

Nassau County Task Force on



Marijuana Legalization and Regulation

March, 15, 2019

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Commissioner of Police
Co-Chair

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Introduction

On January 10, 2019, Nassau County Executive Laura Curran announced the formation of the Nassau County Task Force on Marijuana Legalization and Regulation in response to pending state legislation regarding the legalization and sale of recreational cannabis in New York. The task force was charged with examining the prospective impacts the legalization of cannabis may have on the County's public safety, public health, business development, and communities. Co-chaired by Nassau County Police Commissioner Patrick Ryder and Legislator Joshua Lafazan, the Nassau County Task Force on Marijuana Legalization and Regulation was comprised of eight subcommittees which included: public safety, legislation and regulation, public health, treatment and recovery, education and prevention, taxation and finance, community impact, and small business impact.

An open legislative hearing was held by the Nassau County Health and Social Services Committee at the Theodore Roosevelt Executive and Legislative Building in the Legislative Chambers on February 6, 2019, regarding the potential legalization of recreational cannabis. The hearing was attended by approximately 250 individuals, a number of whom were given three minutes to state their position on legalization and presented questions to legislators and panel members. With a majority of those in attendance against legalization, sentiments primarily focused on public safety concerns, protecting children and other vulnerable populations, the quality of life, and treatment resources. Those in favor of legalization pointed out potential revenue that would be obtained by opting-in to retail cannabis sales, social justice for minorities disproportionately impacted by marijuana arrests, and the ability to ensure product quality for consumers.

The task force held three public forums in the townships of North Hempstead, Hempstead and Oyster Bay. The purpose of forums was to educate Nassau County citizens about the New York State Cannabis Taxation and Regulation Act and provide a platform where the public could express their questions and considerations. At the three town hall meetings, the majority of attendees stated positions opposing legalization and expressed concerns about traffic safety, substance abuse, protecting vulnerable populations, vaping in schools, and obstacles faced by law enforcement. Proponents of legalization discussed potential revenue from cannabis taxation, employment opportunities, quality assurance for cannabis products, and prospective benefits to small business. Attendees were also able to submit documents for consideration to the task force which have been included as an appendix to this document.

The Nassau County Task Force on Marijuana Legalization & Regulation Members

- Patrick Ryder, Nassau County Police Commissioner (Co-Chair) (Public Safety)
- Josh Lafazan, Nassau County Legislator (Co-Chair) (Legislation and Regulation)
- Dr. Lawrence Eisenstein, Department of Health Commissioner (Public Health)
- Francesca Carlow, President of the Nassau County Chambers of Commerce (Small Business Impact)
- Giselle Campbell-Ham, Assistant Principal of Freeport High School (Education and Prevention)
- Ralph Ekstrand, Mayor of Farmingdale (Taxation and Finance)
- Bishop Lionel Harvey, First Baptist Cathedral of Westbury (Community Impact)
- Dr. Jeffrey Reynolds, President of Family and Children's Association (Treatment)

Mission Statement

To educate and inform the residents of Nassau County about the potential impacts associated with the legalization and sale of recreational cannabis in New York State. Faced with the possibility of legalization, our goal is to enhance public awareness and create an open dialogue with residents about the ways our County and communities may be affected. As always, the safety and wellbeing of Nassau County citizens will remain our top priority.

Community Meetings

- **Nassau County Legislative Hearing** (February 6, 2019, 7:00 p.m.)
 - Location: 1550 Franklin Avenue, Mineola
 - Attendance: approximately 250 people
 - Percentage Anti v. Pro Cannabis Legalization: 90% v. 10% (*approximate*)
- **Town of North Hempstead** (February 27, 2019, 7:00 p.m.) – Town Hall Meeting #1
 - Location: 220 Plandome Road, Manhasset
 - Attendance: approximately 80 people
 - Percentage Anti v. Pro Cannabis Legalization: 80% v. 20% (*approximate*)
 - Decision by Township: *Opted Out*
- **Town of Hempstead** (March 5, 2019, 7:00 p.m.) – Town Hall Meeting #2
 - Location: 1 Washington Street, Hempstead
 - Attendance: approximately 90 people
 - Percentage Anti v. Pro Cannabis Legalization: 80% v. 20% (*approximate*)
 - Decision by Township: *1-year Moratorium*
- **Town of Oyster Bay** (March 6, 2019, 7:00 p.m.) – Town Hall Meeting #3
 - Location: 54 Audrey Avenue, Oyster Bay
 - Attendance: approximately 60 people
 - Percentage Anti v. Pro Cannabis Legalization: 70% v. 30% (*approximate*)
 - Decision by Township: *No decision at the time of the report*

Cannabis Regulation and Taxation Act

Policy of State and Purpose of Chapter

As stated in the FY 2020 New York State Executive Budget Revenue Article VII Legislation *Cannabis Regulation and Taxation Act*:

It is hereby declared as policy of the state of New York that it is necessary to properly regulate and control the cultivation, processing, manufacture, wholesale, and retail production, distribution, transportation, and sale of cannabis, cannabis related products, medical cannabis, and hemp cannabis within the state of New York, for the purposes of fostering and promoting temperance in their consumption, to properly protect the public health, safety, and welfare, and to promote social equality. It is here-by declared that such policy will best be carried out by empowering the state office of cannabis management and its executive director, to determine whether public convenience and advantage will be promoted by the issuance of registrations, licenses and/or permits granting the privilege to produce, distribute, transport, sell, or traffic in cannabis, medical cannabis, or hemp cannabis, to increase or decrease in the number thereof and the location of premises registered, licensed, or permitted thereby, subject only to the right of judicial review herein after provided for.¹

Legalized Recreational Cannabis by State

The Following 10 states, including the District of Columbia, have legalized recreational cannabis:

- **2012** – Colorado and Washington
- **2014** – Alaska, Oregon and District of Columbia
- **2016** – California, Maine, Massachusetts and Nevada
- **2018** – Vermont and Michigan

Office of Cannabis Management (OCM)

Established within the Division of Alcoholic Beverage Control, the Office of Cannabis Management will have exclusive jurisdiction to exercise the powers and duties provided by the chapter. The Office of Cannabis Management will exercise its authority by and through the executive director. The Office of Cannabis Management will have inclusive powers and duties, some of which include:

- to issue or refuse to issue any registration, license or permit provided for in the chapter
- to limit, or not to limit, in the executive director's discretion, the number of registrations, licenses and permits of each class to be issued within the state
- to revoke, cancel or suspend for cause any registration, license, or permit issued under the chapter and/or to impose a civil penalty for cause against any holder of a registration, license, or permit issued pursuant to the chapter
- to fix by rule the standards of cultivation and processing of medical cannabis, adult use cannabis and hemp cannabis, including but not limited to, the ability to regulate potency and the types of products which may be manufactured and/or processed
- to hold hearings, subpoena witnesses, compel their attendance, administer oaths, to examine any person under oath and in connection therewith to require the production of any books or records relative to the inquiry
- to limit or prohibit, at any time of public emergency and without previous notice or advertisement, the cultivation, processing, distribution or sale of any or all cannabis products, medical cannabis or hemp cannabis
- to appoint any necessary directors, deputies, counsels, assistants, investigators, and other employees within the limits provided by appropriation
- to inspect or provide for the inspection at any time of any premises where cannabis or hemp cannabis is cultivated, processed, stored, distributed or sold
- to prescribe forms of applications for registrations, licenses and permits under the chapter
- to develop and establish minimum criteria for certifying employees to work in the cannabis industry, including the establishment of a cannabis workers certification program
- to issue and administer low interest or zero-interest loans to qualified social equity applicants
- to issue regulations, declaratory rulings, guidance and industry advisories

The powers of the Office of Cannabis will be similar to the Office of Alcoholic Beverage Control and licenses are considered a “privilege, not a right.” The Office of Cannabis Management will create a unified regulatory structure in order to comprehensively regulate medical, adult-use and hemp cannabis under one office. It will also have the power to disseminate any and all necessary rules and regulations governing the production, processing, transportation, distribution, and sale of medical cannabis, recreational cannabis and hemp cannabis.

Recreational Cannabis Business Licenses

The Executive Director of the Office of Cannabis Management will issue the following licenses for the cultivation, processing, distribution and sale of cannabis to cannabis consumers:

ADULT – USE CANNABIS LICENSES	
Adult – Use Cultivator License	allows the cultivation and sale of cannabis - can possess 1 processor’s license - can possess 1 distributor’s license - <i>cannot possess a retail dispensary license</i>
Adult – Use Processor License	allows the processing and sale of cannabis from cultivators to distributors - a cannabis cultivator, processor and distributor can operate on the same premises – <i>an individual can possess all three licenses</i>
Adult – Use Cooperative License	allows the cultivation, processing and sale of cannabis to distributors and/or retail dispensaries – <i>not directly to consumers</i> - <i>must be a NYS resident and cannot be a member of more than one cooperative</i>
Adult – Use Distributor License	allows the distribution and sale of cannabis to retail dispensaries - <i>NYS Cannabis Cultivator License Number must be inscribed on any vehicle owned or operated by any cultivator or processor</i>
Adult – Use Retail Dispensary License	allows the sale of cannabis to cannabis consumers - <i>cannot possess a cultivator, processor, microbusiness cultivator, cooperative or distributor license</i>
On-Site Consumption License	allows consumers to use or ingest cannabis products on the premises - <i>any location with a liquor license <u>will not</u> be allowed to sell cannabis products</i>

The executive director of the Office of Cannabis Management will also be able to issue any other type of license for regulation and will have the authority and sole discretion to determine the number of licenses issued. All licenses will expire two years after the date of issue and can be renewed by the licensee. The Office of Cannabis Management will also have the authority to limit, by canopy, square footage or other means, the amount of cannabis allowed to be grown,

processed, distributed or sold by a licensee. The executive director will also require all licensees with more than twenty-five employees to enter into a bona-fide collective bargaining agreement with a bona-fide labor organization.

Penalties for Violations of the Chapter

Any person who cultivates for sale or sells cannabis, cannabis products, medical cannabis, or hemp cannabis without having an appropriate registration, license or permit, or whose registration, license, or permit has been revoked, surrendered or cancelled, will be guilty of a *misdemeanor* and a fine, imprisonment or both. In default of fine payment of any fine imposed, such person will be imprisoned for a term of not less than 30 days. Any violation by any person of any provision of the chapter for which no punishment or penalty is otherwise provided will be a *misdemeanor*.

PENALTIES FOR VIOLATIONS OF THE CHAPTER	
1 st Offense	a fine of not more than \$5,000 or imprisonment not less than 30 days nor more than one year, or both
2 nd Offense	a fine of not less than \$10,000 or imprisonment not less than 30 days nor more than one year, or both
Subsequent Offenses	a fine of not less than \$25,000 or imprisonment not less than 30 days nor more than one year, or both

Social and Economic Equity Plan – Incubator Program

The Office of Cannabis Management will implement a social and economic equity plan that actively promotes racial, ethnic and gender diversity when issuing licenses for adult use cannabis. Priority will be given to applicants who qualify as a minority and women-owned business or disadvantaged farmers. Under the social and economic equity plan, extra weight will be given to applications that demonstrate that an applicant

- is a member of a community group that has been disproportionately impacted by the enforcement of cannabis prohibition
- has an income lower than eighty percent of the median income of the county in which the applicant resides
- was convicted of a cannabis-related offense prior to the effective date of the act

The Office of Cannabis Management will also create an incubator program to provide direct support to social and economic equity applicants after they have been granted licenses. The program will provide low or zero-interest loans to qualified applicants along with direct support in the form of counseling services, education, small business coaching and compliance assistance.

Taxes, Licensing and Application Fees and Penalties

Any and all revenue procured from taxes, licensing, applications, fees and penalties will be deposited daily into a newly created New York State Cannabis Revenue Fund controlled by the state comptroller. The account will be kept separate and apart from all other money in possession of the comptroller. This revenue will remain liquid until the comptroller determines the amount needed for tax returns and reimbursements. Once the returns and reimbursements have been appropriated, the remainder of the funds will be distributed to fund the following:

- State Department of Social Services (to be credited against past due support)
- New York State Higher Education Services Corp. and State University of New York (to be credited against the amount of defaults in repayment of guaranteed student loans and state university loans or city university loans)
- Revenue Arrearage Account (to be credited against past due legally enforceable debt owed to a state agency)
- Special Offset Fiduciary Account (The City of New York and non-obligated spouse for the amount of overpayment of tax imposed)
- Administration of the regulated cannabis program
- Data gathering, monitoring and reporting
- The governor's traffic safety committee
- Small business development and loans (if the office has sufficient funds, they can provide low or zero interest loans to qualified social equity applicants)
- Substance abuse
- Harm reduction and mental health treatment and prevention
- Public health education and intervention
- Research on cannabis uses and applications
- Program evaluation and improvements
- Any other identified purpose recommended by the executive director

It is important to note, the budget does not designate a certain percentage of revenue to be allocated for any of the above uses. It also does not prioritize the order of importance or indicate what items will be paid first, in the event all revenues collected do not meet the demands of the

above mentioned categories. Representatives from the Governor's office stated, any costs incurred by local governments, that fit in the classifications mentioned above, can submit an invoice to New York State for reimbursement.

The fees for licenses and applications thereof, are undetermined at this time. The budget mentions the license fees will be based on the size of the licensed business, however, those criteria are also undetermined at this time.

New York State Tax Breakdown on Medical Cannabis

A 7% excise tax is paid by the registered organization on gross receipts from the sale of medical cannabis. These collections, less refunds and reimbursements, will be credited to the Medical Cannabis Trust Fund in joint custody of the state comptroller and commissioner of tax and finance. It is unknown if the Medical Cannabis Trust Fund is the same as the New York State Cannabis Revenue Fund. See below for the disbursement breakdown of the 7% excise tax:

- 22.5% NYS Counties in which medical cannabis is manufactured
- 22.5% NYS Counties in which medical cannabis is dispensed
- 5% Office of Alcoholism and Substance Abuse Services for drug use prevention and counseling and treatment
- 5% Division of Criminal Justice Services (to be disbursed by means of discretionary grants to state and local law enforcement)
- 45% Undetermined at this time – section is intentionally left blank

New York State Tax Breakdown on Adult-Use Cannabis

The following will be taxed in sales from cultivator to wholesaler (cultivator pays at time of transfer to wholesaler). When the wholesaler is the cultivator, tax is paid by the wholesaler and accrues at time of sale/transfer to the retail dispensary. If the cultivator is the retail dispensary, tax is accrued at time of sale to the retail customer:

- \$1.00 per dry weight gram of Cannabis Flower
- \$0.25 per dry weight of Cannabis Trim

The next level of tax imposed is a 20% tax. The verbiage in the budget is contradictory. At first, it says the tax is charged by wholesaler to retail dispensary, paid by wholesaler. Then the budget states if the wholesaler is not the retailer, the tax is paid by the retailer. The next line further indicates if the wholesaler is also the retail dispensary, the 20% tax is paid by the consumer. It is unclear which of these examples holds the wholesaler responsible for remittance of taxes. We interpret the budget to mean the wholesaler remits the taxes on behalf of the retailer (if the wholesaler is not the retailer). If the wholesaler is the retailer, the tax is imposed on the consumer. If this situation is correct, it appears as though the wholesaler is never directly responsible to pay taxes, unless they are also a cultivator.

Tax on a sale by wholesaler to retail dispensary is 2% paid to the county where the retail dispensary is located. Where the wholesaler is not the retailer, tax is paid by the retailer. If the wholesaler is the retailer, tax will be charged to the retail customer.

Challenges Related to Banking in the Cannabis Industry

Financial institutions face a lot of ambiguity when dealing with the cannabis industry, due to the lack of congruency between state and federal laws. Federal law states marijuana is a Schedule I Controlled Substance² and financial institutions are held to the guidelines of federal regulators. The cannabis industry is extremely lucrative and business owners will be looking to utilize the banking system to deposit their revenues and facilitate payments for their expenses. This forces financial institutions to decide whether they want to meet the demands of society and bring in potential revenue at the risk of the harsh punishments set by regulatory agencies for accepting deposits from illegal activity.

Banking related to the cannabis industry extends beyond the proceeds of cannabis cultivation, distribution, wholesaling and retailing to include businesses that support or provide services to the cannabis industry. Businesses that provide services to the cannabis industry can include accountants, lawyers, electricians, landlords, equipment leasing for cultivation or sales, third-party payment processing companies, payroll services, private security firms, armored car services, et cetera. If financial institutions decide to disallow the cannabis related proceeds from these businesses into their banking system, it would take an extremely lengthy and possibly costly customer due diligence process. Another aspect to consider is if financial institutions should allow their issued credit and debit cards to be used to purchase cannabis or used during the normal course of business for person(s) in the industry.

In August of 2013, the Department of Justice issued an update to their Marijuana Enforcement Policy titled the Cole Memorandum. The Cole Memo stated eight enforcement objectives and encourages law enforcement to prioritize prosecution on those in violation of the eight objectives. The eight enforcement objectives are as follows: distribution of marijuana to minors, marijuana sale revenue going to criminal enterprises, diversion to states where marijuana remains illegal, using marijuana sales as a cover for trafficking of other illegal drugs or illegal activity, preventing violence and use of firearms in the cultivation and distribution of marijuana, drugged driving, the growth and possession of marijuana on federal property.³ This does not guarantee the absence of prosecution for financial institutions but it does encourage law enforcement to prioritize prosecution for those only in violation of the aforementioned objectives.

If financial institutions decide to avoid receipt of revenues from cannabis production and sales, cannabis businesses will be forced to seek other methods in dealing with their proceeds. Some non-cash options would be using virtual currencies, point of sale readers (i.e. Square, Inc.), and prepaid cards. Another option would be dealing strictly in cash. The amount of cash on hand held by a business location or personal residence at any given time could be substantial. The difficulty of banking in the cannabis industry is common knowledge and it is safe to assume the public will know large sums of cash could be on premise. This could lead to an increase in robberies and burglaries and pose serious security risks for business owners, employees and patrons.

Until cannabis becomes legal on a federal level, financial institutions have many aspects to deliberate. Banks need to consider if the risk is truly worth the reward. Financial institutions must consider the costs incurred to increase customer due diligence and enhance due diligence. Increased scrutiny of accounts to avoid violating the DOJ eight enforcement objectives would also be necessary, but in actuality, becomes too cumbersome and difficult to monitor. The DOJ and the Treasury Department gave financial institutions confidence that if they follow the guidelines, they will not be prosecuted for providing services to legitimate cannabis businesses. However, the decision to impose potentially significant penalties ultimately rests with federal regulators.

Incurred Costs with Cannabis Legalization

Legalization of cannabis will directly incur significant costs to Nassau County. From the anticipated increase in calls for service to additional stress on our social services, the financial ripple effect of legalization could potentially cost more than the projected revenues.

In order to adequately enforce the drugged driving penal laws, officers must meet the industry standard certification, which currently is a Drug Recognition Expert (DRE). DRE training ensures an officer will be able to determine if an individual is under the influence of drug(s), either solely or in combination with alcohol, identify someone who is suffering from a medical illness or injury and the symptoms thereof, as well as identifying the broad categories of drugs and their signs of impairment.⁴ An officer must meet a series of very high standards to qualify for DRE training. The criteria include: two years of law enforcement experience after successfully completing Standardized Field Sobriety Testing, not on department probation, have completed the classroom version of Advanced Roadside Impaired Driving Enforcement (ARIDE) Training, and have a reasonable background and experience level of making DWI arrests.⁵ Once an officer meets the listed standards, they may begin the training process to become DRE certified off-site at a NYS police location. DRE training is a three-phase process

and takes an officer out of service for 8-10 days. The certification also requires a recertification that averages eight hours every calendar year. The cost for the DRE training is expensive but when coupled with the potential overtime cost to fill the 8-10 tours of service each officer will miss for training, the costs become astronomical.

If cannabis were to be legalized on a state level, all police canines trained to detect cannabis in addition to other narcotics, may need to be retired or used in another capacity. Police canines are trained to exhibit a particular behavior when they detect any type of drug. If a canine detects cannabis or another controlled substance, their behavior indicating detection remains the same. Therefore, when a police canine trained for narcotics (including cannabis), shows behavior indicating that drugs may be present in a vehicle, there is no longer a valid reason to lawfully search that vehicle because it is unknown if the canine is hitting on cannabis or another controlled substance. Retraining police canines does not seem to be a feasible option because it will be very difficult to prove they are not exhibiting signs of prior training when indicating a positive hit. To avoid any potential challenges in court, the most viable option may be to utilize canines trained to detect cannabis for other purposes and purchase and train new ones for narcotics related searches. Each new canine of proper pedigree would cost the Department approximately \$8,000 and 6-8 months in training would be required in which the handler must be present and take the officer out of service.

A reasonable person would assume there to be a significant increase in calls for service in an area where cannabis is legalized. An increase in calls for service will further stress the limited resources of the Police Department. A call for service can become costly and may involve several Department members such as: a 911 operator, a police officer, a supervisor (if the call warrants the request of a supervisor) and an ambulance medical technician. Tangible assets are also used in response to calls for service, such as police vehicles, ambulances and medical equipment. The types of calls received could range from aided calls to serious auto accidents, from larcenies to robberies or drugged driving. Every call has a considerable financial impact on the resources of the Police Department.

While we cannot quantify exact numbers, other states that have legalized cannabis noticed an increase in homeless migrants inhabiting their communities. Such an increase in the homeless population can cause additional strain on social services and medically-related services associated with cannabis use. With a potential rise in homelessness, New York State assistance programs will experience increased demands and stresses, which may make it even more to challenging to provide for those already in need.

Opting In vs. Opting Out

In the proposed Cannabis Regulation and Taxation Act there is a clause stating that counties and cities with populations over 100,000 may opt-out of allowing cannabis business license types within their jurisdictions. The act does not state that townships have the ability to opt out of retail sales. Once a county or city chooses to opt in, they are not permitted to opt out.

If opting out, as long as an individual is 21 years of age or older, they are still permitted to possess, consume, as well as obtain cannabis from other counties that opt in.

Municipalities would also be prohibited from adopting a local law regarding cannabis business licenses. They may however, adopt local laws pertaining to the time, place, and manner of licensed adult-use dispensaries.

Dispensary zoning requirements are the same as liquor stores. This will require dispensaries to be located at least 500 feet from schools and at least 200 feet from places of worship.

