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MINNESOTA COUNTY ATTORNEYS ASSOCIATION

POLICY POSITION

OPPOSING THE MEDICAL USE OF MARIJUANA IN MINNESOTA

Adopted February 16, 2007

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EXECUTIVE SUMMARY

The Minnesota County Attorneys Association (hereafter MCAA) strongly opposes any efforts to use marijuana for medical purposes within the State of Minnesota currently under consideration in the Minnesota Legislature in Senate File No. 345 and House File No. 655. Prosecutors are not alone in our opposition to this proposal. Legalizing marijuana for medicinal uses is also opposed by the Minnesota Sheriff's Association, the Minnesota Chiefs of Police Association, the National District Attorneys Association, and the U.S. Drug Enforcement Administration. The reasons for the strong opposition to this proposal by these law enforcement organizations are many, including the following:

- **Marijuana is an addictive drug that poses significant health consequences to its users, including those who may be using it for medical purposes**.
- **Marijuana has no proven medical value and it is not supported for medicinal use by many prominent national health organizations**.
- **There already exists a legalized form of "medical marijuana" (i.e., Marinol) which can deliver controlled doses of THC to a patient in the form of a pill (and other approved drugs exist as well to treat these diseases)**.
- **Marijuana use as a medicine is contrary to federal law which has been upheld by the United States Supreme Court**.
- **Marijuana is a dangerous drug that is associated with crimes of violence**.
- **Marijuana is far more powerful today that it was 30 years ago and it serves as a gateway to the use of other illegal drugs**.
- **Legalizing Marijuana for Medical Purposes Will Lead to Increased Use of Marijuana By Other Persons, Increased Crime and the Perception that Marijuana is Harmless.**
- **Legalizing marijuana for medicinal purposes will increase dangers associated with impaired driving**.

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All of these issues are discussed in detail in the full text of this policy position paper.

The bottom line is that at the present time, there is no proven medicinal value in using marijuana to treat illnesses or disease and, in fact, a legal form of THC (Marinol), which can be controlled for its strength and which delivers none of the harmful side effects of smoking marijuana already exists for use through a doctor's prescription. Many other FDA approved medications also exist to treat the debilitating diseases for which the use of "medical marijuana" is being sought.

Marijuana use, even by those using it for medicinal purposes, is significantly harmful to the body. Smoking pot delivers three to five times the amount of tars and carbon monoxide into the body as does smoking cigarettes and it also damages pulmonary immunity and impairs oxygen diffusion.[1] We agree with the Office of National Drug Control Policy, that it is hard to understand how changes such as these could be good for someone dying of cancer or AIDS.[2]

Perhaps most importantly of all, as a prohibited Schedule I controlled substance under the Federal Controlled Substance Act (CSA),[3] the manufacture, distribution or possession of marijuana is a federal crime.[4] The Minnesota Legislature should not substitute its judgment for that of Congress and the Administrators of the U.S. Drug Enforcement Administration and the Federal Drug Administration as to the fact that marijuana is a dangerous drug with no accepted medical use and as to determining what is the appropriate way to deliver safe medications to our citizens. It is not sound public policy to enact state laws which encourage law abiding citizens to commit federal crimes.

It is for all these reasons that the MCAA strongly opposes the adoption of the law in Minnesota which would legalize the use of marijuana for medicinal purposes. This opposition is shared by the associations representing our law enforcement partners within Minnesota.

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[1] Office of National Drug Control Policy's *What Americans Need to Know about Marijuana (Important facts about our nation's most misunderstood illegal drug)*, p. 9. http://www.whitehousedrugpolicy.gov/publications/pdf/mj_rev.pdf

[2] Id.

