

Medical Marijuana Endorsements and Statements of Support

The following is a representative sample of the large number of government panels, medical organizations, health charities and individuals of note who have publicly stated their support for medical access to marijuana and/or their opposition to criminal penalties for medical marijuana users.

- “Nausea, appetite loss, pain and anxiety are all afflictions of wasting, and all can be mitigated by marijuana.”

— Institute of Medicine, “Marijuana and Medicine: Assessing the Science Base,” 1999

- “[T]here will likely always be a subpopulation of patients who do not respond well to other medications ... The critical issue is not whether marijuana or cannabinoid drugs might be superior to the new drugs, but whether some group of patients might obtain added or better relief from marijuana or cannabinoid drugs ... Although some medications are more effective than marijuana for these problems, they are not equally effective in all patients.”

— Institute of Medicine, “Marijuana and Medicine: Assessing the Science Base,” 1999

- “ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws.”

—American College of Physicians
(representing 124,000 members, ACP is the largest specialty and second largest medical society in the U.S.),
“Supporting Research into the Therapeutic Role of Marijuana,”
February 2008

- “Considering the evidence available today about the potential therapeutic benefits and risks associated with marijuana and its cannabinoids, ACP believes that it is time to review the evidence to determine whether reclassification is appropriate ... We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between federal and state law, and strengthen public confidence in the federal regulatory structure.”

—American College of Physicians
(representing 124,000 members, ACP is the largest specialty and second largest medical society in the U.S.),
“Supporting Research into the Therapeutic Role of Marijuana,
An Addendum by the Health and Public Policy Committee,” 2008

- ♦ “[I]t is the responsibility of federal regulatory agencies to take the steps necessary to conduct an evidence-based evaluation of the safety and effectiveness of marijuana and its cannabinoids for therapeutic purposes...”

—American College of Physicians
(representing 124,000 members, ACP is the largest specialty and second largest medical society in the U.S.),
“Supporting Research into the Therapeutic Role of Marijuana,
An Addendum by the Health and Public Policy Committee,” 2008

- ♦ “[T]he Leukemia & Lymphoma Society supports legislation to remove criminal and civil sanctions for the doctor-advised, medical use of marijuana by patients with serious physical medical conditions ... [the] Leukemia & Lymphoma Society strongly urge that in a state where patients are permitted to use marijuana medicinally for serious and/or chronic illnesses and a patient’s physician has recommended its use in accordance with that state’s law and that state’s medical practice standards, the patient should not be subject to federal criminal penalties for such medical use.”

— Leukemia & Lymphoma Society, July 2007

- ♦ “The American Academy of Addiction Psychiatry endorses the Institute of Medicine (IOM) report supporting the therapeutic value of cannabinoid drugs for pain relief, control of nausea and vomiting and appetite stimulations for debilitating conditions such as AIDS. We are in favor of compassion for the ill and the availability of marijuana for medical purposes based on current evidence.”

— American Academy of Addiction Psychiatry, “Medical Use of Marijuana,”
June 2002, www.aaap.org/policies/marijuana.html

- ♦ “[We ask] that our AMA support reclassification of marijuana’s status as a Schedule I controlled substance into a more appropriate schedule.”

—Medical Student Section of the American Medical Association,
Marijuana: Medical Use and Research, June 14, 2008

- ♦ “[The AAFP accepts the use of medical marijuana] under medical supervision and control for specific medical indications.”

— American Academy of Family Physicians, 1989, reaffirmed in 2001

- ♦ “When appropriately prescribed and monitored, marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients.”

— American Academy of HIV Medicine, 2003

- ♦ “Therefore be it resolved that the American Nurses Association will: ... Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision.”

— American Nurses Association, resolution, 2003

- ♦ “The CMA has always recognized and acknowledged the unique requirements of those individuals suffering from a terminal illness or chronic disease for which conventional therapies have not been effective and for whom marijuana for medicinal purposes may provide relief.”

