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Medical Marijuana

Since ICOF last covered medical marijuana on September 1, 2000, the Supreme Court upheld the power of Congress to prohibit the possession of marijuana for medical purposes.

Meanwhile, Canada became the first country to allow people to grow, possess and smoke medical marijuana. [Click here for the latest developments concerning this controversial issue.](#)

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Suppose that your elderly grandmother was crippled with arthritis that left her in so much pain that she could hardly walk or leave the house. You would want her to have access to any sort of pain relief available. But what if the only medicine that seemed effective were illegal because it was considered dangerous? Would you want your grandmother to break the law? Or would you conclude that the medicine in question is in fact harmful and that she should consider alternative treatments?

That scenario, although simplified somewhat, is the crux of the ongoing national debate over "medical marijuana"--making marijuana, a drug that is illegal to use or possess under federal law, available to people with various ailments that marijuana is alleged to help combat.

Medical-marijuana supporters say that any ill person who could benefit from marijuana should be able to use it. But others say that there is no evidence that marijuana is medically useful and that there are plenty of alternative therapies that patients can use to alleviate pain. Opponents claim that marijuana is an addictive substance that can cause mental problems and possibly permanent brain damage.

Supporters of medical marijuana have been particularly persuasive in explaining their position recently. In November 1996, voters in California and Arizona approved ballot measures that allowed the use of marijuana by people suffering from a variety of illnesses. The sponsors of those referendums have vowed to take their crusade to other states and eventually to alter federal law to allow greater access to marijuana for certain purposes.

But they face powerful opposition. Most law-enforcement organizations and nearly all government officials oppose medical-marijuana laws. Various medical associations and the Drug Enforcement Administration (DEA) argue that there is no evidence that marijuana has any medicinal value.

Opponents of medical marijuana complain that the primary goal of most supporters is to make marijuana, an unpredictable and poorly understood drug, completely legal nationwide. Opponents worry that impressionable children and teenagers will get the idea that it is perfectly fine to use marijuana, and that any progress made in fighting drug abuse will be set back. They argue that research has shown that people who use marijuana are several times more likely than others to use other drugs such as heroin and cocaine, which are highly addictive, often lethal and can devastate lives and communities.

Medical-marijuana supporters counter that they are only seeking "compassionate use" rights for ill people. They point to anecdotal evidence that, among other medicinal benefits, marijuana helps relieve pain caused by glaucoma, an eye disease, and effectively reduces nausea stemming from chemotherapy treatment for cancer. Supporters argue that it is unfair to deny people beneficial treatment simply because others, who may not be ill, are concerned about the possible repercussions of a change in drug policy.

Americans by a wide majority believe that casual marijuana use is wrong and that marijuana should be considered an illegal drug. Yet when the well-being of a loved one is in question, they become less certain about their convictions and seem willing to make specific exceptions. As the recent results in California and Arizona show, most Americans do support allowing ill people to use marijuana. The problem is that high-profile supporters and opponents of medical-marijuana measures have polarized the debate so much that it is impossible to determine a middle ground between marijuana as a benign pain reliever and marijuana use as immoral and destructive.

History of Marijuana in the U.S.

Marijuana is the common name for a plant known as ***cannabis sativa***.

It grows throughout temperate regions, including most parts of the U.S., and can be cultivated easily in greenhouses. The most common way to ingest marijuana is to smoke the leaves. The active ingredient in the plant, THC (delta-9-tetrahydrocannabinol), is psychoactive, meaning that it interacts with the central nervous system and can alter perception, mood and behavior.

Marijuana was used thousands of years ago in China as a folk medicine. In the U.S. in the 1840s it was used to treat chronic illnesses such as syphilis. In the early 1900s, however, authorities began to crack down on the use of mind-altering substances, mostly because of a growing number of drug addicts and a less-tolerant society. The Harrison Act of 1914 marked the first step toward pushing states to criminalize drug use and possession. [See 1996 [Drug Legalization](#)]

Marijuana itself was not made illegal until 1937, when the Marijuana Tax Act was passed by Congress. With the passage of the Controlled Substances Act in 1970, federal regulators classified marijuana as a Schedule I drug, a category meant to comprise drugs that have a high potential for abuse, that lack accepted medical use and that are considered unsafe to use even under medical supervision. Schedule I is the most stringent category; even drugs that most people consider more dangerous than marijuana, such as cocaine, are in Schedule II because they have some accepted medicinal benefits.

