CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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April 10, 2019
Start: 10:15 a.m.
Recess: 11:35 a.m.

HELD AT: Council Chamber - City Hall

B E F O R E: MARK LEVINE
Chairperson

COUNCIL MEMBERS:
Keith Powers
Andrew Cohen
Robert Holden
Mathieu Eugene
Alicka Ampry-Samuel
Inez Barron

A P P E A R A N C E S (CONTINUED)

Dr. Hillary Kunins, acting Executive Deputy Commissioner
Division of Mental Hygiene at the Department of Health and mental Hygiene

Dionna King
Drug Policy Alliance

Noah Potter
NYC resident

SERGEANT-AT-ARMS: Check. Check.

[background comments]

SERGEANT-AT-ARMS: Check. Check. Check. Check. Today is April 10TH, 2019. Today's hearing is on health being recorded by Charisse Torres.

CHAIRPERSON LEVINE: Good morning, everybody. Welcome to the City Council's Committee on Health. I want to inform the public that there is an overflow room available in the member's lounge. Don't miss your chance to get a seat. We don't want you to be left out of the building. I am very happy to be joined, not only by our wonderful colleague and member of the Health Committee, Council member Alicka Ampry-Samuel, but a brand-new edition to the city Council's Committee on Health, Council member Bob Holden. Welcome. You are off to a great start on punctuality. Okay. And welcome, Dr. Kunis. Kunins. All right. Today we will be hearing resolution 221, which I am pleased to be the prime sponsor of which calls on state of New York to expand the existing medical marijuana program. We will also be hearing resolution 765 sponsored by our colleague, Council member Carlina Rivera, which calls on the state to

pass legislation to ensure there is some mechanism in place to rectify any conflicts between the states medical marijuana regulations and future recreational marijuana regulations. This is a time of truly dizzying change in marijuana policy across the United States with dozens of states moving rapidly away from outright prohibition towards some measure of legalization. New York is no exception. In 2014, the compassionate care act established a medical marijuana program in our state and now leaders in Albany are poised to go even further legalizing mental use of marijuana with establishment of a regime for taxing and regulating the substance. Okay. I and most of my colleagues strongly support the move towards full legalization in part, to rectify the profound racial inequities in the ways that our existing marijuana laws have been enforced an injustice which has dire live consequences for generations of young people of color in this state. But even when New York succeeds in legalizing recreational use, it is critical that our states medical marijuana program not just indoor, but that it be strengthened and expanded. There are many compelling reasons for this. Those patients who are

seeking use of medical marijuana for treatment of health conditions should be able to do so under the guidance of a medical professional. They should have access to medical grade marijuana where the quality and dosage is strictly determined according to their needs of the patient. It is important that we eventually have insurance coverage for medical marijuana. We do not at the moment, but we believe that the retention and strengthening of the medical marijuana system is critical to eventually achieving that important goal of health insurance coverage. It is critical that ongoing clinical trials help us further understand those conditions for which marijuana does indeed provide demonstrable relief for patients and we think that to continue to classify this as a tool in medical care is critical to the ongoing support of that kind of critical research. This is true whether or not we succeed in the goal of legalizing adult use recreational marijuana and this is the theme of today's hearing, the goal behind our resolutions, and will certainly be the subject of our discussion and testimony from the administration. So, went back, I want to acknowledge we have also been joined by stalwart Health Committee member Keith

Powers who is extremely disappointed that not one, but two, members beat him into the committee today. We are upping the bar, as we speak. It's always a good sign when you have more people on the desk then you do in the chambers. Usually it's the other way around. And then, on the note, Dr. Kunins, going to cue it to you and I'm going to ask our committee counsel to please administer the affirmation.

LEGAL COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony above for this committee and to respond honestly to Council member questions?

DR. HILLARY KUNINS: I do.

LEGAL COUNSEL: Thank you.

DR. HILLARY KUNINS: Good morning, chair Levine, members of the Health Committee. My name is Dr. Hillary Kunins and I am the acting Executive Deputy Commissioner for the Division of Mental Hygiene at the Department of Health and Mental Hygiene. On behalf of Health Commissioner Barbot, thank you very much for the opportunity to testify on medical adult use cannabis legalization. It is crucial that we maintain a strong public health approach to cannabis legalization as debates move

forward here and in Albany and I very much appreciate your time and support for these issues. I should also just add as an internal medicine physician and addiction medicine physician, these issues are ones that I have long been thinking about both in my work at the health department, as well as in my clinical practice for more than a decade in the Bronx. A public health approach to cannabis legalization must not overlook that cannabis use is associated with some health risks. While many people report feeling euphoric or experiencing relaxing facts from cannabis, we know that some people may experience harmful effects. Studies show that regular or heavy use or use during adolescence can lead to addiction in some cases. Additionally, smoking cannabis is associated with conditions like asthma and bronchitis, and I should note that there is no evidence to date that smoking cannabis increase is an individual's risk of one are typically tobacco-related cancers like long and throat cancers. Importantly, also some people experience cognitive impairment while using cannabis and for a short time after, but typically these effects are temporary. What people commonly describe as a feeling of being

high. This can affect a person's ability to drive safely and, and somewhere cases, people may experience temporary psychotic like symptoms like hallucinations or delusions. Whether or not cannabis use increases a person's risk of developing chronic mental health disorders still remains uncertain in the scientific literature. Much remains unknown about the health effects of cannabis use because research has been hampered in large part because of its federal classification as a schedule one drug by the DEA. This scheduling imposes significant barriers for researchers to both obtain product for research as well as funding. Cannabis should be rescheduled at the federal level to allow for robust research on the health effects of cannabis as well as the potential benefits of cannabis for medical purposes. These potential risks around health issues underscore the city's commitment to ensuring that cannabis use is only accessible to adults those 21 years and older. Equally important to address, as the Chair-- As Chair Levine already pointed out is that the prohibition of cannabis has caused great health and social harms, overwhelmingly to Black and Latino individuals and communities. So, cannabis

legalization much also address the harms of criminalization and prohibition that so many New Yorkers live with every day, as well as simultaneously reducing the potential health harms of cannabis use that I just described. For example, we know that criminalization itself is linked to a range of adverse health and social outcomes at both the individual and community level. For example, being a drug record can limit access to public benefits, housing assistance, employment, college aid. It could lead to family separation or deportation. So we must also knowledge that long-term effects of criminalization on individuals and communities as we consider cannabis legalization. Now let me turn to the city's efforts in regards to the legal cannabis debate. This July, the mayor convened the mayor's task force on cannabis legalization to identify the calls and challenges that should guide the city's preparation for potential legalization by the state. The mayor's office of criminal justice coordinated this task force and included representatives of relevant city agencies including us at the health department. There were five subcommittees on the task force: licensing and land use, economic

