

The Top 5 Myths About Medical Marijuana

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You have to hand it to the U.S. Government. Without the money, might, and monotony of this monolith, it would have been impossible to suppress and distort the truth about cannabis – a plant used beneficially by humans for the last 5,000 to 10,000 years¹.

But that's in the past, because the truth — like a plant — has the habit of coming to the surface no matter how many times it's stepped on. Thanks to the Internet, the greatest information sharing and publishing facility in history, we now have access to a wealth of historical records, medical research, and user experiences about cannabis. The net result of all this information is that everyday people, not just people involved in the medical marijuana community, are starting to learn the truth.

So this paper is a way to counter “official” lies, propaganda and misinformation about Medical Marijuana with the kind of hard-hitting facts that just might change some minds, and perhaps save some lives in the process; maybe even yours, or that of someone you care about. Use it for talking points when your well-meaning friends and relatives try to “get you off that bad stuff”...when the “bad stuff” is merely the medicine keeping you sane, happy, and alive.

Myth: “Medical Marijuana” is an oxymoron at best and a joke at worst.

This is the easiest lie to tell, because frankly, common sense and life experience seem to agree that a “weed that gets you high” has nothing to do with medicine or healing sick people. I must admit, that was my reaction when I first heard the phrase “medical marijuana” myself...and I started smoking marijuana almost 45 years ago!

But in the 15 years since the people of California voted to make medical marijuana in that state legal, there's been ample time for patients, researchers, and medical professionals to get some real-world results. Cannabis can – and does – relieve symptoms of cancer², multiple sclerosis³, and AIDS⁴. It also shows proven potential in totally relieving the symptoms, or outright curing of Crohn's Disease⁵, depression⁶, and glaucoma⁷, and it has helped people with arthritis⁸, obesity⁹, and even Amyotrophic Lateral Sclerosis (ALS)¹⁰. In fact, according to the *Marijuana Medical Handbook*, there are 40 million Americans who could be helped by medical marijuana.

1 http://norml.org/index.cfm?Group_ID=5441#f1

2 http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page5#Section_40

3 <http://www.safeaccessnow.org/article.php?id=4558>

4 <http://www.safeaccessnow.org/article.php?id=4136>

5 http://www.cannabiseearch.com/medical_benefits/crohns-disease/

6 <http://medicalmarijuana.com/experts/expert/title.cfm?artID=65>

7 <http://www.ukcia.org/medical/glaucoma.php>

8 <http://www.safeaccessnow.org/article.php?id=4560#research>

9 <http://the420times.com/2011/09/marijuana-smokers-found-less-likely-to-be-obese/>

10 http://www.norml.org/index.cfm?Group_ID=7004

It's just as unfair to run around saying that "marijuana can cure everything", as some critics like to claim medical marijuana supporters do, in their blog comments and letters to newspaper editors. The thing is, I have yet to hear of any legitimate marijuana doctor, researcher, or organization actually saying that. This claim is essentially a bit of hyperbole, based on the fact that cannabis is indeed proving effective for a wide variety of ailments.

There's no better source of information about this than the legendary Granny Storm Crow's List (which you can [download right here](#) in PDF form). Granny Storm Crow updates this compilation of links to medical studies, abstracts, and news articles about medical marijuana every 6 months or so, and it currently weighs in at just under 550 pages (as of July 2011).

A complete list of the diseases and medical conditions she covers would be redundant, but just for an example, the "A"s include ADD/ADHD, Addiction, Aging, AIDS, Alcoholism, Allergies, ALS, Alzheimer's Disease, Amotivational Syndrome, Anorexia, Antibacterial, Antifungal, Anti-inflammatory, Antioxidant, Anti-Anxiety, Appetite Stimulation, Arthritis, Asthma, Atherosclerosis, and Autism. There are 25 letters to go.

Unfortunately, the kind of people who only read headlines are liable to hear something about the good results of medical marijuana, conclude that "you can just smoke one joint and your cancer will go away", and then become quite vocal in opposition when it doesn't work the way *they* thought it would.

Finally, some government sources like to quote medical studies that say things like "smoking marijuana has not proved to be an effective treatment"¹¹. And while researchers rarely lie, politicians often do...or at least mislead. So they can truthfully parrot that kind of statement, while knowing full well that *many or most medical marijuana patients never smoke marijuana* (they use vaporizers, capsules, tinctures, or edibles).

The politicians rely on the ignorance of the general public about such details to sway public opinion. They've done this for years¹² with regard to topics as disparate as guns¹³, manipulation of the Internet¹⁴, and Homeland Security X-ray machines¹⁵, so it's really nothing new.

