



Myths About Medical Marijuana

MYTH: There is insufficient research to support medical marijuana's efficacy.

- Although the federal government has made research investigating marijuana's medical value uniquely difficult, a large and growing body of scientific evidence demonstrates the benefits and safety of treating a broad range of ailments with medical marijuana. For studies on specific conditions, see <https://www.mpp.org/issues/medical-marijuana/medical-marijuana-research/>.
- Hundreds of thousands of patients suffering from HIV/AIDS, glaucoma, cancer, multiple sclerosis, Crohn's disease, seizure disorders, chronic pain, and other debilitating illnesses find that marijuana provides relief from their symptoms.

MYTH: We can't pass medical marijuana legislation until it has FDA approval.

- Forty-nine states have acknowledged the medical value of marijuana — 36 of which have effective medical marijuana laws and an additional 13 that have passed more limited laws, typically focusing on low-THC preparations — all without FDA approval.
- The research required for FDA approval is currently impossible under federal policy, which is unlikely to change in the immediate future. Patients should not have to wait for a federal bureaucratic process to play out before they can have access to safe and effective medication.
- Approximately 20% of all drug prescriptions in this country are “off-label,” meaning they were prescribed to treat conditions for which they were not FDA approved.

MYTH: Exposing patients to medical marijuana may cause them physical harm.

- Marijuana's side effects are modest compared to many prescription drugs' risks, and it appears to be impossible to fatally overdose on whole plant cannabis, unlike many other dangerous medications that are prescribed every day.
- [Research shows](#) marijuana can allow pain patients to reduce or eliminate their use of dangerous opiates.
- Numerous health and medical organizations have examined the evidence and concluded that marijuana can be a safe, effective medicine for some patients. They include the American Public Health Association, the American College of Physicians, the American Nurses Association, the American Academy of HIV Medicine, the Leukemia & Lymphoma Society, the Epilepsy Foundation, the National Multiple Sclerosis Society, and a number of state medical and public health organizations. In 2009, the American Medical Association called on the federal government to reconsider marijuana's classification under federal law, noting clinical trials have shown marijuana's medical efficacy.
- All medicines can have some negative side effects, but with marijuana they are relatively

minimal. For example, Tylenol (acetaminophen) has been estimated to kill nearly 500 Americans per year by causing liver failure. In comparison, however, potential side effects from marijuana use are minor. Doctors and patients should be able to decide if the benefits outweigh the possible side effects.

MYTH: Medical marijuana creates a slippery slope to full legalization.

- Supporters of medical marijuana include some of the most respected medical and public health organizations in the country, most of which do not support legalization.
 - If voters or lawmakers believe seriously ill people should be allowed to use medical marijuana, laws should be enacted that create safe access for patients. If a broader reform measure is introduced at some point in the future, it will be a separate matter. When lives are at stake, we should not prevent access to safe and effective medication out of fear of a future political debate.
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MYTH: Marinol and CBD-only products make other medical marijuana unnecessary.

- Marijuana contains at least 80 different active cannabinoids — naturally occurring chemicals found in marijuana — including THC and CBD. Cannabinoids work together in what is called the entourage effect, which is believed to result in the therapeutic efficacy of marijuana.
 - Marinol (also known as dronabinol) is available as a prescription. It is a synthetic version of pure THC. Without any other cannabinoids, however, pure THC can be too intoxicating. It is safer and more effective when THC is part of a treatment created from natural marijuana where other cannabinoids can provide a vital counter to the negative side effects of THC. In addition, Marinol can take an hour or longer to take effect, and can be impossible for nauseated patients to keep down. Meanwhile, vaporized marijuana is effective almost instantaneously.
 - While CBD-only treatments may be effective for some patients, research and the experiences of hundreds of thousands of patients have shown that THC — and strains of marijuana that include more than trace amounts of THC — provides important medical benefits for individuals suffering from most of the conditions included in state programs.
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MYTH: Legalizing medical marijuana will lead to increased teen use of marijuana.

- Thirty-three states now have effective medical marijuana laws. Of the 27 states with before-and-after data on teen marijuana use, data in 21 states indicates an overall decrease (12 outside of the margin of error).
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Myth: Today's marijuana is much stronger.

- Pure, 100% synthetic THC is a legal prescription drug in the U.S. Therefore, any medical marijuana will be less potent than a medicine the FDA has found to be safe and effective.
- High-potency marijuana may actually minimize risk for lung problems because less smoke is

required to achieve desired effects. Thus, even if today's marijuana were stronger, it would not be more dangerous. Patients simply take fewer doses to get the same effect, whether their mode of administration is by edibles, smoking, vaporization, or suppository. Taking fewer but more concentrated doses can be particularly important to patients who are in extreme discomfort, including those in end-of-life situations.