— Canadian Medical Association, January 2006,
www.cma.ca/index.cfm/ci_id/3396/la_id/1.htm

- “Present evidence indicates that [cannabinoids] are remarkably safe drugs, with a side-effects profile superior to many drugs used for the same indications.”

— British Medical Association, November 1997

- “For a significant number of patients, clinical experience and research confirm that marijuana serves as the only effective medicine for relieving pain, suppressing nausea or stimulating appetite. Numerous studies by blue-ribbon government panels and federally funded, peer-reviewed scientific studies have consistently found that marijuana is effective for treating certain debilitating symptoms.”

— American Pain Foundation, American Medical Women’s Association, Lymphoma Foundation of America, American Nurses Association, California Nurses Association, AIDS Action Council, National Women’s Health Network, Doctors of the World-USA, Gay Men’s Health Crisis, Amici Curiae in Support of Petitioner, *Ross v. Ragingwire*, 2006 WL 3244938 (August 7, 2006 Appellate Brief)

- “[M]arijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions ... [G]reater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use.”

— American Public Health Association, Resolution #9513, “Access to Therapeutic Marijuana/Cannabis,” 1995

- “[T]he use of marijuana may be appropriate when prescribed by a licensed physician solely for use in alleviating pain and nausea in patients who have been diagnosed as chronically ill with life threatening disease, when all other treatments have failed.”

— The Medical Society of the State of New York, May 3, 2004

- “[T]here is sufficient evidence for us to support any physician-patient relationship that believes the use of marijuana will be beneficial to the patient.”

— Rhode Island Medical Society, 2004

- “[The] CMA continue to support the ability of physicians to discuss and make recommendations concerning the potential benefits or harm to the patient of smoked herbal cannabis consistent with state and federal law and oppose criminal prosecution of patients who possess or use smoked herbal cannabis for medical reasons upon the recommendation of a physician.”

— California Medical Association, October 30, 2006

- “[I]t cannot seriously be contested that there exists a small but significant class of individuals who suffer from painful chronic, degenerative, and terminal conditions, for whom marijuana provides uniquely effective relief.”

— HIV Medicine Association of the Infectious Diseases Society of America, American Medical Students Association, Lymphoma Foundation of America, Dr. Barbara Roberts, and Irvin Rosenfeld, Amicus Curiae brief filed in the U.S. Supreme Court (in the case of *Gonzales v. Raich*), October 2004

- ♦ “Because inhaled smoked cannabis has more favorable pharmacokinetics than administration via oral or other routes, research should focus on the development of an inhaled mode of administration that gives results as close to smoked cannabis as possible.”

— National Multiple Sclerosis Society, “Recommendations Regarding the Use of Cannabis in Multiple Sclerosis,” Expert Opinion Paper, July 2008

- ♦ “There are sufficient data available to suggest that cannabinoids may have neuroprotective effects that studies in this area should be aggressively pursued.”

— National Multiple Sclerosis Society, “Recommendations Regarding the Use of Cannabis in Multiple Sclerosis,” Expert Opinion Paper, July 2008

- ♦ “We think people who use cannabis to relieve the pain of arthritis should be able to do so.”

— Arthritis Research Campaign, October 23, 2001

- ♦ “Whitman-Walker Clinic supports the valid use of marijuana, under a physician’s supervision, to help alleviate AIDS wasting syndrome and nausea associated with treatment regimes.”

— Whitman-Walker Clinic, April 1998

- ♦ “[F]or cancer patients with advanced cancers who want to improve the quality of their life, a risk versus benefit analysis [of smoked medical marijuana] weighs heavily on the benefit side.”

— *Cancer Monthly*, May 2006

- ♦ “[B]ased on much evidence from patients and doctors alike on the superior effectiveness and safety of whole cannabis ... we hereby petition the Executive Branch and the Congress to facilitate and expedite the research necessary to determine whether this substance should be licensed for medical use by seriously ill persons.”

