The regular meeting of the Princeton Board of Health will be held on Tuesday, April 12, 2022 at 7:30 p.m. via Zoom. See login instructions on the Tuesday, April 12 meeting notice.

AGENDA

PLEASE NOTIFY THE HEALTH OFFICE AT (609) 497-7608 IN ADVANCE IF YOU CANNOT ATTEND SO WE ARE SURE WE HAVE A QUORUM

This is to affirm that the regularly scheduled meeting of the Princeton Board of Health has been duly advertised and is being conducted in compliance with all provisions of the New Jersey Open Public Meetings Act.

1. Call to Order 7:30 PM

2. Roll Call

   Members:
   Meredith Hodach-Avalos ( )
   George DiFerdinando ( )
   JoAnn Hill ( )
   Linda Schwimmer ( )
   Mona Shah ( )
   Rick Strauss ( )
   Rick Weiss ( )
   Kathleen Stillo, Alt. 1 ( )
   Katherine Taylor, Alt. 2 ( )

   Council Liaison:
   Leticia Fraga ( )

3. Public Comment/Guest Speaker

   BOH public comment and question protocols

   Anyone wishing to comment on or ask a question about an ordinance or resolution listed for public hearing and adoption can do so by either verbally or in writing. To make a spoken comment, either click on "Participants" and use the "raise hand" function, or- if attending by telephone- press *9.

   When it is your turn to speak the meeting host will unmute you and the chair will recognize you.

   Spoken comments will be limited to three minutes per speaker. Any written questions or comments received prior to 6:30 p.m. on the night of the meeting will be read or summarized on the record after all spoken comments have been made.

   Comments unrelated to a governmental issue, or comments containing offensive, profane or indecent language or language constituting hate speech, will not be accepted.

   In lieu of speaking at the meeting, members of the public may email their questions or comments to healthdepartment@princetonnj.gov
If submitting your comment in writing, include your name, address and the ordinance or memorandum to which your comment pertains.

4. Minutes – March 8, 2022
5. Monthly Reports
6. Report from Committees
   a. Committee Assignments
7. Reports from Other Boards and Commissions
8. Work Session
   a. BoH Ordinances
9. New Business
10. Old Business
    a. Public Meeting Status
    b. Health Impacts of Recreational Cannabis Legalization (RCL)
11. Closed Session (If Needed)
12. Adjournment
Response to Questions from Council President Leticia Fraga
Regarding Cannabis Use in Princeton
Based on the Work of the Ad Hoc Board of Health Committee on Recreational Cannabis

George T. DiFerdinando, Jr., MD, MPH
Chair, Board of Health
March 23, 2022

On February 8th, the Board of Health had a presentation on the elements of the report of the CTF, and the essentials of the health impacts of recreational cannabis use (RCU). The Board created an Ad Hoc committee to research the issue further. That Committee presented a detailed background document on health impacts of RC use to the BOH on March 8th, as well as a draft Resolution for consideration. While that Resolution was sent back to committee for further review, pending this meeting as well as to consider the public input presented at the 3/8 meeting, it includes detailed information on the breadth of preparation that is needed to make sure that RCU, while legal, results in the least harm to members of the community. The following comments are based on that background work, as well as comments at the March 8th meeting. The Board will discuss this issue again at its April meeting, at which time more detailed recommendations may be made.

From an overall point of view, the Ad Hoc Committee’s view on recreational cannabis use can best be summed up in two words: Prevention first. Before considering approving local sale, assess current local use and local prevention needs. Before considering if we should have one or more retail cannabis stores, we should plan, and plan to implement, education and outreach to assure that the public is aware of lower risk cannabis usage guidelines (LRCUG) to prevent as many negative effects as possible of recreational cannabis use. Finally, before debating where to locate a store, or how to expend any revenues generated by local sale, a clear estimate of needs and costs of registration, inspection, and enforcement of (among other things) age limits on sale should be made. Prevention first.

1. Knowing that recreational cannabis will be available in our community through either delivery or residents purchasing elsewhere to consume here – how should the Board of Health prepare for that? (Education, outreach, etc.)

In the absence of any detailed State issued information on this issue, the Lower Risk Cannabis Usage Guidelines (LRCUG) are an available and excellent framework for education of the public in Princeton, as well as directing us to those groups within Princeton most vulnerable to potential harms from RCU. Recreational cannabis use and are recommended as a starting point for educating the public.

