

FALL 2012



"TODAY'S HEALTHY CHOICES ARE TOMORROW'S HEALTHY OUTCOMES"

The Future of Marijuana

This year, voters will be asked to decide the fate of marijuana in Massachusetts. There are two distinct sides on this topic. The PRO side is funded by a handful of billionaires who want marijuana to be the next big industry in our country. The CON side has little funding because prevention relies on grant money that has been cut back since 9/11. Money is important for a successful campaign. But for the voting process to be fair, every voter needs to know all the facts.

Teen Marijuana Use

The annual Partnership Attitude Tracking Study (PATS), released in late April 2012, showed that past-month use of marijuana rose from 19 percent in 2008, to 27 percent in 2011. Two out of every five teens (39 percent) have tried marijuana in the past year, up from 31 percent in 2008. Nearly one in 10 teenagers smoke marijuana at least 20 times a month, an increase of 80% since 2008.

Three-quarters of teenage patients in drug treatment in Denver, Colorado where "medical" marijuana was legalized in 2000, said they used someone else's medical marijuana, according to a new study published in the Journal of the American Academy of Child and Adolescent Psychiatry .

Since Massachusetts decriminalized marijuana in a 2008 ballot vote (the law took effect in January 2009), our state has seen a rise in youth marijuana rates. According to the 2011 Massachusetts Youth Risk Behavior Survey, the lifetime use of marijuana (have you ever used marijuana?) and the current use (have you used marijuana in the past month?) has begun to increase again after many years of steady decline.

This shows us that prevention efforts in Massachusetts were working until the vote to decriminalize marijuana.

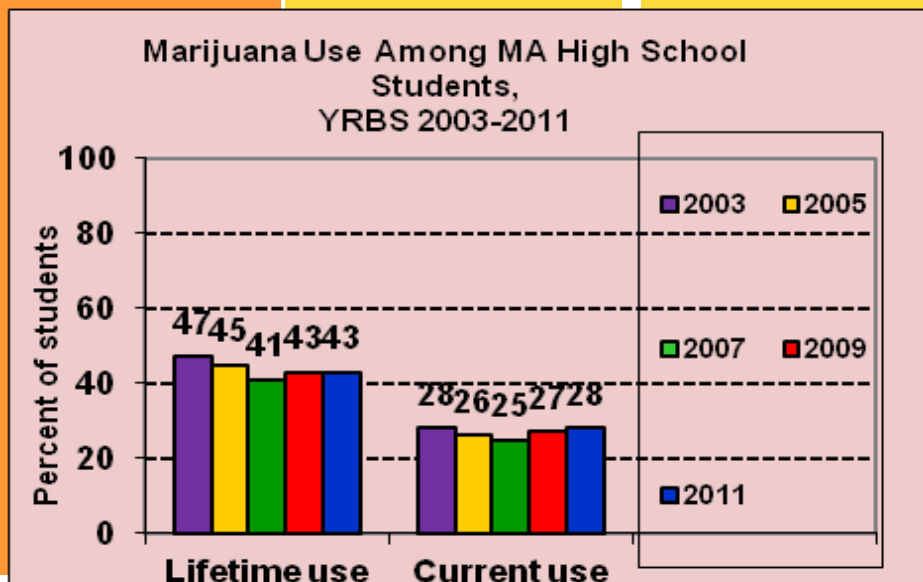
Why are we seeing this rise in teen marijuana use? Surveys show that teen perception of harm from marijuana use has been dropping since states have begun legalizing marijuana for self-proclaimed medical use. The general perception is that medicines are safe, therefore if some states consider marijuana to be medicine, then marijuana must be safe.

Driving Under the Influence

Rates of alcohol-impaired driving or "drunk driving" have dropped over the past decade in part due to messages from law enforcement and Mothers Against Drunk Driving (MADD). But most people are not aware that drug-impaired driving is on the rise.

The National Highway and Traffic Safety Administration reports that on any given weekend in this country, more people drive under the influence of drugs than alcohol. In fact, their study of 48 contiguous states found that of drivers who were tested for drugs and alcohol, 2.2% were driving over the legal limit of alcohol but 16.3% tested positive for drugs.

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The Future of Marijuana (cont.)

DUI means “Driving Under the Influence of drugs and/or alcohol”. It is illegal to drive after smoking marijuana or while smoking marijuana. A recent survey asked high school students where they most commonly smoke marijuana. The most common place reported was in the car. Teens and adults may be unaware that driving under the influence of marijuana is illegal even in states that have passed a law legalizing its use for so-called medical reasons. This is because marijuana impairs reflexes, coordination, and vision. Regardless of the amount possessed by the driver, if a driver is “high”, the driver will be arrested for DUI.



