



EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF NATIONAL DRUG CONTROL POLICY  
Washington, D.C. 20503

October 3, 2011

The Honorable Steve Cohen  
United States House of Representatives  
1005 Longworth House Office Building  
Washington, D.C. 20515

Dear Representative Cohen:

Thank you for your letter of September 15, 2011, on the *2012 National Drug Control Strategy (Strategy)* and marijuana policy in the United States. The input that the Office of National Drug Control Policy (ONDCP) received from Members of Congress in creating our *2011 Strategy* was highly valuable, and we look forward to continuing that collaboration as we work on the Administration's *2012 Strategy*.

In your letter, you raise several important issues which I would like to address. First, you state that marijuana is harmless, non-addictive, and should be decriminalized. Secondly, you state that individuals should have access to marijuana for medical purposes. And lastly, you cite the harm that can be done to an individual if he or she has a drug conviction on his or her record. I would like to begin with points of agreement. First, this Administration agrees that we should expand alternatives to incarceration for those whose criminal offense is related to an underlying substance abuse problem. We are also working to remove barriers for those who are in recovery or have fulfilled sentences related to drug offenses. In collaboration with our interagency partners, including the Education Department and Housing and Urban Development, we are promoting policies and programs to ensure individuals are not singled out for additional penalties for drug convictions. And, we agree that having a drug conviction on a person's record can cause that person unnecessary hardships. However, we disagree with your points on marijuana legalization and marijuana for medical purposes. From day one, President Obama has been clear that science, not politics, should guide our Nation's policies. It is precisely because of what the scientific and research communities have shown us that we oppose any policy that would make illicit drugs – including marijuana - more available in our communities.

Scientists at The National Institute on Drug Abuse, the Federal Government's leading researchers on the science of drug abuse, confirm that marijuana is not a benign substance and that it is addictive. In fact, the lifetime risk of drug dependence in cannabis users has been estimated at about 9 percent, rising to one-in-six in those who initiate use in adolescence. The rate of dependence on marijuana is nearly twice as prevalent when compared to any other illicit psychoactive substance. Further, marijuana is the most prevalent drug used by young people and is associated with lowered academic performance, fatal drugged driving accidents, and visits to emergency rooms across the country. According to data from the Department of Health and Human Services, marijuana was involved in 376,000 emergency room visits in 2009.

We share your concerns about the importance of providing relief and dignity to individuals at the last stages of their life. To that end, we ardently support research into determining what components of the marijuana plant can be used as medicine. In fact, the Federal Government is the largest source of funding for research into the potential therapeutic benefits of marijuana, and every valid request for the use of marijuana for research has been approved by the Drug Enforcement Administration. For example, MARINOL® (Dronabinol) is an FDA approved drug derived from cannabinoids and can be legally prescribed to treat nausea and to stimulate appetite. To date, however, the FDA and the Institute of Medicine have not found smoked marijuana to be a safe or effective medicine for any condition, nor has any major medical association come out in favor of smoked marijuana for widespread medical use. As such, any effort to use political campaigns or the ballot box to circumvent the process for approving drugs for people is misguided and potentially dangerous.

Finally, this Administration stresses the importance of not approaching our Nation's drug problem as a "war on drugs." As someone who has spent his entire career in law enforcement, I recognize that we will never be able to arrest our way out of our drug problem. Drug addiction is a disease of the brain. Like any other chronic disease, it can be successfully prevented and treated. That is why our policies support preventing drug use and reforming the criminal justice system. Our drug control budget reflects this reality. Last year, the President's Budget devoted \$10.4 billion to drug education and treatment programs, compared to \$4.3 billion for incarceration programs.

Drug use in America strains our economy, our healthcare system, and our criminal justice system. The good news is that we are not powerless against this problem. Over the past three decades, the overall rate of drug use in the U.S. has dropped by roughly one-third. More recently, cocaine use has dropped by 40 percent, and meth use in America has been cut by half. With your support, we hope to continue to build upon this progress.

Thank you for your support, as ONDCP works to reduce illicit drug use and its consequences. If you have additional questions, please do not hesitate to contact me directly at (202) 395-6700, or have your staff contact Rob Reed, Acting Director of ONDCP's Office of Legislative Affairs, at (202) 395-6912.

Respectfully,



R. Gil Kerlikowske  
Director