CBD-focused legislation provides only some of the benefits of medical cannabis. Some states have adopted extremely narrow medical marijuana laws that include only extracts high in cannabidiol (CBD) and very low or without tetrahydrocannabinol (THC). CBD on its own may provide relief for a small number of patients, but research indicates that the synergistic effect of cannabinoids working together may be the most effective treatment for most patients. Comprehensive medical cannabis legislation allows doctors and patients to decide together from the broadest range of possible strains, increasing the efficacy of treatment.

CBD alone is not effective in treating many medical conditions. The greatest medical benefits of medical cannabis often involve a combination of CBD with other cannabinoids, including THC. THC is just one of the roughly 85 cannabinoids found naturally in marijuana. Clinical trials and the experiences of hundreds of thousands of patients have shown that THC — and strains of marijuana that include more than trace amounts of THC — provides important medical benefits for individuals suffering from PTSD, chronic pain, Crohn’s disease and ulcerative colitis, severe nausea and vomiting, multiple sclerosis, nausea, and wasting disease.

CBD-rich oils have been effective for some patients with seizure disorders, but only two percent of the registered patients in both Rhode Island and Colorado report seizures as their qualifying conditions. The vast majority of patients have symptoms that benefit from strains of marijuana that include more than trace amounts of THC.

Some patients with seizures respond best to strains with more than trace amounts of THC. Many patients with seizure disorders need access to strains with more THC than are allowed in states with CBD-focused laws. For example, Jason David of Modesto, California, whose son Jayden has a devastating seizure condition called Dravet Syndrome, explained, “He doesn’t need THC anymore but THC was crucial during the weaning process, without it Jayden would have died.”

THC has been approved for use by the federal government for 20 years. Since the 1970s, the federal government has been providing a handful of individuals who suffer from various ailments with marijuana grown at the University of Mississippi as part of the Compassionate Investigational New Drug program. The four surviving patients still receiving federal marijuana receive a strain with almost no CBD that has been essential to managing their conditions — a rare bone spur disorder, multiple sclerosis, glaucoma, and a painful condition called nail patella syndrome, respectively. The marijuana these individuals have benefitted from would not be allowed under most CBD-focused proposals.

The federal government has officially recognized THC’s medical properties since 1985,
when the FDA approved Marinol, a prescription drug made of synthetic THC, for nausea and vomiting associated with chemotherapy. Yet Marinol is not adequate for many patients who can benefit from marijuana because it lacks the other therapeutically beneficial cannabinoids, which reduce euphoria. In addition, pills can be impossible for nauseated patients to keep down.

**Strains with more than trace amounts of THC treat a broad range of severe illnesses and symptoms including:**

**Cancer and HIV/AIDS:** Researchers have found THC and marijuana with THC are effective anti-emetics and appetite stimulants including for individuals suffering from the side effects of cancer chemotherapy or AIDS treatments.

**Multiple sclerosis:** Research has found that marijuana with THC can alleviate spasticity.

**Chronic pain:** Several studies have found that marijuana strains that include THC can alleviate pain, including neuropathic pain — a notoriously difficult-to-treat nerve pain commonly found in amputees, AIDS patients, and patients with multiple sclerosis.

**Crohn’s disease:** A recent study from Israel using a strain that contained 23% THC found that it eased suffering in 10 out of 11 patients, with five patients going into complete remission.

Medical marijuana legislation should not be so restrictive as to leave behind around 98% or more of the individuals who can benefit from it.