

# Frequently Asked Questions About Medical Marijuana

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1. How many states have medical marijuana laws that protect patients from arrest and what do they do?
2. Do state medical marijuana bills and initiatives subvert the FDA approval process?
3. Do state medical marijuana laws put states in violation of federal law?
4. Do medical marijuana laws send the wrong message to children?
5. What are the conditions that people use medical marijuana for?
6. Are there other medications available that are more effective for treating those conditions?
7. Is there really any reliable scientific evidence that marijuana has medical value?
8. The FDA approved of a pill form of marijuana called Marinol back in the 80's, so why is marijuana needed when it is already available in that form?
9. Isn't the government making it easier to do medical marijuana research? Since they are becoming more flexible shouldn't we wait for that research before we proceed with more laws?
10. Do medical marijuana laws confuse law enforcement officials?
11. Are people really arrested for using medical marijuana?
12. Is marijuana addictive?
13. Is marijuana dangerous for the respiratory system?
14. Is marijuana stronger today and therefore more dangerous than before?
15. Is marijuana bad for the immune system?
16. Does the use of marijuana cause one to go onto harder drugs?
17. Does the use of marijuana cause infertility?
18. Is the medical marijuana movement really a hoax to legalize marijuana for all uses?
19. Does marijuana cause brain damage?

20. If marijuana were legalized for medical use, wouldn't it increase non-medical use also?

1. There are currently eleven states that have effective medical marijuana programs: Hawaii, Alaska, California, Oregon, Washington, Nevada, Montana, Colorado, Maine, Vermont and Rhode Island. There are variables within each program, but there are many similarities as well, which mostly include:

- Patients are allowed to grow, possess and use medical marijuana, if they have a recommendation for their physician to use it for the relief of symptoms of a specified illness,
- A caregiver, who is authorized to help the patient, may also grow and acquire marijuana for the patient,
- The patient is required to have documentation verifying they have been diagnosed with a specific illness,
- State registry programs issue identification cards to registered patients and their caregivers, enabling law enforcement to easily determine the validity of a patient's claim,
- Cultivation limits are restricted to a concrete number, generally 1-3 ounces of usable marijuana and 6-7 plants, three of which may be mature,
- Patients and caregivers are protected from state arrest if they are following their state law. Patients however are still subject to federal arrest because the federal government believes that marijuana has no medical utility. But because 99% of marijuana arrests are made at the state level, a state medical marijuana law provides a great deal of protection for valid patients. [Back to FAQ](#)

2. State medical marijuana laws have absolutely nothing to do with the FDA drug-approval process. The FDA does not arrest people for using unapproved treatments. State medical marijuana laws don't conflict with the FDA; they simply protect medical marijuana patients from arrest and jail under state law. The decision to place marijuana into a restricted controlled substance category was not made by the FDA. It was a political decision, made by Congress and therefore it is necessary to use the political processes to correct a political mistake. [Back to FAQ](#)

3. 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. [Back to FAQ](#)

4. A September 2005 report found that no state with a medical marijuana law has experienced an increase in youth marijuana use since their law's enactment. All reported overall decreases of more than the national average decrease — exceeding 50% in some age groups — strongly suggesting that enactment of state medical marijuana laws does not increase teen marijuana use. [Back to FAQ](#)

5. Multiple Sclerosis, chronic pain, nausea and vomiting associated with cancer and its treatment, epilepsy, A.I.D.S., glaucoma and appetite stimulation. Each of these applications has been deemed legitimate by at least one court, legislature, and/or government agency in the United States. Many patients also report that marijuana is useful for treating arthritis, migraine, menstrual cramps, alcohol and opiate addiction, depression and other debilitating mood disorders. [Back to FAQ](#)

6. Doctors need to have numerous substances available in their therapeutic arsenals in order to meet the needs of a variety of patients. We each have our own unique chemistry and react differently to different drugs. That is why the Physicians' Desk Reference comprises 3,000 pages of prescription drugs, rather than just one drug per symptom. [Back to FAQ](#)

7. There is abundant scientific evidence that marijuana is a safe, effective medicine for some people. A 1997 review found more than 70 modern studies published in peer-reviewed journals or by government agencies verifying that marijuana has medical value. Many more have appeared since then. In 1999 the National Academy of Sciences' Institute of Medicine reviewed all available studies at the time and concluded that "Nausea, appetite loss, pain and anxiety are all afflictions of wasting, and all can be mitigated by marijuana"; [Back to FAQ](#)

