



New York Society
of Addiction Medicine

NYSAM

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November 21, 2018

Governor Andrew M. Cuomo
Executive Chamber
New York State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As the membership and advocacy organization that represents Addiction Medicine providers across New York State, we are very concerned about policies related to legalizing marijuana for recreational use in New York State. We strongly support the previous recommendation made by the American Society of Addiction Medicine, which recommends that New York be most cautious and not adopt a policy of legalization until more can be learned from the “natural experiments” now underway in jurisdictions that have legalized marijuana. We urge New York State to conduct more rigorous study of the potential impacts of legalizing marijuana, the experiences of states that have already legalized commercial marijuana, and the implications legalization would have for population health and rates of addiction in New York State.

We agree with our colleagues at NY Alcoholism and Substance Abuse Providers, Coalition for Behavioral Health, and the NYS Council for Community Behavioral Healthcare that instead of pursuing legalization at this time, New York State should focus its efforts on policies that would correct the punitive approaches of the past. Strengthening provisions in state law that decriminalize marijuana would be a needed step forward. Eliminating criminal penalties for marijuana possession, addressing the status of persons needlessly incarcerated for marijuana-related offenses, expunging the criminal records of persons convicted of marijuana offenses, and other such actions should be our focus.

We are, however, acutely aware that your staff is currently working on statutory language that could be introduced for consideration by the legislature in 2019 and has solicited input on the regulatory parameters that should contextualize legalized commercial marijuana. We ask that you consider the following regulatory recommendations. These recommendations are in no way meant to endorse the idea of the legalization of marijuana, but should be considered if the legislation moves forward.

1. A comprehensive public education campaign should be initiated BEFORE legal use of marijuana by adults becomes available to ensure that all citizens are aware of the risks of marijuana use at all ages, with a particular sensitivity to vulnerable populations (children and young people, people with mental health challenges, etc.). Please refer to

the recommendations at the end of this letter for a list of recommendations to lower the risk of cannabis use.

2. Prohibit the legal sale of marijuana products to anyone younger than 25 years of age.
3. Prohibit marketing and advertising to youth, akin to the current restrictions on tobacco product advertising.
4. Require that products made available for retail sale be tested for potency and clearly labeled with THC content. These quality measures should be monitored by a separate entity to ensure the safety of the substances sold.
5. Require rotating 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," or "Marijuana should not be used by pregnant women or persons under age 25," or "Marijuana should not be used by persons prior to operating motor vehicles and heavy machinery."
6. 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.
7. 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 work force development of addiction medicine providers and counselors, public education about addiction, health effects of cannabis and synthetic cannabinoid use, prevention of initiation of cannabis and cannabinoid use by youth, addiction treatment, and research on the health risks and potential benefits of marijuana, "natural" cannabinoids, and synthetic cannabinoids.
 - a. 40% of taxes collected should be used to strengthen the Addiction Medicine workforce.
 - b. 25% should go to prevention, treatment, recovery, and harm reduction services with emphasis on addressing substance use disorders related to marijuana
 - c. 25% of taxes should go to create state infrastructure to regulate marijuana and support expanded SUD and law enforcement efforts
 - d. 10% of taxes should go to assist law enforcement efforts to address impaired driving and other public safety issues arising from marijuana use
8. 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.
9. Implement public awareness campaigns which highlight the risks of marijuana use to discourage vulnerable populations, including youth (i.e., adolescents and young adults), individuals with mental illness, and those with a history of addiction involving alcohol or other drugs, from using

10. Cannabis, cannabis-based products, and cannabis delivery devices should not be available commercially unless and until they have received marketing approval from New York State (Department of Health)
11. Marijuana products intended for smoking should not be approved for New York State's regulated marijuana program, as smoking has been proven to be bad for the health of consumers
12. Robust health surveillance related to marijuana use should be established. The data should be made available to public health and health policy researchers to understand the public health impact of marijuana use as well as the relative effectiveness of different policy levers to discourage use among vulnerable populations, especially adolescents and young adults, persons with mental health challenges, and persons in recovery or at-risk for substance use disorders
13. Private and public insurance coverage should be made available to cover the costs associated with marijuana related prevention and treatment services
14. Local governments should have to "opt-in" to have marijuana businesses located in their communities. An opt-in would give control to local citizens and local governments regarding whether marijuana business can locate in their community
15. Marketing and packaging of marijuana products should reflect an awareness of risk associated with the use of marijuana:
 - a. all advertising and marketing should be required to include facts that educate consumers about the known medical risks of all marijuana products
 - b. Potency (THC levels) should be capped
 - c. All marketing and packaging should include a warning to consumers that persons in recovery or who have risk factors for addiction (family history) should abstain from marijuana and synthetic cannabinoid use and the role of cannabis and cannabinoid use in precipitating relapse
16. On premise consumption should not be permitted in venues where marijuana is sold
17. Consumption of marijuana should be limited to non-public places
18. Daily limits should be placed on the amount of marijuana sold for recreational purposes. Suggested limits are no more than $\frac{1}{4}$ (one quarter) oz of marijuana per day
19. NYS should establish limits on producers, processors, and sales to ensure that the industry and commerce is closely controlled. For example, bundling (free marijuana with purchase of expensive bong to avoid taxes) should be prohibited as should rebates and referrals fees
20. Legal controls should be established on the manufacture and sale of synthetic marijuana (synthetic cannabinoid receptor agonist compounds) within the framework of controlled substances laws for other highly addictive compounds
21. Expand research on marijuana, the various cannabinoids present in marijuana, and synthetic cannabinoid agonists and antagonists, including basic science and applied clinical studies. Research could emphasize mechanisms of action of marijuana and its constituent compounds, its effect on the human body, its addictive properties, and any appropriate medical applications. The results should be made known for clinical and policy applications. Research should be expanded on functional impairments associated with use of cannabis and related substances including effects on driving, how to

distinguish impaired driving due to cannabinoids from impaired driving due to other factors, and effects on educational and occupational performance.

22. The law must specifically reaffirm the right and responsibility of employers to maintain a Drug Free workplace.
23. The law must recognize the ability of all employers, not just federally regulated ones, to ban the use of marijuana by its employees.

We would be happy to meet with you to discuss these recommendations. We appreciate your willingness to listen to communities across New York State and to accept suggestions for the regulation of commercial marijuana for personal use. Be assured of our commitment to work with you on this important public health and public safety issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael Delman".

Michael Delman, MD
President
New York Society of Addiction Medicine

CC: Axel Bernabe
Paul Francis
Shelly Weizman
Arlene Gonzalez-Sanchez
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