

*Are Texans Being*

**DENIED ACCESS**

*to a*

**VITAL  
MEDICINE?**

*A Scientific Assessment  
of Marijuana*

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## Introduction

The goal of the Drug Policy Forum of Texas (DPFT) is to minimize the damage done to society by both drug abuse and poorly conceived drug laws. To that end we provide scientific information and expert opinion while promoting discussion of what might be more effective alternatives to our current drug policies. Members may differ on the best answers. We hold the traditional view that unrestricted debate and a well informed public are essential elements of democracy. DPFT does not advocate or encourage the recreational use of illegal or legal drugs.

Our members are simply concerned citizens from no particular political or social group, but we're fortunate to include many experts among our leaders and advisors. Executive Director, Dr. G. Alan Robison, is a National Academy of Sciences award winning pharmacologist, Dr. Fred Murad recently won the Nobel prize for medicine and Dr. Susan Robbins teaches a national award-winning TV course on "Drugs and Society." We work closely with many other experts here and around the world. We welcome you to join us.

This booklet addresses one element of drug policy, the use of marijuana as medicine. Federal policy seems oddly schizophrenic in that since 1978 the federal government has grown, and mailed some 300 marijuana cigarettes a month to a handful of patients who had to prove to the satisfaction of three government agencies (DEA, FDA and NIDA) that marijuana was an essential element in their treatment, yet has closed the program to new entrants since 1992. Many states have recently approved medical use but Texas has not, a matter of deep concern to many Texans.

A great deal of inaccurate information has surrounded drug policy in general and marijuana in particular. In any discussion of policy, it's critical that the public and their policy makers know the pertinent facts.

Many public health measures require the weighing of costs and benefits. This booklet is a brief summary of the conclusions of experts in the field. It is designed to help in making an accurate assessment.

---

*Booklet prepared by Jerry Epstein, President, DPFT*

## Marijuana Opinion Poll

I support a policy to allow seriously ill or terminally ill patients to use marijuana for medical purposes if supported by their physician.

Yes  No

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Your comments: \_\_\_\_\_

\_\_\_\_\_

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Prolonged heavy alcohol use is likely to damage internal organs and may well lead to death. Over half of hospital admissions for people over 60 are for alcohol related problems. Intoxication increases the risk of injuries and violence.

Drinking is associated with cirrhosis and alcoholism; cancers of the mouth, esophagus, pharynx, larynx and liver combined; breast cancer in women (30 percent higher among women reporting at least one drink a day compared with nondrinkers); and injuries and other external causes in men. (See Dr. Thun above, *New England Journal of Medicine*, 1997)

Heavy drinking strips the brain of substances that stimulate feelings of well being, while boosting chemicals that cause tension and depression. The changes are as strong as what is seen with methamphetamine, but the effects are wider spread. (Dr. George F. Koob, Scripps Research Institute, report to the American Chemical Society, *Reuters Health*, 8-23-99)

“Current marijuana use had a negative effect on global IQ score only in subjects who smoked 5 or more joints per week. A negative effect was not observed among subjects who had previously been heavy users but were no longer using the substance. We conclude that marijuana does not have a long-term negative impact on global intelligence.” (Study in *Canadian Medical Association Journal*, 4-2-02)

Australia’s National Drug and Alcohol Research Centre interviewed heavy long term marijuana smokers in 1996. The average profile was of regular marijuana use from the age of 17, lasting for 19 years. Some 94% smoked it at least twice a week, and 60% smoked it daily, with a typical quantity being two joints a day. Some 86% were current or former tobacco smokers. Chief investigator David Reilly said “We don’t see any evidence of high psychological disturbance among the people, we see very little evidence of health problems except for respiratory problems. The results seem unremarkable — the exceptional thing is that the respondents are unexceptional.”

A World Health Organization study said that the health risks from marijuana were unlikely to seriously compare to those of alcohol and tobacco, even at similar levels of use. Officials removed the wording of the researchers from the official version in 1998.

Current policy may be discrediting itself by exaggerating the risks associated with marijuana, while also paying insufficient attention to the seriousness of alcohol abuse.

Dr. Charles Tannock, psychiatrist and Member of the European Parliament, says, “... many young people regard it as hypocritical for those who use and abuse alcohol and tobacco to restrict them in their use of cannabis. This, in turn, has helped to encourage a disrespect for the law and to alienate them from the political process, which itself should be a cause for concern.” (*Wall Street Journal*, 11-21-01)

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## Medical Marijuana: An Emotional Issue

To many of its advocates, the medical use of marijuana (cannabis) is much more than a simple political dispute. It is a question of the most fundamental rights of our nation's citizens. It is a question of human suffering and the callous indifference of government to the needs of totally innocent people. It is a story about official duplicity, with scientific facts often being ignored or distorted.

Below is the story of Harvard professor Stephen Jay Gould, one of the world's first survivors of abdominal mesothelioma, as cited in the *New England Journal of Medicine*, 8-7-97, by Professor George J. Annas of the Schools of Medicine and Public Health at Boston University.

"Absolutely nothing in the available arsenal of anti-emetics worked at all. I was miserable and came to dread the frequent treatments with an almost perverse intensity. I had tried marijuana twice in the 1960s and had hated it. Marijuana worked like a charm. The sheer bliss of not experiencing nausea — and not having to fear it for all the days intervening between treatments — was the greatest boost I received in all my year of treatment, and surely the most important effect upon my eventual cure."

Professor Gould's story differs from thousands of others only in that they do not have easy access to one of the nation's best medical facilities nor the prestige to avoid prosecution for their choice of medicine. Many similar stories are in Appendix 1.

