



Resolution To Protect Our Communities from the Marijuana Industry

SRSLY is a coalition of local community members dedicated to preventing destructive behavior in youth in the Chelsea, Dexter, Stockbridge, and Manchester school districts. The coalitions have drafted the following resolution with the goal of reducing youth access to marijuana and youth exposure to pro-marijuana messaging.

WHEREAS Gov. Rick Snyder signed three new Michigan state laws in September 2016 that add to the Michigan Medical Marijuana Act of 2008, including the Medical Marijuana Facilities Licensing Act, which authorizes applications for state operating licenses for medicinal marijuana facilities including growers, processors, provisioning centers, secure transporters and safety compliance facilities, beginning Dec. 15, 2017; and

WHEREAS local governments are *not* required by this law to allow medicinal marijuana facilities in their municipalities, but have the option whether to accept and regulate medicinal marijuana facilities and would need to adopt an ordinance to do so. Local governments that do not create such an ordinance effectively prohibit medicinal marijuana facilities in their jurisdictions; and

WHEREAS marijuana is still illegal under federal law under the Controlled Substances Act, which does not differentiate between medicinal and recreational marijuana use, and local governments who accept tax revenue from marijuana facilities, as well as organizations that accept donations from marijuana facilities, could be held liable under federal law; and

WHEREAS the National District Attorneys Association states that "state laws that authorize, license and regulate the possession, production, use and distribution of marijuana directly conflict with and are subject to preemption by federal drug laws that prohibit those same activities," and that the Department of Justice could decide to enforce these federal laws at any time²⁴; and

WHEREAS medicinal marijuana is a cash-only industry and banks open themselves up to government seizure by the Federal Deposit Insurance Corporation (FDIC) if they choose to accept money from a federally illegal act; and

WHEREAS for every \$1 gained from alcohol and tobacco tax revenues, \$10 is lost in legal, health, social, and regulatory costs¹; and

WHEREAS states that have legalized marijuana for medicinal use have seen an increase in marijuana-related traffic deaths¹⁶; and

WHEREAS marijuana is designated as a Schedule I drug under the Controlled Substances Act, for which the government states that the drug 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 of the drug or other substance under medical supervision³;" and

WHEREAS "currently accepted medical use" is defined as the drug's chemistry is known and reproducible, there are adequate safety studies, there are adequate and well-controlled studies proving efficacy, the drug is accepted by qualified experts, and the scientific evidence is widely available³; and

THE MEDICINAL MARIJUANA INDUSTRY IS NOT WELL REGULATED

WHEREAS the U.S. Food and Drug Administration has *not* approved any product containing or derived from botanical marijuana *for any indication*, meaning FDA has not found any such product to be *safe or effective* for the treatment of any disease or condition⁴; and

WHEREAS the FDA states that scientific studies using clinically-controlled trials are needed to assess the safety and effectiveness of marijuana for medicinal use⁴; and

WHEREAS the American Medical Association has called for more scientific research into the potential benefits and harms of medicinal marijuana, stating that this "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 product⁵."

WHEREAS the American Society of Addiction Medicine states that any type of medicinal marijuana "should be subject to the same safety and efficacy standards that are applicable to other prescription medications and medical devices. Such products should not be distributed or otherwise provided to patients unless and until they have received marketing approval from the FDA⁶;" and

WHEREAS doctors cannot legally prescribe marijuana for medicinal use, but must write a "recommendation" for a person to obtain a medicinal marijuana card, which does not restrict dosage or means of use; and

WHEREAS employees of medicinal marijuana dispensaries are not required to have any regulated level of education; this is unlike pharmacists, who are required to have a doctorate of pharmacy degree and be licensed by the Michigan Board of Pharmacy in order to dispense medicine; and

WHEREAS in Michigan and in other states with medicinal marijuana laws, 80% or more of users report using marijuana to treat "chronic or severe pain" and less than 5% of medicinal marijuana users have a diagnoses of HIV, AIDS, cancer, glaucoma, or epilepsy⁷; and

WHEREAS the FDA *has* approved of the drugs Marinol and Syndros, which both contain synthetic forms of THC, to treat nausea and vomiting caused by cancer chemotherapy, as well as weight loss and poor appetite in patients with AIDS.⁴ These drugs can be legally prescribed by a doctor, come in the form of a pill (Marinol) and liquid (Syndros), have regulated dosages, and are sold in pharmacies by licensed pharmacists and technicians; and

WHEREAS in the state of California, where medicinal marijuana was legalized in 1996, the average medical marijuana patient was found to be a 30-year-old white male with a history of alcohol and substance abuse and no history of life-threatening illnesses⁸; and

WHEREAS residents of states with medical marijuana laws have abuse and dependence rates almost twice as high as states with no such laws¹⁶; and

