

Summary:

After considerable research examining the facts and scientific studies I have come to the conclusion that the United States government should legalize, tax, and regulate cannabis. In fact, continuing with the existing prohibition is irresponsible and harmful to the American people. In lieu of the federal government taking this step, I would urge individual states to do so.

Marijuana has been the victim of yellow journalism since the 1930s and it continues today. Organizations like the ONDCP continuously publish information that conveniently omits important facts or quotes scientific studies that have been disproven by subsequent research. Most of the anti-drug organizations in this country use this misinformation and force-feed it to the public without bothering (or desiring) to check its validity. The simple fact is that marijuana is safer than both alcohol and tobacco in most aspects. It has definitely caused fewer deaths than alcohol or tobacco and has no scientifically proven long-term adverse health effects.

ONDCP director Kerlikowske has been quoted to say that “We are not at war with people in this country.” and though that is a positive statement I think the majority of the American people believe otherwise. Ask Tommy Chong if Operation Pipe Dream wasn’t a wartime tactic when law enforcement agents broke into his house in the middle of the night in full riot gear and assault weapons. I’m sure the whole country felt safer with such a dangerous criminal behind bars for nine months. Can anyone honestly say that Operation Green Sweep could be seen as anything but a military attack on the residents of Humboldt county California? It doesn’t matter how much you say you’ve changed, the damage to the reputation of the federal governments’ anti-drug arm has already been done.

I have read the “new and improved” 2010 National Drug Control Policy and find it just as flawed as the previous versions. I particularly enjoyed the statement that “Diagnostic, laboratory, clinical, and epidemiological studies clearly indicate that marijuana use is associated with dependence, respiratory, and mental illness, poor motor performance, and cognitive impairment, among other negative effects, and the legalization would only exacerbate these problems”. Most of these “negative effects” are examined in this report and compared to that of the legal killer drugs, tobacco and alcohol.

Marijuana: A Tale of Ignorance

History, Comparisons, and Common Sense

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Background

First, allow me to give you a little background on myself and the reasons why I decided to examine this topic. I am an individual citizen not affiliated with any pro-marijuana groups. I was raised during the D.A.R.E. era and in retrospect I am outraged that I was exposed to such an organization. I went to school to gain an education based on scientific facts, not to be proselytized with lies by people with my “best interests” in mind.

Every time I saw a marijuana anti-drug campaign something just didn't seem right. The more I heard on the subject the more it seemed that someone was lying or, at best, had no idea what they were talking about. I kept hearing these claims that marijuana causes this or that and that marijuana is such a huge problem with so many people using it and those two facts put together didn't work. For example, if marijuana causes schizophrenia, one of the newer claims, then where are all the patients? Lots of little things just didn't add up and I decided to do some research and get to the bottom of it. This is a compilation of what I have learned. I am publishing it so that hopefully other people will become educated about the truth. I have done my best to provide sources for all scientific data I used when writing this and I encourage you not to take my word for it but to use the references and examine these topics for yourself.

Why is it Illegal?

Excellent question...and there's no simple answer. It is a tale full of ignorance, racism, deception, and greed. The majority of people in the 1930s had no idea what marijuana was and if they had known it to be slang for Indian hemp or cannabis, it would have definitely been discussed further before it was banned or not banned at all.

Harry J. Anslinger

This first Commissioner of the Federal Bureau of Narcotics is one of the focal characters of the prohibition of cannabis. Here are some of the quotes attributed to him in his attempt to gain support for his cause:

“There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing, result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers, and any others.”

“Marijuana is an addictive drug which produces in its users insanity, criminality, and death.”

“Reefer makes darkies think they're as good as white men.”

“Marihuana leads to pacifism and communist brainwashing”

“Marijuana is the most violence-causing drug in the history of mankind.”

William Randolph Hearst

The leading newspaper publisher of his day, he was so passionate about selling papers that he "routinely invented sensational stories, faked interviews, ran phony pictures and distorted real events." This yellow journalism was instrumental in the anti-marijuana (and anti-hemp) war. His quotes:

“Was it marijuana, the new Mexican drug, that nerved the murderous arm of Clara Phillips when she hammered out her victim’s life in Los Angeles?... THREE-FOURTHS OF THE CRIMES of violence in this country today are committed by DOPE SLAVES — that is a matter of cold record.”

“By the tons it is coming into this country — the deadly, dreadful poison that racks and tears not only the body, but the very heart and soul of every human being who once becomes a slave to it in any of its cruel and devastating forms.... Marihuana is a short cut to the insane asylum. Smoke marihuana cigarettes for a month and what was once your brain will be nothing but a storehouse of horrid specters. Hasheesh makes a murderer who kills for the love of killing out of the mildest mannered man who ever laughed at the idea that any habit could ever get him....”

Dr. William C. Woodward

Dr Woodward was the Legislative Council of the American Medical Association in 1937 while Anslinger was trying to shove the Marijuana Tax Act of 1937 through congress. He showed up to hearings about the tax act and made the following statements:

We are referred to newspaper publications concerning the prevalence of marihuana addiction. We are told that the use of marihuana causes crime.

But yet no one has been produced from the Bureau of Prisons to show the number of prisoners who have been found addicted to the marihuana habit. An informed inquiry shows that the Bureau of Prisons has no evidence on that point.

You have been told that school children are great users of marihuana cigarettes. No one has been summoned from the Children's Bureau to show the nature and extent of the habit, among children.

