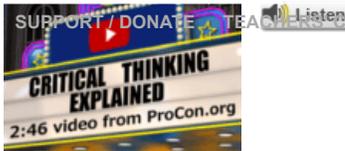




Medical Marijuana

Pros and Cons

- HOME
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 - METRICS
 - MEDIA
 - FAQS
 - TRAFFIC
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Top 10 Pros and Cons

Should marijuana be a medical option?

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Featured Resources

1. Should Marijuana Be a Medical Option?
 2. Top 10 Pros and Cons
 3. Did You Know?
 4. Historical Timeline
 5. Comments
- +Pros & Cons by Category

The **PRO** and **CON** statements below give a five minute introduction to the debate on medical marijuana. (Read more information about our one star to five star [Theoretical Expertise System](#).)

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Physician Perspectives on Marijuana's Medical Use 2. Medical Organizations' Opinions 3. US Government Officials' Views 4. Health Risks of Smoked Marijuana 5. Treating AIDS with Marijuana | <ol style="list-style-type: none"> 6. Marijuana use for the Terminally Ill 7. Marijuana vs. Marinol 8. Addictiveness of Marijuana 9. "Gateway" Effect 10. Medical Marijuana Debate and Its Effect on Youth Drug Use |
|---|--|

Projects

6. 23 Legal Medical Marijuana States and DC
7. 3 States with Pending Legislation to Legalize Medical Marijuana
8. Teen Marijuana Use, 1999-2006
9. Deaths from Marijuana v. 17 FDA-Approved Drugs
10. 105 Peer-Reviewed Studies on Marijuana
11. Top 17 Hospitals' Positions on Medical Marijuana
12. Medical Marijuana Infographic
13. Opinion Polls/Surveys
14. 90 Physicians' Views on Medical Marijuana
15. 10 US Surgeons General and Their Views on Medical Marijuana, 1961-Present
16. 10 Pharmaceutical Drugs Based on Cannabis
17. US Government Reports on Medical Marijuana
18. Drug Tests - Methods of Detecting Cannabis Use
19. Major Court Cases (and Related Docs)
20. Ranking 20 Drugs and Alcohol by Overall Harm
21. 2012 Presidential

PRO Medical Marijuana	CON Medical Marijuana
1. Physician Perspectives on Marijuana's Medical Use	
<p>"The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by such illnesses as multiple sclerosis, cancer and AIDS -- or by the harsh drugs sometimes used to treat them. And it can do so with remarkable safety. Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day."</p> <p style="text-align: right;">-- <i>Joycelyn Elders, MD</i> Former US Surgeon General Editorial, Providence Journal Mar. 26, 2004</p>	<p>"Although I understand many believe marijuana is the most effective drug in combating their medical ailments, I would caution against this assumption due to the lack of consistent, repeatable scientific data available to prove marijuana's medical benefits.</p> <p>Based on current evidence, I believe that marijuana is a dangerous drug and that there are less dangerous medicines offering the same relief from pain and other medical symptoms."</p> <p style="text-align: right;">-- <i>Bill Frist, MD</i> Former US Senator (R-TN) Correspondence to ProCon.org Oct. 20, 2003</p>
2. Medical Organizations' Opinions	
<p>"ACP urges review of marijuana's status as a schedule I controlled substance and its reclassification into a more appropriate schedule, given the scientific evidence regarding marijuana's safety and efficacy in some clinical conditions..."</p> <p>ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws."</p> <p style="text-align: right;">-- <i>American College of Physicians</i> "Supporting Research into the Therapeutic Role of Marijuana," acponline.org Feb. 15, 2008</p>	<p>"In an effort to determine whether marijuana, or drugs derived from marijuana, might be effective as a glaucoma treatment, the National Eye Institute (NEI) supported research studies beginning in 1978... However, none of these studies demonstrated that marijuana -- or any of its components -- could lower IOP [intraocular pressure] as effectively as drugs already on the market. In addition, some potentially serious side effects were noted, including an increased heart rate and a decrease in blood pressure in studies using smoked marijuana.</p> <p>The identification of side effects from smoked marijuana, coupled with the emergence of highly effective FDA-approved medications for glaucoma treatment, may have led to diminished interest in this research area."</p> <p style="text-align: right;">-- <i>National Eye Institute</i> "Glaucoma and Marijuana Use," nei.nih.gov Mar. 17, 2009</p>
3. US Government Officials' Views	
<p>"The evidence in this record [9-6-88 ruling] clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the</p>	<p>"Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents."</p>

