

The American Public Health Association's Endorsement on Medical Marijuana

In November of 1995, the American Public Health Association, the oldest and largest organization of health care professionals in the world, overwhelmingly adopted a resolution urging lawmakers to make marijuana legally available as a medicine for seriously ill patients. The APHA represents more than 50,000 members and has been effectively influencing policies and setting priorities in public health since 1872. APHA is one of the first major American public health associations to formally recommend using marijuana as a medicine.

9513: Access to Therapeutic Marijuana/Cannabis

The American Public Health Association,

Being aware that cannabis/marijuana has been used medicinally for centuries and that cannabis products were widely prescribed by physicians in the United States until 1937 1,2 and

Being aware that "marijuana" prohibition began with the Marijuana Tax Act of 1937 under false claims despite disagreeing testimony from the AMA's representative; 3,4

and Being further aware that the Controlled Substances Act of 1970 completely prohibited all medicinal use of marijuana by placing it in the most restrictive category of Schedule I, whereby drugs must meet three criteria for placement in this category: 1) have no therapeutic value, 2) are not safe for medical use, and 3) have a high abuse potential; 5 and

Being cognizant that the Drug Enforcement Administration's own administrative law judge ruled in 1988 that marijuana must be removed from Schedule I and made available for physicians to prescribe; 6-8 and

Knowing that 36 states have passed legislation recognizing marijuana's therapeutic value; 9,10 and

Also knowing that the only available access to legal marijuana which was through the Food and Drug Administration's Investigational New Drug Program has been closed by the Secretary of Health and Human Services since 1992; 11 and

Understanding that while synthetic Tetrahydrocannabinol (THC) is available in pill form, it is only one of approximately 60 cannabinoids which may have medicinal value individually or in some combination; and

Understanding that marijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions; 6, 32, 34 and

Understanding that marijuana has been reported to be effective in: a) reducing intraocular pressure in glaucoma; 12,13 b) reducing nausea and vomiting associated with chemotherapy; 14-16, c) stimulating the appetite for patients living with AIDS (acquired immunodeficiency syndrome) and suffering from the wasting syndrome; 17-19 d) controlling spasticity associated with spinal cord injury and multiple sclerosis;

20-25 e) decreasing the suffering from chronic pain, 26-28 and f) controlling seizures associated with seizure disorders; 29-31 and

Understanding that marijuana seems to work differently than many conventional medications for the above problems, making it a possible option for persons resistant to the conventional medications; 32.33 and

Being concerned that desperate patients and their families are choosing to break the law to obtain this medicine when conventional medicines or treatments have not been effective for them or are too toxic; 34.35 and

Realizing that this places ill persons at risk for criminal charges and at risk for obtaining contaminated medicine because of the lack of quality control, and

Realizing that thousands of patients not helped by conventional medications and treatments, may find relief from their suffering with the use of marijuana if their primary care providers were able to prescribe this medicine; and

Concluding that cannabis/marijuana was wrongfully placed in Schedule I of the Controlled Substances depriving patients of its therapeutic potential;

Recognizing that APHA adopted a resolution (7014) on Marijuana and the Law which urged federal and state drugs laws to exclude marijuana from classification as a narcotic drug; 36 and

Concluding that greater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use; therefore

1. Encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids; and
2. Encourages research on alternative methods of administration to decrease the harmful effects related to smoking; and
3. Urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine where shown to be safe and effective and to immediately allow access to therapeutic cannabis through the Investigational New Drug Program.

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