Inquiry of the Children's Bureau shows that they have had no occasion to investigate it and know nothing particularly of it.

Inquiry of the Office of Education--- and they certainly should know something of the prevalence of the habit among the school children of the country, if there is a prevalent habit--- indicates that they have had no occasion to investigate and know nothing of it.

Moreover, there is in the Treasury Department itself, the Public Health Service, with its Division of Mental Hygiene. The Division of Mental Hygiene was, in the first place, the Division of Narcotics. It was converted into the Division of Mental Hygiene, I think,

about 1930. That particular Bureau has control at the present time of the narcotics farms that were created about 1929 or 1930 and came into operation a few years later. No one has been summoned from that Bureau to give evidence on that point.

Informal inquiry by me indicates that they have had no record of any marihuana or Cannabis addicts who have ever been committed to those farms.

The bureau of Public Health Service has also a division of pharmacology. If you desire evidence as to the pharmacology of Cannabis that obviously is the place where you can get direct and primary evidence, rather than the indirect hearsay evidence.

The committee sent the legislation forward and once the bill hit the floor of the house, the entire discussion was:

Member from upstate New York: "Mr. Speaker, what is this bill about?"

Speaker Rayburn: "I don't know. It has something to do with a thing called marihuana. I think it's a narcotic of some kind."

"Mr. Speaker, does the American Medical Association support this bill?"

Member on the committee jumps up and says: "Their Doctor Wentworth[sic] came down here. They support this bill 100 percent."

Prohibition

Status Quo

The War on Drugs term was popularized by Nixon beginning in 1971 as both a way to redirect the attention of the American people away from the very unpopular war in Vietnam as well as an excuse to arrest anti-war protestors. Marijuana itself was made illegal in 1937 (see above) and has remained so ever since with one small break during World War II when growing hemp was encouraged to support the war effort. Americans have paid over a trillion dollars in tax money to fund the war and we have the highest prison population per capita because of it. In 2007, it was reported that the "War on Drugs" resulted in an estimated 1.8 million arrests, or 13% of the total arrests for the year. Of the related drug arrests, about 873,000 were for cannabis.¹ Our current Drug Czar Gil Kerlikowske stated that "In the grand scheme, it [the War on Drugs] has not been successful. Forty years later, the concern about drugs and drug problems is, if anything, magnified, intensified." This statement is supported by the most recent National Survey on Drug Use and Health which shows drug use on the rise.²

Historically

History has a tendency of repeating itself. Back in the 1920's and early 30's the United States attempted the prohibition of alcohol. The effect of this prohibition was not a reduction in alcohol consumption but did manage to deny legitimate businesses profit from and to pay taxes on the manufacture and sale of alcohol. Organized crime was

allowed to basically print their own money. People like Al Capone were making an estimated \$60 million untaxed per year from alcohol³. Disputes between different crime organizations were often solved with violence, such as incidents like the St. Valentines Day Massacre in 1929⁴. The lack of regulation lead to thousands of people dead by poisoning, much of which was not caused by bad stills but by our own federal government insisting on adding more poisonous methyl alcohol to industrial supplies.⁵ Compare all of this to the prohibition of cannabis. Again production and use is rampant and legitimate businesses are denied the opportunity to profit from and pay taxes on the top U.S. cash crop⁶. Instead of the mob we call the organized crime groups cartels and they again basically print their own money. Disputes are still handled with violence like such incidents as the activities in the House of Death⁷. Perhaps even more damaging to the American people is the lack of regulation. Though lacing marijuana with more expensive drugs without the users' knowledge is much more rare than anti-drug organizations would like you to believe, unregulated quality and unknown potency are still of some concern. Most drug dealers will also sell to anyone with money, including children.

Comparatively

Let's compare the three most commonly used drugs in the United States, alcohol, tobacco, and marijuana.

Deaths:

1. Tobacco – 435,000 in 2006⁸
2. Alcohol – 85,000 in 2006⁹
3. Marijuana – 0^{10 11 *}

* The CDC WONDER report states that there were 23 deaths contributed to IDC-10 code F12 (Mental or behavioral disorders due to cannabinoids) between the years 1999-2006, 2 of which were in 2006. Marijuana is rarely ever the primary cause of death and there has never been a recorded case of death by THC toxicity.

Addiction:

Specifically dependence or “how difficult it is for the user to quit, the relapse rate, the percentage of people who eventually become dependent, the rating users give their own need for the substance and the degree to which the substance will be used in the face of evidence that it causes harm. Heroin, cocaine, and caffeine left on the list for comparison.

1. Tobacco
2. Heroin
3. Cocaine
4. Alcohol
5. Caffeine
6. Marijuana

Long-term effects:

Tobacco: Cancer of various types, lung disease, heart disease, and stroke¹²

Alcohol: Liver disease, heart disease, cancer, pancreatitis, epilepsy, ulcers, fetal alcohol syndrome¹³

Marijuana: Does not cause any of the above-listed ailments. In fact, science has yet to provide any conclusive evidence of any adverse long-term effects. Marijuana has been found to have no effect on mortality¹⁴ and even heavy use has been found to have no effect on physical or mental health in later years of life.¹⁵

The Netherlands

The Netherlands have a gedoogbeleid, or tolerance policy for soft drugs. Even though it's allowed, only an estimated 20% of the population has tried cannabis while in contrast Americans reported a usage rate of around 42%¹⁶ in 2008. Since the Dutch gedoogbeleid was enacted they saw a reduction in lifetime cannabis use. Between 1997 and 2001 usage rates in children ages 12 to 15 went from 7.5% to 5.9%. The United States saw lifetime use in children between 12 and 17 increase to 19.7% in the same timeframe. Monthly usage in the same age groups was 2.2% in the Netherlands (an increase of .2% over 4 years) compared to the U.S. with a monthly usage rate of 8% (an increase of .8% in 1 year)^{17 18}. The most recent data from SAMHSA says that in 2009 this number had risen to 10%¹⁹ and overall drug use had climbed 9%. Also note that codeine abuse decreased by 2.3% and opiate use decreased by 3.5% in the Netherlands, both statistics that suggest the gateway theory is flawed.

