

The regular meeting of the **Princeton Board of Health** will be held on **Tuesday, March 8, 2022** at **7:30 p.m.** via Zoom. See login instructions on the Tuesday, March 8 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 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 – February 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**
 - a. Health Department Annual Report Overview**
- 10. Old Business**
 - a. Public Meeting Status**
 - b. Health Impacts of Recreational Cannabis Legalization (RCL)**
- 11. Closed Session (If Needed)**
- 12. Adjournment**

Backgrounder
Health Impacts of Cannabis and Health
Ad-Hoc Committee on Cannabis and Health
Board of Health, Municipality of Princeton
March 1, 2022

The New Jersey Cannabis Regulatory Enforcement Assistance and Marketplace Modernization ACT (the CREAMM Act) is the law that authorizes the Cannabis Regulatory Commission (CRC) to expand and further develop the current Medicinal Cannabis Program, as well as develop, regulate, and enforce the rules and activities associated with recreational cannabis for adults 21 years or older. The Act also addresses other important issues related to cannabis:

- The Act requires the State courts and law enforcement to expunge people’s records for certain prior marijuana-related offenses;
- The Act directs the State Legislature to reinvest revenue from cannabis sales to initiatives such as financial support for individuals in Impact Zones; and
- The Act requires the CRC to adopt minimum standards to protect the health of medicinal patients and recreational consumers.

The NJCRC adopted initial rules on August 19, 2021, to accomplish these tasks.

(<https://www.nj.gov/cannabis/documents/rules/NJAC%201730%20Personal%20Use%20Cannabis.pdf>)

On February 8, 2022, the Board of Health of the Municipality held a discussion, first among the Board members and then from community members, to consider both the general issue of the health impacts of recreational cannabis legalization (RCL), as well as the specifics of the report of the Cannabis Task Force which had been presented to the Princeton Council on November 23, 2021. After the discussion, the Board created an ad hoc workgroup to discuss these issues and present the Board its findings, and any specific recommendations, at the Board’s March 8th, 2022, meeting.

Methods

This is NOT meant to be an exhaustive report. Specifically, this does not purport to be a meta-analysis of extent data on cannabis use pre- and post- legalization in other states or other countries (Canada, Uruguay) that have passed RCL. Rather, it is a good faith effort to present the current themes in the medical and public health literature on the potential hazards and benefits of RCL.

It is also an attempt to share some lessons from the decades long efforts to mitigate the potential hazards of other substances that impact physical and behavioral health, especially tobacco initiation and use in youth, as the latter has a broad literature that is well known to the authors and to the public health community at large. The Princeton Board of Health has a long history of the use of its ordinance authority in attempts to mitigate the hazards of both direct tobacco use and side stream tobacco use, as well as a recent history of attempting to mitigate vaping initiation and use among youth in Princeton.

Sources

Addiction The diverging trajectories of cannabis and tobacco policies in the United States: reasons and possible implications. Hall, W; Koziowski, LT. 018 Apr;113(4):595-601

<https://pubmed.ncbi.nlm.nih.gov/28544367/>

American Medical Association Educational HUB “Marijuana” <https://edhub.ama-assn.org/jn-learning/pages/marijuana-cme-course>

American Public Health Association Policy Statement, 10/20/2020 “A Public Health Approach to Regulating Commercially Legalized Cannabis” <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/a-public-health-approach-to-regulating-commercially-legalized-cannabis>

Association of State and Territorial Health Officers “**Legalizing Cannabis for Non-Medical Adult-Use Policy Statement**”

<https://www.astho.org/globalassets/pdf/policy-statements/legalizing-cannabis-for-non-medical-adult-use.pdf>

Centers for Disease Control Marijuana and Public Health

<https://www.cdc.gov/marijuana/index.htm>

JAMA Network <https://jamanetwork.com>

Journals include: JAMA Open Network; JAMA Cardiology, Dermatology, Health Forum, Internal Medicine, Neurology, Oncology, Ophthalmology, Otolaryngology, Pediatrics, Psychiatry, and Surgery

Dates: Present to 1/1/2020 on “Cannabis”

The Lancet: “Public Health Implications of legalizing the production and sale of cannabis for medicinal and recreational use” Hall, W; Stjepanovic D; Caulking J; et al. **Lancet 2019; 394: 1580–90**

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)31789-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)31789-1.pdf)

