

**MINUTES OF THE
CRANBURY TOWNSHIP
MUNICIPAL ALLIANCE COMMITTEE ON
DRUG ABUSE AND ALCOHOLISM**

March 16, 2021

TIME AND PLACE OF MEETING

The regular meeting of the Cranbury Township Municipal Alliance Committee was held by remote access, videoconferencing in response to Covid-19 and the updated Open Public Meeting Act guidelines on March 16, 2021, in the Town Hall Offices, located at 23A North Main Street, in Cranbury Township at 3:30 pm.

CALL TO ORDER

Chairperson, Joann Charwin called the meeting to order at 3:38 PM.

STATEMENT OF ADEQUATE NOTICE

Pursuant to the Sunshine Law, adequate notice in accordance with the Open Public Meetings Act (N.J. S. A. 10:4-6) was filed on January 8, 2021, of this meeting's date, time and place, and the Agenda was posted on the Township bulletin board, sent to any requesting personal notice, and filed with the Municipal Clerk. Notification of remote access meetings, until further notice, was posted on the Township website on April 24, 2020 and sent to the Trenton Times, Home News and Cranbury Press on April 24, 2020.

ROLL CALL

Answering present to the Roll Call were, Joann Charwin, Susan Engelbert, Krista Santoro, Kristine Fulton, Mike Owens, Walter Wright and Dr. Susan Genco. Hannah Lovaglio was absent. Erin Santise was absent. Alternate #1, Robyn Skeete was present. Alternate #2, Susan Saravalli was absent. Liaison, Dr. Barbara Rogers was present.

MINUTES

Joann asked for a Motion to Accept the February Minutes. No change requests noted. Susan Engelbert motioned. Seconded by Dr. Genco.

STUDENT REPRESENTATIVES IN ATTENDANCE

Elisio Moncada and Shaan Zaveri

STUDENT REPRESENTATIVE REPORT

Elisio and Shaan were asked if they have any information to share with the Board. Elisio spoke about obtaining ideas from Municipal Alliance meetings and adding new information by way of public service announcements onto their news videos. Hopefully this can be done on the upcoming episode or next episode. He thinks it will go well. Joann asked what they are thinking of focusing on with Public Service Announcements. Elisio isn't quite sure yet. She asked about sharing ideas. He thinks maybe L.E.A.D topics and awareness or maybe a video. Joann asked if he is doing anything for Drug and Alcohol Facts Week. He thinks maybe they will put something together to share at the end of the event.

NON-MEMBERS IN ATTENDANCE

Brendan Hansen, Jennifer Torres, Skip Bailey

POLICE REPORT

Mike reported two weeks ago he released his 1st quarterly report, which could be found in the Police Blotter under News section. You will see some updates of what officers are doing and what their activities are and also news on upcoming cannabis regulations. Information on Drive Sober, or Get Pulled Over is also on there for St. Patrick's Day. Extra patrols will be on road enforcing DWI's for tomorrow. Mike also put out an informational Nixle with suggestions on how to avoid driving while intoxicated. That concluded his report and he thanked the Members for their time.

Joann offered information on the NJ Cares, Opioid Abuse Day Learning Webinar which will be on Thursday, March 18th from 11:00 am to 12:00 pm and asked Mike if she could share that information with the Board. Mike believes so as it is geared towards partnerships in communities that are interested in those materials. If anyone from the Board is interested, Joann invited them to email her and she would email the link to them.

Joann shared with the Members information on the upcoming Annual LEAD Conference in Atlantic City, which is for Law Enforcement and Education and for Municipal Alliances. It is held from June 27th – 30th. Joann asked Mike if there is anything he would like to say about the conference. Mike described the conference as an annual event which usually invites guest speakers from all aspects of drug abuse and drug counseling offers educational some courses which are informative. It covers national trends of many topics. It is a nice program that the L.E.A.D Program puts together. Mike enjoys attending. Joann asked if Municipal Alliance Members can participate and if it is virtual as well as in person and then thanked Mike. Mike said yes and stated to Joann that whoever is interested in attending just let him know. He can make arrangements through the L.E.A.D Council. Robin Skeete asked Mike when she would need to let him know. Mike believes they are flexible up to the date. If you wanted to go for entire week, you have the option of reserving a hotel room at a discount. There is nightly entertainment and food. She thanked him.

