



THE FACTS ABOUT 'MEDICAL' MARIJUANA

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INTRODUCTION

The Drug Free Schools Coalition is an organization of school administrators, teachers, parents, and school drug counselors dedicated to helping schools become drug-free.

There is a lot of misinformation on “medical” marijuana distributed by groups who want to legalize marijuana. Those organizations are:

1. The Marijuana Policy Project (MPP)
2. The Drug Policy Alliance (DPA)
3. The National Organization for the Reform of Marijuana Laws (NORML)
4. Various state organizations who claim to represent patients or who advocate for “compassion.”

This paper provides well documented facts in response to the claims made by the “medical” marijuana advocates. Each section starts with the claims of the marijuana advocates and then provides a factual response.

Our position

We are concerned about “medical” marijuana because of its impact on kids and because it is a step towards legalization of marijuana which will have serious negative consequences for kids.

Before any controlled substance is approved as a safe and effective medicine it must go through our normal scientific process for drug approval - the FDA process.

The anecdotal reports regarding “medical” marijuana are not reliable scientific evidence because the claimed benefits were not independently verified and do not reflect double-blind controls. The anecdotal reports may also be inaccurate due to the emotional expectancy of the person using marijuana and the placebo effect. In some cases there may be deliberate exaggeration for ideological reasons.

We welcome your comments and questions.

WHAT IS CRUDE MARIJUANA?

Some states have laws that provide for the use of crude marijuana as a “medicine.” The term “crude marijuana” describes the illicit Schedule I drug that people abuse. The drug is derived from the leaves and flowering tops of the Cannabis plant and is consumed in a variety of ways. The dried plant material is most often rolled in paper and smoked as a cigarette, called a “joint.” It is often placed in smoking devices called “bongs,” smoked in pipes, or smoked in “blunts,” which are cigars from which the tobacco has been removed and replaced with marijuana. Sometimes it is baked in cookies or brownies and eaten, or brewed in tea and drunk. Other methods for consuming the drug are constantly being developed by the drug culture.

The state “medical” marijuana laws by-pass our proven FDA drug approval process

All medications, particularly those containing controlled substances, should become available only after having satisfied the rigorous criteria of the federal Food and Drug Administration (FDA) approval process. That process has been carefully constructed over the past century to protect patient health and safety. There are compelling reasons to hold “medical” marijuana to the same standard that has served our nation well in the approval of medicines for the past century. The state laws that approved marijuana as a “medicine” did so through a political process rather than through a scientific process. This is unwise not only for “medical” marijuana users but it sets a dangerous precedent for other “medicines” seeking to bypass the standard of proven safety and efficacy.

How is it dispensed?

“Medical” marijuana laws only require a physician's “recommendation” and not a written prescription. “Medical” marijuana is often sold by storefront dispensaries and not in medically controlled circumstances and often patients are not monitored by the physicians after they obtain the recommendation to obtain marijuana.

How much marijuana is permitted under the state laws?

The state “medical” marijuana laws may permit the possession of a certain number of ounces of marijuana. An ounce of marijuana is a lot of marijuana. A typical marijuana joint is estimated to weigh about 0.4 grams. If a standard joint is 0.4 grams of average-quality 6% marijuana buds, an ounce of "standard pot" equals more than 60 joints. An ounce of more potent 12% sinsemilla is 120 joints. Thus an ounce is from 60 to 120 joints. [FN1]

The laws may also permit the possession of a number of marijuana plants. The typical plant can produce between 1 to 5 pounds of smokeable marijuana. [FN2] Thus, if a state permits people to grow up to 6 plants and the plants can produce between 1 to 5 pounds of smokeable marijuana this is 6 to 30 pounds of marijuana per year. When you do the math this is 5,760 to 28,800 joints for standard pot and 11,520 to 57,600 for sinsemilla per year. This large amount of marijuana is

unregulated and can easily be diverted for recreational use.

