Health Organizations Supporting Immediate Legal Access to Medical Marijuana

AIDS Action Council
AIDS Action Council "AIDS Action Council supports the elimination of federal restrictions that bar doctors from prescribing marijuana for medical use by individuals with HIV/AIDS. ... AIDS Action Council supports reopening the U.S. Public Health Service’s Investigational New Drug Compassionate Access program to provide access to medical-use marijuana for greater numbers of qualified patients.


AIDS Treatment News
"The scientific case for medical [marijuana] use keeps growing stronger. Far more dangerous psychoactive drugs, like morphine, are successfully allowed in medical use. Somehow marijuana has become a symbolic or political hard line to be maintained by anti-drug believers regardless of human cost. The costs will mount until the public can organize itself to insist that those who urgently need this medicine can obtain and use it legally."


Alaska Nurses Association
"The Alaska Nurses Association supports the passage of Ballot Measure #8 [which] ... allow[s] patients to use marijuana as a medicine if they have a debilitating disease and an authorization from their doctor."

Reference: ANA Resolution: September 1998

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."


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 ... reschedule[ning] 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 Nurses Association
"The American Nurses Association will: ... Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision. Support the ability of health care providers to discuss and/or recommend the medicinal use of marijuana without the
threat of intimidation or penalization. Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis."

**Reference:** ANA Resolution: June 2003

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**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

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**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

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**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

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**Arthritis Research Campaign (United Kingdom)**

"We think people who use cannabis to the pain of arthritis should be able to do so."

**Reference:** ARC Statement to BBC News: October 23, 2001

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**Australian Medical Association (NSW) Limited**

"The AMA (NSW) ... encourage[s] the ... Carr Government to introduce exemptions to current cannabis laws, which would allow the use of the currently prohibited drug, in specific medical cases to alleviate patient suffering and facilitate research."

**Reference:** Press release ("New Cannabis Exemption Laws Needed for Medical Use") of the AMA (NSW) Limited: September 30, 1999

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**Australian National Task Force on Cannabis**

"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."

Reference: "The health and psychological consequences of cannabis use." March 1994

Being Alive
"Being Alive has always supported a person’s right to choose their own treatment modalities including ... efforts to legalize medical marijuana."

Reference: letter from Executive Director Gary Costas (January 3, 1996)

Belgian Ministry of Health
"[R]esearch has shown that cannabis can be of medicinal use. ... This is an area where public health must prevail."


British House of Lords Select Committee on Science and Technology
"Cannabis can be effective in some patients to relieve the symptoms of MS, and against certain forms of pain. This evidence is enough to justify a change in the law. ... The Government should allow doctors to prescribe cannabis for medical use: this is the conclusion of a report by the House of Lords Science and Technology Committee, published today."


British House of Lords Select Committee on Science and Technology (Second Report)
"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."


British Medical Association
"Present evidence indicates that [cannabinoids] are remarkably safe drugs, with a side-effects profile superior to many drugs used for the same indications. ... [The BMA] will urge the government to consider changing the Misuse of Drugs Act to allow the prescription of cannabinoids to patients with certain conditions causing distress that are not adequately controlled by existing treatments."

Reference: BMA report: "Therapeutic Uses of Cannabis:" November 1997

The National Organization for the Reform of Marijuana Laws (www.norml.org)
California Academy of Family Physicians
"[The CAFP] supports efforts to expedite access to cannabinoids for use under the direction of a physician."

California Nurses Association
"The California Nurses Association supports AB (Assembly Bill) 1529 which would eliminate California's prohibition against possessing marijuana or growing marijuana for individuals using marijuana for medical purposes... This measure is a compassionate alternative for patients... to obtain relief."
Reference: letter from CNA President Kurt Laumann, RN, to Gov. Pete Wilson (September 21, 1995)

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

Canadian AIDS Society (Societe canadienne du sida)
"The Canadian AIDS Society's Board of Directors believes that people living with HIV/AIDS should have access to cannabis for therapeutic purposes in the treatment of HIV/AIDS through a compassionate framework. ... [We] favor a controlled legalization system for cannabis in Canada, where the production, distribution and consumption are regulated, designated cannabis distribution centres are established and recognized, and appropriate prevention messages and harm reduction strategies are developed."
Reference: position statement adopted by the CAS' Board of Directors: May 20, 2004

Canadian Special Senate Committee on Illegal Drugs
"The Committee is of the opinion that the potential therapeutic uses of marijuana have been sufficiently documented to permit its use for therapeutic purposes."

