



## **Positions of Religious Groups that Support Medical Marijuana**

Several major denominations and other religious groups have official positions supporting medical marijuana. These positions are detailed below. We encourage anyone working on this issue to utilize this support. Please contact us to find out how to put this information to good use.

### **United Methodist Church**

The United Methodist Church adopted the following position at their General Conference in 2004 by a vote of 877-19:

“Some countries permit the use of marijuana in medicines. Recently, some states in the United States have passed legislation permitting the medical use of marijuana. The medical use of any drug should not be seen as encouraging recreational use of the drug. We urge all persons to abstain from all use of marijuana, unless it has been legally prescribed in a form appropriate for treating a particular medical condition.”

Subsequently, the United Methodist General Board of Church and Society signed on to the following statement: “Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to criminal sanctions for using marijuana if the patient’s physician has told the patient that such use is likely to be beneficial.”

### **Presbyterian Church (USA)**

On June 21, 2006, the General Assembly of the Presbyterian Church (USA) became the latest religious body to endorse legal access to medical marijuana for seriously ill patients. By consensus, the denomination passed a resolution “urging Federal legislation that allows for its use and that provides for the production and distribution of the plant for those purposes.”

Item: 09-03

Title: On Medical Use of Marijuana

Item URL: <http://les-pcusa.org/Item.aspx?IID=134&>

Assembly Action

The Assembly adopted the Committee’s recommendation to approve

On this Item, the Assembly acted by consensus

Committee Recommendation

On Item 09-03, the Social Justice Issues Committee voted as follows:

Motion was carried by a Counted vote.

- Affirmative:44
- Negative:16
- Abstention:1

The committee hereby recommends approval...

## RESOLUTION

The Presbytery of Homestead overtures the 217th General Assembly (2006) to do the following:

1. Reaffirm the PCUS statement of the 111th General Assembly (1971) that “marijuana is not properly classified” (*Minutes*, PCUS, 1971, Part I, p. 147).
2. Affirm the use of cannabis sativa or marijuana for legitimate medical purposes as recommended by a physician.
3. Instruct the Stated Clerk of the General Assembly to inform the office of the president of United States, urging Federal legislation that allows for its use and that provides for the production and distribution of the plant for those purposes.
4. Seek Federal protection for patients, caregivers, and their physicians from prosecution by local and state authorities, and physicians from negative repercussions by their licensing bodies.

### **United Church of Christ**

The United Church of Christ’s Ministry for Criminal Justice & Human Rights signed a Coalition for Compassionate Access statement in 2002, proclaiming, “We believe that seriously ill people should not be subject to arrest and imprisonment for using medical marijuana with their doctors’ approval.”

### **Progressive National Baptist Convention**

In 2004, the Progressive National Baptist Convention signed onto the following statement: “Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to criminal sanctions for using marijuana if the patient’s physician has told the patient that such use is likely to be beneficial.”

### **Episcopal Church**

In 1982, the Episcopal Church passed a resolution in support of prescriptive access. [67th Convention of the Episcopal Church (B-004)a] The statement says that, “the Episcopal Church urges the adoption by Congress and all states of statutes providing that the use of marijuana be permitted when deemed medically appropriate by duly licensed medical practitioners.”

### **Billy Graham Ministries**

In a 1998 letter to the husband of the late medical marijuana patient Cheryl Miller who was suffering from multiple sclerosis, Alison Barker of the Christian Guidance Department of the Billy Graham Evangelistic Association wrote, “This should not have a negative reflection on one’s Christian testimony....Since we are talking specifically about marijuana as a medicine, we would hope for a way to find a special exception in Cheryl’s case, since it has been proven to be of great help to her.”

## **Unitarian Universalist Association**

In 2002, the Unitarian Universalist Association passed a comprehensive Statement of Conscience on drug policy after two years of nationwide study. It says, in part, “Make all drugs legally available with a prescription by a licensed physician, subject to professional oversight. End the practice of punishing an individual for obtaining, possessing, or using an otherwise illegal substance to treat a medical condition.”

In 2004, the Unitarian Universalist Association signed onto the following statement: “Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to criminal sanctions for using marijuana if the patient’s physician has told the patient that such use is likely to be beneficial.”

