MARIJUANA AS “MEDICINE”?
ADDITIONAL INFORMATION

• Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long-term medical use.  (Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base*, 1999)

• At this time, neither the medical community nor the scientific community has found sufficient data to conclude that smoked marijuana is the best approach to dealing with these important medical issues.  (U.S. Drug Enforcement Administration)

• Our medical system relies on proven scientific research, not polling results.  (Office of National Drug Control Policy, *What Americans Need to Know About Marijuana*)

• Marijuana smoke contains more than 400 chemicals and increases the risk of cancer, lung damage, and poor pregnancy outcomes.  (Office of National Drug Control Policy, *What Americans Need to Know About Marijuana*)

• Well-financed and organized campaigns have contributed to the misperception that marijuana is harmless or may even have health benefits.  These campaigns are led not by medical professionals or patients-rights groups, but by pro-drug donors and organizations in a cynical attempt to exploit the suffering of sick people.  (Office of National Drug Control Policy, *What Americans Need to Know About Marijuana*)

• Marijuana is much more powerful today than it was 30 years ago, and so are its mind-altering effects.  Average THC levels rose from less than 1 percent in the mid-1970’s to up to 33 percent.  Marijuana has been proven to be a psychologically addictive drug.  (Office of National Drug Control Policy, *What Americans Need to Know About Marijuana*)

• In the Supreme Court case *Gonzales v. Raich*, the justices ruled 6 to 3 that the federal government has the power to arrest and prosecute patients and their suppliers even if the marijuana use is permitted under state law, because of its authority under the federal Controlled Substances Act to regulate interstate commerce in illegal drugs.

• Health consequences:
  • Marijuana smoke contains 50 to 70 percent more carcinogenic hydrocarbons than does tobacco smoke.  Using marijuana may promote cancer of the respiratory tract and disrupt the immune system.
  • Smoking one marijuana cigarette deposits about four times more tar into the lungs than a filtered cigarette.
  • Marijuana smokers have a heightened risk of lung infection.
  • Short term effects of marijuana use include: memory loss, distorted perception, trouble with thinking and problem solving, loss of motor skills, decrease in muscle strength, increased heart rate, and anxiety.
  • Long-term use of marijuana may increase the risk of chronic cough, bronchitis, and emphysema, as well as cancer of the head, neck, and lungs.
  • Studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.
  • Mentions of marijuana use in emergency room visits have risen 176 percent since 1994, surpassing those of heroin.
  • In 2001, marijuana was a contributing factor in more than 110,000 emergency department visits in the U.S.
•Marijuana can cause the heart rate, normally 70 to 80 beats per minutes, to increase by 20 to 50 beats per minute or, in some cases, even to double.
•In a 2003 study, researchers in England found that smoking marijuana for even less than six years causes a marked deterioration in lung function. The study suggests that marijuana use may rob the body of antioxidants that protect cells against damage that can lead to heart disease and cancer.
•Marijuana affects alertness, concentration, perception, coordination, and reaction time – skills that are necessary for safe driving. A roadside study of reckless drivers in Tennessee found that 33 percent of all subjects who were not under the influence of alcohol and who were tested for drugs at the scene of their arrest tested positive for marijuana. In a 2003 Canadian study, one in five students admitted to driving within an hour of using marijuana.
•Marijuana users have more suicidal thoughts and are four times more likely to report symptoms of depression than people who never used the drug.
•The British Medical Journal recently reported: “Cannabis use is associated with an increased risk of developing schizophrenia, consistent with a causal relation. This association is not explained by use of other psychoactive drugs or personality traits relating to social integration.
•The British Lung Foundation reports that smoking three or four marijuana joints is as bad for your lungs as smoking 20 cigarettes.

•Social consequences:
  •Heavy marijuana use impairs the ability of young people to concentrate and retain information during their peak learning years. THC changes the way sensory information gets into and is processed by the part of the brain that is crucial for learning and memory.
  •Animal studies indicate that marijuana use may interfere with brain function and create problems with the perception of time, possibly making the user less adept at tasks that require sustained attention.
  •Marijuana use has been associated with poor performance in school. One report shows that youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year as youths with an average grade of A.
  •Marijuana users in their later teen years are more likely to have an increased risk of delinquency and more friends who exhibit deviant behavior. They also tend to have more sexual partners and are more likely to engage in unsafe sex.