[3] Title II of the Comprehensive Drug Abuse Prevention and Control Act) (21 U.S.C.S. §§ 801 *et seq.*)

[4] Id., *§ 823(f), 841(a)(1), 844(a)*

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The Minnesota County Attorneys Association (hereafter MCAA) strongly opposes any efforts to use marijuana for medical purposes within the State of Minnesota currently under consideration in the Minnesota Legislature in Senate File No. 345 and House File No. 655 (hereafter S.F. 345). Prosecutors are not alone in our opposition to this proposal. Legalizing marijuana for medicinal uses is also opposed by the Minnesota Sheriff's Association, the Minnesota Chiefs of Police Association, the National District Attorneys Association, and the U.S. Drug Enforcement Administration. The reasons for the strong opposition to this proposal by these law enforcement organizations are many and are set forth in outline form below.[1]

I. Marijuana is an Addictive Drug That Poses Significant Health Consequences, Even to a Person Using it for "Medical Reasons."

- Marijuana is an addictive drug[2] that poses significant health consequences to its users, including those who may be using it for medical purposes.
  - Marijuana has been proven to be a psychologically addictive drug. Scientists at the National Institute of Drug Abuse have demonstrated that laboratory animals will self administer THC in doses equivalent to those used by humans who smoke marijuana.[3]
  - Persons using marijuana, even for medicinal purposes, suffer withdrawal symptoms when use is stopped, such as restlessness, loss of appetite, trouble with sleeping, weight loss and shaky hands.[4]
- 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 anxiety.[5]
- Long-term use of marijuana may increase the risks of chronic cough, bronchitis, and emphysema, as well as cancer of the head, neck, and lungs.[6]
- Studies have shown smoking marijuana causes a variety of health problems, including cancer, respiratory problems, loss of motor skills, and increased heart rate. It damages 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.[7]

- Marijuana is a significant health hazard which contains 50-70 percent more carcinogenic hydrocarbons than does tobacco smoke.[8] Using marijuana may promote cancer of the respiratory tract and disrupt the immune system.[9]
- Marijuana contains more than 400 chemicals, including the harmful substances found in tobacco smoke. Smoking one marijuana cigarette deposits almost four times more tar into the lungs than a filtered tobacco cigarette.[10]
- According to the National Institute 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.[11]
- Smoked marijuana has also been associated with an increased risk of the same respiratory symptoms as tobacco, including coughing, phlegm production, chronic bronchitis, shortness of breath and wheezing. Because cannabis plants are contaminated with a range of fungal spores, smoking marijuana may also increase the risk of respiratory exposure by infectious organisms (i.e., molds and fungi).[12]
- In a 2003 study, researchers in England found that smoking marijuana for even less than six years causes a marked deterioration in lung function. The study suggests that marijuana use may rob the body of antioxidants that protect cells against damage that can lead to heart disease and cancer.[13]
- Smoking marijuana also weakens the immune system[14] and raises the risk of lung infections.[15] 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.[16]

• Harvard University researchers report that the risk of a heart attack is five times higher than usual in the hour after smoking marijuana.[17]

  - Marijuana can cause the heart rate, normally 70 to 80 beats per minute, to increase by 20 to 50 beats per minute or, in some cases, even to double.[18]

• According to two studies, marijuana use narrows arteries in the brain, "similar to patients with high blood pressure and dementia," and may explain why memory tests are difficult for marijuana users. In addition, "chronic consumers of cannabis lose molecules called CB1 receptors in the brain's arteries," leading to blood flow problems in the brain which can cause memory loss, attention deficits, and impaired learning ability.[19]

• The *British Medical Journal* recently reported: "Cannabis use is associated with an increased risk of developing schizophrenia, consistent with a causal relation. This association is not explained by use of other psychoactive drugs or personality traits relating to social integration."[20]

  - Dr Andrew Campbell, a member of the New South Wales (Australia) Mental Health Review Tribunal, published a study in 2005 which revealed that four out of five individuals with schizophrenia were regular cannabis users when they were teenagers. Between 75-80 percent of the patients involved in the study used cannabis habitually between the ages of 12 and 21.[21]
  - A laboratory-controlled study by Yale University scientists, published in 2004, found that THC "transiently induced a range of schizophrenia-like effects in healthy people.[22]