Why should we legalize?

1. Decrease prison population. The Department of Justice states that almost 1/3 of all prison admissions are from non-violent drug offenses and half of those were for cannabis directly. Those numbers are from 2007 and incarcerations have been on the rise ever since²⁰. The cost for all cannabis-related incarcerations is over \$1 billion a year in taxpayer money²¹.
2. Reduce the burden on the criminal justice system overall.

3. Add over \$20 billion in annual tax revenue to our economy plus huge numbers of legitimate businesses growing, packaging, and selling cannabis and related products...and paying taxes.
4. Reduce harder drug use and decrease the number of teenage users.
5. Reduce the \$15.5+ billion spent annually at the federal level for the drug-control.
6. Reduce cartel activity, at least for the short term. Cartels are illegal organizations and removing their income from cannabis will probably not drive any of them out of business. They, just like the mobs in the U.S. after prohibition, will probably find another way to make money.
7. Allow medical trials to start in earnest. Many people fighting against medical cannabis cite the fact that there aren't many true double-blind studies to support the use of cannabis as medicine. It's not that there are studies showing that cannabis is not effective as a medicine, but that the FDA isn't allowing much in the way of research. I have seen a number of interviews with different research groups that routinely say that they have been waiting over 5 years for the FDA to approve their study so they can move forward. The small amount of research that has been allowed has shown that this little plant may be the next wonder drug.
8. Industrial hemp would again be available. Hemp could revolutionize a number of industries in this country including paper and clothing.

Myths and Facts about Cannabis

Marijuana is a Gateway Drug

Rhetoric: The usage of marijuana leads to harder drugs.

Facts and Context:

- Recent research suggests that recreationally used cannabis does not act as a gateway drug to harder drugs such as alcohol, cocaine and heroine.²²
- ...demonstrates that these associations can be explained “without requiring a gateway effect.” More likely, this federally funded study suggests, some people simply have an underlying propensity to try drugs, and start with what's most readily available.²³
- "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," said Andrew Morral, associate director of RAND's Public Safety and Justice unit and lead author of the study. "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."²⁴
- Marijuana is not a “gateway” drug that predicts or eventually leads to substance abuse, suggests a 12-year University of Pittsburgh study.²⁵

- "The 'gateway' claim is a myth. Marijuana is the most widely used illicit drug so it is very likely that people who use less commonly-used drugs will have also tried marijuana. That does not mean marijuana led to hard drug use. The research indicates most marijuana users do not go onto use hard drugs; marijuana is more properly viewed as a strainer that catches most illicit drug users and they go no further. The numbers bear out these findings: According to the federal government 76.3 million people have tried marijuana, while only 2.78 million have ever tried heroin in their lifetimes and only 5.3 million have ever tried cocaine in their lives. The figures for monthly use are similar: 10.7 million Americans admit to being regular marijuana users, yet only 1.2 million admit to using cocaine each month - 1 for every 9 marijuana users - and 130,000 people use heroin monthly, or 1 for every 80 regular marijuana users."²⁶
- Statistical data should reflect the gateway effect and it does not. Note that studies in the Netherlands show that between 1997 and 2001 lifetime marijuana use increased 1.4%. In the same timeframe, opiate use reduced 3.5% and codeine use reduced 2.3%. Cocaine usage increased the most of any other drug but only by .8%.

	Lifetime Usage			
	1997		2001	
	U.S.	Netherlands	U.S.	Netherlands
Marijuana	32.90%	15.60%	36.90%	17%
Cocaine	10.50%	2.10%	12.30%	2.90%
Opiates		11.70%		8.20%
Heroin	0.90%	0.30%	1.40%	0.40%
Inhalants	5.70%	0.50%	8.10%	0.80%
Codeine		7.30%		5%

