

1 **RESOLUTION SUPPORTING THE REGULATION OF CANNABIS IN NEW JERSEY**

2
3 **Subject:** Cannabis policy

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5 **Submitted by:** Middlesex/Mercer County Medical Society

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7 **Author/Proponent:** David L. Nathan, MD, DFAPA, *Princeton*

8
9 **Whereas,** Medicinal cannabis is currently legal in 33 U.S. states, including New Jersey,¹ and adult
10 use has now been legalized in the District of Columbia and 11 states, including Alaska, California,
11 Colorado, Illinois, Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, and Washington
12 State;² and

13
14 **Whereas,** One cannabis-related arrest is made approximately every 14 minutes in New Jersey,
15 adding up to more than 100 arrests per day or 37,000 arrests a year,³ encumbering our
16 overburdened criminal justice system and draining law enforcement’s already limited resources;
17 and

18
19 **Whereas,** African Americans in New Jersey are arrested at three times the rate of whites for
20 cannabis possession, despite similar usage rates between the two groups;⁴ and

21
22 **Whereas,** Cannabis prohibition disproportionately harms low-income individuals, as low-income
23 individuals face deeply harmful, collateral consequences from cannabis arrests due to inability to
24 pay fines, inadequate access to counsel, and potential loss of employment, housing, and student
25 loans;^{5,6,7} and

26
27 **Whereas,** Poverty, racism, educational deprivation, environmental stress, unemployment, and
28 disrupted social support networks are all social determinants that severely reduce healthcare
29 access in low-income communities,^{8,9,10} making cannabis prohibition a public health burden for
30 low-income communities;¹¹ and

31
32 **Whereas,** Use of unregulated THC vaporizer pens has been associated with thousands of cases
33 of severe lung injury and dozens of deaths in the United States over the past few months, while
34 similar products from legal, regulated dispensaries show little if any linkage to such illnesses;¹²
35 and

36
37 **Whereas,** Cannabis prohibition has contributed to the dangerous proliferation of synthetic
38 cannabinoids, which are far more toxic than cannabis, sometimes undetectable in drug tests, and
39 lethal in overdose;¹³ and

40
41 **Whereas,** Evidence shows cannabis is potentially addictive or otherwise harmful to a subset of
42 adults,¹⁴ but unlike other drugs, it is not lethal in overdose,¹⁵ which is critical at a time when tens
43 of thousands of Americans die from drug overdoses every year;¹⁶ and

44

45 **Whereas,** Cannabis use is less harmful to the great majority of adults than alcohol use, tobacco
46 use,¹⁷ motorcycle riding,¹⁸ and other potentially harmful behaviors that society has learned are
47 more effectively controlled through regulation than through prohibition; and
48

49 **Whereas,** Evidence shows that cannabis use can be harmful to the developing brain,¹⁹ but
50 cannabis prohibition has utterly failed in its most basic intent of preventing cannabis access by
51 minors;^{20,21} and
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53 **Whereas,** Since the 1970s, effective preventive education campaigns have reduced the rates of
54 alcohol and tobacco use by minors,²² despite the legality of both drugs, while underage cannabis
55 use rose steadily until recent years, despite its illegality for adults; and
56

57 **Whereas,** Regulation of cannabis—like that of alcohol and tobacco—creates a legal distinction
58 between underage and adult cannabis use, showing respect for scientific evidence and the rule
59 of law that the flouted policy of cannabis prohibition has failed to instill in our children; and
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61 **Whereas,** Federal government data show that cannabis-legal states have experienced no
62 increase in underage use,²³ and in some states have seen a decrease in use by 12- to 17-year-
63 olds;²⁴ and
64

65 **Whereas,** The decriminalization of cannabis, which involves the reduction or elimination of
66 penalties for cannabis possession while maintaining the illegality of the supply chain, fails to
67 empower the government to regulate the already thriving illegal cannabis industry, and makes
68 the illegal, untaxed cannabis trade more profitable, competitive, and potentially violent;²⁵ and
69

70 **Whereas,** Regulated dispensaries check identification of customers and prevent underage
71 purchases of cannabis, while illegal cannabis sellers supply cannabis—along with other drugs—
72 to minors as well as adults;²⁶ and
73

74 **Whereas,** Cannabis regulation benefits public health by enabling government oversight of the
75 production, testing, distribution, and sale of cannabis;^{27,28} and
76

77 **Whereas,** Cannabis regulation ensures that cannabis products are properly labeled with potency,
78 product warnings, and other information, enabling adults to make informed decisions about their
79 consumption;²⁹ and
80

81 **Whereas,** Regulation encourages honesty in patient-doctor communication about cannabis use
82 and facilitates research into health risks and medical benefits;³⁰ and
83

84 **Whereas,** The inevitable need for effective cannabis regulation is reflected in recent polls
85 showing that 62% of New Jerseyans support cannabis legalization, with an overwhelming 81%
86 support among 18- to 34-year-olds;³¹ now therefore be it
87

88 **RESOLVED**, For the advancement of public health and social justice, the Medical Society of New
89 Jersey supports effective, evidence-based regulation of the cannabis industry as an alternative to
90 the demonstrably ineffective policies of prohibition and decriminalization; and be it further
91

