# Responses to Anti-Medical Marijuana Arguments

The issue at hand is the removal of criminal penalties for patients who use medical marijuana. It is crucial to avoid getting lost in side arguments. Federal law and 42 state laws subject seriously ill people to arrest and imprisonment for using marijuana. It is important to ask opponents, "Should seriously ill people be arrested and sent to prison for using marijuana with their doctors' approval?"

The key issue is not making a "new drug" available. Rather, the goal is to protect from arrest and imprisonment the tens of thousands of patients who are already using marijuana, as well as the doctors who are recommending such use.

Remember: Patients for whom the standard, legal drugs are not safe or effective are left with two terrible choices: (1) continue to suffer, or (2) obtain marijuana illegally and risk arrests, fines, court costs, property forfeiture, incarceration, probation, and criminal records.

**This paper provides the Marijuana Policy Project's (MPP's) answers to the following common challenging questions:**

**Challenge #1:** "There is no reliable evidence that marijuana has medical value."

**Challenge #2:** "Other drugs work better than marijuana. We should not make marijuana medically available unless it is shown to be the most effective drug for treating a particular condition."

**Challenge #3:** "Why is marijuana needed when it is already available in pill form?"

**Challenge #4:** "Why not isolate the other useful cannabinoids and make them available in a pure, synthetic form?"

**Challenge #5:** "Why not make THC and other cannabinoids available in inhalers, suppositories, and so forth?"

**Challenge #6:** "We should not subvert the FDA approval process by passing bills and initiatives."

**Challenge #7:** "Doesn't medical marijuana send the wrong message to children?"

**Challenge #8:** "Marijuana is too dangerous to be used as a medicine. Over 10,000 scientific studies have shown that marijuana is harmful and addictive."

**Challenge #9:** "Isn't marijuana bad for the immune system?"

**Challenge #10:** "Marijuana contains hundreds of compounds. Doesn't that make it too dangerous?"

**Challenge #11:** "Marijuana's side effects—for instance, increased blood pressure—negate its effectiveness in fighting glaucoma."

**Challenge #12:** "What exactly do all of the medical marijuana ballot initiatives do?"

**Challenge #13:** "Don't state-level medical marijuana laws put the states in violation of federal law?"

**Challenge #14:** "Aren't these medical marijuana bills and initiatives full of loopholes?"

**Challenge #15:** "Weren't the initiatives passed because of well-funded campaigns that hoodwinked the voters?"

**Challenge #16:** "This bill/initiative doesn't even require a doctor's prescription!"

**Challenge #17:** "These bills and initiatives are confusing to law-enforcement officials."

**Challenge #18:** "Cannabis buyers' clubs are totally out of control!"

**Challenge #19:** "If the U.S. Supreme Court rules against the buyers' clubs, will state-level medical marijuana laws be effectively overturned or negated?"

**Challenge #20:** "Isn't the medical marijuana issue just a sneaky step toward legalization?"

**Challenge #21:** "Are people really arrested for medical marijuana?"

**Challenge #22:** "Do people really go to prison for medical marijuana offenses?"

**Challenge #23:** "Is the federal government allowing medical marijuana research?"

**Challenge #24:** "How would doctors control the dosages of medical marijuana?"

**Challenge #25:** "Why make marijuana medically available when no other medicines are smoked? How can you call something a medicine when you have to smoke it? Smoke is not a medicine, and smoking is not a safe delivery system!"

**Challenge #26:** "Medical marijuana is opposed by all major health and medical organizations."

**Challenge #27:** "Medical marijuana is advocated by the same people who support drug legalization!"

**Challenge #28:** "Very few oncologists support medical marijuana. Newer surveys negate the Doblin/Kleiman survey."

**Challenge #29:** "In 1994, the U.S. Court of Appeals overruled DEA Administrative Law Judge Francis Young's decision, so his ruling in favor of medical marijuana is irrelevant."

**Challenge #30:** "Drug policy should be based on 'science, not ideology'."

**Challenge #31:** "Doesn't the federal government already allow some people to use medical marijuana?"

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## CHALLENGE #1: "There is no reliable evidence that marijuana has medical value."

**Response:** In March 1999, the National Academy of Sciences' Institute of Medicine concluded that "there are some limited circumstances in which we recommend smoking marijuana for medical purposes." The report noted that "nausea, appetite loss, pain and anxiety … all can be mitigated by marijuana." (See http://www.mpp.org/science.html .)

