



The Medical Marijuana Sham

Exploitation, Abuse, and Increased Risk to Minors

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MYKAYLA IS A SEVEN YEAR-OLD CANCER PATIENT, WHO IS ONE OF 52 CHILDREN REGISTERED AS A MEDICAL MARIJUANA USER IN OREGON. EACH DAY, MYKAYLA'S MOTHER AND HER LIVE-IN BOYFRIEND, WHO ARE BOTH REGULAR MARIJUANA USERS, GIVE THE CHILD MARIJUANA IN THE FORM OF CAPLETS OR FOOD TO HELP RELIEVE NAUSEA AND OTHER SYMPTOMS. MYKAYLA, WHO HAS HAD "UP TO 1.2 GRAMS OF CANNABIS OIL IN 24 HOURS, THE ROUGH EQUIVALENT OF SMOKING 10 JOINTS," TOLD *THE OREGONIAN* THAT THE DRUG MAKES HER "FEEL FUNNY, [AND] HAPPY."

AFTER WITNESSING MYKAYLA "STONED OUT OF HER MIND" DURING A CUSTODIAL VISIT, HER BIOLOGICAL FATHER WAS SO CONCERNED HE COM- PLAINED TO AUTHORITIES AND HER ONCOLOGIST.¹ UNDER OREGON LAW, ALL THAT IS REQUIRED FOR A CHILD TO BECOME A MEDICAL MARIJUANA PATIENT IS A QUALIFYING CONDITION, DOCTOR'S APPROVAL, AND PARENTAL CONSENT.²

Oregon is one of three states where medical marijuana is already legal, and where citizens voted to legalize recreational use of the drug in November 2012. While Oregonians rejected the measure by a 54 percent vote, Colorado and Washington made

history by becoming the first in the nation to legal- ize marijuana for personal use by adults.³

Bolstered by the results of the November 2012 ballot initiatives, medical marijuana proponents in North Carolina are renewing their efforts to get medical marijuana legalized here. Representatives Kelly Alexander (D-Mecklenburg) and Pricey Harrison (D-Guilford) introduced HB 84—"En- act Medical Cannabis Act" in the State House in February, and one advocacy group recently declared, "this is our year."⁴ Before lawmakers even consider such a proposal, the lessons from other states with medical marijuana programs are worth careful con- sideration, especially the dangerous repercussions of any form of marijuana legalization on adolescents.

The National Landscape

In November 2012, citizens in a total of six states voted on the issue of marijuana legalization—either for medicinal or recreational use. Voters in Mas- sachusetts legalized medical marijuana, while voters in Arkansas rejected a similar measure. Additionally, voters in Montana voted in favor of an initiative to keep legislative-passed restrictions on the state's medical marijuana program.⁵

To date, 19 states and DC have laws allowing the medical use of marijuana for certain people. Two of these states, Colorado and Washington, now allow marijuana for recreational use. Eleven laws were en- acted via citizen-driven ballot initiatives, while eight states and DC legalized medical marijuana through legislative action.⁶

State Programs

Marijuana legalization advocates use terms such as "medicine" and "patients" to promote the myth of marijuana as a legitimate and harmless drug needed by those suffering from debilitating pain or serious illnesses. But a closer look at states with medical marijuana programs reveals that they are fraught with exploitation and abuse, where the majority of "patients" look a lot more like recreational users than the critically ill.

California. As the first state to legalize medical marijuana in 1996, California's law remains one of the broadest in the nation. According to the California Department of Public Health's Medical Marijuana Program (MMP), to qualify for a medi- cal marijuana card, a patient must be diagnosed with a "serious medical condition," which includes AIDS, glaucoma, migraine, and severe nausea, as well as:

any other chronic or persistent medical symptom that either substantially limits a person's ability to conduct one or more of major life activities as defined in the Ameri- cans with Disabilities Act of 1990, or, if not alleviated, may cause serious harm to the person's safety, physical, or mental health.⁷

As of December 2012, over 65,000 Californians have been issued MMP cards.⁸ A 2011 study of Californians who sought the cards found that “very few” reported serious diseases, such as cancer or multiple sclerosis.⁹

In 2011, a PBS *Frontline* documentary, “The Pot Republic,” detailed how drug traffickers, particularly from Mexico, exploit California’s medical marijuana industry, where “almost any adult can get medical marijuana anytime.”¹⁰

