



THE FACTS ABOUT 'MEDICAL' MARIJUANA

May 9, 2008

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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.

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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

[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

"New Study Reveals Marijuana is Addictive and Users Who Quit Experience Withdrawal"
- All Headline News, 6 February 2007

"Cannabis Withdrawal Among Non-Treatment-Seeking Adult Cannabis Users" - The American Journal on Addiction, 2006; 15:8-14

"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

MARIJUANA USE DAMAGES THE IMMUNE SYSTEM

Fiction: Marijuana does not hurt the immune system

“Medical” marijuana advocates claim that there is no harm to the immune system caused by marijuana and that research on HIV/AIDS patients shows no sign of marijuana related harm and does not worsen their disease. [FN1]

Fact: Marijuana hurts the immune system

One of the earliest findings in marijuana research was the effect on various immune functions. Cellular immunity is impaired, pulmonary immunity is impaired, and impaired ability to fight infection is now documented in humans. Researchers have found an inability to fight herpes infections and a blunted response to therapy for genital warts in patients who consume marijuana. Abnormal immune function is the cornerstone of problems with AIDS. This impairment leaves the patient unable to fight certain infections and fatal diseases. The potential for these complications exists in all forms of administration of marijuana. [FN2]

A recent study shows that a marijuana component opens the door for the virus that causes Kaposi's Sarcoma. This is a serious life threatening problem for people with HIV infection. [FN3]

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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

[FN2] Cabral & Vasquez, Delta-9-Tetrahydrocannabinol suppresses macrophage extrinsic anti-herpes virus activity, *Cannabis: Physiopathology, Epidemiology, Detection* pp. 137-153 (CRC Press 1993); "Immunological Changes Associated with Prolonged Marijuana Smoking" - American College of Allergy, *Asthma and Immunology*, 17 November 2004; "Immunological Changes Associated with Prolonged Marijuana Smoking" -American College of Allergy, *Asthma and Immunology*, 17 November 2004

[FN3] "Marijuana Component Opens The Door For Virus That Causes Kaposi's Sarcoma" - *Science Daily*, 2 August 2007

MARIJUANA IS ADDICTIVE

Fiction: Marijuana is not addictive.

“Medical” marijuana advocates claim that marijuana is not addictive and that in any case people are permitted to use addictive medicines when prescribed by a doctor. [FN1]

Fact: Marijuana is addictive

Marijuana is an addictive drug that poses significant health consequences to its users, including those who may be using it for “medical” purposes. More young people are being treated for marijuana dependence than for any other drug. Marijuana is far more powerful today than it was 30 years ago and it serves as a an entry point for the use of other illegal drugs. This is known as the “gateway effect.” Despite arguments from the drug culture to the contrary, marijuana is addictive. Unlike those addicted to many other drugs, the marijuana addict is exceptionally slow to recognize the addiction. This addiction has been well described in the marijuana literature and it consists of both a physical dependence (tolerance and subsequent withdrawal) and a psychological habituation. The addictive properties are a major issue for the long term use that is claimed to be needed for glaucoma, AIDS wasting syndrome, and other alleged chronic applications.[FN2] There are a number of FDA approved medications that can be used that are not addictive.

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[FN2] Compton, Dewey & Martin, Cannabis dependence and tolerance production, Advances in Alcohol and Substance Abuse 1990:9:129-147; Kaplan, Martin, Johnson & Robbins, Escalation of marijuana use: Application of a general theory of deviant behavior, Journal of Health and Social Behavior 1986:27:44-61; Kaufman et al., Committee on Drug Abuse of the Council on Psychiatric Services, Position statement on psychoactive substance use and dependence: update on marijuana and cocaine. Am J Psychiatry 1987:144:698-702; Miller & Gold, The diagnosis of marijuana (cannabis) dependence, Journal of Substance Abuse Treatment 1989:6:183-192; Miller, Gold & Pottash, A 12-step treatment approach for marijuana (cannabis) dependence, Journal of Substance Abuse Treatment 1989:6:241-250; Schwartz, Marijuana: an overview, Pediatric clinics of North America 1987:34:305-317; Clayton & Leukefeld, The prevention of drug use among youth: implications' of legalization, Journal of Prevention 1992:12:289-302; Kaplan, Martin, Johnson & Robbins, Escalation of marijuana use: Application of a general theory of deviant behavior, Journal of Health and Social Behavior 1986:27:44-61; Bailey, Flewelling & Rachal, Predicting continued use of marijuana among adolescents: the relative

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WE MUST PROTECT VULNERABLE PATIENTS FROM UNSAFE AND INEFFECTIVE DRUGS

Fiction: We must subvert the FDA process by passing bills and initiatives.

“Medical” marijuana advocates claim that the FDA approval process would take many years and that it is cruel and unfair to make ill people wait for this. People should be allowed to use marijuana now, even if it has not been thoroughly studied to see if it is safe and effective. [FN1]

Fact: In order to protect patients from unsafe and ineffective drugs, the safety and efficacy process of the FDA cannot be bypassed.

