

Wisconsin Grand *Sons of Liberty*

Issue Analysis & Position Statement #32

Medical Marijuana

Medical Marijuana Overview:

- Medical Marijuana is defined as the whole unprocessed marijuana plant or its basic extracts
- The U.S. Food and Drug Administration (FDA) has not recognized nor approved the plant as medicine.
- Some of the extracted chemicals of the marijuana plant (cannabinoids) have been studied, gone through the rigorous clinical process of drug development and approved by the FDA as oral medications. These medications have been found to be safe and effective for specific indications, manufactured under strict standards and distributed by prescription only.
- There are two cannabinoids that have been studied, tetrahydrocannabinol (THC) and cannabidiol (CBD).
- The FDA-approved drugs, dronabinol and nabilone contain THC.
- CBD cannabinoids do not have properties that make people “high”.
- The FDA has also approved the CBD-based medication Epidiolex for severe childhood epilepsy and two other syndromes
- So far there have not been enough clinical studies to warrant an FDA approval of the marijuana plant in its entirety as a medication. This approval would require that the benefit of ingesting the plant by smoking or orally would outweigh the risks associated.
- Surgeon General Jerome Adams on August 29, 2019, published an advisory warning against the use of marijuana by teens, pregnant women and those breastfeeding because of the effects on the “developing brain”. He stated that “No amount of marijuana use in pregnancy or adolescence is safe.”
- Recently Alex Azar, the Health and Human Services Secretary noted that the current amount of THC in street marijuana tested is “...about three times higher than a few decades ago”.
- The National Institute on Drug Abuse, a part of NIH, funded a study published in 2014 which looked at a period from 1999 to 2010, and found that in those states that passed medical marijuana laws, there was a drop in opioid overdose mortality. However recently they did the same study extending the analysis through 2017 and found an equal increase in the same mortality rates. Therefore, they conclude that the data does not support any relationship between the medical marijuana laws and opioid overdose mortality.

Progressive:

- People have been smoking and eating marijuana for over a hundred years.
- Marijuana is no more of a problem to society than alcohol which is legal.
- Making marijuana use legal would make it regulated.
- People would be required to have a prescription in order to receive the plant products.
- Patients would be cautioned against driving and operating dangerous machinery.
- Medical marijuana would create a legal market replacing a portion of the illegal market.

Conservative View:

- **All of the above statements could be true**, but to use them as the basis of the argument that marijuana use is safe and effective is a **non sequitur**.
- Before the State of Wisconsin considers legalizing medical marijuana, the FDA would have to approve it as a safe and effective drug.
- The federal Controlled Substance Act of 1970 which placed marijuana in the Schedule 1 category would make the distribution of the product illegal in Wisconsin.
- In the future, marijuana plant use could be beneficial to certain populations, and its distribution as such in a state could be federally legal, however there is much clinical research that needs to be done before that can take place.

Existing Law:

- Controlled Substance Act of 1970
 - Marijuana regulated under Schedule 1
 - ✓ High potential for abuse
 - ✓ No currently accepted medical use
 - ✓ Lack of accepted safety for use under medical supervision
- In 2016 the FDA completed a review of published literature and recommended marijuana remain in Schedule 1.
- Possible new laws could change the Controlled Substance Act of 1970 such that the Tenth Amendment “States Rights” would take precedence.
 - H.R. 2093 116th Congress is a bill referred to as STATES Act. If enacted, the result could be to amend the Controlled Substance Act of 1970 where it relates to marijuana and leave legalization up to the states.

Constitutionality:

Article VI paragraph 2:

This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land, and the judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.

Effect on Wisconsin:

The main point here is **nobody knows**. What we do know is that there has not been the necessary clinical and social research to introduce such a potent product to our state market. Since this was a Schedule 1 drug, there was not an avenue for clinical research. This problem is currently being addressed. There is also a plethora of conflicting social studies of which little can be determined. So, the need for a prudent approach should be stressed.

Position of WiGOL:

The Wisconsin GrandSons of Liberty, a Constitution based organization, believes that one of the functions of government is the assuring of the safety of its citizens. With respect to medical marijuana, our position is that before Wisconsin can legalize the distribution of whole plant cannabis, much clinical research needs to take place. Assuming the FDA determines the safety and effectiveness in certain populations, the need for manufacturing standards guaranteeing potency and purity would have to be established. We believe the prudent approach is to first allow the needed research to take place in order to assure the safety of legalized medical marijuana. Once the FDA assures that the drug can be used safely with predictable effects, then planning on how to set up a distribution network can take place. We believe any bills introduced to legalize medical marijuana in Wisconsin at this time are very premature and should be tabled.