In the 1960s, marijuana became the second-most popular stimulant, after alcohol, among most Americans. Some people began to argue that it was not as harmful as had previously been thought, and that it should be reclassified so that intensive medical-related research could be conducted. In the 1980s, organizations such as the National Organization for the Reform of Marijuana Laws (NORML) petitioned the DEA to reclassify marijuana as a Schedule II drug, which would mean that it could be legally prescribed by physicians. From 1986 through 1988, the DEA held hearings on reclassification; in March 1992, the agency announced that it had rejected all reclassification petitions. THC can be prescribed legally in pill form, however, in a medicine known as Marinol. The Food and Drug Administration (FDA) approved the use of Marinol in 1992.

Most analysts attributed the DEA's decision to the federal government's increasingly hard-line approach to drug use and abuse. Anti-drug use efforts had been redoubled during the terms of Republican Presidents Ronald Reagan (1981-89) and George Bush (1989-93). President Clinton (D), who took office in January 1993, has been criticized for being relatively lax in enforcing drug laws, but his administration has not relaxed any regulations.

Marijuana's Effects Questioned

How dangerous is marijuana? Controversy swirls around that issue as well. It is understood that marijuana impairs mental functions and can cause anxiety attacks in some people. The long-term effects of smoking marijuana are less certain, mostly because there has never been a truly comprehensive study conducted. Studies are nearly impossible to arrange because of marijuana's Schedule I status--which makes the drug difficult to obtain--and fears that federal officials would pull funding or even close down studies. [See 1997 [AIDS Researcher Seeks Marijuana Study Approval](#)]

Some surveys have shown, however, that people who use marijuana are more likely than others to try more dangerous substances such as cocaine and heroin. The fact that marijuana is thus considered a "gateway" drug has been used as justification for its continued illegal status in all respects.

As far as medicinal purposes go, marijuana's efficacy remains questionable as well. In 1988, researchers at Cornell University in Ithaca, N.Y. released the results of a study showing that smoking marijuana relieved nausea in some patients who had failed to respond to Marinol. However, that study has been attacked frequently by opponents of medical marijuana for being flawed because appropriate study controls allegedly were not in place.

Researchers have continued pressuring the DEA for permission to conduct large-scale studies of marijuana's medical use. Their efforts have usually been met with refusal or delay tactics. Clinton administration officials have been reluctant to commission studies themselves because of fears that the president could be further open to attacks that he is "soft" on drugs. Most federal drug officials, including Gen. Barry McCaffrey, the head of the White House's Office of National Drug Policy, oppose studies. They say that they do not want in any way to appear to be justifying the use of a drug that the majority of Americans believes is dangerous and should continue to be illegal and out of the reach of minors in particular.

Availability of Marijuana

Organizations that support medical marijuana, such as NORML and Californians for Medical Rights, the group that sponsored the recent ballot measure in California, are strong believers in marijuana's medicinal benefits. They stress patients' claims that the drug reduces pressure on the eyes of glaucoma patients and can alleviate chemotherapy-induced nausea. They also argue that marijuana is helpful in reversing cachexia, or "wasting disease," an ailment that afflicts AIDS patients in particular, by increasing patients' appetites. Other instances in which marijuana has been linked to pain relief include multiple sclerosis, arthritis and chronic back pain.

So-called buyers clubs have flourished in some municipalities over the past two decades, providing patients with marijuana cigarettes or other forms of the drug. Those clubs are technically illegal, but in places such as San Francisco, which has a high percentage of AIDS

sufferers, city officials have largely been tolerant of their activities.