In order for a drug to be accepted as medicine, the drug must first be approved by the Food and Drug Administration (the "FDA"). The federal Food, Drug, and Cosmetics Act, 21 U.S.C.A. §§ 351 to 360, gives the federal government sole responsibility for determining that drugs are safe and effective, a requirement all medicines must meet before they may be distributed to the public. The FDA has not approved crude marijuana as safe or effective, so the drug may not legally be prescribed and sold as a medicine. [FN2]

The federal government strives to protect our citizens from unsafe, ineffective substances sold as "medicines" and from drug abuse, drug addiction, and the abusive and criminal behaviors that marijuana and other illicit drugs often generate. [FN3]

In the federal court case of Alliance for Cannabis Therapeutics v. DEA, 15 F.3d 1131 (D.D.C. 1994), the United States District Court accepted the Drug Enforcement Administration's five-part test for determining whether a drug is in "currently accepted medical use." Id. at 1135. The test requires that:

1. The drug's chemistry must be known and reproducible;
2. There must be adequate safety studies;
3. There must be adequate and well-controlled studies proving efficacy;
4. The drug must be accepted by qualified experts; and
5. The scientific evidence must be widely available.

Applying these criteria to crude marijuana, the court found that the drug had no currently-accepted medical use. Drug approval must be based on science and not merely what a group or individual desires.

The “medical” marijuana advocates have many questions to answer

The “medical” marijuana advocates claim that marijuana is good for many medical conditions. Before these claims are upheld, they must answer some fundamental questions:

1. What peer-reviewed scientific research exists on marijuana use for the conditions that shows:

- (a) the effectiveness of marijuana use for the condition
- (b) the risks of marijuana use for that condition
- (c) the benefits of marijuana use for that condition
- (d) the dosage of marijuana for adults and children for that condition
- (e) the interactions with other drugs and marijuana for that condition
- (f) the impact of marijuana use on other pre-existing conditions
- (h) the alternatives to marijuana use for that condition? [FN4]

2. What studies exist that show the frequency of administration, duration of administration, time of administration, in relation to time of meals, time of onset of symptoms, or other time factors, route or method of administration of marijuana for all these medical conditions?

These questions must be answered before a drug can be used for medicine. If these studies do not exist, all these conditions should not be included. [FN5]

Crude marijuana, an impure and toxic substance has no place in the medical armamentarium. It is no more reasonable to consider crude marijuana a medicine than it is to consider tobacco a medicine. Coupled with the medical risk to patients, serious regulatory questions arise that have not been adequately dealt with by “medical” marijuana laws. Those who propose medical uses, or who conduct research on the use of marijuana, have an ethical responsibility not to expose their subjects to unnecessary risks. Under current guidelines, crude marijuana is not a medicine, and allowing it as such would be a step backward to the times of potions and herbal remedies. [FN6]

The FDA has not approved of smoked marijuana as medicine, and only the FDA has the power to do so. Smoking is a very poor way to deliver a drug. There is no way to calculate the dose of smoked marijuana because there is no way to determine how much is actually being inhaled. There is no way for a patient to determine the strength of marijuana necessary. In addition, the harmful chemicals and carcinogens that are byproducts of smoked marijuana create new health problems. [FN7]

The smoking of marijuana has significant risks. Smoking marijuana can cause intoxication, precipitation of anxiety or acute psychotic reactions, orthostatic hypotension and bronchial inflammation. For a drug to be acceptable, its beneficial results must outweigh the adverse effects, especially when the claim is that it can be used repeatedly for symptomatic relief of chronic disorders.[FN8]

Questions of medicine are for the FDA to answer - not special-interest groups, not individuals, not public opinion. Our medical system relies on proven scientific research. Research is being done on cannabinoids but we are a long way from saying that they are safe and effective.

Before the development of modern pharmaceutical science, the field of medicine was fraught with potions. There were as many anecdotal stories about these potions as there are today about smoked marijuana. Many people were convinced that these potions helped them, however, many of these potions were absolutely useless, or conversely were harmful to unsuspecting ill people. Thus evolved our current FDA drug approval process. The FDA process has protected us for 100 years. It is dangerous to undermine it.

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[FN3] Id.

[FN4] Testimony Of David G. Evans, Esq., Executive Director, Drug Free Schools Coalition Before The Policy And Strategy Panel Of The Medical Society Of New Jersey October 18, 2007

[FN5] Id.

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IS THE DECISION TO USE MARIJUANA JUST BETWEEN A PATIENT AND A DOCTOR?

Fiction: The decision to use “medical” marijuana is between a patient and his or her doctor.

“Medical” marijuana advocates claim that treatment decisions should be made in a doctor’s office and that doctors do not need any further guidance in order to recommend marijuana. [FN1]

Fact: Doctors have no right to treat patients out of the bounds of acceptable medicine

Prescription drugs are dispensed under regulated circumstances, however, the “medical” marijuana laws only require a physician's “recommendation” and not a written prescription. In addition, “medical” marijuana is often not dispensed by storefront dispensaries and not in medically controlled circumstances. Frequently, “patients” are not monitored by the physicians after they obtain the “recommendation” to obtain marijuana. In many cases “patients” are not even examined by physicians. This makes it much more difficult to determine the validity and legitimacy of the person’s use of “medical” marijuana. [FN2] For example, there is no accurate method for an employer to determine if a physician's “recommendation” that an employee use marijuana for medicinal purposes is legitimate, rather than the result of the employee's misrepresentation to the physician. [FN3]

In a California employment case it was argued that an adult patient has a right to have lawful medical treatment. However, the California Supreme Court held that an employer could fire an employee who uses “medical” marijuana because even though California has a “medical” marijuana law, the employer has not prevented the employee from having access to marijuana. The employer has only refused to employ the employee. To assert that the employer’s refusal to employ the employee affects his access to marijuana is merely to state the argument that the “medical” marijuana law gives a person a right to use marijuana free of hindrance or inconvenience that is enforceable against third parties. The court rejected that argument. [FN4]

