

A new film by Jed Riffe, the director of *Ishi, the Last Yahi*

# Waiting to Inhale

Marijuana, Medicine and the Law

The first documentary to examine the movement to legalize cannabis for medical use

## Screening Kit



## & Discussion Guide

Robert Randall, "Patient 0"  
1948-2001

Produced and Directed by JED RIFFE Written and Co-produced by KATHERINE COVELL  
Edited by MAUREEN GOSLING Cinematography by VICENTE FRANCO  
[www.WaitingToInhale.org](http://www.WaitingToInhale.org)

Funded in part by: California Council for the Humanities, Educational Foundation of America, Sundance Documentary Fund, Humanities Texas, LEF Foundation, Marijuana Policy Project, Fleishhacker Foundation, Illinois Humanities Council

((Design by DEW XANTHOPOULOS))

## INTRODUCTION

This guide is designed to help you use *Waiting to Inhale* as the centerpiece of a community event. It contains suggestions for planning an event, as well as ideas for helping participants think more deeply about the issues in the film.

*Waiting to Inhale* can be a useful tool to discuss the current debate over marijuana, its use as a medicine and the laws that regulate the use of medical marijuana.

The suggested activities and discussion questions may be modified depending on your event goals, but all target a wide range of groups that can be engaged around the issues in the film. Feel free to choose the ideas and questions that best meet the needs and interests of your group.

We welcome any suggestions for making this guide more relevant to your needs. You can e-mail your comments to:

[jr@jedriffefilms.com](mailto:jr@jedriffefilms.com)



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## ACKNOWLEDGEMENTS

This screening kit is dedicated to:  
**Dr. Michael Alcalay**

The overall structure of this screening kit and discussion guide was inspired by the discussion guide for *Every Mother's Son* produced by Tami Gold and Kelly Anderson. The WHEN YOU BEGIN / DISCUSSION sections was also based on content from the *Every Mother's Son* guide.

Many thanks to Active Voice for their input and giving us permission to use much of the PLANNING AN EVENT information they compiled for the After Innocence Toolkit.

Based on original design by  
Marisa Murgatroyd

Cover design by Drew Xanthopoulos

## ABOUT THE FILM

Waiting to Inhale examines the heated debate surrounding marijuana and its use as medicine in the United States. As patients demand laws to protect their right to use medical marijuana, opponents claim their argument is just a smokescreen for a different agenda— to legalize the drug altogether.

How did America go from Reefer Madness mania to permitting the first clinical trials using smoked cannabis in decades? And what evidence is there that marijuana can alleviate the devastating symptoms of AIDS, cancer and multiple sclerosis? Waiting to Inhale takes the viewer from underground pot clubs to the U. S. Supreme Court; from an Israeli scientist's laboratory to massive government-approved marijuana greenhouses outside London. The film goes inside the lives of patients who have been forever changed by illness—and parents who have lost children to drug overdoses and believe marijuana is the culprit. Above all, Waiting to Inhale sheds new light on the controversy and presents shocking new evidence that marijuana could hold a big stake in the future of medicine.



## Reviews

A balanced, thoughtful, and thought-provoking look at the issues surrounding the medical use of marijuana. Through interviews with patients, medical doctors, researchers, concerned parent groups, government officials and spokespersons and others, this documentary illuminates the political agendas, economic interests, and ideology that have subverted scientific inquiry and shaped public policy. This is a must see!”

- Susan P. Robbins  
Ph.D, LCSW, LCDC  
Associate Professor  
University of Houston  
Graduate School of Social Work

“A sensitive, balanced exploration of an issue which has been politicized and polarized beyond reason. The facts - and emotions - are presented in an engaging, informative manner, and this film should be widely seen - especially by legislators and opinion leaders.”

- Steve Heilig  
Education Director  
San Francisco Medical Society

“Jed Riffe’s documentary ostensibly is about medical marijuana and the individuals who require it to ease a variety of ailments. But it’s also a methodical and damning denunciation of this country’s drug policy.”

- Robert W. Butler  
in the *Kansas City Star*

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[www.waitingtoinhale.org](http://www.waitingtoinhale.org)

## Awards

- \* "Special Jury Award," WorldFest Houston
- \* "Best Documentary" (co-winner), New Jersey International Film Festival
- \* CINE Golden Eagle Award
- \* "Best Documentary" Finalist, Kansas Int'l. Film Festival
- \* Dallas Int'l. Film & Video Festival honoree
- \* Ann Arbor Film Festival honoree
- \* Maui Int'l. Film Festival honoree
- \* Big Sky Documentary Film Festival honoree
- \* Official Selection, Australian Int'l. Film Festival
- \* Winner, Eureka! Int'l. Film Festival

## Funders

California Council for the Humanities

Educational Foundation of America

Sundance Documentary Fund

Humanities Texas

LEF Foundation

Marijuana Policy Project

Fleishhacker Foundation

Illinois Humanities Council

## ABOUT THE FILMMAKERS

### Jed Riffe, Producer/Director

**Jed Riffe** is an award-winning independent filmmaker and new media producer. He is best known as the producer and director of *Ishi, the Last Yahi*, which won "Best Documentary" awards at eight major national and international film festivals. *Ishi* was released theatrically and acquired for national broadcast by the acclaimed PBS series, *The American Experience*.

