



Community Anti-Drug Coalitions of America

625 Slaters Lane, Suite 300 • Alexandria, VA 22314

(703) 706-0560, FAX (703) 706-0565

www.CADCA.org

“Medical” Marijuana

What the Experts Say:

- The use of smoked marijuana as medicine is problematic due to its adverse health consequences and the inherent difficulties in accurate dosing and purity.¹
- Marijuana is not a benign drug.
- “There are numerous deleterious health consequences associated with short and long term marijuana use, including the possibility of becoming addicted.”²
- There is a marijuana withdrawal syndrome that is characterized by increased anxiety, increased drug craving, sleep difficulties and decreased appetite.³
- Smoking marijuana as medicine greatly increases the likelihood of some cancers.
- Marijuana users are exposed to 50% to 70% more carcinogenic hydrocarbons than tobacco smoke has.⁴

Claim: Those in favor of decriminalizing marijuana for “medicinal” purposes repeatedly cite the 1999 Institute of Medicine (IOM) report as proof that the federal government endorses “medical marijuana.”

What the IOM Report Actually Says:

- “Smoked marijuana is a crude THC delivery system that also delivers harmful substances.”⁵
- “The effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications.”⁶
- “Numerous studies suggest that marijuana smoke is an important risk factor in the development of respiratory disease.”⁷
- “Because of the health risks associated with smoking, smoking marijuana should generally not be recommended for long-term medicinal use.”⁸
- John A. Benson, Jr. M.D. of the IOM stated that “While we see a future in the development of chemically defined cannabinoid drugs, we see little future in smoked marijuana as a medicine.”⁹

¹ Statement by Nora Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA) – “Marijuana and Medicine: The Need for a Science-Based Approach,” April 1, 2004

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶ National Academy of Sciences Institute of Medicine. *Marijuana and Medicine: Assessing the Science Base*, 1999

⁷ *Ibid.*

⁸ *Ibid.*

Claim: Those in favor of decriminalizing marijuana for “medicinal” purposes claim that not only does this not send the wrong message to children, in the states where “medicinal” use has been approved through referendum, marijuana use has dropped since its legalization.

What the Statistics Actually Say:

- According to the 2005-2006 State Estimates of Substance Use, **eight of the 10 states with the highest percentage of past month marijuana users are states with medical marijuana programs.**¹⁰
- Medical marijuana states now occupy **five of the top 10 states with the highest rates for new youth marijuana initiates (ages 12-17).**¹¹
- The medical marijuana ballot initiative states are clustered at or near the top of the list in terms of drug addiction and abuse. Medical marijuana ballot-initiative states occupy **four of the top six slots in drug addiction and abuse**, and six of the top fourteen slots in ranking of drug addiction and abuse.¹²
- From 1992 to 2002, the proportion of persons aged 12 or older in treatment for marijuana dependence and abuse jumped 162%.¹³
- In 2005, 65.1% of all youth ages (12-17) admitted for drug and alcohol treatment were admitted for marijuana abuse.¹⁴
- From 2001 to 2004, emergency room admissions for all ages where marijuana was implicated jumped 45.1%.¹⁵
- Teens who believe marijuana is not harmful are **six times likelier** to smoke marijuana than teens who believe marijuana is very harmful. Decreases in perceived risk tend to precede future increases in use.¹⁶
- According to the 2005-2006 State Estimates of Substance Use, Maine, a medical marijuana state, had the highest rate in the country of past 30 day use of marijuana among students aged (12-17), at 10.99%.¹⁷

⁹ John A. Benson, Jr., Co-Principal Investigator, in releasing *Marijuana and Medicine: Assessing the Science Base*, National Academy of Sciences, 1999.

¹⁰ Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2005-2006 National Surveys on Drug Use and Health

¹¹ *Ibid.*

¹² *Ibid.*

¹³ SAMHSA, Office of Applied Studies, Treatment Episode Data Set, Drug and Alcohol Services Information System, 2005

¹⁴ SAMHSA, Treatment Episode Data Set, 2005

¹⁵ Drug Abuse Warning Network, National Estimates of Drug Related ED Visits, 2004

¹⁶ National Survey on Drug Use and Health, 2005.

¹⁷ SAMHSA, State Estimates from the 2005-2006 National Surveys on Drug Use and Health