

Donna Conkling

From: Madelaine Eppenstein <meppenstein@eppenstein.com>
Sent: Friday, September 24, 2021 4:19 PM
To: Mayor; Trustee Ahuja; Trustee Arest; Trustee Brew; Trustee Crandall; Trustee Lewis; Trustee Whitestone; Robert Cole; Clerk's Department; Christine Sciandra
Subject: Scarsdale Forum Inc. Report on Whether Scarsdale Should Opt Out of Cannabis Establishments in the Village
Attachments: Scarsdale Forum Report on Whether Scarsdale Should Opt Out of Cannabis Establishments in the Village 20210923.pdf

CAUTION: External sender.

Dear Mayor Veron, Deputy Mayor Arest and Members of the Village Board, Village Manager Cole, Village Clerk Conkling, and Ms. Sciandra,

Attached is the Report of Scarsdale Forum Inc. on whether the Village of Scarsdale should opt out of cannabis retail dispensaries and/or on-site adult consumption establishments. Please note, this Report has been approved by the Board of Directors of the Forum and authorized for release to the public, but it has not yet been submitted to the Forum members for their approval.

Sincerely,

Madelaine Eppenstein, Immediate Past President
914.262.6656

September 23, 2021

THIS REPORT HAS BEEN PREPARED UNDER EXPEDITIOUS TREATMENT PROCEDURE OF THE SCARSDALE FORUM INC. BY THE COMMITTEES WHOSE MEMBERS' NAMES APPEAR BELOW. IT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS OF THE FORUM AND AUTHORIZED FOR RELEASE TO THE PUBLIC, BUT IT HAS NOT YET BEEN SUBMITTED TO THE FORUM MEMBERS FOR THEIR APPROVAL.

SCARSDALE FORUM INC.

Report of the Downtown Revitalization, Fiscal Affairs Scarsdale, Municipal Services, and Sustainability Committees

On

Whether Scarsdale Should Opt Out of Public Cannabis Retail Dispensaries and/or On-Site Adult Consumption Establishments

The Downtown Revitalization, Fiscal Affairs Scarsdale, Municipal Services, and Sustainability Committees of Scarsdale Forum Inc. (the “Committees” and the “Forum” respectively) propose the following Resolution for adoption by the Forum:

RESOLVED, that the Report of the Downtown Revitalization, Fiscal Affairs Scarsdale, Municipal Services, and Sustainability Committees, on whether the Village of Scarsdale (the “Village”) should opt out of cannabis retail dispensaries and/or on-site adult consumption establishments in the Village of Scarsdale, be approved.

INTRODUCTION

With the March 31, 2021 passage of the Marihuana Regulation and Tax Act (“MRTA”),¹ consuming and possessing cannabis in specified amounts by persons 21 or older is no longer a crime in New York State. Under regulations yet to be published, New Yorkers will be permitted to grow cannabis, and retail dispensaries and on-site

¹ Access legislation at <https://www.nysenate.gov/legislation/bills/2021/S854>. See W. Beltramo, NYCOM General Counsel, “New York's Marihuana Regulation and Taxation Act: The Legalization of Adult-Use Cannabis in New York” (Marijuana Legalization Resources for Cities and Towns, March 31, 2021), hereafter referred to as “NYCOM MRTA Report,” accessed at https://www.nycom.org/images/documents/cannabis/MRTA_Summary_-_April_15_2021.pdf; Webinar, https://us02web.zoom.us/webinar/register/rec/WN_0dr0LLi2RUI1fHnrd4JWNQ?meetingId=sA_ZQcEQurZ9hm22fAVSoh63HISTsSFR8aW53deLRDxYoAxauDf6Rg1QXDzwwfERS.qMcbyhUsYR2N57ML&playId=&action=play&xzm_rtaid=usWeEgVFT_-_CqZ4eVnQHmg.1618509731344.9375f0060e981b655a66bde5e6ab1d2c&xzm_rhtaid=394. See also NYS Office of Cannabis, information at <https://cannabis.ny.gov/>; see NYCOM MRTA Report for a discussion of the referendum process and procedures under Municipal Home Rule Law, pages 2-4.

consumption lounges will be licensed. Under MRTA, two new state agencies will specify rules and issue licenses. MRTA limits the discretion of local governments to regulate these establishments.

MRTA permits a local government to opt-out of state-licensed dispensaries and lounges within its borders by passing a law before December 31, 2021. A municipality that opts out can decide to opt in later but if it fails to enact an opt-out law by the deadline, it cannot opt out later. MRTA amended the smoking restrictions in the New York Public Health Law by adding cannabis smoking and vaping. Local governments can enact additional restrictions on smoking and vaping of tobacco and cannabis in public places.

MAJOR CONCLUSIONS AND RECOMMENDATIONS

This Report recommends that the Village take the following actions immediately:

1. Pass a law to opt out of cannabis dispensaries and consumption lounges in the Village by December 31, 2021 in order to keep the Village's options open until the New York State cannabis regulatory framework is established and sales begin, and more information is available to allow the Board and the community to weigh the pros and cons of permitting cannabis establishments in the Village.

2. Pass a law prohibiting smoking and vaping of tobacco and cannabis on all Village-owned property and all outdoor public spaces in the Village not covered by the restrictions in the New York Public Health Law.²

3. Pass a law prohibiting oral consumption by recreational users and the possession of open containers of cannabis "edibles," capsules, and oils on Village-owned property and all public spaces in the Village.

DISCUSSION

Recommendation 1: Opt Out by December 31, 2021

Under New York State's Cannabis Law, Article 6 section 131(1), licensure and establishment of a retail dispensary license and/or on-site consumption license authorizing the retail sale of adult-use cannabis to cannabis consumers shall not be applicable to a town, city or village which, by December 31, 2021 adopts a local law requesting the cannabis control board to prohibit the establishment of such retail dispensary licenses and/or on-site consumption licenses contained in article four of this chapter, within the jurisdiction of the town, city or village.³

² <https://www.nysenate.gov/legislation/laws/PBH/A13-E>.

³ <https://www.nysenate.gov/legislation/laws/CAN/131>.

The opt-out law is subject to permissive referendum under the municipal home rule law.⁴ After December 31, 2021, a local law opting out of retail dispensaries and on-site consumption lounges is not permitted. However, a local law repealing a timely opt-out law may be adopted after December 31, 2021.⁵

A. Uncertainty Dictates a “Wait-and-See” Approach

The most prudent approach is for the Village to avail itself of a legal provision that gives it more time and allows the Board and the community to study the regulations that ultimately will be adopted, and also other consequences that may flow from permitting retail dispensaries and/or on-site consumption establishments in the Village. In particular, additional time is needed to assess the potential impact on the use of cannabis by underage residents, to more accurately estimate tax revenue and additional costs – both “hard” costs (such as hiring more police and enforcement agents) and “soft costs” (such as education and training) – from a cannabis establishment in the Village, and to learn from the experience of similar communities that allow dispensaries. The Village should pass an opt-out law by December 31, 2021 and not make a premature, irrevocable decision to allow dispensaries and lounges by failing to act.

There is no downside to taking a “wait-and-see” approach. While MRTA legalizes the possession and use of cannabis immediately and requires municipalities to exercise their option to opt out by December 31, 2021, the actual sale of adult-use cannabis is not expected to begin until late 2022 or early 2023.⁶ Consequently, the Village would not receive any revenue until 2023 at the earliest. The two state regulatory bodies specified by MRTA – the Cannabis Control Board and the Cannabis Management Office – have not been created. Extensive regulations governing cannabis lounges and dispensaries are expected but will not be in place by the opt-out deadline.

State regulations may or may not address the myriad issues involved in retail sales of cannabis, including: what kinds of products can be sold, the concentration of delta-9 tetrahydrocannabinol (THC),⁷ types of packaging, permissible ingredients, labeling requirements, security standards, signage, local advertising, marketing strategies and materials, including distribution of “swag” and use of cartoon characters or other product “sponsors,” and whether and under what circumstances underage individuals can enter the dispensary. Despite the New York legislature’s establishment of the Office of Cannabis Management and Cannabis Control Board to regulate licensing of producers, distributors,

⁴ Id.

⁵ Id.

⁶ NYCOM MRTA Report, p. 1.

⁷ See the Definitions in the Endnotes section hereinbelow. While outside the narrow focus of this Report’s recommendations, the Endnotes and Selected Additional Resources below are provided in response to issues related to the legalization and use of marijuana generally, and questions raised by Committee members.

and retailers of marijuana products in the state,⁸ industry observers estimated, as of June 2021, that “it could be over a year before New Yorkers can purchase weed from dispensaries in the state.” New York's legal implementation process also appears to have been delayed, owing to “a political struggle as to who will oversee the industry.”⁹

What is known is that local control will be minimal. Specifically, Cannabis Law section 131(2) preempts county, town, city and village governing bodies “from adopting any law, rule, ordinance, regulation or prohibition pertaining to the operation or licensure of registered organizations, adult-use cannabis licenses or cannabinoid hemp licenses.”¹⁰ The law permits towns, cities and villages only to “pass local laws and regulations governing the time, place and manner of the operation of licensed adult-use cannabis retail dispensaries and/or on-site consumption site, provided such law or regulation does not make the operation of such licensed retail dispensaries or on-site consumption sites unreasonably impracticable as determined by the board.”¹¹

MRTA allows the Village to assess the impact of these many unknowns by opting out by December 31, 2021 and then opting in later, even before sales begin or at any time in the future, when a more informed decision is possible. Given the substantial uncertainties about potential tax revenue and costs, yet-to-be-written state regulations governing the operations of these cannabis businesses, as well as the potential impact of a cannabis store or lounge in the community on cannabis use by our young people, the prudent course of action would be to opt out by the deadline to avoid making an irrevocable decision without full information. The overriding factor in favor of Scarsdale opting out of this currently undefined course of action is that there is no penalty for doing so. Scarsdale may opt-in to participate in the program at any time later on, also without penalty. By taking the prudent course, by viewing this moment as an opportunity to chart its own path, and by taking its time to study the ramifications and also await state regulations, the Board will be able to become better informed about how to prepare for its next decision in the exercise of its own discretion.