Although marijuana cultivation and possession remain a felony under federal law, the federal government has for two decades run a limited program in which it provides marijuana to patients with glaucoma and other diseases that marijuana allegedly helps alleviate. The federal Public Health Service has received thousands of applicants for the program since it was initiated in the mid-1970s, but only about a dozen people nationwide were ever accepted into it. In 1991, the Public Health Service announced that the program was suspended and that it would take no more applications; today, only eight of the original participants in the program are alive. The Public Health Service said that its suspension decision was based on the belief that the program undercut the federal government's opposition to illegal-drug use.

In the 1970s, several states' legislatures voted to allow the use of medical marijuana in certain limited circumstances. Some of those laws have been repealed; others, meanwhile, remain in existence but have had very little effect because the laws' provisions are so stringent. In recent years, four states--Florida, Washington, Ohio and Idaho--have legislated limited use of medical marijuana in certain circumstances.

Although the medical-marijuana movement is at least two decades old, it did not become a well-known national controversy until the California and Arizona ballot measures were unveiled. Part of the outcry stemmed from the fact that any trend or legislative development in California, the nation's most populous state, carries great weight nationwide. Also, the two states' medical-marijuana measures were seen to be more liberal in defining the circumstances under which people can get access to marijuana.

In California, lobbying efforts by medical-marijuana advocates at the legislative level failed in September 1994 when Gov. Pete Wilson (R) vetoed a bill that would have allowed limited medicinal use of marijuana. Supporters then drew up a measure and assembled the necessary number of signatures to place it on the November 1996 ballot.

The measure, Proposition 215, requires only a "doctor's recommendation," either orally or in a written prescription, for marijuana use by patients with glaucoma, cancer, AIDS "or any other illness for which marijuana provides relief." Patients and "defined care givers" who grow or possess marijuana are exempt from state criminal drug laws.

Relying heavily on individual wealthy donors, Proposition 215 supporters ran a high-profile campaign that included personal pleas from pain sufferers on television and radio advertisements. Opponents, who had less money at their disposal, accused medical-marijuana supporters of understating the measure's scope and playing with people's emotions in an irresponsible manner. The measure passed by a margin of 56% to 44%. [See 1997 Wealthy Investors Back Referendums]

The Arizona measure, known there as Proposition 200, passed by an even greater margin, 65% to 35%. On one level, Proposition 200 is a much narrower law; unlike the California law, the Arizona legislation allows medical-marijuana use only if two doctors provide written prescriptions.

However, Proposition 200 goes further in another area than the California measure in that it allows doctors to prescribe marijuana and other drugs designated as Schedule I, such as heroin, if they can offer scientific evidence that the drug is useful scientifically. Opponents of the measure claimed that its wording, although geared toward medical-marijuana use, was vague and could mean, for instance, that patients could receive LSD (lysergic acid diethylamide), a powerful psychotic drug that is considered much more harmful than marijuana.

Federal Officials Criticize Referendums

Opponents of medical marijuana are most concerned that the new measures will lead to an increase in drug use, especially among the young. Marijuana use by all Americans peaked in the 1970s. After declining for several years, it has increased recently among teenagers, according to several studies. One survey, conducted by the University of Michigan's Institute for Social Research for the Health and Human Services Department (HHS) and released on December 19, 1996, showed that nearly 36% of 12th graders, 34% of 10th graders and 18% of eighth graders reported having smoked marijuana at least once during the previous 12 months.

HHS Secretary Donna Shalala vowed to target more federal money for drug education and prevention over the next few years, adding, "The survey tells us that drug use among young people is at unacceptable levels, that the core of the problem is marijuana and that we must fight aggressively to change these trends."

Shalala and McCaffrey are both highly critical of the medical-marijuana movement, claiming that it has made marijuana seem less threatening or harmful to children and teenagers. They also fear that young people will now begin to view marijuana as a medical option. Clinton shares those concerns, and he also has faulted the ballot measures for being potentially disruptive to the scientific process by which drugs now gain approval for medical use. The president noted that no studies have been conducted showing marijuana's efficacy; medical-marijuana advocates, meanwhile, counter that no studies have been conducted precisely because the federal government will not allow them. Clinton has been supported in his medical-marijuana comments by Robert Dole (R), his 1996 presidential-race opponent, and by three former presidents--Gerald Ford (R), Jimmy Carter (D) and Bush.

