUTAMEN AND NUCLEUS ACCUMBENS
- CHRONIC CANNABINOID EXPOSURE BLOCKS SYNAPTIC PLASTICITY IN THE NUCLEUS ACCUMBENS AND REDUCES THE SENSITIVITY OF GABAERGIC AND GLUTAMATERGIC SYNAPSES TO BOTH CANNABINOIDS AND OPIOIDS AND CAUDATE PUTAMEN

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ACTIVATION OF THE CB1 RECEPTORS

- WITHOUT THE ACTIVATION OF THE CB1 RECEPTORS IT SEEMS THAT OPIATES, ALCOHOL, COCAINE, AND PERHAPS STIMULANTS (LIKE AMPHETAMINE) LOSE SOME OF THEIR REWARDING PROPERTIES.
- DRUG REWARD DEPENDS MUCH MORE HEAVILY ON THE CANNABINOID RECEPTOR SYSTEM THAN HAD BEEN PREVIOUSLY THOUGHT. SINCE THIS IS THE MAIN TARGET FOR THC, IT STANDS TO REASON THAT THE SAME WOULD GO FOR MARIJUANA.

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- NEW RESEARCH FROM NIDA SUGGESTS THAT MARIJUANA USERS MAY BE MORE LIKELY THAN NONUSERS TO MISUSE PRESCRIPTION OPIOIDS AND DEVELOP PRESCRIPTION OPIOID USE DISORDER.

AMERICAN OVERSIGHT

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CHASING THE DRAGON - DEA

A LARGE PERCENTAGE OF INDIVIDUALS WHO ARE ARRESTED FOR MAJOR CRIMES - INCLUDING HOMICIDE, THEFT, AND ASSAULT - ARE UNDER THE INFLUENCE OF ILLEGAL DRUGS.

- DEA REPORTS THAT AT LEAST ONE THIRD OF ALL MAJOR CRIMES ARE DRUG RELATED.
- DEA REPORTS THAT AT LEAST ONE THIRD OF ALL MAJOR CRIMES ARE DRUG RELATED.



OFFICE OF THE INSPECTOR GENERAL

AMERICAN OVERSIGHT

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HEROIN IN COLORADO: 2012

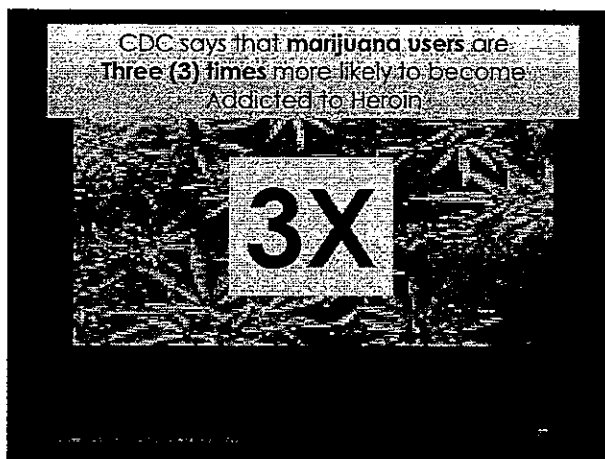
HEROIN RESPONSE NETWORK GROUP
WITH SUPPORT FROM COLORADO DEPARTMENT OF HEALTH AND HUMAN SERVICES

