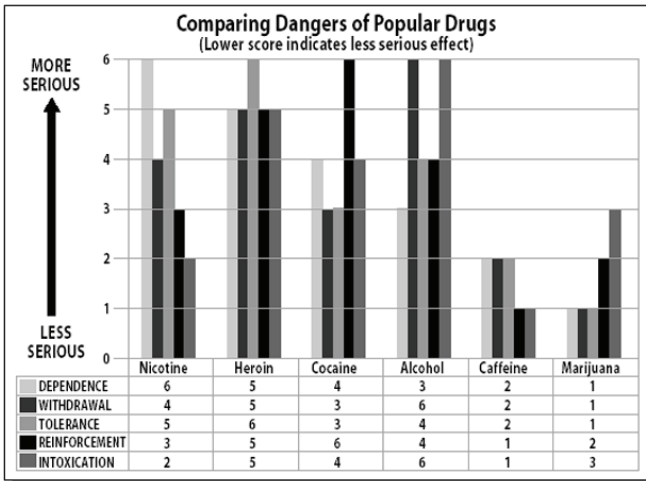


## - Fact vs. Fiction

**Fiction:** Marijuana is highly addictive. Long term marijuana users experience physical dependence and withdrawal, and often need professional drug treatment to break their marijuana habits.

**Fact:** The vast majority of people who smoke marijuana smoke it occasionally. Only a small percentage - less than 1% - smoke marijuana on a daily basis. An even smaller minority develop dependence. Many people who smoke marijuana regularly are able to cease without difficulty.



**Fiction:** Marijuana is more damaging to the lungs than tobacco. Marijuana smokers are at a high risk of developing lung cancer, bronchitis, and emphysema.

**Fact:** There have been no reports of lung cancer attributed solely to marijuana. In the largest study of it's kind, Dr. Donald Tashkin, a researcher and professor at UCLA, determined that marijuana use - even extremely heavy use - does not cause lung, neck, or mouth cancer.

"We know that there are as many or more carcinogens and co-carcinogens in marijuana smoke as in cigarettes," researcher Donald Tashkin, MD, of UCLA's David Geffen School of Medicine tells WebMD. "But we did not find any evidence for an increase in cancer risk for even heavy marijuana smoking."

Dr. Tashkin was kind enough to do an interview with the Marijuana And Prohibition Project, or MAPP, to discuss this and his other findings. The interview video is available online at [www.pa4mmj.org](http://www.pa4mmj.org) in the "Medical Marijuana Overview" section.

## - Fact vs. Fiction continued

**Fiction:** Marijuana is a gateway drug. It leads users to abuse and subsequently, the use and abuse of other, harder drugs.

**Fact:** At the request of the FDA the Institute of Medicine issued a report in 1999 titled 'Marijuana and Medicine: Assessing the Science Base'. The IOM stated, "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs".

"Marijuana is nonaddicting. There is no physical dependence or physical withdrawal associated with its use. It is, from a practical standpoint, nontoxic. Marijuana is safer by some measures than any other drug. There is simply no known quantity of marijuana capable of killing a person."

- Howard Swidler, M.D.,  
Chief of emergency medicine at Warren Hospital

The IOM's report on marijuana explains that marijuana has been mistaken for a gateway drug in the past because:

"Patterns in progression of drug use from adolescence to adulthood are strikingly regular. Because it is the most widely used illicit drug marijuana is predictably the first illicit drug most people encounter. Not surprisingly, most users of other illicit drugs have used marijuana first. In fact, most drug users begin with alcohol and nicotine before marijuana - usually before they are of legal age."

## Why We Support Medical Marijuana

The war on drugs, specifically marijuana, is a war on the people of America. About 14.6 Million American citizens use marijuana regularly (once per month or more), and we arrest over 800,000 per year, 89% for simple possession only. In Pennsylvania, we arrest about 31,000 per year for marijuana offenses. How many use it for medical purposes?

We know marijuana is medicine because of its long history in human civilization. Since at least 2,700 BC, marijuana has been a part of remedies for everything from menstrual cramps to nausea to chronic pain. Over 15,000 peer reviewed research articles on marijuana are available, many of which detail its medicinal value.

The War on Drugs and Marijuana also affects the sick and dying, and it's time to take these patients off of the battlefield. **Marijuana is medicine, but jail is not.**



National Organization for the Reform of Marijuana Laws - Pittsburgh Chapter  
[www.pittsburghnorml.org](http://www.pittsburghnorml.org)



[www.pa4mmj.org](http://www.pa4mmj.org)

PA4MMJ was formed in 2006 by Barry Busch and Derek Rosenzweig. Barry passed away on July 11, 2007 due to complications with HIV. PA4MMJ has since expanded and has been working to enact medical marijuana in PA, leading to the introduction and support of HB 1653 & SB1003, the Raymond P Shafer Compassionate Use Medical Marijuana Act.



