

# National Alliance Of State Drug Enforcement Agencies

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## **State's Rights to Medical Marijuana Act (HR 1344 and 2692)**

The National Alliance of State Drug Enforcement Agencies has been in existence since 1975. Its member agencies are state level drug enforcement agencies from the nation's state police, highway patrol departments, or from each state's agency responsible for statewide criminal investigations. The working members of NASDEA come from command level staff. All fifty states are represented within NASDEA.

### **Summary of NASDEA Position**

***The National Alliance of State Drug Enforcement Agencies strongly opposes House Resolutions 1344 and 2692 pertaining to the State's Rights to Medical Marijuana Act.***

This organization has witnessed first-hand the crime, abuse and personal harm that results from the use of illegal drugs. This organization has also closely followed the progress of the ballot initiatives in California, Arizona, and other states seeking to legalize the use of marijuana under a doctor's supervision. These initiatives, as well as other bills that attempt to legalize drugs or allow research in support of this movement are detrimental to the health and welfare of the public. NASDEA has taken a strong stand, and will continue to oppose any initiative designed to legalize, in any manner, these harmful and illegal substances. The following are the reasons for NASDEA's stance on this subject:

First and foremost is the potential for long-term health affects from the use of this illegal drug. Currently, marijuana is listed on the Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act as a Schedule I drug. It is classified as a Schedule I drug because of its high potential of abuse, lack of accepted medical use in the United States, and the lack of accepted safety for use under medical supervision. Federal law prohibits the prescription, distribution, or possession of Marijuana. In 1999, synthetic Tetrahydrocannabinol, or "THC" (which is the main psychoactive component of marijuana), marketed under the name "Marinol" was approved by the Food and Drug Administration for the treatment of nausea and vomiting associated with cancer chemotherapy. It is also used for the

treatment of anorexia associated with weight loss in patients with AIDS. Marinol is listed as a Schedule III drug under the Federal Controlled Substance Act.

The FDA and the United States Drug Enforcement Administration have repeatedly rejected marijuana for medicinal use. Marijuana fails to meet any of the DEA's requirements or FDA's criteria for approving drugs for medicinal use. Legalizing marijuana for medicinal purposes would bypass the safeguards established by the FDA to protect the public from dangerous or ineffective drugs. In 1994, the United States Court of Appeals ruled marijuana should remain a Schedule I drug because of its highly addictive nature, coupled with its lack of medical usefulness. The Court noted the pro-marijuana physicians had relied upon non-scientific evidence. It is important to note here that drugs are not harmful because they are illegal; they are illegal because they are harmful.

According to the DEA, there are over 10,000 scientific studies that have been conducted that prove that marijuana is a harmful and addictive drug. THC levels of marijuana are currently 25 times more potent than it was in the 1960's. There is not one reliable study that demonstrates marijuana has any medicinal value. Marijuana is an unstable mixture of more than 425 chemicals that convert to thousands when smoked. Many of these chemicals are toxic, psychoactive chemicals that are largely unstudied and appear in uncontrolled strengths.

Medicine is administered in various forms, to include pills, solutions, sprays, shots, ointments and suppositories. Medicine is never smoked, a delivery system which in itself has been proven to be harmful. Major medical and health organizations, as well as the vast majority of nationally recognized 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, the National Sclerosis Association, the American Glaucoma Association, the American Academy of Ophthalmology, the National Eye Institute, and the National Cancer Institute.

The National Institute of Health stated in a 1997 study that taking the "smoke" out of an inhaled dosage form of marijuana or THC would remove an important obstacle to the accurate determination of inhaled marijuana's beneficial deleterious effects. They recommended the development of a smoke free inhaled delivery system, and concluded that smoked marijuana should be held to standards equivalent to other medications for its capacity to produce a desired effect and safety. As stated previously, there already exists an approved synthetic form of THC (Marinol) for treatment of many of the same symptoms that proponents of medicinal marijuana are seeking to address, so there is no necessity for the illegal (smoked) form of delivery. What's more, in the United States, all medications are required to be approved by the FDA; the public does not vote at the ballot box on which heart medication to use, nor would the rest of us want it to.

There is also the issue of what effect legalizing marijuana for medicinal use will have on our younger generation. By most accounts, the use of marijuana is rising among teenagers; however, it is still significantly lower than it was in 1979, when drug abuse peaked. According to a study from Drug Free America, labeling marijuana as medicine communicates that it is a safe substance. This will likely further erode the perceived risk in teenagers who are characterized by a general inability to appreciate personal risks. Legalizing marijuana for medicinal purposes would add a drug that combines some of the most serious health risks of two others; alcohol and tobacco. Marijuana offers both the intoxicating effects of alcohol and the

long-term lung damage of tobacco. It is extremely important to our children's future that we continue our efforts against drug trafficking and drug abuse.

Finally, approving marijuana for medicinal use would place an extreme burden on law enforcement, who would be charged with enforcing the provisions of these new laws, as well as the existing ones. Some of the questions that come to mind regarding these two resolutions are, "What constitutes a 'recommendation of marijuana' by a physician?", "Can this recommendation be made orally, or must it be in writing?", "Is an individual required to carry this prescription or written recommendation with them at all times when they are in possession of the drug?", "Is there an age limit for persons to purchase medicinal marijuana?", "Will health insurance organizations or Medicaid cover the costs of a prescription for medicinal marijuana?", "Will there be an increase in thefts, burglaries, and even robberies from pharmacies that dispense medicinal marijuana similar to that being currently experienced with the prescribed drug OxyContin?", "What about an increase in these crimes from the 'state entity' responsible for the production of this drug?", "How will the drug be transported from this state entity to the pharmacies, and who will be authorized to transport it?", and finally, "Can the United States Postal Service be used to send and receive medicinal marijuana?" The questions are seemingly endless. And so are the added burdens that will face law enforcement in trying to distinguish between illegal marijuana and that which is intended for medicinal purposes. All current methods used to thwart the illegal possession, sale, manufacture, and distribution of this substance will be compromised by the possibility that it may be for medicinal purposes. Examples of this are highway interdiction efforts, aerial eradication programs, parcel interdiction operations and the like. This is not to mention the difficulty prosecutors will have in establishing that the marijuana was for medicinal purposes, as opposed to being illegally possessed, purchased, sold or distributed.

In summary, based upon the aforementioned reasons, and after long debate and discussion, the National Alliance of State Drug Enforcement Agencies is strongly opposed to any legislation that seeks to legalize marijuana in any form, particularly the present resolutions which seek to legalize it under the guise of being medically necessary.