



Promoting Illicit Drug Prevention Initiatives Nationally

FACT SHEET MARIJUANA - IS NOT MEDICINE!

This paper provides vitally important information and advice to politicians, decision-makers and researchers to ensure that facts about the so-called 'medical marijuana' are clarified and accurately portrayed. Much of the data is based on research from the United States, where the debate over medical marijuana has been focused for some time. **In fact, in the US, State medical marijuana laws cannot completely legalize marijuana because the drug remains illegal under federal law.** This is just as applicable in Australia, given that the Therapeutic Goods Administration does not endorse the use of marijuana for medical use.

It is important for the reader to know the origins of medical marijuana and that the Medical Profession was not involved.

In 1979 Keith Stroup, an American lawyer and founder of NORML (National Organisation for Reform of Marijuana Laws) stated at Emory University, "We will use the medical marijuana argument as a red herring on the road to full legalisation". His successor, Richie Cowan said, "Medical marijuana is our strongest suit. It is our point of leverage which will move us towards the legalisation of marijuana for personal use". However US Federal law held firm and continues to prohibit medical marijuana, based on the Drug Enforcement Agency's judgment that was taken from the Federal Register, Vol. 54, No 249, December 29, 1989.

More people need to see "medical marijuana" for what it is: a cruel hoax. Promoters of 'Medical' Marijuana are using the public's compassion for the suffering of sick people; it is emotional blackmail. There are important differences between modern scientific medicine that is administered as single chemicals (usually synthetic) by the oral route of administration and smoked herbal marijuana. <http://www.ibhinc.org/pdfs/RLDMedMJTestimony031407.pdf>

The Facts:

- **'Medical' Marijuana:** contains some 400 chemicals, rising to 2,000 when smoked. Quantities used are inconsistent, doses are uncontrollable and outcomes unpredictable. Mostly uses smoke with its toxic substances and carcinogens as a delivery system.
- **In contrast, licensed medicines** use highly purified single chemicals (usually synthetic), are administered in controlled doses with predictable outcomes and are taken orally leading to steady blood levels.
- **Synthetic THC (Nabilone (UK), Marinol (USA) and now Sativex (THC + CBD));** licensed medicines developed from marijuana are already available, but are not popular with doctors due to their side effects.

The damaging effects of cannabis are underplayed or never even mentioned. For instance:

- **Today's 'skunk' averages 18% THC in Holland.** Sixties/seventies herbal cannabis averaged 1 to 2%. Hash (resin) THC has been constant at around 4 - 6%. The Dutch Commission has advised that THC above 15 per cent puts cannabis on a par with heroin or cocaine and also has a high risk of addiction to the user. Coffee shops have stopped admitting tourists, many have been closed.
- **Addiction, physical and psychological can occur.** Demand for treatment for cannabis dependence has grown dramatically and the majority of people who enter treatment have difficulty in achieving and maintaining abstinence from cannabis.
- **Cancers:** Cannabis has 75-100% more of the dangerous cancer causing hydrocarbons than tobacco.
- **Mental health problems:** have been well documented and include research into the onset of psychosis and schizophrenia It has been shown that cannabis CAN cause psychosis, it simply depends on the amount taken, also skunk users are 7 times more likely to become psychotic than users of hash. Other mood disorders occur, they include depression, bi-polar disorder and amotivational syndrome Research has also explored the links to suicide, especially in young people.
- **Cannabis affects the brain's functioning adversely:** Due to the persistence for weeks of the THC in cells, learning and memory are badly affected. Academic performance plummets. A grade D student is 4 times more likely to use cannabis than one with A grades. Personalities change. Users have fixed answers, can't plan their day, they struggle to find words and are lonely, miserable and misunderstood. Driving is affected for at least 24 hours.
- **There is strong evidence for the 'Gateway theory'** to other drugs, damage to the reproductive, cardiac and immune systems. **Violence is common, but is not widely publicized.**

What are the views of reputable Medical Organisations?

The **American Medical Association (AMA)** is of the opinion that "cannabinoid-based medicines and alternate delivery methods" should be developed for the safe consumption of marijuana and discourages smoking or legalization of marijuana.

None of the following authorities have advocated marijuana as medicine: American Society of Addiction Medicine (ASAM)(1). The American Glaucoma Society (AGS)(2). The American Cancer Society (ACS)(3). The American Academy of Pediatrics (AAP)(4). The National Multiple Sclerosis Society (NMSS)(5). The British Medical Association (BMA)(6). The 2004 Deputy Chairman of the BMA's Board of Science(7)

The consequences of sanctioning medical marijuana use: A study in the September 2011 issue of [Annals of Epidemiology](#) found that, among youths age 12 to 17, marijuana usage rates were higher in states with medical marijuana laws (8.6%) compared with those without such laws (6.9%). A similar study of people age 18 and older, published in the journal [Drug and Alcohol Dependence](#), found the odds of marijuana abuse or dependence were almost twice as high in states with medical marijuana laws compared with those without such laws.

A further point of concern (which is emerging in the United States) is that of the integrity of doctors who prescribe 'medical marijuana'. This may be of relevance in Australia, given the following:

'Medical' Marijuana assumes integrity amongst doctors who prescribe it. A recent report on the regularly televised "A Current Affair" program has raised grave concerns about doctors' integrity. Producers of the show arranged for visits to 12 random doctors to ask them for a sick-leave certificate, while giving an obviously false excuse for not wanting to be at work. Despite some even telling the doctor up front that they were feeling well, only one doctor refused - the other 11 gave a certificate.(8)

<http://aca.ninemsn.com.au/investigations/8297648/the-great-sickie-roat>

References

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4. Committee on Substance Abuse and Committee on Adolescence. "Legalization of Marijuana: Potential Impact on Youth." *Pediatrics* Vol. 113, No. 6 (June 6, 2004): 1825-1826. *See also*, Joffe, Alain, MD, MPH, and Yancy, Samuel, MD. "Legalization of Marijuana: Potential Impact on Youth." *Pediatrics* Vol. 113, No. 6 (June 6, 2004): e632-e638h.
5. "Recommendations Regarding the Use of Cannabis in Multiple Sclerosis: Executive Summary." *National Clinical Advisory Board of the National Multiple Sclerosis Society*, Expert Opinion Paper, Treatment Recommendations for Physicians, April 2, 2008. <http://www.nationalmssociety.org>.
6. "Doctors' Fears at Cannabis Change." *BBC News*. January 21, 2004. *Manchester Online*. "Doctors Support Drive Against Cannabis." *Manchester News*. January 21, 2004. http://www.manchesteronline.co.uk/news/s/78/78826_doctors_support_drive_against_cannabis.html> (March 25, 2005).
7. Cannabis-Suicide Schizophrenia and other ill-effects Table 1 Comparison of chemicals- Cannabis and Tobacco page 9 http://www.drugfree.org.au/fileadmin/Media/Reference/DFA_CannabisPaper.pdf
8. A Current Affair" <http://aca.ninemsn.com.au/investigations/8297648/the-great-sickie-roat>

Drug Free Australia wishes to acknowledge the significant contribution to this Fact Sheet, of researcher, Mary Brett, BSc Biologist, former Vice-President of EURAD and Trustee of CanSS (Cannabis Skunk Sense).

Further reading and updates are available in 'Cannabis – a general survey of its harmful effects' - Mary Brett on the CanSS website www.cannabisskunksense.co.uk (Regularly updated with over 600 references).