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Marijuana and Public Health: Take Time to Make the Right Decisions

New Jersey is currently considering the legalization of marijuana for recreational purposes. As local public health professionals, we are concerned with the pace of this initiative and we urge caution and further research, as well as the routine involvement of the public health community in any future actions.

PHACE is a collaborative group representing the various professional organizations for County and Municipal Health Officers, health educators, environmental health regulators, public health nurses, and other public health professionals employed in a multitude of settings (e.g. healthcare, hospitals, non-profit organizations, and private/public health entities).

While we are appreciative of Governor Murphy's support for the medicinal marijuana program, and we fully agree that the current criminalization of cannabis contributes to many social inequities, we urge that the Administration take a step back and consider a tempered and tiered alternative approach prior to legalizing marijuana for recreational purposes. Full legalization will undoubtedly create negative consequences for a portion of our residents and we need to be prepared to address those outcomes.

Marijuana is an addictive drug. Approximately one in ten adults and one in six adolescents who have used marijuana are addicted (www.cdc.gov/marijuana). This percentage increases to 25-50% for daily users of marijuana (Volkow, 2014). Any discussion about legalization must include a strong foundation of social support, funding, and resources to treat the likely rise in prevalence of cannabis use disorder.

We must advocate that policy makers and government officials approach this situation with extreme caution. More research is needed about the effects of the current medical marijuana expansion in New Jersey, as well as further monitoring of the societal impacts and public health outcomes in States with legal recreational use.

A tempered and tiered approach includes:

1. Monitoring the short- and long-term effects of the medicinal marijuana program.

There is no research yet to determine the social impact this expansion is having, and will have, throughout New Jersey. The expansion of dispensaries and promotion of medicinal marijuana by NJ physicians should be accompanied by robust and independent research. In this approach, NJDOH and local public health partners will gain a clearer picture of the



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potential for medicinal marijuana abuse and/or misuse, as well as quantifying the benefits vs. risks for the patients involved.

- Active dissemination of the various mental health support groups, hotlines, rehab centers, and contact information to New Jersey Poison Information and Education System (NJ PIES), should be undertaken at all medical marijuana dispensaries.
- Adults are already using prescription marijuana for non-medical purposes. Adults (18 and older) living in states that had legalized medical cannabis by 2004, reported almost twice the odds of having used cannabis in the past 12 months for non-medical purposes between 2004 and 2005, compared to adults living in states without these laws (Cerde, et al., 2012). **National Survey on Drug Use and Health (NSDUH)** data for 2004–2012 revealed that adults aged 21 and over living in states where medical cannabis laws went into effect between 2004 and 2012 were more likely to report past-month and daily or almost daily cannabis use compared to those who lived in states with or without MML laws for the entire study period (Wen, Hockenberry, & Cummings, 2015). Similarly, between 1991/1992 and 2012/2013, past year illicit cannabis use among adults increased significantly more in states that had medical cannabis laws in effect during this time period vs those that did not (Hasin, et al., 2017).

2. Providing expanded funding for drug treatment programs, and support to mental health providers.

- *We are a nation of addicts.* The United States is currently experiencing the largest opioid epidemic in its history. According to the Centers for Disease Control and Prevention (CDC), opioids (including prescription opioids, heroin, and fentanyl) killed more than 42,000 people in 2016, more than any year on record. **As of yet, lawmakers have no resolution on how to stop the flow and access to opioids.** More research must be done on whether medicinal marijuana is an effective substitute treatment and would decrease the use of opioids. For this reason, medicinal marijuana prescriptions should be monitored and the criteria potentially expanded, if needed, and overseen by a healthcare provider. The danger is that with recreational marijuana, people will 'self-medicate', when speaking to a healthcare provider or mental health professional would be a safer and healthier alternative.
- *We are also a nation in the midst of an epidemic of suicide.* Longitudinal research suggests that cannabis use is associated with a higher prevalence of some forms of mental illness, particularly psychotic disorder (www.cdc.gov/marijuana). The ability



