

**Dear legislator/prospective legislator,**

In an effort to get to know you better, Montanans For Medical Rights requests that you answer this short survey and return it at your earliest convenience. On the other side of this page, some interesting facts are available for your perusal.

**1. An article in last year's New England Journal of Medicine asserts "marijuana should be available to all patients who need it to help them undergo treatment for life-threatening illnesses." (Aug 7, 1997) Would you support allowing doctors, rather than law enforcement, to decide which medicines their patients require? Why or why not?**

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**2. The hemp plant has been used for thousands of years. Recent industrial uses of hemp include automotive parts, fiber for the pulp and paper industry, building materials, textiles, soap, rope, cooking oils, food additives, carpets, cosmetics, and paint. Hemp is also a cousin of marijuana and has 1/10 to 1/100 the amount of the substance that makes marijuana users "high", a completely ineffective dose. In recognition of these facts, Canada has recently legalized the cultivation of industrial hemp nationwide. Would you support industrial hemp as a low-cost high-yield alternative fiber/fuel crop for Montana farmers? Why or why not?**

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**3. Over 2.1 million marijuana arrests have been made under President Clinton. Marijuana arrests accounted for 43% of the nation's drug arrests last year. Given the high fiscal cost of detection, prosecution, and punishment of cannabis offenses, and the high social costs of disrupting the lives of otherwise law-abiding taxpayers, would you support reducing penalties for possession of marijuana? Reducing penalties for cultivation of personal amounts by adults? Why or why not?**

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Your Name (please print): \_\_\_\_\_

## Marijuana Myths and Facts

**Myth: There's no good evidence that marijuana has any legitimate medical value.**

**Fact:** Dozens of studies have shown that marijuana can have therapeutic use for a variety of ailments. Francis Young, the DEA's own administrative law judge, upon reviewing the evidence, recommended in 1988 that marijuana be rescheduled to allow doctors to prescribe it and scientists to continue to study it. To not do so, he ruled, "would be unreasonable, arbitrary and capricious." Since then, the virtues of marijuana as medicine have been hailed by the American Medical Association, the National Institutes of Health, and the New England Journal of Medicine, who said in 1997, "Research should go on, and while it does, marijuana should be available to all patients who need it to help them undergo treatment for life-threatening illnesses."

**Myth: Marijuana use leads to hard drugs.**

**Fact:** There is a statistical association between users of "hard drugs" and users of marijuana, but marijuana does not cause anyone to do other drugs. It's merely a fact that there are many more marijuana users than users of cocaine, for example. Hence, the average cocaine user is likely to have also smoked marijuana. Around 70 million Americans have tried marijuana. If it was such a "gateway drug", why are there only 1/100 that many regular cocaine users? Another way to look at it: bicycle riding doesn't "lead to", or "cause" motorcycle use-- it is simply the case that most motorcyclists rode bicycles first. For the vast majority people who try marijuana, it's the only illegal drug they'll ever do.

**Myth: Marijuana kills brain cells.**

**Fact:** None of the medical tests involving humans have shown any evidence of brain damage due to marijuana use, including chronic long term use. The assertion that pot kills brain cells is based on a flawed study involving rhesus monkeys in the 1970s, in which electrodes were implanted in the monkeys' brains. This invasive procedure killed or otherwise removed all but one of the monkeys from the test. A 1991 study of rhesus monkeys and marijuana smoke revealed no marijuana-related brain abnormalities whatsoever.

**Myth: Marijuana interferes with male and female sex hormones and causes lower sperm count.**

**Fact:** The few studies that have shown a drop in testosterone levels in male marijuana smokers have shown modest, temporary decreases only. No long term or significant effects have been noted. Repeated high dosages in animals eventually produce tolerance, bringing about no change in hormone levels whatsoever. Temporary decreased sperm counts in one study returned to normal upon completion of the 30 day, high dosage experiment.

**Myth: Marijuana users have a high risk of lung cancer, much higher than tobacco smokers.**

**Fact:** While the risk of lung cancer cannot be ruled out, there has never been a case of cancer attributable solely to marijuana use. Marijuana smokers generally smoke much less than tobacco smokers, inhaling significantly lower quantities of irritants and carcinogens over the long term. Unlike tobacco smokers, small airways are not blocked by marijuana use, which may mean that marijuana smoke will not cause emphysema.

**Myth: Marijuana is much more potent today than the sixties and seventies.**

**Fact:** Improper storage and small sample sizes characterize the potency statistics from the sixties and seventies. Higher potency marijuana may be more available today than it was two decades ago because users are turning away from low quality black market Mexican shipments, and growing their own indoors more frequently. Higher potency does not make marijuana more or less dangerous; users simply tend to smoke less.