“We have established and probably dismantled well over a hundred organizations since 2004 ... that have connections to Mexico,” Tommy Lanier, National Marijuana Policy Coordinator for the White House drug czar, told *Frontline*. “These people are engaged in making money. They like to exploit the medical individuals that are the one to two percent that use marijuana for the purpose of pain management.”¹¹

In 2010, Californians rejected a ballot measure that would have legalized the recreational use of marijuana. In recent years, the federal government has been cracking down on the medical marijuana industry in California, shutting down “at least 500 dispensaries” in 2012 alone, according to the *New York Times*.¹² Benjamin B. Wagner, U.S. Attorney for the Eastern District of California, told the *New York Times*, “we are concerned about large commercial operations that are generating huge amounts of money by selling marijuana in this essentially unregulated free-for-all that exists in California.”¹³

Oregon. Since 1998, Oregon has allowed “medical” marijuana for “patients with a qualifying condition, such as cancer, severe pain or glaucoma.” As of December 2012, there are over 56,000 medical marijuana patients, including children as young as age four. Similar to other states, the overwhelming majority of registered medical marijuana users in Oregon do not report life threatening medical conditions, but cite “severe pain” (55,400 to be exact).¹⁴

Like California, problems have plagued Oregon’s medical marijuana program since its inception. A 2012 investigation by *The Oregonian* revealed that the “illicit trafficking of Oregon medical marijuana is widespread and highly lucrative,” including the following examples of abuse:

- “[N]early 40 percent of Oregon pot seized on the nation’s most common drug trafficking routes (in early 2012) was tied” to “medical” marijuana;
- People with violent criminal records, prior drug convictions and property crimes can be licensed in Oregon as “medical” marijuana growers or caregivers.¹⁵

Colorado. In Colorado, where medical marijuana has been legal since 2000, only about two percent of patients list cancer, and one percent list HIV/AIDS, as their reason for using the drug. Ninety-four percent cite “severe pain.”¹⁶

In 2012, the U.S. Attorney for Colorado, John Walsh, closed down a total of 57 medical marijuana shops in the state for violating federal “drug free school zone” laws by being within 1,000 feet of schools.¹⁷

“We’ve seen children infant age that have been getting into this stuff and hospitalized, and this has been under medical marijuana,” Sgt. Jim Gerhardt with the North Metro Drug Task Force told a Denver CBS affiliate in December 2012. “I can’t imagine how bad it’s going to get with full blown legalization.”¹⁸

Feds: No Medical Marijuana

The federal government classifies marijuana as a Schedule 1 controlled substance under the Controlled Substances Act, and emphasizes “there is no such thing as medical marijuana under federal law.”¹⁹ According to the U.S. Office of National Drug Policy (ONDP), marijuana’s classification is based on three factors: 1) its high potential for abuse; 2) it currently “has no acceptable medical use in treatment in the United States;” and 3) “there is a lack of accepted safety for use of the drug under medical supervision.”²⁰

FDA. In a 2006 statement on medical marijuana, the Food and Drug Administration (FDA) stated unequivocally that it “has not approved smoked marijuana for any condition or disease indication.” The FDA referenced a 1999 report from the National Institutes of Health, which found that “no sound scientific studies supported the medical use of marijuana as treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use.”²¹ Additionally, a 2011 report from the DEA explains that marijuana has failed to gain FDA approval, in part, because “there is no standardized composition or dosage; no appropriate prescribing information; no quality control; no accountability for the product; no safety regulation; [and] no way to measure its effectiveness (besides anecdotal stories).”²²

Increased Use. A major reason the federal government continues to oppose the legalization of medical marijuana is out of concern that legalization will lead to increased use, especially by ado-

“A 2010 study by the RAND Corporation found that legalization causes the price of marijuana to drop, and use to increase.”



lescents. A 2010 study by the RAND Corporation found that legalization causes the price of marijuana to drop, and use to increase. An ONDCP fact sheet notes that the use of legal substances, such as alcohol and tobacco, “far outpace the use of marijuana, a strong indication that laws reduce the availability and acceptability of substances.”²³