Other award-winning documentary films produced and directed by Jed Riffe are: *Who Owns the Past?*, an hour long documentary on the American Indian struggle for control of their ancestral remains (PBS); *Rosebud to Dallas*, an hour-long documentary on the relocation of American Indians (PBS); *Promise and Practice*, an hour-long documentary on redlining of inner city neighborhoods (PBS).

Riffe is currently series producer of *California and the American Dream*, a four-hour independently produced national PBS series. Riffe produced, directed and co-wrote the series opening episode *California's "Lost" Tribes* with co-producer Jack Kohler and editor and co-writer Maureen Gosling. Riffe produced the fourth episode, *Ripe for Change* with award winning filmmaker Emiko Omori who also directed. Riffe and Emrah Oral produced two websites for the series and four enhanced DVDs. Riffe and Oral are currently producing four interactive kiosks: a Public Broadcasting in Public Places initiative.

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# Waiting to Inhale

## Marijuana, Medicine and the Law

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### Katherine Covell, Co-Producer/Writer

**Katherine Covell** is co-producer and writer of *Waiting to Inhale*. Her first effort as director and co-producer, the graffiti documentary *Paint Louis '98: Throwdown in the Show-Me State*, won a St. Louis / Mid-America Region Emmy Award in 1999. She was associate producer for the television documentary *Who Owns the Past?* as well as *Maybe Logic: The Lives and Ideas of Robert Anton Wilson*. Most recently she was associate producer/writer for the National Geographic Channel program *Megastructures: The Berlin Wall*.

Covell also works as an art director and set decorator for dramatic feature films. Recent credits include *One Way to Valhalla*, *Mistress of Spices* and *The Darwin Awards*. Her work as a collage artist can be seen in the feature films *Rent* and *Bee Season*.

### Maureen Gosling, Editor

**Maureen Gosling** has been a documentary filmmaker for more than thirty years and is best known for her twenty-year collaboration with acclaimed independent director, Les Blank. Gosling has also been sought after as an editor, working with such directors as Tom Weidinger, Shakti Butler, Jed Riffe, Amie Williams, Ashley James and Pam Rorke Levy. Her work has often focused on themes of people and their cultural values, music as cultural expression and the changing gender roles of men and women. Her films have been seen in countless film festivals around the world, on national public and cable television, on television in Europe, Australia and Asia, and have been distributed widely to educational institutions.

Gosling's *Blossoms of Fire*, a feature documentary filmed and edited completely on 16mm, represents her debut as a Producer/Director. The film is a celebratory tribute to the Isthmus Zapotec people of southern Oaxaca, Mexico. *Blossoms of Fire*, an Intrépidas Productions release, has garnered rave reviews, charming audiences from San Diego to Marseille. The film won the coveted Coral Award for Best Documentary by a Non-Latino Director about Latin America at the Havana International Film Festival. The film has also been broadcast on HBO Latino, Spanish, Swedish and Maori Television channels.

Gosling's current projects in development as Director/Producer include *No Mouse Music! The Story of Chris Strachwitz and Arhoolie Records* (with Chris Simon) and *Bamako Chic, Women Cloth Dyers of Mali* (with Maxine Downs). Gosling's story of becoming a filmmaker is included in the book for junior high school girls, *You Can Be a Woman Movie Maker*, published by Cascade Pass. The book includes a 15-minute video on DVD entitled *Maureen Gosling, Documentary Filmmaker*.



## Vicente Franco, Cinematographer

**Vicente Franco**, a native of Madrid, Spain, began his studies at the University of Journalism in Madrid. To avoid the draft during the military dictatorship in Spain, he relocated to the United States in 1975 where he earned his Film Studies bachelor's degree at the University of California in Santa Barbara, and his Masters Degree at San Francisco State University.

As a TV Producer/Director/Writer, for the Spanish Television Network (Univision) from 1982 to 1989, Franco was involved in public affairs, commercials, PSAs, news and special programming such as "Mexico Earthquake Telethon" (Winner of a Peabody Award in 1985), "Entre Nosotros: Nuestra Familia Frente al Sida" "Exito Escolar", etc. He also directed local live news programs.

As an independent commercial spots Copywriter/Creative, Vicente works with Advertising Agencies like Young and Rubicam, Hal Riney & Partners, Ogilvy and Mather. He has produced, directed or shot films and/or training videos for Institutions like UCSF, The State of California and The Smithsonian Institution.

Vicente has served for 5 years a member of the board of Directors of "Cine Accion," the only Latino Film/Video organization in the Bay Area. Most recently Franco was nominated for a 2003 Academy Award for Co-directing and shooting the feature documentary, *Daughter from Danang*. Franco's long-running collaboration with Jed Riffe includes cinematographer credits on the films ***Waiting to Inhale*** and *Convention*.