References

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[FN3] *McDaniel v. Mississippi Baptist Medical Center* (S.D.Miss.1994) 869 F.Supp. 445, 449 [even though a person may be taking drugs under a physician's supervision, if misrepresentation or deceit is involved in obtaining such drugs, the person has violated the Controlled Substances Act and has engaged in illegal use of drugs for purposes of the ADA]; accord, *Weigert v. Georgetown University*, 120 F.Supp.2d 1, 9, fn. 9. (DDC 2000))

[FN4] Ross v. Ragingwire Telecommunications, Inc. 132 Cal.App.4th 590 (Cal. App 4th 2005)
review granted Ross v. Ragingwire 123 P.3d 930), 36 Cal.Rptr.3d 494 (Nov. 30, 2005)

SMOKING MARIJUANA IS NOT A SAFE DELIVERY METHOD

Fiction: Smoked marijuana is the best way to use marijuana as “medicine.”

“Medical” marijuana advocates claim that smoking marijuana is the best way to use marijuana because smoking takes effect almost instantaneously and that by smoking the patients can self-regulate the dose. They claim that patients cannot swallow pills and that smoking is a better way. If patients want to smoke, they should be allowed to do so. [FN1]

Fact: Smoking is a very poor way to deliver medicine. The smoking of marijuana has significant risks.

NO FDA-APPROVED MEDICATIONS ARE SMOKED. It is difficult to administer safe, regulated dosages of medicines in smoked form. Furthermore, the harmful chemicals and carcinogens that are byproducts of smoking create entirely new health problems. [FN2]

The respiratory difficulties associated with marijuana use preclude the inhaled route of administration as a medicine. Smoked marijuana is associated with higher concentrations of tar, carbon monoxide, and carcinogens than even cigarette smoke.[FN3]

Marijuana adversely impairs some aspects of lung function, causes abnormalities in the cells lining the airways of the upper and lower respiratory tract and in the airspaces deep within the lung, and has been associated with the development of cancer.[FN4].

In addition to these cellular abnormalities and consequences, contaminants of marijuana smoke are known to include certain forms of bacteria and fungi. Those at particular risk for the development of disease and infection when these substances are inhaled, are those users with impaired immunity such as those with AIDS. [FN5]

Smoking marijuana can cause intoxication, precipitation of anxiety or acute psychotic reactions, orthostatic hypotension and bronchial inflammation. For a drug to be acceptable, its beneficial results must outweigh the adverse effects, especially when the claim is that it can be used repeatedly for symptomatic relief of chronic disorders.[FN6]

In recent years there has been a great public effort to curtail tobacco because of its effects on health yet the advocates of legalization promote smoking marijuana. Yet, a recent study shows that marijuana smoke has ammonia levels 20 times higher than tobacco smoke. Marijuana has hydrogen cyanide, nitric oxide, and aromatic amines at 3-5 times higher than tobacco smoke. [FN7]

Another study shows that that marijuana smokers face rapid lung destruction - as much as 20 years ahead of tobacco smokers. [FN8]

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[FN7] Marijuana Smoke Contains Higher Levels of Certain Toxins Than Tobacco Smoke, Science Daily, December 18, 2007

[FN8] Marijuana Smokers Face Rapid Lung Destruction - As Much as 20 Years Ahead of Tobacco Smokers, Science Daily, January 27, 2008

CRUDE MARIJUANA MUST NOT BE USED BEFORE RESEARCHING A SAFE DELIVERY PROCESS

Fiction: It is unfair to make people wait for the results of research.

“Medical” marijuana advocates claim that it may be years before a safe and effective cannabinoid delivery system might be available, and that we do not have the time to do the thorough research to isolate which of the sixty cannabinoids found in marijuana are the most effective. [FN1]

Fact: We can study cannabinoids to see if we can isolate them for safe use and not use crude marijuana as medicine.

According to John A. Benson, Jr. M.D., of the Institute of Medicine, research on other cannabinoids is underway and some of these chemicals may one day prove to be useful medicines. However, he states: “we see little future in smoked marijuana as a medicine.” [FN2]

The fact that one chemical in marijuana is an FDA-approved medicine does not make crude marijuana an approved medicine. Crude marijuana is derived from the leaves and flowering tops of the Cannabis plant. It contains some 400 chemicals, most of which have not been studied by scientists. Some 60 of these chemicals, called cannabinoids, are unique to the Cannabis plant. One cannabinoid, Delta-9-tetrahydrocannabinol (THC), was synthesized, tested, and approved by FDA in 1985 for treating nausea in cancer patients and wasting in AIDS patients. The drug's generic name is dronabinol and its trade name is Marinol. It is produced by Unimed Pharmaceuticals and it can be obtained by prescription. [FN3]

The fact that crude marijuana contains a chemical that has been synthesized, tested, and approved for medical use does not make crude marijuana a safe or effective medicine. Modern pharmaceutical science would require all the 400 or more chemicals in marijuana to pass the safety and efficacy tests in research, and this has not happened. Any consideration of this issue must take into account the substantial toxicity and morbidity associated with marijuana use. Because of the impurity of crude marijuana and its known toxic effects, it does not represent a useful medical alternative to currently available medications. Furthermore, efforts to gain legal status of marijuana through passing state laws or ballot initiatives seriously threaten the Food and Drug Administration process of proving safety and efficacy, and they create an atmosphere of medicine by popular vote, rather than the rigorous scientific and medical process that all medicines must undergo. [FN4]