- According to several recent studies, marijuana use has been linked with depression and suicidal thoughts, in addition to schizophrenia. These studies report that weekly marijuana use among teens doubles the risk of developing depression and triples the incidence of suicidal thoughts.[23]
  - Marijuana users have more suicidal thoughts and are four times more likely to report symptoms of depression than people who never used the drug.[24]
- Carleton University researchers published a study in 2005 showing that current marijuana users who smoke at least five "joints" per week did significantly worse than non-users when tested on neurocognition tests such as processing speed, memory, and overall IQ.[25]
- Mentions of marijuana use in emergency room visits in this country have risen 176 percent since 1994, surpassing those of heroin.[26] In 2001, marijuana was a contributing factor in more than 110,000 emergency department visits in the United States.[27]
- 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.[28]

II. Marijuana Does Not Have Any Proven Medical Value and it is Not Supported for Medicinal Use by Many Prominent National Health Organizations.

Before considering the enactment of this proposed statute, the Legislature is urged to look closely at the medical facts behind this issue. These include:

- Scientific research has not demonstrated that smoked marijuana is helpful as medicine.[29]
- Major medical and health organizations, as well as the clear majority of nationally recognized experts in the fields of medicine, science and scientific research, have concluded that smoking marijuana is not a safe and effective medicine. These organizations include: The American Medical Association, the American Cancer Society, the National Sclerosis Association, the American Glaucoma Association, the American Academy of Ophthalmology, the National Eye Institute, and the National Cancer Institute.[30]
- The American Medical Association (AMA) has rejected pleas to endorse marijuana as a medicine, and instead has urged that marijuana remain a prohibited, Schedule I controlled substance[31] (although it does support further studies, especially those aimed at delivering a "smoke-free inhaled delivery system for marijuana or . . . (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana.")[32]
- The American Cancer Society "does not advocate inhaling smoke, nor the legalization of marijuana" (although the organization does support carefully controlled clinical studies for alternative delivery methods, specifically a THC skin patch) [33].
- The American Academy of Pediatrics (AAP) opposes the legalization of marijuana because it believes that "[a]ny change in the legal status of marijuana, even if limited to adults," [which would include its use for medical purposes] "could affect the prevalence of use among adolescents."[34] (Similar to the AMA, the AAP supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana.)

- The AAP asserted that with regard to marijuana use, "from a public health perspective, even a small increase in use, whether attributable to increased availability or decreased perception of risk, would have significant ramifications."[35]

- The National Multiple Sclerosis Society (NMSS) states that studies done "have not provided convincing evidence that marijuana benefits people with MS," and thus marijuana is not a recommended treatment. Furthermore, the NMSS warns that the "long-term use of marijuana may be associated with significant serious side effects."[36]

- A recent study by the Mayo Clinic, showed THC to be less effective than standard treatments in helping cancer patients regain lost appetites.[37]

- The British Medical Association (BMA) has also voiced extreme concern that downgrading the criminal status of marijuana would "mislead" the public into believing that the drug is safe. [The same holds true in reference to legalizing the use of marijuana for medical purposes.]
  - The BMA maintains that marijuana "has been linked to greater risk of heart disease, lung cancer, bronchitis and emphysema."[38] The 2004 Deputy Chairman of the BMA's Board of Science said that "[t]he public must be made aware of the harmful effects we know result from smoking this drug."[39]

- 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."[40] A close review of the IOM study reveals the following:
  - While the principal investigators in the IOM study found that the active compounds in marijuana may have medicinal potential for some ailments (the IOM found "… potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation."[41]) They pointed out that "[t]he effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications [than smoked marijuana]."[42]
  - The IOM study concluded that, at best, there in only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. For other ailments, such as epilepsy and glaucoma, the study found no evidence of medical value and did not endorse further research.[43]
  - The principal investigators of the IOM study explicitly stated that using smoked marijuana in clinical trials "should <u>not</u> be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of cannabinoids."[44]
  - The IOM study explained that "smoked marijuana . . . is a crude THC delivery system that also delivers harmful substances." In addition, "plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect." Therefore, the study concluded that "there is little future in smoked marijuana as a medically approved medication."[45]

- The Food and Drug Administration and the U.S. Public Health Service have rejected smoking crude marijuana as a medicine.[46] (It is important to note that the Food and Drug Administration (FDA) has never approved medications that are smoked.) This is because not only is it difficult if not impossible to administer safe and regulated dosages of medicine in a smoked form, the harmful chemicals and carcinogens that are by-products of smoking create an entirely new set of health problems.[47]

III. There Already Exists a Legalized Form of "Medical Marijuana" in our Country - It's Called Marinol (and other approved drugs exist as well to treat these diseases).