⁸ Senate version: <https://legislation.nysenate.gov/pdf/bills/2021/S854A>; Assembly version: <https://legislation.nysenate.gov/pdf/bills/2021/A1248A>.

⁹ CannaCon, “Updates on Cannabis Legalization in New York” (June 2021 update), <https://cannacon.org/new-york-cannabis-legalization>. See also S. Young, “Delays in cannabis nominations may stall recreational sales in New York, Talks over who will oversee the industry apparently are at a standstill.” (Politico, June 21, 2021) (“If we don’t do anything else, right now, in the state of New York, you can legally be in possession of three ounces of marijuana and smoke it anywhere you can legally smoke tobacco,” she said. “You can’t buy it, you can’t sell it legally, which means that the illegal market is going to run the table in a state where we just recently hailed the passage of legalizing marijuana. That makes no sense.” (quoting Sen. Diane Savino (D-Staten Island)).

¹⁰ <https://www.nysenate.gov/legislation/laws/CAN/131>.

¹¹ NYCOM MRTA Report, p. 4; https://cannabis.ny.gov/system/files/documents/2021/06/cannabismanagementfactsheet_local_government_june16.pdf, p. 2.

As of August 26, 2021 other Westchester communities have exercised their right to opt out, including Eastchester,¹² Yorktown,¹³ Somers,¹⁴ North Castle,¹⁵ North Salem,¹⁶ Mount Kisco, Larchmont, Lewisboro, Ardsley, and Bronxville.¹⁷ Nationally, a majority of localities in “legal” states have opted out.¹⁸

The Committees recommend that the Village take advantage of its statutory authority to opt out until there is more clarity about the views of Scarsdalian, the relative benefits against the potential drawbacks, and until rules and regulations on both the State and local levels are enacted to provide more guidance and ensure public safety.

B. The Potential Fiscal Benefit from a Dispensary is Likely to Be Modest

MRTA adds a new Article 20-C to the New York State Tax Law, entitled “Tax on Adult-Use Cannabis Products.” Article 20-C imposes multiple state taxes on both the distribution and the retail sale of adult-use cannabis products.¹⁹ Section 493(c) of Article 20-C imposes a 4% local excise tax on the retail sale of adult-use cannabis products that in

¹² “Town of Eastchester ‘Opts Out’ of Cannabis Retail Dispensaries and On-Site Consumption Sites” (Yonkers Times, June 18, 2021) (The Town Supervisor stated that “the multitude of issues generated by not opting out far outweigh a small tax revenue.” The Eastchester police chief indicated that multiple police organizations and PTAs were supportive of opting-out of permitting dispensaries and consumption sites.), <http://yonkerstimes.com/town-of-eastchester-opts-out-of-cannabis-retail-dispensaries-and-on-site-consumption-sites/> .

¹³ Press Release, “Yorktown Officials Opt Out of Marijuana Dispensary Sites” (July 15, 2021) (“It would be irresponsible for us to allow for a business when we don’t know what the rules of engagement are.”), <https://www.yorktownny.org/yorktown-officials-opt-out-marijuana-dispensaries> .

¹⁴ C. Reif, “Somers Opts Out” (Tap into Somers, June 16, 2021) (Unanimous vote to opt out citing “quality of life” concerns while revenue is “relatively small. Rick Morrissey, Town Supervisory stated: “We don’t want places where people are going to congregate and smoke marijuana.”), <https://www.tapinto.net/towns/somers/sections/government/articles/somers-opts-out#:~:text=SOMERS%2C%20N.Y.>

¹⁵ “How This North Castle Decision Will Impact Retail Marijuana Sales, Consumption” (The Examiner News, June 28, 2021) (“Supervisor Michael Schiliro said the way the law is written, it makes more sense to initially opt out if there is any uncertainty because the town can then backtrack and allow the sites at any time,” and expressed “concerns about making access to cannabis easier for school-age children....”), <https://www.theexaminernews.com/how-this-north-castle-decision-will-impact-retail-marijuana-sales-consumption/>.

¹⁶ C. Reif, “North Salem Opts Out” (Tap into North Salem, June 30, 2021) (“The town might collect 3 percent of the sales tax generated by local pot sales, but that means there would have to be \$1 million worth to realize \$30,000, just a drop in the bucket as far as the town’s budget goes.”), <https://www.tapinto.net/towns/north-salem/sections/business-and-finance/articles/north-salem-opts-out>.

¹⁷ “Ten Westchester Communities Opt-Out Of Marijuana Dispensaries-Cafes” (Yonkers Times, August 26, 2021), <http://yonkerstimes.com/ten-westchester-communities-opt-out-of-marijuana-dispensaries-cafes/>.

¹⁸ “Lessons Learned From State Marijuana Legalization” (Smart Approaches to Marijuana, 2020) (“SAM”), <https://learnaboutsam.org/wp-content/uploads/2020/12/2020-Impact-Report1.pdf>, p. 59-61.

¹⁹ <https://www.nysenate.gov/legislation/laws/TAX/A20-C>.

the case of sales in Scarsdale would be distributed by the Comptroller to Westchester County.²⁰ Under Section 496-B, the county government would retain 25% of the monies and distribute the remaining 75% of the monies to the Village.²¹ Thus, if the Village does not opt out and one or more retail dispensaries and/or on-site consumption and smoking establishments were doing business in the Village, the Village would receive 75% of the 4% local tax on the sales made by those businesses, or 3% of sales. If the Village chooses not to allow dispensaries or on-site consumption and smoking establishments, it will forgo potential revenue from this 3% tax.

Tax revenue from retail cannabis establishments in the Village cannot be accurately projected at this time. The legal cannabis business is at an early stage nationwide and non-existent in New York. Because cannabis remains illegal under federal law, it operates outside of the banking system and is dominated by “off-the-grid” entrepreneurs who do not publicly report their sales. The Committees were unable to find any authoritative information from which to project sales from a potential establishment in Scarsdale. Note that many of the places reporting cannabis sales are either large cities (such as Portland, Oregon and Denver, Colorado), or tourist destinations (such as Aspen, Colorado and Provincetown, Massachusetts). Neither factor pertains to Scarsdale. The available information, however, suggests that the potential revenue stream to the Village would be modest at best.

American Cannabis Consulting, a cannabis consulting firm, estimates on its website that:

- More than a quarter of dispensaries generate annual revenues exceeding \$1 million. Another 15 percent report annual revenues between \$500,000 and \$1 million.
- Well-established dispensaries often have thousands and even tens of thousands of loyal clients, tested products, professional packaging, and a dozen or more employees.
- Such businesses report annual sales that climb as high as \$10 million, while dispensaries located in remote areas bring in closer to \$3 million.
- A fair share of dispensary owners also report taking in \$500,000 or less in annual revenues with those in the low-end generating between \$100,000 and \$250,000 from their sales.²²

²⁰ <https://www.nysenate.gov/legislation/laws/TAX/493>.

²¹ <https://www.nysenate.gov/legislation/laws/TAX/496-B>. NYS Office of Cannabis Management Factsheet, "What is in the Law, Taxation and Revenue" (June 2021), https://cannabis.ny.gov/system/files/documents/2021/06/cannabismanagementfactsheet_taxation_june16.pdf.

²² American Cannabis Company, "How Profitable is the Average Cannabis Dispensary" (March 2, 2020), <https://americancannabisconsulting.com/how-profitable-is-the-average-cannabis-dispensary/>. See also J. Hammer, "How much do dispensary owners make" (Dispensary Operators, March 27, 2021), <https://dispensaryoperators.com/how-much-do-dispensary-owners-make/>.

Atheneum Collective, a digital marketing firm, states that “the average dispensary income is reported to be \$3 million per year.”²³

Only a quarter of dispensaries, however, have over \$1 million in annual sales. \$1 million means only \$30,000 tax revenue for the Village. The \$3 million average establishment would provide annual tax revenue to the Village of only \$90,000. By way of context, total revenue in the current adopted budget is \$57.5 million, \$14.3 million of which is from sources other than property taxes. Budgeted non-property tax revenue is \$4 million.²⁴

A 2019 report issued by The Pew Charitable Trusts details the difficulties of predicting revenue from recreational marijuana, even at the state level.²⁵ Sales by dispensaries in areas with many visitors (for example, Colorado ski resort towns),²⁶ and/or that adjoin states where cannabis sales are illegal (for example, Great Barrington Massachusetts), could not be expected in Scarsdale.

According to an August 24, 2021 article in Forbes magazine, a trend of rising prices, taxes and regulations is causing legal adult-use cannabis markets to go underground:

“Consumers of cannabis are also fed up with high prices and taxes for a plant they had affordable access to for decades. Here in California, 75% of all cannabis transactions are happening in the underground market after four years of adult-use legalization. Similar patterns are happening in Michigan, Illinois, Massachusetts, and nearly every state where cannabis is legal: the underground market is doing a better job of delivering access, affordability, and quality ganja to the masses.”²⁷

Potential costs related to cannabis sales in the Village must be taken into account in projecting any fiscal benefit to the Village. Specifically, there may be additional public safety costs, including police training costs, traffic safety and enforcement costs, and also costs incurred from damage to public property.