When marijuana was legalized in Colorado, 65% of the state's communities voted to opt out of permitting marijuana dispensaries in their county. Despite numerous Colorado counties' decision to opt out, it is still legal to possess, consume and obtain cannabis from another county that opted in. Even with 65% of Colorado communities having opted out of retail sales, there are over 900 dispensaries in the state. This is more than Starbucks, McDonald's and 7-Elevens combined.²

Opting out of selling cannabis has also occurred in the other 10 states in which recreational marijuana was legalized. Listed below are the states and the year they legalized marijuana, along with the number of counties/cities that have opted out:³

- Colorado (2012) – 175 of communities opted out
- Washington (2012) – 79 communities opted out
- Oregon (2014) – 95 communities opted out
- Alaska (2014) – Unknown
- District Of Columbia – No recreational stores
- California (2016) – 338 communities opted out
- Maine (2016) – Unknown (currently no stores)
- Massachusetts (2016) – 200 communities opted out
- Nevada (2016) – Unknown
- Michigan (2018) – 250 communities opted out
- Vermont (2018) – Unknown

Home Cultivation of Medical Cannabis

Under the Cannabis Regulation and Taxation Act, certified patients and their designated caregivers (21 years of age or older) can apply for registration with the Office of Cannabis Management to grow, possess or transport no more than:

- 4 cannabis plants per certified patient
- 8 cannabis plants per household

All medical cannabis cultivated at home must be grown in an enclosed, locked space, not open or viewable to the public. Home grown medical cannabis must only be for use by the certified patient and may not be distributed, sold, or gifted. Certified caregivers can have up to five certified patients and the cannabis possessed by certified patients/caregivers cannot exceed a sixty day supply of the dosage as determined by the practitioner. Within the last seven days of any sixty day period, the certified patient can possess the prescribed dosage amount for the next sixty day period. Under the act, the preexistent NYS Medical Marijuana Program (Compassionate Care Act) will be removed from the Department of Health and will fall under the authority of the Office of Cannabis Management. Possession of medical cannabis is not lawful if it is smoked or grown in a public place, regardless of the form of medical cannabis stated in the patient's certification. Further rules and regulations regarding home grown medical cannabis will be developed by the executive director.

Cannabis and the Proposed NYS Penal Law

Under the Cannabis Regulation and Taxation Act, individuals will be allowed to legally possess up to 1 ounce of cannabis or up to 5 grams of concentrated cannabis. It is illegal to sell cannabis to an individual less than 21 years of age or without a seller possessing a cannabis business license. Under the Cannabis Regulation and Taxation Act, there will be criminal record reviews and reclassifications including:

- automatic sealing of convictions now legal under the proposed cannabis act
- dismissal if the conviction is now legally invalid and sealed via 160.50
- felony convictions will be vacated and resentenced as a misdemeanor
- misdemeanors will be reclassified as a violation

NYS PENAL LAW OFFENSES INVOLVING MARIJUANA	CURRENT NYS MARIJUANA LAW	PROPOSED NYS CANNABIS LAW
§ 221.05 – Unlawful Possession of Marijuana	unlawfully possessing marijuana - <i>violation</i>	<u>Unlawful Possession of Cannabis:</u> 1. unlawfully possesses cannabis and is less than 21 years of age - <i>violation and a fine of not more than \$150</i> 2. unlawfully possesses cannabis in a public place and is burning – applies to vaping - <i>violation and a fine of not more than \$125</i>
§ 221.10 – Criminal Possession of Marijuana 5 th	1. unlawfully possessing marijuana in a public place, and such marijuana is burning 2. unlawfully possesses marijuana with a weight of more than 25 grams - <i>B misdemeanor</i>	REPEALED
§ 221.15 – Criminal Possession of Marijuana 4 th	unlawfully possessing marijuana with a weight of more than 2 ounces - <i>A misdemeanor</i>	<u>Criminal Possession of Cannabis in the 3rd:</u> unlawfully possesses more than 1 ounce of cannabis or more than 5 grams of concentrated cannabis - <i>violation and \$125 fine</i>
§ 221.20 – Criminal Possession of Marijuana 3 rd	unlawfully possessing marijuana with a weight of more than 8 ounces - <i>E felony</i>	<u>Criminal Possession of Cannabis in the 2nd:</u> unlawfully possesses more than 2 ounces of cannabis or more than 10 grams of concentrated cannabis - <i>unclassified misdemeanor and \$125 fine per ounce possessed in excess of 2 ounces</i>
§ 221.25 – Criminal Possession of Marijuana 2 nd	unlawfully possessing marijuana with a weight of more than 16 ounces - <i>D felony</i>	<u>Criminal Possession of Cannabis in the 1st:</u> unlawfully possesses more than 64 ounces of cannabis or more than 80 grams of concentrated cannabis* - <i>E felony</i>
§ 221.30 – Criminal Possession of Marijuana 1 st	unlawfully possessing marijuana with a weight of more than 10 pounds - <i>D felony</i>	REPEALED

Sources: NYS Penal Law: Article 221 - Offenses Involving Marijuana and NYS Cannabis Regulation and Taxation Act

*Note: As presently stated in the NYS Cannabis Regulation and Taxation Act.

NYS PENAL LAW OFFENSES INVOLVING MARIJUANA	CURRENT NYS MARIJUANA LAW	PROPOSED NYS CANNABIS LAW
§ 221.35 – Criminal Sale of Marijuana 5 th	Unlawfully sells marijuana with a weight of 2 grams or less; or one cigarette containing marijuana <i>- B misdemeanor</i>	<u>Criminal Sale of Cannabis 5th</u> : unlawfully sells cannabis or concentrated cannabis of any weight <i>- violation and a fine of not more than \$250 or two times the value of the sale</i>
§ 221.40 – Criminal Sale of Marijuana 4 th	Unlawfully sells marijuana, except as provided in §221.35 <i>- A misdemeanor</i>	<u>Criminal Sale of Cannabis 4th</u> : unlawfully sells more than 1 ounce of cannabis or more than 5 grams of concentrated cannabis <i>- unclassified misdemeanor and a fine of not more than \$500 or two times the value of the sale or a maximum of 3 months imprisonment, or both</i>
§ 221.45 – Criminal Sale of Marijuana 3 rd	Unlawfully sells marijuana with a weight of more than 25 grams <i>- E felony</i>	<u>Criminal Sale of Cannabis 3rd</u> : unlawfully sells more than 4 ounces of cannabis or more than 20 grams of concentrated cannabis <i>- unclassified misdemeanor and a fine of not more than \$1,000 or two times the value of the sale or a maximum of 1 year imprisonment, or both</i>
§ 221.50 – Criminal Sale of Marijuana 2 nd	1. Unlawfully sells marijuana with a weight of more than 4 ounces 2. Unlawfully sells marijuana to a person less than 18 years of age <i>- D felony</i>	<u>Criminal Sale of Cannabis 2nd</u> : unlawfully sells more than 16 ounces of cannabis or more than 80 grams of concentrated cannabis or any amount of cannabis or concentrated cannabis to any person under 21 years of age <i>- D felony</i>
§ 221.55 – Criminal Sale of Marijuana 1 st	Unlawfully sells marijuana with a weight of more than 16 ounces <i>- C felony</i>	<u>Criminal Sale of Cannabis 1st</u> : unlawfully sells more than 64 ounces of cannabis or more than 320 grams of concentrated cannabis* <i>- C felony</i>

Sources: NYS Penal Law: Article 221 - Offenses Involving Marijuana and NYS Cannabis Regulation and Taxation Act

*Note: As presently stated in the NYS Cannabis Regulation and Taxation Act.

Public Safety

Since 2003, Nassau County, along with the rest of the country, has experienced a steady decrease in overall crime. With the legalization of recreational cannabis, there is a concern that we could see an increase in crime, specifically robberies and burglaries, because sale of cannabis is a cash business. When looking at the crime numbers from Colorado, there was an increase in overall crimes, specifically robberies and burglaries, since the legalization of crime. Since 2013, Colorado saw an 8.3% increase in property an 18.6% increase in violent crime, and 23% increase in murder.⁴

NASSAU COUNTY POLICE DEPARTMENT

STRAT-COM YTD COMPARISON MAJOR CRIME REPORTS							
YTD HISTORICAL PERSPECTIVE							
	2012	2013	2014	2015	2016	2017	2018
Start Date	1/1/2012	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018
End Date	12/31/2012	12/31/2012	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018
MURDER	12	13	6	12	12	9	11
SEX CRIMES	72	73	79	63	44	28	27
ROBBERY	721	702	545	555	476	412	330
ASSAULT	503	386	379	405	378	427	387
BURGLARY	2004	1740	1463	1306	1142	894	802
STOLEN VEHICLE	641	599	563	478	487	444	428
GRAND LARCENY	3490	3862	3616	3487	3214	3342	3343
ALL MAJOR CRIMES	7443	7375	6651	6306	5753	5556	5328
ALL OTHER CRIMES	23794	21683	20359	20265	20383	20348	19472
Total	31237	29058	27010	26571	26136	25904	24800

*Strat-Com reporting is designed to reflect real time crime trends. These statistics are subject to further analysis and revision. Figures shown reflect crimes reported within the Nassau County Police District and DO NOT include crimes reported in other Police Jurisdictions within Nassau County. Crimes listed relate to specific New York State Penal Law sections and may differ from crime categories reported to NYS DCJS and the F.B.I. Uniform Crime Reporting (UCR) System as PART I crimes.

After legalization, the Denver Police Department did begin to analyze all reported crime to see if there was a clear connection to cannabis, as well as if it was related to the cannabis industry or not. Studies showed that industry related crimes did increase initially, but began to stabilize between 2012-2017. The most common industry related crime was burglary, which accounted for 59% of all industry-related crime in 2017.⁵ The number of nonindustry-related marijuana crimes saw a similar trend of an initial increase but eventually stabilizing. Again, burglary accounted for 40% of nonindustry-related crime in 2017, followed by robbery at 29%.⁶

In 2018, the Nassau County Police Department adopted a new policy decriminalizing small amounts of marijuana. In such cases, a field arrest is conducted; a ticket is issued, which results in a small fine. From 2012 to 2018, Nassau County saw an 120% increase in marijuana arrests going from 2,486 to 5,461. While evaluating the whole numbers for the aforementioned timeframe, we find that more whites were arrested for marijuana-related offenses in Nassau County than minorities, but when comparing marijuana-related arrests as a percentage of the

demographic population we find that minorities were arrested 4 times more than whites. After the legalization of cannabis in Colorado, they saw a decrease of 56% in marijuana arrests between 2012 and 2018, from 12,709 to 6,153.⁷ The decrease in the number of marijuana arrests by race/ethnicity was greatest for white arrestees (-56%) compared to Hispanics (-39%) and blacks (-51%). The arrest rate for whites (118 per 100,000) and Hispanics (133 per 100,000) was comparable, but the marijuana arrest rate for blacks (233 per 100,000) was nearly double that for whites.⁸

According to the Colorado Organized Crime Control Act, there was an increase in organized crime case filings. The types of charges associated with the COCCA that increased the most were illegal manufacturing of marijuana/marijuana products (25 to 142) and possession of marijuana with intent to sell (32 to 124).⁹

Criminal organizations, including groups tied to Mexican and Cuban drug cartels, are growing marijuana in rental homes, warehouses and even on forested federal land. Records show that law enforcement officials have intercepted Colorado-grown pot in at least 34 states. Federal search warrants indicate that the number of plants seized in the state by the DEA has grown nine-fold since 2014.¹⁰

Like Colorado, New York is home to twenty two national parks, with vast uninhabited lands. The potential for illegal cultivation of cannabis on these public lands raises considerable concerns. Colorado has seen an increase of 73% (46,662 to 80,926) in the number of plants seized on public lands between the years of 2012 and 2017.¹¹ These numbers are also a possible indication of what the current black market potentially looks like in Colorado.

In addition to crime statistics, toxicology results from coroners in Colorado revealed that the prevalence of positive marijuana tests in suicides increased from 11.8% in 2012 to 22.0% in 2016. There was no change in the percent of deaths by suicide testing positive for alcohol.¹²

Table 31. Suicides in Colorado, by overall crude rate and select toxicology results, 2006-2016

Year	N suicides	Overall crude rate	N with toxicology available	N marijuana present	% marijuana present	N alcohol present	% alcohol present
2006	711	15.0	585	44	7.5%	206	35.2%
2007	807	16.7	767	70	9.1%	273	35.6%
2008	799	16.2	776	58	7.5%	275	35.4%
2009	919	18.3	707	50	7.1%	247	34.9%
2010	850	16.9	821	70	8.5%	268	32.6%
2011	884	17.3	821	62	7.6%	281	34.2%
2012	1,021	19.7	729	86	11.8%	242	33.2%
2013	996	18.9	764	105	13.7%	260	34.0%
2014	1,063	19.9	817	122	14.9%	328	40.1%
2015	1,066	19.6	808	156	19.3%	298	36.9%
2016	1,140	20.5	860	189	22.0%	312	36.3%

Source: Colorado Department of Public Health and Environment, Colorado Violent Death Reporting System

Traffic Safety

Alcohol is a relatively simple drug whose absorption, distribution, and elimination from the body along with the behavioral and cognitive effects are well documented.¹³ Alcohol-impaired driving has been the subject of public interest and research for over 60 years, and there have been numerous research studies on the role alcohol plays in driving performance and crash risk. Through this research, health professionals, law enforcement, and the public have a greater understanding of how alcohol is absorbed and eliminated in the body and the harm caused by alcohol-impaired driving. All of this research was instrumental in proving alcohol is a significant contributor to traffic crashes. Thus, extensive efforts have been made to reduce the harm caused by alcohol-impaired drivers: considerable resources have been spent to educate the public regarding the dangers of drinking and driving; legislatures have strengthened laws which prohibit alcohol-impaired driving; and law enforcement has deployed tools to detect and prosecute impaired drivers, including the Breathalyzer and other sophisticated methods of measuring alcohol concentration on the breath.¹⁴

In contrast to these alcohol-focused studies, fewer studies have examined the body's absorption, distribution, and elimination of marijuana along with its behavioral and cognitive effects. Marijuana is classified as a Schedule I substance under the Controlled Substances Act of 1970; therefore, researchers have faced many regulatory barriers to even gain approval to conduct studies concerning the effects of cannabis use. For example, in some states, before conducting clinical trials or any other activity involving Schedule I substances, researchers must first apply for and obtain a controlled substance certificate from a state board of medical examiners or a controlled substance registration from a department of the state government. They then are required to apply for DEA registration and site licensure. Finally, if they want to conduct human trials, the researchers must also seek approval from an institutional review board. 21 C.F.R. § 56.103. A smaller number of studies have looked at the impairing effects of marijuana use on driving related skills. In the studies that have been conducted, smoking marijuana has been shown to negatively affect critical abilities necessary for safe driving, including increasing reaction time to unexpected events such as emergency braking situations, increasing lane position variability, and impairing cognitive skills and judgment. But measuring the degree of impairment from marijuana use is more challenging.

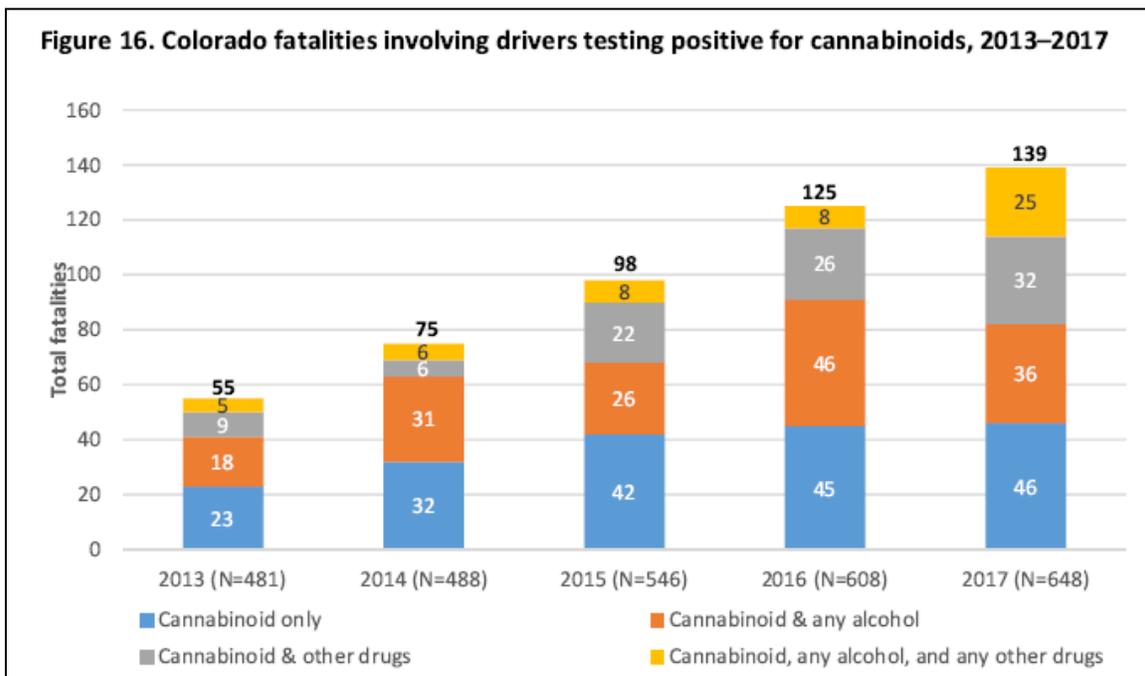
Currently there is no chemical test for marijuana impairment like the BAC test for alcohol, which quantifies the amount of alcohol in the body, indicates the degree of impairment, and the risk of crash involvement. Studies have found a direct relationship between high levels of THC concentration and impaired driving ability. According to the National Institute on Drug Abuse,

marijuana is the illicit drug most frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones. Those involved in vehicle crashes with THC in their blood, particularly higher levels are three to seven times more likely to be responsible for the incident than drivers who had not used drugs or alcohol.¹⁵

But THC levels do not always correlate well with impairment. Very high levels of THC indicate recent consumption of marijuana. But peak THC levels decline by 80-90% within one hour after consumption, while significant impairment can last for two to three hours after smoking. Even if THC levels were a perfect measure of impairment, it is very unlikely a law enforcement officer would encounter a subject and obtain a sample of blood or oral fluid within the time frame for high enough THC levels to be detected. Furthermore, it is not uncommon to find impaired drivers who have used both marijuana and alcohol, and the associated impairment of combined marijuana and alcohol use appears to be greater than that for either drug by itself. At this time, there are no evidence-based test to understand the combined effects of both drugs and there is no way to differentiate the cause of impairment between alcohol and marijuana. There are a number of efforts underway, including by the National Highway Traffic Safety Administration, to develop ways of differentiating impairment from alcohol and marijuana use. These efforts will take a number of years, and a successful outcome cannot be guaranteed at this time.

How legalizing cannabis affected Colorado

With the legalization of marijuana in Colorado, traffic fatalities involving drivers testing positive for cannabinoids increased 153%. Traffic deaths involving drivers who tested positive for marijuana more than doubled from 55 in 2013 to 139 people killed in 2017. This equates to one person killed every 2 ½ days compared to one person killed every 6 ½ days.¹⁶



Source: Impacts of Marijuana Legalization in Colorado: A Report Pursuant to Senate Bill 13-328 October 2018. Colorado Division of Criminal Justice

How to determine when a driver is legally under the influence of marijuana is a complex issue for law enforcement. Colorado established that a blood level of 5 ng/ml of THC is the limit for driving while impaired from marijuana use. THC levels in drivers killed in crashes in 2016 routinely reached levels of more than 30 ng/ml. The year before, levels only occasionally topped

5 ng/ml. Police Chief Jackson of Greenwood Village, Colorado, attributes the rise in THC potency in marijuana oil and concentrates. He states “this is not your grandfathers’ weed.”¹⁷

One of the biggest challenges for law enforcement is determining the legal limit of driving while impaired when marijuana is combined with alcohol or other drugs. A Colorado Department of Public Safety report found that 70% of 3,946 drivers charged with driving under the influence of alcohol also tested positive for marijuana. Detection of this level of impairment has required an entirely new testing system and complete retraining of law enforcement officers in Colorado; evolving beta-technology allows for the testing of oral fluids for drugs such as the Oral Fluid Test.¹⁸

In a survey conducted by the Colorado Department of Transportation, 57% of people who reported using marijuana drove within two hours after consumption. The survey also indicated that on average, those participants who reported consuming marijuana and then driving within 2 hours did so on 11.7 of 30 days. By comparison, 38% of respondents who drank alcoholic beverages reported driving within 2 hours after consumption and only reported doing so on 2.8 of 30 days.¹⁹ A report from the Governors Highway Safety Association (GHSA), using data available from 2015, indicates that drivers who are killed in car crashes are now more likely to be on drugs than alcohol. Drugs were present in 43% of drivers in fatal accidents compared to 37% with alcohol above the legal limit.²⁰

How legalizing cannabis affected Washington State

According to a 2018 report published by the Washington Traffic Safety Commission, “driver impairment due to alcohol and drugs is the number one contributing factor in Washington fatal crashes and is involved in early half of all traffic fatalities in the state.” The report also indicated that “drugged driving has surpassed alcohol-impaired driving in recent years. After alcohol, the most prevalent drug is marijuana.”²¹

Key findings from the Washington Traffic Safety report found:²²

- Among drivers in fatal crashes 2008-2016 that tested positive for alcohol or drugs, 44% tested positive for two or more substances (poly-drug drivers).
- The most common substance was alcohol, followed by THC.
- Alcohol and THC combined is the most common poly-drug combination.

In Washington’s Roadside Survey, nearly 1 in 5 daytime drivers may be under the influence of marijuana, up from less than one in ten drivers prior to the implementation of marijuana retail sales. While the limitations of self-reporting surveys are recognized, several that were conducted in Washington State indicate that not only is driving after marijuana use quite prevalent, but many drivers also do not believe that marijuana actually impairs driving. This misperception is especially prevalent among young drivers who also use marijuana.²³

Between 2010 and 2014, 3,031 Washington drivers were involved in 2,070 fatal crashes in five years. An estimated 303 drivers, 10% of all drivers involved in fatal crashes, had detectable

THC in their blood at or shortly after the time of the crash. Of all the THC positive drivers involved in fatal crashes, 39% had detectable alcohol in addition to THC, 34% had neither alcohol nor other drugs in their blood, 16.5% had other drugs in addition to THC, and 10.5% had had both alcohol and other drugs in addition to THC in their blood. Within two years of legalization, the proportion of drivers in fatal crashes who were positive for THC increased by 100%.²⁴

According to Washington's Healthy Youth Survey:²⁵

- 1 in 4 12th graders, one in six 10th graders, and one in ten 8th graders report riding in a vehicle with a driver who had been using marijuana.
- Slightly more than 16% of 12th graders and 9% of 10th grader who have used marijuana admitted to, at least once, driving a vehicle within three hours of using marijuana.
- From 2008-2016, 76 drivers ages 16-18 involved in fatal crashes tested positive for alcohol and/or drugs. One in four of these young drivers were positive for multiple substances (poly-drug drivers)

New York State

With no effective testing methods for THC impairment at the street level, there is a heavy burden put on law enforcement officers. The legalization of cannabis is a complex issue which will directly impact roadway safety in New York State and will require comprehensive strategies to address impaired driving. Funding to implement traffic safety counter-measures to combat the increase in drugged driving is limited as there are no specific federal programs addressing drugged driving like there are for alcohol-impaired driving.

In recent years, Nassau County has been trending downward in overall traffic accidents, traffic fatalities, and instances of driving while impaired. However, even with these recent declines, Suffolk County and Nassau County are ranked first and second in New York State for traffic-related fatalities. Based on the data from Colorado and Washington, legalization in New York will almost certainly reverse this downward trend.