*Marihuana The Forbidden Medicine* was written by Dr. Lester Grinspoon of Harvard Medical School and James Bakalar, Associate Editor of the Harvard Mental Health Letter. In 1972, Dr. Grinspoon's 10-year-old son, Danny, suffered terribly from the chemotherapy used to treat his ultimately fatal cancer. The boy's mother, Betsy, got some marijuana for their son despite the objections of Dr. Grinspoon, and it had a marvelous affect. Their book details the usefulness of marijuana for multiple medical conditions and tells the stories of numerous users like Professor Gould and Danny. The authors conclude that marijuana is a "remarkable substance" with great therapeutic potential and say, "The government is unwilling to admit that marihuana can be a safe and effective medicine because of a stubborn commitment to wild exaggeration of its dangers when used for other purposes."

## Fetal Damage

Excessive alcohol use during pregnancy represents a more likely and serious threat to the fetus than use of any other common drug such as "crack" cocaine. Science has not been able to establish that marijuana use constitutes a threat to the fetus although the established risks associated with cigarette smoking should certainly indicate caution (IOM).

## Gateway

Earlier, the scientific rejection of the "gateway theory" was noted. The false theory flows from faulty logic in examining data and confusing correlation with causation. England's Advisory Council on the Misuse of Drugs (ACMD) had a slightly different view, saying that whether or not cannabis is a "gateway drug" to the use of heroin or crack cocaine, it concludes that "the risks, if any, are small and less than associated with the use of tobacco or alcohol."

## Tendency to Binge

The average marijuana smoker uses from 1 to 5 joints a week, a heavy user about 2 a day. If heavy amounts are used the tendency is to become quietly introspective or to just go to sleep; marijuana can be helpful in combating insomnia and its ability to provide sleep can be an important medical asset. Among users, the saying goes that, "Once you're high, smoking more is just a waste of good marijuana."

In contrast, a recent survey found that more than 40 percent of college students today engage in binge drinking, defined as the consumption of at least five drinks at one sitting by a male or four drinks for a female. Alcohol is a factor in 40% of all academic problems and 28% of all dropouts. (from Graham Spanier, President of Pennsylvania State University, in speech to the National Press Club, 8-27-99)

This tendency is critical to the likelihood of abuse. If marijuana tends to be substituted for other drugs, as seems true, this has major implications for reducing alcohol abuse and addiction.

## General Health

Dosage is critical. All drugs can be abused.

The average moderate user of either drug will normally have no adverse health consequences and may benefit. A study by Dr. Michael Thun, head of epidemiological research for the American Cancer Society, reports overall death rates are "slightly" lower among men and women reporting about one drink daily.

A 1955 Texas study indicated that 28.5 percent of all homicides took place in bars, cocktail lounges and other public places where liquor was served. (*Houston Chronicle*, 12-29-00 by Thom Marshall)

Alcohol, quite unlike marijuana, is well established as the primary drug involved in domestic violence and family abuse.

## Addiction

IOM noted that marijuana users were about half as likely as alcohol users to exhibit dependency characteristics. More significantly, “A distinctive marijuana and THC withdrawal syndrome has been identified, but it is mild and subtle compared with the profound physical syndrome of alcohol or heroin withdrawal.” (*IOM* pp. 89, 90)

“In the total population, problems associated with the use of marijuana have been reported by about 4%, problems from cocaine use by less than 1%, problems due to alcohol use by roughly 15%, and problems from cigarette use by about 20%. Readers should not interpret reports of these problems as being necessarily equivalent to a clinical diagnosis of drug dependence.” (*2000 National Household Survey*, Main Findings, p. 131)

## Intoxication

Marijuana clearly impairs mental and physical responses but not nearly to the degree seen with equivalent alcohol use. (See independent ratings from National Institute on Drug Abuse [NIDA]/Henningfield and University of California at San Francisco/Benowitz.)

England’s Advisory Council on the Misuse of Drugs (ACMD) noted about marijuana in 2002: “... unlike alcohol, it does not increase risk-taking behaviour.”

Dr. Andrew Weil explains that, “... of all the drugs being used in our society, alcohol has the strongest claim to the label drug in view of the prominence of its long-term physical effects — the person high on marihuana is not readily distinguishable from one who is not high.” (*The Natural Mind: A New Way of Looking at Drugs and the Higher Consciousness*)

A typical observation comes from a 1957 U.N. Bulletin on Narcotics, “... indulgence in cannabis drugs, unlike alcohol, rarely bring the habitué into a state of extreme intoxication where he loses entire control over himself. As a rule, those who indulge habitually can carry on their ordinary vocations for long periods and do not become a burden to society or even a nuisance.”

## Background

These are some of the more recent events that frame the dispute over marijuana’s medical usefulness:

After hearing extensive testimony from 1986 to 1988, Francis L. Young, administrative law judge for the DEA (Drug Enforcement Agency), said: “It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record.” Judge Young’s superiors overruled his order that marijuana must be made available as a medicine, offering no contrary scientific evidence. An appeals court affirmed their legal right to do so.

The American Public Health Association (APHA), the oldest and largest organization of public health professionals in the world, passed a resolution in 1995 urging lawmakers to make marijuana legally available as a therapeutic agent. APHA represents more than 50,000 members and has been influencing policies and setting priorities in public health since 1872. APHA pointed out that “cannabis/marijuana has been used medicinally for centuries” and “cannabis products were widely prescribed by physicians in the United States until 1937. ‘Marijuana’ prohibition began with the Marihuana Tax Act of 1937 under false claims despite disagreeing testimony from the AMA’s representative.” APHA concluded that “cannabis/marijuana was wrongfully placed in Schedule I of the Controlled Substances Act (1970) depriving patients of its therapeutic potential ...”

The foremost U.S. medical journal, the *New England Journal of Medicine*, editorialized on January 30, 1997: “... a federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane.”

In 1995 and again in 1998, *The Lancet*, which is arguably the world’s leading medical journal, editorialized in favor of legalized marijuana for even recreational use, saying, “based on the medical evidence available, moderate indulgence in cannabis has little ill-effect on health ... Sooner or later politicians will have to stop running scared and address the evidence: cannabis *per se* is not a hazard to society but driving it further underground may well be.”

