

OFFICE OF THE  
CITY COUNCIL

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DISTRICT SEVEN

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October 15, 1996

Sacramento City Council  
Sacramento, California

Honorable Members in Session:

**SUBJECT:** PROPOSITION 215, THE MEDICAL USE OF MARIJUANA INITIATIVE

**LOCATION AND COUNCIL DISTRICT:** City wide

**RECOMMENDATION:** Adopt Resolution Opposing Proposition 215, The Medical Use of Marijuana Initiative.

**CONTACT:** Robbie Waters, City Councilmember, District Seven, 264-7007

**FOR THE COMMITTEE MEETING OF:** October 22, 1996

## SUMMARY

This report form requests that the City of Sacramento officially oppose Proposition 215, known as the "Medical Use of Marijuana Initiative" which appears on the November 5, 1996 California ballot. Attached are: 1) the text of Proposition 215, 2) the Title and Summary and Analysis by the Legislative Analyst, 3) an analysis by the Senate Office of Research.

## BACKGROUND

In her Proposition 215 analysis, the Legislative Analyst writes:

"Under current state law it is a crime to grow or possess marijuana, regardless of whether the marijuana is used to ease pain or other symptoms associated with the illness.

...

This measure amends state law to allow persons to grow or possess marijuana for medical use when recommended by a physician. The measure provides for the use of

marijuana when a physician has determined that the person's health would benefit from its use in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or 'any other illness for which marijuana provides relief.' The physicians recommendation may be oral or written. No prescriptions or other record keeping is required by the measure."

## FINANCIAL CONSIDERATIONS

The Legislative Analyst writes:

"Because the measure specifies that growing and possessing marijuana is restricted to medical uses when recommended by a physician, and does not change other legal prohibitions on marijuana, this measure would probably have no significant state or local fiscal effect"

## POLICY CONSIDERATIONS

Policy considerations are discussed in the attached analysis by the Senate Office of Research.

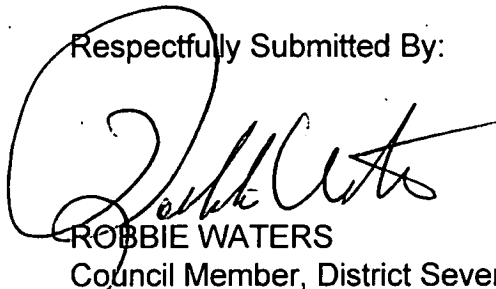
## ENVIRONMENTAL REVIEW

This report does not involve an activity which may cause a direct or indirect change in the environment.

## MBE/WBE EFFORTS

Not applicable since this action does not involve the purchase of goods or services.

Respectfully Submitted By:



ROBBIE WATERS  
Council Member, District Seven

## Attachments:

1. Text of Proposition 215
2. Title & Summary and Analysis of Proposition 215 by the Legislative Analyst
3. Analysis of Proposition 215 by the Senate Office of Research
4. Proposed Resolution
5. Proposed Sacramento County Resolution & Sheriff's Department Comments
6. Opposition letter from Police Chief Arturo Venegas, Jr.
7. Opposition letter from Carla Lowe, citizen
8. Opposition letter from Brad Gates, Citizens for a Drug-Free Cal.
9. Opposition letter from Cal. Narcotic Officers Assoc. R-II

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## Proposition 215: Text of Proposed Law

This initiative measure is submitted to the people in accordance with the provisions of Article II, Section 8 of the Constitution.

This initiative measure adds a section to the Health and Safety Code; therefore, new provisions proposed to be added are printed in *italic type* to indicate that they are new.

### PROPOSED LAW

SECTION 1. Section 11362.5 is added to the Health and Safety Code, to read:

11362.5. (a) *This section shall be known and may be cited as the Compassionate Use Act of 1996.*

(b)(1) *The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:*

(A) *To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief.*

(B) *To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.*

(C) *To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.*

(2) *Nothing in this section shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.*

(c) *Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.*

(d) *Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.*

(e) *For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person.*

SEC. 2. If any provision of this measure or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of the measure that can be given effect without the invalid provision or application, and to this end the provisions of this measure are severable.



## Medical Use of Marijuana. Initiative Statute.

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### Official Title and Summary Prepared by the Attorney General

#### MEDICAL USE OF MARIJUANA. INITIATIVE STATUTE.

- Exempts patients and defined caregivers who possess or cultivate marijuana for medical treatment recommended by a physician from criminal laws which otherwise prohibit possession or cultivation of marijuana.
- Provides physicians who recommend use of marijuana for medical treatment shall not be punished or denied any right or privilege.
- Declares that measure not be construed to supersede prohibitions of conduct endangering others or to condone diversion of marijuana for non-medical purposes.
- Contains severability clause.

#### Summary of Legislative Analyst's Estimate of Net State and Local Government Fiscal Impact:

- Adoption of this measure would probably have no significant fiscal impact on state and local governments.
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### Analysis by the Legislative Analyst

#### BACKGROUND

Under current state law, it is a crime to grow or possess marijuana, regardless of whether the marijuana is used to ease pain or other symptoms associated with illness. Criminal penalties vary, depending on the amount of marijuana involved. It is also a crime to transport, import into the state, sell, or give away marijuana.

Licensed physicians and certain other health care providers routinely prescribe drugs for medical purposes, including relieving pain and easing symptoms accompanying illness. These drugs are dispensed by pharmacists. Both the physician and pharmacist are required to keep written records of the prescriptions.

#### PROPOSAL

This measure amends state law to allow persons to grow or possess marijuana for medical use when recommended by a physician. The measure provides for the use of marijuana when a physician has determined that the person's health would benefit from its use in the

treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or "any other illness for which marijuana provides relief." The physician's recommendation may be oral or written. No prescriptions or other record-keeping is required by the measure.

The measure also allows caregivers to grow and possess marijuana for a person for whom the marijuana is recommended.

The measure states that no physician shall be punished for having recommended marijuana for medical purposes. Furthermore, the measure specifies that it is not intended to overrule any law that prohibits the use of marijuana for *nonmedical* purposes.

#### FISCAL EFFECT

Because the measure specifies that growing and possessing marijuana is restricted to medical uses when recommended by a physician, and does not change other legal prohibitions on marijuana, this measure would probably have no significant state or local fiscal effect.

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For text of Proposition 215 see page 104

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215

## Medical Use of Marijuana. Initiative Statute.

### Argument in Favor of Proposition 215

#### PROPOSITION 215 HELPS TERMINALLY ILL PATIENTS

Proposition 215 will allow seriously and terminally ill patients to legally use marijuana, if, and only if, they have the approval of a licensed physician.

We are physicians and nurses who have witnessed firsthand the medical benefits of marijuana. *Yet today in California, medical use of marijuana is illegal.* Doctors cannot prescribe marijuana, and terminally ill patients must break the law to use it.

Marijuana is not a cure, but it can help cancer patients. Most have severe reactions to the disease and chemotherapy—commonly, severe nausea and vomiting. One in three patients discontinues treatment despite a 50% chance of improvement. When standard anti-nausea drugs fail, marijuana often eases patients' nausea and permits continued treatment. It can be either smoked or baked into foods.

#### MARIJUANA DOESN'T JUST HELP CANCER PATIENTS

University doctors and researchers have found that marijuana is also effective in: lowering internal eye pressure associated with glaucoma, slowing the onset of blindness; reducing the pain of AIDS patients, and stimulating the appetites of those suffering malnutrition because of AIDS 'wasting syndrome'; and alleviating muscle spasticity and chronic pain due to multiple sclerosis, epilepsy, and spinal cord injuries.

When one in five Americans will have cancer, and 20 million may develop glaucoma, shouldn't our government let physicians prescribe any medicine capable of relieving suffering?

The federal government stopped supplying marijuana to patients in 1991. Now it tells patients to take Marinol, a synthetic substitute for marijuana that can cost \$30,000 a year and is often less reliable and less effective.

Marijuana is not magic. But often it is the only way to get relief. A Harvard University survey found that almost one-half of cancer doctors surveyed would prescribe marijuana to some of their patients if it were legal.

#### IF DOCTORS CAN PRESCRIBE MORPHINE, WHY NOT MARIJUANA?

Today, physicians are allowed to prescribe powerful drugs like morphine and codeine. It doesn't make sense that they cannot prescribe marijuana, too.

Proposition 215 allows physicians to recommend marijuana in writing or verbally, but if the recommendation is verbal, the doctor can be required to verify it under oath. Proposition 215 would also protect patients from criminal penalties for marijuana, but ONLY if they have a doctor's recommendation for its use.

#### MARIJUANA WILL STILL BE ILLEGAL FOR NON-MEDICAL USE

Proposition 215 DOES NOT permit non-medical use of marijuana. Recreational use would still be against the law. Proposition 215 does not permit anyone to drive under the influence of marijuana.

Proposition 215 allows patients to cultivate their own marijuana simply because federal laws prevent the sale of marijuana, and a state initiative cannot overrule those laws.

Proposition 215 is based on legislation passed twice by both houses of the California Legislature with support from Democrats and Republicans. Each time, the legislation was vetoed by Governor Wilson.

Polls show that a majority of Californians support Proposition 215. Please join us to relieve suffering and protect your rights. VOTE YES ON PROPOSITION 215.

**RICHARD J. COHEN, M.D.**

*Consulting Medical Oncologist (Cancer Specialist),  
California-Pacific Medical Center, San Francisco*

**IVAN SILVERBERG, M.D.**

*Medical Oncologist (Cancer Specialist), San Francisco*

**ANNA T. BOYCE**

*Registered Nurse, Orange County*

### Rebuttal to Argument in Favor of Proposition 215

**AMERICAN CANCER SOCIETY SAYS:** ". . . *Marijuana is not a substitute for appropriate anti-nausea drugs for cancer chemotherapy and vomiting. [We] see no reason to support the legalization of marijuana for medical use.*"

Thousands of scientific studies document the harmful physical and psychological effects of smoking marijuana. It is not compassionate to give sick people a drug that will make them sicker.

#### SMOKING MARIJUANA IS NOT APPROVED BY THE FDA FOR ANY ILLNESS

Morphine and codeine are FDA approved drugs. The FDA has not approved smoking marijuana as a treatment for any illness.

Prescriptions for easily abused drugs such as morphine and codeine must be in writing, and in triplicate, with a copy sent to the Department of Justice so these dangerous drugs can be tracked and kept off the streets. Proposition 215 requires absolutely no written documentation of any kind to grow or smoke marijuana. It will create legal loopholes that would protect drug dealers and growers from prosecution.

#### PROPOSITION 215 IS MARIJUANA LEGALIZATION—NOT MEDICINE

- Federal laws prohibit the possession and cultivation of marijuana. Proposition 215 would encourage people to break federal law.
- Proposition 215 will make it legal for people to smoke marijuana in the workplace . . . or in public places . . . next to your children.

**NOT ONE MAJOR DOCTOR'S ORGANIZATION,  
LAW ENFORCEMENT ASSOCIATION OR  
DRUG EDUCATION GROUP SUPPORTS  
PROPOSITION 215—IT'S A SCAM CONCOCTED AND  
FINANCED BY DRUG LEGALIZATION ADVOCATES!  
PLEASE VOTE NO.**

**SHERIFF BRAD GATES**

*Past President, California  
State Sheriffs' Association*

**ERIC A. VOTH, M.D., F.A.C.P.**

*Chairman, The International Drug Strategy Institute*

**GLENN LEVANT**

*Executive Director, D.A.R.E. America*

## Medical Use of Marijuana. Initiative Statute.

### Argument Against Proposition 215

#### READ PROPOSITION 215 CAREFULLY • IT IS A CRUEL HOAX

The proponents of this deceptive and poorly written initiative want to exploit public compassion for the sick in order to legalize and legitimize the widespread use of marijuana in California.

Proposition 215 DOES NOT restrict the use of marijuana to AIDS, cancer, glaucoma and other serious illnesses.

READ THE FINE PRINT. Proposition 215 legalizes marijuana use for "any other illness for which marijuana provides relief." This could include stress, headaches, upset stomach, insomnia, a stiff neck . . . or just about anything.

#### NO WRITTEN PRESCRIPTION REQUIRED

##### • EVEN CHILDREN COULD SMOKE POT LEGALLY!

Proposition 215 does not require a written prescription. Anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana. No medical examination is required.

THERE IS NO AGE RESTRICTION. Even children can be legally permitted to grow, possess and use marijuana . . . without parental consent.

#### NO FDA APPROVAL • NO CONSUMER PROTECTION

Consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA). This initiative makes marijuana available to the public without FDA approval or regulation. Quality, purity and strength of the drug would be unregulated. There are no rules restricting the amount a person can smoke or how often they can smoke it.

THC, the active ingredient in marijuana, is already available by prescription as the FDA approved drug Marinol.

Responsible medical doctors wishing to treat AIDS patients, cancer patients and other sick people can prescribe Marinol right now. They don't need this initiative.

#### NATIONAL INSTITUTE OF HEALTH, MAJOR MEDICAL GROUPS SAY NO TO SMOKING MARIJUANA FOR MEDICINAL PURPOSES

The National Institute of Health conducted an extensive study on the medical use of marijuana in 1992 and concluded that smoking marijuana is *not* a safe or more effective treatment than Marinol or other FDA approved drugs for people with AIDS, cancer or glaucoma.

The American Medical Association, the American Cancer Society, the National Multiple Sclerosis Society, the American Glaucoma Society and other top medical groups have *not* accepted smoking marijuana for medical purposes.

#### LAW ENFORCEMENT AND DRUG PREVENTION LEADERS SAY NO TO PROPOSITION 215

The California State Sheriffs Association  
The California District Attorneys Association  
The California Police Chiefs Association  
The California Narcotic Officers Association  
The California Peace Officers Association  
Attorney General Dan Lungren

say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution . . .

Californians for Drug-Free Youth  
The California D.A.R.E. Officers Association  
Drug Use Is Life Abuse  
Community Anti-Drug Coalition of America  
Drug Watch International

say that Proposition 215 will damage their efforts to convince young people to remain drug free. It sends our children the false message that marijuana is safe and healthy.

#### HOME GROWN POT • HAND ROLLED "JOINTS" • DOES THIS SOUND LIKE MEDICINE?

This initiative allows unlimited quantities of marijuana to be grown anywhere . . . in backyards or near schoolyards without any regulation or restrictions. This is not responsible medicine. It is marijuana legalization.

#### VOTE NO ON PROPOSITION 215

JAMES P. FOX  
*President, California District Attorneys Association*  
MICHAEL J. MEYERS, M.D.  
*Medical Director, Drug and Alcohol Treatment  
Program, Brotman Medical Center, CA*  
SHARON ROSE  
*Red Ribbon Coordinator, Californians for Drug-Free  
Youth, Inc.*

### Rebuttal to Argument Against Proposition 215

#### SAN FRANCISCO DISTRICT ATTORNEY TERENCE HALLINAN SAYS . . .

Opponents aren't telling you that law enforcement officers are on both sides of Proposition 215. I support it because I don't want to send cancer patients to jail for using marijuana.

Proposition 215 does not allow "unlimited quantities of marijuana to be grown anywhere." It only allows marijuana to be grown for a patient's personal use. Police officers can still arrest anyone who grows too much, or tries to sell it.

Proposition 215 doesn't give kids the okay to use marijuana, either. Police officers can still arrest anyone for marijuana offenses. Proposition 215 simply gives those arrested a defense in court, *if they can prove they used marijuana with a doctor's approval.*

#### ASSEMBLYMAN JOHN VASCONCELLOS SAYS . . .

Proposition 215 is based on a bill I sponsored in the California Legislature. It passed both houses with support from both parties, but was vetoed by Governor Wilson. If it were the kind of irresponsible legislation that opponents claim it was, it would not have received such

widespread support.

#### CANCER SURVIVOR JAMES CANTER SAYS . . .

Doctors and patients should decide what medicines are best. Ten years ago, I nearly died from testicular cancer that spread into my lungs. Chemotherapy made me sick and nauseous. The standard drugs, like Marinol, didn't help.

Marijuana blocked the nausea. As a result, I was able to continue the chemotherapy treatments. Today I've beaten the cancer, and no longer smoke marijuana. I credit marijuana as part of the treatment that saved my life.

TERENCE HALLINAN  
*San Francisco District Attorney*  
JOHN VASCONCELLOS  
*Assemblyman, 22nd District  
Author, 1995 Medical Marijuana Bill*  
JAMES CANTER  
*Cancer survivor, Santa Rosa*

## NOVEMBER 1996 BALLOT

### PROPOSITION 215: MEDICAL USE OF MARIJUANA INITIATIVE

Senate Office of Research □ 1020 N Street, Suite 585 □ Sacramento, CA 95814 □ 916/446-1727

This initiative statute provides that patients and caretakers who possess or cultivate marijuana for medical treatments that are recommended by physicians are exempt from laws prohibiting the possession or cultivation of marijuana.

#### ***Background***

Before 1906, the prevailing philosophy regarding medical treatments was "caveat emptor" (let the buyer beware), as many unscrupulous doctors peddled unlabeled medicines that could do more harm than good. These potions often contained added substances, such as marijuana, cocaine, or morphine, and many people unwittingly became addicts.

To protect the public from such practices, laws were enacted to help ensure that no substance could be marketed as medicinal until proven to be both safe and effective. The 1906 Pure Food and Drug Act required that ingredients be listed on the label. The Food, Drug and Cosmetic Act of 1938 gave the Food and Drug Administration (FDA) the authority to require that manufacturers prove their products' safety. In 1962 this requirement was expanded to include both safety and efficacy.

#### **Federal Controlled Substances Act**

The federal Controlled Substances Act (CSA) places certain drugs in five categories, or schedules, which impose varying restrictions on access to them. Marijuana is assigned by statute to Schedule I, the

## Proposition 215: Medical Use of Marijuana Initiative

most restrictive of the categories. A drug is placed in Schedule I if it "has a high potential for abuse," has "no currently accepted medical use in treatment in the United States," and "there is a lack of accepted safety for the use of the drug under medical supervision."

The CSA allows the U.S. attorney general to reschedule a drug if he or she finds that it does not meet the criteria for the schedule to which it has been assigned. The attorney general has delegated this authority to the administrator of the federal Drug Enforcement Administration (DEA).

Federal law preempts state and local laws in regulating controlled substances. However, states may regulate in this area if they do not conflict with the federal statutes.

### California Marijuana Laws

Possession of marijuana is punishable as a misdemeanor or felony, depending on the amount possessed. Possession of less than an ounce for personal use is punishable by a fine up to \$100. Possession of an ounce or more for personal use is punishable by imprisonment in a county jail for up to six months, by a fine of up to \$500, or both.

Cultivation of marijuana is punishable by state imprisonment for at least 16 months.

Transportation, importation, selling, furnishing, administering, or giving away marijuana is punishable by imprisonment in state prison for two, three or four years.



## Proposition 215: Medical Use of Marijuana Initiative

### Litigation

The debate over the medicinal use of marijuana has been around for many years. In 1937, Dr. William C. Woodward of the American Medical Association opposed a federal prohibition on marijuana because he believed it would strangle any medical use of the drug in the future. In 1972, the National Organization for the Reform of Marijuana Laws (NORML) submitted a petition to the DEA asking that marijuana be removed as a Schedule I drug and be made available medically. After a series of court opinions and agency reviews, the secretary of Health, Education and Welfare in 1979 advised the DEA that marijuana should remain in Schedule I.

In 1978, the FDA established the Investigational New Drug Program, which permitted marijuana to be supplied to sick persons who had won court cases allowing them to use the drug for medical purposes. The marijuana component of this program was ended in 1991, although eight people continue to receive it from the federal government in the aftermath of the shutdown.

In 1989, the FDA approved the first application to use marijuana in the treatment of AIDS under the Compassionate Investigative New Drug Program.

In 1992, the DEA determined that marijuana plant material has no accepted medical use. In 1994, the U.S. Court of Appeals ruled that marijuana should stay classified as a Schedule I drug.