- Marinol is an approved pharmaceutical product that is widely available through a doctor's prescription. It comes in the form of a pill (which can accurately regulate the dose of THC delivered, unlike smoked marijuana), and it is also being studied by researchers for suitability by other delivery methods, such as an inhaler or a patch. The active ingredient of Marinol is synthetic THC, which is the main active chemical found within marijuana. However, unlike marijuana which also contains more than 400 different chemicals (including most of the cancer-causing chemicals found in tobacco smoke), Marinol delivers therapeutic doses of THC in a manner that has been studied and approved by the medical community and the Food and Drug Administration.[48]
- There is, therefore, no medical need to substitute a dangerous and addictive drug like marijuana for an approved prescriptive drug like Marinol that can provide a synthetic form of THC treatment with safe and controlled amounts to assist patients suffering from nausea or vomiting associated with chemotherapy and the loss of appetite associated with AIDS, two of the recognized and approved uses of Marinol.[49]
- Numerous other approved drugs exist to treat the medical problems for which medical use of marijuana would be authorized under S.F. 345.[50] A list of over 20 such medications is set forth in footnote 51 of this document.[51]

IV. Marijuana's Use As A Medicine Is Contrary to Federal Law as Upheld by Federal Court Decisions (including the U.S. Supreme Court).

- The Federal Controlled Substance Act (CSA) was enacted in 1970 as part of the Comprehensive Drug Abuse Prevention and Control Act.[52] The CSA classifies drugs under five categories (Schedule I–V) based upon their level of danger and acceptance for medical use (among other criteria).[53]
- Schedule I consists of the most restricted drugs under federal law – drugs which have a high potential for abuse, a lack of any accepted medical use, and an absence of any accepted safety criteria for use in medically supervised treatment.[54]
- Marijuana is classified as a Schedule I drug, the manufacture, distribution or possession of which is a federal crime.[55] Manufacture, distribution or possession of marijuana is also a state crime in Minnesota[56] (except possession of small quantities of less than 1.5 oz., which is classified as a petty misdemeanor)[57].
- States have no authority to change the federal classifications of controlled substances under the CSA (including marijuana) under the *Supremacy Clause* of the United States Constitution.[58]

- Federal Courts have consistently upheld the classification of marijuana as a Schedule I controlled substance and the fact that marijuana is a dangerous drug with no accepted medical use.[59]
    - In 1994, a U.S. Court of Appeals upheld a decision of the Administrator of the Drug Enforcement Administration, who declined to reschedule marijuana from Schedule I to Schedule II of the Controlled Substance Act,[60] finding that marijuana was a drug with "high potential for abuse" which has "no currently accepted medical use in treatment in the United States" and that "there is a lack of accepted safety for use of the drug . . . under medical supervision."[61]
    - The U.S. Court of Appeals found that the DEA Administrator properly relied upon "the testimony of numerous experts that marijuana's medicinal value has never been proven in sound scientific studies,"[62] noting that physicians supporting use of marijuana for medical purposes (in testimony before an Administrative Hearing Officer) were basing their opinions on "anecdotal evidence, on stories . . . heard from patients, and on . . . impressions about the drug."[63]
- The most recent and important federal court case on this topic is a 2005 decision of the United States Supreme Court in Gonzales v. Angel, et al., which upheld the authority of federal authorities to enforce federal laws prohibiting the use of marijuana in California for medical purposes as authorized under California law.[64]
    - In this decision, the U.S. Supreme Court affirmed that Congress has the authority to regulate controlled substances and "to prohibit entirely the possession or use of substances listed in Schedule I" (including marijuana), except as part of a strictly controlled research project.[65]
- Congress has done just that through passage of the CSA under which marijuana has been designated as a Schedule I drug. In other words, marijuana has been deemed by federal regulation to be an extremely dangerous drug with no general acceptance for medical use.[66]
- If S.F. 345 is passed, it will be in direct conflict with federal law and the U.S. Supreme Court has clearly indicated in Gonzales v. Angel, et al., that federal law takes precedence under the *Supremacy Clause* of the United States Constitution.[67]
    - Consequently, those granted authority to lawfully produce and use marijuana for medical purposes under state law (if S.F. 345 is enacted) will still be committing a federal crime.
- Also, as pointed out by the U.S. Supreme Court in Gonzales v. Angel, et al., legalizing marijuana use for medicinal purposes will clearly lead to increases in the marijuana supply, greater use of marijuana by non-patients and more criminal activity under state law.[68] (See Section VII below for a more specific discussion of this issue.)
- The Minnesota Legislature should not substitute its judgment for that of Congress and the Administrators of the U.S. Drug Enforcement Administration (hereafter DEA) and the Federal Drug Administration (hereafter FDA) as to the fact that marijuana has no general acceptance for medical use and as to defining what is the appropriate way to deliver safe medications to our citizens.
- It is not sound public policy to enact state laws which encourage law abiding citizens to commit federal crimes.