Colorado Nurses Association
"The Colorado Nurses Association recognize[s] the therapeutic use of cannabis [and] support efforts to end federal policies which prohibit or unnecessarily restrict marijuana's legal availability for legitimate health care uses. ... Marijuana must be placed in a less restrictive Schedule and made available to patients who may benefit from its use."
Reference: Colorado Nurses Association 1995 Conventional Directory and Book of Reports

Dean Edell, M.D.
"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."

Reference: statement of Dean Edell: March 2, 2000

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 Governor's Red Ribbon Panel on AIDS

"Recommendations for care: The state should facilitate greater access to drug therapies for treatment as well as preventive therapy. This should include access to marijuana when medically indicated."

Reference: Florida Governor's Report: January 1993

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."


French Ministry of Health

"Obviously, it should be possible to prescribe [cannabis.] For a doctor, that could be a real benefit."


Hawaii Nurses Association

"[The HNA] support legislation to remove state level criminal penalties for both bona fide medical marijuana patients and their healthcare providers."


Health Canada

"There is no problem, basically, with marijuana as a medicine. ... Marijuana is no different than morphine, no different than codeine, no different than Aspirin."


**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."

**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

**Mississippi Nurses Association**
"The Mississippi Nurses Association support all reasonable efforts to end federal policies which prohibit or unnecessarily restrict marijuana's legal availability for legitimate medical uses; and be it Resolved that the Mississippi Nurses Association provide education to the nurses of Mississippi about the therapeutic use of marijuana and federal prohibition of its use; and be it Resolved that the Virginia Nurses Association encourage other health care provider organizations to supp ort medical access to marijuana."
**Reference:** Resolution for Marijuana Access for Therapeutic Use, adopted by the MNA House of Delegates: October 27, 1995

**The Montel Williams MS Foundation**
"Marijuana has helped my symptoms so much that I have become an advocate for the legalization of medical marijuana for qualified patients like me -- those suffering from debilitating and/or devastatingly painful diseases. ... Because I do not condone breaking any law, I would like to see all 50 states and the federal government decriminalize medical marijuana. I would also like
to see more research into its effects on MS -- for the treatment of pain and spasticity."


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**Multiple Sclerosis Society (Canada)**

"The MS Society of Canada welcomes Health Canada’s initiative providing a more compassionate system of possession and production for individuals who feel they may benefit from the use of marijuana for medical purposes."

**Reference:** *MS Society Viewpoint, July 2001.*

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**The Multiple Sclerosis Society (United Kingdom)**

"People with MS have claimed that [marijuana] has helped them to relieve a number of the symptoms of MS including pain, stiffness and bladder problems. ... We urge the courts to deal sympathetically with people with MS who are charged with cannabis use when seeking relief from their symptoms."

**Reference:** *Policy statement: "Use of cannabis for alleviation of MS symptoms," adopted August 2003*

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**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."


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**National Association for Public Health Policy**

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

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

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**National Nurses Society on Addictions**

"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."

**Reference:** *"Position Paper: Access to Therapeutic Cannabis," approved by the NNSA Board of Directors: May 1, 1995*
Working to Reform Marijuana Laws

Netherlands Ministry of Health*
"Cannabis has a beneficial effect for many patients. From September 1, 2003 pharmacies can provide medicinal cannabis to patients with a prescription from a doctor."
* The Dutch government made marijuana available by prescription on September 1, 2003.

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 Jersey State Nurses Association
"The NJSNA recognizes the therapeutic value and safety of medically recommended marijuana and ... supports legal access to medically recommended marijuana for patients in New Jersey who are under the care of a licensed health care provider."