References

[FN1] Economics of Cannabis Legalization, written by Dale Gieringer, Ph.D., Coordinator, California NORML (National Organization for the Reform of Marijuana Laws). Reprinted from Ed Rosenthal, ed., Hemp Today pp. 311-24. (Quick American Archives, Oakland, CA 1994) found at www.NORML.org

[FN2] Drug Identification Bible, Third Edition, page 606, Tim Marnell editor, Denver, CO, 800-772-2539 (a book for law enforcement, parents and educators)

CRUDE MARIJUANA IS NOT A SAFE OR EFFECTIVE MEDICINE

Fiction: Crude marijuana is a safe and effective medicine

“Medical” marijuana advocates claim that nausea, appetite loss, pain, and anxiety can be alleviated by smoking marijuana. They claim that marijuana is useful for treating cancer, HIV/AIDS, epilepsy, anorexia and wasting syndromes commonly associated with cancer and HIV/AIDS. They also claim it helps with Multiple Sclerosis (MS) and spinal cord injuries, muscle spasms, bladder dysfunction, spasticity, and ataxia (loss of coordination) and a variety of other illnesses. They claim that marijuana is one of the safest substances known and it does not need to be approved by the FDA. [FN1]

Fact: Crude marijuana is not a safe or effective medicine.

Marijuana is intoxicating, so it's not surprising that sincere people report relief of their symptoms when they smoke it. They may be feeling better - but they are not actually getting better. They may even be getting worse due to the detrimental effects of marijuana.

All medications, particularly those containing controlled substances, should become available only after having satisfied the rigorous criteria of the federal Food and Drug Administration (FDA) approval process. That process has been carefully constructed over the past century to protect patient health and safety. Patients and physicians have the right to insist that prescription medications have satisfied modern medical standards for quality, safety and efficacy. Such medications must be standardized by composition and dose and administered in an appropriate delivery system with a reproducible dose. Furthermore, preclinical and clinical studies are necessary to provide physicians with adequate information to guide their prescribing decisions.

The anecdotal reports of benefits of “medical” marijuana cannot be regarded as scientific evidence because the claimed benefits were not independently verified and quantified. The anecdotal reports do not reflect double-blind controls and hence are not free of potential confounders such as expectancy, placebo effect, and deliberate exaggeration for ideological reasons. [FN2]

There is no reason why medications derived from the cannabis plant should be exempted from the FDA process. Proliferation of "medical marijuana" state laws creates an unregulated system that allows untested and potentially contaminated materials to be distributed to vulnerable patients.

“Medical” marijuana is not dispensed in medically controlled environments nor are the “patients” required to be monitored by physicians after they obtain the recommendation. In many cases the “patients” are not even examined by physicians. Such a system benefits marijuana growers and vendors, but endangers the well-being of patients and undermines the integrity of the physician-patient relationship.

Many prominent national health organizations do not support crude smoked marijuana for medicinal use. [FN3] Crude marijuana as medicine has been rejected by the American Medical Association, the National Multiple Sclerosis Society, the American Glaucoma Society, the American Academy of Ophthalmology, the American Cancer Society, the National Eye Institute, the National Institute for Neurological Disorders and Stroke and the federal Food and Drug Administration (see Appendix One). [FN4]

Some medical organizations, such as the American College of Physicians, support research into cannabinoids. This has been used by marijuana legalization advocates as proof that these organizations support crude marijuana - but this is not accurate. For example, the ACP supported research into cannabinoids such as THC but they specifically stated “The ACP encourages the use of nonsmoked forms of THC that have proven therapeutic value.” It must be non-smoked and it must have proven value such as being approved by the FDA. [FN5]

The supporters of “medical” marijuana want to confuse support for research into specific chemicals in marijuana with support for smoked marijuana as a medicine. There is some scientific interest in the exploration of the therapeutic uses for some of the individual chemicals in marijuana. However, we must distinguish between the exploration of the therapeutic potential of these chemicals with support for smoking as a delivery system for these chemicals. No reputable medical organization has come out in favor of smoking marijuana as good or preferred delivery method.

