

March 10, 2025

Santa Cruz County Board of Supervisors  
701 Ocean Street, Room 500  
Santa Cruz, CA 95060  
[BoardOfSupervisors@santacruzcountyca.gov](mailto:BoardOfSupervisors@santacruzcountyca.gov)

**Re:** Agenda items 8, 9, 10 for March 11, 2025,  
Consider approving in concept an "Ordinance Amending Section 7.130.030 and 7.130.110 of the Santa Cruz County Code Regarding Retail Commercial Cannabis Operations," -  
OPPOSE

Consider approving in concept an "Ordinance Enacting Chapter 7.138 of the Santa Cruz County Code Regarding Cannabis Farm Retail License Pilot Program," an "Ordinance Amending Section 13.10.640 of the Santa Cruz County Code Regarding Temporary Produce Sales Areas and Produce Stands," and an "Ordinance Amending Section 13.10.372 of the Santa Cruz County Code Regarding Allowance of Temporary Produce Sales Areas and Produce Stands in the Timber Production Zone District" allowing for retail cannabis sales at produce stands, approve the California Environmental Quality Act Addendum to the Final Environmental Impact Report for the Sustainability Policy and Regulatory Update, and take related actions (County Administrative Office) -  
OPPOSE

Dear Supervisors Cummings, DeSerpa, Hernandez, Koenig, and Martinez,

On behalf of **Getting it Right from the Start**, a project of the Public Health Institute, a 501c3 non-profit organization that has served California to promote public health for the past 55 years, we are writing to express our strong opposition to the proposal regarding the permitting of additional cannabis on-site consumption activities. Since 2017 we've worked with city and county officials to discourage on-site consumption, as we do all across the nation. As of January of 2024, 67% of jurisdictions allowing storefront retailers in California wisely continued to prohibit on-site consumption lounges, including Capitola, Santa Cruz and Watsonville.<sup>1</sup> Rather than leading as you have in tobacco control, the proposed measures will undermine the public health protections wisely adopted by your cities.

We were deeply distressed to see recommendations that despite lip service to public health protections, in practice only service increasing cannabis industry profits. They

---

<sup>1</sup> Getting it Right from the Start. 2024 Local Cannabis Policy Scorecards and Press Kit. Public Health Institute.  
[https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit\\_2024-State-of-Cannabis-Policy-in-California-Cities-Counties.pdf](https://www.gettingitrightfromthestart.org/wp-content/uploads/2024/12/Press-Kit_2024-State-of-Cannabis-Policy-in-California-Cities-Counties.pdf)

show little concern for the profound adverse health consequences from increasing harmful use from road injuries to psychosis to fetal exposures in our state. These recommendations charge ahead with increasing the number of places where cannabis will be consumed and sold including farms, further normalizing and making more ubiquitous an industry that has not sought to temper harms and instead has vastly increased the potency of its products, and aggressively marketed to youth.

### Smoke-free air:

For decades, public health advocates, medical providers and many unions have fought to promote clean indoor air and protect workers and the public in general from the health risks associated with secondhand smoke. Indeed, Santa Cruz County has been a leader in tobacco control, passing its recent groundbreaking law on tobacco filters, building on a proud history of other measures. For this reason, we are shocked and dismayed to see a willingness to undermine public health, renormalize smoking and weaken worker protection solely to increase the profitability of a handful of vocal business owners. To build Santa Cruz's beautiful tourism potential on encouraging a return to smoking.

The protective provisions proposed in the ordinances are grossly inadequate and fail to recognize the clear evidence included in the county's own public health report.

Smoke-free air and worker protections have been one of the great advances of the public health in the last century. We strongly oppose allowing onsite cannabis consumption lounges because such an action significantly undermines the progress made to ensure smoke-free air. It puts employees and customers at an increased risk for heart disease,

stroke, and other adverse effects.<sup>2</sup>

Employees would be at particular risk as they would have no choice but to breathe in second-hand smoke/vapor during their shifts; exposure is a concern whether they are working indoors at a consumption lounge or outdoors at a special event.<sup>3,4</sup> Even allowing just vaping products has little impact on

