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**Position Statement on New York State's Initiative to
Legalize Marijuana for Adult Recreational Use**

**NYS American Academy of Pediatrics,
A Coalition of AAP NY Chapters 1, 2 & 3**

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Any new marijuana legalization legislation in NYS should have recommendations for protection of minors including (1) prevention of increased use by adolescents; (2) protections against accidental ingestion and secondhand exposure of young children; (3) legal equity for children and adolescents; and (4) adequate education and treatment programs.

Adolescent marijuana use remains an important health issue, and legalization of its use in adults may lead to a decreased perception of marijuana-related health risks. Adolescents are at higher risk than adults of marijuana's detrimental effects, including cognitive impairments. Adolescents are also at greater risk of developing substance use disorders and other mental health disorders associated with marijuana use. Marijuana is by far the most commonly used illegal substance in New York State. An estimated 18% of NYS high school students currently use marijuana (<https://nccd.cdc.gov/youthonline/>). Adolescent marijuana use has increased in other states where legalization has occurred. Thus, legislation should include:

- (1) Minimum age of sale should be at least 21 years.
- (2) Regulations to prevent underage sale should include at a minimum those protections in place for the sale of alcohol and tobacco to minors. Effective enforcement procedures are critical.
- (3) Strong regulation of retailers to prevent store locations near areas children frequent, such as parks and schools.

Secondhand marijuana smoke exposure has been documented in young children in states that have legalized use, raising concerns for both the impact of inhaling the smoke itself, as well as of THC exposure, the primary psychoactive component of marijuana. This exposure could happen from household members or from incursions from nearby apartments. We are also concerned about the detrimental effects of impaired parents and the increasing potency of marijuana products. Protections should include:

- (1) Regulation by the NYS Department of Health to regulate potency
- (2) Child proof packaging of all products
- (3) Outlawing of any products with appeal to children (i.e. candy)
- (4) Labeling of products concerning the health risks to children
- (5) Strict restrictions on marketing that targets youth (i.e. use of cartoon characters)
- (6) Including marijuana smoking in any clean indoor air legislation
- (7) Prohibiting combustible marijuana in multi-unit housing
- (8) Outlawing use of combustible marijuana in all public spaces where children may be exposed to second hand smoke

Legal provisions need to be in place so children are not excessively harmed by legal policies against marijuana use. Since legalization in Colorado, marijuana possession arrests have increased for African-American and Hispanic youth. Policies also need to be in place to prevent racial and socioeconomic inequalities. Equity protections should include:

- (1) Possession of small quantities of marijuana in people under 21 should be decriminalized.
- (2) State-funded surveillance of marijuana related legal actions should be in place to evaluate for disparities by race/ethnicity.
- (3) Youth with a history of marijuana offenses should not be denied any educational or occupational opportunities.
- (4) Clear and objective policies on driving under the influence should be included in all driving education activities.

Education about the many health risks to children associated with marijuana use is essential. Legalization of marijuana may lead to an even lower perception of risk. Also essential is a public health approach to substance use disorder prevention and availability of treatment for youth.

Recommendations should include:

- (1) Tax revenues from the sale of marijuana should be used to pay for education and treatment programs, as well as research into the impact of marijuana legalization and exposure on children and adolescents.
- (2) Public awareness campaigns should address:
 - a. the risks of marijuana use in youth, including the harmful cognitive and behavioral effects
 - b. marijuana use by adults, including the risks of use in pregnancy and while breastfeeding, risks of second-hand smoke, the risk of impaired driving, and the risks of impaired parenting
 - c. the potential for health and developmental consequences of secondhand marijuana smoke exposure
- (3) Education materials should be included with any legal sale.
- (4) Evidenced-based educational programs should be mandated in schools.
- (5) Adequate payment for screening and early intervention of substance use should be given for medical providers that care for youth.
- (6) Availability and adequate payment should be given to medical providers that treat youth with substance use disorders.