

Point-By-Point Refutations of Law Enforcement Claims
Regarding S.F. 345

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1. The law enforcement claim: Marijuana has no medical value.

In their own words:

- **“The bottom line ... is that at this time there is no proven medicinal value in using marijuana to treat illnesses or disease.”** (James C. Backstrom, Dakota County Attorney; Senate Health, Housing and Family Security Committee, 2/14/07)
- **“This bill attempts to legitimize something based on no scientific evidence.”** (Michael Campion, Minnesota Commissioner of Public Safety; Senate Judiciary Committee, 4/10/07)
- **“There is no proof of marijuana’s medicinal value.”** (Pete Janski, Chief of Police for the city of St. Joseph; current president, Minnesota Police Chiefs Association; Senate Judiciary, 4/10/07)
- **“There is no proof of marijuana’s medicinal value, although there are some comments to the contrary.”** (Mitch Weinzetl, Chief of Police for the Buffalo Police Department and President-Elect of the Minnesota Chiefs of Police Association; House Public Safety and Civil Justice, 3/19/07)

The facts: There is a large and growing body of evidence supporting marijuana’s medical benefit.

The proof: A 1997 review study found more than 70 studies published in peer-reviewed journals or by government agencies verifying that marijuana has medical value for patients suffering from pain, nausea, appetite loss, and other symptoms of illnesses such as cancer, multiple sclerosis, and HIV/AIDS.¹ Since then, many more studies have been published. That is why in February 2008, the American College of Physicians – the second largest physicians group in the country – called for marijuana to be reclassified under federal law to allow physician prescriptions, citing "marijuana's proven efficacy at treating certain symptoms and its relatively low toxicity."²

¹ “Research Findings on Medicinal Properties of Marijuana,” K. Zeese; Falls Church, VA: Common Sense for Drug Policy, 1997.

² “Supporting Research into the Therapeutic Role of Marijuana,” American College of Physicians, 2008.

2. The law enforcement claim: There is no support in the medical community for medical marijuana.

In their own words:

- **“The people who know about this are the people in the medical community and they have determined there’s no medical value to the smoking of marijuana.”** (Michael Campion, Minnesota Commissioner of Public Safety; Senate Judiciary Committee, 4/10/07)
- **“None of the major associations -- whose goal is to protect the individuals that this is being promoted the most for -- have supported the use of this drug for medicine.”** (James C. Backstrom, Dakota County Attorney, Burnsville Eagan Community Television program “Access to Democracy,” 5/11/07)

The facts: At least 33 major medical associations support medical marijuana and have endorsed legal protections for medical marijuana patients, including four major medical associations in Minnesota.

The proof: Organizations that support access to medical marijuana for seriously ill patients include:

Minnesota organizations: Minnesota Nurses Association, Minnesota Public Health Association, Minnesota AIDS Project, and Minnesota Senior Federation.

National organizations: AIDS Action Council, American Academy of HIV Medicine (AAHIVM), American College of Physicians, American Nurses Association, American Public Health Association, Leukemia & Lymphoma Society, Lymphoma Foundation of America, National Association of People With AIDS, and United Nurses and Allied Professionals.

State organizations: Alaska Nurses Association, California Medical Association, California Nurses Association, California Pharmacists Association, Colorado Nurses Association, Connecticut Nurses Association, Hawaii Nurses Association, Illinois Nurses Association, Medical Society of the State of New York, Mississippi Nurses Association, New Mexico Medical Society, New Mexico Nurses Association, New York State Association of County Health Officials, New York State Hospice and Palliative Care Association, New York State Nurses Association, Rhode Island Medical Society, Rhode Island State Nurses Association, Texas Nurses Association, Wisconsin Nurses Association, and Wisconsin Public Health Association.

3. The law enforcement claim: *Marinol is marijuana.*

In their own words:

- “There is a legalized form of marijuana in this country. It’s called **Marinol.**” (James C. Backstrom, Dakota County Attorney, Senate Judiciary Committee, 4/10/07)

The facts: Marinol is *not* a “legalized form of marijuana”: It is synthetic, contains only one of the more than 60 active components of marijuana, and is inferior to medical marijuana in a number of ways.

The proof: A clinical trial of marijuana published online on April 11, 2008 by the *Journal of Pain* noted, "When taken alone, 9-THC or dronabinol [Marinol] does not fully replicate the effect of the total cannabis preparation."