### AQI thresholds for PM<sub>2.5</sub>

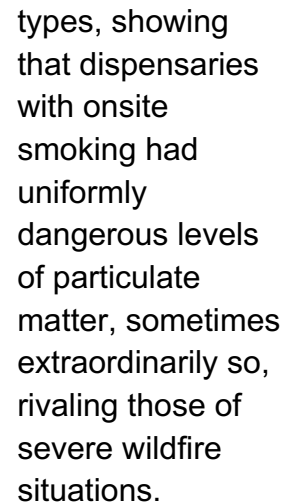
AQI	"Level of Concern"	PM <sub>2.5</sub> µg/m <sup>3</sup>
0-50	Healthy	0-9
51-100	Moderate	9.1-35.4
101-150	Unhealthy for Sensitive Groups	35.5-55.4
151-200	Unhealthy	55.5-125.4
201-300	Very Unhealthy	125.5-225.4
301-500	Hazardous	225.5+

<sup>2</sup> Jeffers, A. M., Glantz, S., Byers, A. L., & Keyhani, S. (2024). Association of Cannabis Use With Cardiovascular Outcomes Among US Adults. *Journal of the American Heart Association*, 13(5), e030178. <https://doi.org/10.1161/JAHA.123.030178>

<sup>3</sup> Cheng, K. C., Huang, G., & Hildemann, L. M. (2023). PM<sub>2.5</sub> exposure to marijuana smoke on golf courses and other public outdoor locations: A pilot observational study. *The Science of the total environment*, 896, 165236. <https://doi.org/10.1016/j.scitotenv.2023.165236>

<sup>4</sup> Tong, M., Goodman, N., & Vardoulakis, S. (2024). Impact of secondhand smoke on air quality in partially enclosed outdoor hospitality venues: a review. *BMC public health*, 24(1), 1872. <https://doi.org/10.1186/s12889-024-19394-w>

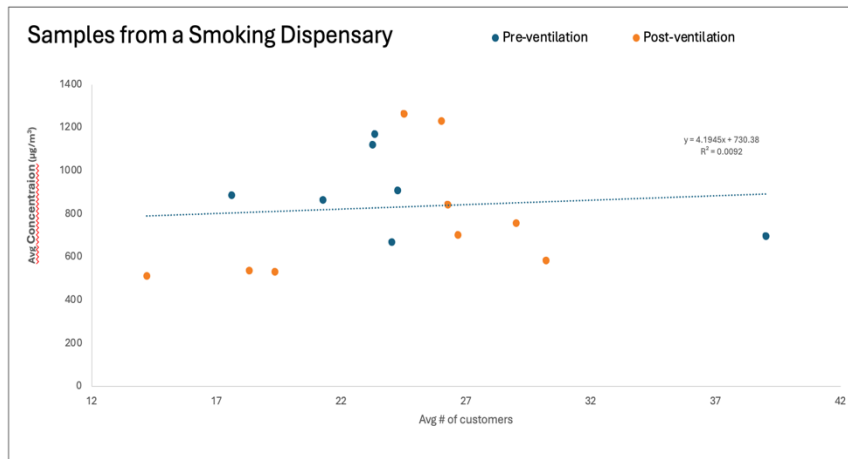
Second here is the data measured at 45 cannabis consumption locations of different



It states, on a positive note, that no employees will be required to enter these spaces. But who will clean them? Non-employees contracted through a third party?

To be consistent you would at a minimum have to prohibit the sale of cannabis in these

## Ventilation did not decrease PM<sub>2.5</sub>



spaces, prohibit food service, and prohibit entertainment. These provisions are absent in the proposal. If you press forward despite public health recommendations, they should be added.

It's important to note that evidence suggests that cannabis smoke

and/or vapor may be even more harmful than tobacco smoke. You may hear cannabis lobbyists coming to tell you that cannabis smoke is safe. We heard those lies the State legislature last year. This is simply not true. Researchers have compared the pollution levels (as fine particulate matter in the air) when a user smokes a Marlboro tobacco cigarette to the pollution levels that occur when the user smokes cannabis in a joint, bong, and pipe, as well as when they vaporize cannabis.<sup>5</sup> They found that all the methods of cannabis consumption produced as much or more pollution than the tobacco cigarette; cannabis joints were the most polluting, producing 3.5 times more particulate matter than the tobacco cigarette. In another study that compared cannabis and tobacco smoke, cannabis smoke was found to have 20 times higher levels of ammonia and 3-5 times more hydrogen cyanide, some aromatic amines, nitrogen dioxide and nitric oxide.<sup>6</sup> Secondhand cannabis smoke and vapor pollutes the air as much or more than tobacco. One minute of exposure to cannabis smoke impaired cardiovascular endothelial cell function as much as one minute of tobacco smoke, but the negative effect lasted considerably longer.<sup>7</sup> Use of vaporized rather than smoked cannabis did not reduce this risk.<sup>8</sup>