In recent decades, scientific technology has improved to the point where cannabis-derived and cannabinoid products can be developed in accordance with modern medical standards. Marinol (synthetic THC in sesame oil) has been available by prescription for over 20 years. Cesamet (nabilone--a THC analogue) was recently approved. Many other cannabinoid and cannabis-derived products are in the pharmaceutical development pipeline. For example, Sativex --a cannabis-derived extract comprising a defined ratio of cannabinoids (CBD:THC) and

administered as a precisely-metered spray inside the patient's mouth--has begun late-stage clinical trials in the U.S. Sativex is already available by prescription in Canada for neuropathic pain in multiple sclerosis (MS) and cancer pain. Which of these investigational products will achieve FDA approval remains to be seen, but it appears that the pharmaceutical companies developing these products are conducting serious, legitimate research. No less should be demanded of those marijuana advocates who claim that crude smoked marijuana should be made available as "medicine."

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[FN4] Id.; Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine. U.S. Food and Drug Administration, April 20, 2006.
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IS THE GOVERNMENT SUPPORTING RESEARCH ON CANNABINOIDS?

Fiction: The government makes it hard to do “medical” marijuana research.

“Medical” marijuana advocates claim that federal authorities are blocking all efforts to study “medical” marijuana benefits.[FN1]

Fact: The government does not impede legitimate research

The government is not blocking research on cannabinoids. There are already two FDA approved medications based on cannabinoids and more are on the way. As a result of such research, a synthetic THC drug, Marinol, has been on the market since 1985. The FDA determined that Marinol is safe and effective for use as a treatment for the side effects associated with cancer chemotherapy, and for treatment of weight loss in patients with AIDS. Marinol does not create the harmful health effects associated with smoked marijuana. [FN2]

References

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DO ONCOLOGISTS SUPPORT “MEDICAL” MARIJUANA?

Fiction: Oncologists support “medical” marijuana based on the Doblin/Kleiman study

“Medical” marijuana advocates cite the Doblin/Kleiman study as support that oncologists favor “medical” marijuana. [FN1]

Fact: The Doblin/Kleiman study was flawed and smoked marijuana as medicine has been rejected by the American Medical Association and the American Cancer Society. [FN2]

The “medical” marijuana campaign gained momentum when Rick Doblin (who is closely associated with the drug culture and pro-drug movement), and Mark Klieman (who has called for the legalization of marijuana) published their interpretations of a questionnaire they sent to oncologists.[FN3] Doblin and Klieman are not physicians.

By manipulation of the statistics, they contended that 48% of the respondents would prescribe marijuana if legal and 54% felt it should be available by prescription. They failed to relate that the respondents only accounted for 9% of practicing oncologists. Only 6% of those surveyed felt that marijuana was effective in 50% of more of patients. Only 18% of the surveyed group believed marijuana to be safe and efficacious. *Only 5% of those surveyed favored making marijuana available by prescription.* Furthermore, this survey was conducted before the release of the extremely effective medication ondansetron (Zofran™) which can be used instead of marijuana. [FN4]

Unfortunately, the results of this unscientific study incorrectly gave the impression that oncologists want smoked marijuana available as medicine. This study dealt with none of the other potentially beneficial medications.

They did not ask if the oncologists had systematically examined their patients for negative effects of marijuana use. Neither did they ask if the oncologists were familiar with the myriad of health consequences of marijuana use. Furthermore, they did not ask oncologists if their attitudes about marijuana were affected by their own current or past marijuana use. They might just as well have asked about other folk potions such as Hoxy tonic, Laetrile or tea leaves. [FN5]

Legalization advocates would have the public and policy makers incorrectly believe that crude 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. Numerous effective medications are, however, currently available for conditions such as nausea . [FN6]

In fact, the Institute of Medicine report found that neither smoked marijuana nor cannabinoids are as effective as current medicines that stop nausea and vomiting in cancer chemotherapy patients. [FN7]

References

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[FN5] Id.

[FN6] Id.

[FN7] Id.

IS MARINOL AS EFFECTIVE AS SMOKED MARIJUANA?

Fiction: Marinol is not effective.

“Medical” marijuana advocates claim that Marinol is too slow to work and not effective for all conditions. They claim that since Marinol is in a pill form some patients cannot swallow it.

[FN1]

Fact: Marinol and other drugs are more effective and safe

There already exists a legalized form of “medical marijuana” (i.e., Marinol) which can deliver controlled doses of THC to a patient in the form of a pill (and other approved drugs exist as well to treat these diseases). [FN2]

Marinol, which can be controlled for its strength and which delivers none of the harmful side effects of smoking marijuana, already exists for use through a doctor’s prescription. Many other FDA approved medications also exist to treat the debilitating diseases for which the use of “medical marijuana” is being sought. [FN3]

Marinol is better for many patients because it is often cheaper and more convenient to use than smoked marijuana. Marinol as an FDA approved drug is covered by medical insurance plans and can be obtained at local drug stores. In addition, Marinol can be ingested more privately than smoked “medical” marijuana.

References

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[FN3] Id.

WHO IS BEHIND THE “MEDICAL” MARIJUANA MOVEMENT?

Fiction: “medical” marijuana laws are the result of grass roots citizen support for “medical” marijuana.

“Medical” marijuana advocates claim that the public has not been hoodwinked by these laws and that the marijuana initiatives are low-budget campaigns. [FN1]

Fact: The people behind the funding for the “medical” marijuana movement want to legalize marijuana and other drugs and they are not just small grassroots supporters.