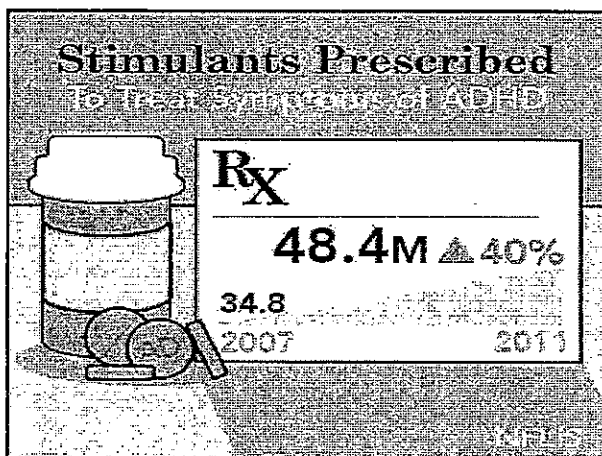
SECTION 7: HEROIN TREATMENT ADMISSIONS AND USER INFORMATION

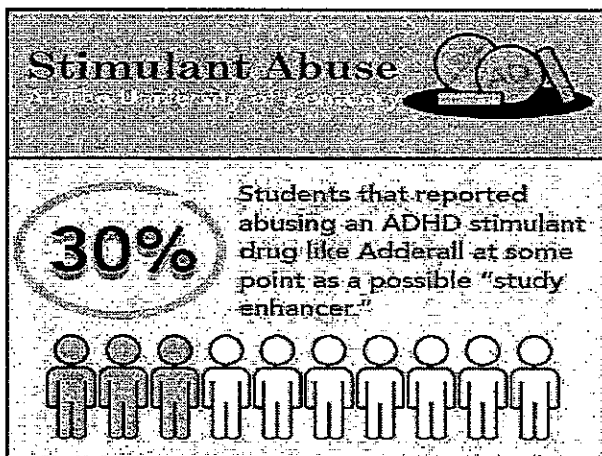
- THE NUMBER OF PEOPLE IN TREATMENT FOR HEROIN ADDICTION HAS INCREASED 128% FROM 2,994 IN 2011 TO 6,815 IN 2015.
- THE MAJORITY OF THE CLIENTS IN TREATMENT FOR HEROIN USE ARE WHITE MALES BETWEEN THE AGES OF 18 AND 42 WHO HAVE NEVER MARRIED AND ARE UNEMPLOYED.

AMERICAN OVERSIGHT

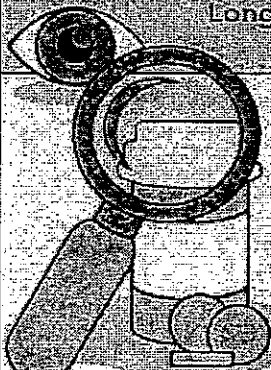
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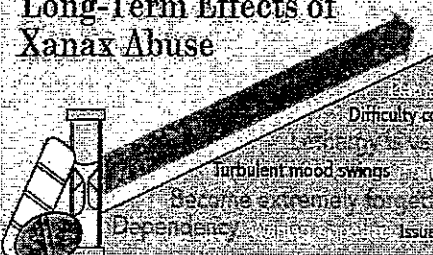


What Are the Side Effects? Long-Term Adderall Use



- Heart disease
- Dizziness
- Abdominal pain
- Weight loss
- Insomnia
- Dry mouth
- And many more

Long-Term Effects of Xanax Abuse




Risks

- Depression
- Difficulty concentrating
- Excessive sweating
- Irritable mood swings
- Become extremely forgetful
- Confusion
- Issues with balance
- Dependency

Tolerance develops
Xanax becomes less effective

Most users of xanax can fall prey to dependency in a month or less even on small doses.

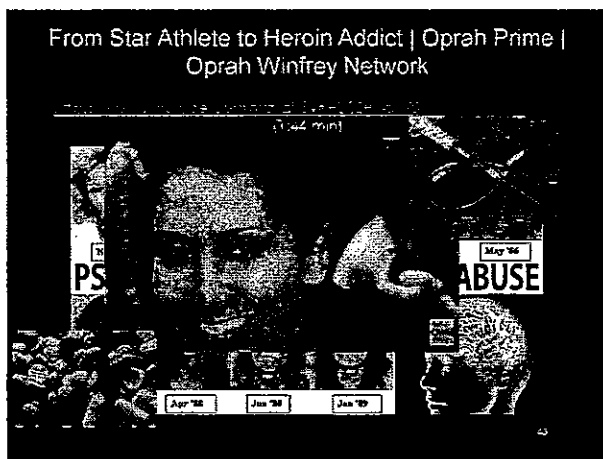


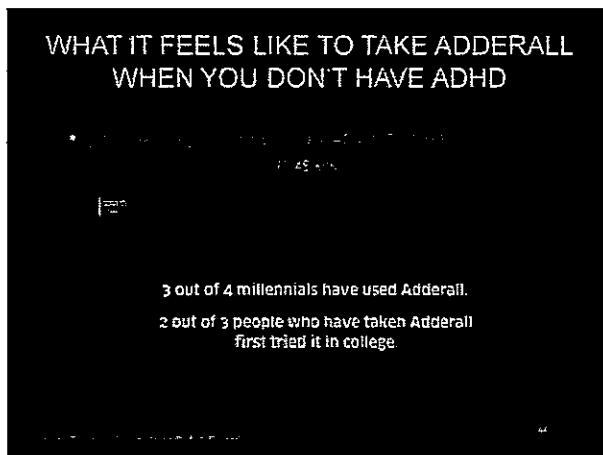
WHAT'S THE LINK BETWEEN RX OPIOIDS AND HEROIN?