Litigation on the issue continues.

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## Proposition 215: Medical Use of Marijuana Initiative

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### Action in Other States

The aforementioned events have drawn a considerable amount of public attention to the issue. Consequently, between 1978 and 1995, 36 states passed legislation recognizing marijuana's medicinal value. Of these states, 10 have obtained permission from the FDA to give marijuana to some patients for large-scale research studies. Marijuana's designation as a Schedule I drug has prevented doctors from prescribing it.

### Related California Legislation

Assembly Bill 1529, by Assemblymember John Vasconcellos, would have permitted possession or cultivation of marijuana for personal medicinal use if approved by a physician for the treatment of AIDS, cancer, glaucoma, or multiple sclerosis. The bill cleared the Legislature in 1995, but was vetoed by Governor Pete Wilson.

Senate Bill 1364, by Senators Milton Marks and Nicholas Petris, would have reclassified the status of marijuana under state law to allow doctors and pharmacists to prescribe it if medically appropriate for a patient. It passed the Legislature in 1994 but was vetoed by Governor Wilson.

In 1993, Senate Joint Resolution 8, by Senator Henry Mello, was approved by the Legislature. It requested the president and Congress to enact legislation permitting licensed physicians to prescribe marijuana for medical reasons.

### ***How Proposition 215 Would Work***

This measure amends state law with the aim of allowing persons to grow or possess marijuana for

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**Proposition 215: Medical Use of Marijuana Initiative**

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medical use, when recommended by a physician. The measure provides for marijuana use when a physician has determined the person's health would benefit in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or "any other illness for which marijuana provides relief."

A physician's recommendation could be written or oral, and no prescription or other record-keeping would be required. Physicians could not be punished for recommending marijuana for medicinal use.

This measure also would allow designated caretakers to grow and possess marijuana for patients for whom the marijuana is recommended.

Nothing in this measure would overrule any state law that prohibits the use of marijuana for non-medical purposes.

***Policy Impacts***

This initiative would make marijuana, a controlled substance, available to patients without FDA approval. Quality, dosage and purity of the drug would be unregulated and unmonitored.

In addition, this initiative would make marijuana available in California without a written prescription. This would bypass established guidelines for the dispensing of controlled substances. If a physician suggested to a patient, orally or in writing, that he or she might benefit from the use of marijuana, the patient or designated caretaker would be able to possess or cultivate marijuana for medical purposes, an affirmative defense against criminal charges.

Under this initiative, a physician still would be prohibited from *prescribing* marijuana for medical use.

## Proposition 215: Medical Use of Marijuana Initiative

If a physician or pharmacist prescribed or dispensed marijuana under this initiative, he or she would be subject to prosecution under federal law. There is nothing in current law that addresses *recommending* the use of marijuana, although it would still be illegal for a person to possess this drug due to its Schedule I placement under federal law.

The impact of this initiative on law enforcers and persons arrested for possession or cultivation of marijuana would depend on the jurisdiction making the arrest. If a patient or caretaker were arrested by a state or local enforcement agency for the possession or cultivation of marijuana, the patient or caretaker could have an affirmative defense since the statute would allow such possession or cultivation for medicinal use. If the patient or caretaker were arrested by a federal agency, he or she would be in violation of federal laws and thus subject to prosecution in federal court.

Policy questions that arise include:

- What effect would this initiative have on a physician's licensing by the California Medical Board if he or she "recommends" the use of marijuana?
- Are out-of-state physicians protected under this initiative?
- What is the meaning the initiative's phrase that physicians could recommend marijuana use for "any illness for which marijuana provides relief"?

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## Proposition 215: Medical Use of Marijuana Initiative

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- What amount of marijuana would constitute personal medicinal use under California law?

### ***Fiscal Impacts***

Because impacts of this measure are limited to persons for whom marijuana is recommended by a licensed physician, it probably would have no significant statewide fiscal impact.

### ***Arguments in Support***

Proponents argue the purpose of this initiative is to exempt seriously ill patients and legally defined caretakers from criminal prosecution or sanction when a medical doctor recommends the use of marijuana to relieve the suffering of their patients. It is not an attempt to legalize marijuana, they contend. They argue that the drug helps AIDS patients avoid weight loss, and eases vomiting and pain associated with chemotherapy. They also contend that marijuana lowers intra-ocular pressure and decreases spasms for patients with glaucoma and patients with multiple sclerosis.

Proponents note the FDA approved marijuana in the synthetic form of Marinol in 1991 expressly for treating weight loss in HIV-positive patients. They note Marinol has been widely prescribed by physicians for that purpose, and also for the treatment of cancer patients. However, proponents do not feel that Marinol is always a satisfactory alternative to inhaled marijuana for the following reasons:

- Severe nausea and vomiting related to chemotherapy and AIDS wasting syndrome significantly limit the ability to ingest medication.
- Marinol can be severely debilitating at concentrated levels.

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**Proposition 215: Medical Use of Marijuana Initiative**

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- Marinol costs as much as \$30,000 per year for a single patient taking two capsules four times a day.

It also is argued that physicians presently can prescribe cocaine, morphine and a host of other drugs, many of which involve significant risks and side effects equal to or greater than those found with the use of marijuana. Cannabis preparations were part of the U.S. list of prescribed drugs until the late 1930s, supporters note.

***Arguments in  
Opposition***

Opponents argue this measure is an attempt to legalize marijuana in California. They contend it lacks sufficient controls over conditions when marijuana could be used by Californians and complain it fails to stipulate limits on possessing and cultivating the drug.

Opponents also argue there is no medical evidence that marijuana, which contains over 400 chemicals, is safe or effective for any medical conditions. They also point to marijuana's harmful side effects, arguing it has a negative effect on behavior, is cancer-causing, suppresses the immune system, is harmful to the nerves, and may even worsen the prognosis of the patients it is believed to help.

Opponents also contend this initiative sends a message that marijuana is a safe, effective medical treatment rather than a dangerous, illegal drug. They feel this is the wrong message when marijuana use is on the increase among young people, and drug abuse is a serious social problem.

***Partial List of  
Proponents***

Californians for Medical Rights  
Richard J. Cohen, M.D.  
Ivan Silverberg, M.D.

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**Proposition 215: Medical Use of Marijuana Initiative**

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Anna T. Boyce, Registered Nurse  
California Academy of Family Physicians  
Assemblyman John Vasconcellos  
California Nurses Association  
San Francisco Medical Society  
American Public Health Association  
AIDS Project Los Angeles  
Orange County Register  
Contra Costa Times  
Oakland City Council

***Partial List of  
Opponents***

Citizens for a Drug-Free California  
Partnership for a Drug-Free America  
California State Sheriffs Association  
California District Attorneys Association  
California Narcotic Officer Association  
California Peace Officers Association  
California Reserve Peace Officers Association  
California Police Chiefs Association  
Californians for Drug-Free Youth  
D.A.R.E.  
Drug Use is Life Abuse  
Drug Watch International  
Governor Pete Wilson  
U.S. Senator Dianne Feinstein

*Prepared by Ken Hurdle*

# RESOLUTION NO.

ADOPTED BY THE SACRAMENTO CITY COUNCIL

ON DATE OF \_\_\_\_\_

## Resolution Opposing Proposition 215 (The "Medical Marijuana Initiative")

WHEREAS, Proposition 215 would legalize the use, possession and cultivation of marijuana for very loosely defined medical purposes, including stress, headaches, upset stomach or insomnia; and

WHEREAS, Proposition 215 does not require a written prescription and anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana without the requirement of a medical examination; and

WHEREAS, there is no age restriction and even children can be legally permitted to grow, possess and use marijuana without parental consent; and

WHEREAS, Proposition 215 will make it legal for people to smoke marijuana in the workplace or in public places even next to children; and

WHEREAS, consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA) and Proposition 215 makes marijuana available to the public without FDA approval or regulation; the quality purity and strength of the drug would be unregulated; and there are no rules restricting the amount a person can smoke or how often they can smoke it; and

WHEREAS, the US Court of Appeals in 1994 affirmed scientific findings of DEA, FDA, US Public Health Service and ruled that marijuana remain in Schedule I; addictive, not to be prescribed as medicine, and not safe or effective for human use; and

WHEREAS, the following organizations have stated that marijuana has not been shown scientifically to be safe or effective as medicine: the American Medical Association, American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research and the National Institute on Allergy and Infectious Diseases; and

WHEREAS, the California State Sheriffs Association, California District Attorneys Association, California Police Chiefs Association, California Narcotic Officers Association, California Peace Officers Association and Attorney General Dan Lungren say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution; and

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FOR CITY CLERK USE ONLY

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

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WHEREAS, Partnership for a Drug-Free America, Californians for Drug-Free Youth, D.A.R.E. America, Drug Use Is Life Abuse, Community Anti-Drug Coalition of America and Drug Watch International say that Proposition 215 will damage their efforts to convince young people to remain drug free and sends our children the false message that marijuana is safe and healthy; and

WHEREAS, it is neither rational nor compassionate to provide a harmful, addictive drug with no scientifically proven medicinal efficacy.

THEREFORE, BE IT RESOLVED, that the Mayor and City Council of the city of Sacramento do hereby oppose the passage of Proposition 215.

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CITY CLERK

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FOR CITY CLERK USE ONLY

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

**COUNTY OF SACRAMENTO**  
*Inter-Departmental Correspondence*

For Agenda of:

To: Board of Supervisors

From: Glen Craig, Sheriff  
Jan Scully, District Attorney  
Verne L. Speirs, Chief Probation Officer

Subject: RESOLUTION OPPOSING PROPOSITION 215 - "MEDICAL  
MARIJUANA INITIATIVE"

**RECOMMENDATION**

We are recommending to your Board that you join law enforcement and the myriad of health organizations and community-based anti-drug organizations and adopt the attached resolution *opposing* Proposition 215, which would legalize the use, possession and cultivation of marijuana for very loosely defined medical purposes. These purposes include such common maladies as stress, headaches, upset stomach and insomnia.

**BACKGROUND**

This request is brought to you at our request on behalf of the Citizens for a Drug-Free California. Orange County Sheriff Brad Gates is the chairman of this organization. The attached resolution language, which we concur with and endorse, is provided to you by this organization. An endorsement form is also provided.

**DISCUSSION**

Proposition 215, the "Medical Marijuana Initiative," is set to go before the voters of California on November 5, 1996. This initiative, if passed, will allow marijuana to be used "for any other illness for which marijuana provides relief." This could include illnesses such as headaches, upset stomachs etc. Proposition 215 does not require a written prescription. Anyone with an "oral recommendation or approval of a physician" can grow, possess or smoke marijuana. No medical examination is even required.

The list of those opposing Proposition 215 includes, but is not limited to, The California State Sheriffs' Association, the California Peace Officers' Association, the California District Attorneys' Association, Attorney General Dan Lungren, the American Medical Association,

**DISCUSSION - Continued**

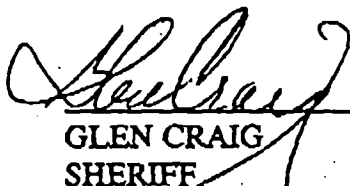
the American Cancer Society, Partnership for a Drug Free America, D.A.R.E. and the Community Drug Coalition of America. These are just a few of the organizations opposing this initiative. Not one major physician's organization, law enforcement organization or drug education group supports this initiative. There have been numerous studies that document the harmful effects of smoking marijuana. Marijuana is many more times carcinogenic than tobacco. This initiative allows the legal use of marijuana without FDA approval. Marinol, the FDA approved drug containing the active ingredient in marijuana (THC), is available by doctor's prescription right now. They do not need to smoke marijuana.

Attached with this request is the Sheriff's Department's official position on the legalization of drugs. This document clearly indicates that history has taught us well regarding the relaxation of drug laws and the consequences society literally pays as a result.

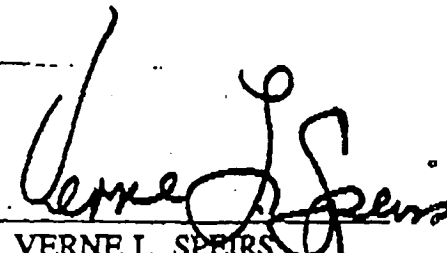
**CONCLUSION**

We strongly urge you to take action on this initiative and oppose it as being socially irresponsible. It allows unlimited quantities of marijuana to be grown anywhere without regulation or restrictions. This is not responsible medicine. It is a thinly veiled attempt to legalize marijuana. Please join us by endorsing a NO position on this initiative.

Respectfully submitted,

  
GLEN CRAIG  
SHERIFF

  
JAN SCULLY  
DISTRICT ATTORNEY

  
VERNE L. SPEIRS  
CHIEF PROBATION OFFICER

Attachments

Contact for additional information:

Lieutenant George B. Anderson  
Assistant to the Sheriff  
(916) 552-8676

cc: Sheriff's Department, Administrative Division  
Baxter Culver, County Executive's Office

**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, Proposition 215 would legalize the use, possession and cultivation of marijuana for very loosely defined medical purposes, including stress, headaches, upset stomach or insomnia; and

**WHEREAS**, Proposition 215 does not require a written prescription. Anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana. No medical examination is required; and

**WHEREAS**, There is no age restriction. Even children can be legally permitted to grow, possess and use marijuana...without parental consent; and

**WHEREAS**, Proposition 215 will make it legal for people to smoke marijuana in the workplace...or in public places...even next to children; and

**WHEREAS**, consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA). Proposition 215 makes marijuana available to the public without FDA approval or regulation. Quality, purity and strength of the drug would be unregulated. There are no rules restricting the amount a person can smoke or how often they can smoke it; and

**WHEREAS**, the US Court of Appeals in 1994 affirmed scientific findings of DEA, FDA, US Public Health Service and ruled that marijuana remain in Schedule I; addictive, not to be prescribed as medicine, and not safe or effective for human use; and

**WHEREAS**, marijuana is an addictive drug which harms mental functions such as memory and learning, damages the lungs, harms the immune system, causes cancers, and makes diseases such as tuberculosis, asthma and multiple sclerosis worse, does not prevent blindness due to glaucoma; and

**WHEREAS**, we strongly support scientific research on all drugs, including marijuana, which has led to the availability of the FDA-approved prescription drug "Marinol" which has been found safe and effective for treatment of chemotherapy-induced nausea and the AIDS Wasting Syndrome; and

**WHEREAS**, the following organizations have stated that marijuana has not been shown scientifically to be safe or effective as medicine: the American Medical Association, American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research and the National Institute on Allergy and Infectious Diseases; and

RESOLUTION NO. \_\_\_\_\_

WHEREAS, the California State Sheriffs' Association, California District Attorneys' Association, California Police Chiefs' Association, California Narcotic Officers' Association, California Peace Officers' Association and Attorney General Dan Lungren say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution; and

WHEREAS, Partnership for a Drug-Free America, California for Drug-Free Youth, D.A.R.E. America, Drug Use Is Life Abuse, Community Anti-Drug Coalition of America and Drug Watch International say that Proposition 215 will damage their efforts to convince young people to remain drug free. It sends our children the false message that marijuana is safe and healthy; and

WHEREAS, it is neither rational nor compassionate to provide a harmful, addictive drug with no scientifically proven medicinal efficacy.

BE IT RESOLVED AND ORDERED that the Sacramento County Board of Supervisors opposes Proposition 215.

ON A MOTION by Supervisor \_\_\_\_\_, seconded by Supervisor \_\_\_\_\_ the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this \_\_\_ day of \_\_\_\_\_, 19\_\_\_, by the following vote, to wit:

AYES: Supervisors,

NOES: Supervisors,

ABSENT: Supervisors, \_\_\_\_\_

\_\_\_\_\_  
Chairman of the Board of Supervisors of  
Sacramento County, California

(SEAL)

ATTEST:

\_\_\_\_\_  
Clerk of the Board of Supervisors

# Sacramento Sheriff's Department

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## COMMENTS ON THE LEGALIZATION OF DRUGS

Official Position of the Sacramento Sheriff's Department

*Prepared by Lieutenant George Anderson - Office of the Sheriff*

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The legalization of dangerous drugs has been, and still is, touted as the cure for the problems society faces today relative to drug use. Law enforcement leaders are regularly confronted by those who claim that legalizing drugs will lower crime, decrease costs associated with drug use and reduce the profit motive for selling drugs thereby eliminating crimes associated with organized drug dealing. Quite simply, these arguments are unrealistic and without factual merit. It is not the drug laws, but the drugs themselves that damage society.

The drug problem in this country did not occur overnight and it is not going to go away overnight. Drug abuse prevention education, coupled with tougher laws, must be given a chance to succeed. Public opinion surveys indicate that law-abiding citizens are overwhelmingly opposed to the legalization of drugs. Yet proponents continue to barrage the public with pro-legalization rhetoric. The movement towards legalization has been gaining financial backing and is often disguised by using compassionate pain relief or the financial and ecological benefits of hemp production as reasons for legalization. To debunk the proponents argument we as law enforcement administrators must be prepared to provide factual arguments against the legalization of drugs. This paper will focus on the myths that surround the argument for the legalization of illicit drugs.

### Past Experiences: Lessons to Remember

The most compelling argument against the legalization of illicit drugs lies in the examination of our Nation's experiences with drugs that are legal, alcohol and tobacco. Alcohol Prohibition was not without its lessons regarding the behavior of people and society. Dr. Mark Kleiman, a criminal justice expert who teaches at Harvard University, has stated that the Prohibition against alcohol is the strongest argument against the legalization of illicit drugs. Although considered a failure, the Prohibition against alcohol established with the enactment of the eighteenth amendment to the Constitution led to

## Comments on the Legalization of Drugs - Continued

a decrease in the number of hospital admissions for alcoholism and a decrease in the death rate from alcohol related problems. Between 1910 and 1920, the years that Prohibition went into effect, alcohol consumption in the United States averaged 2.6 gallons per year per person. Prohibition reduced that number to 0.73 gallons per person.<sup>1</sup> The decline in consumption and alcohol related problems dropped sharply at the initiation of Prohibition and then slowly began to rise again during the 1920's as widespread disrespect for the law grew.

Increasing public concern over the widespread and highly published disrespect for the law, along with the growth of organized crime, created increased pressure to repeal the amendment. The twenty-first amendment repealed Prohibition and returned control of alcohol availability to the states. It wasn't until after World War II that per-capita consumption of alcohol returned to pre-Prohibition levels. The National Council on Alcoholism reports that one out of every three American adults claims alcohol abuse has brought trouble to his/her family. In 1985, nearly 100,000 10 and 11 year-olds reported getting drunk at least once a week.<sup>2</sup> More than 100,000 deaths a year in the United States are attributable to alcoholism, with over 23,000 on our highways alone.<sup>3</sup> Currently, taxes on alcohol products account for 50% of the consumer's cost for alcoholic beverages. Taxes generate approximately \$13.5 billion in revenue per year. However, this revenue does not even begin to offset the \$136 billion dollar economic impact per year of alcohol and alcohol related problems in society.<sup>4</sup> It is also important to keep in mind that the enormous industry that has arisen due to the legal marketing of alcohol would be duplicated over time with the legalization of illicit drugs.

Alcohol is not the only drug from which we can learn. Our experiences with cocaine at the turn of the century, as well as our experiences with tobacco, provide some valuable lessons. The number of cocaine addicts soared at the turn of the century when this drug was readily available. Cocaine was available in a variety of products and as prices

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<sup>1</sup> John C. Lawn. "What History Teaches Us." The Police Chief 57, no. 5 (May 1990): 53.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Kim Edward Light, Ph.D. "On the Question of Drug Legalization." The Internet.