[www.safeaccessnow.org](http://www.safeaccessnow.org)

## - Is Marijuana a Medicine?

There is abundant scientific evidence that marijuana is a safe, effective medicine for some people. In 1999, the Institute of Medicine (IOM) reported, "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana." Since then, extensive new research has confirmed marijuana's medical benefits. Three University of California studies published since February 2007 have found that marijuana relieved neuropathic pain, a type of pain that commonly afflicts patients with multiple sclerosis, HIV/AIDS, diabetes, and a variety of other conditions, and for which conventional pain drugs are notoriously inadequate - and did so with only minor side effects. An observational study reported in the European Journal of Gastroenterology & Hepatology found that Hepatitis C patients using marijuana had *three times* the cure rate of those not using marijuana, apparently because marijuana successfully relieved the noxious side effects of anti-Hepatitis C drugs, allowing patients to successfully complete treatment.



Marijuana has been used as a medicine for centuries, since between 2,000 and 5,000 BC in China. Up until the year 1942, Cannabis sativa - marijuana - was a part of the US Pharmacopoeia when it was removed. **The American Medical Association was the only dissenting voice when cannabis was originally made illegal.** Dr. William C. Woodward, testifying on behalf of the AMA, told Congress that, "The American Medical Association knows of no evidence that marijuana is a dangerous drug" and warned that a prohibition "loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis."

## - Is Marijuana Safe?

According to the U.S. Centers for Disease Control, tobacco was responsible for 435,000 deaths in 2000, or nearly 1,200 deaths per day. On the other hand, marijuana has never caused a fatal overdose in more than 5,000 years of recorded use. In a study conducted at the Kaiser-Permanente HMO and published in 1997, cigarette smokers had much higher rates of cancer of the lung, mouth, and throat than non-smokers, but marijuana smokers who didn't smoke tobacco had no such increase.

There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality. The same can not be said for any other drug prescribed by doctors or even found over the counter, including aspirin, Tylenol, and cough medicine - all of which also have legitimate medical uses. It's ***literally impossible*** to overdose on marijuana. In fact, there is no known LD-50 in humans for marijuana (LD-50 is a term describing the median lethal dose of a given substance, or how much of a substance will kill 50% of a given population).

In 1988, the DEA responded to a petition to remove marijuana from Schedule I and place it into Schedule 2, whereby definition it has "medical value". DEA Administrative Law Judge Francis Young concluded in his landmark ruling:

"At present it is estimated that marijuana's LD-50 is around 1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 - 40,000 times as much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would ***theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.***"

A typical medical marijuana user consumes an average of 5.6 - 7.23 pounds of marijuana per year (0.25 - 0.32 oz/day), well under anything resembling a lethal dose. Judge Young concluded in the same report that:

"... [Marijuana] has a currently accepted medical use in treatment in the United States for spasticity resulting from multiple sclerosis and other causes. It would be unreasonable, arbitrary and capricious to find otherwise."



## **HB1653 & SB1003 - the Raymond P Shafer Compassionate Use Medical Marijuana Act**

- 1.) Doctors recommend marijuana to their patients if their condition is in the list of allowed conditions outlined in the bills. A bona fide patient/doctor relationship is required.
- 2.) A system would be set up and administered by the PA Dept. of Health, which would accept applications from patients with a doctor's recommendation, decide if they qualify based on rules to be determined after the bill is passed into law, and produce an ID card for all accepted applicants which is sent to the patient and will protect them from arrest if they stay within the bill's guidelines.
- 3.) Patients and their caregivers will be allowed to grow six (6) marijuana plants and possess one (1) ounce of usable marijuana. An amendment will be introduced at some point to raise these to more realistic numbers.
- 4.) A system of dispensaries will be licensed and/or run by the state, which would grow their own cannabis on site and dispense it, as well as accept third-party grown medical cannabis (also licensed by the PA Health Dept). Non-profit and for-profit will be allowed, and all cannabis sold at these dispensaries would be taxed at the state sales tax of 6%.
- 5.) Doctors will be protected from losing their license to practice medicine if they recommend marijuana to their patient.
- 6.) Driving under the influence, on school property or busses, or in public areas will continue to be prohibited.

Visit [www.pa4mmj.org](http://www.pa4mmj.org) for more info.