

## Medical Cannabis and Illinois

Hundreds of Illinois' seriously ill are counting on the General Assembly to enact the "Compassionate Use of Medical Cannabis Pilot Program Act," sponsored by Sen. William Haine and Rep. Lou Lang. This legislation would allow certain patients to relieve their debilitating symptoms with cannabis (the scientific name for marijuana), according to their doctors' advice, without facing arrest and incarceration.

### **Cannabis Has Been Proven to Have Medical Value**

- Studies show that many patients suffering from AIDS, cancer, multiple sclerosis, epilepsy, and other debilitating illnesses find that cannabis provides relief from their symptoms.
- Available prescription drugs often come with far more serious side effects than cannabis, and many patients who find relief from cannabis simply do not respond to prescription medications.
- In 1999, the prestigious Institute of Medicine reviewed the research on cannabis's medical value and found, "Nausea, appetite loss, pain and anxiety are all afflictions of wasting and can be mitigated by marijuana," and that "there will likely always be a subpopulation of patients who do not respond well to other medications."
- In 1988, after reviewing volumes of evidence on cannabis's medical value, the DEA's chief administrative law judge, Francis Young, found that maintaining cannabis as a Schedule I drug would be, "unreasonable, arbitrary and capricious" and that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man."

### **Thirteen States Protect Medical Cannabis Patients; Nine Others Considering Bills**

- These 13 states allow the doctor-advised, medical use of cannabis: Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Washington, and Vermont.
- These laws are working well, enjoy strong popular support, and are protecting patients. Data have shown that any concerns about these laws increasing youth cannabis use are unfounded: All 11 of the medical cannabis states that have produced before-and-after data have reported overall decreases in teen cannabis use — exceeding 50% in some age groups.
- At least nine other state legislatures, including Missouri, Minnesota, Tennessee, North Carolina, New Hampshire, and Iowa are currently considering enacting medical cannabis laws this session.

### **Federal Law Does Not Stand In the Way**

- Nothing in the Constitution or federal law prohibits states from having penalties that differ from federal law.
- Attorney General Eric Holder and President Barack Obama have pledged to end federal raids on medical cannabis providers.
- A federal appellate court ruled that the federal government cannot punish physicians — or even investigate them — for discussing or recommending the medical use of cannabis with patients.
- Each month, the federal government's Compassionate Investigational New Drug program ships about 8 ounces of cannabis to three patients. The program has been closed to new patients since 1992, depriving other seriously ill patients of the same protection and safe access to the medicine their doctors recommend. Several patients were approved for the program just before it closed, but have never received their medicine.

## **There is Strong Popular, Medical, and Religious Support For Allowing Medical Cannabis**

- A 2008 Mason-Dixon poll showed that 68% of Illinois voters favor allowing seriously and terminally ill patients to use and grow cannabis for medical purposes if their doctor recommends it. A 2005 national Gallup poll found that 78% of Americans support "making marijuana legally available for doctors to prescribe in order to relieve pain and suffering." A 2004 AARP poll showed that 72% of adults aged 45 and older think patients should be allowed to legally use cannabis for medical purposes if a physician recommends it. For over a decade, polls have consistently shown between 60% and 80% support for legal access to medical cannabis.
- In November, 63% of Michigan voters approved a medical cannabis initiative. A majority of voters in each of its 83 counties approved the law.
- State-level support includes more than 1,000 Illinois physicians, 1,000 Illinois nurses, former prosecutors, the Illinois Nurses Association, the AIDS Foundation of Chicago, and the Test Positive Action Network. National support includes the American Bar Association, the American Nurses Association, the American Public Health Association, the American Academy of HIV Medicine, and the Leukemia & Lymphoma Society. Two former U.S. Surgeons General – Joycelyn Elders and Jesse L. Steinfeld – recognize cannabis as a legitimate, beneficial medicine.
- Supporters in Illinois include clergy from Catholic, Evangelical, Presbyterian, and Baptist congregations as well as the Jewish Political Alliance of Illinois. National support includes the Episcopal Church, Presbyterian Church (USA), the United Methodist Church, and the United Church of Christ.

## **Illinois' "Compassionate Use of Medical Cannabis Pilot Program Act"**

- This legislation would make a narrow exception to Illinois' criminal laws to prevent seriously ill patients from being arrested and jailed for the doctor-advised medical use of cannabis. It would make Illinois the 14<sup>th</sup> state to allow medical cannabis.
- The health department would issue medical cannabis ID cards, which make it easy for police to verify that a patient is allowed to use medical cannabis. A patient or caregiver with an ID card and no more than 2 ounces and seven plants would not be subject to arrest, as long as he or she is in compliance with the law. The ID cards could be revoked for a violation of the law.
- To qualify for an ID card, a patient would have to submit to the health department a physician's written certification that the patient would be likely to receive therapeutic or palliative benefit from cannabis and that the patient has a qualifying condition such as cancer, HIV/AIDS, hepatitis C, or a debilitating condition causing severe pain.
- Patients could obtain their medical cannabis from a state-licensed compassion center. The department of health would set rules on security, recordkeeping, and oversight. Compassion centers would be subject to inspections, and all of their staff would have to register with the health department and be subject to background checks.
- Many patients would not live close to a compassion center or would not be able to afford medical cannabis purchased from one. These patients could designate a caregiver to grow their medicine for them. Any cannabis would have to be grown in an enclosed, locked area.
- The bill maintains commonsense restrictions, including prohibitions on public use of cannabis and driving under the influence. Employers would not be required to allow patients to be impaired at work or possess cannabis at a workplace.