

## **“Medical” Marijuana: Myths, Distortions, Misrepresentations & Propaganda\***

### **1. “Marijuana is not harmful to your health” - Not true!**

What is true –

- Research by the National Institute of Drug Abuse has found the following harmful consequences of marijuana abuse
  - a. THC impairs memory and learning skills
  - b. THC impairs the immune system’s ability to fight off infectious diseases and cancer.
  - c. THC increases the risk of heart attack during the first hour of use.
  - d. THC increases the risk of chronic cough and bronchitis.
  - e. Long term use of THC increases the risk of cancer and emphysema. (Smoking one joint deposits about four times more tar into the lungs than a filtered tobacco cigarette.)
- The American Medical Association concurs that smoked marijuana is harmful to the user’s health.
- Recent research by international scientists has determined that there is a link between marijuana use and mental illness.
- Even advocates of continued research into marijuana, such as the American College of Physicians, do not advocate the use of smoked marijuana.

### **2. “Marijuana is a medicine” - Not true!**

What is true –

- Oregon has not approved marijuana as a medicine but has merely agreed not to enforce its criminal code related to possession and use of marijuana for a select group of people.
- The Institute of Medicine conducted comprehensive research on the potential health benefits of marijuana and concluded that marijuana is not recommended for the treatment of any disease condition.
- While research is continuing, no research has yet to conclude that marijuana is an effective medication and most have concluded that there are more effective medications for such conditions.
- No research has advocated the use of smoked marijuana as a medicine.
- The American Medical Association continues to recommend that marijuana remain a Schedule 1 Controlled Substance.

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### **3. “OMMA is only for people with debilitating conditions, like cancer patients” - Not true!**

What is true –

- While approximately 17,000 Oregonians are diagnosed with cancer each year, only 584 cancer patients hold cards.
- In addition, only 316 glaucoma patients hold cards and only 384 HIV/AIDS patients hold cards.
- The vast majority (nearly 90%) of cardholders are registered for the completely subjective condition of “severe pain”.
- If our “Medical” Marijuana Law was constructed like Colorado’s, limiting users to the truly debilitated, there would be fewer than 1500 cardholders and Oregon would not need to debate accommodation in the workplace.

### **4. “Medical Marijuana Patient’s use of marijuana is protected by the ADA” - Not true!**

What is true –

- The Americans with Disabilities Act does not protect “the current use of illegal drugs”.
- Marijuana, a Schedule 1 substance, is an illegal drug.
- Employees using marijuana do not have protection under the ADA.
- State Law permits employers to require employees to follow Federal law, including the Controlled Substances Act and the Federal Drug Free Workplace Act.

### **5. “Employers who refuse to accommodate Medical Marijuana are discriminating against sick people” - Not true!**

What is true –

- Employers are obligated to accommodate the disability or sickness but are not obligated to agree to the use of marijuana as a treatment choice.
- As employers, we often have to make such restrictive decisions:
  - The right to bear arms is protected by the Second Amendment, but we do not allow guns in the workplace.
  - Free Speech is protected by the First Amendment, but we prohibit racial epithets and harassing statements.
- It is not discrimination when you, as an employer restrain someone’s conduct (in this case, choice to use marijuana) in your workplace in order to protect the rights of others (in this case, the right to a safe workplace).

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### **6. “There is not rampant fraud and abuse of the OMMA but rather impressive compliance with the law” - Not true!**

What is true –

- 17,900 cardholders claim their use is for debilitating “severe pain”.
- Nearly 8000 patient cards were approved by one doctor in an 18 month period.
- As of July 1, 2009: 20,307 patient cards, 10,378 caregiver cards, more than 15,000 grow sites, 11,900 new applications since 2008 and at least 40,000 pounds of marijuana.
- Only 500 applications annually were predicted when OMMA was passed in 1998, each being permitted to possess up to one ounce.
- Depart. Of Justice survey estimates 40% of growers have violated one or more laws.
- Oregon State Police report 15 of 46 illegal crop seizures in 2006 involved “medical” marijuana growers; 40 pounds were seized in a single traffic stop.
- Convicted drug dealers have been allowed to have patient cards and grower cards.
- Both individuals in the Washburn and Emerald Steel Fabrications cases indicated under oath that their prescription drugs were effective but that they chose to use medical marijuana.
- Curry, Coos, Josephine, Jackson and Douglas Counties have the highest per capita concentration of cardholders (1 in 100 residents) nearly 3 times that of the Portland tri-county area.
- Douglas County Drug Task Force seized 281 plants and 1687 pounds of processed cannabis with a street value of \$4 million from 25 cardholders in 2006.