opportunity, taxation and finance, law enforcement and social justice, and public health social services and education. The subcommittees met regularly to develop the recommendations reflected in the final report. We consulted with community groups, subject matter experts, and studied jurisdictions that have legalized and regulated the adult use of cannabis. Last December, the task force published its final report which called for a strong public health focused regulatory framework in the empowerment of local government to prevent large corporate dominance to foster small businesses, and meet the demands of diverse New York City communities. The report placed great emphasis on the need to ensure that any cannabis industry in New York State addresses the impact of past criminalization and drives economic opportunity to historically marginalized communities. The task force ultimately developed a viable roadmap for legalization in New York City. We took lessons learned from other jurisdictions, adapted best practices to meet the needs of our unique city. Building the regulatory structure for legalized cannabis should be a long-term dialogue and partnership between city and state health, safety,

economic and community actors at all levels. We look forward to ensuring that the policies that emerge from this process are consistent with the city's commitment to health equity and to protect the house, safety, and economic well-being of all New Yorkers. Of course, much of the future of cannabis legalization and the way it takes shape in New York lies in the hands of the state and the legislation currently under debate in Albany. I want to briefly go on to summarize our public health priorities and goals related to cannabis legalization and encourage the Council to review, if you have not already, the task force report for greater detail and information. We hope the state legislation will allow the city to pursue these priorities. Representatives of the administration are advocating for the city's positions in Albany and we look forward to any opportunities for our partners and city Council to join us in that effort.

First, we believe that the legal cannabis framework must allow both state and local government to protect New Yorkers from the adverse consequences. At the same time, new enforcement measures must be carefully tailored to avoid criminalization of the

very same communities of color that have already borne the brunt of cannabis criminalization and mass incarceration. Thus, critical that legalization in New York should avoid perpetuating or creating punitive response to cannabis violations. Government should impose civil, rather than criminal, penalties for violations of cannabis regulations to the greatest extent possible consistent with public safety. The administration believes that the purchase and possession of cannabis should be limited to adults age 21 and over and that locally regulated consumption sites be established where adults can use cannabis without fear of arrest or public disruption. Promoting public health and safety, and impeding the unregulated market, and addressing the harms from the disparate enforcement of cannabis criminalization should all guide these legislative and regulatory solutions. While it is critical that localities have a meaningful role and regulation, there are certain aspects of legalization policy that must be implemented at a statewide level. Any legalization framework must include automatic expungement of all criminal records for past cannabis offenses that would now be legal. This is critical for repairing

the harm experienced by individuals who have been disproportionately targeted by cannabis enforcement. Likewise, there must be a full decriminalization of individual cannabis use, possession, and sailed to align regularization of this newly legal product with other adult use consumables such as alcohol and tobacco. In other states, this is important to note, that have only partially decriminalized cannabis, total arrests have indeed were creased, but racial disparities and arrests have persisted and, in some cases, widened. In addition, cannabis revenues should be directed to municipalities and reinvesting communities that have disproportionally born the negative effects of cannabis prohibition.

Second, given that the harms of cannabis consumption are concentrated among younger users, access to cannabis should be limited to adults, 21 years and older. It is additionally important that product packaging and labeling do not promote underage use or appeal to children. While this could take many different forms, packaging should not mirror that of candy and all packaging should clearly label all products contain cannabis and detail the risks, potential risks associated with use.

Third, in order to ensure product safety, the task force recommends a statewide so called seed-to-sale supply chain tracking system. Tracking cannabis product requests the lifestyle from growth to the point of sale will ensure that New Yorkers are obtaining cannabis that is inspected, meets safety standards while preventing products spill over between the legal analysts and markets.

Fourth, the diversity of cities and towns throughout New York State demand unique and tailored regulations with regard to sales, consumption sites, and home cultivation. New York City's population density raises particular concerns about the siting of retail outlets and consumption spaces as well as the safety of home cultivation procedures. As such, the task force has recommended that state cannabis laws and regulations incorporate local control.

Finally, the health departments robust-- drug surveillance has played a key role in the cities response to the current opioid epidemic building out this infrastructure to monitor and evaluate the effects of cannabis legalization and advance of and throughout the legalization process will help us find

two policies and adjust course of necessary to keep New Yorkers healthy.

Briefly, I would like to touch on medical cannabis. Under New York State law, the New York State Department of Health has regulatory control of medical cannabis and localities are preempted from further regulating the program. In recent years, the legislature has added new categories to the list of authorized conditions for which physicians may certify medical cannabis for a patient. For further questions on access to medical cannabis, we encourage the Council to contact the state Department of Health. As the legalization discussions move forward, I do want to make one last critical point regarding the medical cannabis industry. From both the public health and racial equity perspectives, it is important to keep medical and recreational cannabis businesses separate to avoid vertical integration and dominance by these already established corporations and New York's cannabis industry. Existing license medical cannabis purveyors should not be granted preferential treatment and recreational cannabis licensing, nor should they be allowed to maintain vertical

integration of their supply chain if they choose to enter the recreational market. Based on the experiences of other jurisdictions, the task force is concerned about the anticipated negative consequences of vertically integrated business centers which require large amounts of startup capital and are difficult to operate as small businesses. In particular, we are concerned that such vertically integrated business is will and smaller local businesses owned and operated by persons of-- from communities of color and poor communities. Our efforts to safeguard and improve the health, social, and economic well-being of New Yorkers go hand in hand with addressing structural impediments to our health equity aims. Learning from how we regulate other adult used products such as tobacco and alcohol and examining the best practices and lessons learned from jurisdictions that have already legalized or already have legal cannabis. I want to think Chairman Levine and the committee members here today for your dedication to this important public health issue and our city and, together I’m confident we will build a framework for cannabis legalization

grounded and racial justice, health equity, and public safety. And I'm very happy to take questions.

CHAIRPERSON LEVINE: Okay. Thank you, Dr. Kunins, for being. You're a medical doctor and I know you have focused intensely on the health impact of marijuana. Is it your opinion that science backs up the use of marijuana for treatment of any medical conditions?

DR. HILLARY KUNINS: So, I think-- just reflecting back on my testimony, I think, unfortunately, we have inadequate science for a number of conditions that show some early promising results, but I would not say they are conclusive. The best evidence that we have for the use of medical cannabis is for certain kinds of painful conditions, neuropathic painful conditions, as well as intense nausea from chemotherapy and in a cancer setting. There are many other promising studies and, as I indicated in my testimony, that the greatest barrier has been the current scheduling of cannabis as a schedule one substance which, essentially, precludes investigators, potential researchers from getting funding from the federal government, and from obtaining product to study. And this is-- as well

as some of the more downstream effect that, I think, you mentioned, Chair Levine, about getting insurance coverage and so forth. So this is sort of a fundamental policy change that I think is needed in order to create more opportunities for science.