²³ D. Jacimovic, “21 Astounding Cannabis Industry Statistics for 2020” (Atheneum Collective), <https://atheneumcollective.com/21-astounding-cannabis-industry-statistics-for-2020/#:~:text=The%20average%20dispensary%20income%20is%20reported%20to%20be%20%243%20million%20per%20year.> See also Blaze, “Dispensary Profit Margins in 2021” (January 11, 2021) (estimating \$3 million annual sales for an average dispensary), <https://www.blaze.me/blog/dispensary-profit-margins-in-2021/>. The average dispensary in Colorado had \$2.8 million in sales. See fn 36 below, Video Part I at counter 1:59.

²⁴ 2021-22 Adopted Budget, <https://www.scarsdale.com/ArchiveCenter/ViewFile/Item/156>.

²⁵ https://www.pewtrusts.org/-/media/assets/2019/08/marijuana-brief_v2.pdf.

²⁶ Id.

²⁷ <https://www.forbes.com/sites/andrewdeangelo/2021/08/24/trainwreck-on-the-cannabis-tracks---dont-bogart-the-weed-industry/?sh=1967608f9a4e> (emphasis in the original).

It is anticipated that cannabis retail businesses will be heavily regulated. Additional police activity may be appropriate to enforce the ban on sales to underage individuals as well as any other rules that will be promulgated regarding the presence of minors in stores, such as the storage of products, the unauthorized use of displays and signage to protect adolescents, and the like.²⁸

Moreover, police surveillance may be necessary to the extent a cannabis establishment would be an attractive target for criminals compared to other businesses because of its inventory and because sales are generally in cash as banks and credit card companies will not transact with cannabis businesses due to longstanding federal law criminalizing cannabis. A Scarsdale dispensary, and particularly a public lounge or other on-site adult consumption establishment, could increase the risk of cannabis-impaired drivers and the need for police activity in that regard.

If, as predicted by the Scarsdale Drug and Alcohol Task Force (“DATF”), the presence of an establishment in the Village encourages cannabis use by underage individuals in the Village, that may entail additional enforcement work. More broadly, increased use by underage residents could mean additional costs, including non-monetary costs imposed on schools and on families. All of the potential costs should be taken into account by the Board.

C. Potential Negative Impacts from a Retail Cannabis Establishment

i. Effect of proximity on usage by youth

The Committees are particularly concerned that the presence of one or more cannabis establishments in the Village could encourage or increase cannabis use by underage residents, when the medical evidence drives DATF and public health efforts to discourage underage use of all cannabis products. DATF “is a community coalition dedicated to reducing underage use of alcohol, marijuana, and other drugs that negatively impact the health of our youth.”²⁹ The Board voted to renew its contract with Scarsdale-

²⁸ Pursuant to New York Cannabis Law, §79, <https://www.nysenate.gov/legislation/laws/CAN/79>, peace and police officers will be able to inspect all licensed or permitted premises and all records of licensed operators. Such inspections may only be done in a manner so as not to interrupt ordinary business and not to compromise the licensees’ safety and security procedures. Such inspections may include, but are not limited to, ensuring the licensee or permittee is complying with the NYS Cannabis Law, the regulations promulgated thereunder, and other applicable state and local building codes, fire, health, safety, and other applicable regulations.

²⁹ “Since its founding in 1984, the DATF has worked to convene all sectors of our community to create positive change for our young people. In July 2015, Scarsdale Edgemont Family Counseling Service (SFCS), an accredited family service agency, assumed the role of Lead Agency and Fiscal Agent for the DATF.” See <https://www.scarsdaledatf.org/about-us>.

Edgemont Counseling Service to provide youth services, including the work of the DATF, on August 10, 2021, noting in the resolution that “the SFCS Youth Services Project provides vital community services supporting goals embedded within the Quality of Life Pillar of the Village’s Strategic and Financial Plan.”³⁰

According to DATF, “marijuana is the most commonly used and abused illicit drug in the U.S., particularly among adolescents and young adults. In fact, teens’ perceptions of the risks of marijuana use have steadily declined over the past decade, possibly related to increasing public debate about legalizing or loosening restrictions on marijuana, and 38% of high school students report having used marijuana in their life.”³¹

On July 8, 2021, the chairs of several of the Committees met with DATF senior staff in a lengthy Zoom call to seek the guidance of this Village expert authority regarding the potential effects of marijuana sales in the Village on teenagers. Extensive information was provided, along with DATF’s reaction to the MRTA opt-out provisions. DATF’s approach to cannabis sales in the Village is “what you permit, you promote.” It *does* matter what the community endorses and promotes as recreation to our youth.³² Permitting a dispensary to open in Scarsdale would tend to decrease teens’ perception of the risks of cannabis use, while advertising to youth adult approval, and normalizing cannabis usage beyond the effects of legalization generally. In addition, many of the available locations in the Village under MRTA³³ are walking distance to Scarsdale High School, making cannabis more accessible to any teen with fake ID. Maps of these locations in the Village Center and Heathcote Five Corners are included in this Report as Appendix A.

Following this meeting, DATF released an unequivocal Statement advocating that the Village adopt a “wait and see” opt-out “pause,” which is included in this Report as Appendix B.³⁴ DATF concluded in its Statement that “allowing marijuana stores/businesses to operate in the Village poses a significant risk for our young people. While the legislation legalizes use only by adults, research has shown commercialization,

³⁰ <https://www.scarsdale.com/AgendaCenter/ViewFile/Agenda/08102021-924>, PDF beginning p. 66.

³¹ Scarsdale DATF at <https://www.scarsdaledatf.org/copy-of-alcohol-1>.

³² See video material provided by the DATF from The Council on Addiction of New York State: Part I, The Impact of Retail Cannabis Sales On Communities, <https://vimeo.com/552477607> (Password: web517); and Part II: NY Municipal Laws and Retail Cannabis Sales, <https://vimeo.com/564694919> (Password: web617). See also Part I, beginning around counter 1:17 and slides, stating nearby retail outlets increase the likelihood of use, heavier use, and stronger intention to use.

³³ Scarsdale Village Planner Gregory Cutler, Presentation of maps of potential sites for dispensary (Work Session, June 15, 2021) (counter beginning at 16:30, <https://scarsdaleny.swagit.com/play/06162021-878>).

³⁴ See Smart Approaches to Marijuana (SAM), “Quick Facts on Marijuana Legalization” (2021), <https://learnaboutsam.org/wp-content/uploads/2021/06/Quick-Facts-copy-v4.pdf>. See also Centers for Disease Control and Prevention, “Marijuana Fast Facts and Fact Sheets” (2021). <https://www.cdc.gov/marijuana/fact-sheets.htm>; <https://www.cdc.gov/marijuana/pdf/MJ-Overview-Fact-Sheet-H.pdf>.

normalization and increased access to marijuana are correlating risk factors for initiation and/or increased use.”³⁵

On August 10, 2021, the Board voted to continue funding the Youth Services Project, including the DATF,³⁶ signaling Board support for its informed expert opinions and the Board’s desire to mitigate/discourage youth substance use, consistent with the views of the community. The Committees question why the Village would continue to fund DATF for an important and needed service and then disregard its recommendation to opt out and wait-and-see.

The Committees are not aware of any reason to believe that a local dispensary might benefit the community by driving out illegal marijuana sellers, who are more likely to present law enforcement and quality of life problems.³⁷

ii. Negative effects of cannabis - focus on underage users with applicability to wider population

While the impact of a Scarsdale cannabis establishment on youth cannot be quantified, scientific evidence shows that the stakes are high. A significant consensus exists about the negative health effects on youth.³⁸ A recent hearing (Volkow, Endnote below) presented to the Subcommittee on Health, Committee on Energy and Commerce, U.S. House of Representatives addressed the state of the science on cannabis and its constituent compounds. Key testimony on January 2020 from the National Institute on Drug Abuse (NIDA), a component of the National Institute of Health (NIH) outlined that cannabis is not a benign substance for any user. In particular, aside from the clear harms to the developing fetus in utero, adolescents are especially vulnerable to the harms of THC.

Regardless of age, even short term use of THC can cause memory impairment, anxiety, and transient psychotic-like symptoms in a dose dependent manner.³⁹ Motor

³⁵ Appendix B.

³⁶ Minutes, August 10, 2021 BOT meeting,

https://www.scarsdale.com/AgendaCenter/ViewFile/Agenda/_08242021-927, PDF p. 25. The resolution and supporting materials can be accessed at

https://www.scarsdale.com/AgendaCenter/ViewFile/Agenda/_08102021-924 PDF p. 76-87.

³⁷ SAM, Quick Facts on Marijuana Legalization, citing T. Fuller, “Getting Worse, Not Better’: Illegal Pot Market Booming in California Despite Legalization.” (The New York Times, April 27, 2019)

(“Legalization has led to greater black-market activity than ever before. The illicit market cannot be regulated away; it **hinders** existing law enforcement efforts to curtail illicit drug trafficking.”),

<https://www.nytimes.com/2019/04/27/us/marijuana-california-legalization.html>.

³⁸ See SAM materials cited herein, also Endnotes and Additional Selected Resources below. For an overview of legalization and legislation in the United States, see M. Hartman, “Cannabis Overview” (National Conference of State Legislatures, July 6, 2021),

<https://www.ncsl.org/research/civil-and-criminal-justice/marijuana-overview.aspx>. For DATF on effect on youth, see

<https://www.scarsdaledatf.org/copy-of-alcohol-1>, and <https://teens.drugabuse.gov/drug-facts/marijuana>.