Decades of research has shown that **ventilation systems do not reduce toxic levels of particulate matter** in secondhand tobacco smoke and many of the harmful constituents found in cannabis smoke cannot be eliminated through air ventilation

<sup>5</sup> Ott, W.R., Zhao, T., Cheng, K.C., Wallace, L.A., & Hildemann, L.M. (2021). Measuring indoor fine particle concentrations, emission rates, and decay rates from cannabis use in a residence. *Atmospheric Environment: X*; Volume 10. <https://doi.org/10.1016/j.aeaoa.2021.100106>.

<sup>6</sup> Moir, D., Rickert, W. S., Levasseur, G., Larose, Y., Maertens, R., White, P., & Desjardins, S. (2008). A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chemical research in toxicology*, 21(2), 494–502. <https://doi.org/10.1021/tx700275p>

<sup>7</sup> Wang X, Derakhshandeh R, Liu J, Narayan S, Nabavizadeh P, Le S, Danforth OM, Pinnamaneni K, Rodriguez HJ, Luu E, Sievers RE, Schick SF, Glantz SA, Springer ML. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc*. 2016 Jul 27;5(8):e003858.

<sup>8</sup> Liu J, Nabavizadeh P, Rao P, Derakhshandeh R, Han DD, Guo R, Murphy MB, Cheng J, Schick SF, Springer ML. Impairment of Endothelial Function by Aerosol From Marijuana Leaf Vaporizers. *J Am Heart Assoc*. 2023 Dec 5;12(23):e032969..

systems or air cleaning technologies. In fact, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) states in their standards for ventilation for acceptable indoor air quality that there is no safe level of exposure to secondhand smoke, that cannabis smoke should not be allowed indoors, and that ventilation and other air filtration technologies cannot eliminate all the health risks caused by cannabis and other smoke. Neither dilution ventilation, air distribution (e.g., “air curtains”) nor air cleaning can be relied upon to control environmental smoke exposure.<sup>9</sup> Indeed, states like New Jersey are finally working to correct the ill-advised exemption for casino environments that has long put many thousands of workers at higher risk, after extensive research documented the toll of exposure on their health. The ventilation requirements should not be used to provide a masquerade of safety.

### **Product types:**

You have a restriction of edibles to 10 mg doses, presumably to prevent drugged driving, but not how many can be sold to an individual or of even far more hazardous products. Sales of edibles should be restricted to one 10 mg dose **per person per day** if you move forward with this ill-conceived plan. High potency products should not be allowed. Most importantly, **dabbing, which can provide an ultra-high and addictive dose of as high as 90 mg THC should not be allowed.** Many on-site lounges have line-ups of dab-rigs, the most likely form of use to cause harm. **We recommend not allowing on-site consumption of flower >25%THC or concentrates, or of any cocentrates, incldi9ng including >60% THC or THC infused pre-rolls.** All of these high potency products are more likely to cause adverse reactions such as psychosis and addiction. They are likely also more likely to cause poor judgement decisions such as driving while high.

### **Farm sales:**

Likewise, we oppose the proposal to allow retail sales at farms and on-site consumption for the same reasons. Produce stands should never be allowed to sell cannabis as it would be impossible not to expose children and youth. If allowed, no product other than flower should be sold.

