



Medical Cannabis and North Carolina

Thousands of seriously ill North Carolinians are depending on the General Assembly to enact medical cannabis legislation. The North Carolina Compassionate Care Act (SB 711) would create a strictly regulated program to allow patients with specific debilitating medical conditions and a doctor's certification to access medical cannabis from licensed facilities.

Cannabis' Safety and Medical Value Has Been Proven

- Although the federal government has created unique obstacles to clinical research into cannabis' benefits, studies have shown cannabis' value in treating serious medical conditions and symptoms.
 - On January 12, 2017, after reviewing more than 10,000 scientific abstracts, the National Academies of Sciences, Engineering, and Medicine released a report finding evidence that cannabis or cannabinoids are effective for treating symptoms including chemotherapy-induced nausea and vomiting, chronic pain, and multiple sclerosis spasticity symptoms. It found no link between smoking cannabis and lung cancer, no physiological "gateway" effect, and no link between cannabis use and all-cause mortality.
 - Prescription drugs often come with far more serious side effects than cannabis, and many patients simply do not respond to them.
 - Opiates and amphetamines may be legally administered to patients. Why prohibit medical cannabis, which has a far lower risk of dependency and does not cause fatal overdoses?
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Broad, Bipartisan Support for Medical Cannabis

- Seventy-three percent of North Carolina residents, including 64% of Republicans, support allowing medical cannabis. (Elon poll)
- Voters have approved medical cannabis in some of the most conservative states in the nation, including Arkansas, Mississippi, North Dakota, Oklahoma, and Utah.
- Sixty-nine percent of police officers support allowing medical cannabis. (Pew Survey, January 2017)
- The American Nurses Association, the American Public Health Association, the Leukemia & Lymphoma Society, the Epilepsy Foundation, the National Multiple Sclerosis Society, the U.S. Pain Foundation, and the American Academy of HIV Medicine support allowing medical cannabis.
- Seventy-six percent of doctors would approve medical cannabis. (*New England Journal of Medicine*)

Federal Law Does Not Stand In the Way

- The decision to classify cannabis as a Schedule I drug was a political decision by Congress. Nothing prohibits states from having penalties that differ from federal law.
- Since 2014, Congress has included a rider to the Department of Justice funding bill to prevent it from intervening in medical cannabis states.
- A federal appellate court ruled that the federal government cannot punish — or even investigate — physicians *recommending* the medical use of cannabis to patients.

Thirty-Six States Have Laws Protecting Patients

- Over 70% of Americans live in a state that allows the medical use of cannabis.
- Some of the most conservative states in the nation have medical cannabis laws, including Alabama, Arkansas, and Louisiana. (In 2020, 68.5% of Mississippi voters sought to enact a medical cannabis initiative, but it was overturned in court due to an impossible-to-comply-with signature requirement. The legislature is expected to enact a replacement law.)
- These laws are working well, enjoy strong public support, and are protecting patients.
- Data have shown that concerns about these laws increasing youth cannabis use are unfounded: Teen cannabis use rates have remained stable or decreased in most states.
- Cannabis is an *exit drug* or *reverse gateway* for many: Surveys of pain patients in medical cannabis programs in Minnesota and Michigan found that more than 60% of participants who used opiates to control pain were able to reduce or eliminate their use of opiates thanks to medical cannabis.