LIAISON REPORT

Dr. Rogers announced there will be another Community Wellness Campaign in Cranbury on March 17, 2021. She asked Joann if she would like to reach out to let people know about it, that would be great. They had 35 people on the first event, which was good. She will be attending the March 18th League of Municipalities Briefing on Cannabis and will be getting a briefing from people who work with township Committees and others associated with government on cannabis. She also had received Joann's questions for the Committee and referred them to Township Attorney, Scott who will present them to the Committee and will be answering them during the Monday night Committee Meeting and Joann will hear answers. This meeting will be a working session based on the new State legislation and Joann will get to hear the answers to her questions on Monday night. Dr. Rogers offered that if there are any other questions, Joann can email them to Dr. Rogers, who will forward them to Scott for review and presentation to the Township Committee. Joann asked Dr. Rogers about what the League meeting is about and if she could attend. Dr. Rogers explained the League of Municipalities is a non-profit that has invited speakers to give briefings on the cannabis legislation and to just provide more background on what to expect. Dr. Rogers believes Joann can attend and will forward the information to her. This particular group who is speaking at the League is involved with lobbying at the State House. Joann is definitely interested and thanked Dr. Rogers.

BUDGET

No changes

OLD BUSINESS

NEW BUSINESS

ONGOING BUSINESS

Joann did a presentation on the Recreational Marijuana legislation titled, Recreational Marijuana Fact Sheet. Emphasis was on the facts of the new recreational cannabis legislation and impacts to community and children. Exhibit of presentation attached to the March Minutes.

With regards to a Health and Wellness Fair, Joann looked up the New Jersey guidelines for outside gatherings. Currently, the number is 25 people which will be increased to 50 as of March 19th. Doesn't look like they can have the Health and Wellness Fair, as they know it. Princeton Arts Council will not have their annual Communiversity Fair. Fireworks probably will not happen. Spring time lake clean-up is limited to 25 people. Some options discussed were as follows:

1. Maybe do another activity
2. Hold off on until the Fall
3. Wait another month to begin planning

Joann asked the Board for their thoughts. Dr. Genco agreed and suggested maybe waiting a while since things are changing by the week. Waiting is best, she thought. Susan Engelbert agreed. Dr. Rogers asked when the Fair normally is held. Joann advised around May 17th each year. Joann also agrees about waiting until next month to bring up subject of future outdoor activities as they relate to the Municipal Alliance and the school. All agreed and were in favor to wait another month.

Student and parent programs during Drug and Alcohol Facts Week: Joann, Dr. Genco, R. Skeete and Kristine Fulton met with Dr. Sara Ward about a student program for Cranbury students and asked Kristine or Susan if they would like to share with Committee what was discussed. Ms. Fulton detailed it as a program revolving around the impacts on brain development and is for the 7th and 8th graders. It will be a great opportunity for students to learn more and to be able to talk to a professional a little further about impacts on childhood development and brain development. She is currently running two programs during Health classes (Monday and Tuesday), with the first class being next Monday, March 22nd. The two grades are split up. It is a good segue to the parent program which will be next Thursday.

Joann spoke to Skip Bailey about participating in the parent program, titled "15 Minute Parent Break". She showed the Board the flyer for the Parent Break. This program will be a companion to the student program next week and is co-hosted between the Municipal Alliance, the Cranbury School and the police department, Thursday, March 25th at 3:00 pm. Part 1 is a twenty-minute Power Point Presentation hosted by Bill Lillis from the Partnership for a Drug Free New Jersey and talks to parents, encouraging them to talk with their kids about alcohol, prevention, drug use and their risk factors. It gives the parents specific strategies on how to approach these subjects. Part 2 also is hosted by Bill Lillis and will focus on new legislation, dealing with recreational marijuana laws and the new framework for underage users. Part 3 is a panel discussion with Chief Mike Owens, Dr. Sarah Jane Ward, Bill Lillis, Skip Bailey, and Robyn Skeete who helped put this together. Mr. Bailey is a life coach, addiction recovery coach and former addict. Looks like a wonderful program and Joann looks forward to being a part of it. Joann asked the Board for Motion to accept these two programs. A Motion was made by Susan Engelbert to have the programs, which was Seconded by Dr. Susan Genco.