## CHALLENGE #2: "Other drugs work better than marijuana. We should not make marijuana medically available unless it is shown to be the most effective drug for treating a particular condition."

**Response A:** In March 1999, the National Academy of Sciences' Institute of Medicine concluded, "Although some medications are more effective than marijuana … they are not equally effective in all patients."

Everyone knows that different people respond differently to different medicines. The "most" effective drug for one person might not work at all for another person. That is why there are different drugs on the market to treat the same ailment. Treatment decisions should be made in doctors' offices, not by federal bureaucrats.

**Response B:** A 1997 National Institutes of Health medical marijuana report noted, "There was considerable discussion and debate as to whether smoked marijuana … would need to demonstrate clear superiority or some unique benefit compared with other medications currently available for these conditions. **The Expert Group concluded that smoked marijuana should be held to standards equivalent to other medications for efficacy and safety considerations.** " [Emphasis added.][1]

## CHALLENGE #3: "Why is marijuana needed when it is already available in pill form?"

**Response A:** Marijuana contains about 60 active cannabinoids in addition to THC. Many of these compounds produce therapeutic effects that THC alone does not. For example, cannabidiol seems to be primarily responsible for controlling spasticity.

**Response B:** In March 1999, the National Academy of Sciences' Institute of Medicine noted, "It is well recognized that Marinol's oral route of administration hampers its effectiveness because of slow absorption and patients' desire for more control over dosing."

## CHALLENGE #4: "Why not isolate the other useful cannabinoids and make them available in a pure, synthetic form?"

**Response:** It took many years of research before THC was approved in pill form, and no other cannabinoids have since been made available. What pharmaceutical company is going to spend millions of dollars on research when natural marijuana is currently widely available? How many decades would it take to synthesize, approve, and market 60 different compounds? Why make patients wait that long when the natural substance already exists? Should patients who use marijuana be arrested and put in prison in the meantime?

## CHALLENGE #5: "Why not make THC and other cannabinoids available in inhalers, suppositories, and so forth?"

**Response A:** If these delivery systems would help patients, then they should be made available. However, the development of these systems should not substitute for the research of smokable marijuana that is necessary for FDA approval of the natural, whole marijuana.

**Response B:** The availability of such delivery systems should not be used as an excuse to maintain the prohibition of the use of smokable marijuana. As long as there are patients and doctors who prefer the natural substance, they should not be criminalized for using or recommending it, no matter what alternatives are available.

## CHALLENGE #6: "We should not subvert the FDA approval process by passing bills and initiatives."

**Response:** There is already enough scientific evidence to establish that marijuana is a safe and effective medicine for some people. More research is needed simply to satisfy rigid FDA requirements for marketing, labeling, and distributing the substance in pharmacies. But the current federal research guidelines make it nearly impossible to do the research required by the FDA to approve natural, smokable marijuana as a prescription medicine. Even if the research were allowed to proceed, it could still take several years before marijuana is approved by the FDA.

Should the thousands of seriously ill people already using medical marijuana be arrested and sent to prison in the meantime? Of course not. Therefore, the only immediate solution is to change federal and state laws—through legislation and ballot initiatives—to exempt patients from criminal prosecution for using and obtaining marijuana, as long as their doctors agree that it is medically beneficial.

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1. "Report on the Possible Medical Uses of Marijuana," NIH medical marijuana expert group; Rockville, MD: National Institutes of Health, August 8, 1997; p. 5.

## CHALLENGE #7: "Doesn't medical marijuana send the wrong message to children?"

**Response A:** The federal government's annual National Household Survey on Drug Abuse has found that marijuana use has not increased among young people in California since the passage of Proposition 215 in 1996. In fact, the marijuana usage rates among California teenagers is currently lower than the national average.

**Response B:** Children can and should be taught the difference between medicine and drug abuse. There are **no** legal medications that children should use for fun. In fact, doctors can prescribe cocaine, morphine, and methamphetamine. Children are not taught that these drugs are good to use recreationally just because they are used as medicines.

**Response C:** It is absurd to think that children will want to be as "cool" as a dying cancer patient. If anything, the use of marijuana by seriously ill people might de-glamorize it for children. The message is, "Marijuana is for sick people."