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- for residents to easily access and afford mental health care services must be greatly improved before NJ introduces another variable.
- 3. Providing stronger funding for health education curriculums in schools about medical marijuana and other forms of substance use and more safeguarding protocols for medical marijuana use among minors.**
 - Synthetic cannabinoid or “fake weed”/“synthetic marijuana” consumption, while illegal, is currently a problem among school-aged youth in many communities. Stronger safeguards are needed to reduce access to these synthetic cannabinoids.
 - There is also a need for education of minors regarding the potential risks associated with high medicinal or recreational marijuana dosages.
 - According to the 2017 *Monitoring the Future Survey*, “Among all grades, perceptions of harm and disapproval around marijuana use continue to decrease, with a smaller percentage of 8th and 10th graders thinking that regular marijuana use is harmful, and fewer 10th and 12th graders disapproving of regular marijuana use.”
 - Scientific research demonstrates that when “perception of harm” of a particular substance is reduced, use among adolescents goes up. Lowered youth perception of harm about marijuana is already occurring, with 7% now reporting use of marijuana by age 12 (www.preventionworksCT.org).
 - 4. Developing public education on how to recognize an “impaired driver” and public education not to drive a motorized vehicle while under the influence of marijuana.**
 - According to the National Highway Traffic Safety Administration, marijuana use is increasing and 13% of nighttime, weekend drivers have marijuana in their system. Furthermore, marijuana users were about 25% more likely to be involved in a crash than drivers with no evidence of marijuana use. Other factors, such as age and gender, may contribute to the increased crash risk among marijuana users.
 - 5. Decriminalizing marijuana violations and establish an expungement policy of past minor marijuana use offenses.**
 - Research has shown that decriminalization of the possession of small amounts of marijuana does not increase cannabis use.
 - Decriminalization of marijuana removes the disproportionate prosecution of certain populations, in particular, communities of color. The criminalization and harsh penalties associated with marijuana possession has had a larger detrimental effect to the mental



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- health, stability, and wellbeing of these communities, with no reduction in the level of usage, and no reduction in the availability of marijuana in said communities.
- Decriminalizing marijuana violations has the potential to increase state funding by implementing fines for those who exceed the regulated small amount for individualized use or who are in possession of large quantities to sell to minors.
 - Decriminalizing marijuana will also decrease the significant burden on our correctional and judiciary system, which includes many persons charged with minor offenses of marijuana possession.
 - Decriminalizing of marijuana must be paired with the expansion of mental health and substance abuse prevention and treatment programs with intention to divert from, and discourage substance use.

Additional Considerations

- Consider that changing societal norms takes time. The decriminalization of marijuana is a monumental step and will most definitely have short- and long-term consequences that must be monitored. Support systems should be developed and policies and regulations would have to be modified to meet the normalization of the use of marijuana, without the harsh penalties. Likewise, societal attitudes toward cannabis are rapidly changing but in particular, among youth, the legalization of marijuana in some states has found a decrease in the perceived risk/harm of marijuana use among youth. Whether cannabis is legal or not, with perceived lessened risk comes increased acceptance and use. Frankly, it would be irresponsible not to anticipate the effects that this would have on daily life, relationships, productivity, academic achievement, and social economic potential as well as effects on whole families and communities.
- Consider that marijuana is a controlled substance, similar to smoking tobacco and alcohol. While those substances are legal, it has taken years since its legalization for lawmakers to identify and implement proper and effective regulations and public education with regards to labeling the health dangers of smoking and alcohol, establishing smoking zones in public spaces, and the societal acceptance of the prohibition of alcohol and tobacco use by minors and pregnant women because of its effect on the health and development of the growing child and mind. Are these safeguards in place for medical marijuana use? Will they be in place for recreational use? Furthermore, despite regulations and penalties, individuals make poor life choices in which they misuse and abuse tobacco and alcohol, and may mix substances to achieve desired effects. This has deleterious effects on one's decision-making,



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judgment, and cognitive ability as well as to those bystanders around them, and on the road. What control measures would be put in place to prevent accidents caused by someone impaired while high on cannabis? What workforce regulations would need to be in place to ensure that workers are not exposing others to cannabis smoke while on the job or operating large machinery, or taking care of patients?

- The public health community recognizes that the majority of the population can partake of substances like alcohol and tobacco in moderation. For many, the social engagement and interaction that occurs with the occasional use of such substances is regulated by societal norms. However, there are individual genetic, environmental, and biopsychosocial traits that may predispose some persons to addiction and substance dependence.
- For persons at risk of addiction, marijuana's addictive potential is of great concern. According to the National Institute on Drug Abuse (NIDA), 9% of people who use marijuana will become dependent on it. Furthermore, the higher the THC level in a product, the higher the potency and the higher the risk for addiction. Legalized marijuana in some states already shows varying levels of THC in cannabis products such as edibles, drinks, and other forms, with the THC levels higher in these products than the smoking cannabis product.
- Consider how the legalization of marijuana can disrupt and impact towns that will choose not to sell or have a dispensary in their communities, or even allow recreational marijuana use in their towns. Will legislation allow for the existence of "dry towns" for marijuana, as is the case for alcohol?

