

“Medical” Marijuana Questions and Answers

Q. Does medical marijuana increase overall marijuana use?

A: YES. One of the reasons we are concerned about medical marijuana is that we know that it increases marijuana use – especially among teens. In two independent, peer-reviewed studies just released in late 2011, researchers found that marijuana use among youth is higher in medical marijuana states versus non-medical marijuana states.^[1] At a time when Massachusetts youth marijuana rates are at least 30% higher than the national rates, we do not need more kids smoking marijuana in our state.

Q. In other states, who is using medical marijuana and what have the effects been?

A: STUDIES CONSISTENTLY SHOW THAT MEDICAL MARIJUANA IS NOT USED BY THE SICK AND DYING. We know that most users of state-based medical marijuana programs do not suffer from chronic, life-threatening diseases. In California, for example, the average user is a 32-year old white male with a history of alcohol and cocaine and meth use and no history of life-threatening illness.^[2] The majority of users of state-based medical marijuana programs DO NOT suffer from life-threatening illnesses like cancer, HIV, or glaucoma. Most self-report “pain” as the reason for their marijuana use.^[3] In Colorado, according to the Department of Health, in 2011 only 2% of medical marijuana card-holders reported cancer, and less than 1% reported HIV/AIDS. The vast majority (94%: > 75,000) of the state’s registered patients for medicinal marijuana reported needing the drug for “severe pain.”^[4]

In Oregon, there are reports that only 10 physicians make the majority of all recommendations for “medical” marijuana^[5]; and agitation, seizures, cancer, HIV/AIDS, cachexia, and glaucoma were the last six reasons people utilized marijuana for “medical” purposes.^[6]

Q. What have the effects been of state or privately run dispensaries of medical marijuana?

A: NOT GOOD. Dispensaries attract crime (since most deal only in cash) and community decay. They are often tied with criminal organizations and deal with things like guns and other drugs. They rarely have legitimate physicians available, and they violate federal law by selling a controlled substance.

Q. What has the federal government done in states with medical marijuana?

A: THE GOVERNMENT HAS SHUT DOWN DISPENSARIES AND THREATENED STATE-EMPLOYEES WITH PROSECUTION FOR AIDING THE VIOLATION OF A FEDERAL LAW. U.S. Attorneys in states with medical marijuana programs have sent letters to governors and state legislatures warning them of the ramifications of violating federal law. The Obama Administration (like both the Clinton and Bush Administrations) has been steadfast in their opposition to these dispensaries, which essentially legalize marijuana for any health or mental health claim.

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Q. Has the Food and Drug Administration (FDA) determined marijuana to be medicine?

A: NO. The FDA says that smoked marijuana is addictive and has no medical use. Marijuana, as a whole plant, has thousands of unknown and carcinogenic components and has not met the rigorous FDA standards of medicine.

Q. What about *Marinol* or other marijuana-pills?

A: *Marinol* is a pill based on the active ingredient of marijuana. It is approved by the FDA. We support people getting FDA-approved, marijuana-based medications if they truly have a specific life-threatening illness and if their regular doctor has prescribed them. Indeed, research is also investigating other safe delivery methods for the components of marijuana that have medicinal value.

Sativex, a drug approved in Canada, the UK, and other parts of Europe for the treatment of multiple sclerosis spasticity and cancer pain, is currently in late-stage clinical trials with the US FDA. This medicine combines THC and another active ingredient in marijuana, CBD, to eliminate the “high” from THC. MAPA supports efforts like these.

[1] Cerda, M. et al. (in press). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug and Alcohol Dependence*. Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>

Wall, M. et al (2011). Adolescent Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, *Annals of epidemiology*, Vol 21 issue 9 Pages 714-716.

[2] O'Connell, T and Bou-Matar, C.B. (2007). Long term marijuana users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, <http://www.harmreductionjournal.com/content/4/1/16>

[3] Nunberg, Helen; Kilmer, Beau; Pacula, Rosalie Liccardo; and Burgdorf, James R. (2011) “An Analysis of Applicants Presenting to a Medical Marijuana Specialty Practice in California,” *Journal of Drug Policy Analysis*: Vol. 4: Iss. 1, Article 1. Available at: <http://www.bepress.com/jdpa/vol4/iss1/art1>

[4] See Colorado Department of Public Health, <http://www.cdphe.state.co.us/hs/medicalmarijuana/statistics.html>

[5] See for example, Danko, D. (2005). Oregon Medical Marijuana Cards Abound, *The Oregonian*, January 23, 2005. Also see Oregon Medical Marijuana, Protect the Patients & Treat it Like Medicine, http://www.oregon.gov/Pharmacy/Imports/Marijuana/Public/ORStatePolice_OMMALegPP.pdf?ga=t

[6] Oregon Medical Marijuana Program Statistics, <http://public.health.oregon.gov/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Pages/data.aspx>

This information is provided by the **Massachusetts Prevention Alliance**. For more information please contact:

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