



Myths & Facts about Medical Marijuana

MYTH #1 Marijuana has no accepted medical use.

FACT The federal government insists that marijuana has no medical value and a high potential for abuse, but only by ignoring the scientific evidence that clearly shows marijuana is safe and effective. Controlled clinical studies have confirmed marijuana's therapeutic benefit in relieving an array of symptoms for people living with Cancer, HIV/AIDS, Multiple Sclerosis, Alzheimer's, Hepatitis, Arthritis, and Chronic Pain, among many other conditions.

MYTH #2 Marijuana is addictive.

FACT The National Academy of Sciences noted in a 1999 report that, "millions of Americans have tried marijuana, but most are not regular users [and] few marijuana users become dependent on it." They conclude that, "although [some] marijuana users develop dependence, they appear to be less likely to do so than users of other drugs (including alcohol and nicotine), and marijuana dependence appears to be less severe than dependence on other drugs."

MYTH #3 Research has not shown smoked marijuana can treat pain.

FACT Two recently published studies have confirmed that smoking marijuana is effective in treating not just chronic musculo-skeletal pain but neuropathy, a type of nerve pain that often does not respond to other drugs. To date, four placebo-controlled clinical studies have demonstrated that marijuana can control nerve pain better than available alternatives.

MYTH #4 Medical marijuana is unnecessary since doctors can prescribe Marinol, an FDA-approved drug.

FACT Marinol is a synthetic copy of THC, one of the more than 100 known cannabinoids found in marijuana. Marinol is expensive, does not work for everybody, has inconsistent results, creates more adverse side effects, and does not relieve symptoms as quickly or effectively as whole-plant therapies. The Institute of Medicine (IOM) reports "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."

MYTH #5 The medical community does not support medical marijuana. Only groups that want to legalize drugs do.

FACT Among the organizations that support access for medical use and research are: American Medical Association, Institute of Medicine, American College of Physicians, American Academy of

Family Physicians, American Public Health Association, American Nurses Association, Leukemia & Lymphoma Society, American Academy of Addiction Psychiatry, American Academy of HIV Medicine, and National Women's Health Network.

MYTH #6 Marijuana causes cancer. Smoking one joint produces the same carcinogens as smoking five cigarettes.

FACT A comprehensive study funded by the National Institute on Drug Abuse (NIDA) found that even regular, heavy smoking of marijuana does not lead to lung cancer. Marijuana users have also been shown to have a markedly lower rate of head, neck and throat cancers.

MYTH #7 Today's marijuana has high levels of THC that make it more dangerous than marijuana of the past.

FACT According to the government's Marijuana Potency Monitoring Project, average marijuana potency is only 8.52%. Differences in how marijuana was tested in the 1960s and 1970s makes it difficult to compare the THC levels of that time period and the THC levels of today. Potency may be inching up but there is no evidence that this makes it more dangerous. In fact, more potent marijuana means people use less and so are exposed to fewer byproducts such as tar.

MYTH #8 Marijuana is a gateway drug. People who use it are more likely to then use drugs such as heroin.

FACT The Institute of Medicine (IOM) found no conclusive evidence linking the use of marijuana with the subsequent abuse of other illicit drugs. It is the effects of prohibition and the interaction with drug dealers that provides patients with easy access to other more potent and harmful drugs.

MYTH #9 Medical marijuana laws are a way to legalize marijuana for recreational use.

FACT The legalization of marijuana for recreational use is an entirely separate issue from medical marijuana. Patients should not be denied access to medical marijuana because of debate over whether recreational use should be legal.

MYTH #10 New Policies Have Ended State and Federal Conflict

FACT While the Obama Administration's stated intention to respect state laws marks a reversal from previous administrations, medical cannabis is still illegal under federal law. A Justice Department memo directed U.S. Attorneys not to expend resources prosecuting individuals who are in compliance with state medical cannabis laws, but much is left to the discretion of individual prosecutors. The DEA has continued to raid and arrest patients and their providers in medical cannabis states, and federal prosecutors and judges have continued to incarcerate patients convicted under rules of evidence that do not permit mention of state law, medical conditions, or the advice of physicians.

MYTH #11 Federal Law Trumps State Law

FACT While the 'Supremacy Clause' of the U.S. Constitution defers to federal law when conflicts between federal and state laws occur, no direct conflict exists that would invalidate state medical marijuana laws. Even when the U.S. Supreme Court ruled in *Gonzales v. Raich* (2005) that the federal government could enforce federal marijuana laws even in medical marijuana states, the Court did not overturn the laws of those states. Furthermore, landmark state court decisions have firmly established that federal law does not preempt state law and local officials have an obligation to uphold state, not federal, law.

MYTH #12 Individual Patients Do Not Get Raided by the DEA

FACT Spokespersons for federal law enforcement agencies routinely tell the public that they are not targeting individual patients or caregivers. Yet federal agents continue to seize property and intimidate patients in paramilitary raids. Patients are still being arrested for relatively small amounts of cannabis, and federal prosecutors continue to seek harsh prison sentences, even in states with medical cannabis programs. Michael Teague, the owner of a pool-cleaning service in California who is allergic to conventional painkillers, was arrested by federal agents for growing a handful of cannabis plants in the back of his garage; he was sent to federal prison even though his doctor had told him cannabis was his best treatment option for chronic pain. Diane Monson, whose case went to the U.S. Supreme Court, had her California home raided for half-a-dozen plants she used to treat a chronic back condition. Leonard French, a wheelchair-bound, licensed medical marijuana patient in New Mexico, was the victim of a federal paramilitary raid shortly after his state established its medical cannabis program.