

## Medical Marijuana Use and Research Leukemia & Lymphoma Society

**WHEREAS**, the National Academy of Sciences' Institute of Medicine concluded after reviewing relevant scientific literature — including dozens of works documenting marijuana's therapeutic value — that "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana" and that "there will likely always be a subpopulation of patients who do not respond well to other medications"<sup>1</sup>; and,

**WHEREAS**, subsequent studies since the 1999 Institute of Medicine report continue to show the therapeutic value of marijuana in treating a wide array of debilitating medical conditions, including relieving medication side effects and thus improving the likelihood that patients will adhere to life-prolonging treatments for HIV/AIDS and Hepatitis C and alleviating HIV/AIDS neuropathy, a painful condition for which there are no FDA-approved treatments<sup>2</sup>; and,

**WHEREAS**, a scientific survey conducted in 1990 by Harvard University researchers found that 54% of oncologists with an opinion favored the controlled medical availability of marijuana, and 44% had already suggested at least once that a patient obtain marijuana illegally<sup>3</sup>; and,

**WHEREAS**, some patients discontinue chemotherapy and other treatments, even though it could save or prolong their lives, because they find the side effects are intolerable<sup>4</sup>; and,

**WHEREAS**, approximately 20% of all cancer deaths are associated with wasting<sup>5</sup>; and,

**WHEREAS**, many patients who did not respond to other medications for their symptoms, including wasting caused by cancer, or who find the side effects intolerable have successfully used marijuana to treat their symptoms – even in places where they face arrest for doing so<sup>6</sup>; and,

**WHEREAS**, 12 states have enacted medical marijuana laws that are protecting terribly ill patients from arrest; and,

**WHEREAS**, a national Gallup poll released in November 2005 found that 78% of Americans support "making marijuana legally available for doctors to prescribe in order to reduce pain and suffering"; and,

**WHEREAS**, tens of thousands of patients nationwide — people with AIDS, cancer, debilitating chronic pain, and multiple sclerosis — have found marijuana in its natural form to be therapeutically beneficial and are already using it with their doctors' approval; and,

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<sup>1</sup> J. Joy, S. Watson, and J. Benson, "Marijuana and Medicine: Assessing the Science Base," *National Academy Press*, 1999.

<sup>2</sup> B.C. deJong, et al, "Marijuana Use and its Association With Adherence to Antiretroviral Therapy Among HIV-Infected Persons With Moderate to Severe Nausea," *Journal of Acquired Immune Deficiency Syndromes*, January 1, 2005; D.L. Sylvestre, B.J. Clements, and Y. Malibu, "Cannabis Use Improves Retention and Virological Outcomes in Patients Treated for Hepatitis C," *European Journal of Gastroenterology and Hepatology*, September 2006; D. Abrams, et al, "Cannabis in Painful HIV-Associated Sensory Neuropathy," *Neurology*, February 13, 2007.

<sup>3</sup> R. Doblin and M. Kleiman, "Marijuana as Antiemetic Medicine," *Journal of Clinical Oncology* 9 (1991): 1314-1319.

<sup>4</sup> See, i.e., S. Levine, "Teen Leave 'His Only Hope' Behind in the U.S.: After 20 Months, 14-Year-Old With Leukemia Returns Home, Saying No More Chemotherapy or Bone Marrow Transplants," *Washington Post*, January 11, 2007.

<sup>5</sup> M. Guzman, "Cannabinoids: Potential Anticancer Agents," *Nature Reviews*, October 2003.

<sup>6</sup> See G. Garfinkel Weiss, "What would you do? Alternative medicine," *Medical Economics*, November 17, 2006: "Frank, a 55-year-old teacher, has colon cancer that has metastasized to several lymph nodes and extends through the middle tissue layers of the colon wall. In addition to resection, he has undergone two rounds of chemotherapy. He says that he found the side effects of chemotherapy intolerable."