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 Mexico Nurses Association
"NMNA has voted to endorse the concept of allowing the therapeutic use of marijuana in a variety of disease states ... when conventional treatments are ineffective."
Reference: Letter from NMNA President Ginny Guido (July 28, 1997)

New South Wales (Australia) Parliamentary Working Party on the use of Cannabis for Medical Purposes
"The Working Party is in sympathy with the motivation and spirit of the recommendations in the Institute of Medicine and House of Lords reports. Accordingly, it recommends the introduction in NSW of a compassionate regime to assist those suffering from [a] range of illnesses ... to gain the benefits associated with the use of cannabis without facing criminal sanctions, pending the development of safer and more efficient methods to deliver cannabinoids."

New York County Medical Society
"The definitive review of scientific studies ... found medical benefits related to pain relief, control

The National Organization for the Reform of Marijuana Laws (www.norml.org)
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

New York State Nurses Association
"Marijuana has been found to be effective in the treatment of glaucoma by reducing intraocular pressure and in reducing nausea and vomiting caused by chemotherapy. Marijuana has also been effective in stimulating the appetite of AIDS patients suffering from the wasting syndrome, controlling spasticity in spinal cord injury patients, and in controlling seizures for persons suffering from epilepsy and for persons with multiple sclerosis. ... The NYSNA Peer Assistance Committee agrees with the intent and content of the resolution ‘Legalizing Marijuana for Medical Purposes.’"

Reference: "Position Statement on Medicinal Marijuana," passed by the NYSNA Board of Directors: June 7, 1995

North Carolina Nurses Association
"NCNA urges the Administration and Congress 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."


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

Rhode Island State Nurses Association
"[We support] legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis."

Reference: Press release ("Two Rhode Island Medical Groups Endorse Medical Marijuana") of the Marijuana Policy Project: April 6, 2004

San Francisco Mayor's Summit on AIDS and HIV
"Marijuana must continue to be available to persons living with AIDS and HIV and other diseases who wish to use it for pain management, appetite stimulation and other medicinal purposes."

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

Virginia Nurses Association
"The Virginia Nurses Association support all reasonable efforts to end federal policies which prohibit or unnecessarily restrict marijuana's legal availability for legitimate medical uses; and be it Resolved that the Virginia Nurses Association provide education to the nurses of Virginia on the therapeutic use of marijuana and federal prohibition of its use; and be it Resolved that the Virginia Nurses Association encourage other health care provider organizations to support medical access to marijuana."
Reference: Resolution passed by the VNA Delegate Assembly: October 7, 1994

Andrew Weil, M.D.
"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."

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."

Whitman-Walker Clinic
"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 regimens."

Wisconsin Nurses Association
"The Wisconsin Nurses Association urges the Governor of Wisconsin and the Wisconsin Legislature to move expeditiously to make cannabis available as a legally prescribed medicine where shown to be safe and effective."
Reference: Resolution adopted by WNA: October 29, 1999
Health Organizations Supporting Medical Marijuana Research

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

British Medical Journal
"The role of cannabinoids in modern therapeutics remains uncertain, but the evidence … shows that it would be irrational not to explore it. The active components of a plant which has been prized as a medicine for thousands of years should not be discarded lightly, and certainly not through political expediency or as a casualty of the war on drugs."
Reference: editorial of the BMJ, April 4, 1998

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."

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 s ativa. ... 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

Congress of Nursing Practice
"The Congress of Nursing Practice … support education for RN's regarding current evidence based therapeutic uses of cannabis, [and] support investigation of therapeutic efficacy of
cannabis in controlled trials."
Reference: Motion passed by the CNP: May 31, 1996

Jamaican National Commission on Ganja
"The broad range of potential therapeutic applications of cannabinoids reflects the wide distribution of cannabinoid receptors throughout the brain and other parts of the body. ... Areas in which cannabis has been shown to have therapeutic use are: reducing nausea and vomiting, stimulating appetite, promoting weight gain, diminishing high intraocular pressure from glaucoma. ... There is undoubtedly need for much further research into the potential of the medicinal use of cannabis and its extracts."

Gay and Lesbian Medical Association
"[W]e support ... the authorization and implementation of clinical trials of marijuana for various aspects of AIDS treatment."

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."
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.”