Great Britain addressed the issue in 1998 when the Select Committee on Science and Technology issued *Cannabis: The Scientific and Medical Evidence*. Lord Perry of Walton, chairman of the inquiry, said “We have seen enough evidence to convince us that a doctor might legitimately want to prescribe cannabis to relieve pain, or the symptoms of multiple sclerosis (MS), and that the criminal law ought not to stand in the way.”

## An Important Scientific Report

There seem to be two broad questions. First, does smoked marijuana have valid medical uses (and, if so, why not just use synthetic pills)? Second, what, if any, are the negative consequences of changing the law?

To resolve disputes, the federal government sought the best medical advice on the topic and a report was commissioned by the White House Office of National Drug Control Policy (ONDCP) in 1998. The report came from the Institute of Medicine (IOM), an arm of the National Academy of Sciences, and cost taxpayers almost a million dollars. It is over 200 pages long and some 24 of our best experts contributed to the analysis.

After the IOM report was issued, The New York Times, March 18, 1999, said:

“The report, the most comprehensive analysis to date of the medical literature about marijuana, said there was no evidence that giving the drug to sick people would increase illicit use in the general population. Nor is marijuana a ‘gateway drug’ that prompts patients to use harder drugs like cocaine and heroin ...”

### ***The IOM report established that medical use is valid:***

“We acknowledge that there is no clear alternative for people suffering from chronic conditions that might be relieved by smoking marijuana ...” (IOM p.8)

“... there will likely always be a subpopulation of patients who do not respond well to other medications.” (IOM pp. 3, 4)

“The critical issue is not whether marijuana or cannabinoid drugs might be superior to the new drugs, but whether some group of patients might obtain added or better relief from marijuana or cannabinoid drugs.” (IOM p. 153)

“For patients such as those with AIDS or who are undergoing chemotherapy and who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might offer broad-spectrum relief not found in any other single medication.” (IOM p. 177)

IOM’s list of other medical conditions which might benefit from marijuana use includes, among many:

“... spasticity associated with multiple sclerosis or spinal cord injury.” (IOM p. 160)

“... migraine headaches.” (IOM pp. 143, 144)

“... movement disorders.” (IOM p. 70)

## Driving

Studies of marijuana’s effect on driving behavior have found that marijuana has little or no negative effect on driving performance, and is not believed in most cases to be the cause of crashes in which THC was detected in the driver.

The largest study on drugs and driving was reported in 1998 by the South Australian government’s Forensic Science Department. It said that while alcohol was clearly a strong factor in crashes in which the driver was drunk, “In contrast to these findings, it is clear that marijuana has very different effects. There was no evidence of any increase in the likelihood of being culpable for the crash amongst those injured drivers in whom cannabinoids were detected.”

*New Scientist* magazine (3-19-02) said a leaked report from England’s Transport Research Laboratory found that a single glass of wine impaired driving more than a whole cannabis cigarette.

However, driving studies also consistently show that the combination of marijuana and alcohol is particularly dangerous, even more dangerous than alcohol by itself. (Report from CA/NORML)

## Crime and Violence

In 1998, General McCaffrey announced that a study of criminals under the influence of drugs at the time of the commission of their crime showed that 25% were under the influence of only one drug. That one drug was: alcohol, 84% — cocaine, 12% — heroin, 4% — sole use of marijuana was too infrequent for inclusion. (*Behind Bars* by the National Center on Addiction and Substance Abuse [CASA] 1998)

The Panel on the Understanding and Control of Violent Behavior was established at request of the National Science Foundation (NSF), the National Institute of Justice (NIJ), and the Centers for Disease Control and Prevention (CDC). Its 1994 report noted: “Alcohol is the only psychoactive drug that in many individuals tends to increase aggressive behavior temporarily while it is taking effect. Marijuana and opiates temporarily inhibit violent behavior. In the case of alcohol, hazards tend to be related to use, while for illegal psychoactive drugs they tend to be related to distribution and purchase.”

A Canadian Senate committee report on drugs said alcohol was the main contributing factor in 34 percent of the homicides, 30 percent of the attempted homicides and 39 percent of the assaults studied, but other drugs alone were a main factor in less than 10 percent of the violent crimes. (from AP article, 5-2-02)

## APPENDIX 3

### Comparing Marijuana and Alcohol

For many, a comparison of marijuana with alcohol is essential in judging if our policy towards marijuana has a rational foundation and satisfies the average person's basic notion of fairness.

They ask, "If marijuana is judged to be less dangerous than alcohol, how can its users truly be said to receive equal protection under the law?" and, "How can a more dangerous drug be available for recreation and a less dangerous drug not be available as medicine?"

Too often, statements about the effects of drugs use no standard by which the general public may judge them accurately. Absent a meaningful comparison, the tendency is to accept "worst case scenarios" as typical. Reactions to all drugs vary among individuals and depend heavily on the size and frequency of dosage. At appropriate, normal use levels, drugs pose minimal risks to the vast majority of users. The problem is generally not use but abuse; marijuana users are much less likely to abuse their drug than are alcohol users, and when abuse does occur, the consequences are also much less serious than with alcohol.

While it is certainly true that the smoke from marijuana presents a health risk not present with alcohol, on all other significant measurements, marijuana has been judged in repeated studies to be the much less dangerous drug.

The French national medical research institute, INSERM, consulted with experts from around the world and rated drugs by their danger in 1998. They established 3 groups. The "most dangerous" included heroin, cocaine and alcohol. Marijuana was placed in the "least dangerous" category because it has "low toxicity, little addictive power and poses only a minor threat to social behavior."

### Death

Alcohol related fatalities exceed 100,000 each year. The DEA's Judge Young stated in his *Findings of Fact #5*: "This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. Estimates suggest that from 20 to 50 million Americans routinely, albeit illegally, smoke marijuana — despite this — there are simply no credible medical reports to suggest that consuming marijuana has caused a single death."