5 Year Trend for the Top 10 New York State Counties of
2017 Traffic-Related Fatalities

NEW YORK COUNTIES BY 2017 RANKING		FATALITIES				
		2013	2014	2015	2016	2017
1	Suffolk County	145	123	168	139	121
2	Nassau County	83	81	95	80	78
3	Queens County	99	86	78	61	59
4	Kings County	87	78	69	53	56
5	Monroe County	37	43	33	45	45
6	Erie County	57	47	44	50	43
7	Bronx County	52	35	40	49	40
8	New York County	45	39	28	48	38
9	Orange County	35	36	28	32	35
10	Onondaga County	30	25	33	27	34
<i>Sub Total 1*</i>	<i>Top Ten Counties</i>	<i>692</i>	<i>595</i>	<i>639</i>	<i>594</i>	<i>549</i>
<i>Sub Total 2**</i>	<i>All Other Counties</i>	<i>510</i>	<i>446</i>	<i>497</i>	<i>447</i>	<i>450</i>
<i>Total</i>	<i>All Counties</i>	<i>1,202</i>	<i>1,041</i>	<i>1,136</i>	<i>1,041</i>	<i>999</i>

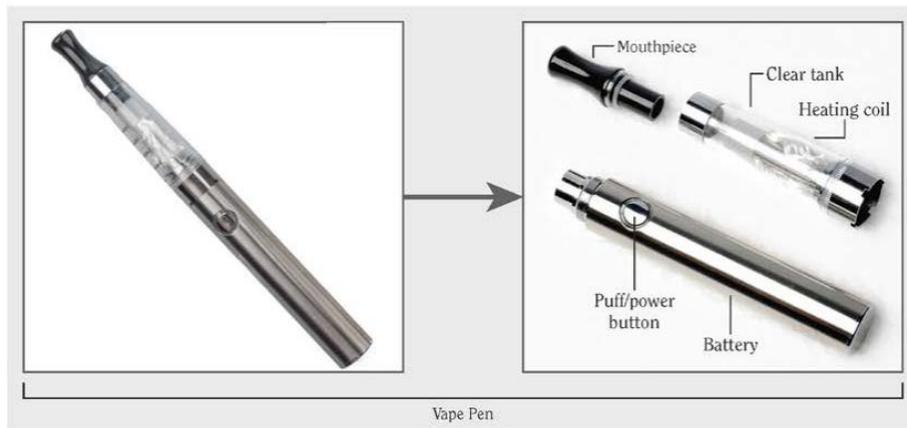
Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2013 - 2016 Final and FARS 2017 <https://cdan.nhtsa.gov/SASStoredProcess/guest>

*This Sub Total is the Total for the Top Ten Counties

**This Sub Total is the Total for all Counties outside the Top Ten

Cannabis and Vaping

According to the Surgeon General, the use of e-cigarettes is rising rapidly among American youth and young adults, growing an astounding 900% among high school students from 2011 to 2015.²⁶ Rates continue to rise at an alarming level - in 2018 there was a 78% increase in e-cigarette use among high school students compared to 2017, with more than 3.6 million U.S. youth currently using e-cigarettes.²⁷ Vaping involves the use of a battery-powered device (e-cigarette) to heat a liquid or plant material that releases chemicals in an inhalable aerosol.²⁸ Although nicotine is commonly associated with vaping, cannabis and other substances can also be used in the electronic devices. Cannabis vaporizers heat dried cannabis or concentrated cannabis extracts and/or resins, creating an inhalable aerosol or vapor.



Source: Center for Disease Control and Prevention

Cannabis concentrates refers to a variety of different cannabis extracts that can be consumed in different ways. A cannabis extract is any oil that concentrates the plants chemical compounds like THC and CBD. Monikers include: wax, shatter, honeycomb, oil, sap, and budder. The most important distinction to make between cannabis flowers and concentrates is potency. Cannabis concentrates are more potent, typically falling between 50-80% potency compared to cannabis flower which ranges between 10-25%. One of the ways concentrates are consumed is through oils, which is when vaporizers are used

Youth and Vaping

The 2018 Monitoring the Future survey, which is funded by the National Institute on Drug Abuse, is “an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.”²⁹ Conducted annually, approximately 50,000 8th, 10th, and 12th grade students from hundreds of schools around the country are

surveyed regarding substance abuse and related factors.³⁰ Monitoring the Future findings identify emerging substance use problems, track substance use trends, and inform national policy and intervention strategies.³¹ The most important finding that emerged from the 2018 survey was the dramatic increase in vaping by adolescents.³² In 2018 there was a significant and substantial increase in the vaping of three specific substances - nicotine, marijuana and just flavoring.³³ According to the MTF report levels of marijuana vaping increased significantly in 2018 with prevalence of use in the last 12 months increasing from 1.3%, 4.2%, and 3.6% in 8th, 10th, and 12th grades to levels of 4.4%, 12.4%, and 13.1%, respectively, since 2017.³⁴ According to MTF

marijuana is one drug that is likely to be affected by some very specific policies, including medicalization and legalization of recreational use by adults. The effects on youth behaviors and attitudes of recent changes in a number of states will need to be carefully evaluated and monitored to determine their longer-term effects. Currently, marijuana does not hold the same appeal for youth as it did in the past, and today's annual prevalence among 12th graders of 37% is considerably lower than rates exceeding 50% observed in the 1970s. However, if states that legalize recreational marijuana allow advertising and promotion of marijuana, then prevalence could rebound and approach or even surpass previous levels.³⁵

A September 2018 report released by the Center for Disease Control in the *Journal of the American Medical Association Pediatrics* found that nearly 1 in 11 U.S. middle and high school students used cannabis in an e-cigarette in 2016.³⁶ Equating to approximately 2 million youths, nearly 1 in 3 high school students (1.7 million) and nearly 1 in 4 middle school students (425,000) used cannabis in e-cigarettes.³⁷

With research involving the long-term effects of cannabis – particularly those associated with vaping cannabis – still evolving and requiring further study, strategies to reduce cannabis use in e-cigarettes are critical for protecting young people from potential health risks. With the legalization of cannabis pending in New York, the creation of robust education, awareness and prevention programs regarding cannabis use and vaping will be essential for youth, parents, and schools.

Smoking v. Vaping: The Greater Effect

In a 2018 crossover trial conducted by researchers at John Hopkins, a comparison of acute effects of smoked versus vaporized cannabis at two different doses found that even relatively low-potency cannabis can adversely affect inexperienced users.³⁸ Both smoking and vaporization resulted in dose-orderly subjective drug effects, cardiovascular effects, and impaired cognitive and psychomotor functions.³⁹ However, the report indicates that compared with smoking, vaporization resulted in greater effects and higher blood cannabinoid concentrations.⁴⁰ The study also found that in several instances, cannabis-induced effects and/or impairments persisted for several hours after blood THC concentrations had fallen below the level of detection.⁴¹ While

blood THC concentrations returned to zero within 3-4 hours, cognitive and psychomotor impairments persisted for up to 6 hours on average.⁴² Furthermore, according to Spindle et al

collectively, findings from this study and others indicate that blood THC concentrations are not a valid indicator of a user's intoxication and/or impairment from cannabis use and highlight the need to explore other biological and behavioral means of detecting acute cannabis impairment.⁴³

When considering the implications of cannabis-related impairment, the ability to measure it effectively and understand its various effects on an individual are essential for public safety and the safety of the roadways.

As vaporization becomes an increasingly popular method of using cannabis and policy regarding its legality evolves, further research about its long-term and acute effects for all types of users is required. The question of how cannabis use will directly impact abilities such as concentration, decision making, judgment, motor skills, and reaction times as they relate to everyday interactions remains unanswered.

Conclusion and Recommendation

Faced with the possibility of legalization, New York State would be one of the largest regulated cannabis markets in the United States. Legalized cannabis brings new challenges and will have both wide-ranging and long-term effects. The legalization of cannabis is a complex issue and will present challenges for community leaders, policymakers and law enforcement.

Understanding the impacts and long-term effects of legalized cannabis, particularly those regarding public safety, public health and the safety of the roadways, continues to evolve. What is certain is that, should cannabis be legalized, there will be unanticipated impacts on our communities, constituents and public safety.

The task force recommends that if the New York State Cannabis Regulation and Taxation Act is passed in its current form, that Nassau County Opt Out of all cannabis related commercial businesses. The task force has identified numerous potential public safety and public health concerns that need to be addressed well before Nassau County could begin to participate in any cannabis related businesses. As stated in the Nassau County Task Force on Marijuana Legalization and Regulation's Mission Statement, "the safety and wellbeing of Nassau County citizens will remain our top priority."

Nassau County Public Health Subcommittee Report

EXECUTIVE SUMMARY

The Nassau County Marijuana Taskforce Public Health Sub-Committee held a round table forum on February 13, 2019, from 2:30 pm - 4:30 pm at the Nassau County Department of Health (NCDOH) offices, 200 County Seat Drive, Mineola, New York. Invitees included stakeholders and leaders in preventive health, clinical healthcare (including all Nassau hospital system Chief Executive Officers), population health academia, along with vital community and association partners. Participants included the following invited and delegated representatives:

Anthony Battista, MD, Nassau County Medical Society, President

Damian Becker, South Nassau Communities Hospital, Public Relations Director

Tamara Bloom, MD, Nassau County Medical Examiner

Tavora Buchman, PhD, Nassau County Department of Health, Director, Epidemiology and Planning

Justin Burke, NYU Winthrop Hospital, Director of External Affairs

Celina Cabello, MPH, Nassau County Department of Health, Director, Bureau of Analytics, Division of Epidemiology and Planning

Isma Chaudhry, MD, MPH, Hofstra University, Director of Graduate Public Health Programs

Kevin Dahill, MBA, Nassau Suffolk Hospital Council, Inc., President and CEO

Gabrielle Dworkin, Representative from Legislator Lafazan's office

Norman Edelman, MD, Stony Brook University, Professor, Departments of Medicine and Family, Population & Preventive Medicine

Lawrence E. Eisenstein, MD, MPH, FACP, Commissioner, Nassau County Department of Health

Gerard Giuliano, JD, Nassau County Department of Health, Director, Office of Public Health Legal Affairs

Joseph Greco, MD, NYU Winthrop Hospital, Chief Medical Officer

John Imhof, PhD, Commissioner, Nassau County Department of Social Services

Andrew Knecht, DO, Medical Resident, Stony Brook University

Peter LaDuca, Nassau BOCES (Board of Cooperative Educational Services), Executive Manager, Health

Carolyn McCummings, PhD, MPH, Commissioner, Nassau County Department of Human Services

David Nemiroff, LCSW, NuHealth LI Federally Qualified Health Centers, Executive Director

Patrick O'Shaughnessy DO, MBA, MS-POPH, FACEP, Catholic Health System of LI, Executive VP, Chief Medical Officer

Angela Pettinelli, PE, Nassau County Department of Health, Director, Bureau of Environmental Administration

Rebecca Sanin, JD, MA, Health and Welfare Council of LI, President, CEO

Shetal Shah, MD, American Academy of Pediatrics

Adhi Sharma, MD, South Nassau Communities Hospital, Executive Vice President, Chief Medical Officer

Pamela Smith, JD, MPH, Nassau County Department of Health

Udai Tambar, Northwell Health, Assistant Vice President, Community Health & Education

CONSENSUS OF THE NASSAU COUNTY MARIJUANA TASKFORCE PUBLIC HEALTH SUB-COMMITTEE

A vibrant discussion of the factors relating to a regulated marijuana program in New York State occurred from a medical and preventive health perspective. Each participant was given the opportunity to speak and prior to the meeting each was invited to prepare data or medical literature pertaining to the subject. Likewise, some submitted medical literature after the meeting. The goal of the sub-committee was defined. The purpose was not to debate opinion, but rather to have a scientific discussion with the hope of reaching consensus and preparing recommendations for the taskforce so that if a regulated marijuana program is legalized in New York, Nassau County and its health care community will be best equipped to handle related issues. Topics that are vital but being addressed by experts in other sub-committees including law enforcement, finance and taxation, and treatment are not discussed in detail in this report. While there were some opposing views, and the sub-committee acknowledges potential pros and cons (discussed below), consensus was achieved on the following points:

- 1) **Protecting babies, children, adolescents, and teenagers is of utmost importance.** If regulated marijuana becomes the law, safeguards should be written into policy and regulations to protect the developing neurologic systems of babies, adolescents, and teenagers during their most vulnerable years. Extensive concern was expressed regarding large increases in teenage use of electronic cigarettes and other vape products, and the potential for an easy transition from vaping nicotine to vaping cannabis was discussed.
- 2) **Use evidence-based best practices in preparing regulation and policy.** This can be challenging considering the experience of other states with legalized marijuana programs is brief (Colorado has done extensive research, but the program dates back to 2012 for legal use, and 2014 for legal distribution.) As marijuana remains a Schedule I federal drug, medicinal use research and government funded research is limited in the United States. Although many articles in the literature on the health impacts of marijuana use exist, the concentration and forms of the drug being used have changed dramatically over the years, rendering older studies of somewhat limited value. With that in mind, we make these recommendations based on best available evidence. However, we urge caution and recommend a slow-down period to provide ample opportunity to prepare and evaluate the research, and set policy based on appropriate data.
- 3) **Investment in comprehensive education programs will be vital.** Providing an educational framework and infrastructure *up front* is a necessary component of administrating a successful regulated marijuana program. Public health is experienced in using education to combat tobacco, alcohol, illicit drugs, and other public health topics.

Success in lowering the rates of smokers has been clearly tied to educational campaigns and taxation, along with clinicians having better tools with which to help patients. Of all the data presented from other states (references below), perhaps most concerning is the consistent finding that teenagers' perception of danger for using or being in a vehicle with users of marijuana, drops significantly after marijuana has been legalized. This changed attitude is viewed as dangerous by the sub-committee. This is an example of how an educational program can work towards harm reduction and mitigation. One committee member made a point to present data that in some places where marijuana has been legalized, distribution sites have been found recommending marijuana to pregnant women as a cure for morning sickness¹. This runs counter to medical advice that marijuana may present a danger to a developing fetus and may cause lasting effects afterwards. Enhanced education would be a vital component of a safe regulated marijuana program. Further it is vital that the educational framework have the financial support, and planning time to be implemented well *before* legalization is implemented. While this committee did not endeavor to discuss specifics of funding, or how much would, or should come to Nassau County, there is consensus that significant money would need to be invested in public health education, and that it must be done prior to legalization.

- 4) **Program assessment and reevaluation will be vital.** The sub-committee felt strongly that as marijuana's societal impact extends way beyond healthcare, that a comprehensive evaluation (as has been done in Colorado for example) of the program including a prepared study of not only health impacts, but of the social determinants of health is necessary. One member described hearing of a report that homelessness has risen dramatically in Colorado since legalization. Housing, unemployment, built environment (including clean air and safety for children to use parks) and many other determinants of health and safety (including traffic safety for example) will need to be vigorously assessed in the time following legalization. Proper policy and regulatory changes based on appropriate assessment for the health and welfare of the population is a recommendation of the sub-committee. One sub-committee member described that an evaluation is necessary to determine unexpected and unintended consequences. The example used was of New York's I-Stop legislation. The member described that while the law had the intended consequences of decreasing prescription ordering of opiates by doctors, an unintended consequence was that as pills became harder to come by, street drugs such as heroin filled the void. An ongoing program assessment would help make necessary adjustments to avoid adverse unintended consequences.

PROS and CONS

A discussion of potential pros and cons from a health care and preventive health perspective took place. Members of the sub-committee were invited prior to the meeting to perform a literature search of pertinent articles. Multiple evidence-based medical articles were cited, and editorials, and professional anecdotes were also presented. We acknowledge that

¹ https://jamanetwork.com/journals/jama/article-abstract/2667052?utm_source=TWITTER&utm_medium=social_jn&utm_term=1236735324&utm_content=content_engagement%7carticle_engagement&utm_campaign=article_alert&linkId=46127335&redirect=true

limitations exist in the medical literature. First, population health data often takes many years, even generations in order to evaluate the multi-faceted impact of public health policy. Sometimes though short-term trends can be insightful. For the purposes of this discussion, the best existing evidence comes from states that have both recently legalized marijuana, and thoroughly evaluated the impact on their own communities. Colorado's Public Health's report *Local Public Health's Role in Monitoring the Impact of Marijuana Policy Changes*² is such a document and is the source of much information described below. A summary of vital data regarding states that have legalized is also presented below.

A second limitation is the fact that the usage of marijuana as a mind-altering drug has changed drastically, rendering older research less reliable. New forms of use include growing usage of edibles, inclusion of marijuana in vape products, and dabbing. Further, concentrations of the drug have risen dramatically over the past decades, particularly over the last 15 years³. With edibles it is extremely difficult to even determine the percentage of a food source that is active drug, and blood absorption/concentration rates are not well defined or documented.

Marijuana is a federally prohibited drug, and as such research and pharmaceutical development has been limited. The United States Food and Drug Administration (FDA) states on their website that they are willing to support "scientifically valid research," but to date clinical trials have not yet met FDA requirements for approval for use⁴.

Limitations aside, a brisk discussion of potential pros and cons took place by the sub-committee. To begin with potential pros, we cite the report of the New York State Department of Health: *Assessment of the Potential Impact of Regulated Marijuana in New York State*⁵. Released in July 2018, this report concludes that:

"The Positive effects of a regulated marijuana market in NYS outweigh the potential negative impacts. Areas that may be a cause for concern can be mitigated with regulation and proper use of public education that is tailored to address key populations. Incorporating proper metrics and indicators will ensure rigorous and ongoing evaluations."

The report cites numerous health related potential pros, some of which are supported by members of the sub-committee. Findings include points made by the pro-legalization advocates:

1. Regulating marijuana will reduce risk and improve quality control and consumer protection.
2. Marijuana may reduce opioid deaths and opioid prescribing.
3. Marijuana has intrinsic health benefits (and risks).
4. There is no conclusive evidence in overall patterns of use (this point was highly contested by the sub-committee).

² <https://www.colorado.gov/pacific/cdphe/marijuana-health-report>

³ <https://doi.org/10.1016/j.biopsycho.2016.01.004>

⁴ <https://www.fda.gov/newsevents/publichealthfocus/ucm421168.htm>

⁵ https://www.health.ny.gov/regulations/regulated_marijuana/docs/marijuana_legalization_impact_assessment.pdf

5. The majority of credible evidence suggests legalization of marijuana has no or minimal impact on use by youth. (also highly contested by the sub-committee).
6. Regulation of marijuana will decrease use of synthetic cannabinoids/novel psychoactive substances.

Other potential positive outcomes exist in a legalized marijuana program. One that was raised is the possible opportunity to correct a social justice issue pertaining to the racial disparity in marijuana-related arrests. The sub-committee discussed that decriminalization and legalization are two different approaches used by different jurisdictions, and the window was left open by the sub-committee that perhaps decriminalization might be a better first step as we evaluate emerging data and research. The sub-committee believes this issue should be explored and defers to law enforcement professionals to the extent that it relates to changes in their practices.

The state DOH report also refers to potential revenue as a positive. This can come in multiple forms, including tax revenues, return of commerce being lost to neighboring states which have already legalized marijuana (presently Vermont and Massachusetts,) boost to the farming community of the state, and jobs and business opportunities for distributors, retailers, and marketers. It should be pointed out that regarding potential financial impact on Nassau County, no specific number has been generated for the county, and certainly no projection of funds to be given to public health are available. Without these projections, the sub-committee cannot make a recommendation regarding the potential increases in revenue. It is unknown if we will have the resources to implement the necessary education, assessment, and treatment programs that would be necessary. One Marijuana taskforce member was quoted as saying “for every dollar we generate in alcohol revenues, we spend over \$7 dealing with the aftermath.” Reports support the notion that alcohol costs government more than the tax revenue it generates⁶. The sub-committee is hopeful that should regulated marijuana come to fruition, appropriate financial resources would be made available to public health and the healthcare community in order to administer the necessary public health activities regarding marijuana.

The role of marijuana as a potentially valuable medicine for various conditions was supported by the sub-committee. Already legal in New York through the state’s medical marijuana program, the sub-committee agrees that strong evidence exists that medical marijuana has had beneficial impacts for certain patients suffering from diseases including cancer, HIV/AIDS, and multiple sclerosis, to name a few, as well as nausea related to treatments of some of the above-named diseases⁷. Support for continued research, including clinical trials and evidence-based literature regarding the use of medicinal marijuana was so strong on the sub-committee, that it raised the question as to why would the state merge the medical and recreational (regulated) programs into one entity? We will recommend keeping them as separate entities from a policy standpoint, each with its own pros, cons, and scenarios.

⁶ <http://www.changelabsolutions.org/cdc/alcohol-taxes-faqs-3#sec3q6>

⁷ http://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP_HIA_Marijuana_Regulation_in_Vermont.pdf

Some advocates for legalization, and the report from New York State, cite the fact that marijuana usage in some groups does not increase following legalization. This is evident in the current available data from states that have legalized. As we transition from pros to cons, we present an epidemiologic summary (compiled by epidemiologists at NCDOH) of the existing data in states that have legalized, and evaluated their own epidemiologic statistics:

Legalization of Recreational Marijuana:

Summary of Public Health Implications from Six States in the United States

Colorado-legalized in 2012, retail legalized in 2014⁸:

KEY POINTS: Adult prevalence and frequency are increased for adults. Adolescent rates have remained stable (survey data since legalization); Multiple methods of intake have increased with edibles on the rise for both adults and adolescents; Due to storage in the home issues, children remain at risk for accidental ingestion and second hand exposure; Pregnant and breastfeeding women use is stable, but has increased in those who are young at the time of pregnancy; Calls to the Poison Center have increased, especially among children and especially regarding accidental ingestions of edible form; High school students report riding with drivers who have recently used; Hospital related admissions have increased; Many users feel that it is safe to drive under the influence.

- *In 2017, marijuana use in the past 30 days among adults 18 years and older significantly increased to 15.5% from 13.6% in 2016.*
- *Similar to prior years, **young adults** aged 18-25 years reported the highest prevalence of marijuana use in the past 30 days (29.2%) in 2017 compared to other age groups.*
- *Adult daily or near daily marijuana use increased significantly from 6.4% in 2016 to 7.6% in 2017.*
- *In 2017, 50% of adult past 30-day marijuana users reported multiple methods of marijuana use, which was significantly higher than 2016 (43.1%). The majority of adult past 30-day users reported smoking marijuana (84.3%) followed by eating or drinking (40.4%), vaporizing (29.1%), dabbing (21.1%), and/or using some other method (7.5%).*
- *In 2017, 3.0% of adults in Colorado reported driving a vehicle within a few hours after using marijuana. There was no statistical change from 2014 to 2017.*
- *For **adolescents**, past-month marijuana use has not changed since legalization either in terms of the number of people using or the frequency of use among users. In 2017, an*

⁸ <https://www.colorado.gov/pacific/cdphe/marijuana-health-report>

estimated 19.4% of Colorado **high school students** and 5.2% of **middle school students** reported using marijuana in the past 30 days.