Federal v. State Laws

Regardless of the Clinton administration's response to the California and Arizona laws, it is clear that strict federal laws banning the cultivation, possession and sale of marijuana will not be removed. Thus one of the biggest questions now facing law-enforcement officials is how to resolve the conflicting federal and state marijuana laws. California Attorney General Dan Lungren (R), a staunch opponent of Proposition 215, says, "We have never really had a situation like this before. We now have a law in which the state says something is legal that is illegal under federal law."

The Justice Department reportedly has decided not to file suit in federal court to try to block the implementation of either state's measure. However, immediately following the passage of the California and Arizona referendums, McCaffrey convened a panel to develop recommendations on how the federal government should deal with the new laws. On December 30, 1996, McCaffrey, Shalala and Attorney General Janet Reno unveiled the Clinton administration's plan to combat the measures. They said that the government would follow a variety of policies, including:

- Revoking the prescription licenses from doctors who prescribe marijuana and other illegal drugs; those doctors could also face criminal charges for violating federal law
- Unleashing a vigorous public-relations campaign to stress the dangers to people's health posed by marijuana and other illegal drugs
- Continuing to allow state and local police to enforce basic federal drug strategies by arresting people for possessing marijuana

The doctor provision is considered the centerpiece of the administration's response to the state ballot measures. Few if any doctors are thought to be willing to risk having their DEA registrations--which allow them to prescribe all controlled drugs except those in Schedule I--revoked.

Some medical-marijuana supporters argued that the federal proposals represented a victory for them because the Justice Department no longer threatened to go to the courts to overturn the ballot measures. Sam Vagenas, the coordinator of the Arizona medical-marijuana campaign, said, "It sounds like they are retreating. Barry McCaffrey has been saying that the Arizona initiative was in conflict with federal law. Now they're saying they're not going to file suit against it, and they're not going to go after people for possession. We consider that a major victory." Many doctors, meanwhile, say that the proposals represent an excessive use of federal power. David Lewis, the director of the Center for Alcohol and Addiction Studies at Brown University in Providence, R.I., says, "Now the federal government is entering the practice of medicine, placing itself in the physician's office between the doctor and the patient."

Some state officials who strongly opposed the ballot measures, such as Lungren, have vowed to cooperate with federal authorities. Others, however, especially local authorities in more liberal, urban areas where ill people tend to be more concentrated, have spoken of relaxing

marijuana-law enforcement. Supporters of the ballot measures have indicated that they will go to court to preserve their rights under the new laws.

Complicated scenarios could exist for doctors as well. The California Medical Association has called the vote a popular mandate for extensive research into marijuana's alleged medical benefits. However, doctors who prescribe marijuana run the risk of losing their prescription licenses. Some doctors may resist the federal government's enforcement policies, especially since marijuana has been recommended by some of them at various times over their careers.

In a 1990 study reported in 1995 in the ***Journal of the American Medical Association***

by Lester Grinspoon, a psychiatry professor at Harvard University Medical School in Boston, Mass., 44% of oncologists surveyed said that they had at least once recommended that a patient smoke marijuana to relieve nausea caused by chemotherapy.

Opposition to Medical Marijuana

Social conservatives find themselves allied with many urban liberals in opposing medical-marijuana laws. The conservatives claim that all illegal drug use is morally wrong and has no redeeming value; liberals tend to believe that any relaxation of drug laws will wreak further havoc in poor and minority communities in big cities that have been devastated over the past few decades by increased abuse of drugs, especially cocaine. Opponents frequently make the "gateway" argument--that marijuana users are more likely to begin using more powerful and socially destructive drugs such as cocaine and heroin.