CHAIRPERSON LEVINE: Right. We are in a Catch-22 because legal restrictions and other barriers have limited the number of patients who are using marijuana for medical purposes, so there is not an adequate pool of people to study and, therefore, that-- is that an-- that an ac---

DR. HILLARY KUNINS: Uh--

CHAIRPERSON LEVINE: an accurate statement?

DR. HILLARY KUNINS: I think that with sufficient resources, there would be an adequate pool of people. I mean, this is a little bit and also chicken and, as you referred to. But I do think it is ultimately funding and infrastructure issue.

CHAIRPERSON LEVINE: Okay. Well, that could be solvable. I mean, the good news is that legalization of recreational marijuana should broaden the pool of potential participants and studies and should you use the kind of barriers you were

describing for researchers. But the conundrum now is that limited research has not valid-- has not validate-- means we don't have a lot of youth cases that are validated which means fewer people are using it and we have less to work on. So we-- but we shouldn't rule out the potential for this as a treatment on a wide variety of conditions. You did mention chronic pain and that kind of nausea and discomfort associated with chemotherapy as being, I think, now accepted. And you also referred to promising indications of useful effects for other conditions that have not been, perhaps, validated as thoroughly as they should. Could you mention what are the promising areas of use?

DR. HILLARY KUNINS: Sure. And let me also just add one small caveat, which I think is important and from a public health and medical point of view is, for many conditions, there are accepted and highly tested, highly effective treatments and we would not want to see medical cannabis substitute for those other highly effective, heavily studied treatments. So, just to also put that out there.

CHAIRPERSON LEVINE: But that would be at the discretion of a medical professional.

DR. HILLARY KUNINS: Absolutely.

CHAIRPERSON LEVINE: Right?

DR. HILLARY KUNINS: And, ultimately, this is a conversation between a patient and an-- and a certified provider of medical cannabis. Absolutely.

CHAIRPERSON LEVINE: Right.

DR. HILLARY KUNINS: This is best made between a doctor and their patient. Absolutely. And I think-- I also want to just say there is no doubt that there are people who suffering from a number of health conditions for which there are not either other well-- highly effective treatments or treatments that have worked for that particular person. And there is no doubt that medical cannabis has been helpful in some of those circumstances. So I think some of the other many, many conditions that are being investigated include all kind of pain, actually. The one kind that I mentioned is a particular kind of nerve pain. Also waste plastic pain, so paying news, as everything else is, highly nuanced and I think we know from the feeling epidemic that pain is-- can be hard to treat. Our solutions are not always as good as we would lie in the medical

public health professions and medical cannabis represents a new option. Another condition that is gotten a lot of press is for posttraumatic stress disorder, which is a condition that really can cause a great deal of suffering and for which treatments are certainly effective, but probably not as effective as we would like and there is some science and I'm hopeful there will be more that looks at that condition in particular. The list really goes on.

CHAIRPERSON LEVINE: Yes.

DR. HILLARY KUNINS: And we know-- and I'm happy to go on. But I think for-- I'll also point you to a really terrific book that's published by the National Academy of Sciences, Engineering, and Math. That is a very thick book available free online that goes through in a very rigorous way of the levels of evidence from a variety of conditions where there is excellent medium and really no evidence.

CHAIRPERSON LEVINE: There is certainly some anecdotal evidence of the success with patients who suffer from migraines.

DR. HILLARY KUNINS: Uh-hm.

CHAIRPERSON LEVINE: Which I assume you would put into the category of pain, by it seems like that holds a lot of promise. The kind of condition for which some patients have found no other form of relief.

DR. HILLARY KUNINS: I mean, so that is a great example, I think. Migraines are-- can be extremely troubling for people who experience them and there are some really good treatments for migraines that for probably most patients get very good release or decrease in frequency, but not everybody. And so--

CHAIRPERSON LEVINE: Right.

DR. HILLARY KUNINS: there are examples of conditions for which there are proven treatments and still don't address everybody's needs. And so these are areas in which we need more science and we need to weigh both the risks and benefits.

CHAIRPERSON LEVINE: As a chronic migraine sufferer, this is a topic I care a lot about and so I should probably chat with you off-line about the science on that.

DR. HILLARY KUNINS: Happy to.

CHAIRPERSON LEVINE: Even if New York City does-- New York State does legalize recreational adult use of marijuana, we still have a very hostile federal environment. There is no chance under the current administration that there is going to be federal legalization. Hard to predict what would happen farther in the future, but since so much science is funded by federal government sources, how can we ensure that good research can proceed with such hostility from Washington?

DR. HILLARY KUNINS: So, just sort of going back to my earlier point is that the is-- the rescheduling issue by the DEA does not imply-- it's separate from legalization. And so, it is-- I appreciate your point. It is possible that there might be some movement that would still facilitate additional research. With some jurisdictions, although not, perhaps, imperfect have done in their state legislation and regulation is to also set up or budget for research funding at the state level and so that might help to promote additional research, as well. Both find and afford access to a supply chain of product to study.

CHAIRPERSON LEVINE: New York City itself, at various points, has funded research to fill the gaps when there is compelling public health interest at stake.

DR. HILLARY KUNINS: Um--

CHAIRPERSON LEVINE: You know where I am heading on that?

DR. HILLARY KUNINS: Yes. I see where you are heading. That-- I was just say that, statistically, at least at the health department, we have not funded medication trials, typically. Whether randomized controlled bills or otherwise, but I see your point. In various drafts, again, I-- this is a conversation with New York State is that there is, various-- the bills, there is various iterations. There are provides service to-- available for research.

CHAIRPERSON LEVINE: Right. I've made the absurd-- assertion that-- made the assertion that, even if way to legalize recreational use, there is compelling case for continuing the medical program, in part because you want medical grade prescriptions available where the quality and dosage is very strictly determined. For example, in some

cases, the doctor might prescribe a form that does not have THC. One example of the ways in which the doctor might want to very finely to what the patient is ingesting. I think it's critical that eventually the health insurance system cover this. It should be considered no different than any other medication as it is prescribed by a health professional. Can you comment on the validity of this argument that we need to continue and strengthen the medical program even if we need to legalize recreational use?

DR. HILLARY KUNINS: So, what I-- what I will share with you is, and other jurisdictions that have legalized don't use cannabis, that they-- that there have been efforts to continue the medical cannabis program and that the procedures for operating those programs remain somewhat different and I concur with you that having a medical cannabis program allows for the kind of patient-- doctor-patient healthcare provider relationship that allows for conversations about the role of cannabis and training the medical condition. I also agree with you that, in that setting, the health provider can I adjust dose and approach different combinations of THC and other substances that could address the

person's condition. So I think there is absolutely a role. I think that, in terms of strengthening, it's really a conversation with New York State about sort of current use of the program and capacity and so forth. And we don't have all those data to really make an assessment about what it is-- is current capacity or how to strengthen it strategically.