Massachusetts Cannabis Control Commission “Parents Resource Page”:

<https://masscannabiscontrol.com/parents/>

National Association of County & City Health Officials “STATEMENT OF POLICY: Medical and Adult-use Cannabis and Cannabinoids” <https://www.naccho.org/uploads/downloadable-resources/17-06-Medical-and-Adult-use-Cannabis.pdf>

NJ Cannabis Regulatory Commission “Safe and Responsible Consumption” Website:

<https://www.nj.gov/cannabis/adult-personal/safe-responsible-consumption/>

Pediatrics in Review: “Marijuana Use and Potential Implications of Marijuana Legalization” Grigsby, TM; Hoffmann, LM, Moss, MJ. *Pediatr Rev* (2020) 41 (2): 61–72.

Princeton Cannabis Task Force Report, November 23, 2021, Available on Princeton Council Website
https://princetonnj.igm2.com/Citizens/Detail_Meeting.aspx?ID=1381

References Offered by Citizens to Board of Health on Location Impact

SAMHSA: Preventing Marijuana Use Among Teens, 10/2021
<https://store.samhsa.gov/product/preventing-marijuana-use-among-youth/PEP21-06-01-001>

SAMHSA: Substance Misuse Prevention for Young Adults, 12/2019
<https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1>

World Psychiatry. Assessing the public health impacts of legalizing recreational cannabis use: the US experience. Hall, W; Linksy, M. World Psychiatry 2020;19:179–186
<https://pubmed.ncbi.nlm.nih.gov/32394566/>

Cannabis and Health Basics

Primarily from “Marijuana and Public Health” and JAMA Network articles, Present to 1/2020

- Cannabis is the most used federally illegal drug in the United States; 48.2 million people, or about 18% of Americans, used it at least once in 2019.
- Approximately 3 in 10 people who use marijuana have cannabis use disorder (CUD). For people who begin using marijuana before age 18, the risk of developing CUD is even greater.
- Cannabis use directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time. Infants, children, and teens (who still have developing brains) are especially susceptible to the adverse effects of cannabis.
- Long-term or frequent cannabis use has been linked to increased risk of psychosis or schizophrenia in some users.
- Using cannabis during pregnancy may increase the person’s risk for pregnancy complications. Pregnant and breastfeeding persons should avoid cannabis.

- The following includes further details of the potential health effects of cannabis use.

- **Addiction**

- As noted above, studies have estimated that up to 3 in 10 people who use cannabis may be classified as having cannabis use disorder, which includes craving use, using more than intended, trying but failing to quit, and using and/or continuing to use despite problems at home school or work.

Cannabis THC concentrations are higher than previously used in the illegal market, with the average THC concentration in a small sample of states with RCL being 22%. It is possible, but not proven, that routine use of cannabis with these higher concentrations may lead to increased occurrence of CUD.

- **Brain Health**

- There are both short-term effects (thinking, attention, memory, coordination, movement, and time perception) and long-term effects (brain development), in users, during pregnancy, and

- **Cancer**

- Cannabis use among persons with cancer, either to alleviate pain or treat nausea and other side effects of therapy, is one of the strongest documented medicinal uses of cannabis.

- While it seems logical that using cannabis by smoking might lead to either respiratory cancers and/or other lung diseases like chronic obstructive pulmonary disease, this has not been documented. There is some evidence that frequent cannabis smoking may increase the risk of testicular cancer.

- Use of cannabis by vaping potentially can lead to the respiratory condition known as ‘vape lung’, but it has so far been difficult to differentiate the impact cannabis may have on a condition that may also be caused by vaping other products, including

tobacco, or adulterants in illegal cannabis products.