Further, in a double-blind, placebo-based study published on June 21, 2007 in the *Journal of Acquired Immune Deficiency Syndromes*, researchers from Columbia University found that it took doses of Marinol ranging from four to eight times the recommended dose to achieve almost the same results as the low-grade (3.9% THC and lower) marijuana provided by the National Institute on Drug Abuse. Even at this elevated dose, Marinol was outperformed by natural marijuana on some measures.

In addition, Marinol is available only in pill form. Because of slow and uneven absorption, oral dosing is "the least satisfactory route" for administering marijuana or THC, according to a review published in May 2003 by *The Lancet Neurology*.

Finally, Marinol is also far too intoxicating for some patients. The American College of Physicians has noted that Marinol's psychoactive side effects are "more severe" than those of inhaled marijuana.

4. The law enforcement claim: 12 marijuana plants produce far more marijuana than patients are allowed to have under the law.

In their own words:

- **“A mature marijuana plant will easily give you 2, 3 pounds of marijuana. And Sen. Murphy was right when he talks about going in stages so you have a consistent supply, so you’ll always have 12 plants, you know, you’ll always have several pounds of marijuana for each person.”** (Bob Bushman, President, Minnesota Police Association, Minnesota Peace Officers Association, and Statewide Gang and Drug Coordinator; Senate Judiciary Committee, 4/10/07)
- **“One plant can yield anywhere from one to five pounds of marijuana, depending on the potency of the plant. And 12 plants could ultimately produce up to, over 20,000 joints that someone could have in their possession over the course of just four months. And some of these plants can reproduce four times a year. You're talking 20 to over 90,000 joints that 12 marijuana plants can produce in a year.”** (James C. Backstrom, Dakota County Attorney, Middy, Minnesota Public Radio, 3/8/07)
- **“Secondly, the biggest problem we have is that there would be one plant, two plants is enough to raise hundreds of pounds of marijuana in a year. And they want to allow people to have up to 12 plants.”** (Bill Gillespie, Executive Director, Police and Peace Officers Association, “Almanac at the Capitol,” 4/9/08)

The facts: The plant yields imagined by law enforcement are wildly inaccurate.

The proof: According to the United States Federal Sentencing Commission, the average yield for a marijuana plant is 0.22 pounds – or roughly 4% of the maximum yield law enforcement has repeatedly claimed. And, according to the National Institutes of Drug Abuse (which provides pre-rolled marijuana cigarettes to the five federal patients), a marijuana cigarette is 0.849 grams. Two-and-a-half ounces, then, is equivalent to 59.43 cigarettes. (For comparison, the four patients still receiving medical marijuana from the federal government each receive a canister of pre-rolled marijuana cigarettes weighing approximately 300 grams, or roughly 10 ounces, monthly.)

5. The law enforcement claim: The safeguards in the medical marijuana law will be unenforceable due to a “tremendous trade in phony scripts.”

In their own words:

- **“It would be a nightmare for us. We would not know – you would have a, first of all, a tremendous trade in ‘script,’ and in phony ‘script,’ just as there is now in phony prescriptions. Now you would have people who be presenting to you documentation that would be counterfeit.”** (Bill Gillespie, Executive Director, Police and Peace Officers Association, “Almanac at the Capitol,” 4/9/08)

The facts: Since medical marijuana cannot be prescribed, there is no possibility of “phony script,” and, in any case, law enforcement officials in the existing medical marijuana states actually report few problems. S.F. 345 includes severe penalties for anyone who would abuse the system.

The proof: Since doctors cannot prescribe medical marijuana but only recommend, there is no possibility of “phony script.” But more importantly, under S.F. 345 there would be no “script.” The law works as follows:

First off, the doctor has to fill out paperwork for the state, which the patient has to submit along with an application to participate in the medical marijuana program. Second, the state would have to verify the accuracy of the application. Third, the state would have to issue a unique identifier number and picture ID card. Fourth, the patient would have to designate one specific registered non-profit organization from which he or she would acquire their medicine – and this is the only outlet from which they would be able to do so. Law enforcement and the designated non-profit would be able to check in the state’s registry. If an individual were not registered, or not registered with that specific non-profit, he or she would be in violation of the law. The penalties are increased for anyone trying to abuse the system, taking away all incentive to do so.

