



# NOT IN OUR TOWN

Local Municipalities Committed to Citizen Safety and Evidenced Based Healthcare

[Contents](#)

Letter, Ordinance Concerns, Proclamation, Citations and Information, Medical Organizations

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Drug Free Alabama

# *Not in Our Town*

*Local Municipalities Committed to Citizen Safety and Evidenced Based Healthcare*

Dear Honorable Mayor, City Council, and County Commissioners,

This packet of information was created to assist your efforts to stand against the creep of marijuana expansion and the harm it will bring to your communities. We have also commissioned the production of a “toolkit”, much like the one designed for other states. Until it is completed, please make use of the sample proclamation and its accompanying citations. Our medical experts, child advocacy groups, drug educators, and courageous legislators and DAs are ready to help you in any capacity.

In defiance of its name, the “Compassion Act,” is a badly written and poorly designed bill. The broad allowance of diagnoses, poor protections for public safety, paucity of knowledge required for participating physicians and dispensary staff, lack of environmental protections, lack of any protections for adverse reactions, lack of recourse for abused children or victims of violence, large loopholes for caregivers, and the total absence of assistance for victims of addiction reveal one, over-arching concern:

Preference for the Marijuana Industry, NOT Patients

Fortunately, an amendment was added to the bill. It allows local municipalities a choice. You are automatically opted-out, which means no pot-shops unless local leaders vote in the affirmative. Understanding the intense pressure, lobbying, and carefully scripted methods used by the Marijuana Industry, many municipalities in Alabama will be in for a surprise. This is why we are here to help.

Rather than wait for the industry to come to you, be prepared to take the fight to them by becoming informed, aware, and well defended against common misconceptions. Remember, this fight is NOT about denying help for valid, though rare, cases of patients that may benefit from a carefully regulated form of marijuana. Their concerns and suffering are real and evoke our compassion. Rather, the real fight concerns a terrible and broadly-written law, which places all Alabamians in senseless danger.

Until significant changes can be made to this law, the threat from dispensaries in your community is far too high. As soon as possible, join other local municipalities in publicly declaring “Not in Our Town.”

Thank you for the courage to realize and speak the truth, deny influence of a powerful and corrupt industry, uphold the high standards of evidenced based healthcare, and place the safety of your communities first.

*~Drug Free Alabama*

# Ordinances

## Advertising

- . Ban on all advertising within the municipal authority
- . Billboards, Yard Signs, Newspaper (print/online), Mailers, Flyers, Sky Banners
- . Social media or any media advertising to children
- . Wrapped, Detailed, or Magnetic signs on vehicles

## Delivery Services

- . Ban all end point delivery services, residential or commercial
- . No public places may be used as distribution points
- . No delivery vehicles may park in any residential, commercial or public place

## City/County Employees

- . Employees with an issued marijuana card must be registered with city/county
- . Will be subject to frequent drug testing
- . No employee may have THC in their system if their job requires work with confidential or legal material, finances, heavy equipment, police, fire, jail, courts, children, or any city/county issued vehicles.

## School Employees

- . Employees with an issued marijuana card must be registered with the school board.
- . Will be subject to frequent drug testing
- . No employee may have THC in their system if their job requires work with confidential or legal material, finances, heavy equipment, children within 500ft, or any school board issued vehicles.

## Caregiver

- . All caregivers must be registered with the city/county health/social services department and police/sheriff's department.
- . A caregiver must either be a licensed nurse or doctor or immediate family member designated as a patient/minor's caregiver.
- . Any caregiver working for the city/county or schools must also abide by restrictions set above.

# ~Proclamation~

## Not in Our Town

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### Whereas:

- ~The use of marijuana (MJ) dispensaries (pot shops) has no scientific or evidenced based support for medical treatment, effective pain management, or mental health <sup>1,2,3,4,5,6</sup>
- ~The presence of marijuana dispensaries increases teen drug use and local crime <sup>10,11,12,15,16,17,18</sup>
- ~The incidence of in-utero exposure increases with dispensaries and increases the rate of low birth weight infants and children with higher risk of autism and behavioral/cognitive disorders <sup>6,7,8,9</sup>
- ~The risk of child deaths by abuse or neglect is strongly linked with marijuana use <sup>15</sup>
- ~The risk of opioid abuse and deaths rises significantly with marijuana use <sup>2,4,5</sup>
- ~The MJ knowledge **deficit** of physicians, nurses, and healthcare providers is extensive <sup>30,31</sup>
- ~There are over a dozen well-respected medical societies against dispensary marijuana
- ~The law enforcement community repeatedly warns against the dangers of dispensaries
- ~The US federal government maintains a Class I Schedule for marijuana; thereby, making use and dispensing of said drug a federal crime
- ~The rate of illicit drug trafficking and presence of cannabis cartels rises with the presence of dispensaries, according to the medical textbook *Cannabis in Medicine: An Evidenced Based Approach*
- ~The use of marijuana increases cardiac mortality, domestic violence, and suicide risks <sup>18,20,21,28,29</sup>
- ~There are four FDA approved drugs, developed from cannabis, that safely and effectively address health concerns such as cancer, HIV suffering, and intractable epilepsy *Cannabis in Medicine: An Evidenced Based Approach*
- ~The untrained dispensary staff frequently use MJ, while giving dangerous medical advice <sup>30-33</sup>
- ~The estimated cost:benefit ratio to society is an untenable 4.5:1; thereby, making any potential financial gains result in being true losses to our community <sup>34-36</sup>