- **Driving**
Cannabis use has a direct effect on reaction time, decision making time, coordination, and perception. All these effects suggest that cannabis use is likely to lead to impaired driving. It is not clear how time since use and/or concentration of use impact impaired driving.
- **Heart Health**
Smoked cannabis clearly can cause acute increases in heart rate and blood pressure. There is no definitive distinction whether these effects occur independent of smoking cannabis or are primarily due to that form of use. Nonetheless, in persons with already compromised cardiovascular health, this might likely increase stroke and/or heart attacks.
- **Lung Health**
While cannabis smoking, either combustible or via vaping, can damage lung tissue and small blood vessels, there is no strong evidence that cannabis use increases either chronic obstructive pulmonary disease or lung cancer.
- **Mental Health**
Along with its well described pleasant or euphoric effects, cannabis use can cause disorientation, anxiety and/or paranoid ideation. There is some evidence that daily use, especially when initiated at an early age, may lead to an increase in psychotic events.
- **Pain**
Pain treatment is the most common use of medicinal cannabis, although the data on the efficacy of either the form, concentration, or frequency of use on specific types of pain is still under intense research.
It is possible that the use of cannabis products for 'self-medication' of pain post RCL occurs, but it has been difficult to differentiate such use from strictly recreational use.
- **Pregnancy**
Cannabis use in pregnancy, whether to treat conditions like nausea or for recreational use, may impact fetal development, either by known pathways (e.g., smoking cannabis, which like any smoking leads to increased CO₂ concentrations in the blood) or less well-defined pathways if ingested.
There is some evidence from California that nearness to a cannabis dispensary is associated with an increased incidence of cannabis use during pregnancy, but the causal link between these are not well established.
- **Poisoning**
Edible forms of cannabis, including foods, drinks, or solid 'gummy'-like forms, have been implicated in an increased in unintentional poisonings in most states that have

initiated RCL, and across Canada after sales of edibles were legally allowed. Even intentional use may lead to poisoning, as edibles take longer to have an effect, and their effects last longer, and thus may lead users to take further doses while the initial dose has yet to take effect.

- Risk of using other drugs
There is no evidence that cannabis use increases the risk of using such as cocaine or heroin; there is limited evidence that it may increase the likelihood of opioid use, but this is confounded with the use of opioids and cannabis for pain relief. What is less clear is whether legalized cannabis use may lead to increased use of cannabis with other legal intoxicants, specifically alcohol or, if smoked, might lead to increased use of tobacco, either in combustible or vaping modalities. |
- Second-Hand Cannabis Smoke
Second-hand cannabis smoke may have similar harmful effects as such exposure to tobacco smoke, including heart and lung damage. Documentation of such effects of cannabis are still being investigated.
Children who live in homes with adults who use cannabis have detectable
- Senior Health
There is some data that there is increased use among those greater than 65 after legalized cannabis. As this is a population that used lower concentration cannabis in the past but are now using cannabis of much higher concentration, there have been reports of cognitive impairment that can be confused with other types of cognitive impairment in seniors.
- Teens
Teen use of cannabis is very prevalent in the United States, with estimates in 2019 of 37% 'ever use' and 22% 'use in the last 30 days'. There is no reason to believe that these proportions don't apply to the teen population in Princeton. There is also high proportion of middle and high school students who report vaping cannabis – 8% of 8th graders, 19% of 10th graders, and 22% of 12th graders.

The health impacts on youth are like those outlined above by organ system but may be more severe and/or permanent given their developmental stage. Along with the various cognitive problems outlined above, youth may experience more mental health problems, driving problems, and potential for CUD than those older persons using the same amount of cannabis.

Youth are particularly sensitive to 'normative' issues around substance use and other behaviors; this has been repeatedly shown with tobacco and vaping use, especially with advertising and/or opinion leader use and endorsement.

**Use Trends: General and Among Higher Risk Populations
Primarily From**
JAMA Network review
SAMHSA Preventing Marijuana Use Among Teens
SAMHSA: Substance Misuse Prevention for Young Adults, 12/2019

Assessment of Use of cannabis products, legal or illegal, can best be characterized as ‘unstable’, both across the US and within the two other countries (Canada and Uruguay) that have legalized cannabis use on a large scale. Only Canada has a large scale, reasonably standardized national data set to assess trends of usage and health harms, and that is very recent.

Within the US, attempts to assess the impact of recreational cannabis legalization are hampered by substantial differences between state legalization parameters, differences in local (municipal or county wide) implementation of sale, and incomplete or even non-existent data collection in states with legalized sale. Most current data still come from self-reported use surveys or research studies that rely on access to clinical encounter data from large health systems. Unless and until standardization of availability, usage patterns, and data collection occur, clear predictions of use trends and health impacts should be presented in qualified terms.

With these substantial caveats in mind, several comments about use are possible.

