

SMOKED MARIJUANA IS NOT 'MEDICAL' MARIJUANA

Marijuana itself remains a Schedule I controlled substance, meaning that it has no commonly accepted medical use.

In considering potential medical uses of marijuana, it is important to distinguish between whole marijuana and pure tetrahydrocannabinol (THC) or other specific chemicals derived from cannabis.

Whole marijuana contains hundreds of chemicals, some of which are clearly harmful to health.

The Food and Drug Administration has approved THC, manufactured into a pill (marinol) that is taken by mouth-- not smoked-- to treat the nausea and vomiting that go along with certain cancer treatments and is available by prescription. Another chemical related to THC (nabilone) has also been approved for treating cancer patients who suffer nausea. The oral THC is also used to help AIDS patients eat more to keep up their weight.

Despite anecdotal claims, smoked marijuana has not been found to be safe and effective for treating any medical condition, primarily because its alleged therapeutic utility has yet to be sufficiently demonstrated in well-controlled clinical trials.

For several years, FDA allowed a limited number of seriously ill patients to use smoked marijuana. The program was terminated in 1992 when the Public Health Service (PHS) stated there was no scientific evidence that the drug was assisting patients, and issued a warning that using smoked marijuana as a form of medical therapy may actually be harmful to some patients.

In 1997, the National Institutes for Health (NIH) convened an Ad Hoc Group of Experts, which concluded that scientific evidence was insufficient to definitively assess marijuana's therapeutic potential and advised that the traditional scientific process should be followed to evaluate the drug's use for certain disorders. In its 1999 report *Marijuana and Medicine: Assessing the Science Base*, the Institute of Medicine (IOM) concluded that the therapeutic effects of smoking marijuana were modest. IOM recommended marijuana's active components should be tested rigorously in controlled clinical trials.

SMOKING MARIJUANA IS HARMFUL, NOT HELPFUL, TO PATIENTS' HEALTH

While all of the long-term effects of marijuana use are not yet known, there are studies showing serious health concerns. The volume of literature detailing the harmful effects of whole, smoked marijuana, in fact, continues to grow. Marijuana can be harmful in a number of ways, through both immediate effects and damage to health over time.

Marijuana hinders the user's short-term memory, and may cause trouble for a user in handling complex tasks. With the use of more potent varieties of marijuana, even simple tasks can be difficult. Because of the drug's effects on perceptions and reaction time, users could be involved in auto crashes.

Under the influence of marijuana, students may find it hard to study and learn. A new study presented at a conference on global health economics in San Francisco earlier this year found that high school students who smoke marijuana are likely to see lower math scores, and ultimately, lower wages, than peers.

The immune system protects the body from many agents that cause disease. Both animal and human studies have shown that marijuana impairs the ability of T-cells in the lungs' immune defense system to fight off some infections.

Scientists have found that marijuana smokers studied have more sick days and more doctor visits for respiratory problems and other types of illness than did a similar group who did not smoke.

Findings show that the regular use of marijuana or THC may play a role in cancer and problems in the respiratory, and immune systems.

Marijuana smoke contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations. Studies show that someone who smokes five joints per day may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day. Tobacco smoke and marijuana smoke may work together to change the tissues lining the respiratory tract. Marijuana smoking could contribute to early development of head and neck cancer in some people.

People who smoke marijuana regularly may develop many of the same breathing problems that tobacco smokers have, such as daily cough and phlegm production, more frequent chest colds, a heightened risk of lung infections, and a greater tendency toward obstructed airways. Cancer of the respiratory tract and lungs may also be promoted by marijuana smoke, since it contains irritants and carcinogens. Marijuana smokers usually inhale more deeply and hold their breath longer, which increases the lungs' exposure to carcinogenic smoke. Thus, puff for puff, smoking marijuana may increase the risk of cancer more than smoking tobacco does.

Marijuana abuse is also linked to social problems. "Recent research has indicated that for some people there is a correlation between frequent marijuana use and aggressive or violent behavior," according to the National Crime Prevention Council.

Drug users also may become involved in risky sexual behavior. There is a strong link between drug abuse and the spread of HIV.

According to the National Institute on Drug Abuse (NIDA), "High doses of marijuana can induce psychosis (disturbed perceptions and thoughts), and marijuana use can worsen

psychotic symptoms in people who have schizophrenia. There is also evidence of increased rates of depression, anxiety, and suicidal thinking in chronic marijuana users.”