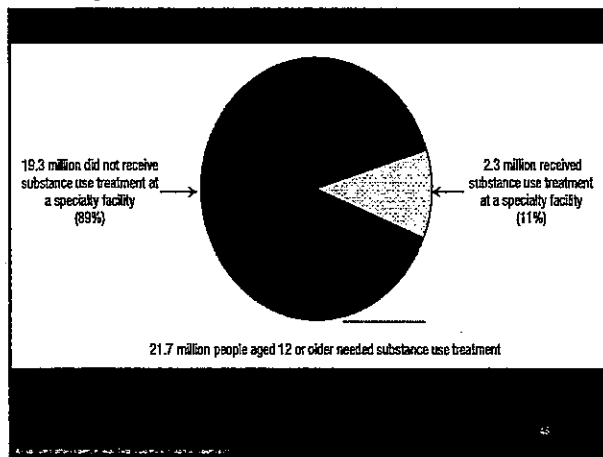
People who are addicted to:

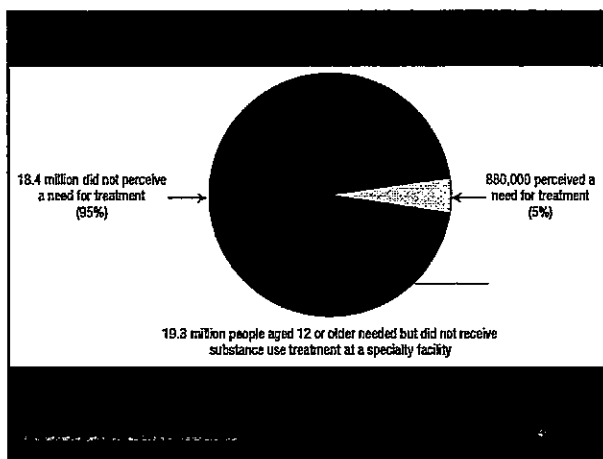
Substance	Percentage
Alcohol	2x
Marijuana	3x
Cocaine	15x
Prescription Opioids	40x

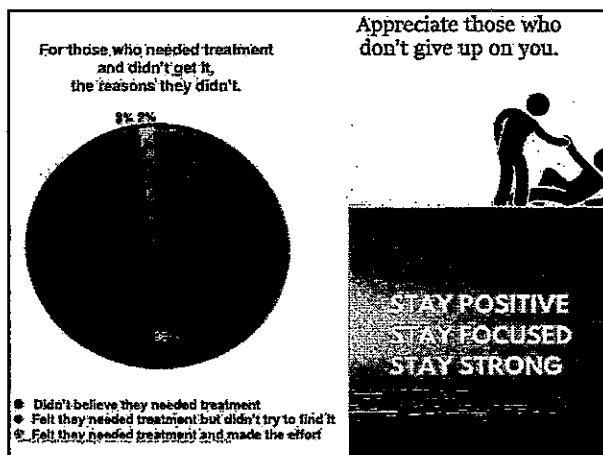
...more likely to become addicted to heroin.