**Response D:** Under federal law, cocaine and morphine are currently legal as medicines. This means that federal law defines cocaine and morphine as being better for you—in that they have more therapeutic value and are less dangerous—than marijuana. What kind of message does current federal law send to children?

## CHALLENGE #8: "Marijuana is too dangerous to be used as a medicine. Over 10,000 scientific studies have shown that marijuana is harmful and addictive."

**Response A:** Doctors are allowed to prescribe cocaine, morphine, and methamphetamine. Can anyone say with a straight face that marijuana is more dangerous than these substances?

**Response B:** All medicines have some negative side effects. The question is this: Do the benefits outweigh the risks for an individual patient? That decision should be made by a patient's doctor, not the criminal justice system. Patients should not be criminalized if their doctors believe that the benefits of using medical marijuana outweigh the risks.

**Response C:** The medical marijuana opponents' popular "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 canon 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."[2]

## CHALLENGE #9: "Isn't marijuana bad for the immune system?"

**Response A:** No studies have conclusively established that marijuana's effects on the immune system exacerbate the condition of AIDS or cancer patients, according to the *Journal of the American Medical Association*.[3]

**Response B:** According to *Marijuana Myths, Marijuana Facts*, there is no evidence that marijuana users are more susceptible to infections than non-users. Early studies that showed decreased immune function in cells taken from marijuana users have since been disproved.[4] Indeed, not a single case of marijuana-induced immune impairment has ever been observed in humans.

## CHALLENGE #10: "Marijuana contains hundreds of compounds. Doesn't that make it too dangerous?"

**Response:** Coffee, mother's milk, broccoli, and most foods also contain hundreds of different chemical compounds. This number doesn't mean anything. Marijuana is a relatively safe medicine, regardless of the number of chemical compounds found therein.

## CHALLENGE #11: "Marijuana's side effects — for instance, increased blood pressure — negate its effectiveness in fighting glaucoma."

**Response A:** NIH medical marijuana panelist Paul Palmberg, M.D., Ph.D., a glaucoma expert, said on February 20, 1997, "I don't think there's any doubt about its effectiveness, at least in some people with glaucoma."[5]

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2. 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.

3. *Journal of the American Medical Association, 267*(19), May 20, 1992; p. 2573.

4. *Marijuana Myths, Marijuana Facts*, L. Zimmer, Ph.D., and J. Morgan, M.D.; New York, NY: The Lindesmith Center, 1997; p. 106.

5. "Transcripts of Open Discussions Held on February 20, 1997," Book Two, Tab C, Pp. 96-97; Washington, D.C.: ACE-Federal Reporters, Inc. (Seven of the eight panelists made supportive statements. More complete quotes and panelists' names available from the Marijuana Policy Project upon request.)

**Response B:** The federal government gives marijuana to at least three patients with glaucoma, and it has preserved their vision for years after they were expected to go blind.

**Response C:** So should someone who uses marijuana to treat glaucoma be arrested? Shouldn't we trust a patient and a doctor to make the right decision regarding a particular patient's circumstances?

**Response D:** Even if the benefits of using marijuana to treat glaucoma did not outweigh the risks, that would not negate the medical utility of marijuana for treating all of the other conditions that marijuana helps treat. Should a cancer patient be arrested for using marijuana if it is not particularly helpful for glaucoma patients?

### CHALLENGE #12: "What exactly do all of the medical marijuana ballot initiatives do?"

**Response:** In short, they remove state-level criminal penalties for using, obtaining, or cultivating marijuana strictly for medicinal purposes. To verify a legitimate medical need, a doctor's recommendation is required. Doctors may not be punished by the state for making such recommendations.

Unfortunately, federal laws still apply to patients. Luckily, the federal government does not have the resources to arrest and incarcerate a significant number of small-scale medical marijuana users and growers. Therefore, seriously ill people in the eight states that have passed effective medical marijuana laws are essentially free to grow and use marijuana if their doctors deem it appropriate.

### CHALLENGE #13: "Don't state-level medical marijuana laws put the states in violation of federal law?"

**Response:** No. There is no federal law that mandates that states must enforce federal laws against marijuana possession or cultivation. States are free to determine their own penalties—or lack thereof—for drug offenses. State governments cannot directly violate federal law by giving marijuana to patients, but states can refuse to arrest patients who grow their own.

