



United States Medical Community Positions on Medical Marijuana

American Academy of Family Physicians

"The American Academy of Family Physicians [supports] the use of marijuana ... under medical supervision and control for specific medical indications."

Reference: *1996-1997 AAFP Reference Manual - Selected Policies on Health Issues*

American Medical Student Association

"The American Medical Student Association strongly urges the United States Government ... to meet the treatment needs of currently ill Americans by restoring the Compassionate IND program for medical marijuana, and ... reschedul[ing] marijuana to Schedule II of the Controlled Substances Act, and ... end[ing] the medical prohibition against marijuana."

Reference: *AMSA House of Delegates Resolution #12 : adopted March 1993*

American Preventive Medical Association

"Marijuana should be available for appropriate medicinal purposes, when such use is in accordance with state law, and that physicians who recommend and prescribe marijuana for medicinal purposes in states where such use is legal, should not be censured, harassed, prosecuted or otherwise penalized by the federal government."

Reference: *"Medicinal Use of Marijuana" policy statement: December 8, 1997*

American Public Health Association

"[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."

Reference: *Resolution #9513: "Access to Therapeutic Marijuana/Cannabis:" adopted November 1995*

American Society of Addiction Medicine

"Approved medical uses for marijuana or [THC] for treatment of glaucoma, illnesses associated with wasting such as AIDS, the emesis associated with chemotherapy, or other uses should be carefully controlled. The drug should be administered only under the supervision of a knowledgeable physician."

Reference: *ASAM "Statement on Marijuana," passed by ASAM Board of Directors: April 16, 1997*

California Academy of Family Physicians

"[The CAFP] supports efforts to expedite access to cannabinoids for use under the direction of a physician."

Reference: *position statement adopted by the Academy's Congress of Delegates: February 1994*

California Pharmacists Association

"[The CPA] support pharmacy participation in the legal distribution of medical marijuana."

Reference: *AP Financial News article, May 26, 1997*

Federation of American Scientists

"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."

Reference: *FAS Petition on Medical Marijuana, November 1994*

Florida Medical Association

"The FMA urge the state and federal governments and U.S. Public Health Service to open limited access to medical marijuana by reopening the investigational new drug program to new applicants."

Reference: *FMA Resolution #97-61: adopted June 1997*

Kaiser Permanente

"Medical guidelines regarding [marijuana's] prudent use should be established... Unfortunately, clinical research on potential therapeutic uses for marijuana has been difficult to accomplish in the United States, despite reasonable evidence for the efficacy of tetrahydrocannabinol (THC) and marijuana as anti-emetic and anti-glaucoma agents and the suggestive evidence for their efficacy in the treatment of other medical conditions, including AIDS."

Reference: *Kaiser Permanente study: "Marijuana Use and Mortality," American Journal of Public Health, April 1997*

Lymphoma Foundation of America

"Be it resolved that this organization urges Congress and the President to enact legislation to reschedule marijuana to allow doctors to prescribe smokable marijuana to patients in need; and, Be it further resolved that this organization urges the US Public Health Service to allow limited access to medicinal marijuana by promptly reopening the Investigational New Drug compassionate access program to new applicants."

Reference: *Resolution approved by Lymphoma Foundation President Belita Cowan: January 20, 1997.*

Medical Society of the State of New York

"Assembly Bill 5796A ... would allow certain patients ... to use marijuana to treat a serious condition that is defined as a life-threatening condition or a condition associated with or a complication of such a condition or its

treatment. ... The Medical Society believes that this legislation would provide physicians, in consultation with their patient, another treatment option for those patients who are facing a life-threatening condition."

Reference: *MSSNY e-news: May 7, 2004*

National Academy of Sciences Institute of Medicine (IOM)

"Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation. ... For certain patients, such as the terminally ill or those with debilitating symptoms, the long-term risks [associated with smoking] are not of great concern. ... [Therefore,] clinical trials of marijuana for medical purposes should be conducted. ... There are patients with debilitating symptoms for whom smoked marijuana might provide relief. ... Except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

Reference: *"Marijuana as Medicine: Assessing the Science Base," National Academy Press: Washington, DC. 1999*

National Association for Public Health Policy

"We ... recommend the following ... actions: The federal government should re-classify marijuana ... out of the Schedule 1 category and allow their prescription where medically appropriate."

Reference: *Position paper adopted by the National Association for Public Health Policy: November 15, 1998.*

New England Journal of Medicine

"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."