## WHO'S WHO IN WAITING TO INHALE



**Sue Rusche**  
Parent Anti-Drug Activist  
Co-founder, NFIA  
Founder, Parent Corps



**Donald Abrams, MD**  
AIDS Researcher,  
Director, First Clinical Study on  
Cannabis and Neuropathy



**Valerie Corral**  
Co-Author, Proposition 215  
Co-founder, WAMM  
Epilepsy Patient



**Robert Randall**  
Patient "0", Glaucoma  
IND Program



**Irvin Rosenfeld**  
Patient "1", IND Program  
Multiple Congenital  
Cartilaginous Exostosis



**Raphael Mechoulam, MD**  
First Isolated THC  
PhD, The Hebrew University of Jerusalem



**Miguel Santistevan**  
Youth Counselor  
Educator  
Organic Farmer



**Lester Grinspoon, MD**  
Professor Emeritus  
Harvard Medical School  
Lost son to cancer



**Eric Voth, MD**  
Partnership for  
Drug Free America  
Drug Watch International



**Geoffrey Guy, MD**  
Executive Chairman,  
GW Pharmaceuticals  
Manufacturer of Sativex



**David Murray**  
Special Assistant,  
Office of National Drug  
Control Policy



**Mae Nutt**  
Co-founder of Alliance of  
Cannabis Therapeutics  
Mother of two cancer patients





**Yvonne Westbrook**  
MS Patient  
OCBC Member  
Disability Rights Activist



**Ester Fride, PhD**  
Professor of Molecular Biology  
College of Judea and Samaria



**Joel Hochman, MD**  
National Foundation for  
the Treatment of Pain  
Author, *Marijuana and Social Evolution*



**Ginger Katz**  
Parent and Anti-Drug Activist,  
President, Courage to Speak Foundation



**Mike Corral**  
Co-founder of WAMM  
Co-author of Prop 215  
WAMM Head Gardener



**Jamie Clayton**  
AIDS Patient  
Retired engineer

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**Thomas Ungerleider, MD**  
UCLA Medical Center  
Member, Shafer Commission



**Marcus Conant, MD**  
AIDS Specialist  
Plaintiff, Conant vs. McCaffry



**Jeffrey Stefanoff**  
PTSD Patient,  
Former inmate, Sugarland, TX



**Alan Bock**  
Senior Editor/Writer,  
Orange County Register  
Author, *Waiting to Inhale*



**Mark Ware, MD**  
Principal Investigator  
and Pain Physician.  
McGill University, Pain Center

## PLANNING AN EVENT

### Organizational Goals and Capacity\*

Before you decide to host an event, you want to get clarity on your goals for the event, your capacity to pull an event together, and your expected outcomes for the screening. Identifying your organizational goals and capacity will allow you to plan an event in size and scope that is best suited to you, your constituents, and your mission. Some questions that may be helpful include:

- Are you currently involved in work around the issues mentioned above?
- Would a film screening support this work?
- Would the goal be served by a private or public event, or both?
- Can your organization, or partner organization, reach relevant policymakers?
- Do you have the organizational infrastructure to coordinate a screening?
- Who do you want to involve in the screening?
- How large and diverse an audience do you want? (Smaller groups allow for more intensive dialogue, while larger groups are effective in raising awareness and sharing information.)
- What do you want your audience to come away with?

Before your screening, think about your objectives for the event. Are you hoping to:

- Build community awareness?
- Bring new groups together and build coalitions?
- Encourage dialogue?
- Educate decision-makers?
- Strategize about ways your community can address issues of medicinal marijuana, drug policy reform and patient health?
- Raise the visibility of your organization?

Deciding this in advance will help you have a more focused, strategic discussion after showing the film. Make sure your choice of venue, speakers, and language meets your needs as defined by these objectives.



## Community Involvement

You want to think carefully about your community and how the film can best be used to reach these individuals. Different community groups and members will respond differently to the film and to an event. Some questions you may want to think about include:

- How does this film relate to specific issues in your community?
- Do you need an outside facilitator to guide discussion?
- Do you need a translator or signer?
- If your goal is to share information, are there local experts on the topic who should be present?
- If your group is planning to take action that affects the larger community, how will you give voice to those not in the room?

Be sure to contact the local chapters of organizations on both sides of the issue such as NORML, Parent Corps, ASA and Courage to Speak. Links to these various organizations are listed on p. 24-26.



## Co-Sponsorship

Planning an event with another organization is a way to ensure that a larger audience sees the film and builds bridges among people doing similar work. Some organizations can contribute a space to host a screening, refreshments, a facilitator, panelists, or money towards the event costs. You can set up a table at your screening event with literature and information about all of the organizations involved.

## Venue\*

The possibilities for where to host your event are wide. You might host it in your house; at a local library or community center; at a cultural center or museum; in a church, mosque, synagogue or temple; on a campus in a dorm, classroom or student center; in your office or conference space; at a local coffee shop or business; at a local independent movie theater; or at a regularly scheduled meeting of a local club or organization.

