MARIJUANA ECONOMIC EMPOWERMENT COALITION (MEEC)

Subject: MEEC's Response to Statement of Concern: Marijuana Policy in Massachusetts from Pediatricians, Mental Health and Addiction Clinicians & Scientists of Massachusetts

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I. Introduction

Marijuana Economic Empowerment Coalition (MEEC) is a group of Economic Empowerment Certification, Social Equity, and Minority applicants formed to represent an alliance of people disproportionately impacted by the war on drugs. We are a Coalition committed to the fight for equitable access into the cannabis industry. Our goal is to see the Marijuana Industry thrive in a safe, healthy, diverse and equitable way, to ensure true equity in the industry. This document is MEEC's response to a Statement of Concern regarding Massachusetts marijuana policy that was published in May 2019 by a group of Massachusetts Clinicians and Scientists. MEEC's goal is to ensure full and meaningful Priority Status participation of Priority, Economic Empowerment and Social Equity applicants in the Regulated Marijuana Industry. The members of MEEC feel it is important to respond to this Statement of Concern, which includes some important points about prevention and public health, and we hope that our Coalition can productively collaborate with those in the prevention fields. However, their Statement of Concern is also highly troubling, especially based on its tone that presents as condescending, patronizing, socially unconscious, marginalizing and stems from what we can only assume is a deeply rooted colonization mentality. Our response is outlined below in the format of responding to each of the Key Points of the Statement of Concern.

II. Response to Key Points of the Statement of Concern

The group sharing this Statement of Concern listed six key points. MEEC would like to offer responses from our perspective to each of these points, with a primary focus on point 1, which makes a broad statement that the science is clear on the harms of marijuana. We wish to discuss this in depth because this statement is highly misleading in our opinion.

Point 1: The science is clear; marijuana, specifically the psychoactive chemical THC (delta-9-tetrahydrocannabinol), has the potential to do significant harm to public health.

MEEC's Response:

1. How does this group of concerned professionals define "harm to public health?"
    - According to Nikhil "Sunny" Patel, MD, MPH and J. Wesley Boyd, MD, PhD (October 2016 -Psychology Today) - *It's Time to Legalize Marijuana: A Public Health Perspective* [i] – **"**The reality is that marijuana is safer (than tobacco or

alcohol) from a health perspective: Tobacco is the biggest killer by far, doing in over 1000 Americans a day. And alcohol is our third biggest killer through both its direct adverse health effects but also by drunk drivers or alcohol fueled fighting and abuse. Marijuana is also safer from an addiction perspective: The best estimates are that 9% of marijuana users are dependent. That is less than the number of users of tobacco (32%) or alcohol (approximately 10-15%) who become dependent on those substances."

- Doctors for Cannabis Regulation (DFCR) states that "cannabis can have an invariably positive impact on the opioid crisis. In states that have legalized marijuana, the rate of deaths due to opioid overdose has decreased by 25%, and in a period where the United States averages 33,000 deaths by opioid overdose per year, that number could be reduced by more than 8,000 deaths if opioids were substituted by cannabis." [ii]
- In an editorial published in the American Journal of Public Health, written by David L Nathan, MD, DFAPA; H Wesley Clark, MD, JD, MPH; and former surgeon general Jocelyn Elders, MD, MS, Dr. Nathan states: "There are no well-documented cases of fatal cannabis overdose."[iii]

2. Based on the experience of members of our coalition and their communities and family members, we know that the "War on Drugs," has done significant harm to public health, particularly in communities of color, in large part due to the negative impacts of incarceration and racism on health. For example:

   - The Vera Institute's publication *On Life Support – Public Health in the Age of Mass Incarceration* (Nov. 2014)[iv] provides an in depth review and analysis of mass incarceration as one of the major public health challenges facing the United States, stating that "Mass incarceration's role as a driver of health disparities extends beyond prison walls as well, affecting the health of entire communities."
   - The Healthy People 2020 Social Determinants of Health topic area is organized into 5 place-based domains and lists **Incarceration** as a key issue in the Social and Community Context domain.[v]
   - A 2017 article in the Lancet - *Mass Incarceration, Public Health, and Widening Inequality in the USA* - reports that nearly one in three black men will ever be imprisoned, and nearly half of black women currently have a family member or extended family member who is in prison. The emerging literature on mass incarceration raises concerns that excessive incarceration could harm entire communities and might partly underlie health disparities in the USA and between the USA and other developed countries.[vi]
   - The January 2019 "Annual Review of Public Health, Racism and Health: Evidence and Needed Research," by researchers from the Harvard T.H. Chan School of Public Health, Harvard University Dept. of African and African American Studies and Dept. of Sociology, and University of Cape Town Dept. of Psychiatry and Mental Health, Cape Town, South Africa provides a robust and detailed review of the impact of racism on public health* and contends that:
     - "A characteristic of racism is that its structure and ideology can persist in governmental and institutional policies in the absence of individual actors who are explicitly racially prejudiced."[vii]