## **Union for Reform Judaism**

In 2003, the 67<sup>th</sup> General Assembly of the Union for Reform Judaism passed the following resolution in support of medical marijuana (all of which is quoted verbatim):

### **BACKGROUND**

According to our tradition, a physician is obligated to heal the sick (Maimonides commentary on Mishnah Nedarim 4:4). The use of marijuana as medicine goes back at least 5,000 years. Under the Controlled Substances Act of 1970, U.S. law currently defines marijuana as a Schedule I drug—a prohibited substance—having no currently accepted medical use in treatment in the United States, a high potential for abuse, and a lack of evidence of safety for use under medical supervision. In contrast, Schedule II drugs have restricted access as highly controlled medications that are prescribed in writing in triplicate using the physician's assigned number. Moreover, Schedule II medications are for use in pain management for a limited period of time in limited quantity.

Anecdotal reports on the medical use of marijuana have indicated that it provides relief from symptoms, conditions and treatment side effects of several serious illnesses. These include glaucoma, the wasting syndrome associated with HIV/AIDS, nausea associated with cancer chemotherapy, and muscle spasms that often accompany multiple sclerosis and chronic pain. Thus far, scientific studies regarding the efficacy and safety of marijuana use for therapeutic purposes have been inconclusive.

In recent years the development and implementation of pain management have changed. In the United States, more than 30 states have approved legislation in support of the medicinal use of marijuana. U.S. federal law supersedes state law, however, and prevents the implementation of these states' mandates. Because marijuana is not legally available in the U.S., except for research purposes pursuant to limited Investigational New Drug applications approved by the Food and Drug Administration, many patients cannot avail themselves of this therapy and must resort to the black market to obtain relief and are thus subject to arrest or incarceration. At this time, Health Canada, the Canadian federal department of health, permits the use of marijuana for medical purposes. A court case is pending to determine the method by which patients will obtain the marijuana.

In January 1997, the White House Office of National Drug Control Policy asked the Institute of Medicine to assess the potential health benefits and risks of marijuana and its cannabinoid compounds (the primary psychoactive ingredients). The Institute of Medicine's report, released in March 1999, recommends continued research into physiological effects of marijuana's constituent cannabinoids and their potential therapeutic value for pain relief, including closely monitored clinical trials of smoked marijuana. The Institute of Medicine's report also recommends short term use (less than 6 months) of marijuana for patients with debilitating symptoms for whom all approved medications have failed and relief of symptoms could be reasonably expected, with treatment administered under medical supervision and the guidance of an institutional review board.

THEREFORE, the Union for Reform Judaism resolves to:

1. Urge elected officials in the United States to support federal legislation and regulation to allow the medicinal use of marijuana for patients with intractable pain and other conditions, under medical supervision;
2. Urge the Food and Drug Administration to expand the scope of allowable Investigational New Drug applications in order to move research forward more quickly toward an approved product;
3. Call for further medical research on marijuana and its constituent compounds with the goal of developing reliable and safe cannabinoid drugs for management of debilitating conditions; and
4. Call upon congregations to advocate for the necessary changes in local, state and federal law to permit the medicinal use of marijuana and ensure its accessibility for that purpose.

In 2004, the Union for Reform Judaism signed onto the following statement: “Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to criminal sanctions for using marijuana if the patient’s physician has told the patient that such use is likely to be beneficial.”

### **Partial support from other religious groups**

In 2002, the executive offices of several religious groups endorsed a coalition sign-on statement called “Eight Steps to Effectively Controlling Drug Abuse & The Drug Market,” which includes the recommendation, “Respect State's Rights and Allow New Approaches to Be Tried.” The statement elaborates, “The Federal government should work with states that have voted fourteen times for reform measures over the last three election cycles. Reforms have included treatment instead of prison, **medical use of marijuana**, marijuana decriminalization and stopping abuse of forfeiture laws. The federal government has opposed many of these reforms and taken steps to block them from being implemented. But, the states are laboratories for new approaches that should be tried and, if effective, duplicated in other parts of the United States.”

Religious groups that endorsed this statement include: **National Council of Churches; Evangelical Lutheran Church in America; Presbyterian Church (USA); Progressive Jewish Alliance; Rainbow/PUSH Coalition; and the Religious Society of Friends (Philadelphia Yearly Meeting).**

Note that this statement does not specify whether or not the medical use of marijuana should be legally allowed, but simply that individual states should be allowed to make their own decisions on the matter.