The bulk of the funds come from millionaires who are long-time supporters of the drug-legalization movement. Ballot initiatives have passed by use of major disinformation campaigns financed by wealthy individuals from outside these states. The following is an excerpt that describes this process from the Congressional testimony of Thomas A. Constantine, DEA administrator, before the Senate Committee on the Judiciary in 1996:

Proposition 215 in California and Proposition 200 in Arizona were drafted, financed and supported by legalization proponents using the compassionate pain argument as a guise for their drug legalization agenda. Billionaire financier and legalization advocate George Soros provided hundreds of thousands of dollars in California alone to garner support for the proposition. In Arizona, Soros almost doubled his California donations, a significant portion of which were made through organizations such as the Drug Policy Alliance, with which he is affiliated. Other donors included representatives from the Progressive Corporation, the Men's Warehouse and other pro-legalization groups.

Proponents waged a sophisticated, misleading campaign, which led voters to believe that the initiatives were simply limited to compassionate pain relief. Opponents of the propositions, including the American Cancer Society, the California Medical Association, the Glaucoma Research Foundation, the National Multiple Sclerosis Society, the California Narcotics Officers Association and many family groups concerned about the impact of drug legalization on the nation's children, were outspent and out-campaigned by the well-orchestrated effort to legalize drugs on a national basis. These individuals cynically used the suffering and illness of vulnerable people to further their own agenda.”[FN2]

A few billionaires not broad grassroots support, started and sustain the "medical" marijuana and marijuana legalization movements in the United States. Without this money the drug legalization movement would shrivel. [FN3]

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“MEDICAL” MARIJUANA SENDS THE WRONG MESSAGE TO KIDS

Fiction: “Medical” marijuana does not send the wrong message to kids

There are many addictive and dangerous medicines and use of them does not send a bad message to kids. [FN1]

Fact: “Medical” marijuana sends the wrong message to kids.

The benchmark surveys of drug use show that when young people believe a drug is harmful fewer young people use that drug. These surveys show that perception of harm with respect to marijuana has dropped off since the drive to legalize marijuana as “medicine.” The benchmark surveys are the Monitoring the Future Survey, which has tracked drug use among American high school students annually since 1975 and the National Household Survey on Drug Abuse, which has tracked drug use among Americans ages 12 and older since 1972. [FN2]

The National Household Survey on Drug Abuse population sample (75,000) provides data about individual states, as well as about the nation as a whole. The state data reveals that those states that have passed “medical” marijuana laws have among the highest levels of past-month drug use and of drug addiction. In 2003, the results of a follow-up to the survey demonstrated a consistent clustering of drug-use issues in “medical” marijuana states. The “medical” marijuana states were clustered at the top of the list in terms of drug addiction and abuse. They were 7 out of the top 10 slots. The “medical” marijuana states occupied 8 of the top 10 slots in terms of the rate of past-month drug use in the nation. [FN3]

The most recent study released in 2008 shows that “medical” marijuana states are 8 out of the top ten states with highest percentages of young people (ages 12 -25) who have used marijuana in the past month. They are the majority of the states in the top ten for first time use of marijuana and marijuana use in the past year. [FN4]

Marijuana is the number one drug that kids are in treatment for. Scientific literature shows that use of marijuana is a major risk factor in the development of addiction and drug use among our schoolchildren. One study showed that of nearly 182,000 children in treatment, 48 percent were admitted for abuse or addiction to marijuana, while only 19.3 percent for alcohol and 2.9 percent for cocaine, 2.4 percent for methamphetamine and 2.3 percent for heroin. Our drug treatment facilities are full of young people dealing with marijuana related substance abuse problems. Those states with “medical” marijuana initiatives have among the highest levels of drug use and drug addiction and marijuana use. If kids are told that marijuana is “medicine” it is hard to convince kids it is harmful. [FN5]

According to the Drug Abuse Warning Network, marijuana accounts for tens of thousands of marijuana related complaints at emergency rooms throughout the United States each year. Over 99,000 are young people. The data is grim. According to the DAWN the admissions to

emergency rooms for marijuana are:

6-11 years old 380

12-17 years old 39,035

18-20 years old 27,742

21-24 years old 32,154

This is a total of 99,311 [FN6]

“Medical” marijuana laws open the door for kids to use drugs. In California, high school students have been seen openly smoking “medical” marijuana in class under the protection of California’s “medical” marijuana laws. The teenagers were easily able to get “medical” marijuana cards for conditions such as “sleeplessness” and “stress.” [FN7]

What should parents ask?

Parents should ask how “medical” marijuana will impact on the safety of their children; will workplaces, including schools and transportation, maintain drug-free requirements? How will parents be assured that their child's Little League Coach or scoutmaster is not using “medical” marijuana at a time when they are responsible for their child’s safety?

