



Effective Arguments for Medical Marijuana Advocates

Introduction

The key to being a successful medical marijuana advocate is effective communication. Specifically, advocates must be able to: 1) convey the most important arguments in support of medical marijuana laws, and 2) respond to arguments made in opposition to medical marijuana laws. Whether you are engaging in personal discussions, participating in public debates, conducting media interviews, or corresponding with government officials, it is critical that you are prepared.

This document will provide you with the most persuasive talking points and strongest rebuttals to employ when communicating about medical marijuana. We recommend you keep it handy when conducting interviews or engaging in public debates. You are also welcome to convey the information verbatim or simply use it as a general guide when carrying out advocacy activities.

NOTE: Statistics can change rapidly and there are constant developments surrounding the issue. If you would like to confirm whether a given piece of information is current, or if you would like to suggest additions or revisions to this document, please contact the Marijuana Policy Project communications department at media@mpp.org.

Proactive Arguments

These are the key points to convey when given the opportunity to make our case.

- **Medical marijuana is proven to be effective in the treatment of a variety of debilitating medical conditions.** A vast majority of Americans recognize the legitimate medical benefits of marijuana, as well as a large number of medical organizations. It is far less harmful and poses fewer negative side effects than most prescription drugs – especially painkillers – and patients often find it to be a more effective treatment.
- **Seriously ill people should not be subject to arrest and criminal penalties for using medical marijuana.** If marijuana can provide relief to those suffering from terrible illnesses like cancer and HIV/AIDS, it is unconscionable to criminalize them for using it. People who would benefit from medical marijuana should not have to wait – and in some cases cannot wait – for the right to use it legally.

- **Regulating the cultivation and sale of medical marijuana would ensure patients have legal, safe, and reliable access to medical marijuana.** Patients should not have to resort to the potentially dangerous underground market to access their medicine. By regulating medical marijuana, we can ensure it is free of pesticides, molds, and other impurities, and patients will know exactly what they are getting.
- **Four out of five Americans believe marijuana has legitimate medical uses and that people with serious illnesses should have safe and legal access to it.**^{1,2} Twenty-five states, Guam, Puerto Rico, and Washington, D.C. have adopted laws that allow people with certain medical conditions to use medical marijuana, and similar laws are being considered in states around the country.

Reactive Arguments

These are responses to common arguments made by opponents. These are generally subjects that we do not wish to bring up proactively, but should be ready to address in a way that conveys our message.

It has no medical value

- **There is a mountain of scientific evidence that demonstrates marijuana is a safe and effective medicine for people suffering from a variety of debilitating medical conditions.** Why would hundreds of thousands of seriously ill people risk being arrested and possibly imprisoned to use something that doesn't work? In 1999, the National Academy of Sciences' Institute of Medicine (IOM) reported, "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana."³

Seven University of California studies published since July 2015⁴ have found that marijuana relieves neuropathic pain (pain caused by damage to nerves), a symptom commonly associated with multiple sclerosis, HIV/AIDS, diabetes, and a variety of other conditions for which conventional pain drugs are notoriously inadequate — and it did so with only minor side effects^{5, 6, 7, 8, 9, 10, 11} Further, a

¹ Pew Research Center, "Majority Now Supports Legalizing Marijuana," April 13, 2013: 6.

² CBS News Poll, "For the First Time, Most Americans Think Marijuana Use Should be Legal," January 23, 2014: 2.

³ Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base* (Washington, D.C.: National Academy Press, 1999), 159.

⁴ "Completed Studies," Center for Medicinal Cannabis Research, University of California, San Diego.

http://www.cmcrc.ucsd.edu/index.php?option=com_content&view=category&id=41&Itemid=135

⁵ Abrams, D., Jay, C., Shade, S., Vizoso, H., Reda, H., Press S., Kelly M., Rowbotham M., and Petersen, K., "Cannabis in painful HIV-associated sensory neuropathy: A randomized placebo-controlled trial," *Neurology* 68: 515-521.

⁶ Wilsey, B. et al., "A randomized, placebo-controlled, crossover trial of cannabis cigarettes in neuropathic pain." *The Journal of Pain* 9(6): 506-521.

⁷ Ellis, R.J. et al., "Smoked medicinal cannabis for neuropathic pain in HIV: a randomized, crossover clinical trial," *Neuropsychopharmacology*. Published online ahead of print, August 6, 2008.

2015 McGill University study — the ““first and largest study of the long term safety of medical cannabis use by patients suffering from chronic pain”” — found marijuana to have a ““reasonable safety profile””¹² with no increased risk of serious adverse effects.¹³

A 2008 article in the journal *Cancer Research* reported that marijuana has profound cancer-fighting abilities, killing malignant cancer cells associated with brain cancer, prostate cancer, breast cancer, lung cancer, pancreatic cancer, skin cancer, and lymphoma.¹⁴

An observational study published in the *European Journal of Gastroenterology & Hepatology* found that hepatitis C patients using marijuana had three times the cure rate of non-users because it appeared to relieve the noxious side effects of anti-hepatitis C drugs, allowing patients to successfully complete treatment.¹⁵

A 2011 study published in the *Israel Medical Association Journal* found marijuana to be effective in treating Crohn’s disease, with 45% of patients going into full remission and most of the remaining patients reporting significant improvement.¹⁶

- **Some federal agencies have taken actions that demonstrate it recognizes the medical benefits of marijuana.** For example, the U.S. Department of Health and Human Services holds a patent on the use of cannabinoids as neuroprotectants and antioxidants. The U.S. Food and Drug Administration (FDA) recognized the medical benefits of THC, a key component of marijuana, when it approved a synthetic form known as Marinol (or dronabinol in its generic form). Unfortunately, this prescription pill version has proven to be less effective than actual marijuana and has much more pronounced side effects.

On September 6, 1988, after hearing two years of testimony, Drug Enforcement Administration (DEA) chief administrative law judge Francis Young, ruled: “Marijuana, in its natural form, is one of the safest therapeutically active

⁸ Abrams D., et al., “Cannabis in painful HIV-associated sensory neuropathy: A randomized placebo-controlled trial,” *Neurology* 68 (2007): 515-521.