³⁹ Curran H., Freeman T, Mokrysz C, et al., “Keep off the grass? Cannabis, cognition and addiction” (Nat Rev Neurosci, 2016), <https://www.nature.com/articles/nrn.2016.28/>.

coordination and judgment are altered, increasing the risk of sexual behaviors facilitating the transmission of sexually transmitted diseases, and interfering with driving skills and increasing the risk of injuries. The higher the dose of THC, and higher ratios of THC to cannabidiol (CBD), dictate greater likelihood of both these short-term as well as long-term harms to the individual. Notably, cannabis products both legally and illegally available today have much higher concentrations of THC compared to the so-called “Woodstock weed” of the past:

“The commonly conceived ‘Woodstock weed’ had only 1–3% THC, the psychoactive intoxicant responsible for the high. According to recent studies, today’s average marijuana flower—touted by industry advocates as a harmless plant—contains around 17.1% THC, though independent studies in “legal” states found the percentage to be even higher. Concentrates and “edibles” pack a more potent punch, containing an average of 55.7% THC. But these products can be even more potent than that. Many marijuana retailers promote, and profit from, products containing up to 95–99% THC”⁴⁰

Additional harms from cannabis when the mode of consumption is smoking or vaping are respiratory, cardiovascular, and carcinogenic in nature. Harmful substances are released as by-products through these modes of delivery and may have ill effects on health for the primary consumer and for bystanders. Primarily due to e-cigarette or vaping use-associated lung injury (EVALI), the CDC and FDA recommend that people not use THC-containing e-cigarette or vaping products. They further recommend that e-cigarette or vaping products (nicotine or THC-containing) should never be used by youths, young adults, or women who are pregnant.”⁴¹

iii) Concerns about limits on the Village’s ability to regulate a dispensary to mitigate effect on youth

Legal cannabis is a big business that exists to maximize profits. Critical areas of potential concern include the allure of product packaging and labeling.⁴² Signage and local advertising that use cartoon characters and cool spokespeople encourages underage cannabis use. These marketing strategies were used successfully to make vaping popular with high school and middle school kids.⁴³ According to a 2019 University of Southern

⁴⁰ <https://learnaboutsam.org/wp-content/uploads/2020/12/2020-Impact-Report1.pdf>, p.11.

⁴¹ See Centers for Disease Control and Prevention, “Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products,” https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#cdc-recommends.

⁴² See, e.g., Washington State legislation, WAC 314-55-105, Marijuana product packaging and labeling, <https://apps.leg.wa.gov/wac/default.aspx?cite=314-55-105&pdf=true>.

⁴³ J. Miller, “Study finds e-cigarette cartoon ads may increase young adults' likelihood of vaping” (USC News, June 2019), <https://news.usc.edu/158209/e-cigarette-ads-young-adult-vaping/>.

California study, young adults who had never used e-cigarettes were more likely to start if they recognized the cartoons used in ads.⁴⁴

An additional attraction are cannabis-based “edibles” featuring “gummy” candy, brownies, cookies and other products that particularly appeal to adolescents.⁴⁵ As was learned from the vaping industry, allowing manufacturers of these products to use flavors such as bubble gum, candy and the like targets underage consumers.⁴⁶ These same marketing strategies were used to market fruit-flavored alcohol drinks.⁴⁷ As explained above, there are currently no state regulations and no guidance that would permit local control over specific cannabis product sales, nor over-marketing and signage, to mitigate underage use.

MRTA bars dispensaries and lounges within 500 feet of a school or 200 feet of a house of worship.⁴⁸ MRTA permits cities, villages, and towns to pass local laws and regulations “governing the time, place and manner of the operation of licensed adult-use cannabis retail dispensaries and/or on-site consumption site, provided such laws or regulations do not make the operation of such licensed retail dispensaries or on-site consumption sites unreasonably impracticable,” as determined by the state Cannabis Board.⁴⁹ It is unclear whether the Village could require a greater distance from schools and places of worship or bar dispensaries in close proximity to other locations frequented by youth, such as parks and playgrounds, ice cream stores or toy stores, should it choose not to opt out by December 31, 2021, or decide to opt in at some later time.

Concerns about youth access to nicotine vaping products and the negative health consequences of teen use of these products led the Board in 2019 to unanimously enact zoning restrictions barring vaping stores from locating within 1,000 feet of schools, religious institutions or other places frequented by youth. Vaping and other electronic nicotine delivery systems (ENDS) stores are now barred in Scarsdale within 1,000 feet of a

⁴⁴ Id.

⁴⁵ E. Heubeck, “Commentary: Legalized pot should come with a public health campaign” (Baltimore Sun, Jan. 6, 2020), <https://www.thedailyworld.com/opinion/commentary-legalized-pot-should-come-with-a-public-health-campaign/>.

⁴⁶ D. Feinstein (D-Calif.), “Sen. Feinstein: Congress Must Address the Youth Vaping Crisis” (Am Healthcare J, July 9, 2021), <https://americanhealthcarejournal.com/2021/07/09/sen-feinstein-congress-must-address-the-youth-vaping-crisis/>.

⁴⁷ J. Mosher, D. Johnsson, “Flavored Alcoholic Beverages: An International Marketing Campaign that Targets Youth” (J Public Health Policy, 2005), Abstract at <https://www.jstor.org/stable/4125156>; Boston University, “Flavored alcoholic drinks linked to risky teen behaviors” (In the News, Feb. 27, 2015), https://wwwapp.bumc.bu.edu/BEDAC_Camy/docs/newsroom/in-the-news/PDFs-In%20the%20News/2015%2002%2027%20Flavored%20alcoholic%20drinks%20linked%20to%20risky%20teens.pdf, citing seminal study: A. Burke Albers, et al., “Flavored alcoholic beverage use, risky drinking behaviors, and adverse outcomes among underage drinkers: results from the ABRAND Study” (Am J Public Health, 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4358196/>.

⁴⁸ NYCOM MRTA Report, p. 4. See maps herein at Appendix A of available locations in the Village.

⁴⁹ Id.

school, house of worship, youth or family center, park, or playground. The purpose of the restriction is to ensure public health, safety and welfare, and specifically protection of youth.⁵⁰ In unanimously approving the restriction, the Board of Trustees found

“that the location of such products close to educational, religious, and other uses frequented by youth is not compatible with such uses and can pose a danger to residents. The negative health effects of tobacco products has been well researched and documented. ENDS products pose a specific threat to young persons in the Village of Scarsdale through their unique appearance and marketing. Studies have shown a relationship between the density and proximity of the marketing and sales of tobacco products, including ENDS products, to schools and other locations frequented by youth and the likelihood of youth using these products, as well as changing the attitudes of young people towards these products to the detriment of their health. Furthermore, the Board of Trustees intends to regulate the location of such activities and to place additional regulations upon these activities in order to deter youth in Scarsdale from using ENDS products.”⁵¹

The Committees believe that it is equally if not more important to protect youth from a cannabis dispensary in the Village. The considerations supporting the Village’s vape shop zoning restrictions dictate enacting similar local laws with respect to cannabis retail establishments given the evidence of harms presented above and the DATF opinion regarding the likely negative impact of local cannabis sales on youth. The Board should opt out until it is clear that it can, at a minimum, apply the same zoning rules that it approved for vape shops. To reiterate, it is not clear at this time under MRTA whether the Village could enact a similar zoning change for a cannabis store, or whether such a zoning change would be as effective in discouraging Scarsdale’s youth from using marijuana products as opting out entirely.

As a practical matter, Scarsdale adults will be able to obtain cannabis products for recreational or medicinal purposes by other means than a dispensary in the Village, such as online or at nearby locations.

Recommendation 2: Ban Smoking and Vaping of Cannabis in Village Public Spaces

Whether or not the Village opts out of retail cannabis establishments, the Village Code should be amended to ban smoking and vaping of cannabis and tobacco on Village-owned property and other public spaces in the Village.

⁵⁰ Scarsdale Village Board Meeting Minutes, Introductory Local Law # 1 Of 2019, A Local Law Amending Sections 310-2, 310-12, 310-67, 310-70 and 310-89 of Chapter 310 of The Scarsdale Village Code Entitled Zoning p. 62, et seq. (Feb. 13, 2019),

https://www.scarsdale.com/AgendaCenter/ViewFile/Minutes/_02132019-607.

⁵¹ Id. p. 63.

New York Public Health Law Article 13-E, as amended by MRTA, regulates smoking and vaping in public areas.⁵² Smoking and vaping now include cannabis in addition to tobacco.⁵³ Article 13-E bans smoking and vaping, and therefore cannabis smoking and vaping, in most indoor areas.⁵⁴

Outdoor smoking and vaping is mostly permitted under state law, with certain important restrictions.⁵⁵ New York Penal Law §222.10 and Public Health Law Article 13-E, bar smoking and vaping on school grounds (as defined by Education Law 1125(10)), within 100 feet of the entrance, exit or outdoor areas of an elementary or secondary school or of a public library or in or on a school bus.⁵⁶ The Public Health Law limits, but does not ban, smoking and vaping in outdoor seating areas of restaurants.⁵⁷

Public Health Law §1399-R allows local governments “to adopt and enforce additional local laws, ordinances, or regulations” to prohibit smoking and vaping.⁵⁸ The Scarsdale Village Code, however, does not further restrict smoking and vaping in outdoor locations.⁵⁹

The Committees recommend that the Board amend the Village Code to ban smoking and vaping of tobacco and cannabis in outdoor public spaces, including all Village-owned land, and also at grounds, entrances, parking areas and privately-owned space open to the public.⁶⁰ Secondhand smoke is not just unpleasant – it is harmful.

Aside from the quality of life issues that result from smoking and vaping in public, research reveals harmful carcinogens and other chemical by-products are contained in secondhand smoke, which is a combination of both sidestream and mainstream marijuana smoke. The level of harmful substances including polycyclic aromatic hydrocarbons are in fact higher in sidestream than mainstream marijuana smoke, yielding greater toxicity to

⁵² <https://www.nysenate.gov/legislation/laws/PBH/A13-E>.