V. Marijuana is a Dangerous Drug that is Associated with Crime and Violence.

- Research shows a link between frequent marijuana use and increased violent behavior.[69]
  - Young people who use marijuana weekly are nearly four times more likely than nonusers to engage in violence.[70]
- 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.[71]
  - Of adult males arrested in the United States for all crimes, 40 percent tested positive for marijuana at the time of their arrest, according to the Director of the U.S. Drug Enforcement Administration.[72]
- In 2003, 3.1 million Americans aged 12 or older used marijuana daily or almost daily in the past year. Of those daily marijuana users, nearly two-thirds "used at least one other illicit drug in the past 12 months."[73]
  - More than half (53.3 percent) of daily marijuana users were also dependent on or abused alcohol or another illicit drug compared to those who were nonusers or used marijuana less than daily.[74]
- There is a strong correlation between drug use and crime. Drug use affects the user's behavior. In 1997, illicit drug users were:
  - approximately 16 times more likely than nonusers to report being arrested for larceny or theft;
  - more than 14 times more likely to be arrested for driving under the influence, drunkenness, or liquor law violations; and
  - more than 9 times more likely to be arrested on assault charges.[75]

VI. Marijuana is Far More Powerful Today Than it Was 30 Years Ago and it Serves as a Gateway to the Use of Other Illegal Drugs.

- 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 3.2 percent in 1977 to 12.8 percent in 1997.[76]
  - The average THC levels in marijuana in the past two decades has increased form 6 percent to more than 13 percent, with some samples containing THC levels of up to 33 percent (which is far higher than the 1 percent potency levels in marijuana used in the mid-1970's).[77]
- Marijuana is a gateway drug to the use of other illegal drugs like methamphetamine, 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. The use of marijuana often lowers inhibitions about drug use and exposes users to a culture that encourages the use of other drugs.[78]

- Studies show that of the people who have ever used marijuana, those who started early are more likely to have other problems later on. For example, adults who were early marijuana users were found to be:
    - 8 times more likely to have used cocaine.[79]
    - 15 times more likely to have used heroin,[80]
    - 5 times more likely to develop a need for treatment of abuse or dependence on *any* drug.[81]
- The *Journal of the American Medical Association* reported a study of more than 300 sets of same-sex twins. The study found that marijuana-using twins were four times more likely than their siblings to use cocaine and crack cocaine, and five times more likely to use hallucinogens such as LSD.[82]
- The study by Columbia University's National Center on Addiction and Substance Abuse offers further support for the fact that teens who use marijuana at least once a month are 13 times more likely than other teens to use another drug like cocaine, heroin, or methamphetamine and are almost 26 times more likely than those teens who have never used marijuana to use another illegal drug.[83]
    - Other studies show that twelve to seventeen year olds who smoke marijuana are 85 times more likely to use cocaine than those who do not. Sixty percent of adolescents who use marijuana before age 15 will later use cocaine. These correlations are many times higher than the initial relationships found between smoking and lung cancer in the 1964 Surgeon General's report (nine to ten times higher).[84]
- Health care workers, legal counsel, police and judges indicate that marijuana is a typical precursor to methamphetamine use.[85] For example, Nancy Kneeland, a substance abuse counselor in Idaho, pointed out that "In almost all cases meth users began with alcohol and pot."[86]

