



City of Pleasant Ridge
23925 Woodward Avenue
Pleasant Ridge, Michigan 48069

Regular City Commission Meeting and Public Hearing
April 9, 2019

Having been duly publicized, Mayor Metzger called the meeting to order at 7:30 p.m.

Present: Commissioners Krzysiak, Perry, Scott, Wahl, Mayor Metzger
Also Present: City Manager Breuckman, City Clerk Drealan, City Attorney Need
Absent: None

Public Discussion

(None)

Governmental Reports

Chief Jack Pesha, Ferndale Fire Department, advised people to stay at least 25 feet away from downed wires.

City Commission Liaison Reports

Commissioner Scott reported on the Historical Commission. The museum will have an open house on May 1st from 6:00 to 7:00 p.m.

Commissioner Wahl reported on the Recreation Commission. The Pancake Breakfast and Egg Hunt are Saturday. The Junior Garden Club meets on April 30th. Applications for the Leaders In Training program are now available. The deadline is May 6th. A presentation called FBI: The Kwame Files is May 9th. Participants must be preregistered. The Citywide Garage Sale is May 11th. There are still some openings in youth baseball. There are new youth tennis classes at Gainesboro Park. Registrations are open for swim team and summer camps.

Commissioner Krzysiak reported on Ferndale Public Schools. Sydney Embrey, UHS student liaison, presented an update to the School Board on the recent student vs. teacher dodge ball game fundraiser. They had a door decorating contest to celebrate Black History Month. The Superintendent's Excellence Award was presented to Kieran Venagupo. The Eagle of the Month was awarded Keisha Reed, the parent liaison at FUEL. Maurice Talesford was recognized in the Building Pride program for promoting computer science education at the high school. He will be guiding the Amazon Future Engineer grant funded program. Completing the program can lead to an internship at Amazon. The CASA open house is April 27th. The Stagecrafters community theater in Royal Oak will be presenting "Oklahoma." There will be a benefit production of the show on May 14th. Proceeds will go to Berkley, Royal Oak and Ferndale Education Foundations.

Commissioner Perry reported on the Planning Commission/DDA. The next meeting will be April 22nd. Breuckman discussed an upcoming MDOT project for the 696 service drive. Some lanes will be closed or shifted. Several bump outs and islands will be added to reduce the crossing distance and improve pedestrian safety. The project will likely be started this spring. Scott inquired regarding improvements in the area of Washington and Breuckman confirmed that that area will be worked on as well.

Consent Agenda

19-3411

Motion by Commissioner Perry, second by Commissioner Wahl, to approve the consent agenda as presented.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

Ordinance to Amend Chapter 42 - Sections 42-85 and 42-86 Regarding the Discharge and Use of Consumer Fireworks

Breuckman indicated that the ordinances needed to be amended to comply with state law which was amended to allow local municipalities to limit the number of days when fireworks can be used.

Mayor Metzger opened the public hearing at 7:49 p.m.

With no comments or discussion, Mayor Metzger closed the public hearing at 7:50 p.m.

19-3412

Motion by Commissioner Perry, second by Commissioner Scott, to amend Chapter 42, Sections 42-85 and 42-86 as presented.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

Ordinance to Amend Chapter 42 - Add Section 42-14 Regarding Prohibiting Marihuana Establishments

Breuckman presented an overview of the proposed ordinance. The proposed ordinance would result in the city opting out of the state's marihuana regulations. It would prohibit marihuana establishments from locating in the city. The city can opt back in at any time. Metzger noted that 245 survey responses have been received to date. The survey is open until May 8th. Perry noted that the survey also contains an informative summary of the issues.

Mayor Metzger opened the public hearing at 7:53 p.m.

Lisa Mueller, 37 Sylvan, inquired as to when there would be a formal vote on the ordinance. Metzger indicated that the commission would vote at this meeting on the proposed opt out ordinance. Mueller also inquired regarding whether any studies from other cities had been reviewed before drafting the proposed ordinance. Need noted that, to date, over 300 communities in Michigan have already opted out. No studies are posted on the city's website. There have been studies done in other states regarding the criminal and financial effects of allowing these establishments. Mueller indicated that she felt that passing this ordinance at this time was premature since there is so much that is not known

at this time. Metzger noted that the city could opt back in once more information is received. Many of the survey responses indicated that citizens voted for the state law in order to have possession of marihuana decriminalized rather than meaning that they supported having businesses in their neighborhoods. Mueller stated that, if she were interested, she would want to be able to purchase marihuana in her community. Metzger noted that people cannot buy a hamburger in Pleasant Ridge and that the questions regarding where such establishments could be located in a small city are part of the reason for opting out at this time.

Sha Buikema, 20 Kensington, expressed disappointment that Pleasant Ridge is not taking a leadership role on this issue. She feels that an appropriate ordinance could be drafted without opting out. She indicated that obtaining relief through the use of marihuana will be easier through recreational sale than it has been under the medical marihuana laws. She said it seemed like the decision to pass the ordinance had already been made. She indicated that she has trust and faith in the commission that they can design an ordinance that would be beneficial to the community.

Don McGuire, 41 Fairwood, inquired whether there were any revenue projections. Breuckman indicated that no projections have been made yet. Projections from other states would not necessarily be accurate in Michigan. The state projects total tax revenue in 2022 to be \$26 million but how any of that would be distributed back to the local communities will be based on the number of local establishments as a percentage of the number of total establishments statewide. That number cannot be predicted at this time. Krzysiak agreed that the revenues are unknown but expressed that they should at least be considered based on estimates from the state. Metzger noted that there are six different types of establishments and not all of them result in revenues coming back to the local community. Need confirmed that it is not clear at this time whether a municipality could accept only revenue generating establishments or whether they would have to allow any type of marihuana establishment if they opted into the state's plan. He also noted that the state law that was passed authorized cities to opt in or out so a vote supporting that bill also supported the process of opting out. Drealan indicated that eight emails had been received that were in favor of adopting the opt-out ordinance and were opposed to ever allowing marihuana facilities in the city.

Police Chief Nowak presented information from the Michigan Association of Chiefs of Police and noted that most communities are adopting a wait and see strategy. Several newspaper articles confirmed that, while California was predicted to have one billion dollars in revenue, in reality they received \$320 million. Additionally people still buy marihuana through illegal channels because it is cheaper. Krzysiak indicated that one of the reasons California has not seen the predicted revenues is because more cities opted out than expected. He is in favor of supporting a vibrant legal economy for this product. Metzger emphasized that the proposed ordinance is not a final answer. It allows the city to gain more information from the state and from the community before deciding what kind of local ordinance to adopt in the long run. He noted that, while there may be some predictions regarding revenues, there have been no predictions regarding costs to the city from regulating and monitoring these businesses.

With no further comments or discussion, Mayor Metzger closed the public hearing at 8:15 p.m.

Krzysiak does not support having these establishments in residential areas but does support them at the Iron Ridge development. Need confirmed that the state law prohibits allowing these establishments in exclusively residential areas, but noted that it might leave open residential areas that include other entities such as schools. Krzysiak feels comfortable that local zoning regulations will be

allowed. He read a statement regarding his support for allowing marihuana establishments in the city. He believes that the state law provides sufficient information to draft an appropriate local ordinance at this time. He would vote to opt out at this time if a sample ordinance opting in could also be drafted.