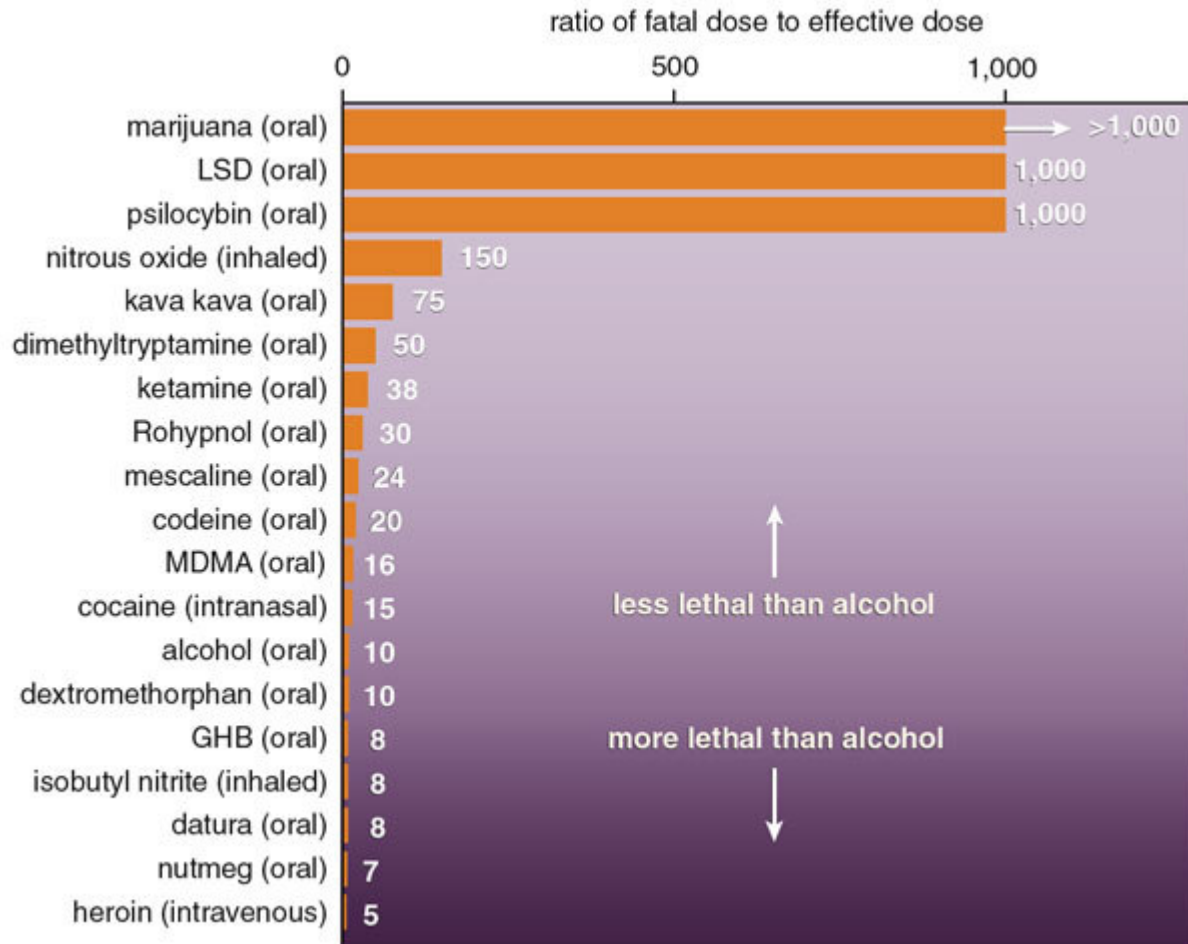
27 28 29

Analysis: The only gateway effect associated to marijuana is caused by prohibition. Most marijuana passes through the hands of a drug dealer who quite possibly has other wares to peddle...many of which have a higher profit margin.³⁰

Marijuana is Dangerous

Rhetoric: “Marijuana is dangerous”.

Facts and context:



Source: americanscientist.org

- The LD50 can only be estimated at somewhere between 1:20,000 and 1:40,000. "Simply stated, researchers have been unable to give animals enough marijuana to induce death."³¹
- There has never been a recorded fatality due to an overdose of marijuana
- Nicotine has a higher toxicity than cocaine³²

Analysis: Both alcohol and nicotine are considerably more toxic than cannabis and if you compare the death toll of alcohol, tobacco, and cannabis it's hard to imagine how cannabis gets singled out as the “dangerous” one.

Marijuana is Addictive

Rhetoric: Marijuana is addictive and our young people are going into rehab because of it.

Facts and Context:

The fact is that yes, for some people, marijuana can be addictive. Here's the part the anti-cannabis people don't want you to know:

- Less than 1% of Americans smoke marijuana daily. A small minority of those people develop dependence.³³
- "About 4% of American adults smoke pot at least once a year. Roughly 1% of adults abuse pot, and one in 300 have a pot addiction."³⁴
- Marijuana is less addictive than caffeine with a lower dependence level and fewer withdrawal symptoms³⁵
- 57% of people in a rehab program for marijuana were referred by the criminal justice system³⁶

Analysis: While marijuana is technically addictive, the addiction rate is exponentially lower than that of alcohol or tobacco. The withdrawal symptoms are also extremely mild in comparison. Judges are giving people caught with marijuana the option of prison or rehab so pointing to the number of people in rehab programs and calling it a problem makes no sense.

The DAWN report

Rhetoric: "In 2002, nearly 120,000 people were admitted to emergency rooms suffering from marijuana-related problems, an increase of more than 139 percent since 1995."³⁷

Facts and Context: The source for this comment comes from the DAWN report. From the same report we find the following:

- "Drug Mention: A drug mention refers to a substance that was recorded ("mentioned") during a drug-related ED episode. Because up to 4 drugs (and alcohol) can be reported for each drug abuse episode, there are more mentions than episodes cited in this report."

Analysis: So if you are drunk and in a car wreck and the ER doctor asks you if you have used any drugs and you state that you smoked a joint a month ago, you have just entered the DAWN report for marijuana. Somehow we have gone from a "Drug Mention" to "marijuana-related problems".

Marijuana affects your lungs.