### **7. “Medical Marijuana is no threat to safety” - Not true!**

What is true –

- Drug & Alcohol abuse is one of the leading causes of injury and death in the work place, nationally and in Oregon.
- Marijuana is the most commonly used drug in the workplace, accounting for 76% of test failures.
- Marijuana affects many skills required in the workplace including alertness, the ability to concentrate, coordination and reaction time.
- A majority of post-accident test failures are for marijuana.
- It is safe to say, marijuana, in any form, including “medical” marijuana is the leading threat to safety in the workplace.

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### **8. “There have been no accidents involving ‘Medical’ Marijuana Patients” - Not true!**

What is true –

- Hoffman has experienced 90 accidents in the last 10 years involving marijuana, resulting in property damage, equipment loss and injury to individuals and co-workers.
- Providence MCO reports that “there have been several injuries to MM card holders”.

### **9. “On the job accident rates have steadily declined since the OMMA was implemented” - Not true!**

What is true –

- Lost work day rates fell .80/100k manhours from 1996-2000 (prior to the effective date of Oregon’s Medical Marijuana Program) but have fallen only .25/100k manhours since.
- Incident rates have also slowed dramatically since the implementation of Oregon’s Medical Marijuana Program and like the lost work day rate, improvement has slowed to a near stall.
- Fatalities spiked during the initial inception of Oregon’s Medical Marijuana Program and have not improved.

### **10. “Impairment testing is effective and available” - Not true!**

What is true –

- Impairment is the only scientifically proven effect of marijuana and the very purpose of the OMMA is to allow people with debilitating illnesses to become impaired to counter the effects of their illness.
- DUII cases have proven that subjective evaluations are inherently unreliable and subject to challenge and that is why the state of Oregon has gone to breathalyzers and an impairment limit of .08.
- The U.S. Supreme Court has indicated that employers should not be required to resolve difficult questions of substance impairment by using subjective judgments, particularly of supervisors who are not professionally trained in drug detection. (Nat’l Treasury Employees Union v. Von Raab, 1989)
- The U.S. Supreme Court has also expressed its support of drug testing as a common sense approach to deterring drug use in the workplace. (Skinner v. Ry. Labor Executives Association, 1989)

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- Ten businesses have attempted to develop impairment testing systems. Seven are no longer in business and the other three are still attempting to perfect their systems.
- The defunct companies appear to include Appiant Technologies/Performance Factors the developer of the Factor 1000 testing system promoted by proponents of impairment testing.
- One of these systems is computer based, requiring one computer station for each 25 employees, daily testing in a controlled atmosphere, with experts available to evaluate the readings against a baseline.
- The other two systems are ocular tests.
- None of the systems are able to diagnose the specific cause of impairment, and all warn that inaccurate test results can occur and require the employer to indemnify the company from all claims arising from the use of the software.
- Impairment testing studies are being conducted by the Veteran’s Administration using a computer based system, but that study is related to the effects of brain injuries and a GAO investigation recently concluded that those testing results are unreliable.
- Currently no system has been proven to be effective and reliable and such testing is not commercially available and economically feasible.
- Oregon law does not approve any commercial impairment testing for law enforcement. If a system existed that was reliable and commercially available, law enforcement would be using it.

### **11. “Marijuana should be legalized and taxed just like alcohol” - Big Mistake!**

What is true –

- The cost of alcohol abuse on Oregon’s economy is approximately eight times greater than the tax revenues collected.
- The cost of marijuana abuse would clearly exceed by multiples any recovery from tax revenues.

\* From *The Economic Impact of Substance Abuse in Oregon & The Need for A Legislative Solution*, a presentation by Dan Harmon, Executive Vice President & General Counsel, Hoffman Corp., 8/26/09