VII. **Legalizing Marijuana for Medical Purposes Will Lead to Increased Use of Marijuana By Other Persons, Increased Crime and the Perception that Marijuana is Harmless**.

- It is foolish to think that there will be no additional use of marijuana occurring as a result of legalizing its use for medicinal purposes under S.F. 345. First of all there will be no practical way to enforce the law to ensure that marijuana obtained from medical purposes is not used by other persons, including children. Anecdotal information received from prosecutors in other states where similar legislation has been enacted indicates that this is exactly what will occur.
- Under S.F. 345, no person would be subject to arrest or prosecution "for constructive possession, conspiracy, aiding and abetting, being an accessory, or any other criminal offense for being in the presence or vicinity of the medical use." Consequently, there will be no way to ensure that those who obtain marijuana for a medical purpose will not share it with other persons.
- If this legislation is enacted, it will authorize persons to lawfully grow and sell marijuana. Because marijuana is a widely used illegal substance, incentives will exist for some unscrupulous persons involved in the sale or distribution of "legal marijuana" to steal and distribute the substance for illegal uses.

- Institutions, which are lawfully producing marijuana if this legislation is enacted, would also become easy targets for thieves looking to break in and steal "legally produced" marijuana for illegal distribution purposes.
- It is important to note that the U.S. Supreme Court in its 2005 decision in Gonzales v. Angel, et al., specifically acknowledged that adverse impacts of increasing crime and illegal marijuana use will result from the passage of state laws similar to S.F. 345. In Gonzales, the majority of the U.S. Supreme Court made the following conclusions:[87]
  - "The exemption for cultivation by patients and caregivers can only increase the supply of marijuana in the [state] market."
  - "The likelihood that all such production will promptly terminate when patients recover or will precisely match the patients' medical needs during their convalescence seems remote, whereas the danger that excesses will satisfy some of the admittedly enormous demand for recreational use seems obvious."
  - "[T]he [fact that the] national and international narcotics trade has thrived in the face of vigorous criminal enforcement efforts suggests that no small number of unscrupulous people will make use of the . . . [state] exemptions to serve their commercial ends whenever it is feasible to do so."
- Legalizing marijuana for medical purposes will lead many to conclude that the drug is in fact safe.
  - In states where the issue of legalizing marijuana for medical purposes has been put on the ballot for voters to decide, well-financed and organized campaigns spearheaded by pro-marijuana legalization groups have contributed to the misperception that marijuana is harmless.[88]
    - According to the Office of National Drug Policy, these campaigns are led not by medical professionals or patients-rights groups, but by pro-drug donors and organizations in a cynical attempt to exploit the suffering of sick people.[89]
  - This misperception that marijuana is harmless is perhaps most prevalent among teens where it has led to a 140 percent increase in marijuana use among high school seniors from 1994-95.[90]
  - The mortal danger of thinking that marijuana is "medicine" was graphically illustrated by a story from California. In the spring of 2004, Irma Perez was "in the thrills of her first experience with the drug ecstasy" when, after taking one ecstasy tablet, she became ill and told friends that she felt like she was "going to die." Two teenage acquaintances did not seek medical care and instead tried to get Perez to smoke marijuana. When it failed due to her seizures, the friends tried to force feed marijuana leaves to her, "apparently because [they] knew that drug is sometimes used to treat cancer patients." Irma Perez lost consciousness and died a few days later when she was taken off life support. She was 14 years old.[91]
- Legalizing marijuana for medical purposes will lead to the perception that marijuana is harmless, will result in increased use of it for illegal purposes, and will result in more crime (see Section IV above), endangering our youth and the safety of all citizens in our state.