The mixed messages sent by “medical” marijuana have a terrible effect on parents' ability to provide unequivocal information about drugs to their young children. [FN8]

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[FN3] Overview of Findings from the 2002 National Survey on Drug Use and Health (Office of Applied Studies, NHSDA Series H-21, DHHS Publication No. SMA 03- 3774). Rockville, MD

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[FN6] Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration <http://DAWNinfo.samhsa.gov/>

[FN7] WBIR NBC, March 9th, 2007; What Every American Should Know About Medical Marijuana, Office of National Drug Control Policy, 75017 th St. NW, Washington, D. C. 20503 (202) 395- 6618 www.WhiteHouseDrugPolicy.gov

[FN8] DEA Congressional Testimony, Statement by: Thomas A. Constantine, Administrator Drug Enforcement Administration, United States Department of Justice, Before the: Senate Committee on the Judiciary, Regarding: The California & Arizona Medical Drug Use Initiatives, Date: December 2, 1996

“MEDICAL” MARIJUANA IS A STEP TOWARDS LEGALIZATION OF MARIJUANA

Fiction: “medical” marijuana will not lead to legalization of marijuana.

The “medical” marijuana advocates claim that “medical” marijuana laws are about medicine and helping sick people and not legalization. [FN1]

Fact: “Medical” marijuana is part of an overall plan to normalize and legalize marijuana use.

Marijuana legalization advocates have tried to legalize marijuana in one form or another for three decades and have employed a number of political and legal strategies to legalize marijuana. Between 1972 and 1978, the National Organization for the Reform of Marijuana Laws (NORML) successfully lobbied eleven state legislatures to "decriminalize" the drug, reducing penalties for possession in most cases to that of a traffic ticket. Also in 1972, NORML began the first of several unsuccessful attempts to petition the Drug Enforcement Administration (DEA) to reschedule marijuana from Schedule I to Schedule II on the grounds that crude marijuana had putative use in medicine. These attempts failed. [FN2]

NORML and others led a second lobbying campaign aimed at states in the 1980s, this time to legalize crude marijuana as “medicine.” Some 35 states passed such laws but, because these laws were written by state legislative counsels and stayed within the framework of federal law, establishing statewide research programs under FDA guidelines, advocates failed to get what they wanted - freely available marijuana. [FN3]

Since the 1990s, NORML, the Drug Policy Foundation (DPF), the Drug Policy Alliance (DPA), the Lindesmith Center (TLC), and the Marijuana Policy Project (MPP) renewed the effort to legalize crude marijuana as medicine, this time using the state ballot initiative process, a process that allowed advocates to circumvent state legislative counsels and write their own laws. NORML, DPF, DPA, MPP and TLC persuaded their most generous funders to create political organizations such as Californians for “Medical” Rights and Arizonans for Drug Policy Reform - and to finance the “medical” marijuana initiatives. [FN4]

Ed Rosenthal, senior editor of High Times, a pro-drug magazine, once revealed the legalizer strategy behind the "medical" marijuana movement. While addressing an effort to seek public sympathy for glaucoma patients, he said, "I have to tell you that I also use marijuana medically. I have a latent glaucoma which has never been diagnosed. The reason why it's never been diagnosed is because I've been treating it." He continued, "I have to be honest, there is another reason why I do use marijuana . . . and that is because I like to get high. Marijuana is fun." [FN5]

In 2000, The New York Times interviewed Ethan Nadelmann, Director of the Lindesmith Center. Responding to criticism that the medical marijuana issue is a stalking horse for drug legalization, Mr. Nadelmann stated: "Will it help lead toward marijuana legalization? . . . I hope so." [FN6]

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[FN2] See, National Org. for the Reform of Marijuana Laws v. Ingersoll, 497 F.2d 654 (D.C. Cir. 1974); National Org. for the Reform of Marijuana Laws v. Drug Enforcement Admin., 559 F.2d 735 (D.C. Cir. 1977); National Org. for the Reform of Marijuana Laws v. Drug Enforcement Admin. & Dept. of Health, Education & Welfare, No. 79-1660 1980 U.S. App. LEXIS 13099 (D.C. Cir. Oct. 16, 1980); and Alliance for Cannabis Therapeutics v. DEA, 15 F.3d 1131 (D.C. Cir. 1994); 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)

[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] Id.

[FN5] From a videotape recording of Mr. Rosenthal's speech, as shown in "Medical Marijuana: A Smoke Screen."; The DEA Position On Marijuana, DEA.gov

[FN6] Wren, Christopher S. "Small But Forceful Coalition Works to Counter U.S. War on Drugs." The New York Times, 2 January 2000.

“MEDICAL” MARIJUANA LAWS HAVE LOOPHOLES THAT PERMIT RECREATIONAL USE

Fiction: The “medical” marijuana law are working well.

“Medical” marijuana advocates claim that the laws particularly in California have eliminated ambiguities and that there is a broad consensus in California that the law is generally working well. They claim the laws are set up to avoid recreational marijuana use. [FN1]

Fact: State “medical” marijuana laws are full of loopholes and are widely abused

Ten years of experience have demonstrated that State “medical” marijuana laws breed abuse, confusion, and crime. [FN2] The following consequences have resulted from the passage of State-based “medical” marijuana laws:

“Medical” marijuana laws make it easier for young people to use drugs. In California, high school students have been witnessed openly smoking “medical” marijuana in class under the protection of California’s “medical” marijuana laws. The teenagers were easily able to get “medical” marijuana cards for conditions such as “sleeplessness” and “stress.” [FN3]

“Medical” marijuana laws generate citizen outrage. Citizens in states which have passed “medical” marijuana laws have grown tired of the marijuana-related crime, noise and abuse which “medical” marijuana dispensaries bring to neighborhoods. Since California passed its “medical” marijuana law, more than 90 cities and counties in the state have had to pass moratoriums or bans on the distribution of marijuana in their communities. As a result of these abuses, only 24 out of California’s 58 counties now issue marijuana ID cards. [FN4]