        - "As a structured system, racism interacts with other social institutions, shaping them and being reshaped by them, to reinforce, justify, and perpetuate a racial hierarchy. Structural racism exists within, and is reinforced and supported by, multiple societal systems, including the housing, labor, and credit markets, and the education, criminal justice, economic, and **health care** systems. [viii]
    - A March 2019 article in BMC Public Health - *The impact of racism on the future health of adults: protocol for a prospective cohort study* – confirms that racial discrimination is recognized as a key social determinant of health and driver of racial/ethnic health inequities and that studies have shown that people exposed to racism have poorer health outcomes (particularly for mental health), alongside both reduced access to health care and poorer patient experiences.[ix]
    - A 2017 NPR piece called *Racism Is Literally Bad for Your Health* **(**October 28, 2017) discussed racism in the health care system, including **"**discrimination at the doctor's office, where it has been found that across virtually every medical intervention, blacks and other minorities receive poorer-quality care than whites. These racial differences in the quality and intensity of care persist for African Americans irrespective of the quality of insurance that they have, education level, job status, or severity of disease. Much of this discrimination is driven by what we call "implicit bias" or "unconscious unthinking discrimination."[x]
    - Tanisha Burford (2009) as part of her doctoral dissertation developed a laboratory analog of structural racism. She reported that HRV and systolic blood pressure are particularly sensitive to the impact of structural racism.[xi], [xii],[xiii]

***** Racism is an organized social system in which the dominant racial group, based on an ideology of inferiority, categorizes and ranks people into social groups called "races" and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior.

3. Science has begun to show major health benefits from cannabis use. For example:
    - A Sep. 2018 article in Cannabis Cannabinoid Research - *Emerging Evidence for Cannabis' Role in Opioid Use Disorder* - reviews emerging evidence that suggests that cannabis may play a role in ameliorating the impact of Opioid Use Disorder (OUD). The article concludes that "the compelling nature of these data and the relative safety profile of cannabis warrant further exploration of cannabis as an adjunct or alternative treatment for OUD".[xiv]
    - Cannabinoid compounds may inhibit growth of colon cancer cells: Penn State College of Medicine researchers say some cannabinoid compounds may actually inhibit the growth of colon cancer cells in the lab. Kent Vrana, chair of the Department of Pharmacology at Penn State College of Medicine, said the study -- recently published in *Cannabis and Cannabinoid Research* -- helped identify compounds that could be tested further to understand their anti-cancer properties.[xv]
    - There are several studies that show that states that allow medical marijuana to have fewer opioid deaths. This effect seems to stack over time, with states who pass these laws seeing a 20 percent lower rate of opioid deaths in the law's first year, 24 percent in the third, and 33 percent in the sixth. If people are substituting

marijuana for opioids for medical purposes, that seems to have a strong positive effect. (Stat News)[xvi]

- In the report *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*, an expert, ad hoc committee of the National Academies of Sciences, Engineering, and Medicine presents nearly 100 conclusions related to the health effects of cannabis and cannabinoid use and makes recommendations for an agenda to help expand and improve cannabis research efforts and better inform future public health decisions.[xvii]
- A January 2018 report in the Journal of Post-Acute and Long-Term Care Medicine (JAMDA) - *Effects of Legal Access to Cannabis on Scheduled II–V Drug Prescriptions* – concluded that "legal access to cannabis may reduce the use of multiple classes of dangerous prescription medications in certain patient populations."[xviii]
- A February 2017 study in Neuropsychopharmacology - *Residual Effects of THC via Novel Measures of Brain Perfusion and Metabolism in a Large Group of Chronic Cannabis Users*- suggested that pot smokers could have a greatly reduced risk of stroke.[xix]

Point 2: There is a lack of public awareness about these potential dangers.