Make sure you chose a place that is easy to get to and where everyone can feel comfortable. Figure out how many people are coming and evaluate whether the space can comfortably fit your audience and is laid out to encourage discussion. Set up chairs so everyone can easily see the screen, hear the film, and interact with one another after the screening. Ask if any permits are necessary to hold the event.

## Equipment

- DVD projector and power cable
- DVD player and power cable
- Screen
- Speakers and cables
- Extension cords

Double check that the venue where you'd like to hold the screening has a DVD projector and a DVD player that works. Always test the DVD on the equipment you plan to use well before the event in case of any technical issues. Make sure the speakers are capable of reaching the entire room.

## Promotions\*

Be sure to get the word out to your friends, neighbors and community members. Your promotional techniques depend upon your goals. If you are hosting a small party for your own friends and neighbors, you need only to send personal emails and make phone calls. If you want to invite members of the general public, you can use media and community outreach strategies in addition to contacting people within your own circle. On our website ([waitingtoinhale.org](http://waitingtoinhale.org)) you can download a pdf version of a flyer and enter the information (time, place, contacts) for your individual screening.

\*Sections taken from the After Innocence Toolkit put together by Active Voice.

## WHEN YOU BEGIN

You want to construct a well-organized, interactive program that works smoothly before and after the screening. Be sure to keep track of who attends your screening by putting a sign-up sheet near the door or on the literature table. The sign-in sheet is a good way to keep everyone connected and involved. It may be important for you to document how many people attended your event, as well. As your guests get settled before the screening begins, take the opportunity to welcome them. Introduce yourself, your organization, and co-sponsoring organizations. Perhaps make a few brief comments reminding attendees of the importance of the issues that *Waiting to Inhale* addresses and how it relates to the work you do. It's also nice to take pictures over the course of the evening. (Of course, make sure your guests are okay with getting their pictures taken before you click.)

## Facilitating a Discussion

Controversial or unusual topics often make for excellent discussions. By their nature, those same topics also give rise to deep emotions and strongly held beliefs. Again, think carefully about what your objectives are. Some events, particularly with large audiences, are most suited for Q&A. Or if you want more intimate conversations, consider breaking into small groups. As a facilitator, you can create an atmosphere where people feel safe, encouraged, and respected, making it more likely that they will be willing to share openly and honestly.

If you are uncomfortable playing the role of facilitator, some university professors, human resource professionals, clergy, and youth leaders may be specially trained in facilitation skills. In addition to these local resources, groups such as the National Conference of Community and Justice ([www.nccj.org](http://www.nccj.org)) may have some advice on good facilitators in your community.



Prior to the event, you and/or the facilitator should:

- View the film and give yourself time to reflect on and understand your reaction to the film and the issues involved. A facilitator must remain neutral and help to move the discussion along without imposing his/her views on the dialogue.
- Be knowledgeable about the background of the film and the basic issues it raises. You don't need to be an expert, but you should read through the materials posted on our website ([www.waitingtoinhale.org](http://www.waitingtoinhale.org)) read the information at the provided in this kit and visit a few of the websites listed in our **Additional Resources** section. This will help you keep the discussion on track and gently correct misstatements of fact.

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[www.waitingtoinhale.org](http://www.waitingtoinhale.org)

## *Facilitating a Discussion, Continued*

- Know your group. Issues can play out very differently for different groups of people. Is your group new to the issue or have they dealt with it before? Factors like geography, age, race, religion, and socioeconomic class can have an impact on comfort levels, speaking styles, and prior knowledge. If you are bringing together different segments of your community, we strongly recommend hiring an experienced facilitator.
- Plan next steps to translate the momentum generated by the screening and discussion into specific actions. Action steps are especially important for those who already have a good deal of experience talking about the issues on the table. For participants new to the issues, just engaging in public discussion can be a major first step.

- Talk about the value of anecdotal evidence, and the role you think it should play in determining the medicinal effectiveness of a drug like marijuana.
- Would you feel comfortable if a friend or family member used marijuana on a regular basis to ease pain? Why or why not?
- Are there any specific issues raised in the film that were confusing to you, or that you would like to learn more about?
- Did the film impact you in any of the following ways?
  - I will vote differently
  - I will discuss the film with family and friends
  - I will become more active about this issue

## **Questions to Get a Discussion Started**

- How did the film expand your knowledge of medical marijuana? Have any of your preconceptions about the issue changed after seeing the film, or were they reinforced?
- Which of the characters did you empathize with, if any, and why?
- How do you feel about the argument that marijuana is a gateway drug? Do you believe that teenagers who smoke marijuana are more likely to try other drugs like cocaine?
- What might be the repercussions of legalizing marijuana for medicinal use? Do you think that the legalization of medical marijuana would encourage others to smoke pot recreationally, or are the two separate from one another?