### CHALLENGE #14: "Aren't these medical marijuana bills and initiatives full of loopholes?"

**Response A:** The voters intended to allow seriously ill people to use marijuana without being arrested. While some of the wording of the California initiative may have been sloppy, the judicial system is clearing up the gray areas. The courts are making sure that the new laws are being implemented as the voters intended and making sure that healthy people do not have a green light to use marijuana for fun. In California, there are still no reports of people getting away with using marijuana recreationally by using the initiative falsely as a defense. Judges and juries are able to decide who is a patient and who is not.

**Response B:** More recent bills and initiatives were drafted very carefully to ensure that there are no loopholes, real or imagined. Read them carefully and you'll see. Medical marijuana advocates have nothing to gain and everything to lose by writing initiatives that enable recreational marijuana use.

**Response C:** If the bills and initiatives are not perfect, they are the best attempt to protect patients and physicians from punishment for using or recommending medical marijuana. The real problem is that the federal government's overriding prohibition of medical marijuana leaves state bills and initiatives as the only option to help patients at this point. As soon as federal law changes, this process will no longer be needed.

### CHALLENGE #15: "Weren't the initiatives passed because of well-funded campaigns that hoodwinked the voters?"

**Response A:** No. Independent polls conducted before any money was spent on these campaigns indicated solid support for the initiatives. Furthermore, opponents used tax dollars, government officials (such as Drug Czar Barry McCaffrey), and statements from three former presidents to oppose the initiatives.

**Response B:** Proposition 215 was the culmination of more than three years of legislative activity in Sacramento. The California legislature passed one medical marijuana resolution and two bills in 1993, 1994, and 1995. The 1995 bill—which Governor Pete Wilson vetoed—became the basis for Proposition 215.

**Response C:** Ninety-five percent of California voters were aware that marijuana is sometimes used for medical purposes, according to a June 1996 poll conducted for the campaign. In fact, 32% of the voters said that they knew someone who had used medical marijuana.

**Response D:** The budget for Proposition 215 (less than $2 million) was peanuts compared to California campaign standards. The campaign budgets for Governor Pete Wilson and U.S. Senator Dianne Feinstein, for example, were each about $20 to $30 million in 1994. Interestingly, the entire Proposition 215 budget was less than half of what the so-called Partnership for a Drug-Free America spends **each week** on its advertising campaign.

### CHALLENGE #16: "This bill/initiative doesn't even require a doctor's prescription!"

**Response A:** The federal government prohibits doctors from "prescribing" marijuana for any reason. A prescription is a legal document ordering a pharmacy to release a

controlled substance. Currently, the federal government does not allow this for marijuana.

However, there needs to be some way for state criminal justice systems to determine which marijuana users have a legitimate medical need. So the initiatives and bills require a physician to document that a patient has a debilitating medical condition whereby the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient.

The recommendation for marijuana must be written, or a physician must be willing to testify in court that he or she orally recommended marijuana. Doctors do not risk their reputations and livelihoods unless they very strongly believe that their patients need marijuana.

**Response B:** If you would trust a doctor to write a prescription for marijuana, why not trust a doctor to write a professional opinion on his or her letterhead instead? Opponents simply do not want patients to use medical marijuana, and they're just nit-picking for an excuse to attack the bill/initiative. What advantage would there be to a prescription instead of a written, signed recommendation on a physician's letterhead? What is the big difference, in practical terms?

### CHALLENGE #17: "These bills and initiatives are confusing to law-enforcement officials."

**Response A:** What's so confusing? If a person is growing or using marijuana and has a written recommendation from a physician, do not arrest the patient or caregiver. If the person does not have suitable documentation, either call the person's doctor or arrest the person and let the courts decide.

It should be no more confusing than determining if someone drinking alcohol is underage or on probation, if someone is the legal owner of a piece of property, or if a person is a legal immigrant or not.

**Response B:** Law enforcement officials are just playing dumb in order to scare the public into opposing medical marijuana bills and initiatives. Why? Because they have a vested financial interest in being able to arrest as many people as possible.

### CHALLENGE #18: "Cannabis buyers' clubs are totally out of control!"

**Response:** Most medical marijuana distribution centers (also known as cannabis buyers' clubs) in California worked out arrangements with local governments and law-enforcement officials. They were subject to strict guidelines, and they verified patients' diagnoses and recommendations from physicians. Photo IDs were issued in most cases. The marijuana was checked for quality control. The buyers' clubs were run above ground and would not risk the consequences of providing marijuana to healthy people.

