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The DEA Position On Marijuana

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The DEA Position On Marijuana

The campaign to legitimize what is called "medical" marijuana is based on two propositions: that science views marijuana as medicine, and that DEA targets sick and dying people using the drug. Neither proposition is true. Smoked marijuana has not withstood the rigors of science – it is not medicine and it is not safe. DEA targets criminals engaged in cultivation and trafficking, not the sick and dying. No state has legalized the trafficking of marijuana, including the twelve states that have decriminalized certain marijuana use.¹

SMOKED MARIJUANA IS NOT MEDICINE

There is no consensus of medical evidence that smoking marijuana helps patients. Congress enacted laws against marijuana in 1970 based in part on its conclusion that marijuana has no scientifically proven medical value. The Food and Drug Administration (FDA) is the federal agency responsible for approving drugs as safe and effective medicine based on valid scientific data. FDA has not approved smoked marijuana for any condition or disease. The FDA noted that "there is currently sound evidence that smoked marijuana is harmful," and "that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use."²

In 2001, the Supreme Court affirmed Congress's 1970 judgment about marijuana in *United States v. Oakland Cannabis Buyers' Cooperative et al.*, 532 U.S. 438 (2001), which held that, given the absence of medical usefulness, medical necessity is not a defense to marijuana prosecution. Furthermore, in *Gonzales v. Raich*, 125 S.Ct. 2195 (2005), the Supreme Court reaffirmed that the authority of Congress to regulate the use of potentially harmful substances through the federal Controlled Substances Act includes the authority to regulate marijuana of a purely intrastate character, regardless of a state law purporting to authorize "medical" use of marijuana.

The DEA and the federal government are not alone in viewing smoked marijuana as



having no documented medical value. Voices in the medical community likewise do not accept smoked marijuana as medicine:

- The American Cancer Society "does not advocate inhaling smoke, nor the legalization of marijuana," although the organization does support carefully controlled clinical studies for alternative delivery methods, specifically a THC skin patch.⁴
- The American Academy of Pediatrics (AAP) believes that "[a]ny change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents." While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana.⁵
- The National Multiple Sclerosis Society (NMSS) states that studies done to date "have not provided convincing evidence that marijuana benefits people with MS," and thus marijuana is not a recommended treatment. Furthermore, the NMSS warns that the "long-term use of marijuana may be associated with significant serious side effects."⁶
- The British Medical Association (BMA) voiced extreme concern that down-grading the criminal status of marijuana would "mislead" the public into believing that the drug is safe. The BMA maintains that marijuana "has been linked to greater risk of heart disease, lung cancer, bronchitis and emphysema."⁷ The 2004 Deputy Chairman of the BMA's Board of Science said that "[t]he public must be made aware of the harmful effects we know result from smoking this drug."⁸
- The American Academy of Pediatrics asserted that with regard to marijuana use, "from a public health perspective, even a small increase in use, whether attributable to increased availability or decreased perception of risk, would have significant ramifications."⁹

In 1999, The Institute of Medicine (IOM) released a landmark study reviewing the supposed medical properties of marijuana. The study is frequently cited by "medical" marijuana advocates, but in fact severely undermines their arguments.

- After release of the IOM study, the principal investigators cautioned that the active compounds in marijuana may have medicinal potential and therefore should be researched further. However, the study concluded that "there is little future in smoked marijuana as a medically approved medication."¹⁰
- For some ailments, the IOM found "...potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation."¹¹ However, it pointed out that "[t]he effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications [than smoked marijuana]."¹²
- The study concluded that, at best, there is only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. For other ailments, such as epilepsy and glaucoma, the study found no evidence of medical value and did not endorse further research.¹³
- The IOM study explained that "smoked marijuana . . . is a crude THC delivery system that also delivers harmful substances." In addition, "plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect." Therefore, the study concluded that "there is little future in smoked marijuana as a medically approved medication."¹⁴
- The principal investigators explicitly stated that using smoked marijuana in clinical trials "should not be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of

cannabinoids."¹⁵

Thus, even scientists and researchers who believe that certain active ingredients in marijuana may have potential medicinal value openly discount the notion that smoked marijuana is or can become "medicine."