Scott noted that there are multiple types of businesses to consider, not just retail. They all would have an impact on the city. Time needs to be taken to look at all of these types of businesses. Perry indicated that several communities close to Pleasant Ridge are opting in. She favors opting out and taking time to review the potential impact. She noted that there is nothing to lose by waiting. She expressed concern about the amount of municipal resources that would need to be devoted to this industry and how that would impact such a small city. Scott reiterated that there would be a serious review of any new business coming into the city and its impact on things like traffic and parking. Wahl supports a wait and see approach and acquiring more information from the residents. Metzger agreed.

Krzysiak made a motion to amend the pending motion by adding a statement that a sample opt in ordinance would be drafted within a time frame set by the commission. There was no support for the amendment.

19-3413

Motion by Commissioner Perry, second by Commissioner Wahl, to approve an ordinance to amend Section 42 by the addition of a new Section 42014, Marihuana Establishments prohibited as presented.

Adopted: Yeas: Commissioners Perry, Wahl, Scott, Mayor Metzger
Nays: Krzysiak

Interlocal Agreement between the City of Pleasant Ridge and the City of Ferndale Regarding Sharing Certain Building Department Services

Bruckman indicated the ordinance was amended to share services such as inspections when the Iron Ridge Marketplace was being developed. Pleasant Ridge would benefit from continuing and expanding those shared services such as rental inspections and vacation coverage.

19-3414

Motion by Commissioner Perry, second by Commissioner Scott, to approve the interlocal agreement regarding certain building department services and to authorize the Mayor to sign the agreement.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

Agreement Between the City of Pleasant Ridge and Oakland County Equalization Division for Property Assessing Services

Bruckman indicated that this is a renewal of an existing contract to utilize the county's assessment services. He noted that the city could not provide the same level of service for the cost of the contract. The renewal includes a 1% increase per year which is below the norm.

19-3415

Motion by Commissioner Perry, second by Commissioner Wahl, to approve the agreement with Oakland county for property assessing services as presented and to authorize the Mayor and City Clerk to sign the agreement.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

City Commission Moving Into Closed Session under Section 8(c) of the Open Meetings Act to Consult with the City Attorney Regarding Strategy in Connection with USCA 18-1253, Stallworth v City of Pleasant Ridge, et al.

Breuckman indicated that this is a renewal of an existing to contract to utilize the county's assessment services. He noted that the city could not provide the same level of service for the cost of the contract. The renewal includes a 1% increase per year which is below the norm.

19-3416

Motion by Commissioner Perry, second by Commissioner Wahl, to move into closed session.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

Closed session commenced at 8:40 p.m. Commission meeting reconvened at 9:02 p.m.

19-3417

Motion by Commissioner Krzysiak, second by Commissioner Scott, to accept and approve the attorney's recommendation regarding trial or settlement strategy in connection with USCA 18-1253, Stallworth v City of Pleasant Ridge, et al.

Adopted: Yeas: Commissioners Perry, Wahl, Krzysiak, Scott, Mayor Metzger
Nays: None

City Manager's Report

Breuckman noted that Assistant City Manager Pietrzak resigned effective April 8, 2019. No reason was given. They will begin the process of finding a replacement.

Other Business

Metzger reminded residents that DTE will host an open house on April 18th at the community center to discuss tree cutting and explain specific circuit related issues. He encouraged residents to make sure that DTE has good contact information to receive notifications regarding upcoming projects.

Krzysiak indicated that the April Book Club book is *The Boston Girl*, by Anita Diamant.

Wahl discussed FernCare which is an organize that provides insurance. They are hosting a benefit on May 23rd at the Detroit Yacht Club. The Foundation Auction is May 18th. Proceeds will go towards new lighting at Gainsboro Park and for the new Memorial Park fountain. Perry noted that people can also donate toward the fountain through the website. The first of several 100-year celebrations will be June 7th.

With no further business or discussion, Mayor Metzger adjourned the meeting at 9:15 p.m.

Mayor Kurt Metzger

Amy M. Drealan, City Clerk

/dleg

PR Marijuana Businesses

Jay Foreman

Tue 4/9/2019 5:44 PM

To: Ann Perry <aperry@cityofpleasantridge.org>; Bret Scott <bscott@cityofpleasantridge.org>; Jason Krzysiak <jkrzysiak@cityofpleasantridge.org>; Kurt Metzger <kmetzger@cityofpleasantridge.org>; Amanda Wahl <awahl@cityofpleasantridge.org>;

Cc: Amy Drealan <cityclerk@cityofpleasantridge.org>; James Breuckman <citymanager@cityofpleasantridge.org>;

Mayor and City Commission,

Thank you for all of the thought and discussion that have gone into this issue thus far. For the record, I voted to make marijuana "legal" to use/consume, but I am not at all in favor of allowing any marijuana businesses here in Pleasant Ridge. We are a very small city with limited commercial spaces, and we are surrounded by much larger cities with much larger commercial areas. Fortunately, the community we live in is very walk-able and bike-able, so we can easily get to places like Ferndale to buy our marijuana if we choose to do that. In my opinion, Ferndale is an example of a much better fit for this type of business -- we do not need it here.

While I do not want these businesses here in PR, at all, it is always possible that over time, and from monitoring how things go in other cities, my opinion could change. I think the prudent approach is to prohibit these businesses now, and then see how things pan out over time. There is no rush, and no dire need to have any of these businesses here right away; we have lived without them until now. PR residents that use marijuana already have sources.

I hope that you will vote to approve the proposed ordinance tonight.

Thank You!

Jay Foreman
60 Oakdale

James Breuckman

From: margaret jane makulski <jmakulski110@gmail.com>
Sent: Tuesday, April 9, 2019 4:14 PM
To: James Breuckman
Subject: Public Hearing

Jim,

Though I plan on attending the public hearing tonight, I'm covering my bases in case my civic interest wanes and I decide to stay home.

While marijuana is legal and state government is wrestling with implementation of the law, I strongly support opting out of establishing a retail outlet in Pleasant Ridge. We are a small, residential community with little business property and that which we have is located primarily on Woodward Avenue and backs up to private homes. This is hardly an ideal setting for introducing a marijuana business. There is potential for added traffic in an area where traffic is heavy already and more importantly, increased disturbance to residential homeowners. In addition, property values could decrease.

As a source of added revenue, the present law offers a tax incentive to cities that opt in but it is a small amount and I question if it would cover any additional costs that the city might incur. Communities near Pleasant Ridge have indicated approval of retail marijuana shops and residents desiring to buy it will have outlets available.

I recommend that commissioners opt out at this time and study the regulations regarding implementation of this law. Those cities that opt in, can be observed and information can be gathered from them. At this time, I see no value to Pleasant Ridge in voting "yes" to marijuana businesses in the city.

Thank you,
Jane Makulski

FW: Proposed amendment to allow sale of marijuana

James Breuckman

Tue 4/9/2019 11:31 AM

To: Amy Drealan <cityclerk@cityofpleasantridge.org>;

One more

From: doug patterson <doug@lafayetteamerican.com>
Sent: Tuesday, April 9, 2019 11:27 AM
To: James Breuckman <citymanager@cityofpleasantridge.org>
Cc: Ann Perry <aperry@cityofpleasantridge.org>
Subject: Proposed amendment to allow sale of marijuana

Hello there.

I'm a resident of Pleasant Ridge who's unable to attend tonight's city commission meeting concerning the proposed amendment allowing marijuana dispensaries here.