VIII. Legalizing the Use of Marijuana for Medicinal Purposes Will Increase Dangers Associated With Impaired Driving.

Driving under the influence of marijuana can dramatically impact the safety of citizens within our state as indicated by the following:

- Smoking marijuana impairs the judgment of the smoker and increases the risk of accidents. Many car accidents are caused by drivers using marijuana. In fact, some say just as many as those caused by drivers under the influence of alcohol.[92]
- 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. [93] Marijuana use can also make it difficult to judge distances and react to signals and signs on the road.
- A roadside study of reckless drivers in Tennessee found that 33 percent of all subjects who were not under the influence of alcohol and who were tested for drugs at the scene of their arrest tested positive for marijuana.[94]
- In a 2003 Canadian study, one in five students admitted to driving within an hour of using marijuana.[95]
- In a 1990 report, the National Transportation Safety Board studied 182 fatal truck accidents and 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.[96]

Some of the documented consequences of marijuana impaired driving across America include the following:

- The driver of a charter bus, whose 1999 accident resulted in the death of 22 people, had been fired from bus companies in 1989 and 1996 because he tested positive for marijuana four times. A federal investigator confirmed a report that the driver "tested positive for marijuana when he was hospitalized Sunday after the bus veered off a highway and plunged into an embankment."[97]
- In April 2002, four children and the driver of a van died when the van hit a concrete bridge abutment after veering off the freeway. Investigators reported that the children nicknamed the driver "Smokey" because he regularly smoked marijuana. The driver was found at the crash scene with marijuana in his pocket.[98]
- A former nurse's aide was convicted in 2003 of murder and sentenced to 50 years in prison for hitting a homeless man with her car and driving home with his mangled body "lodged in the windshield." The incident happened after a night of drinking and taking drugs, including marijuana. After arriving home, the woman parked her car, with the man still ledged in the windshield, and left him there until he died.[99]
- In April 2005, an eight year old boy was killed when he was run over by an unlicensed 16 year old driver who police believed had been smoking marijuana just before the accident.[100]
- In 2001, George Lynard was convicted of driving with marijuana in his bloodstream, causing a head-on collision that killed a 73 year old man and a 69 year old woman. Lynard appealed this conviction because he allegedly had a "valid prescription" for marijuana. A Nevada judge agreed with Lynard and granted him a new trial.[101] The case has been appealed to the Nevada Supreme Court.[102]

- Duane Baehler, 47, of Tulsa, Oklahoma was "involved in a fiery crash that killed his teenage son" in 2003. Police reported that Baehler had methamphetamine, cocaine and marijuana in his system at the time of the accident.[103]

IX. Summary

For all of the reasons outlined above, legalizing marijuana for medicinal purposes is not in the interests of protecting the public safety of Minnesota's citizens, nor is it in the best interest of persons who suffer from the types of chronic or debilitating diseases or medical conditions specified in S.F. 345. Marijuana is a dangerous addictive drug that poses significant health risks to those who use it. Legalizing marijuana for "medicinal use" will only increase the access of both youth and adults to marijuana, which will not only increase the likelihood of violent behavior but will often lead to experimentation with other even more dangerous illegal drugs. As noted by the Office of National Drug Control Policy;

> "Even if smoking marijuana makes people "feel better", that is not enough to call it a medicine. If that were the case, tobacco cigarettes could be called medicine because they are often said to make people feel better. For that matter, heroin certainly makes people "feel better" (at least initially), but no one would suggest using heroin to treat a sick person."[104]

The bottom line is that at the present time, there is no proven medicinal value in using marijuana to treat illnesses or disease and, in fact, a legal form of THC, which can be controlled for its strength and which delivers none of the harmful side effects of smoking marijuana already exists for use through a doctor's prescription.

