

Department of Health and Social Services

DIVISION OF PUBLIC HEALTH Director's Office

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January 13, 2017

Sara Chambers, Acting Director Alcoholic Beverage Control Board 550 W 7th Ave, Suite 1600 Anchorage, AK 99501

Dear Ms. Chambers:

On behalf of the Alaska Division of Public Health, we respectfully submit comments on proposed regulation 3 AAC 306.365 for onsite consumption of marijuana at licensed retail stores. This proposed regulation raises concern for Alaskans' health and safety; therefore, we oppose the public consumption of smoked, dabbed, vaped or aerosolized marijuana and edible marijuana products because of the potential health harms to users and non-users.

Public consumption of marijuana was intended to remain illegal. The language in Ballot Measure 2, voted on by the public and now enacted in AS 17.38.040, does not allow for public consumption of marijuana and includes a \$100 fine for this activity. Regulations—first adopted by the Board in February 2015 to define the term "public"—support this restriction. Sec 17.38.020 of the initiative stated: "...nothing in this chapter shall permit the consumption of marijuana in public."

Marijuana is known to impair reaction time, hand-eye coordination, and perception of time and distance, all of which increase the risk of being involved with motor vehicle crashes. Marijuana affects people differently. The high from smoking marijuana can often be felt right away. However, the effects of marijuana can take longer to develop and last longer when eating or consuming marijuana. It is known that marijuana can make it unsafe to drive, bike, and do other activities and the effects of marijuana edibles can last longer than users think. A person may feel safe to drive after a few hours; however, impairment can last much longer.

In a recent report released by the National Academies of Science, Engineering and Medicine's Health and Medical Division, "substantial evidence of the statistical association between cannabis use and increased risk of motor vehicle crashes" was identified as one of the primary conclusions. Our concern with this proposal is that an increase in public consumption of marijuana may lead to increased driving under the influence, a significant public health area of concern.

Exposing others to secondhand smoke (SHS) is a public health hazard. In 2006 the Surgeon General concluded that there is no safe level of secondhand smoke. Since marijuana is illegal under federal law, there have been a limited number of studies examining health risks associated with marijuana use and exposure in the United States. However, peer-reviewed and published studies do indicate that exposure to secondhand marijuana smoke may pose health risks for the public, especially due to its similar composition to secondhand tobacco smoke. According to Moir, et al. (2008): "Secondhand marijuana smoke contains many of the same cancer-causing substances and toxic chemicals as secondhand smoke. Some of the known carcinogens or toxins present in marijuana smoke include: acetaldehyde, ammonia, arsenic, benzene, cadmium, chromium, formaldehyde, hydrogen cyanide, isoprene, lead, mercury, nickel, and quinolone. Moir, et al. also found significant amounts of mercury, cadmium, nickel, lead, and chromium in marijuana smoke. Comparing it to tobacco smoke, there was 20 times the amount of ammonia and 3-5 times more hydrogen cyanide in marijuana smoke."

Additionally, a recent study published in the Journal of the American Heart Association concluded that "...SHS can exert similar adverse cardiovascular effects regardless of whether it is from tobacco or marijuana." (Wang, et al; 2016)

No type of ventilation system will protect the public from the effects of secondhand smoke, vapor or aerosol. Under this proposal, the licensee would be required to provide a ventilation plan to address byproducts of using marijuana onsite. Ventilation may reduce odors, but will not protect the public's health from marijuana smoke. This is supported by the 2006 U.S. Surgeon General report entitled "The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General." The report stated that the scientific evidence now supports the following major conclusion:

"Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."

Based on these concerns for the health and safety of Alaskans, we recommend the Board not allow smoked, dabbed, vaporized, aerosolized or edible marijuana consumption in public. Thank you for your time and consideration in supporting the health and safety of all Alaskans.

Sincerely,

Jay C. Butler, MD

Chief/Medical Officer and Director of the Division of Public Health