Natural Medicine

Marijuana is a plant and thus natural versus man-made drugs in a laboratory. But the marijuana plant contains more than 60 different drugs. One of the drugs found in marijuana, delta-9-tetrahydrocannabinol (THC), makes people feel “high” when they smoke it. Some people believe that the THC in marijuana helps cancer patients deal with the nausea and loss of appetite caused by chemotherapy; helps relieve the pressure inside the eye caused by glaucoma; relieves the pain of migraine headaches; and helps with other ailments. But there has not been enough research to confirm if THC is solely responsible for easing symptoms, or another drug found in the plant.

Plants have been used for medicinal purposes for centuries.

But today the drugs are extracted from plants and made into medicine. Aspirin is derived from willow tree bark. When a doctor tells a patient to take two aspirin, the doctor is not recommending that the patient chew on tree bark.

Atropine, used for some heart problems, is made from the deadly nightshade plant. Codeine and morphine, prescribed for pain relief, are made from the opium poppy plant which also gives us the illegal drug, heroin. Digitoxin, prescribed for heart problems, is made from the lovely foxglove plant which is poisonous if eaten. Scopolamine is used for motion sickness and derived from the hallucinogenic Jimson Weed. Ephedrine and pseudoephedrine for the relief of cold symptoms is made from ma-huang which causes heart attacks and stroke in high doses.

All of these drugs were extracted from plants then tested for their effectiveness, safety and dosage. Once properly tested, the drugs were formulated into medications such as oral pills, transdermal patches, or injection liquids that can be easily manufactured for consistency of quality and dosage. Marijuana has not yet been adequately tested like all of our other medicines.

Official Medical Opinion

The American Medical Association (AMA) is the largest medical association in the country. Its mission is to promote medicine for the betterment of public health, to advance the interests of physicians and their patients, to lobby for legislation favorable to physicians and patients, and to raise money for medical education. The AMA released a formal position statement that more “adequate and well-controlled studies of marijuana and related cannabinoids are needed” and marijuana’s status as a Schedule I controlled substance should be

“reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods”. In other words, we need to reclassify marijuana to make it more readily available to scientists and conduct much needed research before deciding how to use marijuana for medical purposes.

The AMA goes on to say that their statement “should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product”. Since smoking is unhealthy and linked to disease, the AMA recommends the “development of a smoke free delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana”.

Medical experts are interested in research on the marijuana plant before they will consider marijuana as a medicine. This research is needed to determine which cannabis chemicals are effective for specific ailments; to determine safe doses for patients of all ages; to test for possible side effects that doctors need to monitor; and to design a formula that will allow patients to receive the drug without the harmful effects of smoking.



Cannabinoid-Related Medications

Legalization of marijuana for use in “medical” situations may not be necessary. Currently there are several legal, synthetic forms of THC used as prescription medicines.

Pharmaceutical drugs have been developed with similar chemicals as those found in the marijuana plant. Some researchers have used their understanding of how the brain processes cannabinoids to develop drugs which follow the same pathways as marijuana. Marinol and Dronabinol contain man-made THC and are widely prescribed by doctors to relieve the nausea and vomiting associated with chemotherapy for cancer patients and to assist with loss of appetite with AIDS patients. Nabilone, Cesamet, Cannabinor and Dexanabinol contain a synthetic drug similar to THC for those same purposes.

Sativex is the latest prescription cannabinoid medication and the only natural THC product developed from raw marijuana. It is a mouth spray that delivers a precise dose of chemical compounds derived from natural extracts of the cannabis plant.



Sativex contains two cannabinoids: THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol). It has been approved for medical use in the United Kingdom, Canada, New Zealand and eight European countries. Sativex is in advanced clinical trials in the U.S. and may see FDA approval by the end of 2013.

It is important to note that this formula is effective at delivering the medication without the “high” of smoking marijuana. In fact, the main difference

between all the above prescription drugs and marijuana is that the legal prescriptions do not include the “high”.

The FDA Standards for Medicines

American consumers benefit from having access to the safest and most advanced pharmaceutical system in the world. The U.S. Food and Drug Administration's Center for Drug Evaluation and Research (CDER) evaluates new drugs before they can be sold. The center's evaluation process makes sure that medications are safe for patients and provide doctors the information they need to use medicines wisely. CDER ensures that drugs, both prescription and over-the-counter, both brand-name and generic, work correctly and that their health benefits outweigh their known risks.

