

“Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself.”

— President Jimmy Carter
Message to Congress. August 2, 1977

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Footnotes to the text:

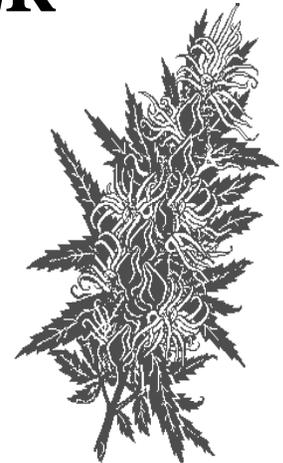
1. Researchers count about 50,000 industrial uses for cannabis hemp; in food, clothing, housing, paper, textiles, fuels, plastics, medicine, sealants, and more. Sources: *Encyclopaedia Britannica*, US Dept. of Agriculture; Conrad, Chris. *Hemp: Lifeline to the Future*, 1993, 1994.
2. In *The Bible*, God told people to use all the seed bearing herbs, which describes the cannabis plant. *Genesis 1:12, 29-31, 2:15*. Coptic Christians, Rastafarians, Hindus, Sufis, Buddhists, Zoroastrians, and other churches consider the plant to have sacramental value.
3. Thomas Jefferson, George Washington, who wrote about tending to his female plants and a “curious” preparation of hemp (1794), and others. President Bill Clinton smoked marijuana in college in the 1970s.
4. National Institute of Medicine (IOM). *Marijuana and Medicine: Assessing the Science Base*. National Academy Press. Washington DC, 1999.
5. Archeologists report that cannabis was one of the first plants cultivated by humans — about 8000 BC. *Columbia University History of the World*, 1972. Its fiber was used for rope, paper, sails and garments. It was used as medicine in China by 2700 BC. *US Dept. of Agriculture Yearbook*, 1913. It was smoked in India by 1400 BC. *Atharvaveda*.

6. A tradition in the Middle and Far East, Turkish smoking parlors were featured at the 1876 US Centennial Expo in Philadelphia. An exhaustive two-year study of “gunjah” smokers in India, the British “Raj” *Indian Hemp Drugs Commission*, 1896, found no “physical, mental, or moral” reason to ban or restrict cannabis use.
7. “The only clinically significant medical problem that is scientifically linked to marijuana is bronchitis. Like smoking tobacco, the treatment is the same: stop smoking.” Dr. Fred Oerther, MD, 1991.
8. Conrad, Chris. *Hemp for Health*, 1997. Grinspoon, Dr. Lester. *Marijuana: The Forbidden Medicine*, 1993. Mikuriya, Dr. Tod. *Marijuana: Medical Papers, 1839-1972*, 1972.
9. National Institute of Medicine, IOM. Op. cit. 1999.
10. Young, Judge Francis *ACT et. al. vs DEA; Docket # 88-22*. 1988.
11. Costa Rican Study, 1980. Jamaican Study, 1975. US Shafer Commission, *The President’s Commission on Marijuana & Other Drugs*, 1972.
12. This has been reported in virtually every study ever done on cannabis. Furthermore, the “Siler Commission,” 1931, studied US troops in Panama and found “no impairment” in personnel who smoked cannabis off-duty. The FBI reports that 65-75% of violent crime is alcohol related.
13. Shafer, Op. cit. *Marijuana: A Signal of Misunderstanding*. 1972.
14. *California Attorney General’s Research Advisory Panel 20th Annual Report*, 1989 (released 1990; portions suppressed).
15. IOM, Op. cit. 1999. Mikuriya, Op. cit. 1972. Young, Op. cit. 1988. LaGuardia Comsn., NY Mayor’s Report. 1944. See footnote 19.
16. Kaplan, John; *Marijuana: The New Prohibition*, 1970. Shafer, Op. cit. 1972. NIDA National Household Surveys, 1970-1999.
17. Old reports “purporting to show structural damage in the brains of heavy marijuana users [has] not been replicated with more sophisticated techniques.” In fact, new research indicates that cannabis may be neuro-protective and can prevent brain cells from damage caused by strokes or head trauma. IOM, Op. cit. 1999.
18. Federal bureaucrat Harry Anslinger’s campaign of bigotry against cannabis use. His lies were eventually exposed, (Sloman, L. *Reefer Madness*.) but not before marijuana prohibition was enacted in 1937. The ban was written in secret and passed over the objections of the American Medical Association and hemp businesses. Conrad, Op. cit. 1994.
19. Among them: Indian Hemp Drugs Commission (British, 1896); Siler Commission (US Army, 1933); LaGuardia Commission (NY, 1944); Shafer Commission (US, 1972); LeDaine Commission (Canada, 1972); Alaska State Comsns. (1989, 1990); California Attorney General’s Research Advisory Panel (1990), etc.

