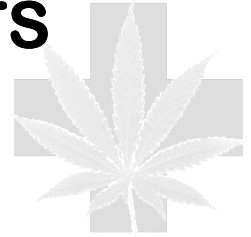


Medical Marijuana: Get the FACTS BEFORE you vote!



Medical Marijuana – what’s this all about?

In November Michigan voters will decide to either enact or reject a proposal to legalize the use of smoked marijuana for medical purposes. The Michigan Coalition for Compassionate Care (MCCC) initiated the ballot proposal. Currently, the penalties for use of marijuana are the same for seriously ill people who smoke it for medical purposes, as for those who possess or smoke it to alter their moods (get high). If the measure passes, Michigan law will allow patients to use, possess, grow and smoke their own marijuana for medical purposes with their doctors’ approval. This would make Michigan the first “smoked” medical marijuana state in the Midwest.¹

Don’t we want to help seriously ill patients find some relief?

Of course everyone wants seriously ill patients to experience relief from symptoms such as nausea, loss of appetite, and pain. That is why marijuana has already been legal for medical use in all fifty states since 1985. Doctors may prescribe the FDA-approved drug Marinol, which contains a synthetic form of THC, the psychoactive ingredient in marijuana.² Dr. Tom George, former hospice doctor and current Michigan Senator from Kalamazoo, states: “Doctors use Marinol as a third- or fourth-line therapy to treat persistent nausea or low appetite. Its use is limited because there are much more effective medications available to treat pain, nausea, agitation, and loss of appetite. Marinol is, however, better than smokable marijuana because it does not contain the additional chemicals, impurities or hazards associated with smoke. Also, the resulting blood levels from Marinol and hence the effects, are much more predictable than with smokable marijuana.”³ Proponents of the Michigan proposal do not want to use Marinol. They want the ability to smoke marijuana.

MCCC arguments for legalization of “smoked” marijuana	Facts against legalization of “smoked” marijuana
Smoked marijuana’s negative health effects are minimal.	Marijuana smoke contains 50 to 70 percent more carcinogenic hydrocarbons than tobacco smoke. ⁴ Even in states where it is legally prescribed for medical use, smoking marijuana disqualifies a patient for an organ transplant. ⁵
Patients won’t have to swallow a pill, which is difficult for some severely ill patients.	There are at least four topical anti-nausea medicines available that can be absorbed through the skin. These are all more effective than smoked marijuana. Dr. Tom George states, “It is of no benefit to legalize smokable marijuana because more effective treatments are already available.” ⁶
MCCC cites two reports as evidence of the benefits of marijuana for use by severely ill patients, and for supporting the legalization of medical marijuana: a 1999 National Academy of Sciences report and a report by the American College of Physicians. (See endnotes for references to web links.)	Neither report supports legalization of smoked marijuana, but instead both seek further study of the effects of marijuana. The Institute of Medicine report states, “Purified cannabinoid compounds are preferable to plant products, which are of variable and uncertain composition; whereas, smokable marijuana is a crude delivery system that also delivers harmful substances.” ⁷ The American College of Physicians report states, “It encourages the use of non-smoked forms of marijuana that have proven therapeutic value.” ⁸ Both documents cited by MCCC actually support the position that the ballot initiative is unnecessary.
Teens and others seeking to abuse the use of marijuana under this law will not be able to do so; only severely ill patients and their care providers will be able to grow, possess, and smoke marijuana. Doctors will provide patients a prescription only after a thorough medical assessment. Then patients will register to receive an identification card as proof of authorization to possess and smoke marijuana.	In other states where smoked marijuana is legal for medical use, many abuses occur. Reports Dr. Tim Cermak, of the California Society of Addiction Medicine, “Medical marijuana in California is a debacle! Forget turning 21 – California teens can’t wait to turn 18 to get a ‘pot’ card. We now have ‘pot docs’ who will issue prescriptions to just about anyone for \$150.” ⁹ After a ten-minute assessment, Los Angeles Times reporter, Sandy Banks, received “a prescription for marijuana. Good for one year; no refill limits.” ¹⁰ “According to <i>60 Minutes</i> , the California law was originally intended to provide access only to the most needy, but in an attempt not to exclude any category of illness, it wound up with language so broad that it covers even the vaguest complaint of pain. Now anyone with a note from their doctor can buy medical marijuana, and some doctors even advertise for patients in alternative papers.” ¹¹ In states where legal, reporting requirements for prescribing and distributing marijuana by doctors and pharmacists do not parallel those required for other addictive controlled substances. The Michigan ballot proposal provides nothing to protect against similar abuses and chaos in Michigan.