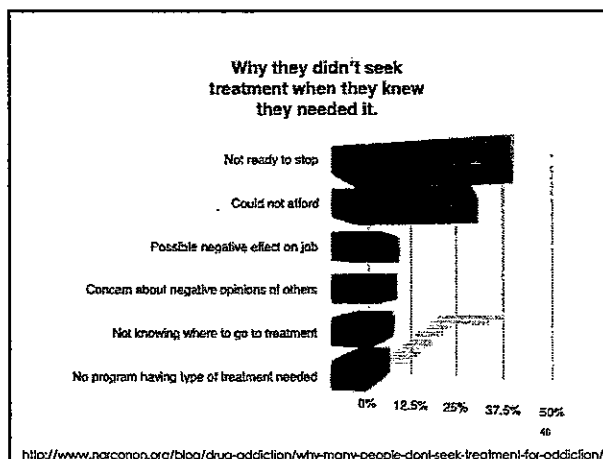


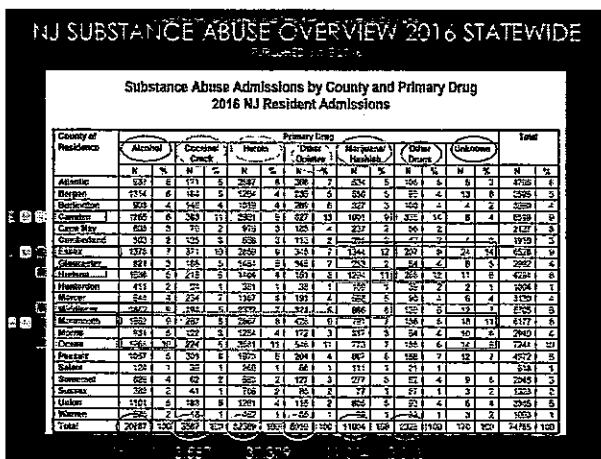
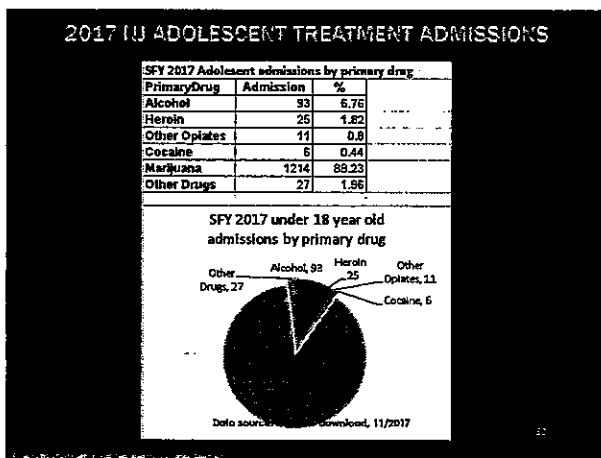
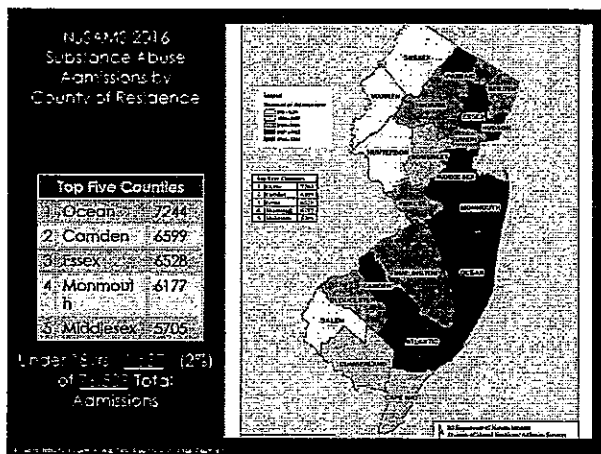












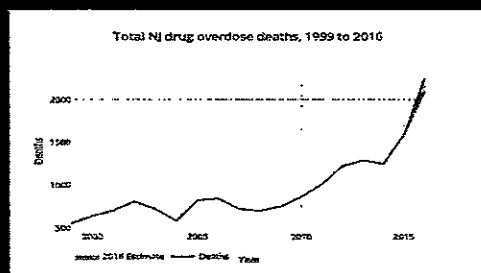
IN NEW JERSEY

- DEATHS FROM DRUG OVERDOSES LIKELY TOPPED 2,000 IN 2016
- KILLING MORE PEOPLE THAN GUNS, CAR ACCIDENTS AND SUICIDES COMBINED, ACCORDING TO ANALYSIS BY NJ ASPIRE
- NAMED ASPIRE MEMBER STEPHEN STARKING.

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THE DEATH TOLL FROM DRUGS JUST REACHED A GRIM NEW HIGH IN N.J. UPDATED SEP 28 • POSTED JUL 27, 2017



By Stephen Starking
NJ Aspire member

NJ Aspire member for

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HALLMARK RISKY SIGNS/SYMPTOMS:

- A PERSON'S CONCERN FOR HIS OR HER
- DRIVING DURING CONVERSATION
- DRIVING A VEHICLE WHILE UNDER THE INFLUENCE (DUI) OF A PSYCHOACTIVE SUBSTANCE
- DRIVING DULY RECKLESSLY TO ACQUIRE THE DRUG
- SECRETIVENESS AND LIES
- POOR PERSONAL HYGIENE

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CBS – MORNING SHOW LONG-TERM MARIJUANA USE CAN LEAD TO BRAIN DAMAGE, STUDY SHOWS

<http://www.cbs22.com/news/long-term-marijuana-use-can-lead-to-brain-damage-study-shows>