"In conclusion, the available evidence from animal and human studies indicates that cannabinoids can have a substantial analgesic effect." (*IOM* p. 145)

APHA concluded:

"... thousands of patients not helped by conventional medications and treatments may find relief from their suffering with the use of marijuana if their primary care providers were able to prescribe this medicine ..."

### Why Not Use the Synthetic Pill (Marinol)?

The simple answer is that patients repeatedly say that the pills don't work as well as natural marijuana, if at all. Many who are fighting nausea say the pill makes them vomit. Many complain that the pill, a highly concentrated version of the most psychoactive ingredient in marijuana, THC, is far too strong. One of the curiosities of our drug laws is that marijuana is deemed too dangerous to use as medicine but a more powerful synthetic is legal. Some argue that pharmaceutical companies and their campaign contribution beneficiaries may prefer a pill which is expensive and can be patented as opposed to a natural plant that could be grown at home by the patient for a few dollars.

Multiple scientists have explained the better performance of smoked natural marijuana:

"It is well recognized that Marinol's oral route of administration hampers its effectiveness because of slow absorption and patients' desire for more control over dosing." (*IOM* pp. 205, 206)

In contrast, inhaled marijuana is rapidly absorbed." (*IOM* p. 203)

"... while synthetic Tetrahydrocannabinol (THC) is available in pill form, it is only one of approximately 60 cannabinoids which may have medicinal value individually or in some combination" (APHA, 1995 Resolution)

"... dronabinol, a drug that contains one of the active ingredients in marijuana (tetra-hydrocannabinol), has been available by prescription for more than a decade. But it is difficult to titrate the therapeutic dose of this drug, and it is not widely prescribed. By contrast, smoking marijuana produces a rapid increase in the blood level of the active ingredients and is thus more likely to be therapeutic." (*New England Journal of Medicine*, editorial, 1997)

There is a strong desire to limit patient's exposure to smoke where possible and to take maximum advantage of other helpful cannabinoids. Vaporizers are becoming more popular and a sub lingual spray shows promise. Foreign research on other synthetics also shows

promise but it will likely be many years before most are ready. Often natural marijuana can be eaten in various preparations with effective results. Meanwhile, general access is the critical point and, as IOM notes, smoking risks pale into insignificance for someone dying from cancer.

### Does Medical Use Impact Children and General Use?

Defenders of the status quo contend that if marijuana is accepted as a legitimate medicine it will cause the young to believe it is not harmful and thus increase its use. Some argue that the reverse would be true since defining a substance as medicine would decrease its “romantic” allure for teens. Others note that in today’s climate well over 60% of 21-year-olds have already tried marijuana and that medical use is already widely known and accepted, so we are trying to close the barn door well after the horse has gone. Others point out that the amount of marijuana to be used medically is much less than 1% of the total amount used and teens will make their assessments based on their own experiences and those of their peers.

In any case, IOM rejected both the contention and its relevance:

“... the perceived risk of marijuana use did not change among California youth between 1996 and 1997. In summary, there is no evidence that the medical marijuana debate has altered adolescents’ perceptions of the risks associated with marijuana use.” (*IOM* p. 104)

“No evidence suggests that the use of opiates or cocaine for medical purposes has increased the perception that their illicit use is safe or acceptable.” (*IOM* p. 102)

“... there is a broad social concern that sanctioning the medical use of marijuana might increase its use among the general population. At this point there are no convincing data to support this concern. ... this question is beyond the issues normally considered for medical uses of drugs and should not be a factor in evaluating the therapeutic potential of marijuana or cannabinoids.” (*IOM* pp. 6, 7)

An earlier federally funded study of the effect on use of 10 states decriminalizing all marijuana use in the 1970s concluded:

“Decriminalization has had virtually no effect on either marijuana use or on related attitudes about marijuana use among young people.” (*Marijuana Decriminalization: The Impact on Youth 1975-1980*, Monitoring the Future, Institute for Social Research, University of Michigan, 1981)

Dr. Charles Tannock, psychiatrist and Member of the European Parliament, says, “... in Belgium, where I work, and following experience in Holland, Spain, Italy and Portugal, cannabis was quietly

The Lucas Organization surveyed more than 1,000 voters in each of 10 western and midwestern states in February 2002:

- Alaska, Colorado, Nevada, and Oregon have existing medical marijuana laws and now support ranges from 75% to 79%, about 10% to 20% higher than when passed
- Arizona, Montana, Nebraska, North Dakota, South Dakota, and Wyoming ranged in support from 63% to 72%
- Overall, 68% said they would be “more likely” to vote for legislators who support such a bill while 23% said they would be “less likely”

A nationwide poll by Zogby in 2001 found that 67% of likely voters oppose the use of DEA agents to close patient support groups in California. Other 2002 polls in Connecticut, Maryland, New Hampshire, New Mexico and Vermont average over 70% in favor of medical use.

### Marijuana, General Policy Questions:

61% of likely voters nationwide oppose arresting or jailing marijuana smokers; 33% support current policies; 6% were undecided. Zogby Poll, November, 2001. (New Mexico, 62%, Research & Polling, Inc., 2001) (Arizona, 70%, Behavior Research Center of Phoenix, 2-18-00)

### Prison Versus Treatment:

Zogby poll, New York 4-28-99:

Some people think anyone caught in possession of illegal drugs should be sent to jail or prison. Others think it makes little sense to imprison people for simple drug possession and they should receive treatment instead. Which comes closer to your own opinion jail or prison, or treatment?

