

The Chief Administrative Law Judge of the Drug Enforcement Administration, the Hon. Francis L. Young, ruled in *In the Matter of Marijuana Rescheduling Petition*, No. 86-22 (1988), Part VIII at 56-59 as follows:

“With respect to whether or not there is ‘a lack of accepted safety for use of marijuana under medical supervision’, the record shows the following facts to be uncontroverted. * * *

3. The most obvious concern when dealing with drug safety is the possibility of lethal effects. Can the drug cause death?

4. Nearly all medicines have toxic, potentially lethal effects. But marijuana is not such a substance. There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

5. This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. * * * Yet, despite this long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

6. By contrast aspirin, a commonly used, over-the-counter medicine, causes hundreds of deaths each year. * * *

9. In practical terms, marijuana cannot induce a lethal response as a result of drug-related toxicity. * * *

15. In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic

response. By comparison, it is physically impossible to eat enough marijuana to induce death.

16. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man.”

Pot belongs in the anti-opiate arsenal

By DAN VIETS

Posted Feb 26, 2017 at 12:01 AM Updated Feb 26, 2017 at 9:00 AM

As is often pointed out, 49 other states have adopted laws that allow the government access to prescription records.

According to the Henry J. Kaiser Family Foundation, Missouri ranks 22nd among the 50 states in opioid overdose death and its per capita death rate is close to the average for all 50 states. If allowing the government access to our prescriptions helped reduce this problem, those other 49 states would have less of a problem than Missouri. The fact they do not is strong evidence that allowing government access to our prescription records does not reduce this problem.

If the government wants us to sacrifice yet another piece of our precious and rapidly shrinking right to privacy, it ought to bear the burden of producing some evidence that this sacrifice would have a positive impact on the problem. There is simply no evidence that it will.

If this proposal were really about reducing opioid overdose deaths, it would be limited to opioid drugs. However, the proposal is far broader. The proposal would include all of the hundreds of “controlled substances” contained in Schedules 2, 3 and 4 of the list of prescription drugs. Schedule 5 drugs are over-the-counter, nonprescription drugs. Schedule 1 drugs are not available by prescription.

Ironically, Schedule 1 drugs include marijuana. If politicians and public health officials truly want to take steps that are proven to have a positive impact on opioid overdose death, they should be working to increase legal access to marijuana as medicine.

As the Journal of the American Medical Association has confirmed, access to legal medical marijuana has a dramatic impact in the

reduction of opioid overdose deaths. A study published in the August 2014 JAMA Internal Medicine shows far fewer people die from opioid overdose in states with legal access to medical marijuana. A 2015 RAND Corp. study also showed less opioid-related abuse and mortality where medical marijuana is legal.

According to JAMA, the reduction in the opioid overdose death rate averages 25 percent and ranges from 20 percent to 33 percent. The reduction correlates with the number of years legal access to medical marijuana has been available. States that have had legal access to medical marijuana the longest have the most dramatic reductions. This strongly suggests a causal relationship and not merely a correlation. It also indicates legalizing medical marijuana might continue to reduce opioid overdose deaths even beyond 33 percent.

A University of Georgia study shows a dramatic reduction in the prescribing of opioid drugs in states where legal access to medical marijuana exists. This study concluded that the Medicare program saved more than \$165 million in just one year because of legal access to medical marijuana in several states.

Most people do not want to take opioid narcotic painkillers. The narcotics cause several unpleasant side effects, in addition to the potential for addiction and death. The need for potentially addictive and deadly narcotic painkillers is dramatically reduced where people have legal access to marijuana as medicine. Pain reduction is one of the most well-documented, proven benefits of medical marijuana. The potential side effects of marijuana as medicine pale in comparison to the potential addiction and death associated with narcotic painkillers.

A study from the University of Michigan, Ann Arbor, published in June 2016 in The Journal of Pain, showed that 244 chronic pain patients rated marijuana as more effective in pain relief than opiates. "Among study participants, medical cannabis use was associated with a 64% decrease in opioid use, decreased number and side effects of medications, and an improved quality of life. This study suggests that many chronic pain patients are essentially substituting medical

cannabis for opioids and other medications for chronic pain relief, and finding the benefit and side effect profile of cannabis to be greater than these other classes of medications.”

A study published in the December 2016 edition of *The Clinical Journal of Pain* and conducted at Hebrew University in Israel showed 66 percent of patients experienced improvement in their pain symptoms after cannabis therapy and that most reported “robust” improvements in their quality of life. Those patients’ overall consumption of opioid drugs declined 44 percent during the study, and a significant percentage of participants discontinued opioid therapy all together.

If the Columbia City Council and Columbia/Boone County Department of Public Health and Human Services want to take steps that have been proved to actually have an impact on the opioid overdose problem, they should focus on providing greater access to marijuana as medicine for our citizens. In 2004, nearly 70 percent of Columbia voters endorsed a measure that eliminates all penalties for the possession and use of up to 35 grams of marijuana when a doctor has recommended such use. However, that ordinance provides no legal access to marijuana for those patients.

In October 2014, the Columbia City Council fell one vote short of passing a measure that would have eliminated the penalties for the cultivation of up to a half-dozen plants by patients whose doctors recommend their use of marijuana as medicine. The council should revisit this issue and should pass this measure.

Of course, it would be preferable if such a law were passed statewide. There is an effort underway to place an initiative on the November 2018 Missouri ballot that would do what 28 other states have done: legalize access to medical marijuana for our citizens. The Columbia City Council should also pass a resolution endorsing the Missouri Medical Marijuana Initiative proposed by New Approach Missouri.

It is ironic that, for decades, prohibitionists have argued that marijuana is a “gateway drug,” meaning it leads to the use of more dangerous drugs. The truth, supported by published peer-reviewed studies in the world’s most credible scientific and medical journals, shows precisely the opposite. Access to marijuana as medicine dramatically reduces the use of addictive and potentially deadly narcotics.

Study: Perceived Marijuana Access Declining Among Youth

- by Paul Armentano, NORML Deputy Director September 21, 2017
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The percentage of young people who believe that they can readily access marijuana has fallen significantly since 2002, according to [data](#) published online ahead of print in the *Journal of Studies on Alcohol and Drugs*.

A team of investigators from Boston University, the University of Texas at Austin, the University of North Carolina, and St. Louis University examined trends in perceived cannabis access among adolescents for the years 2002 to 2015.

Authors reported: "[W]e observed a 27 percent overall reduction in the relative proportion of adolescents ages 12 to 17 and a 42 percent reduction among those ages 12 to 14 reporting that it would be 'very easy' to obtain marijuana. This pattern was uniformly observed among youth in all sociodemographic subgroups."

They concluded, "Despite the legalization of recreational and medical marijuana in some states, our findings suggest that ... perceptions that marijuana would be very easy to obtain are on the decline among American youth."

The new data is [consistent](#) with figures published last year by the US Centers for Disease Control and Prevention, which [reported](#), "From 2002 to 2014, ... perceived availability [of marijuana] decreased by 13 percent among persons aged 12–17 years and by three percent among persons aged 18–25 years [old]." An abstract of the study, "Trends in perceived access to marijuana among adolescents in the United States: 2002-2015," is online [here](#).

Study: Long-Term Cannabis Use Mitigates Pain, Reduces Opioid Use

Thursday, 25 February 2016



Jerusalem, Israel: The daily, long-term use of cannabis is associated with improved analgesia and reduced opioid use in patients with treatment-resistant chronic pain conditions, according to clinical trial data reported online ahead of print in *The Clinical Journal of Pain*.

Investigators with Hebrew University in Israel evaluated the use of cannabis on pain in a cohort of 176 patients, each of whom had been previously unresponsive to all conventional pain medications. Subjects inhaled THC-dominant cannabis daily (up to 20 grams per month) for a period of at least six months.

A majority of participants (66 percent) experienced improvement in their pain symptom scores after cannabis therapy, and most reported "robust" improvements in their quality of life. Subjects' overall consumption of opioid drugs declined 44 percent by the end of the trial, and a significant percentage of participants discontinued opioid therapy altogether over the course of the study.

Authors concluded, "In summary, this long-term prospective cohort suggests that cannabis treatment in a mixed group of patients with treatment-resistant chronic pain may result in improved pain, sleep and quality of life outcomes, as well as reduced opioid use."

The Israeli results are similar to those reported in a 2015 Canadian trial which concluded that chronic pain patients who use herbal cannabis daily for one-year experienced reduced discomfort and increased quality of life compared to controls, and did not possess an increased risk of serious side effects. Separate data published in 2014 in *The Journal of the American Medical Association* determined that states with medical marijuana laws experience far fewer opiate-related deaths than do states that prohibit the plant. Investigators from the RAND Corporation reported similar findings in 2015, concluding, "States permitting medical marijuana dispensaries experience a relative decrease in both opioid addictions and opioid overdose deaths compared to states that do not." Clinical data published in 2011 in the journal *Clinical Pharmacology & Therapeutics* previously reported that the administration of vaporized cannabis "safely augments the analgesic effect of opioids."

A scientific review published earlier this year assessing the clinical use of cannabinoids for pain in over 1,300 subjects concluded, "Overall, the recent literature supports the idea that currently available cannabinoids are modestly effective analgesics that provide a safe, reasonable therapeutic option for managing chronic non-cancer-related pain and possibly cancer-related pain."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "The effect of medicinal cannabis on pain and quality of life outcomes in chronic pain: A prospective open-label study," appears in *The Clinical Journal of Pain*.

Legal Marijuana in Colorado Has Helped Reduce Opioid Related Deaths, Study Finds

Paul Armentano | October 13, 2017

Retail cannabis distribution in Colorado is associated with a reduction in opioid-related mortality, according to data published online ahead of print in *The American Journal of Public Health*.

A team of investigators from the University of North Texas School of Public Health, the University of Florida, and Emory University compared changed in the prevalence of monthly opioid-related deaths before and after Colorado retailers began selling cannabis to adults.

They reported: "Colorado's legalization of recreational cannabis sales and use resulted in a 0.7 deaths per month reduction in opioid-related deaths. This reduction represents a reversal of the upward trend in opioid-related deaths in Colorado."

Authors concluded, "Legalization of cannabis in Colorado was associated with short-term reductions in opioid-related deaths."

Their data is consistent with prior studies finding that cannabis access is associated with reductions in prescription drug spending, opioid-related hospitalizations, and opioid-related fatalities.

An abstract of the study, "Recreational cannabis legalization and opioid-related deaths in Colorado, 2000-2015," appears online here.

Medical Marijuana Patients Reduce Prescription Drug Use, Study Finds

Paul Armentano | September 18, 2017

Chronic pain patients enrolled in a statewide medical marijuana program are more likely to reduce their use of prescription drugs than are those patients who don't use cannabis, according to data published online ahead of print in the *Journal of Post-Acute and Long-Term Care Medicine*.

Investigators from the University of New Mexico compared prescription drug use patterns over a 24-month period in 83 pain patients enrolled in the state's medical cannabis program and 42 non-enrolled patients. Researchers reported that, on average, program registrants significantly reduced their prescription drug intake while non-registrants did not.

Specifically, 34 percent of registered patients eliminated their use of prescription drugs altogether by the study's end, while an additional 36 percent of participants used fewer medications by the end of the sample period.

"Legal access to cannabis may reduce the use of multiple classes of dangerous prescription medications in certain patient populations," authors concluded. "[A] shift from prescriptions for other scheduled drugs to cannabis may result in less frequent interactions with our conventional healthcare system and potentially improved patient health."

A pair of studies published in the journal *Health Affairs* previously reported that medical cannabis access is associated with lower Medicaid expenditures and reduced spending on Medicare Part D approved prescription medications.

Separate studies have reported that patients with legal access to medical marijuana reduce their intake of opioids, benzodiazepines, anti-depressants, migraine-related medications, and sleep aids, among other substances.

An abstract of the study, "Effects of legal access to cannabis on Scheduled II–V drug prescriptions," appears online [here](#).

Polling: Voters Support Marijuana Law Reform By Record Numbers

- *by Paul Armentano, NORML Deputy Director* February 23, 2017
[Comments](#)

Record numbers of voters support regulating the marijuana market and oppose federal efforts to interfere or undermine state laws permitting the plant's use or sale, according to nationwide polling [data](#) released today by Quinnipiac University.

Ninety-three percent of voters — including 96 percent of Democrats and 85 percent of Republicans — support "allowing adults to legally use marijuana for medical purposes," the highest total ever reported in a national poll. Among those respondents older than 65 years of age, 92 percent endorsed legalizing medical marijuana.

Fifty-nine percent of voters similarly support making the adult use of marijuana legal in the United States. That total is in line with recent polling data compiled by Gallup in 2016 which reported that [60 percent](#) of US adults support legalization — a historic high. Respondents who identified as Democrats (72 percent) were most likely to support legalization. Fifty-eight percent of Independents also expressed support, but only 35 percent of Republicans did so. Among the various age groups polled, only those over the age of 65 failed to express majority support for legalization.

Finally, 71 percent of respondents say that they "oppose the government enforcing federal laws against marijuana in states that have already legalized medical or recreational marijuana." This percentage is the highest level of support ever reported with regard to limiting the federal government from interfering in states' marijuana policies.

The rising support may provide a boost for pending federal legislation, HR 975: The Respect State Marijuana Laws Act, which prevents the federal government from criminally prosecuting individuals and/or businesses who are engaging in state-sanctioned activities specific to the possession, use, production, and distribution of marijuana. You can urge your members of Congress to support this act by [clicking here](#).

The Quinnipiac University poll possesses a margin of error of +/- 2.7 percentage points.