2:00 minutes

Dr. David Allen

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MUST SEE VIDEOS

- [CBS 22 - Long-term marijuana use can lead to brain damage, study shows](http://www.cbs22.com/news/long-term-marijuana-use-can-lead-to-brain-damage-study-shows)
- [CBS 22 - Long-term marijuana use can lead to brain damage, study shows](http://www.cbs22.com/news/long-term-marijuana-use-can-lead-to-brain-damage-study-shows)
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RESOURCES

- [CBS 22 - Long-term marijuana use can lead to brain damage, study shows](http://www.cbs22.com/news/long-term-marijuana-use-can-lead-to-brain-damage-study-shows)
- [CBS 22 - Long-term marijuana use can lead to brain damage, study shows](http://www.cbs22.com/news/long-term-marijuana-use-can-lead-to-brain-damage-study-shows)
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April 24th, 2018 Hearing 2nd Baptist Church Atlantic City, NJ

Good Afternoon, my name is Donna Higbee, I am the Chief of Police in Galloway Twp., Atlantic County and the current Secretary of the Atlantic County Chiefs of Police Association. First, I would like to thank you for your time and allowing me to say a few words as part of the discussion on Legalization of Marijuana here in New Jersey.

I'm certainly not qualified to speak as an expert in the Marijuana Industry so I won't talk about profit, statistics or percentages. I'm here to talk about real life issues that we as law enforcement are seeing every day. If you think that all adults are responsible enough to manage life while not under the influence of a mind altering substance, you can open the newspaper or watch the news any day of the week and see the fallout from bad decisions made by otherwise good people that had a momentary lapse in judgment. Clearly as a Police Officer and Police Chief, I am not for legalization of recreational Marijuana; however, my job is to enforce the law not write the law. I see there are many facets in this discussion and I would like to use my time today to speak on 2 points each from opposite sides of the spectrum.

Galloway Township is the largest municipality by size in the State of New Jersey at 115 square miles, we host just over 40,000 residents, a University and a Major Hospital. We are uniquely situated as a direct corridor between Philadelphia, New York and Atlantic City with 28 motels and hotels; we welcome a very diverse community. We are home to 5 nursing homes and assisted living facilities' as well as over 1200 single family homes for the 55 and older community. In talking with many senior citizens in my community, the complaint I hear the most is that access to medicinal marijuana for seniors suffering from debilitating pain or terminally ill conditions is limited. The current cost associated with obtaining medicinal marijuana is astronomical, not to mention the abundance of paperwork and documentation required. Even the most technologically savvy seniors are having trouble navigating the system. I would ask on their behalf that these concerns be looked into and addressed because I do see a need for the conditions mentioned above.

Second and most important to me as a Police Officer and mother of 2 elementary aged children; with respect to our youth and recreational marijuana legalization: The mental and emotional challenges that our youth face daily balancing school, sports, family obligations and the everyday stressors of being a kid growing up in today's society are overwhelming. I am not foolish enough to think that money is not the driving factor to persuade lawmakers into legalizing marijuana here in New Jersey. With that being said, I would ask that should this discussion actually gain any headway, the appropriate overseers set strict criteria with respect to age, accessibility and availability to any mind altering substances, namely marijuana. Clearly a legal age requirement should be established but I'm speaking more along the terms of punishment for reckless and irresponsible adults who may choose to drive while under the influence or leave such substances out in the open. We are already seeing pure thc inhalers, edible gummies, candies and baked goods. Items that, any child may see as a normal household food and eat with severe health ramifications and traumatic long term effects.

Spend a day speaking to any school administrator, guidance counselor or police officer and you will hear about the adverse affect the advent of social media has had on our children and the world that has been made available to them at their fingertips at such a young and impressionable age.

Mental illness, depression and suicide prevention is now at the forefront of discussion and concern in almost every meeting I sit in with our schools and our community. We owe it to our children to make sure they are protected from adults who become reckless with such substances. Law makers should ensure that anyone responsible for the care of a minor or another person is charged and prosecuted to the fullest extent of the law should this move forward.

Solely focused on the positive uses of social media and there are many, we as a society missed our initial opportunity to teach the dangers associated with it. Because of that grave error, we have been playing catch up for years now and this has placed a tough burden on parents, teachers and police officers as well as the mental health profession.

Today however, as this law steadily moves across the country initiating discussions, testimony and hearings like this, it allows us time to evaluate the benefits and the negative aspects of legalizing marijuana and the effect it will have on our State. It is my hope that lawmakers and politicians will slow down and truly take the time to appraise more than the all mighty dollar, because no amount of money or profit in the world is worth a child being exposed to a dangerous substance or the effects it may have on their quality of life with their parents, guardians, teachers and their future accomplishments.