- Is underage cannabis use increasing, decreasing or stable?
 - Between 2014 and 2019, there was a 9% five-year increase among college aged students (Monitoring the Future), from 38% to 43% for usage within the past year.
 - Among high school aged youth, daily use increased from 2017 to 2019, with 6.4% of seniors reporting daily use. In 2020, there is preliminary data that there was a marked (self-reported) decrease in daily cannabis use, both vaping and other use, among high school aged youth. The cause or causes of this decrease, and its permanence, cannot yet be determined.
 - Past month use increased in 8th and 10th graders from 2016 to 2020 from 5.4% to 6.4%, and 14.0% to 16.6%, respectively. In other words, past month use increased 7% among 8th graders and 21% among 12th graders over that period.
 - Past year use among 10th and 8th graders also increased from 2016 to 2020 during that period (28.8% and 11.8%, respectively) while 12th grade use within the last year was stable at the high rate of 35.7%.
 - Past year cannabis vaping increased from less than 10% to 22.1% among 12th graders in 2020, and up to 8.1% among 8th graders in 2020. In 2019, use prevalence among youth was similar among Hispanic, white non-Hispanic, and black youth, and markedly lower among Asian youth.
- How big was the reported drop in all illicit drugs in 2020 among youth, and what does it predict?

- While 30.5% of high school seniors reported cannabis use during the last year in 2020, nonetheless, the reported 12-month prevalence of use dropped among all high school aged students in 2020.
 - The percentage of adolescents reporting ANY substance use DECREASED significantly in 2021 among eighth, 10th, and 12th graders in the United States.
 - These findings represent the largest one-year decrease in overall illicit drug use reported since the survey began in 1975
 - These data summarize the experience for all states, with or without cannabis legalization.
- Does legalization DECREASE high school usage?
 - Using data from the Youth Risk Behavior Survey (YRBS) for the period 1993-2017, Anderson et al found that RML adoption was (temporally) associated with an 8% decrease in the odds of marijuana use among high school students.
 - These authors, however, had pre-legalization and post-legalization data from only 7 states and pre- and post-recreational sales data from only 3 states, calling into question the generalizability of their results
 - Data post 2017, as noted above, show increases in usage - up to 2020 – in all ages.
 - What is the impact of legalized non-combustible cannabis sale on accidental ingestion?
 - Most states with legalized sale of edible forms of cannabis, either lozenge or so-called edible forms, report increased in accidental ingestion among young children leading to a demonstrable increase in emergency room visits and calls to poison control hotlines.
 - This data is most detailed among early state RCL adopters (e.g., Colorado) and nationwide (e.g., Canada) analysis.
 - What are trends among other higher risk populations?
 - There is evidence of increased use among those pregnant and those over 65 years of age in states that have RCL. Some of the data is based on pre-natal visit screening, while other data is still self-reported survey data.

**Actions That Are Likely to Increase or Decrease Youth Cannabis Use
Primarily from
Massachusetts Cannabis Control Commission “Parents Resource Page”
NJ Cannabis Control Commission Webpage
SAMHSA: Preventing Marijuana Use Among Teens, 10/2021**

There are great differences between decriminalizing and destigmatizing use as illegal verses ‘normalizing’ or otherwise encouraging its use. Decades of experience in minimizing the impact of legal or illegal drug use among youth exist, although data driven prevention activities are typically implemented in piecemeal fashion at the local, state, and national levels. A primary component of such mitigation is easy access to information on use impacts among both parents and youth, as well as easy access to treatment for either acute or chronic use problems.

While the legality of tobacco use is often used as an argument FOR local access to cannabis, tobacco control efforts over the past 40 plus years show that limiting access, decreasing advertising, and avoiding normalizing use all delay initiation of use among youth, and mitigate overuse among already users

Unfortunately, despite imminent availability of recreational cannabis in Princeton by delivery, educational resources and treatment options are not easily available. A review of the current NJ Cannabis Control Commission webpage reveals minimum information on the potential health impacts of cannabis use, and virtually no resources for communities, parents, or youth regarding cannabis use; nor is there any mention (or as far as we can ascertain, a plan for) a cannabis hotline. Comparison of the NJCCC webpage to that of a state that is generally accepted among public health professional as the most like New Jersey – Massachusetts – shows the Massachusetts Cannabis Control Commission site to have substantial educational resources, as well as a link to a hotline.