•Economic consequences:
  •Use of marijuana and other illicit drugs comes at significant expense to society in terms of lost employee productivity, public health care costs, and accidents.
  •Americans spent $10.6 billion on marijuana purchases in 1999.
(U.S. Drug Enforcement Administration and Office of National Drug Control Policy, What Americans Need to Know About Marijuana)

ODCP:  www.iowa.gov/odcp
American Medical Association:  http://www.ama-assn.org/ama/no-index/about-ama/13625.shtml
ONDCP:  http://www.whitehousedrugpolicy.gov/drugfact/factsht/medical_marijuana.html
DEA:  http://www.usdoj.gov/dea/ongoing/marinol.html
FDA:  http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm
PDFA:  http://www.drugfree.org/

A Message from the Drug Enforcement Administration

Summary of the Top Ten Facts on Legalization

**Fact 1: We have made significant progress in fighting drug use and drug trafficking in America. Now is not the time to abandon our efforts.**

The Legalization Lobby claims that the fight against drugs cannot be won. However, overall drug use is down by more than a third in the last twenty years, while cocaine use has dropped by an astounding 70 percent. Ninety-five percent of Americans do not use drugs. This is success by any standards.

**Fact 2: A balanced approach of prevention, enforcement, and treatment is the key in the fight against drugs.**

A successful drug policy must apply a balanced approach of prevention, enforcement and treatment. All three aspects are crucial. For those who end up hooked on drugs, there are innovative programs, like Drug Treatment Courts, that offer non-violent users the option of seeking treatment. Drug Treatment Courts provide court supervision, unlike voluntary treatment centers.

**Fact 3: Illegal drugs are illegal because they are harmful.**

There is a growing misconception that some illegal drugs can be taken safely. For example, savvy drug dealers have learned how to market drugs like Ecstasy to youth. Some in the Legalization Lobby even claim such drugs have medical value, despite the lack of conclusive scientific evidence.

**Fact 4: Smoked marijuana is not scientifically approved medicine. Marinol, the legal version of medical marijuana, is approved by science.**

According to the Institute of Medicine, there is no future in smoked marijuana as medicine. However, the prescription drug Marinol—a legal and safe version of medical marijuana which isolates the active ingredient of THC—has been studied and approved by the Food & Drug Administration as safe medicine. The difference is that you have to get a prescription for Marinol from a licensed physician. You can’t buy it on a street corner, and you don’t smoke it.

**Fact 5: Drug control spending is a minor portion of the U.S. budget. Compared to the social costs of drug abuse and addiction, government spending on drug control is minimal.**

The Legalization Lobby claims that the United States has wasted billions of dollars in its anti-drug efforts. But for those kids saved from drug addiction, this is hardly wasted dollars. Moreover, our fight against drug abuse and addiction is an ongoing struggle that should be treated like any other social problem. Would we give up on education or poverty simply because we haven’t eliminated all problems? Compared to the social costs of drug abuse and addiction—whether in taxpayer dollars or in pain and suffering—government spending on drug control is minimal.
Fact 6: Legalization of drugs will lead to increased use and increased levels of addiction. Legalization has been tried before, and failed miserably.

Legalization has been tried before—and failed miserably. Alaska’s experiment with Legalization in the 1970s led to the state’s teens using marijuana at more than twice the rate of other youths nationally. This led Alaska’s residents to vote to re-criminalize marijuana in 1990.

Fact 7: Crime, violence, and drug use go hand-in-hand.

Crime, violence and drug use go hand in hand. Six times as many homicides are committed by people under the influence of drugs, as by those who are looking for money to buy drugs. Most drug crimes aren’t committed by people trying to pay for drugs; they’re committed by people on drugs.

Fact 8: Alcohol has caused significant health, social, and crime problems in this country, and legalized drugs would only make the situation worse.

The Legalization Lobby claims drugs are no more dangerous than alcohol. But drunk driving is one of the primary killers of Americans. Do we want our bus drivers, nurses, and airline pilots to be able to take drugs one evening, and operate freely at work the next day? Do we want to add to the destruction by making drugged driving another primary killer?