Dr. Ward has done a great deal of preparation for the upcoming presentation on the student program, on how drugs affect the developing brain. It is a great deal of preparation run those two programs and incorporate questions from students. Joann wants to open up for discussion on payment to Dr. Ward for her services. Need to decide a fair payment for her services, just like the Parent Ed Specialist when they do programs for the students. Dr. Rogers asked if she is a parent. Joann said no, but she is a Professor from Temple University,

Department of Pharmacology and Research into Cannabinoids and Their Effects. Dr. Rogers asked about a typical range of payment for a speaker. Joann said some are free, all the way up to \$500. Mike Owens said he believes the last speaker was paid \$2500, for meeting with parents, travel and professional time. Dr. Rogers asked if she would come to the school. Joann said it would be a virtual presentation. Joann stated that she would be on the panel for the parent presentation and planning and running the student presentation for two days, one for 7th graders and one for the 8th graders. Dr. Rogers asked what budget was for speakers. Further discussion on payment for Dr. Ward. Dr. Genco thinks Mike is right on amount for the prior speaker and suggested to look at what's budgeted and see how many hours it takes to plan and execute, and maybe then determine a fee. Joann looked at budget and for Parent Outreach the amount in budget is \$2,713, and Student Education and Outreach budget is \$4,875. Dr. Rogers asked if budget is until next year and how many speakers they usually have. Joann thinks \$500 to \$2500 should be the range and asked. Dr. Genco thinks maybe \$1,500 for 3-5 hours for preparation and presentation time. Joann agreed that sounds fair. Susan Engelbert agrees and thinks a good idea to leave money for rest of year in case they have more ideas. Joann asked for Motion to pay Dr. Ward \$1,500 out of Student Outreach and Education budget. Susan Engelbert Motioned to accept a payment of \$1,500.00 for Dr. Ward's services which was Seconded by Chief Owens.

Joann asked the Board their thoughts on giving an honorarium to Skip Bailey for his participation as a panelist and contributor to the Parent Program out of the Parent Outreach portion of the budget. Susan Engelbert thought that was fine. Joann suggested \$500.00 and asked for a Motion to pay Mr. Bailey. Motion made by Susan Engelbert, Seconded by Krista Santoro. Dr. Rogers asked for clarification of which part of the budget Mr. Bailey gets paid from. Joann clarified Mr. Bailey's payment will come out of the Parent budget.

DISCUSSION

Joann went on to discuss fact sheets on the Marijuana Legislation. Discussion on presenting the facts and concerns of the Municipal Alliance to the Township Committee at their work session meeting. Joann asked Dr. Rogers her thoughts on how long she would be able to speak at the Township Committee Meeting and if the Committee would allow her to present the Fact Sheets that she just shared with the Board. Dr. Rogers suggested Joann send her what she wishes to discuss at the Committee Meeting and she will forward to the Attorney for his review. Dr. Rogers stated there are time limits for public comments.

PUBLIC COMMENT

Joann asked members of the public in attendance if they had any questions or comments. There were none.

ADJOURNMENT OF THE MEETING

Joann thanked everyone for attending and appreciates their service and time. She asked if anyone had any questions or comments. As there were none, Motion made at 5:21 pm by Dr. Susan Genco to adjourn the meeting. Seconded by Susan Engelbert.

CERTIFICATE OF SECRETARY

I, the undersigned, do hereby certify, that I am the duly appointed Secretary of the Cranbury Township Municipal Alliance Committee on Drug Abuse and Alcoholism and that this document, consisting of three pages, constitutes a true and correct copy of the minutes of the meeting held on March 16, 2021.

Kathy Warnebold, Secretary

Approved Minutes April 20, 2021

Recreational Marijuana Fact Sheet

The Township Committee will be having a work session about the new recreational marijuana legislation with the township attorney at the TC meeting on 3/22 at 7:00pm. It is open to the public. Public comment is permitted at the end of the TC meeting @ 3 minutes per comment.)

Cranbury established an ordinance to ban the sale of marijuana March, 2018. This was requested and supported by the Municipal Alliance.

All municipality bans are now null and void since the Governor signed the recreational marijuana legislation.

Cranbury has 180 days to create a new ordinance (August 21, 2021). Cranbury's current ordinance only prohibits the retail sale of marijuana for recreational purposes. This does not address the other licenses (cultivator, manufacturer, wholesaler, distributor, delivery service).

If the Township determines to opt in to any of the licenses, it will need to designate the zones in which the activities are permissible. Zones: Village Commercial, Highway Commercial, General Commercial, Industrial, redevelopment Zone (Old Trenton Road), Residential, etc... (see zoning map and key for all zones)

The Township may, via ordinance, designate the specific zones in which any of the marijuana licenses are permitted. If it does not want to permit the retail sale of cannabis in any specific/or all zones, it may do so.