Drs. Eric Voth and Richard Schwartz, experts on marijuana, having extensively reviewed available therapies for chemotherapy-associated nausea, glaucoma, multiple sclerosis, and appetite stimulation, determined that no compelling need exists to make crude marijuana available as a medicine for physicians to prescribe. They concluded that the most appropriate direction for research is to research specific cannabinoids or synthetic analogs rather than pursuing the smoking of marijuana. [FN6]

The conclusions of Drs. Voth and Schwartz were echoed by the National Academy of Science’s Institute of Medicine (hereinafter IOM Report) in an assessment of scientific marijuana and cannabinoid research. They see “little future in smoked marijuana as a medicine.” [FN7]

There are safe medicines available

Legalization advocates would have the public and policy makers incorrectly believe that marijuana is the only treatment alternative for masses of cancer sufferers who are going untreated for the nausea associated with chemotherapy, and for all those who suffer from glaucoma, multiple sclerosis, and other ailments. However, numerous effective medications are currently available for these conditions. The advocates of “medical” marijuana list cancer, epilepsy, spasticity, and AIDS as conditions for which “medical” marijuana can be used. According to Dr. Eric Voth, a Fellow of the American College of Physicians, the only use for cancer is the nausea

associated with chemotherapy, or appetite stimulation, but there are better FDA approved medications available. There are no uses for treating epilepsy. With AIDS it has been claimed to help appetite but there are better safer FDA medications for this. The only remotely documented benefit is with spasticity but there are better medicines available.[FN8]

Below is a list of the FDA approved medications currently available for chemotherapy, and for all those who suffer from glaucoma, multiple sclerosis, and other ailments.

Serotonin Antagonists
Ondansetron (Zofran)
Granisetron (Kytrel)
Tropisetron (Navoban)
Dolasetron
Phenothiazines
Prochlorperazine (Compazine)
Chlorpromazine (Thorazine)
Thiethylperazine (Torecan)
Perphenazine (Trilafon)
Promethazine (Phenergan)
Corticosteroids
Dexamethasone (Decadron)
Methylprednisolone (Medrol)
Anticholinergics
Scopolamine (Trans Derm Scop)
Butyrophenones
Droperidol (Inapsine)
Haloperidol (Haldol)
Domperidone (Motilium)
Benzodiazepines
Lorazepam (Ativan)
Alprazolam (Xanax)
Substituted Benzamides
Metoclopramide (Reglan)
Trimethobenzamide (Tigan)
Alizapride (Plitican)
Cisapride (Propulsid)
Antihistamines
Diphenhydramine (Benedryl) [FN9]

Marijuana and multiple Sclerosis

What do the multiple sclerosis experts say?

Based on the studies to date, it is the opinion of the National Multiple Sclerosis Society's Medical Advisory Board that there are currently insufficient data to recommend marijuana or its derivatives as a treatment for MS. Long-term use of marijuana may be associated with significant serious side effects. In addition, other well-tested, FDA-approved drugs are available, such as baclofen and tizanidine, to reduce spasticity in MS. [FN10]

According to the Greater North Jersey chapter of the National Multiple Sclerosis Society, "It is important for everyone to realize that we still do not have the necessary scientific information to determine the safety and efficacy of marijuana for medical use in MS." [FN11]

In a study, a team of scientists reports that marijuana does not improve the often painful symptoms of multiple sclerosis (MS). Their study found that a synthetic form of tetrahydrocannabinol (THC), the active ingredient in marijuana, and a plant extract were no better at relieving severe spasticity or muscle contraction compared with an inactive placebo. Both THC and plant-extract treatment worsened the participants' global impression. [FN12]

Until marijuana is proven to be safe and effective, it is best not to use it as medicine.

References

[FN1] Effective Arguments for Medical Marijuana Advocates, by Chuck Thomas and Bruce Mirken, Marijuana Policy Project, POB 77492, Capitol Hill, Washington, DC 20013

[FN2] "Smoked Marijuana as Medicine: Not Much Future," Clinical Pharmacology & Therapeutics (2008), H Kalant, Department of Pharmacology, University of Toronto, Toronto, Ontario, Canada

[FN3] Brief of the Institute on Global Drug Policy of the Drug Free America Foundation; National Families in Action; Drug Watch International; Drug-free Kids: America's Challenge, et al., as Amici Curiae in Support of Petitioner 2001WL 30659 (Jan. 10, 2001), U.S. v. Oakland Cannabis Buyers' Cooperative, 121 S.Ct. 1711 (2001)

[FN4] Bonner, R., Marijuana Rescheduling Petitions, 57 Federal Register 10499-10508; Alliance for Cannabis Therapeutics v. DEA and NORML v. DEA, 15 F.3d 1131 (D.C. Cir 1994)

Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is Medicine -The U.S. Food and Drug Administration, 20 April 2006, www.fda.gov/bbs/topics/NEWS/2006/NEW01362.html

[FN5] Supporting Research into the Therapeutic Role of Marijuana, American College of Physicians, 2008

[FN6] Voth EA, Schwartz RH. Medicinal Applications of Delta-9-Tetrahydrocannabinol and

Marijuana. Annals of Internal Medicine 1997;126:791-798.