I'm writing to express my opposition to the amendment. Pleasant Ridge is a small residential community with a very limited footprint for businesses. Because of that, every storefront counts, and every type of business says something about our town. While I'm not opposed to marijuana use (to each his own), a dispensary in our community degrades and disrupts the quality of life we've come to expect in Pleasant Ridge.

Those who want to buy marijuana have ample opportunities to do so nearby. There is absolutely no need to allow its sale in our community.

Thank you,
Doug Patterson

25 Hanover Road

doug patterson
415-601-0613
[@lafayetteamerican](https://www.lafayetteamerican.com) | [lafayetteamerican.com](https://www.lafayetteamerican.com)

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FW: Pot Shops

James Breuckman

Tue 4/9/2019 12:49 PM

To: Amy Drealan <cityclerk@cityofpleasantridge.org>;

One more

From: Elizabeth Hill <ebhill2009@gmail.com>

Sent: Tuesday, April 9, 2019 12:28 PM

To: James Breuckman <citymanager@cityofpleasantridge.org>

Subject: Pot Shops

I hope the city will opt out of allowing marijuana establishments in the city for now. I would like to see how other locations handle the new industry and if it has more of a positive or negative impact on the community.

Thank You,
Elizabeth Hill

FW: Marijuana Opt Out

James Breuckman

Tue 4/9/2019 8:23 AM

To: Amy Drealan <cityclerk@cityofpleasantridge.org>;

Here's another one.

From: Ben Hamilton <benjamhamil@gmail.com>

Sent: Monday, April 8, 2019 8:34 PM

To: James Breuckman <citymanager@cityofpleasantridge.org>; Kurt Metzger

<kmetzger@cityofpleasantridge.org>; Amanda Wahl <awahl@cityofpleasantridge.org>; Jason Krzysiak

<jkrzysiak@cityofpleasantridge.org>; Bret Scott <bscott@cityofpleasantridge.org>; Ann Perry

<aperry@cityofpleasantridge.org>

Subject: Marijuana Opt Out

I will be unable to attend the meeting tomorrow but I wanted to voice my opinion to all of you regarding the marijuana resolution.

While I voted yes for the legalization of marijuana, I am strongly in favor of opting out of marijuana establishments. I have no desire to have a marijuana establishment at the end of my street. In my opinion, a marijuana establishment would be no different than a vape store or a liquor store. Since I don't want one at the end of my street, I cannot support opening any such store in Pleasant Ridge.

Thank you for all you do for our city.

Ben Hamilton

Regarding the decision on allowing Marijuana businesses in the city of Pleasant Ridge:

First of all, I am not against the use of recreational marijuana. I, like many other residents, voted to allow recreational marijuana in the state because I felt it is wrong to criminalize and ruin people's lives because they possess small amounts of cannabis. While I did not necessarily agree with the vague terms of the business aspect of the Michigan Regulation and Taxation of Marijuana Act, it did not cause me to vote against the proposal.

I have been a resident of Pleasant Ridge for 6 years, and in that time I have come to many realizations about this city. It is a very small city. It has very limited city services of its own. It is 99% middle and upper class residential houses. It has very little retail space. For these reasons and more I will discuss, I feel a posture of "wait and see" is the responsible decision with regard to allowing retail marijuana businesses in our city. The cost and the benefit to our city should be carefully examined once it is known and not hastily when it is unknown.

At this time, it is not certain what all the benefits will be to this city to allow these businesses. Yes, residents who smoke will have a retailer in their city not far from their home. It may attract traffic to our city to benefit other retailers. The city will appear "more liberal". The city may get some small benefit from a tax on a business and a few jobs, but reaping revenue from the taxation of marijuana from one or two businesses in the city seems insignificant on the grand scale.

In my monitoring of the council meetings and social media I have not heard a great outcry from residents demanding these types of businesses be allowed, only a small number of very vocal proponents. Is it something a good number of our neighbors even desire in their neighborhood?

I can say with 100% certainty that having these types of businesses in our community will not attract middle to upper class couples raising families. Though most feel marijuana should be a personal decision to use, they don't want to raise their kids somewhere its use is highly visible. A marijuana retailer and its traffic are highly visible. Why take the chance that the value of our community could be diminished from the presence of these businesses?

Let's not normalize and sugar coat this. Marijuana is a powerful, intoxicating narcotic. It is currently being legally prescribed to alleviate excruciating pain. I have smoked it and I know first-hand its effects in small amounts on the human brain. Plenty of studies have been done on the positives and negatives of marijuana use. I don't need to publish them in this letter, most educated people are aware of them. For these reasons, I feel that there should be higher scrutiny for this type of businesses.

While 1/3 of Michigan communities are currently opting out of retail cannabis, that still leaves 2/3 keeping the option open for businesses, including cities bordering Pleasant Ridge. In metro Detroit there are already more than 20 medical marijuana businesses operating. It is open to speculation, even with the select community prohibitions in place, what number of these businesses will open and operate once the state gives the go-ahead. It's quite possible that a horde of entrepreneurs will go into this venture and the market will become oversaturated without Pleasant Ridge's involvement. I feel that after a few years 2/3 of these businesses will close. Unlike Amsterdam, Netherlands, who incidentally have closed 2/3 of their pot shops in recent years, Metro Detroit does not have the tourist traffic of that or similar "legal weed" cities. We sit within 20 minutes drive from an entire country of legal weed. We, at this time, do not even know who would be allowed to purchase from a retail marijuana business in Michigan. Where will all of these customers come from? My point is that, in what is sure to be a highly competitive market, allowing these businesses will not guarantee their success.

Furthermore, The medical marijuana businesses that exist in Michigan today have higher security than banks or even firearms retailers. Marijuana has a very high "street value", more than liquor or cigarettes or firearms. It already has a highly established black market of sellers and consumers. These businesses are an obvious target for crime. Be certain that any storefront will have a high security appearance.

In closing, it is my opinion that in its current uncertain status of operation, Pleasant Ridge should wait and see what happens when this vague law goes into effect. Then it should carefully weigh its cost and benefit to our city. Marijuana does not need our community to thrive, and we do not know if we need marijuana at all to grow as a community.

FW: Marihuana Dispensary

James Breuckman

Mon 4/8/2019 9:09 AM

To: Amy Drealan <cityclerk@cityofpleasantridge.org>;

For the marijuana file.

-----Original Message-----

From: Kathryn . <kathrynw2000@gmail.com>

Sent: Sunday, April 7, 2019 4:49 PM

To: James Breuckman <citymanager@cityofpleasantridge.org>

Cc: Jason Krzysiak <jkrzysiak@cityofpleasantridge.org>; Ann Perry <aperry@cityofpleasantridge.org>; Bret Scott <bscott@cityofpleasantridge.org>; Amanda Wahl <awahl@cityofpleasantridge.org>; Kurt Metzger <kmetzger@cityofpleasantridge.org>

Subject: Marihuana Dispensary

Hello Mr. Jim Breuckman,

I am a freshman at Marquette University and have lived my entire life in Pleasant Ridge. I would like to highlight what a great community and City Pleasant Ridge is. When I have friends and family come to stay at my family's house, they always comment on how lucky I am to live in such a great place and I couldn't agree more.

I recently have been made aware of the consideration to implement a Marihuana Dispensary within the City. I think it is important that I share my opinion on this consideration.