States that have passed “medical” marijuana laws have witnessed widespread abuse of the system. In North Hollywood, California alone, there are now more “medical” pot clubs than Starbucks outlets. Less than two years ago, there were only four marijuana dispensaries in Los Angeles. Today, there are more than 100. [FN5]

The founders of the U.S. “medical” marijuana movement have reversed key positions of support for “medical” marijuana. Rev. Scott Imler, Co-founder of Prop 215 the California “medical” marijuana law, has lamented the passage of the law stating that, “We created Prop. 215 so that patients would not have to deal with black market profiteers. But today it is all about the money. Most of the dispensaries operating in California are little more than dope dealers with store fronts.” Imler also said that “medical” marijuana has “turned into a joke.” [FN6]

Steve Kubby, another Co-founder of “medical” marijuana stated in a letter to supporters on April 14th, 2006 that “Marinol is an acceptable, if not ideal, substitute for whole cannabis in treating my otherwise fatal disease.” [FN7]

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] What Every American Should Know About Medical Marijuana, Office of National Drug Control Policy, 75017 th St. NW, Washington, D. C. 20503 (202) 395- 6618
www.WhiteHouseDrugPolicy.gov

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[FN4] Vendor's Reefer Sadness LA Times, December 27th, 2006, LA City Beat, La, Ana, February 15th, 2007; What Every American Should Know About Medical Marijuana, Office of National Drug Control Policy, 75017 th St. NW, Washington, D. C. 20503 (202) 395- 6618
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[FN5] Daily News Los Angeles, CA January 19th, 2007, Santa Cruz Sentinel, As We See It: Medical Marijuana Abuse?, March 12, 2007; What Every American Should Know About Medical Marijuana, Office of National Drug Control Policy, 75017 th St. NW, Washington, D. C. 20503 (202) 395- 6618 www.WhiteHouseDrugPolicy.gov

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www.WhiteHouseDrugPolicy.gov

“MEDICAL” MARIJUANA DISPENSARIES ARE OUT OF CONTROL

Fiction: “Medical” marijuana dispensaries are not out of control.

“Medical” marijuana advocates claim that the “medical” marijuana dispensaries are a valuable part of our health care system and that they are not out of control. [FN1]

Fact: “Medical” marijuana dispensaries are out of control

Citizens in states which have passed “medical” marijuana laws have grown tired of the marijuana-related crime, noise and abuse which “medical” marijuana dispensaries bring to neighborhoods. Since California passed its “medical” marijuana law, more than 90 cities and counties in the state have had to pass moratoriums or bans on the distribution of marijuana in their communities. As a result of these abuses, only 24 out of California’s 58 counties now issue marijuana ID cards. [FN2] The average marijuana dispensary in California makes \$20,000 in profit each day. Marijuana providers buy pot wholesale from street dealers and resell it for twice the amount. [FN3] In North Hollywood, California alone, there are now more “medical” pot clubs than Starbucks outlets. Less than two years ago, there were only four marijuana dispensaries in Los Angeles. Today, there are more than 100. [FN4]

A story from the T.V. news show 60 Minutes shows that "there are legions of people buying “medical” marijuana for the sole purpose of getting high." They are getting marijuana for such conditions as dry skin, hair loss and because high heels hurt a woman's feet. According to 60 Minutes, the “medical” marijuana they buy goes under the names of: Snow White, Super Girl, Afghan Dreams, or New York Diesel. Does that sound like medicine? [FN5]

Some examples of the problems caused by the “medical” marijuana dispensaries are:

- Street level dealers attempting to sell to people entering the business
- Smoking of marijuana in public areas
- Increased “driving while under the influence of marijuana” violations
- Attempted burglaries of marijuana establishments
- Robberies of clients as they leave businesses with their purchase
- Adverse impact on neighboring businesses
- Presence of a physician on the premises issuing prescriptions for use, which drew numerous people from out of the area
- Lack of effort on the part of dispensary owners/employees to control unlawful or nuisance behavior in and around the business
- Increased loitering and associated nuisances
- Complaints that other illegal drugs were sold from the dispensaries
- Trading of marijuana purchased at a dispensary to a minor for sex
- Purchasers congregating and smoking marijuana in areas frequented by children
- Sales of marijuana to persons not holding the appropriate certificate. [FN6]

Does this sound like the way we manage medicine in our country?

References

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

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[FN5] California Pot Shops, Morley Safer, 60 Minutes (CBS News) 12/30/2007

[FN6] Memorandum from Chief David Livingston, Concord California Police Department, to the Mayor and Council Members, August 29, 2003; <http://www.californiapolicechiefs.org> Then click on Medical Marijuana Dispensary Information

WHAT PROBLEMS DOES “MEDICAL” MARIJUANA CAUSE FOR LAW ENFORCEMENT?

Fiction: “Medical” marijuana does not cause problems for law enforcement

“Medical” marijuana advocates claim that in states with “medical” marijuana there is little impact on law enforcement activities and that these laws are well-accepted by law enforcement. [FN1]

Fact: “Medical” marijuana laws create many problems for law enforcement including an increase in drug-related violence.