[FN7] *Marijuana and Medicine: Assessing the Science Base*. Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr., Editors. Division of Neuroscience and Behavioral Health. Institute of Medicine, National Academy of Sciences. National Academy Press, Washington D.C., 1999.

[FN8] The Potential Medical Liability for Physicians Recommending Marijuana as a Medicine, Educating Voices, <http://www.educatingvoices.org> (go to bottom of web page); Brief of the Institute on Global Drug Policy of the Drug Free America Foundation; National Families in Action; Drug Watch International; Drug-free Kids: America's Challenge, et al., as Amici Curiae in Support of Petitioner 2001WL 30659 (Jan. 10, 2001), U.S. v. Oakland Cannabis Buyers' Cooperative, 121 S.Ct. 1711 (2001); a cannabinoid based medicine named Sativex is currently working its way through the FDA process.

[FN9] Brief of the Institute on Global Drug Policy of the Drug Free America Foundation; National Families in Action; Drug Watch International; Drug-free Kids: America's Challenge, et al., as Amici Curiae in Support of Petitioner 2001WL 30659 (Jan. 10, 2001), U.S. v. Oakland Cannabis Buyers' Cooperative, 121 S.Ct. 1711 (2001); List reconfirmed by Dr. Eric Voth on May 14, 2006.

[FN10] The MS Information Sourcebook, produced by the National MS Society. Last updated October 2005

[FN11] Greater North Jersey Chapter, National Multiple Sclerosis Society, Newsletter, 2003

[FN12] *Neurology* 2002;58:1404-1407, "Safety, tolerability, and efficacy of orally administered cannabinoids in MS," J. Killestein, MD, E. L.J. Hoogervorst, MD, M. Reif, PhD, N. F. Kalkers, MD, A. C. van Loenen, PhD, P. G.M. Staats, MA, R. W. Gorter, MD PhD, B. M.J. Uitdehaag, MD PhD and C. H. Polman, MD PhD

MARIJUANA USE CAUSES PHYSICAL AND MENTAL DAMAGE

Fiction: Marijuana is very safe.

“Medical” marijuana advocates claim that marijuana use has little ill effect on health and that marijuana has a very wide margin of safety and less negative side-effects and is better tolerated by patients than other prescription pain medications. [FN1]

Fact: Recent science shows that marijuana has many dangerous qualities

Marijuana legalization advocates would have you believe that crude marijuana is "medicine" and not a harmful drug. The scientific studies state the contrary. Recent studies show the following destructive effects of using marijuana:

- birth defects
- the worsening of pain
- lung damage
- causes cancer
- AID - marijuana opens the door to Kaposi's sarcoma
- brain damage
- strokes
- immune system damage
- mental illness
- violence
- infertility
- addiction

Examples of these studies are listed by category below. If you want to review any of these studies, please contact us.

BIRTH DEFECTS

Risk of Selected Birth Defects with Prenatal Illicit Drug Use, Hawaii, 1986-2002, Journal of Toxicology and Environmental Health, Part A, 70: 7-18, 2007

PAIN

"Too Much Cannabis Worsens Pain" - BBC News, 24 October 2007

"Study Finds that Marijuana Won't Stop Multiple Sclerosis Pain" - Neurology, 2002; 58:1404-1407

"Deputy Director Madras Sheds Light on Controversial Medical Marijuana Study" - *Pushing*

Back, pushingback.com

RESPIRATORY SYSTEM DAMAGE

Marijuana Smoke Contains Higher Levels of Certain Toxins Than Tobacco Smoke, Science Daily, December 18, 2007

Marijuana Smokers Face Rapid Lung Destruction - As Much as 20 Years Ahead of Tobacco Smokers, Science Daily, January 27, 2008

"One Cannabis Joint as Bad as Five Cigarettes" - Reuters UK, 31 July 2007

"Use of Marijuana Impairs Lung Function" - Addiction, 2002; 97:1055-1061

"Study: Smoking Cannabis Causes Damage to Lungs" - Reuters UK

"Respiratory and Immunologic Consequences of Marijuana Smoking"- Journal of Clinical Pharmacology, 2002; 42:71S-81S