The new laws, they claim, are so loose and vaguely worded that nearly anyone could get access to marijuana simply by telling their doctor that they need it. The drug could then be distributed relatively easily to others, including minors. Opponents also argue that marijuana is medically unsound because it impairs judgment. At an HHS conference on marijuana use in 1995, Shalala contended that marijuana "damages short-term memory, distorts perception, impairs judgment and complex motor skills, alters the heart rate, can lead to severe anxiety and can cause paranoia and lethargy."

Smoking marijuana is more dangerous than smoking tobacco, opponents assert, because marijuana cigarettes contain even more carcinogenic (cancer-causing) substances than tobacco ones. All major medical associations, including the American Cancer Society and the National Eye Institute, oppose medical-marijuana use.

Opponents also say that medical-marijuana supporters are most interested in full drug legalization, and thus have a hidden agenda in supporting the new laws. McCaffrey has called Proposition 215 a "falsely labeled, cynical initiative" that is "a stalking horse for legalization" because it does not require a doctor's written prescription.

Medical-marijuana opponents are equally forceful in rejecting claims that marijuana helps alleviate symptoms in many patients. Dr. David Ettinger, the associate director of the Johns Hopkins Oncology Center in Baltimore, Md. says, "There is no indication that marijuana is effective in treating nausea and vomiting resulting from radiation (a cancer treatment)....No legitimate studies have been conducted which make such conclusions."

Similarly, Mitchell Rosenthal, the president of Phoenix House, a Los Angeles drug-treatment center, argued in a letter to the *New York Times* (November 4, 1996), "There is no scientific evidence that smoking marijuana is of any greater benefit to patients with cancer, glaucoma, AIDS or multiple sclerosis than what is now done to treat them, relieve their suffering or mitigate the side effects of their treatment."

In addition, many health-care professionals say that Marinol, the THC derivative, can just as easily deliver the pain relief associated with marijuana. That runs counter to the arguments of many supporters of medical marijuana, who contend that Marinol is not a viable substitute because its doses are hard to regulate, some patients have difficulty swallowing pills, it is expensive and it does not seem to work as well as marijuana as a pain reliever for some patients.

Support for Medical Marijuana

Supporters of medical marijuana say that opponents lack compassion for suffering people, who should be able to use any substance available to relieve their pain. AIDS activists and other care-givers assert that it is only fair that people are able to explore all options to better their lives. They argue that no deaths have ever been attributed to marijuana, unlike other banned substances such as cocaine.

Grinspoon disclaims assertions that marijuana is especially dangerous, arguing, "Marijuana is far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics and analgesics." Adds Marcus Conant, an AIDS doctor in San Francisco, "I'm not advocating everybody growing it [marijuana] in their flower box, but we have physicians with their hands tied because they can't use a drug that we have 40 years' experience showing is effective and has a reasonable place in the medical armamentarium."

As to opponents' arguments that no studies have been conducted, medical-marijuana supporters maintain that only by initiating full-scale research will it ever be known if marijuana is beneficial. The anecdotal evidence provided by so many patients is reason enough for government sanctioning of extensive studies, they argue. Supporters contend that decriminalizing marijuana use for medicinal purposes does not indicate approval--morphine, a heroin derivative, is frequently prescribed to combat pain, they note, but few people believe that morphine should be available to anyone who wants it.

Some medical-marijuana supporters do favor more full-scale drug legalization. Among them are conservative groups such as the ***National Review*** magazine, which claims that government drug policies have been an expensive failure that have only prompted more people, including minors, to try drugs. Libertarians are also opposed to government intervention in what they see as a personal decision to use illegal drugs to relieve pain.

Mostly, however, medical-marijuana supporters have focused their attempts at acceptance for their views on compassion, generally by personalizing their campaign with pleas by ill people. That approach was criticized sharply by opponents who see a different agenda. James Copple, the president of the Community Anti-Drug Coalitions of America, says, "The California proposition was a wolf dressed in sheep's clothing. They're using AIDS victims and terminally ill as props to promote the use of marijuana."