## Comments on the Legalization of Drugs - Continued

fell sniffing, swallowing and injecting of cocaine became widespread. The year 1910 was the peak of the epidemic. In twenty years time cocaine transformed from a miracle drug to the most dangerous drug in America. The passage of the Harrison Narcotics Act in 1914 severely restricted these drugs and reports of cocaine addiction fell significantly. During the 1930's and 1940's the public felt that the new policies were working and mandatory drug education in the schools faded away. In the 1950's there were only about 50,000 cocaine users in the United States. Cocaine at this time was cited as an example of a drug problem that used to be. Today, estimates are that roughly six million people use cocaine. The National Institute on Drug Abuse estimates that there would be 80 million regular cocaine users if cocaine were legalized.

The current call for the medicinal use of marijuana is analogous to the introduction of tobacco in 1529. In that year, Europe was introduced to tobacco which was touted as a treatment for persistent headaches, colds, abscesses and sores on the head. Between 1537 and 1559, fourteen books were published which discussed the medicinal uses of tobacco.<sup>5</sup> It wasn't until 1805 that evidence began appearing contrary to the usefulness of tobacco and it was not until 1890 that nicotine was dropped from the United States Pharmacopoeia. The experience with tobacco, with our vantage point of 400 years, provides us with a clear perspective with which to evaluate the medicinal use of marijuana. One of the most significant health problems in America today regarding death and disability is the use of tobacco, the supposedly "medicinal herb."

History also provides other outstanding examples of what can happen when dangerous drugs are not controlled. China's experience with opium between 1830 and 1930 is a classic example of the effects of a legal drug on society. The British recently tried to control heroin abuse using a medical process with no success. During the Civil War morphine and cocaine were readily available and used as medicines. The result was the creation of thousands of addicts that rivals the numbers of addicts today. As George Santayana stated in *Life of Reason*, "Those who cannot remember the past are condemned to repeat it."

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<sup>5</sup> Ibid.



Marijuana: The Favored Drug for Legalization Advocates

When discussing the legalization of drugs, marijuana is the drug most referred to in the legalization argument. Advocates for legalization tout that it has medicinal uses and that to deny a terminally or chronically ill person the benefits of marijuana is simply cruel and without merit. Legislation attempting to legalize this drug is typically drafted in such a manner as to allow anyone to obtain marijuana for medicinal purposes simply by getting the verbal authorization from a physician.

Studies have shown that marijuana is many more times carcinogenic than tobacco. Physicians could prescribe the smoking of marijuana if the benefit significantly outweighs the potential harm. This is not the case for marijuana. There is no scientific research that substantiates the medicinal benefit of smoking marijuana. Advocates state that it is useful in reducing the nausea effects of chemotherapy. Even if one believes in this argument there a number of drugs used today that are equally, if not more so, effective in treating this side effect of chemotherapy.

Contrary to the advocates of marijuana legalization, marijuana is a dangerous drug. It severely impacts short-term memory loss and the ability to concentrate precisely. And what of the impact on our children. Studies show that a child who smokes marijuana is 85 times as likely to use cocaine as a child who does not.<sup>6</sup>

Crime and the Legalization of Drugs

Statistics support that alcohol, the "legal drug", is responsible for more criminal behavior than any other drug. The sedating effect of alcohol leads to errors of judgement and decreases in performance skill. Disinhibitory effects lead to impulsive and illegal acts and reduces the ability to suppress and control rage, resulting in violence. One-half to two-thirds of homicides, one-fourth to one-half of serious assaults and more than 25% of rapes are alcohol-related.<sup>7</sup> Studies have shown that the average prisoner consumed eight (8) drinks a day in the year before his/her crime and that 43% used marijuana or

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<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

## Comments on the Legalization of Drugs - Continued

other drugs. These statistics must be applied when looking at legalizing and increasing the use of illicit drugs.

Whether legalization will decrease crimes associated with drug dealing and trafficking is unknown. However, it will increase crimes committed by individuals under the influence of drugs as more and more people use these "new" legal drugs. History has shown this to be true with alcohol as described previously. Overt crimes such as drug-related violence, murder, spousal abuse, child abuse, sexual assault, and driving while intoxicated are examples of violent crimes that will significantly increase commensurate with the legalization of illicit drugs. In New York City child abuse and neglect cases have increased over 700 percent, primarily due to the increase in drug addiction and abuse.<sup>8</sup>

Three critical factors must be considered when examining the effect legalizing illicit drugs will have on crime:<sup>9</sup>

- Alcohol and drugs cause crime by making it harder for people to control their impulses.
- Crime causes the use of alcohol and other drugs, perhaps by introducing offenders to a world where drug use is common.
- Crime and drug use are caused by a need for people to pursue short-term immediate pleasure without regard to long-range consequences for their actions.

Cocaine has never before been available at such low costs and such high potency. Cocaine and crack, a derivative of cocaine, have contributed significantly to the increases in violent crimes in our metropolitan areas. To make this drug even more readily available would only increase this problem. The current glut of cocaine has not reduced crimes of burglary, robbery and prostitution. No matter how low the price, an addict with no income will be forced to commit crimes to support his/her habit.

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<sup>8</sup> Thomas A. Constantine. "Why Legalization Won't Work." The Police Chief 57, no. 5 (May 1990): 37.

<sup>9</sup> Ibid.

Legalization and Our Youth: What Message is Being Sent

Drug education is at an all-time high. We urge our young people to "just say no" to drugs. Legalization would send the message that they should "just say no" until they are older. This message is a confusing one. The more socially acceptable drugs become the more prevalent drug use will become with our youth. Again, alcohol provides a clear example of this. Alcohol is the number one drug used by our youth today. Although illicit drug use is still a major problem in our schools, alcohol (the "legal drug") is the drug of choice because it is legal and socially acceptable. Legalization of drugs would place illicit drugs in the same arena with alcohol and with it subsequent rises in use and abuse.

Recently a report was issued which stated that teen drug use was on the rise, reversing a decline which began in the 1980's. The report stated that 20% of eighth graders, one-third of sophomores and nearly 40% of high school seniors reporting the use of illicit drugs.<sup>10</sup> This same study reported that 5% of high school seniors reported using marijuana everyday, nearly double the rate reported in 1991. These numbers are astounding. Legalizing drugs will increase the use of drugs by our youth in numbers that will pale these statistics. We cannot afford to sacrifice our youth to legalized drugs.

The Protection of Individual Rights Argument

Many times advocates for the legalization of illicit drugs use the protection of individual rights as an argument for decriminalization. This is a hollow argument at best. Although this country is founded on the protection of individual rights, this is tempered with actions that are a threat to the community. If the actions of an individual threatens the lives and safety of others in the community, laws and statutes are created to counteract this threat for the good of the community and the protection of others rights.

If we are to accept the argument of individual rights as a basis to legalize illicit drugs, then we are saying that we will excuse the actions of persons under the influence of drugs because these actions were not based upon free will. As previously discussed,

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<sup>10</sup> William B. Berger. "Drug Legalization: An Unacceptable Alternative," The Police Chief (March 1996): 44.

## Comments on the Legalization of Drugs - Continued

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statistics indicate that alcohol and drugs have a direct impact on the level of violent crime. Using the individual rights argument, the rise in violent crime associated with the subsequent rise in legalized drugs will result in more individuals not being held accountable for their actions.

A free society cannot accept this lack of accountability and responsibility and still maintain order. Our courts have used the reasonableness standard when addressing individual human rights. If the extension of the right is deemed harmless, the right is given to the individual. If the extension of the right is deemed to threaten the safety and well-being of the greater rights of the community as a whole, the extension is denied. Applying this standard of law, which is the centerpiece of our justice system, to the argument of legalized drugs and individual rights leads to one conclusion. The increased use, rise in violent crime and the skyrocketing costs associated with the legalization of illicit drugs has been proven harmful to the community and thus the right of the individual to use drugs freely should be denied.

### Costs Associated with the Legalization of Drugs

The proponents of legalization argue that it will save money. This argument ignores the fact that more addicts will be created, as demonstrated by our experiences with cocaine and alcohol, causing a significant increase in treatment costs. This argument also does not take into account costs associated with an increase in job-related injuries caused by workers high on drugs, nor does it acknowledge an increase in costs for the treatment of AIDS and other drug related illnesses. Also, the incidence of "drug babies" will increase which will add to an already major societal drug associated cost.

It is unknown whether some enforcement costs at the federal and state level will go down due to the legalization of some illicit drugs. More than likely a "black market" would be created requiring some form of enforcement action at the federal and state levels. However, local law enforcement costs will dramatically rise. Crimes related to drug use will increase substantially as drugs become more widely used. The rates of drug-related violence, murder, spousal abuse, child abuse, sexual assault and driving while intoxicated all have a distinct connection to the use and abuse of alcohol and drugs. The rise in these crimes will place a tremendous burden on already

## Comments on the Legalization of Drugs - Continued

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understaffed local law enforcement agencies. The end result will be a more costly *and* more violent society.

Finally, the legalization of drugs would not be all inclusive. Some drugs will still be identified as illicit and require enforcement action. Like alcohol, legal standards would require a person to be twenty-one years of age or older to buy legal drugs. Young people, who are the most susceptible to experimentation, will turn to drugs still prohibited by law or obtain legal drugs through illicit means. Contrary to what the legalization advocates say, the enforcement problem will still exist and most likely will become worse.

### Summary

Lessons learned from Prohibition are indicative that the legalizing of drugs creates a dramatic increase in the use of drugs. Alcohol consumption is at an all-time high since the end of Prohibition. The very reasons that cocaine and other opiates are now illegal stems from the time during the turn of the century in which cocaine was plentiful, legal and easy to obtain and the use and subsequent problems were rampant. Other countries such as Great Britain and Switzerland have tried experimenting with the decriminalization of drugs and had dismal results. Legalizing drugs will simply increase drug use to astonishing levels and with it will come billions of dollars in economic consequences, let alone the toll on human life.

Legalizing drugs will dramatically affect the health and safety of our society. There is a direct correlation with drug and alcohol use and violent crime. Legalizing drugs will cause a significant rise in drug use due to cheaper prices and availability. Higher drug use will translate into more homicides, more assaults, more rapes and more child abuse. The facts are irrefutable. Studies have also clearly shown the relationship between drug and alcohol use and industrial or work-related injuries. Drug users are three to four times more likely to be injured while on the job.

Advocates for legalization have not made their case. Legalization of illicit drugs is a significant threat to our society. Advocates tend to ignore what history has taught us. Society has increased punishments for those who commit senseless acts while under

## Comments on the Legalization of Drugs - Continued

the influence of alcohol. Smoking is another example. Society has taken a position of intolerance for smokers. The message is clear. Drugs and addictive substances are harmful to individuals and to innocent members of society who choose not to use drugs or alcohol but nonetheless suffer consequences at the hands of those who use and abuse these substances.

Costs directly associated with drug use will rise dramatically. Local law enforcement will be inundated with sharp rises in violent crime. The percentage of addicts and drug-related disease will overwhelm our health system. Young people will turn to drugs still listed as illegal, as they experiment with cheaper illicit drugs sold on the street. Society will face its greatest challenge in history all at the expense of legalizing substances that cause death and illness, increase violent crime, and destroy the lives of our youth.

The American people are not asking for the legalization of drugs. Surveys indicate that 90% of Americans disagree with decriminalizing drug use and most state that legalization will lead to a significant rise in drug use. Advocates of legalization are marketing it as a panacea to all of our drug problems. Legalization is giving up on society and the values instilled in us. We must continue to focus on education and enforcement of tough anti-drug laws through collaboration and interaction among members of our community, educators and government officials. We can win the war on drugs through our persistence in doing what is right and in knowing that legalization is simply an unacceptable and socially irresponsible alternative.



DEPARTMENT OF  
POLICE

ARTURO VENEGAS, JR.  
CHIEF OF POLICE

CITY OF SACRAMENTO  
CALIFORNIA

October 11, 1996

HALL OF JUSTICE  
813 SIXTH STREET  
SACRAMENTO, CA  
95814-2495

PH 916-264-5121

Ref: 10- 13

Mayor and City Council  
City Hall  
915-I Street  
Sacramento, CA 95814

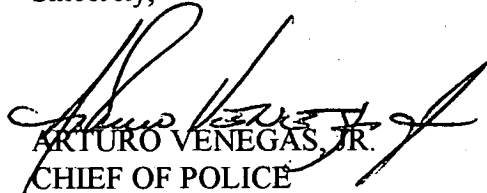
Dear Mayor and Council Members:

I am writing to request your firm action to oppose Proposition 215, the Compassionate Use Act of 1996.

This proposition is sponsored by those who would legalize dangerous drugs and who encourage their wide spread use. Proposition 215 is vaguely worded and can be interpreted to allow use of marijuana simply with a Doctor's recommendation over the phone for ailments ranging from headaches to cancer. There are already FDA approved drugs on the market that can be used for those sufferers with similar effects as marijuana. This proposition is nothing more than an attempt to legalize a dangerous and highly addictive narcotic.

Once again, I strongly urge the City Council to make a strong statement in opposition to Proposition 215. The law enforcement community will be negatively impacted in the extreme in their efforts to combat illegal drugs if this proposition is successful.

Sincerely,

  
ARTURO VENEGAS, JR.  
CHIEF OF POLICE

AV:det

*Attachment 7*

CARLA LOWE  
4241 RIO MONTE CT.  
CARMICHAEL, CA 95608  
(916)965-4825; fax (916)536-9733

September 8, 1996

Jimmie Yee, Councilman  
District 4  
Sacramento City Council  
915 I Street  
Sacramento, CA 95814

Dear Jimmie,

I'm writing today to tell you how desperately concerned I am about the Marijuana Initiative and how much we need your help in convincing the Sacramento City Council to join us in opposing Proposition 215 and telling the electorate the truth about this frightful scam:

1. That it is not compassionate, nor should never be legal to provide a harmful, addictive drug which has never been scientifically proven safe or effective as required by Federal consumer laws.
2. That no legitimate medical entities support the use of any smoked substance for medical purposes.
3. That the pro marijuana lobby has manipulated the public, as has the tobacco industry, to sell the public on the general acceptance of marijuana.
4. That it will effectively legalize marijuana making it accessible to our children.
5. That it will put California in violation of Federal law.
6. That there is, in fact, crude, leaf marijuana available for FDA approved research.

I think I told when we talked briefly last evening that I understand Sheriff Craig may have brought this issue to the attention of Mayor Serna, or one of the other Council members. I am very happy that we are getting good bi-partisan support for our position of opposition. In addition to the Governor and Attorney General, Senator Feinstein and Congressmen Gary Condit and Vic Fazio have added their names to the list. I understand that General Barry McCaffrey, Director of the Office of National Drug Control Policy, will attend a press conference next week in Los Angeles to speak of his support.

I hope to be able to spend a few minutes with each council member in the next week or so to speak about this issue. Will you please see that they get a copy of this letter and the back up material I am giving you? You will also find enclosed a resolution opposing Proposition 215. Please tell



Carla Lowe, 9-8-96, 2

me what I must do to officially ask the Council to support our position by adopting the resolution, or making any other appropriate action to oppose the Initiative.

I am asking the Sacramento Board of Supervisors to take the same action. Hopefully we will be able call a press conference to announce the united opposition of Sacramento's local government to Proposition 215. I know Sheriff Craig and others in law enforcement will help coordinate this effort.

Believe me Jimmie, if this Initiative were an honorable effort to get a FDA approved drug to people who might be made more comfortable by its use, I would be pounding the streets for the cause as I have people in my own family who have died of AIDS and cancer. But this is simply not the case. The multi-million dollar pro-drug industry is behind this scam, preying on our most vulnerable citizens: the sick and dying, and jeopardizing the healthy future of our children.

Americans are stunned to hear the recent news that adolescent marijuana use has doubled in just four years. In 1991, 79 percent of high-school seniors viewed regular use as harmful. Today, only 61 percent think so. Teenagers are getting the message that smoking pot is "no big deal," especially since it is a "medicine." Predictably, their use has gone up.

If Proposition 215 were to pass, our children will have unrestricted access to marijuana, even over their parents' objections. They would need but say that a doctor told them marijuana can relieve pain from cramps or overexertion.

I believe all of our drug-use prevention efforts through the legislature, and in our homes, schools, and communities stand to be wiped out by the voters pen if they support Proposition 215.

This Initiative, the "Compassionate Use Act," as the proponents choose to call it, is de facto legalization of marijuana. It also represents medicine by popular vote rather than by scientific study. It will legalize the growing, cultivating and using of the crude drug marijuana which can be rolled into cigarettes for stress or "any other illness" by a person or his/her caregiver if the person or care giver has the verbal or written recommendation of a physician. Patients, caregivers, and physicians will be exempt from criminal laws if medical need can be shown.

It provides no restrictions, regulations, or limitations pertaining to the patient, physician, or to the marijuana. A physician can prescribe verbally or by phone to any person, even a minor, felon, or jail inmate, any amount or

Carla Lowe, 9-8-96, 3

strength of marijuana to be cultivated, possessed, used any place, under any "medical condition," for any length of time.

Jimmie, the people behind this measure, and similar measures in other states, are not doctors but individuals and organizations who have been working to see marijuana and other drugs legalized for as long as I have been involved in the drug issue. In 1979, a statement was made by Keith Stroup, founder of the National Organization for the Reform of Marijuana Laws (NORML), as he disclosed their strategy for legalizing drugs: "NORML will legalize marijuana for cancer patients, using the issue as a red herring to give marijuana a good name." They are no less than wolves in sheeps' clothing...they wear suits and ties now, and talk about "Harm Reduction" rather than use the "L" word, LEGALIZATION.

In 1994, a US Court of Appeals ruled marijuana remain a Schedule I drug: highly addictive, no medical usefulness. The Court noted that the pro-marijuana physicians had relied on non-scientific evidence. The Food and Drug Administration (FDA) has approved THC, marijuana's major ingredient, for limited medical use. Pure synthetic THC, marketed as "Marinol," is available by prescription in pill form for treatment of nausea in some cancer chemotherapy patients and as an appetite stimulant for AIDS Wasting Syndrome.

If this Proposition passes, it will be in conflict with Federal law. Article VI, Clause 2 of the United States Constitution states that Federal law is the supreme law of the land and that all states are thereby bound.

In his veto letters of AB 1529, and SB 1364, both "medical" marijuana bills, Governor Wilson spoke to this issue of preemption and possible administrative, civil and criminal sanctions and penalties under the Controlled Substance Act, 21 USC 801, et seq. I am enclosing copies of the veto letters, and a letter from Brian Bayly, an attorney with the Chief Counsel's Office of DEA who wrote of the preemption issue.

According to a July 16, 1996, article "California to vote on legalizing pot as medicine" in USA TODAY, "a recent Field Institute poll of 1,510 Californians found 57% favored letting doctors prescribe marijuana, and a 1995 Binder poll of 750 California voters showed 66% supporting a ballot proposition letting doctors prescribe marijuana.

I believe the reason for these numbers is because the pro-drug lobby has been effective in telling the public that marijuana is medicine, and that it is particularly helpful for people with cancer, AIDS, glaucoma, multiple sclerosis,

etc. This is simply not true as there is not one American health association that accepts marijuana as medicine. The American Medical Association, National Multiple Sclerosis Society, American Glaucoma Society, American Academy of Ophthalmology and American Cancer Society have been represented by experts testifying at many different hearings that marijuana is not safe or effective for any medical use.

You may know that a Coalition has been formed to oppose Proposition 215. It has taken the name Citizens for a Drug-Free California. Sheriff Brad Gates of Orange County is chairman of the group. I am on the steering committee. I am also the California Delegate to Drug Watch International, a link of the Coalition. Both of these groups strongly support FDA approved research on marijuana and other drugs. In fact, many of the doctors on the medical staff of Drug Watch have participated in research on leaf marijuana.

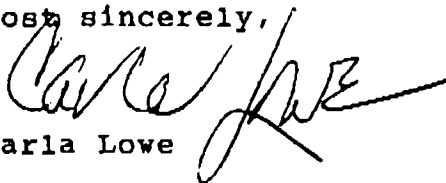
The people of Sacramento will look to our elected officials for leadership in fighting this Initiative. Will you please bring this important matter to the attention of the Council?