⁹ Wallace, M., et al., “Dose-dependent effects of smoked cannabis on capsaicin-induced pain and hyperalgesia in healthy volunteers,” *Anesthesiology* 107(5) (2007): 785-796.

¹⁰ Wallace, M., et al., “Effect of smoked cannabis on painful diabetic peripheral neuropathy,” *The Journal of Pain* 16(7) (2015): 616-627.

¹¹ Wilsey, B., et al., “Low-dose vaporized cannabis significantly improves neuropathic pain,” *The Journal of Pain* 14(2) (2013): 136-148.

¹² “Medical Cannabis in the Treatment of Chronic Pain,” The Research Institute of the McGill University Health Centre, September 29, 2015.

¹³ Ware, M., et al., “Cannabis for the Management of Pain: Assessment of Safety Study,” *The Journal of Pain* 16(12) 2015: 1233-1242.

¹⁴ Sarfaraz et al., “Cannabinoids for Cancer Treatment: Progress and Promise,” *Cancer Research* 68 (2008): 339-342.

¹⁵ Sylvestre D., Clements B., Malibu Y., “Cannabis use improves retention and virological outcomes in patients treated for hepatitis C,” *European Journal of Gastroenterology & Hepatology* 18 (2006): 1057-1063.

¹⁶ Naftali, T., et al., “Treatment of Crohn’s Disease with Cannabis: An Observational Study,” *Israel Medical Association Journal* 13(8) (2011): 455-8.

substances known to man. By any measure of rational analysis marijuana can be safely used within the supervised routine of medical care ... It would be unreasonable, arbitrary, and capricious for DEA to continue to stand between those sufferers and the benefits of this substance.”¹⁷

- **Numerous 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, and a number of state medical and public health organizations, among others. For example, the American College of Physicians stated, “Evidence not only supports the use of medical marijuana in certain conditions, but also suggests numerous indications for cannabinoids.”¹⁸ 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. (See the following section for a larger list of organizations that support medical marijuana).

Medical marijuana is opposed by the American Medical Association and other medical organizations

- **A large and growing number of medical and health organizations have recognized marijuana’s medical value. In 2009, the American Medical Association made a major shift in its position, calling on the federal government to reconsider marijuana’s status as a Schedule I drug, which bars medical use under federal law.**¹⁹ Some medical organizations don’t have a position on medical marijuana, but neutrality shouldn’t be confused with supporting the arrest and imprisonment of patients. As former U.S. Surgeon General Dr. Joycelyn Elders put it in a 2004 newspaper column, “I know of no medical group that believes that jailing sick and dying people is good for them.”²⁰
- **Surveys of physicians show strong support for medical marijuana.** For example, a 2013 national survey of physicians conducted by the *New England Journal of Medicine* found that 76% of doctors supported use of marijuana for medical purposes.²¹
- **The following health and medical organizations are among those that have taken favorable positions on medical marijuana:**

¹⁷ “In the Matter of Marijuana Rescheduling Petition,” DEA Docket No. 86-22, September 6, 1988.

¹⁸ American College of Physicians, “Supporting Research into the Therapeutic Role of Marijuana,” 2008.

¹⁹ Hoeffel, John, “Medical Marijuana Gets a Boost From Major Doctors Group,” *Los Angeles Times*, November 11, 2009.

²⁰ Elders, Joycelyn, “Myths About Medical Marijuana,” *Providence Journal*, March 26, 2004.

²¹ Adler, Jonathan N. & James A. Colbert, “Medicinal Use of Marijuana — Polling Results,” *New England Journal of Medicine* 368 (2013): 30.

AIDS Action Council, American Academy of HIV Medicine, American Association for Social Psychiatry, American Bar Association, American College of Physician, American Nurses Association, American Public Health Association, California Society of Addiction Medicine, Epilepsy Foundation, Leukemia & Lymphoma Society, Lymphoma Foundation of America, Medical Society of the State of New York, Medical Student Section of the American Medical Association, National Association of People With AIDS, and Rhode Island Medical Society.²²

Medicine should be based on science, not politics or public opinion

- **The science is clear — marijuana is a safe and effective treatment for a variety of debilitating medical conditions.** Countless researchers and organizations have documented the medical benefits of marijuana, including the Institute of Medicine, the American College of Physicians, the American Public Health Association, the American Nurses Association, and the Epilepsy Foundation. If medicine should be based on science and not politics, our laws should reflect the facts and allow doctors to recommend marijuana to patients if they believe it will be effective. If politicians stand in the way in states with a ballot initiative process, citizens often have no other option than to take the issue to the voters.

It's already available for some people

- **Twenty-five states, Guam, Puerto Rico, and Washington, D.C. have adopted laws that allow patients with certain conditions to use medical marijuana if their doctors recommend it, but it is still illegal in the other 25 states and under federal law.** Four patients in the United States legally receive marijuana from the federal government. These patients are in an experimental program that was closed to all new applicants in 1992. Thousands of Americans used marijuana through experimental state programs in the late 1970s and early 1980s, but none of these programs are presently operating.

Medicine should be prescribed, not recommended

- **Doctors who recommend medical marijuana must examine patients and review their records, just as they would before prescribing any other medication.** If we can trust doctors to write prescriptions, why not trust them to provide their professional recommendations on their letterhead? The only difference is that a prescription is recognized under federal law. The vast majority of doctors who are willing to write such recommendations do not do so lightly or

²² “Partial List of Organizations with Favorable Medicinal Marijuana Positions,” State-By-State Report, Marijuana Policy Project, 2011.

casually, and state medical boards often investigate and discipline physicians who fail to follow appropriate standards of care.

- **Despite its proven medical benefits, federal law prohibits doctors from “prescribing” marijuana for any reason.** There needs to be a way for state criminal justice systems to determine who has a legitimate medical need for medical marijuana, so they require doctors’ recommendations instead. Doctors recommend many things: Exercise, rest, chicken soup, vitamins, cranberry juice for bladder infections, and so on. The right of physicians to recommend marijuana when appropriate for a patient’s condition has been upheld by the federal courts.