Copple and other opponents say that many voters were unaware of the consequences of their votes because they did not truly understand the measures' provisions--especially the controversial clause allowing the dispensing of marijuana merely on one doctor's verbal recommendation. Opponents contend that the medical-marijuana supporters' message was so successful primarily because they outspent opponents by a wide margin in the effort to reach voters in California and Arizona. Much of that money came from out-of-state donors.

Hard Choices Ahead

Is marijuana addictive, dangerous and a threat to the nation's well-being? Or is it a mostly benign substance that can help people cope with pain? Regardless, potential users of medical marijuana and law-enforcement officials are uncertain of what their rights and duties are in the wake of the California and Arizona referendums and the unveiling of the federal government's plan to combat medical marijuana.

Further complicating the entire issue are Americans' more complex attitudes toward marijuana than other so-called hard drugs such as cocaine. Surveys have estimated that up to 50 million Americans have tried marijuana at least once in their life, thus making marijuana far more popular than other illegal drugs. Clinton, Vice President Al Gore (D), House Speaker Newt Gingrich (R) and other politicians have all confessed to having tried marijuana. Now they are among the staunchest opponents of medical marijuana. Are they hypocrites? Or have they instead realized that they were wrong and now want to shield others from using a dangerous drug?

For now, suffering people who want marijuana badly enough are likely to be able to find it regardless of referendums or laws. For them, the issue has only one aspect--how to manage pain. Until other viable options become readily available, they are unlikely to listen to opponents' arguments about what is best for society as a whole. Voters nationwide have

started listening to them; opponents of medical marijuana face a somewhat uphill fight as they try to convince people that such laws are dangerous in the longterm.

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Contact Information

*Information on how to
contact the
organizations that are
either mentioned in
the discussion of
medical-marijuana use
or can provide
additional information
on the subject is
listed below* :

Center on Addiction and Substance Abuse
152 West 57th Street, 12th Floor
New York, N.Y. 10019

Telephone: (212) 841-5200
Internet: www.casacolumbia.org

Office of National Drug Control Policy

Old Executive Office Building
Washington, D.C. 20500
Telephone: (202) 395-6700
Internet: www.whitehouse.gov

National Organization for the Reform of Marijuana Laws (NORML)

1001 Connecticut Ave. N.W., Suite 1010
Washington, D.C. 20036
Telephone: (202) 483-5500
Internet: www.norml.org/

Alliance for Cannabis Therapeutics

P.O. Box 21210, Dept. E
Washington, D.C. 20009
Telephone: (202) 483-8595

Lindesmith Center

888 Seventh Avenue
New York, N.Y. 10106
Telephone: (212) 887-0695
Internet: www.lindesmith.org

Keywords and Points

***For further information
about the ongoing
debate over medical-
marijuana use, search
for the following words
and terms in
electronic databases
and other publications:***

Barry McCaffrey
Proposition 215
Lindesmith Center
George Soros
Cannabis

Marinol

Medical Marijuana Update (September 2000)

Since ICOF last covered medical marijuana on January 10, 1997, the debate over legalization of medicinal use of marijuana continued in the courts, in legislative bodies, and in the public arena, and scientists reported on a scattering of studies investigating marijuana's effects and potential medical benefits. Among developments of note:

