

Medical Marijuana Position Paper

This paper was adopted by the membership at the March 18, 2014 General Membership Meeting

A Brief History of Marijuana (Cannabis) in the U.S.

For most of the early years of this nation we had little or no regulation concerning the growing of hemp (marijuana plants.) Its use was primarily for rope or fabric. Medicinal preparations from the plant were not available before the 1830s and it wasn't until the 1850s that its use as a pharmaceutical became available. About the same time the states began to regulate the sale of pharmaceuticals primarily because of the likelihood of their being adulterated by undisclosed narcotics. These "poison" laws required labeling indicating the possible harmful effects of these additions, and they also regulated sales to minors and the number of refills of prescriptions.

In 1906, with the passage of the Pure Food and Drug Act, many drugs came under federal law. Marijuana (cannabis) was then listed as a "poison" (because it could be adulterated with opiates) and required that prescriptions be labeled as such. Over the next thirty years, many laws were passed restricting the sale of "habit forming drugs."

In addition, the use of marijuana came to be associated with cheap Mexican and Middle Eastern farm labor and by the time of the Depression a layer of xenophobia became part of the arguments for controlling all recreational drugs. Increased scrutiny by the newly formed FBI under Harry J. Anslinger eventually resulted in Anslinger's linking cannabis to criminal activity by these communities. Thus reinforced, over the years, the laws and the penalties regarding cannabis continued to be made more punitive -- despite the fact that there was little or no effort made to prove any of the claims against it. Finally, at the beginning of the 1970s the laws for possession of marijuana made criminals of even the most casual user. (Wikipedia, Legal History of cannabis in the United States)

This paper establishes that Staten Island Democratic Association's position on medical marijuana

In the 1850s American pharmacies began selling medicinal preparations of cannabis (marijuana). It wasn't until 1942 that marijuana was removed from the U.S. Pharmacopeia.

In 1970, Congress passed the Controlled Substance Act which classified marijuana as a Class I drug, the same as heroin. A Class I drug is defined by the federal government as having no currently accepted medical use in treatment in the United States.

The federal government's position is that for marijuana to be established as a having accepted medical use in treatment in the United States, the treatment definition of a Class III drug under the Controlled Substance Act, it must go through the same rigorous clinical trials and scientific scrutiny as all other proposed drugs. However the federal government will not allow medical researchers to grow their own or provide them with marijuana from the University of Mississippi, the only federally-authorized grower, to conduct clinical trials.

The federal government does provide drug companies with marijuana from the University of Mississippi to develop synthetic marijuana drugs like Marinol (dronabinol). This raises the question as to whether the power of the drug companies is preventing clinical trials for the medical uses of marijuana so they can profit from patented synthetic marijuana drugs.

Drug companies derive the vast majority of their profits from drugs for which they hold a patent. Whereas competition could drive down the cost of marijuana, a patent protects the drug company from competition.

Although the federal government continues to take the position that marijuana has no accepted medical uses, in 2003 scientists from the Department of Health and Human Services were issued a patent for marijuana. In their patent application the scientists said. "The cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage following ischemic insults, such as stroke or trauma, or the treatment of neurological diseases, such as Alzheimer's disease, Parkinson's disease and HIV dementia."

The Staten Island Democratic Association (S.I.D.A.) supports amending the Controlled Substance Act to reclassify marijuana as a Class III drug and therefore making marijuana valid for the medical uses definition. Once the federal government was issued a patent for marijuana based on its medical use applications, the current classification was no longer supported. Also Marisol, which is a synthetic form of marijuana, is a Class III drug. We also support the federal government's allowing researchers access to marijuana, including authorizing them to grow their own, in order to conduct clinical trials.

As of the end of 2013, 20 states and the District of Columbia had legalized medical marijuana. In 2013 medical marijuana legislation passed the New York State Assembly but was not voted on by the State Senate. A February 2014 Quinnipiac University poll found that 88% of New York registered voters favored allowing people to legally use marijuana for medical purposes if their doctor approved.

This January Governor Cuomo using a provision of the public health law is allowing 20 hospitals to prescribe marijuana to patients with cancer, glaucoma or other diseases that meet standards to be set by the New York State Department of Health.

The only sources of marijuana these 20 hospitals to which these hospitals will have access will be from drug seizures and from the University of Mississippi's 12-acre farm. This raises several issues; that these two sources may not be adequate to serve the tens of thousands of New Yorkers who could be eligible for medical marijuana, that patients and doctors will not have access to all marijuana strains and that marijuana seized may be contaminated with mold, bacteria, fungus and pesticides.

While some may consider the Governor's initiative as a step in the right direction, without a system in place to test the marijuana for mold, bacteria, fungus and pesticides, S.I.D.A. does not support the Governor's initiative.

S.I.D.A. supports the use of marijuana for the treatment of medical conditions as stated in Senator Savino's Compassionate Care Act and also supports continued research into the use of marijuana for other medical conditions, including research into how each strain of marijuana can be used to treat a particular medical condition.

S.I.D.A. supports requiring testing all marijuana for mold, bacteria and fungus, which can weaken patients' respiratory systems, pesticides which can degrade the nervous system, and for all biologically active cannabinoids, which are the chemical components of marijuana.

There are various methods used to consume marijuana, including smoking, vaporization, and in edible form. Each method has its advantages and in some cases disadvantages. S.I.D.A. supports research into the various methods of use in order to determine their benefits and adverse health consequences. S.I.D.A. would support limiting or restricting a method of use if it is determined that the adverse health consequences of a method of use outweigh the medical benefits.