POLICY PRIMER

UF College of Medicine
Division of Addiction Medicine
Drug Policy Institute

Marijuana for Medical Purposes: Compassion or Smokescreen?

University of Florida
Drug Policy Institute

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INTRODUCTION

After decades of discussion, there remains a great deal of confusion regarding the use of marijuana for medical purposes. Confusion stems from the fact that medical marijuana programs in various states differ greatly in their size and scope; smoked marijuana as medicine is not promoted by major medical organizations but rather marijuana law reform groups, and that the federal government has responded in different ways to different state based programs. The scientific and medical communities, including The Institute of Medicine, American Society of Addiction Medicine, American Medical Association, American Cancer Society, American Academy of Pediatrics, The National Multiple Sclerosis Society, The American Glaucoma Society and the American Academy of Ophthalmology, recognize that smoked marijuana is not medicine.

The U.S. Food and Drug Administration (FDA) is the agency responsible for testing and approving the safety and efficacy of new medications. The FDA notes that smoked marijuana is highly toxic, impure, and harmful. Further, after reviewing the scientific literature, the FDA concluded that no sound scientific studies have supported medical use of smoked marijuana for treatment.

WHAT HAS HAPPENED WITH STATES THAT HAVE APPROVED MEDICAL MARIJUANA?

- Since certain states began permitting the dispensing of medical marijuana, adolescents' perceptions of the harmful effects of marijuana have decreased, and marijuana use has increased significantly.[1]

- A major study published in *Drug and Alcohol Dependence* by researchers at Columbia University looked at two separate data sets and found that residents of states with medical marijuana had marijuana abuse/dependence rates almost *twice as high* as states without such laws. An additional study in the *Annals of Epidemiology* found that, among youths ages 12-17, marijuana use rates were higher in states with medical marijuana laws (8.6%) than those without such laws (6.9%).[2]

- A study published in the *Harm Reduction Journal* analyzing more than 3,000 medical marijuana users in California, found that an overwhelming majority (87.9%) of those queried about the details of their marijuana initiation tried it before the age of 19, and the average user was a 32-year-old, white male. Seventy-four percent of the Caucasians in the sample had used cocaine, and more than 50% had used methamphetamine in their lifetime.[3]

- Other research shows that very few people that use medical marijuana have cancer, HIV, or other serious illnesses.[4]

LEGISLATIVE ALERT

SB 1250 and HB 1139, which would legalize medical marijuana, are being considered in the Florida Legislature this year. It would allow people with any one of 24 different ailments, including "chronic pain," to possess four ounces (or over 300 marijuana cigarettes) or eight plants legally at a time.

WHAT ABOUT HAVING COMPASSION FOR THE TERMINALLY ILL?

It is important to have compassion for those who are truly suffering from chronic or terminal illnesses. After all, even if only 2% of medical marijuana users that have cancer get relief from marijuana, it is our obligation to figure out how to deliver that relief in a safe and regulated way. But, just like we derive morphine from opium plants and dispense morphine pills from a pharmacy, we should focus on the research and development of marijuana-based medications that are nontoxic, non-smoked, and prescribed by proper physicians. As the Institute of Medicine reported in 1999, the future of medical marijuana "lies in its individual components" that we can isolate and deliver in a non-smoked fashion.

Currently one drug, Marinol, a synthetic of THC (the active ingredient in marijuana that produces intoxication), is available in pill form at pharmacies. Other marijuana-based medications will soon be available on the market. Sativex ®, an oral mouth spray developed from a blend of two marijuana extracts (one strain is high in THC and the other in CBD, another ingredient in marijuana that does *not* produce intoxication and tends to reduce the intoxicating effects of THC), has already been approved in 22 countries (including many European nations and Canada) and is in the late stages of FDA approval in the U.S. These carefully developed, studied, manufactured, and dispensed medications are far safer and carry less risk of abuse than smoke marijuana. Many more such legitimate medications are forthcoming. We should support their proper development and use.

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[1] Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). "Marijuana use continues to rise among U.S. teens, while alcohol use hits historic lows." University of Michigan News Service: Ann Arbor, MI. Retrieved January 2, 2012, from http://www.monitoringthefuture.org

[2] Cerdá, M., Wall, M., Keyes, K. M., Galea, S., & Hasin, D. (2012). Medical marijuana laws in 50 states: Investigating the relationship between state legalization of medical marijuana and marijuana use, abuse, and dependence. *Drug and Alcohol Dependence*, 120(1-3), 22-27; Wall, M. M., Poh, E., Cerda, M., Keyes, K. M., Galea, S., & Hasin, D. S. (2011). Adolescent marijuana use from 2002 to 2008: Higher in states with medical marijuana laws, cause still unclear. *Annals of Epidemiology*, 21(9), 714-716.

[3] O'Connell, T. J., & Bou-Matar, C. B. (2007). Long-term marijuana users seeking medical cannabis in California (2001-2007): Demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal,* 4(16).

[4] Nunberg, H., Kilmer, B., Liccardo Pacula, R., & Burgdorf, J. (2011). An analysis of applicants presenting to a medical marijuana specialty practice in California. *Journal of Drug Policy Analysis*, 4(1), 1-16.