We don’t need it because there are already drugs that work better

- **Marijuana can be the most effective treatment — or the only effective treatment — for some patients.** For example, existing prescription drugs often fail to relieve neuropathic pain — pain caused by damage to the nerves — whereas marijuana has been shown to provide effective relief, even in patients for whom the conventional drugs have failed. This type of pain affects millions of Americans with multiple sclerosis, diabetes, HIV/AIDS, and other illnesses.
- **Different people respond differently to different medicines; the most effective drug for one person might not work at all for another, or it might have more pronounced side effects.** There are often a variety of drugs on the market to treat the same ailment, which is why the *Physicians’ Desk Reference* comprises 3,000 pages of prescription drugs instead of just one drug per symptom or condition. For example, consider all of the prescription drugs available to treat pain: Oxycontin, Vicodin, Percocet, Codeine, etc. There is a reason why we don’t just determine which is “best” and then ban all of the rest. Treatment decisions should be made in doctors’ offices, not by politicians, bureaucrats, and law enforcement officials. Doctors must have the freedom to choose what works best for each of their patients.

In 1999, the Institute of Medicine reported:

“Although some medications are more effective than marijuana for these problems, they are not equally effective in all patients.”²³

“[T]here will likely always be a subpopulation of patients who do not respond well to other medications. The combination of cannabinoid drug effects (anxiety reduction, appetite stimulation, nausea reduction, and pain relief) suggests that cannabinoids would be moderately well suited for certain conditions, such as chemotherapy-induced nausea and vomiting and AIDS wasting.”²⁴

²³ Institute of Medicine, 159.

²⁴ Institute of Medicine, 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.”²⁵

It is already available in the form of a prescription pill

- **The prescription pill can be problematic for many patients.** The prescription pill known as Marinol (with the generic name dronabinol) is not actually marijuana; it is a synthetic version of THC, the psychoactive component responsible for marijuana’s “high.” It can take an hour or longer to take effect, whereas vaporized or smoked marijuana is effective almost instantaneously. Also, the dose of THC absorbed in the pill form is often too high or too low, and its slow and uneven absorption makes dosing difficult. In 2003, *The Lancet Neurology* reported, “Oral administration is probably the least satisfactory route for cannabis.”²⁶ In its 2008 position paper on medical marijuana, the American College of Physicians noted, “Oral THC is slow in onset of action but produces more pronounced, and often unfavorable, psychoactive effects than those experienced with smoking.”²⁷ If the prescription pill were sufficient, why would hundreds of thousands of seriously ill people break the law by using whole marijuana instead?
- **Marijuana contains about 80 active cannabinoids in addition to THC, and many of them contribute to marijuana’s therapeutic effects.**²⁸ For example, cannabidiol (CBD) has been shown to have anti-nausea, anti-anxiety, and anti-inflammatory actions, as well as the ability to protect nerve cells from many kinds of damage.²⁹ CBD also moderates the effects of THC, so patients are less likely to get excessively “high.” Other cannabinoids naturally contained in marijuana have also shown significant therapeutic promise.
- **Patients suffering from nausea, such as those undergoing chemotherapy, are often unable to keep pills down.** During a meeting of an expert panel convened by the National Institutes of Health in 1997 to review the scientific data on medical marijuana, panel member Mark Kris, M.D. said, “[T]he last thing that [patients] want is a pill when they are already nauseated or are in the act of throwing up.”³⁰

We can make synthetic forms of the other useful cannabinoids

²⁵ Institute of Medicine, 153.

²⁶ Baker, David, et al., “The Therapeutic Potential of Cannabis,” *The Lancet Neurology* 2 (May 2003): 291-298.

²⁷ American College of Physicians, “Supporting Research into the Therapeutic Role of Marijuana,” 2008.

²⁸ Izzo A.A., et al. “Non-Psychotropic Plant Cannabinoids: New Therapeutic Opportunities From an Ancient Herb,” *Trends in Pharmacological Sciences* 30(10), 2009: 515-527.

²⁹ Mechoulam R., et al., “Cannabidiol — Recent Advances,” *Chemistry and Biodiversity* 4 (2007): 1678-1692.

³⁰ “Report on the Possible Medical Uses of Marijuana,” NIH medicinal marijuana expert group, Rockville, MD, National Institutes of Health, August 8, 1997; notes 8, 89.

- **Seriously ill people should not have to wait for a potentially less effective drug when marijuana could be helping them now.** Spending time and money testing and producing pharmaceutical versions of marijuana's many cannabinoids might produce useful drugs some day, but it will be years before any new cannabinoid drugs reach pharmacy shelves. In 1999, the Institute of Medicine urged such research into potential new drugs, but it noted, "In the meantime there are patients with debilitating symptoms for whom smoked marijuana might provide relief."³¹ In its natural form, marijuana is a safe and effective medicine that has already provided relief to millions of people.
- **We support research into the different cannabinoids, but it should not be used as a stall tactic to keep medical marijuana illegal.** Patients should be allowed to use marijuana if their doctors think it is currently the best treatment option. Why should seriously ill patients have to risk arrest and jail waiting for new drugs that simply replicate marijuana's effects?

If the pill form doesn't work, we can develop other forms of delivery

- **The availability of such delivery systems should not be used as an excuse to maintain the prohibition of the use of natural marijuana.** As long as there are patients and doctors who believe whole marijuana is effective, they should not be punished for using or recommending it, regardless of what alternatives are available.
- **A safe and effective delivery system for whole marijuana already exists: vaporization.** Vaporizers are simple devices that give users the fast action of inhaled cannabinoids without most of those unwanted irritant.^{32, 33} Essentially, vaporizing entails heating it to the point that it releases the active chemicals in vapor form, so there is no smoke involved. Any delivery system that helps patients should be made available, but their development should not substitute for the research into marijuana that is necessary for FDA approval of this natural medicine.

There is a marijuana spray that makes the crude plant unnecessary

- **The liquid extract of whole marijuana proves marijuana is an effective medicine.** Sativex (or nabiximols in its generic form) is a mouth spray that has been approved in Canada and a number of European countries for the treatment of symptoms associated with multiple sclerosis. Its producer, GW Pharmaceuticals, is in the process of getting it approved in the United States, but it is likely to take several years.

³¹ Institute of Medicine, 7.