Candidates' Positions on Medical Marijuana

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22. Source Biographies

23. Glossary

24. Notices Archive

25. Site Map

+ Additional Resources

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evidence in this record."
 -- *Judge Francis L. Young* ★★★★★
 DEA Administrative Law Judge
 Administrative ruling on Petition to Reschedule Marijuana
 Sep. 1988

-- *John Walters* ★
 Director, Office of National Drug Control Policy
 Syndicated editorial
 Mar. 2002

4. Health Risks of Smoked Marijuana

"[T]here is very little evidence that smoking marijuana as a means of taking it represents a significant health risk.
 Although cannabis has been smoked widely in Western countries for more than four decades, there have been no reported cases of lung cancer or emphysema attributed to marijuana.
 I suspect that a day's breathing in any city with poor air quality poses more of a threat than inhaling a day's dose -- which for many ailments is just a portion of a joint -- of marijuana."
 -- *Lester Grinspoon, MD* ★★★★★
 Emeritus Professor of Psychiatry
 Harvard Medical School
 "Puffing Is the Best Medicine,"
 Los Angeles Times
 May 5, 2006

"3-4 Cannabis cigarettes a day are associated with the same evidence of acute and chronic bronchitis and the same degree of damage to the bronchial mucosa as 20 or more tobacco cigarettes a day.
 Cannabis smoking is likely to weaken the immune system. Infections of the lung are due to a combination of smoking-related damage to the cells lining the bronchial passage and impairment of the principal immune cells in the small air sacs caused by cannabis."
 -- *British Lung Foundation* ★
 "Smoking Gun: The Impact of Cannabis Smoking on Respiratory Health,"
 a publicly disseminated report
 Nov. 2002

5. Treating AIDS with Marijuana

"Patients receiving cannabinoids [smoked marijuana and marijuana pills] had improved immune function compared with those receiving placebo. They also gained about 4 pounds more on average than those patients receiving placebo."
 -- *Donald Abrams, MD, et al.* ★★★★★
 "Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection,"
 Annals of Internal Medicine
 Aug. 19, 2003

"The most compelling concerns regarding marijuana smoking in HIV/AIDS patients are the possible effects of marijuana on immunity.
 Reports of opportunistic fungal and bacterial pneumonia in AIDS patients who used marijuana suggest that marijuana smoking either suppresses the immune system or exposes patients to an added burden of pathogens.
 In summary, patients with preexisting immune deficits due to AIDS should be expected to be vulnerable to serious harm caused by smoking marijuana."
 -- *Institute of Medicine Report* ★
 Marijuana and Medicine: Assessing the Science Base
 Mar. 1999

6. Marijuana For the Terminally Ill

"Consumer Reports believes that, for patients with advanced AIDS and terminal cancer, the apparent benefits some derive from smoking marijuana outweigh any substantiated or even suspected risks.
 In the same spirit the FDA uses to hasten the approval of cancer drugs, federal laws should be relaxed in favor of states' rights to allow physicians to administer marijuana to their patients on a caring and compassionate basis."
 -- *Consumer Reports* ★★
 Editorial
 May 1997

"[T]he use of marijuana [for the terminally ill] can no longer be considered a therapeutic intervention but one of several procedures used to ease the ebbing of life of the terminally ill.
 But for this purpose doctors should prescribe antiemetic and analgesic therapies of proven efficacy, rather than marijuana smoking.
 This therapeutic course is not based on bureaucratic absolutism, political correctness, or reflexive ideology - but on scientific knowledge and the humane practice of medicine."
 -- *Gabriel Nahas, MD, PhD* ★★★★★
 Editorial, Wall Street Journal
 Mar. 1997

7. Marijuana vs. Marinol

"There are really no other medications that have the same mechanisms of action as marijuana. Dronabinol (Marinol) is available by prescription in capsules, but has the distinct disadvantage of containing only synthetic delta-9-tetrahydrocannabinol (THC) which is only one of many therapeutically beneficial cannabinoids in the natural plant."
 -- *Gregory T. Carter, MD* ★★★★★
 Co-director, MDA/ALS Center,
 University of Washington Medical Center
 Muscular Dystrophy Association

"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."
 -- *California Narcotics Officers Association* ★
 Official policy statement "The Use of Marijuana as a Medicine"
 Oct. 31, 2005