The LRCUG were originally created by a nationwide consortium of Canadian health organizations to prepare and respond to RCU thereto minimize harms from a recreational intoxicant (cannabis) that has ‘no universally safe level’ of use. The LRCUG is has recently been updated by an international group of organizations and individual researchers and topic experts. (https://www.sciencedirect.com/science/article/pii/S0955395921002863#ecom0001a ) In the absence of any detailed State issued information on this issue, the LRCUG would be an excellent framework for education of the public in Princeton, as well as directing us to those groups within Princeton most vulnerable to potential harms from RCU.

The LRCUG, listed in the attachment, are based on the fact that recreational cannabis use is, to put it simply, recreational, and thus any risk from such use should be seen as avoidable rather than (for
example) acceptable side-effects of a medication. This leads to two general precautions that the LRCUG workgroup notes, and the Ad Hoc Committee supports.

First, that those who might use RC ‘need to know that there is no universally safe level of cannabis use. Thus, the only reliable way to avoid any risk for harm from using cannabis is to abstain from its use.

Second, ‘frequent cannabis use...can lead to a ‘cannabis use disorder’ (CUD) that may require treatment. This seems to be particularly a risk if frequent use of higher potency cannabis products is used at a younger age.

2. What would be the impact if we had a dispensary in Princeton? What can the BOH say about potential location?

The Ad Hoc Committee of the Board of Health believes that the overall health impact of establishing one or more retail cannabis stores would depend less on the location of any particular store than on the context in which the decision is made to establish RCSs. Specifically, an approval for opening an RCS prior to discussion and planning for education and interventions could likely be read as enthusiasm for RC sale and, consequently, RC use. In contrast, there is no official enthusiasm for use of other intoxicants or potential harmful activities, such as alcohol use, tobacco use, vaping, or gambling. While all these activities are legal, they are unlikely to be championed by specific governmental organizations.

In public health terms, based on years of research into how to minimize the harms of tobacco use, multiple positive and negative ‘inputs’ have been identified as having impact on the ‘intention to use’ and subsequent use of tobacco in all its forms. One of those negative inputs (i.e., one that increases the likelihood of use) is official enthusiasm or full acceptance of such use, typically termed in public health as ‘normalization’ of use.

While such enthusiasm (‘normalization’) of RCU, as well as the ‘Least Harm’ approach, are not the only inputs that impact intention to use and use, that continuum between is one of the few that the Council and the Board of Health have any specific impacts on.

Therefore the Ad Hoc Committee presented the Board of Health with a draft Memorandum calling for a deferral of opting in until further work can be done on planning and publicizing either the LHCUG, or something similar tailored to the specific needs of our community. Given the variability in state-by-state and municipality-by-municipality implementation of retail cannabis sale, there is little concrete data on the impact of either location of stores, proximity of stores to specific venues (schools, parts, etc.) or density of stores (i.e., number of stores per 10,000 people). Data collection also varies by jurisdiction, further obscuring definitive answers.

In terms of specific impacts of retail sales, the data does not exist to give a definitive answer to either the overall question of the impact of a retail cannabis store (a so-called ‘dispensary’) in Princeton, or to the issue of the impact of any potential location if one or more sales sites are established.
There is weak and contradictory data on overall impact of recreational sale on the overall youth intention to use/usage. There is some evidence that proximity to a retail cannabis store may increase ‘intention to use’ among some youth, specifically white, non-Hispanic young males. There is also evidence that proximity to an RCS is correlated with increased usage among those pregnant, although without proving causality.

There is strong evidence that recreational sale within New Jersey, which will include delivery into Princeton, will lead to increased used of cannabis products among all age groups legally permitted to purchase such products. Thus, given that this is a recreational product with no documented safe level of use, preparations will need to be made to mitigate potential harms from increased use.
General Precaution A: People who use cannabis (PWUC) need to know that there is no universally safe level of cannabis use; thus, the only reliable way to avoid any risk for harm from using cannabis is to abstain from its use.

Recommendation #1: The initiation of cannabis use should be delayed until after late adolescence, or the completion of puberty, to reduce development-related vulnerabilities for harm

Recommendation #2: PWUC should use ‘low-potency’ cannabis products, i.e., cannabis products with ideally lower total THC content, or a high CBD/THC content ratio.

Recommendation #3: All main available modes-of-use options come with some risk for harm; PWUC should refrain from cannabis ‘smoking’ and employ alternative routes-of-use for pulmonary health protection

Recommendation #4: If use occurs by inhalation, PWUC should avoid “deep inhalation”, prolonged breath-holding, or similar inhalation practices.

Recommendation #5: PWUC should refrain from frequent (e.g., daily or near daily) or intensive (e.g., binging) cannabis use, and instead limit themselves to less frequent or occasional use. Frequent

Recommendation #6: Where circumstances allow, PWUC should use legal and quality-controlled cannabis products and use devices.