³² Abrams, D.I., et al., "Vaporization as a Smokeless Cannabis Delivery System: A Pilot Study," *Clinical Pharmacology and Therapeutics*, April 11, 2007. [Epub ahead of print.]

³³ Earleywine, M., Barnwell, S.S., "Decreased Respiratory Symptoms in Cannabis Users Who Vaporize," *Harm Reduction Journal* 4 (2007): 11.

- **Marijuana in its natural form has significant advantages over Sativex.** For one thing, Sativex acts much more slowly than marijuana that is vaporized or smoked. Peak blood levels are reached in one and a half to four hours, as opposed to a matter of minutes with inhalation.³⁴ Also, patients have found that different strains of marijuana are often more effective for different conditions. Sativex is just one specific strain of marijuana, so it is unlikely to help every patient who benefits (or could benefit) from whole marijuana. Patients and doctors should be able to choose which form of marijuana presents the best option.

The FDA says that marijuana is not a medicine and medical marijuana laws subvert its drug approval process

- **The FDA issued its April 2006 statement without conducting any studies or even reviewing studies performed by others.** It was immediately denounced by health experts and newspaper editorial boards around the country as being political and unscientific. The agency, which was under pressure from rabidly anti-medical marijuana politicians such as former Congressman Mark Souder (R-Indiana), ignored any evidence that contradicts federal policy, such as the 1999 Institute of Medicine report. A co-author of the IOM report, Dr. John A. Benson, told *The New York Times* that the government “loves to ignore our report ... They would rather it never happened.”³⁵
- **We know much more about marijuana’s safety and efficacy than most off-label prescriptions.** Half of all current prescriptions have not been declared safe and effective by the FDA. More than 20% of all drug prescriptions in this country are “off-label” — i.e., they are prescribed to treat conditions for which they were not approved.³⁶
- **State medical marijuana laws do not conflict with the FDA drug approval process.** They simply protect medical marijuana patients from arrest and jail under state law. Also, the FDA does not bar Americans from growing, using, and possessing a wide variety of medical herbs that it has not approved as prescription drugs, including echinacea, ginseng, and St. John’s Wort.
- **The federal government has blocked most researchers from doing the specific types of studies that would be required for licensing, labeling, and marketing marijuana as a prescription drug.** They’ve created a perfect Catch-22: Federal officials say, “Marijuana isn’t a medicine because the FDA hasn’t approved it,” while making sure that the studies needed for FDA approval never happen.

³⁴ GW Pharmaceuticals, “Product Monograph: Sativex,” April 13, 2005, 27.

³⁵ Harris, Gardiner, “FDA Dismisses Medical Benefit From Marijuana,” *New York Times*, April 21, 2006.

³⁶ Radley, David C., Finkelstein Stan N., and Stafford, Randall S., “Off-label Prescribing Among Office-Based Physicians,” *Archives of Internal Medicine* 166 (9), 2006: 1021–1026.

- **Technically, marijuana should not require FDA approval.** Prior to the agency being created by the 1938 Food, Drug, and Cosmetics Act, about two-dozen preparations of marijuana were on the market, many of which were produced by well-known pharmaceutical companies. Under the terms of the Act, marijuana is not a “new” drug, thus it should not be subject to FDA new drug approval requirements. Many older drugs, such as aspirin and morphine, were “grandfathered in” under this provision without ever being submitted for new-drug approval by the FDA.

Marijuana is too dangerous to be used as a medicine; there are 10,000 studies showing marijuana is dangerous

- **A large and growing body of scientific evidence demonstrates that the health risks associated with marijuana are actually relatively minor.** The 1999 Institute of Medicine report noted, “[E]xcept for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications.³⁷ In 2008, the American College of Physicians agreed, citing marijuana’s “relatively low toxicity.”³⁸ (See the following section for more information about smoking.)
- **Marijuana is non-lethal and does not contribute to or increase the likelihood of death.** The U.S. Centers for Disease Control and Prevention has never listed marijuana as a cause of death (although it does list alcohol and other drugs). A government-funded study conducted by researchers at the Kaiser Permanente HMO found no association between marijuana use and premature death in otherwise healthy people.³⁹ Marijuana is so safe that patients can easily find the proper dose themselves with no danger of overdose. As University of Washington researcher Dr. Gregory Carter and colleagues noted in a recent journal article, “THC (and other cannabinoids) has relatively low toxicity and lethal doses in humans have not been described ... It has been estimated that approximately 628 kilograms of cannabis would have to be smoked in 15 minutes to induce a lethal effect.”⁴⁰ Meanwhile, prescription drugs have become one of the leading causes of accidental death in the United States.⁴¹ Why is it okay for people to use these potentially deadly prescription drugs, but not okay for them to use a drug that has never killed anyone?
- **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 acute liver failure,⁴²

³⁷ Institute of Medicine, 5.

³⁸ American College of Physicians, “Supporting Research into the Therapeutic Role of Marijuana,” 2008.

³⁹ Sidney S., et al., “Marijuana Use and Mortality,” *American Journal of Public Health* 87(4), April 1997: 585-590.

⁴⁰ Carter, Gregory T., et al., “Medicinal Cannabis: Rational Guidelines for Dosing,” *IDrugs* 7(5), 2004: 464-470.

⁴¹ Guarino, Mark, “Prescription drug abuse now more deadly than heroin, cocaine combined,” *Christian Science Monitor*, October 7, 2013.

⁴² Fontana, Robert J., “Acute Liver Failure including Acetaminophen Overdose,” *Medical Clinics of North America* 92(4), 2008: 761-794.

while no one has ever died from marijuana poisoning. But no one would seriously suggest banning Tylenol because it's too dangerous. In contrast, recent medical marijuana studies have found no significant side effects. The question is this: Do the benefits outweigh the risks for an individual patient? Such decisions should be made by doctors and patients, not the criminal justice system.

