

What you can say about so-called medical marijuana...

Cannabinoids are compounds found in marijuana and some have medicinal value, just as opioids that are contained in opium have therapeutic benefits. However, doctors aren't recommending that we smoke opium. Why should marijuana be treated any differently?

Marijuana is unregulated and contains pesticides, fungi, fertilizers and other harmful contaminants - a toxic combination for the seriously ill.

Since marijuana is not approved by the Food and Drug Administration (FDA), there is no way to determine proper dosage and potential side-effects with other medications.

Only FDA approved medications can be prescribed. In states that have legalized marijuana as a so-called medicine, marijuana recommendations are typically from doctors who run cash-only operations, similar to "pill mill" doctors in Florida.

Medi-pot will not be available at pharmacies like real medicine. It is typically distributed by pot shops that could crop up anywhere - in your neighborhood or near your child's school.

Medi-pot is not grown in regulated areas, it's harvested on farms, backyards, and in grow houses, which could be right next door to your home or your child's school or playground.

Here is the supporting research and data...

- Cannabinoids are compounds found in marijuana and some have medicinal benefits. The American Medical Association (AMA) urges that marijuana's status as a Schedule I controlled substance be reviewed with the goal of facilitating clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.ⁱ
- Marijuana is not approved by the FDA so its use is unregulated. The FDA's guidelines for a drug's approval require that certain factors be established such as quantity of dose, frequency and duration of administration, and the impact of interaction with other medicines.ⁱⁱ
- Marijuana cigarettes have no filter, and the smoke is typically held in the lungs longer than tobacco cigarettes, increasing the exposure to the lungs and resultant inflammation from smoking.ⁱⁱⁱ
- Smoking or ingesting marijuana damages the immune system - an intolerable side effect for an end of life or immune-suppressed patient.^{iv}
- Inhaling marijuana impairs lung function, increases the risk of bronchitis, causes pre-malignant cellular changes in the lungs, inflames the lining of the lungs and leaves the patient more vulnerable to bacterial and viral infection.^v
- In cases of Multiple Sclerosis, studies show that spasticity is made worse, not better. Patients may perceive their spasticity to be partially relieved, but medicine has a higher standard - to actually get better, not just to feel as though you are getting better.^{vi}
- The National Glaucoma Society does not support marijuana as a medicine to treat glaucoma. Raw marijuana has never been shown to be better or even just as good as existing drugs for relieving eye pressure and it brings with it many more side effects than the approved medicines.^{vii}
- In states with medi-pot laws, most users are not terminally ill. Confiscated patient records from San Diego note that only 2 percent of marijuana users reported having AIDS, glaucoma or cancer.^{viii}

- Smoking isn't the only dangerous way to use marijuana. Vaporizing does not filter marijuana - it still delivers the same cancer-causing tar and chemicals directly to the lungs.^{ix} Eating delivers the same damaging compounds as well as insecticides and fungi found in marijuana crops.^x

- Smoking is an ineffective and illogical way to deliver medicine - dosage cannot be regulated, and tar and other harmful compounds are delivered directly to the lungs along with any helpful cannabinoids. The lining of the lungs is inflamed by inhalation of the toxic substance.^{xi}

What other states have experienced...

In "medical" marijuana states that track conditions under which people qualify, on average, only 7% of "patients" have terminal or life-threatening illnesses. Most are smoking marijuana for pain (a subjective term that covers medical conditions such as menstrual cramps, headaches, and minor arthritis). The idea of "treating" pain with smoked marijuana is of particular concern for Florida as we are experiencing an epidemic of prescription drug abuse, and pill mills, operated by and in conjunction with less than reputable physicians, are popping up at alarming rates.^{xii} These same opportunistic doctors would likely switch to pot shops, if marijuana is legalized as "medicine".

States that have passed medi-pot laws for serious illnesses are targeted for expansion of other conditions. For example, advocates petitioned to add conditions such as post traumatic stress disorder and Tourette's Syndrome in the states of Colorado and Oregon.

The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) did an assessment of Colorado "medical" marijuana programs and found that the marijuana from dispensaries is being diverted inside Colorado and to other states. Twenty-three states were identified receiving Colorado's "medical" marijuana. The assessment is suspected of reporting only a small sample related to diversion of "medical" marijuana from Colorado. Based on this report, there is evidence that Colorado's regulations are not working and "medical" marijuana is being diverted for recreational purposes.^{xiii}

Here are some places you can obtain statistics on so-called medical marijuana:

- Drug Free America Foundation (DFAF) - www.dfaf.org
- Save Our Society From Drugs (SOS) - www.saveoursociety.org
- Project SAM - www.learnaboutsam.com
- State medical marijuana programs/registries found on their Department of Health websites

ⁱAMA Policy: Medical Marijuana. November 10, 2009. <http://medicalmarijuana.procon.org/sourcefiles/AMA09policy.pdf>

ⁱⁱUS Food and Drug Administration: How Drugs are Developed and Approved. January 3, 2013. <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/default.htm>

ⁱⁱⁱFligiel SEG, Roth MD, Kleerup EC, Barsky SH, Simmons MS, Tashkin DP. Tracheobronchial histopathology in habitual smokers of cocaine, marijuana, and/or tobacco. *Chest* 1997;112:319-326

^{iv}Zhu LX, Sharma S, Stolina M, Gardner B, Roth MD, Tashkin DP, Dubinett SM. Delta-9-Tetrahydrocannabinol inhibits antitumor immunity by a CB2 Receptor-Mediated, Cytokine-Dependent Pathway. *The Journal of Immunology* 2000;165:373-380

^vCocita-Baldwin G, Tashkin DP, Buckley DM, Park AN, Dubinett SM, Roth MD. Marijuana and cocaine impair alveolar macrophage function and cytokine production. *Am J Respir Crit Care Med* 1997;156:1606-1613.

^{vi}Killestein, J, Hoogervorst, E, Reif, M, Kalkers, N, Van Leenen, C, Staats, P, Gorter, R, Yitdehaag, B, Polman, C. Safety, tolerability and efficacy of orally administered cannabinoids in MS. *Neurology* 2002;58: 1404-1407.

^{vii}Flash AJ. Delta-9-tetrahydrocannabinol (THC) in the treatment of end-stage open-angle glaucoma. *Trans Am Ophthalmo Soc* 2002;215-222.

^{viii}Murphy, D. Officials say drug raids found clubs were a front. *New York Times*; June 24, 2005.

^{ix}Grim, R. What's the best way to take medical marijuana? *Slate*; May 5, 2006.

^xVerweij PE, Kerremans JJ, Voss A. Fungal contaminants of tobacco and marijuana *JAMA* 2000;284:2875

^{xi}Taylor RD, Fergusson DM, Milne BJ, Harwood LJ, Moffitt TE, Sears MR, Poulton R. A longitudinal study of the effects of tobacco and cannabis exposure on lung function in young adults. *Addiction* 2002;97:1055-1061

^{xii}Save Our Society From Drugs. Who is really smoking marijuana under the guise of medicine? Updated December 2012. Available from: <http://www.hernandoantidrug.org/Who%20is%20Really%20Smoking%20MJ%20Underthe%20Guise%20of%20Medicine.pdf>

^{xiii}Rocky Mountain High Intensity Drug Trafficking Area. Colorado's "medical" marijuana: Are regulations working or is "medical" marijuana being diverted. Aug 2012.