92 **RESOLVED**, The Medical Society of New Jersey calls upon the Legislature and Governor of New
93 Jersey to ensure that legislation and regulations controlling the cannabis industry include
94 evidence-based, enforceable provisions for

- 95 • preventive education of minors,
 - 96 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)
 - 97 ■ *H. Implement public awareness campaigns highlighting the risks of*
 - 98 *marijuana use to discourage use by vulnerable populations, including*
 - 99 *adolescents and young adults, individuals with mental illness, and those*
 - 100 *with a history of addiction involving alcohol or other drugs.*
- 101 • harm reduction education of adults,
 - 102 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)
 - 103 ■ *H. Implement public awareness campaigns highlighting the risks of*
 - 104 *marijuana use to discourage use by vulnerable populations, including*
 - 105 *adolescents and young adults, individuals with mental illness, and those*
 - 106 *with a history of addiction involving alcohol or other drugs.*
 - 107 ■ *I. Highlight the risks and negative impact to the lungs and respiratory*
 - 108 *system of smoking marijuana.*
- 109 • prevention and interdiction of impaired driving,
 - 110 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)
 - 111 ■ *F. ... And, direct funding to conduct research on impaired driving.*
- 112 • detailed labeling of cannabis products with health and safety information,
 - 113 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)
 - 114 ■ *D. Require warning labels to be placed on all marijuana and marijuana*
 - 115 *products not approved by the U.S. Food and Drug Administration (FDA)*
 - 116 *which are offered for sale in retail outlets, stating, “Marijuana use*
 - 117 *increases the risk of serious problems with mental and physical health,*
 - 118 *including addiction” with notes that adverse mental and physical health*
 - 119 *effects are well documented, as well as “Marijuana should not be used by*
 - 120 *pregnant women or persons under age 25,” and “Marijuana should not be*
 - 121 *used by persons prior to operating motor vehicles and heavy machinery.”*
- 122 • penalties for adults who enable diversion of cannabis to minors,
- 123 • child-resistant packaging, and
 - 124 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)
 - 125 ■ *E. Require that marijuana products (such as edibles and beverages) be sold*
 - 126 *only in child-proof packaging and be accompanied by the mandatory*
 - 127 *distribution of educational flyers regarding the risks of overdose and*
 - 128 *poisoning in cases of accidental ingestion by children or household pets.*
- 129 • a ban on packaging, marketing, and advertising that attracts underage users.
 - 130 ○ Staff Notes: MSNJ Policy on Legalization of Recreational Marijuana (Appendix A)

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- *B. Prohibit marketing and advertising to youth, akin to the current restrictions on tobacco product advertising.*

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APPENDIX A

Legalization of Recreational Marijuana

MSNJ is compelled to oppose the legalization of the recreation use marijuana based on data available on roadway dangers, negative effects on adolescent brain development and fetal development, risk of respiratory diseases and other health conditions. Based on scientific data, marijuana should not be legally available to minors **and** young adults. We urge lawmakers to consider patient safety when considering legalization.

If legalization is to occur, we ask for public health measures to be taken well before products are available for sale. Product testing and consumer education and warnings should precede sales. We ask for the following parameters to protect public health, at the least:

- a. Prohibit the legal sale of marijuana products to anyone younger than 25 years of age.
- b. Prohibit marketing and advertising to youth, akin to the current restrictions on tobacco product advertising.
- c. Require that products made available for retail sale be tested for potency and clearly labeled with THC content. Require maximum THC amounts per serving (e.g. 100 milligrams per unit) and per purchase (e.g. Colorado purchase limit: 800 milligrams).
- d. Require warning labels to be placed on all marijuana and marijuana products not approved by the U.S. Food and Drug Administration (FDA) which are offered for sale in retail outlets, stating, "Marijuana use increases the risk of serious problems with mental and physical health, including addiction" with notes that adverse mental and physical health effects are well documented, as well as "Marijuana should not be used by pregnant women or persons under age 25," and "Marijuana should not be used by persons prior to operating motor vehicles and heavy machinery."
- e. Require that marijuana products (such as edibles and beverages) be sold only in child-proof packaging and be accompanied by the mandatory distribution of educational flyers regarding the risks of overdose and poisoning in cases of accidental ingestion by children or household pets.
- f. Earmark taxes placed on marijuana and marijuana product sales, wholesale or retail, such that a majority of tax revenues are required to be devoted to public education about addiction, health effects of cannabis and synthetic cannabinoid use, prevention of initiation of cannabis and cannabinoid use by youth, or research on the health risks and potential benefits of marijuana, "natural" cannabinoids, and synthetic cannabinoids. And, direct funding to conduct research on impaired driving.
- g. Limit marijuana and marijuana product sales to state-operated outlets, akin to Alcohol Beverage Control regulations existing in several states and Canadian provinces, which preserve both public access and the potential for governmental revenues linked to sales, while limiting

the broad commercialization of public sale of potentially harmful but brain-rewarding products.

h. Implement public awareness campaigns highlighting the risks of marijuana use to discourage use by vulnerable populations, including adolescents and young adults, individuals with mental illness, and those with a history of addiction involving alcohol or other drugs.

i. Highlight the risks and negative impact to the lungs and respiratory system of smoking marijuana.

j. Set safety and quality standards (product testing, dispensary inspections, etc).

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