Fact 9: Europe’s more liberal drug policies are not the right model for America.

The Legalization Lobby claims that the “European Model” of the drug problem is successful. However, since legalization of marijuana in Holland, heroin addiction levels have tripled. And Needle Park seems like a poor model for America.

Fact 10: Most non-violent drug users get treatment, not jail time.

The Legalization Lobby claims that America’s prisons are filling up with users. Truth is, only about 5 percent of inmates in federal prison are there because of simple possession. Most drug criminals are in jail—even on possession charges—because they have plea-bargained down from major trafficking offenses or more violent drug crimes.
### CON Medical Marijuana

**1. Physician Perspectives on Marijuana's Medical Use**

"Although I understand many believe marijuana is the most effective drug in combating their medical ailments, I would caution against this assumption due to the lack of consistent, repeatable scientific data available to prove marijuana's medical benefits.

Based on current evidence, I believe that marijuana is a dangerous drug and that there are less dangerous medicines offering the same relief from pain and other medical symptoms."

-- **Bill Frist, MD**  
Former US Senator (R-TN)  
Correspondence to ProCon.org  
Oct. 20, 2003

**2. Medical Organizations' Opinions**

"The American Medical Association (AMA) calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

The AMA recommends that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies."

-- **American Medical Association**  
Official Policy Statement  
June 2001

**3. US Government Officials' Views**

"Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents."

-- **John Walters**  
Former Director, Office of National Drug Control Policy  
Syndicated editorial  
Mar. 2002

**4. Health Risks of Smoked Marijuana**

"3-4 Cannabis cigarettes a day are associated with the same evidence of acute and chronic bronchitis and the same degree of damage to the bronchial mucosa as 20 or more tobacco cigarettes a day."
Cannabis smoking is likely to weaken the immune system. Infections of the lung are due to a combination of smoking-related damage to the cells lining the bronchial passage and impairment of the principal immune cells in the small air sacs caused by cannabis.

"Smoking Gun: The Impact of Cannabis Smoking on Respiratory Health," a publicly disseminated report Nov. 2002

--- British Lung Foundation

5. Treating AIDS with Marijuana

"The most compelling concerns regarding marijuana smoking in HIV/AIDS patients are the possible effects of marijuana on immunity.

Reports of opportunistic fungal and bacterial pneumonia in AIDS patients who used marijuana suggest that marijuana smoking either suppresses the immune system or exposes patients to an added burden of pathogens.

In summary, patients with preexisting immune deficits due to AIDS should be expected to be vulnerable to serious harm caused by smoking marijuana.

--- Institute of Medicine Report
Marijuana and Medicine: Assessing the Science Base
Mar. 1999

6. Marijuana For the Terminally Ill

"[T]he use of marijuana [for the terminally ill] can no longer be considered a therapeutic intervention but one of several procedures used to ease the ebbing of life of the terminally ill.

But for this purpose doctors should prescribe antiemetic and analgesic therapies of proven efficacy, rather than marijuana smoking.

This therapeutic course is not based on bureaucratic absolutism, political correctness, or reflexive ideology - but on scientific knowledge and the humane practice of medicine.

--- Gabriel Nahas, MD, PhD

7. Marijuana vs. Marinol

"Marinol differs from the crude plant marijuana because it consists of one pure, well-studied, FDA-approved pharmaceutical in stable known dosages. Marijuana is an unstable mixture of over 400 chemicals including many toxic psychoactive chemicals which are largely unstudied and appear in uncontrolled strengths.

--- California Narcotics Officers Association
Official policy statement "The Use of Marijuana as a Medicine" Oct. 31, 2005
8. Addictiveness of Marijuana

"This study validated several specific effects of marijuana abstinence in heavy marijuana users, and showed they were reliable and clinically significant.

These withdrawal effects appear similar in type and magnitude to those observed in studies of nicotine withdrawal [...]

Craving for marijuana, decreased appetite, sleep difficulty, and weight loss reliably changed across the smoking and abstinence phases. Aggression, anger, irritability, restlessness, and strange dreams increased significantly during one abstinence phase, but not the other."