Reference: *Editorial by NEJM editor Dr. Jerome Kassirer, January 30, 1997*

New Mexico Medical Society

"The New Mexico Medical Society ... supports the medical use of marijuana for patients suffering from cancer, AIDS, and other serious or terminal conditions."

Reference: *Letter from Society President Allan Haynes (January 21, 2002)*

New York County Medical Society

"The definitive review of scientific studies ... found medical benefits related to pain relief, control of nausea and vomiting, and appetite stimulation. ... While there are a variety of ways of supplying marijuana for medical use, serious consideration should be given to the 1997 recommendation ... that the FDA reclassify marijuana from Schedule I and provide a consistent, safe supply."

Reference: *testimony of Zebulon Taintor, representing the New York County Medical Society before the New York City Health Committee: February 23, 2004*

Rhode Island Medical Society

"The Medical Society supports H-7588, it is consistent with our belief that there is sufficient evidence for us to support any physician-patient relationship that believes the use of marijuana will be beneficial to the patient."

Reference: *Steve DeTroy, Director of Government and Public Affairs*

San Francisco Medical Society

"The SFMS takes a support position on the California Medical Marijuana Initiative."

Reference: *Motion passed by SFMS Board of Directors: August 8, 1996*

Vermont Medical Marijuana Study Committee

"There is medical value in using marijuana to ameliorate some symptoms associated with severe illnesses and the treatment thereof. ... Marijuana is misclassified as a [federal] Schedule I drug and should be reclassified to permit physicians to prescribe and pharmacies to dispense medical marijuana."

Reference: *"Report of the Medical Marijuana Study Committee," preliminary report to the Vermont General Assembly: December 2002*

American Cancer Society

"[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."

Reference: *Letter from ACS to California State Senator John Vasconcellos (July 24, 1997)*

American Medical Association

"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 in including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia, and neuropathic pain."

Reference: *Council on Scientific Affairs Report #10: Medical Marijuana*

California Medical Association

"The CMA urge that carefully designed, controlled clinical trials of the effectiveness of inhaled marijuana for medical indications be allowed to proceed immediately. ... The CMA immediately initiate efforts at the federal level to facilitate the availability of inhaled marijuana for use in conducting clinical research to determine the medical efficacy of marijuana."

Reference: *CMA Resolution #107a-97: Medical Marijuana : adopted April 1997*

California Society on Addiction Medicine (CSAM)

"CSAM supports controlled studies of the medical usefulness of marijuana, including all routes of administration, and especially supports studies on the therapeutic effects of the essential ingredients ... of

cannabis sativa. ... CSAM urges the DEA to remove cannabis from Schedule I and move it to an appropriate Schedule, below Schedule I as determined by what is known about its therapeutic benefit."

Reference: *CSAM "Position on Medical Use of Marijuana in California" as it appeared in CSAM News, Spring 1997*

National Institutes of Health (NIH) Workshop on the Medical Utility of Marijuana

"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 anticancer therapy, neurological and movement disorders, analgesia, [and] glaucoma. Accordingly, the NIH should consider relevant administrative mechanisms to facilitate grant applications in each of these areas. Whether or not the NIH is the primary source of grant support for a proposed bona fide clinical research study, if that study meets U.S. regulatory standards ... protocol approval, ... the study should receive marijuana."

Reference: *Workshop on the Medical Utility of Marijuana: "Report to the Director:" August 1997*

Texas Medical Association

"The Texas Medical Association supports (1) the physician's right to discuss with his/her patients any and all possible treatment options related to the patients' health and clinical care, including the use of marijuana, without the threat to the physician or patient of regulatory, disciplinary, or criminal sanctions; and (2) further well-controlled studies of the use of marijuana with seriously ill patients who may benefit from such alternative treatment."

Reference: *Resolution adopted by the TMA Council on Scientific Affairs: April 29, 2004*

Vermont Medical Society

"VMS" current policy on medical marijuana focuses on the need for additional scientific research, the need for free and open discussion between physicians and patients and the need to exercise caution in view of federal criminal penalties for prescribing marijuana or aiding or abetting patients to violate federal law."

Reference: *VMS Legislative Bulletin: February 10, 2003*

Wisconsin State Medical Society

"The SMS urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. ...The SMS believes that the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana."

Reference: *SMS Policy Compendium 2000-2001 - Alternative Medicine.*