Carla Lowe, 9-8-96, 5

My request for support from the Council on this issue is of paramount importance. The timeline is short. November 5th is just two months away. Please bring this issue to a vote as soon as possible.

If you have need of any further information, please call me. I have files and files of materials, and the Drug Watch network has access to virtually every piece of information written on illicit drugs - prevention, education, intervention, treatment, research, etc. If I can't answer your needs, I will find someone who can.

Most sincerely,



Carla Lowe

SEP-17-1996 16:33

CAL MED ASSOCIATION

# **CMA NEWS** FOR IMMEDIATE RELEASE

from the CALIFORNIA MEDICAL ASSOCIATION NEWS BUREAU  
P.O. Box 7690 • San Francisco CA 94120-7690 • 415-882-5115

September 11, 1996

CONTACT: Ron Lopp  
415/882-5115

## **CMA TAKES POSITIONS ON HEALTH-RELATED BALLOT INITIATIVES Physicians Vote to Oppose Medical Marijuana Use and Stay Neutral on Propositions to Regulate HMOs**

SAN FRANCISCO — The California Medical Association (CMA) has taken positions on three health-related propositions on the Nov. 5 ballot. The CMA Board of Trustees recently voted to oppose Proposition 215, the medicinal use of marijuana initiative, and to remain neutral on Propositions 214 and 216, initiatives seeking to regulate HMOs.

In a unanimous vote, the Board of Trustees reaffirmed CMA's long-standing policy to oppose medicinal use of marijuana until "studies determine appropriate protocols for the prescriptive use of cannabinoids." If controlled studies on medicinal marijuana use prove effective for certain patients, CMA supports "efforts to expedite access to cannabinoids for therapeutic use as a Schedule II drug under the direction of a physician."

"Physicians are committed to giving the best care to their patients. But good care depends on good science, and we're no closer today than we were 20 years ago in understanding the safety and effectiveness of marijuana as a medicine," said CMA President Jack E. McCleary, MD. "Favorable reports from some doctors and patients on using marijuana to treat disease symptoms all appear to be anecdotal, and anecdotal evidence is not scientific."

CMA points out that even if Prop. 215 passes, it offers no protection to physicians who, in good faith, prescribe marijuana to a patient. Under current state and federal law, a physician is prohibited from prescribing marijuana for medical treatment. The proposed initiative would exempt physicians from prosecution under state law. However, federal law supersedes any inconsistent state law, leaving physicians at serious risk of criminal liability.

"Physicians are ready to do the right thing for their patients. It's time the federal government, and organizations such as the National Institutes of Health, did the right thing by studying the medical uses of marijuana to see if it works and for what patients," said Dr. McCleary.

(more) — other issues

86 Thursday, October 3, 1996

▶ OPI

## The Sacramento Bee

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# Bad marijuana medicine

Last year, Gov. Pete Wilson, then a presidential candidate, vetoed a sensible bill that would have decriminalized possession and growing of small amounts of marijuana for medical use by cancer and AIDS patients. In response, the proponents of the medical use of marijuana, including seniors groups and wealthy contributors seeking to change U.S. drug policy, are now carrying their case to the voters with Proposition 215. Unfortunately, their measure is written so broadly that marijuana could be legalized far beyond the compassionate uses the measure purports to endorse.

The bill (AB 1529) passed by the Legislature last year with bipartisan support was narrowly tailored. It would have permitted a patient to possess or grow small amounts of marijuana if a physician had approved, in writing, the use of the drug for specified conditions: cancer, AIDS, glaucoma or multiple sclerosis.

The National Institutes of Health reports that there are no proven medicinal uses for marijuana. (A synthetic version of THC, the main psychoactive compound in marijuana, is available by prescription to reduce nausea but is not as effective as other anti-nausea drugs.) But some physicians cite anecdotal evidence that smoking marijuana in some cases helps cancer patients cope with the nausea induced by chemotherapy and helps AIDS patients regain their appetites to fight the wasting associated with the disease. Compassion dictates that

where doctors believe marijuana can ease the suffering of such terminally ill patients, patients should be able to use the drug without fear of prosecution.

But Proposition 215 would go much further than the Legislature did. It would permit people to possess and grow marijuana for use against such broadly defined conditions as chronic pain, arthritis and migraine as well as any illness "for which marijuana provides relief." And unlike the Legislature's bill, the ballot measure would not require a written recommendation from a physician. An individual could possess or grow the drug with an oral recommendation from a doctor or simply a nod of approval.

The result, law enforcement foes of the measure argue, is that some quack doctor's televised recommendation that people smoke marijuana to relieve stress or anxiety would suffice to legalize marijuana possession by millions. Even if that's an exaggeration, it's plain that Proposition 215 goes far beyond compassionate use, opening up a broad loophole.

For decades, federal drug politics has stood in the way of serious research into marijuana's medicinal value. Many states and medical groups like the California Medical Association, which opposes this measure, have rightly urged that the federal government make marijuana available as a prescription drug if studies show it is effective for patients. But Proposition 215 is the wrong way to turn marijuana into medicine.

# CITIZENS FOR A DRUG-FREE CALIFORNIA

## "Medical Use of Marijuana" Initiative — A Dangerous Hoax

An initiative entitled "Medical Use of Marijuana" will appear on the November 1996 ballot. Promoters of this initiative claim that it will provide for the "compassionate use" of crude marijuana for people with cancer, AIDS and glaucoma, but, the fine print of the initiative allows the use of marijuana for "any other illness for which marijuana provides relief."

### This initiative is a dangerous hoax ... and here are the reasons:

1. "MEDICAL USE" IS A SMOKE-SCREEN FOR LEGALIZATION OF MARIJUANA. The "Medical Use" Initiative virtually legalizes possession, cultivation and use of unlimited quantities of marijuana for anyone — including children and felons. The Initiative says:

"Section 11357 (criminal penalties), relating to the possession of marijuana, and Section 11358 (criminal penalties), relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician."

No written prescription is required. The physician may give permission for marijuana use verbally. The user does not have to have AIDS, cancer or glaucoma, only a "recommendation" by a physician for "any

illness for which marijuana provides relief."

The "illness" could be stress, headaches ... or anything else. Anyone with "medical permission" could smoke, grow or possess marijuana under this initiative. This includes minors, parolees or even jail inmates.

2. MARIJUANA IS NOT A MEDICINE. The Food and Drug Administration, the Drug Enforcement Administration and the U.S. Public Health Services have rejected smoking crude marijuana as a medicine.

**FACT:** There are thousands of studies available documenting the harmful physical and psychological effects of smoking marijuana. The harmful consequences include, but are not limited to: premature cancer, addiction, coordination and perception impairment, a number of mental disorders including depression, hostility and increased aggressiveness, general apathy, memory loss, reproductive disabilities, impairment to the immune system, numerous airway injuries and other serious problems.

**FACT:** Major medical and health organizations, as well as the vast majority of nationally recognized expert medical doctors, scientists and researchers have not accepted smoking marijuana for medical use. These organizations include: the American Medical Association, the American Cancer Society, National Multiple Sclerosis Association, the American Glaucoma Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research, and the National Institute on Allergy and Infectious Diseases.



## Statement Against California Marijuana Initiative 1996

It is not compassionate, and should never be legal, to provide a harmful addictive drug which has never been scientifically proven safe or effective as required by Federal consumer protection laws.

This initiative creates a giant loophole to grow and deal marijuana, endangering the health and safety of all, and it puts California in conflict with Federal law. This initiative falsely implies that marijuana cigarettes alleviate disease; however, there is no scientific proof that marijuana is safe or effective for ANY illness. Its use masks symptoms, discouraging ill people from seeking medical care, often causing them direct harm.

In 1994, a US Court of Appeals ruled marijuana remain a Schedule I drug: highly addictive, no medical usefulness. The court noted that the pro-marijuana physicians had relied on non-scientific evidence. The Food and Drug Administration (FDA) has approved THC, marijuana's major ingredient, for limited medical use. Pure synthetic THC, marketed as "Marinol," is available by prescription in pill form for treatment of nausea in some cancer chemotherapy patients and as an appetite stimulant for AIDS Wasting Syndrome.

The FDA has NOT approved crude marijuana, which has more than 425 chemicals converting to thousands when smoked; many are toxic and cancer-causing. Smoking is harmful; no medicine is administered by smoking.

**AIDS:** Scientific studies indicate marijuana cigarettes damage the immune system, causing further peril to already weakened immune systems. HIV-positive smokers progress to full-blown AIDS twice as fast as non-smokers and have an increased incidence of bacterial pneumonia.

**CANCER:** Marijuana contains many cancer-causing substances; some are present in higher concentrations in marijuana smoke than in tobacco smoke. Studies have linked marijuana to a number of cancers in young marijuana smokers, including cancer of the mouth, tongue, larynx, jaw, head, neck, and lungs.

**GLAUCOMA:** Marijuana does NOT prevent blindness due to glaucoma.

Marijuana is harmful to lungs, heart, immunity, and reproduction. Recent studies have shown numerous abnormalities, including low birthweight, behavioral disorders, lower IQ, and an eleven-fold increase in childhood leukemia in offspring of mothers who smoked marijuana during pregnancy. Since marijuana impairs mental functioning, it is a known cause of many motor vehicle and industrial accidents.



Marijuana is currently up to 25 times more potent than it was in the 1960's. It remains in the body's fat cells for months. Marijuana is a major cause of addiction, often requiring rehabilitation/treatment. Research links marijuana to the use of cocaine and other drugs. The number of young users of marijuana is rising because of the "marijuana as medicine" propaganda.

The initiative bypasses laws designed to protect the public from unscrupulous "snake oil salesmen." With no restrictions or regulations, this initiative encourages cultivation and use of marijuana, allowing any physician, including those in the marijuana lobby, to verbally approve marijuana for any condition. What has not been made clear to the public is that this initiative will bypass FDA regulations designed to protect the public.

A leading activist for marijuana legalization said pro legalization advocates would use "The medical model as spearheading a strategy for the legalization of marijuana by 1997." The California Marijuana Initiative 1996 is blatant legalization of marijuana; it is medical quackery and makes a mockery of the law.

Janet Lapey, M.D., International Drug Strategy Institute  
Carla Lowe, California Delegate, Drug Watch International  
Telephone 916 965-4825  
Fax 916 536-9733

Drug Watch International  
Home Page  
[http://www.lec.org/Drug\\_Watch](http://www.lec.org/Drug_Watch)

## THE MEDICINAL MARIJUANA SCAM: UPDATE 1996

Janet D. Lapey, M.D.  
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 Hanover, MA 02339  
 617-826-5598

### WHY ISN'T MARIJUANA A MEDICINE?

By federal law, a substance may not be marketed as a medicine until it has scientifically been shown to be safe and effective. Marijuana has never been shown scientifically to be safe or effective for the treatment of any condition.

### WHY MUST A SUBSTANCE BE SHOWN TO BE SAFE AND EFFECTIVE?

Before 1906, the prevailing philosophy was "caveat emptor" (let the buyer beware), as many unscrupulous doctors peddled unlabeled medicines which did more harm than good. These "snake oil" salesmen's potions often contained addictive substances, such as marijuana, cocaine, or morphine, and many people unwittingly became addicts. In order to protect the public from such scams and quackery, laws were enacted which ensure that no substance is marketed as medicinal until proven to be both safe and effective: the 1906 Pure Food and Drug Act required that ingredients be listed on the label; then the Food, Drug and Cosmetic Act of 1938 gave the Food and Drug Administration (FDA) the authority to require that manufacturers prove their products' safety. In 1962 this requirement was expanded to include both safety and efficacy.

### IF THE INGREDIENTS OF MARIJUANA WERE LISTED ON THE LABEL, WHAT WOULD THIS LIST INCLUDE?

Marijuana is not a pure substance but is an unstable, varying, complex mixture of over 400 chemicals, many of which are harmful substances which have not been well-studied either alone or in combination with each other. New harmful chemical components of marijuana are still being discovered.<sup>1</sup> When smoked, marijuana produces over 2000 chemicals, including hydrogen cyanide, ammonia, carbon monoxide, acetaldehyde, acetone, phenol, cresol, naphthalene, and well-known carcinogens such as benz(a)pyrene, benz(a)anthracene, benzene, and nitrosamines. Many of these cancer-causing substances are present in higher concentrations in marijuana smoke than in tobacco smoke.<sup>2</sup>

### WHAT ARE THE HARMFUL EFFECTS OF MARIJUANA?

Marijuana is addictive;<sup>3</sup> it adversely affects the immune system,<sup>4</sup> leads to the use of other drugs, such as cocaine;<sup>5</sup> it causes cancer, including cancer of the lungs, mouth, throat, lip, and tongue.<sup>6</sup> Marijuana also causes respiratory diseases<sup>7</sup> and mental disorders, such as schizophrenia and other psychoses, depression, panic attacks, hallucinations, paranoia, hostility, depersonalization, flashbacks, decreased cognitive performance, disconnected thought, delusions, and impaired memory<sup>8</sup>. Since marijuana impairs coordination and judgment, it is a major cause of accidents.<sup>9</sup> Babies born to women who smoke marijuana during pregnancy have an increased incidence of leukemia,<sup>10</sup> low birth weight,<sup>11</sup> and other abnormalities.

### HOW IS A DRUG APPROVED AS A MEDICINE?

The process by which drugs are approved begins with studies of their chemistry, pharmacology, and toxicology. Interchemical reactions must be known and reproducible, and dosages must be measurable with exactitude. After a potential medicine is tested in animals, there are several required

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phases of testing for safety and efficacy in healthy human volunteers and later in patients. These clinical trials must be carefully controlled and conducted by qualified scientists.

#### **HAVE THERE BEEN ANY STUDIES ON MARIJUANA AS A MEDICINE?**

Although marijuana continues to be available for research, over 12,000 scientific studies of marijuana have been published, and the drug has never been shown to be safe or effective for the treatment of any condition. In June 1991, the U.S. Public Health Service ordered a study of this issue by scientists at the National Institutes of Health (NIH). The report, issued in March 1992, concluded that scientific studies have never shown marijuana to be safe or effective as medicine and that there are better, safer drugs available for all conditions considered. The National Eye Institute reported that the intraocular pressure lowering action of marijuana is not effective enough to prevent optic nerve damage from glaucoma and that "there is no scientifically verifiable evidence that marijuana or its derivatives are safe and effective in the treatment of glaucoma." The National Cancer Institute reported that newer antiemetic agents such as ondansetron have been shown to be more useful than THC as a first line therapy. The National Institute of Neurological Disorders reported that no studies have shown marijuana to have beneficial effects on patients with multiple sclerosis. The National Institute of Dental Research reported that there have been no controlled studies which substantiate claims of marijuana's anti-pain effects. The National Institute of Allergy and Infectious Disease reported that the many carcinogens in marijuana smoke would be a health hazard for patients with compromised immune systems.<sup>12</sup>

#### **WHY IS MARIJUANA A SCHEDULE I DRUG?**

A Schedule I drug, such as LSD, is a drug which is highly abusable with no medicinal value. A Schedule II drug, such as cocaine, is also highly abusable, but has limited medicinal use. In 1972, the National Organization for the Reform of Marijuana Laws (NORML), a pro-marijuana legalization group, and related organizations commenced litigation against the Drug Enforcement Administration (DEA) in an attempt to reschedule marijuana from Schedule I to Schedule II. On February 18, 1994, the U.S. Court of Appeals (D.C. Circuit) ruled in favor of the DEA. The Court noted that the pro-marijuana parties, which included physicians connected to NORML, relied on non-scientific anecdotal testimonials. On the other hand, numerous highly qualified experts testified that marijuana's medicinal value has never been proven in sound scientific studies. In addition to the NIH, the FDA, the American Medical Association, the American Cancer Society, the American Academy of Ophthalmology, the National Multiple Sclerosis Society, and the American Glaucoma Society have all stated that marijuana has never been shown to be safe or effective as medicine. Thus marijuana remains a Schedule I drug: highly abusable, with no medicinal use.<sup>13</sup>

#### **WHAT IS THE THC PILL AND WHY IS IT SCHEDULE II?**

A synthetic form of delta-9-tetrahydrocannabinol, THC, the main psychoactive ingredient of marijuana, was approved by the FDA in 1985 as an anti-nausea agent for cancer chemotherapy patients who had failed to respond to other drugs. In 1992 it was approved as an appetite stimulant for patients with AIDS Wasting Syndrome. Synthetic THC ("Marinol") is available by prescription in pill form and is a Schedule II drug: highly abusable, with limited medical use. Unlike marijuana, Marinol fits the definition of a modern pharmaceutical in that it is a stable, well-defined, pure substance in quantified dosage form. The medical use of THC (Marinol) is very restricted because of harmful side effects, such as addiction and mental disorders, which are dose-related, as noted in the Physicians' Desk Reference.<sup>14</sup> Fortunately, newer, better anti-emetic medications have been developed recently. Only a very low dose of Marinol is recommended for appetite stimulation, since larger doses increase adverse effects without increasing efficacy. Smoking marijuana produces higher plasma THC levels than are obtained when THC is taken in pill form, and therefore these harmful side effects are greater.

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### WHY DO SOME PEOPLE CLAIM THAT MARIJUANA HAS MEDICAL BENEFITS?

Due to a placebo effect, a patient may erroneously believe a drug is helpful when it is not. This is especially true of addictive, mind-altering drugs like marijuana. Therefore, when a patient anecdotally reports a drug to have medicinal value, this must be followed by objective scientific studies. For instance, in 1990, Dr. J. P. Frankel conducted a scientific study of the effect of smoked marijuana on his patients with Parkinson's Disease because one of the patients had claimed the drug to be beneficial. Dr. Frankel's research showed that the drug did not improve the symptoms of Parkinson's Disease in any patient, including the patient who had originally believed it useful.<sup>15</sup> Similarly, anecdotal reports had claimed that marijuana caused improvement in multiple sclerosis. However, a scientifically-controlled 1994 study by Dr. H. S. Greenberg showed that smoking marijuana makes the symptoms of multiple sclerosis worse.<sup>16</sup> The situation is similar to an athlete believing that he is performing better under the influence of a drug when in actuality his performance is worse!

### WHAT GROUPS ARE TRYING TO CLAIM THAT MARIJUANA IS A MEDICINE?

Just as there is a powerful tobacco lobby, there is a well-funded marijuana lobby which consists of groups, such as the National Association for the Reform of Marijuana Laws (NORML), which aim to legalize marijuana. In 1979, Keith Stroup, NORML's founder, told an Emory University audience that they would be using the issue of medicinal marijuana as a red herring to give marijuana a good name.<sup>17</sup> The tobacco industry also promoted cigarettes as medicine until the Federal Trade Commission halted the practice in 1955. "Camels" were said to prevent fatigue and aid digestion, and "Kools" were said to prevent the common cold.<sup>18</sup> Currently, NORML backs state and federal "medicinal marijuana" bills which aim to bypass our consumer protection laws. The tobacco industry similarly tries to undermine the FDA.

### DID THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION ADVOCATE MARIJUANA AS MEDICINE?

No. There was an opinion piece in that journal written by Dr. Lester Grinspoon, the psychiatrist who is chairman of the board of NORML. Grinspoon is a long-time advocate of drug legalization. His book, *Marijuana, the Forbidden Medicine*, promotes marijuana for almost any condition, including pain, itching, menstrual cramps, asthma, insomnia, depression, and other psychiatric conditions which marijuana is actually known to cause. The book downplays marijuana's harmfulness, referring to its addictive and gateway properties as a "hoary myth" (p. 158). It was similar misinformation from Grinspoon downplaying the harmful effects of cocaine<sup>19</sup> which was pinpointed by many experts<sup>20</sup> as causing the nation's cocaine epidemic. On the NBC Nightly News, June 20, 1995, Grinspoon said "marijuana is much safer than aspirin." This is not true.