## After Discussion

Be sure that participants have information about the sponsoring organizations and a clear sense of other ways they can get involved. Provide them with literature and direct them to relevant web pages, email list serves, and elected officials. Encourage your audience to learn more about the issue and to find the answers to the questions they still might have:

- Are there any health risks of smoking marijuana? Don't people who smoke marijuana have a higher risk of lung cancer?
- It seems like the THC pill that is legally available (Marinol) should be just as effective. Why do patients find it necessary to smoke marijuana?
- How have other countries treated medical marijuana? In what countries is it legal, and how has the United States had an impact on the issue at a global level?
- What was the recent Supreme Court ruling regarding medical marijuana, and why did the Justices vote the way they did? How has the debate over federal versus states rights affected the medical marijuana movement?
- Does marijuana have a negative effect on a person's ability to go about their normal daily routine? Do patients who smoke marijuana for relief from symptoms like chronic pain and spasticity "get high" in the same way that recreational users do?



## Drug War Facts about Medical Marijuana

Courtesy of **Common Sense for Drug Policy**  
<http://www.drugwarfacts.org/medicalm.htm>

1. Since 1996, eleven states have legalized medical marijuana use: AK, AZ, CA, CO, HI, ME, NV, OR, RI, VT and WA. Eight of the ten did so through the initiative process, Hawaii's law was enacted by the legislature and signed by the governor in 2000, Vermont's was enacted by the legislature and passed into law without the governor's signature in May 2004, and Rhode Island's was enacted overriding the governor's veto in January 2006.

Source: National Organization for the Reform of Marijuana Laws (NORML), from the web at [http://www.norml.org/index.cfm?Group\\_ID=3391](http://www.norml.org/index.cfm?Group_ID=3391), last accessed Jan. 4, 2006, and the Marijuana Policy Project (MPP), from the web at [http://www.mpp.org/RI\\_number\\_11.html](http://www.mpp.org/RI_number_11.html), last accessed Jan. 4, 2006.

2. The Institute of Medicine's 1999 report on medical marijuana stated, "The accumulated data indicate a potential therapeutic value for cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation."

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., "Marijuana and Medicine: Assessing the Science Base," Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

3. The Institute of Medicine's 1999 report on medical marijuana examined the question whether the medical use of marijuana would lead to an increase of marijuana use in the general population and concluded that, "At this point there are no convincing data to support this concern. The existing data are consistent with the idea that this would not be a problem if the medical use of marijuana were as closely regulated as other medications with abuse potential." The report also noted that, "This question is beyond the issues normally considered for medical uses of drugs, and should not be a factor in evaluating the therapeutic potential of marijuana or cannabinoids."

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., "Marijuana and Medicine: Assessing the Science Base," Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

4. In the Institute of Medicine's report on medical marijuana, the researchers examined the physiological risks of using marijuana and cautioned, "Marijuana is not a completely benign substance. It is a powerful drug with a variety of effects. However, except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., "Marijuana and Medicine: Assessing the Science Base," Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

5. The Institute of Medicine's 1999 report on medical marijuana examined the question of whether marijuana could diminish patients' immune system - an important question when considering marijuana use by AIDS and cancer patients. The report concluded that "the short-term immunosuppressive effects are not well established but, if they exist, are not likely great enough to preclude a legitimate medical use."

Source: Janet E. Joy, Stanley J. Watson, Jr., and John A Benson, Jr., "Marijuana and Medicine: Assessing the Science Base," Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999).

6. "Conclusions: Smoked and oral cannabinoids did not seem to be unsafe in people with HIV infection with respect to HIV RNA levels, CD4+ and CD8+ cell counts, or protease inhibitor levels over a 21-day treatment."

Source: Abrams, Donald I., MD, et al., "Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection - A Randomized, Placebo-Controlled Clinical Trial," *Annals of Internal Medicine*, Aug. 19, 2003, Vol. 139, No. 4 (American College of Physicians), p. 258.

7. "This study provides evidence that short-term use of cannabinoids, either oral or smoked, does not substantially elevate viral load in individuals with HIV infection who are receiving stable antiretroviral regimens containing nelfi- navir or indinavir. Upper confidence bounds for all estimated effects of cannabinoids on HIV RNA level from all analyses were no greater than an increase of 0.23 log<sub>10</sub> copies/mL compared with placebo. Because this study was randomized and analyses were controlled for all known potential confounders, it is very unlikely that chance imbalance on any known or unknown covariate masked a harmful effect of cannabinoids. Study participants in all groups may have been expected to benefit from the equivalent of directly observed antiretroviral therapy, as well as decreased stress and, for some, improved nutrition over the 25-day inpatient stay."

Source: Abrams, Donald I., MD, et al., "Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection - A Randomized, Placebo-Controlled Clinical Trial," *Annals of Internal Medicine*, Aug. 19, 2003, Vol. 139, No. 4 (American College of Physicians), p. 264.

8. "Nevertheless, when considering all 15 studies (i.e., those that met both strict and more relaxed criteria) we only noted that regular cannabis users performed worse on memory tests, but that the magnitude of the effect was very small. The small magnitude of effect sizes from observations of chronic users of cannabis suggests that cannabis compounds, if found to have therapeutic value, should have a good margin of safety from a neurocognitive standpoint under the more limited conditions of exposure that would likely obtain in a medical setting."