DEA has approved and will continue to approve research into whether THC has any medicinal use. As of May 8, 2006, DEA had registered every one of the 163 researchers who requested to use marijuana in studies and who met Department of Health and Human Services standards.¹⁶ One of those researchers, The Center for Medicinal Cannabis Research (CMCR), conducts studies "to ascertain the general medical safety and efficacy of cannabis and cannabis products and examine alternative forms of cannabis administration."¹⁷ The CMCR currently has 11 on-going studies involving marijuana and the efficacy of cannabis and cannabis compounds as they relate to medical conditions such as HIV, cancer pain, MS, and nausea.¹⁸

At present, however, the clear weight of the evidence is that smoked marijuana is harmful. No matter what medical condition has been studied, other drugs already approved by the FDA, such as Marinol – a pill form of synthetic THC – have been proven to be safer and more effective than smoked marijuana.

MARIJUANA IS DANGEROUS TO THE USER AND OTHERS

Legalization of marijuana, no matter how it begins, will come at the expense of our children and public safety. It will create dependency and treatment issues, and open the door to use of other drugs, impaired health, delinquent behavior, and drugged drivers.

This is not the marijuana of the 1970's; today's marijuana is far more powerful. Average THC levels of seized marijuana rose from less than one per cent in the mid-1970's to a national average of over eight per cent in 2004.¹⁹ And the potency of "B.C. Bud" is roughly twice the national average – ranging from 15 per cent to as high as 25 per cent THC content.²⁰

Dependency and Treatment:

- Adolescents are at highest risk for marijuana addiction, as they are "three times more likely than adults to develop dependency."²¹ This is borne out by the fact that treatment admission rates for adolescents reporting marijuana as the primary substance of abuse increased from 32 to 65 per cent between 1993 and 2003.²² More young people ages 12-17 entered treatment in 2003 for marijuana dependency than for alcohol and all other illegal drugs combined.²³
- "[R]esearch shows that use of [marijuana] can lead to dependence. Some heavy users of marijuana develop withdrawal symptoms when they have not used the drug for a period of time. Marijuana use, in fact, is often associated with behavior that meets the criteria for substance dependence established by the American Psychiatric Association."²⁴
- Of the 19.1 million Americans aged 12 or older who used illicit drugs in the past 30 days in 2004, 14.6 million used marijuana, making it the most commonly used illicit drug in 2004.²⁵
- Among all ages, marijuana was the most common illicit drug responsible for treatment admissions in 2003, accounting for 15 per cent of all admissions -- outdistancing heroin, the next most prevalent cause.²⁶
- In 2003, 20 per cent (185,239) of the 919,833 adults admitted to treatment for illegal drug abuse cited marijuana as their primary drug of abuse.²⁷

Marijuana as a Precursor to Abuse of Other Drugs:

- Marijuana is a frequent precursor to the use of more dangerous drugs, and signals a significantly enhanced likelihood of drug problems in adult life. The *Journal of the American Medical Association* reported, based on a study of 300 sets of twins, "that marijuana-using twins were four times more likely than their siblings to use cocaine and crack cocaine, and five times more likely to use hallucinogens such as LSD."²⁸
- Long-term studies on patterns of drug usage among young people show that very few of them use other drugs without first starting with marijuana. For example, one study found that among adults (age 26 and older) who had used cocaine, 62 per cent had initiated marijuana use before age 15. By contrast, less than one per cent of adults who never tried marijuana went on to use cocaine.²⁹
- Columbia University's National Center on Addiction and Substance Abuse reports that teens who used marijuana at least once in the last month are 13 times likelier than other teens to use another drug like cocaine, heroin, or methamphetamine, and almost 26 times likelier than those teens who have never used marijuana to use another drug.³⁰
- Marijuana use in early adolescence is particularly ominous. Adults who were early marijuana users were found to be five times more likely to become dependent on any drug, eight times more likely to use cocaine in the future, and fifteen times more likely to use heroin later in life.³¹
- In 2003, 3.1 million Americans aged 12 or older used marijuana daily or almost daily in the past year. Of those daily marijuana users, nearly two-thirds "used at least one other illicit drug in the past 12 months." More than half (53.3 per cent) of daily marijuana users were also dependent on or abused alcohol or another illicit drug compared to those who were nonusers or used marijuana less than daily.³²
- Healthcare workers, legal counsel, police and judges indicate that marijuana is a typical precursor to methamphetamine. For instance, Nancy Kneeland, a substance abuse counselor in Idaho, pointed out that "in almost all cases meth users began with alcohol and pot."³³