I appreciate the invitation to speak today, thank you.

LaQuay Laun'Juel, President
Obsidian Elite Investment Association
Atlantic City, New Jersey

Esteemed ladies and gentlemen,

I am speaking to you today as a pro-cannabis legalization advocate that does not believe in smoking as a method of delivery. We have been the victims of a pernicious lie with insidious intent, the creation of the cancer industry. Cannabis, unlike heroin and cocaine requires no modification to receive the god intended benefits of the plant. The other two must be processed and modified by man to achieve their deadly end products. Cannabis is not a drug as we think of it in society. It is a plant that has been among humans without ill effect from the inception of farming itself! It's even the tombs of the pharaohs, emperors of China, and in the teachings of the Talmud!

The biggest fear of Cannabis is not medical, but social. A social class stigmatization has been placed on the plant, because many associate lackadaisical and aimless behavior with people that smoke Cannabis. While not uniformly true for the latter, we in some misapplied logic, view this as inferior to drunkenness and the violence that often accompanies it.

We've all heard of "refer madness" produced by the propaganda of Harry Anslinger during the 1930's and not much has changed for many whose generations were reared on such babble, as people become murderous and white women sexually crave Black and Mexican men when smoking cannabis. This idiotic racism was fuel and concealment of the real goal to begin prohibition of cannabis. And here is why.

Cannabis is not some random plant that humans have had in almost every civilization from ancient times until now on a massive level. It's a fundamental component to our life cycle. Dr Raphael Mechoulam, the preeminent Israeli chemist who "discovered" the Endo Cannabinoid System helped to expose one of the biggest lies and greatest breakthroughs in medical history. While we all are dreadfully terrified of cancer, as if it were a virus that you catch, it's actually a basic malfunction of the body on a cellular level, because of toxins and other repeated chemical irritants that damage the cell's nucleus and mitochondria. Cancer exists in us all at some level, but for most of us our immune system removes these damaged cells, or they die naturally.

A very telling and interesting note, is that while we all are aware that the immune system is what fights away viruses, bacterial infection, and some toxins, the majority could never tell you what system in the body is responsible for the regeneration, reconstruction, and healing

of the body. Well it's the Endo Cannabinoid System (ECS). While we feed our immune system Vitamin C to strengthen and preserve it, what vitamin, mineral, etc. do we feed the ECS? It just so happens that Cannabis is the only source meaning both THC and CBD among other Cannabinoids, to strengthen and enhance this vital system. The very plant that we have allowed to be demonized, has the components for healing and maintaining our bodies from cancer and countless other ailments.

It was Rick Simpson of Canada in 1998 that peaked my interest in Cannabis as a possible treatment for Cancer. I was familiar with marijuana as weed, ces, skunk; that thing we smoke to get high, and totally thought his claims were bogus. I was a profuse smoker of cigarettes and cigars for a decade, at least 2.5 packs of 'Newports' and a pack of 'Black N Milds' every single day! When I began to quit this gross habit, I became very aware that developing cancer at some point, might occur. I was then on a hunt for a preventative treatment. I've found several plants, fruits, etc. However, the most prevalent and easily obtainable has been Cannabis.

If you notice, for those who are researching thoroughly, there is an inverse relationship between the cancer treatment industry and prohibition of cannabis. The one plant in abundant supply to the masses and capable of self-medicating for cancer prevention and treatment, as well as other ailments was systematically removed from the U.S. human environment. Additionally, this policy was spread through the U.S. foreign relations policy departments to all our allies as a global policy.

The research is conclusive and when the public gets the full knowledge of what has been perpetrated against us all, I hope justice will be served. We have watched so many of our people die from diseases and conditions that could have been treated or prevented, but for the myopic and short-sighted view of men, they had to die.

I watched my father wither away from liver cancer in 2015, myself still hopelessly ignorant of the access to medical marijuana, but in retrospect, he didn't have the money to see a cannabis doctor, to get a card and then pay for the oils he would have needed. In truth, he shouldn't have needed to do any of that. For those who say they are for medical but against recreational, you are sadly misinformed. The plant in its entirety is medicinal. It's use, even when smoked is still medicinal, although this is not in any way the optimal or advised way to utilize this plant. Nothing should be smoked as a means of use by humans.