Let’s be clear. We need to have balanced objectives for a legal cannabis sector. Those objectives should be to provide legal access to a safer product and end the illicit market, but they must also include the specific goals of protecting youth and public health including not driving up consumption, or social normalization of cannabis use or of smoking. Our state cannabis laws say that protection of the public welfare should have primacy in the regulation. The proposed measures in Santa Cruz do not balance these

---

<sup>9</sup> ASHRAE. ASHRAE Position Document on Environmental Tobacco Smoke. June 2023.  
[https://www.ashrae.org/file%20library/about/position%20documents/pd\\_environmental-tobacco-smoke-2023-06-28.pdf](https://www.ashrae.org/file%20library/about/position%20documents/pd_environmental-tobacco-smoke-2023-06-28.pdf)

objectives, they solely serve the interests of the cannabis industry.

Cannabis is the leading substance of abuse in our nation. Harmful, daily use has skyrocketed in young and older adults. It is a significant contributor to a subset of serious mental illness cases including psychosis and mood disorders.<sup>10</sup> Our California cannabis industry has migrated almost exclusively to ultra-high potency products that have doubled the rate of addiction and vastly increased serious adverse effects including cannabis induced psychosis and schizophrenia, depression and suicidality.<sup>11</sup> One in ten young American adults is now using cannabis daily or near daily, triple rates of daily use in the early 1990s. The ten-fold increase in potency of flower<sup>12,13,14</sup> and the proliferation of industrialized high potency extracts like shatter, resins and waxes has more than doubled the risk of developing cannabis use disorder compared to twenty years ago, now reaching 20-25% of those who use cannabis.<sup>15,16,17</sup> These trends have also been associated with greatly increased risk of developing psychosis or schizophrenia, by as much as 3-5 fold with daily use, or daily use of products with more than 10%THC, respectively.<sup>18,19</sup> In 2022, past month cannabis consumers were almost four times as likely to report daily or near daily use (42.3% vs. 10.9%) and 7.4 times more likely to report daily use (28.2% vs. 3.8%) as alcohol consumers.<sup>20</sup> It is now very difficult to find traditional lower potency cannabis in California retailers. The industry has intransigently fought measures to make products safer and less addictive or attractive to youth, as well as to inform consumers of risks.

In Northern California, including the Santa Cruz area, our own research with Kaiser

---

<sup>10</sup> Starzer MSK, Nordentoft M, Hjorthøj C. Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis. *Am J Psychiatry*. 2018 Apr 1;175(4):343-350. doi: 10.1176/appi.ajp.2017.17020223. Epub 2017 Nov 28. Erratum in: *Am J Psychiatry*. 2019 Apr 1;176(4):324. doi:

<sup>11</sup> [Report of the California High Potency Cannabis Scientific Committee to the California Department of Public Health](#). October 30, 2024.

<sup>12</sup> ElSohly MA, Ross SA, Mehmedic Z, Ararat R, Yi B, Banahan BF 3rd. Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980-1997. *J Forensic Sci*. 2000 Jan;45(1):24-30. PMID: 10641915.

<sup>13</sup> Freeman TP, Craft S, Wilson J, Stylianou S, ElSohly M, Di Forti M, Lynskey MT. Changes in delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) concentrations in cannabis over time: systematic review and meta-analysis. *Addiction*. 2021 May;116(5):1000-1010. doi: 10.1111/add.15253. Epub 2020 Nov 7. PMID: 33160291

<sup>14</sup> Geweda MM, Majumdar CG, Moore MN, Elhendawy MA, Radwan MM, Chandra S, ElSohly MA. Evaluation of dispensaries' cannabis flowers for accuracy of labeling of cannabinoids content. *J Cannabis Res*. 2024 Mar 9;6(1):11. doi: 10.1186/s42238-024-00220-4. PMID: 38461280; PMCID: PMC10924369.

<sup>15</sup> Leung, J., Chan, G. C., Hides, L., & Hall, W. D. (2020). What is the prevalence and risk of cannabis use disorders among people who use cannabis? A systematic review and meta-analysis. *Addictive behaviors*, 109, 106479

<sup>16</sup> Feingold, D., Livne, O., Rehm, J., & Lev-Ran, S. (2020). Probability and correlates of transition from cannabis use to DSM-5 cannabis use disorder: Results from a large-scale nationally representative study. *Drug and alcohol review*, 39(2), 142-151.

<sup>17</sup> Hall, W., & Pacula, R. L. (2003). *Cannabis use and dependence: public health and public policy*. Cambridge university press.

<sup>18</sup> Di Forti M, Quattrone D, Freeman TP, et al. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. *Lancet Psychiatry*. 2019;6(5):427-436.