CHAIRPERSON LEVINE: Some conditions which-- for which medical marijuana shows some promise that are not currently allowed under the state's compassionate care act. It's including Alzheimer's, muscular dystrophy, dystonia, rheumatoid arthritis. Would you support expanding the current law to cover those conditions?

DR. HILLARY KUNINS: You know, I think I'd have to r-- so, again it's the threshold for those determinations are at the state level. I think my general approach would be to review the science and create a standard threshold for inclusion or not inclusion of new conditions. And I think that's part of how they are running the program and thinking about back quite critically.

CHAIRPERSON LEVINE: Okay. Now, I'm going to pass off to our newest member of the

committee for his debut questioning. No pressure. Council member Holden.

COUNCIL MEMBER HOLDEN: I have to make this good because you've been promoting. I don't know if I'm ready for this. We will see. Thank you. Thank you so much for your testimony. The administration is-- has set 21 for the age and it just-- that seems to be arbitrary, you think, or-- what-- You know, there's a lot of feelings in different sections. Certainly my district I would say more people would be against legalizing marijuana. I don't know about medical. I have spoken with a number of people who are, you know, from other states that are on medical marijuana and they feel much better so it's-- I just think, in testimonials, overhearing benefits and, obviously, the science. As for consumption sites that red flagged me right away, in my neighborhood, let's say, or my districts, people would be against having consumption sites because of obvious reasons. Public safety, just-- it-- You know, almost like it's becoming another bar and how do we enforce-- How do we even test for some money driving impaired? I still haven't heard are real-- Other than a blood test, is anything that the police could do on the

scene to determine if somebody is under the influence--

DR. HILLARY KUNINS: Uh-hm.

COUNCIL MEMBER HOLDEN: and driving?

DR. HILLARY KUNINS: That was a lot of questions. So, I just-- Just broadly, before jumping into some of the specifics, I think-- you know, I think our-- we really want to convey that we, as this moves forward, we should do this carefully. I just want to--

COUNCIL MEMBER HOLDEN: Right.

DR. HILLARY KUNINS: say that.

COUNCIL MEMBER HOLDEN: Yes.

DR. HILLARY KUNINS: and I think there is evidence from other jurisdictions where there have been errors because things either happened without enough experience which I think we are now in the position to learn as a state, as the city, from other jurisdictions. So I will say that. In terms of age, I think that it is-- 21 is not entirely arbitrary. I think what we know is the brain and attendant risks of brain development not going well is continue is actually into one's mid-twenties, but it's not like

now you are developing and now you have stopped. It's--

COUNCIL MEMBER HOLDEN: Right.

DR. HILLARY KUNINS: it's a continuous thing. So that the ages consistent with other dual use products now in New York City, tobacco, and alcohol nationally. And so it's consistent with other social policy and makes sense both developmentally as well as pragmatically. In terms of consumption sites, you raise a really important issue which is that because of the federal laws that you are aware of and individual buildings choice of not having smoking in their air, this is a way to afford people the option of consuming, including by smoking without being in public. So we very much see this as a dressing, one, safety. Two, keep in public use out of the public and not unintentionally exposing young people to cannabis use. And, three, as an equity issue because people, particularly, in public housing will not be able to use cannabis legally in their houses. So it makes sense, we think, from a public health and equity point of view and we also think there should be-- We recommend in the task force that these issues the last to the

localities to make recommendations about whether they exist.

COUNCIL MEMBER HOLDEN: Yeah. I didn't think about the public housing aspect. It says no smo-- it says no smoking in public housing. Does it say cigarettes or?

DR. HILLARY KUNINS: Doesn't-- Doesn't--

COUNCIL MEMBER HOLDEN: Doesn't.

DR. HILLARY KUNINS: I will double check, but does not specify. So--

COUNCIL MEMBER HOLDEN: Because if we--

DR. HILLARY KUNINS: So cannabis smoking--

COUNCIL MEMBER HOLDEN: we could exempt-- If it doesn't do the harm that cigarettes actually cause, then maybe we could exempt smoking marijuana. I just feel this is opening up a can of worms on consumption sites because, knowing my district, people would be upset if one opened up next to them or near them. It's attracting a lot of people and they're coming out stoned and creating a public safety issue. So I would tend to just say, if we are going to legalize it, just, you know, do it in your

own home or your own back yard or whatever. Away from the public and then you prohibit public smoking. And, just to go off slowly. Also, there is a question and this is one thing that I don't know if the administration is that about. Advertising. Has-- Can you mention--

DR. HILLARY KUNINS: Absolutely. So as we discuss in the task force report, we know from both the tobacco world and from the alcohol world that advertising demand increased intensity of advertising increases, in particular, youth use of those substances. So we make recommendations about limiting advertising and limiting marketing packaging to avoid both appeal to youth and overall exposure to messages about use. Absolutely.

COUNCIL MEMBER HOLDEN: Great. Thank you. Thank you, chair.

CHAIRPERSON LEVINE: Thank you so much, Council member Holden. I'd say you had an outstanding debut there. And now we're going to pass it on to a committee veteran and that would be Council member Keith Powers.

COUNCIL MEMBER POWERS: Thank you. Thanks for that. I'm going to actually pick up from where

Council member Holden left off. In terms of regulating it even in the city's standpoint and when you're talking about locations and proximity and things like that, does the-- the state alcohol beverage control law has a number of provisions and it around proximity to schools and religious institutions. Proximity to other establishments that are of a similar type. I'm wondering if the city has considered anything, whether that would be an example of how to say either consumption sites or sales, places for sales.

DR. HILLARY KUNINS: So, absolutely. As part of our review with other jurisdictions and our recommendations for best practices is that siding of both retail or potential consumption sites should consider the factors that you mentioned, as well as other ones. Bigger picture that I just want to make sure the committee is aware of is in the case of alcohol, the city is, essentially, preempted prevented--

COUNCIL MEMBER POWERS: Uh-hm.

DR. HILLARY KUNINS: from controlling siding of both on premise and off premise sales of alcohol. Meaning both wine, liquor stores, as well

as bars. And in important recommendation that the administration put in our task force report and we are currently advocating in with New York State elected officials is to include local control in whatever bill-- whatever piece of legislation that gets passed so that we, as a locality with all of our specific needs, diversity of communities, density of all of our retail and other kinds of environment could be considered by the municipality. So, I think that the specifics of what makes sense for our city can be worked out in some of the ways that you are already--

COUNCIL MEMBER POWERS: Got it.

DR. HILLARY KUNINS: pointing out.

COUNCIL MEMBER POWERS: Great. Thank you. And the clean indoor act that was-- that has been gradually passed over the use, I think, starting in the Giuliani era, I think, has some institutions that are grandfathered from the because they existed at the time of the law passing. Windows be grandfathered for smoking marijuana, as well?

DR. HILLARY KUNINS: and have to get back to you on that.

COUNCIL MEMBER POWERS: Okay.

DR. HILLARY KUNINS: About the way this would play out--

COUNCIL MEMBER POWERS: Okay.