Myth: Medical Marijuana patients aren't really being treated, they're just sitting around getting high.

This is another one of those "seems to make sense" lines that has folks nodding agreement to each other while sitting on their bar stools. But it couldn't be more wrong. Most patients quickly learn the correct dose, that is, the dose that does *not* get them high.

To a medical marijuana patient, being high is more of a side effect and generally an unwanted nuisance. If you can't think clearly or walk straight, you're not going to be able to work or even drive, so "getting high all the time" is nothing you're even thinking about.

11 <https://www.whitehouse.gov/petitions#!response/what-we-have-say-about-legalizing-marijuana>

12 <http://beyondchronic.com/2011/10/how-federal-government-lies-about-everything/>

13 http://www.guncite.com/gun_control_gcassaul.html

14 <http://blogs.ajc.com/bob-barr-blog/2010/06/21/government-pushing-to-control-internet/>

15 <http://techland.time.com/2011/03/04/dont-look-now-homeland-security-may-be-using-tech-to-x-ray-you-without-your-knowledge/>

Some patients are in tremendous pain and have to take relatively large amounts of medicine¹⁶. But they're not looking to get high either (and often don't), they just need pain relief. Many of them are eager to find and use the newer strains of medical marijuana¹⁷ that are more effective against pain and less likely to cause a "high"¹⁸.

Other patients, depending on their illness, often need only tiny or non-psychoactive doses of cannabis to help their condition. One patient I know¹⁹ cleared up his decade-long depression in a matter of weeks by inhaling cannabis vapor three or four times daily. His total intake comes to about 0.05 grams every day, which works out to a gram – about \$12 worth of medical marijuana – every three weeks. And this miniscule dose never gets him high.

Another patient can't even use a vaporizer due to childhood lung scarring. A survivor of PTSD, she takes either Green Dragon²⁰ (fast-acting cannabis tincture) or Canna Caps²¹ (long-acting, standardized dosage capsules) when she feels susceptible to the overwhelming stress that often precedes a serious panic attack. Although this particular dosage would get her high under ordinary circumstances, she literally doesn't even feel it at these times. And that's a good thing, because she actually *dislikes* being high (she calls it "feeling dizzy").

Some patients can't take their medicine regularly when they're working, so they use edibles or Canna Caps, which last longer and are more consistent in their effects. Again, the focus is on delivering the medication to their bodies, not getting high. If getting high was the object, we wouldn't be seeing all the excitement in medical marijuana circles²² about CBD-rich strains of cannabis, that can eliminate the high altogether²³.

Myth: Medical Marijuana is a farce because healthy young people are often seen coming out of dispensaries with bags of weed. All they have to do is lie to a doctor about some imaginary pain and they can buy drugs.

This line of thinking reminds me of white bigots back in the 1970s, who were always talking about black people on welfare driving Cadillacs, the quintessential "expensive car" at the time. No matter how many Fords and Chevys they saw with black families inside, they would only remember the one guy driving the Cadillac. And they would never explain exactly how they "knew" that guy was on welfare, because to them *all* black people were on welfare.

When a large, visible portion of medical marijuana patients are relatively young, it's easy for this same kind of mentality to assume these patients are "cheating". What the critics don't think about is that there's a very good reason that many of these patients are both young and in need of medication, and that is that they're military veterans²⁴.

16 <http://www.webmd.com/pain-management/news/20100830/marijuana-relieves-chronic-pain-research-show>

17 <http://beyondchronic.com/2010/12/old-hippie-definitive-guide-cbd-medical-marijuana/>

18 <http://www.projectcbd.org/index.html>

19 <http://beyondchronic.com/2010/12/ask-old-hippie-cannabis-help-depression/>

20 <http://www.greendragonsoda.com/>

21 <http://beyondchronic.com/2011/01/how-to-make-your-own-canna-caps/>

22 <http://www.projectcbd.org/CBDiary.html>

23 <http://beyondchronic.com/2011/06/how-to-make-pot-painkiller-pills/>

24 <http://the420times.com/2011/10/ask-an-old-hippie-can-military-veterans-use-medical-marijuana/>

Veterans often suffer from intractable pain, PTSD, or both. Ironically, many of the self-righteous people that attack medical marijuana often claim to be pro-military and pro-veteran.

The average person – or the average doctor, for that matter – cannot reliably diagnose illness simply by seeing someone walk out of a dispensary. Can *you* tell whether someone has cancer, AIDS, or depression by their age and general appearance?

I once met a beautiful girl in her 20s at a dispensary, and was shocked to find out she had already survived 11 operations for various cancers. You certainly couldn't tell by looking at her, but she was only able to walk around at all because she had access to medical marijuana.