Recommendation #7: PWUC who experience impaired cognitive performance should consider temporarily suspending or substantially reducing the intensity (e.g., frequency/potency) of their cannabis use.

Recommendation #8: PWUC should avoid driving a motor-vehicle or operating machinery while under the influence of cannabis because of acute impairment and elevated risk of crash involvement, including injury or death; however, the severity and duration of impairment vary depending on multiple factors.
Recommendation #9: It is prudent for people who intend to procreate and for women who are pregnant or breastfeeding to abstain from cannabis use towards reducing possible risks for reproduction and of health harm to offspring, respectively.

Recommendation #10: PWUC should exercise general caution in combining other psychoactive substances with cannabis use.

Recommendation #11: Some specific groups of people are at elevated risk for cannabis use-related health problems because of biological pre-dispositions or co-morbidities. They should accordingly (and possibly on medical advice as required) avoid or adjust their cannabis use.

Recommendation #12: The combination of risk-factors for adverse health outcomes from cannabis use further amplifies the likelihood of experiencing severe harms and should be avoided.

General Precaution B: Frequent cannabis use, and especially intensive use over longer periods, can lead to a ‘cannabis use disorder’ (CUD) or cannabis dependence, that may require treatment.
Cannabis and Health
Using cannabis is a personal choice, but it can have short- and long-term effects on your health. Cannabis can affect your thinking, physical coordination and control, and increase your risk of accidents, injuries, reproductive issues and mental health problems, including dependence. Smoking cannabis can increase your chances of having lung problems.

Cannabis Use and Others
Remember that cannabis use can also harm those around you. Be considerate of other people’s health and preferences if you choose to use cannabis.

If You Develop Problems
Some people who use cannabis develop problems and may become dependent. Don’t hesitate to seek support if you think you need help controlling your cannabis use, if you experience withdrawal symptoms or if your use is affecting your work, school or social and family life. You can find help online, or through a doctor or other health professional.

Endorsements
The LRCUG have been endorsed by the following organizations:

Acknowledgment
The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR).

Canada’s Lower-Risk Cannabis Use Guidelines (LRCUG)

Reference
The following 10 recommendations suggest ways to use cannabis more safely, based on the best available scientific evidence.

1. Remember that every form of cannabis use poses risks to your health. The only way to completely avoid these risks is by choosing not to use cannabis. If you decide to use cannabis, follow these recommendations to lower risks to your health.

2. The earlier in life you begin using cannabis, the higher your risk of serious health problems. Teenagers, particularly those younger than 16, should delay using cannabis for as long as possible. You’ll lower your risk of cannabis-related health problems if you choose to start using cannabis later in life.

3. Higher-strength or more powerful cannabis products are worse for your health. If you use products with high tetrahydrocannabinol (THC) content, the main mind-altering ingredient in cannabis, you’re more likely to develop severe problems, such as dependence or mental health problems. Cannabidiol (CBD), another cannabis ingredient, can counteract some of THC’s psychoactive effects. If you use, choose low-strength products, such as those with a lower THC content or a higher ratio of CBD to THC.

4. Don’t use synthetic cannabis products. Compared with natural cannabis products, most synthetic cannabis products are stronger and more dangerous. K2 and Spice are examples of synthetic cannabis products. Using these can lead to severe health problems, such as seizures, irregular heartbeat, hallucinations and in rare cases, death.

5. Smoking cannabis (for example, smoking a joint) is the most harmful way of using cannabis because it directly affects your lungs. There are safer, non-smoking options like vaping or taking edibles that are better for your lungs. Keep in mind that these alternatives aren’t risk-free either.

6. If you choose to smoke cannabis, avoid inhaling deeply or holding your breath. These practices increase the amount of toxins absorbed by your lungs and the rest of your body, and can lead to lung problems.

7. The more frequently you use cannabis, the more likely you are to develop health problems, especially if you use on a daily or near-daily basis. Limiting your cannabis use to occasional use at most, such as only using once a week or on weekends, is a good way to reduce your health risks. Try to limit your use as much as possible.

8. Cannabis use impairs your ability to drive a car or operate other machinery. Don’t engage in these activities after using cannabis, or while you still feel affected by cannabis in any way. These effects typically last at least six hours, but could be longer, depending on the person and the product used. Using cannabis and alcohol together further increases your impairment. Avoid this combination before driving or operating machinery.

9. Some people are more likely to develop problems from cannabis use. Specifically, people with a personal or family history of psychosis or substance use problems, and pregnant women should not use cannabis at all.

10. Avoid combining any of the risky behaviours described above. The more risks you take, the greater the chances of harming your health as a result of cannabis use.