Unfortunately, federal and overzealous state law-enforcement officials shut down almost all of the centers, including those that were the most tightly run—driving many patients back to the streets to buy their medicine. Nevertheless, even without buyers' clubs, the initiatives are still effective, in that they protect patients from being arrested regardless of how they obtain their medical marijuana.

### CHALLENGE #19: "If the U.S. Supreme Court rules against the buyers' clubs, will state-level medical marijuana laws be effectively overturned or negated?

**Response:** Absolutely not. Contrary to common belief, the pending U.S. Supreme Court opinion on medical marijuana—which is expected to be issued in June 2001—will rule only on whether distribution (and presumably use) of medical marijuana is legal under federal law. The validity or nature of state medical marijuana laws is not in question. Consequently, state legislators should not use the upcoming Court decision as an excuse for inaction during the 2001 legislative session, because the upcoming Court ruling will not impact one way or the other on a state's ability to change state law in order to protect patients and primary caregivers from arrest. (If the Court rules that medical marijuana distribution is legal under federal law, state legislatures will still need to pass bills to protect patients under state law. If, on the other hand, the Court rules that medical marijuana distribution is prohibited under federal law, that is the assumption that most patients, physicians, and state governments have been working under all along, so this would not change the need to pass state medical marijuana bills.)

### CHALLENGE #20: "Isn't the medical marijuana issue just a sneaky step toward legalization?"

**Response A:** How? Exactly how does allowing seriously ill people to use marijuana lead to the end of the prohibition of marijuana for recreational use? Doctors are allowed to prescribe cocaine and morphine, and these drugs are not even close to becoming legal for recreational use.

**Response B:** Each law should be judged on its own merits. Should seriously ill people be subject to arrest and imprisonment for using marijuana with their doctors' approval? If not, then people should support the new medical marijuana bills and initiatives. Should healthy people be sent to prison for using marijuana for fun? If so, then we should keep all non-medical uses of marijuana illegal. There's no magic tunnel between the two.

### CHALLENGE #21: "Are people really arrested for medical marijuana?"

**Response A:** There were dozens of known medical marijuana users arrested in California in the 1990s, which

is what prompted people to launch the medical marijuana initiative in 1996. There have been many other publicized and not-so-publicized cases across the United States.

**Response B:** More than 12 million marijuana users have been arrested since 1970.[6] Unfortunately, the government does not keep track of how many were medical users. However, even if only 1% of those arrestees used marijuana for medical purposes, that is 120,000 patients arrested!

**Response C:** The threat of arrest is itself a terrible punishment for seriously ill people. Imagine the stress of knowing that you can be arrested and taken to jail at any moment. Stress and anxiety are proven detriments to health and the immune system. Should patients have to jump out of bed every time they hear a bump in the night, worrying that the police are finally coming to take them away?

### CHALLENGE #22: "Do people really go to prison for medical marijuana offenses?"

**Response A:** Federal law and the laws of most states do not make any exceptions for medical marijuana. On the federal level, possession of even one joint carries a maximum penalty of one year in prison. And cultivation of even one plant is a felony, with a maximum sentence of five years. Most state laws are in this same ballpark. With no medical necessity defense available, medical marijuana users are treated the same as recreational users. Many are sent to prison.

**Response B:** There are numerous examples. The following is a small sampling: Gordon Hanson served six months in a Minneapolis jail for growing his own marijuana to treat grand mal epilepsy. 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. Will Foster was sentenced to more than 90 years in Oklahoma for growing marijuana for chronic pain.

**Response C:** There are an estimated 60,000 marijuana offenders in prisons and jails at any given time.[7] Even if only 1% of them are medical marijuana users, that is 600 patients in prison at this moment!

**Response D:** Even if a patient is not sent to prison, consider the trauma of the arrest: A door kicked in, a house ransacked by police, a patient handcuffed and put into a police car. Perhaps a night or two in jail. Court costs and attorney fees paid for by the patient and the taxpayers. Probation—which means urine tests for a couple of years, which means that the patient must go without his or her medical marijuana. Huge fines and possible loss of employment, all of which hurt the patient's ability to pay insurance, medical bills, rent, food bills, home care expenses, and so on. Then there's the stigma of being a "druggie." Doctors might be too afraid to prescribe pain medication to someone that the system considers a "drug addict." **Should** any of this happen to seriously ill people for using what they and their doctors believe is a beneficial medicine?