Importantly, a new study that is still in press by researchers at Columbia University found “significantly higher rates of marijuana use” in states with “medical” marijuana laws, compared to other states. The study, which will be published in *Drug and Alcohol Dependence*, also found that “respondents living in states with medical marijuana laws had significantly higher prevalence of marijuana use disorders (abuse/dependence)...”²⁴

Today’s Marijuana

Known by a variety of “street” names, including pot, weed, and cannabis, marijuana is the “most commonly used illegal drug” in the United States. According to the federal National Institute on Drug Abuse (NIDA), it consists of “dried parts of the cannabis sativa hemp plant,” which contains over 400 chemical components.²⁵ Importantly, the NIDA emphasizes that there is “no difference” between the marijuana sold by drug dealers and medical marijuana sold by state-licensed dispensaries.²⁶

The main “psychoactive” ingredient in marijuana is the chemical THC, which the NIDA explains, “binds to cannabinoid (CB) receptors, widely distributed throughout the nervous system, and other parts of the body.” CB receptors are found in the brain, especially in areas “that influence pleasure, memory, thought, concentration, sensory and time perception, appetite, pain, and movement coordination.”²⁷

Marijuana today is more potent than ever, making it more dangerous and potentially addictive. For example, in the 1970s, the THC levels in marijuana were less than one percent, but between 1992 and 2006, the THC levels in average marijuana rose to

8.8 percent.²⁸ In 2009, according to the ONDCP, marijuana potency levels have reached an “all time high of over 11 percent THC, with some strains as high as 30 percent.”²⁹

Marijuana Dangers. In 2010, there were 461,028 marijuana-related emergency room visits nationwide, according to the Drug Abuse Warning Network. This represents a 64 percent increase in the number of visits “due to the abuse or misuse of marijuana” between 2004 and 2010. Of the marijuana-related emergency room visits in 2010, about one-third involved youth ages 20 and under.³⁰

According to the NIDA, the effects of short-term marijuana use include:

- Impaired short-term memory;
- Slowed reaction time and impaired motor coordination;
- Altered judgment and decision-making;
- Increased heart rate;
- Altered mood—euphoria, calmness, or, in high doses, anxiety, paranoia.³¹

The effects of long-term marijuana use are more serious and include:

- Addiction;
- Poorer educational outcomes and job performance, and diminished life satisfaction;
- Respiratory problems when smoked
- Risk of psychosis in vulnerable individuals;
- Cognitive impairment persisting beyond the time of intoxication.³²

The wide array of negative health effects from marijuana is why the majority of the medical community continues to oppose its legalization. The medical organizations that do not accept smoked marijuana as medicine include, the American Medical Association, American Academy of Pediatrics, American Society of Addiction Medicine, National Multiple Sclerosis Society, and the American Cancer Society, among others.³³

Marijuana and Adolescents

The legalization of marijuana, and especially its promotion as “medicine,” has a powerful impact on public perception of the drug, which can lead to its increased use by young people. Youth who use marijuana face an elevated risk of addiction, mental health problems, and are more likely to engage in other dangerous behaviors (*see sidebar for more on the harms of teen marijuana use*).

Youth Perception and Use. The federally funded “Monitoring the Future” survey of eighth, 10th, and 12th grade students for 2012 shows that marijuana use among high school students has risen significantly over the last five years, even as youth perception of the drug as harmful has declined.³⁴ “The growing perception of marijuana as a safe drug may reflect recent public discussions over medical marijuana and marijuana legalization,” according to a government analysis of the survey,³⁵ which highlights the following findings:

Harms of Teen Marijuana Use

- In 2012, 22.9 percent of 12th graders smoked marijuana in the past month, up from 18.8 percent in 2007.³⁶
- 36.4 percent of high school seniors reported past-year marijuana use in 2012, up from 32.4 percent in 2008.
- Between 2008 and 2012, the percentage of high school seniors who perceived great risk from smoking marijuana *declined* from 25.8 percent in 2008 to 20.6 percent in 2012.³⁷

In North Carolina, according to the National Survey of Drug Use and Health, seven percent of 12 to 17 year olds reported past month marijuana use in 2010. Nationwide, the highest percentages of marijuana use among adolescents occurred in a number of medical marijuana states, including California (9 percent), Oregon (9 percent), Colorado (10 percent), and Rhode Island (11 percent).³⁸