If a new ordinance to ban the sale of recreational marijuana is not created, the ordinance cannot be revisited for another 5 years.

Failure to adopt a new ordinance will result in cannabis manufacturing, growing, cultivating, transportation operations, wholesalers, and delivery services being permitted uses in all industrial zones of the municipality, and cannabis retail shall be a conditional use in all commercial zones or retail zones, subject to meeting the conditions set forth in applicable zoning ordinances.

If, during the initial 180 day period, the Township decides to “opt in,” and allows any of the cannabis classes to operate in town, or if it takes no action during that 180 day period and “opts in” automatically, it cannot reverse that decision for five years.

If any facilities are established during that time period, they are grandfathered in, even if a new ordinance is created to ban the sale of recreational marijuana.

There are currently 13 medical marijuana facilities in NJ. Based on the model of other states, including Massachusetts, the first locations likely to get a chance to sell for recreation use are the 13 dispensaries already now open statewide

The Medical Marijuana facility in Cranbury does not need to go through the full licensure process, but it will still need to get approval from the municipality to be permitted to sell recreational cannabis.

New Jersey's Medical Marijuana dispensaries can begin selling to the public once they certify that they have enough marijuana for the state's medical marijuana patients. (NJ.com 2/24/21)

The medical marijuana facility in Cranbury recently secured a new large facility on BrickYard Road. They are building an additional growing facility. This will be their second growing facility in Cranbury.

According to the township attorney, it is ultimately up to the TC whether or not this medical marijuana facility can sell recreational marijuana.

There will be 37 licences permitted for those that can grow cannabis (cap) in NJ.

There will be no limit on the number of storefronts, however the new law does limit the number of new licenses to grow marijuana to 37 during the first two years of legalization.

The Drug Free School Zone area covers much of Main Street Village according to the Drug Free School Zone Map.

According to Scott T. Miccio, Esq.,
Under the law, cannabis activities are permitted in Drug Free School Zones. The legislation does not specifically comment on this issue, however, under the Drug Free School Zone law, “controlled dangerous substances” may not be possessed in an area designated as a Drug Free School Zone. The new legislation removes cannabis from the list of drugs designated as controlled dangerous substances, therefore cannabis no longer falls under the Drug Free School Zone law. However, “marijuana and hashish” remain “controlled dangerous substances.” Marijuana is essentially cannabis that is not grown, processed and distributed pursuant to the new law. In other words, marijuana is the term for illegal cannabis. The new term is State Regulated Cannabis.

New York and Pennsylvania prohibit the sale of recreational marijuana, but visitors who buy in New Jersey cannot legally take it back home, due to federal prohibition that blocks interstate travel with marijuana. This will likely be difficult to

enforce with the high traffic between New Jersey and its neighbors.

Recreational marijuana is still illegal federally.

Community Implications

Residential Property Values Near Dispensaries

More than four-fifths of members in states where only prescription marijuana is legal had not seen a change in residential property values near dispensaries, as compared to 60 to 75 percent of those in states where both recreational and prescription marijuana are legal. In states where marijuana was legal the longest, 27 percent had seen a decrease in residential property values near dispensaries and 12 percent had seen an increase. National Association of Realtors, February 2020
<https://www.nar.realtor/sites/default/files/documents/2020-marijuana-and-real-estate-a-budding-issue-02-11-2020.pdf>

Addendum or Provisions in Leases: Restricting Smoking

In states where recreational marijuana is legal, 58 to 67 percent of residential property managers have seen addendums added to leases which restrict smoking on properties. (Where will people smoke?) In states where only medical marijuana is legal, nearly half had not seen addendums added to leases which restrict

smoking on properties. National Association of Realtors, February 2020

Difficulty of Leasing Property After **Smoking** of Marijuana

Fifty percent of members in states where medical marijuana is legal and 41 to 47 percent of members in states where both medical and recreational marijuana is legal had (no issues?) leasing a property after the use of marijuana in a property. The most common issue was the smell, which one-quarter to one-third of these members had encountered. Moisture issues were more common in areas where recreational marijuana has been legal longer. Smell is difficult to remove and there is moisture issue. National Association of Realtors, February 2020

Crime Changed Near Dispensaries

In states where both prescription and recreational marijuana is legal the longest, 17 percent reported an increase in crime. National Association of Realtors, February 2020