Rhetoric: “There are more than 400 known chemicals in marijuana. A single joint contains four times as much cancer-causing tar as a filtered cigarette.”¹¹

Facts and Context: Stated source is “Effects of marijuana on the lung and its immune defenses” by Donald P. Tashkin, M.D.³⁸

- “Moreover, these gas phase components are present in somewhat similar concentrations in the smoke generated from the same quantity of marijuana and tobacco. The particulate phase (tar) constituents of marijuana and tobacco smoke are also generally similar, with the major exception that marijuana contains tetrahydrocannabinol (THC) and scores of other IIIC-like (cannabinoid) compounds not found in tobacco, while tobacco tar contains nicotine not found in marijuana. With regard to the carcinogenic potential of marijuana, it is noteworthy that the tar phase of marijuana smoke contains many of the same carcinogenic compounds contained in tobacco smoke, including polycyclic aromatic hydrocarbons, such as benz[a]pyrene, which was recently identified as a key factor promoting human lung cancer (Denissenko et al. 1996).”
- “One marijuana cigarette was shown by Wu and colleagues (1988) to deposit four times as much tar in the lung as a single filtered tobacco cigarette of approximately the same weight.”

Analysis: The fact that there are 599 FDA approved additives for American cigarettes on top of what the tobacco itself provides is commonly not referenced here. Note that the estimate of tar deposition is also by weight. The average joint weighs 0.4 grams or about half that of a filtered cigarette. Also, more recent studies by Dr. Tashkin found that “smokers of [only] marijuana actually had a lower incidence of lung cancer than the people who did not smoke anything at all.”³⁹ This supports earlier research done in 1997 that showed similar outcomes though not of statistical significance.⁴⁰ The smoke from marijuana has no long-term side effects like that of tobacco though it does share some similar short-term negative effects. Different technologies are being employed to counter these effects. Water filtration of marijuana smoke has been investigated since the 1960’s and continues to show its ability to reduce the harmful pyrolytic compounds.⁴¹ Many current medical marijuana users have gone to vaporization which removes all of the compounds created by combustion from the inhaled vapor.⁴²

Marijuana Causes Brain Damage

Rhetoric: Animals given marijuana by researchers have even suffered structural damage to the brain.

Facts and Context: Sourced from "Effects of Cannabis Sativa on Ultrastructure of the Synapse in Monkey Brain" by J. W. Harper, R. G. Heath, W. A. Myers in "Journal of Neuroscience Research" Vol. 3 pp. 87-93. 1977. These scientists gassed 4 monkeys with concentrated marijuana smoke with no oxygen added into it. This report has been discredited by the scientific community in general.

- The professional opinion of Dr. Christine Hartel, Acting Director of Research, National Institute of Drug Abuse, cited by the State of Hawaii Dept of Health, Alcohol and Drug Abuse Division in memo of Feb. 4, 1994 – marijuana does not cause brain damage.
- WebMD reported that long-term and even daily marijuana use doesn't appear to cause permanent brain damage.⁴³

Analysis: Marijuana doesn't kill brain cells, being suffocated with a gas mask does.

Marijuana and Modern Medicine

Rhetoric: Raw marijuana just isn't modern medicine

Facts and Context:

- "Moderate alcohol consumption has been associated with a reduction of cardiovascular disease, and red wine seems to offer more benefits than any other type of drink. However, the molecular basis of this protective effect is unclear."⁴⁴ Red wines from France show a greater eNOS expression and activity than red wines from other regions.
- "...doctors do agree that something in red wine appears to help your heart, though it's unclear just exactly what that "something" is. Researchers think antioxidants, such as flavonoids or a substance called resveratrol, have promising heart-healthy benefits."⁴⁵

Analysis: The arguments I have heard basically say that since marijuana isn't purified and compressed into a pill with known quantities of active ingredients then it just isn't modern medicine. My reaction is to look at cardiologists all over the world and wonder why they aren't getting with the program. As shown in the facts above, most cardiologists will suggest their patients have a glass or two of red wine every day for heart health. There is no pill they can take to give them the same effects and the medical community as a whole admits that they don't know why it works, it just does. Common sense (and some research) also shows that the exact quantities of chemicals contained in

each bottle of red wine will vary greatly from vineyard, region, and perhaps even by batch. Though the use of red wine is accepted as a disease preventative the same criteria is referred to as a reason not to use marijuana as medicine.

Marijuana Prenatal Effects

Rhetoric: Marijuana causes low birth weight and a whole host of other problems.

Facts and Context:

- “The absence of any differences between the exposed on nonexposed groups in the early neonatal period suggest that the better scores of exposed neonates at 1 month are traceable to the cultural positioning and social and economic characteristics of mothers using marijuana that select for the use of marijuana but also promote neonatal development.”⁴⁶
- “After taking into account maternal personality and home environment conditions, many neurobehavioral consequences of prenatal exposure to marijuana do not remain significant. If there are long-term consequences, such effects are very subtle.”⁴⁷

Analysis: Studies showing negative effects of maternal use of cannabis on newborns routinely don't account for socioeconomic or other differences.

Marijuana Causes Mental Illness

Rhetoric: Marijuana causes schizophrenia and/or psychosis

Facts and Context: Sourced from reports like the one published in The Lancet. July 28, 2007, “Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review”.