### WHAT WAS THE FEDERAL COMPASSIONATE USE PROGRAM?

In the late seventies, pro-marijuana activists pressured the federal government into providing marijuana cigarettes as "medicine" for conditions they claimed it benefited. Following the NIH report, the Bush Administration stopped accepting new customers for the governmental marijuana hand-out program in 1992. The Clinton Administration reviewed the policy and came to the same conclusion in July 1994. It was determined that it is not compassionate to pass out drugs which do more harm than good. For instance, studies show that HIV positive smokers progress to full-blown AIDS twice as fast as non-smokers,<sup>21</sup> and HIV positive marijuana smokers have an increased incidence of bacterial pneumonia compared to non-marijuana smokers.<sup>22</sup> Most of the persons who received government-supplied marijuana died, and their deaths could have been accelerated by smoking marijuana. No scientific studies were ever carried out.

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**SUMMARY:** In the nation's rush towards deregulation, we must not forget that government has a very crucial role to play in protecting the public from the modern day snake oil salesmen. Those who aim to legalize marijuana are preying upon our most vulnerable citizens: the sick and the dying. We should learn by the history of tobacco that addictive dangerous drugs wreak great harm upon society when they manage to escape FDA regulation. It is not compassionate to promote drugs as "medicine" which have never been scientifically shown to be safe or effective.

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### Medical quotes

Compiled by Sandra S. Bennett, Drug Watch Oregon

**"BEST DOCTORS IN AMERICA"** written by Pulitzer Prize-winning authors Steven Naifeh and Gregor W. Smith and a team of pollsters and interviewers compiled a list of 3,850 doctors nationwide of the physicians that doctors would send their loved ones to. Included in that list were Dr. Emil J. Bardana, Dr. William M. Bennett, Dr. John McAnulty, Dr. William Thomas Shults, Dr. E. Michael Van Buskirk, who have provided me with their comments on the fallacy and dangers of using smoked marijuana to treat disease.

### MULTIPLE SCLEROSIS

"In the absence of well designed, controlled clinical studies, (of marijuana and THC) no conclusion of benefits can be made for MS."

Stephen C. Reingold, Ph.D.  
Vice President, Research and Medical Programs  
National Multiple Sclerosis Society  
January 7, 1993

"While early studies indicated that THC seemed to reduce extensor spasm in MS patients, follow-up reports have not confirmed this benefit. A more recent report has indicated that smoking marijuana impairs motor performance in MS patients."

National Medical Advisory Board  
National Multiple Sclerosis Society  
Position Statement 1992

"I am sorry to see anyone deluded by the false promise of relief from MS or its symptoms by marijuana."

Kenneth P. Johnson, MD  
Director, Maryland Center for MS  
Letter dated December 28, 1992

### CANCER AND AIDS

"In general, patients with a damaged immune system are best served by not smoking anything...many other readily available FDA approved pharmaceutical products are more efficacious and lack the above mentioned detrimental effects of marijuana inhalation."

David N. Gilbert, MD  
Professor of Medicine  
Director, E.A. Chiles Research Institute  
Providence Medical Center  
November 5, 1992

"Therefore, not only would I be unwilling to prescribe marijuana (smoked) in patients undergoing chemotherapy, I would attempt to dissuade such a patient from utilizing it and to persuade them to use marinol instead."

Grover C. Bagby, Jr., MD  
Professor of Medicine and Molecular and Medical Genetics  
Head, Divisions of Hematology & Medical Oncology, OHSU  
October 2, 1991

### CARDIOLOGY

"Those who promote its use have not shown a particularly reassured approach to evaluating the value of marijuana...All of us would very much like to help those who suffer, who are sick, who are in pain, who are bothered by chronic nausea and vomiting. Any substantial clue that this approach would help them would be reason for all of us to adopt its use in a moment. I wait for the clue."

John H. McAnulty, MD, Professor of Medicine  
Division of Cardiology, OHSU  
June 30, 1992

### ALLERGY AND IMMUNOLOGY

"There is good scientific evidence that the consumption of a few marijuana cigarettes has the potential to cause the same degree of epithelial damage and bronchitis as a larger number of tobacco cigarettes...It has also been demonstrated that the combined use of marijuana and tobacco may be more harmful than the use of either substance alone."

Emil J. Bardana, Jr., MD  
Professor of Medicine  
Head, Division of Allergy and Clinical Immunology  
Vice Chairman, Department of Medicine, OHSU  
March 16, 1992

**The chief financial backers of this initiative are not doctors and not one major medical association has endorsed it.**

**3. THE DRUG LEGALIZATION LOBBY IS BEHIND THIS INITIATIVE.**

George Soros, a multimillionaire financier who has contributed large amounts of money to drug "decriminalization" efforts internationally is one of three individuals who have given nearly all of the money to qualify the Medical Use of Marijuana Initiative for the ballot. None of these three individuals is a doctor.

Organizations such as The National Organization for the Reform of Marijuana Laws (NORML) which back the legalization of marijuana support this initiative.

These organizations believe the public will be more likely to support even further legalization of marijuana if it is first approved for medical use.

**4. THE INITIATIVE EXEMPTS MARIJUANA FROM ALL REGULATIONS WHICH PROTECT CONSUMERS FROM UNSAFE DRUGS.**

The FDA requires extensive testing to certify medications as safe and effective before releasing them to the public.

This initiative would make marijuana the only controlled substance available to the public without FDA approval. Quality and purity of the drug would be essentially unregulated and unmonitored.

In addition, this initiative would make marijuana available without a prescription, therefore bypassing all established medical guidelines for dispensing drugs.

THC, the active ingredient in marijuana, is already available on the market as the FDA approved drug Marinol.

Responsible physicians wishing to treat AIDS patients, cancer patients and other truly ill people can prescribe this drug right now.

We cannot allow anyone to prey upon the sick and dying under the guise of "compassion" to circumvent the FDA, and thus open the door to outright legalization.

With a nationwide push against tobacco smoking, there is no way that smoking marijuana, an illegal intoxicating drug, should be portrayed as "beneficial."

**5. THE INITIATIVE SENDS THE WRONG MESSAGE TO YOUNG PEOPLE.**

Marijuana use is on the increase among young people and drug abuse is a serious social problem.

California taxpayers spend millions of dollars attempting to educate our children to "say no to drugs" — and hundreds of millions more dealing with the problems caused by drug abusers.

This initiative sends the message to our children that marijuana is a safe, effective medical treatment rather than a dangerous, illegal drug. This is the wrong message.

**The California State Sheriffs Association, California District Attorneys Association, California Narcotic Officers Association, the California Peace Officers Association, the California Reserve Peace Officers Association and California Police Chiefs Association oppose this initiative. So do leading law enforcement organizations and drug prevention organizations, including Californians for Drug-Free Youth, D.A.R.E., Drug Use Is Life Abuse and Drug Watch International.**

**Please join Citizens for a Drug-Free California and contribute as much as you can to defeat this dangerous, irresponsible and deceptive initiative.**

**CONTACT:**

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4041 MACARTHUR BOULEVARD, SUITE 190 ■ NEWPORT BEACH, CA 92660**

**PHONE: 714-476-9064 ■ FAX: 714-851-9053**



# CITIZENS FOR A DRUG-FREE CALIFORNIA

Attachment 8



**SHERIFF BRAD GATES**  
Chairman

#### STATE OFFICIALS

Pete Wilson  
Governor of California  
George Deukmejian  
35th Governor of California  
Former Attorney General  
Attorney General Dan Lungren  
Assembly Speaker Curt Pringle  
Assemblyman James E. Rogan, Majority Leader  
Senator Rob Hurt, Senate Republican Leader  
Insurance Commissioner Chuck Quackenbush

#### LAW ENFORCEMENT ORGANIZATIONS

Association of Special Agents, Dept. of Justice  
California Correctional Peace Officers Association  
(CCPOA)  
CA District Attorneys Association  
CA Narcotic Officers' Association (CNOA)  
CA Police Chiefs Association  
CA Peace Officers Association  
CA Reserve Peace Officers Association  
CA State Sheriffs' Association  
Chief Probation Officers of California  
Los Angeles County Chiefs Association  
National Alliance of State Drug Enforcement  
Agencies (SDEA)  
National Narcotic Officers' Associations Coalition  
Orange County Chiefs of Police and Sheriffs'  
Association

#### DRUG EDUCATION AND PREVENTION GROUPS

California D.A.R.E. Officers Association  
California D.A.R.E. Officers Association, Region V  
Californians for Drug-Free Youth, Inc. (CADFY)  
California Union of Safety Employees (CAUSE)  
Committees of Correspondence, Inc.  
Community Anti-Drug Coalitions of America (CADCA)  
Concerned Citizens for Drug Prevention, Inc.  
D.A.R.E. America  
Drug Use Is Life Abuse  
Drug Watch International  
Orange County Alcohol & Drug Advisory Board  
Partnership for a Drug-Free America  
The International Drug Strategy Institute

#### MEDICAL ADVISORS

Jayson A. Hymes, M.D., M.P.H., F.A.C.P.M.  
Conservative Care Specialists Medical Group  
Janet D. Lapey, M.D.  
Concerned Citizens for Drug Prevention, Inc.  
Michael Meyers, M.D.  
Brottman Medical Center - Specializing in  
Addiction Medicine  
Forest Tennant, Jr., M.D., M.P.H., PhD.  
Research Center for Chronic Pain  
and Dependency Disorders  
Eric A. Voith, M.D. F.A.C.P.

PARTIAL LIST

October 11, 1996

The Honorable Mayor Joe Serna, Jr.  
Sacramento City Councilmembers  
915 I Street, Room 304  
Sacramento, CA 95814

Attention: Valerie Burrowes

Dear Mayor Serna and Councilmembers:

Proposition 215 is dangerous, irresponsible and wrong. It would make marijuana available to the public without following the scientific processes of the Food and Drug Administration (FDA) for approval and regulation. No consumer protection would be in place.

Proposition 215 also poses a serious threat to the effectiveness of drug enforcement and prevention. Attorney General Dan Lungren and California law enforcement assert that Proposition 215 will provide loopholes for drug dealers to avoid arrest and prosecution.

Proposition 215 sends our children the message that marijuana use is *beneficial*, that marijuana is *medicine*. Neither contention is true.

It is our hope that you will join the growing coalition in opposition to Proposition 215, the Medical Marijuana Initiative.

Sincerely,

*Brad Gates*

Brad Gates  
Chairman

#### Enclosures

NO on 215 Coalition

**Campaign Office: 4041 MacArthur Boulevard, Suite 190, Newport Beach, CA 92660**  
**Phone: 714-476-3017 FAX: 714-851-9053**

Citizens for a Drug Free California, a Project of Citizens for Economic Progress,  
Sheriff Brad Gates, Chairman, 4901 Birch Street, Newport Beach, CA 92660 • I.D. No. 960845

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# CITIZENS FOR A DRUG-FREE CALIFORNIA



**SHERIFF BRAD GATES**  
Chairman

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Research Center for Chronic Pain  
and Dependency Disorders  
Eric A. Voth, M.D. F.A.C.P.

PARTIAL LIST

## ANTI-MARIJUANA COALITION

(As of 11 October 1996)

**Campaign Chairman**  
**Sheriff Brad Gates**

### LEGISLATIVE

Pete Wilson, Governor of California  
California Republican Party  
George Deukmejian, 35th Governor of California, Former Attorney General  
Attorney General Dan Lungren  
Senator Dianne Feinstein  
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Office of National Drug Control Policy  
U.S. Secretary of Health and Human Services Donna Shalala,  
United States Department of Health and Human Services  
U.S. Secretary of Education Richard W. Riley,  
United States Department of Education  
United States Drug Enforcement Administration  
Assembly Speaker Curt Pringle  
Secretary of State Bill Jones  
Senator Rob Hurtt, Senate Republican Leader  
Insurance Commissioner Chuck Quackenbush  
Los Angeles District Attorney Gil Garcetti  
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Assemblyman Larry Bowler, 10th District  
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Orange County Supervisor Roger R. Stanton  
Orange County Supervisor William Steiner  
Sacramento City Councilman Robbie Waters  
Sacramento Young Republican Federation

### LAW ENFORCEMENT ORGANIZATIONS

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California Police Chiefs Association (CPCA)  
California Peace Officers Association (CPOA)  
California Reserve Peace Officers Association (CRPOA)  
California State Coroners Association  
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**Campaign Office: 4041 MacArthur Boulevard, Suite 190, Newport Beach, CA 92660**  
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Citizens for a Drug Free California, a Project of Citizens for Economic Progress,  
Sheriff Brad Gates, Chairman, 4901 Birch Street, Newport Beach, CA 92660 • I.D. No. 960845

Chief Probation Officers of California  
 Fresno Deputy Sheriff's Association  
 Hayward Police Officers Political Action Committee  
 Los Angeles County Chiefs Association  
 National Alliance of State Drug Enforcement Agencies (SDEA)  
 National District Attorneys Association  
 National Narcotic Officers Associations Coalition  
 Oklahoma Narcotic Officers Association  
 Orange County Chiefs of Police and Sheriffs Association  
 Palm Springs Police Officers Association  
 PORAC  
 Riverside Sheriff's Association  
 Solano County Police Chiefs and Sheriff Association  
 San Luis Obispo County Criminal Justice Administrators' Association (CJAA)  
 Texas Narcotic Officers Association  
 Ventura County Deputy Sheriffs' Association

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 Captain James Young, California Highway Patrol  
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 Steve Fournier, Parliamentarian, Law Enforcement Alliance of America  
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 Robert Nishiyama, Secretary, Association of Special Agents, DOJ  
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 Garth Tanner, State Park Peace Officer (Ret.)  
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 Investigator Stan Welch, San Bernardino County D.A.  
 US Marshal Jerry J. Enomoto, Eastern District of California  
 US Marshal Jim Molinari, Northern District of California

#### DRUG EDUCATION AND PREVENTION

California D.A.R.E. Officers Association  
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 California Medical Association Alliance (CMAA)  
 California Medical Association (CMA)  
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 Community Anti-Drug Coalitions of America (CADCA)  
 Concerned Citizens for Drug Prevention, Inc.  
 D.A.R.E. America  
 Drug Use Is Life Abuse (DUILA)  
 Drug Watch International  
 Elks National Drug Awareness Program  
 Houston's Drug-Free Business Initiative (HDFBI)  
 Illinois Drug Education Alliance (IDEA)

Lion's Club International  
 National Families in Action  
 National Family Partnership of Arkansas (NFP-AR)  
 Northwest Center for Health & Safety  
 Oklahoma Narcotic Association (A-One, Inc.)  
 Orange County Alcohol & Drug Advisory Board  
 People Reaching Out  
 Partnership for a Drug-Free America  
 Riverside County Medical Association  
 San Diego County Medical Society  
 Scott Newman Center  
 Stiftelsen LEON - Oslo, Norway  
 The International Drug Strategy Institute  
 Jayson A. Hymes, M.D., M.P.H., F.A.C.P.M.  
     Conservative Care Specialists Medical Group  
 Janet D. Lapey, M.D., Concerned Citizens for Drug Prevention, Inc.  
 Michael Meyers, M.D., Brotman Medical Center,  
     Specializing in Addiction Medicine  
 Joe Takamine, M.D., California Society of Addiction Medicine  
 Donald Tashkin, M.D., UCLA School of Medicine  
 Forest Tennant, Jr., M.D., M.P.H., PhD., Research Center for  
     Chronic Pain and Dependency Disorders  
 Robert E. Tranquada, M.D. Professor of Medicine and  
     Public Policy, USC  
 Eric A. Voth, M.D. FACP, Chairman  
     The International Drug Strategy Institute

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 Sheriff Jerry Shadinger, Colusa County  
 Sheriff Warren Rupf, Contra Costa County  
 Sheriff Jim Maready, Del Norte County  
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 Sheriff Kevin Donnelley, Glenn County  
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Deputy Sheriff John Powers, Riverside County  
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Sheriff Baxter Dunn, San Joaquin County  
Sheriff Ed Williams, San Luis Obispo County  
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Sheriff Richard D. Hulse, Solano County  
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Sheriff Les Weidman, Stanislaus County  
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Sheriff Bill Wittman, Tulare County  
Sheriff Richard Nutting, Tuolumne County  
Sheriff Larry Carpenter, Ventura County  
Sheriff Gary D. Tindel, Yuba County

#### DISTRICT ATTORNEYS

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District Attorney Robert S. Holzapfel, Glenn County  
District Attorney Ed Jagels, Kern County  
District Attorney Stephen O. Hedstrom, Lake County  
District Attorney Ridgely L. Lazard, Lassen County  
Deputy District Attorney William Hodgman, Los Angeles County  
District Attorney Christine A. Johnson, Mariposa County  
District Attorney Gordon Spencer, Merced County  
District Attorney Hugh E. Comisky, Jr., Modoc County  
District Attorney Anthony Perez, Napa County  
District Attorney Michael W. Ferguson, Nevada County  
District Attorney Mike Capizzi, Orange County  
District Attorney Bradford R. Fenocchio, Placer County  
District Attorney Grover Trask, Riverside County  
District Attorney Jan Scully, Sacramento County  
District Attorney James P. Fox, San Mateo County  
District Attorney Dennis L. Stout, San Bernardino County  
District Attorney Thomas W. Sneddon, Jr., Santa Barbara County  
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District Attorney M. Sue Jackson, Sierra County  
District Attorney David W. Paulson, Solano County  
District Attorney J. Michael Mullins, Sonoma County  
District Attorney James C. Brazelton, Stanislaus County  
District Attorney Jeffrey A. Thompson, Tehama County

District Attorney David L. Cross, Trinity County  
District Attorney Nina B. Deane, Tuolumne County  
District Attorney Michael D. Bradbury, Ventura County

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Chief Otto Giuliani, Bebeceia Police Department  
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Chief Robert Chalk, Clearlake Police Department  
Chief Dave Snowden, Costa Mesa Police Department  
Chief Rick C. Fuller, Dixon Police Department  
Chief Gregory C. Caldwell, Downey Police Department  
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Chief Doug Milender, Fairfield Police Department  
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Chief Stan Knee, Garden Grove Police Department  
Chief James E. Anthony, Glendale Police Department  
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Chief Dan Boon, Pismo Beach Police Department  
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Chief Larry Proffitt, Rio Vista Police Department  
Chief Arturo Vencgas, Jr., Sacramento Police Department  
Chief James M. Gardiner, San Luis Obispo Police Department  
Chief Paul Walters, Santa Ana Police Department  
Chief W. D. "Bill" Stearns, Seal Beach Police Department  
Chief Ronald P. George, Southgate Police Department  
Chief Ron Forsythe, Suisun City Police Department  
Chief Joseph C. Deladurantey, Torrance Police Department  
Chief W. Douglas Franks, Tustin Police Department  
Chief Michael Cook, Vacaville Police Department  
Chief Robert Nichelini, Vallejo Police Department  
Chief James Cook, Westminster Police Department  
Chief Jimmie D. Kennedy (Ret. Anaheim Police Department)  
Chief Philip A. Goehring (Ret. Fullerton Police Department)  
Chief Richard K. Propster (Ret. Garden Grove Police Department)  
Chief Earle Robitaille (Ret. Huntington Beach Police Department)  
Chief Charles R. Gross (Ret. Newport Beach Police Department)  
Chief H. A. "Hal" Fischer (Ret. Placentia Police Department)

Chief Kelson McDaniel (Ret. San Clemente Police Department)  
Chief G. L. "Bill" Payne (Ret. Huntington Beach Police Department)  
Chief Stacy T. Picascia (Ret. Seal Beach Police Department)

#### EDUCATION COMMUNITY

Dr. James A. Fleming, Superintendent, Capistrano Unified School District  
Jimmie D. Kennedy, Fullerton College  
Dr. John F. Dean, Orange County Superintendent of Schools  
Dale S. Holmes, Riverside County Superintendent of Schools  
Sundale Union Elementary School  
James Q. Wilson, Professor of Management and Public Policy, UCLA

#### BUSINESS COMMUNITY

Jim Annes, Vice President, Paul Chamberlain International (ret. F.B.I.)  
California Associations United for Student Enrichment (CAUSE)  
Larry Deutchman, Entertainment Industries Council, Inc.  
Kae A. Ewing, Dean Witter  
Jack T. Faulkner, St. Louis Rams Football Club  
Future Business Leaders of America  
Philip A. Goehring, Attorney at Law  
Anne Keshen, Realty Trust Advisors & Investments  
Rufert & Sons Electrical Service  
Thomas Clifford, President and CEO, Sentinel Corporation  
Terrance P. Tallen, Chairman, Talcot Group, Inc.