**WHEREAS**, desperate patients who do not find relief from conventional medicines are using medical marijuana in 12 states but are facing possible federal prosecution for doing so; and,

**WHEREAS**, a scientific poll conducted in 2005 by HCD Research and the Muhlenberg College Institute of Public Opinion found that 74% of U.S. office-based physicians weighted by specialty and geography disagree with the statement that "the federal government should be able to prosecute those who use, grow, or obtain marijuana prescribed or recommended by their doctor for chronic pain within the guidelines of state law"<sup>7</sup>; and,

**WHEREAS**, medical care in prisons is at times inadequate and even lethal, further exacerbating physical and mental distress among the very ill; at least one disabled patient who was incarcerated for the medical use of marijuana died from the lack of adequate care during his incarceration;<sup>8</sup> and,

**WHEREAS**, numerous organizations have acknowledged the medical and therapeutic benefits of marijuana, including the American Academy of Family Physicians, American Academy of HIV Medicine, American Bar Association, American Nurses Association, American Public Health Association, the British Medical Association, the Episcopal Church, Health Canada, the HIV Medicine Association, the Lymphoma Foundation of America, the National Association of People With AIDS, the National Association for Public Health Policy, the Presbyterian Church (USA), the Progressive National Baptist Convention, the Union of Reform Judaism (formerly the Union of American Hebrew Congregations), the Unitarian Universalist Association, the United Church of Christ, and the United Methodist Church; and,

**WHEREAS**, federal law currently penalizes possession of any amount of marijuana — even with a doctor’s recommendation — by up to one year in jail, and cultivation of any amount of marijuana by up to five years<sup>9</sup>; and,

**WHEREAS**, the controversy over the medical use of marijuana should ideally be resolved by conducting scientific research approved by the Food and Drug Administration (FDA), and privately funded marijuana research could, if allowed to proceed, markedly shorten the time, effort, and cost of performing those studies deemed necessary for possible FDA approval and rescheduling of marijuana for defined clinical conditions; and

**WHEREAS**, the federal government has obstructed privately funded research through the National Institute of Drug Abuse’s (NIDA’s) monopoly over the production of marijuana for research, as well as through the Drug Enforcement Administration’s (DEA’s) refusal to license any privately funded marijuana production facilities, even though DEA-licensed, private facilities produce LSD, MDMA, psilocybin, mescaline and other Schedule I drugs; and

**WHEREAS**, current federal policy call for NIDA to supply research-grade marijuana not only for NIH-funded research but also for scientifically valid research that is funded by other sources, but NIDA’s refusal to sell marijuana to all privately funded FDA-approved protocols and NIDA’s refusal to sell marijuana to a privately funded, laboratory study of the harm reduction potential of

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<sup>7</sup> HCD Research, Inc. [http://www.hcdhealth.com/P1001\\_1693\\_report/](http://www.hcdhealth.com/P1001_1693_report/)

<sup>8</sup> Paul von Zielbauer, “As Health Care in Jails Goes Private, 10 Days Can Be a Death Sentence,” *New York Times*, February 27, 2005 (part of a series based on a year-long investigation of Prison Health, finding “instances of medical care that has been flawed and sometimes lethal” and “state investigators say they kept discovering the same failings: medical staffs trimmed to the bone, doctors underqualified or out of reach, nurses doing tasks beyond their training, prescription drugs withheld, patient records unread and employee misconduct unpunished”); Henri E. Cauvin, “DC Jail Stay Ends in Death for Quadriplegic Inmate: Care provided by hospital, corrections dept. in question,” *The Washington Post*, October 1, 2004.

<sup>9</sup> 21 U.S.C. §844(a) and 21 U.S.C. §841(b)(1)(D).

marijuana vaporizers that offer a non-smoked delivery system, have obstructed privately funded research efforts;

**WHEREAS**, seriously ill people should not be punished for acting in accordance with the opinion of their physicians in a bona fide attempt to relieve suffering; therefore,

**BE IT RESOLVED** that the 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; and be it further

**RESOLVED**, that the Leukemia & Lymphoma Society encourage the federal government to authorize the Drug Enforcement Administration to license privately funded production facilities that meet all regulatory requirements to produce pharmaceutical-grade marijuana for use exclusively in federally approved research; and be it further

**RESOLVED**, that 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.