Study Finds Crime in Denver Increased Near New Marijuana Dispensaries

A new study found that nonviolent crimes increased on Denver street segments where recreational marijuana dispensaries opened. The study, published in Justice Evaluation Journal, was co-authored by Ph.D. students Nathan Connealy and Dave Hatten, along with Professor Eric Piza (John Jay College, The Graduate Center). Their analysis found that property crime (like

burglary and theft) rose 18% on street segments where recreational marijuana dispensaries set up shop. On street segments adjacent to recreational dispensaries, drug crimes rose by about 28% and “disorder” crimes (like criminal mischief and graffiti) rose 17%. The researchers looked at crime in the three years before recreational marijuana was legalized in Colorado (2011-2013) and in the three years after legalization (2014-2016). Control data showed that drug and disorder crimes increased at a similar rate on street segments without marijuana shops. John Jay College of Criminal Justice, The Graduate Center, December 20, 2019

<https://sum.cuny.edu/marijuana-dispensariesdenver-nonviolent-crime-increase/>

Lesson Learned from Marijuana Legalization in four US States (Washington, Colorado, Oregon, Arkansas) and D.C., SAM
March 2018

-The crime rate in Colorado has increased 11 times faster than the rest of the nation since legalization (Mitchell, 2017), with the Colorado Bureau of Investigation reporting an 8.3% increase in property crimes and an 18.6% increase in violent crimes (Colorado Bureau of Investigation [CBI], 2017).

- A study funded by the National Institutes of Health showed that the density of marijuana dispensaries was linked to increased property crimes in

nearby areas (Freisthler, Gaidus, Tam, Ponicki, & Gruenewald, 2017).

- The Boulder Police Department reported a 54% increase in public consumption of marijuana citations since legalization (Boulder Police Department [BPD], 2017).

-In Alaska, misdemeanor and vehicle thefts have dramatically increased since legalization. Alaska's national ranking for larceny moved up from 16th to 2nd and motor vehicle theft from 16th to 5th after marijuana became legal (Alaska Department of Public Safety [ADPS], 2016).

-Oregon's national ranking went from 17th to 11th for property crime, 12th to 7th for larceny, and 13th to 8th for motor vehicle theft, from 2014 to 2016, respectively. (Disaster Center, n.d.).

Impaired Driving

-The number of drivers in Colorado intoxicated with marijuana and involved in fatal traffic crashes increased 88% from 2013 to 2015 (Migoya, 2017). Marijuana related traffic deaths increased 66% between the four year averages before and after legalization (National Highway Traffic Safety Administration [NHTSA], 2017).

-Driving under the influence of drugs (DUIDs) have also risen in Colorado, with 76% of statewide DUIDs involving marijuana Colorado State Patrol (CSP) 2017.

- Washington State experienced a doubling in drugged driving fatalities in the years following legalization (T. Johnson, 2016).
- In Oregon, 50% of all drivers assessed by drug recognition experts (DRE) in 2015 tested positive for THC (OLCC, 2015).

Effects of Marijuana Legalization on Law Enforcement and Crime: Final Report (Washington)

National Criminal Justice Reference Service, July 2020

Officer perception based outcomes including:

- Concern about Youth Access to Marijuana
- Belief that there is increased cross border transference of legal marijuana to states that have not legalized
- Concern how to best handle the detection and documentation of marijuana-related impairment in both commercial vehicle operations and traffic incidents
- In virtually all focus groups and interviews with law enforcement, there was widespread concern expressed about increased drugged driving since legislation, and much discussion about the difficulty in detecting it and documenting impairment for successful prosecution. Law enforcement and their supervisors tend to believe, based on their own experiences and those of their colleagues, that there are many more drivers who

are impaired by cannabis consumption on the road than there were before legislation.

- Through the administration of self reported surveys, there are a significant portion of drivers who drive shortly after consuming THC, and even some chronic users of marijuana who believe, whether true or not, that its consumption improves their driving.

- In both the focus groups and in the interviews, police officers often noted that legalization has likely increased their workload, particularly as concerns traffic offenses. While a DUI involving alcohol would normally take a couple of hours of processing, one involving THC or other drugs (in part because of search warrants required for blood testing) might take as long as four hours of an officer's time.

- In addition, especially in the first few years of legislation, before people adjusted to the reality of legalization, the police reported that they received far more calls for service involving marijuana-related nuisance complaints. The complaints were typically about people (adults and minors) smoking in public, or the smell of marijuana being smoked in apartment buildings, commercial spaces, parking facilities, and in parks.