Jail or prison 19%      Treatment 74%      Not sure 7%  
(New Mexico, 65% prefer treatment, Research & Polling, Inc., 2001)

Swiss voters overwhelmingly endorsed their government’s liberal drug policies, including the controversial state distribution of heroin to hardened addicts. By a much bigger margin than predicted, nearly 71% of voters threw out a “Youth Without Drugs” proposal that would have curtailed government programs for drug users. (*AP*, 9-29-97)

Society, the professional association for 3,200 physician members, supports the use of medical marijuana for patients suffering from cancer, AIDS, and other serious or terminal conditions.” (Dr. Allan Haynes, President, January 21, 2002)

### Poll Results

More than 60 polls in over 30 states since 1996 show only minor variations from state to state with average support for medical marijuana use growing until it is now in the 75% range. Actual votes on specific legislation have been slightly lower, around 65%, but always a substantial majority. Polls after implementation of policy changes show slight increases in favorable reactions. Over 50% of Republicans support change, about 15% less than Democrats.

It is not clear how relevant it may be to the medical marijuana question, but polls generally seem to strongly favor a much less punitive approach toward drug users than is now mandated by current policy.

#### Do you generally favor marijuana use for medicinal purposes?

Hawaii	77%	Yes	2000	
	63%	Yes	1998	
				(Fairbanks, Maslin, Maullin & Assoc.)
				[Hawaii later became the first state to approve medical use via the legislature rather than by referendum]
Texas (Houston)	87%	Yes		<i>Houston Chronicle</i> reader poll, 3-29-01
National	82%	Yes		<i>CNN</i> poll, 3-28-01
Wisconsin	80%	Yes		(Chamberlain Research Consultants, 2002)
New Mexico	78%	Yes		(Research & Polling, Inc., 3-2-01)
Virginia	75%	Yes	2001	
	69%	Yes	1997	
				(Virginia Tech Center for Survey Research)

#### Actual votes for medical use of marijuana:

Alaska	58% favor, 1998
Arizona	65% favor, 1996
California	61% favor, 2000
Colorado	54% favor, 2000
Nevada	65% favor, 2000 (59% favor, 1998)
Maine	61% favor, 1999
Washington D.C.	69% favor, exit poll, 1998

legalized last year with no fuss, and, contrary to some dire predictions, there has been no epidemic of hard drug use, visible increase in street cannabis consumption or rise in violent drug related crime, giving at least some cause for optimism.” (*Wall Street Journal*, 11-21-01)

### Is Marijuana a “Gateway”? Is It More Potent Now?

The “gateway” theory (also called the “stepping stone” theory) has been routinely rejected by every major government study which addressed the question for over 50 years. It is both interesting and distressing that this myth is so widely accepted by much of the public. Ironically, researchers now suggest that addicts in recovery from harder drugs seem to have fewer relapses the more they substitute marijuana.

An editorial from the *Orange County Register*, July 23, 1999, evaluated both IOM’s remarks on the subject and noted the continuance of a pattern of leaders ignoring the very findings that they themselves requested if those findings tended to undermine current policy:

“Gen. McCaffery also ignored another finding of the report. The Institute of Medicine (IOM) said there’s no scientific basis for the ‘stepping stone’ theory — that chemical properties of marijuana lead to use of other drugs. Instead, the IOM report talks about a ‘gateway theory,’ but characterizes this as, ‘a social theory. The latter does not suggest that the pharmacological qualities of marijuana make it a risk factor for progression to other drug use. Instead it is the legal status of marijuana that makes it a gateway drug.’ Thus, the Institute of Medicine suggests that what makes marijuana potentially dangerous in terms of leading to use of more dangerous drugs is the very fact that it is illegal.”

#### Potency

Much has been said about marijuana today being much more potent than in earlier years, most of it wild exaggeration. There has always been a wide spectrum of potency in different strains. The most potent earlier strains were much more potent than the average potency of strains today.

According to the Potency Monitoring Project, a federally-sponsored research program at the University of Mississippi, marijuana potency has risen somewhat, but is less than double what it was 17 years ago. In 1985, commercial grade marijuana averaged 3.71% THC; in 1998, it had climbed to 5.57%, and by 2000 had dropped to below 5%. High-grade “sinsemilla” marijuana averaged 7.28% in 1985, climbing to an average 12.32% in 1998. (*The Cannabis Situation in the United States*, December 1999)

No epidemiological evidence of altered general outcomes due to this change has arisen. This is not surprising since users tend to “dose to effect” — they simply need to use less of more potent strains, which is actually safer since it requires less smoke inhalation.

## Is Marijuana Harmful? What About Side Effects?

IOM repeatedly stressed that smoking has health hazards and that abuse is possible. IOM balanced that by rejecting many exaggerated warnings and by comparisons with alcohol and cigarettes:

“In addition, tobacco smokers generally smoke considerably more cigarettes per day than do marijuana smokers.” (*IOM* pp. 111, 112)

According to government standards from NIDA, the average cigarette user smokes almost 100 times as many tobacco cigarettes as the “joints” smoked by the average marijuana user. For heavy users the ratio drops to about 20 to 1.

“There is no conclusive evidence that marijuana causes cancer in humans, including cancers usually related to tobacco use.” (*IOM* p. 119)

Indeed, an exhaustive study of ten years of mortality data for over 65,000 men and women by Kaiser Permanente research scientists found no statistically significant association between marijuana smoking and death. (Study supported by a grant from the National Institute on Drug Abuse (NIDA) — details in *American Journal of Public Health*, April 1997)

“A distinctive marijuana and THC withdrawal syndrome has been identified, but it is mild and subtle compared with the profound physical syndrome of alcohol or heroin withdrawal.” (*IOM* pp. 89, 90)

“Compared to most other drugs ... dependence among marijuana users is relatively rare.” (*IOM* p. 94)

Of particular relevance to social policy were IOM’s remarks on the lack of proof of fetal damage due to marijuana smoking during pregnancy:

“In a study of neonates born to Jamaican women who did or did not ingest marijuana during pregnancy, there was no difference in neurobehavioral assessments made at three days after birth and at one month.” (*IOM* pp. 123, 124)

IOM went on to reject many exaggerated harms that supposedly accompany marijuana use. They include immune system damage, brain damage, amotivational syndrome and many others. The DEA’s Judge Young’s *Finding of Fact #16* says, “Marijuana, in its natural form, is one of the safest, therapeutically active substances known to man.”