6. The law enforcement claim: A medical marijuana law will increase youth access to and use of marijuana.

In their own words:

- **“The implication that this controlled substance is safe will increase its use for illegal purposes, especially among our youth.”** (James C. Backstrom, Dakota County Attorney, Senate Judiciary Committee, 4/10/07)

The facts: In every one of the 12 states that have passed medical marijuana laws and for which data is available, youth marijuana use has declined since their passage -- in some cases, by nearly half in certain age groups.³

The proof: In California, the number of ninth graders reporting marijuana use in the last 30 days declined by 47% from 1996 (when the state’s medical marijuana law passed) to 2006. In Washington state (which passed its law in 1998), sixth and eighth graders’ current and lifetime marijuana use has dropped by more than 50% since the enactment of its medical marijuana law. In Hawaii and Nevada (both passed laws in 2000), youth marijuana use has decreased among all survey levels – by as much as 44% in Hawaii (11th graders’ current use) and 41% in Nevada (10th graders’ current use).

³ “Marijuana Use By Young People: The Impact of State Medical Marijuana Laws,” Mitch Earleywine, Ph.D., et. al., 2008.

7. The law enforcement claim: Medical marijuana laws cause “nothing but problems.”

In their own words:

- **“There will be more marijuana being produced. In the states that have had this, there’s been nothing but problems, associated with robberies of stores and thefts and marijuana being given to other people illegally for illegal use, teenagers especially.”** (James C. Backstrom, Dakota County Attorney, Burnsville Eagan Community Television program “Access to Democracy,” 5/11/07)
- **“I will just tell you I’ve queried my counterparts in Nevada, Colorado, Oregon, and California, and they too have indicated that there’s been definite criminal activity increase because of medical marijuana.”** (Jim Franklin, Executive Director of the Minnesota Sheriff’s Association; House Public Safety and Civil Justice Committee, 3/19/07)

The facts: This is a wild exaggeration: In fact, the medical marijuana programs of the other 12 medical marijuana states are in place and functioning well.

The proof: In the 12 medical marijuana states, the existing laws remain wildly popular, and there have been no movements to repeal them. State legislatures that have taken up the issue after the original laws passed have either expanded the original laws (as in Maine and Vermont) or made the law permanent after the sunset expired (as in Rhode Island).

Here are a few other specific examples from the medical marijuana states:

Colorado: Gail Kelsey, the former Program Administrator of Colorado’s medical marijuana program says, “Despite the fact that medical marijuana use is not always accepted within the law enforcement community as legitimate, the trainings the Registry has provided state-wide have helped to bring this issue to the attention of police, state troopers, sheriffs, and district attorneys, and to date, there has been only one marijuana-related conviction of a patient on the Registry. Also, no Colorado physicians have experienced federal reprisals, and doctors have also received trainings by the Registry regarding the processes and procedures of approving medical marijuana use for their patients.” She concludes by stating, “Overall ... the Registry has operated smoothly and without negative political or legal consequences.”⁴

Rhode Island: In a report submitted to the Rhode Island Legislature, Charles Alexandre, the chief of health professions regulation, stated, “[T]he Department is unaware of any specific cost to law enforcement agencies or any litigation regarding the implementation of the [medical marijuana] Act ... [or] any prosecutions against physicians for violations of the Act.”⁵

Vermont: According to a report prepared by Vermont’s Marijuana Registry Program, Vermont Crime Information Center, Department of Public Safety, and the Vermont Department of Health:

⁴ Gail Kelsey, “Colorado’s Medical Marijuana Registry Program: An Historical Overview.” 2004.

⁵ Charles Alexandre, memo to Representative Joseph M. McNamara, Chairperson of the House Committee on Health, Education and Welfare, and Senator Michael J. McCaffrey, Chairperson of the Senate Committee on the Judiciary. December 29, 2006.

- 90% of police managers surveyed reported that their department had “not incurred any additional costs as a result of the law,” 84% said the law had “not made it more difficult to enforce drug laws,” and 74% believed that the law had “not contributed to an increase in illegal marijuana use.”

- Of those surveyed, no States Attorneys reported that their department had incurred any additional costs, and none felt that the medical marijuana law made it more difficult to enforce drugs laws or increased illegal marijuana use in general.”⁶

⁶ Marijuana Registry Program, Vermont Information Center, Department of Public Safety, and Vermont Department of Health. “REPORT ON ACT 135, OF THE 2004 LEGISLATURE: AN ACT RELATING TO MARIJUANA USE BY PERSONS WITH SEVERE ILLNESS ACT, October, 2004 – July, 2006.” July 7, 2006.