### CHALLENGE #23: "Is the federal government allowing medical marijuana research?"

**Response:** The 1999 federal medical marijuana research guidelines still make it nearly impossible to do research that would generate the necessary data to enable the FDA to approve natural, smokable marijuana as a prescription medicine. (See http://www.mpp.org/guidelines .)

Two things that would make it much easier to conduct research would be (1) moving marijuana from Schedule I to Schedule II of the federal Controlled Substances Act, and (2) ending the National Institute on Drug Abuse's monopoly on the supply of marijuana for research.

### CHALLENGE #24: "How would doctors control the dosages of medical marijuana?"

**Response:** According to NIH medical marijuana panelist Avram Goldstein, M.D., "We know that there are no extreme immediate toxicity issues. It's a very safe drug, and therefore it would be perfectly safe medically to let the patient determine their own dose by the smoking route."[8]

### CHALLENGE #25: "Why make marijuana medically available when no other medicines are smoked? How can you call something a medicine when you have to smoke it? Smoke is not a medicine, and smoking is not a safe delivery system!"

**Response A:** While there are health hazards associated with smoking, medicines do not have to be completely safe to be approved. They must be safe relative to other approved medicines. Considering that cocaine, morphine, and methamphetamine are legal medicines, it is absurd to prohibit medical marijuana.

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6. Crime in the United States, FBI Uniform Crime Reports; Washington, D.C.: U.S. Government Printing Office, annual series from 1970 to 1998.

7. "Marijuana Arrests and Incarceration in the United States," Chuck Thomas; *Drug Policy Analysis Bulletin,* Issue Number Seven, June 1999; Washington, DC: Federation of American Scientists.

8. Ibid note 5, p. 82.

**Response B:** Most medical marijuana users do not need to smoke so much that they are put at risk. For example, AIDS and cancer patients generally need just a couple of puffs just before a meal. And the hazards of smoking can be reduced by (1) using higher potency marijuana, (2) using vaporization devices, or (3) eating the marijuana.

**Response C:** Many medical practices that seemed absurd at one time are now generally accepted; for example, acupuncture, massage therapy, hypnotherapy, guided visualizations, and herbal medicines.

**Response D:** Smoked medicine is not unprecedented. For example, stramonium cigarettes were used to treat asthma in the 20th century.

## CHALLENGE #26: "Medical marijuana is opposed by all major health and medical organizations."

**Response A:** No medical organizations state that seriously ill people should be subject to arrest and imprisonment for using marijuana with their doctors' approval, so the current federal laws are not in step with these organizations' positions.

**Response B:** Numerous health and medical organizations and other prominent associations do have favorable medical marijuana positions, including AIDS Action Council, American Academy of Family Physicians, American Bar Association, American Medical Student Association, American Preventive Medical Association, American Public Health Association, California Academy of Family Physicians, California Legislative Council for Older Americans, California Medical Association, California Nurses Association, California-Pacific Annual Conference of the United Methodist Church, California Pharmacists Association, California Society of Addiction Medicine, Florida Medical Association, Gray Panthers, Lymphoma Foundation of America, Multiple Sclerosis California Action Network, National Association for Public Health Policy, National Association of Attorneys General, National Association of People with AIDS, National Black Police Association, National Women's Health Network, New York State Nurses Association, Public Citizen, Virginia Nurses Association, Whitman-Walker Clinic (Washington, D.C.), Women of Reform Judaism, and numerous other organizations.[9]

## CHALLENGE #27: "Medical marijuana is advocated by the same people who support drug legalization!"

**Response A:** Many health and medical associations support medical access to marijuana but do not advocate broader reform of the drug laws.

**Response B:** Surely you're not suggesting that patients should be punished just to spite people who believe that healthy people should not go to prison for using marijuana.

## CHALLENGE #28: "Very few oncologists support medical marijuana. Newer surveys negate the Doblin/Kleiman survey."

**Response A:** The Doblin/Kleiman (Harvard University) scientifically valid, random survey of oncologists conducted in 1990 found that 54% of those with an opinion favored the controlled medical availability of marijuana, and 44% had already suggested to at least one of their cancer patients that they obtain marijuana illegally. This was published in the peer-reviewed *Journal of Clinical Oncology*.[10]

**Response B:** Critics of the Doblin/Kleiman study typically cite surveys by Schwartz/Beveridge and Schwartz/Voth, claiming that a very small number of oncologists support medical marijuana. In actuality, a substantial minority of oncologists (one-third) who responded to the Schwartz surveys said they "would prescribe" marijuana if it were legal.