<sup>19</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington (DC): National Academies Press (US); 2017 Jan 12. PMID: 28182367.

<sup>20</sup> Caulkins JP. Changes in self-reported cannabis use in the United States from 1979 to 2022. *Addict Abingdon Engl*. 2024;119(9):1648-1652. doi:10.1111/add.16519

Permanente has shown that use during pregnancy, which is quite harmful, has doubled to 9%, 2012-2022, with major racial disparities, less present for other types of use. Use by black pregnant women rose from 20% to 28%. Use by Latina pregnant women has doubled from 5.7% to 10.4%, a group that has traditionally had low rates and better neonatal outcomes. Use by Asian pregnant women, although with the lowest rates, still tripled from 0.7% to 2.4%.<sup>21</sup> This is associated with adverse maternal outcomes like gestational hypertension and preeclampsia, and harm to the exposed newborn including low birth, weight, prematurity and NICU use, and is associated with long term developmental harms to the exposed infants.<sup>22,23</sup>

Opening onsite consumption lounges creates new social environments that will further normalize cannabis use and dependency, aggravating these concerning trends. Typically, lounges have a line-up of dab rigs which provide the highest potency products of all, often to those who are dependent. Workers are inevitably exposed to secondhand cannabis smoke. If a worker is a woman of reproductive age who becomes pregnant, so too will her child be exposed.

Proposals such as AB1775, the 2024 Cannabis Café bill, opened the door to allow on-site consumption lounge operators to operate smoke-filled cannabis restaurants and clubs, twenty-five years after our state ended tobacco smoke filled restaurants and clubs. Your county will face constant pressure to allow such businesses, which will increase the number of exposed workers and patrons and the typical length of stay in a lounge.

In addition to health risks for employees and customers, we are concerned that allowing social consumption of cannabis at cannabis consumption lounges or licensed special events will increase the possibility of intoxicated driving accidents in Santa Cruz County.<sup>24,25</sup> This is particular concern when it comes to the use of cannabis edibles, which can take a few hours after being consumed before having their full effect but is relevant to all consumption outside of the home. Shouldn't policies that inevitably lead to more people driving while high on the streets of Santa Cruz be avoided? This too generates costs to law enforcement and health care and tragedies for families. While the proposed ordinance

---

<sup>21</sup> Young-Wolff KC, Chi FW, Lapham GT, Alexeeff SE, Does MB, Ansley D, Campbell CI. Changes in Prenatal Cannabis Use Among Pregnant Individuals From 2012 to 2022. *Obstet Gynecol*. 2024 Aug 30. doi: 10.1097/AOG.0000000000005711. Epub ahead of print. PMID: 39208448.

<sup>22</sup> Young-Wolff, K. C., Adams, S. R., Alexeeff, S. E., Zhu, Y., Chojolan, E., Slama, N. E., Does, M. B., Silver, L. D., Ansley, D., Castellanos, C. L., & Avalos, L. A. (2024). Prenatal Cannabis Use and Maternal Pregnancy Outcomes. *JAMA internal medicine*, 184(9), 1083–1093. <https://doi.org/10.1001/jamainternmed.2024.3270>

<sup>23</sup> Avalos LA, Adams SR, Alexeeff SE, Oberman NR, Does MB, Ansley D, Goler N, Padon AA, Silver LD, Young-Wolff KC. Neonatal outcomes associated with in utero cannabis exposure: a population-based retrospective cohort study. *Am J Obstet Gynecol*. 2024 Jul;231(1):132.e1-132.e13.

<sup>24</sup> Wilson, F. A., Stimpson, J. P., & Pagán, J. A. (2014). Fatal crashes from drivers testing positive for drugs in the U.S., 1993-2010. *Public health reports (Washington, D.C. : 1974)*, 129(4), 342–350. <https://doi.org/10.1177/003335491412900409>

<sup>25</sup> Elvik R. (2013). Risk of road accident associated with the use of drugs: a systematic review and meta-analysis of evidence from epidemiological studies. *Accident; analysis and prevention*, 60, 254–267. <https://doi.org/10.1016/j.aap.2012.06.017>

sought incompletely to address delayed edible effects it did not address other high potency products.