I am currently 19 years old, approaching the legal age of purchasing Marihuana in Michigan. I personally think placing a dispensary in our City is a horrible idea. I sadly have direct experience with the use and effects of Marihuana from both friends and the exposure I receive from living on a college campus. The fact is there are negative consequences to its use. I have seen depression and anxiety as well as demotivation occur among peers due to the use of this drug. If you do any amount of research - even as simple as a google search - you can find scientific evidence illustrating the dangers of using Marihuana. I do understand that there are specific situations in which its use can be beneficial, however that is not justification enough to reason that this is a good idea for our community. Not only does the drug have negative effects on health, but its use also comes with a reputation. That reputation is personally one I don't want to be affiliated with nor one that I believe matches Pleasant Ridge's values and standards. I won't be proud to tell people I live in Pleasant Ridge if it is known as the City where you can purchase Marihuana.

In reading the agenda for the City Commission Meeting, it is my understanding that there could be a

financial benefit for the City. I think that should play absolutely zero role in this decision. The health and reputation of the community should be a priority, always.

All I can really ask is that this decision is made with much research and thought put into both short-term and long-term repercussions. It is my hope that I can move back to Pleasant Ridge to raise a family because it is such a great place to live and grow-up. If I'm being honest, a Marihuana Dispensary within the City will fully affect that decision. I don't want to live and raise children in a community that supports drug use.

Thank you for your time,

Kathryn Wolf

Dear Mr. Breuckman and Pleasant Ridge City Commissioners,

Thank you so much for giving the people of Pleasant Ridge a voice in this important decision regarding whether Pleasant Ridge should allow a Marijuana dispensary in our City. My position is a strong "no". I believe there are no benefits to letting this type of business into Pleasant Ridge.

I think you should be aware that numerous municipalities are "opting out" due to the unknown risk/consequence of having a marijuana business in their communities.

Currently, under existing law, marijuana dispensaries have to operate under a cash basis (since banks will not deal with them). This seems like a problem in itself, possibly attracting more robberies and being an extra burden for our police.

Most importantly, are the consequences that marijuana has on peoples' behavior and mental health--especially in reference to developing brains. First, I want to emphasize that I know there are definitely medical benefits to marijuana. For example, if someone has seizures, or a brain tumor it is an effective drug for helping with the condition. But, its use should be for a limited time and to treat a specific condition.

I have attached a newsletter from Dr. Blaylock who is a board-certified neurosurgeon, a health practitioner, author and lecturer. He cites that marijuana is different than it was even a decade ago. "In fact newer forms of marijuana are some 25 times more potent than what was being used just a decade ago." What he clearly states is the age a person starts marijuana directly effects what type of consequences they could experience. People who start using this drug at a young age have a much greater incidence of psychosis and schizophrenia. Dr. Blaylock also questions why so many states are putting society at risk by legalizing marijuana. He believes it is greed that is driving this push because the costs to society are high. I ask that you look over the attached report. Since marijuana is now legal in Michigan, only time will tell what the long-term effects will be on our state. There are far too many unknowns right now to jump into allowing this drug to be sold in our City. I humbly ask that Pleasant Ridge not allow marijuana to be sold here. Let's focus on what will make the City better not the problems that can come from a drug culture. Pleasant Ridge is our refuge from a sometimes crazy world.

Best Regards,



Shannon Wolf



The Blaylock Wellness Report.

Living a Long, Healthy Life

by Russell L. Blaylock, M.D.

March 2019

Vol. 16, No. 3

Key Points

- Most disturbing effects of marijuana use are schizophrenia and psychosis
- People who start using marijuana before age 18 are at greater risk for mental health problems
- It is not necessary for a person to use marijuana for years to develop brain damage
- Marijuana use during pregnancy is linked to anxiety and depression in children
- First states that legalized marijuana use are already seeing social problems

PLUS

- Hepatitis B vaccine harms brain development

ASK DR. BLAYLOCK

Does it relieve nerve pain?

Don't Believe the Myths You Hear About 'Harmless' Marijuana

One of the great obstacles to any scientific discussion of a new type of treatment is that the topic inevitably becomes tainted when large sums of money are to be made from the product — as we are now seeing with the growing legalization of marijuana in the United States.

These days, marijuana growers, processors, and sellers are popping up like weeds (pardon the pun). And liberals, libertarians, and even some conservatives are encouraging people to invest in this supposed cash crop.

Unfortunately, what is being ignored is the cost in human lives and the potential destruction of civilized society itself. As I hope you will see, this is not hyperbole.

The scientific debate over cannabis safety has changed over the years as our understanding of the neurological function of cannabinoid receptors has evolved and the glutamate neurotransmission system has been identified and studied. Today, we know far more about the intimate connection between these components, and recognize their critical role in brain development and neurological function.

There is no question that cannabinoid compounds can have beneficial effects when they are used cautiously and for a limited time to treat specific conditions. But in states that have legalized the drug, it is already being abused.

In this month's issue of The Blaylock Wellness Report, I will tell you about the hazards of marijuana — from impaired brain development and function to antisocial behavior — that are being ignored in order to allow use of this new cash crop to spread.

Marijuana Use Significantly Raises Mental Health Risks

It's important to understand the complexity that comes with studying any human behavior, as a great number of factors interact to determine that behavior. A short list of factors that may play a role includes:

- Prenatal nutrition
- Exposure to infections during critical periods of brain development
- Child abuse and neglect

- Heredity
- Overvaccination (especially early in life)
- Exposure to neurotoxic substances such as lead, mercury, aluminum, and cadmium
- Early moral instruction

Pre-existing psychosis must also be considered. And in some psychiatric disorders, early symptoms are likely to be overlooked.

All of these factors have to be considered when studying marijuana's effects on a person. Fortunately, most of the recent studies do take these complex factors into consideration.

The main psychotropic ingredient in marijuana is a compound called delta-9-tetrahydrocannabinol (THC). It has been shown that the timing of a person's initial exposure to marijuana is critical, as are the frequency of use and dose of the active ingredient.

When I was a university student in the 1960s, the marijuana that was being used (commonly called hash) contained a concentration of the active THC product that was far lower than what is being used today.

In fact, newer forms of marijuana are some 25 times more potent than what was being used just a decade ago.

This is important to keep in mind because many older studies used marijuana with lower concentrations of THC. Yet they too found that the drug caused psychiatric behavioral problems.

Two of the most disturbing effects of marijuana use are schizophrenia and psychosis. While these occur in a relatively small number of users (compared to the tens of millions who use the product daily), the seriousness of the conditions make it important to study the link to marijuana.

The big question — especially with regard to schizophrenia — has been whether THC causes psychological disturbances, or merely causes the condition to materialize earlier or in a worse form in people who were destined to develop it. There is evidence for both theories.

There's also evidence that some part of the population has a subclinical propensity to develop psychotic disorders (or other mental disorders), and that drugs such as marijuana can precipitate a dangerous full-blown psychosis.

A research review conducted by Louisa Degenhardt and Wayne Hall looked at six longitudinal studies (following people forward in time from marijuana exposure, rather than looking back) carried out in five different countries.

The researchers concluded that all of these studies demonstrated that regular use of cannabis did indeed raise a person's risk of developing symptoms of schizophrenia.¹

And in all of the studies, researchers carefully controlled for variables that might confuse the issue of what was raising schizophrenia risk.