Mental and Physical Health Issues Related to Marijuana:

- John Walters, Director of the Office of National Drug Control Policy, Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration, and experts and scientists from leading mental health organizations joined together in May 2005 to warn parents about the mental health dangers marijuana poses to teens. According to several recent studies, marijuana use has been linked with depression and suicidal thoughts, in addition to schizophrenia. These studies report that weekly marijuana use among teens doubles the risk of developing depression and triples the incidence of suicidal thoughts.³⁴
- Dr. Andrew Campbell, a member of the New South Wales (Australia) Mental Health Review Tribunal, published a study in 2005 which revealed that four out of five individuals with schizophrenia were regular cannabis users when they were teenagers. Between 75-80 per cent of the patients involved in the study used cannabis habitually between the ages of 12 and 21.³⁵ In addition, a laboratory-controlled study by Yale scientists, published in 2004, found that THC "transiently induced a range of schizophrenia-like effects in healthy people."³⁶
- Smoked marijuana has also been associated with an increased risk of the same respiratory symptoms as tobacco, including coughing, phlegm production, chronic bronchitis, shortness of breath and wheezing. Because cannabis plants are contaminated with a range of fungal spores, smoking marijuana may also increase the risk of respiratory exposure by infectious organisms (i.e., molds and fungi).³⁷
- Marijuana takes the risks of tobacco and raises them: marijuana smoke contains more than 400 chemicals and increases the risk of serious health consequences,

including lung damage.³⁸

- According to two studies, marijuana use narrows arteries in the brain, "similar to patients with high blood pressure and dementia," and may explain why memory tests are difficult for marijuana users. In addition, "chronic consumers of cannabis lose molecules called CB1 receptors in the brain's arteries," leading to blood flow problems in the brain which can cause memory loss, attention deficits, and impaired learning ability.³⁹
- Carleton University researchers published a study in 2005 showing that current marijuana users who smoke at least five "joints" per week did significantly worse than non-users when tested on neurocognition tests such as processing speed, memory, and overall IQ.⁴⁰

Delinquent Behaviors and Drugged Driving:

- In 2002, the percentage of young people engaging in delinquent behaviors "rose with [the] increasing frequency of marijuana use." For example, according to a National Survey on Drug Use and Health (NSDUH) report, 42.2 per cent of youths who smoked marijuana 300 or more days per year and 37.1 per cent of those who did so 50-99 days took part in serious fighting at school or work. Only 18.2 per cent of those who did not use marijuana in the past year engaged in serious fighting.⁴¹
- A large shock trauma unit conducting an ongoing study found that 17 per cent (one in six) of crash victims tested positive for marijuana. The rates were slightly higher for crash victims under the age of eighteen, 19 per cent of whom tested positive for marijuana.⁴²
- In a study of high school classes in 2000 and 2001, about 28,000 seniors each year admitted that they were in at least one accident after using marijuana.⁴³
- Approximately 15 per cent of teens reported driving under the influence of marijuana. This is almost equal to the percentage of teens who reported driving under the influence of alcohol (16 per cent).⁴⁴
- A study of motorists pulled over for reckless driving showed that, among those who were not impaired by alcohol, 45 per cent tested positive for marijuana.⁴⁵
- The National Highway Traffic Safety Administration (NHTSA) has found that marijuana significantly impairs one's ability to safely operate a motor vehicle. According to its report, "[e]pidemiology data from road traffic arrests and fatalities indicate that after alcohol, marijuana is the most frequently detected psychoactive substance among driving populations." Problems reported include: decreased car handling performance, inability to maintain headway, impaired time and distance estimation, increased reaction times, sleepiness, lack of motor coordination, and impaired sustained vigilance.⁴⁶

Some of the consequences of marijuana-impaired driving are startling:

- The driver of a charter bus, whose 1999 accident resulted in the death of 22 people, had been fired from bus companies in 1989 and 1996 because he tested positive for marijuana four times. A federal investigator confirmed a report that the driver "tested positive for marijuana when he was hospitalized Sunday after the bus veered off a highway and plunged into an embankment."⁴⁷
- In April 2002, four children and the driver of a van died when the van hit a concrete bridge abutment after veering off the freeway. Investigators reported that the children nicknamed the driver "Smokey" because he regularly smoked marijuana. The driver was found at the crash scene with marijuana in his pocket.⁴⁸