Marijuana is not a benign drug:

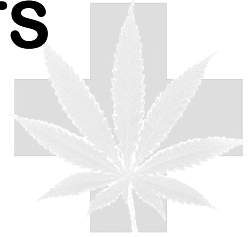
Nora D. Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, states: “Marijuana is not a benign drug. It is illegal and has significant adverse health and social consequences associated with its use...the use of smoked marijuana as a medicine is problematic due to its adverse health consequences and the inherent difficulties with respect to accurate dosing and the purity of the formulation.”¹²

Physical and Psychological Effects:

Marijuana smokers often experience many of the same respiratory problems as tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, a heightened risk of lung infections, and a greater tendency toward obstructed airways.¹³ When marijuana enters the bloodstream, it acts on the brain and nervous system. It alters perception of reality, distorting the way a user’s senses work, as well as distorting the user’s sense of time, space, and self. Even after just one use, marijuana chemicals can be seen in the brain and detected in a drug screening 3 to 6 weeks later.

Regular use of marijuana may cause a person to use more and more of the drug to achieve the same effect (called tolerance). Of those who regularly smoke marijuana, nine percent develop addiction (defined as compulsive drug seeking and use despite adverse consequences), and require treatment to stop their use. Marijuana addiction often results in adverse consequences in the areas of physical and mental health, social relationships (family, friends, school,

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employers), and functioning within society. When stopping the use of addictive substances, withdrawal symptoms are common. Those with marijuana addiction often report irritability, sleeplessness, nightmares, decreased appetite, anxiety, and drug craving when trying to stop its use.¹⁴

It is true that addiction impacts more people who try alcohol and other illicit drugs than marijuana (of those who use alcohol, cocaine, and heroin, addiction rates are 10 percent, 15 percent, and 24 percent, respectively). However, marijuana addiction is twice as prevalent as dependence on any other illicit drug, because its use is so pervasive.¹⁵ More teens enter treatment for marijuana dependence than for all other illicit drugs combined.¹⁶

Other Physical Risks:

- Infertility¹⁷
- Harm to unborn children¹⁸
- Increased heart rate - causing potential cardiac problems for people with heart conditions
- Suppressed immune system, reducing resistance to disease and illness

Other Mental Health and Behavior Risks:

Every year, more and more government, private and university research shows that marijuana use dramatically increases the chance of mental disorders such as anxiety and schizophrenia.¹⁹ Marijuana use during adolescence can increase the chance of schizophrenia.

- Short-term memory loss, mood swings, impaired reaction time
- Insomnia, paranoia, irritability, frustration, confusion, anxiety
- Linked to an increase in past-year anxiety and panic attacks
- The earlier teens start using marijuana, the greater their risk for becoming chemically dependent later in life.
- Weekly use of marijuana can double the risk of depression later in life. This risk is even higher for girls; female marijuana users are five times more likely to be depressed at 21 than non-users.²⁰
- Teens (ages 12 to 17) who smoke marijuana weekly are three times more likely than non-users to have thoughts about committing suicide.²¹

Social Risks:

- Interferes with ability to learn and make good decisions
- Quality of school work and job performance may suffer
- Psychological dependency may cause neglect of other important needs
- Relationship with family, friends, employers, and employees may suffer
- Possession and non-medical use of marijuana is illegal in all 50 states; it will lead to arrest, fines and jail terms.

The current ballot initiative is just one step in the process by which *non-Michigan interests* are working to legalize the smoking of marijuana across the United States.²²

¹ Michigan Coalition for Compassionate Care: stoparrestingpatients.org.

² "Drugs@FDA: FDA Approved Drug Products, Marinol," www.accessdata.fda.gov/Scripts/cder/DrugsatFDA/index.cfm?fuseaction=Search.DrugDetails

³ George, Tom, M.D. Speech before the Michigan Senate, March 6, 2008: youtube.com/watch?v=cOINDBssxyQ&feature=related.