<p>Medical Marijuana Association website article Oct. 2003</p>	
<p>8. Addictiveness of Marijuana</p>	
<p>"For some users, perhaps as many as 10 per cent, cannabis leads to psychological dependence, but there is scant evidence that it carries a risk of true addiction. Unlike cigarette smokers, most users do not take the drug on a daily basis, and usually abandon it in their twenties or thirties.</p> <p>Unlike for nicotine, alcohol and hard drugs, there is no clearly defined withdrawal syndrome, the hallmark of true addiction, when use is stopped."</p> <p style="text-align: right;">-- <i>Colin Blakemore, PhD</i>★★★★ <i>Chair, Dept. of Physiology, University of Oxford (U.K.), and Leslie Iversen, PhD</i>★★★★ <i>Professor of Pharmacology, Oxford University Editorial, The Times (U.K.)</i> Aug. 6, 2001</p>	<p>"This study validated several specific effects of marijuana abstinence in heavy marijuana users, and showed they were reliable and clinically significant.</p> <p>These withdrawal effects appear similar in type and magnitude to those observed in studies of nicotine withdrawal [...]</p> <p>Craving for marijuana, decreased appetite, sleep difficulty, and weight loss reliably changed across the smoking and abstinence phases. Aggression, anger, irritability, restlessness, and strange dreams increased significantly during one abstinence phase, but not the other."</p> <p style="text-align: right;">-- <i>Alan J. Budney, PhD</i>★★★★ <i>et al.</i> <i>Professor, University of Arkansas Center for Addiction Research "Marijuana Abstinence Effects in Marijuana Smokers Maintained in Their Home Environment" Archives of General Psychiatry</i> Oct. 2001</p>
<p>9. "Gateway" Effect</p>	
<p>"We've shown that the marijuana gateway effect is not the best explanation for the link between marijuana use and the use of harder drugs.</p> <p>An alternative, simpler and more compelling explanation accounts for the pattern of drug use you see in this country, without resort to any gateway effects. While the gateway theory has enjoyed popular acceptance, scientists have always had their doubts. Our study shows that these doubts are justified [...]</p> <p>The people who are predisposed to use drugs and have the opportunity to use drugs are more likely than others to use both marijuana and harder drugs. Marijuana typically comes first because it is more available."</p> <p style="text-align: right;">-- <i>Andrew Morral, PhD</i>★★★★ <i>Researcher, Rand Corporation</i> <i>Press release discussing his study published in the U.K. journal Addiction</i> Dec. 2, 2002</p>	<p>"A new federal report released today concludes the younger children are when they first use marijuana, the more likely they are to use cocaine and heroin and become dependent on drugs as adults [...]</p> <p>Increases in the likelihood of cocaine and heroin use and drug dependence are also apparent for those who initiate use of marijuana at any later age"</p> <p style="text-align: right;">-- <i>US Substance Abuse and Mental Health Services Administration (SAMHSA)</i>★ <i>SAMHSA press release on their report; "Initiation of Marijuana Use: Trends, Patterns and Implications"</i> Aug. 28, 2002</p>
<p>10. Medical Marijuana Debate and Its Effect on Youth Drug Use</p>	
<p>"While it is not possible with existing data to determine conclusively that state medical marijuana laws caused the documented declines in adolescent marijuana use, the overwhelming downward trend strongly suggests that the effect of state medical marijuana laws on teen marijuana use has been either neutral or positive, discouraging youthful experimentation with the drug."</p> <p style="text-align: right;">-- <i>Mitch Earleywine, PhD</i>★★★★ <i>Associate Professor of Psychology, State University of New York at Albany</i> <i>Karen O'Keefe, Esq.</i>★★★★ <i>Attorney & Legislative Analyst, Marijuana Policy Project Report, "Marijuana Use by Young People: The Impact of State Medical Marijuana Laws"</i> Sep. 2005</p>	<p>"By characterizing the use of illegal drugs as quasi-legal, state-sanctioned, Saturday afternoon fun, legalizers destabilize the societal norm that drug use is dangerous. They undercut the goals of stopping the initiation of drug use to prevent addiction.... Children entering drug abuse treatment routinely report that they heard that 'pot is medicine' and, therefore, believed it to be good for them."</p> <p style="text-align: right;">-- <i>Andrea Barthwell, MD</i>★★★★★ <i>Former Deputy Director, White House Office of National Drug Control Policy (ONDCP) Chicago Tribune editorial</i> Feb. 17, 2004</p>
<p>PRO Medical Marijuana</p>	<p>CON Medical Marijuana</p>

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