- A former nurse's aide was convicted in 2003 of murder and sentenced to 50 years in prison for hitting a homeless man with her car and driving home with his mangled body "lodged in the windshield." The incident happened after a night of drinking and taking drugs, including marijuana. After arriving home, the woman parked her car, with the man still lodged in the windshield, and left him there until he died.⁴⁹
- In April 2005, an eight year-old boy was killed when he was run over by an unlicensed 16 year-old driver who police believed had been smoking marijuana just before the accident.⁵⁰
- In 2001, George Lynard was convicted of driving with marijuana in his bloodstream, causing a head-on collision that killed a 73 year-old man and a 69 year-old woman. Lynard appealed this conviction because he allegedly had a "valid prescription" for marijuana. A Nevada judge agreed with Lynard and granted him a new trial.⁵¹ The case has been appealed to the Nevada Supreme Court.⁵²
- Duane Baehler, 47, of Tulsa, Oklahoma was "involved in a fiery crash that killed his teenage son" in 2003. Police reported that Baehler had methamphetamine, cocaine and marijuana in his system at the time of the accident.⁵³

Marijuana also creates hazards that are not always predictable. In August 2004, two Philadelphia firefighters died battling a fire that started because of tangled wires and lamps used to grow marijuana in a basement closet.⁵⁴

MARIJUANA AND INCARCERATION

Federal marijuana investigations and prosecutions usually involve hundreds of pounds of marijuana. Few defendants are incarcerated in federal prison for simple possession of marijuana.

- In 2001, there were 24,299 offenders sentenced in federal court on drug charges. Of those, only 2.3 per cent (186 people) were sentenced for simple possession.⁵⁵ In addition, it is important to recognize that many inmates were initially charged with more serious crimes but negotiated reduced charges to simple possession through plea agreements.⁵⁶
- According to the latest survey data in a 2005 ONDCP study, marijuana accounted for 13 per cent of all state drug offenders in 1997, and of the inmates convicted of marijuana offenses, only 0.7 per cent were incarcerated for marijuana possession alone.⁵⁷

THE FOREIGN EXPERIENCE

The Netherlands

- Due to international pressure on permissive Dutch cannabis policy and domestic complaints over the spread of marijuana "coffee shops," the government of the Netherlands has reconsidered its legalization measures. After marijuana became normalized, consumption nearly tripled – from 15 per cent to 44 per cent – among 18 to 20 year-old Dutch youth.⁵⁸ As a result of stricter local government policies, the number of cannabis "coffeehouses" in the Netherlands was reduced – from 1,179 in 1997⁵⁹ to 737 in 2004, a 37 per cent decrease in 7 years.⁶⁰
- About 70 per cent of Dutch towns have a zero-tolerance policy toward cannabis cafes.⁶¹
- In August 2004, after local governments began clamping down on cannabis "coffeehouses" seven years earlier, the government of the Netherlands formally announced a shift in its cannabis policy through the United National International

Narcotics Control Board (INCB). According to "an inter-ministerial policy paper on cannabis, the government acknowledged that 'cannabis is not harmless' – neither for the abusers, nor for the community." Netherlands intends to reduce the number of coffee shops (especially those near border areas and schools), closely monitor drug tourism, and implement an action plan to discourage cannabis use. This public policy change brings the Netherlands "closer towards full compliance with the international drug control treaties with regard to cannabis."⁶²

- Dr. Ernest Bunning, formerly with Holland's Ministry of Health and a principal proponent of that country's liberal drug philosophy, has acknowledged that, "[t]here are young people who abuse soft drugs . . . particularly those that have [a] high THC [content]. The place that cannabis takes in their lives becomes so dominant they don't have space for the other important things in life. They crawl out of bed in the morning, grab a joint, don't work, smoke another joint. They don't know what to do with their lives."⁶³