- Rebutted by the report “Assessing the impact of cannabis use on trends in diagnosed schizophrenia in the United Kingdom from 1996 to 2005” by Keeler University published in Schizophr Res. 2009 Sep;113(2-3):123-8. Epub 2009 Jun 27 in which they stated “[T]he expected rise in diagnoses of schizophrenia and psychoses did not occur over a 10 year period. This study does not therefore support the specific causal link between cannabis use and incidence of psychotic disorders. ... This concurs with other reports indicating that increases in population cannabis use have not been followed by increases in psychotic incidence.”

Analysis: So basically the first study cited above states that the number of schizophrenia cases would increase from 1990 onwards due to the increased use of cannabis among the population. In actuality, “Between 1996 and 2005 the incidence and prevalence of schizophrenia and psychoses were either stable or declining. Explanations other than a genuine stability or decline were considered, but appeared less plausible. In conclusion,

this study did not find any evidence of increasing schizophrenia or psychoses in the general population from 1996 to 2005.” I find it interesting that around 88% of schizophrenics smoke tobacco and 90% of those started before the onset of their disease and yet we don’t consider nicotine as a cause⁴⁸. It should also be noted that the authors of “Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review” have begrudgingly admitted that their conclusions were not accurate. Common sense should also come into play here. If cannabis is a significant cause of mental illness then there should be a direct correlation with increased use yet none has been found.

Support against Marijuana

Rhetoric: “Major public health organizations do not support smoking marijuana as medicine”⁴⁹ These quoted-texts were taken verbatim from the ONDCP website.

The American Medical Association

Quoted text: “To help facilitate scientific research and the development of cannabionoid - based medicines, the AMA adopted (a) new policy...This should not be viewed as an endorsement of state - based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.”

Full Text: “To help facilitate scientific research and the development of cannabionoid-based medicines, the AMA adopted new policy **urging the federal government to review marijuana's status as a Schedule I substance. Despite more than 30 years of clinical research, only a small number of randomized, controlled trials have been conducted on smoked cannabis.**”

"Our AMA urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.”⁵⁰

The Institute of Medicine

Quoted text: “Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long - term medical use.”⁵¹

Full text: “Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long - term medical use. **Nonetheless, for certain patients, such as the terminally ill or those with debilitating symptoms, the long-term risks are not of great concern. Further, despite the legal, social, and health problems associated with smoking marijuana, it is widely used by certain patient groups.**”⁵²

Analysis: Feel free to read the parts the ONDCP didn't publish. It should also be noted that the American College of Physicians⁵³ and The Medical Student Section (MSS) of the American Medical Association (AMA)⁵⁴ both support medical marijuana.

The FDA

Rhetoric: The FDA says that marijuana isn't medicine and insists it should remain classified as a schedule I substance.

Facts and Context:

- The FDA has listed marijuana as a schedule I substance along with heroin, etc. They claim that it:
 - a. Has a high potential for abuse
 - b. Has no currently accepted medical use and
 - c. Has a lack of accepted safety for use under medical supervision
- "FDA is the sole Federal agency that approves drug products as safe and effective for intended indications. The Federal Food, Drug, and Cosmetic (FD&C) Act requires that new drugs be shown to be safe and effective for their intended use before being marketed in this country. FDA's drug approval process requires well-controlled clinical trials that provide the necessary scientific data upon which FDA makes its approval and labeling decisions. If a drug product is to be marketed, disciplined, systematic, scientifically conducted trials are the best means to obtain data to ensure that drug is safe and effective when used as indicated. Efforts that seek to bypass the FDA drug approval process would not serve the interests of public health because they might expose patients to unsafe and ineffective drug products. FDA has not approved smoked marijuana for any condition or disease indication.
A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes."⁵⁵
- Marinol® contains a synthetic form of delta-9-THC, one of the cannabinoids in marijuana and was approved by the FDA in 1985. Marinol® is more expensive than marijuana with an average monthly retail cost of \$1300 (prescription insurance coverage excluded)⁵⁶ and has been reported not to be nearly as effective for many patients as marijuana itself due to the fact that natural marijuana contains 66 cannabinoids, not just one. Also, Marinol® does not allow for self-titration as it is available in only 3 strengths, 2.5mg, 5mg, and 10mg.
- Cesamet or Nabilone also contains a synthetic cannabinoid and was also approved by the FDA in 1985.

- “The FD&C Act defines drugs, in part, by their intended use, as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals" [FD&C Act, sec. 201(g)(1)]”⁵⁷
- “...dietary supplements do not need approval from FDA before they are marketed. Except in the case of a new dietary ingredient, where pre-market review for safety data and other information is required by law, a firm does not have to provide FDA with the evidence it relies on to substantiate safety or effectiveness before or after it markets its products.”⁵⁸
- Marijuana was being used as a drug for thousands of years before the FDA was even formed. Prior to 1937 there were at least 27 medicines containing marijuana on the U.S. market produced by pharmaceutical companies such as the predecessors of Bristol-Myers Squibb and Eli Lilly.
- The following table shows FDA approved medications that were removed from the market over the last 10 years. There are others that, though they have been directly linked to deaths, are still on the market but “black labeled”.