One proven model of analyzing the factors that protect or put individuals at risk for usage is titled the ‘Socio-Ecological Model’. Assessing community policy, school policy, family relationships, and individual and peer impact, this model offers many potential areas of increasing protection and decreasing risk of initiation of use, or increased use if already using, among youth. Among the most relevant factors include the following:

- **Individual/Peer:** Peer disapproval of cannabis use, involvement in sports and/or physical activities, specific future college or career aspirations VS Perceptions of peer cannabis use, low perceived harm of cannabis use, access to less obvious forms of cannabis
- **Family:** Parental identification, parental monitoring of behavior, perceived parental trust and negative opinion of cannabis use VS parental acceptance of substance use, parental or sibling substance use
- **School:** School belonging and involvement, remedial approach to cannabis use violations vs low policy enforcement, punitive school policies (e.g., out of school suspension) for cannabis use.

- Community: Prosocial opportunities (community sports, youth programs, etc.) and community norms that discourage use VS widespread availability of cannabis, greater cannabis outlet density, exposure to cannabis marketing, new products that make cannabis use easier.

The first three of the domains in this model require concerted efforts to share information with students and parents, active schools' discussion and policy planning and implementation, and serious consideration for the long-term impact of local cannabis sale and local attitudes to such sale.

Predicting Local Health Impacts of
Recreational Cannabis Legalization & Sale
Primarily from

American Public Health Association Policy Statement

The Lancet: “Public Health Implications of legalizing the production and sale of cannabis for medicinal and recreational use”

Pediatrics in Review: “Marijuana Use and Potential Implications of Marijuana Legalization”

World Psychiatry: “Assessing the public health impacts of legalizing recreational cannabis use: the US experience”

This area is easily the most speculative area, due primarily to the constantly evolving and piecemeal implementation of RCL in the United States. As the commercialization of cannabis use is incomplete, it is at least possible – and perhaps likely – that current data will underestimate immediate health impacts of RCL. Furthermore, longer term impacts could easily not be seen until later, especially if there are impacts among regular users of lower doses.

Going by historical parallels to both alcohol and tobacco regulation, it is logical – but not proven – that access to recreational cannabis, at lower cost and higher potency, will lead to more frequent use among current users, initiation of use among never users, and increases in cannabis use disorder, along with the other health impacts noted above.

Behavioral Health Impacts: It is a truism that is likely valid that the US in general, and New Jersey in particular, has an imbalance among those either seeking or who could benefit from behavioral (i.e., mental health) care and the availability of affordable such care.

Thus, any increase in the negative behavioral effects of cannabis use will likely increase this mismatch of needed and care, especially among those already underserved either due to lack of insurance, non-insurance coverage of care, or paucity of providers.

Health benefits: One of the most difficult areas to predict is the use, and assessment of use, for health conditions that may – or may not – benefit from cannabis use. While relatively few conditions have peer reviewed data to back up clear benefits of cannabis use, many other conditions are said to benefit from cannabis use. With RCL, there is likely to be an increase in self-medication without analysis of benefit for many conditions, as provider-supervision will no longer be necessary unless the patient seeks it.

Social Health Impacts: While this report has focused primarily on direct acute or chronic health impacts of cannabis use, a broader ‘social health’ view would include issues like impact on injury occurrence and prevention (both traffic ‘accident’ and other harms associated with use); the impact of ‘normalization’ of cannabis use on use of other substances; and the potential social benefits of RCL beyond the benefits of decriminalization and expungement of penalties that were differentially applied in the past.

Other social benefits cited – but unproven – would be a decrease in criminal activity associated with cannabis sale and the benefits that would come with such a decrease.

Finally, the costs – both financial and ‘opportunity’ costs of regulation and enforcement, especially among systems that are all acknowledged to be stretched to their limits – the public health system, health care system, school system – are unclear. Certainly, these systems have not prepared substantially new actions in preparation for the imminent recreational sale of cannabis in New Jersey. How, and if, such new actions are planned, financed, and implemented are all to be answered in the future.

Draft 3-04-2022

Resolution to Defer Licensing for Retail Sale of Cannabis in Princeton
Pending Implementation of Public Health Safeguards

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 through 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. Therefore, the BOH recommends that any action to approve retail sale of cannabis in Princeton be deferred at this time

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

13. PRIOR to opting in for retail sales, 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.

14. PRIOR to opting in for retail sales, longer-term planning and 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.

15. PRIOR to granting licenses for retail sales, 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

16. PRIOR to granting licenses, 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.