Marijuana use, even by those using it for medicinal purposes, is significantly harmful to the body. Smoking pot delivers three to five times the amount of tars and carbon monoxide into the body as does smoking cigarettes and it also damages pulmonary immunity and impairs oxygen diffusion.[105] We agree with the Office of National Drug Control Policy, that it is hard to understand how changes such as these could be good for someone dying of cancer or AIDS.[106]

Perhaps most importantly of all, as a prohibited Schedule I controlled substance under the Federal Controlled Substance Act (CSA),[107] the manufacture, distribution or possession of marijuana is a federal crime.[108] The Minnesota Legislature should not substitute its judgment for that of Congress and the Administrators of the U.S. Drug Enforcement Administration and the Federal Drug Administration as to the fact that marijuana is a dangerous drug with no accepted medical use and as to determining what is the appropriate way to deliver safe medications to our citizens. It is not sound public policy to enact state laws which encourage law abiding citizens to commit federal crimes.

It is for all these reasons that the MCAA strongly opposes the adoption of the law in Minnesota which would legalize the use of marijuana for medicinal purposes. This opposition is shared by associations representing our law enforcement partners within Minnesota.

FOOTNOTES

[1] This policy position paper was prepared by James C. Backstrom, Dakota County Attorney, Hastings, Minnesota.
[2] Herbert 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.
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[51] THE ALTERNATIVES TO SMOKED MARIJUANA AS MEDICINE
(List compiled by Dr. Eric Voth, Fellow of the American College of Physicians)

Legalization advocates would have the public and policy makers incorrectly believe that crude marijuana is the only treatment alternative for masses of cancer sufferers who are going untreated for the nausea associated with chemotherapy, and for all those who suffer from glaucoma, multiple sclerosis, and other ailments. Numerous effective medications are, however, currently available for these conditions. There has been a recent study by the Institutes of Health to compare Metoclopramide with Marijuana to control vomiting and have found the former to 4 to 7 times better than marijuana.

Below is a list of the medications currently available for chemotherapy, and for all those who suffer from glaucoma, multiple sclerosis, and other ailments.

Serotonin Antagonists
- Ondansetron (Zofran)
- Granisetron (Kytril)
- Tropisetron (Navoban)
- Dolasetron

Phenothiazines
- Prochlorperazine (Compazine)
- Chlorpromaxine (Thorazine)
- Thiethylperazine (Torecan)
- Perphenazine (Trilafon)
- Promethazine (Phenergan)

Corticosteroids
- Dexamethasone (Decadron)
- Methylprednisolone (Medrol)

Anticholinergics
- Scopolamine (Trans Derm Scop)

Butyrophenones
- Droperidol (Inapsine)
- Haloperidol (Haldol)
- Domperidone (Motilium)

Benzodiazepines
- Lorazepam (Ativan)
- Alprazolam (Xanax)

Substituted Benzamides
- Metoclopramide (Reglan)
- Trimethobenzamide (Tigan)
- Alizapride (Plitican)
- Cisapride (Propulsid)

Antihistamines
- Diphenhydramine (Benedryl)

[SOURCE: 2001 WL 30659 (Appellate Brief) Brief of the Institute on Global Drug Policy of the Drug Free America Foundation; National Families in Action; Drug Watch International; Drug-free Kids: America's Challenge, et al., as Amici Curiae in Support of Petitioner (Jan. 10, 2001,), U.S. v. Oakland Cannabis Buyers' Cooperative, 121 S.Ct. 1711 (2001) and list reconfirmed on May 14, 2006]. This list was originally compiled by the Drug Free Schools Coalition and submitted to the Minnesota Legislature on February 14, 2007 by the Minnesota Family Council.

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[54] Id., § *812(b)(1)*
[55] Id., *§ 823(f), 841(a)(1), 844(a)*
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[58] Gonzales v. Angel, et al., Supreme Court of the United States, *545 U.S. 1;125 S. Ct. 2195; 162 L. Ed. 2d 1; 2005 U.S. LEXIS 4656; 73 U.S. L.W. 4407; 18 Fla. L. Weekly Fed. S 327,* p. 2212
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[61] Id., p. 1132
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[66] See F.N.'s 52, 53, 54, 55 and 59, *supra*
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