- In 2017, most **high school** seniors who ever used marijuana said they first used it at ages 15-16 (44.8%) with 82.1% first using marijuana at or before age 16. This trend has remained stable since 2013. More than 1-in-3 **adolescents** who use marijuana first use it by age 14, supporting prevention efforts aimed at children before they enter ninth grade.
- Among the 19.4% of **high school** students who used marijuana in the past 30 days, 88.4% reported smoking marijuana in 2017, which was significantly lower than 2015 (91.6%). Past 30-day edible use increased significantly from 27.8% in 2015 to 35.6% in 2017.
- In 2017, 29.0% of **high school students** reported riding one or more times in a vehicle driven by someone who had been using marijuana and/or drove one or more times when they had been using marijuana. Although lower than the 2015 estimate, this estimate has not significantly changed since 2011.
- In 2016, an estimated 15.2% of new mothers used marijuana during the three months before pregnancy, 7.8% used at any time during their pregnancy, and 4.4% used postpartum and were still breastfeeding at the time the survey was completed. These estimates have remained stable since data were first collected in 2014. This percentage is higher among those with unintended pregnancies as well as younger mothers or those with less education.
- At least 14,000 **children** in Colorado are at risk of accidentally eating marijuana products that are not safely stored, and at least 16,000 are at risk of being exposed to secondhand marijuana smoke in the home.
- There continued to be disparities in marijuana use based on race/ethnicity for adolescents and sexual orientation for both adults and adolescents.
- The overall rate of emergency department visits with marijuana-related billing codes dropped 27% from 2014 to 2015.
- Marijuana exposure calls to the poison center continue to be higher in years after medical marijuana commercialization (2010-2016) than in previous years (2000-2009), including calls about **children** 0-8 years old with unintentional marijuana exposure. Since 2015, data indicates that calls have decreased, indicating it may be on the downward trend.
- Edible marijuana products were involved in about 40% of marijuana exposure calls to the poison center. For **children** 0-8 years old, calls about edible marijuana were twice as common as calls about smokable marijuana.
- The overall rate of hospitalizations with marijuana-related billing codes has increased each year since 2008 (increase in prevalence of mental illness, injuries and poisonings, diseases of the skin and subcutaneous tissue, diseases of the nervous system and sense organs, endocrine, nutritional, and metabolic diseases and immunity, and infectious and

parasitic diseases among HD with marijuana- related billing codes compared to HD without marijuana-related billing codes).

- *Among **young adults** (ages 18-25 years) in 2014 and 2015, about 8% of all hospitalizations and 2% of all emergency department visits had a marijuana-related billing code. This was higher than the rate among other age groups, and likely reflects the higher rate of marijuana use in this age group.*
- *Disparities in hospitalizations and emergency department visits also existed by sex and race, with higher rates among males and blacks across all time periods.*
- *In 2016, more than 17% of DUI arrests involved marijuana. 55% of marijuana users felt that it was safe to drive under the influence.⁹*

Alaska, legalized in 2014, use and possession in 2015¹⁰:

KEY POINTS: Prevalence and frequency use has increased for adults; Increase in frequency for children 12 and older; Adolescents admitted to driving after use; An increase in pregnant women smoking since 2015; No trend data available for hospitalization rates but did show disparities between whites and native Alaskans having higher rates.

- *Marijuana use in the past year (2014-2015) has consistently been highest among 18–25 year olds. In the 2014–2015 survey, about 18% of respondents ages 12–17, 41% of those ages 18–25, and 19% of those ages 26 and older reported marijuana use in the past year. Use has increased since 2008 cycle. Monthly use among adults has also steadily increased.*
- *More Alaskans ages 18–25 report first using marijuana annually than any other age group. In the 2014–2015 survey, about 8% of 12–17 year olds, about 11% of 18–25 year olds, and less than 1% of adults ages 26 and older used marijuana for the first time in the year before being surveyed.*
- *Among Alaskans **ages 12 and older**, between the 2002–2003 and 2014–2015 data collection cycles, there was an increase in past month daily or almost daily marijuana use.*
- *The percentage of **high school students** who first tried marijuana before age 13 has not changed from 2007 (12%) to 2017 (11%). In 2017, Alaska Native high school students were more likely to have first tried marijuana before age 13 than white high school students (18% vs. 12%).*
- *In 2017, 16% of **high school students** drove a vehicle when they had been using marijuana.*
- *Between 2009 and 2015, there was a decrease in the prevalence of women who reported smoking marijuana in the **12 months before getting pregnant**, even though 2015 (the*

⁹<https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving>

¹⁰http://dhss.alaska.gov/dph/Director/Documents/marijuana/MJ_AKandUS_DataSurveySummary.pdf

year recreational marijuana was legalized in the state) demonstrates an uptick from 2014's prevalence of about 12%.

- Smoking marijuana was the most commonly reported method of consumption among all Alaskans (96.3%). Other modes of consumption include eaten (26%), vaped (17%), drank (3%), dabbed (14%), and other (3%). Data are currently available for 2015 and 2016 survey years only, though ongoing surveillance is a high priority.
- There was no observed difference between 2015 and 2016 of the percentage of inpatient hospitalizations for which marijuana abuse or dependence was cited as a primary or secondary diagnosis.

Vermont, decriminalization in 2013, recreational use 2018; no retail¹¹:

KEY POINTS: Increase in prevalence and frequency of use among high school students; Marijuana related emergency department visits have increased; MVA with fatalities has increased; Both adults and adolescents report driving under the influence or riding with someone who is (survey data).

- 15% of Vermont adults reported using marijuana at least once in the past 30 days in 2017. Adult marijuana use decreased significantly between 2011 (10%) and 2013 (7%) before increasing each year from 2015 to 2017.
- Nearly one quarter of Vermont **high school students** reported using marijuana in the past 30 days in 2017. Although the prevalence of current marijuana use (any past 30-day use) among high school students was the same in 2009 as it was in 2017, there has been a recent, statistically significant increase in use between 2015 and 2017 (22% to 24%).
- **High school students** who report using marijuana in the past 30 days are more likely to report frequent use. Over 40% of recent marijuana users reported using 10 or more times in the past month in 2017. The number of students who said they used once or twice in the past month significantly increased from 2009 to 2017 (29% to 34%) while the number who used ten or more times has decreased during that time (47% to 41%). One in five current users used marijuana 40 or more times in the past month. This has been constant since 2009.
- Nine out of ten **high school students** who reported current marijuana use smoked it while 5% ate or drank it. Vaping (2%) and “other” (2%) methods were not commonly reported.
- 84% of adults who used marijuana in the past month typically smoked it while 8% vaped and 6% ate or drank it. Dabbing – the method of consumption where oils, concentrates, and extracts from the marijuana plant are smoked – was the least common method of use among adults who used marijuana in the past month (2%).
- Marijuana-related ED visits have more than doubled since 2011.

¹¹ http://www.healthvermont.gov/sites/default/files/ADAP_Data_Brief_Marijuana.pdf

- *In 2016, **18 to 24-year olds** had the highest rate of marijuana-related emergency department visits (61.5 per 10,000 visits) and 25 to 44 years were the second highest (43.7 per 10,000 visits). Since 2011, the rate of marijuana-related visits among **18 to 24-year olds** nearly doubled (33.8 per 10,000 visits), and the rate among 25 to 44-year olds nearly tripled (15.4 per 10,000 visits).*
- *In 2017, there were 64 total fatal crashes resulting in 70 total fatalities in Vermont. Drugs were identified in 27 operators, out of which, Delta-9 THC – the psychoactive compound found in marijuana – was confirmed in 19. Each of these totals has increased since 2014 after initially decreasing from 2013 to 2014.*
- *14% of Vermont **high school students** reported that they had driven after using marijuana at least once in the past month while 20% said that they had ridden with someone who had been using marijuana at least once in the past month.*
- *26% of Vermont adults who reported using marijuana in the past 30 days said that they had driven at least once within three hours of using in 2017.*

Maine, legalized recreational use, 2016; moratorium in 2017-present regarding retail and taxation¹²:

KEY POINTS: Adult use has increased; Perceptions of harm regarding use have decreased among adults and youths; among hospital admissions that listed secondary substance, 1/3 were marijuana.

- *In 2017, about one in five **high school students** reported using marijuana within the past month; rates have decreased slightly in recent years. The highest rates of marijuana use among adults were observed among 18 to 25-year olds (31%). Marijuana use rates among adult Mainers have been steadily increasing over the past several years.*
- *In 2015–16, there was an annual average of 12,000 Mainers **12 and older** who used marijuana for the first time in their life. Five thousand initiates were between **12 and 17** and 5,000 were between 18 and 25. A notable increase was observed among 26 and older initiates from 2014-15 to 2015-16.*
- *In 2017, about one-third of **high school students** felt smoking marijuana once or twice a week was risky. In 2015-16, less than one in ten 18 to 25-year olds perceived smoking marijuana at least once per month as risky. Perceptions of harm regarding marijuana use have decreased among both **youth** and adults over the past several years.*
- *Although **high school students** generally believe that their parents think it would be wrong for them to smoke marijuana; perceptions of disapproval have slowly decreased from 2009 to 2017. About one in five high school students felt their parents would not disapprove.*
- *The percentage of parents who felt it was never okay for their **teen** to use marijuana has substantially decreased from 2013 (81%) to 2017 (62%). In 2017, about one in six*

¹²<https://www.maineow.com/Documents/2018/SEOW%20EpiProfile%202018%20with%20sub%20state%20data%2011302018.pdf>

parents felt it would be okay if their teen used marijuana as long as they had a written certificate from a doctor or if the child is grown.

- *Out of the admissions that listed a secondary substance, nearly one in three was related to marijuana.*

Oregon, legalized for cultivation, possession, 2014 and retail in 2015 (as Emergency Order)¹³:

KEY POINTS: *Use has increased among all ages; The majority of 8th and 11th grade users smoke, followed by ingestion; Youth perceive using marijuana less harmful than smoking, drinking; using unprescribed drugs; Emergency department related visits increased*

- *Since 2014, current marijuana use has increased among all ages, but especially among young adults aged 18 to 24 years.*
- *About 1 in 3 (34%) current marijuana users report daily use; this represents 6% of all Oregon adults.*
- *The majority of adult current marijuana users report smoking it. One in 4 report consuming edibles, nearly 1 in 5 report vaping it, and more than 1 in 10 report dabbing it.*
- *In 2017, 14% of 8th-graders and 40% of 11th-graders report ever using marijuana. 7% of 8th-graders (has declined since 2012) and 21% of 11th-graders (fluctuated since 2012) report current marijuana use (in the past 30 days).*
- *The majority of 8th and 11th-grade current marijuana users report smoking it; 25% report consuming edibles, and the same proportion report dabbing it; about 1 in 10 report vaping it.*
- *Youth perceive regular marijuana use as less harmful than smoking a pack of cigarettes a day, using e-cigarettes every day, binge drinking once or twice a week, consuming alcohol daily, or using prescription drugs not prescribed to them*
- *Monthly marijuana involved ED visits doubled from 2015 to 2017.*
- *Between 2012 and 2016 there were a total of 81 fatal crashes in Oregon with an involved driver that tested positive for marijuana (most of which included alcohol or other drug use).*

Washington State, legalized in 2012-1st state-; retail in 2014¹⁴:

KEY POINTS: *While teen rate use is stable, it reflects a high use; Decrease in perceived risk among teens.*

¹³ <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/MARIJUANA/Pages/publications.aspx>

¹⁴ <https://www.doh.wa.gov/Portals/1/Documents/8350/160-NonDOH-DB-MJ.pdf>

- *Rates of teen marijuana use have remained steady, despite the changing landscape.*
- *About two-thirds of 8th and three-quarters of 10th and 12th graders usually smoke marijuana.*
- *Between 2014 and 2016, perceived ease of obtaining marijuana remained stable (8th & 12th grade) or declined (10th grade).*
- *The percentage of 8th graders perceiving great risk of regular marijuana use fell from 53% in 2014 to 48% in 2016. Decreases in perceived risk are often followed by increased use according to the state report. In 2016, about one in five 8th graders, one in three 10th graders, and almost half (45%) of 12th graders perceived no/slight risk to regular use.*
- *In Washington, perceived harmfulness declined 14.2% and 16.1% among 8th and 10th graders, respectively, while marijuana use increased 2.0% and 4.1% from 2010–2012 to 2013–2015. In contrast, among states that did not legalize recreational marijuana use, perceived harmfulness decreased by 4.9% and 7.2% among eighth and 10th graders, respectively, and marijuana use decreased by 1.3% and 0.9% over the same period.)¹⁵*

Other Information:

Motor Vehicle Accidents

- *According to the Institute for Highway Safety, crashes are up on states with legalized marijuana (6%)¹⁶.*

The aforementioned epidemiologic information makes the case for some pros, and some cons. As has been raised by some pro-legalization advocates, usage rates in some groups have not increased (such as teen and adolescent use in Washington and Colorado respectively.) Other aspects of the data are more concerning and are more consistent with the professional opinions of the sub-committee.

Of the most pressing concerns of the committee was the trend that shows teens had a decreased perceived risk of danger in using marijuana. The Washington report goes as far as to say that as decreased perceived risk increases, so does likelihood of use. The committee is also concerned that this decreased perceived risk impacts vital decision-making, such as the decision to get into a car driven by a recent user.

A repeated theme presented by the experts of the committee was the dangers that marijuana can present on the developing brain. Discussion by numerous pediatricians on the committee reinforced that brain development persists into the mid-20s, and the use of marijuana (and/or nicotine and alcohol to be fair) can alter the brain's capacity to process use of chemicals,

¹⁵ <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2593707>

¹⁶ <https://www.iihs.org/iihs/news/desktopnews/crashes-rise-in-first-states-to-begin-legalized-retail-sales-of-recreational-marijuana>

leading to higher risk of addictive behaviors¹⁷ ¹⁸. Exacerbating these concerns is the undeniable crisis regarding use of vape products and electronic cigarettes¹⁹. Precipitous rises in teen use of vape products is occurring, and school representatives described the great challenge this is presenting. Besides the highly addictive nature of the liquid nicotine itself, the sub-committee discussed that various drugs are now being prepared and delivered through vape products, including marijuana.

Multiple members of the sub-committee described and expressed the dangers of edible forms of marijuana, particularly as it relates to children. Edible forms of marijuana including candy, baked products, and others have led to a very large increase in emergency room visits, poison center calls, and accidental poisonings, often in small children (as documented by Colorado and Vermont in the information above). Although not finalized, the current version of New York's bill would prevent packaging and marketing of edibles in a way that would appeal to children. The committee supports this and recommends that even further restrictions be put in place so that children don't unwittingly become victims. A concern along these lines was expressed regarding EMS and Emergency Department capacity. The sub-committee recommends that hospitals and EMS agencies have a means of increasing capacity as the demand for their services increases following legalization.

Although primarily to be addressed by other sub-committees, the discussion of increased car accidents (a report cited above by the Institute of Highway Safety has been presented which shows 6% increase in car crashes in states that have legalized marijuana) as a public health concern was raised. The members support measures by law enforcement to address impaired driving, and the potential dangers on the road due to legalization, and the committee encourages education to address potential decreased perceived risk. It has been mentioned that while there is a basic guidance for how much alcohol is safe/legal (although zero alcohol is the safest driving level,) for driving, and a general timeframe of blood clearance of alcohol exists, no such rubric exists relating to marijuana. Varying concentrations in varying forms (can be as high as 90% in some forms) would make such guidance impossible, and so a zero-tolerance stance is recommended by the sub-committee as it relates to operating motor vehicles under the influence of marijuana.

Among the most controversial topics discussed by the committee was the discussion of marijuana as a "gateway drug." Complicating the discussion is that the term gateway drug has a specific definition and is often misused in debate and discussion. Rather, the committee preferred to describe the association of marijuana with likely future use of other narcotics. Presented to the committee was a recent report by The Center on Addiction and Substance Abuse at Columbia University which concluded that *"This Study—the most comprehensive national assessment ever undertaken—reveals a consistent and powerful connection between the use of cigarettes and alcohol and the subsequent use of marijuana, and between the use of cigarettes, alcohol, and*

¹⁷ <https://www.apa.org/monitor/2015/11/marijuana-brain>

¹⁸ <https://www.speaknowcolorado.org/know-the-facts/alcohol-drugs-brain-development/>

¹⁹ <https://www.drugabuse.gov/news-events/news-releases/2018/12/teens-using-vaping-devices-in-record-numbers>

marijuana and the subsequent use of cocaine and other illicit drugs.²⁰” The study later cites that “*Children who use marijuana are 85 times more likely to use cocaine than non-marijuana users.*” It also describes that “*Adults who used marijuana as children are 17 times more likely to be regular cocaine users.*”

The RAND corporation addresses the topic with the following explanation: “*Although marijuana has never been shown to have a gateway effect, three drug initiation facts support the notion that marijuana use raises the risk of hard-drug use:*

-Marijuana users are many times more likely than nonusers to progress to hard-drug use.

-Almost all who have used both marijuana and hard drugs used marijuana first

-The greater the frequency of marijuana use, the greater the likelihood of using hard drugs later.²¹”

However, RAND also suggests an alternative to a gateway effect: “*Those who use drugs may have an underlying propensity to do so that is not specific to any one drug.*”

Without debating the semantics of the term “gateway drug,” the sub-committee generally agrees that there is an association and data which suggest that increased marijuana use (especially at younger ages) represents a higher likelihood of harder drug use, although by no means do we imply that all marijuana users will advance on to other drugs. The sub-committee acknowledges this is a multi-factorial issue with lots of contributing factors, which do not negate the association of marijuana use and subsequent use of other drugs. This further re-emphasizes the recurrent theme of the need for education and prevention, particularly in youth.

Evaluating the long-term health effects of marijuana use is challenging because of the changing nature of the drug over time. That being said, both Vermont and Colorado have presented a summary of their respective literature reviews of health effects of marijuana use. The sub-committee is in agreement with most of the findings. Colorado describes a review of the literature regarding health effects:

- **Substantial Evidence Regarding Health Effects** (Summary of Colorado’s Literature Review²²)
 - Daily or near daily use of marijuana is ***strongly*** associated with impaired memory, persisting a week or longer after quitting.
 - Marijuana can cause acute psychotic symptoms such as hallucinations, paranoid, delusional beliefs and feeling emotionally unresponsive during intoxication. These symptoms are worse with higher doses.

²⁰ http://www.columbia.edu/cu/record/archives/vol20/vol20_iss10/record2010.24.html

²¹ https://www.rand.org/pubs/research_briefs/RB6010.html

²² <https://www.colorado.gov/pacific/cdphe/marijuana-health-report>

- Daily or near daily marijuana smoking is strongly associated with chronic bronchitis (including cough, sputum, and wheezing).
 - Driving soon after using marijuana increases the risk of motor vehicle crash. Combined use with alcohol increases crash risk.
 - Marijuana users can become addicted. There are treatments for marijuana addiction that can reduce use and dependence. Daily users can experience withdrawal symptoms when abstaining.
 - Typical secondhand smoke exposure is *unlikely* to result in failed workplace screening tests of blood or urine.
 - Weekly or more frequent marijuana use by adolescents is *strongly* associated with failure to graduate from high school.
 - Marijuana use by adolescents is strongly associated with developing psychotic symptoms in adulthood, such as hallucinations, paranoia, and delusional beliefs (higher risk with more frequent use).
- **Moderate Evidence Regarding Health Effects** (Summary of Colorado’s Literature Review)
 - Maternal use of marijuana during pregnancy is associated with decreased cognitive function and attention. Effects might not appear until adolescence.
 - Maternal use of marijuana during pregnancy is associated with decreased growth during childhood.
 - There are negative effects of marijuana use during pregnancy regardless of when it is used during pregnancy.
 - Weekly or more frequent marijuana use by adolescents is associated with impaired learning, memory, math and reading.
 - Daily or near daily marijuana use by adolescents is associated with developing a psychotic disorder such as schizophrenia in adulthood.
 - Adolescents who quit marijuana use have a lower risk of developing cognitive impairment or mental health disorders than those who continue to use.

We note that numerous health impact studies exist besides the literature review listed above. One such recent study from JAMA Psychiatry studies depression, anxiety, and suicidality in young adult cannabis users²³. The conclusion is fitting as it relates to the use of cannabis as a public

²³ JAMA Psychiatry, doi:10.1001/jamapsychiatry.2018.4500

health policy issue: “*Although individual-level risk remains moderate to low.... the high prevalence of adolescents consuming cannabis generates a large number of young people who could develop depression and suicidality attributable to cannabis. This is an important public health policy and concern, which should be properly addressed by health care policy.*”

FINANCIAL IMPACT

Although other sub-committees are addressing the potential financial impacts on Nassau County of regulated marijuana, and no clear revenue or cost projections are yet available (legislative bills on the matter are not finalized at present) there are concerns of a financial manner expressed by the public health sub-committee. Many of the measures addressed above, including comprehensive education, increasing EMS and hospital capacity, treatment capacity and preventive measures will require funding. The committee will recommend that these costs be addressed and provided for in a framework *prior* to a legalization date. Public health has further concerns that could easily remain unforeseen, or under the radar if not addressed by authors of the bill, or administrators of the program. For example, data was presented above describing potential impact on pregnant women (and their developing fetuses) using marijuana, and that marijuana has reportedly been sold to women (in jurisdictions where marijuana sales are legal) as a means of addressing morning sickness. Cognitive delays in children are addressed as part of an entitlement program in New York State that requires local health departments to provide Early Intervention services to all children found to be delayed, regardless of income. In Nassau County alone the annual budget spent on Early Intervention and Pre-school programs for children with delays is approximately \$130 Million annually. Even a slight increase in children with delays could cause a large financial impact on the county’s budget. NCDOH remains committed and ready to help every child with related needs but will recommend that this kind of deep financial analysis be completed by the state, and potential financial burdens be discussed and addressed before the costs are incurred.

SUMMARY OF RECOMMENDATIONS

The sub-committee acknowledges that a regulated marijuana program would carry potential risks and benefits. Various factors have been discussed above, and recommendations are as follows:

The Public Health Sub-Committee recommends:

- a. Proceed with *caution*, take a non-rushed, appropriately researched methodical approach as New York State explores a regulated marijuana program.
- b. Evidence-based and clinical trials regarding the short and long-term impacts of a regulated marijuana program should be funded, planned and carried out, and assessment of the results should guide future policy directions of the program.

- c. The sub-committee is supportive of continuing the New York State medical marijuana program, and recommends clinical trials which would lead to FDA approved uses of medical marijuana.
- d. As their purposes are different, the sub-committee recommends separating the medical marijuana program from the regulated marijuana program.
- e. All proposed legislation should seek to limit exposure of children to marijuana, including prohibition of use or sale in places they are likely to be, including schools, parks, beaches, etc.
- f. Education campaigns geared towards parents and expecting parents of the dangers of youth use of marijuana should be planned and vigorously implemented. (The sub-committee emphasizes the role of parents in keeping kids away from marijuana, alcohol, and tobacco.)
- g. Significant legal penalties should apply to adults selling to or providing marijuana to minors.
- h. Laws regarding other potential gateway products including vape products and tobacco should be strongly enforced, and appropriate agencies should receive significant funding to do so. Marijuana should be added to the Clean Indoor Air Act, or similar.
- i. To the extent that marijuana edibles become legalized, marketing and packaging of same be devoid of colors, images, and other means that would attract minors. Warning labels such as required on cigarettes should be mandated.
- j. Full educational campaigns through public health, law enforcement, and traffic safety, as well as The Department of Education should be funded and put in place *prior* to the start of a regulated program.
- k. School education programs should emphasize the dangers of use of marijuana, and work towards a societal knowledge that legalization does not make use of the drug any safer. Research on best methods of educating the teen population should be funded and carried out.
- l. The Department of Education should establish protocol and policy to attempt to limit the current crisis of vaping in schools, and apply measures towards future use of marijuana.
- m. The dangers of “drugged driving” should be emphasized in an educational campaign, and emphasized during Drivers Education classes.
- n. Public health supports the notion that a social justice issue exists regarding arrest data for marijuana use, but defers to law enforcement experts on potential

solutions. The sub-committee does not support legalization as a sole means of correcting the social injustice.