Addiction. Marijuana is a highly addictive drug, especially when used during the teen years. A 2012 report from CASA points out that 90 percent of Americans who are addicted to a substance began smoking, drinking, or using drugs as teenagers.³⁹

According to the NIDA, 18 percent of individuals in drug abuse treatment programs in 2009 reported marijuana as their “primary drug of abuse” (72 percent of them were ages 15-17).⁴⁰ For those who begin using marijuana in their teens, the risk of developing an addiction increases from about 1 in 11 among overall users to 1 in 6.⁴¹

Marijuana on the Brain. The adolescent brain is still developing, making it more vulnerable to the negative life-long effects of marijuana. Previous studies have found that students who smoke marijuana regularly have poorer grades and are more likely to drop out of school.⁴² More recent studies indicate that teen marijuana use causes a drop in IQ.

“THC, a key ingredient in marijuana, alters the ability of the hippocampus, a brain area related to learning and memory, to communicate effectively with other brain regions,” explains Nora Vokow, M.D., director of the NIDA. “We know from recent research that marijuana use that begins during adolescence can lower IQ and impair other measures of mental function into adulthood.”⁴³

Dr. Vokow refers to a 38-year study funded by the National Institutes of Health and published in 2012, which found that, “people who used cannabis heavily in their teens and continued through adulthood showed a significant drop in IQ between the ages of 13 and 38.” For individuals classified as marijuana dependent, IQ dropped an average of eight points.⁴⁴

Trojan Horse

Colorado and Washington state are examples of how medical marijuana laws soften public perception of the harmful nature of the drug and eventually pave the way for legalization. Furthermore, states like California show that medical marijuana

Adolescent marijuana use is linked to early sexual activity, drugged driving, criminal activity, and the use of more dangerous drugs, as well as an increased risk of depression and suicide. For example:

- A CASA study found that high school students who reported “ever using” marijuana were 7.2 times more likely to have had sexual intercourse, four times as likely to become sexually active before age 13, and 7.7 times as likely to have sex with four or more partners than non-users.¹
- A Columbia University study found that using marijuana doubles the risk of accidents for drivers.²
- Studies have shown that youth who use marijuana are more likely to engage in violent behavior, and to be arrested, and arrested repeatedly, than non-users.³
- A CASA analysis found that “teens who used marijuana at least once in the last month are 13 times more likely than other teens to use... cocaine, heroin, or methamphetamine.”⁴
- According to the Office of National Drug Control Policy, “depressed teens are more than twice as likely as their peers to abuse or become dependent on marijuana,” and “teens who smoke marijuana at least once a month are three times more likely” to have thoughts of suicide.

1. The National Center on Addiction and Substance Abuse at Columbia University (CASA), “Adolescent Substance Use: America’s Number 1 Problem,” June 2011, pg. 54.

2. NIDA, Drug Facts: Marijuana, “Marijuana and Driving,” December 2012, as found at: <http://www.drugabuse.gov/publications/drugfacts/marijuana>

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4. CASA, “Non-Medical Marijuana: Rite of Passage or Russian Roulette,” June 2008, Pg. 19-20.

programs sold to the public as a means of providing compassionate care to the critically ill quickly become state-sponsored vehicles for recreational use that are ripe for exploitation. In a series of interviews in 2006, Reverend Scott T. Imler, who coauthored California’s 1996 ballot initiative legalizing medical marijuana, said, “Most of the dispensaries operating in California are a little more than dope dealers with store fronts.” He added that, “I think a lot of people have medicalized their recreational use.”⁴⁵

As a new session of the General Assembly begins, lawmakers should heed the warnings of other states with medical marijuana programs, and keep North Carolina out of the business of illicit drug legalization. Marijuana is not “medicine,” but a dangerous and addictive drug with a myriad of lifelong negative physical and mental health effects, especially for young people.

“Because addiction is a brain disease that in most cases begins with substance use in the teen and early adult years while the brain is still developing,” says Susan Foster, Director of Policy Research and Analysis at CASA, “sound health policy involves reducing availability of all substances to children.”⁴⁶ By rejecting efforts to legalize marijuana in any form, lawmakers will be maintaining North Carolina’s long-standing policy of protecting its citizens from increased access to a dangerous drug that leads to lifelong addiction and harm. ❖

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