Furthermore, under Proposition 64, on-site consumption is limited to the physical premises of a licensed retailer, **sales of cannabis cannot be authorized at remote locations from a licensed premise** as is being discussed. “a local jurisdiction may allow for the smoking, vaporizing, and ingesting of marijuana or marijuana products on the premises of a retailer or microbusiness licensed under this division.” Furthermore, marijuana consumption cannot be visible from any public place or non-age restricted area.

Cannabis advocates will seek to frame this as an equity issue, but this is largely false opportunism. First, most retailers are not equity licensees, they are profit-making businesses just like any of the restaurants where smoking is not allowed today. And rather than food they specialize in sale of an addictive substance. It is not the Board’s obligation to maximum their profits at the expense of the health of the community. Any increased tax revenues will be offset by the cost of increased addiction, mental health and physical health issues. Disparities in consumption can exacerbate existing health disparities in vulnerable groups, especially these at risk for mental health issues, such as LGBTQ youth, those under age 26 whose brains are still developing, and other subsets at greater risk.

Whatever increased in cannabis tax revenue may occur will be offset by increased social costs to families and to the county including road injuries, cannabis-triggered psychosis and schizophrenia, other mental health harms, and children with consequences of perinatal exposure. It’s simply not worth it.

Lastly, these policies are not necessary to have a thriving legal cannabis retail sector in Santa Cruz. Statewide the number of licensed retailers has grown steadily. Of course, some fail. That is normal. Most new restaurants do not last 5 years or even one and we cannot realistically expect all cannabis retailers to succeed, nor is it government’s role to expose workers to harmful smoke to make sure they succeed.

Rather than allowing harmful on-site consumption lounges, the County can take other important steps to help its cannabis retailers succeed by: a) first by not licensing too many, so that those which are licensed are not competing in a race to the bottom of low prices and aggressive advertising (we recommend no more than 1 storefront per 20,000 residents and not too many delivery companies); b) by effectively enforcing against the illicit market, and c) by taking legal and enforcement steps to end the sale of illegal

intoxicating hemp products in Santa Cruz, which are often unsafe synthetic compounds which compete with legal cannabis. These steps would provide real relief to legal cannabis operators while also protecting public health and youth. Furthermore, vast overproduction of cannabis has lead to plummeting prices, and reduced profitability for retailers. Further increasing licensed cultivation through increased canopy, etc, may further exacerbate that problem.

### **Summary of Recommendations:**

- Do not allow on-site consumption lounges or on farm consumption or sale
- Do not allow sale outside of licensed retailers (e.g. farms, produce stands, etc)
- To assist the legal cannabis industry consider instead rigorous enforcement against intoxicating hemp and the illicit cannabis industry, and limiting the number of retailer licenses issued.

If onsite consumption is allowed, these should be places where people can smoke cannabis, but which do not promote normalization of cannabis use or driving while high:

- Limit the number of lounges to 3
- Require distances of at least 1500 feet from schools, colleges and universities for both on-site consumption and farm operations
- Limit edibles to one 10 mg dose per person per day
- Do not allow dabbing
- Do not allow sale for on-site consumption (or at all) of flower > 25% THC, THC infused pre-rolls, or concentrates (including vapes) with >60% THC and require lower potency options be available (California high-potency cannabis report recommendations)
- Do not allow food service or entertainment where on-site consumption is allowed since it is clearly impossible not to require employees to enter the areas as the ordinances claims will be the case if these services are provided.
- Do not allow farms to sell any product other than flower for either sale or on-site consumption (the ordinance language mentions food grade products)
- Add language prohibiting tobacco sales or consumption at all on-site lounges (tobacco and alcohol sales are prohibited at retailers by law but while alcohol consumption is mentioned tobacco consumption is not.)



Cannabis is no ordinary commodity. It should not be treated as such. No one should go to jail for its possession, but no one should land in the hospital or be exposed to its smoke keep their job. Our public policies should prioritize public health over cannabis industry profits. These proposals do not. Thank you for your consideration of our views on this important matter.

Respectfully,

Lynn Silver, MD, MPH, FAAP  
Director, Getting it Right from the Start  
Public Health Institute  
[lsilver@phi.org](mailto:lsilver@phi.org), +1 917-974-7065