Do some people lie about their symptoms to get “legalized” as patients? I'm sure some people do. But the vast majority of such people are *already* using marijuana, and buying it illegally on the street. While they may be abusing the medical marijuana system, they're not really adding to any “drug problem”.

On the other hand, the U.S. Government admits there are about 7 million Americans currently abusing prescription drugs²⁵, which comes to about *a billion pills a year*²⁶. Considering that *every single one of those doses* is allegedly handled only via doctors, pharmacists, and pharmaceutical manufacturers, that's an awful lot of dangerous drugs being manufactured, distributed, and abused right under the noses of the FDA and DEA.

Since there are only 2 to 3 million legal medical marijuana patients in all of North America, there are clearly far more people lying about their symptoms and getting access to addictive and dangerous drugs through the traditional medical system. Such people are *directly responsible* for shortages of opiates that truly seriously ill people need, and for raising the cost of health insurance premiums and prescription drug prices for everyone. People who lie to get medical marijuana are guilty of neither of these things.

It's also important to remember that tens of millions of Americans buy marijuana illegally without having to bother lying to a doctor or anyone else. I know a number of people with serious medical problems who don't have a medical marijuana card, even though they could qualify easily. They buy marijuana on the street cheaper than in a dispensary, and that's important to them because they can't even afford to see a doctor for a marijuana recommendation.

Myth: Medical Marijuana is just a sneaky way for activists to get marijuana legalized for everyone.

In the 2010 vote on California's Proposition 19, which would have legalized marijuana for everyone, one of the largest and most vocal groups against the proposal was *medical marijuana dispensary owners*. Even though they were perhaps potentially the ones with the most to gain (since they actually *do* have experience selling cannabis legally, as well as a source of supply), they reasoned that the specific wording of Prop. 19 would pave the way for corporate takeover of medical marijuana in the state²⁷, as well as new, harsher regulations that would destroy the medicinal value of the cannabis to be sold and be more of a burden on medical patients.

25 <http://www.nida.nih.gov/tib/prescription.html>

26 <http://the420times.com/2011/09/fda-drug-profiles-michael-jackson-memorial-edition/>

27 <http://www.thefarmer.com/forums/f15/my-friends-please-vote-no-prop-19-a-22379/>

While it's true that many medical marijuana patients become politically active once they see the extent of government hypocrisy about marijuana in general, it's also true that *many patients never used marijuana before becoming patients*²⁸.

Plenty of ordinary people take Vicodin²⁹ for pain and would be highly insulted if anyone compared them to heroin junkies, even though they're using similar drugs (essentially based on opium, and certainly capable of causing addiction). Similarly, millions of people use marijuana for various ailments every day with no intention or expectation of using it recreationally.

Myth: Marijuana cannot be a safe or effective medicine, because the U.S. Government has determined it's a dangerous drug with no known medical use.

Well, actually, the second part of that sentence is true. The U.S. Government *has* made that determination, but it stubbornly holds that position for political reasons³⁰, not because it's factual.

Marijuana is classified as a Schedule I drug³¹ by the DEA (along with things like heroin, PCP, and the so-called date-rape drug GHB), which means it has no currently accepted medical use in treatment, has a high potential for abuse, and there is a lack of accepted safety for its use under medical supervision.

But this is all a big lie.

The U.S. Government *knows* that cannabis has medical uses, because it holds a patent on some of these uses. U.S. Patent #6630507, *Cannabinoids As Antioxidants and Neuroprotectants*, is assigned to *The United States Of America as represented by the Department of Health and Human Services*³². Here's how the patent is introduced:

Cannabinoids have been found to have antioxidant properties, unrelated to NMDA receptor antagonism. This newfound property makes cannabinoids useful in the treatment and prophylaxis of a wide variety of oxidation associated diseases, such as ischemic, age-related, inflammatory and autoimmune diseases. The cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage following ischemic insults, such as stroke and trauma, or in the treatment of neurodegenerative diseases, such as Alzheimer's disease, Parkinson's disease and HIV dementia.

More recently, the National Cancer Institute³³ (also part of the U.S. Government) updated its website³⁴ to acknowledge many of the uses of cannabis³⁵ by "cancer patients under medical supervision" (i.e. medical marijuana patients).

