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Exposing the Myth of Smoked Medical Marijuana Marijuana: The Facts

Q: Does marijuana pose health risks to users?

- Marijuana is an addictive drug¹ with significant health consequences to its users and others. Many harmful short-term and long-term problems have been documented with its use:
- The short term effects of marijuana use include: memory loss, distorted perception, trouble with thinking and problem solving, loss of motor skills, decrease in muscle strength, increased heart rate, and anxiety².
- In recent years there has been a dramatic increase in the number of emergency room mentions of marijuana use. From 1993-2000, the number of emergency room marijuana mentions more than tripled.
- There are also many long-term health consequences of marijuana use. According to the National Institutes of Health, studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.
- Marijuana contains more than 400 chemicals, including most of the harmful substances found in tobacco smoke. Smoking one marijuana cigarette deposits about four times more tar into the lungs than a filtered tobacco cigarette.
- Harvard University researchers report that the risk of a heart attack is five times higher than usual in the hour after smoking marijuana.³
- Smoking marijuana also weakens the immune system⁴ and raises the risk of lung infections.⁵ A Columbia University study found that a control group smoking a single marijuana cigarette every other day for a year had a white-blood-cell count that was 39 percent lower than normal, thus damaging the immune system and making the user far more susceptible to infection and sickness.⁶
- Users can become dependent on marijuana to the point they must seek treatment to stop abusing it. In 1999, more than 200,000 Americans entered substance abuse treatment primarily for marijuana abuse and dependence.
- More teens are in treatment for marijuana use than for any other drug or for alcohol. Adolescent admissions to substance abuse facilities for marijuana grew from 43 percent of all adolescent admissions in 1994 to 60 percent in 1999.
- Marijuana is much stronger now than it was decades ago. According to data from the Potency Monitoring Project at the University of Mississippi, the tetrahydrocannabinol (THC) content of commercial-grade marijuana rose from an average of 3.71 percent in 1985 to an average of 5.57 percent in 1998. The average THC content of U.S. produced sinsemilla increased from 3.2 percent in 1977 to 12.8 percent in 1997.⁷

Q. Does marijuana have any medical value?

- Any determination of a drug's valid medical use must be based on the best available science undertaken by medical professionals. The Institute of Medicine conducted a comprehensive study in 1999 to assess the potential health benefits of marijuana and its constituent cannabinoids. The study concluded that smoking marijuana is not recommended for the treatment of **any** disease condition. In addition, there are more effective medications currently available. **For those reasons, the Institute of Medicine concluded that there is little future in smoked marijuana as a medically approved medication.** 
- Advocates have promoted the use of marijuana to treat medical conditions such as glaucoma. However, this is a good example of more effective medicines already available. According to the Institute of Medicine, there are six classes of drugs and multiple surgical techniques that are available to treat glaucoma that effectively slow the progression of this disease by reducing high intraocular pressure.

- In other studies, smoked marijuana has been shown to cause a variety of health problems, including cancer, respiratory problems, increased heart rate, loss of motor skills, and increased heart rate. Furthermore, marijuana can affect the immune system by impairing the ability of T-cells to fight off infections, demonstrating that marijuana can do more harm than good in people with already compromised immune systems.⁹
- In addition, in a recent study by the Mayo Clinic, THC was shown to be less effective than standard treatments in helping cancer patients regain lost appetites.¹⁰
- The American Medical Association recommends that marijuana remain a Schedule I controlled substance.
- The DEA supports research into the safety and efficacy of THC (the major psychoactive component of marijuana), and such studies are ongoing, supported by grants from the National Institute on Drug Abuse.
- As a result of such research, a synthetic THC drug, Marinol, has been available to the public since 1985. The Food and Drug Administration has determined that Marinol is safe, effective, and has therapeutic benefits for use as a treatment for nausea and vomiting associated with cancer chemotherapy, and as a treatment of weight loss in patients with AIDS. However, it does not produce the harmful health effects associated with smoking marijuana.
- Furthermore, the DEA recently approved the University of California San Diego to undertake rigorous scientific studies to assess the safety and efficacy of cannabis compounds for treating certain debilitating medical conditions.
- It's also important to realize that the campaign to allow marijuana to be used as medicine is a tactical maneuver in an overall strategy to completely legalize all drugs. Pro-legalization groups have transformed the debate from decriminalizing drug use to one of compassion and care for people with serious diseases. The New York Times interviewed Ethan Nadelman, Director of the Lindesmith Center, in January 2000. Responding to criticism from former Drug Czar Barry McCaffrey that the medical marijuana issue is a stalking-horse for drug legalization, Mr. Nadelman did not contradict General McCaffrey. "Will it help lead toward marijuana legalization?" Mr. Nadelman said: "I hope so."

