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September 20, 2016

Dear Public Health Colleagues,

As local public health officials and as residents of the Commonwealth it is vital that we understand the details on ballot question #4. This is not just a vote about legalizing marijuana, but about creating a large profitable business that negatively affects the public's health. In 2008, possession of an ounce of marijuana was decriminalized meaning that police could not arrest anyone for having this amount of marijuana, essentially legalizing small quantities. Just like with Big Tobacco, there is Big Marijuana, a profit driven industry that preys on our youth as customers. As public health officials, we need to look at the science and not the hype, and work to inform our communities.

- **Marijuana can be addictive.** The earlier someone begins using marijuana, the higher their risk of addiction -- one in six users who start under age 18 become dependent; 25-50% of teen heavy users become addicted.¹
- **Marijuana today is not the marijuana of the 1970s.** Highly concentrated marijuana products available today range from 5 to 85% THC (the psychoactive part of marijuana). High potency marijuana, often in the form of candies, cookies, sodas, and hashish concentrates (e.g., budder, wax, honey oil, shatter), are more likely to be associated with addiction and the negative health consequences in young people seen in recent years.²
- **Marijuana use has long-term negative consequences for kids.** According to studies by the National Academy of Sciences and other organizations, marijuana use by adolescents can impair brain development, reduce academic success, impact long-term career growth, and even lower IQ. Marijuana is associated with long-term health risks, including increased susceptibility to mental health issues (e.g., paranoia, depression, suicidal thoughts, and schizophrenia) and heart attacks.^{3,4,5,6,7,8,9,10}
- **Marijuana use/dependency is associated with addiction to other drugs.** In a prospective study, marijuana use was associated with a 6.2 times (620%) higher risk of developing any substance use disorder. The younger marijuana is used, the higher the rates of addiction to marijuana and to other drugs, including opioids.^{11,12}

Commercialization of marijuana will result in increased access to marijuana by youth. This coupled with decreased perception of harm associated with marijuana use as a result of the "normalization" of marijuana products, including candies, cookies, and sodas, will increase the likelihood that MA adolescents will use marijuana.

We need to also look at the experiences from other states such as Colorado.

- **Where marijuana is legal, young people are more likely to use it.** Since becoming the first state to legalize, Colorado has also become the #1 state in the nation for teen marijuana use. Teen use jumped 20% in Colorado in the two years since legalization, even as that rate has declined nationally.^{13,14,17}
- **Colorado saw a 49% increase in marijuana-related emergency room visits during the two years after marijuana was legalized (2013-14) compared with the two years before.** High potency edible products have also been associated with negative consequences for adults who may fail to pay attention to serving sizes, leading to overexposure to marijuana.^{14,15,16,17}

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- **Colorado has seen an increase in traffic deaths caused by operators testing positive for marijuana.** Since 2013, marijuana-related traffic deaths have increased 62%.^{14,16, 17}
- **Increase in accidental marijuana use by young children.** According to data from the National Poison Data System, accidental exposure to marijuana among children under 6 years old has been on the rise. Marijuana infused products such as gummy bears, candy bars and “cannabis cola” are often indistinguishable from traditional products and attractive to children, placing them at significant risk of accidental use.^{14,16, 17}

This is not only a debate around legalizing marijuana, but about question 4 which also restricts local control.

- **Severely limits municipalities’ (and the state’s) ability to limit the nature and presence of the marijuana industry in their communities.** Ballot question 4 potentially invalidates any state or local rule deemed “unreasonably impracticable.” Municipality must allow marijuana retail businesses in an amount at least 20% of the number of alcohol package stores – unless voters pass an ordinance or bylaw by majority vote. 94G, s. 3(a)(2)(ii).
- **Sets no limit on the number of stores that can sell marijuana statewide or number of operations to grow or manufacture marijuana and marijuana products.** As written, ballot question 4 prohibits communities from enacting meaningful numerical caps on the number of marijuana stores (or types of marijuana businesses) except if explicitly authorized by special city/town referendum.
- **Mandates that communities must allow retail marijuana stores to open in any “area” that already has a medical marijuana dispensary.** Additionally, it grants existing medical marijuana facilities the right to enter the recreational market at the same location—i.e. convert their dispensary into a “pot shop.” If ballot initiative is enacted in November, then any existing or future medical dispensary is guaranteed cultivation, manufacturing and retail licenses for recreational sales until a 75 quota is reached. Ballot initiative SECTION 10 and 11.

We are the boots on the ground when it comes to disease prevention. I encourage you to inform your Boards and your residents so they clearly understand what voting on question #4 is really about.

Thank you,

Derek Fullerton
President

¹Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings From the National Comorbidity Survey,” Experimental and Clinical Psychopharmacology, 1994; ²Potency trends of Δ9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008, *J Forensic Sci.*, 2010; ³Persistent cannabis users show neuropsychological decline from childhood to midlife, *Proc Natl Acad Sci U S A.*, 2012; ⁴Impact of adolescent marijuana use on intelligence: Results from two longitudinal twin studies,” Proceedings of the National Academy of Science of the United States of America; ⁵Cannabis use and depression: a longitudinal study of a national cohort of Swedish conscripts, *BMC Psychiatry*, 2012; ⁶Marijuana Use and High School Dropout: The Influence of Unobservables, *Health Econ.*, 2010; ⁷Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study, *The Lancet Psychiatry*, 2015; ⁸Daily use, especially of high-potency cannabis, drives the earlier onset of psychosis in cannabis users, *Schizophrenia Bulletin*, 2014; ⁹Marijuana use in the immediate 5-year premorbid period is associated with increased risk of onset of schizophrenia and related psychotic disorders, *Schizophrenia Research*, 2015; ¹⁰Adverse cardiovascular, cerebrovascular, and peripheral vascular effects of marijuana inhalation: what cardiologists need to know, *Am J Cardiol.*, 2014; ¹¹Cannabis Use and Risk of Psychiatric Disorders: Prospective Evidence From a US National Longitudinal Study, *JAMA Psychiatry*, 2016; ¹²Young adult sequelae of adolescent cannabis use: an integrative analysis, 2014; ¹³20 percent increase in youth marijuana use,” WSAV, 1/13/2016; SAMHSA *National Survey on Drug Use and Health*, December 17, 2015; ¹⁴“The Legalization of marijuana in Colorado: The Impact,” Rocky Mountain High Intensity Drug Trafficking Area, September 2015; ¹⁵“Marijuana Tourism and Emergency Department Visits in Colorado,” *The New England Journal of Medicine*, 2/25/2016; ¹⁶“The Implications of Marijuana Legalization in Colorado,” *Journal of the American Medical Association*, 2015; ¹⁷“The Legalization of marijuana Fact Sheet Version: September 2016