MEEC's Response:

1. We ask those supporting this Statement of Concern to please clarify potential dangers. From where our coalition members sit, we have heard little else than a focus on the "dangers" of marijuana for decades, even when they were not based on science. In fact, WGBH's Frontline presented a comprehensive timeline regarding Marijuana in the United States[xx] including (but not limited to):
    - the 1600s – the 1890s when hemp production was encouraged;
    - the 1930s when massive unemployment increased public resentment and fear of Mexican immigrants, escalating public and governmental concern about the problem of marijuana and resulting in a flurry of research which linked the use of marijuana with violence, crime and other socially deviant behaviors, primarily committed by "racially inferior" or underclass communities;
    - The 1936 propaganda film "Reefer Madness", resulting in the Motion Pictures Association of America, composed of the major Hollywood studios, banning the showing of any narcotics in films;
    - The 1970s when repeals of most mandatory **minimum sentences for drug-related offenses took place, marijuana was differentiated from other drugs and** the Comprehensive Drug Abuse Prevention and Control Act categorized marijuana separately from other narcotics and eliminated mandatory federal sentences for possession of small amounts;
    - The 1980s with President Reagan and President Bush's War on Drugs.

2. In addition, the Cannabis Control Commission has developed extensive information about the potential dangers of marijuana which all cannabis

establishments are required to share with all customers. They are quite specific and include:

- *Educational materials are available in commonly spoken languages and appropriate materials for the visually- and hearing-impaired;*
- *A warning that marijuana has not been analyzed or approved by the FDA, that there is limited information on side effects, that there may be health risks associated with using marijuana, and that it should be kept away from children;*
- *A warning that when under the influence of marijuana, driving is prohibited by M.G.L. c. 90, § 24, and machinery should not be operated;*
- *Information to assist in the selection of marijuana, describing the potential differing effects of various strains of marijuana, as well as various forms and routes of administration;*
- *Materials offered to consumers to enable them to track the strains used and their associated effects;*
- *Information describing proper dosage and titration for different routes of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained;*
- *A discussion of tolerance, dependence, and withdrawal;*
- *Facts regarding substance abuse signs and symptoms, as well as referral information for substance abuse treatment programs;*
- *A statement that consumers may not sell marijuana to any other individual; Information regarding penalties for possession or distribution of marijuana in violation of Massachusetts law.*

Point 3: Given that the tobacco industry has spent $billions to partner with JUUL and a marijuana company, we expect a significant increase in the use of high THC vapes.

MEEC's Response:

1. MEEC agrees that large investments from the tobacco industry into the cannabis industry are some of the biggest threats to improving the socioeconomic status of those communities of color that have been disproportionately impacted and trying to enter the legal cannabis industry, as this funding all but guarantees first to market.
2. As a coalition, representing business owners seeking to enter the cannabis industry, we are also concerned about the influence of the pharmaceutical industry for their own economic gain and their ability to maintain control of the distribution of drugs within our society.
3. Generations are overly medicated on pharmaceutical drugs; this is the true public health crisis, in our opinion.
    a. Nikhil Patel, MD, MPH and J. Wesley Boyd, MD, PhD share their concerns about these issues as they discuss the reality that even though marijuana is safer than tobacco or alcohol, this hasn't stopped those industries from attempting to stop cannabis legalization. As they state "The pharmaceutical industry is also firmly against legalizing marijuana, and a recently published study shows why. The study, published in Health Affairs, found that in those states that approved medical marijuana legislation, there were significant decreases in prescriptions

filled to treat a number of disorders, including anxiety, depression, nausea, and sleep disorders. Additionally, there were dramatic decreases in the number of prescriptions written for painkillers. And one of the studies found that the longer marijuana had been legal, the greater the decline in overdoses. These data illustrate why that industry has repeatedly fought increasing access to cannabis, and also why big pharma has funneled money to prominent academic psychiatrists to voice opposition to legalizing marijuana."[xxi]

b. They (Patel and Boyd) also share their opinion that "Pharmaceutical, alcohol, and tobacco companies have one other very big ally in the fight against legalizing marijuana—the private for-profit prison system. The reason for their opposition is obvious. Legalize cannabis and suddenly there will be far fewer individuals—overwhelmingly and disproportionately minorities—caged in our jails and prisons. The forces lined up against legalizing marijuana—including prominent academic physicians—should be challenged and their true motives exposed."[xxii]

Point 4: Diversion of high THC products (≥10%), vapes and edibles, to MA youth is a growing concern.

