## New Jersey Cannabis Regulatory Commission Public In-Writing Comments <u>Public Meeting: December 12, 2024</u>

Full Name	Meeting Date	Comment
Raven Little	12/12/2024	The CRC is a legal joke to the industry. Time and time again we as workers have reached out to you to do your job as a comission and regulate our cannabis.
		Instead you allow companies to distribute powdery mildew coated product, package cannabis in dirty facilities, and pull the badges of hard working employees after years of service. You are a faceless institution for legal compliance that simply does not exist in this state. Why? Because institutions such as yours allow it.
		Step up and listen to the people who actually work within this industry. Living in your high towers looking down is not effective.
Meyon Wiggins	12/12/2024	I have been anticipating today for some months now and honestly since beginning the journey in 2022. I just want to say thank you for all you as the CRC has done to create the opportunity and streamline the process for people like me and the many to come after me. Thank you for being the difference and creating the impact that have and would continue to change communities and lives. More Blessings, Life and Success to you and us all. Happy Holidays and a Prosperous New Year!
Bianca Barrett	12/12/2024	Hey, it's Bianca I spoke about the labor issue and just wanted to follow up.
Andrea Raible	12/12/2024	As 2024 comes to a close with projections of a billion dollar industry, we need to take this moment to evaluate our priorities for the new year.
		While recreational business interests must be accounted for, we can not forget that safety must take priority. We must also recognize "safety" includes both the safety of our cannabis and the rights of our patients. While there have been minor steps forward this year, including virtual testimony by phone, it seems like priorities are already slipping for the 2025 schedule. I applaud that 40% of the meetings will be virtual, but am extremely disheartened to hear they will have limited agendas focusing solely on business interests. While the opportunity for patients to be able to feel included in video testimony is important, this is not the key factor. It is simply unacceptable to decide 40% of the meetings will not include safety or medical issues (not to mention the months without meetings). How do you expect to scale a market without addressing safety concerns and the ongoing unmet promises to patients?

The CRC needs to re-evaluate priorities for 2025 and recognize the medical problem is dying from neglect and so are patients. Removing patient-only hours while retaining expedited service is a small step forward, however it primarily serves the industry. The patients need your help. If you can rescind that rule, what is the multi-month long delay in rescinding the "temporary" 100lb batch size implemented years ago? We need transparency in the market, safe/affordable/accessible medication, and a way to have our voices heard. Telling us you will publicly ignore our needs for 40% of the meetings does not feel like fulfilling the promise of public engagement or even a sign of good faith that we will have the opportunity to move forward on saving our program and patients.
The patients and public need a way to communicate with the CRC committees directly if the standard commission meetings will not adequately serve their purpose of engaging with the public beyond streamlining the industry.
There are simple effective changes that promote transparency and safety such as COAs posted publicly online, solvents labeled on packaging, and addressing outliers in price data. There are also far more complicated concerns that need time and resources dedicated to address them.
This year patients have lost legal access to full spectrum CBD and our New Jersey hemp farmers are left stranded with no pathway to METRC. While this was not the ruling of the CRC, it is the responsibility of the CRC to now regulate it and do so with urgency. Personally, full spectrum CBD products (intoxicating hemp) can help stop my seizures/symptoms while distillate products found in dispensaries can trigger my seizures. We are long overdue for hospital access. Much like myself, Jake Honig (the child who lost his life and gave his name to the bill in the CRC code of ethics) would still not have his needs met today.
New Jersey is not safe for patients right now, but if we are collectively committed to prioritizing patient rights maybe we can see relief in 2025. Even with access to the cannabis medication, there is still a question of safety of the cannabis itself. There have been recalls in our market, usually followed by investigation/fines for the cultivators. There needs to be significantly more focus on how those dirty products made it on to dispensary shelves in the first place. If you intend to continue to scale the market for the new year, there is an obligation to do so safely. There are a handful of lab licenses that control the safety of the entire market. This should be a primary concern of the CRC and issues should be easy to identify.

	Through the Freedom of Information Act lab results have been obtained and publicly posted at https://blog.mcrlabs.com/unveiling A layperson such as myself can even see concerning trends (one example - thousands of results blatantly indicating "Not Tested" for a mandated analyte.
	A layperson such as myself can even see concerning trends (one example - thousands of results blatantly indicating "Not Tested" for a mandated analyte). Lab corruption and lab shopping is a nationwide issue. It would be dangerously naive to believe New Jersey is exempt. I encourage everyone to evaluate the data independently- it can be found at https://blog.mcrlabs.com/unveiling-cannabis-testing-data/ . I will be able to present more specific findings at the February meeting if the CRC is still refraining from taking action.
	For 2025 I hope to see safety become the true priority. I hope to see collaboration with the public you are entrusted to protect. During this meeting Commissioner Nash thoughtfully pointed out that you might be accustomed to thinking about things on a large state scale with long timelines and high budgets, but in the nonprofit world a little can go a long way (in regards to SEEF funds). The same holds true with patients struggling to have our needs met or to have a voice - with a different approach a little bit of effort/resources has the potential to stretch a lot farther than you might assume.