“Marijuana use may trigger panic attacks, paranoia, even psychoses, especially if you suffering from anxiety, depression or having thinking problems,” according to the American Psychiatric Association. A majority of patients who smoke marijuana do so for mental health reasons according to a recent study. Patients suffering from mental health problems that have turned to marijuana as a form of medicine are, however, worsening both their mental and physical health while forgoing real treatment that could improve their lives.

STATE APPROVED ‘MEDICAL’ MARIJUANA UNDERMINES FDA AUTHORITY AND DRUG SAFETY

All drugs bought, sold and prescribed in the U.S. must first undergo rigorous clinical trials and be proven to be safe and effective by the Food and Drug Administration (FDA) before they can be made legally available to patients. This process ensures patient safety, protects the public health and, in cases of injury, ensures accountability and liability.

Making any drug available without FDA review or proof of safety and effectiveness sets a dangerous precedent that threatens patient safety.

Smoked marijuana has never been approved for medical use by the FDA. For several years, in fact, FDA allowed a limited number of seriously ill patients to use smoked marijuana. The program was terminated in 1992 when the Public Health Service (PHS) stated there was no scientific evidence that the drug was assisting patients, and issued a warning that using smoked marijuana as a form of medical therapy may actually be harmful to some patients.

Like marijuana, other drugs in their raw form, such as tobacco and cocaine, contain beneficial ingredients. Many proponents of allowing marijuana to be available for patient use without FDA review and approval have advocated FDA regulation of tobacco. This contradiction is inconsistent and undermines the credibility and validity of both arguments. And few would foolishly suggest that “medical” cocaine be made available to the public in the same manner that some states have permitted ‘medical’ marijuana.

Proponents of marijuana legalization-- for medical or other purposes—have bypassed the standard legal and scientific procedures required to determine a drug’s safety and effectiveness. The public’s health would be best served if science continued to be used to judge a drug’s safety and effectiveness.

ACCEPTED MEDICAL ALTERNATIVES EXIST TO ADDRESS HEALTH PROBLEMS MARIJUANA IS BEING PROMOTED TO TREAT

Proponents of marijuana claim patients suffering from weight loss or AIDS wasting can benefit from smoking marijuana. This claim has never been substantiated by the FDA and smoking marijuana has never been deemed safe or effective for these or other medical conditions. Legal alternatives that have been evaluated and approved as safe and effective to treat these conditions do, however, exist.

Serono Inc. received FDA approval for Serostim, which treats wasting in AIDS patients. The drug has been on the market since 1996 under the FDA's orphan drug program. Serono said it got final approval after confirmatory multi-center, placebo-controlled study substantiated previous findings of increased lean body mass and improvement in physical endurance in AIDS patients. Megestrol acetate (Megace) is also approved by the FDA for the management of anorexia, cachexia and unexplained weight loss in patients with AIDS. In clinical trials, Megestrol led to increased appetite and weight gain. AIDS patients also reported improvement in their sense of well being.

HIV-associated wasting is a chronically debilitating and potentially life-threatening condition. It is a metabolic disorder that causes the body to use vital muscle and organ tissue, which is critical for survival, for energy instead of primarily using the body's stored fat. Loss of lean body mass, which consists of muscle tissue, important body organ tissue and blood cells, can lead to increased risk of opportunistic infections, illness, and extreme fatigue and can profoundly diminish a person's quality of life.

Dronabinol, a synthetic version of THC, may reduce agitation and lead to weight gain in patients with Alzheimer disease, according to data presented at the annual meeting of the International Psychogeriatric Association.

"Our research suggests dronabinol may reduce agitation and improve appetite in patients with Alzheimer's disease, when traditional therapies are not successful," said Joshua Shua-Haim, MD, lead investigator in the study and medical director of the Meridian Institute for Aging, a continuum of senior health programs and services in Central New Jersey affiliated with Meridian Health System. "In the study, dronabinol appeared to be safe and effective for these patients."

Other drugs approved by the FDA used alone or in combination to prevent nausea and vomiting after cancer chemotherapy include: Ondansetron, metoclopramide (reglan, and others), cortico-steroids, prochlorperazine (Compazine, and others), lorazepam (Ativan), granisetron and aprepitant (Emend).

“MEDICAL” MARIJUANA IS BEING LARGELY USED FOR “RECREATIONAL” OR EMOTIONAL REASONS RATHER THAN FOR MEDICAL PURPOSES

Data from a survey of patients at California's San Mateo Medical Center presented this year at the American Psychiatric Association conference revealed that one-third of HIV patients who smoked “medical” marijuana do so for “recreational” reasons.