Source: Grant, Igor, et al., "Non-Acute (Residual) Neurocognitive Effects Of Cannabis Use: A Meta-Analytic Study," *Journal of the International Neuropsychological Society* (Cambridge University Press: July 2003), 9, pp. 687-8.

9. In spite of the established medical value of marijuana, doctors are presently permitted to prescribe cocaine and morphine - but not marijuana.

Source: The Controlled Substances Act of 1970, 21 U.S.C. §§ 801 et seq.

10. Organizations that have endorsed medical access to marijuana include: the Institute of Medicine, the American Academy of Family Physicians; American Bar Association; American Public Health Association; American Society of Addiction Medicine; AIDS Action Council; British Medical Association; California Academy of Family Physicians; California Legislative Council for Older Americans; California Medical Association; California Nurses Association; California Pharmacists Association; California Society of Addiction Medicine; California-Pacific Annual Conference of the United Methodist Church; Colorado Nurses Association; Consumer Reports Magazine; Kaiser Permanente; Lymphoma Foundation of America; Multiple Sclerosis California Action Network; National Association of Attorneys General; National Association of People with AIDS; National Nurses Society on Addictions; New Mexico Nurses Association; New York State Nurses Association; New England Journal of Medicine; and Virginia Nurses Association.

11. A few of the editorial boards that have endorsed medical access to marijuana include: Boston Globe; Chicago Tribune; Miami Herald; New York Times; Orange County Register; and USA Today.

12. Many organizations have favorable positions (e.g., unimpeded research) on medical marijuana. These groups include: The Institute of Medicine, The American Cancer Society; American Medical Association; Australian Commonwealth Department of Human Services and Health; California Medical Association; Federation of American Scientists; Florida Medical Association; and the National Academy of Sciences.

13. The Controlled Substances Act of 1970 established five categories, or “schedules,” into which all illicit and prescription drugs were placed. Marijuana was placed in Schedule I, which defines the substance as having a high potential for abuse, no currently accepted medical use in the United States, and a lack of accepted safety for use under medical supervision. To contrast, over 90 published reports and studies have shown marijuana has medical efficacy.

Source: The Controlled Substances Act of 1970, 21 U.S.C. §§ 801 et seq.; Common Sense for Drug Policy, Compendium of Reports, Research and Articles Demonstrating the Effectiveness of Medical Marijuana, Vol. I & Vol. II (Falls Church, VA: Common Sense for Drug Policy, March 1997).

14. The U.S. Penal Code states that any person can be imprisoned for up to one year for possession of one marijuana cigarette and imprisoned for up to five years for growing a single marijuana plant.

Source: The Controlled Substances Act of 1970, 21 U.S.C. §§ 801 et seq.

15. On September 6, 1988, the Drug Enforcement Administration’s Chief Administrative Law Judge, Francis L. Young, ruled:

“Marijuana, in its natural form, is one of the safest therapeutically active substances known....[T]he provisions of the [Controlled Substances] Act permit and require the transfer of marijuana from Schedule I to Schedule II. It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance.”

Source: US Department of Justice, Drug Enforcement Agency, “In the Matter of Marijuana Rescheduling Petition,” [Docket #86-22] (September 6, 1988), p. 57.

16. The DEA's Administrative Law Judge, Francis Young concluded: "In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating 10 raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death. 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 the supervised routine of medical care."

Source: US Department of Justice, Drug Enforcement Agency, "In the Matter of Marijuana Rescheduling Petition," [Docket #86-22], (September 6, 1988), p. 57.

17. Between 1978 and 1997, 35 states and the District of Columbia passed legislation recognizing marijuana's medicinal value.

States include: AL, AZ, AR, CA, CO, CT, FL, GA, IL, IA, LA, MA, ME, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, OH, OK, OR, RI, SC, TN, TX, VT, VA, WA, WV, and WI.

For additional research on medical marijuana, see this excellent analysis of medical marijuana research by Common Sense for Drug Policy President Kevin B. Zeese and this update from Common Sense for Drug Policy, as well as the Drug War Facts section on marijuana.

## Pros and Cons on Medical Marijuana

“Should marijuana be a medical option?”

Courtesy of ProCon.org

### Con Medical Marijuana

“The American Medical Association (AMA) calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

The AMA recommends that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies.”

— American Medical Association  
June 2001

“Although I understand many believe marijuana is the most effective drug in combating their medical ailments, I would caution against this assumption due to the lack of consistent, repeatable scientific data available to prove marijuana’s medical benefits.

Based on current evidence, I believe that marijuana is a dangerous drug and that there are less dangerous medicines offering the same relief from pain and other medical symptoms.”

— Sen. Bill Frist, M.D. (R-TN)  
Oct. 20, 2003 letter to ProCon.org

### Pro Medical Marijuana

“The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by such illnesses as multiple sclerosis, cancer and AIDS -- or by the harsh drugs sometimes used to treat them. And it can do so with remarkable safety. Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day.”