## APPENDIX 2

### Marijuana Use Approved in Many States

In general voters seem to have a much different view of some drug policies than their legislators.

The use of marijuana for medicinal purposes has become a very popular issue. Poll after poll has shown about 70% support, often more. Most states have had to hold a referendum, all approved by wide margins, to overcome strong opposition from many of their public officials. Hawaii approved through its legislature. Well over 25% of our population now lives in states where there is formal approval.

There is a common but erroneous belief that the U.S. Supreme Court has voided the state initiatives. Both states and the federal government have sovereignty to pass laws about drugs. In the Oakland Buyers’ Club case, the Supreme Court said that the federal law (under which Congress says there is no medical use for marijuana) would be controlling if federal agents enforced that law against people distributing marijuana. They expressly refused to decide whether an individual could claim that marijuana was medically necessary for him; and they did not make any ruling at all about any state laws or their validity. States and the federal government often have different laws pursuing their own political and social interests.

- Since 1996, nine states — Alaska, Arizona, California, Colorado, Hawaii, Maine, Nevada, Oregon and Washington — have enacted laws allowing patients to possess and use marijuana medicinally under a doctor’s supervision. Allowing patients or a designated caregiver to grow their own marijuana plants is a common way states have chosen to help patients avoid the illegal market; this can also sharply reduce costs for the patient. Several other states and Washington D.C. are likely to join the group soon.
- In a recent poll, 76.5% of Oregon respondents “strongly” or “somewhat” supported Oregon’s current law, including 85% of Democrats, 60% of Republicans, and 85% of “other” voters. A second question found that a majority of GOP as well as Democratic and “other” voters would “strongly” or “somewhat” support elected officials who supported medical marijuana legislation.
- Citizens in other states have been less successful. New Mexico’s legislature denied passage despite the efforts of Governor Gary Johnson (R) and physician support: “The New Mexico Medical

legally blind Layman, now a 34-year-old Northwest Washington resident, still gets severe headaches sometimes. He has tried numerous prescription drugs to relieve the intense pain, but he finds that only one thing really works: marijuana. (*Washington Post*, 11-11-97)



Cheryl Johnson: “We’re the most normal family you could imagine. I’m a troop leader for the Girl Scouts. And every morning, I send my 17-year-old son to school with marijuana in his backpack. Never in a million years would I have chosen to do this. But in my heart I know that marijuana is helping Simon get on with his life. You see, he has Crohn’s disease, an incurable and painful inflammation of the intestinal tract that can cause life-threatening complications. Simon is plagued with nausea and vomiting, and the only thing that relieves them is marijuana.” (*Good Housekeeping Magazine*, 9-19-97 by Steve Rubenstein)



Alex Ure, a former paratrooper, suffers from a severe spinal condition. The pain was so bad he considered suicide; he found legal painkillers turned him into a zombie and he couldn’t have sex with his wife, Wendy, for five years. But after starting the trial he became a father. “I couldn’t even bend down and play with a child before — I could do anything now,” he said. (*The Observer*, [UK] 11-03-01)



Tyrone Castle, a former publican, started suffering from multiple sclerosis when he was 21 and became so incapacitated he needed two helpers to winch him out of bed. He also suffered from uncontrollable spasms. Cannabis has transformed his life. “It has really helped sort out my spasms. It helps me sleep because I don’t spend the night jumping about. The difference in my legs is unbelievable — they are no longer stiff as a board,” he said. (*The Observer*, [UK] 11-03-01)



Jo, the wife of a school chaplain, suffered so badly from multiple sclerosis she would struggle to lift her legs up in the air six times. After she started the trial, she could lift her legs 25 times. “It’s miraculous, really extraordinary. I’ve never had any sort of relief of this kind, and I’ve tried pretty well everything,” she said. (*The Observer*, [UK] 11-03-01)

## Side Effects

“The acute side effects of marijuana use are within the risks tolerated for many medications.” (*IOM* p. 126)

“... mood enhancement, anxiety reduction, and mild sedation can be desirable qualities in medications — particularly for patients suffering pain and anxiety. Thus, although the psychological effects of marijuana are merely side effects in the treatment of some symptoms, they might contribute directly to relief of other symptoms.” (*IOM* p. 84)

## Can’t Patients Just Buy It Off the Street?

Medical authorities are not favorably impressed by this idea. Prohibition surrenders control of the drug supply to criminals, so street drugs can’t be subject to the sort of regulations that protect the users of prescription drugs. Uncontrolled supply deters effective research.

“G.S. spoke at the IOM workshop in Louisiana about his use of marijuana first to combat AIDS wasting syndrome and later for relief from the side effects of AIDS medications. ... (He said,) ‘Every day I risk arrest, property forfeiture, fines, and imprisonment.’” (*IOM*, pp. 27, 28)

APHA noted that, “... desperate patients and their families are choosing to break the law to obtain this medicine when conventional medicines or treatments have not been effective for them or are too toxic ... this places ill persons at risk for criminal charges and at risk for obtaining contaminated medicine because of the lack of quality control.”

## Is Medical Marijuana a Ruse for General Legalization?

Many share IOM’s view that this is an irrelevant question. In 1994, the Australian National Task Force on Cannabis wrote: “Despite the positive appraisal of the therapeutic potential of cannabinoids, they have not been widely used. Part of the reason for this is that research on the therapeutic use of these compounds has become a casualty of the debate in the United States about the legal status of cannabis. As a community we do not allow this type of thinking to deny the use of opiates for analgesia. Nor should it be used to deny access to any therapeutic uses of cannabinoid derivatives that may be revealed by pharmacological research.” (*The health and psychological consequences of cannabis use*, pp. 198-199)

Anyone who wants marijuana to be legal for recreational use would support its being legal for medical use. Polls do show that U.S. sentiment for general legalization is at an all time high, having jumped

recently from 25% to 34%, while 62% oppose. (*USA Today/CNN/ Gallup Poll in USA Today*, 8-24-01) Nonetheless, support for medical marijuana is more than twice as high, so it's clear that voters can readily separate two quite different policy questions.