Legalizing marijuana for “medical” purposes will lead to increased use of marijuana by other persons, increased crime and the perception that marijuana is harmless. Legalizing marijuana for “medicinal” purposes will also increase dangers associated with impaired driving. [FN2]

Since the first “medical” marijuana law passed in the United States, as many as 20 “legal” “medical” marijuana providers have been killed around the country, mostly in robberies. [FN3] After Colorado legalized “medical” marijuana, a local CBS television station discovered that licensed “medical” marijuana providers were using “medical” marijuana laws to foster drug dealing. In one instance, a CBS reporter asked Ken Gorman, (a licensed “medical” marijuana provider) how many people he had given marijuana to who weren’t sick, he responded by saying, “Hundreds.” “There are so many holes in it that for us, the patient, police can’t do anything.” Ken Gorman admitted he didn’t have a medical condition and “just wanted to get high.” Gorman was killed a month later in a marijuana-related robbery. [FN4] The average marijuana clinic in California makes \$20,000 in profit each day. Marijuana providers buy pot wholesale from street dealers and resell it for twice the amount. [FN5]

Some examples of the problems caused by the “medical” marijuana dispensaries are:

- Street level dealers attempting to sell to people entering the business
- Smoking of marijuana in public areas
- Increased “driving while under the influence of marijuana” violations
- Attempted burglaries of marijuana establishments
- Robberies of clients as they leave businesses with their purchase
- Adverse impact on neighboring businesses
- Presence of a physician on the premises issuing prescriptions for use, which drew numerous people from out of the area
- Lack of effort on the part of dispensary owners/employees to control unlawful or nuisance behavior in and around the business
- Increased loitering and associated nuisances
- Complaints that other illegal drugs were sold from the dispensaries
- Trading of marijuana purchased at a dispensary to a minor for sex
- Purchasers congregating and smoking marijuana in areas frequented by children

Sales of marijuana to persons not holding the appropriate certificate. [FN6]

“Medical” marijuana poses significant questions for law enforcement.

Are police officers liable if they let individuals high on “medical” marijuana drive off and later injure or kill someone?

Are state and local officers able to detain individuals possessing marijuana, and call federal officials to come and arrest them on federal charges?

How will law enforcement officers respond to marijuana growing operations when the owners claim that they are "caregivers" who must cultivate marijuana for their customers?

Can inmates in prison claim that they are suffering from a medical condition requiring marijuana? If so, how are prison officials expected to maintain order and discipline with the inmates high on marijuana?

How will law enforcement handle prescriptions or recommendations from doctors or caregivers from other states, or from Mexico and Canada? [FN7]

The California Police Chief Association, in conjunction with the California State Sheriff's, Narcotics Officers and District Attorneys' Associations and the California Highway Patrol, has formed a Medical Marijuana Dispensary Task Force. The Task Force was formed to address the dispensaries and the state versus federal law enforcement issues as well as the crime and quality of life issues, including the burgeoning indoor grow business, that accompany them. The Task Force is in the process of gathering data on dispensaries and wants to share the results of the research with any other agencies facing problems/issues surrounding “medical” marijuana dispensaries. The documents contain a wide variety of information. Agencies are encouraged to download any documents they may find of interest or value. To obtain the documents go to: <http://www.californiapolicechiefs.org>. Then click on Medical Marijuana Dispensary Information

References

[FN1] Effective Arguments for Medical Marijuana Advocates, by Chuck Thomas and Bruce Mirken, Marijuana Policy Project, POB 77492, Capitol Hill, Washington, DC 20013; Mitch Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence*, (Oxford University Press 2002).

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[FN7] DEA Congressional Testimony, Statement by: Thomas A. Constantine, Administrator Drug Enforcement Administration, United States Department of Justice, Before the: Senate Committee on the Judiciary, Regarding: The California & Arizona Medical Drug Use Initiatives, Date: December 2, 1996

FDA STATEMENT - INTER-AGENCY ADVISORY REGARDING CLAIMS THAT SMOKED MARIJUANA IS A MEDICINE

Claims have been advanced asserting smoked marijuana has a value in treating various medical conditions. Some have argued that herbal marijuana is a safe and effective medication and that it should be made available to people who suffer from a number of ailments upon a doctor's recommendation, even though it is not an approved drug.

Marijuana is listed in schedule I of the Controlled Substances Act (CSA), the most restrictive schedule. The Drug Enforcement Administration (DEA), which administers the CSA, continues to support that placement and FDA concurred because marijuana met the three criteria for placement in Schedule I under 21 U.S.C. 812(b)(1) (e.g., marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision). Furthermore, there is currently sound evidence that smoked marijuana is harmful. A past evaluation by several Department of Health and Human Services (HHS) agencies, including the Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), concluded that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use. There are alternative FDA-approved medications in existence for treatment of many of the proposed uses of smoked marijuana.

FDA is the sole Federal agency that approves drug products as safe and effective for intended indications. The Federal Food, Drug, and Cosmetic (FD&C) Act requires that new drugs be shown to be safe and effective for their intended use before being marketed in this country. FDA's drug approval process requires well-controlled clinical trials that provide the necessary scientific data upon which FDA makes its approval and labeling decisions. If a drug product is to be marketed, disciplined, systematic, scientifically conducted trials are the best means to obtain data to ensure that drug is safe and effective when used as indicated. Efforts that seek to bypass the FDA drug approval process would not serve the interests of public health because they might expose patients to unsafe and ineffective drug products. FDA has not approved smoked marijuana for any condition or disease indication.

A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes.

ACKNOWLEDGMENTS

The Drug Free Schools Coalition wishes to thank the following colleagues for their comments on this document:

Calvina Fay, Executive Director Drug Free America Foundation

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Eric Voth, M.D., FACP, Chairman, The Institute on Global Drug Policy

Susie Dugan, Executive Director, PRIDE of Omaha

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