

ACCESS TO THERAPEUTIC MARIJUANA/CANNABIS

BEING AWARE that cannabis/marijuana, etc. has been used medicinally for centuries and that cannabis projects were widely prescribed by physicians in the United States until 1937 ^(1 & 2); 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 ⁽³⁾; and

KNOWING that 36 states have passed legislation recognizing marijuana's therapeutic value ^(4 & 5); and

UNDERSTANDING that marijuana has been reported to be effective in: a) reducing intraocular pressure in glaucoma ⁽⁶⁾, b) reducing nausea and vomiting associated with chemotherapy ⁽⁷⁾, c) stimulating the appetite for patients living with AIDS (acquired immunodeficiency syndrome) and suffering from the wasting syndrome ⁽⁸⁾, d) controlling spasticity associated with spinal cord injury and multiple sclerosis ⁽⁹⁾; and

UNDERSTANDING that marijuana seems to work differently from many conventional medications for the above problems, making it a possible option for persons resistant to conventional medications ⁽¹⁰⁾; and

REALIZING that 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 as a treatment medication for specific diseases such as those cited above; and

THEREFORE, WPHA 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.

REFERENCES:

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3. Controlled Substances Act of 1970 (Pub. L. 91-513, October 27, 1970, 21USC801 et seq.).
4. Alliance for Cannabis Therapeutics. No accepted medical value?? ACT News. Spring, 1995;
5. Grinspoon L, Bakalar JB. Marijuana as Medicine: A plea for reconsideration. JAMA. 1995; 273(23):1875-1876.
6. Colasanti BK. Review: Ocular hypotensive effect of marijuana cannabinoids: Correlate of central action or separate phenomenon. J Ocular Pharmacol. 1986;2(3):295-304.
7. Sallan Se, Zinberg NE, Frei III E. Antiemetic effect of delta-9-tetrahydrocannabinol in patients receiving cancer chemotherapy. New Engl. J. Med. 1975;293(16):795-797.
8. Nelson K, Walsh D, Deeter P, et al. A phase II study of delta-9-tetrahydrocannabinol for appetite stimulation in cancer-associated anorexia. J Palliative Care. 1994;10(1):14-18.
9. Clifford DB. Tetrahydrocannabinol for tremor in multiple sclerosis. Ann Neurol. 1983;13:669-671.
10. Mechoulam R, ed. Cannabinoids as Therapeutic Agents. Boca Raton, FL; CRC Press, 1986.

Cost to WPHA to implement: \$20.00 for correspondence to Governor and Wisconsin Legislators.