"Respiratory Effects of Marijuana and Tobacco Use in a U.S. Sample" - J Gen Intern Med, 2004; 20:33-37

CANCER

"Association Between Marijuana Use and Transitional Cell Carcinoma"- Adult Urology, 2006; 100-104

AIDS/HIV

"Marijuana Component Opens The Door For Virus That Causes Kaposi's Sarcoma" - Science Daily, 2 August 2007

BRAIN DAMAGE

"Marijuana May Affect Blood Flow in Brain" - Reuters, 7 February 2005

STROKES

"More Evidence Ties Marijuana to Stroke Risk" - Reuters Health, 22 February 2005

"Pot Use Tied to Stroke in Three Teenagers" - Reuters Health, 26 April 2004

IMMUNE SYSTEM DAMAGE

"Immunological Changes Associated with Prolonged Marijuana Smoking" -American College of Allergy, Asthma and Immunology, 17 November 2004

MENTAL ILLNESS - SCHIZOPHRENIA, DEPRESSION

"Cannabis-Related Schizophrenia Set to Rise, Say Researchers" - Science Daily, 26 March 2007

"Report: Using Pot May Heighten Risk of Becoming Psychotic" - Associated Press, 26 July 2007

"Anterior Cingulate Grey-Matter Deficits and Cannabis Use in First-Episode Schizophrenia" - The British Journal of Psychiatry, 2007; 190: 230-236

"Marijuana Increases the Risk of Both Psychosis In Non-Psychotic People As Well As Poor Prognosis For Those With Risk of Vulnerability to Pyschoses" - American Journal of Epidemiology, 2002; 156:319-327

"Psychophysiological Evidence of Altered Neural Synchronization in Cannabis Use: Relationship to Schizotypy" - Am J Psychiatry, 2006; 163:1798-1805

"Marijuana Linked to Schizophrenia, Depression" - British Medical Journal, 21 November 2007

"Cannabis Shows Anti-Depression Benefits But Too Much Has Reverse Effect" -The Canadian Press, 24 October 2007

VIOLENCE

"Cannabis 'Linked to Aggression'" - Scotsman.com News, Press Association 2006

"Marijuana Had a Greater Effect on Increasing the Degree of Violent Behavior in Non-Delinquent Individuals Than in Delinquent Individuals" - J Addict. Dis. 2003; 22:63-78

DAMAGE TO KIDS

"Cannabis Use and Educational Attainment" - VOX, 18 September 2007

"Differential Effects of Delta-9-THC On Learning in Adolescent and Adult Rats"- Pharmacology Biochemistry and Behavior, 2 May 2006

The Occurrence of Cannabis Use Disorders and Other Cannabis Related Problems Among First Year College Students, Addictive Behaviors 33(3):397-411, March 2008.

INFERTILITY

"Marijuana Firmly Linked to Infertility" - Scientific American, 22 December 2000

ADDICTION TO MARIJUANA AND GATEWAY EFFECT

The Occurrence of Cannabis Use Disorders and Other Cannabis Related Problems Among First Year College Students, Addictive Behaviors 33(3):397-411, March 2008.

"Regular or Heavy Use of Cannabis Was Associated with Increased Risk of Using Other Illicit Drugs" - Addiction, 2006; 101:556-569

"As Marijuana Use Rises, More People Are Seeking Treatment for Addiction" - Wall Street Journal, 2 May 2006

"Adolescent Cannabis Exposure Alters Opiate Intake and Opioid Limbic Neuronal Populations in Adult Rats" - Neuropsychopharmacology, 2006, 1-9

"Twenty-Five Year Longitudinal Study Affirms Link Between Marijuana Use and Other Illicit Drug Use" - Congress of the United States, 14 March 2006

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"Escalation of Drug Use in Early Onset Cannabis Users Vs. Co-twin Controls"
- Journal of the American Medical Association, 2003; 289:4

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[FN1] Effective Arguments for Medical Marijuana Advocates, by Chuck Thomas and Bruce Mirken, Marijuana Policy Project, POB 77492, Capitol Hill, Washington, DC 20013