

## Real compassion requires real medicine.

The Commonwealth will be voting on Question 3 in November. If passed, Question 3 would set up an extensive system of marijuana storefronts in our state, allow people to grow marijuana in their homes and apartments, and provide a defense to those carrying hundreds of joints under the guise of medicine. It is anticipated that the details and loopholes in the proposed law would lead to widespread marijuana abuse, particularly among youth in the Commonwealth. It is for this reason, a diverse range of state representatives, ranging from Dorchester Democrat Martin Walsh to Sandwich Republican Randy Hunt, have joined a broad and growing coalition of people and organizations to oppose Question 3.

Specifically, the law would:

### **Set up 35 marijuana retail stores throughout Massachusetts**

This number could increase in future years. These stores would be owned and operated by anyone 21 years old or older and would sell marijuana ice cream, candy, cookies, joints, and other items. There is no requirement in the law to have a physician or licensed pharmacist on site.

### **Allow people to grow marijuana in their home**

Your neighbor could grow marijuana plants in their backyard, on their veranda, in their window flower boxes. Your children's friends could have marijuana growing in their home study, bathroom or garage.

### **Allow people to carry up to a 60-day (2 month) supply of marijuana on their person**

A daily dose is undefined in the law. If a daily dose is two joints (most likely it will be more like three to five joints, or 3 marijuana infused brownies), this means a person could have as many as 120 joints (or brownies) on their person or transport this amount of marijuana in their vehicle. Large amounts of marijuana could be issued, possessed and protected under the guise of "medicine."

### **Allow virtually anyone to obtain marijuana**

The proposed legislation lists a few specific conditions for which marijuana can be obtained, but then opens it up to **"other conditions as determined in writing by a qualifying patient's physician."** This is the loophole that is promoting widespread pot use in other states that have passed this type of law – the chronically ill are not the people using existing state programs. In fact, in these programs, less than 5% of people list cancer, HIV/AIDS, or glaucoma as reasons for obtaining marijuana. Studies show the average medical marijuana user is a 32-year old white male with a history of drug and alcohol abuse and no history of life-threatening illness.

### **Increase Marijuana Use Among Youth**

Since decriminalization passed in 2008, Massachusetts has seen a considerable rise in youth marijuana use; rates are now 30% higher than that of the nation.<sup>1</sup> Currently, one in three teenagers use marijuana regularly in the Commonwealth. A 2012 study shows that among adolescents in substance abuse treatment in Denver, Colorado, 74% had used someone else's medical marijuana a median of 50 times<sup>2</sup>. Major studies by researchers at Columbia University and elsewhere have found that states with "medical" marijuana had marijuana abuse/dependence rates almost twice as high than states without such laws.<sup>3,4</sup>

### **Massachusetts organizations that oppose Question 3, include:**

Massachusetts Medical Society, Worcester District Medical Society, Center for Adolescent Substance Abuse, Research at Children's Hospital - Boston, Massachusetts Organization for Addiction Recovery, Massachusetts Prevention Alliance, Massachusetts Major City Police Chiefs Association, Needham Board of Health, Massachusetts Family Institute, and Healthy Outcomes Incorporated.

### **Organizations that do NOT support the use of marijuana as medicine, include:**

American Medical Association, American Society for Addiction Medicine, American Academy of Pediatrics, National Multiple Sclerosis Society, The American Glaucoma Society, The American Academy of Ophthalmology, The American Cancer Society

*Retail pot shops, increased street supply, growing rates of teen use and addiction, crime, community decay, drugged driving and violation of federal law are compelling other states with "medical" marijuana laws to reverse course. In July, Los Angeles' City Council made the unanimous decision to shut down all of its dispensaries. Let's not join the states that are now spending enormous resources to address the legal conflicts, addiction and exploitation that Question 3 would promote. Real compassion means real medicine determined through scientific process. Drugs should not circumvent the rigorous study, clinical trials and research that determines what true medicine is, and they should be dispensed properly through our pharmaceutical system. Anything less puts our public at risk and results in unforeseen, unintended consequences that are harmful to people and the communities in which they live.*



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1. CDC, Youth Online, High School YRBSS, <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>
2. Salomonsen-Sautel, S et al (2012). Medical Marijuana Use Among Adolescents In Substance Abuse Treatment, Journal of the American Academy of Child and Adolescent Psychiatry, Vol 51, Issue 7, pp 694-702
3. Cerda, M. et al. (in press). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. Drug and Alcohol Dependence. Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>
4. Wall, M. et al (2011). Adolescent Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, Annals of epidemiology, Vol 21 issue 9 Pages 714-716.