Switzerland

- Liberalization of marijuana laws in Switzerland has likewise produced damaging results. After liberalization, Switzerland became a magnet for drug users from many other countries. In 1987, Zurich permitted drug use and sales in a part of the city called Platzpitz, dubbed "Needle Park." By 1992, the number of regular drug users at the park reportedly swelled from a "few hundred at the outset in 1987 to about 20,000." The area around the park became crime-ridden, forcing closure of the park. The experiment has since been terminated.⁶⁴

Canada:

- After a large decline in the 1980s, marijuana use among teens increased during the 1990s as young people became "confused about the state of federal pot law" in the wake of an aggressive decriminalization campaign, according to a special adviser to Health Canada's Director General of drug strategy. Several Canadian drug surveys show that marijuana use among Canadian youth has steadily climbed to surpass its 26-year peak, rising to 29.6 per cent of youth in grades 7-12 in 2003.⁶⁵

United Kingdom:

- In March 2005, British Home Secretary Charles Clarke took the unprecedented step of calling "for a rethink on Labour's legal downgrading of cannabis" from a Class B to a Class C substance. Mr. Clarke requested that the Advisory Council on the Misuse of Drugs complete a new report, taking into account recent studies showing a link between cannabis and psychosis and also considering the more potent cannabis referred to as "skunk."⁶⁶
- In 2005, during a general election speech to concerned parents, British Prime Minister Tony Blair noted that medical evidence increasingly suggests that cannabis is not as harmless as people think and warned parents that young people who smoke cannabis could move on to harder drugs.⁶⁷

THE LEGALIZATION LOBBY

The proposition that smoked marijuana is "medicine" is, in sum, false – trickery used by those promoting wholesale legalization. When a statute dramatically reducing penalties for "medical" marijuana took effect in Maryland in October 2003, a defense attorney noted that "[t]here are a whole bunch of people who like marijuana who can now try to use this defense." The attorney observed that lawyers would be "neglecting their clients if they did not try to find out what 'physical, emotional or psychological'" condition could be enlisted to develop a defense to justify a defendant's using the drug. "Sometimes people are self-medicating without even realizing it," he said.⁶⁸

- Ed Rosenthal, senior editor of *High Times*, a pro-drug magazine, once revealed the legalizer strategy behind the "medical" marijuana movement. While addressing an

effort to seek public sympathy for glaucoma patients, he said, "I have to tell you that I also use marijuana medically. I have a latent glaucoma which has never been diagnosed. The reason why it's never been diagnosed is because I've been treating it." He continued, "I have to be honest, there is another reason why I do use marijuana . . . and that is because I like to get high. Marijuana is fun."⁶⁹

- A few billionaires—not broad grassroots support—started and sustain the "medical" marijuana and drug legalization movements in the United States. Without their money and influence, the drug legalization movement would shrivel. According to National Families in Action, four individuals – George Soros, Peter Lewis, George Zimmer and John Sperling – contributed \$1,510,000 to the effort to pass a "medical" marijuana law in California in 1996, a sum representing nearly 60 per cent of the total contributions.⁷⁰
- In 2000, *The New York Times* interviewed Ethan Nadelmann, Director of the Lindesmith Center. Responding to criticism that the medical marijuana issue is a stalking horse for drug legalization, Mr. Nadelmann stated: "Will it help lead toward marijuana legalization? . . . I hope so."⁷¹
- In 2004, Alaska voters faced a ballot initiative that would have made it legal for adults age 21 and older to possess, grow, buy, or give away marijuana. The measure also called for state regulation and taxation of the drug. The campaign was funded almost entirely by the Washington, D.C.-based Marijuana Policy Project, which provided "almost all" the \$857,000 taken in by the pro-marijuana campaign. Fortunately, Alaskan voters rejected the initiative.⁷²
- In October 2005, Denver voters passed Initiative 100 decriminalizing marijuana based on incomplete and misleading campaign advertisements put forth by the Safer Alternative For Enjoyable Recreation (SAFER). A Denver City Councilman complained that the group used the slogan "Make Denver SAFER" on billboards and campaign signs to mislead the voters into thinking that the initiative supported increased police staffing. Indeed, the Denver voters were never informed of the initiative's true intent to decriminalize marijuana.⁷³
- ? The legalization movement is not simply a harmless academic exercise. The mortal danger of thinking that marijuana is "medicine" was graphically illustrated by a story from California. In the spring of 2004, Irma Perez was "in the throes of her first experience with the drug ecstasy" when, after taking one ecstasy tablet, she became ill and told friends that she felt like she was "going to die." Two teenage acquaintances did not seek medical care and instead tried to get Perez to smoke marijuana. When that failed due to her seizures, the friends tried to force-feed marijuana leaves to her, "apparently because [they] knew that drug is sometimes used to treat cancer patients." Irma Perez lost consciousness and died a few days later when she was taken off life support. She was 14 years old.⁷⁴