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10 THINGS EVERY PARENT, TEENAGER & TEACHER SHOULD KNOW ABOUT MARIJUANA



Produced as a public service by the
Family Council on Drug Awareness

***Updated for
a New Millennium!***

10 Things *You* Should Know About Marijuana.

1 Q. What is Marijuana?

A. “Marijuana” refers to dried female flowers of varieties of *cannabis*, the hemp plant,¹ that contain 3% or more *tetrahydrocannabinol*, or THC. Smoked or eaten, it causes dry mouth, reddened eyes, a faster heartbeat, and a feeling of being “high” for a few hours. Different strains have different sensual effects, ranging from sedative to stimulant to none at all. Cultivated cannabis is listed as an illegal drug in the US — even industrial varieties that do not have enough THC to produce “marijuana.”

Q. Who Uses Cannabis?

A. There is no simple profile of a typical cannabis user. It’s been used by millions of people from all walks of life for thousands of years for hundreds of medical, social and religious reasons, as well as for personal relaxation.² Several of our greatest Presidents farmed hemp.³ About one in three American voters now say they have tried it.⁴

3 Q. How Long Have People Used It?

A. Since Biblical times.⁵ It has been common throughout history, even in America⁶, with about 12 million regular users in the US today.

Q. How Does It Affect Your Health?

A. No drug is always safe for everybody, but after 150 years of scientific study, the only proven health problem from cannabis is that its smoke can be linked to bronchitis.⁷ The smoke contains potential carcinogens, but there are no proven cancers. The risk can be reduced by taking smaller inhalations and exhaling in a few seconds, by using a “vaporizer” to release THC without burning, or by eating it. May cause drowsiness, distraction or anxiety. Moreover, it is a safe and effective medicinal herb with proven therapeutic value in treating hundreds of symptoms and ailments, including glaucoma, MS, asthma, arthritis, cancer, AIDS, epilepsy, nausea, anorexia, depression, stress, etc.⁸ The US Institute of Medicine (IOM) determined in 1999 that “Except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications.”⁹

5 Q. Has Anyone Ever Died From a Cannabis Overdose?

A. No; not even once.¹⁰ It is difficult to gauge the eaten dose, which can lead to unpleasant, but non-lethal effects. Judge Francis Young studied the evidence, and ruled in 1988 that “marijuana is far safer than many foods we commonly consume.” This comparison chart shows the number of deaths from selected substances in a typical year.*

Tobacco	340,000 to 425,000
Alcohol (excluding crime/accidents)	150,000 +
Drug overdose (prescription)	14,000 to 27,000
Drug overdose (illegal)	3,800-5,200
Aspirin	180 to 1000+
Marijuana	0

* Based on US Surgeon General and other statistical sources.

6 Q. Does It Lead to Hard Drugs?

A. No, it does not.¹¹ According to the 1999 IOM report, “There is no conclusive evidence that the drug effects of marijuana are causally linked to the use of other illicit drugs.”

Q. Does It Cause Violence?

A. No; if anything, it reduces it.¹² The only crime most cannabis users commit is obtaining and using marijuana. The US Shafer Commission report, one of the most comprehensive studies ever done on drugs, reported that cannabis smokers “tend to be under-represented” in violent crime, “especially when compared to users of alcohol, amphetamines and barbiturates.”¹³ The California Attorney General’s panel wrote in 1989¹⁴ that “objective consideration shows that cannabis is responsible for less damage to the individual and society than alcohol and cigarettes.” The federal government reports that 71 million Americans have smoked it ... possibly including some of the nicest people you know.

8 Q. Is It Physically Addictive?

A. No, it is not,¹⁵ although some minor dependency can develop. According to the IOM: “Although few users of marijuana develop dependence, some do. But they appear to be less likely to do so than users of other drugs (including alcohol and nicotine), and marijuana dependence appears to be less severe than dependence on other drugs.” The typical pattern of social cannabis usage begins with experimental use in the late teens and peaks in the early adult years, followed by a period of leveling off, and a gradual reduction in use.¹⁶

Q. What About All Those Scary Advertisements and Stories?

A. Most sensational claims of health risks cite no studies or sources at all. Others rely on a handful of inconclusive or flawed reports.¹⁷ The government uses exaggeration and scare tactics to discourage marijuana use, like the “Reefer Madness” campaign of the 1930s¹⁸ and the PDFA today. Unfortunately, that just glamorizes drug use and leads to distrust.

10 Q. What Can We Do About It?

A. Based on scientific research, prison is not the answer. Every independent government study on cannabis has opposed jailing smokers.¹⁹ Voters in several States have legalized medical marijuana cultivation and use. Many countries around the world allow farmers to grow hemp for industrial uses. The simple fact is that cannabis use does not change a person’s basic personality or sense of morality. The Family Council on Drug Awareness supports setting an age of consent for cannabis to regulate adult use.

Please write or call your elected officials. Tell them you want them to show tolerance. Regulate medical marijuana and responsible adult use of cannabis, free up our police resources to solve violent crime, and restore honesty in America’s commitment to “liberty and justice for all.”

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