Cannabis should be accessible without a doctor's prescription, it should be available to all adults. We can't demonize THC over CBD either, because both are necessary to achieve the beneficial medical results. We can not allow our social inhibitions to steer us in a direction that creates even more problems by ignoring science and wise judgement. Statements like babies

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being born with THC on the brain are examples of gross ignorance of a subject that requires better versed minds. THC is naturally occurring in all humans under the name of Anandamide, which is responsible for every moment of joy or euphoria you have ever experienced in life.

We have a unique opportunity to right many wrongs as we legalize this industry. The greatest among them being the medical damage that has been done against us all. The second the social injustice has incarcerated 80% more Melanated people than whites for the same illegal behavior. Without question, a universal "pardon" or expungement is in order without additional cost, hence, automatically for all marijuana related charges. The policy was nefarious in its inception and execution. While it was legal, it was not lawful or righteous. And thirdly, we must not transfer wealth from a financially disadvantaged class and demographic to an already financial abundant demographic.

Than Cannabis industry is 99% white male elite businessmen. This is the result of past class disparity and social bias. Therefore, creating rules that demand a high capital bar of entry and an unrelated level of above reproach social record is prejudicial. While it's the normal way of doing business. It's time to for cultural disruption, because our normal way of doing things is glaringly insufficient.

Thank you



Testimony

April 24, 2018

By: **Samantha Harries**

Director of Operations, New Jersey Prevention Network

Thank you Senator Rice and members of the Black Caucus for allowing me to testify today on this important issue. I am Samantha Harries, the Director of Operations at the New Jersey Prevention Network. NJPN is a public health agency working to create healthier communities by reducing the burden of substance use, addiction and other chronic disease. From the legitimate research available, and my 20 years' experience in this field, **marijuana legalization is not a good fit for New Jersey.**

There are people here today that will talk about issues such as marijuana being a very different drug than many remember from their youth. The THC levels have increased from about 4% in 1970 to as high as 30% in traditional smokable marijuana today to up to 99% in edible forms.

Others will talk about the developing brain and the impact of early use as it relates to the increased risk of addiction. Twenty years ago, we didn't have the technology or the knowledge to know that the adolescent brain doesn't stop developing until approximately age twenty six. We also didn't know or understand the addictive nature and qualities of marijuana use.

According to Nora Volkow Director of NIDA, "...the higher the content of THC, the higher the likelihood that you can actually become addicted to it. And also, interestingly, high content THC also has an associated risk of psychosis...Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements. However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties **but also by its availability and social acceptability.** In this respect, legal drugs (alcohol and tobacco for example) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs **not because they are more dangerous than illegal drugs** but because their legal status allows for more widespread exposure."ⁱ

And still others will discuss the significant social justice issues associated with marijuana, youth and our state.

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While all of those issues are critically important to our state and our youth, today, I would like to request that our elected officials not be lured in by the promise of a financial windfall that the legalization of marijuana will bring. Especially as it will be on the backs of our youth and more than likely some of our states most vulnerable communities.

The conservative projected estimates of tax revenue are in the range of \$60 million and projections run upwards of \$300 million that could be generated annually. There are “promises” that the funding would go to help our schools, law enforcement, those in need of addiction treatment and prevention efforts. We have all heard those promises before and we have seen these promises broken.

I cite as examples, the legalization of gambling in Atlantic City that would fund older adults’ needs, the NJ Lottery that would fix our education system, and the 1998 Tobacco Master Settlement Agreement that brought millions a year for twenty years to fund youth prevention efforts and tobacco cessation programs for those smokers who wanted to quit.

As the Master Settlement dollars became available in New Jersey, a comprehensive tobacco control program was rolled out by the State but just a couple of years into the efforts, the Governor at the time sold off the dollars in the amount of approximately \$.10 on the dollar to address a budget crisis in the state, essentially wiping away any future payments for the State of New Jersey through the MSA. While this was happening, tobacco control advocates were promised that the revenues from the tobacco taxes would be used to replace the funding lost from the Master Settlement Agreement.

As tobacco tax revenue continued to grow, the level of funding towards prevention and cessation programming went from \$30 million dollars a year to \$20 million, to \$10 million to \$7 million then to \$0 in 2010 and has remained that way ever since. As the dollars were not legislatively protected or focused, there was nothing to keep them designated in the intended areas of focus as our states budget needed fixing. Currently there is over \$700 million in tobacco tax annually generated in our state and not one penny goes towards the promised efforts.

