

Wyoming Tribune Eagle of April 21: "Marijuana policy is silly." Casper Star Tribune April 23: "Calling for an end to the drug war."

Patrick and Beth Collins didn't want to get their daughter high. They wanted to get her well. "They wanted to get her CBD oil." So begins John Hudak's case description within The Brookings Institute's examination last month of "The Medical Marijuana Mess,"

see <http://brook.gs/1QVY0UV>

The Collinses had discovered a substance that might provide help for their daughter, but their government—at both federal and state levels—told them she was not allowed to have it.

With its injunctions against medical marijuana, our government keeps patients sick. It also keeps its constituents ignorant. The fact that marijuana's therapeutic effects are supported by hundreds, indeed thousands of years of effective treatments around the globe has not sufficed to get it removed from government prohibition.

Thousands of families across America seek relief from cannabis. For many, the drug improves their quality of life, sometimes dramatically. However, the journey to relief is fraught with tension, uncertainty, and fear. Even in states where it has been legalized, the conflicting signals about its legal status make people unsure about what to expect.

Doctors cannot write prescriptions for marijuana; instead, they must offer "recommendations"—to write "marijuana" on a prescription pad is a fast path to losing prescribing rights—and livelihood, writes Mr. Hudak.

These problems stem directly from rules issued by the federal agency responsible for regulating controlled substances, namely the US Drug Enforcement Administration, headquartered just eight miles from Rabbi Kahn's Takoma Wellness Center. Under current DEA designations, absolutely no medical condition allows a doctor to prescribe marijuana, or a pharmacy to dispense it, or a patient to buy or use it.

In 1970, the Controlled Substances Act created five "schedules of controlled substances." Ever since then, marijuana has suffered the slanderous label of a Schedule I Drug, complete with claims that it has the "highest potential for abuse" of all existing substances, and also that it has "no currently accepted medical use in the U.S." Both claims have proven false many times over.

The Schedule I consequences extend far beyond legal restrictions, having created biases that permeate much of society. Even after a doctor has recommended they use it, and even after they've gotten the approval of state authorities to do so, patients wanting to be treated with marijuana are often embarrassed and scared.

Yet clinical research and observational studies have shown that medical marijuana can make chemotherapy more tolerable, boost appetite, reduce the eye pressure of glaucoma, relieve pain, stop muscle spasms, treat depression or anxiety, alleviate PTSD, and help with a whole host of other medical conditions. But these findings, some of which have emerged from hospitals that are among the finest in the world, are only the beginning of what we need to know about the medical potential of marijuana. Any effort to learn more is seriously hindered by the legal obstacles thrown up by our government's prohibition on marijuana, which makes it difficult for researchers to conduct clinical testing.

Hence Mr. Hudak's conclusion: Federal marijuana policy is contradictory and unsustainable. Its adverse consequences are many, not only for state and local governments, but also for business owners, doctors, patients, and families. Marijuana prohibition has victimized Americans like Rabbi Jeffrey Kahn, young Jennifer Collins, and thousands like them. The President and Congress have a duty to design laws that advance medical research and reflect today's realities. Comprehensive

reform ought to cover three key areas: research, access, and legal protection.

Opposing prohibition has gained momentum in Washington. In response to an FDA request plus members of congress calling for marijuana to be rescheduled, the DEA said it “hopes to release its determination in the first half of 2016.”

Meanwhile the Drug Policy Alliance, the nation’s leading organization of people who believe the war on drugs is doing more harm than good, continues to fight for drug policies grounded in science, compassion, health and human rights. It has obtained support from over 1,000 leaders worldwide who have joined DPA in urging UN Secretary General Ban Ki-moon to set the stage “for real reform of global drug control policy.” Ahead of the April 19-21 United Nations General Assembly Special Session on the World Drug Problem, their letter calls for a definitive end to the drug war.