Drug	FDA Approved	Withdrawn	Treated	Reason Withdrawn
Darvocet	Aug-57	Nov-10	Pain	Abnormal heart rhythms and death
Mylotarg	May-00	Jun-10	Leukemia	Increased fatality rate from 1.4% to 5.7% - didn't cure leukemia
Raptiva	Oct-03	Jun-09	Psoriasis	Death
Zelnorm	Jul-02	Mar-07	IBS	heart problems and death
Permax	Dec-98	Mar-07	Parkinson's	heart valve disease
Cylert	Jan-75	Mar-05	ADHD	liver failure and death
Bextra	Nov-01	Apr-05	arthritis	skin reactions and death
Vioxx	May-99	Sept-04	arthritis	heart attack and stroke
Baycol	Jun-97	Aug-01	cholesterol	rhabdomyolysis and death
Propulsid	Jul-93	Jul-00	Heartburn	cardiac arrhythmia and death
Rezulin	Jan-97	Mar-00	diabetes	liver damage and death

- “The Family Smoking Prevention and Tobacco Control Act, H.R. 1256 is a United States federal law that gives the Food and Drug Administration the power to regulate the tobacco industry. A signature element of the law imposes new warnings and labels on tobacco packaging and their advertisements, with the goal of discouraging minors and young adults from smoking.” It was signed into law on June 22, 2009. The packaging changes won't take place until September 2012.
- Any product containing over 7% alcohol is not regulated by the FDA
- The federal government has supplied marijuana to people since 1978 through the Compassionate IND program. Though the program stopped accepting new patients by order of Pres. Bush in 1992, there are still patients receiving up to 9 cured ounces of marijuana a month.
- “From 1998 through 2005, reported serious adverse drug events increased 2.6-fold from 34,966 to 89,842, and fatal adverse drug events increased 2.7-fold from 5,519 to 15,107.”⁵⁹

Analysis: Ok, there's a lot of data here and a considerable amount of it makes no sense so let me see if I can make heads or tails of it. First, though marijuana was commonly used by the United States medical community prior to the 1937 Marijuana Tax Act and the fact that both Marinol[®] and Cesamet contain synthesized components of the cannabis plant and a number of medical groups support the use of marijuana as medicine, the FDA insists on keeping it as a schedule I substance claiming it doesn't meet the criteria as medicine. The FDA now has the power to regulate tobacco products but nicotine has not been added to the scheduled substances list and we all know by now exactly how huge the potential for abuse is with it. Alcohol, which is also considered a drug, doesn't even fall under the purview of the FDA. Marijuana is a plant and by definition should fall under the guidelines of a natural dietary supplement that wouldn't even need FDA approval unless it was classified as a drug. The FDA states that it doesn't approve of smoked marijuana for any medical purpose and yet we have federal marijuana patients receiving pre-rolled marijuana cigarettes from the federal government for medical conditions. Please note that they also don't make any statement to ingested or vaporized marijuana. They complain about states passing medical marijuana laws claiming that it bypasses their "rigorous scientific scrutiny" and other anti-marijuana organizations tout the "consumer protection" afforded by the FDA. My question is if the FDA's scrutiny was so rigorous then why have they had to withdraw their approval of eleven drugs in the last ten years and "black labeled" even more due to death and serious harm? If the FDA provides such important consumer protection then why do so many American citizens lose their lives or suffer greatly from adverse reactions to correctly prescribed, correctly administered, FDA approved medications each year? Many of the eleven drugs the FDA has recalled were either never approved by other drug monitoring agencies or were recalled years before the FDA bothered to act.

Marijuana Strength

Rhetoric: Marijuana is stronger now than it was back in the 70's. "In 1974, the average THC content of illicit marijuana was less than one percent."⁶⁰

Facts and Context:

- All data for this statement originates from the Potency Monitoring Project through the University of Mississippi and is based on drug seizures only.
- Only Delta-9 THC is being tested for
- Prior to 1978, the PMP reports the average delta-9 THC content to be less than 1%
- Director Alen Leshner of the NIDA stated that "There's no question that marijuana, today, is more potent than the marijuana in the 1960s. However, if you were to look at the average marijuana potency which is about 3.5 percent, it's been relatively stable for the last 20 years. Having said that, it's very important that what we have now is a wider range of potencies available than we had in the 1970s, in particular."⁶¹
- "To determine the average potency levels of marijuana, researchers need to examine a cross section of cannabis plants, which wasn't done in the 1960s and

1970s. This makes it difficult to make accurate comparisons between the THC levels of that time period and the THC levels of today.”⁶²

Analysis: Whether or not delta-9 THC levels are increasing is still under some debate due to the methods of data collection and testing. I believe former NIDA director Leshner probably has the most logical conclusion when he suggests that there is just a wider range of potencies available. Also, I’m not sure why a higher potency would be considered a bad thing. Due to the fact that THC has such a low toxicity even if the potency would increase by a factor of 10 it is still unlikely we would see a death from THC. One of the largest complaints from the medical community about smoked marijuana as medicine is the harmful effects of the pyrolytic compounds inhaled. If the potency has increased then a patient would need that much less smoke to get the same amount of THC thereby reducing the possible harmful effects of pyrolytic compounds the patient is exposed to. I would also like to point out that the nicotine content in brands of cigarettes varies greatly. Though manufacturers are still required to submit annual nicotine and tar reports to the FTC they no longer publish these results to the public as of the late 1990s. The state of Massachusetts Department of Public Health also tracks these numbers and has released a report showing that the nicotine content rose considerably between 1998 and 2004.⁶³ There have also been multiple reports of tobacco companies adding ammonia to their products to convert the existing nicotine into a form more easily absorbed in the body hence increasing it’s addictive nature.