## Where Can I Learn More?

Those who would like a more comprehensive assessment might read *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence* by Dr. John P. Morgan and Professor Lynn Zimmer. This short and easily read book has been highly praised by leaders of our last two major national commissions on marijuana, Dr. Louis Lasagna, M.D., author of the 1982 National Academy of Sciences report on marijuana and by Richard J. Bonnie, Associate Director, National Commission on Marihuana and Drug Abuse (1971-73). DPFT will make free copies available to libraries and to those who contribute \$25 or more to the educational programs of DPFT. The DPFT web site at [www.DPFT.org](http://www.DPFT.org) also provides links to other useful sites.

## Current Legislative Action

In August, 2001, Rep. Barney Frank (D-MA) and Rep. Ron Paul (R-TX) introduced H.R. 2592, The States' Right to Medical Marijuana Act. It allows physicians to legally recommend or prescribe marijuana to seriously ill patients in states where medical use has been legalized. In addition, it permits states to establish a legal source where patients can obtain their medical marijuana. At printing, the bill had some thirty co-sponsors, none from Texas.

In the 2001 Texas legislative session, a bill to allow patients to raise a medical necessity defense if arrested was offered by Representative Terry Keel (R), a former sheriff and prosecutor. Keel said, "If we have medicine that can alleviate pain and treat seriously ill patients, it makes no sense not to use it."

The Drug Policy Forum of Texas (DPFT) helped to provide expert testimony to the committee. There was near unanimous support when voted on by the committee, but the bill was never allowed to come to a general vote. This makes it likely that another bill will be introduced in 2003.

## Your Role in Shaping Policy

DPFT hopes readers will choose to act on what they've read here. We encourage you to share your views on policy directly with your representatives.



Dr. Don Kilby, a family physician who is also director of Health Services at the University of Ottawa: "I've dealt with patients where (smoking cannabis) was the only thing that was keeping them alive," says Dr. Kilby. "One man kept vomiting up his 30 odd pills a day and when he began smoking, turned into a thriving individual." (*Ottawa Citizen* [Canada], 8-2-99)



In impassioned testimony, Richard Brookhiser, Senior Editor for the *National Review*, told of his own use of marijuana, with the full knowledge of his physicians, as a way to alleviate the violent nausea he suffered as the result of cancer chemotherapy treatments. "Because of ... marijuana, my last two courses of chemotherapy were almost nausea-free," Brookhiser recounted. "There was only one problem — I had to become a criminal to do this." (News report on testimony to Congress, 3-96)



*(This case and others influenced Canada to approve medical use in 2001.)*

Terry Parker says the only thing standing between him and life-threatening seizures are the 71 marijuana plants police confiscated from his Toronto apartment. Severely epileptic, Parker, 42, says the drug is the one thing that helps him fight the debilitating attacks and, with the support of some of the world's top experts, he heads to court today to challenge Canadian laws stopping him from growing and possessing marijuana. (*Toronto Star*, 10-20-97)



Darrell E. Putman, a former Army Green Beret and conservative Republican who turned to marijuana for medicinal purposes to treat his cancer, died at 49 of non-Hodgkin's lymphoma at University of Maryland Medical Center. In the final months of his life, Mr. Putman became an advocate for legalizing marijuana for medicinal use. He smoked the drug to regain his appetite and gain weight in preparation for cancer treatment, and wanted other patients to reap its benefits. (*Baltimore Sun*, 12-30-99)



Chet Layman was 9 years old when a teenage driver hit him head-on while he was helping a friend deliver newspapers on his bicycle. The 1972 accident left him comatose for 29 days, severely damaged his optic nerve and caused him to lose 90 percent of his field of vision. The



Jacki Rickert, 47, suffers from Ehlers-Danlos syndrome, a connective-tissue disorder in which her joints — including shoulders, thumbs, knees and ankles — become dislocated very easily. If the dislocation isn't reset within 20 minutes the muscles around the injured area get so tight that "they're more like cable than muscle." But if she smokes a joint before then, they relax in time. She discovered that cannabis could help her control the dislocations and keep her other medications down. "I never thought in my wildest dreams that this was a medicine," she said. In 1990, Rickert was approved to receive cannabis under the now-defunct Compassionate IND program, but the federal government has refused to provide her with any. They urged her to take Marinol instead, but she says it made her tongue swell up so much she could barely fit a straw into her mouth. (newspaper article, Madison, Wisconsin)



Michael Lindey, a 66-year-old retired veterinarian, resorted to smoking marijuana to "allay the adverse effects" of chemotherapy for cancer. He had never smoked marijuana previously. He underwent four operations during the two years after his diagnosis to remove the cancer. After those operations he was given morphine to ease his pain. When Lindey started the first chemotherapy cycle, he weighed 185 pounds. Soon, he weighed 40 pounds less. "That first cycle was a horror show. I had a lot of discomfort and malaise. I had a terrible depression. I'd walk around the house with a bucket in my hand because the nausea was so pressing, so unrelenting." He tried Marinol tablets, a legal medication that contains the key chemical THC from marijuana. But the tablets "just didn't work," he said. Six months after the first chemotherapy cycle, he underwent a second. It was during this cycle that he smoked marijuana. His "dosage" was just a few puffs each night, he said. "I never smoked a whole joint. The weight loss this time was slight. The marijuana alleviated the nausea, minimized it. And there was no depression. I had a will to live." (*Foster's Daily Democrat* [Dover, NH], 1-11-99)



Oregon grandmother Stormy Ray was diagnosed with multiple sclerosis in 1985. Oregon's legalization meant that instead of being forced to use a harsh, legal medication — one that left her in a constant haze — she can now gain pain relief much more easily. "Medical marijuana", she says, "has literally saved my life." (*National Review*, 11-8-99)

You may also fill out the opinion poll on the inside back cover, and return it to DPFT.

