

NOTES from

B-CASA *Coffee and Conversation*

UNDERSTANDING PROPOSED MARIJUANA LAWS:

The Pros and Cons & How They Might Affect Our Teens

Thursday April 26, 8 a.m. – 10:00 a.m.

Brookline High School, Martin Luther King Room

Massachusetts currently is considering changes to the existing marijuana laws. This B-CASA community “Coffee and Conversation” breakfast was designed to highlight the issues regarding the impending legislation and what the implications might be for our youth, for whom marijuana is already the most widely used illegal drug.

Moderator Karen Campbell (B-CASA/B-PEN) set the tone for the event with the following introduction.

“One of B-CASA’s primary missions is to reduce teen substance abuse, and that includes marijuana, which can have a pronounced impact on the development of the adolescent brain. But today’s presentation is not about advocacy or action, it’s about information. Today, we are here to learn. Our main objective is to clarify two streams of marijuana legislation that are pending in Massachusetts – the Tarr Bill and bills surrounding medical marijuana. None of these are no-brainers. They are not black and white issues, but complicated and nuanced, with implications not just for teens, but for all of us, and that’s what we’re hoping today’s speakers will help clarify. What are the factors we need to consider?”

“We would like to ask you to keep this get together as fact-based as possible, saving high passion, strong opinion and inflammatory rhetoric for other kinds of occasions. This is not a debate, and consensus is not the goal, but rather a chance to learn some of the ins and outs of these complex issues. We can then process all this information into our own individual, well-considered positions.”

Brookline Health Department intern Holly Caresky presented recent results from Brookline’s *Youth Risk Behavior Survey* on teen access and perception of harm regarding marijuana. She highlighted statistics showing that marijuana use among teens in Brookline is higher than the national average and on the increase, despite decreased rates of alcohol use. She reinforced that parental disapproval made a huge impact on limiting use.

Detective Sean Connors (Healthy Gloucester Collaborative, Boston’s Task Force 2), whose input has been instrumental in shaping the MA Senate Bill legislation Senator Bruce Tarr is proposing, spoke on The Tarr Bill. This proposal addresses some of the problems caused by the recent decriminalization of marijuana with the aim of making it on par with alcohol for those under 21.

He believes that the 2008 bill to decriminalize marijuana failed youth by not considering how it would impact youth perception of marijuana’s risks -- they think its ok and legal to use, and many parents do as well. Marijuana is big business, currently selling for \$900 - \$5000 a pound. We need more education on the issue.

With the current law, offenders 18 or older pay a civil penalty of \$100. First offenders under the age of 18 must complete a drug awareness program within one year and pay a civil penalty of \$100. If the program is not completed, the fine can jump to \$1000. However, the law is not enforceable because youth are not require to show ID’s and there are no mechanisms in place to monitor compliance. In many cases, the counseling programs are not offered, and the police are not ticketing, but letting

offenders off with a warning. It was noted that Brookline does have a marijuana diversion program in place.

The proposed new law aims to provide some leverage for intervention and treatment for those under 21, but with flexibility to keep infractions off teens' records so that it won't hinder college or military service. It would keep the intent of the 2008 ballot measure and not impose any criminal penalties on those over 21, but add the following:

- DA's would have flexibility in using diversion and treatment programs in lieu of prosecution.
- First offenders could have the case dismissed and records sealed upon completing a pretrial probation.
- For those under 21, possession of an ounce or less of marijuana would carry the same punishment as underage alcohol possession.
- First offense conviction would carry a fine of \$100 and a loss of license for 90 days for underage youth who do not complete the program.
- Subsequent offenses could carry a fine up to \$150 and 90 day loss of license.

Amanda Rositano, Staff Director for the office of Brookline State Rep. Frank Smizik, spoke about her work over the last three years with Rep. Smizik to craft medical marijuana legislation in Massachusetts that could benefit suffering patients but maintain proper safeguards and regulations to prevent abuse and fraud. Rep. Smizik obtained signatures from more than 1,200 licensed Massachusetts doctors on the principle that: "Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to criminal sanctions for using marijuana under the recommendation of their physician." The legislation he currently is crafting proposes to legalize medical marijuana, but with strict regulations that take into account the best practices of the 16 medical MJ programs in other states. He personally met with dozens of seriously ill patients who find relief only in medical MJ for problems ranging from the nausea of chemotherapy to the debilitating muscle spasms of MS, hearing that other drugs are too harsh or not effective. Most of those who have used medical MJ have the approval of their doctors, who confirm its efficacy.