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One study found that daily use of marijuana doubled the risk of reported psychotic symptoms such as hallucinations and delusional thoughts.²

Another study found that 14 percent of people in a random sample of individuals who were given cannabis developed or experienced unpleasant experiences, which included hearing voices, fear of persecution, or fear of harm.³

A number of other studies have shown the importance of a person's age when starting to use the drug, with early adolescence being most harmful.

In one such study, researchers looked at 3,500 individuals, and compared those who started smoking before and after the age of 18.

They found that those in the younger group had a much higher incidence of psychosis than the older group.⁴

A more recent study that looked at 46 14-year-old children who had used marijuana only once or twice found that the children demonstrated pathological changes in their brain — mainly thickening of both temporal lobes (hippocampus) and other areas critical for higher brain functions.⁵

This finding reveals that it is not necessary for a person to use marijuana for many years to develop brain damage, especially if that person begins at a very young age.

It has also been shown that schizophrenics are more likely to use marijuana than people with other psychiatric disorders.^{6, 7}

Degenhardt and Hall write that the first convincing evidence that marijuana could precipitate schizophrenia was a prospective study of 50,465 Swedish individuals who had begun using marijuana at age 18.

The researchers in that study followed people for 15 years,⁸ and found that those who began their drug use before age 18 were 240 percent more likely to be diagnosed with schizophrenia than those who never used the drug.

Before adjusting for a number of variables, they discovered a 1.3 times greater chance of developing schizophrenia if a subject had used marijuana 1 to 10 times; three times greater if he or she had used it up to 50 times; and 6 times greater if the person used marijuana more than 50 times.

After adjusting for variables, the numbers were lower

Marijuana Use Is Widespread

Marijuana is one of the most abused drugs in the world, especially in the United Kingdom and the United States. A recent survey found that 46 percent of high school seniors had tried marijuana at some point, including 34 percent within the last month at the time of survey; 5.6 percent reported smoking it daily.

Especially frightening is the discovery that 70 percent of new marijuana smokers were between the ages of 12 and 17. Of these new marijuana smokers, 14 percent became dependent. That's more than twice the rate of adult users.

but still significant, with a 230 percent higher risk of developing schizophrenia if a person used marijuana more than 10 times by age 18.

Another study that was much better controlled and took into consideration even more variables came up with essentially the same results.⁹ Those researchers concluded that 13 percent of schizophrenia cases could be prevented by stopping all marijuana use by young people.

A three-year Dutch study of 4,045 marijuana users first examined participants for any signs of psychosis or other psychological problems.¹⁰ Included in the study were 59 subjects who did have pre-existing psychosis disorders.

These researchers found the same thing as the others — early use of marijuana significantly increased the risk of developing schizophrenia in individuals who did not have pre-existing psychosis or signs of schizophrenia.

They also found that marijuana use in those with pre-existing psychosis markedly worsened the psychosis — that is, made them more dangerous to themselves and to society.

The Swedish study only considered psychosis cases requiring hospitalization, which means that problems representing lesser degrees of psychosis were not even included.

Put another way, the problem of marijuana-induced psychosis is much worse than was demonstrated in this study.

Interestingly, the study found that marijuana use was responsible for 50 percent of the hospital

admissions for psychosis. Other studies have confirmed those findings.¹¹⁻¹⁴

Marijuana Increases Incidence and Severity of Schizophrenia

As is demonstrated by these studies, starting marijuana use early in life is associated with a much higher risk of developing psychosis and behavioral problems later. A recent study found that adolescent marijuana use not only hastened the onset but also amplified the severity of schizophrenia symptoms.¹⁵

Another recent study of 247 first-episode psychosis patients from six psychiatric hospitals found that regular use of marijuana for five years frequently occurred before any symptoms of psychosis had developed, suggesting that the psychosis was caused by the marijuana.¹⁶

The researchers in this study controlled for use of alcohol and tobacco, as well as for gender, family history, and other variables.

Interestingly, they found that early adult marijuana use was just as important as adolescent use in causing and worsening the psychosis.

Early abstinence from marijuana use after the first episode of psychosis is critical, as was shown in a recent study conducted in India.¹⁷ The researchers found complete recovery of those who abstained after the first marijuana-induced psychotic episode. The subjects also improved in social and occupational measures after abstinence.

On the other hand, those who continued to use marijuana got worse, and a significant number of them went on to develop serious mental disorders.

Of particular concern has been the discovery that over time, marijuana-induced psychosis significantly increases the incidence of not just schizophrenia, but also other severe psychiatric disorders, including bipolar disorder.¹⁸

Researchers have found that 47 percent of marijuana-induced psychosis cases later progressed to one of these two mental disorders. In addition, the risk of self-harm (even suicide) was higher in these patients.

In both instances, a significant time period was required before the patients converted from marijuana-induced psychosis to those more serious mental disorders — 3.1 years in 50 percent of the schizophrenia patients, and 4.4 years in 50 percent of

the bipolar patients. Scientific studies of THC — the psychotropic ingredient in marijuana — have shown that it produces an “amotivational syndrome” that is characterized by:

- Apathy
- Social withdrawal
- Narrowing of interests
- Lethargy
- Impaired memory
- Impaired concentration
- Disturbed judgment
- Reduced occupational achievement

The drug also affects learning, short-term memory, working memory, executive function (concentrated thinking and directing one’s actions), abstract ability (creativity), decision making, and attention.¹⁹⁻²¹

Studies using marijuana’s parent compound, THC, found it could cause distorted sensory perceptions, altered body perception, feelings of unreality, depersonalization, and extreme slowing of time when used in healthy individuals.

A number of these symptoms have serious social implications. For instance, what if we had doctors, accountants, politicians, bureaucrats, and others in critical positions under the influence of this powerful drug? Could our society continue to function?

Keep in mind that there are two separate effects of marijuana: intoxication occurs during actual use of the drug, and then there are longer-term effects of repeated use, which can become permanent even if a person quits using the drug.

Of particular concern are studies showing that marijuana use increases impulsive behavior, such as reacting unwisely to perceived threats or other social interactions. The drug also increases risk-taking.²²⁻²⁶

Young people are already naturally prone to

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BLAYLOCK TIP**Vitamin E Slows Brain Aging**

A recent study found that giving mice high doses of vitamin E markedly increased the median lifespan by 40 percent, and increased maximum lifespan by 14 percent. Supplementation raised brain vitamin E to twice the normal levels.

The researchers found that mitochondrial free radical and lipid peroxidation levels rose progressively with the aging of animals, as occurs in humans. The animals also developed progressive damage to their proteins (protein carbonyls).

The damage could be prevented with vitamin E supplementation. Animals that were given vitamin E demonstrated marked improvement in neurological performance, while decline in age-associated neurological function was prevented.

Additional studies have shown that other supplements — such as acetyl-L-carnitine, R-lipoic acid, and flavonoids from vegetable extracts — can do the same thing. What these antioxidant supplements have in common is that they protect mitochondria, prevent free radical

and lipid peroxidation accumulation, and promote repair.

Studies have shown that as mitochondria age, the electron transfer used to generate cell energy (ATP) is impaired. Supplementing with vitamin E or performing moderate exercise can prevent this decline in energy production.

The dose used in these studies was equal to 1,296 mg or close to 1,400 IU of vitamin E for humans. Taking 400 IU of vitamin E three times a day will get you close enough.

impulsive behavior. Increasing that propensity puts them, and others, in danger. What all these studies show is that marijuana — far from being “safe” — is a drug that can ruin lives, destroy the social fabric of society, and endanger the lives of others.