- Black Market Detection- A principal benefit of marijuana legalization was thought to be the disappearance of the black market. Our research revealed that this outcome was not realized. In fact, the advent of legalization has made it much more difficult for the police to interdict illegal marijuana and

much easier for new forms of the black and gray markets to arise and persist.

D.A.R.E.

Several studies have documented the significant negative consequences of legalization of marijuana including:

- Increased traffic accidents and traffic deaths as a result of driving under the influence of marijuana.
- With legal marijuana taxed and only available to adults, a black market will continue to thrive. The black market and illegal drug dealers will continue to function-and even flourish-under legislation, as people seek cheaper, untaxed marijuana.

From Jay Taylor and Glenn Johnson

- When the TC studied the side impacts in 2018, they noted that towns that were depressed economically saw real estate prices increase. However, towns like Cranbury saw a notable depreciation in values. The studies generalized that property values increased because the median was showing this, but it was the underlying data that noted the difference. (see study from Glenn on residential values in areas with the sale of recreational marijuana)
- The TC also did a crime review in 2018. There was no increase

in violent crimes. However, property crimes, increased drug crimes and petty crime did increase in areas where recreational sales were allowed. They did not find any impact when medical marijuana alone was sold.

Marijuana is the #1 substance abuse problem that brings people into treatment, Dr. Sara Jane Ward, Temple Assistant Professor, Works in the Center for Substance Abuse Research and Department of Pharmacology

Implications for Our Children

Lesson Learned from Marijuana Legalization in four US States and D.C., SAM March 2018

School Impacts

-Since Colorado, Washington, Oregon, Alaska, and the District of Columbia (Washington, DC) legalized marijuana, past-month use of the drug has continued to rise above the national average among youth aged 12–17 in all five jurisdictions (National Survey on Drug Use and Health [NSDUH], 2006-2017).

-Alaska and Oregon are leading the nation in past-year marijuana use among youth aged 12–17 (NSDUH, 2006-2017).

-Colorado currently holds the top ranking for first-time marijuana use among youth, representing a 65% increase in the years since legalization (NSDUH, 2006-2017).

- Young adult use (youth aged 18–25) in legalized states is increasing (NSDUH, 2006-2017).
- Colorado toxicology reports show the percentage of adolescent suicide victims testing positive for marijuana has increased (Colorado Department of Public Health & Environment [CDPHE],2017).
- In Anchorage, school suspensions for marijuana use and possession increased more than 141% from 2015 (when legalization was implemented) to 2017 (Wohlforth, 2018).
- A study in Colorado found that about 50% of youth in outpatient substance abuse treatment reported using diverted marijuana (Wilkinson, Yarnell, Radhakrishnan, Ball, & D'Souza, 2016).

ALCOHOL CONSUMPTION NOT DECREASING

- Researchers from Oregon State University found that college students under the age of 21 who are binge drinkers have been one of the primary groups of marijuana users after legalization (Darling, 2017).
- The gallons of alcohol consumed in Colorado since marijuana legalization has increased by 8% (Colorado Department of Revenue [CDR], Colorado Liquor Excise Tax, 2017).

Article: *Smart Approaches to Marijuana (SAM)*, May 4, 2017

A study was released showing that marijuana-related emergency visits by kids in Colorado more than quadrupled since the state legalized marijuana. In 2005, only 149 teens were admitted for marijuana-related visits. That number spiked to 639 by 2015, most of which were related to mental illness.

D.A.R.E. Position Paper on Marijuana Legalization

Several studies have documented the significant negative consequences of legalization of marijuana including:

- Increased illegal use of marijuana by minors
- Increased risk of addiction and use of other more lethal drugs. The National Institutes of Health reports that 1 out of every 6 adolescents who try the drug will develop an addiction
- The legalization of marijuana increases availability of the drug, diminishes the perception of harm related to its use, and increases acceptability of its use. Research has evidenced marijuana use is positively correlated with alcohol use and cigarette use, as well as illegal drugs like cocaine and methamphetamine.
- Certainly not everyone who uses marijuana will transition to using heroin or other drugs, but it does mean that people who use marijuana also consume more, not less, legal and illegal drugs than do people who do not use marijuana. It has been

reported people who are addicted to marijuana are three times more likely to become addicted to heroin.