8. A pill called Marinol is made from THC, marijuana's

main psychoactive ingredient, and is sold by prescription. But people who use the pill find that it commonly takes an hour or more to work, while smoked marijuana takes effect almost instantaneously. They also find that it is difficult to control the amount absorbed, whereas the smoked route is usually very predictable. Also for patients with nausea and vomiting problems a pill may be difficult to get down or keep down. Additionally, THC is only one of the 60 naturally occurring cannabinoids, or compounds, found in marijuana. Many of these compounds are believed to interact synergistically to produce therapeutic effects that THC alone does not. Back to FAQ 9. The studies approved by the federal government thus far are small, pilot studies that will provide useful data, but they are not large enough to bring about FDA approval of marijuana as a prescription. Also all medical marijuana research must be done with marijuana supplied by the National Institute on Drug Abuse, which is of poor quality and likely to show less efficacy and greater side effects. Professor Lyle Craker, director of the medicinal plant program of the University of Massachusetts; Department of Plant, Soil and Insect Sciences has been in a five-year effort to become a competing marijuana grower to find medicinal uses of marijuana. Unfortunately his efforts have been thwarted because he has been denied approval by the DEA and a lawsuit on the matter has yet to be resolved. Medical marijuana patients need help now. Back to FAQ 10. The General Accounting Office (the investigative arm of Congress) interviewed officials from 37 law-enforcement agencies in four states with medical marijuana laws and issued a report in November 2002. In that report the majority of these officials indicated that medical marijuana laws had had little impact on their law enforcement activities.&rdquo; Back to FAQ

11. Yes, unfortunately medical marijuana users do get arrested. It is impossible to know how many because the government does not keep track of how many marijuana arrestees are medical users. However, there have been some well-known cases in California and here in Texas we know of several. Check the patient profiles of our website for some of those stories. Back to FAQ

12. The Institute of Medicine conducted an 18-month study on the therapeutic potential of cannabis, Marijuana and Medicine: Understanding the Science Base (1999), and concluded that cannabis is not highly addictive. When used as a medicine, marijuana is much less addictive than many of the controlled drugs already available and does not present an undue risk to the patient. Back to FAQ 13. Although smoking may present potential pulmonary risks, smoking marijuana is the most efficient delivery system at this time. Because the effects are experienced very shortly after inhalation, the patient is able to titrate the amount needed. This route is especially helpful when used to ease nausea and vomiting. A higher potency of marijuana will also allow patients to smoke less to achieve the therapeutic dose. In addition, a new medical device called a vaporizer has been developed that heats the marijuana plant to a temperature that generates a steam that contains the cannabinoids, but not the products of combustion that are of health concerns. Back to FAQ 14. According to the federal Potency Monitoring Project, the average potency of marijuana has increased very little since the 1980s. The Project reports that in 1985, the average THC content of commercial-grade marijuana was 2.84. In 1995, the potency of commercial-grade marijuana averaged 3.73. In 2001, commercial-grade marijuana averaged 4.72% THC. Even if marijuana potency were to increase, it would not necessarily make the drug more dangerous. Marijuana that varies quite substantially in potency produces similar psychoactive effects. Back to FAQ 15. Scientific studies have not demonstrated any meaningful harm to the immune system caused by marijuana. Dr. Donald Abrams, M.D. has studied marijuana in AIDS patients taking HIV therapy. Not only was there no sign of immune system damage, but the patients gained T-lymphocytes, the critical immune system cells that AIDS destroys. Back to FAQ 16. 1999 report by the Institute of Medicine found that, "There is no evidence that marijuana serves as a stepping stone on the basis of its particular drug effect.&rdquo; The report further states, "Instead it is the legal status of marijuana that makes it a gateway drug." (Because marijuana is illegal, a user must go through an illegal market to obtain the drug.) Back to FAQ 17. There is no evidence that marijuana causes infertility in men or women. Most scientific studies of humans have found that marijuana has no impact on sex hormones. In those studies showing an impact, it is modest, temporary, and of no apparent consequence for reproduction. There is no scientific evidence that marijuana delays adolescent sexual development has feminizing effect on males, or a masculinizing effect on females. Back to FAQ 18. Supporters of medical marijuana include some of the most respected medical journals and public health organizations in the country, including the New England Journal of Medicine, the American Public Health Association, the American Nurses Association, (plus the Texas Nurses Association) and the Academy of Family Physicians. The issue of medical marijuana is one of science and the right to effective health care. Back to FAQ 19. None of the medical tests currently used to detect brain damage in humans have found harm from marijuana, even from long term high-dose use. The claim that marijuana kills brain cells is based on a speculative report dating back a quarter of a century that has never been supported by any scientific study. Back to FAQ 20. The Institute of Medicine responded to this question like this, "Present data on drug use progression neither support nor refute the suggestion that medical availability would increase drug abuse. However, this question is beyond the issues normally considered for medical uses of drugs, and it should not be a factor in the evaluation of the therapeutic potential of marijuana or cannabinoids." Back to FAQ