We can also look at our societal consequences of our alcohol and tobacco tax revenues and the costs associated with these addictive products. In both cases, for every dollar in tax revenue, states see \$10 to \$20 dollars in direct and indirect costs associated with these sales.

Given past history of these “windfalls” of tax revenue and the one that is before us today, I urge the legislature to not look at the dollars on the surface as a quick fix but to look at our history that has seen the societal costs of legalizing far outweigh those of the tax revenues generated.

As a professional and a lifelong resident of this great state, I strongly oppose the legalization of marijuana in New Jersey and ask that more time be spent on creating alternatives that will not promote and normalize a drug that will negatively impact our youth and young adults.

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Responsible Approaches to Marijuana Policy

Join Us!

We believe in the following to guide marijuana policy in New Jersey:

- Marijuana policy should be guided by science and promote a balanced, public health approach.
- A balanced marijuana policy focuses on utilizing prevention, early intervention, treatment, and recovery interventions as well as effective law enforcement.
- A new equitable marijuana policy that protects our health, families, education, the environment and all of our communities, including our marginalized and underserved communities, communities of color and the business community. These policies would provide alternatives to incarceration, would not have to result in a permanent record nor impede the future of individuals, youth and adults, due to stigma, but instead would provide effective interventions and treatment alternatives.
- Marijuana legalization would create another "Big Tobacco-like" industry that would saturate our communities with marijuana outlets with not just smokable marijuana but also with "kid-friendly" products extremely high in THC, like candies, sodas and other edibles, and promotional tactics that target our youth and marginalized communities.
- Our approaches create drug policies that are fair and proportional, and provide marijuana users with access to interventions and treatment if needed.

Our Message to Policymakers:

*Marijuana – **DON'T** legalize! Be guided by science, not dollars. Promote a balanced, public health approach, reducing criminal penalties, with responsible policies protecting our Health, Families and Children, Education, the Environment and our Communities, including our marginalized and underserved communities, communities of color and the business community.*

Legalization is not the answer for New Jersey.

Visit: <http://www.nj-ramp.org>

NJ Responsible
Approaches to
Marijuana
Policy

NJ RESPONSIBLE APPROACHES TO MARIJUANA POLICY (NJ-RAMP)

A Coalition of Businesses, Healthcare Professionals, Law Enforcement, and Parents to Protect New Jersey Communities

NJ-RAMP is a coalition of associations and individuals who believe that the health, safety, and economic harms of marijuana legalization far outweigh any perceived benefits. We are medical doctors, employers, treatment providers, drug prevention professionals, business owners, employees, law enforcement officers, and parents who believe that marijuana policies should be aligned with the scientific understanding of marijuana's harms, and that New Jersey communities should not be victims of the commercialization and normalization of marijuana.

Visit www.njramp.org for more information!

Social Justice

Arrests for marijuana of Latino and African-American youth in Denver rose **29%** and **58%**, respectively, in the first two years after Colorado legalized marijuana.

(Colorado Department of Public Safety, March 2016)

Unsafe Workplaces

Quest Diagnostics, which analyzes the results of millions of workplace drug tests each year, recently reported a **47%** spike in the rate of positive oral marijuana tests from 2013-2015. More detailed data shows an **incredible 178%** rise in the marijuana positivity rate from 2011 to 2015.

(Quest Diagnostics, 2015)

Legalization Costs

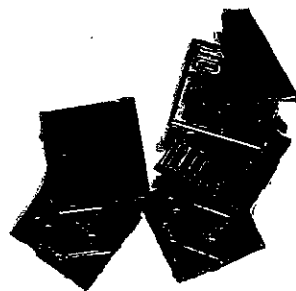
Legal substances cost \$10 for every \$1 in revenue brought in by government. In legalized states, revenues do not pay for the treatment costs, let alone the costs due to car crashes and other negative impacts.

(<http://www.njramp.org/costs>)

TODAY'S MARIJUANA



1995 - 4% THC



2017 - 98% THC

1

PUBLIC SAFETY

The percentage of Washington state traffic fatalities where the driver tested positive for recent pot use **more than doubled** the year legal pot sales began.

2

HEALTH

Hospitalizations related to marijuana have **increased 70% since legalization** in Colorado.

(Colorado Hospital Assn/Colorado Dept. of Public Safety, 2016)

3

YOUTH USE

Colorado now **leads the nation among 12 to 17-year-olds** in past-month marijuana use.

(National Survey of Drug Use and Health, State Estimates, 2014-2015)

Visit www.NJ-RAMP.org for more information