*We, the county/city of \_\_\_\_\_, hereby declare that we will not accept the presence of marijuana dispensaries or pot shops, neither now nor in the future. We further ban the lobbying efforts of the cannabis industry to influence county/city leadership to accept an illegal and medically fraudulent practice. In addition, we call on all physicians and advanced practice providers to abstain from participation in this industry.*

# Not in Our Town: Data and Citations

## Pain/Opioids

1. The IASP (International Association for the Study of Pain) recently reports no statistically significant evidence of pain relief; yet, pain is the most frequently cited diagnoses for obtaining **dispensary marijuana (DMJ)** cards. Small clinical trials suggest some efficacy for neuropathic and cancer-related pain, the IASP calls for further research and does not support the use of DMJ for pain relief.
2. Participants who test positive for THC have higher risk for future opioid and substance abuse. *Dibenedetto, Pain Medicine 2017*
3. Medical Cannabis use **increases** opioid abuse 38% compared to 5.8% of the general public. *Reisfield, Pain Med 2009*
4. Medical Cannabis users have **higher risk** of opioid use disorder and misuse prescriptions opioids, N = 34,653 *Olfson, Am.J. Psychiatry 2017*
5. States with DMJ laws see an increase of opioid death 22.7%, debunking the “marijuana protective hypothesis” and bad science of the Baubacher JAMA report (*Shover, PNAS 2019*); The Bleyer and Barnes study revealed an acceleration of opioid deaths of 78%, whether medical or recreational, disproving the BMJ article. **Medical cannabis use INCREASES opioid abuse and deaths.**

## Neonatal Exposure/Autism/Behavior

6. Fetal Cannabis Disorder related to 2-3x increased risk of ADHD and Autism in patients exposed in utero *Schreiber, Med Hyp 2019*
7. Pre-natal exposure results in lower IQ's, lower birth weight, increased neonatal ICU complications *Jansson, JAMA 2018; Alpar, Bio Psych 2019; Corsi, JAMA 2018*
8. Marijuana use **worsens Autism scores**, increases rates of Autism Spectrum Disorder, and is **NOT** recommended as a treatment for Autism *Deakwis, J Drug Alcohol 2014; Hadland, J Dev Beh Ped 2014; Reese, Clin Ped vol 154, 155*
9. Marijuana use alters male sperm and results in **higher rates of Autism in their offspring** *Scott, Epigenetics 2019*

## Youth Exposure/Use in States with MMJ

10. “Within a year of first trying marijuana, 10.7% of adolescents (12-17 yo) had become addicted to it....within three years of first trying the drug, 20% of adolescents became addicted to it”. Marijuana use in the developing brain is more addictive than opioids. *JAMA Pediatrics, March 2021*
11. Considering that adolescents who use marijuana are at much higher risk of using other substances, increases in rates of daily marijuana users, combined with decreases in perceived riskiness should not be taken lightly; Harvard, Journal of Adolescent Health, 2018
12. When youth live near a dispensary or grower, they use more marijuana. The introduction of MMJ increases pediatric and adolescent marijuana use. *Shih, Addiction 2019; Paschall, J Prim Prev 2017*

## Brain Development/Child Abuse

13. Cannabis use causes **lower IQ**, higher school dropout rates, decreased executive function and memory with potentially permanent effects *Volkow, N Eng J Med 2014; Petker, J NeuroPsy 2018; Meyer, PNAS*
14. Marijuana increases impulsivity and **hostility** into the second day, separate from alcohol *Ansell, Drug and Alcohol Depen 2015*
15. **Child abuse deaths**; top cause is MJ, followed by nothing, followed by unknown *Texas Dept Health* (Texas is only a DMJ state)

# Not in Our Town: Data and Citations

## Psychoses/Schizophrenia/Violent Behavior

16. Marijuana use can result in psychoses, violent psychotic schizophrenia, and reveal changes detectable by brain imaging, especially for teens and veterans exposed *Mustonen, Br J Psy 2018; Bourque, JAMA Psy 2018; Marconi, Schiz. Bulletin 2017; Murray, Neuropsychopharm 2017; Finn, Cannabis in Medicine*
17. Daily use increases schizophrenia risk **5 times** *Di Forti, Lancet 2019*
18. **Marijuana Murders:** Colorado Halloween Shooter (2015), CA pot grower kills wife and stuffs her in a hole, Girlfriend stabs boyfriend to death after MJ. CA mother kills her three children (2021). ALL had only one substance in toxicology: THC. The link between marijuana and mass murders is **GROWING**.
19. Colorado attorney and “father of marijuana legalization” **REGRETS**, after losing his right to practice law, due to his public, psychotic, and violent outbursts. *The Gazette, 4/9/2021*