#### COMMUNITY LEADERS

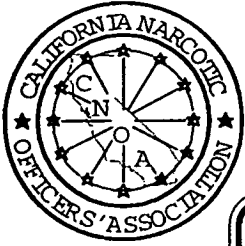
Mr. and Mrs. Earl D. Bellm  
Doris L. Booth  
Stephanie Haynes  
Errol and Julianne Holt  
Bruce and Lisa Hughes  
William and Patricia Jeffords  
Joanne R. Jensen  
Carroll O'Connor, Actor-Producer  
Sharon Rose  
Mel and Betty Sembler  
Tom W. Thomson

#### FOUNDATIONS

BEST Foundation For A Drug-Free Tomorrow

#### MEDIA/EDITORIALS

The Fresno Bee  
The Sacramento Bee  
The San Diego Union-Tribune



# California Narcotic Officers Association Region II

October 11, 1996

**Chairman**

Bob Burns  
DOJ/BNE Sacramento  
(916) 464-2030

**Vice Chairman**

Diana Machen  
DOJ/BNE  
(916) 464-2030

**Secretary**

Sue Weber-Brown  
Butte County DA/BINTF  
(916) 538-2261

**Treasurer**

Dave LaBranch  
Sacramento PD  
(916) 264-7500

**Sergeant at Arms**

John Trefethen  
Sacramento PD  
(916) 264-7500

Mayor Joe Serna  
915 I Street, Room 304  
Sacramento, CA 95814

Attention: Valerie Burrowes

Dear Mayor Serna:

On behalf of the California Narcotic Officers' Association Region II, I am requesting that the Sacramento City Council pass a resolution against Proposition 215 (Medicinal Use of Marijuana). The California Narcotic Officers' Association is comprised of 7,000 members who are strongly opposed to this proposition. I cannot stress the importance of all citizens being made aware of this attempt to legalize marijuana, using terminally ill patients as a rationalization when, in fact, there are medically approved drugs on the market for treatment of these patients. This proposition is nothing more than the first step toward legalization of all drugs. As responsible leaders, it is imperative for you and the City Council to ensure that this heinous attempt to legalize marijuana does not go unchallenged. As a 29 year veteran of law enforcement and a citizen of Sacramento, I urge you to pass this resolution at the earliest possible date to ensure that the citizens of Sacramento and California are aware of the dangers associated with this proposition. I am enclosing the California Narcotic Officers' Association Position Paper on the Use of Marijuana as a "Medicine". Please feel free to distribute this Position Paper as you desire. If you have questions or would like further information you may contact me at (916) 464-2030. Thank you in advance for your immediate attention to this matter.

Sincerely,

ROBERT R. BURNS  
Region II Chairman

Enclosure

# California Narcotic Officers' Association

24509 WALNUT STREET, SUITE 201 • SANTA CLARITA, CALIFORNIA 91321-2846  
(805) 287-0195 • FAX (805) 287-9825

## Position Paper

### Use of Marijuana as a "Medicine"

There currently exists some controversy concerning smoking marijuana as a medicine. Many well-intentioned leaders and members of the public have been misled by the well-financed and organized pro-drug legalization lobby into believing there is merit to their argument that smoking marijuana is a safe and effective medicine. A review of the scientific research, expert medical testimony, and government agency findings shows this to be erroneous. There is no justification for using marijuana as a medicine.

The California Narcotic Officers' Association consists of over 7,000 criminal justice professionals who are dedicated to protecting the public from the devastating effects of substance abuse, whether cocaine, methamphetamine, or marijuana. We have seen first hand the debilitating and often tragic results, both psychologically and physically, of those who choose intoxication as part of their lifestyle. We have studied the medicinal use of marijuana issue, compiling information from medical experts to present to those we are sworn to protect. It is our firm belief that any movement that liberalizes or legalizes substance abuse laws would set us back to the days of the '70s when we experienced this country's worst drug problem and the subsequent consequences. In the '80s, through the combined and concerted efforts of law enforcement, prevention and treatment professionals, illicit drug use was reduced by 50 percent. Teenagers graduating from the class of 1992 had a 50 percent less likely chance of using drugs than those who graduated in the class of 1979.

Substance abuse rises whenever public attitude is more tolerant toward drugs, i.e., they are safe and harmless. Other factors that contribute to a rise in use include increased availability, reduced risk associated with using or selling, and lower prices. In 1993, for the first time after 12 years of steady decline, illicit drug use rose and continues to climb. A major contributing factor is a message that drugs "aren't so bad." To counter this "just say yes" campaign, we feel compelled to provide the facts on the use of smoking marijuana as a medicine. These well-documented facts will prove beyond a doubt that **MARIJUANA IS NOT A MEDICINE.**

President  
**BRIAN MCAULEY**  
Riverside P.D.

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**ED LADD**  
BART P.D.

2nd Vice President  
**GARY SCHRAM**  
L.A.D.A.

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L.A.S.D. (ret)

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BNE Riverside

Region VI Chairperson  
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SLO NTF

Region VII Chairperson  
**RICK OULES**  
Merced-Mariposa NTF

Region VIII Chairperson  
**RAY LUNGI**  
BNE Redding

Immediate Past President  
**RON BROOKS**  
BNE San Jose



FACT: The movement to legitimize smoking marijuana as a medicine is NOT encouraged by the pharmaceutical companies, Federal Food and Drug Administration, health and medical associations, or medical experts; but instead by groups such as the National Organization for the Reform of Marijuana Laws (NORML) and the Drug Policy Foundation (DPF). These organizations have little medical expertise and favor various forms of legalizing illicit drugs.

FACT: Pro-legalization organizations have admitted that their strategy to legalize marijuana begins with legitimizing smoking marijuana as a medicine. As reported in High Times magazine, the Director of NORML expressly stated that the medicinal use of marijuana is an integral part of the strategy to legalize marijuana. Tony Serra, a criminal defense attorney associated with the pro-legalization groups, stated that medicinal marijuana is the "chink in the administration's armor" that will lead to society seeing pot's mystical effects of peace, sisterhood and brotherhood. He is also the one who said, "If you kill a cop, I'll pay to take the case," and "My sustenance is drugs and murder." A former director of NORML, Keith Stroup, told an Emory University audience that NORML would be using the issue of medicinal marijuana as a red herring to give marijuana a good name. The director of NORML, Dick Cowan, is quoted, "The key is medical access. Because once you have hundreds of thousands of people using marijuana under medical supervision, the whole scam is going to be brought up...then we will get medical, then we will get full legalization." Is there any doubt about their true motive while they play this cruel hoax on people with legitimate illnesses?

FACT: A leader of the medicinal use of marijuana movement, Dr. Lester Grinspoon, is an associate professor of psychiatry at Harvard as well as chairman of the board of NORML. He has made absurd claims such as marijuana, like aspirin, is "unusually safe," using cocaine two or three times a week "creates no serious problems," and "Chronic cocaine abuse usually does not appear is a medical problem." He wrote a book called Marihuana: The Forbidden Medicine, which is the bible for pro-marijuana advocates.

FACT: The studies cited by the marijuana advocates have been found to be either unscientific, poorly researched, or involved pharmaceutical THC, not marijuana. One of their "experts" who testified at the 1987 federal hearings to reschedule marijuana was a wellness counselor at a health spa who admitted under oath to using every illegal mind-altering drug he ever studied. Another "expert" admitted he had not kept up with new medical or scientific information on marijuana for over 18 years. Another doctor claimed there was voluminous medical research on the effectiveness of marijuana but under oath, when asked to cite the number of the studies, he replied, "I would doubt very few." The fact is that there is not one reliable scientific study that shows smoking marijuana to be a safe and effective drug.

FACT: The majority of the marijuana advocates' "evidence" comes from unscientific, non-scrutinized or analyzed anecdotal statements from people with a variety of illnesses. It is unknown whether these individuals used marijuana prior to their illness or are using marijuana in combination with other medicines. It is also unknown whether they have had recent medical examination, are justifying their use of marijuana, experiencing a placebo effect, or experiencing the intoxicating effect of smoking marijuana.

**FACT:** The main psychoactive ingredient in marijuana (THC) is already legally available in pharmaceutical capsule form by prescription from medical doctors. This drug, Marinol, is less often prescribed because of the potential adverse effects, and there are more effective new medicines currently available. Marinol differs from the crude plant marijuana because it consists of one pure, well-studied, FDA-approved pharmaceutical in stable known dosages. Marijuana is an unstable mixture of over 400 chemicals including many toxic psychoactive chemicals which are largely unstudied and appear in uncontrolled strengths.

**FACT:** The manufacturers of Marinol, Roxane Laboratories Incorporated, do not agree with the pro-marijuana advocates that THC is safe and harmless. In the Physician's Desk Reference, a good portion of the description of Marinol includes warnings about the adverse effects.

**FACT:** Common sense dictates that it is not good medical practice to allow a substance to be used as a medicine if that product is:

- 1) not FDA-approved
- 2) ingested by smoking
- 3) made up of hundreds of different chemicals
- 4) not subject to product liability regulations
- 5) exempt from quality control standards
- 6) not governed by daily dose criteria
- 7) offered in unknown strengths (THC) from 1 to 10+ percent
- 8) self-prescribed and self-administered by the patient.

**FACT:** The federal government, over the last 20 years involving a number of administrations from both political parties, has determined that smoking marijuana has no redeeming medicinal value, and is in fact harmful to health. These governmental agencies include the Drug Enforcement Administration, the Food and Drug Administration, and the U.S. Public Health Service. Their latest finding, as recently as 1994, was affirmed in a decision by the U.S. Court of Appeals in Washington, D.C.

**FACT:** Since the pro-marijuana lobby has been unsuccessful in dealing with the federal government, they have targeted state and local governments to legitimize smoking marijuana as a medicine. A careful examination of their legislative and/or ballot proposals reveals they are written to effectively neutralize the enforcement of most marijuana laws. Crude, intoxicating marijuana under their proposals would be easier to obtain and use than even the most harmless, low-level prescription drug.

**FACT:** Major medical and health organizations, as well as the vast majority of nationally recognized expert medical doctors, scientists and researchers, have concluded that smoking marijuana is not a safe and effective medicine. These organizations include: the American Medical Association, the American Cancer Society, National Sclerosis Association, the American Glaucoma Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research, and the National Institute on Allergy and Infectious Diseases.

FACT: There are over 10,000 studies available documenting the harmful physical and psychological effects of smoking marijuana. The harmful consequences include but are not limited to premature cancer, addiction, coordination and perception impairment, a number of mental disorders including depression, hostility and increased aggressiveness, general apathy, memory loss, reproductive disabilities, impairment to the immune system, numerous airway injuries, and other general problems associated with intoxication.

FACT: The medicinal marijuana movement and its media campaign have helped contribute to the changing attitude among our youth that marijuana is harmless, therefore contributing to the increase of marijuana use among our young people after 12 years of steady decline.

The overriding objective behind this movement is to allow a minority (less than five percent) of our society to get "stoned" with impunity. This small minority is willing to put our citizens at risk from all the negative and disastrous effects caused to and by those who are intoxicated. What we don't need in this society is more intoxicated people on our highways, in workplaces, schools, colleges, or in our homes.

We ask you, as concerned citizens, to join us in spreading the truth and countering the lies propagated by those who want to legalize drugs. If you would like more information, call the CNOA office at (805) 287-0195. Publications entitled "Marijuana is NOT A Medicine" (\$3.00), "The Myths of Drug Legalization" (\$5.00), and "The Myths of Drug Legalization--Condensed" (\$2.50) are available. The price includes shipping and handling.

**This position paper may be reproduced without the permission of the California Narcotic Officers' Association.**

## THE MEDICINAL MARIJUANA SCAM

By Janet D. Lapey, M.D.

Although the concept of using crude marijuana for medicinal purposes has received much publicity, marijuana has failed to qualify scientifically as a medicine. In order to protect the public from scams and quackery, laws have been enacted which ensure that no substance is marketed as medicinal until proven to be both safe and effective. Before 1906 the prevailing philosophy was "caveat emptor," (let the buyer beware), and many people unwittingly become addicted to the drugs in the peddlers' concoctions. The 1906 Pure Food and Drug Act required that ingredients be labeled; then the 1938 Food, Drug and Cosmetic Act gave the Food and Drug Administration (FDA) the authority to require that manufacturers prove their products' safety. In 1962 this requirement was expanded to include both safety and efficacy.

The process by which drugs are approved begins with studies of their chemistry, pharmacology, and toxicology. Interchemical reactions must be known and reproducible, and dosages must be measurable with exactitude. Marijuana is not a pure substance but is an unstable, varying, complex mixture of over 400 chemicals, many of which are unstudied either alone or in reaction with each other. Furthermore, when marijuana is smoked over 2,000 chemicals are produced, including well-known carcinogens. Like tobacco smoke, marijuana smoke is an environmental carcinogenic pollutant.

After a potential drug is tested in animals, there are several required phases of testing for safety and efficacy in healthy human volunteers and later in patients. These clinical trials must be carefully controlled and conducted by qualified scientists. Although marijuana continues to be available for scientific research, studies to date show that crude marijuana is neither safe nor effective. The persons promoting the medicinal marijuana concept have been mostly self-confessed drug users and/or persons associated with the well-financed, highly organized movement to legalize drugs. This was made clear when the Drug Enforcement Agency was petitioned by such groups to reschedule marijuana as medicine. Testifying against this petition were highly qualified experts and respected medical organizations such as the American Medical Association, the American Cancer Society, the American Academy of Ophthalmology, the National Multiple Sclerosis Society, and the Food and Drug Administration, all of whom stated that marijuana has not been found to be a safe and effective medicine. The rescheduling petition was, of course, denied.<sup>1</sup>

Dronabinol, marketed as Marinol, is synthetic THC (delta-9-tetrahydrocannabinol, the major psychoactive ingredient in marijuana) and was approved by the Food and Drug Administration in 1985 for use as an antiemetic agent for chemotherapy patients. In 1992 it was given further approval as an anti-anorexic agent for patients with AIDS Wasting Syndrome.

Because of serious side effects, its use is restricted to chemotherapy patients who have failed to respond to other antiemetics as noted in the Physicians' Desk Reference. It is highly abusable, can produce both physical and psychological dependence, psychosis, hallucinations, depression, panic, paranoia; it causes decrements in cognitive performance and memory, decreased ability to control drives and impulses, and impaired coordination. Persons using the drug are instructed to be closely supervised by a responsible individual and not to engage in any activities requiring sound judgment.<sup>2</sup> In fact, because of its highly addictive nature, *dronabinol* is illegal even for medical use throughout most of Europe.

In June 1991, the U.S. Public Health Service ordered a study of the issue of marijuana as medicine which resulted in a report by scientists at the National Institute of Health in March 1992. The National Eye Institute reported that the intraocular pressure lowering action of marijuana is not effective enough to prevent optic nerve damage from glaucoma and that "there is no scientifically verifiable evidence that marijuana or its derivatives are safe and effective in the treatment of glaucoma."

The National Cancer Institute report stated that newer antiemetic agents such as *ondansetron* have been shown to be more useful than THC as a first line therapy. The National Institute of Neurological Disorders reported that no scientific studies have shown marijuana to have beneficial effects on multiple sclerosis patients. The National Institute of Dental Research reported that there have been no controlled studies which substantiate claims of marijuana's anti-pain effects. The National Institute of Allergy and Infectious Disease reported that the many carcinogens in marijuana smoke would be a concern,

especially for patients with compromised immune systems, and that studies of pure THC in oral or suppository form were being conducted in patients with AIDS Wasting Syndrome. In conclusion, the report determined that there are better safer drugs than crude marijuana for all conditions considered.<sup>3</sup>

In addition to the deleterious effects of THC as listed above, research continues to uncover harmful effects of marijuana. For instance, marijuana smokers have many times the levels of carbon monoxide and particulate cancer-causing tars than do tobacco smokers,<sup>4</sup> and cases of cancer are being reported in young marijuana smokers.<sup>5</sup> The drug has been shown to lead to the use of other drugs such as cocaine;<sup>6</sup> it depresses the immune system;<sup>7</sup> and it has been associated with motor vehicle accidents.<sup>8</sup> Women who use marijuana when pregnant have an increased incidence of low birth-weight babies,<sup>9</sup> and in addition, their offspring have a marked increase of acute nonlymphoblastic leukemia.<sup>10</sup>

The powerful international movement promoting medicinal marijuana includes pro-drug legalization organizations such as the National Organization for the Reform of Marijuana Laws (NORML), the Drug Policy Foundation, the Criminal Justice Policy Foundation, the ACLU, and many more. In 1979 Keith Stroup, then director of NORML, told an Emory University audience that NORML would be using the issue of medicinal marijuana "as a 'red herring' to give marijuana a good name."<sup>11</sup>

It is of interest that the tobacco industry similarly advertised tobacco cigarettes as medicinal until the Federal Trade Commission put a stop to it in 1955. "Camels" were said to prevent fatigue and aid digestion, whereas "Kools" were said to prevent the common cold.<sup>12</sup> Medicinal marijuana is the "Joe Camel" of the purveyors of marijuana, since it is children, the first-time users, who are most impressed by claims of healthfulness. Those of us involved in drug education have noticed that children are typically more aware of marijuana's health claims than of its harmful effects. The pro-marijuana lobby has also targeted state legislators to pass so-called "marijuana research" bills. These programs have lacked scientific controls and have been nothing more than state-subsidized marijuana handouts. These laws also have served to support the "medical necessity" defense, whereby drug dealers are excused from their illegal activity on the grounds that the drug was used "medicinally." Most media coverage claims that marijuana is "good for what ails" you, including everything from backache to glaucoma.

Medical marijuana claims constitute a heartless scam, exploiting vulnerable and desperately ill patients in an effort to deceive the public into legalizing this toxic and dangerous drug.

*Dr. Janet Dundee Lapey, M.D., earned her BA at Radcliffe College and her M.D. at the University of Rochester School of Medicine. She was a Pathologist for 20 years, an Instructor in Pathology at Georgetown University School of Medicine and at Harvard Medical School. Dr. Lapey has been published in medical journals and is a frequent presenter at drug education seminars and conferences. She has participated in radio and TV talk shows and has helped organize seminars, meetings and press conferences. Currently, Dr. Lapey is the Executive Director/President of Concerned Citizens For Drug Prevention, Inc. in Milton, MA..*

<sup>1</sup> Federal Register 54:53783, De. 29, 1989

<sup>2</sup> Physicians' Desk Reference, Oradel, NJ, Medical Economics Company, 1993, p. 2076

<sup>3</sup> Journal of the National Cancer Institute 84:475, April 1, 1992.

<sup>4</sup> Wu T., New England Journal of Medicine 318:347-351, 1988.

<sup>5</sup> Donald, P., Otolaryngology head and neck surgery 94:517-521, 1986.

<sup>6</sup> Kleber, H., Journal of Clinical Psychiatry 49:2 (Suppl.), p. 3-6, 1988.

<sup>7</sup> Cabral, G., Proceedings of the Society for Experimental Biology and Medicine 182:181, 1986.

<sup>8</sup> Soderstrom, C., Archives of Surgery 123:733-737, 1988.

<sup>9</sup> Zuckerman, B., New England Journal of Medicine 320:762-768, 1989.

<sup>10</sup> Robinson, L., Cancer 63: 1904-1910, 1989.