⁵³ Section 1399-N subsections 8 and 9. <https://www.nysenate.gov/legislation/laws/PBH/1399-N>.

⁵⁴ Section 1399-O subsection 1. <https://www.nysenate.gov/legislation/laws/PBH/1399-O>.

⁵⁵ Id. subsection 2.

⁵⁶ Id. subsections 3, 4, 5 and 6.

⁵⁷ Section 1399-Q, subsection 1.(g). <https://www.nysenate.gov/legislation/laws/PBH/1399-O>.

⁵⁸ Section 1399-R, subsection 3. <https://www.nysenate.gov/legislation/laws/PBH/1399-R>.

⁵⁹ At the Board’s June 15, 2021 work session, Village Attorney Pozin acknowledged there was only a “policy” of no tobacco smoking in parks and playgrounds. Village Manager Pappalardo confirmed the attorney’s understanding. The “policy” or administrative “regulation” does not appear to be in the Village Code. As mentioned at the same work session, there is an administrative policy that bans smoking in Village facilities, including fields, playgrounds and at the pool. The Board indicated at this meeting and at a July 13, 2021 work session that a smoking ban was being drafted, Scarsdale Village Board Working Session, <https://scarsdaleny.swagit.com/play/06162021-878>. “Officials, Residents Hash Out Retail Pot Options” (Scarsdale Inquirer, June 17, 2021), https://www.scarsdaleneews.com/news/scarsdale/scarsdale-officials-residents-hash-out-retail-pot-options/article_e28dcb4e-cf81-11eb-971f-8bbad00b9001.html.

⁶⁰ Members of the Committees have observed tobacco cigarette butts on the ground in the parks and near park benches, including Chase Park in the Village center.

bystanders with inhalation. In fact, up to 50% of cannabis is lost to sidestream smoke. Cardiovascular, respiratory and carcinogenic harms can be anticipated to arise given the generally greater levels (3 to 20 fold higher) of these and other substances (e.g, ammonia, hydrogen cyanide, NO, NOx, and aromatic amines) found in marijuana as compared to tobacco smoke. For smoked and vaped cannabis products, the bioavailability of the cannabinoids contained in cannabis, including THC, is estimated at 20-40% to individuals nearby who inhale this smoke, exposing bystanders to the psychoactive ill effects of these substances.⁶¹ The recommended bans in this Report should have meaningful penalties and should be enforced, given the myriad risks related to exposure to smoked and vaped cannabis products.⁶²

Recommendation 3: Ban Oral Consumption of Cannabis in Village Public Spaces

MRTA does not address whether the Village could bar oral consumption of cannabis products in public places, with the exception of prescribed medical products typically sold as capsules or oils.⁶³ Orally consumed cannabis products include capsules, oils, and “edibles.” The Committees are primarily concerned that public consumption of cannabis “edibles” poses a poisoning risk to children if “edibles” were permitted to be brought to, consumed at, or inadvertently left at playgrounds, playing fields, or the pool complex.

The Village already bars public consumption of intoxicating beverages. Specifically, public consumption of alcohol is not permitted in Scarsdale. The Village Code, Section 111-3 bans consumption of “any alcoholic beverage on any public land within the Village.”⁶⁴ Public land is defined as “Any highway, street, sidewalk, park, playground, school ground or Village-owned open space.” Section 111-1 includes a statement of intent:

“It is the intent of the Village of Scarsdale, as an exercise of its police power, to promote the general health, safety and welfare of the residents and

⁶¹ Moir D, Rickert WS, Levasseur G, et al., “A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions” (Chem Research in Toxicol, 2008), Abstract at <https://pubmed.ncbi.nlm.nih.gov/18062674/>; pdf at <https://pubs.acs.org/doi/pdf/10.1021/tx700275p>.

⁶² Id. See also American Cancer Society, “Health Risks of Secondhand Smoke, What is Secondhand Smoke?” (“Mainstream smoke: The smoke exhaled by a person who smokes. . . . Sidestream smoke: Smoke from the lighted end of a cigarette, pipe, or cigar, or tobacco burning in a hookah. . . . This type of smoke has higher concentrations of nicotine and cancer-causing agents (carcinogens) than mainstream smoke. When people who don’t smoke are exposed to SHS it’s called involuntary smoking or passive smoking. When you breathe in SHS, you take in nicotine and toxic chemicals the same way people who smoke do. The more SHS you breathe, the higher the levels of these harmful chemicals in your body.”), <https://www.cancer.org/healthy/stay-away-from-tobacco/health-risks-of-tobacco/secondhand-smoke.html>.

⁶³ Examples of oral medicinal products that are primarily consumed and delivered via the oromucosal administration route are nicotine gums, sublingual nitrates, and oils.

⁶⁴ <https://ecode360.com/6437828>.

inhabitants of the Village by enacting this chapter, since it is the finding of the Board of Trustees of the Village of Scarsdale that the consumption of alcoholic beverages and the possession of open containers of alcoholic beverages by persons on certain public lands, except under controlled conditions, is detrimental to the health, safety and welfare of the residents of the Village in that such consumption and possession contributes to the development of unsanitary conditions and the creation of nuisances, including but not limited to littering and raucous or other disorderly behavior.”⁶⁵

Scarsdale should amend its Village Code to likewise ban public consumption by recreational users of oral cannabis on all Village-owned land to promote the general health, safety and welfare of the community. The Committees recognize that enforcement of this provision could be problematic, as it is difficult to visually distinguish between, for example, an ordinary cookie or gummy and a cannabis-containing product. However, recognizing the dangers posed by “edibles,” the Board should go on record as not permitting or condoning the public consumption of oral cannabis products.

CONCLUSIONS AND RECOMMENDATIONS

Based on the information and analysis set forth above, this Report recommends that the Village take the following actions immediately:

1. Opt out of cannabis dispensaries and consumption lounges in the Village by December 31, 2021 in order to keep the Village’s options open until the New York State cannabis regulatory framework is established and sales begin, and more information is available to allow the Board and the community to weigh the pros and cons of permitting cannabis establishments in the Village.
2. Prohibit smoking and vaping of tobacco and cannabis on all Village-owned property and all outdoor public spaces in the Village not covered by the restrictions in the New York Public Health Law.⁶⁶
3. Prohibit oral consumption by recreational users and the possession of open containers of cannabis “edibles,” capsules, and oils on Village-owned property and all public spaces in the Village.

Respectfully submitted by the following members of these Scarsdale Forum Committees:

Downtown Revitalization Committee

Susan Douglass, Chair
Scarsdale Forum Vice President
Elizabeth Bush

⁶⁵ Id.

⁶⁶ <https://www.nysenate.gov/legislation/laws/PBH/A13-E>

Lynne Clark
Lee Cohen
K. Scott Douglass
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Elaine Mattioli
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Edward A. Morgan
Kenneth Rilander
Cynthia Roberts
Seth Ross
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Fiscal Affairs Scarsdale Committee

Anne Hintermeister, Chair
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Susan Douglass
Madelaine Eppenstein
Michael Levine
Eli Mattioli
James Pullman
Kenneth Rilander
Gregory Soldatenko

Municipal Services

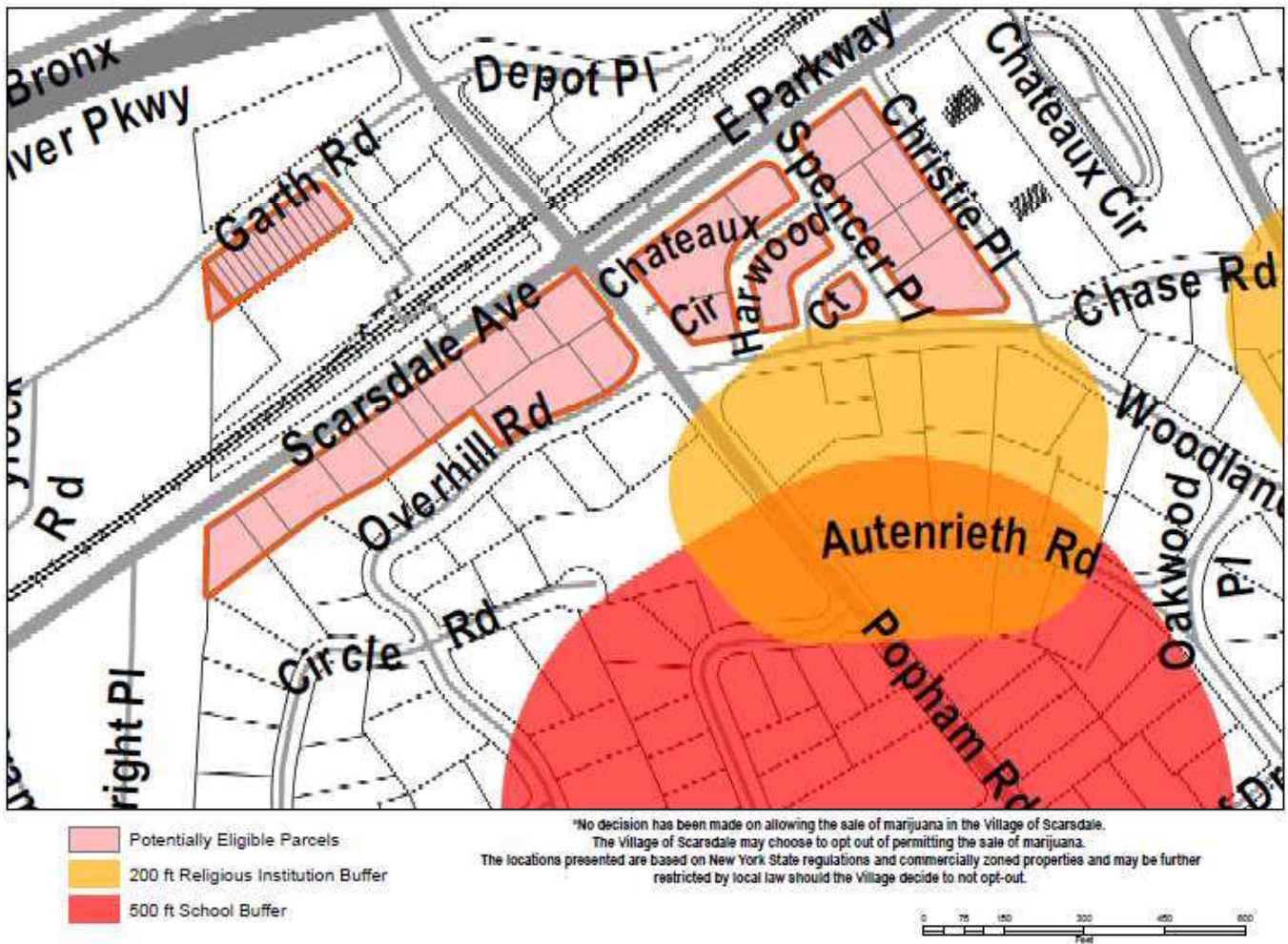
Madelaine Eppenstein, Chair
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Jordan Copeland
Susan Douglass
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Anne Hintermeister
Darlene LeFrancois Haber
Eli Mattioli
Kenneth Rilander
David Shulman
Avital Soldatenko
Gregory Soldatenko
Michelle Sterling