8. The law enforcement claim: Every single prosecutor in every single medical marijuana state is opposed to medical marijuana.

In their own words:

- **“There’s not one prosecutor in any of the states where [medical marijuana laws] have been adopted who supports this proposal, nor do the law enforcement agencies in those states.”** (James C. Backstrom, Dakota County Attorney, Midday, Minnesota Public Radio, 3/8/07)

The facts: Terence Hallinan, the former District Attorney of the City and County of San Francisco (1996-2004), not only voiced support for S.F. 345, but submitted testimony to the Minnesota Legislature in its favor.

The proof: The former District Attorney’s testimony concluded: “In short, these are good laws that protect a limited number of people. In my experience, they do not increase the availability of marijuana to youth or in the criminal market generally, they do not result in additional cost to the state in terms of law enforcement resources, and they do not compromise our efforts to combat illicit marijuana use. In fact, the medical marijuana law actually reduced illicit marijuana dealing in some of our city parks. I would encourage the Minnesota Legislature to pass the medical marijuana bill and the governor to sign it. I would also discourage my counterparts in law enforcement from spending an inordinate amount of their time opposing this legislation. In time, they will find, as I did, that their concerns are largely unfounded.”

9. The law enforcement claim: Illegal marijuana use has increased 50% in California since 1996.

In their own words:

- **“For example, in California where [medical marijuana] was adopted, they’ve had a 50% increase in the illegal use of marijuana since this bill went into effect.”** (James C. Backstrom, Dakota County Attorney, Midday, Minnesota Public Radio, 3/8/07)

The facts: The County Attorney’s claim is false on its face: All available data point to a decrease in marijuana use since the passage of Proposition 215.

The proof: Proposition 215 – California’s medical marijuana initiative – was passed in 1996. Statewide statistics for marijuana use for all age groups are simply not available prior to 1999. However, statistics on the use of marijuana by teenagers are available from the state-sponsored California Student Survey. This survey, available at <http://safestate.org/index.cfm?navId=422>, documents that teen marijuana use in California was rising prior to enactment of Proposition 215 in 1996 but has declined dramatically since then.

For instance, the number of ninth graders reporting marijuana use in the last 30 days declined by 47% from 1996 to 2006. An analysis commissioned by the California Department of Alcohol and Drug Programs found “no evidence supporting that the passage of Proposition 215 increased marijuana use during this period.”

10. The law enforcement claim: The 1999 Institute of Medicine (IOM) study discounted smoked marijuana for medicine.

In their own words:

- **“Even the 1999 landmark study of The Institute of Medicine (IOM) which reviewed the supposed medical properties of marijuana (a study often cited by ‘medical’ marijuana advocates) clearly discounts the notion that smoked marijuana is or can become ‘medicine.’”** (James C. Backstrom, Dakota County Attorney, in prepared testimony, 2/14/07)

The facts: The IOM report does not “discount” smoked medical marijuana.

The proof: John Benson, co-principal investigator for the IOM study, has stated: “There are limited circumstances in which we see recommending smoked marijuana for medical uses.”⁷

And the IOM report itself stated, "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting and all can be mitigated by marijuana ... there are patients with debilitating symptoms for whom smoked marijuana might provide relief."

⁷ <http://books.google.com/books?id=WMOdI9pC-gEC&pg=PA87&lpg=PA87&dq=%22there+are+limited+circumstances+in+which+we+see+recommending+smoked+marijuana+for+medical+uses%22&source=web&ots=hQQCWBYO9i&sig=CUmTaURmTmS6O9emXwxwNinIB5c&hl=en>

11. The law enforcement claim: The potency of marijuana has increased 10 to 30 times since the 1960's and 1970's.

In their own words:

- **“You can’t control the potency of the drug and it varies dramatically and it’s 10 to 30 times stronger today than it was in the 1960s and 1970s.”** (James C. Backstrom, Dakota County Attorney, Midday, Minnesota Public Radio, 3/8/07)

The facts: While marijuana potency has increased over the course of the last 40 years, the increase has been far more minimal than law enforcement claims and, in any case, increased potency is not necessarily a bad thing for patients.

