



In addition to the Mission Statement, the Society of Cannabis Clinicians, after debate within relevant committees and ratification by the board, has adopted the following policy recommendations and positions.

POLICY POSITIONS:

1. Patients should be allowed to grow their own medicine in the quantity sufficient for their medical needs. Whole plant preparations offer patients more balanced “entourage” effects as opposed to single molecule derivatives. Therapeutic use of all parts of the plant (parts that typically are considered intoxicating and/or non-intoxicating) are of value from a medical perspective. Patients need not fail a trial of traditional pharmaceuticals before a trial of cannabis is initiated.¹
2. All commercial medical preparations should be fully tested for safety (to protect against biologic or chemical contaminants), and potency (cannabinoids and terpenes).
3. Any legalization initiative, or law, must be accompanied by restorative justice initiatives to restore full citizenship rights to non-violent individuals convicted under previous versions of the state’s drug laws. In states that have legalized cannabis use, positive cannabis tests alone should not be used to justify disruption of parental rights or the family unit. (The disruption of the family unit and incarceration of an individual has far-reaching detrimental health effects on both the individual and the family.)
4. Teaching curricula on the endocannabinoid system should be incorporated into the basic training programs of all health professionals, especially medical schools, residencies and CME offerings. This should extend to other professional groups and their educational outlets.^{2,3}

5. A portion of the tax revenues from all sales should be allocated for education and research into the medical benefits of cannabis. Taxes on medical cannabis purchases should mirror the taxes on other pharmaceuticals sold within the state.

6. States should establish centralized reference laboratories to conduct complete full spectrum cannabinoid and terpenoid analyses of each lot of commercially sold medicinal product. This will allow massive cataloguing, with the possible identification of unique chemovars and the potential to enable better correlation with clinical outcomes.

1. Medical Board of California (2018). *Guidelines for the Recommendation of Cannabis for Medical Purposes*.
http://www.mbc.ca.gov/Publications/guidelines_cannabis_recommendation.pdf

2. Evanoff, Quan, Dufault, Awad, & Bierut. (2017). Physicians-in-training are not prepared to prescribe medical marijuana, *Drug and Alcohol Dependence*, 180, 151–155. <http://dx.doi.org/10.1016/j.drugalcdep.2017.08.010>

3. Ware & Ziemianski. (2015). Medical education on cannabis and cannabinoids: Perspectives, challenges and opportunities. *Clinical Pharmacology & Therapeutics*, 97(6), 548–550. <http://dx.doi.org/10.1002/cpt.103>