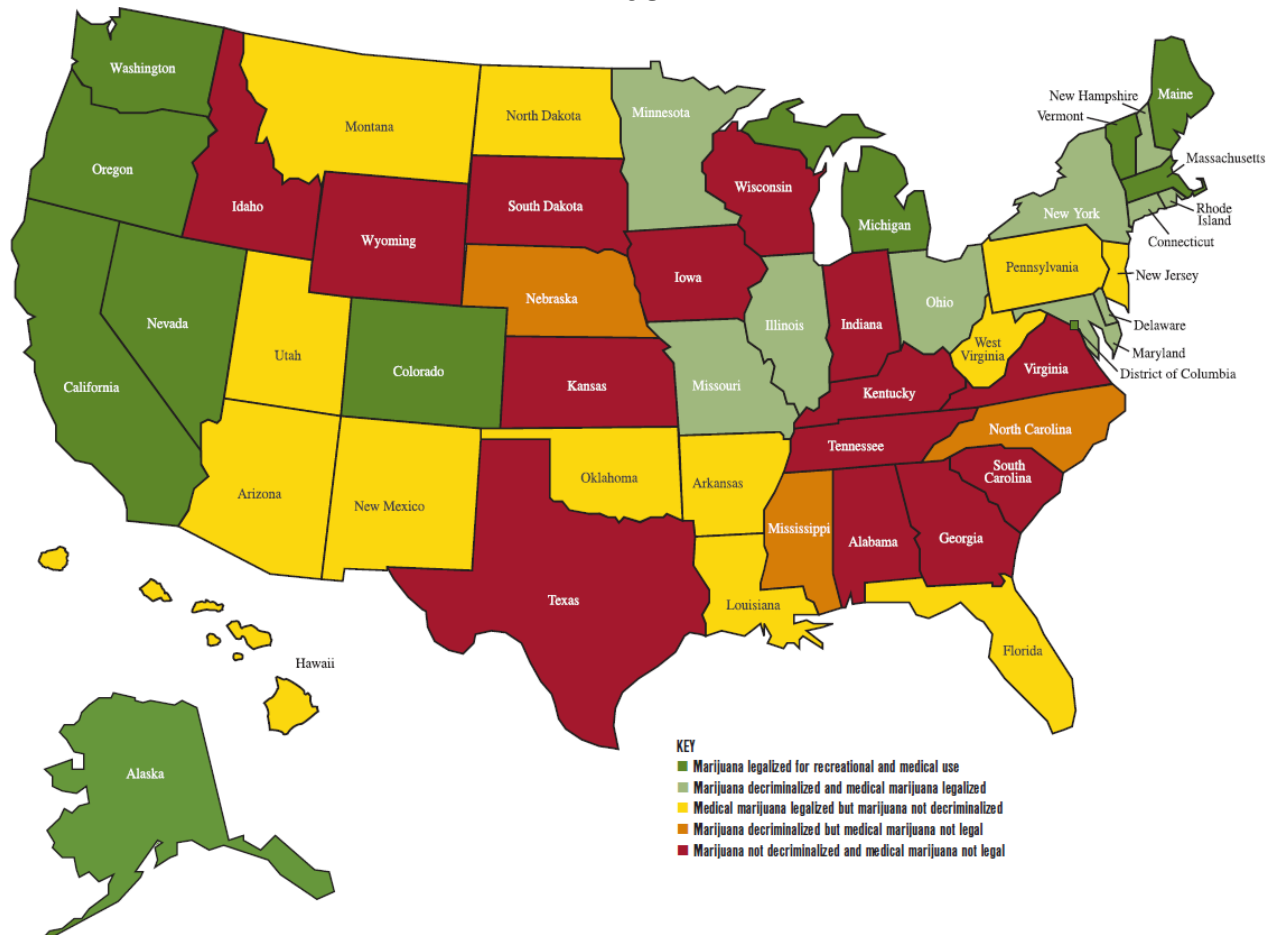




MARIJUANA



The AAFP is dedicated to helping physicians provide quality and individualized care through a variety of treatments that satisfy the needs of their patients. Despite the limited body of research supporting the medical properties of marijuana, a growing number of patients have turned to medical marijuana to treat symptoms associated with conditions like chronic pain or chemotherapy.