With modern marijuana products now having enormously high levels of THC, as research shows they do, we will see even more devastating effects.

Recent surveys in the United Kingdom found that 78 percent of the marijuana users were using a form of marijuana called “skunk,” which has the highest concentration of THC.²⁷

Marijuana contains another compound called cannabidiol (CBD), which has a long list of beneficial effects — but none of the psychotropic effects we see from THC. The addict, seeking a recreational high, wants marijuana that contains THC, which has no medicinal benefits.

But products in which most of the THC has been removed and the CBD compound has been concentrated have been shown to be beneficial for treating certain cases of intractable childhood seizures, multiple sclerosis, chronic pain, and even some neurodegenerative diseases such as Huntington's.^{28,29}

The compound has also been shown to prevent and even reverse some of the damaging symptoms that can be caused by THC.³⁰

Unfortunately, most of the marijuana that is being

grown today contains higher levels of THC and almost no CBD.³¹ Thus far, 25 states have enacted full legalization of marijuana use while 18 states, wisely, allow “limited access” — which means that only the low-THC, high-CBD forms can be legally sold and used.

How Marijuana Affects the Brain

It is important to understand that the brain contains special receptors that react to a substance in the brain — called endocannabinoid — which is chemically similar to THC. These cannabinoid receptors are widely distributed but highly concentrated in special areas of the brain, such as the hippocampus, amygdala, prefrontal cortex, insula, and anterior cingulate cortex.

All of these areas are involved with the control of emotional behavior, learning, and memory.

The cannabinoid receptors are also concentrated in special brain nuclei related to addiction (called the nucleus accumbens and orbitofrontal cortex).

When activated, these receptors regulate the release of several neurotransmitters, including dopamine, glutamate, serotonin, and opioids.^{32,33}

By regulating these neurotransmitters, cannabinoids such as marijuana effect the processing of emotional reactions such as responding to rewards, formation of habits, and higher cognitive function (deep thinking and computation). These cannabinoid receptors also

play a critical role in ongoing brain development, which extends from prenatal life until the age of 26 or 27.

It is important to appreciate that during brain development, there is a finely tuned increase and decrease of these cannabinoid receptors that is critical for proper wiring of the brain.

The highest concentration of cannabinoid receptors occurs during adolescence — meaning this is a period of great sensitivity to the harmful effects of marijuana.

Because the human brain undergoes continued development until age 27, it is until that time vulnerable to toxic substances such as the THC in marijuana. The effect of exposure to marijuana depends on the timing of the exposure (when one starts using it), the degree of use (dose), and length of exposure (how many years it is used). As noted, exposure before age 18 causes greater harm than later exposure.

Problems From Marijuana Exposure During Pregnancy and Infancy

Not only has the use of marijuana increased drastically in the last few decades, it is also being used at a younger age. And now even pregnant women are taking the drug at an increasing rate.

One survey found that among pregnant women between the ages of 14 to 44, 5.9 percent use illicit drugs. That includes 18 percent among pregnant girls ages 15 to 17.³⁴

Another recent survey in the U.S. and Europe found that 10 percent of pregnant women are using marijuana.³⁵ This reflects an incredible disregard for the health of these babies. A number of studies have looked at the neurodevelopmental effects of marijuana exposure on babies during pregnancy.

We know that cannabinoid receptors play a major role in brain development, especially in the architecture of various intricate brain structures

such as synaptic development. We also know that overstimulation of these receptors during critical periods of brain development can result in neurons that function abnormally.³⁶

These receptors become active very early in human brain development, somewhere around week 19 after conception, and they are much more active in the fetal brain than the adult brain.³⁷

Stimulation of cannabinoid receptors during brain development affects several neurotransmitters, including catecholamines, glutamate, serotonin, opioids, and dopamine.³⁸⁻⁴²

This can have profound effects not only on brain development, but especially brain function later in a person's life.

Marijuana has been shown to suppress these critical receptors. That means the presence of the drug would interfere with developmental molding of the brain's microscopic structures.

For example, an important effect that occurs in babies exposed to marijuana in utero is that they are hyperactive and impulsive later in life.^{43,44} As noted, this impulsive behavior can increase risk-taking, violence, and even suicide.

It has also been shown that prenatal exposure to marijuana during the first and third trimester can significantly predict anxiety and depression in 10-year-old children.^{45,46}

Prenatal marijuana exposure can selectively damage the executive brain functions, which are controlled by the prefrontal cortex located in the anterior portion of the brain.^{47,48} These harmful effects can last until the person is 18 to 22 years old.⁴⁹

Executive function is very important for survival in a complex world because it controls mental operations such as:

- Focusing and sustaining attention
- Redirecting thoughts

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- Controlling antisocial behavior
- Controlling impulsive behavior
- Planning and prioritizing
- Starting a task
- Organizing thoughts
- Memory

The prefrontal cortex is also the part of the brain that doesn't complete its full development until the age of 26 or 27.

The neurotransmitter glutamate plays an important role in forming memories. Glutamate also plays a critical role in brain development.

Several studies have shown that exposure to marijuana — even at low doses — can cause gross abnormalities in brain development.

For example, marijuana has been shown to interfere with the release of glutamate in the hippocampus and the prefrontal cortex, two critical areas of the brain used for learning and memory.^{50, 51}

In one important study, researchers gave animals a moderate dose of THC during the period of prenatal life until infancy and found that the animals had impaired long-term memory that persisted until late adulthood.⁵²

Again, the damage was caused by the effect of marijuana on glutamate neurotransmission.

Unregulated Thickening in the Brain Leads to Pathological Effects Later in Life

As a person's brain is developing — even during adolescence and early adulthood — it forms far more connections and synaptic structures than it actually needs. When this happens, the part of the brain involved thickens.

Normally, this thickening is corrected by a process called "pruning," which is analogous to clipping tree branches to allow for healthier growth. The pruning process is controlled by a finely tuned increase and decrease of glutamate levels in the brain, which is regulated by natural cannabinoids.

Cannabis (THC) interferes with this process by inhibiting glutamate. An overgrowth of connections then results in confused signals, which lead to impaired thinking, abnormal behavior, and even serious behavioral disorders.

Using special brain imaging techniques, researchers have shown that marijuana use before age

Increases in Risk-Taking

The abnormal decision-making that occurs with marijuana use can result in increased risk of criminal and violent behavior, as well as suicide.

People responsible for others' lives — such as doctors, engineers, builders, military leaders, policemen, firemen, and politicians — can create havoc in society if their decision-making ability is impaired.

Newer evidence indicates that using marijuana, especially beginning in adolescence, significantly damages the orbitofrontal cortex and impairs decision-making and increases the risk and severity of addiction.

With so many young people engaging in risk-taking activities and either being severely injured or losing their lives as a consequence, this connection between marijuana use early in life and increased risk-taking and poor judgement becomes critically important.

18 severely impairs pruning, which causes thickening in critical parts of the brain including the prefrontal cortex and the entorhinal cortex (important for learning and memory).

Diminished pruning also leads to abnormal formation of gyri (folds in the brain) in the prefrontal areas.⁵³

Researchers have also shown that marijuana use in early adolescence produces different pathological effects on the brain starting later in life.