- **The “10,000 studies” claim is simply not true.** The University of Mississippi Research Institute of Pharmaceutical Sciences maintains a 12,000-citation bibliography on the entire body of marijuana literature. The institute notes: “Many of the studies cited in the bibliography are clinical, but the total number also includes papers on the chemistry and botany of the Cannabis plant, cultivation, epidemiological surveys, legal aspects, eradication studies, detection, storage, economic aspects and a whole spectrum of others that do not mention positive or negative effects ... However, we have never broken down that figure into positive/negative papers, and I would not even venture a guess as to what that number would be.”⁴³

Medicine should not be smoked and smoking marijuana is more damaging than smoking tobacco

- **There are many ways to consume marijuana other than smoking, such as vaporizing, edible products, tinctures, and capsules.** Vaporizers are simple devices that give users the fast action of inhaled cannabinoids without most of the unwanted irritants found in smoke. Research on vaporizers has proceeded more slowly than it should have because of federal obstructionism.
- **The effects of smoking marijuana pale in comparison to those associated with smoking tobacco.** First and foremost, there has never been a single documented case of a marijuana-only smoker developing lung cancer as a result of his or her marijuana use. In 1999, the Institute of Medicine reported, “There is no conclusive evidence that marijuana causes cancer in humans, including cancers usually related to tobacco use.”⁴⁴ This was confirmed in 2006 with the release of the largest case-controlled study ever conducted to investigate the respiratory effects of marijuana smoking and cigarette smoking.⁴⁵ The study, conducted by Dr. Donald Tashkin at the University of California at Los Angeles, found that marijuana smoking was not associated with an increased risk of developing lung cancer. Surprisingly, the researchers found that people who smoked marijuana actually had lower incidences of cancer compared to non-users. In fact, some researchers have reported a “possible protective effect of marijuana” against lung cancer.⁴⁶

⁴³ Letter from Beverly Urbanek, Research Associate of the University of Mississippi Research Institute of Pharmaceutical Sciences (601-232-5914), to Dr. G. Alan Robison, Drug Policy Forum of Texas, June 13, 1996.

⁴⁴ Institute of Medicine, 119.

⁴⁵ American Thoracic Society, “Study Finds No Link Between Marijuana Use And Lung Cancer,” *Science Daily*, May 26, 2006.

⁴⁶ Hashibe, Mia, et al., “Marijuana Use and the Risk of Lung and Upper Aerodigestive Tract Cancers: Results of a Population-Based Case-Control Study,” *Cancer Epidemiology, Biomarkers and Prevention* 15(10), 2006: 1829-1834.

- **All medicines have risks and side effects, and part of a physician’s job is to evaluate those risks in relation to the potential benefits for the individual patient.** Many prescription drugs have side effects — most of which are far more severe than those of marijuana — but that doesn’t mean it should be illegal for seriously ill people to use them.

Marijuana is bad for the immune system

- **Scientific studies have not demonstrated any significant harm to the immune system caused by marijuana.** The Institute of Medicine reported, “Despite the many claims that marijuana suppresses the human immune system, the health effects of marijuana-induced immunomodulation are still unclear.”⁴⁷ The IOM also noted, “The short-term immunosuppressive effects [of marijuana] are not well established; if they exist at all, they are probably not great enough to preclude a legitimate medical use.”⁴⁸
- **Extensive research in HIV/AIDS patients — whose immune systems are particularly vulnerable — shows no sign of marijuana-related harm.** University of California at San Francisco researcher Donald Abrams, M.D. has studied marijuana and Marinol in AIDS patients taking anti-HIV combination therapy. Not only was there no sign of immune system damage, but the patients gained T-lymphocytes, the critical immune system cells lost in AIDS, and also gained more weight than those taking a placebo. Patients using marijuana also showed greater reductions in the amount of HIV in their bloodstream.⁴⁹ Long-term studies of HIV/AIDS patients have shown that marijuana use (including social or recreational use) does not worsen the course of their disease. For example, in a six-year study of HIV patients conducted by Harvard University researchers, marijuana users showed no increased risk of developing AIDS-related illness.⁵⁰ In her book *Nutrition and HIV*, internationally known AIDS specialist Mary Romeyn, M.D. noted, “The early, well-publicized studies on marijuana in the 1970s, which purported to show a negative effect on immune status, used amounts far in excess of what recreational smokers, or wasting patients with prescribed medication, would actually use ... Looking at marijuana medically rather than sociopolitically, this is a good drug for people with HIV.”⁵¹

Marijuana contains over 400 chemicals, including most of the harmful compounds found in tobacco smoke

⁴⁷ Institute of Medicine, 109.

⁴⁸ Institute of Medicine, 126.

⁴⁹ Abrams D., et al., “Short-Term Effects of Cannabinoids in Patients With HIV-1 Infection,” *Annals of Internal Medicine* 139 (2003): 258-266.

⁵⁰ Di Franco, M.J., et al., “The Lack of Association of Marijuana and Other Recreational Drugs With Progression to AIDS in the San Francisco Men’s Health Study,” *Annals of Epidemiology* 6(4), 1996: 283-289.

⁵¹ Romeyn, Mary, *Nutrition and HIV: A New Model for Treatment*, Second Edition (San Francisco: Jossey-Bass, 1998), 117-118.

- **The number of chemical compounds in a substance is irrelevant.** Coffee, mother’s milk, broccoli, and most foods also contain hundreds of different chemical compounds. Marijuana is a relatively safe medicine, regardless of the number of chemical compounds found therein.

Marijuana’s side effects — for instance, increased blood pressure — negate its effectiveness in fighting glaucoma

- **Marijuana has been found to be exceptionally beneficial for people with glaucoma, and its side effects are minimal compared to other drugs.** In fact, the federal government has given marijuana to at least three patients with glaucoma, and it preserved their vision for years after they were expected to go blind. Paul Palmberg, M.D. one member of an expert panel convened by the National Institutes of Health in 1997 to review the scientific data on medical marijuana, explained during the group’s discussion on February 20, 1997, “I don’t think there’s any doubt about its effectiveness, at least in some people with glaucoma.”⁵²

Marijuana use can increase the risk of mental illness, including schizophrenia

- **There is no compelling evidence demonstrating marijuana causes psychosis in otherwise healthy individuals.** Overall, the evidence suggests that marijuana can precipitate schizophrenia in vulnerable individuals but is unlikely to cause the illness in otherwise normal persons.⁵³ A recent study implied the reverse, finding that those predisposed to schizophrenia may be more likely to use cannabis.⁵⁴ Epidemiological data show no correlation between rates of marijuana use and rates of psychosis or schizophrenia. Countries with high rates of marijuana use don’t have higher rates of these illnesses than countries where marijuana use is more rare, and research has consistency failed to find a connection between increases in marijuana use and increased rates of psychosis.^{55,56,57} As with all medications, the physician needs to consider what is an appropriate medication in light of the individual patient’s situation and may well suggest avoiding marijuana or cannabinoids in patients with a family or personal history of psychosis. This is the sort of risk/benefit assessment that physicians are trained to make.