DR. HILLARY KUNINS: exactly.

COUNCIL MEMBER POWERS: Got it. Because those would be consumption sites, I guess, in its own sons in that regard. On the-- One of the recommenda-- one of the requirements, even though we're preempted the state law for the ABC law that requires community board approval for site location, is that something the city is pursuing or supporting?

DR. HILLARY KUNINS: So, my understanding of the ABC law is that it's community board input.

COUNCIL MEMBER POWERS: It's advisory.

DR. HILLARY KUNINS: Yeah.

COUNCIL MEMBER POWERS: Correct. Is that something that you are seeking here, as well?

DR. HILLARY KUNINS: So, we have much more general recommendations around local control more broadly than is present in the ABC laws, so I would say that is-- We had a stronger recommendation--

COUNCIL MEMBER POWERS: Okay.

DR. HILLARY KUNINS: about local input--

COUNCIL MEMBER POWERS: Okay.

DR. HILLARY KUNINS: than community board advisory role.

COUNCIL MEMBER POWERS: Got it. Okay. Great. And I think I have two more questions. Is there is a separation, also. I'm just going to continue on that line of thinking because we have at least some example of a regulated industry. In the liquor world, that ABC law also separates the out-- the three tiers. Meaning, if you distribute it, you can't sell it, so forth. So, if you manufacture it-- You can't be in two tiers, basically. You have to be in one. Do you know if that is given any thought here, as well? And the-- and the purpose being that you want-- it's basically two restrict monopolies or it would be, in this case like Guinness opening up a bar and having direct to sale-- you know, being able to sell directly to themselves. Do you know if there is any considerations about the tears here, as well? Or an opinion, I should say, also, from the administration on that.

DR. HILLARY KUNINS: Right. I mean, I think that the-- the de-- I appreciate your

referring to the alcohol laws. My understanding is that those are-- date from prohibition and was--

COUNCIL MEMBER POWERS: Yes.

DR. HILLARY KUNINS: a strategy to prevent crime and corruption.

COUNCIL MEMBER POWERS: Yeah.

DR. HILLARY KUNINS: So, in this case, the-- Again, and as we recommend is we want to make sure that there are opportunities for small business and economic opportunity, in particular, for people living in communities that were historically experienced too many harms from criminalization of cannabis use or individuals who perhaps were in the illicit market that are looking now to participate in the legal market. And so, by avoiding the requirement of vertical integration, will allow for more small businesses to enter the market. So, in this sense, it's not exactly a tiered system--

COUNCIL MEMBER POWERS: Uh-hm.

DR. HILLARY KUNINS: that we're recommending exactly the same way, but we are recommending multiple different kinds of licenses, some of which can be accessible to smaller business people.

COUNCIL MEMBER POWERS: Okay. Great. In my last question is-- And this came up to me to a constituent the other day and I wanted to maybe ask a similar question which is we have been talking so much, even in this chamber and recently with the Department of Health around the harm of smoking and smoking and smoking cigarettes and tobacco and the chemicals that go into them. And sort of conversely having a conversation around legalizing it and other areas. And I'm wondering if you can speak to that a bit. I think that-- I think that at the state level, and I'm not sure if this is fact, that it doesn't permit smoking. It permits non-smoking-- you know, you can eat it, you could-- there's oils and things like that, but it doesn't actually permit smoking. Then you can correct me if I'm wrong on that, but I'm wondering if that is been discussed at all and your thoughts on it because, not only the fear that you would end up in a world where additives would be put into make it more addictive, second to the idea that, you know, you might be encouraging smoking period, at a time that we are trying to discourage it and lower it and regulating it. And

how we sort of have those two discussions at the same time and when those two things out.

DR. HILLARY KUNINS: So, I think you're asking all-- These are all really important questions and I think some of which we know and some of which we don't. Let me just-- Just to clarify from-- for information about this states medical cannabis program is it does not allow for smoking of the plant product. You can consume it in the oil or the extract in a number of different fashions including orally eating it, though not as an edible in baked into another product or something like that. You can vape it. So the decision, again this is a state program, was to limit the forms. I think, I don't-- I don't know, but to sort of to try to reduce any inadvertent health harms. What we know about cannabis smoking and-- is that, as I mentioned in the testimony, it is associated with some long symptoms. Bronchitis, asthma symptoms, but does not seem to be associated with increasing lung cancer or other cancer risks which is obviously very important tobacco smoke. I think we need to have very cl-- I appreciate your concerns and are we going to inadvertently message that smoking is okay if

people-- if we are permitting through it all use cannabis don't you smoking. I think that's why public health messaging is extremely important. I think there was some examples from other states that have legalized. All site Colorado, in particular, which is really terrific fact-based, very clear messaging. I think, as you know, the health department really has messaged about all kinds of things and this would be some of the issues you raised we would feel very important to get out for the reasons that you say.

COUNCIL MEMBER POWERS: And I just has another comment which I am-- That's the one concern I have here is that we are messaging across-- you know, cross messaging here and that also, by commercializing it, we do open up the door for folks to try to put additives or other things and do it to make it more attractive and more addictive for folks and that we, not only have to message, but we really have to, potentially, regulate that up front.

DR. HILLARY KUNINS: Absolutely. And I'll just add in the task force report, we do, on prohibiting-- should legalization-- adult use cannabis legalization happen, prohibit mixing with

flavors or other products to make it more appealing for the reasons that you just mentioned.

COUNCIL MEMBER POWERS: Okay. Thank you.

CHAIRPERSON LEVINE: Thank you. I realize, Dr. Kunins, that disease control is not under your portfolio, but I couldn't let a health committee hearing go by on this morning of all mornings without commenting on the ongoing crisis that is our measles epidemic. At last count, approaching 300 cases, four to five new cases a day. The vast majority are children. This is a crisis almost entirely driven by parents who are refusing to vaccinate their children. They are buying into conspiracy theories, bogus bogus claims made by medical professionals who've been entirely discredited by the mainstream medical and scientific community. The MMR vaccine, the measles mumps rubella vaccine is safe. Period. It is safe. This has now been confirmed by studies again, again, again, again and again. Most recently a study in Europe with over 600,000 participants that showed absolutely no link to autism. This is not a gray area scientifically speaking and this disease can be fatal. In the current outbreak in New York City,

thank goodness, we have not had a fatality, but we have had many children have wound up hospitalized, including in the pediatric ICU and this is a highly, highly communicable disease. It doesn't even require physical contact. It doesn't even require you being in the same room at the same time. One person who is affected can leave the room and another person could be contaminated by walking into that room as much as two hours later. This is the classic public health challenge where parents are making irresponsible decisions for their own children and are endangering other children. This is precisely the scenario that is playing out in New York City and I want to offer strong support for the health Commissioner's actions yesterday, for your boss's actions yesterday and declaring a public health emergency and mandating vaccines, no exceptions, other than extremely rare cases of medical needs. Mandating vaccines in the affected ZIP Codes in Brooklyn with actual penalties for those that don't comply. The seriousness is this cannot be understated. We have not invoked these emergency powers, as far as I am aware, for about 100 years when we had a smallpox breakout raging in the city. I know this was a move that was not made