- o. Further studies of the impact of marijuana (and alcohol and nicotine) on the developing brain of youth and young adults should be funded and carried out.
- p. Public health supports and recommends investment in treatment options and facilities to help those suffering from addiction.
- q. Public health supports addressing law enforcement and traffic safety concerns regarding keeping roads safe for travel.
- r. The sub-committee recommends that measures be taken to limit as much as possible *illicit* sales of marijuana, and that decriminalization *does not* apply to the black market.
- s. The sub-committee recommends that a full financial evaluation and impact assessment regarding public health's roles and responsibilities be completed. The sub-committee recommends financial support be committed *prior* to the implementation of any new laws. It is imperative that a funded mitigation system be planned and enacted prior to the start of the legalized period.
- t. As has been done in other states, an appropriately funded ongoing health/social determinants evaluation should take place, and results should be published for the public's consumption. Findings should drive future policy decisions.
- u. The sub-committee recommends that EMS, emergency departments, hospitals and mental health and substance abuse units be funded for anticipated increased capacity to appropriately and clinically address future increases in drug use.
- v. The sub-committee recommends that New York State sets aside money for unforeseen costs to public health agencies in New York State.
- w. The sub-committee recommends distinguishing between decriminalization and legalization, and recommends decriminalization as a potential first step during policy development.
- x. The sub-committee recommends a collaborative approach between government, health providers (including hospitals,) and community partners in working together to limit dangers of a regulated marijuana, and all substance abuse.

ACKNOWLEDGEMENT

The sub-committee chairman would like to thank all sub-committee members for their vital involvement, and to members of the public who sent in their opinions, literature, and information with the purpose of making this a successful sub-committee.

Respectfully submitted:

Lawrence E. Eisenstein, MD, MPH, FACP,
Nassau County Commissioner of Health,
Public Health Sub-Committee Chairman

Nassau County Treatment Subcommittee Report

The Treatment Subcommittee was charged with assessing the potential impact of marijuana legalization on substance abuse treatment programs in Nassau County and how opting in/out of New York State's regulated adult use marijuana program might impact demand for services, access to care and financing for local treatment providers.

The group, chaired by Dr. Jeffrey Reynolds, President/CEO of Family and Children's Association (FCA) held a Treatment Roundtable from 9:00am-11:00AM on Tuesday, February 20, 2019 at FCA's admin offices located at 100 East Old Country Road in Mineola. Participants included the following:

Michael Delman MD, FACP, FACG, DFASAM

Assistant Professor of Medicine

Zucker School of Medicine @Hofstra/Northwell

President, New York Society of Addiction Medicine

Medical Director Seafield Center

Jeffrey Friedman

CEO, CN Guidance and Counseling Services

Jaymie Kahn-Rapp, MPA, MSED, LMHC, CRC

Assistant Vice President of Addiction Treatment and Recovery, FCA

Claudia Boyle, MSED

Associate Director, Hispanic Counseling Center, Inc.

Timothy M. Page, CASAC

Clinician, Seafield Mineola

Claudia Ragni, CASAC

Owner/Director, Kenneth Peters Center for Recovery

Christine Casiano

Vice President and Chief Operating Officer, Outreach

Steve Chassman, LCSW, CASAC

Executive Director, LI Council on Alcoholism and Drug Dependence (LICADD)

A discussion guide distributed prior to the meeting asked participants to focus their comments on the following key questions:

1. What percentage of your patients currently identify marijuana as a primary or secondary drug of choice? Does it differ by demographics – age, gender, race, etc.?
2. What does treatment look like for that population?
3. How might demand for treatment change if marijuana were legalized?
4. Do we have treatment or other services in Nassau for young people who are using marijuana?
5. Would insurance carriers provide reimbursement for low level marijuana dependence?
6. What services, if any, should be strengthened, expanded or created if marijuana is legalized in New York?
7. How should those services be funded?

Intentionally brief, this report is not designed to fully explore all of the mental health effects and addiction treatment implications associated with cannabis use, nor is its primary purpose to offer an opinion on marijuana legalization. Instead, we raise issues of concern that will likely require the County's attention.

Cannabis Use Disorder

According to SAMHSA, cannabis is the most commonly used illicit drug in the United States, with an estimated 19.8 million people aged 12 years or older (7.5% of the population) reporting past-month use. Recent data suggest that 30 percent of those who use marijuana may have some

degree of Cannabis Use Disorder (Hasin DS, Saha TD, Kerridge BT, et al., 2015) and in 2015, about 4.0 million people in the US met the diagnostic criteria for a Cannabis Use Disorder. This figure comes from the 2015 National Survey on Drug Use and Health accessible here: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm>

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairments, such as health problems, disabilities, and failure to meet major responsibilities at work, school, or home.

Cannabis Use Disorder (CUD), classified as mild, moderate or severe, is defined as a problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:

- Cannabis is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
- A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
- Craving, or a strong desire or urge to use cannabis.
- Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
- Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
- Recurrent cannabis use in situations in which it is physically hazardous.
- Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
- Tolerance, as defined by either a (1) need for markedly increased cannabis to achieve intoxication or desired effect or (2) markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either (1) the characteristic withdrawal syndrome for cannabis or (2) cannabis is taken to relieve or avoid withdrawal symptoms.

Those studies suggest that 9 percent of people who use marijuana will become dependent on it (Anthony, Warner, Kessler, 1994; Lopez-Quintero C, Pérez de los Cobos J, Hasin DS, et al., 2011) but that number increases to 17 percent in those who start using in their teens (Anthony, 2006; Hall & Pacula, 2003).

Treatment of CUD usually involves behavioral therapies, such as cognitive behavioral therapy, contingency management, and motivational enhancement therapy. Self-help groups, psycho-educational groups and online tools/apps can be a useful adjunct to other treatment approaches. There are no FDA-approved drugs for cannabis use disorder, but research is underway in this area.

New York State's SUD treatment continuum includes the following: Crisis Stabilization; Inpatient Treatment, Outpatient Treatment; Opioid treatment; and Residential Treatment Services. Treatment protocols for Cannabis Use Disorder are generally provided via community based outpatient treatment centers, though the concomitant use of alcohol or other drugs and/or the presence of co-occurring mental health disorders may dictate a higher level of care. Adolescent marijuana users, for example, often present with multiple mental health and behavioral issues that are best addressed in a structured residential facility.

Substance Use Disorder (SUD) services are licensed, regulated and in many cases, funded by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) in conjunction with the Nassau County Department of Mental Health, Chemical Dependency, and Developmental Disabilities Services, who serves as the Local Government Unit (LGU) responsible for coordinating care. Outpatient services are delivered by 30+ local clinics in communities across Nassau with the Village of Hempstead having the highest concentration with four outpatient centers.

While more detailed information is likely available from NYS OASAS upon request, data currently available on the state agency's website indicates that of the 98,088 New Yorkers participating in treatment programs on an average day in 2017, 11,926 or 12% of them were there for marijuana dependence.

Key Findings

Treatment providers were unanimous in expressing their concerns about the potential legalization of marijuana in New York State citing the potential impact on minors, people at risk for, and with a history of addiction, those with mental health disorders and a treatment system strained to breaking point by the opioid and heroin crisis.

While the scientific literature is conflicting and insufficient to support whether marijuana is a compliment or substitute for alcohol or other drugs, all of the treatment providers present – with a combined more than 100 years' worth of local experience noted – that every heroin/opiate user they have encountered has used marijuana and that vaping, tobacco, alcohol, and marijuana are well-worn pathways to addiction.

Some treatment providers noted that commercial insurance companies routinely refuse to pay for substance abuse treatment related to problem cannabis use, often postponing reimbursement until the problem worsens, the patient suffers criminal justice or school-related consequences or the patient moves on to heavy use of alcohol or drugs. This reflects a missed opportunity.

Treatment providers also noted that because marijuana use is currently illegal, courts can mandate problem users into evidence-based treatment; that leverage will be lost if marijuana becomes legal.

Substance use treatment providers expressed uncertainty about how to properly manage medical marijuana patients in clinical settings, especially those using moderate or high THC products. Along those lines, the group also noted emergency regulations promulgated by the NYS Department of Health naming opioid replacement as a qualifying condition for medical marijuana

(https://regs.health.ny.gov/sites/default/files/pdf/emergency_regulations/Medical%20Use%20of%20Marihuana_3.pdf) and expressed concerns about the merging of New York's regulated medical marijuana program and the proposed recreational program.

Committee members highlighted the need for additional training related to assessment and screening for CUD, a need supported in post legalization studies in Colorado. Marzell, Sahker and Ardnt (2007) found, for example, that adolescent treatment admissions for marijuana increased in Colorado, but that the severity of drug use among participants has dropped. They concluded: "This study highlights the importance of identifying youth in actual need of treatment services and not overlooking tools such as screening, brief intervention, and motivational interviewing as effective for varying levels of marijuana use by youth."

More research is needed on interventions to decrease use, promote abstinence, and prevent relapse of cannabis use. Roundtable participants expressed concern about public consumption and said that patients in recovery now routinely discuss marijuana smoke as a potential trigger for relapse.

Barriers to CUD treatment identified by subcommittee members and supported in the scientific literature included the belief that treatment was not necessary to quit, a shared sense among patients and their families that the problem did not warrant treatment, and stigma associated with seeking help (Ellingstad, Sobell, Sobell, Eickleberry & Golden, 2006).

Because CUD has been significantly and positively associated with numerous psychiatric conditions, including bipolar disorder, depression, panic disorder, and generalized anxiety disorder (Stinson, Ruan, Pickering & Grant 2006), CUD assessment and treatment must include a strong mental health component.

The state legalization of a drug that remains illegal under federal law has created uncertainty in various areas of law. The Drug Free Workplace Act, requires that all federal grant recipients and federal contractors adopt a zero tolerance policy at their workplaces and certify to the federal government that their workplaces are drug free. In addition to this certification, these employers generally must: Develop and publish for employees a written policy and ensure that employees

read and consent to the policy as a condition of employment; Initiate awareness programs to educate employees about the dangers of drug abuse, the company's drug workplace policy, any available drug counseling, rehabilitation and employee assistance programs, and penalties that may be imposed on employees for drug abuse violations; Require that all employees notify the employer or contractor within five days of any conviction for a drug offense in the workplace; and make an ongoing good faith effort to maintain a drug-free workplace. These provisions may apply to the County as whole, individual departments.

Recommendations

- Nassau County should gather and maintain comprehensive data related to addiction treatment admissions so as to accurately gauge any changes in service demand and utilization related to marijuana use among children, adolescents and adults.
- New York State should allocate at least \$5 million in the FY 2019-2020 budget for a public health campaign focused on reducing marijuana use. Absent action from NYS, Nassau County should fund and execute such a campaign that includes paid media television, radio and print placements, social media and outdoor advertising.
- All nonprofit agencies receiving County funding, especially from the Office of Youth Services (OYS) and the Nassau County Department of Mental Health, Chemical Dependency, and Developmental Disabilities Services should receive extensive professional training related to marijuana use and dependence among young people and families.
- County funding for Nassau County's youth-serving agencies – which has remained stagnant for many years – should be increased to build capacity and programming designed to decrease use, promote abstinence, and prevent relapse of cannabis use among Nassau's young people.
- In order to address an anticipated increased demand for services, Nassau County should support increased funding for organizations providing substance use prevention, treatment and recovery services and should specifically ensure that a portion of the County's share of tax revenues is designated for these purposes.
- Nassau County should support and fund the development of low-threshold CUD treatment services for young marijuana users and their families in NYS OASAS-licensed treatment facilities and in other settings.
- Nassau County should support and fund the development of legal/vocational services that would help those with marijuana related convictions verify that their criminal records have been sealed or expunged and that they are well-prepared for success in the workforce.

- Nassau County should assess how marijuana legalization would impact its treatment courts, forensic mental health services, probation policies and procedures and reciprocal referrals with behavioral health and housing providers.
- Nassau County should assess to what extent marijuana legalization would impact its own Employee Assistance Program (EAP) for county employees and external referrals for Screening, Brief Intervention, and Referrals to Treatment (SBIRT).
- Nassau County will need to investigate whether potential conflicts between state and federal law and provisions in the Drug Free Workplace Act could impact federal funding to the County as a whole, individual departments within the County or local nonprofit organizations providing health and human services.
- Judges in courts across Nassau County will need to be better trained about how to incorporate treatment/education requirements in judicial proceedings that involve marijuana and especially as it relates to minors.
- Nassau County should ensure that just as marijuana retail outlets may not be located near schools or places of worship, they should not be located near chemical dependency treatment centers, day care centers, youth agencies or recovery centers.

Nassau's Heroin Task Force provides a useful blueprint for advancing substance use prevention, access to treatment, recovery support and community collaborations that bring law enforcement, treatment providers, educators and community leaders together. The name, mission and activities of the Task Force could be formally expanded to include other substances, including marijuana; alternatively, another group should be appointed to address the ongoing impact of legalization.

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Nassau County Taxation and Finance Subcommittee Report

On January 23, 2019, I was asked by County Executive Laura Curran to be one of the eight members of a committee to make recommendations and comments with respect to the Governor’s proposal to legalize marijuana in New York State. I was also asked to form a subcommittee of three Nassau County village officials to assist me. Appointed were Westbury Mayor Peter Cavallaro, Great Neck Plaza Mayor Jean Celender and Hempstead Mayor Don Ryan. Deputy Mayor Charles Renfroe attended in place of Mayor Ryan. I appreciate their input and assistance.

There is a significant amount of literature on the safety and many other concerns with respect to the use, in various forms, of marijuana and cannabis. Also, there is a substantial amount of relevant data in the [Colorado Report]. We will not attempt to repeat or summarize except to the extent relevant to our comments. Our opinions and recommendations are included on the following pages.

Ralph Ekstrand - Mayor, Village of Farmingdale

Task Force Member

1. *Opt-Out*

The Task Force would urge the County Executive’s Committee (“Committee”) to advocate in favor of an opt-out by Nassau County. (see opt-out provision of the Budget Bill Section 132(1)).

While the argument that Suffolk County and New York City are likely not to opt-out is a strong reason for Nassau not doing so, we believe there are several reasons that dictate for Nassau’s opt-out:

- Increased net government costs, administration and services
- Negative impacts on society and individuals
- Moral hazard (i.e., the state should not be facilitating the availability and ability to consume a product that has demonstrably been shown to have negative health and societal costs and impacts); i.e., the “slippery slope” argument
- Little, if any, net tangible economic or other benefit (after giving effect to the negative costs and impacts)
- Cost of establishing and maintaining Office of Cannabis Management.

2. *Local Zoning*

The Law seems to make clear that local municipal zoning laws would be able to be adopted to restrict sale locations. A number of villages have taken that approach including the villages which, in 2016 (when medical marijuana was first legalized), adopted a local law restricting the sale locations of medical and recreational pot to certain zoning districts. Other municipalities have recently acted to either restrict the sale locations (e.g., Mineola), or outright ban the sale within their jurisdictions (e.g., Munsey Park village and Town of North Hempstead). While we believe the latter (outright ban) would be unenforceable according to the Law as currently written, laws that seek to restrict (not ban), like Westbury’s and Mineola’s, would seem to be valid. (See preemption provision of the Budget Bill Section 132(2)).

However, the Law should be clarified and strengthened to make clear that towns and villages can utilize their home rule to:

- Zone sale locations similar to “Adult Uses”
- Zone sales out of their communities all together
- Impose stricter restrictions on where recreational marijuana may be used than those permitted under the Law as drafted
- Require that licensing process include a certification from the village or town that the location is legally permitted to have the use
- Require, regardless of license type, that the village or town where the facility to be licensed is located of the application, affording the municipality to give its opinion as to the suitability of the location

3. *Licensing & Permitting*

(See Section 61ff of the Budget Bill)

Each bill version creates a plethora of licenses (and additional permits) that span the production, distribution, transport and sale of the product. Each license and permit has its own requirements.

a) Section 64 of the Budget Bill provides criteria to be used by the State to approve locations to be licensed. These criteria do not include local zoning approval. That should be added as a requirement to preserve home rule.

Also, the Law should require advance notice to the village or local municipalities of any application for a license to operate within its borders. While the Senate version of the bill would require that the applicant give written notice to the local municipality of any application, affording the village or town to object or express an opinion, the Budget Bill version (Section 73) only requires such notice in the case of an “Adult-use retail dispensary” license and none of the other types. That seems like an arbitrary omission that should be fixed, particularly since some of the licenses entail the on-site consumption of the product, not just the sale for off-site consumption.

Even if the site is properly zoned, a village or town may want to add factors that weigh on the selection criteria about the suitability of the particular site. Further, towns and villages within some specified distance (e.g., at least 2500 feet) of a potential facility should also be notified in order to give them an opportunity to provide input, as impacts are likely to affect them as well (not only the municipality in which the site is located).

b) Section 130 of the Budget Bill provides for 10 different permits (as opposed to licenses) for various parties in the chain of production/distribution for pot. The authority to issue these permits is in the discretion of the executive director of the new Office of Cannabis Management, without the criteria or process that apply to licenses. Some of the permits relate to the growth, storage, transport, etc. of the product. The issuances of permits should be subject to the same or similar processes and criteria as licensing, including the requirement to notify local municipalities and affording them the opportunity for input.

4. *Local Impacts & Costs*

At the Legislative Hearing on February 5, 2019, it became clear, particularly from the testimony of the law enforcement and public health professionals who spoke that once legalized, the challenges that the County and local governments will face, as well as the costs to these governments, will increase dramatically, among them:

- Increased need for law enforcement (including traffic enforcement, etc.)
- Increased need for local code enforcement
- Increased public health resources
- Increased rehabilitation resources
- Increased licensing and administrative obligations
- Increased first responder expenses

Since the Law provides only a very small percentage of the revenue to be shared at the County level, where much of the impacts and costs of legalization will be felt, the revenue share is inadequate to allow these governments to adequately address these added costs. Therefore, this results in a major unfunded mandate by NYS to localities. There is no funding to village police departments, or for increased ambulance and fire services.

The fact that under the Law no revenue falls to local municipalities, like villages, makes their ability to comply and enforce this law a wholly unfunded obligation. This could very well lead to county, town and village tax increases, while the State reaps a windfall in revenue.

Police departments (including those in villages) will receive no funds to supplement their resources to cope with this matter. Villages with code enforcement responsibilities will likewise have no resources to help them administer these mandates. The small revenue share is immaterial and evidences the true intent of the Law: to raise additional new revenues for the State while preying on the massive compliance and enforcement implementation almost unfunded, to their levels of government. This is untenable.

The Law should include (similar to sales tax), and as provided in the Senate Bill, a local (county) add-on to the excise tax rate. But, unlike sales tax, the Law should mandate a specific share to all of the cities, towns and villages in the county.

5. *Revenue & Realization*

(See Article 20-C (Sections 492-496 of the Budget Bill).

Section 494(c) of the Budget Bill provides for a 2% tax on the sale of pot at retail (on top of several other taxes on the wholesale side as well). The 2% is to be placed in a trust fund account for the benefit of the county in which the retailer is located, remitted to the respective county monthly. This 2% seems to be a paltry sum compared with the revenue that the State would receive. In the governor's announcement, he estimated that the legalization of pot in New York would generate \$1.7 billion of new revenue for the State each year. This must be scrutinized critically since it is the primary reason that the State is seeking legalization (the nods to criminal and social justice notwithstanding).

Before jumping on the legalization bandwagon, for the revenue producing aspects of the Law, the County (and State) should examine if the projected revenues have come-to-pass, in those states that now have actual experience with legalization. According to the Nassau County Police Intel Department, Nassau County would receive a total of \$5-9 million. The Intel Department took the data from Colorado and extrapolating the numbers into Nassau's denser population derived that amount. However, if the State distributed on a per capita basis the amount would be for less.

Many states have seen that the revenue realized is less than that which was projected. This is due to a number of factors, including the fact that legal pot is more expensive than illicit pot and so the illegal pot market has not been eliminated; too-rosy projections and other reasons. If this is the main motivation behind legalization, more research should be conducted on this aspect to make sure that the State's projections actually justify this drastic Law and the costs and impacts it is likely to have.

6. *Provision specifically affecting village elected officials*

Section 140(3) of the Budget Bill version contains a provision that prohibits elected village officials from any interest in any of the various entities that may be licensed or engaged in the legal pot business. We would suggest that that provision should have a standard provision that exempts the ownership by any such person in a minor interest in a publicly held company that has this as a business line. That would create a safe harbor for village officials who may

unknowingly own an indirect interest, or have an immaterial interest where they exercise no control or discretion. (Note there is a similar provision in the Senate Bill version.) They may unknowingly do so by owning stock or mutual funds invested in cannabis.

7. *Recommendations*

- a) Urge the County to opt-out
- b) If enacted, the County should urge the delayed implementation of the Law for an extended phase-in period to allow the State, counties and municipalities to consider the impacts and enact regulations to flesh out the Law, develop the resources that will be required to regulate and enforce the law locally, and allow them, if they choose, to enact local legislation to limit points of sale and other permissible matters. (Section 62 of the Budget Bill both provides for immediate effectiveness.)
- c) Urge the County to push for stronger local zoning and other control on the locations of sale and use.
- d) Urge the County to push for a more meaningful revenue share, including a direct revenue share to all local governments tasked with dealing the effects of the Law. Consider a local add-on right to the excise tax for municipal revenue enhancement with mandatory sharing with towns and villages.
- e) Urge the State to allow villages and other municipalities to ban certain forms of the product (e.g., chewable or child-friendly forms such as lollipops, etc.) if they deem appropriate.
- f) Seek safe harbor for elected village officials under Section 140(3).

Memo To: Mayor Ralph Ekstrand

From: Mayor Jean Celender

Date: February 28, 2019

Re: Marijuana Sub-Committee and Local Concerns

As a member of the Nassau County Village Officials Association Sub-Committee on Marijuana Legalization in New York State, I have been requested to provide my comments on the proposed NYS law legalizing recreational marijuana. I am also an elected official (the Mayor) of the Village of Great Neck Plaza (VGNP).

Members of the Sub-Committee were provided with various documents in advance of our Sub-Committee meeting held on February 22, 2019 at Farmingdale Village Hall. Mayor Peter

Cavallaro of the Village of Westbury provided members with a thoughtful, comprehensive memorandum summarizing these materials and his review focused mainly on the aspects of legalization of marijuana that affect local governments, particular those in Nassau County that the NCVOA represents.