--Alan J. Budney, PhD et al.
Professor, University of Arkansas Center for Addiction Research
"Marijuana Abstinence Effects in Marijuana Smokers Maintained in Their Home Environment"
Archives of General Psychiatry Oct. 2001

9. "Gateway" Effect

"A new federal report released today concludes the younger children are when they first use marijuana, the more likely they are to use cocaine and heroin and become dependent on drugs as adults.[...]

Increases in the likelihood of cocaine and heroin use and drug dependence are also apparent for those who initiate use of marijuana at any later age"

--US Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA press release on their report;
"Initiation of Marijuana Use: Trends, Patterns and Implications"
Aug. 28, 2002

10. Medical Marijuana Debate and Its Affect on Youth Drug Use

"By characterizing the use of illegal drugs as quasi-legal, state-sanctioned, Saturday afternoon fun, legalizers destabilize the societal norm that drug use is dangerous. They undercut the goals of stopping the initiation of drug use to prevent addiction.... Children entering drug abuse treatment routinely report that they heard that 'pot is medicine' and, therefore, believed it to be good for them."

--Andrea Barthwell, MD
Former Deputy Director, White House Office of National Drug Control Policy (ONDCP)
Chicago Tribune editorial
Feb. 17, 2004
Information from [www.balancepolitics.org](http://www.balancepolitics.org):

1. **Marijuana is often used as a stepping-stone drug, leading to heroin, cocaine, or other harder drugs.** Studies show that marijuana use often progresses to the use of harder drugs. In other words, people experiment with what is often thought of as a "harmless" drug. Then, after using it for a while, a bigger "high" is sought; thus, users then turn to the harder stuff like heroin, LSD, cocaine, etc. This is particularly a problem since most people will not directly start abusing the harder drugs that are generally understood to be harmful. Marijuana use may simply embolden them to experiment.

2. **Stoned driving and other dangers would be increased.** Marijuana use isn't truly a "victimless crime" when you consider all the crimes that may be committed when the user is under the influence of the drug. Drunk driving is still a major problem in our society despite all the education and stiff penalties. "Driving high" would be even harder to detect. Unless the user has been smoking in the car, there isn't as distinctive of a smell as there is with alcohol. Also, there's always the possibility that the lapse in judgment caused by drug use will lead to harder crimes like rape or robbery.

3. **Some consider use of the drug as morally wrong.** Many religions and moral codes prohibit the use of intoxicating substances. Marijuana is generally considered to fit into this category.

4. **Legalization would increase the chances of the drug falling into the hands of kids.** Even unhealthy legal items such as cigarettes and alcohol are prohibited from being sold to kids. This is because kids generally don't exhibit the same reasoning, responsibility, and judgment of an adult. And their bodies aren't as equipped to handle the intake of these substances. The problem is even worse for marijuana use. Developing brains and bodies can be dealt serious blows by the use of marijuana. Any time you make something legal, you increase the accessibility to children. All too often kids and teenagers get their hands on alcohol or cigarettes. We shouldn't let the same thing happen with marijuana.

5. **Because of drug-related arrests, people who have committed or are likely to commit more serious crimes can be taken off the streets.** People who produce, sell, traffic, or use illegal drugs have already established themselves as people who will break the law. Anyone who commits drug-related felonies isn't likely to be constrained in committing other felonies, such as robbery, rape, murder, etc. If such people are in prison because of drug charges, they aren't able to go out and commit other crimes. Also, it often occurs that there isn't enough evidence to imprison felons for the serious crimes like murder; however, if they can be imprisoned for something, society is much better off. At a minimum, they will be off the streets, unable to wreak more havoc.

6. **Physical damage would be done to users that abuse the drug.** Although some studies have been disputed, marijuana abuse has been tied to brain damage, cancer, lung damage, depression, amotivational syndrome, and even death. The brain damage has been shown to cause memory loss and difficulty in problem solving. It is the government's duty to protect the public from such dangerous drugs. After all, that's why the FDA was created.

7. **More widespread use would increase the dangers of secondhand smoke-damage to bystanders.** The dangers of secondhand cigarette smoke are well-publicized. Common sense tells us that more widespread usage of marijuana increases the likelihood that other people would suffer the damage of inhaling other people's smoke. Public places like bars would expose innocent patrons. In the home siblings, roommates, kids, and spouses would all face increased exposure. Thus, the health damage to society becomes somewhat exponential.