Sustainability Committee

Darlene LeFrancois Haber, M.D., Chair
Susan Douglass
Elizabeth Bush
Kay Eisenman
Madelaine Eppenstein
Eli Mattioli
Kenneth Rilander
Cynthia Roberts
Michelle Sterling

APPENDIX A

MAP OF POTENTIAL DISPENSARY LOCATIONS IN THE VILLAGE CENTER



APPENDIX A

MAP OF POTENTIAL DISPENSARY LOCATIONS IN HEATHCOTE FIVE CORNERS



- Potentially Eligible Parcels
- 200 ft Religious Institution Buffer
- 500 ft School Buffer

*No decision has been made on allowing the sale of marijuana in the Village of Scarsdale.
The Village of Scarsdale may choose to opt out of permitting the sale of marijuana.
The locations presented are based on New York State regulations and commercially zoned properties and may be further restricted by local law should the Village decide to not opt-out.



APPENDIX B

Scarsdale Drug and Alcohol Task Force Statement, July 2021

“The Scarsdale Drug and Alcohol Task is concerned about the ramifications of the recent Marijuana Regulation and Taxation Act (MRTA) enacted by New York State. The MRTA does, however, provide cities, villages, and towns the option to opt out of allowing retail marijuana dispensaries and/or on-site marijuana consumption establishments from locating and operating within their boundaries. The DATF supports a “PAUSE approach” in our Village by opting out at this time; this approach will allow for the time needed to fully assess and understand the impact of the MRTA to our local community.

There are several concerning issues which the DATF will address over the coming weeks. Of immediate concern are the impact on our youth and the uncertainty of the regulatory and implementation framework. As a community that attracts families for the outstanding quality of resources and opportunities for youth, allowing marijuana stores/businesses to operate in the Village poses a significant risk for our young people. While the legislation legalizes use only by adults, research has shown that normalization and increased access to marijuana is a correlating risk factor for initiation and/or increased use.

In addition, many of the nuances related to the implementation of the MRTA law are not yet known. The MRTA establishes the creation of two new state agencies called the NYS Cannabis Control Board and the Office of Cannabis Management which will both provide regulation and oversight regarding the new law. Currently neither agency is fully staffed or fully operational and thus none of the regulations and oversight policies have been created, including requirements addressing surveillance and securing marijuana products. In addition, it is our understanding that municipalities will have limited control over how establishments will operate, which includes advertising displays as well as allowing for youth to enter retail dispensaries.

The opt out option included in MRTA must be adopted by December 31, 2021 and explicitly states that the municipality may repeal the opt out at any time going forward. But if the opt out is not adopted by December 31, 2021, then the municipality relinquishes that option permanently, meaning this is an irreversible decision. As Village Trustees there are very few policies you vote on that are irreversible. We believe it is unwise to make an irrevocable decision without a clear understanding of how MRTA will fully impact our community and our youth both short and long term.

Thank you for your service and commitment to our Scarsdale community, and to our most important asset – our young people.”

ENDNOTES AND SELECTED ADDITIONAL RESOURCES

Adverse Effects of Marijuana Use - Table

Table 1. Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.
Effects of short-term use
Impaired short-term memory, making it difficult to learn and to retain information
Impaired motor coordination, interfering with driving skills and increasing the risk of injuries
Altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases
In high doses, paranoia and psychosis
Effects of long-term or heavy use
Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*
Altered brain development*
Poor educational outcome, with increased likelihood of dropping out of school*
Cognitive impairment, with lower IQ among those who were frequent users during adolescence*
Diminished life satisfaction and achievement (determined on the basis of subjective and objective measures as compared with such ratings in the general population)*
Symptoms of chronic bronchitis
Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders

* The effect is strongly associated with initial marijuana use early in adolescence.

Volkow, Baler, Compton, Weiss, “**Adverse Health Effects of Marijuana Use**” (New England Journal of Medicine, 2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827335/>. (Article listed below)

ARTICLES

Boggs, Nguyen, Morgenson, Taffe, Ranganathan, “**Clinical and preclinical evidence for functional interactions of cannabidiol and δ 9-tetrahydrocannabinol**” (Neuropsychopharmacology, 2018), <https://pubmed.ncbi.nlm.nih.gov/28875990/>.

Colizzi, Bhattacharyya, “**Does cannabis composition matter? Differential effects of delta-9-tetrahydrocannabinol and cannabidiol on human cognition**” (Curr Addict Rep, 2017), <https://doi.org/10.1007/s40429-017-0142-2> .

Englund, Freeman, Murray, McGuire, “**Can we make cannabis safer?**” (Lancet Psychiatry, 2017) (“Summary: Cannabis use and related problems are on the rise globally alongside an increase in the potency of cannabis sold on both black and legal markets. Additionally, there has been a shift towards abandoning prohibition for a less punitive and more permissive legal stance on cannabis, such as decriminalisation and legalisation. It is therefore crucial that we explore new and innovative ways to reduce harm. Research has found cannabis with high concentrations of its main active ingredient, δ -9-tetrahydrocannabinol (THC), to be more harmful (in terms of causing the main risks associated with cannabis use, such as addiction, psychosis, and cognitive impairment) than cannabis with lower concentrations of THC. By contrast, cannabidiol, which is a non-intoxicating and potentially therapeutic component of cannabis, has been found to reduce the negative effects of cannabis use. Here, we briefly review findings from studies investigating various types of cannabis and discuss how future research can help to better understand and reduce the risks of cannabis use.”), [https://doi.org/10.1016/S2215-0366\(17\)30075-5](https://doi.org/10.1016/S2215-0366(17)30075-5) .

Gorey, Kuhns, Smaragdi, et al. “**Age-related differences in the impact of cannabis use on the brain and cognition: a systematic review**” (Eur Arch Psychiatry Clin Neurosci, 2019), <https://doi.org/10.1007/s00406-019-00981-7>, PDF at <https://link.springer.com/content/pdf/10.1007/s00406-019-00981-7.pdf>.

Grigsby, Hoffmann, Moss, “**Marijuana Use and Potential Implications of Marijuana Legalization**” (Pediatr Rev, 2020) (“Most states in the United States have legalized medical and/or recreational cannabis in response to public demand. Trends in states adopting such legislation demonstrate an increasing prevalence of cannabis use coincident to decreasing perceptions of risk of harm from cannabis products. When providing anticipatory guidance, pediatricians should be prepared to address childhood unintentional ingestion management and prevention, adolescent problem use, and cannabis as an alternative therapy for seizure disorders and other conditions.”), Abstract, <https://pubmed.ncbi.nlm.nih.gov/32005683/>.

Hammond, Chaney, Hendrickson, Sharma, “**Cannabis use among U.S. adolescents in the era of marijuana legalization: a review of changing use patterns, comorbidity, and health correlates**” (Int Rev Psychiatry 2020) (Abstract: “Decriminalization, medicalization, and legalization of cannabis use by a majority of U.S. states over the past 25 years have dramatically shifted societal perceptions and use patterns among Americans. How marijuana policy changes have affected population-wide health of U.S. youth and what the downstream public health implications of marijuana legalization are topics of significant debate. Cannabis remains the most commonly used federally illicit psychoactive drug by U.S. adolescents and is the main drug for which U.S. youth present for substance use treatment. Converging evidence indicates that adolescent-onset cannabis exposure is associated with short- and possibly long-term impairments in cognition, worse academic/vocational outcomes, and increased prevalence of psychotic, mood, and addictive disorders. Odds of negative developmental outcomes are increased in youth with early-onset, persistent, high frequency, and high-potency Δ -9-THC cannabis use, suggesting dose-dependent relationships. Cannabis use disorders are treatable conditions with clear

childhood antecedents that respond to targeted prevention and early intervention strategies. This review indicates that marijuana policy changes have had mixed effects on U.S. adolescent health including potential benefits from decriminalization and negative health outcomes evidenced by increases in cannabis-related motor vehicle accidents, emergency department visits, and hospitalizations. Federal and state legislatures should apply a public health framework and consider the possible downstream effects of marijuana policy change on paediatric health.”), <https://pubmed.ncbi.nlm.nih.gov/32026735/> ; PDF at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7007306/>.

