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Position on the Legalization of "Medical" Marijuana
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Cannabis is a raw botanical thought to have medicinal properties. However today's physicians no longer rely on raw botanicals to treat illnesses.

Herbs and botanicals are still in use, but now largely as *folk remedies*—alternatives to modern, Western medicine. Unlike FDA approved drugs, they are neither standardized nor tested for effectiveness. As a result, their quality, concentrations, and efficacy vary widely. Their therapeutic claims are not substantiated by scientific rigor and, unlike modern medicines, they are not subject to the same kind of regulation or approval. Instead, as science came to better understand the body's internal regulatory systems, researchers developed and purified specialized drugs to affect those systems in faster and better ways.

Advocates tend to talk about cannabis as if it's an established medicine, while simultaneously describing it as an alternative to modern medicine, in other words: a folk remedy. This engenders confusion.

Marijuana likely has potential as an effective medicine for a number of conditions. But to elevate marijuana from folk remedy to valued entry in the *United States Pharmacopoeia* (USP) it should meet the same standard as other medicines.

While NCADA is not supportive of *folk remedy marijuana,* we would very much support *real* medical marijuana. In other words: NCADA believes the active ingredients in marijuana (primarily THC and the non-psychoactive, CBD) should be turned into FDA-approved medicines. We believe that marijuana should move to FDA Schedule II and be researched for potential benefits. To date, the preponderance of research into marijuana has been about its harms; it's certainly time to fast-track research into its benefits, and to finally approve cannabis-based pharmaceuticals, like Sativex and Epidiolex.

In the meantime, NCADA believes that anyone with a serious illness that has not responded to conventional therapies should be able to try marijuana if a licensed physician has good reason to believe it could offer relief from infirmity. Though the use of marijuana clearly has risks, the key for medical decision-making is not eliminating risk—no treatment is without it—but by examining the balance between risks and benefits. This calculus should take precedence over political expediency and should be determined by doctors and medical ethicists, not by advisory panels populated with laypeople advocating either for or against legalization.

However, before permitting marijuana to be legalized as medicine, it is imperative to be mindful of the risks (most especially addiction, misuse, diversion) and to take steps to minimize them. To these ends, we believe patients should receive dosing instructions from licensed health professionals, and any ongoing or chronic use should be carefully supervised, again by a licensed physician.

The implementation of medical marijuana programs should be flexible in order to address unintended consequences in a timely matter. Passage of medical marijuana legislation via constitutional amendments does not allow for this flexibility or responsiveness.

Those seeking relief from chronic, debilitating medical conditions should not be penalized by excise taxes, which are often promoted as convenient mechanisms to fill budget gaps or generate revenue.

Finally, in this country medicine is not defined by prevailing political positions.