lightly, but I strongly believe it was warranted. And, finally, I want to address the fact that this is a crisis almost entirely contained within the Orthodox Jewish communities of Brooklyn and elsewhere, but primarily in New York City, it's Williamsburg and Borough Park. There have been multiple senior prominent, respected, rabbinical authorities who have offered not ambiguous not just opinions, but directives. Directives to all families, Jewish families, to provide this medical benefit for their children. And that also needs to be disseminated. These are authorities in New York City and authorities in Israel, senior rabbinic leaders, respected scholars, who are weighing in on this and community leaders of no less esteem than Rabbi David Nedermen (sp?) of the United Jewish organizations of Williamsburg who has weighed in with quite strong words on this. This remains an ongoing crisis and with the approach of Pesach, where families and communities are going to be coming together, I fear that we have not seen the end of this. And so I strongly support the efforts of the Health Department to aggressively move to protect every child in my message continues to be to every

New York City family, to every New York City family, get the MMR vaccine. Get it now. If you don't know where to go, call 311. They will direct you to free and low cost options including the Health Department's vaccinations in Fort Green, which is very close to the affected areas. That wasn't a question--

DR. HILLARY KUNINS: Okay.

CHAIRPERSON LEVINE: but you--

DR. HILLARY KUNINS: That wasn't a question, but thank--

CHAIRPERSON LEVINE: can feel free to weight in.

DR. HILLARY KUNINS: you for your support and we will absolutely convey your words to the health Commissioner. Thank you.

CHAIRPERSON LEVINE: Okay. Please do. We are currently considering the city's approach to CBD which is a component of cannabis which is a non-hallucinogenic substance. I want to emphasize that. Consumption of CBD does not make you high. But this is another area where science is still catching up. This is a subset of the challenges we have and scientific assessment of the health effects of

marijuana, more broadly. We're probably even farther behind when it comes to assessing the effects of CBD. In a moment when we are being too legalizing recreational marijuana, we already have medical marijuana legalized, and you offered a pretty robust case for that in your opening remarks in your answers sends. You offered a very strong, I think, medical, ethical and perhaps even moral case when it comes to some of the failures and enforcement for legalizing. You might forgive a New Yorker who sees a contradiction in the Health Department move to ban the sale of CBD in tea's and other foods and drinks in New York City. Could you explain the contradiction, please?

DR. HILLARY KUNINS: Yes. Well, I appreciate you pointing out the science is lagging with CBD. I just well add to the background is there was just a recent study that shows that products labeled as containing-- food products labeled as containing CBD were found to have-- contain CBD and different amounts quite drastically and with other additives like lead, though they were labeled just as CBD. This was just in the Journal of the American Medical Association and this product testing showed

that almost 3/4 of products contain different things and in different amounts than what was labeled. So there is-- The FDA regulates this and is also looking at this as a food safety issue and that was the backdrop in the Health Department's regulatory approach. I think, as you know, a different part of the Health Department, and I'm happy to-- will be happy to connect you with them to sort of discuss further the enforcement approach going forward.

CHAIRPERSON LEVINE: I'm not here to weigh in on the science behind CBD, although my understanding is there is increasing evidence that at least, for some conditions including, I believe, people with seizure conditions--

DR. HILLARY KUNINS: That's right.

CHAIRPERSON LEVINE: and much like marijuana more broadly, there may be others that are waiting to be studied. There are certainly anecdotal evidence of benefits. I don't confuse that with scientific research, but this is the time where society is questioning the wisdom of prohibition for a variety of substances and I think the consensus has emerged is that there was a real downside to prohibition and that a proper response is tight

regulation and robust education of the public, to the public, ongoing research, etcetera. I think any fair person would see CBD as-- even based on what we already know as being less worrisome from a health perspective than tobacco, for example, which is legal. So my position is that a drastic move to outlaw the sale of CBD in New York City is not yet warranted. That it is in contradiction with the broader movement around marijuana and our ongoing stances towards substances like tobacco and alcohol. We need to study it. Sure, we need to label it accurately and it is unacceptable that there be ingredients included in some of these oils which are not disclosed, which may be harmful. But, to me, an outright ban is not the best policy at this moment. With ec-- There's an economic impact to that. Many businesses are relying on the. Thursday CBD pop-up store right here on Broadway footsteps away and there are New Yorkers who have experienced the benefit. Again, not yet validated by science, perhaps, but they are consuming it for some reason. Thank you. You referenced in your opening statement the Mayor's task force on cannabis legalization and I am glad that you are convening one I assume is an array of

experts to examine the implications of legalization, the possible benefits, and how we can be sure that, as a city, we manage this in the interest of health and safety and other concerns. To what extent has that task force asked questions about medical use and could it be, in some way, enlarged to do that or, perhaps, do we need a second task force which, while perhaps not conducting its own clinical trials, could gather the best residents from around the world. Could look at what other jurisdictions have learned and, if nothing else, make sure our city is prepared to have the best policy response for medical usage.

DR. HILLARY KUNINS: Just to clarify, our-- the task force met, issued in the report and though-- there is no ongoing charge at this point. Did you catch that? Just we-- we met--

CHAIRPERSON LEVINE: Forgive me. Yes.

DR. HILLARY KUNINS: We issued a report. It's not an ongoing task force.

CHAIRPERSON LEVINE: Ah. Okay. It seems like there is some unfinished work related to the medical usage. I'd like to chat with you about either. Is that task force under your department? Your--

DR. HILLARY KUNINS: So, it's--

CHAIRPERSON LEVINE: division?

DR. HILLARY KUNINS: So, I was the lead for the subcommittee on public health social service and education. The overall task force was coordinated by the mayor's office of criminal justice and I would-- and they served as the lead and the coordinating body and--

CHAIRPERSON LEVINE: Right.

DR. HILLARY KUNINS: I would-- I'm sure they would be happy to talk to you.

CHAIRPERSON LEVINE: Well, maybe we just need to reconstitute your subcommittee with this expanded charge. We can talk more about that, but it does seem like there is unfinished work there. Forgive me for not having acknowledged-- she's been here for a very long time, but I did not acknowledge the arrival of fellow member, Council member Barron. I have one more question and I will pass to you if you have any, but-- Okay. Do you fear your first see any potential conflict between the legal regimes around legalized adult recreational use and the ongoing regime of medical use?

DR. HILLARY KUNINS: You know, I-- Again, I would really-- to further question, ultimately, to the state whose regulations will guide both the medical cannabis and the adult use cannabis world. I think the details are not-- you know, we don't-- there is not a bill, yet, so I am-- Certainly, details will need to be worked out. And other states, referring to sort of research that we did on the task force, certainly, they-- other states and jurisdictions were able to come up with regulatory systems which were not in conflict.