In addition, a majority were not opposed to rescheduling marijuana to allow doctors to prescribe it (though many registered no opinion). Because Schwartz did not guarantee anonymity, it is reasonable to expect that the non-respondents had even more favorable opinions than the respondents.[11]

**Response C:** Even if only a small percentage of all oncologists recommend medical marijuana, this translates to thousands of patients. Should these patients be subject to arrest and imprisonment?

9. "Partial List of Organizations With Favorable Positions on Medical Marijuana," Marijuana Policy Project; 2001.

10. "Marijuana as Antiemetic Medicine: A Survey of Oncologists' Experience and Attitudes," *Journal of Clinical Oncology*, 9, R. Doblin & M. Kleiman, 1991; Pp. 1314-1319.

11. "The Medical Use of Marijuana: The Case for Clinical Trials," *Journal of Addictive Diseases 14*(1), R. Doblin & M. Kleiman, 1995; Pp. 5-14. (Refutes critics' surveys.)

**CHALLENGE #29:** **"In 1994, the U.S. Court of Appeals overruled DEA Administrative Law Judge Francis Young's decision, so his ruling in favor of medical marijuana is irrelevant."**

**Response:** The U.S. Court of Appeals simply ruled that the DEA has the authority to ignore the administrative law judge's ruling and, therefore, may create the standards for determining which schedule a substance belongs in. This catch-22 bolsters the argument that medical marijuana laws should be changed by legislation or ballot initiatives. The DEA has proven itself to be completely opposed to making marijuana medically available, and the courts are willing to allow this tyrannical behavior.

**CHALLENGE #30:** **"Drug policy should be based on 'science, not ideology'."**

**Response A:** While science is important, mercy and compassion are essential. Even if there were no scientific evidence supporting the medical use of marijuana, it would be immoral to punish patients for doing something with the intent of treating their pain. Fortunately, there is considerable scientific evidence supporting marijuana's therapeutic benefits.

**Response B:** What is the "scientific" basis for arresting medical marijuana users? What peer-reviewed research has found that prison is healthier than marijuana? The opponents of medical marijuana have it backwards: In a free society, the burden of proof should be on the government to prove that marijuana is so worthless and dangerous that patients should be criminalized for using it.

**Response C:** Former Drug Czar Barry McCaffrey's statement about "science, not ideology" is hollow rhetoric. When science did not back his favorite policies, he ignored the science. For example: The D.A.R.E. program has been proven ineffective, but it still receives federal funds; needle exchanges have been shown to reduce HIV transmission without encouraging more drug use, but the federal government does not fund them; the Institute of Medicine (IOM) once wrote "evidence of effectiveness" of community-based drug abuse prevention programs "is relatively weak," yet the federal government enacted a law in 1997 to spend more than $140 million over five years to fund such programs; IOM also wrote, "Prevention intervention research should focus more attention on the transition from use to abuse and dependence," yet most programs and studies focus on the unrealistic goal of preventing experimental use; and finally, every comprehensive, objective government commission that has examined the marijuana phenomenon during the past 100 years has recommended that adults should not be criminalized for using marijuana—yet simple possession of marijuana remains a criminal offense in 40 states and on the federal level.

**CHALLENGE #31:** **"Doesn't the federal government already allow some people to use medical marijuana?"**

**Response:** Only eight 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.

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### Other Important Points to Make When Advocating Legal Access to Medical Marijuana:

- Which is worse for seriously ill people: marijuana or prison?
- Saying that the THC pill is medicine but marijuana is not is like saying that vitamin C pills are good for you but oranges are not.
- We're very concerned about the message that's sent to children when government officials deny marijuana's medicinal value. They're destroying the credibility of drug education.
- The central issue is not research. It's not the FDA. The issue is arresting patients.
- How many more studies do we need to determine that seriously ill people should not be arrested for using their medicine?
- Tens of thousands of patients are already using medical marijuana. Should they be arrested and sent to prison? If so, then the laws should remain exactly as they are.
- Arrest suffering, not patients.
- If there must be a war against marijuana users, can't we at least remove the sick and wounded from the battlefield?