The early user demonstrates thickening of critical parts of the brain, whereas adult users demonstrate thinning of the same areas.^{54, 55} This demonstrates the significance of timing in exposure to THC.

While use in adolescence prevents pruning of unneeded connections, use in adulthood inactivates the inhibitory GABA system, which increases excitotoxic destruction of neurons and brain connections, as well as damaging the amygdala — a part of the brain that plays a major role in regulating anxiety and violence.⁵⁶⁻⁵⁸

In fact, it has been reported that heavy, regular users of marijuana lose brain tissue in the amygdala, hippocampus, temporal pole, insula, parahippocampus, and orbitofrontal cortex — all of which are critical areas for learning, memory, behavior, and social control.^{59, 60}

Particularly troubling is the effect (especially if used

BLAYLOCK TIP**Pharmaceutical Industry Profits from Sickness**

The fight by the medical elite against nutrient supplementation has erupted into an all-out war. We have seen the medical elitists extolling the virtues of conventional medicine and their unending criticism of nutritional supplements.

What is not seen is who pulls the strings: the giants of the pharmaceutical industry.

Supplements can not only prevent an enormous amount of human suffering but also save our country billions of dollars in health costs and lost wages. So why have the medical elite and the government not suggested they be broadly used?

Consider the economic impact of such a program. First, a great

number of hospitals would close their doors. Tens of thousands of workers would lose their jobs. Makers of medical and surgical equipment would see a dramatic loss of business. Medical insurance companies would lose billions. And those who print medical forms and sell enormously overpriced computer equipment to doctors' offices and hospitals would lose millions as well.

Politicians would no longer be able to use Medicare and Medicaid to buy votes, and worst of all, from their viewpoint, most of the giant pharmaceutical companies would collapse.

John D. Rockefeller and his sons devised a clever way to

control the media without outright buying of newspapers, magazines, and broadcast media. They demonstrated that if they bought expensive advertisements in all of these media outlets, the media would soon be so dependent on their advertising dollars that they could control what the public saw and heard.

Because they owned or controlled hundreds of corporations — all buying advertising — they gained extensive control. In many instances, these companies and individuals are not looking out for your best interests. So the burden falls upon you, the consumer, to find out all you can in your search for good health.

early in life) that marijuana has on brain pathways involved in restraining abnormal and destructive social behavior.^{61, 62} These behaviors, often referred to as "conduct disorders," include things such as:

- Defying authority
- Starting fires
- Stealing
- Vandalism
- Physically abusive behavior

The orbitofrontal cortex (located within the prefrontal cortex) along with amygdala/hippocampal connections are critical for controlling conduct disorders.^{63, 64} People with abnormalities in the orbitofrontal cortex have difficulty with decision-making and evaluating the outcomes of their choices.

Early marijuana exposure, even in occasional users, has been shown to result in abnormal neural connections in the orbitofrontal cortex — a part of the brain that contains abundant cannabinoid receptors.^{65, 66}

And keep in mind that these effects are not restricted to periods of actual use of marijuana. Rather, they represent long-term damage that has been done to the brain — meaning that even when a person is not intoxicated by the drug, or has even stopped

using it for a long period of time, he or she can still demonstrate impaired judgment, impulsive behaviors, social phobias, and other types of mood disorders.⁶⁷

In fact, an analysis of 31 studies has linked marijuana use with psychopathology and changes in cognitive and higher order thinking, as well as anatomical and pathological changes in the brain.⁶⁸

Marijuana Use Puts Society at Risk

So why are so many states legalizing marijuana, and why do the media continue lying to the public about its safety for medicinal use? The answer, of course, is that "the love of money is the root of all evil."

Politicians see the drug as a way to pay off huge debts and buy more votes by promising even more benefits.

Meanwhile, growers, processors, and distributors see mountains of fast cash, and investors see huge long-term profits to be made.

What none of them think about are the myriad social problems increased marijuana use is causing, including:

- Dramatic rise in crime (especially violent crime)
- Record numbers of broken lives

- Unemployable masses of people
- A huge drain on medical treatment centers and addiction centers
- Increased addiction levels
- More suicides (especially among the young)
- Lower intelligence
- Greater frequency of poor judgment among workers and professionals

The truth is that all of us will pay an enormous price for this destructive policymaking.

The first states that legalized marijuana are already seeing these harmful effects — though most are doing everything in their power to hide the frightening data.

But if you look, you'll see that murder rates, auto deaths, and aggravated assault rates have risen significantly in the states that legalized marijuana the earliest.

Syndicated social columnist Ann Landers once printed a letter sent to her by a reader who was outraged by a previous column warning of the dangers of marijuana. In fact, the writer admitted that he was high on marijuana as he explained to her (in his letter) why she was all wrong.

He went on in an incoherent, rambling discourse of unreadable jumbled thoughts. Yet he insisted that when he smoked marijuana his mind was incredibly clear and his intuition was sharp, and he had profound insights he could never before have understood.

To the writer of that word soup, everything he was saying made perfect sense.

And that is the problem: The marijuana user has no understanding of his mental dysfunction and brain impairment. It almost makes you wonder if the legislators who passed these bills were smoking marijuana at the time. Unfortunately, we can't excuse them that easily — greed is the real answer. ■

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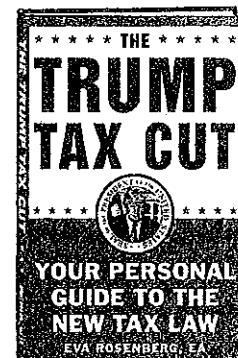
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Health and Nutrition Updates

Hepatitis B Vaccine Impairs Brain Development

It's human nature for people to trust established institutions such as the media, academia, medical institutions, and government bureaucracies. Yet over and over we are reminded that many of these institutions cannot be trusted — not just because of human error and the limitations of knowledge, but because of corruption, greed, and outright deception by those in positions of authority.

In 1991, the Advisory Committee on Immunization Practices (ACIP) — a branch of the Centers for Disease Control and Prevention (CDC) — instituted the policy of vaccinating every newborn child in the United States before they could leave the hospital. This insane policy was instituted despite growing scientific evidence that stimulating the immune system early in life had harmful effects on brain development that could result in neurological problems later in life — especially with regard to learning, memory, and behavior.

The most rapid growth and the most intricate development occurs in the human brain during the last trimester of pregnancy and the first two years of life. And those are the very times vaccines are being administered.

One of the vaccines given during these crucial development stages is for hepatitis B, a virus that can cause liver damage. But ironically, the United States had one of the lowest hep B infection rates in the world, and most infections actually clear without treatment.

For years, parents were told by hospitals that they could not bring their newborn home until it had received this vaccine. Now, some 28 years later, hard scientific proof demonstrates that millions of babies have been harmed by this insane policy.

In 2016, researchers published a study in the journal *Psychoneuroendocrinology* that examined the effect of giving the hepatitis B vaccine to mice at birth. They followed the cognitive brain function of the rats for 12 weeks, which would equal the time period of adolescence to young adulthood in humans.

In this study, they found that the hepatitis B vaccine caused the immune system to assume a

Th2 predominant immune profile, and that this impaired the development of the hippocampus (plasticity) by inhibiting the growth of neurons and their connections in this vital area of the brain. This caused impairments in mood and cognition (thinking and learning).