⁵² “Transcripts of Open Discussions Held on February 20, 1997, Book Two, Tab C, Pp. 96-97; Washington, D.C.: ACE-Federal Reporters, Inc.

⁵³ Hall, W., Degenhardt L., “What are the policy implications of the evidence on cannabis and psychosis?” *Canadian Journal of Psychiatry* 51(9), August 2006: 566-574.

⁵⁴ Power, R. A., et al., “Genetic predisposition to schizophrenia associated with increased use of cannabis,” *Molecular Psychiatry* 19 (2014): 1201-1204.

⁵⁵ Hall, W., “Is Cannabis Use Psychotogenic?,” *The Lancet*, vol. 367, January 22, 2006.

⁵⁶ Frisher, M., et al., “Assessing the Impact of Cannabis Use on Trends in Diagnosed Schizophrenia in the United Kingdom from 1996 to 2005,” *Schizophrenia Research*, vol. 113, September 2009.

⁵⁷ Proal, Ashley C. et al., “A controlled family study of cannabis users with and without psychosis,” *Schizophrenia Research* 152 (2014): 283-288.

It sends the wrong message to teens

- **There does not appear to be a link between the passage of medical marijuana laws and increases in teen marijuana use, and in some cases it appears to be associated with decreases in teen use.** A 2012 study conducted by researchers at universities in Colorado, Montana, and Oregon found “no statistical evidence that legalization increases the probability of [teen] use,” and noted that “the data often showed a negative relationship between legalization and [teen] marijuana use.”⁵⁸ State surveys of students in several states with medical marijuana laws have consistently reported declines in teen marijuana use since those laws were passed.⁵⁹

In 2014, an annual survey conducted by the U.S. Centers for Disease Control and Prevention found that marijuana use by Colorado high school students has dropped since the state began regulating medical marijuana in 2010.⁶⁰ California has had a similar experience. According to the state-sponsored California Student Survey (CSS), marijuana use by California teens was on the rise until 1996 — the year California adopted its medical marijuana law — at which point it began dropping dramatically (by nearly half in some age groups).⁶¹ As part of the 1997-1998 CSS, the State of California also commissioned an independent study examining the effects of its medical marijuana law, which concluded, “There is no evidence supporting that the passage of Proposition 215 increased marijuana use during this period.”⁶²

- **Laws that are not based on science send the wrong message to young people — especially those that needlessly criminalize seriously ill people for using a substance with proven medical benefits.** Children should be taught the facts about all drugs and the difference between medical use and abuse. We allow doctors to prescribe cocaine, morphine, and methamphetamine, and we teach young people that these drugs are used for medical purposes. We can do the same thing with marijuana.

We can't allow patients to grow marijuana, especially in homes with children

⁵⁸ Anderson, D. Mark, Hansen, Benjamin, and Rees, Daniel I., “Medical Marijuana Laws and Teen Marijuana Use,” Institute for the Study of Labor, May 2012.

⁵⁹ O’Keefe, Karen, et al., “Marijuana Use by Young People: The Impact of State Medical Marijuana Laws,” Marijuana Policy Project, June 2011.

⁶⁰ Centers for Disease Control and Prevention, *1991-2013 High School Youth Risk Behavior Survey Data*. Available at <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

⁶¹ “Report to Attorney General Bill Lockyer, 11th Biennial California Student Survey, Grades 7, 9 and 11,” WestEd, 2006.

⁶² Skager, Rodney, Austin, Greg, and Wong, Mamie, “Marijuana Use and the Response to Proposition 215 Among California Youth, a Special Study From the California Student Substance Use Survey (Grades 7, 9, and 11), 1997-1998.”

- **Patients should be able to grow their own medical marijuana if it is the best way for them to access it, and sometimes it's the only way to access it.** Some patients are not able to access a medical marijuana dispensary because there isn't one nearby or they do not have a means of transportation.
- **We allow people to possess all sorts of prescription drugs, most of which are far more dangerous than a few marijuana plants being grown in a patient's basement or closet.** All medicines need to be handled with appropriate care and kept out of easy reach of children. There are already laws against selling marijuana to non-patients, and child protective services agencies already have the power to protect children whose parents are engaged in criminal activity. A medical marijuana law that allows patients to grow limited amounts of marijuana will not change any of this.
- **Criminals break into homes every day to steal valuable items — jewelry, high-end electronics, and even prescription drugs.** We don't ban possession of these items because the owners might be victims of a crime. By this logic, parents shouldn't be allowed to drive Honda Accords (the most-stolen vehicle in 2014, according to the National Insurance Crime Bureau). If medical marijuana is legal, it should be treated like any other legal product.

Medical marijuana bills and initiatives are full of loopholes

- **With 25 states having enacted medical marijuana laws, the laws are as varied as the states themselves. Some early laws did not include regulations, while some newer ones are so restrictive and onerous that they leave behind most patients or force them to make lengthy drives to get their medicine.** There are also plenty of examples of states that have taken a more reasonable middle ground, imposing reasonable regulations without steering pain patients away from medical cannabis and toward opiates. Maine, Nevada, New Mexico, and Rhode Island fall into that category. States considering medical marijuana legislation have a variety of examples to learn from, which allows them to craft a well-regulated program that serves both patients and communities.
- **No law will ever be considered entirely perfect by everyone. The goal is to produce the best possible law that is supported by the most voters.** Ultimately, medical marijuana advocates have nothing to gain and everything to lose by wording initiatives poorly.