⁴ "NIDA InfoFacts: Marijuana," National Institute on Drug Abuse; www.drugabuse.gov/Infofacts/marijuana.html

⁵ Dennis, Tammi. "Medical marijuana and organ transplant lists," Los Angeles Times, May 19, 2008.

⁶ George, Tom, M.D. Speech before the Michigan Senate, March 6, 2008: youtube.com/watch?v=cOINDBssxyQ&feature=related.

⁷ "Marijuana and Medicine," National Academy of Science, Institute of Medicine 1999 report: books.nap.edu/openbook.php?record_id=6376&page=R1

⁸ Taylor, Tia, MPH. "Supporting Research into the Therapeutic Role of Marijuana," www.acponline.org/advocacy/where_we_stand/other_issues/medmarijuana.pdf

⁹ Cermak, Timothy, M.D. California Society of Addiction Medicine; San Francisco, California; quoted at NACoA Annual Conference in Orlando, March, 2008.

¹⁰ Banks, Sandy. "What it's like to buy medical marijuana," Los Angeles Times, April 26, 2008.

¹¹ Aivaz, Mike, Kane, Muriel. "60 Minutes: California's medical marijuana system in 'chaos'," The Raw Story: rawstory.com/news/2007/60_Minutes_California_medical_marijuana_system_1231.html; December 31, 2007.

¹² Volkow, Nora D., M.D. "Marijuana and Medicine: The Need for a Science-Based Approach," Testimony Before the House Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources, United States House of Representatives; April 1, 2004.

¹³ "NIDA InfoFacts: Marijuana," National Institute on Drug Abuse; www.drugabuse.gov/Infofacts/marijuana.html

¹⁴ "NIDA InfoFacts: Marijuana," National Institute on Drug Abuse; www.drugabuse.gov/Infofacts/marijuana.html

¹⁵ Budney, Alan J., Ph.D., Roffman, Roger, D.S.W., Stephens, Robert S., Ph.D., Walker, Denise, Ph.D. "Marijuana Dependence and Its Treatment," Addiction Science and Clinical Practice, December, 2007.

¹⁶ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Treatment Episode Data Set 19922000; National Admissions to Substance Abuse Treatment Services. DASIS Series: S17, DHHS Pub. No. (SMA) 023727, 2002.

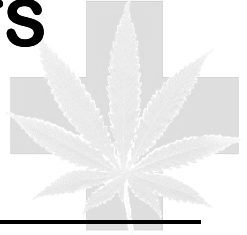
¹⁷ Burkman, L.J. "Marijuana Impacts Sperm function both In Vivo and In Vitro: Semen analyses from Men Smoking Marijuana," Conference, American Society of Reproductive Medicine, San Antonio, Texas, Oct. 11-15, 2003. Lani J. Burkman, PhD, director, andrology department, University of Buffalo School of Medicine and Biomedical Sciences, Buffalo, N.Y. Celia E. Dominguez, MD, Center for Reproductive Medicine, Emory University, Atlanta.

¹⁸ "Research Report Series - Marijuana Abuse," www.drugabuse.gov/ResearchReports/Marijuana/Marijuana4.html#pregnancy.

¹⁹ "Cannabis / Marijuana (and other street drugs) Have Been Linked to Significant Increases in a Person's Risk for Schizophrenia" www.schizophrenia.com/prevention/streetdrugs.html

²⁰ "Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows "Self-Medicating" Could Actually Make Things Worse," Office of National Drug Control Policy Executive Office of the President, May 2008: www.theantidrug.com/pdfs/teen-marijuana-depression-report.pdf

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²¹ Fergusson, David M., Horwood, L. John, Swain-Campbell, Nicola. "Cannabis use and psychosocial adjustment in adolescence and young adulthood." *Addiction* 97:1123-1135, 2002; www.chmeds.ac.nz/research/chds/publications/2002/adjustment.pdf.

²² Join Together: Advancing Effective Alcohol and Drug Policy, Prevention, and Treatment: "Drug Policy Reform Groups Get Richer, Savvier," January 31, 2005; "Michigan to Vote on Medical Marijuana," March 5, 2008.