<sup>11</sup> Emory Wheel, February, 1979.

<sup>12</sup> Ecenbarger, W., The Philadelphia Inquirer, Nov. 17, 1991.

# RESOLUTION NO.

ADOPTED BY THE SACRAMENTO CITY COUNCIL

ON DATE OF \_\_\_\_\_

## Resolution Opposing Proposition 215 (The "Medical Marijuana Initiative")

WHEREAS, Proposition 215 would legalize the use, possession and cultivation of marijuana for very loosely defined medical purposes, including stress, headaches, upset stomach or insomnia; and

WHEREAS, Proposition 215 does not require a written prescription and anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana without the requirement of a medical examination; and

WHEREAS, there is no age restriction and even children can be legally permitted to grow, possess and use marijuana without parental consent; and

WHEREAS, Proposition 215 will make it legal for people to smoke marijuana in the workplace or in public places even next to children; and

WHEREAS, consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA) and Proposition 215 makes marijuana available to the public without FDA approval or regulation; the quality purity and strength of the drug would be unregulated; and there are no rules restricting the amount a person can smoke or how often they can smoke it; and

WHEREAS, the US Court of Appeals in 1994 affirmed scientific findings of DEA, FDA, US Public Health Service and ruled that marijuana remain in Schedule I; addictive, not to be prescribed as medicine, and not safe or effective for human use; and

WHEREAS, the following organizations have stated that marijuana has not been shown scientifically to be safe or effective as medicine: the American Medical Association, American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research and the National Institute on Allergy and Infectious Diseases; and

WHEREAS, the California State Sheriffs Association, California District Attorneys Association, California Police Chiefs Association, California Narcotic Officers Association, California Peace Officers Association and Attorney General Dan Lungren say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution; and

---

FOR CITY CLERK USE ONLY

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

WHEREAS, Partnership for a Drug-Free America, Californians for Drug-Free Youth, D.A.R.E. America, Drug Use Is Life Abuse, Community Anti-Drug Coalition of America and Drug Watch International say that Proposition 215 will damage their efforts to convince young people to remain drug free and sends our children the false message that marijuana is safe and healthy; and

WHEREAS, it is neither rational nor compassionate to provide a harmful, addictive drug with no scientifically proven medicinal efficacy.

THEREFORE, BE IT RESOLVED, that the Mayor and City Council of the city of Sacramento do hereby oppose the passage of Proposition 215.

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CITY CLERK

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FOR CITY CLERK USE ONLY

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

# RESOLUTION NO.

ADOPTED BY THE SACRAMENTO CITY COUNCIL

ON DATE OF \_\_\_\_\_

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WHEREAS, Proposition 215 does not require a written prescription and anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana without the requirement of a medical examination; and

WHEREAS, there is no age restriction and even children can be legally permitted to grow, possess and use marijuana without parental consent; and

WHEREAS, Proposition 215 will make it legal for people to smoke marijuana in the workplace or in public places even next to children; and

WHEREAS, consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA) and Proposition 215 makes marijuana available to the public without FDA approval or regulation; the quality purity and strength of the drug would be unregulated; and there are no rules restricting the amount a person can smoke or how often they can smoke it; and

WHEREAS, the US Court of Appeals in 1994 affirmed scientific findings of DEA, FDA, US Public Health Service and ruled that marijuana remain in Schedule I; addictive, not to be prescribed as medicine, and not safe or effective for human use; and

WHEREAS, the following organizations have stated that marijuana has not been shown scientifically to be safe or effective as medicine: the American Medical Association, American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research and the National Institute on Allergy and Infectious Diseases; and

WHEREAS, the California State Sheriffs Association, California District Attorneys Association, California Police Chiefs Association, California Narcotic Officers Association, California Peace Officers Association and Attorney General Dan Lungren say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution; and

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FOR CITY CLERK USE ONLY

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_



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WHEREAS, it is neither rational nor compassionate to provide a harmful, addictive drug with no scientifically proven medicinal efficacy.

THEREFORE, BE IT RESOLVED, that the Mayor and City Council of the city of Sacramento do hereby oppose the passage of Proposition 215.

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CITY CLERK

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**FOR CITY CLERK USE ONLY**

RESOLUTION NO.: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

Item 7.1

CARLA LOWE  
4241 RIO MONTE CT.  
CARMICHAEL, CA 95608  
(916)965-4825; fax (916)536-9733

CONTACT: CARLA LOWE (916)965-4825

OCTOBER 21, 1996

**PRESS ADVISORY**

**SACRAMENTO CITY COUNCIL AND COUNTY BOARD OF SUPERVISORS  
ASKED TO OPPOSE PROPOSITION 215  
MEDICAL MARIJUANA INITIATIVE**

DATE: TUESDAY, OCTOBER 22, 1996

TIME: COUNTY BOARD OF SUPERVISORS - 9:30 a.m. - ITEM #37  
CITY COUNCIL - 2:00 p.m. - ITEM #7.1

PLACE: COUNTY BOARD OF SUPERVISORS BOARD CHAMBERS  
700 H STREET, SACRAMENTO, CA 95814

CITY HALL, COUNCIL CHAMBERS  
915 I STREET, SACRAMENTO, CA 95814

SACRAMENTO LAW ENFORCEMENT LEADERSHIP AND COMMUNITY ANTI-DRUG COALITIONS HAVE REQUESTED THAT THE SUPERVISORS AND COUNCIL MEMBERS ADOPT A RESOLUTION OPPOSING PROPOSITION 215, THE "MEDICAL MARIJUANA" INITIATIVE.

CARLA LOWE, REPRESENTING CITIZENS FOR A DRUG-FREE CALIFORNIA, THE COALITION OPPOSING PROPOSITION 215, HAD SENT A WRITTEN REQUEST TO COUNCILMEN JIMMIE YEE AND ROBBIE WATERS, AND SUPERVISOR DAVE COX EARLY IN SEPTEMBER ASKING BOTH LOCAL BOARDS TO OPPOSE PROPOSITION 215. THESE MEMBERS DID NOT FIND NECESSARY SUPPORT FROM THEIR COLLEAGUES TO BRING THE ISSUE TO A VOTE.

CHIEF ART VENEGAS, SHERIFF GLEN CRAIG, JAN SCULLY, DISTRICT ATTORNEY, AND VERNE L. SPEIRS, CHIEF PROBATION OFFICER ALSO MADE REQUESTS TO THE SACRAMENTO BOARDS. THAT ACTION BROUGHT NEW LIFE TO THE ORIGINAL REQUEST. LAW ENFORCEMENT LEADERSHIP HAS BEEN A DRIVING FORCE THROUGHOUT THE STATE TO DEFEAT PROPOSITION 215.

CRUDE LEAF MARIJUANA IS A SCHEDULE I DRUG WHICH CANNOT BE PRESCRIBED FOR ANY PURPOSE BECAUSE IT IS HARMFUL, ADDICTIVE, AND HAS NOT BEEN SCIENTIFICALLY PROVED SAFE OR EFFECTIVE FOR ANY PURPOSE. PROPOSITION 215 EFFECTIVELY LEGALIZES MARIJUANA BY NOT REQUIRING A WRITTEN PRESCRIPTION, THUS CIRCUMVENTING FEDERAL FOOD AND DRUG CRITERIA FOR LEGAL DRUGS.

THE CALIFORNIA MEDICAL ASSOCIATION, CALIFORNIANS FOR DRUG-FREE YOUTH, STATE PTA, PEOPLE REACHING OUT, THE SACRAMENTO BEE AND OTHERS OPPOSE PROPOSITION 215.

###



# CITIZENS FOR A DRUG-FREE CALIFORNIA



SHERIFF BRAD GATES  
Chairman

## RESOLUTION OPPOSING PROPOSITION 215

### The "Medical Marijuana Initiative"

**WHEREAS**, Proposition 215 would legalize the use, possession and cultivation of marijuana for very loosely defined medical purposes, including stress, headaches, upset stomach or insomnia; and

**WHEREAS**, Proposition 215 does not require a written prescription. Anyone with the "oral recommendation or approval by a physician" can grow, possess or smoke marijuana. No Medical examination is required; and

**WHEREAS**, *THERE IS NO AGE RESTRICTION*. Even children can be legally permitted to grow, possess and use marijuana ... without parental consent; and

**WHEREAS**, Proposition 215 will make it legal for people to smoke marijuana in the workplace ... or in public places ... even next to children; and

**WHEREAS**, consumers are protected from unsafe and impure drugs by the Food and Drug Administration (FDA). Proposition 215 makes marijuana available to the public without FDA approval or regulation. Quality, purity and strength of the drug would be unregulated. There are no rules restricting the amount a person can smoke or how often they can smoke it; and

**WHEREAS**, the US Court of Appeals in 1994 affirmed scientific findings of DEA, FDA, US Public Health Service and ruled that marijuana remain in Schedule I: addictive, not to be prescribed as medicine, and not safe or effective for human use; and

**WHEREAS**, marijuana is an addictive drug which harms mental functions such as memory and learning, damages the lungs, harms the immune system, causes cancers, and makes diseases such as tuberculosis, asthma and multiple sclerosis worse, does not prevent blindness due to glaucoma; and

**WHEREAS**, we strongly support scientific research on all drugs, including marijuana, which has led to the availability of the FDA-approved prescription drug "Marinol" which has been found safe and effective for treatment of chemotherapy-induced nausea and the AIDS Wasting Syndrome; and

**WHEREAS**, the following organizations have stated that marijuana has not been shown scientifically to be safe or effective as medicine: the American Medical Association, American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research and the National Institute on Allergy and Infectious Diseases; and

**WHEREAS**, the California State Sheriffs Association, California District Attorneys Association, California Police Chiefs Association, California Narcotic Officers Association, California Peace Officers Association and Attorney General Dan Lungren say that Proposition 215 will provide new legal loopholes for drug dealers to avoid arrest and prosecution; and

**WHEREAS**, Partnership for a Drug-Free America, Californians for Drug-Free Youth, D.A.R.E. America, Drug Use Is Life Abuse, Community Anti-Drug Coalition of America and Drug Watch International say that Proposition 215 will damage their efforts to convince young people to remain drug free. It sends our children the false message that marijuana is safe and healthy; and

**WHEREAS**, it is neither rational nor compassionate to provide a harmful, addictive drug with no scientifically proven medicinal efficacy;

**THEREFORE, BE IT RESOLVED THAT** [ *Your organization* ] opposes Proposition 215.

**Campaign Office: 4041 MacArthur Boulevard, Suite 190, Newport Beach, CA 92660**  
**Phone: 714-476-3017 FAX: 714-851-9053**

Citizens for a Drug Free California, a Project of Citizens for Economic Progress,  
Sheriff Brad Gates, Chairman, 4901 Birch Street, Newport Beach, CA 92660 • I.D. No. 960845



## Statement Against California Marijuana Initiative 1996

It is not compassionate, and should never be legal, to provide a harmful addictive drug which has never been scientifically proven safe or effective as required by Federal consumer protection laws.

This initiative creates a giant loophole to grow and deal marijuana, endangering the health and safety of all, and it puts California in conflict with Federal law. This initiative falsely implies that marijuana cigarettes alleviate disease; however, there is no scientific proof that marijuana is safe or effective for ANY illness. Its use masks symptoms, discouraging ill people from seeking medical care, often causing them direct harm.

In 1994, a US Court of Appeals ruled marijuana remain a Schedule I drug: highly addictive, no medical usefulness. The court noted that the pro-marijuana physicians had relied on non-scientific evidence. The Food and Drug Administration (FDA) has approved THC, marijuana's major ingredient, for limited medical use. Pure synthetic THC, marketed as "Marinol," is available by prescription in pill form for treatment of nausea in some cancer chemotherapy patients and as an appetite stimulant for AIDS Wasting Syndrome.

The FDA has NOT approved crude marijuana, which has more than 425 chemicals converting to thousands when smoked; many are toxic and cancer-causing. Smoking is harmful; no medicine is administered by smoking.

**AIDS:** Scientific studies indicate marijuana cigarettes damage the immune system, causing further peril to already weakened immune systems. HIV-positive smokers progress to full-blown AIDS twice as fast as non-smokers and have an increased incidence of bacterial pneumonia.

**CANCER:** Marijuana contains many cancer-causing substances; some are present in higher concentrations in marijuana smoke than in tobacco smoke. Studies have linked marijuana to a number of cancers in young marijuana smokers, including cancer of the mouth, tongue, larynx, jaw, head, neck, and lungs.

**GLAUCOMA:** Marijuana does NOT prevent blindness due to glaucoma.

Marijuana is harmful to lungs, heart, immunity, and reproduction. Recent studies have shown numerous abnormalities, including low birthweight, behavioral disorders, lower IQ, and an eleven-fold increase in childhood leukemia in offspring of mothers who smoked marijuana during pregnancy. Since marijuana impairs mental functioning, it is a known cause of many motor vehicle and industrial accidents.

Marijuana is currently up to 25 times more potent than it was in the 1960's. It remains in the body's fat cells for months. Marijuana is a major cause of addiction, often requiring rehabilitation/treatment. Research links marijuana to the use of cocaine and other drugs. The number of young users of marijuana is rising because of the "marijuana as medicine" propaganda.

The initiative bypasses laws designed to protect the public from unscrupulous "snake oil salesmen." With no restrictions or regulations, this initiative encourages cultivation and use of marijuana, allowing any physician, including those in the marijuana lobby, to verbally approve marijuana for any condition. What has not been made clear to the public is that this initiative will bypass FDA regulations designed to protect the public.

A leading activist for marijuana legalization said pro legalization advocates would use "The medical model as spearheading a strategy for the legalization of marijuana by 1997." The California Marijuana Initiative 1996 is blatant legalization of marijuana; it is medical quackery and makes a mockery of the law.

Janet Lapey, M.D., International Drug Strategy Institute  
Carla Lowe, California Delegate, Drug Watch International

Telephone 916 965-4825

Fax 916 536-9733

Drug Watch International  
Home Page  
[http://www.lec.org/Drug\\_Watch](http://www.lec.org/Drug_Watch)

## GLAUCOMA

"If any of the standard methods of treating elevations of intraocular pressure had side effects similar to those induced by therapeutic levels of marijuana they would never be allowed to see the light of day by the FDA...In short, I can see no compelling reason whatsoever for the use of marijuana by patients with glaucoma and believe that to propose such a use works a cruel hoax on the public and especially those with a chronic ocular disease for which many other better treatments are currently available."

William R. Shults, MD  
Neuro Ophthalmologist  
Devers Eye Institute  
March 17, 1992

"The recommendation to use marijuana is exactly analogous to the recommendation to ingest alcohol and maintain a state of drunkenness to treat glaucoma. there are still some pockets of work attempting to develop cannabinoids that would diminish intraocular pressure without the psychotropic effect, but those working in that area have NO difficulty obtaining these compounds through legitimate agencies."

E. Michael Van Buskirk, MD  
Director of Glaucoma Service  
Chairman, Dep. of Ophthalmology  
Devers Eye Institute  
January 16, 1992

"All the 'old' arguments apply to marijuana, i.e. lack of standardization, the multiplicity of ingredients that vary with habitat, non-uniformity of response, unacceptable side effects ... requirements for continuous smoking on a daily basis for life that is counter to the smoking cessation efforts of many (and certainly against the maintenance of overall general health), and the absence of evidence of longer-term (or even short-term) beneficial effects of marijuana on visual field."

Kenneth Green, Ph.D., D.Sc.  
Regent's Professor of Ophthalmology  
Professor of Physiology  
Director of Ophthalmic Research  
Department of Ophthalmology  
October 28, 1991

"The problem is that the side effects of it (smoked marijuana) are such that patients on an effective dosage to control their intraocular pressure would not be able to work around machinery, would have difficulty in any fine hand-eye coordination, and a significant number would be dysfunctional in the work place."

F.T. Fraunfelder, MD  
Professor and Chairman  
School of Medicine, Casey Eye Institute  
Oregon Health & Sciences University  
September 16, 1991

## PULMONARY

"Furthermore, I would maintain that its use (smoked marijuana) is contraindicated because marijuana smoke is extremely irritating to the airways and may add additional pulmonary problems in these very susceptible individuals. (She is speaking of AIDS patients.)"

Marijuana smoke is even more irritating to the airways than tobacco smoke and leads to severe inflammation, mucus secretion and bronchitis."

A. Sonia Buist, MD  
Professor of Medicine  
Head, Pulmonary and Critical Care  
Medicine, OHSU  
September 10, 1991

## AS A DANGEROUS AND ADDICTIVE SUBSTANCE

The argument that marijuana is not dangerous because "no one has ever died of an overdose" is readily dismissed when correlated to tobacco use. No one has died of an "overdose" of tobacco, yet it claims nearly 500,000 victims each year. Marijuana is also involved in a substantial number of vehicular accidents including more trucking fatalities than even alcohol.

"...The fact that there are over 77,000 admissions a year to treatment programs for marijuana use and that annually almost 8,000 persons require emergency hospital care for marijuana use is sufficient evidence of the drug's dangerousness. The danger of a drug should not simply be defined in terms of its ability to induce addiction."

Dr. Charles R. Schuster, Director  
National Institute on Drug Abuse  
1988 Letter to PRIDE

## Medical quotes

Compiled by Sandra S. Bennett, Drug Watch Oregon

**"BEST DOCTORS IN AMERICA"** written by Pulitzer Prize-winning authors Steven Naifeh and Gregor W. Smith and a team of pollsters and interviewers compiled a list of 3,850 doctors nationwide of the physicians that doctors would send their loved ones to. Included in that list were Dr. Emil J. Bardana, Dr. William M. Bennett, Dr. John McAnulty, Dr. William Thomas Shults, Dr. E. Michael Van Buskirk, who have provided me with their comments on the fallacy and dangers of using smoked marijuana to treat disease.

### MULTIPLE SCLEROSIS

"In the absence of well designed, controlled clinical studies, (of marijuana and THC) no conclusion of benefits can be made for MS."

Stephen C. Reingold, Ph.D.  
Vice President, Research and Medical Programs  
National Multiple Sclerosis Society  
January 7, 1993

"While early studies indicated that THC seemed to reduce extensor spasm in MS patients, follow-up reports have not confirmed this benefit. A more recent report has indicated that smoking marijuana impairs motor performance in MS patients."

National Medical Advisory Board  
National Multiple Sclerosis Society  
Position Statement 1992

"I am sorry to see anyone deluded by the false promise of relief from MS or its symptoms by marijuana."

Kenneth P. Johnson, MD  
Director, Maryland Center for MS  
Letter dated December 28, 1992

### CANCER AND AIDS

"In general, patients with a damaged immune system are best served by not smoking anything...many other readily available FDA approved pharmaceutical products are more efficacious and lack the above mentioned detrimental effects of marijuana inhalation."

David N. Gilbert, MD  
Professor of Medicine  
Director, E.A. Chiles Research Institute  
Providence Medical Center  
November 5, 1992

"Therefore, not only would I be unwilling to prescribe marijuana (smoked) in patients undergoing chemotherapy, I would attempt to dissuade such a patient from utilizing it and to persuade them to use marinol instead."

Grover C. Bagby, Jr., MD  
Professor of Medicine and Molecular and Medical Genetics  
Head, Divisions of Hematology & Medical Oncology, OHSU  
October 2, 1991

### CARDIOLOGY

"Those who promote its use have not shown a particularly reassured approach to evaluating the value of marijuana...All of us would very much like to help those who suffer, who are sick, who are in pain, who are bothered by chronic nausea and vomiting. Any substantial clue that this approach would help them would be reason for all of us to adopt its use in a moment. I wait for the clue."

John H. McAnulty, MD, Professor of Medicine  
Division of Cardiology, OHSU  
June 30, 1992

### ALLERGY AND IMMUNOLOGY

"There is good scientific evidence that the consumption of a few marijuana cigarettes has the potential to cause the same degree of epithelial damage and bronchitis as a larger number of tobacco cigarettes...It has also been demonstrated that the combined use of marijuana and tobacco may be more harmful than the use of either substance alone."

