

NATIONAL MEDICAL ORGANIZATIONS OPPOSE THE USE OF CRUDE MARIJUANA AS MEDICINE

The American Medical Association (AMA) endorsed “well-controlled studies of marijuana and related cannabinoids in patients with serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.” In November 2009, the AMA amended its policy, urging that marijuana’s status as a Schedule I controlled substance be reviewed “with January 2011 the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods.” **The AMA also stated that “this should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for prescription drug product.”**[FN1]

The American Society of Addiction Medicine’s (ASAM) rejects smoking as a means of drug delivery. ASAM further recommends that “all cannabis, cannabis-based products and cannabis delivery devices should be subject to the same standards applicable to all other prescription medication and medical devices, and should not be distributed or otherwise provided to patients ...” without FDA approval. ASAM also “discourages state interference in the federal medication approval process.”[FN2]

The American Cancer Society (ACS) “does not advocate inhaling smoke, nor the legalization of marijuana,” although the organization does support carefully controlled clinical studies for alternative delivery methods, specifically a tetrahydrocannabinol (THC) skin patch.[FN3]

The American Glaucoma Society (AGS) states that “although marijuana can lower the intraocular pressure, the side effects and short duration of action, coupled with the lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time.”[FN4]

The American Academy of Pediatrics (AAP) believes that “[a]ny change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents.” While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana. [FN5]

The National Multiple Sclerosis Society (NMSS) has stated that it could not recommend medical marijuana be made widely available for people with multiple sclerosis for symptom management, explaining: “This decision was not only based on existing legal barriers to its use but, even more importantly, because studies to date do not demonstrate a clear benefit compared to existing symptomatic therapies and because side effects, systemic effects, and long-term effects are not yet clear.” [FN6]

The British Medical Association (BMA) voiced extreme concern that downgrading the criminal status of marijuana would “mislead” the public into believing that the drug is safe. The BMA maintains that marijuana “has been linked to greater risk of heart disease, lung cancer, bronchitis

and emphysema.”[FN7] The 2004 Deputy Chairman of the BMA’s Board of Science said that “[t]he public must be made aware of the harmful effects we know result from smoking this drug.” [FN8]

In 1999, The Institute of Medicine (IOM) in the United States released a landmark study reviewing the supposed medical properties of marijuana. The study is frequently cited by “medical” marijuana advocates, but in fact severely undermines their arguments in the following ways:

1. After release of the IOM study, the principal investigators cautioned that the active compounds in marijuana may have medicinal potential and therefore should be researched further. However, the study concluded that “there is little future in smoked marijuana as a medically approved medication.”[FN9]

2. For some ailments, the IOM found “...potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation.”¹⁴ However, it pointed out that “[t]he effects of cannabinoids on the symptoms studied are generally modest, and in most cases there are more effective medications [than smoked marijuana].”[FN10]

3. The study concluded that, at best, there is only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. For other ailments, such as epilepsy and glaucoma, the study found no evidence of medical value and did not endorse further research. [FN11]

The IOM study explained that “smoked marijuana . . . is a crude THC delivery system that also delivers harmful substances.” In addition, “plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect.” Therefore, the study concluded that “there is little future in smoked marijuana as a medically approved medication.”[FN12]

The principal investigators explicitly stated that using smoked marijuana in clinical trials “should not be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of cannabinoids.”[FN13]

Thus, even those who believe that certain active ingredients in marijuana may have potential medicinal value openly discount the notion that smoked marijuana is or can become “medicine.”

References

[FN1] See: DEA Position on Marijuana, January 2011; “Policy H-95.952 ‘Medical Marijuana.’” American Medical Association, Report 3 of the Council on Science and Public Health (I-09) Use of Cannabis for Medicinal Purposes.

[FN2]ASAM Public Policy on “Medical Marijuana.” (April 23, 2010) <http://www.wfad.se/latest-news/1-articles/213-asampublic-policy-statement-on-qmedical-marijuanaq>.

[FN3] “Experts: Pot Smoking Is Not Best Choice to Treat Chemo Side-Effects.” *American Cancer Society*. May 22, 2001.
http://www.cancer.org/docroot/NWS/content/update/NWS_1_1xU_Experts__Pot_Smoking_Is_Not_Best_Choice_to_Treat_Chemo_Side_Effects.asp (March 9, 2005).

[FN4]“American Glaucoma Society Position Statement: Marijuana and the Treatment of Glaucoma.” Jampel, Henry MD. MHS, *Journal of Glaucoma*: February 2010- Volume 19-Issue 2 –pp.75-76 doi:10.1097/IJG.0bo13e3181d12e39. also www.glaucomaweb.org .

[FN5] Committee on Substance Abuse and Committee on Adolescence. “Legalization of Marijuana: Potential Impact on Youth.” *Pediatrics* Vol. 113, No. 6 (June 6, 2004): 1825-1826. *See als*, Joffe, Alain, MD, MPH, and Yancy, Samuel, MD. “Legalization of Marijuana: Potential Impact on Youth.” *Pediatrics* Vol. 113, No. 6 (June 6, 2004): e632-e638h.

[FN6]“Recommendations Regarding the Use of Cannabis in Multiple Sclerosis: Executive Summary.” *National Clinical Advisory Board of the National Multiple Sclerosis Society*, Expert Opinion Paper, Treatment Recommendations for Physicians, April 2, 2008.
<http://www.nationalmssociety.org>.

[FN7]“Doctors’ Fears at Cannabis Change.” *BBC News*. January 21, 2004.

[FN8] *Manchester Online*. “Doctors Support Drive Against Cannabis.” *Manchester News*. January 21, 2004.
http://www.manchestersonline.co.uk/news/s/78/78826_doctors_support_drive_against_cannabis.html (March 25, 2005).

[FN9]*Institute of Medicine*. “Marijuana and Medicine: Assessing the Science Base.” (1999). Summary. <http://www.nap.edu/html/marimed> (April 12, 2005).

[FN10]Id.

[FN11]*Institute of Medicine*. “Marijuana and Medicine: Assessing the Science Base.” (1999). Executive Summary. <http://www.nap.edu/html/marimed> (January 11, 2006).

[FN12] *Institute of Medicine*. “Marijuana and Medicine: Assessing the Science Base.” (1999). Summary. <http://www.nap.edu/html/marimed> (January 11, 2006).

[FN13] *Institute of Medicine*. “Marijuana and Medicine: Assessing the Science Base.” (1999). Summary. <http://www.nap.edu/html/marimed> (January 11, 2006); Benson, John A., Jr. and Watson, Stanley J., Jr. “Strike a Balance in the Marijuana Debate.” *The Standard-Times*. 13 April 1999.