— Federation of American Scientists,
petition to the U.S. Health and Human Services Secretary, November 1994

- ♦ “In states where patients are permitted to use marijuana medicinally for serious and/or chronic illnesses and a patient’s physician has recommended its use in accordance with that state’s law and that state’s medical practice standards, the patient should not be subject to federal criminal penalties for such medical use.”

— HIV Medicine Association, October 30, 2006

- ♦ “The American Medical Student Association strongly urges the United States government ... to reschedule marijuana to Schedule II of the Controlled Substance Act, and ... end the medical prohibition against marijuana.”

— American Medical Students Association, March 1993

- ♦ “[We] recommend that the APA support the AMA recommendation, “The AMA believes that effective patient care requires the free and unfettered exchange of information on treatment and alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.”

— Assembly of the American Psychiatric Association, November 3, 2007
(Note: This language has not been yet been adopted as official policy of the APA)

- ♦ “[We] support protection for patients and physicians participating in state approved medical marijuana programs.”

— Assembly of the American Psychiatric Association, November 3, 2007
(Note: This language has not been yet been adopted as official policy of the APA)

- ♦ “[The LFA] urges Congress and the President to enact legislation to reschedule marijuana to allow doctors to prescribe smokable marijuana to patients in need ... [and] urges the U.S. Public Health Service to allow limited access to medicinal marijuana by promptly reopening the Investigational New Drug compassionate access program to new applicants.”

— Lymphoma Foundation of America, January 20, 1997

- ♦ “[We] support the right of physicians to recommend marijuana for limited medical purposes, consistent with prevailing state laws. [We] recommend that patients be protected when in possession of and/or using legal quantities of marijuana under physician supervision in state-sanctioned medical marijuana programs. [We] recommend to the federal government that it revise its current policies that subject patients to the threat of federal arrest and prosecution even though they are under physician supervision and in possession of legal quantities of medical marijuana under state-sanctioned programs.”

—Marijuana: Medical Use Action Paper endorsed by various members of the American Psychiatric Association in leadership positions, including seven past presidents, two trustees, and the APA Lifers, November 2007

- ♦ “[A] federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane.”

— Dr. Jerome Kassirer, “Federal Foolishness and Marijuana,” editorial, *New England Journal of Medicine*, January 30, 1997

- ♦ “[T]he American Association for Social Psychiatry supports full legal status for states to implement their own doctor-advised, medical marijuana programs for patients with serious physical medical conditions ... [T]he American Association for Social Psychiatry strongly urge that in a state where patients are permitted to use marijuana medicinally for serious and/or chronic illnesses and a patient’s physician has recommended its use in accordance with that state’s law and that state’s medical practice standards, the patient should not be subject to federal criminal penalties for such medical use.”

— American Association for Social Psychiatry, May 20, 2007

- ♦ “Federal drug policy on marijuana threatens the health and well being of thousands of Americans by prohibiting even the medicinal use of cannabis under physician supervision in states with medical marijuana laws. The federal government has actively impeded research on the medical use of marijuana despite patient and physician reports that it may help to relieve such debilitating symptoms as nausea, pain, and loss of appetite associated with serious illnesses... [t]he SSSP supports both the Hinchey-Rohrabacher medical marijuana amendment and the Medical Marijuana Patient Protection Act.”

—Society for the Study of Social Problems, “Resolution: Medical Marijuana,” August 2008

- ♦ “[We] support pharmacy participation in the legal distribution of medical marijuana.”

— California Pharmacists Association, May 26, 1997

- ♦ “Government positions on the control of drugs sometimes does not seem to reflect emerging scientific research and advice though they may meet with public and media support ... Where reputable doctors believe that a substance has a beneficial and measurable effect on the health of individual patients far outweighing any potential harmful side-effects, and where there is research or sound evidence to support

such a belief, there should be a mechanism to allow such an individual to benefit from that substance while protecting the public in general.”

—Amnesty International, “AI and the Medical use of Marijuana,” June 2008

- ♦ “The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by illnesses like 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.”