This booklet and the poll form are on our web site. Some may wish to copy the form for friends and neighbors or help organize awareness in their community. We invite you to become a DPFT member (\$25 annual dues). Support for our projects to educate the media, the public and their legislators would be greatly appreciated. Just a phone call to leave your name and contact information as an expression of support for our educational activities would also be very helpful.

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**Summary**

Folk wisdom says, "If a man would always tell the truth, he had better keep one foot in the stirrup" and "It's not so much what we don't know that gets us in trouble as the things we do know that just aren't so."

One of the things that marks drug policy in general is the large number of times that science contradicts "common sense" and what "everyone knows." Policy based on fear of facing the truth, or on incorrect assumptions, is unlikely to succeed and this undoubtedly explains many of our policy failures. It is painful to hear various officials make public statements that are contradicted by evidence which their own employees or other experts have worked so diligently to collect and analyze, often at taxpayer expense.

The scientific evidence in the case of marijuana clearly indicates that it is a valid medicine with great potential to ease many forms of suffering. The full range and the limits of its efficacy have yet to be determined. For whatever reasons, its potential dangers — which do exist — have been grossly exaggerated.

People armed with the same facts may reach different conclusions but the democratic solutions to problems are a great deal easier if we all work with the same set of facts.

Most scientists have a very limited opportunity to share their findings with the general public. DPFT produced this booklet to help disseminate facts in the belief that they will help us find the most effective policies.

## APPENDIX 1

### Patient's Stories of Agony and Relief

These are among the hundreds of anecdotes that have been published, and countless thousands that researchers have been told. The stories have been shortened to save space.



Bob Randall and Alice O'Leary have written *Marijuana: The Patients' Fight for Medicinal Pot*. The Foreword is by Lyn Nofziger, former deputy chairman of the Republican National Committee. Randall and O'Leary are some of the few for whom the federal government grows and supplies medical marijuana. Nofziger's own story in a Letter to the Editor, *Washinton Post*, 11/17/97, explains his interest: "Strange as it may seem, here is one right-wing Republican who agrees with the *Marijuana for Medicine, not Abuse*, op-ed, Nov. 5. When our grown daughter was undergoing chemotherapy for lymph cancer, she was sick and vomiting constantly as a result of her treatments. No legal drugs, including Marinol, helped her. We finally turned to marijuana. With it, she kept her food down, was comfortable and even gained weight. If doctors can prescribe morphine and other addictive medicines, it makes no sense to deny marijuana to sick and dying patients when it can be provided on a carefully controlled, prescription basis."



Keith Vines, a San Francisco assistant district attorney, was a self-styled "foot soldier" in the war on drugs. Then AIDS-related wasting syndrome lopped 45 pounds off his 195-pound frame, and doctors thought pot might revive his long-lost appetite. To him, it simply came down to a choice between smoking or dying. "When you're in a situation like I am and you're desperate, and you're watching your body evaporate and disappear around you ..." he says, his voice trailing off. "I mean, I started seeing my ribs. It was very scary. I was losing the battle." Vines has no doubt that he's alive today only because he followed his doctors' advice, and he's glad they had the nerve to tell him — a narcotics prosecutor — to use marijuana. Vines says he adamantly believes that if doctors are muzzled about marijuana or any other substance, patients will suffer. "In my case," he says, "it was clear that nothing else was working. If Gen. McCaffrey and those other people in Washington would look beyond the ideological and political issues — and look at the individuals — they might understand," he says. "I would love to have some of those people step into my shoes ... and see what they would do." (extracted from story by Mike McKee in *Texas Lawyer*, 1997)



*(An unusual medical application and common policy complications.)*

Life just got more complicated for an 8-year-old boy and his mother who's had great success battling his mental disorders with a doctor-approved marijuana therapy. "For the first time in his life, he is not aggressive, is able to follow directions and is a fun-loving kid who, also for the first time, has friends," she said. "The boy has been diagnosed with multiple behavioral disorders and has been hospitalized three times when doctor-prescribed psychotropic drugs failed", his mother explained. "He was a terror at home, at times attacking family members, and was unmanageable at school. Sixteen doctors prescribed 19 drugs and none worked. The youngster's medical condition has improved so dramatically that he can now attend public school, but school officials won't permit a school nurse to administer his cannabis capsules and won't let him take the pills himself on campus." So she's been forced to drive a round trip of 26 miles each noontime to remove him from the school grounds, give him his capsules, and return him to class. "Because the district has a zero-tolerance policy, students are not permitted to have in their possession or to self-administer drugs of any kind," she said. Placer County authorities, alerted to the mother's unprecedented approach to therapy, filed a petition against her last year that could have deprived her of custody of the boy. (*Sacramento Bee*, 3-07-02 by Wayne Wilson)



Alison Myrden is fighting a battle with multiple sclerosis. Myrden says because of the disease she has a debilitating pain in her face; pain that used to mean taking 32 prescription pills and 600 milligrams of morphine each day. Now she smokes a few grams of marijuana instead of the pills to relieve the symptoms. It's become a way of life for her. "The pain in my face is so excruciating that if I don't catch it in time with marijuana, no pills will work. It's not just about smoking pot, it's about quality of life. I am still buying my medicine from the street; I am still spending up to \$1,200 every month. We should be able to go to the pharmacy and get it. It can't cost more than \$2 to grow an ounce. It's like growing tomatoes." (*Burlington Post* [CN, ON] 4-22-02)



Kareem Abdul-Jabbar has a prescription from the state of California to legally use marijuana because of the migraine headaches that have troubled him for years. (*AP-NY*, 02-07-00)