

MEDICAL SOCIETY of the STATE OF NEW YORK

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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

In Senate Finance Committee

S. 1527B (KRUEGER)

In Assembly Codes Committee

A. 1617B (PEOPLES-STOKES)

AN ACT in relation to constituting chapter 7-A of the consolidated laws, in relation to the creation of a new office of cannabis management, as an independent entity within the division of alcoholic beverage control, providing for the licensure of persons authorized to cultivate, process, distribute and sell cannabis and the use of cannabis by persons aged twenty-one or older; to amend the public health law, in relation to the description of cannabis...;

This measure establishes a state Office of Cannabis Management within the NYS State Division of Alcohol Beverage Control. While the Medical Society of the State of New York supports efforts to remove the threat of criminal sanction for those possessing marijuana, MSSNY has significant concerns with the proposals to legalize marijuana for recreational use—and with the expansion of its marijuana for medicinal purposes.

Several states that surround New York State have taken steps to legalize marijuana and the country of Canada has recently legalized its use throughout the country. However, the New Jersey Legislature recently chose not to enact legalization of marijuana. New York State must take notice of New Jersey's action and begin to look at the data that is coming in from states that have legalized marijuana for recreational purposes. The Medical Society of the State of New York opposes recreational marijuana legalization (MSSNY Policy 65.965). The Medical Society of the State of New York supports promotion of drug treatment to those arrested or fined for marijuana related offenses and encourages communities to develop programs that emphasize drug treatment and rehabilitation rather than criminalization of marijuana. (MSSNY Policy 65.986). The decriminalization of marijuana is a social justice issue due to the disparity of the populations who are impacted.

The Medical Society is working with seven other state medical societies calling upon the various state legislatures to begin a review of the current data. The American Medical Association (AMA) stands with the state coalition in expressing its opposition. James Madara, MD, Executive Vice President and CEO of the AMA recently sent a letter to New York State Assembly Speaker Carl Heastie and New York State Senate Majority Leader Andrea Stewart-Cousins urging them to “delay initiating the legalization of cannabis for recreational (non-medicinal) use until further research is completed on the public health, medical, economic and social consequences of its use.” Moreover, we note that in 2017 the AMA approved a policy position based upon recommendations from its Council on Science and Public Health that concluded the sale of cannabis for recreational use should not be legalized. Its position was based upon the analysis of multiple studies that found, even as cannabis had some therapeutic benefits, there was substantial evidence of a statistical linkage between cannabis smoking and health issues. The AMA-issued paper looked at data from jurisdiction's that legalized cannabis that demonstrated adverse

impacts, such as unintentional pediatric exposures resulting in increased calls to poison control centers and emergency department visits. That data showed that there was an increase in traffic deaths due to cannabis-related impaired driving. Another recent study, as reported in the February *Westchester Journal News*, showed that Motor vehicle crashes are up by as much as 6 % in Colorado, Nevada, Oregon and Washington, compared with neighboring states that haven't legalized marijuana for recreational use.

MSSNY, working with several state medical societies, is urging Congress to re-classify marijuana from Schedule I to Schedule II so that necessary research can be performed to better inform states considering these proposals. As a Schedule II drug, government funding can be sought for necessary research that clearly defines the positive and negative elements of marijuana use. There is a lack of sufficient research and clinical study upon which legislators and voters are approaching this issue. A major contributing factor is that marijuana continues to have a schedule I classification by the federal government, which significantly limits the comprehensive research that can be performed to inform physician and consumer decision-making. A final concern involves the worsening of the current mental health and substance abuse crisis enveloping the country.

Studies have shown that the adolescent or teen brain continues to mature and develop until around age 25, especially in areas of the brain involved in planning, decision-making and learning which develop last. According to the National Institute on Drug Abuse, "Studies have shown that when marijuana is consumed, THC and other compounds enter the bloodstream, reach the brain and attach to naturally occurring receptors called cannabinoid receptors. This causes problems in learning and memory, coordination, reaction time and judgment. It also can cause hallucinations, paranoia and a range of emotional problems. Marijuana use may cause academic difficulties, poor sports performance, impaired driving and troubled relationships. (*National Institute on Drug Abuse; Marijuana Report Series*).

A 2014 review entitled, "*Effects of Cannabis on the Adolescent Brain*" and supported by the National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, found that "Marijuana is the second most widely used intoxicant in adolescence, and teens who engage in heavy marijuana use often show disadvantages in neurocognitive performance, macrostructural and microstructural brain development, and alterations in brain functioning. It remains unclear whether such disadvantages reflect pre-existing differences that lead to increased substances use and further changes in brain architecture and behavioral outcomes." The review also indicated, that "Marijuana use in adolescence could have implications for academic functioning, as well as social and occupational functioning extending into later life"

Moreover, the SAMHSA report, "National Survey on Drug Use and Health: Comparison of 2015-2016 and 2016-2017 Population Percentages" has shown that marijuana use in young people has increased in those states that have legalized marijuana.

The measure also removes the medical program out of DOH and into the Office of Cannabis Management and allows a "practitioner" to certify a patient for use of marijuana. The bill also removes the list of medical conditions that is in the current law. Both the recreational adult use program and the medical program allow for "smoking" of marijuana. **For all the reasons cited above, the Medical Society of the State of New York opposes this measure and urges that it not be enacted.**

Respectfully submitted,

Division of Governmental Affairs

**Pfc/oppose
6/14/19**