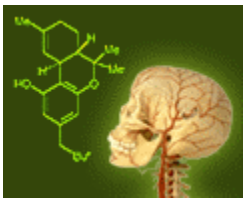
Medical Use Introduction



Federal authorities should rescind their prohibition of the medical use of marijuana for seriously ill patients and allow physicians to decide which patients to treat. The government should change marijuana's status from that of a Schedule I drug ... to that of a Schedule II drug ... and regulate it accordingly."
- *The New England Journal of Medicine, January 30, 1997*

Introduction

Marijuana prohibition applies to everyone, including the sick and dying. Of all the negative consequences of prohibition, none is as tragic as the denial of medicinal cannabis to the tens of thousands of patients who could benefit from its therapeutic use.

Evidence Supporting Marijuana's Medical Value

Written references to the use marijuana as a medicine date back nearly 5,000 years.[1] Western medicine embraced marijuana's medical properties in the mid-1800s, and by the beginning of the 20th century, physicians had published more than 100 papers in the Western medical literature recommending its use for a variety of disorders.[2] Cannabis remained in the United States pharmacopoeia until 1941, removed only after Congress passed the Marihuana Tax Act which severely hampered physicians from prescribing it. The American Medical Association (AMA) was one of the most vocal organizations to testify against the ban, arguing that it would deprive patients of a past, present and future medicine.[3]

Modern research suggests that cannabis is a valuable aid in the treatment of a wide range of clinical applications.[4] These include pain relief -- particularly of neuropathic pain (pain from nerve damage) -- nausea, spasticity, glaucoma, and movement disorders.[5] Marijuana is also a powerful appetite stimulant, specifically for patients suffering from HIV, the AIDS wasting syndrome, or dementia.[6] Emerging research suggests that marijuana's medicinal properties may protect the body against some types of malignant tumors[7] and are neuroprotective.[8]

Currently, more than 60 U.S. and international health organizations -- including the American Public Health Association [9] , Health Canada[10] and the Federation of American Scientists[11] -- support granting patients immediate legal access to medicinal marijuana under a physician's supervision. (Go to: http://www.norml.org/index.cfm?Group_ID=3388 for a complete listing of

organizations.) Several others, including the American Cancer Society[12] and the American Medical Association[13] support the facilitation of wide-scale, clinical research trials so that physicians may better assess cannabis' medical potential. In addition, a 1991 Harvard study found that 44 percent of oncologists had previously advised marijuana therapy to their patients.[14] Fifty percent responded they would do so if marijuana was legal. A more recent national survey performed by researchers at Providence Rhode Island Hospital found that nearly half of physicians with opinions supported legalizing medical marijuana.[15]

Government Commissions Back Legalization

Virtually every government-appointed commission to investigate marijuana's medical potential has issued favorable findings. These include the U.S. Institute of Medicine in 1982[16] the Australian National Task Force on Cannabis in 1994[17] and the U.S. National Institutes of Health Workshop on Medical Marijuana in 1997.[18]

More recently, Britain's House of Lord's Science and Technology Committee found in 1998 that the available evidence supported the legal use of medical cannabis.[19] MPs determined: "The government should allow doctors to prescribe cannabis for medical use. ... Cannabis can be effective in some patients to relieve symptoms of multiple sclerosis, and against certain forms of pain. ... This evidence is enough to justify a change in the law."[20] The Committee reaffirmed their support in a March 2001 follow-up report criticizing Parliament for failing to legalize the drug.[21]

U.S. investigators reached a similar conclusion in 1999. After conducting a nearly two-year review of the medical literature, investigators at the National Academy of Sciences, Institute of Medicine affirmed: "Scientific data indicate the potential therapeutic value of cannabinoid drugs ... for pain relief, control of nausea and vomiting, and appetite stimulation. ... Except for the harms associated with smoking, the adverse effects of marijuana use are within the range tolerated for other medications."[22] Nevertheless, the authors noted cannabis inhalation "would be advantageous" in the treatment of some diseases, and that marijuana's short- term medical benefits outweigh any smoking-related harms for some patients. Predictably, federal authorities failed to act upon the IOM's recommendations, and instead have elected to continue their long-standing policy of denying marijuana's medical value.

Administrative Ruling Supports Medical Use

NORML first raised this issue in 1972 in an administrative petition filed with the Drug Enforcement Administration. NORML's petition called on the federal government to reclassify marijuana under the Controlled Substances Act as a Schedule II drug so that physicians could legally prescribe it. Federal authorities initially refused to accept the

petition until mandated to do so by the US Court of Appeals in 1974, and then refused to properly process it until again ordered by the Court in 1982.

Fourteen years after NORML's initial petition in 1986, the DEA finally held public hearings on the issue before an administrative law judge. Two years later, Judge Francis Young ruled that the therapeutic use of marijuana was recognized by a respected minority of the medical community, and that it met the standards of other legal medications. Young found: "Marijuana has been accepted as capable of relieving distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record."[23] Young recommended, "The Administrator transfer marijuana from Schedule I to Schedule II, to make it available as a legal medicine."

