

Medical Marijuana

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1.

Since 1996, thirteen states have enacted laws that allow the cultivation of medical marijuana and protect patients who possess medical marijuana (with their doctors' recommendations or certifications) from criminal penalties: Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington. Eight of the thirteen 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 2004; Rhode Island's was passed into law over the governor's veto in 2006; and New Mexico's legislation was signed into law by Governor Bill Richardson in 2007.

Source:

Marijuana Policy Project, "State by State Medical Marijuana Laws" (Washington, DC: November 2008, Table 1, pp. 14-18.

http://www.mpp.org/assets/pdfs/download-materials/SBSR_NOV2008_1.pdf

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 nelfinavir 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 log₁₀ 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.

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.

9.

"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.

10.

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.

11.

Medical and scientific organizations based in the United States that support access to therapeutic cannabis include: the American Academy of Family Physicians (1989, 1995); American Academy of HIV Medicine (2003); American College of Physicians (2008); American Medical Association's Council on Scientific Affairs (2001); American Medical Students Association (1993); American Nurses Association (2003); American Preventive Medical Association (1997); American Public Health Association (1995); Association of Nurses in AIDS Care (1999); Federation of American Scientists (1994); HIV Medicine Association (2006); Institute of Medicine (1982 & 1999); Kaiser Permanete (1997); Lymphoma Foundation of America (1997); National Association for Public Health Policy (1998); National Nurses Society on Addictions (1995); and Physicians Association for AIDS Care.

Source:

Patients out of Time, "Organizations Supporting Access to Therapeutic Cannabis," (Howardsville, VA: January 2009)

<http://www.medicalcannabis.com/PDF/GroupList.pdf>

12.

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.

13.

Medical and scientific organizations based in the United States that support research concerning therapeutic cannabis include: American Academy of Addiction Psychiatry (2000); American Academy of Family Physicians (1977); American Cancer Society (1997); American Nurses Association (2003); American Society of Addiction Medicine (2000); Association of Nurses in AIDS Care (1999); Council of Health Organizations (1971); Federation of American Scientists (1995); HIV Medicine Association (2006); and National Institute of Health Workshop on the Medical Utility of Marijuana (1997).

Source:

Patients out of Time, "Organizations Supporting Access to Therapeutic Cannabis," (Howardsville, VA: January 2009)

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14.

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!.

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...." The 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.

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.

17.

"In 2003, the Opium Act was amended to legalise the medical use of cannabis. Since September 2003, prescribed medical cannabis is available at pharmacies for patients with indicated disorders."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2003" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Dec. 2003), p. 1.

18.

"Evidence not only supports the use of medical marijuana in certain conditions but also suggests numerous indications for cannabinoids. Additional research is needed to further clarify the therapeutic value of cannabinoids and determine optimal routes of administration. The science on medical marijuana should not be obscured or hindered by the debate surrounding the legalization of marijuana for general use."

Source:

American College of Physicians. Supporting Research into the Therapeutic Role of Marijuana. Philadelphia: American College of Physicians; 2008: Position Paper. (Available from American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106.), p. 9.

http://www.acponline.org/advocacy/where_we_stand/other_issues/medmarijua...

19.

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.

20.

Medical and scientific organizations not based in the United States that support access to therapeutic cannabis include: Australian National Task Force on Cannabis (1994); Australian Medical Association (New South Wales) Limited (1999); British Medical Association; Bundesverband Poliomyelitis (Federal Union for Polio), Germany (1998); Canadian AIDS Society (2004); Canadian Medical Association (2001); Deutsche Epilipsievereinigung (German Association for Epilepsy - 1998); Deutsche Gesellschaft fur Algesiologie (German Society for Algesiology - 1998); Deutsche Gesellschaft fur Drogen-und Suchtmedizin (German Society for Drug and Addiction Medicine - 1998); French Ministry of Health (1997); Health Canada (1997); House of Lords (UK) Select Committee on Science and Technology (1999); Medical Association of Jamaica (2001); Preventive Medical Center, Netherlands (1993); and Schmerztherapeutisches Kolloquium (Society for Pain Therapists), Germany (1998).

Source:

Patients out of Time, "Organizations Supporting Access to Therapeutic Cannabis," (Howardsville, VA: January 2009)

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