-Dr. George Sam Wan of the Rocky Mountain Poison and Drug Center and his colleagues compared the proportion of marijuana ingestions by young children who were brought to an emergency room before and after October 2009, when Colorado drug enforcement laws regarding medical marijuana use were relaxed. The researchers found no record of children brought into the ER in a large Colorado children's hospital for marijuana-related poisonings between January 2005 and September 30, 2009 — a span of 57 months. It is a different story following legalization.v Dr. Bronstein reported twenty-six people have reported poisonings from marijuana edibles this year, when the center started tracking such exposures. Six were children who swallowed innocent-looking edibles, most of which were in plain sight. Five of those kids were sent to emergency rooms, and two to hospitals for intensive care.vi

-More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs.xiv

-Beginning in the 1980s, scientists have uncovered a direct link between marijuana use and mental illness. According to a study published in the *British Medical Journal*, daily use among adolescent girls is associated with a fivefold increase in the risk of depression and anxiety. xx Youth who begin smoking

marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses.^{xxi}

The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia ^{xxii} , are significantly more likely to develop other psychotic illnesses.

-Marijuana intoxication doubles your risk of a car crash according to the most exhaustive research reviews ever conducted on the subject.

The number of parents calling the poison- control hotline to report their kids had consumed marijuana has risen significantly in Colorado.

Marijuana edibles and marijuana vaporizers have been found in middle and high schools.^{xxxiv}

Effect of Marijuana Legalization on Risky Behavior

American College of Pediatricians – April 2018

ABSTRACT: Medical marijuana is now legal in 29 of the 50 United States. Recreational marijuana was legalized in Colorado in 2013. Various reports have revealed the short and midterm effects of this legalization process on teens and young adults. The significant detrimental effects of marijuana on teenage mental health and brain development have been documented in a

previous position statement.¹ The recent reports of the 2016 Colorado Department of Public Safety and the US 2014 National Survey on Drug Use and Health provide new information supporting the significant adverse effects of legalization on teens and young adults. Marijuana legalization in Colorado has resulted in significantly greater and more frequent usage of marijuana in adolescents and young adults. In addition, with legalization there is a perception of decreased risk of use by both teens and their parents. This process of legalization is associated with an increasing trend for many risky behaviors in youth as observed in Centers for Disease Control (CDC) reports on risky behavior in youth. Binge alcohol consumption, extramarital sexual activity, and increasing use of narcotics are among the associated behaviors. A recent surgeon general's report suggests that how society responds to this substance use epidemic will be a "moral test" for America. This "moral test" will, of necessity, require parental education and insight for parents to provide a moral foundation that will help their children avoid harmful, risky behavior. The American College of Pediatricians agrees that efforts aimed at primary PREVENTION are essential to curbing substance abuse.

-While much of the change in attitude and use of marijuana among youth occurred after the commercialization of medical marijuana in 2010 in Colorado, with less change from 2013-15, there has been a rapid decrease in the perceived harm from marijuana among 8th and 10th graders (more than double the

change in states where marijuana remains illegal) in the state of Washington following legalization of recreational marijuana there in 2012. At the same time, contrary to the decrease in marijuana use where it is illegal, use among 8th-10th graders in Washington has increased 2-4 %.⁹ Consistent with the perceived low risk for marijuana usage among Colorado youth and the acceptance of driving or riding in a car after marijuana use is a similarly disturbing need for increased DUI treatment ordered for subjects in whom marijuana was the primary drug use involved.

Despite the optimistic statements from the lay press, the data from the Colorado Public Safety report clearly shows that marijuana legalization in Colorado has resulted in significantly greater and more frequent usage of marijuana in adolescents and young adults.

The Lexington/Richland Alcohol and Drug Abuse Council, cares for the needs of the citizens of Lexington and Richland counties of South Carolina.

Marijuana is the most commonly used illicit drug among adolescents and it poses significant health risks to them (6). The 2015 Youth Risk Behavioral Survey (YRBS) data shows that 38.6% of surveyed U.S. high school students reported using marijuana during their lifetime. This same survey also reports South Carolina high school students in close comparison with

the national average at 34.5% (7). Moreover, early initiation of substance use increases the likelihood of a substance use disorder, such as dependence or addiction (6). Nine percent of people who use marijuana will become dependent on it, rising to 17 percent in those who begin using marijuana in their teens (8).