Common Sense

There are so many completely ignorant claims out there about marijuana that I didn’t want to divide them all into multiple categories. I will try to catch some of the big ones and point out why anyone with some common sense shouldn’t even consider them.

Facts and Context:

- “The link between alcohol and aggression is well known. What’s not so clear is just why drunks get belligerent. What is it about the brain-on-alcohol that makes fighting seem like a good idea "and do all intoxicated people get more aggressive" or "does it depend on the circumstances"?”⁶⁴
- “...during intoxication, threat detecting brain circuits couldn’t tell the difference between a threatening and a non-threatening stimulus.”⁶⁵
- Thirty male undergraduates received intense provocation following their ingestion of one of three doses of delta-9-tetrahydrocannabinol (THC). The subjects in the low-dose condition tended to respond in a more aggressive manner than the subjects in the moderate-and high-dose conditions. The subjects in the high-dose condition behaved in a relatively nonaggressive manner throughout the experimental session.⁶⁶
- “The latest 2009 statistics show that the number California motor vehicle accident deaths went down last year. According to the National Highway Traffic Safety Administration, in its 2009 Traffic Safety Facts Research Note, says there were 3,081 California traffic crash fatalities in 2009. That’s 353 less traffic fatalities than in 2008.”⁶⁷

- “U.S. Transportation Secretary Ray LaHood today released updated 2009 fatality and injury data showing that highway deaths fell to 33,808 for the year, the lowest number since 1950. The record-breaking decline in traffic fatalities occurred even while estimated vehicle miles traveled in 2009 increased by 0.2 percent over 2008 levels.”⁶⁸

Analysis: First, let’s take a look at the argument that “there will be carnage on the roads if marijuana is legalized”. There is absolutely no scientific evidence supporting this claim. In fact, when compared to alcohol, marijuana smokers are less aggressive and don’t exhibit the invincibility complex that contributes to many alcohol-related crashes. Will there be people under the influence of marijuana operating vehicles? Yes, no question about it. Are there people operating vehicles under the influence now? I’m sure there is. The most recent NHTSA report says that the state of California had a decrease in both DUI and overall traffic fatalities. Nationwide traffic fatalities also declined for the first time in eleven years in 2008 and continued the trend in 2009. Since this country saw a substantial increase in marijuana use over this same time period³ I’m not sure where these claims of carnage originate.

Also, due to the same reasons cited above, if you ask any police officer worth his salt if, for their safety, the safety of fellow officers and the safety of the public in the area, would they rather confront someone high on marijuana or someone drunk, they will tell you marijuana every time. With marijuana they know what to expect and have more than enough time to react if something goes wrong. With alcohol they don’t know what they are going to get. It may be a happy drunk and they won’t have any trouble resolving whatever situation they are there to handle. On the other hand, it could be a fearless belligerent individual just looking for an excuse to throw a punch or pull a weapon.

Next, let’s talk about the argument of “if you legalize pot you might as well legalize everything”. While I personally think there is some merit to that approach it is a philosophical debate for a different venue. Since our government insists on “protecting” its citizens by regulating what we can and can’t put in our bodies the argument is pretty clear. Aspirin, ibuprofen, and acetaminophen are all over-the-counter pain medications. Following the flawed logic of the “legalize everything” argument then oxycontin and morphine should also be over-the-counter because they are pain medications as well. The differential of potential for harm between such drugs isn’t even comparable, nor is marijuana and hard drugs.

Lastly, I want to thank all of the anti-drug and specifically anti-marijuana groups and organizations. If you look at the last 40 years of marijuana prohibition these groups have come up with every conceivable reason why marijuana might be dangerous and why it should remain illegal. Even though every one of their “reasons” has been disproved by scientific research and/or an examination of statistics I applaud them for considering every possible angle and generating a need for research. With such rabid dedication against marijuana it’s hard to believe that any potential harm could have been missed. I also wanted to relay a conversation I had with one of these groups as I was doing research for this project. I contacted Foundation for a Drug-Free World asking for the

sources they used in their anti-marijuana publications so I could compare them with what I had found. Long story short, after about 2 months the final response I got was not a list of scientific references but simply the statement that they would look into the information for future publications.

Conclusion:

Marijuana was made illegal not on a scientific basis but primarily on racism. I would like to think we have risen above such reasoning. Marijuana continues to be illegal due to ignorance and greed. The ONDCP and private anti-drug organizations have deluged the American people for decades with misinformation about the supposed harms of this plant. There are a number of current industries that fear industrial hemp because it has the potential to devastate their business. For example, 1 acre of hemp can produce as much processed fiber as 6 acres of trees and hemp can be planted and harvested annually. It could revolutionize both the paper and textile industries not to mention what it might do to pharmaceutical sales.

As an American citizen I am tired of our law enforcement, judicial system, and penal system wasting their time and my tax money fighting a substance that should have never been criminalized in the first place.

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⁴ http://en.wikipedia.org/wiki/Saint_Valentine's_Day_massacre

⁵ The Chemist's War by Deborah Blum - <http://www.slate.com/id/2245188/pagenum/all/>

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¹⁶ An American Pastime: Smoking Pot by Sarah N. Lynch Friday, Jul. 11, 2008 - <http://www.time.com/time/health/article/0,8599,1821697,00.html>

¹⁷ Illicit Drug Use Tables - Tables H.1 to H.20 - http://www.oas.samhsa.gov/NHSDA/2k1NHSDA/vol2/appendixh_1.htm

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