— former U.S. Surgeon General Joycelyn Elders, M.D.,
“Myths About Medical Marijuana,” *Providence Journal*, March 26, 2004

- ♦ “We must make sure that the casualties of the war on drugs are not suffering patients who legitimately deserve relief.”

— Scott Fishman, president of the American Academy of Pain Medicine, February 2006

- ♦ “It [medical marijuana] should be an option for patients who have it recommended by knowledgeable physicians.”

— Dr. Jesse L. Steinfeld, former U.S. Surgeon General, July 2003

- ♦ “Marijuana, in its natural form, is one of the safest therapeutically active substances known ... The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for [the] DEA to continue to stand between those sufferers and the benefits of this substance.”

— Francis L. Young, DEA Chief Administrative Law Judge, 1988

- ♦ “I consider the most important recommendation made by the IOM (Institute of Medicine) panel [to be] that physicians be able to prescribe marijuana to individual patients with debilitating or terminal conditions ... I believe such compassionate use is justified.”

— Andrew Weil, M.D., July 1999

- ♦ “Cannabinoids and THC also have strong pain-killing powers, which is one reason medical marijuana should be readily available to people with cancer and other debilitating diseases.”

— Dean Edell, M.D., March 2, 2000

- ♦ “I’m an oncologist as well as an AIDS doctor, and I don’t think that a drug that creates euphoria in patients with terminal diseases is having an adverse effect.”

— Donald Abrams, M.D. 2005

- ♦ “Cannabis will one day be seen as a wonder drug, as was penicillin in the 1940s. Like penicillin, herbal marijuana is remarkably nontoxic, has a wide range of therapeutic applications and would be quite inexpensive if it were legal.”

— Dr. Lester Grinspoon, professor of psychiatry at Harvard Medical School,
Los Angeles Times, May 5, 2006

- ♦ “Not everybody needs marijuana for medical illness. But for those who really do, it’s very helpful. As more and more states are taking medical marijuana – New Mexico just did it the other day – eventually it will just be overwhelming. And it will happen. But I’m shocked that it’s taken this long.”
 - Dr. Thomas Ungerleider, Professor Emeritus of psychiatry at UCLA and member of President Nixon’s National Commission on Marijuana and Drug Abuse, “3rd Degree,” *LA City Beat*, March 29, 2007

- ♦ “Overall, by comparison with other drugs used mainly for ‘recreational’ purposes, cannabis could be rated to be a relatively safe drug ... In contrast, cannabis might have beneficial effects in some medical indications ... It seems likely that medicinal cannabis will re-enter the pharmacopeia.”
 - Dr. Leslie Iversen, pharmacologist at Oxford University and member of the British government’s Advisory Council on the Misuse of Drugs, “Long-term effects of exposure to cannabis,” *Current Opinion in Pharmacology*, 2005

- ♦ “Cannabinoids, the active components of cannabis sativa and their derivatives ... exert palliative effects in patients with cancer and inhibit tumour growth in laboratory animals.”
 - Dr. Manuel Guzman, associate professor of biochemistry and molecular biology at Complutense University, Madrid, Spain, “Cannabinoids: Potential Anti-Cancer Agents,” *Nature Reviews — Cancer*, October 2003

- ♦ “54% of oncologists favor the controlled medical availability of marijuana, and 44% have advised at least one of their cancer patients to obtain marijuana illegally.”
 - Doblin/Kleiman (Harvard University) scientifically valid, random survey of oncologists, *Journal of Clinical Oncology*, 1990

- ♦ “I have spent my entire career in search of more effective treatments for this awful disease [amyotrophic lateral sclerosis (ALS, aka Lou Gehrig’s disease)]. We have now found that the cannabinoids, the active ingredients in medical marijuana, work remarkably well in controlling the clinical symptoms of ALS. Even more exciting is that we are now discovering that the cannabinoids actually protect nerve cells and may prolong the life of patients with ALS.”
 - Gregory Carter, M.D., clinical professor of Rehabilitation Medicine, University of Washington School of Medicine, and co-director, Muscular Dystrophy Association (MDA)/Amyotrophic Lateral Sclerosis (ALS) Center (testimony submitted to Illinois Senate Public Health Committee, March 2007)

