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Dear Chairperson Landwehr:

January 12, 2012

I have over thirty years experience as a drug policy and drug abuse expert, and I am providing my vitae for background. I ask your committee to not advance the medical excuse legislation.

We have seen many problems with medical excuse marijuana throughout the country. For example, California has experienced a 100% increase in marijuana-related traffic fatalities since the marijuana dispensaries and a five-fold increase in treatment needs for marijuana. Some states report that the most frequent medical excuse patients are young- typically under 35 years old- yet the most common complaint is for back pain. Back pain is most prevalent in much older patients. The most frequent time that marijuana is purchased is Friday afternoons by people under 21.

It is most important to understand that legislative actions giving access to marijuana seriously jeopardize consumer protection. Our processes for bringing medicine to the public have been established so that science, not emotion, prevails. Medicine needs come through the FDA to assure safety and efficacy. The FDA opposes medical excuse marijuana and such legislative actions. More importantly, the recent legislative initiatives create medicine by popular vote. Marijuana is not a safe drug, and is far from clearly effective. The active ingredients of marijuana are already available to the public by medical prescription. There is no advantage, and indeed there is a disadvantage, to smoking marijuana over available medications.

Marijuana advocates allege benefits of marijuana use with little or no scientific basis. The strength of marijuana is unpredictable, yet the concentration of THC is closely linked to adverse effects. Neither Marijuana nor pure THC has ever been compared to new extremely effective anti-nausea medications. Cannabis can actually enhance pain because of a very narrow therapeutic window. It has been shown to not work well as a single agent for pain. The progression of glaucoma is not slowed, and ophthalmologists do not consider it a reasonable treatment. Cannabinoids may reduce muscle spasm, but they damage gait in Multiple Sclerosis patients. While cannabinoids stimulate appetite, it appears to increase body fat rather than lean body mass. There exists no credible evidence that marijuana is beneficial for depression, drug abuse, headaches, or menstrual cramps. Most states are finding that the most frequent medical excuse users are young people manipulating the system by complaining of pain syndromes that are usually seen in much older patients.

Some of the most consistently identified problems with marijuana use are the effect on memory, concentration, coordination, and the development of psychosis. The effects on driving skills and coordination are extremely serious, and marijuana is regularly implicated in trauma. While very light use of marijuana has minimal effects on the lungs, heavier use has been found to damage lung immunity and function and be associated with cancers.

Allowing such defense-to-possession legislation to become law is riding a wave of emotion and mob psychology that has been carefully crafted, financed, and driven by the marijuana lobby. They have declared that medical excuse marijuana is the battlefield to gain the overall legalization of pot. The advocates' strategy remains the same; play to emotion, overstate the benefits of marijuana, use the medical excuse to get the camel's nose under the tent and then push for more legal access to pot. Supporting medical excuse marijuana either reflects serious ignorance of the medical literature or malignant misrepresentation of it. Medicine and policy makers must stop this circus of medicine by popular vote which is dangerous and which plays in to the pot legalization lobby.

For a detailed scientific discussion of the medical excuse issue see [www.globaldrugpolicy.org](http://www.globaldrugpolicy.org)

Sincerely,

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