STILL, THERE'S GOOD NEWS

Continued Declines in Marijuana Use among Youth

In 2005, the *Monitoring the Future (MTF)* survey recorded an overall 19.1 per cent decrease in current use of illegal drugs between 2001 and 2005, edging the nation closer to its five-year goal of a 25 per cent reduction in illicit drug use in 2006. Specific to marijuana, the 2005 MTF survey showed:

- Between 2001 and 2005, marijuana use dropped in all three categories: lifetime (13%), past year (15%) and 30-day use (19%). Current marijuana use decreased 28 per cent among 8th graders (from 9.2% to 6.6%), and 23 per cent among 10th graders (from 19.8 per cent to 15.2%).⁷⁵

Increased Eradication

- As of September 20, 2005, DEA's Domestic Cannabis Eradication/Suppression

Program supported the eradication of 3,054,336 plants in the top seven marijuana producing states (California, Hawaii, Kentucky, Oregon, Tennessee, Washington and West Virginia). This is an increase of 315,628 eradicated plants over the previous year.⁷⁶

- For the 2005 eradication season, a total of 5 million marijuana plants have been eradicated across the United States. This is a one million plant increase over last year. The Departments of Agriculture and Interior combined have eradicated an estimated 1.2 million plants during this 2005 eradication season.⁷⁷

APPENDIX A

Acronyms used in "The DEA Position on Marijuana"

AAP	American Academy of Pediatrics
ACS	American Cancer Society
AMA	American Medical Association
BBC	British Broadcasting Company
B.C.	Bud British Columbia Bud
BMA	British Medical Association
CB1	Cannabinoid Receptor 1: one of two receptors in the brain's endocannabinoid (EC) system associated with the intake of food and tobacco dependency.
CMCR	Center for Medicinal Cannabis Research
DASIS	Drug and Alcohol Services Information System
DEA	Drug Enforcement Administration
FDA	Food and Drug Administration
HIV	Human Immunodeficiency Virus
INCB	International Narcotics Control Board
IOM	Institute of Medicine
IOP	Intraocular Pressure
LSD	Diethylamide-Lysergic Acid
MS	Multiple Sclerosis
NHTSA	National Highway Traffic Safety Administration
NIDA	National Institute on Drug Abuse
NMSS	National Multiple Sclerosis Society
NORML	National Organization for the Reform of Marijuana Laws
NSDUH	National Survey of Drug Use and Health
ONDCP	Office of National Drug Control Policy
TEDS	Treatment Episode Data Set
THC	Tetrahydrocannabinol

ENDNOTES

¹ As of April 2006, the eleven states that have decriminalized certain marijuana use are Arizona, Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Rhode Island, Vermont, and Washington. In addition, Maryland has enacted legislation that recognizes a "medical marijuana" defense

² "Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine." U.S. Food and Drug Administration, April 20, 2006.
<<http://www.fda.gov/bbs/topics/NEWS/2006/NEW01362.html>>.

³ "Policy H-95.952 'Medical Marijuana.'" *American Medical Association*. See also,

American Medical Association, Featured Council on Scientific Affairs. "Medical Marijuana (A-01)." June 2001. In 2001, the AMA updated their policy regarding medical marijuana reflecting the results of this study. It should be noted that a few medical organizations have offered limited support to the concept of "medical" marijuana. For example, the American Academy of Family Physicians has said that it opposes the use of marijuana "except under medical supervision and control, for specific medical indications." Largely at the urging of one activist – a lobbyist and former Board member of NORML – the American Nurses Association has endorsed "medical" marijuana under "appropriate prescriber supervision," and the American Academy of HIV Medicine, a group of about 1,800 members founded in 2000, has taken the view that marijuana should not only be made available for "medical" use, but should be excluded altogether as a Schedule I drug

⁴ "Experts: Pot Smoking Is Not Best Choice to Treat Chemo Side-Effects." *American Cancer Society*. 22 May 2001.

http://www.cancer.org/docroot/NWS/content/update/NWS_1_1xU_Experts_Pot_Smoking_Is_Not_Best_Choice_to_Treat_Chemo_Side_Effects.asp (9 March 2005).