— Joycelyn Elders, M.D.  
former U.S. Surgeon General, 3/26/04

“I grew up knowing that cannabis could be a medicine... I’m not aware of any proven long-term [harmful] effects from cannabis. People have been trying to find major risks [from marijuana], but I’ve never seen any documented. We know if you smoke cannabis your chances of getting lung cancer are less than if you don’t smoke anything at all.”

— David Bearman, M.D.  
3/1/06 phone interview with ProCon.org

“Marijuana is an addictive drug with significant health consequences to its users and others. Users can become dependent on marijuana to the point they must seek treatment to stop abusing it.”

— U.S. DEA  
website, February 2003

“There is no legitimate medical use whatsoever for marijuana. This [marijuana] is not medicine. This is bogus witchcraft. It has no place in medicine, no place in pain relief, and it has no place around our children.”

— Bob Barr (R-GA)  
Former Congressman, in his debate with radio  
talk show host Neil Boortz  
May 14, 2002

“Marinol differs from the crude plant marijuana because it consists of one pure, well-studied, FDA-approved pharmaceutical in stable known dosages. Marijuana is an unstable mixture of over 400 chemicals including many toxic psychoactive chemicals which are largely unstudied and appear in uncontrolled strengths.”

— California Narcotics Officers Association  
in their policy statement “The Use of  
Marijuana as a Medicine”, published on their  
website (as of 10/31/05)

“Just 9% of those who have used the drug [marijuana] develop dependence. By comparison, 15% of drinkers become dependent on alcohol, 23% of heroin users get hooked, and a third of tobacco smokers [33 1/3%] become slaves to cigarettes.”

— Time Magazine  
November 4, 2002

“From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient’s debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss.”

— Kate Scannell, M.D. 2/16/03

“There are really no other medications that have the same mechanisms of action as marijuana. Dronabinol (Marinol) is available by prescription in capsules, but has the distinct disadvantage of containing only synthetic delta-9-tetrahydrocannabinol (THC) which is only one of many therapeutically beneficial cannabinoids in the natural plant.”

— Gregory T. Carter, M.D.  
October, 2003

“By characterizing the use of illegal drugs as quasi-legal, state-sanctioned, Saturday afternoon fun, legalizers destabilize the societal norm that drug use is dangerous. They undercut the goals of stopping the initiation of drug use to prevent addiction.... Children entering drug abuse treatment routinely report that they heard that ‘pot is medicine’ and, therefore, believed it to be good for them.”

— Andrea Barthwell, M.D.  
Deputy Director, White House Office of  
National Drug Control Policy (ONDCP)  
- 2/17/04

“The [1999] U.S. Institute of Medicine study concluded that smoking marijuana is not recommended for the treatment of any disease condition.”

— U.S. DEA letter to ProCon.org  
January 2002

“While it is not possible with existing data to determine conclusively that state medical marijuana laws caused the documented declines in adolescent marijuana use, the overwhelming downward trend strongly suggests that the effect of state medical marijuana laws on teen marijuana use has been either neutral or positive, discouraging youthful experimentation with the drug.”

— Mitch Earleywine, Ph.D. & Karen O’Keefe,  
Esq. “Marijuana Use by Young People: The  
Impact of State Medical  
Marijuana Laws,” 9/05

“RECOMMENDATION: Short-term use of smoked marijuana (less than six months) for patients with debilitating symptoms (such as intractable pain or vomiting) must meet the following conditions:

- \* failure of all approved medications to provide relief has been documented,
- \* the symptoms can reasonably be expected to be relieved by rapid-onset cannabinoid drugs,
- \* such treatment is administered under medical supervision in a manner that allows for assessment of treatment effectiveness, and
- \* involves an oversight strategy comparable to an institutional review board process that could provide guidance within 24 hours of a submission by a physician to provide marijuana to a patient for a specified use.

— Institute of Medicine Report  
1999 - Page 179

## Additional Resources

### **American Medical Marijuana Association**

[americanmarijuana.org](http://americanmarijuana.org)

AMMA is a group of volunteers working together to implement, preserve and protect the rights of medicinal cannabis patients through political activism. This activism includes aiding in the defense of cannabis patients should they be prosecuted.

### **Americans for Safe Access**

[www.safeaccessnow.org](http://www.safeaccessnow.org)

Americans for Safe Access is a national grassroots coalition working solely to protect the rights of patients and doctors to use marijuana for medical purposes. They provide legal training for lawyers and patients, medical information for doctors and patients, media support for court cases, activist training to organizers, and rapid response to law enforcement problems.

### **Common Sense for Drug Policy**

[www.csdp.org](http://www.csdp.org)

Common Sense for Drug Policy is a nonprofit organization dedicated to reforming drug policy and expanding harm reduction. CSDP disseminates factual information and comments on existing laws, policies and practices. CSDP provides advice and assistance to individuals and organizations and facilitates coalition building.

### **The Community Consortium**

[www.communityconsortium.org](http://www.communityconsortium.org)

The Community Consortium is an association of more than 200 licensed health care providers who care for the majority of people with HIV infection in the San Francisco Bay Area. They furnish primary care providers in the Bay Area with the latest information on the most effective treatments for HIV disease, evaluate a broad range of promising treatments and treatment strategies, and influence public policy that directly impacts the provision of primary medical care to people with HIV infection.