One of the main effects was interference with the mechanism essential for forming memories (called LTP). The vaccine also reduced production of brain-derived neurotrophic factor (BDNF), the chemical used by the brain to develop its critical structures. In addition, it activated microglia, which cause the destructive reaction called immunoexcitotoxicity.

Two years later, a follow-up study found that the vaccine caused a dramatic rise in an anti-inflammatory cytokine called IL-4. But just a few days after getting the vaccine, the reverse happened — there occurred an intense inflammatory reaction that damaged the hippocampus of the brain (again initiated by activated microglia), as was reported in the journal *Cytokine*.

The hepatitis B vaccine also delayed maturation of the blood-brain barrier, which is essential for protecting a baby's brain.

The study found that a combination of the aluminum adjuvant and the proteins in the vaccine are what cause the brain damage.

From the time this insane policy was first initiated in 1991 until now, a number of studies have clearly warned against vaccinating babies and children during this vulnerable period, demonstrating that it could have long-term consequences on brain function and increase risk of brain diseases later in life.

Several studies have shown that incidences of neurological disorders in children and young adults are rising at an alarming rate, yet babies are still being vaccinated and colleges and universities are now requiring that students be revaccinated with this dangerous and unnecessary vaccine.

What this should teach us is that vaccine policy, as well as other medical treatments, are often not based on good science, but rather profits for pharmaceutical companies. ■



Ask Dr. Blaylock

Attention Readers:

Dr. Blaylock welcomes any questions or comments you would like to share.

Each month, he will select a few to be published and answered in the newsletter.

Please remember that he cannot answer every question.

When submitting a question or comment, please include full name, city, and state.

Please e-mail the doctor at: askblaylock@newsmax.com.

How Can I Lower My Cholesterol?

Q: I am 69 and my total cholesterol has always been between 225 and 260. My doctor suggests I take a statin drug, but I always say no. I have taken policosanol for years, and previously I took niacin. Can you suggest anything else?

— Susan P., Parkville, Mo.

A: At age 69, your cholesterol levels are normal and do not, in my opinion, need to be lowered.

There are, however, a number of natural compounds that can lower cholesterol safely, including apigenin, grape seed extract, bacopa, saffron, and triphala, which lowers total cholesterol, LDL cholesterol, and triglycerides while raising HDL cholesterol.

Unfortunately, most doctors know very little about cholesterol metabolism and other research related to it. Therefore, they do not understand that after age 65 a higher cholesterol level, in your range, is much healthier.

You should concentrate on eating a healthy diet and take nanocurcumin, nanoquercetin, tocotrienol, taurine, and magnesium to keep your heart and blood vessels healthy.

What Relieves Nerve Pain?

Q: I have large B-cell lymphoma and am currently in remission. The chemotherapy has given me severe nerve pain in my hands and feet. What can help relieve it?

— Patricia Q., Williamsburg, Mass.

A: There are a number of studies showing that chemotherapy agents, particularly cisplatin, cause severe nerve damage. Several natural compounds can protect these nerves and help them heal. The

most impressive are curcumin, quercetin, EGCG, isoquercetin, baicalein, and resveratrol (pterostilbene).

Chemotherapy-related nerve damage and pain are caused by high levels of inflammatory cytokines. Nanocurcumin, nanoboswellia, nanoquercetin and nanosilymarin (One Planet Nutrition) have the best absorption and also offer the greatest anticancer effectiveness while improving nerve pain.

You should also take a high-dose B multivitamin, magnesium (slow release), vitamin E, benfotiamine (B1), and vitamin C (buffered).

The updated version of my book "Natural Strategies for Cancer Patients," which was released this February, contains more information.

What Will Prevent Breast Cancer?

Q: At 71 years old, I've just been diagnosed with atypical lobular hyperplasia of the breast. I've been on bioidentical hormone replacement for eight years and do not want to give that up. What supplements do you recommend?

— Julie C., Reno, Nev.

A: What your diagnosis means is a possible precancerous lesion — one that could become a cancer. As I have written before, cytomegalovirus has been found in all breast cancers. One of the most effective preventatives I have seen is high-dose nanocurcumin, specifically a high absorption form made by the company One Planet Nutrition. A dose of 1,000 mg three times a day with meals would offer good protection.

Nanocurcumin dramatically lowers cytomegalovirus levels and has very powerful anticancer effectiveness, especially for breast cancer.

Curcumin has been shown to be safe in doses as high as 6,000 mg. I know of a patient with otherwise

terminal breast cancer who takes 12 grams a day and all of her tumors have disappeared.

There are a number of other anticancer natural compounds. This would allow you to remain on your female hormones.

How Would You Treat Colon Cancer?

Q: My wife has had Stage 4 colon cancer for close to five years. She went through four rounds of chemo, one round of radiation, and five operations, but it's still there. Do you have any suggestions?

— Harvey L., Palm Beach Gardens, Fla.

A: A Stage 4 cancer of the colon is generally beyond traditional oncology treatments. The main question is does she have venous obstruction secondary to tumors in her liver.

Normally, in such a case, I would recommend nanocurcumin in rather high doses, but curcumin can cause spasms of the gallbladder ducts.

Most likely it would not harm a person with venous obstruction, and you can always try a small dose — say 250 mg of nanocurcumin to see how they tolerate it.

If the patient tolerates it, he or she can increase the dose progressively to as high as 4 grams three times a day.

A number of natural compounds inhibit colon cancer, including N-butyrate (Butyri Plex), nanoquercetin, nanosilymarin, pterostilbene, and baicalein. In combination, they have a much more powerful anticancer effect — most also protect and help regenerate liver function. Beta-glucan in a dose of 500 mg taken every other day will boost anticancer immunity.

Which Derma Cream Should I Use?

Q: Which Derma E cream do you mix with 800 mg of silymarin powder to make your silymarin cream?

— Felicia P., Greenwood, Ind.

A: I use the Derma E Vitamin E Intensive Therapy Body Lotion and mix 800 mg of nanosilymarin with the lotion.

The only side effect would be an allergic skin reaction, so it might be helpful to apply to a small area on the forearm first to see if you react. Reactions are rare. ■

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About Dr. Blaylock

Dr. Russell Blaylock is a nationally recognized, board-certified neurosurgeon, health practitioner, author, and lecturer. He attended the Louisiana State University School of Medicine in New Orleans and completed his internship and neurosurgical residency at the Medical University of South Carolina in Charleston, S.C. For 25 years, he has practiced neurosurgery in addition to having a nutritional practice. He recently retired from his neurosurgical duties to devote his full attention to nutritional studies and research. Dr. Blaylock has authored four books on nutrition and wellness, including "Excitotoxins: The Taste That Kills," "Health and Nutrition Secrets That Can Save Your Life," "Natural Strategies for Cancer Patients," and his most recent work, "Cellular and Molecular Biology of Autism Spectrum Disorders," edited by Anna Strunecka. An in-demand guest for radio and television programs, he lectures extensively to both lay and professional medical audiences on a variety of nutrition related subjects.

He is the 2004 recipient of the Integrity in Science Award granted by the Weston A. Price Foundation. He serves as an assistant editor-in-chief for the journal "Surgical Neurology International." He was also a lecturer for the Foundation on Anti-Aging and Regenerative Medicine. At present, he is a reviewer for the journal "Food & Chemical Toxicology" and other journals.

Dr. Blaylock previously served as clinical assistant professor of neurosurgery at the University of Mississippi Medical Center in Jackson, Miss.