CHAIRPERSON LEVINE: I appreciate that. I mean, one possible conflict would be in pricing and, if it is cheaper to get pot from your local dispensary than it is to get prescription grade cannabis than people might be diverted away from controlled to José Chan, as you described very clear formulations related to the specific condition being prescribed for her. So one of many potential conflicts we need to be aware of. If health insurance begins to cover medical marijuana, then we solved that problem presumably. I do want to just close by saying that, as I've said in multiple hearings, I consider us to have the best big city

public health department in the world and I think that this department should have a role in shaping the future of marijuana use in the city broadly and, specifically, for medical purposes understanding that we are under state jurisdiction here, that's the way it works in this country, but I do think that this health department does have a role, if nothing else, and applying it to expertise to this complicated and still developing issue. Okay. Thank you, Doctor, and we're going to pass on to our next panel.

DR. HILLARY KUNINS: Thanks very much.

CHAIRPERSON LEVINE: Okay. My pleasure. Did you have another follow up? Okay. Could you hold on for one second? We have a new committee member who elected to have second round questions and we are going to allow Council member Holden to do that.

COUNCIL MEMBER HOLDEN: Thank you for encouraging that. Thank you, Chair. I just want to echo the Chair's concern about the CBD. We have some businesses in my district that are concerned. One feels that they have been descended upon by city agencies after the health department came in. Buildings another agencies came in, and they feel

harassed at this point. Now, I did have CBD coffee and it calmed me, not like regular coffee. Thought that it was okay. I did see the report--

CHAIRPERSON LEVINE: Did you bring enough to share?

COUNCIL MEMBER HOLDEN: No. I did see the report, I think that you saw, that there is some products that have led in it and it is very harmful, obviously. And the claim is that it is 10 percent CBD or 20 percent, it wasn't accurate. But you're throwing the baby out with the bathwater by just banning CBT. I think we have to go after the products that are not accurate or just-- that falsely advertise in amount. So I think we need-- You're right, though. We need to study and more, but I think outright ban, I don't agree with.

CHAIRPERSON LEVINE: Thank you very much and thank you, again, Commissioner. We have a panel now. We're going to is Dionna King from the Drug Policy Alliance to please join us. If there is anyone else the many members of the public joined us who would like to testify, we will ask that you fill out a slip and are going to pass it off to you. If

you could make sure the red light is on. There you go.

DIONNA KING: All right. Good morning, everyone. Good morning, Council. Thank you for convening this hearing. I am happy to speak to such a diverse audience today. I just want to briefly touch on the work that we are doing with the sensible marijuana coalition that we are working on in the MRTA and the ways in which we are trying to make sure that the legal industry doesn't conflict with the medical industry, but want to acknowledge the fact that the medical industry does have a need for some deeper form in order to prevent some of the things that she spoke about like people from-- who would benefit from physician care and guidance going to the legal market to secure product because it is going to be a potentially more affordable in that space.

So, the drug policy alliance appreciates the opportunity to submit testimony to the New York City Council's committee on health. The drug policy alliance is the nation's leading organization working to advance policies and attitudes to best reduce the harm of both drug use and drug prohibition and to promote the serenity of individuals over their minds

and body. The drug policy alliance and the statewide start smart campaign, the sensible marijuana access through regulated trade coalition, support the marijuana regulation and taxation act because it will remove a tool that has been used to harm community is by effectively ending the ineffective racially biased and unjust enforcement of marijuana prohibition in New York and create a new well-regulated includes says marijuana industry that is rooted in racial and economic justice. Ending marijuana prohibition and taxing and regulating marijuana for adult use in New York is smart for our communities for racial justice, and for our state's economy. The drug policy alliance organized in support of New York's compassionate care act and we are disappointed with the implementation of the medical program. It did not set out to advance policy that would create a restrictive medical marijuana industry. The limitations of the medical program and the continued criminalization of New Yorkers force us to reassess our advocacy goals and we recognize to end criminalization and promote equitable access, New York had to and to marijuana prohibition. The work to advance policy that creates an equitable and

regulated marijuana industry is separate from our effort to perform New York's medical program. Post legalization, patients will still require medical guidance as it relates to additional marijuana use. We recognize that healthcare providers are best positioned to assess patients and administer appropriate doses. We also recognize the practicality of the medical program and can predict that patients will bypass [inaudible 01:08:40] medical regulations and secure products on the legal market once it becomes established. If this is an area of concern for the state, then the correct course of action is to significantly reform the medical marijuana program. The marijuana regulation and taxation act, supported by the drug policy alliance is in no way meant to interfere with the states medical marijuana program and DPA recognizes that patients prescribed marijuana under the care of licensed physicians will continue to require physician guidance in order to effectively administer the medication. However, there are a number of flaws within the state's current medical program that need to be corrected so that the recreational use and medical use can remain distinctive categories. New

York's medical marijuana regulations are among the most restrictive in the country. A slate of regulations introduced after the compassionate care act was signed severely constrained the program and patients who would benefit from the program were either geographically isolated from the few available dispensaries allowed to administer the product or could not afford the marijuana at a regulated dispensary. In New York State Department of Health released a two-year report evaluating the implementation of the medical marijuana program and found that patients purchased medicinal marijuana products that a license dispensary added a single visit and return visits were minimal. Product costs, efficacy, and distance to the dispensing facility were listed as deterrents to repeat visit. In order to remedy some of the programmatic inefficiency is, the Department of Health offered a slate of recommendations to improve the program. The restrictiveness of the medical marijuana landscape has raised concerns regarding the potential for medical patients to rely on recreational marijuana to self-medicate. In order to avoid this unintended consequence, it's important to loosen the medical

marijuana regulations to improve patient access. The New York state legislator continues to introduce bills to reform the compassionate care act and assembly member Godfrey and Senator Sevido (sp?) Introduced legislation that will expand the list of conditions that could be treated with medical marijuana and create more discretion to healthcare providers. If passed, patients with illness is not included in the program requirements can enroll in the states medical program. There is also legislation that will allow medical marijuana to be smoked instead of restricted to oils, tinctures, and other noncombustible forms of ingestion. If passed, this will significantly reduce the cost of products and benefit patients who do not get the medicinal effects from non-flora products. Through the efforts of patients and caregivers, there are numerous corrective bills up for consideration in the legislature and none of them interfere with the legislative effort to create a recreational market. DPA supports these measures, but we believe that it is unwise for the Council to ask the legislature to pass legislation that would rectify conflict between the states medical program and the potential

recreational market, nor do we support further studies that could potentially slow down or otherwise derailed the movement to legalize marijuana. The stigma which led to prohibition has integrated into New York's attempt at a medical program negatively impacting many of the patients who help organize for the compassionate care act. It is unrealistic to think that medical patients won't turn to the recreational market if and when it becomes available if there are significant program improvements. They are reacting in their best interest. In the interim, drug law enforcement continues to disproportionately impact black and Latin New Yorkers who are targeted for arrests. The failures of the medical program should not delay the end of the prohibition policy.

