

September 20, 2018

The Honorable Governor Andrew M. Cuomo Governor of New York NYS State Capitol Building Albany, NY 12224

Dear Governor Cuomo:

The New York State Association of County Health Officials (NYSACHO), which represents the 58 local health departments, *stands in opposition* of the State's intention to propose legislation which would legalize regulated marijuana in New York State. The American Medical Association, Medical Society of the State of New York and NYSACHO stand united in opinion that legalization of regulated marijuana will lead to dangerous public health outcomes and therefore should not be legalized.

Both research and experience of states with legalized marijuana (such as Colorado) have substantiated these concerns. A summary of public health considerations follows:

Adverse health effects of Marijuana include:

- Risk of Addiction- evidence clearly indicates that long—term marijuana use can lead to addiction. There is also recognition of a bona fide cannabis withdrawal syndrome, which makes cessation difficult and contributes to relapse. Adolescents are particularly susceptible; as compared with persons who begin the use of marijuana in adulthood, those who begin in adolescence are approximately 2 to 4 times as likely to have symptoms of cannabis dependence within 2 years after first use⁴.
- Possible Role as a Gateway Drug- data suggests that the use of marijuana in adolescence could influence multiple addictive behavior in adulthood⁴.
- Cognitive and Academic Effects- weekly or more frequent marijuana use by adolescents and young adults is associated with impaired learning, memory, math and reading achievement, even 28 days after last use, and is strongly associated with failure to graduate from both high school and college¹.
- Relation to Mental Illness- regular marijuana use is associated with an increased risk of anxiety and depression, and is linked with psychoses, especially among people with a preexisting genetic vulnerability⁴.
- Adverse Cardiac and Respiratory effects- marijuana use may be associated with increased risk of stroke in individuals younger than 55 years of age, and may be associated with increased risk of heart attack among adults. Daily or near daily marijuana smoking is strongly associated with chronic bronchitis, including chronic cough, sputum production, and wheezing¹.

¹Monitoring health concerns related to marijuana in Colorado, 2016: changes in marijuana use patterns, systematic literature review, and possible marijuana-related health effects. Colorado Department of Public Health and Environment, Retail Marijuana Public Health Advisory Committee-2017.

²Bertrand KA, Hanan NJ, Honerkamp-Smith G, et al. Marijuana Use by Breastfeeding Mothers and Cannabinoid Concentrations in Breast Milk. Pediatrics. 2018; 142(3):e20181076.

³Health Impact Assessment, Marijuana Regulation in Vermont, 2016. Vermont Department of Public Health.

⁴Volkow, ND, Baler, RD, Compton, WM, et al. Adverse Health Effects of Marijuana Use. N Engl J Med. 2014; 370:2219-27.

Additional Public Health Considerations include:

- Unintentional Exposures in Children- legal marijuana access is strongly associated with increased numbers of unintentional exposures in children, which can lead to hospitalizations. In Colorado, at least 14,000 children 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 home¹.
- Risk of Motor Vehicle Accidents- both immediate exposure and long term exposure to marijuana impair driving ability; marijuana is the illicit drug most frequently reported in connection with impaired driving and accidents, including fatal accidents⁴.

Currently, local health departments in NYS are committed to working to curb opioid addiction, overdose and death. As you know, New York State Department of Health recently funded 24 local health departments to run evidence-based opioid prevention projects. According to the New England Journal of Medicine, "Epidemiologic and preclinical data suggest that the use of marijuana in adolescence could influence multiple addictive behaviors in adulthood⁴". As public health professionals fighting on the frontlines of our current opioid epidemic, it is counterintuitive for us to condone the use of marijuana.

NYSACHO members recognize there are possible linkages between legalization of marijuana with the advancement of social and racial justice initiatives. We too often see communities of color disproportionately impacted by arrests stemming from charges related to marijuana. There is no question, families would benefit from alleviation of marijuana-related arrests and jail time that has disproportionately affected low income and communities of color.

If policy on regulated marijuana moves forward, this will increase workload for the already taxed public health workforce. We anticipate local health departments, who are reliably at the front line of all emerging public health crises, will need to expand workforce capacity in community education, surveillance, intervention strategies, enforcement, and beyond if regulated marijuana is legalized. If this time should come, it is absolutely critical that adequate funding is dedicated to prevention strategies led by local health departments. Now is the time for a call to action to reinvest in public health and safety infrastructure in New York State through bolstered funding of Article 6, Public Health Law and demonstrate the State's commitment to public health preparedness and safety measures aimed to protect residents in New York State.

After hearing news of the appointment of a Marijuana Regulation Workgroup, we respectfully request a seat at the table as regulations are developed and health policies are amended. County Health Officials possess the boots on the ground expertise required to develop regulations which safeguard our communities. The following recommendations, taken, in part, from Vermont Department of Health³, should be considered when developing regulations:

- Put infrastructure in place before sales begin. Regulations and rules, appropriate testing of infrastructure and critical staff onboarding should be finalized prior to beginning of sales.
- Addition of marijuana to New York's Clean Indoor Air Act which will ensure children, youth and other vulnerable populations are not exposed to marijuana use or second hand smoke.
- Expand existing tobacco laws including statewide adoption of Tobacco 21 policy.
- Include warning labels on all marijuana products to ensure consumer awareness of health dangers and risk.
- Formulate edible safety regulations including child-resistant packaging and restrictions on products which may be enticing to children.
- Fully fund enforcement and oversight. Enforcement regulations related to restaurant and environmental inspections must mirror inflation and industry growth.

- Standardize and test packaging and potency. THC concentration regulations, particularly those relating to packaging, labeling and testing, must be in place before implementation.
- Set a blood level operating limit for THC. An active-THC blood level limit for operating a motor vehicle must be based on the best available evidence.
- Fund surveillance and research efforts to monitor more closely the type of use, frequency of use and potency of marijuana used by all New Yorkers.
- Encourage and fund the scientific study of health effects among New Yorkers who use marijuana.

NYSACHO respectfully requests the opportunity to meet with your staff to discuss how we can assist in aligning prevention and treatment strategies, leveraging the expertise of local health departments to ensure NY communities are safe.

We look forward to our continued partnership. Thank you for your consideration.

Sincerely,

Paul A. Pettit, MSL

Public Health Director, Genesee and Orleans Counties

President, NYSACHO

Sarah M Ravenhall

Sarah Ravenhall, MHA, CHES Executive Director, NYSACHO

CC: Howard A. Zucker, M.D., J.D., Commissioner of Health, New York State Bradley Hutton, M.P.H, Deputy Commissioner of Health, New York State Department of Health Paul Francis, Deputy Secretary for Health and Human Services Megan Baldwin, Assistant Secretary for Health, New York State Executive Chamber