Q. Does marijuana harm anyone besides the individual who smokes it?

- Consider the public safety of others when confronted with intoxicated drug users:
- Marijuana affects many skills required for safe driving: alertness, the ability to concentrate, coordination, and reaction time. These effects can last up to 24 hours after smoking marijuana. Marijuana use can make it difficult to judge distances and react to signals and signs on the road.¹¹
- In a 1990 report, the National Transportation Safety Board studied 182 fatal truck accidents. It found that just as many of the accidents were caused by drivers using marijuana as were caused by alcohol -- 12.5 percent in each case.
- Consider also that drug use, including marijuana, contributes to crime. A large percentage of those arrested for crimes test positive for marijuana. Nationwide, 40 percent of adult males tested positive for marijuana at the time of their arrest.

Q. Is marijuana a gateway drug?

- Yes. Among marijuana's most harmful consequences is its role in leading to the use of other illegal drugs like heroin and cocaine. Long-term studies of students who use drugs show that very few young people use other illegal drugs without first trying marijuana. While not all people who use marijuana go on to use other drugs, using marijuana sometimes lowers inhibitions about drug use and exposes users to a culture that encourages use of other drugs.
- The risk of using cocaine has been estimated to be more than 104 times greater for those who have tried marijuana than for those who have never tried it.¹²

In Summary:

- Marijuana is a dangerous, addictive drug that poses significant health threats to users.
 - Marijuana has no medical value that can't be met more effectively by legal drugs.
 - Marijuana users are far more likely to use other drugs like cocaine and heroin than non-marijuana users.
 - Drug legalizers use "medical marijuana" as red herring in effort to advocate broader legalization of drug use.
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¹Herbert Kleber, Mitchell Rosenthal, "Drug Myths from Abroad: Leniency is Dangerous, not Compassionate" *Foreign Affairs Magazine*, September/October 1998. Drug Watch International "NIDA Director cites Studies that Marijuana is Addictive." "Research Finds Marijuana is Addictive," *Washington Times*, July 24, 1995.

²National Institute of Drug Abuse, *Journal of the American Medical Association*, *Journal of Clinical Pharmacology*, *International Journal of Clinical Pharmacology and Therapeutics*, *Pharmacology Review*.

³"Marijuana and Heart Attacks" *Washington Post*, March 3, 2000

⁴I. B. Adams and BR Martin, "Cannabis: Pharmacology and Toxicology in Animals and Humans" *Addiction* 91: 1585-1614. 1996.

⁵National Institute of Drug Abuse, "Smoking Any Substance Raises Risk of Lung Infections" *NIDA Notes*, Volume 12, Number 1, January/February 1997.

⁶Dr. James Dobson, "Marijuana Can Cause Great Harm" *Washington Times*, February 23, 1999.

⁷2000 National Drug Control Strategy Annual Report, page 13.

⁸"Marijuana and Medicine: Assessing the Science Base," Institute of Medicine, 1999.

⁹See footnotes in response to question 4 regarding marijuana's short and long term health effects.

¹⁰"Marijuana Appetite Boost Lacking in Cancer Study" *The New York Times*, May 13, 2001.

¹¹*Marijuana: Facts Parents Need to Know*, National Institute on Drug Abuse, National Institutes of Health.

¹²*Marijuana: Facts Parents Need to Know*, National Institute on Drug Abuse, National Institutes of Health.

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