The AAFP supports research and funding to further explore the medical use of marijuana as well as efforts to reclassify marijuana from a Schedule I drug to a lower class to facilitate clinical research. While the AAFP does not support the recreational use of marijuana, the Academy does support the decriminalization of marijuana possession and personal use of marijuana.

Federal Classification of Marijuana

As a federally classified Schedule I drug, marijuana is in the same category as heroin, LSD, and peyote – drugs with no medical value and a high potential for abuse. By contrast, Schedule II drugs, including cocaine, methamphetamine, and many opioids, also have a high potential for abuse but have a currently accepted medical use. The categorization of marijuana as a Schedule I drug allows the Drug Enforcement Administration (DEA) to prohibit access to the drug, complicating clinical trial research into the medical use of marijuana. In response, four states (GA, HI, KS, PA) have passed legislation to

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encourage the federal government to reclassify marijuana to a less stringent category, mirroring bipartisan [legislation](#) in the House of Representatives that would reduce it to a Schedule III drug.

Legality of Marijuana

Despite the federal government's strict categorization of marijuana as a Schedule I drug with no medical value, ten states and DC have legalized recreational marijuana for personal use. While the drug remains illegal on the federal level, the Department of Justice under the Obama administration avoided prosecuting individuals possessing marijuana in states that had legalized it for recreational use. The Trump Administration, however, reversed this directive in a document known as the [Cole Memo](#), and has encouraged federal authorities to actively interdict and prosecute marijuana possession and distribution, even in states where it has been legalized.

An additional 13 states have decriminalized marijuana for non-medical use. In these states, individuals found in possession of marijuana by state authorities no longer face arrest, jail time, or a mark on their criminal record for the first-time possession of a small amount of the drug. Furthermore, four states have passed legislation allowing individuals convicted of possession, cultivation, or manufacture the chance to clear their record now that more permissive drug laws exist in those states.

Medical Marijuana

Currently, 33 states and DC have legalized marijuana for medical use, which, despite limited medical research on the efficacy of marijuana to treat various medical conditions, has been used to treat pain, chronic conditions such as multiple sclerosis and Alzheimer's disease, and bipolar disorder. Because marijuana remains illegal under federal law, physicians and pharmacies are prohibited from writing and filling prescriptions, respectively. Instead, physicians "recommend" marijuana to their patients, to be grown by the patient or purchased from a dispensary, to treat one of a limited number of qualifying conditions, which often include cancer, HIV/AIDS, chronic pain, PTSD, seizures, ALS, and other conditions. Given the renewed federal focus on marijuana prosecutions, marijuana patients and physicians can – theoretically – be arrested under federal law for these activities.

While medical marijuana may have value as a treatment, most legislation legalizing medical marijuana does not have the full backing of research because researchers are largely prohibited from studying marijuana's medicinal properties due to its status as a Schedule I drug. Reclassifying marijuana as Schedule II would allow for long-overdue, evidence-based research into the safety and effectiveness of marijuana and how it may assist individuals living with pain and disease.

Medical Marijuana and Opioids

Increasingly, patients and states are turning to marijuana to ameliorate chronic and severe pain. Most medical marijuana legalization laws already include a provision allowing the state health department to add additional medical conditions as needed, as New York did with opioids. In 2018, [New York](#) and [Illinois](#) became the first states to explicitly list opioid misuse as a qualifying condition for medical marijuana. According to the New York State Department of Health, marijuana can be an effective opioid substitute to treat severe pain partially because it is much less addictive and removes the threat of fatal overdose present with opioids. A [study](#) from *JAMA Internal Medicine* found that access to medical marijuana may lead to a decrease in opioid prescriptions. Unfortunately, due to the small size of these studies, neither the Food and Drug Administration (FDA) nor the DEA recognizes these findings.

Looking Ahead

Despite recent federal actions to restrict access to both legal and illegal marijuana, states have continued to move forward with legislative efforts and ballot measures to decriminalize and legalize both medical and recreational marijuana. Given growing public acceptance of marijuana in all forms, policymakers will likely feel increasing pressure to reclassify marijuana to allow physicians and researchers to fully understand benefits and disadvantages associated with the drug.