- ♦ “There is no problem, basically, with marijuana as a medicine ... Marijuana is no different than morphine, no different than codeine, no different than Aspirin.”
 - Health Canada’s Jeremy Mercer, “We Will Approve Marijuana Prescriptions: Marijuana ‘No Different than Aspirin,’ Health Canada official says,” *Ottawa Citizen*, December 19, 1997

- ♦ “[R]esearch has shown that cannabis can be of medicinal use. ... This is an area where public health must prevail.”
 - Belgian Ministry of Health, Willem Scholten, “Statement of the Health Ministry,” IACM Conference, Brussels, September 4, 2003

- ♦ “Despite the positive appraisal of the therapeutic potential of cannabinoids ..., they have not been widely used ... Part of the reason for this is that research on the therapeutic use of these compounds has

become a casualty of the debate in the United States about the legal status of cannabis ... As a community we do not allow this type of thinking to deny the use of opiates for analgesia. Nor should it be used to deny access to any therapeutic uses of cannabinoid derivatives that may be revealed by pharmacological research.”

— Australian National Task Force on Cannabis, Wayne Hall, Nadia Solowij, and Jim Lemon,
“The health and psychological consequences of cannabis use,”
National Drug Strategy Monograph Series No. 25, 1994,
www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubs-drug-cannab2-home.htm

- “People can debate marijuana’s potential for abuse, but it is increasingly clear that cannabis has definite medicinal benefits. Studies and abundant anecdotal evidence demonstrate that marijuana can stimulate the appetites of people with AIDS and cancer, reduce nausea in chemotherapy patients, and help people with such debilitating conditions as multiple sclerosis, diabetes and glaucoma.”

— Wesley J. Smith, senior fellow at the Discovery Institute,
San Francisco Chronicle, December 2, 2007

- “So let’s get this straight: I am against the legalization of marijuana ... However, there are cases when marijuana makes sense, like in medicine. There are a host of serious diseases when smoking pot is the best and sometimes the only relief for pain and suffering. There are plenty of people who abuse all sorts of prescription drugs, but law-abiding citizens can still have access if they need them. So, when I read about the Drug Enforcement Agency, the DEA, raiding ten medical marijuana clinics in California last week, totally legal businesses. I have to agree with the critics that call this case, and the DEA, bullies.”

— Glenn Beck, August 3, 2007

- “[We] recommend ... allow[ing] [marijuana] prescription where medically appropriate.”

— National Association for Public Health Policy, November 15, 1998

- “The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately, and make it available for physicians to prescribe. NNSA urges the American Nurses Association and other health care professional organizations to support patient access to this medicine.”

— National Nurses Society on Addictions, May 1, 1995

- “Marijuana has proven to be effective in the treatment of people with HIV/AIDS, multiple sclerosis, cancer, and those suffering from severe pain or nausea ... The legalization of medical marijuana would be a step forward for the health of all New Yorkers.”

— New York State Association of County Health Officials, resolution, 2003

- “The SFMS takes a support[ive] position on the California Medical Marijuana Initiative [legalizing medical marijuana].”

— San Francisco Medical Society, August 1996

- “[The American Bar Association] recognizes that persons who suffer from serious illnesses for which marijuana has a medically recognized therapeutic value have a right to be treated with marijuana under the supervision of a physician.”

— American Bar Association, May 4, 1998

- “If Cannabis were unknown, and bio-prospectors were suddenly to find it in some remote mountain crevice, its discovery would no doubt be hailed as a medical breakthrough. Scientists would praise its potential for treating everything from pain to cancer, and marvel at its rich pharmacopoeia — many of whose chemicals mimic vital molecules in the human body.”

— “Reefer Madness, Marijuana Is Medically Useful Whether Politicians Like It or Not,”
The Economist, April 29, 2006