Emil J. Bardana, Jr., MD  
Professor of Medicine  
Head, Division of Allergy and Clinical Immunology  
Vice Chairman, Department of Medicine, OHSU  
March 16, 1992

**CMA****NEWS****FOR IMMEDIATE RELEASE**

from the CALIFORNIA MEDICAL ASSOCIATION NEWS BUREAU  
P.O. Box 7690 • San Francisco CA 94120-7690 • 415-882-5115

September 11, 1996

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**CMA TAKES POSITIONS ON HEALTH-RELATED BALLOT INITIATIVES**  
**Physicians Vote to Oppose Medical Marijuana Use and Stay Neutral on**  
**Propositions to Regulate HMOs**

SAN FRANCISCO — The California Medical Association (CMA) has taken positions on three health-related propositions on the Nov. 5 ballot. The CMA Board of Trustees recently voted to oppose Proposition 215, the medicinal use of marijuana initiative, and to remain neutral on Propositions 214 and 216, initiatives seeking to regulate HMOs.

In a unanimous vote, the Board of Trustees reaffirmed CMA's long-standing policy to oppose medicinal use of marijuana until "studies determine appropriate protocols for the prescriptive use of cannabinoids." If controlled studies on medicinal marijuana use prove effective for certain patients, CMA supports "efforts to expedite access to cannabinoids for therapeutic use as a Schedule II drug under the direction of a physician."

"Physicians are committed to giving the best care to their patients. But good care depends on good science, and we're no closer today than we were 20 years ago in understanding the safety and effectiveness of marijuana as a medicine," said CMA President Jack E. McCleary, MD. "Favorable reports from some doctors and patients on using marijuana to treat disease symptoms all appear to be anecdotal, and anecdotal evidence is not scientific."

CMA points out that even if Prop. 215 passes, it offers no protection to physicians who, in good faith, prescribe marijuana to a patient. Under current state and federal law, a physician is prohibited from prescribing marijuana for medical treatment. The proposed initiative would exempt physicians from prosecution under state law. However, federal law supersedes any inconsistent state law, leaving physicians at serious risk of criminal liability.

"Physicians are ready to do the right thing for their patients. It's time the federal government, and organizations such as the National Institutes of Health, did the right thing by studying the medical uses of marijuana to see if it works and for what patients," said Dr. McCleary.

(more) - (other issues)



# CITIZENS FOR A DRUG-FREE CALIFORNIA

## **“Medical Use of Marijuana” Initiative — A Dangerous Hoax**

An initiative entitled “Medical Use of Marijuana” will appear on the November 1996 ballot. Promoters of this initiative claim that it will provide for the “compassionate use” of crude marijuana for people with cancer, AIDS and glaucoma, but, the fine print of the initiative allows the use of marijuana for “any other illness for which marijuana provides relief.”

### **This initiative is a dangerous hoax ... and here are the reasons:**

**1. “MEDICAL USE” IS A SMOKE-SCREEN FOR LEGALIZATION OF MARIJUANA.** The “Medical Use” Initiative virtually legalizes possession, cultivation and use of unlimited quantities of marijuana for anyone — including children and felons. The Initiative says:

**“Section 11357 (criminal penalties), relating to the possession of marijuana, and Section 11358 (criminal penalties), relating to the cultivation of marijuana, shall not apply to a patient, or to a patient’s primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.”**

No written prescription is required. The physician may give permission for marijuana use verbally. The user does not have to have AIDS, cancer or glaucoma, only a “recommendation” by a physician for “any

illness for which marijuana provides relief.”

The “illness” could be stress, headaches ... or anything else. Anyone with “medical permission” could smoke, grow or possess marijuana under this initiative. This includes minors, parolees or even jail inmates.

**2. MARIJUANA IS NOT A MEDICINE.** The Food and Drug Administration, the Drug Enforcement Administration and the U.S. Public Health Services have rejected smoking crude marijuana as a medicine.

**FACT:** There are thousands of studies available documenting the harmful physical and psychological effects of smoking marijuana. The harmful consequences include, but are not limited to: premature cancer, addiction, coordination and perception impairment, a number of mental disorders including depression, hostility and increased aggressiveness, general apathy, memory loss, reproductive disabilities, impairment to the immune system, numerous airway injuries and other serious problems.

**FACT:** Major medical and health organizations, as well as the vast majority of nationally recognized expert medical doctors, scientists and researchers have not accepted smoking marijuana for medical use. These organizations include: the American Medical Association, the American Cancer Society, National Multiple Sclerosis Association, the American Glaucoma Association, American Academy of Ophthalmology, National Eye Institute, National Cancer Institute, National Institute for Neurological Disorders and Stroke, National Institute of Dental Research, and the National Institute on Allergy and Infectious Diseases.

**The chief financial backers of this initiative are not doctors and not one major medical association has endorsed it.**

**3. THE DRUG LEGALIZATION LOBBY IS BEHIND THIS INITIATIVE.**

George Soros, a multimillionaire financier who has contributed large amounts of money to drug "decriminalization" efforts internationally is one of three individuals who have given nearly all of the money to qualify the Medical Use of Marijuana Initiative for the ballot. None of these three individuals is a doctor.

Organizations such as The National Organization for the Reform of Marijuana Laws (NORML) which back the legalization of marijuana support this initiative.

These organizations believe the public will be more likely to support even further legalization of marijuana if it is first approved for medical use.

**4. THE INITIATIVE EXEMPTS MARIJUANA FROM ALL REGULATIONS WHICH PROTECT CONSUMERS FROM UNSAFE DRUGS.**

The FDA requires extensive testing to certify medications as safe and effective before releasing them to the public.

This initiative would make marijuana the only controlled substance available to the public without FDA approval. Quality and purity of the drug would be essentially unregulated and unmonitored.

In addition, this initiative would make marijuana available without a prescription, therefore bypassing all established medical guidelines for dispensing drugs.

THC, the active ingredient in marijuana, is already available on the market as the FDA approved drug Marinol.

Responsible physicians wishing to treat AIDS patients, cancer patients and other truly ill people can prescribe this drug right now.

We cannot allow anyone to prey upon the sick and dying under the guise of "compassion" to circumvent the FDA, and thus open the door to outright legalization.

With a nationwide push against tobacco smoking, there is no way that smoking marijuana, an illegal intoxicating drug, should be portrayed as "beneficial."

**5. THE INITIATIVE SENDS THE WRONG MESSAGE TO YOUNG PEOPLE.**

Marijuana use is on the increase among young people and drug abuse is a serious social problem.

California taxpayers spend millions of dollars attempting to educate our children to "say no to drugs" — and hundreds of millions more dealing with the problems caused by drug abusers.

This initiative sends the message to our children that marijuana is a safe, effective medical treatment rather than a dangerous, illegal drug. This is the wrong message.

**The California State Sheriffs Association, California District Attorneys Association, California Narcotic Officers Association, the California Peace Officers Association, the California Reserve Peace Officers Association and California Police Chiefs Association oppose this initiative. So do leading law enforcement organizations and drug prevention organizations, including Californians for Drug-Free Youth, D.A.R.E., Drug Use Is Life Abuse and Drug Watch International.**

Please join Citizens for a Drug-Free California and contribute as much as you can to defeat this dangerous, irresponsible and deceptive initiative.

**CONTACT:**

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# Yes on Proposition 215

by Richard Brookhiser

I am a conservative Republican. The only reason I didn't vote for Barry Goldwater was because I was nine years old at the time. But I started writing for *National Review* when I was fourteen. I am for Proposition 215 because of my politics, not in spite of them. But I'm also for medical marijuana because I've had to use it.

As a political journalist, I mark the milestones of my life by election cycles. On the eve of Ronald Reagan's election I got married. On the eve of Bill Clinton's I got testicular cancer. The treatment was straightforward—an operation, followed by a rather harsh form of chemotherapy. Any chemotherapy is harsh, because all chemotherapy is poison. You're dumping poison into your bloodstream, killing millions of cells, in order to kill the thousands of malignant cells, which will not recover. Because it is poison, the body wants to get rid of it. That's why, chemotherapy causes nausea. To deal with this, I took the latest anti-nausea drugs, including Zofran, and I also did self-hypnosis and mental imaging. These all worked—up to a point. But beyond that point, I needed extra help, and so I smoked marijuana.

I had smoked marijuana maybe ten times in college, during the Seventies. I even inhaled. I stopped because I found I didn't like smoke, or being high, or the conversation of pot-heads. I turned to it when I got cancer because marijuana gives people an appetite, and prevents people who are nauseated from throwing up. None of my doctors or nurses at New York University Medical Center, or Memorial Sloan-Kettering, discouraged me from doing this. They had all had patients who had used marijuana to fight nausea, and who had reported good results. I had good results too. Because of the marijuana, my last two courses of chemotherapy were almost nausea-free.

There was only one problem—I had to become a criminal to do this.

Cancer patients are not the only people in this bind. AIDS patients who have the wasting syndrome report that marijuana gives them an appetite again. Glaucoma patients find that it arrests the deterioration of their eyes. People with chronic migraines, epilepsy, and multiple sclerosis use it to relieve their symptoms. But any sick person who wants to use marijuana to help himself, has to break the law. I'm a member of the media elite, so I wasn't at high risk. But plenty of sick people get arrested, and plenty of them go to jail.

There are three common arguments against the medical use of marijuana, all of them faulty.

The first is that THC, the main active ingredient in the drug, is available in a legally prescribed pill form. But the pill has problems. It's expensive. Because it's a pill, and therefore slower acting, people have trouble adjusting the dosage; they often find themselves taking too much. It all seems to cause high levels of anxiety and depression. In my case, I thought treating nausea with a pill was not a bright idea.

The second argument is that smoked marijuana has never been tested scientifically. This is not entirely true. One test was done at UCLA in 1970 for the Los Angeles Police Department, which wanted to prove that

pot smoking dilated the pupils. The researchers found that it actually contracted the pupils; they also discovered that marijuana relieved pressure within the eyeball. This is why marijuana is useful in treating glaucoma.

But it is true that it is difficult to test marijuana. That is because the government makes it so. The case of Dr. Donald Abrams at San Francisco General Hospital is instructive. Dr. Abrams is an AIDS researcher who wants to test the efficacy of smoked marijuana in treating the wasting syndrome. For more than two years, he tried to get marijuana legally from the National Institute on Drug Abuse for his experiments—to no avail. So doctors cannot prescribe marijuana because it hasn't been tested, but doctors aren't allowed to do any tests. This is classic Catch-22.

The third objection is that by legalizing medical use of marijuana, we will be setting a bad example to a society engaged in a war on drugs. In fact we will be setting no example at all. The availability of morphine in hospitals is not the reason people smoke crack. A hairless cancer patient with an IV tube in his arm is not a come-on for a pusher.

My support for medical marijuana is not a contradiction of my principles, but an extension of them. I am for law and order. But crime has to be fought intelligently, and the law disgraces itself when it harasses the sick. I am for traditional values—I support the Christian Coalition, and I supported the Moral Majority. But carrying your beliefs to unjust ends is not moral, it is philistine. Most important, I believe in getting government off people's backs. We should include the backs of sick people trying to help themselves.

My cancer is gone now; I was lucky. God forbid that anyone else should ever need chemotherapy. But statistics tell us that many of us will. Let me assure you that, whatever you think now, or however you vote, if that moment comes to you, you will turn to medical marijuana. Please extend that liberty to your fellow Californians by voting Yes on Proposition 215.

Richard Brookhiser is Senior Editor of *National Review*, the conservative magazine Ronald Reagan calls his favorite. Reprinted with permission of *National Review*, 130 East 51<sup>st</sup>, New York, NY 10016. Annual Subscription \$57.



# CALIFORNIANS FOR MEDICAL RIGHTS

FOR RELEASE:  
October 9, 1996

CONTACT:  
Dave Fratello at (310) 394-2952

## **Medical Marijuana Patient Facing Criminal Charges Calls for Legal Protection Through Prop. 215**

SANTA MONICA, October 9 — Bearing personal testimony to both the efficacy of the treatment and the need for legal protection, Alan Martinez, an epileptic patient who has been arrested on marijuana charges, today appealed to voters to support Proposition 215, the Medical Marijuana Initiative on the November 5 ballot.

Mr. Martinez, whose medical use of marijuana has kept his debilitating disease in check for more than 10 years, faces felony charges that could result in three years in prison for growing six marijuana seedlings. Mr. Martinez was growing the plants in hopes of ending his dependence on the black market for the marijuana that helps him.

Mr. Martinez was using marijuana with the full knowledge and approval of his physician, who could not argue with success. Mr. Martinez has suffered no grand mal seizures — the most debilitating type — since he began using marijuana medically.

Mr. Martinez said, "As a nurse practitioner, I understand that the best that Medicine can offer patients is often alleviating the tremendous pain and suffering associated with incurable diseases. In an age of so many miraculous breakthroughs in medical treatment, it seems ludicrous that the government can not only block patients from a treatment that delivers relief, it can even incarcerate them for it."

Marijuana has been recognized for its medicinal properties for centuries. In recent years, marijuana's value in reducing nausea and increasing appetite for patients in cancer chemotherapy and AIDS treatment has been widely reported. Among epileptics and people with multiple sclerosis, the drug is widely said to reduce muscle spasticity and seizures, whether it is smoked, eaten in foods, or taken in liquids.

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**YES ON PROP. 215**

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1121 L Street, #908, Sacramento, CA 95814 (916) 449-6190 Fax: (916) 449-6199

FROM THE DESK OF

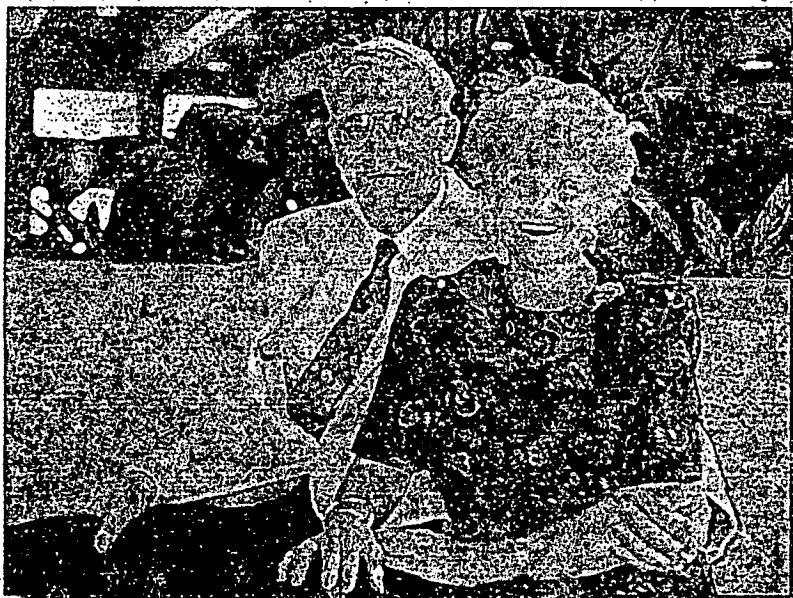
ANNA T. BOYCE, R.N.

OFFICIAL PROPOSITION 215 PROPONENT

"WE CAN REDUCE SUFFERING AND PROLONG LIVES."

Dear Fellow Californian:

I've been a Registered Nurse for 27 years. I've seen people courageously battle grave illnesses. I know that marijuana, under a doctor's supervision, can sometimes ease human suffering.



Two years ago my husband J.J. was diagnosed with lung cancer. He went through hell — chemotherapy was agony. Luckily, I knew about the medical use of marijuana. A few puffs after chemotherapy blocked his nausea, and made his last months bearable.

In 1995, the California Legislature passed a bill permitting the regulated, medical use of marijuana under the strict care of a physician. But Governor Pete Wilson, who was running for President, vetoed the bill — as he had a similar bill in 1994.

Those of us who had worked so hard to pass those two bills decided to go straight to the voters. We collected over 775,000 signatures to put Proposition 215 on the ballot.

Patients in other states, like Ohio and Florida, are permitted to use medical marijuana without fearing arrest, public exposure and jail time. With your help, we can give the same protection to seriously and terminally ill people here in California. Please vote yes on Proposition 215!

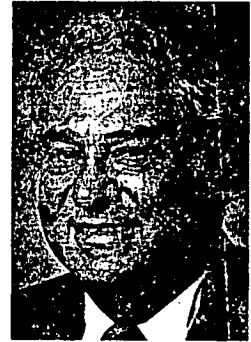
Orange County, California

# RICHARD J. COHEN, M.D., F.A.C.P.

3838 CALIFORNIA STREET  
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HEMATOLOGY MEDICAL ONCOLOGY  
INTERNAL MEDICINE

“Marijuana helps to decrease the misery and pain of terminally ill patients.”



As a practicing Medical Oncologist, a specialist in the treatment of cancer, I strongly support Proposition 215, the initiative to permit medical use of marijuana.

Over the past 20 years, I have managed a great many cases in which the use of marijuana has enabled cancer patients to tolerate the chemotherapy drugs essential for their survival by reducing or eliminating their nausea and vomiting. This has led to an improvement in the response rates and survival in many cancers. Marijuana helps by permitting patients to complete their full courses of chemotherapy regimens. Too often, patients drop out and refuse their therapy because of the toxic and unpleasant side effects — an unfortunate accompaniment to the use of most anticancer agents.

For many such patients, marijuana has aided in improving appetite and general nutrition, leading to an improved quality of life. It has also helped to lift patients out of depression, permitting greater family interactions during their declining days.

There is no question but that marijuana helps to decrease the misery and pain of terminally ill patients. It is also especially useful in helping morphine and similar pain-relieving narcotics work more effectively, and in a more prolonged fashion, to alleviate pain caused by bone, liver, and other organ metastases (i.e., tumor spread).

These valuable medical attributes of marijuana clearly indicate that it is a proven safe and effective medication that should be available, under a physician's approval, for the care and treatment of patients with serious diseases such as cancer and AIDS. Most importantly, as Proposition 215 declares, marijuana must be available for medical use without legal jeopardy or hazard to either prescribing physician or recipient patient.



# CALIFORNIANS FOR MEDICAL RIGHTS

## BACKGROUNDER

### Medical Marijuana vs. Marinol

Opponents of Proposition 215 claim that medical marijuana is not needed because synthetic THC (trade name Marinol) is already available. But Marinol is not always the right choice for cancer or AIDS patients suffering nausea, vomiting or "wasting syndrome," because:

- Marinol costs as much as \$30,000 per year for a single patient's prescription of two capsules, four times a day.
- As a highly concentrated form of the most psychoactive substance in marijuana, Marinol often "knocks out" patients who use it. Others experience dizziness, extreme anxiety, disorientation and headaches.
- Patients suffering nausea and vomiting find that pills can be difficult to swallow, digest and keep down. Marinol is thus much less useful after the onset of nausea.
- Patients suffering the "wasting syndrome" in cancer or AIDS treatment do not typically experience heightened appetite from Marinol; with marijuana, appetite improves and food intake increases, improving overall health.

Marinol is not truly a "pill form" of marijuana. THC is only one of more than 400 chemicals in the pure plant — 60 or more of them, known collectively as cannabinoids, are unique to the marijuana plant. Some of the other components in marijuana, such as *cannabidiol*, have shown promise in preliminary medical studies, but there is currently no way to legally obtain them for medical treatment.

Many patients simply find benefits from whole marijuana — whether inhaled, baked into foods or prepared in fluids — that they do not find in Marinol alone. Rapid absorption of inhaled marijuana into the bloodstream means more immediate relief than Marinol brings, and inhalation permits dosage control by the patient. Increased appetite from marijuana use can be life-saving for patients whose treatments induce "wasting syndrome."

Until marijuana's medical potential is fully understood, Prop. 215 will permit its use as an alternative medication, under a doctor's order.

**YES ON PROP. 215**

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