## Depression and Suicidality

20. Marijuana is the number one drug for **COMPLETED teen suicide** in Colorado before recreational, and has replaced alcohol since 2012 *CO Dept of Health; Adolescents experience significantly higher rates of depression and suicidality later into adult life Gobi, JAMA 2019; Rasic, DrugAlcoholDep 2013; Degenhardt, Addiction 2013*
21. Mortality rate is 29% higher in MJ users; *Frost et al, AmHeartJ 2013; Manrique et al, AmJPsy 2016*

## Addiction/Withdrawal

22. Youth marijuana **addiction twice** as much as alcohol *Volkow, JAMA Ped 2018*
23. 30-50% of chronic users develop Cannabis Use Disorder or other drug addiction with youth **4-7x more** likely to develop a drug problem than exposed adults *Winters, DrugAlcoholDepen 2008; Bell, JAMA 1994; Hasin, Neuropsychopharm 2018 **More than a gateway, MJ is a biochemical slavemaster***

## ER Visits/Hospital Costs

24. **BEFORE** recreational marijuana in Colorado, one hospital reported \$20 Million losses due to MJ related ER visits, from 2009-2014. When extrapolated to the entire state of Colorado, losses estimated at \$500,000,00 *J Global Drug Policy Practice, 2016*
25. Adolescent visits to an Emergency Department in Denver increased significantly over time with over 70% related to psychiatric illness; *Wang, Journal of Adolescent Health, 2018*

## Motor Vehicle Accidents

26. Despite medical or recreational use, levels as low as 1ng/ml of THC results in **driving impairment 3-7x higher than the normal population**, and alcohol with cannabis worsen the impairment with increased lane weaving, decreased judgment, and visual impairment *Raemakers, DrugAlcoholDep 2004; Hartman, Clin Chem 2013; Marijuana use increases risk of car crash **five times***

## Cannabinoid Hyperemesis Syndrome (CHS)

27. Scromiting is a condition of screaming and vomiting caused by long term cannabis use; has caused death and disability *LaPoint, West J Emer Med 2018; Nourbakhsh, J Forensic Sci 2019; Fry, NBC San Diego 2017; Reports from Colorado ED physicians are seeing this several times per day per doctor, per shift*

# Not in Our Town: Data and Citations

## Cardiovascular Health

28. **4.8x more** likely to have a heart attack within 60 minutes of use *Mittleman, Circ: AHA 2001*
29. Increased risk of heart disease, cardiomyopathy, heart attack and stroke *Desai, Medicina 2019; Caldicott, Euro J Emer Med 2019; AHA 2016; Strongly **contraindicated** in any cardiac patient Franz, Cardiology Review 2016*

## Lack of Knowledge and Training

30. Multiple studies of physicians and nurses reveal a large gap in knowledge, lack of education, and little confidence to safely make recommendations for marijuana Bowling, *Cannabis in Medicine*, 247-248
31. Multiple studies reveal dispensary staff have little to no medical training, often use MJ, and frequently give dangerous medical advice to patients Bowling, *Cannabis in Medicine*, 247-253

## Drug Interactions/Dangerous Dispensaries

32. Due to hundreds of chemicals in the whole marijuana plant, multiple drug interactions occur. DMJ increases bleeding time in Warfarin patients and increases organ rejection rates in transplant patients taking Prograf. Many transplant surgeons refuse a patient positive for THC. *Finn, Cannabis in Medicine*
33. **Dangerous Dispensaries:** Studies that show “suggestive efficacy” for a small group of rare conditions only used pharmaceutical-grade cannabis. Experts stress that it is impossible for marijuana dispensaries to provide the same type of product. Bowling, *Cannabis in Medicine*, 252-253

## Failed Regulatory Bodies/Contaminants

34. Despite best intentions, most states simply can't keep up. In 2019, the state of Oregon conducted an audit and found that they could not inspect the vast majority of growers or dispensers. They concluded that testing was not reliable, nor their products fit for human consumption. *Oregon Secretary of State*
35. A cost:benefit ratio study estimated at **4.5:1** *Centennial Institute, CCU, 8/20/19*
36. DMJ is often contaminated with chemicals, metals and molds. A CA cancer patient died, not from cancer but, from the aspergillus in their DMJ *IASICI.org, Cannabis in Medicine*

## In Summary

DMJ **fails** every single metric of health, public policy, safety, wellbeing of children or families

DMJ success stories are anecdotal, **not science**, and easily followed by negative anecdotes

DMJ and Recreational MJ are **NO DIFFERENT**, except for tax structure, and increase death and crime

DMJ is poorly regulated, unlike FDA approve drugs: Epidiolex, Marinol, Syndros, Cesamet



# Medical Organizations Against “Medical” Marijuana

Association for Addiction Professionals

American Academy of Neurology

American Academy of Ophthalmology,

American Academy of Pediatrics

American Heart Association

American Epilepsy Society (exception made for Epidiolex in certain cases)

American Psychiatric Association

American Medical Association

International Association for the Study of Pain, IASP

American Cancer Society

American College of Medical Toxicology

American College of Obstetricians and Gynecologists

American Dental Association

American Glaucoma Foundation

American Lung Association

American Society of Addiction Medicine

Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine