

Testimony of Dr. David Murray
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Before the Judiciary Subcommittee on Crime, Terrorism, and Homeland Security
“Hearing on the Drug Enforcement Administration's Regulation of Medicine”
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Chairman Scott, Ranking Member Forbes and distinguished Members of the House Judiciary Subcommittee on Crime, Terrorism and Homeland Security: Thank you for the opportunity to appear before you today to discuss our National efforts to reduce drug use in America and current Federal policy regarding so-called “medical” marijuana under state law.

Over the past several decades, there has been an ongoing national debate regarding the use of marijuana for medical purposes. While we all may agree that too many of our citizens suffer from pain and chronic illnesses, as a civilized society we must ensure that we base critical decisions regarding the health and safety of Americans on sound science and research. As Chief Scientist for the national agency tasked by Congress to evaluate, coordinate, and oversee drug policy, I look forward to providing the committee with the latest state of affairs regarding this important issue.

**What is Wrong With Permitting the Use of Smoked Marijuana
for Medical Purposes?**

In order to provide the appropriate perspective regarding medical marijuana, we should examine our Nation’s painful lessons from the past. At the beginning of the last century, America faced a serious medicinal challenge. Fly-by-night swindlers traveled from town to town hawking miracle medicines that claimed cures for everything from baldness to life-threatening diseases. While the tonics rarely cured what their proponents claimed, consumers often did report feeling better after taking them. In reality, people felt better because these “medicines” most often contained large amounts of alcohol, opium, or other “feel-good” agents. This chaotic medicinal marketplace, where legitimate medicine competed with unproven and often dangerous snake oils, compelled the U.S. Congress over 100 years ago to create the Food and Drug Administration (FDA), which is responsible for approving, regulating, and verifying the effectiveness and safety of medicines. More than making people “feel better,” a core element of FDA’s public health mission is to verify and ensure that medicines fulfill two critical principles: safety, and effectiveness in treating medical conditions.

The FDA’s process for approving medicine has contributed to the United States having the world’s finest medical system. In the century that the FDA has been approving medicines, it has shown an open willingness to evaluate and approve potentially harmful and addictive substances if it can be proven that the benefits of these substances provide outweigh the risks. For instance, medicinal derivatives of the opium poppy and the coca plant clearly demonstrate this principle. But smoked marijuana has never passed this test. Simply stated, the FDA has not found compelling scientific evidence that smoking marijuana relieves the myriad of ailments that its proponents

claim. Moreover, the medical community prescribes drugs that are safer and easier to administer and that have been scientifically proven to do a far more effective job at treating the ailments that marijuana proponents claim are relieved by smoking marijuana.

Funded by millions from those who want to legalize marijuana outright, marijuana lobbyists have now been deployed to Capitol Hill and to States across the Nation to employ their favored tactic of using Americans' natural compassion for the sick to garner support for a far different agenda. These modern-day snake oil proponents cite testimonials—not science—that smoked marijuana helps patients suffering from AIDS, cancer, and other painful diseases “feel better.” Unfortunately for America's sick, the same scenario our Nation dealt with a century ago has returned, and a number of states have passed voter referenda or legislative actions making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation under state law.

On April 20th, 2006, the Department of Health and Human Services (which includes FDA, the Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse), the Drug Enforcement Administration, and the Office of National Drug Control Policy issued an advisory reinforcing the fact that no sound scientific studies have supported medical use of smoked marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of smoked marijuana for general medical use. Additionally, the Institute of Medicine (IOM) has concluded that smoking marijuana is not recommended for any long-term medical use, and a subsequent IOM report (March 1, 1999) declared that, “marijuana is not modern medicine.” These statements add to a substantial list of legitimate public health organizations that have already spoken out on this issue, including the American Medical Association, the National Cancer Institute, the American Cancer Society, and the National Multiple Sclerosis Society – all of which do not support the smoked form of marijuana as medicine.

Existing Legal Drugs Provide Superior Treatment for Medical Conditions

While the FDA has approved safe and effective medication for the treatment of glaucoma, nausea, wasting syndrome, cancer, neuropathic pain, and multiple sclerosis, it is also true that THC, the primary active chemical in marijuana and other cannabinoids in the plant might well be useful for treating certain medical problems. For example, the FDA approved synthetic THC, the main ingredient in Marinol, to control nausea in cancer chemotherapy patients and to stimulate appetite in people with AIDS. Marinol, in the oral form, is a legal prescription drug available on the market by prescription since 1985. It is currently classified as a Schedule III drug under the Comprehensive Drug Abuse Prevention and Control Act, meaning that the drug is widely available for patients who may need it.

In light of these scientifically proven medicinal alternatives, the idea of telling suffering patients that the best we can do for them is to encourage them to inhale the hot smoke of a burning weed, of unknown dose and purity, seems medieval at best. To resolve this whether science can demonstrate any conceivable medical benefit, NIH is

conducting controlled clinical trials of smoked marijuana. To date, the best available evidence points to the conclusion that the adverse effects of marijuana smoke on the respiratory system would almost certainly offset any possible benefit. As a result, marijuana remains as a Schedule I controlled substance under the Comprehensive Drug Abuse Prevention and Control Act of 1970. In other words, marijuana remains a dangerous drug that has no recognized medical value.

In fact, there is some evidence that suggests that prescribing smoking marijuana may actually harm the health of patients. The delicate immune systems of seriously ill patients, for example, may become compromised by the smoking of marijuana. Research has already demonstrated that the daily use of marijuana can compromise lung function and increase the risk for respiratory diseases, similar to those associated with nicotine cigarettes. Additionally, marijuana also has a high potential for abuse and can incur addiction. Research has also shown that frequent use of marijuana leads to tolerance of the psychoactive effects. Smokers may compensate by smoking more often or seeking higher potency marijuana.

Finally, in people with psychotic or other mental health problems, the use of marijuana can precipitate severe emotional disorders. Chronic use of marijuana may increase the risk of psychotic symptoms in people with a past history of schizophrenia. Marijuana smoking by young people may lead to impairment of higher brain function and neuropsychiatric disorders, as well as a higher risk for addiction and polydrug abuse problems.

Medical Marijuana Laws Do Not Work

Ten years of national experience with state-based voter referenda and legislative actions legalizing medical marijuana under state law also have bred abuse, confusion, and crime. An increasing number of reports have begun to illustrate this phenomenon. Consider the following:

- **Medical marijuana laws lead to drug-related violence.** Since the first medical marijuana law passed in the United States, as many as 20 “legal” medical marijuana providers have been killed around the country, mostly in robberies. (Killing Highlights Risk of Selling Marijuana. New York Times, March 2nd, 2007).
- **Medical marijuana laws protect drug dealers.** After Colorado legalized medical marijuana, a local CBS television station discovered that licensed medical marijuana providers were using medical marijuana laws to foster drug dealing. In one instance, a CBS reporter asked Ken Gorman, a licensed medical marijuana provider and user, how many people he had given marijuana to who weren’t sick. He responded by saying, “Hundreds....When we passed the [medical marijuana] law we passed a great, great law...There are so many holes in it that for us, the patient, police can’t do anything.” Ken Gorman admitted he didn’t have a medical condition and “just wanted to get high.” Gorman was killed a month later in a marijuana-related robbery. (CBS Denver, February 11th, 2007, Glazer, Andrew. Medical Marijuana Clinics Face Crackdown, Associated Press, March 11th, 2007.)

- **Founding proponents of medical marijuana in the United States have reversed their key positions of support for medical marijuana.** Rev. Scott Imler, Co-founder of Prop 215, has lamented the passage of California’s medical marijuana law stating that, “We created Prop. 215 so that patients would not have to deal with black market profiteers. But today it is all about the money. Most of the dispensaries operating in California are little more than dope dealers with store fronts.” Imler also said that medical marijuana has “turned into a joke.” Steve Kubby, another Co-founder of medical marijuana in California stated in a letter to supporters on April 14th, 2006 that “Marinol is an acceptable, if not ideal, substitute for whole cannabis in treating my otherwise fatal disease.” (Alternatives magazine, Fall, 2006 Issue 39, San Gabriel Valley Tribune 2/07, Message from Steve Kubby, Steve Kubby Released After Serving 62 Days in Jail, April 14th, 2006)

Conclusion

Chairman Scott, Ranking Member Forbes, our investment in medical science is at risk if we do not defend the proven process by which medicines are brought to the market and to patient-physician relationships. All drugs must undergo rigorous clinical trials before a drug can be released for public use. The responsibilities of the public health system are to ensure the safety, efficacy, and effectiveness of contemporary drugs. This responsibility cannot be discharged where science-based knowledge is discarded in favor of misguided hearsay and uninformed pressure politics. I look forward to working with Congress to ensure that our nation’s drug policies continue to work to make our national drug problem smaller and keep our citizens as safe and healthy as possible.

Thank you.

In Their Words: *What the Experts Say:*

The American Academy of Ophthalmology:

“Based on reviews by the National Eye Institute (NEI) and the Institute of Medicine and on available scientific evidence, the Task Force on Complementary Therapies believes that **no scientific evidence has been found that demonstrates increased benefits and/or diminished risks of marijuana use to treat glaucoma compared with the wide variety of pharmaceutical agents now available.**”

Complementary Therapy Assessment: Marijuana in the Treatment of Glaucoma, American Academy of Ophthalmology, May 2003

The American Medical Association:

“...AMA recommends that marijuana be retained in Schedule I of the Controlled Substances Act...AMA believes that the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana...”

Policy Statement H-95.952, American Medical Association, <http://www.ama-assn.org>

The National Multiple Sclerosis Society:

“Studies completed thus far have not provided convincing evidence that marijuana or its derivatives provide substantiated benefits for symptoms of MS.”

The MS Information Sourcebook, Marijuana (Cannabis), National Multiple Sclerosis Society, September 18th, 2006

The Institute of Medicine (IOM):

“Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long-term medical use.”

Marijuana and Medicine: Assessing the Science Base, Institute of Medicine, 1999