DEA Administrator John Lawn rejected Young's determination, choosing instead to invoke a differing set of criteria than those used by Judge Young. The Court of Appeals allowed Lawn's reversal to stand, effectively continuing the federal ban on the medical use of marijuana by seriously ill patients. It is urgent that state legislatures and the federal government act to correct this injustice.

Public Support for Medical Marijuana

Since 1996, voters in eight states -- Alaska, Arizona, California, Colorado, Maine, Nevada, Oregon and Washington -- have adopted initiatives exempting patients who use marijuana under a physician's supervision from state criminal penalties. (Go to: http://www.norml.org/index.cfm?Group_ID=3391 for a summary of state medical marijuana laws.) In 1999, the Hawaii legislature ratified a similar law. These laws do not legalize marijuana or alter criminal penalties regarding the possession or cultivation of marijuana for recreational use. They merely provide a narrow exemption from state prosecution for defined patients who possess and use marijuana with their doctor's recommendation. Available evidence indicates that these laws are functioning as voters intended, and that reported abuses are minimal.

As the votes in these states suggest, the American public clearly distinguishes between the medical use and the recreational use of marijuana, and a majority support legalizing medical use for seriously ill patients. A March 2001 Pew Research Center poll[24] reported that 73 percent of Americans support making marijuana legally available for doctors to prescribe, as did a 1999 Gallup poll.[25] Similar support has been indicated in every other state and nationwide poll that has been conducted on the issue since 1995. (Go to: http://www.norml.org/index.cfm?Group_ID=3392 for a complete listing of polls.) Arguably, few other public policy issues share the unequivocal support of the American public as this one.

Medical Marijuana and the Supreme Court

The Supreme Court ruled on May 14, 2001 that federal law makes no exceptions for growing or distributing marijuana by third party organizations (so-called "cannabis buyers' cooperatives"), even if the goal is to help seriously ill patients using marijuana as a medicine. Nevertheless, the Court's decision fails to infringe upon the rights of individual patients to use medical cannabis under state law, or the ability of legislators to pass laws exempting such patients from criminal penalties. This fact was affirmed by Justices Stevens, Ginsburg and Souter, who wrote in a concurring opinion: "By passing Proposition 215, California voters have decided that seriously ill patients and their primary caregivers should be exempt from prosecution under state laws for cultivating and possessing marijuana. ... This case does not call on the Court to deprive all such patients of the benefit of the necessity defense to federal prosecution when the case does not involve any such patients."

NORML filed an amicus curiae (friend of the court) brief in this case, and hoped the Court would protect California's patient-support efforts from federal prosecution. The sad result of this decision is that tens of thousands of seriously ill patients who use marijuana to relieve their pain and suffering no longer have a safe and secure source for their medical marijuana. NORML calls on our elected officials to correct this injustice and is currently lobbying Congress to legalize marijuana as a medicine.

Endnotes

1. L. Grinspoon and J. Bakalar. 1997. *Marihuana the Forbidden Medicine* (second edition). New Haven, CT: Yale University Press; B. Zimmerman et al. 1998. Is Marijuana the Right Medicine for You? A Factual Guide to Medical Uses of Marijuana. New Canaan, CT: Keats Publishing.

2. T. Mikuriya. (Ed.) 1973. *Marijuana: Medical Papers 1839-1972*. Oakland: Medi-Comp Press.

3. AMA (American Medical Association) Legislative Counsel William C. Woodword told Congress on July 12, 1937: **"The obvious purpose of and effect of this bill is to impose so many restrictions on the medicinal use [of cannabis] as to prevent such use altogether. ... It may serve to deprive the public of the benefits of a drug that on further research may prove to be of substantial benefit."**

4. Several books explore this issue in further detail. These include: A. Mack and J. Joy. 2001. *Marijuana as Medicine: The Science Beyond the Controversy*. Washington, DC: National Academy Press; L. Iverson. 2000. The Science of Marijuana. New York: Oxford University Press; B. Zimmerman et al. 1998. *Is Marijuana the Right Medicine for You?*;

C. Conrad. 1997. *Hemp for Health: The Medicinal and Nutritional Uses of Cannabis Sativa*. Rochester VT: Healing Arts Press; L. Grinspoon and J. Bakalar J. 1997. *Marihuana the Forbidden Medicine*; E. Rosenthal et al. 1997. Marijuana Medical Handbook. Oakland: Quick American Archives; and R. Mechoulam. (Ed.) 1986. *Cannabinoids as Therapeutic Agents*. Boca Raton: CRC Press.

5. NSW (New South Wales) Working Party on the Use of Cannabis for Medicinal Purposes. 2000. *Report of the Working Party on the Use of Cannabis for Medical Purposes*. Sydney: Parliament House; J. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: National Academy Press; House of Lords Select Committee on Science and Technology. 1998. Ninth Report. *Cannabis: The Scientific and Medical Evidence*. London: The Stationary Office; J. Morgan and L. Zimmer. 1997. *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence*. New York: Lindesmith Center; Grinspoon and Bakalar. 1997. *Marihuana the Forbidden Medicine.*

6. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*.