“We expected to see people smoking marijuana to alleviate nausea, pain and to increase their appetite-- all the reasons that are commonly cited,” said Diane Prentiss, a research epidemiologist with the Medical Center. “We were surprised that 57 percent say they smoked to relieve anxiety or depression.”

Ironically and tragically, patients suffering from mental health problems that have turned to marijuana believing it to be a legitimate form of medicine are actually worsening both their mental and physical health while forgoing real treatment that could improve their lives. The National Institute on Drug Abuse (NIDA) has found that “High doses of marijuana can induce psychosis (disturbed perceptions and thoughts), and marijuana use can worsen psychotic symptoms in people who have schizophrenia. There is also evidence of increased rates of depression, anxiety, and suicidal thinking in chronic marijuana users.” “Marijuana use may trigger panic attacks, paranoia, even psychoses, especially if you suffering from anxiety, depression or having thinking problems,” according to the American Psychiatric Association.

OTHER HARMFUL SUBSTANCES HAVE BENEFICIAL COMPONENTS BUT ARE NOT ADVOCATED FOR MEDICAL USE IN THEIR RAW FORM

Like marijuana, there are other drugs and substances that are harmful but have properties that can if extracted can have beneficial effects depending upon the circumstances under which they are taken. Examples include nicotine, cocaine, amphetamine, opiates, benzodiazepines, barbiturates, and many others.

First, it is important to note that at this time, there is insufficient scientific data to conclude that smoked marijuana has therapeutic benefits, or that any benefits it may have will outweigh the risks of harm due to the inhalation of the marijuana smoke.

NIH conducted a workshop in 1997 and the Institute of Medicine (IOM) did an exhaustive 18-month study that was released in 1999 (commissioned by the Office of National Drug Control Policy) of the extant research on the medical uses of marijuana and its active constituents, primarily tetrahydrocannabinol (THC). Both reports found that there was insufficient data to determine marijuana’s therapeutic utility, but that more research is needed to determine the benefits of marijuana or related compounds for certain conditions or diseases including pain, neurological and movement disorders, nausea in patients who are undergoing chemotherapy for cancer, and loss of appetite and weight (cachexia) related to AIDS. Dronabinol, an oral form of THC, currently has FDA approval for use in the latter two conditions.

- Prescription medicines that are clearly beneficial can nevertheless be harmful if abused. When used for legitimate medical purposes and managed by properly trained clinicians, medications such as ritalin, methadone, oxycontin, morphine, and countless others, improve the quality of life for millions of Americans with debilitating diseases and conditions. All medications can cause side effects and when intentionally or carelessly misused they can pose significant risks.

- Nicotine, the main addictive component of tobacco, also has beneficial properties when used in replacement products, such as the therapeutic patch, gum, spray and inhalers, to assist with smoking cessation.
- Cocaine has legitimate medical use in eye and nasal surgeries.
- Amphetamines and other stimulant drugs can be useful in the treatment of ADD (attention deficit disorder) or ADHD (attention deficit hyperactivity disorder) and narcolepsy.
- Some cancers Chemotherapeutic drugs have been isolated from dangerous sources. Paclitaxel (taxol) was initially isolated from a poisonous plant pacific yew (*Taxus brevifolia* Nutt.) and was later find in other *Taxus* plants. Vinblastine, Vincristine and other vinca alkaloids have been extracted from *Vinca rosea* L.
- Opioids Analgesics such as Morphine (and analogs) from *Papaver somniferum* L.
- The antimalarial agent artemisinin (Qing-hao-su) from *Artemisia annua* L.

ERRONEOUSLY PROMOTING MARIJUANA AS MEDICINE MAY ENCOURAGE DRUG ABUSE

As of 2002, around 21 percent of teens and 54 percent of young people aged 18 to 25 said they had used marijuana at least once. Marijuana remains the most commonly used illegal drug, with 14.6 million users, according to new data from the National Survey on Drug Use and Health prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Giving the false impression that smoking marijuana has been approved as being safe and effective may be contributing to its abuse, especially among young people. More young people are now in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined. Of all teenagers in drug treatment, about 60 percent have a primary marijuana diagnosis. The average age of initiation for marijuana use generally has been getting younger. In 2001, 84 percent reported first using marijuana between the ages of 12 and 17. A 1999 survey found that 57 percent of kids age 12-17 agreed that marijuana would be “fairly easy” or “very easy” to obtain and was available from a wide variety of sources.