Please note: These recommendations are aimed mainly at non-medical cannabis use.
Board of Health Resolution 2022-xxx
Recommendation to Defer Licensing Retail Sale of Cannabis in Princeton
Pending Planning and Initiation of Health Safeguards

1. Whereas the commercial sale of recreational cannabis, including delivery to locations within Princeton, is imminent

2. Whereas recreational cannabis use is already a problem for some members of our community, especially those most vulnerable to its negative health effects, notably youth, those pregnant, older adults, and those with mental health issues which predispose to higher risk from use.

3. Whereas support for recreational cannabis sale by officials in Princeton would reasonably lead to the perception that the Municipality is encouraging cannabis use.

4. Whereas countervailing forces to the reasonable perception of support are not currently in place at the local, county and state level in New Jersey.

(5. Therefore, the BOH recommends that any action to approve retail sale of cannabis in Princeton be deferred until such a time that realistic plans for increased education, outreach, access to acute and non-acute services, and data collection to assess the impact of recreational sale of cannabis in New Jersey and in Princeton, are available to be approved at the same time.)
Board of Health Resolution 2022-xxx  
Resolution to Encourage Adoption  
of  
Least Harm Cannabis Usage Guidelines (LHCUG) In Princeton

1. Whereas the removal of legal penalties for recreational cannabis use is consistent with good public health practice as it attempts to redress harms caused to populations who have been inequitably impacted by prior drug policies.

2. Whereas the CREAMM Act establishes recreational cannabis markets in NJ, provides for social justice and equity concerns, sets minimum standards to protect the health of users, and removes the burden of criminal penalties for personal use.

3. Whereas recreational cannabis use is already a problem for some members of our community, especially those most vulnerable to its negative health effects, notably youth, those pregnant, older adults, and those with mental health issues which predispose to higher risk from use.

4. Whereas under the new state regulations, local delivery of products will be allowed for medical marijuana patients with access difficulties.

5. Whereas the commercial availability of cannabis is likely to increase recreational use of cannabis in our community, including by individuals who are more vulnerable to its negative health effects.

6. Whereas currently available evidence does not support the conclusion that the local retail sale of cannabis though dispensaries, including promotion of such sale, will lead to a net health benefit.

7. Whereas evidence regarding the impact of recreational cannabis legalization on underage use is currently subject to significant uncertainty, including any correlation between proximity/density of retail and underage use.

8. Whereas the ‘normalization’ of tobacco and/or alcohol use by exposure to local sale and changes in local attitudes towards use has been shown to increase youth usage.
9. Whereas the sale of recreational cannabis in New Jersey is imminent, and sale by delivery could begin as early as mid-March 2022.

10. Whereas the New Jersey Cannabis Regulatory Commission (https://www.nj.gov/cannabis/) offers neither educational resources for localities, parents, and youth on the health effects of cannabis use, nor does it offer a hotline for those seeking treatment for acute or chronic health issues associated with use.

11. Whereas Least Harm Cannabis Usage Guidelines (LHCUG) are an established set of guidelines and communication tools immediately available for our use.

12. Therefore, the BOH recommends, in the absence of state or county resources, Princeton adopt the LHCUG to guide community actions around recreational cannabis education and harm reduction.

13. Similar to how alcohol and tobacco sales are regarding in the community, care should be taken to avoid the glamorization or encouragement of recreational cannabis sale.

14. A clear distinction should always be maintained between medicinal and recreational uses of cannabis. Claims for the ‘benefits’ of recreational use should be discouraged in general, and never officially sanctioned.

15. Immediate actions are necessary to be ready to serve local community members who may have health issues with use or misuse of cannabis since local delivery is imminent. These actions include, but may not be limited to, planning how to prevent youth access to retail delivery sales, preventing accidental ingestion of non-combustible cannabis (lozenges) or, when available, other edibles.

16. Near-term planning and actions are needed to minimize potential harms for portions of our community at the highest risk, including toddlers; middle and high school aged youth; those pregnant; and those over 65 years of age.

17. Longer-term planning and action are needed for implementation of community-based public health education and prevention programs are needed, to inform the entire population on the risks associated with recreational cannabis
use, and to counter commercial efforts to normalize consumption and promote increased use of the product.

18. Adequate resources and training will be needed for local efforts, both by the Princeton Health Department and other municipal units, to enforce age of sale laws and advertising restrictions, as well as other point-of-sale regulations to protect health and safety, to ensure security at retail sites, promote safe working conditions for employees, and guarantee the health and safety of those called upon to regulate such sites.

19. Sufficient resources should be allocated at either the local, county or state level to periodically monitor and report on the impact of recreational cannabis policies on the vulnerable populations noted above.