

Statement on Marijuana as Medicine October 16, 1998

Ballot initiatives in several states to define marijuana as a "medicine" fail to address the negative impact such legislation would have on the health of our citizens, the attitudes of our youth, and the nation's scientific process of approving medications. The Office of National Drug Control Policy (ONDCP) is joining other government agencies as well as professional and community organizations in responding to this serious concern. These initiatives, in Alaska, Arizona, Colorado, the District of Columbia, Nevada, Oregon, and Washington State, are deceptive and dangerous. They threaten to undermine the scientific base of our medical system.

Protecting America's Health

Designating medicine through ballot initiatives would undermine the long-established process which ensures that substances provided to the American public as medicines have undergone rigorous scientific scrutiny. This procedure protects Americans from unproven, ineffective, or dangerous treatments. Allowing a purported medication to circumvent federal approval does a grave disservice to the public, because the process guarantees that drugs are safe and effective, that the benefits outweigh risks, and that physicians have had sufficient information to permit accurate prescription. Making an exception for marijuana would create a dangerous precedent. Medicine must be based on science rather than ideology. Ballot initiatives to exempt medications from proper testing would also give a sales advantage to anyone seeking to market medical products without investing in the requisite scientific research.

The Office of National Drug Control Policy has created a National Drug Control Strategy based on science. To this end, we work closely with Dr. Harold Varmus, Director of the National Institutes of Health (NIH); Dr. Alan Leshner, Director of the National Institute on Drug Abuse (NIDA); and other distinguished scientists and researchers. The federal government endorses the therapeutic use of any substance meeting strict standards for safety and effectiveness. The existing review process ensures that decisions about new drugs are based on scientific merit. Any departure from the established process would constitute a breach of public trust. Americans rely upon the current system to safeguard world-class medicine.

Marijuana Is Not Benign

Proponents of these ballot initiatives present marijuana as a benign substance. However, the latest scientific evidence demonstrates that marijuana is not. Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents. Marijuana-related visits to hospital emergency rooms have increased 360 percent since 1991. The number of marijuana-related emergency room mentions among persons 12 - 17 increased 32 percent between the first half of 1996 and the first half of 1997. Marijuana use is clearly linked to delinquent behavior such as cutting classes and stealing.

The confusing message about marijuana that these referenda send our children could not come at a worse time. In recent years, drug use by young people has increased at an alarming rate. Nearly one in ten youth age 12 to 17 were current (past month) marijuana users in 1997. The prevalence of current marijuana use among youth more than doubled between 1992 and 1997. This increase has been fueled by a measurable decrease in the proportion of young people who perceive marijuana as dangerous.

Rigorous Scientific Research

Marijuana advocates have mounted a well-financed, sophisticated public relations campaign to persuade Americans to their point of view. They use personal anecdotes rather than science to support their position. However, research studies have demonstrated disturbing similarities between marijuana's effects on the brain and those produced by highly addictive drugs like cocaine and heroin. Hearing conflicting information, many Americans are unclear about what the scientific research actually shows.

To clarify this issue, ONDCP commissioned a comprehensive study by the National Academy of Science's venerable Institute of Medicine (IOM). The IOM will produce early next year, a comprehensive summary of the scientific record on marijuana which will serve as a foundation for public policy discussion and future research.

Additionally, NIH convened a workshop of experts in cancer treatment, infectious diseases, neurology, and ophthalmology to review scientific data concerning marijuana's therapeutic potential. The panel's report to NIH stated that "There were varying degrees of enthusiasm to pursue smoked marijuana . . . tempered by the fact that, for many of these disorders, effective treatments are already available." The report further stated: "...in order to evaluate various hypotheses concerning the potential utility of marijuana in various therapeutic areas, more and better studies would be needed."

Dr. Varmus stated that NIH is open to applications for studies of the medical efficacy of marijuana and that, subject to the normal scientific review process, NIH is prepared to fund applications that meet accepted standards of scientific design and are competitive for funding. Research, including clinical trials, should determine whether marijuana should be considered a medicine in the United States. (Holland and England have determined that marijuana does not qualify as a medicine in that country.)

The federal government must protect public health by preserving the medical-scientific process for determining medicines. We must also protect children from increased marijuana availability and use, preserve drug-free workplaces, and uphold federal law. With drug use by young people increasing, America must not send incorrect information to our youth about the risks of marijuana. The reduction -- not the promotion -- of illicit drugs is a national priority.