Drug companies seeking to sell a drug in the United States must first test the new drug. Before a drug can be tested in people, the drug company conducts animal tests to discover if it is likely to be safe and work well in humans. Next, a series of tests in people is begun to determine whether the drug is safe and provides a real health benefit.

Then the drug company sends CDER the proof that the drug is safe and effective for its intended use. A team of physicians, chemists, pharmacologists, and scientists reviews the company's data and proposed labeling. This review is independent and unbiased. If the review establishes that a drug's health benefits outweigh its risks, the drug is approved for sale.

Smoked marijuana has not been passed as safe by the FDA. The FDA has determined that “marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision”. Past evaluation of smoked marijuana by several Department of Health and Human Services agencies, including the Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), concluded that “no sound scientific studies

supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use”.

Until research has been completed and approved by the FDA that compounds in marijuana are safe and effective for medical use, marijuana can not be considered a medicine in this country. There is no legal, scientific or medical basis for the term “medical marijuana”.

Marijuana Dispensaries

In those states that have legalized marijuana for self-reported medical use, any resident can obtain marijuana for almost any symptom because the state laws are not written to confine marijuana only for the seriously ill. The wording of the laws list cancer, glaucoma and HIV but also list “any other illness” which leaves the law open to interpretation.

The process of obtaining marijuana in states with legal marijuana for self-proclaimed illnesses is fairly simple. First, patients need to find a doctor who will recommend marijuana. Since it is not a prescription drug, doctors can not prescribe marijuana, only recommend the use.

Most doctors do not recommend marijuana for their patients. In Oregon, only 10 doctors made recommendations for all the marijuana patients in the state. Doctors willing to recommend marijuana advertise to communities through billboards, flyers and the internet. Then patients take this written recommendation to a state marijuana dispensary.

Local pharmacies do not sell marijuana. Pharmacists and other medical professionals do not work at marijuana dispensaries. Their professional licenses can be revoked for breaking federal law by selling an illegal drug. The dispensary or “pot shop” requires a simple form to be completed. Then a “marijuana card” is issued by the state to patients which allows them to visit any pot shop and purchase a variety of strains of marijuana.

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HEALTHY OUTCOMES

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The Future of Marijuana (cont.)

Pot shops can sell marijuana to patients in large quantities. So-called “medical” marijuana laws state that patients can possess up to a 60-day supply. However, these state laws do not specify how much equals a 60-day supply. If a person claims to need 3 joints a day, and there is an average of 60 joints per ounce, that means a 60-day supply equals 3 ounces or 180 joints.

Marijuana is not the only thing sold in these pot shops. They also sell hashish, pot pipes, pot grinders, bong, and small pot plants to take home. These state laws allow people to grow their own marijuana plant if a person lives an inconvenient distance from a dispensary. That “inconvenient” distance is also not clarified in the state law.



Dispensaries also sell food laced with marijuana. Cookies, brownies, cakes, candy, sodas, all infused with THC are for sale. The pot shops usually offer customers a comfortable sitting area to relax and enjoy smoking marijuana and eating marijuana-laced food.

The Legalization of Marijuana

An important issue to clarify is that marijuana is an illegal, DEA-Schedule I controlled substance. That means that if every state in America passes a law allowing the legal use of marijuana for self-reported medical issues, marijuana will remain an illegal drug. The conflict between federal law that bans the use of marijuana, and state law that allows the use of marijuana, causes problems between our federal government and our state employees. In fact, the MA Department of Public Health will be mandated to oversee the marijuana dispensary program in our state if this law passes. Employees of the DPH will be subject to arrest for breaking federal law.

Companies that require drug testing because they have a drug-free workplace policy, will still be able to fire employees for failing their drug test even if they have a state marijuana card. More than 6,000 companies,

it is illegal to drive impaired by alcohol or drugs. If a person is disabled in a car accident where they were found to be driving under the influence of marijuana (DUI), their disability insurance is voided. Supreme Court cases have held up these statutes because marijuana is an illegal drug.

So why is there a movement to legalize marijuana to be used as a medicine instead of outright legalization? Is the United States ready for the legalization of marijuana?

A May 2012 poll shows rising support: 56% of voters polled said they would support legalizing marijuana.

Decriminalization laws and so-called “medical marijuana” laws have softened the public’s perception of marijuana. These laws were designed by highly paid marketing experts to dilute our concerns about marijuana. Studies prove that as the perceived risk in smoking marijuana increases, the rate of use decreases. Conversely, as perceived risk decreases, the use of marijuana increases.

In Massachusetts, we are now facing a very important decision that will affect our future and our children’s future. Your vote needs careful consideration.

Vote wisely.