Medical marijuana laws basically legalize marijuana for everyone

- **These laws typically only allow people to use marijuana if they have a qualifying medical condition and receive a recommendation from a licensed physician who believes it will benefit them.** The General Accounting Office (the investigative arm of Congress, renamed the Government Accountability Office) interviewed officials from 37 law enforcement agencies in four states with

medical marijuana laws. A key issue they examined was whether medical marijuana laws had interfered with enforcement of laws regarding non-medical use. According to the GAO's November 2002 report, the majority of these officials "indicated that medical marijuana laws had had little impact on their law enforcement activities."⁶³ Whenever medical marijuana laws are being considered by voters or legislators, opponents claim it will result in marijuana basically being legalized for everyone. Yet, voters and lawmakers still approve these laws — oftentimes in states where there isn't strong support for broader legalization — because they recognize that these medical laws are a safe and responsible means of helping patients.

- **Government data shows that between 0.04% and 2% of medical marijuana states' populations are enrolled in medical marijuana programs, with the numbers varying depending on the particulars of the state's law.**⁶⁴ In comparison, about 13% of Americans were prescribed painkilling opioids, and 12% use marijuana each year.⁶⁵

Medical marijuana laws only pass because of well-funded and/or misleading campaigns

- **National and state public opinion polls have consistently shown overwhelming public support for allowing seriously ill people to use medical marijuana.** Also, polling in states that have had medical marijuana laws for years shows support is just as high or — in most cases — higher than when they were on the ballot.⁶⁶ Clearly, voters are not being fooled into voting for these laws. The amount spent in support of passing medical marijuana laws is a drop in the bucket compared to the billions of dollars spent by our federal government to keep marijuana entirely illegal.

Medical marijuana laws confuse law enforcement officials

- **What's so confusing? If a person has documentation showing they are a legal medical marijuana patient or caregiver, they shouldn't be arrested or prosecuted.** If the person does not have suitable documentation, either call the person's doctor or arrest the person and let the courts decide. It is no more confusing than determining whether someone is the legal owner of a piece of property, whether they are a legal immigrant, or whether they are drinking alcohol underage or in violation of their probation.

⁶³ General Accounting Office, "Report to the Chairman, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform, U.S. House of Representatives. Marijuana: Early Experiences With Four States' Laws that Allow Use for Medical Purposes," Washington, D.C.: GAO, 2002, p. 32.

⁶⁴ See: "Medical Marijuana Patient Numbers, MPP, Sept. 17, 2015 update. <https://www.mpp.org/issues/medical-marijuana/state-by-state-medical-marijuana-laws/medical-marijuana-patient-numbers/>

⁶⁵ "Study shows 70 percent of Americans take prescription drugs," CBS News, June 20, 2013 ; Seth Motel, "6 facts about marijuana" *Pew Research Center*, April 14, 2015.

⁶⁶ Marijuana Policy Project, "Proposition 215 10 Years Later: Medical Marijuana Goes Mainstream," November 2006.

Medical marijuana dispensaries are out of control

- **State-regulated medical marijuana dispensaries are tightly controlled and have not been linked to any significant problems.** Dispensaries have been less controlled in California, whose medical marijuana law was the first and most loosely worded, but the laws that have passed since then have been much clearer and will be much more effective at keeping things controlled. In most states, medical marijuana dispensaries are among the most tightly regulated businesses, and they are under an exceptional amount of scrutiny. As a result, they do everything they can to follow the rules and keep things under control.
- **There is no evidence that dispensaries cause crime, and there is some evidence that they might reduce it.** For example, in Colorado, a Denver Police Department analyses conducted at the request of the city council found robbery and burglary rates at dispensaries were lower than area banks and liquor stores and on par with those of pharmacies.⁶⁷ The Colorado Springs Police Department also found no correlation between medical marijuana businesses and increased crime.⁶⁸

Medical marijuana is just a Trojan horse for broader legalization

- **Medical marijuana laws are being passed to help people, not to further broader legalization efforts.** Criminalizing seriously ill people for using medical marijuana is the most egregious element of marijuana prohibition, so it's not surprising that voters and lawmakers are addressing it before moving on to the broader legalization debate. Supporters of medical marijuana include some of the most respected medical and public health organizations in the country, including the American College of Physicians, the American Public Health Association, the American Nurses Association, the Academy of HIV Medicine, and the Epilepsy Foundation. Surely these organizations are not part of a conspiracy to legalize marijuana and other drugs.
- **Every law should be judged on its own merits.** If voters or lawmakers believe seriously ill people should be allowed to use medical marijuana, they will support a law that allows it. If a broader reform measure comes up, they can decide then whether they want to support or oppose it. There is no reason why we can't pass a medical marijuana law now just because some people are worried there will be support for other laws later.

People aren't actually arrested for medical marijuana

⁶⁷ Ingold, John, "Analysis: Denver pot shops' robbery rate lower than banks," *Denver Post*, January 27, 2010.

⁶⁸ Rodgers, Jakob, "Marijuana shops not magnets for crime, police say," *Colorado Springs Gazette*, September 13, 2010.

- **There were approximately 700,000 Americans arrested for marijuana-related offenses in 2014.**⁶⁹ Unfortunately, the government does not keep track of how many were medical patients. But even if only one percent of those arrestees were using marijuana for medical purposes, that is 7,000 arrests! There have been countless publicized and unpublicized arrests for medical marijuana throughout the country. It was the arrest of well-known medical marijuana patients in California in the 1990s that prompted people to launch the medical marijuana initiative there in 1996.
- **Even the fear of arrest is a terrible punishment for seriously ill patients.** The stress and anxiety associated with it can be more detrimental to a person's health and immune system than marijuana itself. We know medical marijuana can help people; we should not be scaring them away from using it by threatening them with arrest.
- **If you don't think patients are really getting arrested for using medical marijuana, why is it a problem to have a law that ensures they do not get arrested?**

Nobody is in prison for medical marijuana

- **Federal law and the laws of 25 states do not make any exceptions for medical marijuana, and without a medical necessity defense available, medical marijuana users are treated the same as recreational users.** Federally, possession of even one joint carries a penalty of up to one year in prison. Cultivation of even one plant is a felony, with a maximum sentence of five years. Many states' laws are in this same ballpark. Some patients are even sent to prison.

