Our Wish List

One To inform public policy with the science about today’s marijuana

Two To have a honest conversation about reducing the unintended consequences of marijuana policies, like stigma due to arrest.

Three To prevent Big Tobacco from taking over Big Marijuana – a likely result of legalization.

Four To promote research on marijuana in order to obtain nonsmoked, FDA-approved, pharmacy-dispensed, cannabis-based medications.

SAM: A smart, health-oriented approach to marijuana is supported by physicians, public-health professionals, parents, law enforcement, judges, people in recovery, and both Democrats and Republicans.

Chair: Patrick J. Kennedy

No more false dichotomies. It’s time for a real conversation about pot.

Incarceration or legalization? “Lock em’ up” or “Let em’ use”? These phrases have dominated the discussion about marijuana over the past decade. As a result, advocates – not scientists, doctors, people in recovery, disadvantaged communities, or young people affected by marijuana use and its policies – have been at the forefront of changing marijuana laws in the United States.

We are a new group of professionals advocating for a fresh approach that neither legalizes nor demonizes marijuana. We need a smart policy that reduces marijuana use but does not cripple marijuana users with life-devastating arrest records. This common sense, third way approach uses science, public health, and public safety principles to guide marijuana policy.

SAM (Smart Approaches to Marijuana) is a new coalition of professionals working for balanced, sensible policies that aim to reduce marijuana use.

For more details about SAM, visit www.learnaboutsam.org
Preventing Big Marijuana and Increased Addiction

They lied to America for 80 years about the dangers of smoking. They deliberately targeted kids. They even had doctors promote cigarettes as medicine. And today we are paying the price. Though youth smoking is down, three times as many Americans still smoke tobacco than marijuana. Tobacco contributes to half a million deaths a year and costs us at least $200 billion in lost social costs, about ten times the amount of money the government receives from today's cigarette taxes. And we know that if legalized, marijuana will be commercialized too. According to a report commissioned by tobacco company Brown and Williamson,

“The use of marijuana...has important implications for the tobacco industry in terms of an alternative product line. [We] have the land to grow it, the machines to roll it and package it, the distribution to market it.”

We don’t need another tobacco industry targeting us nor do we need to provide Big Tobacco with another product line of goods. Independent research has found that legalization would greatly reduce the price of marijuana, thereby increasing use. This is a problem because the brain regions that curb risk-taking don't fully mature until age 25, and recently completed research shows that pot can significantly decrease IQ, hurt a person’s chances to be successful later in life, double the risk of a car crash, and trigger psychosis and schizophrenia.

What about medical marijuana?

It's hard to talk about medical marijuana today with a straight face. Studies show that the average medical marijuana user is a 32-year-old white male with a history of cocaine and alcohol abuse and no history of life-threatening illness. Less than 5% of users have cancer, HIV, glaucoma, or a terminal illness.

But that doesn’t mean components of marijuana are not medicine. In fact, today a pill containing marijuana’s most active ingredient is available at pharmacies. We should not stop there. We need more research into marijuana’s 400 or so other components since many have begun to show promise.

In the meantime, we should freely provide non-smoked extracts of marijuana, like CBD, to those with a real need and their doctor's consent.

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