The very act of legalizing recreational marijuana sends a message that it is safe and acceptable. In doing so, it directly places our law enforcement, public safety, youth, and community in jeopardy. Monetary gains supported through retail sales of marijuana should not dictate or take on a position to leverage the health, quality of life, and well-being of the public. LRADAC recommends ongoing and comprehensive research-based prevention and treatment education for the public and key stakeholders to help garner a community consensus and a state free from normalizing the perception of harm and use of recreational marijuana.

Effects of Marijuana Legalization on Law Enforcement and Crime: Final Report (Washington)

Concern about youth-There was a generalized concern about the effect of legalization on youth and greater exposure to cannabis as a result of legislation.

Criminal Justice Reference Service, July 2020

The Maryland Addictions Directors Council

A consequence of the legalization of marijuana for adults will be an increase in access to marijuana for children and adolescents. Further, legalization of marijuana for adults supports the perception by children that marijuana is not dangerous. The following facts illustrate these points:

1. Marijuana use will increase under legalization

Because they are accessible and available, legal drugs are used far more than illegal ones. According to recent surveys, alcohol use is used by 52% of Americans and tobacco is used by 27% of Americans. Marijuana is used by 8% of Americans.²

When RAND Corporation researchers analyzed California's 2010 effort to legalize marijuana, they concluded that the price of the drug could plummet and therefore marijuana consumption could increase.³

2. Marijuana use has harmful health effects, especially to children and adolescents. Studies have shown:

Marijuana use in children contributes to the onset of psychosis and schizophrenia.⁴

One in 10 people who try marijuana becomes addicted to it, developing a dependence that produces withdrawal and cravings. If marijuana use starts in adolescence, the chances of addiction are 1 in 6.⁵

Marijuana use reduces the intelligence quotient (IQ) among those who started smoking before age 18.⁶

Subjects who started using marijuana before age 17, compared to those who started later, had smaller whole brain and percent cortical gray matter.⁷

Both males and females who started using marijuana before the age of 17 were physically smaller in height and weight, compared to those who didn't use, with the effects being greater in males.⁸

Chronic marijuana use, when started before age 15, has shown deleterious effects on neurocognitive executive functioning.⁹

Marijuana use is consistently associated with reduced grades and a reduced chance of graduating from school. Youth with poor academic results were more than four times as likely to have used marijuana in the past year as youth with an average of higher grades.¹⁰

Marijuana smoke contains 50-70 % more carcinogenic hydrocarbons than tobacco.¹¹

Marijuana available today is much more potent than in the past 40 years. In the 1960s and 1970s, tetrahydrocannabinol (THC) levels of the marijuana averaged around 1%, increasing to just fewer than 4% in 1983, and almost tripling in the subsequent 30 years to around 11% in 2011.¹²

The Maryland Addictions Directors Council also states:

- In Colorado, where marijuana was legalized in September 2013 and medical marijuana has been available since 2000, there has been a steady increase in teen marijuana use.

- Currently, the marijuana use rate among Colorado teens is 50% above the national average.¹⁴

- Drug-related referrals for high school students testing positive for marijuana has increased.¹⁵

- Medical marijuana in Colorado is easily diverted to youth.¹⁶

- While the total number of car crashes declined from 2007 to 2011, the number of fatal car crashes with drivers testing positive for marijuana in Colorado rose sharply.

National Institute on Drug Abuse

Can a person overdose on marijuana?

An overdose occurs when a person uses enough of the drug to produce life-threatening symptoms or death. There are no reports of teens or adults dying from marijuana alone. However, some people who use marijuana can feel some very uncomfortable side effects, especially when using marijuana products with high THC levels. People have reported symptoms such as anxiety and paranoia, and in rare cases, an extreme psychotic reaction (which can include delusions and

hallucinations) that can lead them to seek treatment in an emergency room.

While a psychotic reaction can occur following any method of use, emergency room responders have seen an increasing number of cases involving marijuana edibles. Some people (especially preteens and teens) who know very little about edibles don't realize that it takes longer for the body to feel marijuana's effects when eaten rather than smoked. So they consume more of the edible, trying to get high faster or thinking they haven't taken enough. In addition, some babies and toddlers have been seriously ill after ingesting marijuana or marijuana edibles left around the house.

Is marijuana addictive?

Marijuana use can lead to the development of a *substance use disorder*, a medical illness in which the person is unable to stop using even though it's causing health and social problems in their life. Severe substance use disorders are also known as addiction. Research suggests that between 9 and 30 percent of those who use marijuana may develop some degree of marijuana use disorder. People who begin using marijuana before age of 18 are 4-7 times more likely than adults to develop a marijuana use disorder.