MEEC's Response:

1. There are very stringent rules about youth access to THC products, retail stores are being held to a much higher standard in relation of security and school buffer zones (required in nearly every municipality). In addition, the Cannabis Control Commission requires that:
   - "A Marijuana Establishment may engage in reasonable marketing, advertising and branding practices that are not otherwise prohibited in 935 CMR 500.105(4)(b) that do not jeopardize the public health, welfare or safety of the general public **or promote the diversion of marijuana or marijuana use in individuals younger than 21 years old.**[xxiii]
   - The following advertising, marketing, and branding activities are prohibited: 1. advertising, marketing and branding by means of television, radio, internet, mobile applications, social media, or other electronic communication, billboard or other outdoor advertising, or print publication, **unless at least 85% of the audience is reasonably expected to be 21 years of age or older** as determined by reliable and current audience composition data; 2. advertising, marketing, and branding that **utilizes statements, designs, representations, pictures or illustrations that portray anyone younger than 21 years old**; 3. advertising, marketing, and branding including, but not limited to, **mascots, cartoons, brand sponsorships and celebrity endorsements, that is deemed to appeal to a person younger than 21 years old**.[xxiv]

2. Research in states with legalized cannabis has shown no increase in cannabis usage in youth https://www.webmd.com/mental-health/addiction/news/20190214/in-states-with-legal-medical-pot-teen-use-is-down#1

Point 5: Regulatory failure in the case of the marijuana industry, like tobacco, opioids and vape devices, is likely unless there is a prioritized focus on public health.

MEEC's Response:

1. Agreed, this is a call to Commissioner Hoffman to ensure money is allocated for public health impact studies, research, etc.

2. We contend as a coalition that racism and mass incarceration are issues that have had a major negative impact on public health and are highly connected with the cannabis industry. Therefore, we call on the Cannabis Control Commission and all of those in the field of public health to work together to address these issues affecting marginalized communities and those that have been disproportionately impacted.

Point 6: When public health is not prioritized in the regulation of addictive substances, the public and our young people are put at risk.

MEEC's Response:

While we agree that young people are put at risk when public health is not a priority in the regulation of addictive substances, the science is not clear that cannabis is addictive. There are highly differing opinions on the matter. For example, there is congressional support to declassify cannabis as a controlled substance. Even the National Institute on Drug Abuse (NIDA) states that "estimates of the number of people addicted to marijuana are controversial, in part because epidemiological studies of substance use often use dependence as a proxy for addiction even though it is possible to be dependent without being addicted". [xxv]Former Surgeon General Jocelyn Elders characterized marijuana succinctly on CNN, while declaring her support for legalization: "Marijuana is not addictive, not physically addictive anyway."[xxvi] MEEC is in full support of prioritizing public health and protecting our youth; however, this must be balanced with the fact that there are highly differing opinions about cannabis being an addictive substance.

III. Conclusion

Marijuana Economic Empowerment Coalition (MEEC) hopes that this document provides useful information about the importance of acknowledging the long history of structural and institutional racism that cannot be separated from a focus on prevention and public health in the rollout of marijuana regulations and the establishment of marijuana businesses in Massachusetts. In summary, we are in full support of policies and methods that promote good public health as long as they also consider the public health impact of large-scale policies such as mass incarceration that have unfairly targeted communities of color for decades. We also agree with the major concerns around the tobacco industry attempting to influence cannabis policy in Massachusetts; however, we are as or more concerned about the potential influence of the pharmaceutical industry and large players in general in taking over the legal recreational marijuana industry in Massachusetts. We are concerned that the Statement of Concern referenced in this response, by suggesting that the Cannabis Control Commission stop all review of Social Equity applicants, shows a lack of understanding of the potential economic consequences of such a move, which, in effect, may keep any minority owned marijuana businesses from ever opening in the Commonwealth of Massachusetts. Keep in mind that the law requires the elaboration of "procedures and policies to promote and encourage full participation in the regulated marijuana industry by people from communities that have previously been disproportionately harmed by marijuana prohibition and enforcement and to positively impact those communities." Keeping members of such communities from participating in this industry because of concerns about prevention by sharing cherry-picked

data, we are afraid, is an all too typical manifestation of the deep institutional and structural racism that continues to keep people of color from succeeding in emerging industries.
It is our hope that this response will be considered in good faith. This response is the result of dialogue among Economic Empowerment applicants, Social Equity applicants, and Minorities from disproportionately impacted areas who have been working on addressing the particular needs of members of these groups for the past several months.

The truth is that we need fair and Equitable access to this industry right from the very beginning, and it can be done in a way that promotes public health but does not wipe out the opportunity for business development. Residents of the various municipalities across the Commonwealth who have been negatively impacted by the war on drugs must have a level playing field in the cannabis industry or it is highly unlikely that we will succeed. This level playing field can only be created with deliberate planning and an understanding of the historical barriers that have destroyed lives and working together to promote public health and business development for these communities.

Respectfully Yours,

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