Marijuana’s medical efficacy derives largely from more than 70 unique chemicals – called cannabinoids – that each have important therapeutic properties. Currently, 23 states, the District of Columbia, Guam and Puerto Rico have adopted comprehensive medical marijuana laws that provide patients with access to all of marijuana’s beneficial ingredients. However, an additional 16 states have enacted laws that only allow access to marijuana with high levels of one cannabinoid – CBD – and low levels of THC, marijuana’s most well-known and extensively studied compound. While such laws represent a growing rejection of the federal prohibition on marijuana, denying access to the whole plant leaves the vast majority of patients without relief.

What is CBD?
CBD refers to Cannabidiol, one of more than 70 known chemical compounds, cannabinoids, which are unique to the marijuana plant. Like THC, marijuana’s most well-known therapeutic compound, CBD has significant medical effects, including anti-inflammatory, anti-pain, anti-anxiety, anti-psychotic and anti-spasm properties. Unlike THC, however, it is non-psychoactive – meaning that it does not make people feel intoxicated. In fact, CBD can counter the psychoactivity of THC.

What Does the Research Say About CBD?
Emerging research on CBD is quite promising. Evidence of varying quality supports the use of CBD for a wide range of serious medical conditions, including Alzheimer’s, anorexia, anxiety, atherosclerosis, arthritis, cancer, colitis/Crohn’s, depression, diabetes, epilepsy/seizure, fibromyalgia, glaucoma, irritable bowel, multiple sclerosis, neurodegeneration, obesity, osteoporosis, Parkinson’s, PTSD, schizophrenia, substance dependence/addiction, and stroke/traumatic brain injury.

Medical marijuana growers and providers in Colorado have developed a strain of marijuana with a high amount of CBD and a low amount of THC – named Charlotte’s Web – that is being used to treat children with a rare and life-threatening form of childhood epilepsy called Dravet’s syndrome. The success of this treatment for pediatric patients has attracted significant media attention, which has led families of children with epilepsy to organize around the country to advocate for access to medical marijuana. Some families have relocated to Colorado to access the only treatment that may work for their children.

What about THC?
There is a large body of research validating the therapeutic properties of THC, which has been far more extensively studied than CBD. There are some conditions for which marijuana with THC is more effective, namely conditions usually associated with cancer and HIV. Research shows that marijuana with an equal THC/CBD ratio is the most effective at treating pain associated with cancer. Additionally, research shows that marijuana with more THC than CBD is most effective at treating nausea associated with chemotherapy. Wasting and weight loss related to HIV and anorexia were found to respond significantly to 5mg of a synthetic version of THC (Dronabinol). Multiple studies have shown that neuropathic pain, one of the most difficult conditions to treat and common among cancer and HIV patients, responds to THC.

Moreover, the most cutting-edge research shows that THC and CBD have a synergistic effect, which means that they work better together than either one does alone. This synergy is known as the “Entourage
Effect” and is documented in several research studies. All marijuana plants have both THC and CBD, even if the THC is in trace amounts. They are both important in maximizing the benefits of the marijuana plant.

What States Currently Have CBD-Only Laws?
Due to the increased attention around CBD, many state legislatures have decided to adopt laws that allow access only to high-CBD and low-THC types of marijuana. As of August 1, 2015, 16 states – Alabama, Florida, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia and Wisconsin – have enacted such CBD-only laws. Most of these laws will allow access to a small number of patients and include components that will make them difficult to implement – and therefore are largely symbolic. None of these states have yet provided patients with access to CBD.

CBD-Only Laws Fail to Help a Majority of Patients
These laws represent a recognition on the part of several states of the need to depart from federal policy on medical marijuana. They demonstrate what most of the U.S. public knows, but which the federal government refuses to acknowledge: that marijuana has medicinal value, that patients are suffering, and that states need to act on their own to provide relief to patients in the face of federal inaction.

Yet these CBD-only laws are extremely limited and leave out the vast majority of patients who need THC and other cannabinoids in the plant (or the whole plant) to treat or alleviate their medical conditions. Research shows that therapeutic benefits are maximized by utilizing the whole plant. As some conditions respond better to a THC-rich strain of marijuana, the adoption of high-CBD/low-THC programs denies access to patients who can benefit from marijuana strains higher in THC.

Arbitrarily restricting medical marijuana access to certain therapeutic compounds hurts sick and dying people. Restricting options for the most effective medical treatment limits relief for patients suffering from serious medical conditions. States should adopt comprehensive medical marijuana laws, which allow patients to access the full spectrum of marijuana’s medically beneficial qualities.


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