- In late 1997 a California court ruled that a 1996 state ballot initiative known as Proposition 215, which allowed medicinal use of marijuana under a doctor's supervision, did not permit medical marijuana clubs in the state to sell marijuana, since they could not be primary care givers. In May 1998 a U.S. District Court judge directed that several California medical marijuana clubs be closed, including one in Oakland. In a bid to shield club staff members from prosecution under federal drug laws, the Oakland City Council designated them officers of the city, but in October the judge ordered the club shut. The Oakland club filed a legal challenge to the closure, and a federal appeals court in 1999 instructed the judge to reconsider his ruling; in mid-2000 the judge modified his order to allow the club to distribute marijuana to individuals with a serious medical condition who would suffer harm without the drug and who lacked an alternative treatment that was legal and effective. [See 1998 Facts On File Narcotics: Court Rules Against Marijuana Clubs; Other Developments, 1998 Facts On File Narcotics: Oakland Shields Marijuana Group, 1998 Facts On File Narcotics: Oakland Marijuana Club Ordered Shut, 1999 Facts On File Narcotics: News in Brief]
- State referenda saw the use of marijuana for medicinal purposes under certain conditions win approval in Alaska, Arizona, Nevada, Oregon, and Washington State in November 1998 and in Maine in November 1999. Washington, D.C. voters also endorsed the medical use of marijuana in 1998, but Congress used its authority to override District law and passed an amendment that froze ballot counting. A federal judge later ruled that the count could proceed, and results released in September 1999 showed that voters had approved the initiative. In 2000 the use of marijuana for certain diseases was authorized by state legislation in Hawaii. [See 1998 Facts On File 1998 Election: State and Local Ballot Questions, 1999 Facts On File Politics: D.C. 1998 Marijuana Vote Tallied, 1999 Facts On File 1999 Elections: Washington State Backs Antitax Measure]
- Across the border in Canada, an Ontario appeals court ruled in mid-2000 that the existing Canadian ban on the possession of marijuana was unconstitutional; the court took the view that Canada must either have a marijuana law permitting people with a legitimate medical need to use the drug, or have no law at all.
- In March 1999 a panel appointed by the Institute of Medicine, part of the U.S. National Academy of Sciences, released a review of research on the medical benefits of

marijuana. Among the conclusions, ingredients of marijuana appeared to be somewhat effective in treating nausea, pain and loss of appetite in AIDS patients, as well as muscle spasms associated with multiple sclerosis, but the benefits of smoked marijuana were extremely limited because of the toxicity of the smoke. The panel called for additional scientific studies of the uses of marijuana. In May 1999 the Clinton administration said it would allow privately funded scientists, as well as federally funded researchers, to use marijuana grown for study purposes by the federal government. [See 1999 Facts On File [Medicine and Health: Panel Reports on Medical Marijuana](#), 1999 Facts On File [Medicine and Health: Marijuana Research Rule Eased](#)]

- In mid-2000, San Francisco researcher Donald Abrams reported the results of the first U. S. government-sanctioned study of the effects of marijuana on people infected with the AIDS virus, HIV. The study was designed to investigate whether marijuana interfered with the anti-HIV drugs known as protease inhibitors; no change was seen in blood levels of the virus in patients who smoked marijuana or who took Marinol, a synthetic form of the active ingredient in marijuana. Patients receiving either form of marijuana tended to actually gain weight during the study.
- Animal studies by British researchers provided new evidence in 2000 that components of marijuana might help ease the symptoms of arthritis and relieve such symptoms of multiple sclerosis (MS) as tremor and spasticity. [See [Today's Science: Marijuana Found Beneficial for MS](#)]
- Among findings regarding adverse effects of marijuana, two mid-1997 animal studies by international teams of researchers found evidence indicating that marijuana could cause changes in brain chemistry similar to those resulting from abuse of alcohol and other addictive drugs; it was suggested that marijuana might make individuals more susceptible to abuse of other drugs. In a 1999 study, California researchers reported evidence of a possible link between marijuana smoking and an increased risk of head and neck cancers. An early 2000 U.S. study suggested that marijuana use is associated with a short-term nearly five-fold increase in the risk of heart attack. [See 1997 Facts On File [Narcotics: Addiction Effect Seen in Marijuana](#)]
- The U.S. government's annual National Household Survey on Drug Abuse found a rise in teenage marijuana use in 1997. Figures for 1998 showed a slight, but not statistically significant, decline. [See 1998 Facts On File [Narcotics: Decline Seen in High School Use; Other Developments](#)]

Medical Marijuana Update (July 2005)

Since ICOF last covered [medical marijuana](#) on September 1, 2000, the Supreme Court upheld the power of Congress to prohibit the possession of marijuana for medical purposes. Meanwhile, Canada became the first country to allow people to grow, possess and smoke medical marijuana. Among the key events:

- In the case of *U.S. v. Oakland Cannabis Buyers' Cooperative*, the U.S. Supreme Court

ruled, 8-0, on May 14, 2001, that federal law provided no "medical necessity" exception to the ban against the manufacture and distribution of marijuana. In a 1996 ballot initiative, California had removed all state restrictions on the use and distribution of marijuana for patients whose doctors had prescribed it as medicine. The federal government had thereupon sought an injunction to close a California-based nonprofit organization in which doctors and nurses distributed marijuana to patients with prescriptions. The cooperative, which continued to operate, appealed, arguing that its activities were legal even under federal law because the distribution of marijuana was medically necessary for its patients. The U.S. 9th Circuit Court of Appeals had ruled in the cooperative's favor, but the Supreme Court's decision reversed that decision. [See 2001 Facts On File: [Supreme Court--Medical Marijuana Distribution Rejected](#)]

- On July 30, 2001, Canada became the first country to allow people to grow, possess and smoke marijuana for medical purposes, although patients had to fulfill several requirements. A patient had to be terminally ill or suffering from a chronic disease, and doctors had to guarantee that marijuana was the only pain remedy that would work on the patient's ailment. Some pro-marijuana activists contended that the new regulations actually made the acquisition of marijuana harder than it had been under the previous system of special exemptions. On July 9, 2003, Canada's federal government announced a provisional distribution system for medical marijuana that would involve shipping government supplies of the drug directly to eligible patients' doctors. [See 2001 Facts On File: [Canada--Medical Marijuana Use Formally Legalized](#); 2003 [Canada--Doctors to Distribute Medical Marijuana](#)]
- The Drug Enforcement Administration (DEA), on November 28, 2001, granted approval to two medical studies that involved the use of marijuana. One of the studies would study whether marijuana eased muscle rigidity associated with multiple sclerosis and the other would examine whether the drug helped relieve peripheral neuropathy. [See 2001 Facts On File: [Medicine and Health: DEA Approves Medical Marijuana Trials](#)]
- On October 14, 2003, the Supreme Court declined to hear a case involving the right of physicians to recommend the medicinal use of marijuana to patients, letting stand a ruling by the 9th Circuit Court of Appeals that had blocked the DEA from revoking such doctors' licenses to prescribe controlled substances. The DEA and the Justice Department had attempted to crack down on doctors prescribing marijuana in 1996, when California passed a law allowing small-scale marijuana possession for those with a doctor's authorization. Advocates of medical marijuana had sued to block the federal crackdown effort, leading to the case at hand, *Walters v. Conant*. In 2000, the U.S. District Court in San Francisco had ruled against the government, and the appeals court upheld the ruling on free speech grounds, a decision that meant that doctors could recommend the drug but still could not distribute it to patients. [See 2003 Facts On File: [Supreme Court: Internet Pornography Case Accepted](#); [Other Developments](#)]
- A panel of the U.S. 9th Circuit Court of Appeals in San Francisco, California ruled, 2-1, on December 16, 2003, that federal prosecution of medical marijuana users under the 1970 Controlled Substances Act was unconstitutional if the marijuana was not sold or

transported across state lines and was used only for medicinal purposes in a state that allowed such use. In a ruling that was considered a setback for the U.S. Justice Department, the appellate court sent the decision back to the U.S. district judge who had earlier ruled that the Controlled Substances Act barred him from shielding two seriously ill California women from potential federal prosecution. [See 2003 Facts On File: [Medicine and Health--News in Brief](#)]

- The Supreme Court on June 6, 2005, upheld, in a 6-3 decision, the power of Congress to prohibit the possession of medical marijuana. In rendering the decision, the court overturned the 2003 ruling of the U.S. 9th Circuit Court of Appeals that federal prosecution of medical marijuana users was unconstitutional if the marijuana was not sold or transported across state lines. At the time of the Supreme Court's decision, 11 states permitted the use of marijuana for medical purposes. Backers of medical marijuana pointed out that, despite the ruling, state laws on marijuana use remained in effect and there was no immediate likelihood of federal enforcement. The case was *Gonzales v. Raich*.

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