Conclusion

In conclusion, the public health community strongly urges lawmakers to take their time to monitor the health and societal effects of both medicinal marijuana and the decriminalization of marijuana. The public health community supports the scientific research that medicinal marijuana can help those with chronic conditions who are monitored by healthcare providers. We also agree that there are societal benefits by eliminating the harsh penalties currently associated with the criminalization of marijuana possession.

However, it is important to recognize that hastening toward the legalization of marijuana will have long-lasting and reverberating ramifications over time, and our current systems are not prepared and fortified to handle the consequences. The public health community strongly



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advises that any legislation to legalize marijuana must address and provide funding to support the following enforcement measures:

- No selling of marijuana products to minors under the age of 21 years
- ID required at time of sale
- No driving under the influence
- No marketing to kids
- No smoking in restaurants / parks, public spaces
- No smoking while pregnant
- No smoking while operating large machinery or working in a hospital or healthcare setting,
- No smoking on the job that impairs your performance (that may be a policy at each workplace
- No smoking and no marijuana / cannabis paraphernalia stores within 500-1000 feet from a school, childcare center or preschool, YMCA, faith based organization.

Such actions take significant time to implement and legislators must seriously consider these conditions, and others, before legalization.

PHACE shares the concerns expressed by the Governor's Prevention Partnership in Connecticut, which are equally applicable to New Jersey. *We are concerned that increased use of marijuana, including use by youth, is likely to lead to higher public health and financial costs for society, far outweighing any anticipated financial gains for the state.* Rushing hastily into legalizing marijuana without the proper parameters and infrastructure in place may be akin to opening Pandora's Box.



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Your public health professionals are experienced, knowledgeable, and willing to participate in any discussions related to the impact of legalizing marijuana on the health of our communities. Please contact us and take advantage of our expertise and experience.

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References

Centers for Disease Control and Prevention website. Retrieved from: <https://www.cdc.gov/marijuana/health-effects.html>

Dutra LM, Parish WJ, Gourdet CK, Wylie SA, & Wiley JL. (2018). Medical cannabis legalization and state-level prevalence of serious mental illness in the National Survey on Drug Use and Health (NSDUH) 2008–2015. *International Review of Psychiatry*, DOI: 10.1080/09540261.2018.1467385. Retrieved from: <https://doi.org/10.1080/09540261.2018.1467385>

Prevention Partnership website. Position Statement Opposing the Legalization of Marijuana. Retrieved from <http://www.preventionworksCT.org>

Volkow. N. Baler, R., et al., (2014). Adverse Health Effects of Marijuana Use. *New England Journal of Medicine*. 370(23): 2219-2227

These documents are not referenced in statement

Marijuana and alcohol negatively impact lifetime achievement in young adults (November 5, 2017), <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2017/am-research-release-marijuana>

Over and under-regulation in the Colorado Cannabis industry - A data-analytic perspective (July 13, 2018) <https://www.ncbi.nlm.nih.gov/pubmed/30015248>

Impact of cannabis legalization on treatment and research priorities for cannabis use disorder (June 29, 2018) <https://www.ncbi.nlm.nih.gov/pubmed/29956576>

Monitoring the Future Study, 2017 Overview, National Institute on Drug Abuse, National Institute of Health <http://monitoringthefuture.org/pubs/monographs/mtf-overview2017.pdf>

Regulating Commercially Legalized Marijuana as a Public Health Priority, (November 18, 2014) <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/23/10/17/regulating-commercially-legalized-marijuana-as-a-public-health-priority>

New Study Highlights The Social Impacts Of Cannabis Legalization In California (May 17, 2018) <https://www.forbes.com/sites/mariyocarreon/2018/05/17/new-study-highlights-the-social-impacts-of-cannabis-legalization-in-california/#fae141821940>

County Health Rankings, Recreational Marijuana Legalization <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/recreational-marijuana-legalization>