Karoly, et al., “**Exploring Cannabis and Alcohol Co-Use in Adolescents: A Narrative Review of the Evidence**” (J. Dual Diagn, 2020) (In the U.S., cannabis is the most commonly used substance among adults who drink alcohol (Subbaraman & Kerr, 2015), and not surprisingly, cannabis and alcohol are also the most commonly co-used substances among adolescents (Schulenberg, 2018). Co-using cannabis and alcohol is associated with increased quantity and frequency of drinking, more alcohol-related harms (Patrick et al., 2018; Subbaraman & Kerr, 2015), greater substance related problems for youth, including violence, driving under the influence, riding with an intoxicated driver (Lipperman-Kreda, Gruenewald, Grube, & Bersamin, 2017), and/or an incurring problems that result in needing to interface with the legal system (Green et al., 2016). In adolescents, co-use of cannabis and alcohol is also associated with poorer educational outcomes (Kelly, Evans-Whipp, et al., 2015) and increased psychological distress (Kelly, Chan, Mason, & Williams, 2015). Given the frequency and potential negative impact of cannabis and alcohol co-use among adolescents, it is important to consider how use of these drugs acutely affects behavior, neurodevelopment, and long-term outcomes.”), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7007306/> .

Ladegard, Thurstone, Rylander, “**Marijuana Legalization and Youth**” (Pediatrics, May 2020) (“Three principle concerns have been associated with marijuana use and cognitive outcomes in youth: negative impact on brain development, negative impact on cognition, and negative impact on academic performance. . . .Because the adolescent brain is still developing, adolescent marijuana use may be associated with enhanced negative effects on brain structure and function.”).

Moir, Rickert, Levasseur, et al., “**A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions**” (Chem Research in Toxicol, 2008) (“In this study, a systematic comparison of the smoke composition of both mainstream and sidestream smoke from marijuana and tobacco cigarettes prepared in the same way and consumed under two sets of smoking conditions, was undertaken. This study examined the suite of chemicals routinely analyzed in tobacco smoke. As expected, the results showed qualitative similarities with some quantitative differences. In this study, ammonia was found in mainstream marijuana smoke at levels up to 20-fold greater than that found in tobacco. Hydrogen cyanide, NO, NOx, and some aromatic amines were found in marijuana smoke at concentrations 3–5 times those found in tobacco smoke. Mainstream marijuana smoke contained selected polycyclic aromatic hydrocarbons (PAHs) at concentrations lower than those found in mainstream tobacco smoke, while the reverse was the case for sidestream smoke, with PAHs present at higher concentrations in marijuana smoke. The confirmation of the presence, in both mainstream and sidestream smoke of marijuana cigarettes, of known carcinogens and other

chemicals implicated in respiratory diseases is important information for public health and communication of the risk related to exposure to such materials.”), Abstract at <https://pubmed.ncbi.nlm.nih.gov/18062674/>; pdf at <https://pubs.acs.org/doi/pdf/10.1021/tx700275p>. See fn 69 above.

Morie, Potenza, “**A Mini-Review of Relationships Between Cannabis Use and Neural Foundations of Reward Processing, Inhibitory Control and Working Memory**” (Front Psychiatry, 2021) (“Future research should focus on how types of cannabis administration, and use of different cannabinoids, may impact cognition, reward processing and inhibitory control. Vaping of cannabis flower or cannabis concentrates (e.g., THC) may release of higher concentrations of psychoactive ingredients (108, 109). Similarly, edibles derived from concentrates may generate slower onsets of effects (110) that may lead to greater ingestion of psychoactive ingredients that may generate long-lasting effects than combustible use (4). Surveys of adolescents have identified different experiences among those who primarily smoke, vape, or consume edibles, with edible varieties described as most potent (111). Thus, investigating impacts of edibles and vaping on neural processes linked to addictive behaviors is important. Studying vaping may be particularly relevant as it has been associated with deadly illness related to use of THC oils and vitamin E acetate (112). Additionally, more study on the effects of CBD alone and in combination with THC is warranted, especially as legalization of cannabis becomes more widespread.”), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8100188/>.

Stanford Medical “**Cannabis Awareness and Prevention Toolkit**” (PowerPoint), <https://med.stanford.edu/cannabispreventiontoolkit.html> .

Volkow, “**Testimony, Hearing on Cannabis Policies for the New Decade**” (Director, National Institute on Drug Abuse, Presented to Subcommittee on Health, Committee on Energy and Commerce, U.S. House of Representatives, Jan. 15, 2020) (“Preclinical studies have found that THC exposure during adolescence increases subsequent sensitivity to the rewarding effects of other drugs (Ellgren et al 2007), which could be one reason why those who use cannabis at a young age are more vulnerable to cannabis and other drug addiction later in life. Epidemiological studies have found that youth who regularly use cannabis have lower academic achievements and a higher risk of dropping out of school (McCaffrey et al 2010). Frequent cannabis use during adolescence is associated with changes in areas of the brain involved in attention, memory, emotions, and motivation (Jacobus and Tapert 2014). These changes may account for the adverse cognitive and behavioral effects associated with youth cannabis use, although there is likely also a role for peer and family influences, among others.”), <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2020/hearing-on-cannabis-policies-for-the-new-decade>.

Williams, “**Cannabis as a Gateway Drug for Opioid Use Disorder**” (J Law Med Ethics, 2020) (Assistant Professor, Division on Substance Use Disorders, Columbia University Department of Psychiatry and a Research Scientist, New York State Psychiatric Institute), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7359408/>; PDF link <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7359408/pdf/nihms-1602013.pdf> .

Windle, et al., “**Association between legalization of recreational cannabis and fatal motor vehicle collisions in the United States: an ecologic study**” (Accid. Anal. Prev., 2019) (“Recreational cannabis legalization in the US was associated with a relative increased risk of fatal motor vehicle collisions of 15% and a relative increase in associated deaths of 16%, with no conclusive difference between the first and subsequent years after legalization. These findings raise concern that there could be a similar increase in fatal motor vehicle collisions and associated deaths in Canada following recreational cannabis legalization.”), <https://pubmed.ncbi.nlm.nih.gov/33731424/>. Erratum at <https://pubmed.ncbi.nlm.nih.gov/31518764/> (“The effect was more pronounced and statistically significant after the opening of commercial dispensaries (+1.8 crashes/billion vehicle miles traveled, CI: +0.4 to +3.7, p = 0.020). These data provide evidence of the need for policy strategies to mitigate increasing crash risks as more states legalize recreational marijuana.”).

Yuan, Kanellopoulos, Kotbi, “**Cannabis use and psychiatric illness in the context of medical marijuana legalization: A clinical perspective**” (Abstract: “Conclusions and relevance: Legalized medical marijuana use may increase rates of CUD [cannabis use disorder], although further research is needed to clarify this association. Based on the literature, it is our perspective that patients with affective symptoms and those with other substance use disorders are at increased risk of developing CUD and its sequelae. Given the uncertainty surrounding how prescribed marijuana may interact with other disorders, it is paramount that clinicians make patient-specific judgments as to the risks and benefits of the treatment.”) (Gen Hosp Psychiatry, 2019), <https://pubmed.ncbi.nlm.nih.gov/31488324/>.

Zehra, et al., “**Cannabis Addiction and the Brain, a Review**” (“Cannabis is the most commonly used substance of abuse in the United States after alcohol and tobacco. With a recent increase in the rates of cannabis use disorder (CUD) and a decrease in the perceived risk of cannabis use, it is imperative to assess the addictive potential of cannabis. Here we evaluate cannabis use through the neurobiological model of addiction proposed by Koob and Volkow. The model proposes that repeated substance abuse drives neurobiological changes in the brain that can be separated into three distinct stages, each of which perpetuates the cycle of addiction. Here we review previous research on the acute and long-term effects of cannabis use on the brain and behavior, and find that the three-stage framework of addiction applies to CUD in a manner similar to other drugs of abuse, albeit with some slight differences. These findings highlight the urgent need to conduct research that elucidates specific neurobiological changes associated with CUD in humans.”) (13 Pharmacol, 2018, <https://doi.org/10.1007/s11481-018-9782-9>; PDF accessed at <https://link.springer.com/content/pdf/10.1007/s11481-018-9782-9.pdf>).

POLICY ISSUES: EXPERIENCE IN EARLY LEGALIZATION STATES

The passage of adult-use recreational marijuana legislation that began with Colorado and Washington states in 2012 has accelerated in the last few years, now totaling “eighteen states, two territories, and the District of Columbia.”⁶⁷ At this point at least “[t]wenty-seven states and the

⁶⁷ M. Hartman, “Cannabis Overview” (Nat'l Conf State Legislators, July 6, 2021),

<https://www.ncsl.org/research/civil-and-criminal-justice/marijuana-overview.aspx>. See also Goddeeris

District of Columbia have decriminalized small amounts of marijuana, generally for personal consumption.”⁶⁸ Despite action by several states and members of Congress however to “reschedule or otherwise allow state authority for marijuana policy,” cannabis remains a Schedule 1 illegal substance under federal law.”⁶⁹

While observers concede that New York’s regulatory framework is not yet in place,⁷⁰ the experiences of Colorado and Washington are instructive for states like New York where legalization is new, and for jurisdictions grappling with post-legalization decision making.