My memorandum is to identify my concerns as a local official in Nassau County and to provide this input for the Sub-Committee. I am also a member of Nassau County Police Department (NYPD) Commissioner Patrick Ryder's Community Council (CCC) and serve as Chair for the 10th Legislative District. CCC members have direct communication with the NCPD and at several recent monthly meetings the NCPD has presented information and expressed their concerns on legalization of recreational marijuana as a police enforcement agency regarding additional responsibilities; e.g. administrative, staffing and added traffic enforcement, including roadside tools and new test procedures to determine if a driver is driving under the influence (DUI) of marijuana in New York.

This memorandum lists various concerns about the perceived impacts on VGNP residents, business owners, and visitors from the proposed legislation insofar as it legalizes the recreational use of marijuana and authorizes the licensing of retail dispensaries of recreational marijuana. I have prepared this memorandum after consultation with our Village trustees, our Village Attorney and other local agencies, including the Nassau County Police Department and Vigilant Engine & Hook & Ladder Company (one of the ambulance providers north of the LIRR tracks that handles the majority of aided medical calls in the Village regarding traffic accidents, DUIs, emergency calls of drunkenness and impaired conduct, and transport of persons seeking medical attention at area hospitals).

1. There is an ongoing debate about the long-term health effects of marijuana, i.e., whether it is a "gateway" drug that will lead to the use of other "harder" substances and the development of addiction to these more dangerous substances. This is of particular concern in view of (a) the current opioid epidemic and (b) governmental efforts over the last several decades to reduce the use of tobacco products. The opioid crisis (prescription pain pills, heroin and fentanyl) on Long Island is well documented, and law enforcement agencies have been making efforts in recent years, with much success, to bring related deaths and addiction levels down. As for smoking, despite governmental actions in the last 50 years, more than 45 million American adults still smoke, more than 8 million are living with a serious illness caused by smoking, and about 438,000 Americans die prematurely each year as a result of tobacco use. Legalizing recreational marijuana may well impede governmental efforts to deal with the opioid crisis and to reduce the use of tobacco products. These facts should make us hesitant to legalize another potentially hazardous substance, at least until we have more time to adequately evaluate the effects of such action in other states where recreational marijuana has already been legalized. The lure of more revenue should not rush the State into adopting such legislation without sufficient study, deliberation and planning.

2. Regardless of whether legalized marijuana will cause long-term health problems, legalizing recreational marijuana will undeniably cause numerous immediate problems that local governments will have to address and deal with. These include:

- Increased educational efforts to prevent youth and persons under the age of 21 from utilizing marijuana.
- Increased costs and staffing needed for law enforcement and first responders in ambulance services to address emergency health problems caused by the recreational use of marijuana.
- Increased need for training law enforcement personnel to recognize persons impaired while driving due to the smoking or ingesting of marijuana.
- Development of reliable tests to ascertain the levels of THC in the blood of impaired drivers, and determining what constitutes “impaired driving” from marijuana, since breathalyzer and other tests being used for DUI of alcohol do not work for marijuana.
- The need for more personnel to deal with increased accident rates since THC in cannabinoids have been shown to slow response rates in drivers.

Dealing responsibly with these inevitable problems will require both time and money.

3. Therefore, VGNP makes the following two recommendations regarding the legalization of recreational marijuana:

- In my opinion, the proposed law should be pulled out of this year’s State Budget Bill and cycle and reviewed separately and at greater length. Whether you agree with legalization of recreational marijuana or not, there needs to be more dialogue, public outreach to solicit comments and legalization determined through a state-wide referendum so that the voters in New York State can determine this matter. Other states, such as Colorado, Massachusetts, Washington, Alaska, Michigan and California passed it through voter amendments, ballot measures and propositions. A matter of this significance shouldn’t be determined by Governor Cuomo and the State Legislature. There are many legitimate concerns at various governmental levels about such legislation. Before any such law is passed, it needs to move more slowly, with more deliberation, more input from stakeholders and the public, media coverage and sufficient time to rework the legislation to address the above issues and all substantive issues of concern, and then voted by the people of New York State to decide to legalize marijuana consumption for adult use.
- Provisions need to be included in the law to provide funding for local municipalities to pay for the increased costs of education, training and staff that will result from dealing with the problems described above.

4. The proposed law also allows retail dispensaries of marijuana to be located in local municipalities like VGNP. Given the experience of other states which have taken such action, it is likely that there will be an explosion of such businesses. For example, Colorado (which legalized recreational marijuana about five years ago) now has 49,000 dispensaries located state-wide, which is more than the number of 7-Elevens, coffee shops, delicatessens, pizzerias, convenience stores and fast food eateries combined.

5. While the proposed law does recognize that localities can regulate “the time, place and manner” of retail marijuana dispensaries, this is not a realistic or effective way for small geographic local units, such as VGNP, which is only a 1/3 of a square mile, to mitigate the harmful effects which such businesses may have on the “quality of life” of its residents. Some villages are just not large enough to have distinct “adult use” zoning districts or districts which keep such uses apart from residential areas, schools, etc.

6. To address this concern, we recommend that any proposed legislation allowing retail recreational marijuana dispensaries in villages have provisions along the following lines:

- Allow those counties which do not opt out of the law to nonetheless have the power to limit the number of such retail dispensaries within the county (including in incorporated areas) and to restrict such dispensaries to specific appropriate geographic areas;
- Allow villages smaller than a specified geographic area (e.g., one-half square mile) or having fewer than a specified number of retail establishments (e.g., ten stores) to prohibit such retail dispensaries entirely; and
- Allow villages in counties which have not opted out to require a special or conditional permit for such retail dispensaries, in addition to the licensing procedures at the State level, at which particularly local concerns such as parking availability, traffic, pedestrian congestion and noise can be more thoroughly reviewed.

Nassau County Education Subcommittee Report

Subcommittee Representative: Gisselle Campbell-Ham

Nassau County Task Force on the Legalization and Regulation - Education Subcommittee Report

The education subcommittee held two meetings the first one was on Thursday, March 7, 2019, at Family and Children's Association building in Mineola. The second meeting was a presentation

on research and data found on the use of cannabis and its effects on adolescence held on Wednesday, March 13, 2019, in Freeport.

Our first major concern as educators is that the legalization of marijuana will increase access and use not only by parents who secondary to being impaired will neglect their children and possibly put them in danger. Our second concern is that legalization will also increase access and use in children and teens.

- Scenario 1: A School official contacts a parent and informs the parent that they need to pick up their child from school. The parent shows up to school impaired because they ingested or smoked recreational marijuana. How can we release a child to a parent that we believe is impaired? We cannot conduct a sobriety test on a parent. As school officials how will we manage this situation?
- Scenario 2: A young school age child comes to school with a bag of what looks like candy and shares it with all his or her friends during lunch time or recess. Later on all the students have symptoms of drug ingestion. We suspect the candy contains marijuana. Most schools only have one nurse on duty, one social worker and one psychologist. How will we manage and treat these students? What if the students need to go to the hospital? A parent or school official must travel with each child, most schools do not have the staff to handle this emergency. Besides the obvious health concerns we have for our students, this situation could possibly open the school itself to liability.

Our next concern is the difficulty in detection. Schools have experienced challenges identifying marijuana baked into everyday lunch items or used in vaping devices that look like pens and USB flash drives. Schools conduct bag checks periodically. These bag checks require additional security staff and overtime which affects our very limited budgets. Schools do not have the resources to conduct bag checks every day. This challenge has especially affected high schools.

- Scenario 3: Two high school students go into the bathroom and ingesting edible marijuana at school not understanding the potency. Both students go to class, 20 minutes later one of the students begins to have a panic attack and becomes extremely anxious, he finally collapses in the classroom. A call to 911 is made as the nurse evaluates the student. The student is taken to the hospital. A few minutes later the second student becomes aggressive and gets into a physical altercation. Schools are not equipped with the staff and or resources to address all these alarming situations.

Research has shown that marijuana's negative effects on attention, memory, and learning can last for days or weeks after the acute effects of the drug wear off, depending on the person's history with the drug. Consequently, someone who smokes marijuana daily may be functioning at a reduced intellectual level most or all of the time. Considerable evidence suggests that students who smoke marijuana have poorer educational outcomes than their nonsmoking peers. For example, a review of 48 relevant studies found marijuana use to be associated with reduced educational attainment (i.e., reduced chances of graduating). A recent analysis using data from three large studies in Australia and New Zealand found that adolescents who used marijuana

regularly were significantly less likely than their non-using peers to finish high school or obtain a degree. They also had a much higher chance of developing dependence, using other drugs, and attempting suicide. Several studies have also linked heavy marijuana use to lower income, greater welfare dependence, unemployment, criminal behavior, and lower life satisfaction.

The following is a list of concerns that we concluded after a lengthy discussion at both meetings in regards to the possible ramifications the statewide legalization and regulation of marijuana will have on students' academic performance:

- Attendance to school
- Overall academic achievement
- Graduation Rate
- Students' performance on State Assessment and Regents Exams
- Students' Social and Emotional Learning
- Possible increase in school suspensions
- Possible increase in school drop outs
- Increase in mental and medical issues

As schools attempt to increase rigor and equip students with college and career readiness skills in addition to the new State Education Department Accountability measures under ESSA and the 2% tax cap on school budgets; we are now going to be blind sided with a law that will require schools to increase their support staff, educate students and parents on the potential dangers of adolescence use of marijuana. We respectfully asked that the bill be removed from the budget vote on April 1, 2019.

Multiple studies have shown increased learning deficits in teens who use marijuana. A recent study in 2012 found that those who used cannabis heavily in their teens and continued through adulthood showed a permanent drop in IQ of 8 points.

- Marijuana continues to negatively affect attention span, memory, learning, and intelligence after the intoxicating effects of the drug have subsided.
- Youth who are persistent cannabis users had significantly more memory and attention problems; easily getting distracted, misplacing things, forgetting to keep appointments, or returning calls.
- Youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youth with an average grade of A.
- Because marijuana use affects brain development, it is consistently associated with poorer academic grades and a reduced likelihood of graduating from school.

- Impact on Youth Health and Mental Health · Marijuana use can worsen depression and lead to more serious mental illnesses such as schizophrenia, anxiety, and even suicide. Marijuana use during adolescence is directly linked to the onset of major mental illness, including psychosis, schizophrenia, depression, and anxiety.
- A person's risk of a heart attack is increased four-fold during the first hour after smoking marijuana.
- Youth marijuana use rates in Adams County Colorado increased from 19% in 2010 to 29% in 2012.
- Impact on Dropout Rates · Compared with their nonsmoking peers, students who smoke marijuana are more likely to have lower grades and to drop out of high school.
- Meier, M.H., Caspi, A., et al. Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. October 2012.

Nassau County Small Business Subcommittee Report

Nassau County Executive Laura Curran requested that I be a part of the eight-member Nassau County Task Force on Marijuana Legalization & Regulation. As president of the Nassau Council of Chambers of Commerce which is an umbrella organization representing 40 chambers with the voice of over 10,000 businesses throughout Nassau County but on this issue there are many different opinions and an abundance of confusion. I was asked to form a business subcommittee comprised of chamber representatives and include a diverse blend of professionals. I was asked to form a business subcommittee comprised of chamber representatives and a diverse blend of professionals. The business subcommittee met on Thursday, February 26, 2019. Members were asked to bring our discussion and information back to their business community and below are their recommendations and comments.

The most important and resounding theme I heard through many conversations was not enough time has been given to make this huge decision and more information certainly needs to be provided. Many people feel this should be put on the ballot and let the people vote yes or no to legalization of marijuana in New York State.

I would like to thank each individual subcommittee member for their time and effort in navigating this very difficult issue.

The Business Subcommittee Members:

Steven Blank- Roslyn Chamber of Commerce

Jamie Bogenshutz- Massapequa Chamber of Commerce

Frank Camarano- East Meadow Chamber of Commerce

Jeff Guilott- Millennial Strategies

Dennis Grossman- Great Neck Chamber of Commerce

Andrew Lamkin- Plainview- Old Bethpage Chamber

Julie Marchesella- Elmont and Merrick Chamber of Commerce

Mariano Ugalde- Uniondale Chamber of Commerce

Attached please find an accumulation of statements from businesses people, chamber members and personal comments and perspectives submitted by members of the subcommittee.

Submitted by

Francesca Carlow

Nassau Council of Chambers of Commerce President

March 7, 2019

- Our local businesses are opposed to the impact that this type of business will have on both quality of life and downtown areas. Members polled stated that they would rather have empty store fronts rather than the cash business of marijuana sellers.
- There are many concerns related to the legalization of marijuana that will have dire effects on our business community.
- They have expressed concerns related to public safety, especially as this is a cash business, and the lack of adequate police presence and resources to respond to what has emerged in other states regarding crime and violence. How do we support a move that clearly will jeopardize public safety?
- Additionally, employers are greatly concerned regarding their workforce on many levels.
 - There is no testing that can be done at this juncture to ensure that employees are not arriving to work under the influence.
 - The potential for error, theft, work mishaps and accidents, conflict with clientele and consumers greatly increases when employees are under the influence. In the absence of a testing instrument, employers are at a profound disadvantage in keeping their businesses safe and secure.
- Statistics from Colorado indicate that violent crime has increased 18.6 percent and property crime has increased 8.3 percent since 2013.

- How does the small business person, who is already struggling with exorbitant business costs survive with these types of statistics stacked against us? The lure of tax revenue to assist appears to be just that. Again, in Colorado, the marijuana tax revenue only represents approximately 9/10th of 1 percent of their total 2017 year budget.
- The research has demonstrated that this drug is addictive, that the earlier someone begins to use, the more likely they will be to develop an addiction to other substances later in life.
- Decreased IQ by as much as 8% affects not only our workforce potential, but our children and future generations to come.
- It is time that we make a stand, and perhaps chose the path that is right for all, in spite of the lures. We need to become the norm for choosing what is right compared to what might seem to be lucrative.
- Our future generations are at stake!!

1. A poll of 15 members of the Great Neck Chamber of Commerce was taken on the legalization of marijuana:

- In Favor: 66%
- Against: 33%

2. Street level store or in building out of sight: 2nd Floor out of sight 77% / street level 22%

- I am sure this will be an ongoing learning experience, but given what I have read from all and given the framework in which we are functioning this is a decent representation of where we are now.
- “Legalization” is a train coming down the Tracks and we need to learn how to deal with it by balancing all the factors & emotions.
- If affluent villages and other jurisdictions use their zoning power to effectively outlaw brick and mortar dispensaries, then they are going to be pushed to the communities most desperate for money for their commercial tax base since that's what funds school districts (like Uniondale or Roosevelt).
- In essence, we are perpetuating the century long cycle of white people from the north and south shore heading into the center of the island to buy drugs- only now the practice is out of the shadows.
- While this is better than the current black market, it still perpetuates the cycle of systemic racism that has long plagued the region. But there is a fairness aspect here- because under this scenario, the whole county reaps the tax benefits of a service that only the poorest places are willing to provide.
- The industry should be smartly regulated and that those regulations should mirror the existing constructs found within the 3 tiered wine and liquor distribution network that's already in place.
- If cannabis is seamlessly regulated between growers, wholesalers and retailers, it will create maximum profit for all parties, ensuring the highest levels of consumer protection.
- I hope to one day live in a region where people are more forward thinking.

- The Board and membership of the Chamber have expressed their opinion on the topic of marijuana legalization for the county. There has been considerable concern expressed for this proposed legislation as it appears that the impact and negative implications for our business community is profound.
- We are opposed to this legislation and urge our elected officials to consider two positions.
 - The first would be to stand and express the voice of their constituents by removing the proposed legislation.
 - We would join in with the Suffolk legislature to opt out of the sale of marijuana within the county. When all of Long Island joins together, we are stronger and may ensure healthier outcomes for our communities.
- There has not been enough time for public discussion and education to implement this important law.
- If this is to become law- the residents of New York State should have a say and a vote. Not the Governor.
- Nassau County should NOT opt out- everyone will just go to Queens and Manhattan and bring it home to Nassau. We need the money here too!
- Giving convicted felons preferential treatment and low interest loans to start a business in growing, distributing or selling marijuana make absolutely no sense.
- I suggest all chamber presidents – and members – read the state’s Assessment of the potential impact of regulated marijuana in New York State.
- I’m hearing opinions from many people who don’t have the facts regarding health issues.
- This is a problem for an organization whose first mission is to promote local business districts. Medical and recreational marijuana for adults is going to happen in New York State – as it has in 10 other states and all of Canada.
- This could be a boost for local shopping districts contending with the loss of businesses to online competitors and empty storefronts as well as commercial zones where the product might be grown, warehoused and distributed.
- If opponents prevail – a loss, sending consumers to Queens and, perhaps Suffolk County.
- It was suggested that Chambers of Commerce take the lead in supporting a new industry in Nassau that can strengthen our downtowns by educating businesses and residents about the facts.
- There is a lot of emotion based on bad information on the subject. I think it is the responsibility of the chambers to counter the misinformation with the facts and advocate for local business districts.
- I have been to several local community meetings since last we met, and thankfully the legalization of marijuana was either a hot topic or the only one.
- Communities are against it and to a large extent are still in disbelief/denial that it actually seems to be happening.
- Businesses do not want to miss out on revenue opportunities
- People and businesses do not want dispensaries in town, near homes , schools, local businesses
- Many people do not think that smoking or getting High is a big deal, and many do it now.

- Some people do not think that legalization will make it more popular, but will only allow us to collect tax dollars.
- Unfortunately, we are faced with the legalization coming first, then the state government along with organizations and businesses who seek to profit from it, present supposed statistics based on testing riddled with these errors.
- Rationalizing the decision after the fact instead of thinking rationally before making a decision seems to be what has happened.
- When we hear that drinking alcohol is bad, but its legal, why not marijuana too? That type of rationalizing is used by children when they try and talk their parents into something. Being an adult doesn't make those type of statements any more rational but we are expected to accept them on this and other statements flying around.
- We need to stop walking away from this potential problem.
- We can test for alcohol but not marijuana, at least not in the way or to the extent we are accustomed too.
- Even if the two evils were exactly the same (which they are not), until we can monitor them to the same reasonable degree what the heck are we talking about here?
- Unfortunately, Colorado is having more problems and all we need to do is look at them before we go in this direction. Don't let the trees block our view of the forest. State government seems to be going in the wrong direction... or maybe just cherry picking misinformation intentionally in an attempt to prove what they want.
- We have discussed this matter among the board members. It was an even split for pro and con positions. As president of our chamber I feel that our opinions are irrelevant on this matter. Governor Cuomo is in favor of legalization, so I rather spend our time and effort to prepare for how to exist and operate in legalized landscape.
- The usual concerns are:
 - People are concerned about kids and access.
 - My response if you think your teenagers can't get any drug of their choosing today than you are not having an honest conversation with them.
 - We are in favor of legalization. It would free up law enforcement to deal with real crime problems.
 - We have interested parties with military and law enforcement backgrounds looking to provide security services for legal marijuana businesses.
 - We are in favor of legalization and its economic windfall.

Nassau County Community Impact Subcommittee Report

On February 20, 2019 a sub-committee meeting of the Marijuana Task Force was held by myself, Bishop Lionel Harvey, at the First Baptist Cathedral in Westbury, NY. In attendance

were: NCPD Dt/Sgt. Croly, NCPD Analyst Hackett, NCPD Analyst Bien, Dr. Jedan Phillips, Clinical Assistant Professor Family Population & Preventive Medicine of Stony Brook University, Regina Edgeworth Thompson LMSW, Social Worker at Hempstead High School and Rev. Dr. Taylor-Walthurst Director of North Shore Child & Family Guidance Center.

The purpose of our meeting was to discuss the possibility of cannabis legalization and how to successfully inform and educate our residents. The legalization of cannabis will have an enormous effect on Nassau County families, communities and schools. We are fearful that in the wake of cannabis legalization, it will in fact amplify the amount of police interaction with our youth and community causing their families to be concerned for their increased interactions. With the increased exposure to marijuana, our youth will be more susceptible to consume cannabis which will have a direct negative effect on our schools. Today, our schools face enough challenges in fighting drug use within the student assembly, it will place more stress on our limited number of school staff and administration. Possession of cannabis by a student will remain illegal, however since it is more accessible, it's reasonable to assume the rate of student possession will drastically rise. This may adversely affect the quality of our education system.

Another cause for concern is the quality of life in the areas of the dispensaries. We know public consumption of cannabis will remain illegal, but with the legalization of possession of marijuana there will be an increase in public consumption, regardless of its legality. Additionally, in the proximity of the dispensaries there will be a surplus of consumers leading to congestion causing traffic concerns as well as difficulties in parking accommodations and other potential disturbances.

We have compiled a list of proactive ways to address and educate the community as effectively as possible:

- Utilizing local news station, radio stations and social media outlets for public service announcements
- Community meetings to include and inform religions institutions, schools, libraries, hospitals, et cetera
- Inform, educate and partner with clergy so they can in turn advise congregation
- Create a more in depth drug awareness curriculum to be implemented in public and private schools to include colleges and universities
- Open the lines of communication for administrators, social workers and support staff in schools as well as community leaders, politicians, and organizations (such as North Shore Child & Family Guidance, drug programs, Long Island Crisis Hotline and Community Centers) to express their concerns
- Visual aids for awareness strategically placed throughout communities in places like parks, rail road stations and stores
- Community leaders working in collaboration with NCPD to ensure procedural justice is exercised by officers

Nassau County Legislation and Regulation Subcommittee Report

Attendance:

- Legislator Josh Lafazan
- Omayra Perez
- Ken Heino
- Grey May
- Jamie Bogenschutz
- Cindy Wolf

The Legislator & Regulation subcommittee convened on February 26th, 2019, in the Ceremonial Chambers at the Nassau County Legislative Building.

The subcommittee began with a conversation about the pending NYS marijuana legislation, and noted the important differences between the draft senate bills and the language in the governor's budget proposal.

The subcommittee engaged in a discussion about potential legislation that Nassau County could enact ahead of potential NYS legalization, mainly to preserve quality of life for residents here in Nassau, assist law enforcement and the county in their oversight duties, and ensure that marijuana does not wind up in the hands of youths.

The subcommittee is significantly concerned about a number of outstanding questions which still lack clarity. We have also included comments from the Department of Consumer Affairs below:

- Will local agencies retain their existing regulatory control?
 - The Department of Consumer Affairs is the local office of the New York State Department of Agriculture & Markets Weights & Measures Division. They are responsible for certifying all devices used to sell commodities by weight or volume.
 - They are also responsible for package-checking; ensuring that packages containing a declared weight or volume of a commodity actually contain that weight or volume of a commodity.
 - Assuming Consumer Affairs maintains this regulatory control, they will be able to monitor the numbers and locations of state-legal marijuana sales throughout Nassau County. If they lose this control, they may not have the ability to effectively monitor locations.
 - Again, assuming Consumer Affairs maintains regulatory control, the Department intends to address adult-use marijuana businesses the same as other businesses, taking and investigating consumer complaints.
- The Legislature granted the Department of Consumer Affairs joint enforcement authority with the Department of Health over certain aspects of the Tobacco 21 initiative.