WHEREAS the concentration of THC, the psychoactive substance in marijuana, has increased significantly from approximately 4% in the early 1980s to upward of 14% in 2014¹⁷, increasing the risk of adverse effects and the potential for addiction⁹; and

WHEREAS marijuana-infused baked goods and candies, known as edibles, have a potency several times that of smoked marijuana; and

WHEREAS a large, nationally representative sample of U.S. adults found that more than 4 in 10 people who ever used marijuana went on to use other illicit drugs²²; and

WHEREAS the Centers for Disease Control has found that individuals who are addicted to marijuana are three times more likely to become addicted to heroin²³; and

HARMFUL EFFECTS ON YOUTH

WHEREAS the American Academy of Pediatrics states that the legalization of recreational and medicinal marijuana by many states has “created an environment in which marijuana increasingly is seen as acceptable, safe, and therapeutic;”⁹ and

WHEREAS medicinal marijuana is easily diverted to youth¹⁰; and

WHEREAS the human brain is not fully developed until the early 20s, and the National Institute on Drug Abuse states that when individuals begin using marijuana as teenagers, marijuana can reduce thinking, memory, and learning functions and affects how the brain builds connections between the areas necessary for these functions¹¹. The NIDA also states that marijuana’s effects on these abilities may last a long time or even be permanent¹¹; and

WHEREAS there is evidence that heavy use of marijuana as a teenager can result in a permanent IQ loss of up to eight points¹²; and

WHEREAS marijuana use is linked to lower grades, higher likelihood of dropping out of school, and a lower likelihood of enrolling in college¹³; and

WHEREAS evidence suggests that marijuana use prior to driving increases the risk of being involved in a motor vehicle accident¹⁴; and

WHEREAS evidence suggests that marijuana use is likely to increase the risk of developing schizophrenia, other psychoses, and social anxiety disorders¹⁴. Heavy marijuana users are also more likely to report thoughts of suicide¹⁴; and

WHEREAS marijuana can be addictive and research shows that 1 in 6 individuals who use marijuana before the age of 18 will become addicted¹⁵; and

WHEREAS the percentage of youth who believe marijuana use is harmful is decreasing, and as perception of harm decreases, youth marijuana use increases¹⁸; and

WHEREAS states that have legalized marijuana have seen a surge in marijuana-related poison control calls, especially for children²⁵; and

ADVERTISING & SPONSORSHIP

WHEREAS the advertising of marijuana is currently unrestricted and unregulated in the State of Michigan; and

WHEREAS the American Academy of Pediatrics states that advertising has a pervasive influence on children and adolescents and may contribute significantly to substance use¹⁹; and

WHEREAS several marijuana products use colorful packaging and names that can be easily confused for similar food and candy products; and

WHEREAS as part of the Master Settlement Agreement, tobacco companies are not allowed to market or advertise directly or indirectly to youth, to use cartoons in marketing, or advertise on billboards²⁰; and

WHEREAS in the state of Colorado, where recreational and medicinal marijuana is legal, advertising retail marijuana is prohibited on TV, on radio, in print, and via the internet when 30 percent or more of the audience is reasonably expected to be under the age of 21. Advertising or signage that specifically targets individuals under the age of 21, including the use of cartoon characters, is also prohibited²¹; and

WHEREAS the state of Colorado prohibits the advertising of marijuana that is visible to members of the public from any street, sidewalk, park or other public place, including billboards²¹; and

WHEREAS as part of the Master Settlement Agreement, tobacco companies are not allowed to sponsor events in which the intended audience is comprised of a significant percentage of youth or in which any paid participants or contestants are youth²⁰; and

WHEREAS in the state of Colorado, retail marijuana establishments are not allowed to sponsor charity, sporting or similar events unless the establishment has reliable evidence that no more than 30 percent of the audience at the event and/or viewing the advertising in connection with the event is reasonably expected to be under the age of 21²¹;and

WHEREAS unlike free speech, commercial speech does not enjoy the same protections under the First Amendment of the U.S. Constitution;

THEREFORE, BE IT RESOLVED that the SRSLY Coalition, and the signatories of this resolution who represent a diverse set of community members, urges local governments to consider scientific facts and historical evidence in deciding what is best for our communities; and be it

FURTHER RESOLVED that the SRSLY Coalition urges local governments that have chosen not to adopt ordinances permitting medicinal marijuana facilities in their municipalities to make public comment or distribute an official press release announcing their forbearance; and, be it

FURTHER RESOLVED that the SRSLY Coalition urges local businesses and schools to refuse to allow advertising and signage for medicinal marijuana and/or the distribution of publications or media that have such advertising on their premises; and, be it

FURTHER RESOLVED that the SRSLY Coalition urges local organizations, non-profits, and schools to refuse donations or sponsorships from the medicinal marijuana industry; and, be it

FURTHER RESOLVED that the SRSLY Coalition urges public schools and administration to prohibit representatives from the medicinal marijuana industry to give presentations to students.

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