Colorado

Largely to attempt to avert what was seen by some as a public health crisis in both child and adult usage in Colorado, legislators there have seen a need to create “a database to crack down on people who purchase more cannabis than the state’s daily limits (one ounce recreational, two ounces medical) due to a lax system of enforcement, and [ban] medical marijuana patients from obtaining or renewing their cards virtually.”⁷¹

Washington

Eight years after legalization in Washington State, a study “found that while police officers were not necessarily opposed to the law, they expressed concerns about a variety of issues, including:

- Youth access and use: With legalization, youth have easier access to marijuana and the use of the substance is therefore normalized, officers said.
- Lack of appropriate educational programs: In the run up to legalization, the state did not develop adequate educational programs to inform youth about the dangers of marijuana, many officers said.
- Increases in drugged driving: Officers expressed concern about the challenge of legalization for traffic law enforcement and safety, saying they struggled with how to manage potential cannabis DUI cases and were encountering more impaired drivers.

and Frike, “Local Impacts of Commercial Cannabis” (International City/County Management Association, 2018) (includes case studies),

https://icma.org/sites/default/files/Local%20Impacts%20of%20Commercial%20Cannabis%20Final%20Report_0.pdf.

⁶⁸ Id.

⁶⁹ Id.

⁷⁰ See, e.g., fn 9 above.

⁷¹ A. Burness, “Colorado may see its biggest overhaul of marijuana laws since recreational legalization, Concentrates, dispensary-hopping may be targeted under a bill still being negotiated; supporters say it’s for kids’ benefit” (The Denver Post, March 15, 2021), <https://www.denverpost.com/2021/03/11/colorado-biggest-overhaul-marijuana-laws-thc-cap/>.

- Prosecutorial reluctance to charge offenders: Cannabis remains illegal outside of regulatory confines, but officers noted the reluctance of some prosecutors to bring charges after legalization because of the risk of the charges being dismissed.
- Lack of police preparation for legalization: While some officers said their agencies had prepared them, others said they had not received sufficient training on how to manage incidents involving cannabis since legalization within regulatory boundaries.
- The impact on police workload: Despite claims that legalization would allow officers to reallocate resources from cannabis enforcement, most officers said legalization had not reduced their workload.”⁷²

The study also covered police opinions on the initiatives that might benefit departments in other states:

“When asked to provide guidance for agencies in other states that would soon operate in a legalized environment for marijuana, the officers called for broad public educational programs, emphasizing juveniles and drivers, and how the law affects them; more research on the effects of cannabis and impairment from the drug; and expanded officer training, especially on the regulatory rules governing growing cannabis. They also suggested that base pay for officers be increased, given the increasing role they play now that cannabis is legal.”⁷³

DEFINITIONS

CANABIS⁷⁴

The Cannabis Plant

- Cultivated by humans for almost 10,000 years
- Initially in Southern and Central Asia
- > 700 different Cannabis plants
- Family Cannabaceae, Genus Cannabis, Species sativa
- Different subspecies
- **Cannabis sativa: higher THC (Δ -9-tetrahydrocannabinol)**
- **Cannabis indica: higher CBD (cannabidiol)**
- **Hemp and hybrids**
- Trichomes in female plants contain >60 cannabinoids

⁷² Washington State Insider, “Washington state law enforcement officers cite concerns with marijuana legalization” (Wash. State University, May 7, 2020), citing M. Stohr, et al., "An Evolution Rather than a Revolution: Cannabis Legalization Implementation from the Perspective of the Police in Washington State” (Justice Evaluation Journal, Academy of Criminal Justice Sciences,(May 13, 2020) (Subscription), <https://www.tandfonline.com/doi/full/10.1080/24751979.2020.1756378>. See also Washington State Poison Center Warning Symbol for Products “Not for Kids”, <https://lcb.wa.gov/pressreleases/washington-poison-center-unveils-warning-symbol>.

⁷³ Id.

⁷⁴ Collated from various sources.

THC: delta-9-tetrahydrocannabinol

- Most well-known and best studied cannabinoid, first identified in 1964
- Psychoactive and intoxicating
- Plants often bred for high THC content
- Affects pain, muscle spasm, appetite, nausea
- Dose limited by adverse effects: cognitive dysfunction, slow reaction time, memory loss, dry mouth, red eyes

CBD: Cannabidiol

- Identified in 1963
- Plants bred for high CBD content may be used for fiber (hemp)
- Psychoactive but not intoxicating
- Anti-inflammatory, anti-convulsant, anti-anxiety, ? anti-tumor
- May affect other neuropsychiatric disorders: psychosis, addiction
- Potentiates action of THC, allowing lower dose and fewer adverse effects

New York State Cannabis Law Definitions⁷⁵

2. **"Cannabinoid"** means the phytocannabinoids found in hemp and does not include synthetic cannabinoids as that term is defined in subdivision (g) of schedule I of section thirty-three hundred six of the public health law.

3. **"Cannabinoid hemp"** means any hemp and any product processed or derived from hemp, that is used for human consumption provided that when such product is packaged or offered for retail sale to a consumer, it shall not have a concentration of more than three tenths of a percent delta-9 tetrahydrocannabinol.

5. **"Cannabis"** means all parts of the plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination. It does not include hemp, cannabinoid hemp or hemp extract as defined by this section or any drug products approved by the federal Food and Drug Administration.

8. **"Cannabis flower"** means the flower of a plant of the genus Cannabis that has been harvested, dried, and cured, prior to any processing whereby the plant material is transformed into a concentrate, including, but not limited to, concentrated cannabis, or an edible or topical product containing cannabis or concentrated cannabis and other ingredients. Cannabis flower excludes leaves and stem.

⁷⁵ All definitions sourced from New York State Cannabis Law, Chapter 7-A, Article I, <https://www.nysenate.gov/legislation/laws/CAN/3>.

9. "Cannabis product" or "adult-use cannabis product" means cannabis, concentrated cannabis, and cannabis-infused products for use by a cannabis consumer.

10. "Cannabis-infused products" means products that have been manufactured and contain either cannabis or concentrated cannabis and other ingredients that are intended for use or consumption.

11. "Cannabis trim" means all parts of the plant of the genus Cannabis other than cannabis flower that have been harvested, dried, and cured, but prior to any further processing.

17. "Concentrated cannabis" means: (a) the separated resin, whether crude or purified, obtained from cannabis; or (b) a material, preparation, mixture, compound or other substance which contains more than three percent by weight or by volume of total THC, as defined in this section.

26. "Form of medical cannabis" means characteristics of the medical cannabis recommended or limited for a particular certified patient, including the method of consumption and any particular strain, variety, and quantity or percentage of cannabis or particular active ingredient, or whole cannabis flower.

27. "Hemp" means the plant Cannabis sativa L. and any part of such plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration (THC) of not more than three-tenths of a percent on a dry weight basis. It shall not include "medical cannabis" as defined in this section.

28. "Hemp extract" means all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers derived from hemp, used or intended for human consumption, for its cannabinoid content, with a delta-9 tetrahydrocannabinol concentration of not more than an amount determined by the office in regulation. For the purpose of this article, hemp extract excludes (a) any food, food ingredient or food additive that is generally recognized as safe pursuant to federal law; or (b) any hemp extract that is not used for of this article but are subject to other provisions of applicable state law, rules and regulations.

33. "Medical cannabis" means cannabis as defined in this section, intended for a certified medical use, as determined by the board in consultation with the commissioner of health.

52. "THC" means Delta-9-tetrahydrocannabinol; Delta-8-tetrahydrocannabinol; Delta-10-tetrahydrocannabinol and the optical isomer of such substances.

53. "Total THC" means the sum of the percentage by weight or volume measurement of tetrahydrocannabinolic acid multiplied by 0.877, plus, the percentage by weight or volume measurement of THC.

New York State Hemp Program

In 2020 Governor Cuomo and the Department of Health (DOH) launched “a new Cannabinoid Hemp Program to regulate the processing, manufacturing and sale of cannabinoid hemp products (products containing cannabidiol or (“CBD”) in New York State.” Responding to the recent production and use of cannabinoid hemp products in the market, the Program implements basic consumer protections to ensure cannabinoid hemp products are properly manufactured, laboratory tested and accurately labeled.”

“Cannabinoid hemp products include many CBD products available for purchase today, including tinctures, oils, topicals, pills, capsules, and food or beverages that are intended for human consumption or application for their cannabinoid content. The Program requires anyone who is processing, manufacturing or selling cannabinoid hemp to first obtain a license from DOH. Those interested in growing hemp may find more information on the New York State Department of Agriculture & Markets (AGM) web page.”

“ATTENTION: Please be aware these licenses are for the Cannabinoid Hemp Program NOT for adult-use cannabis or recreational marijuana. For more information about adult-use cannabis in New York State please visit: <https://cannabis.ny.gov/>.”⁷⁶

2018 Farm Bill

“Under the 2018 Farm Bill hemp is treated like other agricultural commodities in many ways. This is an important point. While there are provisions that heavily regulate hemp, and concerns exist among law enforcement—rightly or wrongly—that cannabis plants used to derive marijuana will be comingled with hemp plants, this legislation makes hemp a mainstream crop. Several provisions of the Farm Bill include changes to existing provisions of agricultural law to include hemp. . . . [H]emp cannot contain more than 0.3 percent THC, per section 10113 of the Farm Bill. Any cannabis plant that contains more than 0.3 percent THC would be considered non-hemp cannabis—or marijuana—under federal law and would thus face no legal protection under this new legislation.”⁷⁷

⁷⁶ New York State Department of Health, “The Cannabinoid Hemp Program, Department of Health Launches Cannabinoid Hemp Program,” <https://www.health.ny.gov/regulations/hemp/>.

⁷⁷ See J. Hudak, “The Farm Bill, hemp legalization and the status of CBD: An explainer” (Brookings, Dec. 14, 2018), <https://www.brookings.edu/blog/fixgov/2018/12/14/the-farm-bill-hemp-and-cbd-explainer/>. See also Agriculture Improvement Act of 2018 (Public Law 115-334-Dec. 2018), <https://www.congress.gov/115/plaws/publ334/PLAW-115publ334.pdf>.