28 <http://www.sfgate.com/cgi-bin/article.cgi?f=/g/a/2011/10/13/prweb8874842.DTL>

29 <http://the420times.com/2011/08/fda-drug-profile-vicodin-vs-cannabis/>

30 <http://beyondchronic.com/2011/08/anti-marijuana-arguments-warp-reality/>

31 http://en.wikipedia.org/wiki/Controlled_Substances_Act#Schedule_I_controlled_substances

32 http://www.google.com/patents/about/6630507_Cannabinoids_as_antioxidants_and.html?id=0pcNAAAAEBAJ

33 <http://www.cancer.gov/>

34 <http://the420times.com/2011/03/us-government-moves-closer-to-admitting-cannabis-has-medical-uses/>

35 <http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional>

Even the Drug Enforcement Administration has gotten into the act, sort of. In what's clearly one of the most conflicted web pages ever written³⁶, starting with the sentence "Medical marijuana already exists" and its use of scare quotes for the word "medical" in the title, the DEA manages to claim marijuana itself is dangerous, but that pure THC is safe, and that there's no medical use for marijuana, but THC pills are just dandy, all in the same breath. It makes you wonder what *they're* smoking.

Oxygen is necessary for life, yet we cannot safely breathe oxygen alone. Similarly, pure THC alone is not safe or effective medicine for most people. Yet so far, pure THC (in the form of Marinol) is the *only* marijuana-related drug that the FDA has approved. And, following the FDA's almost spotless record of approving drugs that kill people³⁷, several people have died from using Marinol, even though actual marijuana is completely safe in that regard. Needless to say, Marinol has another Big Pharma attribute: it costs up to \$1600 a month.

We Have All Been Here Before

The same cannabis medicines that people have rediscovered in the past 15 years were used safely by millions of Americans for decades. For instance, cannabis tinctures (also known as extracts), were manufactured by pharmaceutical firms such as Parke-Davis and Eli Lilly & Co.³⁸ and available in almost every corner drugstore, often without prescription, until 1937. There was no huge problem with people getting high, no outcry from the public, no problems with it whatsoever. But in the space of a week or two, suddenly this useful and safe medicine was made illegal³⁹, to the consternation of the American Medical Association⁴⁰.

As far as safety, the fact is that in all of recorded history, not a single person has *ever* died from the toxic effects of marijuana, because there are virtually none. In terms of statistics, it's literally safer than water: many people have died from hyponatremia⁴¹ (severe electrolyte imbalance often due to too-rapid consumption of water).

In terms of science, it's been estimated that, in order for someone to smoke themselves to death, they would have to smoke 1,500 pounds of marijuana in 14 minutes⁴², and hypoxia would probably kill them before the effects of THC would.

But you don't have to take my word for any of this, since the DEA asked an Administrative Law Judge, Francis L. Young⁴³, to rule on the safety and effectiveness of medical marijuana in response to a petition filed to reschedule marijuana from Schedule I to Schedule II. Here's what the DEA's own judge said (excerpts):

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.

36 <http://www.justice.gov/dea/ongoing/marinol.html>

37 <http://the420times.com/category/exclusive/fda-drug-profiles/>

38 <http://antiquecannabisbook.com/chap4/Tincture.htm>

39 <http://www.jstor.org/pss/800089>

40 http://en.wikipedia.org/wiki/Marihuana_Tax_Act_of_1937#Background

41 http://en.wikipedia.org/wiki/Water_intoxication#Notable_cases

42 http://en.wikipedia.org/wiki/Thc#cite_note-21

43 <http://www.druglibrary.org/olsen/MEDICAL/YOUNG/young.html>

Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care.

*The administrative law judge concludes that the provisions of the Act permit and **require the transfer of marijuana from Schedule I to Schedule II** (emphasis added).*

Marijuana can be harmful. Marijuana is abused. But the same is true of dozens of drugs or substances which are listed in Schedule II so that they can be employed in treatment by physicians in proper cases, despite their abuse potential.

The DEA's response? *They ignored the findings of their own judge* – just like Richard Nixon did when he rejected the recommendation of his own Shafer Commission⁴⁴ that marijuana should be made legal again.

So why hasn't it been rescheduled or legalized yet? Follow the money. The amount of money involved among Big Pharma⁴⁵, Federal drug enforcement grants⁴⁶ to local law enforcement, private prisons⁴⁷ and corruption⁴⁸ (i.e. “corporate lobbying”) is astounding.

Keeping a simple, harmless plant illegal is Big Business.



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44 <http://www.csdp.org/publicservice/nixon06notes.htm>

45 <http://www.wanttoknow.info/truthaboutdrugcompanies>

46 http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy12highlight_exec_sum.pdf

47 <http://thinkprogress.org/justice/2011/06/23/251363/cca-geogroup-prison-industry/>

48 http://www.organicconsumers.org/articles/article_18394.cfm