The proof: For instance, in April 2006, the Office of National Drug Control Policy (ONDCP) and the National Institute on Drug Abuse (NIDA) released an analysis of marijuana potency that found that the average amount of THC in seized samples has reached 8.5% -- up from just under 4% in 1982. A 10- to 30-fold increase in THC potency from 1982 levels would mean marijuana that is 40% to 120% THC. This is physically and mathematically impossible.

For medical use, increased potency is, in any case, an advantage, because those who choose to smoke are able to smoke less and achieve the same therapeutic effect. That's why the government of the Netherlands has set the minimum potency level for medical marijuana sold by prescription in Dutch pharmacies at 13% THC, with an 18% THC variety also available.

12. The law enforcement claim: The federal government is vigorously investigating medical marijuana.

In their own words:

- **“There have been many federally sanctioned studies into the medical use of marijuana in the past decade and they’re continuing today and they will continue.”**
(James C. Backstrom, Dakota County Attorney, Midday, Minnesota Public Radio, 3/8/07)

The facts: On the contrary, only a handful of federally sanctioned medical marijuana studies have been allowed to proceed, and only one is underway presently. These have been small pilot studies, and while they have been consistently successful, the federal government is actively obstructing the type of medical marijuana studies needed to obtain FDA approval.

The proof: Most notably, a group of researchers at the University of Massachusetts at Amherst has been seeking to conduct formal trials for years, but the Drug Enforcement Administration is blocking its efforts. The researchers are trying to create a facility to grow specific marijuana strains under controlled, reproducible conditions to test marijuana’s efficacy for various indications. Such research is essential for FDA approval, but the DEA has refused to approve such a facility.

13. The law enforcement claim: Medical marijuana use will lead to patients using most dangerous and addictive drugs.

In their own words:

- **“Marijuana is a gateway drug to the use of other illegal drugs like methamphetamine, heroin and cocaine.”** (James C. Backstrom, Dakota County Attorney, in prepared testimony, 2/14/07)

The facts: The “gateway theory” has been roundly debunked by many credible sources.

The proof: First of all, it is absurd on its face to cite a supposed “gateway effect” for patients who are already routinely prescribed opiates and other highly addictive, potentially deadly narcotics.

Furthermore, according to a 2006 study commissioned by the British Parliament, "the gateway theory has little evidence to support it despite copious research."

In 1999, the Institute of Medicine concluded, "There is no evidence that marijuana serves as a stepping stone [to other drugs] on the basis of its particular physiological effect."

The American College of Physicians noted in February 2008, "Marijuana has not been proven to be the cause or even the most serious predictor of serious drug abuse. It is also important to note that the data on marijuana's role in illicit drug use progression only pertains to its non-medical use."

And even the U.S. Department of Health wrote in its pamphlet “Marijuana: Facts for Teens,” "Most marijuana users do not go on to use other drugs."

14. The law enforcement claim: Medical marijuana harms, rather than helps, marijuana users.

In their own words:

- **“Marijuana is an addictive drug that poses significant health consequences to its users, including those who may be using it for medical purposes.”** (James C. Backstrom, Dakota County Attorney, in prepared testimony, 2/14/07)

The facts: No medications are without risk; however, medical marijuana is relatively benign compared to many routinely prescribed drugs.

The proof: The American College of Physicians noted marijuana's "relatively low toxicity" in its February 2008 statement.

Further, the American Public Health Association's official position statement on medical marijuana states, "[M]arijuana has an extremely wide acute margin of safety for use under physician supervision and cannot cause lethal reactions. ... greater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use."

And the Institute of Medicine, in its 1999 study, concluded that "Compared to most other drugs ... dependence among marijuana users is relatively rare."

15. The law enforcement claim: You can overdose on marijuana.

In their own words:

- **“How are the producers going to know what the THC level of the marijuana is, how are the people using it going to know the difference between 5%, 10%, and 20%? If it’s extraordinarily high, how are you going to prevent overdose?”** (Bob Bushman, president, Minnesota Police Association, Minnesota Peace Officers Association, and Statewide Gang and Drug Coordinator; Senate Judiciary Committee, 4/10/07)

The facts: Concerns about “marijuana overdoses” are not based in fact, and the danger pales in comparison to the risk of overdose from both routinely prescribed and over-the-counter medications.

The proof: Unlike many prescription medications, and even many standard over-the-counter medications, **no one has ever died from a medically documented marijuana overdose.** In contrast, approximately 500 Americans die yearly from overdoses of acetaminophen (Tylenol).