- Will the local departments retain this enforcement authority or will we be pre-empted by the state?
- Looming over the above points, how is the Department to interpret the conflict between federal law and any state law permitting the adult-use of marijuana? Particularly as it regards payments for the following:
 - Item price waivers
 - Scale inspections
 - Refunds to consumers in resolution of a complaint
 - Payment of fines to the Department (particularly as regards our Unconscionable Trade Practice violations)
- We are closely monitoring the draft bills from the Senate and Assembly, as well as the Governor's Executive Budget, to determine what steps are necessary in regards to both legislation from the Nassau County Legislature, as well as Executive Orders from the Nassau County Executive.

Glossary

Black market: illicit trade in goods or commodities in violation of official regulations.

Cannabinoid grower: a person licensed by the office, and in compliance with article twenty-nine of the agriculture and markets law, to acquire, possess, cultivate, and sell hemp cannabis for its cannabinoid content.

Cannabinoid extractor: a person licensed by the office to acquire, possess, extract and manufacture hemp cannabis from licensed cannabinoid growers for the manufacture and sale of hemp cannabis products marketed for cannabinoid content and used or intended for human or animal consumption or use.

Cannabinoids: a class of chemical compounds contained in marijuana.

Cannabis: all parts of the plant of the genus cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin.

Carboxy-THC/Hydroxy-THC: the metabolites Delta-9 THC; this metabolite may be detected for up to 30 days after consumption.

Certified medical use: the acquisition, possession, use, or transportation of medical cannabis by a certified patient, or the acquisition, possession, delivery, transportation or administration of medical cannabis by a designated caregiver or designated caregiver facility, for use as part of the treatment of the patient's serious condition, as authorized in a certification under this chapter including enabling the patient to tolerate treatment for the serious condition.

Concentrated cannabis: (a) the separated resin, whether crude or purified, obtained from a plant of the genus cannabis; or (b) a material, preparation, mixture, compound or other substance which contains more than three percent by weight of delta-9 tetrahydrocannabinol, or its isomer, delta-8 dibenzopyran numbering system, or delta-1 tetrahydrocannabinol or its isomer, delta 1 (6) monoterpene numbering system.

Concentrates: extracted from cannabis, it usually has higher levels of THC through a chemical solvent process (most widely using butane). Depending upon what is done during the extraction process, it can produce different forms of the THC product, such as oil, wax, and shatter. These concentrates are used in marijuana-infused products, such as food and drink products. These concentrates can also be smoked, dabbed, or used in oils or tinctures.

Cultivation: includes (but not be limited to) the planting, growing, cloning, harvesting, drying, curing, grading and trimming of cannabis.

Distributor: any person who sells at wholesale any cannabis product, except medical cannabis, for the sale of which a license is required under the provisions of this chapter.

Drug Recognition Experts (DREs): A police officer trained to recognize impairment in drivers under the influence of drugs other than, or in addition to alcohol.

Edibles: cannabis infused products that can come in the form of food or drinks, such as butter, pizza, snacks, candies, soda, and cakes.

Excise tax: taxes paid when purchases are made on a specific good, such as gasoline. Excise taxes are often included in the price of the product. There are also excise taxes on activities, such as on wagering or on highway usage by trucks.

Fatality Analysis Reporting System (FARS): a national database funded by the National Highway Safety Administration (NHTSA) containing a census of all fatal traffic crashes occurring in the U.S. Washington State FARS is supplemented with information from toxicology reports, death records, coroner reports, EMS information, vehicle registration, and driver licensing information.

Hemp cannabis: the plant *Cannabis sativa* L. and any part of such plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than an amount determined by the office in regulation, used or intended for human or animal consumption or use for its cannabinoid content, as determined by the executive director in regulation. Hemp cannabis excludes industrial hemp used or intended exclusively for an industrial purpose and those food and/or food ingredients that are generally recognized as safe, as governed by the Agriculture and Markets Law, and shall not be regulated as "hemp" or "hemp cannabis" within the meaning of this section.

Industrial hemp: the plant *Cannabis sativa* L. and any part of such plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than three-tenths of one percent on a dry weight basis, used or intended for an industrial purpose or those food and/or food ingredients that are generally recognized as safe, as further defined and regulated in the agriculture and markets law.

Labor peace agreement: an agreement between an entity and a labor organization that, at a minimum, protects the state's proprietary interests by prohibiting labor organizations and members from engaging in picketing, work stoppages, boycotts, and any other economic interference with the registered organization or licensee's business.

Manufacture: the production, preparation, propagation, compounding, cultivation, conversion or processing of a controlled substance, either directly or indirectly or by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation, compounding, packaging or labeling of a controlled substance:(a) by a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or (b) by a practitioner, or by his authorized

agent under his supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale; or by a pharmacist as an incident to his dispensing of a controlled substance in the course of his professional practice.

Poly-drug drivers: drivers involved in fatal crashes that are positive for alcohol and one or more other drugs, or two or more drugs that are not alcohol as confirmed by toxicology testing.

Schedule 1 Controlled Substances: these drugs, substances or chemicals are not currently accepted for medical use and have a high potential for drug abuse as defined in the Substance Control Act of 1970. These are the most dangerous drugs that can potentially cause severe psychological or physical dependency. Drugs in this category include: heroin, LSD, marijuana, ecstasy, methaqualone, and peyote.

Substance Control Act of 1970: regulates the manufacturing and distribution of narcotics, stimulants, depressants, hallucinogens, anabolic steroids, and illicit production of controlled substances. These drugs are placed within one of the five schedules based on medicinal value, harmfulness, and potential for abuse or addiction.

Registry application: means an application properly completed and filed with the office of cannabis management by a certified patient under article three of this chapter.

THC: acronym for tetrahydrocannabinol. THC is the mind-altering chemical found in the Cannabis sativa plant (one species of hemp), specifically in the leaves, flowers, stems, and seeds.

Vape pens: a battery operated heating element that vaporizes liquid nicotine and other substances, including cannabis concentrates and other substances.

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Appendix – Public Submissions

Wednesday, February 27, 2019 7:00 p.m. North Hempstead Town Hall
Nassau County Public Hearing: NYS Marijuana Regulation
Cathy Samuels Statement Against Legalization; Nassau County MUST Opt-Out
Town of North Hempstead and Village of East Williston, NY Resident

Good evening, my name is Cathy Samuels, since 1999, I am a resident of North Hempstead and reside in the village of East Williston. Since 2004, I have worked to prevent youth substance misuse in numerous community coalitions across the Town of North Hempstead, the City of Glen Cove and Nassau County. I am currently Project Director for Massapequa Takes Action Coalition and administer its federal Drug Free Communities Support Program Grant as well as a NYS Office on Alcoholism and Substance Abuse Services Partnership for Success opioid prevention grant.

I am gravely concerned with the rush and lack of judgement currently displayed by NYS government's push to legalize recreational marijuana. Nassau County should "opt-out" of this program.

The move to legalize marijuana is being promoted as an easy way to increase tax dollars WITHOUT ANY consideration of the costs to public health and safety. If marijuana is such a moneymaker, why is Colorado, as well as many other "legalized" states, not collecting the revenue they anticipated and also experiencing higher crime rates and public safety issues? [In Colorado](#), marijuana tax revenue only represents approximately nine tenths of one percent of Colorado's FY 2017 budget; violent crime has increased 18.6 percent and property crime has increased 8.3 percent since 2013.

I also have great concern for the hidden costs to our business sector as well as the state's disregard to public safety. According to [Quest Diagnostics 2018 Drug Testing Index](#) of the general US workforce, "marijuana positivity rises considerably in states that recently enacted recreational use statutes. Their data suggests that the recreational use of marijuana is spilling into the workforce, including among individuals most responsible for keeping our communities safe. Nevada, Massachusetts and California saw significant increases in marijuana positivity in federally mandated, safety-sensitive workers which include pilots, rail, bus and truck drivers and workers in nuclear power plants." [Legalizing marijuana will jeopardize public safety.](#)

In Nassau County, the age of onset (first use) for marijuana is 14.2 years of age; New York State age of onset for marijuana is 14.0 ([NYSOASAS YDS 2014-15 Report](#); [2014-15 YDS Nassau County](#)). According to the [National Institute on Drug Abuse](#), teens who misuse drugs before the age of 15, are more likely to have substance use problems at some point in their life. [In states where marijuana is legal, perception of harm of marijuana declines](#) and with this decline comes increased youth use of marijuana. [Colorado past month marijuana use](#) for ages 12 and older is ranked 3rd in the nation and is 85 percent higher than the national average. I believe legalization will provide easy access of this drug to our youth.

With regard to the NYS Liquor Authority overseeing a new Office of Cannabis Management, to model a new cannabis office from the existing NYSLA, businesses are not

required to train their employees regarding overserving (binge drinking/marijuana) or enforcement of underage drinking/marijuana laws.

- **How will NYS ensure that “on-premise” and “off-premise” marijuana dispensaries are not selling to minors?**
- **What training will employees have to be able to identify fake ids of youth?**
- **How will NYSLA/Office of Cannabis Management be able to ensure public safety on our roads under a “voluntary” type training system?**

NYSLA’s current recommendation for businesses to take “voluntary alcohol training awareness programs” (ATAP) is not working as witnessed by Governor Cuomo’s recent seizure of nearly 900 Fake IDS; the voluntary system does not protect the general public as DWI arrests continue across New York State and Nassau County. Following this model will only provide youth access to marijuana and unleash further havoc on our public roads as youth drive under the influence of marijuana and use fake ids. **It is unacceptable and irresponsible for NYS to use its “Voluntary” Alcohol/Marijuana business training model.**

- In Nassau County, 11.5% of youth in grades 7-12 already report driving under the influence of marijuana and other drugs (*NYSOASAS YDS Report 2014-15 Nassau County*). In addition, in 2018, Nassau County Police Department recorded 1,574 DWI arrests. **How will police determine if drivers are under the influence of marijuana?**
- **What resources will New York State provide to local police departments to provide DWI Marijuana patrols?**
- **What resources will Nassau County provide DWI Marijuana patrols?**
- **What resources will New York State provide to local police departments to monitor marijuana dispensaries to ensure they are not selling to youth?**
- **Who will pay for “Project 21” Sting Operations which ensure businesses are following underage drinking/marijuana laws?**
- **Will NYS establish a state-wide Food and Drug administration for marijuana?**

- **Who will assume the liability that these products are “safe”?**
- **How will the Office of Cannabis ensure that the potency of marijuana will remain constant? For example, liquor is 100 or 40 proof, etc. [In Colorado potency of marijuana continues to increase](#) as the average THC content of all tested flower in 2017 was 19.6 percent statewide compared to 17.4 percent in 2016, 16.6 percent in 2015 and 16.4 percent in 2014.**

The fact is not all New Yorkers or Nassau County residents are in favor of legalization. States like Illinois, Vermont, North Dakota, New Hampshire and Rhode Island have all resisted legalization.

Nassau County should opt out. New York State should not vote for this legislation. We should not endanger our families and communities. Our children’s and New York State’s residents' future depends on it.

First, let me ask if anyone here has actually read the entire bill that supposedly legalizes recreational marijuana? I would venture that few have, because if you did, you would be outraged to find that it does way more than that – as if that by itself is not something the public DOES NOT WANT.

1. ***Did you know that the proposed Executive Budget:*** Gives ONE person -- the Executive Dir. of the Office of Cannabis management - exclusive jurisdiction over registration, licenses, production, distribution, transporting, selling, or trafficking in cannabis, medical cannabis, and hemp cannabis? The multi-person State Liquor Authority at least has bi-weekly public Board Meetings. Why the total lack of transparency here???
2. ***Did you know that the proposed Executive Budget:*** Virtually exempts this industry from almost every other restriction placed on doing business in New York?
3. ***Did you know that the proposed Executive Budget:*** Specifies that cannabis products can be sold in street level stores, an arcade, or a sub-surface thoroughfare leading to a railroad terminal? So pot could potentially be sold in your local storefronts, convenience stores, your local mall, bodegas, coffee shops, and MTA railroad stations – places our children frequent every day!
4. ***Did you know that the proposed Executive Budget:*** Gives special protection under the law for convicted drug offenders and dealers so they can manage stores and distribution locations in your communities -- on your street corners -- in our malls -- where our children walk by every day. In fact it actually encourages this! Is that what we want in our neighborhoods?
5. ***Did you know that the proposed Executive Budget:*** Allows 18 year olds to be hired to sell, dispense, or handle cannabis even though the legal age for use is 21? You can't even serve alcohol at 18. This is nuts.
6. ***Did you know that the proposed Executive Budget:*** Allows for a special use permits for Warehousing the storage of cannabis products at a location not otherwise registered or licensed by the office. That's what we want in our county, warehouses filled with pot???!?
7. ***Did you know that the proposed Executive Budget:*** A municipality may express an "opinion" on granting of an application, however, the Office of Cannabis Management makes the final determination to grant or deny an application. So some bureaucrat in Albany is going to okay the pot shops, cafes, and lounges on your block.....
8. ***Did you know that the propose Executive Budget:*** prohibits advertising only 200' from schools, playgrounds, child care centers, public parks, and libraries. Someone with 20/20 vision could read a license plate from that distance. This is hardly protecting our youth.
9. ***Did you know that the proposed Executive Budget:*** Did you know that no school or landlord may refuse to enroll or lease to, and may not otherwise penalize a person solely for conduct under this law? So someone in Albany is going to tell me that your kids might be forced to sit next to a former drug felon in class and that I have to rent out my house to a convicted drug felon?

10. ***Did you know that the proposed Executive Budget:*** Proposes that no person, registered organization, licensee or permittee shall be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including but not limited to civil liability or disciplinary action by a business, occupational or professional licensing board or office.
- Will a doctor be have the right to perform surgeries stoned and not be liable?
 - Will an airplane pilot have the right to fly stoned without liability or penalty!
 - Will my bus driver or railroad engineer be able to drive me while under the influence without penalty?
 - Will a school teacher have the right to educate students stoned?
 - Will my right to enjoy pot free air in my own backyard be eliminated because others wish to smoke pot and I don't?
 - What about drug testing a much needed tool to protect the public? Will that be eliminated to protect stoned workers on the job?
11. ***Did you know that the proposed Executive Budget: Prohibits*** the police from cooperating with any federal agency in enforcing the federal controlled substances act – something that covers all drugs, not just legalized marijuana. How does this prohibition protect the health, safety, and welfare of the public? Nowhere in this bill does it state that the Office of Cannabis Management will work together with law enforcement agencies across the state to ensure the industry is regulated in a fair and consistent manner for all citizens of this state, not just for the cannabis consumers. That cooperation is part of the mission statement of the State Liquor Authority. Why not the same for the OCM?
12. ***Did you know that the proposed Executive Budget:*** Unless an employer establishes that the lawful use of cannabis has impaired the employees' ability to perform the employee's job responsibilities, it shall be unlawful to take any adverse employment action against an employee. Stoned workers jeopardize everyone's safety. Do you want a window washer on a scaffold stoned? Do you want a restaurant worker preparing your food stoned and ignoring fatal food allergies in customers? I could list a thousand such professions.
13. ***Did you know that the proposed Executive Budget:*** States that the Office of Cannabis Management is authorized to promulgate rules to prevent drugged driving yet there are no safeguards in place under this law. Our law enforcement are currently not equipped to effectively detect drugged driving. Who is protecting our civil liberties to have the right to drug free roads?

The bottom line is, what kind of insanity is this? What kind of person put pen to paper to write this? Does the Governor even know all the gnarly details that are in this bill? We can't imagine he would support them if he did. And we call on him and on the six newly elected Senators from Long Island, as well as our existing Senators to reject this absurd initiative.

We are tired of hearing that this is a DONE DEAL. It should be a DEAD DEAL before it actually kills someone!

Wednesday, March 13 2019

Via e-mail to: pryder@pdcn.org

Nassau County Police Commissioner Patrick Ryder, Co-Chair
Nassau County Legislator Josh Lafazan, Co-Chair
Nassau County Task Force on Marijuana Legalization and Regulation

Re: Cited facts and statements supported by research and studies documenting the benefits of the legalization of the responsible adult use of cannabis.

Empire State NORML along with local affiliate NORML Long Island, chapters of the National Organization for the Reform of Marijuana Laws would like to submit the following fourteen documents to be included in the official record and forthcoming report by the Nassau County Task Force on Marijuana Legalization and Regulation, commissioned by Nassau County Executive, Laura Curran.

These documents are digital copies of fact sheets originally created by our national parent organization, the National Organization for the Reform of Marijuana Laws and were originally accessed from <https://norml.org/marijuana/fact-sheets> . All facts and statements are supported by cited research in scholarly publications and sources.

Highest Regards,
Troy Smit

Deputy Director,
Empire State NORML

Testimony before the Nassau County Task Force on Marijuana regarding the potential legalization of marijuana by New York State and its impact on Nassau County, February 27, 2019 at the North Hempstead town hall.

Good evening, my name is John Fabio, longtime resident of the Town of North Hempstead, civic leader, educator, and former Town of North Hempstead Councilman.

First, I want to commend Supervisor Judi Bosworth and the members of the North Hempstead Town Board for exercising leadership and courage as the first municipality to recognize the folly of this proposal to legalize the use of marijuana, by banning its sale in the town.

I hope Nassau County legislators will find the political courage to follow the lead of North Hempstead and vote to opt out from this impending public health disaster.

I want to focus my comments solely on the dangerous implications and concern for our youth.

First my credentials, I possess a Master of Science degree in Education, New York State certification in Health Education, and earned my New York State Credentialed Alcohol and Substance Abuse Counselor (CASAC) certificate.

Now my background: For 30 years I served as both a drug counselor and supervisor with the then New York City Board of Education high school SPARK drug abuse intervention and prevention program. Five years as a high school SPARK counselor followed by 25 years overseeing the operation of the SPARK program in 25 Queens public high schools.

I am here tonight not to quote statistics or discussed studies on adolescent drug abuse, but to share personal anecdotal information of the harm I have witnessed over 30 years working with thousands of adolescents in the high school setting who have frequently used marijuana.

Almost universally these adolescents:

- **Had low academic performance due to impaired learning ability**
- **poor grades- many behind in credits needed for graduation**
- **high rates of school truancy**
- **prone to petty criminality such as shoplifting**
- **many involved with gangs**
- **had conflictual family problems**
- **had school discipline problems – cutting class, hanging out**
- **exhibited more risk-taking behavior than non-drug using peers**
- **and in many cases began experimenting with more potent drugs**

This is only a partial list, I could go on further.

We all recognize that adolescence is a very stressful stage of development, overlay that with today's emphasis on social media, extreme peer scrutiny and evaluation, cyber bullying, disruptive family situations, a celebrity and media culture that promotes unhealthy and risk-taking behavior and now throw in the recent troubling vaping craze.

Unable to employ healthy coping skills, many adolescents turn to self-medicating with stress relieving drugs like alcohol, marijuana and pills such as Xanax. Do we now need to overlay another legal problematic drug with the ones that already exist in alcohol and nicotine– I hope not.

What message will we send to our vulnerable youth by legalizing today's very potent marijuana – That it's okay , but lost in the fine print – not for the developing adolescent brain. Marijuana is not a risk free alternative. I hope Nassau County legislators will heed the advice of virtually every public health and law enforcement official of the dangers of legalizing recreational marijuana use and vote to opt out.

**Remember once this evil genie is out of the bottle it cannot be put back in.
Thank you.**

REMARKS OF RUTHANNE McCORMACK

Aside from the merits -- or lack thereof -- of legalizing recreational marijuana, and in light of the tax revenues promised to local governments that would NOT be available to localities that "opt out," let's put those revenue "estimates" -- and I repeat, ESTIMATES -- in perspective.

As you know, the State is currently wrestling with closing a mammoth budget deficit of \$2.3 to \$2.8 billionwith larger deficits in the out years. With such enormous holes already facing the State, the legalization of cannabis at this time, which initially promised paltry tax revenues of \$300 million Statewide -- and even at that, not until 2021, or beyond -- makes even less sense.

We find it interesting that after we raised the issue of just how paltry that amount was, they **magically** grew overnight, more than doubling in yesterday's press accounts from the Governor and Mayor DeBlasio from \$300 million to over \$600 million. The recalculation appears to be based on a 15% -20% tax on retail sales at \$374 an ounce. Now there's a set of premises that will most assuredly drive buyers to the underground marketplace, which puts a HUGE question mark after **THAT** estimate!

But whether its \$300 million or \$600 million -- and you all know what things cost -- the number will easily be dwarfed by the increased cost of: law enforcement activities; health care provision; mental health services; substance abuse counseling; school/adult education programs, and; already overburdened not-for-profit treatment centers. You heard that loud and clear from all those groups at your hearing two weeks ago.

But there's more. Subtract the annual \$30+ million cost for the State Office of Cannabis Management.

Subtract the monies that the Senate Majority Leader wants set aside for disproportionately impacted neighborhoods.

Subtract the monies that we just learned from the press conference yesterday that will be pledged to help plug the MTA's latest \$500 million budget deficit.

Then subtract the intangible cost of the pain and anguish visited on communities of every demographic already struggling with *opioid* abuse.....and you can estimate how much will be left over to share with New York's 62 counties, 932 towns, 62 cities, 10 Native American Reservations, and over 3400 local governments. Not much. The promise is disingenuous and rings hollow. Don't fall into the money trap.

What **IS** very clear, however, is that at the same time government costs and societal impacts will rise, the "Cannabis Industrial Complex" which is actively spending money pushing something on the public it didn't ask for, will be the only ones laughing all the way to the bank.

What really needs to happen here is that our State Legislators need to stop and take a breath and take into consideration ALL these issues BEFORE they ram this monumental shift in drug policy through in a late night, closed-door, backroom deal. If they do, it will ignore community input -- and growing opposition here on Long Island, which you, and each of Nassau's Town Governments have heard loud and clear.

Simply put, what is the rush? Are we racing to beat New Jersey? This is a race where the winner may be the one that doesn't even cross the finish line!

Tell all our Senators to stop this now. And do whatever it takes within **your** power to send a message that we don't want this -- and we certainly can't afford this -- in Nassau County. OPT OUT is the bare minimum you should be doing.

