

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES
Recommended Re-Scheduling of Medical Cannabis
Nov 01, 2010

Whereas, Cannabis (marijuana) is currently federally listed as a Schedule I substance; and

Whereas, Schedule I substances require the fulfillment of three criteria, these being: 1) a high potential for abuse, 2) no currently accepted medical use in treatment in the United States, and 3) a lack of accepted safety for use of the drug or substance under medical supervision; and

Whereas, 1) Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive; and

Whereas, 2) Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians; and

Whereas, 3) Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered; and

Whereas, Cannabis therefore fulfills none of the required three criteria (all of which are required) to maintain its current restriction as a Schedule I substance; and

Whereas, Synthetic THC (Marinol) has already been classified as an effective medication and can be prescribed as a Schedule III substance; and

Whereas, Natural herbs (such as Cannabis) are generally much safer than the chemicals (such as THC) extracted from said herbs, as evidenced by the relative safety of green tea and of coca leaves compared to the potentially lethal concentrated extracts of theophylline and of cocaine, respectively; and

Whereas, “Our AMA urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of research and development of cannabinoid medicines” (H-95.952 Medical Marijuana); and

Whereas, The American College of Physicians (ACP) 2008 Position Paper states that, “We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure.”; and

Whereas, The US Drug Enforcement Administration and the Department of Justice have not responded to the accumulated scientific evidence or to the recommendations of the AMA or of the ACP; therefore be it

RESOLVED, That our American Medical Association recommend that Medical Cannabis be rescheduled to a status that is either equal to or less restrictive than the Schedule III status of synthetic THC (Marinol), so as to reduce barriers to needed research and to humanely increase availability of cannabinoid medications to patients who may benefit.

Resolution: 902 (I-10), Received: 9/24/10

Introduced by: Hawaii Delegation

Subject: Re-Scheduling of Medical Cannabis

Referred to: Reference Committee K

Michael M. Miller, MD, Chair

As reported in the November 2010 AMA Interim Meeting Handbook

<http://www.ama-assn.org/ama1/pub/upload/mm/2010i/handbook-plus-addendum.pdf>