### **Courage to Speak**

[www.couragetospeak.org](http://www.couragetospeak.org)

The Courage To Speak Foundation targets students, parents and communities with knowledge and tools to encourage children and parents to talk openly and honestly about the dangers of drugs.

### **Drug Policy Alliance**

[www.drugpolicy.org](http://www.drugpolicy.org)

DPA is a national organization working to end the war on drugs. They support new drug policies based on science, compassion, health and human rights and a just society in which the fears, prejudices and punitive prohibitions of today are no more.



# Screening Kit & Discussion Guide

# Waiting to Inhale

## Marijuana, Medicine and the Law

[www.waitingtoinhale.org](http://www.waitingtoinhale.org)

### **The International Association for Cannabis as Medicine**

[www.acmed.org](http://www.acmed.org)

IACM was founded in March 2000. It is a scientific society advocating the improvement of the legal situation for the use of the hemp plant and its pharmacologically most important active compounds, the cannabinoids, for therapeutic applications through promotion of research and dissemination of information.

### **The International Cannabinoid Research Society**

[www.cannabinoidsociety.org](http://www.cannabinoidsociety.org)

The ICRS is a non-political and non-religious organization dedicated to scientific research in all fields of the cannabinoids, ranging from biochemical, chemical and physiological studies of the endogenous cannabinoid system to studies of the abuse potential of recreational cannabis.

### **The International Hemp Association**

[www.hempreport.com/iha](http://www.hempreport.com/iha)

The IHA is dedicated to the advancement of Cannabis, through the dissemination of information. The IHA publishes a peer-reviewed scientific journal entitled the *Journal of Industrial Hemp* twice yearly.

### **Multidisciplinary Association for Psychedelic Studies**

[www.maps.org](http://www.maps.org)

MAPS is a membership-based, non-profit research and educational organization. MAPS assists scientists to design, fund, obtain approval for and report on studies into the risks and benefits of MDMA, psychedelic drugs and marijuana.

### **Marijuana Policy Project**

[www.mpp.org](http://www.mpp.org)

Marijuana Policy Project is a marijuana policy reform organization in the United States. Incorporated as a nonprofit organization in 1995, MPP works to minimize the harm associated with marijuana — both the consumption of marijuana and the laws that are intended to prohibit such use.

### **The National Organization for the Reform of Marijuana Laws**

[www.norml.org](http://www.norml.org)

NORML's mission is to move public opinion sufficiently to achieve the repeal of marijuana prohibition so that the responsible use of cannabis by adults is no longer subject to penalty.

### **The Parent Corps**

[www.parentcorps.org](http://www.parentcorps.org)

The Parent Corps is a national effort dedicated to helping parents prevent their children from using alcohol, tobacco, and illegal drugs. Modeled on the same principles as the Peace Corps, it harnesses the power of parents working together to keep their children drug free. The Parent Corps recruits, trains, certifies, and pays part-time or full-time salaries to Parent Leaders for two years of service.

### **Patients Out of Time**

[www.medicalcannabis.com](http://www.medicalcannabis.com)

Patients Out of Time is a patient advocacy organization. The mission of this non-profit organization is to educate health care professionals and the public about the therapeutic use of cannabis.

## **Positive Health Program**

[php.ucsf.edu](http://php.ucsf.edu)

The UCSF Positive Health Program (PHP) at San Francisco General Hospital has led the world in defining best practices of clinical care in HIV/AIDS medicine. PHP is an interdisciplinary, non-profit organization providing specialized primary care to thousands of people in San Francisco living with HIV.

## **ProCon.org**

[www.procon.org](http://www.procon.org)

ProCon.org is a nonpartisan, nonprofit, public benefit corporation whose purpose is to inform the public about controversial issues including medical marijuana using facts, news, and hundreds of diverse opinions in a pro-con format.

## **The Science of Medical Marijuana**

[www.medmjscience.org](http://www.medmjscience.org)

This website contains a compilation of scientific studies and reports that support marijuana's use as a therapeutic agent.

## **Stop the Drug War**

[stopthedrugwar.org](http://stopthedrugwar.org)

Stop the Drug War (DRCNet) is an international organization working for an end to drug prohibition worldwide and for interim policy reform in US drug laws and criminal justice system.

## **Also Available**

Americans for Safe Access (ASA) publishes booklets containing information about how cannabis may be used as a treatment for people with serious medical conditions. These materials can be viewed and ordered at [www.safeaccessnow.org](http://www.safeaccessnow.org).

### **Brochures:**

- Aging and Medical Marijuana
- Arthritis and Medical Marijuana
- Cancer and Medical Marijuana
- Chronic Pain and Medical Marijuana
- Gastrointestinal Disorders
- HIV/AIDS and Medical Marijuana
- Movement Disorders and Medical Marijuana
- Multiple Sclerosis and Medical Marijuana

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Thank you for attending this screening and for your support of Jed Riffe Films, LLC. Keep independent cinema alive and allow all voices to be heard!!

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