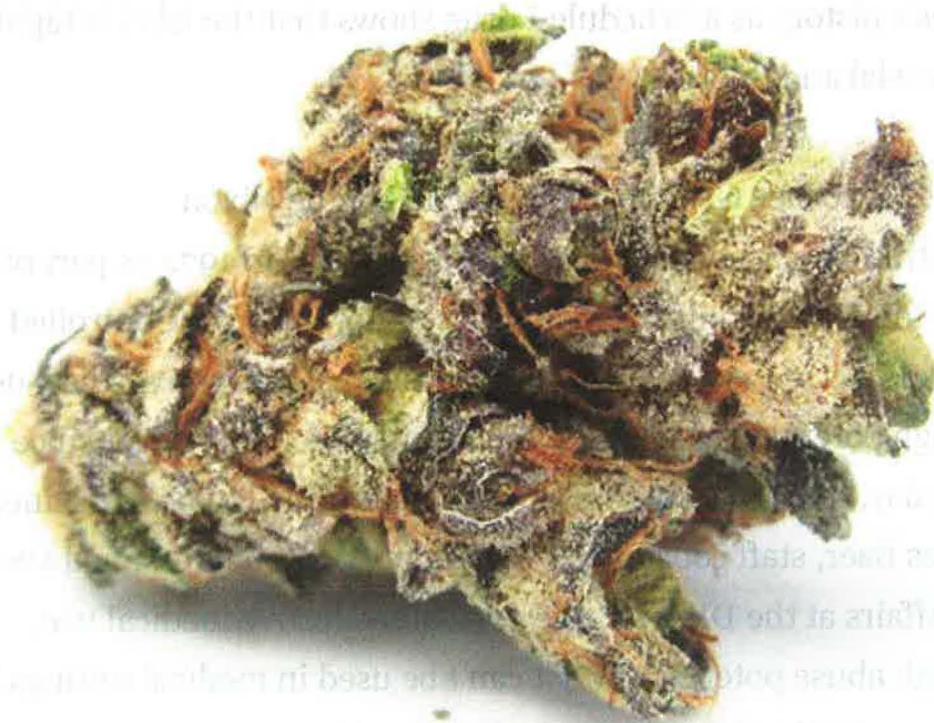
Thank you.

POLICY & ETHICS

The Science behind the DEA's Long War on Marijuana

Experts say listing cannabis among the world's deadliest drugs ignores decades of scientific and medical data. But attempts to delist it have met with decades of bureaucratic inertia and political distortion

By David Downs on April 19, 2016 [Véalo en español](#)



Raw cannabis flower bud. Credit: David Downs

“Of course cannabis has medical uses,” says University of California, San Francisco integrative oncologist Donald Abrams, one of the few researchers who have been able to obtain extremely limited, government-approved supplies of research cannabis for human trials. “It’s pretty clear from anthropological and archaeological evidence that cannabis has been used as a medicine for thousands of years—and it was a medicine in the U.S. until 1942,” Abrams adds. “I’m an oncologist and I say all the time, not a day goes by when I’m not recommending cannabis to patients for nausea, loss of appetite, pains, insomnia and depression—it works.”



Cannabis extract solution being filtered.

Credit: David Downs

Marijuana’s placement in Schedule I did not happen in a vacuum, historians note. Overt racism, combined with New Deal reforms and

purchasing a marijuana tax stamp amounted to self-incrimination. The verdict spurred Congress to repeal the Tax Act and replace it with the more comprehensive Controlled Substances Act of 1970.

Marijuana was placed in Schedule I in 1971 provisionally, until the science could be assessed. But Pres. Richard Nixon saw pot prohibition as a way to destroy the antiwar left, according to clandestine recordings made by Nixon in the White House as well as statements from his staff to the press. Nixon convened The National Commission on Marihuana and Drug Abuse (what became known as the Shafer Commission) to engineer scientific support for cannabis's Schedule I placement. "I want a goddamn strong statement on marijuana," Nixon said in tapes from 1971. "Can I get that out of this sonofabitching, uh, domestic council? ... I mean one on marijuana that just tears the ass out of them."



down to science. That's the foundation of the argument. We're bound by that scientific and medical evaluation."

Many would disagree. Decades ago the DEA's own administrative law judge, Francis Young, recommended unscheduling cannabis in response to a petition from activist groups. Young ruled in 1988 that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care." The DEA denied the petition anyway.

In 1999, in response to California medical legalization, the Institute of Medicine found that marijuana had medical uses and a relatively low potential for abuse, leading to another round of petitioning. The DEA denied a petition again in 2011, citing a lack of available research specifically on smoked marijuana in the U.S.

Researchers say this represents a classic catch-22, as the paucity of research is the direct result of a federal blockade on such research by the DEA and the National Institute on Drug Abuse (NIDA). "The reason we don't have more data is because it's quite difficult to study. The only legal source of cannabis is NIDA, which has a Congressional mandate to only study its harms," Abrams says. Researchers also note that about two dozen countries including Israel, Canada and the Netherlands as well as several legalization states such as California and Colorado, have reams of scientific data on the safety and efficacy of smoked cannabis as well as other formulations. While NIDA's primary work focuses largely on studies involving drug abuse and addiction, the organization does fund some research on therapeutic uses for THC as well.*

which contains more than 300 types of molecules.

The FDA and Health and Human Services have given the DEA new rescheduling recommendations, but Baer would not say what they are. A potential change in scheduling could happen by summer, according to an interagency memo sent to eight lawmakers earlier this month. Marijuana's Schedule I status "really is a national embarrassment," Lee says. "It gives new meaning to the phrase, 'the big lie'. It's like saying, 'The moon is made of green cheese.' That this could remain until the present day is laughable only in that it keeps you from crying."

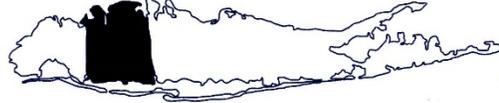
**Editor's Note: (4/20/16): This sentence was added to this story to reflect the fact that NIDA does fund some research on potential therapeutic uses of THC and other cannabinoids, in addition to its primary focus on studying drug abuse and addiction.*

ADVERTISEMENT

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David Downs

NASSAU COUNSELORS'



ASSOCIATION

Nassau County Task Force on Marijuana Legalization and Regulation

March 11, 2019

Dear Legislator Lafazan, Police Commissioner Ryder and Task Force Members,

On behalf of the Nassau Counselors' Association, a chapter of the New York Counseling Association, I am writing to voice our concerns regarding the proposed legalization of recreational marijuana that is being voted on this April in New York State. This will have a direct impact on the children and families we work with here in Nassau County as well as those statewide. The Nassau Counselors' Association is an organization comprised of K-12 School Counselors, Social Workers and Psychologists as well as College Admissions Counselors and Higher Education counselors who either live or work in Nassau County.

While we understand that legalization is likely to take place in New York State in the foreseeable future, we are stressing to you that there needs to be a plan put in place for education and prevention measures for our youth. We are already seeing an increase in our schools of vaping across the County, and, due to the nature of how it works we experience greater difficulty in its detection and monitoring. With easier access to recreational marijuana, this legalization will only increase the number of students who are using THC or CBD in addition to vaping nicotine.

The National Institute of Health's "Monitoring the Future" survey of students in 2018 reported that in "12th grade the percentage of youth who vaped marijuana within 30 days of the survey significantly increased to 7.5% from 4.9% the previous year. Similarly, in 10th grade marijuana vaping significantly increased to 7.0% from 4.3% the previous year. In 8th grade marijuana vaping also significantly increased and in 2018 it was 2.6% as compared to 1.6% the year before." (1)

According to the Partnership for Drug-Free Kids the MTF data showed that high-school seniors who live in states where medical marijuana is legal are more likely to have vaped marijuana and consumed marijuana edibles, than their counterparts who live in states without such laws." They went on to say that "clearly, we need to invest in prevention efforts and effective resources" to educate our communities on the risks associated with marijuana use." (2) While

the medical program already exists in NYS and has lowered the perceived dangers associated with using marijuana, the legalization of recreational marijuana will further lower that threshold.

This will require additional funding for our schools both at the K-12 level as well as higher education. Our staff will require ongoing professional development and we anticipate the need to hire more support staff members to allow us to handle the influx of referrals we will be seeing as a result. There will also be an increased need for support to educate our students and families.

We request that Nassau County looks at its community members when deciding whether to opt-in or opt-out of allowing for sales to take place in our County. The public will need to be educated on the new laws in addition to our youth. It will have a direct impact on our schools and communities, not just the age population over 21 who will be legally able to purchase marijuana. It is our hope that the County and State puts these measures in place prior to any sales of marijuana taking place so that we can be proactive, rather than reactive.

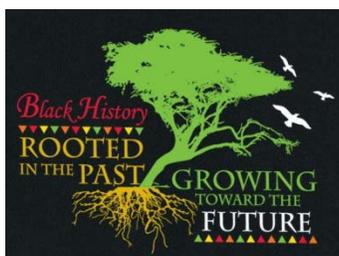
Sincerely,

A handwritten signature in black ink, appearing to read "Sue", with a long, sweeping horizontal line extending to the right.

Sue Moller
President, Nassau Counselors' Association

References:

- (1) <https://www.drugabuse.gov/news-events/news-releases/2017/12/vaping-popular-among-teens-opioid-misuse-historic-lows>
- (2) <https://drugfree.org/newsroom/news-item/partnership-for-drug-free-kids-responds-to-2017-monitoring-the-future-study/>



3/7/2019

Dear Nassau County Task Force on the Regulazation and Legalization of Marijuana in New York State,

We, the members of Black Educators Committee of Freeport, are extremely concerned with the Governor's decision to legalize marijuana in New York State on April 1, 2019.

1. Our concern, first and foremost, is for the well- being of our students' health. Studies show that the brain is not fully developed until the early 20's. There is not enough research to support the long term effects of this drug on developing minds.
2. We are concerned about the rise in the use of the drug and what the punishment of violation of said drug will be, in and out of the school environment; furthermore, the fair and just enforcement of these laws.
3. The effects of this law on all of our students, but specifically the brown and black children that make up the large percentage of the community in which we serve.

Yours in Education,

Claretha Richardson
The Black Educators' Committee, INC.

Claretha Richardson, President • 516-782-8563 • 6 Claurome Place, Freeport New York 11520

THE BLACK EDUCATORS' COMMITTEE, INC.



*"Leading for the Success of
All Students in Nassau County"*

NCCSS Position on Legalization and Sale of Marijuana for Adult Recreational Use

Executive Board

President

Michael Nagler, Ed.D.
Mineola UFSD
Mineola, NY 11501

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Valley Stream, NY 11580

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Oyster Bay, NY 11771

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Merrick UFSD
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Ms. Lisa Ruiz
East Rockaway UFSD
East Rockaway, NY 11518

Executive Director

Mr. Charles Cardillo
70 Woodedge Road
Manhasset, NY 11030
Cell 631-617-1226

The governor and our representatives are exploring additional sources of revenue to control the taxation of New York state residents. Decisions made will impact municipalities, including school districts, and will shape the programs and services delivered to state residents. We thank them for their work.

The governor's budget package includes revenues from the proposed legalization and sale of marijuana for adult recreational use. Private companies would be permitted to grow, distribute and sell marijuana to adults over the age of 21 for personal consumption. The estimated additional tax revenue would be approximately \$83 million in the first year of operation and, once the program is completely phased in, approximately \$300 million. The total state budget is \$175 billion.

The legalization of the production, distribution and sale of marijuana for recreational use is a complex issue. The NCCSS recognizes that there is a legitimate purpose in addressing the disproportionate enforcement of marijuana offenses that has resulted in disparate treatment among racial and ethnic populations. However, that solution rests with law enforcement and prosecution. Legalizing recreational use of marijuana, while tying adoption to the state budget negotiations, seems more intended to exploit marijuana's potential as a revenue source for the state, rather than to address a law enforcement inequity.

Introducing another brain-altering drug into the marketplace presents several public health concerns. Marketing marijuana use as "recreational" absurdly downplays the dangers the research makes abundantly clear, including changes in brain structure, increased heart rate, lung disorders, and in some people, depression, anxiety and even psychosis. The potency of cannabinoids has never been stronger and its surreptitious use (through vape pens and edibles) has never been easier. It is folly to believe limiting sales to adults over the age of 21 will prove successful in limiting the exposure to children, particularly in light of the state's failure to adopt Tobacco 21 legislation.

Recreational legalization will increase access and use, by the children in our care. Given marijuana's proven role as a "gateway drug," higher rates of brain damage and addiction including opioid addiction are inevitable. This will undoubtedly require more youth and adult treatment and addiction programs. Currently, schools are struggling to fund adequate mental health and social work services to students. It is shortsighted to presume the increased revenue the state is anticipating could be used to offset these new costs, and the even greater societal costs of addiction left untreated.

The Nassau County Council of School Superintendents does not support the legalization of marijuana for recreational use by those over the age of 21. We call upon the governor and our representatives to balance the need for additional revenue with the obvious public health and safety concerns.



Local 338

RWDSU/UFCW

JOHN R. DURSO
President

JOSEPH FONTANO
Secretary-Treasurer

NEIL GONZALVO
Executive Vice President

DEBRA BOLLBACH
Recorder

March 6, 2019

Local 338 RWDSU/UFCW Testimony to the Nassau County Taskforce on Marijuana Legalization and Regulation

Good Evening and thank you for the opportunity to speak at this important hearing related to the impact of legalizing adult-use of cannabis. My name is John R. Durso and I am President of Local 338 RWDSU/UFCW, a labor union that represents over 13,000 men and women employed in a variety of different industries across New York State and Northern New Jersey. Local 338 represents approximately 300 workers in the medical cannabis industry who work across the State and are responsible for growing and producing medical cannabis, as well as retailing to and counseling prescribed consumers. As stakeholders in New York's existing cannabis industry, we can provide a unique insight into what Nassau County could gain through legalization, as well as what is potentially at risk should the County chose to opt-out.

In the nearly five years since New York legalized medical cannabis, we have seen the real impact that the program has had, as well as the difference our members have made in helping those who are ill and managing chronic pain. The legalization of cannabis presents an opportunity to expand beyond the 5% of New York's population who are currently enrolled in the State's program and open the market to those who may benefit, including here in Nassau County, but who for a number of factors, are currently unable to access it.

Aside from being a potential new source of tax revenue to support County programs, legalizing adult-use cannabis poses a real opportunity for economic development, particularly in regard to the creation of family sustaining-careers and the impact that this has on local economies. Over the last year and a half, Local 338 has negotiated strong collective bargaining agreements on behalf of the industry's workers. These union contracts provide guaranteed wage increases, paid time off, full-time guarantees, quality healthcare benefits for workers and their families at no cost to them, access to a retirement savings benefit and on-the-job training, amongst other invaluable workplace protections. Many of our members have been able to transition off of Medicaid and other public assistance programs due to both their union contract and new careers in the cannabis industry. Additionally, many of our members are young and are excited to be working in what they see as a "start-up" industry, particularly as there is a need for additional education and training. The brain drain on Long Island is well-documented and we see the adult-use cannabis industry as an opportunity for innovative careers for a new generation of workers.

We understand that there are significant community concerns surrounding the legalization of cannabis. First, this is and will be a tightly controlled market. Our members are responsible for ensuring that only those consumers who are of legal-age and registered to participate in the medical cannabis program can access products. As a result, there has not been a single instance of diversion in the four years that the State's medical cannabis program has been in operation. We expect the same standards should adult-use cannabis be legalized this year. Furthermore, we fully support proposals to reinvest revenue in programs aimed at public education, substance abuse counseling, and law enforcement training.

STRONGER | TOGETHER

Our Mission: To Better the Lives of Our Members and All Working People.
1505 Kellum Place • Mineola, NY 11501 • (516) 294-1338 • www.local338.org

Finally, a key component of our organization's mission is to better the lives of all working people and we see economic and social justice as an integral part of the work that we do every day. It is well-documented that drug policies have disproportionately impacted communities of color and thereby hindered access to economic opportunities. Many of our own members live and work in these very neighborhoods across our area and can describe firsthand the obstacles that drug policies have created for not just themselves, but also their children and relatives, friends and neighbors. As a result, we recognize that cannabis legalization legislation creates an opportunity for crucial criminal justice reforms and restorative justice programs.

As representatives of the workforce of New York's cannabis industry, we provide a unique perspective as to how to create a regulated system that addresses the individual concerns of workers, the community, and the industry as we regularly interact with all three crucial stakeholders. Legalizing cannabis opens New York State to an incredible new avenue for job growth, criminal justice reform, economic opportunities for small and medium sized business, as well as increased tax revenue to fund public services. It is a rare opportunity to create a new opportunity from the ground up and we look forward to working with our local communities and Legislators to ensure that it is done correctly and with minimal local impact. However, this will only be possible provided that Nassau County not opt-out from participating in the program.

Thank you for your time and attention.

STRONGER | TOGETHER

**Our Mission: To Better the Lives of Our Members and All Working People.
1505 Kellum Place • Mineola, NY 11501 • (516) 294-1338 • www.local338.org**

SIGN IN FEBRUARY 27, 2019 TOWN OF NORTH HEMPSTEAD

email

NAME ADDRESS

JOHN FABIO

Ruthanne McColmack

Haris Bhatti

Nahuel (same as above)

Timothy Page

Samaan Aziz

LAYERIC

~~Matthew~~ Matthew Zeidman

Brooke Mauro

Philip Weiden

JOHN JOSEPH BODARICK

Marissa Gruvert

Rachel Gruvert

PETE GRIFFIN

Adam Samper

Giusselle Campbell-Ham

Barbara Jones

Nora Haapenson

JEFF STONE

Annette Jaffe

Julia Friedman

Cathy Samuels

Please send a copy of

1. Governor's Proposal
(part of budget)
2. Copy of Senate Proposal

John Joseph Bednick, D
jjbednick1@gmail.com

TO: The Honorable Governor of the State of New York and to the Members of the New York Senate and Assembly -

WHEREAS, cannabis is a Schedule I drug under federal law;

WHEREAS, the use of cannabis is, for some, a gateway drug to the use of more dangerous drugs, including opioids, and drug addiction;

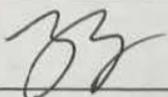
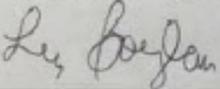
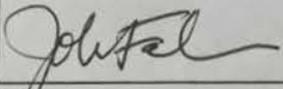
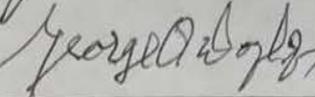
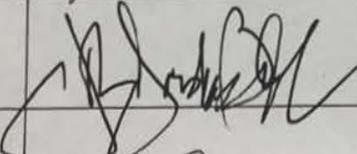
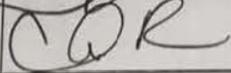
WHEREAS, the use and sale of cannabis raises concerns in neighborhoods of interfering with the use and enjoyment of property and declining property values; WHEREAS, the sale and distribution of cannabis as a place of business is a criminal enterprise under federal law;

WHEREAS, the use of cannabis increases traffic fatalities, bodily injury, damage to property, and increased costs to insurance companies which are passed along to all persons in the community; WHEREAS, the use of marijuana negatively impacts worker safety and productivity;

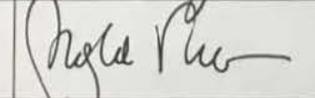
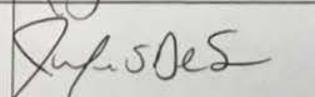
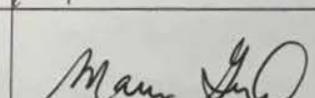
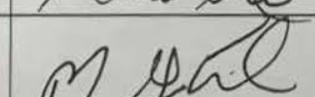
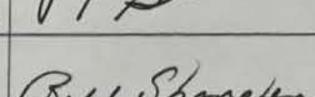
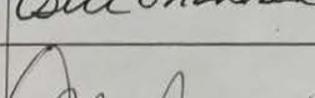
WHEREAS, the health of children, including brain development, is compromised by secondhand marijuana smoke;

THEREFORE, the undersigned residents, citizens, voters, and taxpayers of New York do hereby oppose (1) the legalization of recreational cannabis; and, (2) the legalization of cannabis for medical purposes absent the prior approval of the Federal Food and Drug Administration for specified uses.

FURTHERMORE, the undersigned supports deterrence of the use of marijuana through the prosecution of persons for the production, distribution, sale, possession for sale, and transportation for the sale of cannabis; FURTHERMORE, the undersigned supports substance abuse treatment and rehabilitation efforts for persons addicted to marijuana instead of the imposition of criminal penalties.

Printed Name	Signature	Home Address	Email	Date
Timothy Page				2/27/19
Ruthanna McElmoy				2/27/19
Liz Boylan				2/27/19
JOHN FABIO				2/27/19
GEORGE A. DOYLE, JR.				2/27/19
John Joseph Bernick				2/27/19
Christine Roberts				2/28/19
STEPHEN CASHMAN				2/28/19

WHEREAS, cannabis is a Schedule I drug under federal law;
 WHEREAS, the use of cannabis is, for some, a gateway drug to the use of more dangerous drugs, including opioids, and drug addiction;
 WHEREAS, the use and sale of cannabis raises concerns in neighborhoods of interfering with the use and enjoyment of property and declining property values; WHEREAS, the sale and distribution of cannabis as a place of business is a criminal enterprise under federal law;
 WHEREAS, the use of cannabis increases traffic fatalities, bodily injury, damage to property, and increased costs to insurance companies which are passed along to all persons in the community; WHEREAS, the use of marijuana negatively impacts worker safety and productivity;
 WHEREAS, the health of children, including brain development, is compromised by secondhand marijuana smoke;
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Printed Name	Signature	Home Address	Email	Date
David K. Chiang				2/27/19
Ingrid Vidus				2/27/19
Jennifer DeSena				2/27/19
Maura Gentile				2/27/19
Michael Gentile				2/27/19
Bill Skonken				2/22/19
Catherine Marcantony				2/27/19

Good morning Commissioner Ryder,

I am a resident of Nassau County and appalled at the thought of legalizing marijuana. There are so many negatives that are brought to the forefront and are being ignored due to the fact that we would generate income from taxes.

Please add me to the list against this horrific act that is being voted on in Albany.

Michelle Braddish

Dear Commissioner Ryder

I am emailing you as a concerned citizen of the legalization of recreational marijuana. Please help stop Cuomo in having this pass. It is madness and marijuana is a mind altering DRUG which should not be legal in any way!!! What are we doing to our society and our children? We as parents have been fighting to keep our children away from these things and now the state is going to say that it is ok..?? Having a store open 3 blocks away from where children live are and near a school. I can't believe the world has come to this. This needs to be STOPPED!!!! Please help and stand with us in this fight.

Sincerely,

Valerie Weinstein

I am against the legalization of marijuana. Please do not allow this to go through.

Thank you
Cythia Degal

Good Morning,

I have been to four Nassau County Legislature run, town hall meetings, regarding this topic in the last four weeks. There have been hundreds of people against legalizing recreational Marijuana in NY at these meetings. At these meetings, a handful to a dozen people is pro marijuana. The voters against recreational Marijuana in NY are by far in the majority. Please hear your people. You will be doing such a disservice to the majority of voters by not telling Gov. Cuomo we do not want it. This is a very serious action that will have detrimental effects on society. It is shameful to put money before people. And let's be honest, the income is going to be offset by the expenses and heartache. A well-spoken black woman from Hempstead addressed the social justice comments and she replied "it is genocide by self-inflection." She is 100 percent correct. Giving the weak minded pot is not helping their situations. Legal pot is not helping the minorities, the poor, the ignorant, and the children, the family members of the

users, drivers, and employers. Legalizing a mind altering substance will not help anyone. To say Legalizing Marijuana is a social justice is illogical. Giving abusers legal marijuana will destroy them further. Your job is to lift up NY, not dumb it down. You know right from wrong. Take a stand for what is right! New York is a leader not a follower. Clean, smart, strong, minds. Clean, smart, strong NY.

Thank you,

Catherine Gugliucci