7. I. Galve-Roperph et al. 2000. Antitumoral action of cannabinoids: involvement of sustained ceramide accumulation of ERK activation. *Nature Medicine* 6: 313-319.

8. M. Van der Stelt et al. 2001. Neuroprotection by delta-9 tetrahydrocannabinol, the main active compound in marijuana, against ouabain-induced in vivo excitotoxicity. *The Journal of Neuroscience* 21: 6475-6479; J. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base.*

9. APHA (American Public Health Association) Resolution 9513: "Access to Therapeutic Marijuana/Cannabis," adopted November 1995 states in part, **"[The APHA] encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids, and ... urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine."**

10. Health Canada legalized the possession and cultivation of medical marijuana on July 31, 2001.

11. The FAS' (Federation of American Scientists) position on medical marijuana, adopted November 1994, states in part: **"Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications, ... the President should instruct the NIH and the Food and Drug Administration to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials,**

both to allow data-gathering and to provide an alternative to the black market while the scientific questions about the possible utility of cannabis are resolved."

12. In a July 24, 1997 letter to California Senator John Vasconcellos, American Cancer Society Legislative Advocate Theresa Renken wrote: **"[California Senate Bill] 535 focuses on medical marijuana research. [The] American Cancer Society ... Supports S.B. 535 because it is consistent with our long-held position of supporting research of any agent or technique for which there may be evidence of a therapeutic advantage."**

13. AMA (American Medical Association) Council on Scientific Affairs 1997 Report #10: Medical Marijuana contains the following statements supporting a physician's right to freely discuss marijuana therapy with a patient, and favoring further research into medical marijuana's therapeutic potential: **"The AMA recommend that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which preclinical, anecdotal or controlled evidence suggests possible efficacy, including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia and neuropathic pain."**

14. R. Doblin and M. Kleiman. 1991. Marijuana as anti-emetic medicine: a survey of oncologists attitudes and experiences. *Journal of Clinical Oncology* 9: 1275-1280.

15. Reuters News Wire. April 23, 2001. "Physicians divided on medical marijuana."

16. **"Cannabis and its derivatives have shown promise in a varieties of disorders. The evidence is most impressive in glaucoma, ... asthma, ... and in [combating] the nausea and vomiting of cancer chemotherapy. ... Smaller trials have suggested cannabis might also be useful in seizures, spasticity, and other nervous system disorders."** Conclusion of the National Academy of Sciences Institute of Medicine. 1982. Marijuana and Health. Washington, DC: National Academy Press.

17. **"First, there is good evidence that THC is an effective anti-emetic agent for patients undergoing cancer chemotherapy. ... Second, there is reasonable evidence for the potential efficacy of THC and marijuana in the treatment of glaucoma, especially in cases which have proved resistant to existing anti-glaucoma agents. Further research is ... required, but this should not prevent its use under medical supervision. ... Third, there is sufficient suggestive evidence of the potential usefulness of various cannabinoids as analgesic, anti- asthmatic, anti-spasmodic, and anti-convulsant agents."** W. Hall et al. 1994. *The health and psychological consequences of cannabis use: Monograph prepared for the National Task for on Cannabis*. Canberra: Australian Government Publishing Service.

18. **"Marijuana looks promising enough to recommend that there be new controlled studies done. The indications in which varying levels of interest was expressed are the following: appetite stimulation/cachexia, nausea and vomiting following anti-cancer therapy, neurological and movement disorders, analgesia [and] glaucoma."** Conclusions of the National Institutes of Health. 1997. *Workshop on the Medical Utility of Marijuana: Report to the Director*. Bethesda: National Institutes of Health.

19. House of Lords Select Committee on Science and Technology. 1998. Ninth Report: *Cannabis: the Scientific and Medical Evidence*. London: The Stationary Office.

20. "Lords Say, Legalise Cannabis for Medical Use." 1998. Press Release. House of Lords Select Committee on Science and Technology Press Office.

21**."We are concerned that the MCA [Medicines Control Agency] approach to the licensing of cannabis-based medicines ... place the requirements of safety and the needs of patients in an unacceptable balance. ... Patients with severe conditions such as multiple sclerosis are being denied the right to make informed choices about their medication. There is always some risk in taking any medication, ... but these concerns should not prevent them from having access to what promises to be the only effective medication available to them."** Conclusion of the British House of Lords Select Committee on Science and Technology. 2001. Second Report: Therapeutic Uses of Cannabis. London: The Stationary Office.

22. J. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*.

23. In the Matter of Marihuana Rescheduling Petition, Docket 86-22, Opinion, Recommended Ruling, Findings of Fact, Conclusions of Law, and Decision of Administrative Law Judge, September 6, 1988. Washington, DC: Drug Enforcement Administration.

24. Seventy-three percent of respondents supported allowing doctors "to prescribe marijuana." Sample size: 1,513.

25. Seventy-three percent of respondents said they "would vote for making marijuana legally available for doctors to prescribe." Sample size: 1,018. Released March 1999.