⁵ Committee on Substance Abuse and Committee on Adolescence. "Legalization of Marijuana: Potential Impact on Youth." *Pediatrics* Vol. 113, No. 6 (6 June 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 (6 June 2004): e632-e638h.

⁶ National MS Society. "Information Sourcebook." *National MS Society*. December 2004. <www.nationalmssociety.org/pdf/sourcebook/marijuana.pdf> (1 April 2005).

⁷ "Doctors' Fears at Cannabis Change." BBC News. 21 January 2004.

⁸ Manchester Online. "Doctors Support Drive Against Cannabis." *Manchester News*. 21 January 2004. <http://www.manchesteronline.co.uk/news/s/78/78826_doctors_support_drive_against_cannabis.html> (25 March 2005).

⁹ Joffe, Alain, MD, MPH, Yancy, Samuel W., MD, the Committee on Substance Abuse and the Committee on Adolescence, Technical Report: "Legalization of Marijuana: Potential Impact on Youth", American Academy of Pediatrics, 6 June 2004.

¹⁰ Institute of Medicine. "Marijuana and Medicine: Assessing the Science Base." (1999). Summary. <<http://www.nap.edu/html/marimed>> (12 April 2005).

¹¹ Id.

¹² Institute of Medicine. "Marijuana and Medicine: Assessing the Science Base." (1999). Executive Summary. <<http://www.nap.edu/html/marimed>> (11 January 2006).

¹³ Institute of Medicine. "Marijuana and Medicine: Assessing the Science Base." (1999). Summary. <<http://www.nap.edu/html/marimed>> (11 January 2006).

¹⁴ Institute of Medicine. "Marijuana and Medicine: Assessing the Science Base." (1999). Summary. <<http://www.nap.edu/html/marimed>> (11 January 2006).

¹⁵ Benson, John A., Jr. and Watson, Stanley J., Jr. "Strike a Balance in the Marijuana Debate." *The Standard-Times*. 13 April 1999.

¹⁶ DEA, Office of Diversion Control. 8 May 2006.

¹⁷ "CMCR Mission Statement." *Center for Medicinal Cannabis Research*. <<http://www.cmcr.ucsd.edu/geninfo/mission.htm>> (3 February 2005).

¹⁸ DEA, Office of Diversion Control. 6 January 2006.

- ¹⁹ Marijuana Potency Monitoring Project. "Quarterly Report #87." *Marijuana Potency Monitoring Project*. 8 November 2004.
- ²⁰ "BC Bud: Growth of the Canadian Marijuana Trade." *Drug Enforcement Administration, Intelligence Division*. December 2000.
- ²¹ "Teens at High Risk for Pot Addiction." *The Seattle Post-Intelligencer*. 6 January 2004.
- ²² Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS) 1993-2003: National Admissions to Substance Abuse Treatment Services*. November 2005, Table 5.1b. <http://www.dasis.samhsa.gov/teds03/teds_2003_rpt.pdf> (12 January 2006).
- ²³ Id.
- ²⁴ "Marijuana Myths & Facts: The Truth Behind 10 Popular Misperceptions." *Office of National Drug Control Policy*. <http://www.whitehousedrugpolicy.gov/publications/marijuana_myths_facts/index.html> (12 January 2006).
- ²⁵ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Overview of Findings from 2004 National Survey on Drug Use and Health*. September 2005.
- ²⁶ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS) 1993-2003: National Admissions to Substance Abuse Treatment Services*. November 2005. Page 74; Table 2.1b. <http://www.dasis.samhsa.gov/teds03/teds_2003_rpt.pdf> (12 January 2006).
- ²⁷ Id., Tables 2.1a and 5.1a. There were 284,361 primary marijuana admissions in 2003, with 99,122 of those being juvenile marijuana admissions, meaning that there were 185,239 adult marijuana admissions.
- ²⁸ "What Americans Need to Know about Marijuana." *Office of National Drug Control Policy*. October 2003.
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