Here are just a few examples:

In December 2009, New Jersey multiple sclerosis patient John Wilson was convicted of "operating a drug manufacturing facility" for growing the marijuana he used to treat his multiple sclerosis, and faced a sentence of five to 10 years in state prison. Rancher and Vietnam veteran Larry Rathbun was arrested in December 1999 for cultivating medical marijuana to relieve his degenerative multiple sclerosis. When he was arrested in 1999, he could still walk, which he attributed to the medical use of marijuana. After serving 19 months, Rathbun came out of Montana State Prison confined to a wheelchair. Byron Stamate spent three months in a California jail for growing marijuana for his disabled girlfriend (who killed herself so that she would not have to testify against Byron). Gordon Farrell Ethridge spent 60 days in an Oregon jail for growing marijuana to treat the pain from his terminal cancer. Quadriplegic Jonathan Magbie, who used marijuana to ease the constant pain from the childhood injury that left him

⁶⁹ United States Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 2014*, September 2015.

paralyzed, died in a Washington, D.C. jail in September 2004 while serving a 10-day sentence for marijuana possession.

- **Patients are being punished even if they are not sent to prison.** They are arrested and sometimes handcuffed and put in the back of a police car. Sometimes their doors get kicked in, and police ransack their houses. Sometimes they spend a day or two in jail. They have to appear in court, and court costs and attorney fees must be paid by the patient and the taxpayers. Probation — which means urine tests for a couple of years and the patient being unable to use his or her medical marijuana. There are huge fines and possible loss of employment, which hurt the patient's ability to pay insurance, medical bills, rent, food, home-care expenses, and so on. Then there's the stigma of having a drug conviction on one's record, which could also result in doctors being unwilling to prescribe some medications. Should any of this happen to seriously ill people for using what they and their doctors believe is a beneficial medicine?

The government is making it easier to do medical marijuana research

- **The federal government remains intensely hostile to medical marijuana.** As a Schedule I drug, marijuana can be researched as a medicine only with federal approval. Some studies have been completed, and they've all shown medical marijuana to be safe and effective, but they have not been large enough to bring about FDA approval of marijuana as a prescription drug. More research is always desirable, but we know enough right now to know that there is no justification for arresting patients using medical marijuana under their doctors' care.

Until California voters passed Proposition 215 in 1996, federal authorities blocked all efforts to study marijuana's medical benefits. Since then, federal restrictions have been loosened somewhat, and a small number of studies have gone forward, but that happened because the passage of ballot initiatives forced the government to acknowledge the need for research. To put it in perspective, the federal government has refused to study the patients to whom it has provided medical marijuana for more than 25 years as part of an investigative new drug program. If the political pressure created by ballot initiatives and legislative proposals subsides, the feds will surely go back to their old, obstructionist ways.

- **All medical marijuana research must use marijuana supplied by the National Institute on Drug Abuse, which is known for its very poor quality.** This low-grade marijuana has less efficacy and more side effects than the marijuana that is now available through medical marijuana dispensaries. Scientists and activists have appealed to the Drug Enforcement Administration to allow other sources of marijuana to be used, and in 2007, DEA Administrative Law Judge Mary Ellen Bittner ruled that a proposed University of Massachusetts project to grow and study marijuana for medical purposes should be allowed to proceed. But the DEA did not follow Bittner's ruling and has given no indication that it intends to do so.

The U.S. government remains the largest single obstacle to medical marijuana research.

State medical marijuana laws violate federal law

- **The U.S. Department of Justice issued a memo in August 2013 saying it would respect states' rights to adopt their own marijuana policies.** As long as states create and enforce adequate regulations for cultivating and selling marijuana, the federal government will only go after those who they believe are violating state laws and regulations. There are medical marijuana laws in 25 states plus Washington, D.C., Puerto Rico, and Guam, and there are marijuana businesses operating openly in many of them. The federal government has largely refrained from interfering in states where marijuana is being regulated.
- **Congress passed an appropriations bill in June 2015 that prohibits the Department of Justice, including the Drug Enforcement Administration, from using funds to interfere in the implementation of laws that allow the cultivation, distribution, and use of marijuana for medical purposes.**⁷⁰ A subsequent federal district court found that this provision was applicable not only to state government programs, but to individuals and groups that are acting in compliance with state laws.⁷¹
- **States are not required to enforce federal laws against marijuana possession or cultivation.** The Controlled Substances Act (CSA) specifically allows states to enact their own laws related to controlled substances, and states are free to determine their own penalties — or lack thereof — for drug offenses.
- **State government employees have never faced punishments for carrying out state medical marijuana laws — even in situations when law enforcement officials have returned seized marijuana to the owners.** Following the passage of a medical marijuana law in Arizona, Gov. Jan Brewer filed a lawsuit claiming the state could not implement the law because state employees would face prosecution. In a reply brief, the Department of Justice basically said the fears were unfounded.

The courts have ruled marijuana is not medicine and states cannot legalize medical marijuana

- **No court has ruled that marijuana is not medicine, and no court has ruled that states cannot adopt and implement medical marijuana laws.**

The majority opinion in the Supreme Court's June 2005 decision in *Gonzales v. Raich* stated unequivocally that “marijuana does have valid therapeutic purposes.”

⁷⁰ Pub. L. 113-235, 128 Stat. 2130 (2014) (“2015 Appropriations Act”).

⁷¹ *U.S. v. Marin Alliance for Medical Marijuana et al*, No. C 98-00086 CRB, decided October 19, 2015.)

The ruling did not overturn state medical marijuana laws or prevent states from enacting new ones. It simply preserved the status quo — states can stop arresting medical marijuana patients and caregivers under state law, but these laws don't create immunity from federal prosecution. The Supreme Court's other ruling related to medical marijuana — a 2001 case involving a California medical marijuana dispensary — did not overturn state medical marijuana laws. It simply declared that under federal law, those distributing medical marijuana could not use a "medical necessity" defense in federal court. This extremely narrow ruling did not in any way curb the rights of states to protect patients under state law.

In both cases, the court went out of its way to leave open the possibility that individual patients could successfully present a "medical necessity" claim.

- **The U.S. Department of Justice has never tried to challenge the rights of states to enact medical marijuana laws.** In August 2013, the Department of Justice issued a memo stating it would respect states' rights to establish systems of regulated marijuana cultivation and distribution for medical and broader adult use.