CHAIRPERSON LEVINE: Thank you for those excellent remarks and for DPA's role in creating the medical marijuana program in--

DIONNA KING: Uh-hm.

CHAIRPERSON LEVINE: New York state, which has already helped many thousands of patients and I share your priorities in improving the program. You identified the need to expand the number of diseases or conditions--

DIONNA KING: Uh-hm.

CHAIRPERSON LEVINE: which can be covered. I think you identified expanding the geographic reach by adding additional dispensaries in underserved areas. You identified the need to allow for smoking as a form of consumption and I think you might have mentioned this, but some of the other methods are more expensive.

DIONNA KING: Yes.

CHAIRPERSON LEVINE: Uh--

DIONNA KING: Yeah. So, the vaporizers, the tinctures, beyond being expensive, it might not be the best means for people to just the--

CHAIRPERSON LEVINE: [interposing] So there might even be a medical case for smoking in addition to it being more affordable.

DIONNA KING: Yes. Yes.

CHAIRPERSON LEVINE: Right. Absolutely true. And you also identified, thing, the risk of-- Once, if we to legalize recreational marijuana, that people would be diverted out of the medical system.

DIONNA KING: Yeah. From our reports on states that have legalized, looking at Californian Colorado as a case study, California, I think, has

handled it the best and that they had a strongly regulated medical industry and applied some of the same taxation to the medical industry as the regulated industry. So it did create two separate markets. So, people in the medical program were still going that route. I think the challenge of New York is our medical program hasn't been enhanced to address this issue and just from personal experience and going to Colorado, it is much cheaper in that area and I don't see why patients would not subvert some of the barriers and restrictions that exist in the medical program to seek medications or what they believed to be medicinal and a more or less unrestricted area.

CHAIRPERSON LEVINE: The ultimate solution there is for health insurance companies to--

DIONNA KING: I--

CHAIRPERSON LEVINE: start covering, no?

DIONNA KING: So, I thought about that and there is legislation that would do that, but the insurance program is onerous in and of itself and I am imagining what people will have to do as far as prior authorization is concerned, how that will affect cost, potentially delay actually access to

care. We need to go with that a lot with opioid medications, buprenorphine primarily. What the doctor recommends then asked to go through the insurance agency and get approval and I can see that happening similarly to medicinal marijuana. So, yes. It could potentially impact costs, but it could also create new regulations that, as more barriers as far as getting permission from insurance companies to get these medications.

CHAIRPERSON LEVINE: But do you share my assertion that even in a world of recreational legalization we need to retain a strong medical program?

DIONNA KING: Yes. If you are using marijuana for medicinal effects and, from what I've heard anecdotally, people who are using it medicinally are using it for the euphoric properties of THC. So it would be suitable to go through a physician to figure out what the correct dosage is for you so you are not necessarily having this unintended consequences of now being high when you are just seeking pain relief. So having that doctor-patient relationship, training more doctors to administer the drug, I think that is also really

critical. I think there is legislation that supports five, as well. I think doctors like Dr. Kunins said, with the lack of research, doctors aren't equipped to prescribe as effectively, so there is a lot of things that need to happen concurrently to make sure that the medicinal industry and recreational industry are both used for those particular purposes.

CHAIRPERSON LEVINE: While we finish with your testimony, just want to call on an additional person who is asked to testify.

DIONNA KING: Sure.

CHAIRPERSON LEVINE: Robert Potter? Excuse me. No-- Forgive me. Noah Potter. Thank you for joining us and thank you, thank you, Dionna. I hope I'm pronouncing that correctly.

DIONNA KING: Dionna.

CHAIRPERSON LEVINE: Dionna. Thank you. And I'm going to cue my colleague, Council member Holden. Do you have question? Okay. Excellent. All right. So, Noah, we'll ask you to take it away.

NOAH POTTER: Thank you very much. Thanks for the opportunity to speak. I just wanted to-- Two comments. One goes to the medical program and the other one goes to questioning that was put to the

representative from the Department of Health and Mental Hygiene about on-site consumption. First, just a general comment about the medical program to emphasize that the defects in the program to date were well known for years leading into the enactment and the program is actually fairly pretty good up until 2014 when the, at the last moment, the governor stepped in and really inverted the program. It was the legislation previously had been very-- afforded great discretion to medical professionals. It did not impose any kind of fixed a list of conditions. It granted maximum deference to the physician-patient relationship, as it should, and following the true form a medical cannabis program that had developed previously. The medical cannabis programs simply follow the idea of a medical necessity for a cannabis use and made a statutory the affirmative defense of medical necessity to cannabis prosecutions. So the-- What we are experiencing now with the CCA is really an-- a total-- an artificially complicated-- there's no inherent complications and a medical cannabis program and so, at this point, what we are doing is trying to dig out five years after a really over unnecessarily complicated system, just a sort of

global perspective. It didn't need to turn out this way. It was excessive controlled by the executive and entirely unnecessary. Specifically going to the question-- going back earlier to the question about on-site consumption, in looking at the legislation, over several years as it's been consistently introduced each session. Of the governor's proposal, a cannabis regulation and taxation act, and the marijuana regulation taxation act consistently introduced in the Legislature, to my reading are not actually going to permit on-site consumption. The testimony from the Department of Health and Mental Hygiene, I think, aptly identified the imperative of creating public sites for social consumption. If that does not-- those are not possible, then the corrective imperative of the legislation could largely be lost. Cannabis consumption in public is still criminalized and there is no public space in which people can consume, then you've missed one of the major forces pushing for legalization. However, as I read the clean indoor air act, it will not be possible for on-site consumption spaces to function. Certainly, it will not permit combustion indoors and it is very possible that, unless the clean indoor air

act-- actually, I'm sorry. It's not the clean indoor air act. It's public health law 1399 - AA that defines an electronic cigarette. Unless that section of the statute is amended, it may very well be that indoor vaporization also be prohibited. So there is some serious attention that needs to be paid to make sure that onsite consumption is possible. The city-- the Department of Health and Mental Hygiene and, well-- I should say the Mayor, the entire executive branch has taken a position that on-site consumption is necessary and appropriate. The state legislation contemplates that, as well. However, there is a disconnect in that the categories-- the exceptions under the clean indoor air act to not match the category of a retail licensee for on-site consumption. So until those provisions are reconciled, you could have the possibility that that aspect of the legislation will be dead on arrival.

CHAIRPERSON LEVINE: Thank you very much. Council member Holden? Okay. Excellent. Thank you to this outstanding panel. We appreciate your input. And this will conclude her hearing.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.


Date May 14, 2019