Under the legislation filed by Rep. Smizik (which is different than the currently proposed ballot initiative), medical marijuana use would be approved only for specific list of debilitating conditions, with a framework for implementation and strict regulation through DPH. Dispensaries would be limited to 19 total throughout the state (unlike thousands in some other states --the ballot proposal suggests 35.) These would be considered non-profit treatment centers vetted by background checks, proper registration, and a strict distribution system to eliminate profit seekers. The initiative also includes multiple layers of regulations to prevent abuse and youth access. Penalties for fraud and misuse/non-medicinal use would go beyond what is currently in place. Under both proposals, medical MJ would be overseen and regulated by public health departments through an ID card system.

The proposal is based on decades of research showing MJ's positive effects on a variety of condition, documented in over 20,000 scientific studies. Rositano claims, however, that due to political pressure, the federal government continues to ignore these findings in classifying MJ as a Schedule 1 drug (no medicinal value and potential for abuse).

Two years ago, the American Medical Association recommended a change of classification for marijuana, but the issue is a Catch 22 -- federal officials say MJ is not medicine, so it can't approved as such, but the classification prohibits the kind of testing that could bolster its acceptance medicinally. It could be viewed as a medicinal herb -- the FDA doesn't legislate other medicinal herbs, like Echinacea.

Proposal advocates do not condone youth use of med MJ, but studies have found that in many states, there has been an actual decrease in youth use and greater perception of risk following the approval of medical MJ, perhaps to increased penalties for misuse and greater enforcement.

Heidi Heilman, President and founding member of MAPA (Massachusetts Prevention Alliance) and Director of the Wayland Prevention Coalition, spoke about MAPA's initiatives to defeat legalization of marijuana in Massachusetts. She contends that "HB3885 – An Act for the Humanitarian Medical Use of Marijuana" will promote widespread use and abuse and put youth further at risk of marijuana access and abuse. (The bill is currently in Joint Committee on Public Health. If it receives a favorable vote it will then go to Ways and Means before seeking approval in the Senate and the House. If it fails or is put to study, the proposed legislation will go before the Massachusetts voters through a ballot question in November).

Heilman's main objections are that the ballot question (which is similar to Rep. Smizik's proposal):

- Allows for at least 35 pot dispensaries in the first year – five in each county – a number that could increase in future years.
- People with a medical MJ card would legally be allowed to carry a 60-day supply on their person, but the exact amount (daily dosage) is not defined in the legislation.
- Allows people to legally grow marijuana in their own homes.
- Anyone with a self-diagnosed pain or other condition as determined in writing by a qualifying patient's physician would be allowed to be a medical marijuana card holder.
- Marijuana-based products would be sold as medicine – foods, oils, ointments, candy such as cheebachews, ice cream, fudge and brownies.
- Mass Dept. of Health would be charged with evaluating/overseeing dispensaries, registration and operation of the system – a lot to monitor by a highly under-funded agency. It also puts the agency and its employees in violation of federal law.
- Over 100 studies are in place to get products like Marinol (a mj-based pain med. already on the market widely prescribed) and other drugs researched and tested so that the benefits MJ offers can be safely administered (like in a pill, not smoked).
- Medical MJ could decrease the perception of marijuana as harmful and increase access for teens -- Denver kids say their no. 1 source of MJ is medical MJ card holders.
- Peter Lewis, a billionaire who lives in Florida, bank rolled the \$500,000 needed for the patient advocacy group in MA to get the legislation on the November ballot. He is a strong proponent of MJ legalization and funds initiatives in states all over the country that work to repeal the prohibition on MJ.
- Smoked marijuana is in violation of smoke-free environments.

Additional information via questions –

Why a growing provision? Access could be a problem for many patients, if only 19 dispensaries. But through Rep. Smizik's proposal, there would be very strict regulations around personal growing, with a limit on plants in an enclosed secure facility.

Why only through dispensaries, not pharmacies? Without FDA approval as medicine, MJ cannot be distributed through pharmacies. FDA determined that raw MJ is not the best way to distribute the chemicals in MJ that provide therapeutic relief, preferring synthetic substances and pills such as marinol, sadavex that wouldn't be smoked, although there are other delivery systems – vaporization, teas, etc.

MAPA sees this as a way to circumvent the FDA process, with too many loopholes and details to be safe.

How many conditions are on list – fears include that medical MJ would be used not just by the very ill. Around a dozen conditions are on Smizik’s current proposal, all serious conditions that have been studied extensively. According to Rositano, for other conditions to be added to the list, a strict process through public health department would have to be followed. MAPA contends that the list is too broad.