



Why Crude Marijuana is Not Medicine:

A Position Paper of
Drug Free America Foundation, Inc.

Drug Free America Foundation, Inc.

Drug Free America Foundation, Inc. is a drug prevention and policy organization committed to developing, promoting and sustaining national and international policies and laws that will reduce illegal drug use and drug addiction.

The Drug Free America Foundation, Inc. vision is nations that, through their leaders and their people, create an environment where citizens live lives free of illicit drugs.

BACKGROUND

The controversial topic of "medical marijuana" is surrounded with confusing and contradicting information. Drug Free America Foundation, Inc. (DFAF) has studied the issue thoroughly and is committed to providing the most accurate information based on scientific and medical evidence. DFAF does not believe that crude marijuana, however, can be used safely as medicine.

Crude marijuana is considered a Schedule 1 drug, the most restrictive designation given by the Controlled Substances Act (CSA) that places all drugs regulated by federal law into one of five schedules. What this means is that marijuana:

- has a high potential for abuse;
- has no currently accepted medical use in treatment in the U.S.;
- lacks the accepted safety for use of the drug under medical supervision;
- cannot be prescribed by a doctor;
- is not sold in a pharmacy; and
- is in the same category as heroin, LSD and Ecstasy (MDMA).

WHAT MEDICAL SOCIETIES SAY

Crude marijuana has been rejected for medicinal use by many prominent national health organizations including the American Medical Association, National Multiple Sclerosis Society, American Glaucoma Society, American Academy of Ophthalmology, American Cancer Society, National Eye Institute, National Institute for Neurological Disorders and Stroke and most importantly the Federal Food and Drug Administration (FDA).

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Medications should be determined through scientifically valid research and the well established FDA process - not by the desires of a small group of individuals or the public's vote. The FDA is tasked with determining what is deemed as medicine. That process has been carefully constructed over the past century to protect patient health and safety. All medications, particularly those containing controlled substances, should become available only after having satisfied the rigorous criteria of the FDA approval process. Patients and physicians have the right to insist that prescription medications satisfy modern medical standards for quality, safety and efficacy. Such medications must be standardized by composition and dose and administered in an appropriate and safe delivery system with a reproducible dose.

In *Alliance for Cannabis Therapeutics v. DEA*, 15 F.3d 1131 (D.D.C. 1994), the United States District Court for the District of Columbia accepted the Drug Enforcement Administration's five-part test for determining whether a drug meets "currently accepted medical use." The test requires that:

1. the drug's chemistry must be known and reproducible;
2. there must be adequate safety studies;
3. there must be adequate and well-controlled studies proving efficacy;
4. the drug must be accepted by qualified experts; and
5. the scientific evidence must be widely available.

Applying these criteria to crude marijuana, the court found that the drug had no currently accepted medical use. Preclinical and clinical studies are necessary to provide physicians with adequate information to guide their prescribing decisions. It is quite possible that in the near future we can anticipate that cannabinoid products will undergo clinical trials for their approval, and some may reach the market. There is no reason why medications derived from the cannabis plant should be exempted from the FDA process.

FDA APPROVED MEDICATIONS

A pill form of the active chemical in marijuana, dronabinol (trade name – Marinol) currently exists and can be helpful for the nausea associated with chemotherapy or the wasting disease that appears with AIDS.

But, even dronabinol is typically a third tier medicine. According to John A. Benson, Jr., M.D. of the Institute of Medicine, research on other cannabinoids is underway, and some of these chemicals may one day prove to be useful medicines. However, he states: "While we see a future in the development of chemically defined cannabinoid drugs, we see little future in smoked marijuana as a medicine." No FDA-approved medications are smoked.

HARMS OF MARIJUANA

It is difficult to administer safe, regulated doses of medicines in smoked form. Furthermore, the harmful chemicals and carcinogens that are byproducts of smoking create entirely new health problems. The California Office of Environmental Health Hazard Assessment, after an extensive review of over 30 scientific papers, declared that marijuana smoke causes cancer. The respiratory difficulties associated with marijuana use preclude the inhaled route of administration as a medicine. Smoked marijuana is associated with higher concentrations of tar, carbon monoxide, and carcinogens than even cigarette smoke. Recent studies show the following destructive effects of marijuana use:

- Respiratory damage
- Cardiovascular damage – it can dramatically increase heart rate
- Reproductive damage in men and women
- Immunosuppression
- Paranoia
- Emotional disorders
- Increased risk of schizophrenia and other neuropsychiatric disorders
- Memory loss
- Loss of ability to concentrate
- Increased tolerance to intoxication
- Addiction
- Leads to much higher use of other illegal drugs
- Linked to more violent behavior

CONCLUSION

Long ago, the scientific and medical community determined that mere anecdotal reports of efficacy are not sufficient to warrant distribution of a product to seriously ill patients. Marijuana is intoxicating, so it's not surprising that sincere people report relief of their symptoms when they smoke it. They may be feeling better - but they are not actually getting better. They may even be getting worse due to the detrimental effects of marijuana.

Legalization advocates would have the public and policy makers incorrectly believe that marijuana is the only treatment alternative for masses of cancer sufferers who are going untreated for the nausea associated with chemotherapy, and for all those who suffer from glaucoma, multiple sclerosis, and other ailments. However, numerous effective medications are currently available for these conditions. According to Dr. Eric Voth, a Fellow of the American College of Physicians, some alleged uses for marijuana are to treat the nausea associated with chemotherapy or to create appetite stimulation in persons with AIDS, but there are better and safer FDA approved medications available such as Reglan, Zofran, Decadron, Compazine. Another remotely documented benefit is with spasticity for MS sufferers, but there are also better medicines available such as Baclofen, Amrix, Flexeril, Clonazepam, Robaxin and Neurontin.

Drs. Eric Voth and Richard Schwartz, experts on marijuana, having extensively reviewed available therapies for chemotherapy-associated nausea, glaucoma, multiple sclerosis, and appetite stimulation, determined that no compelling need exists to make crude marijuana available as a medicine for physicians to prescribe. They concluded that the most appropriate direction for research is to investigate specific cannabinoids or synthetic analogs rather than pursuing the smoking of marijuana, echoing the conclusion of the Institute of Medicine.



Drug Free
AMERICA
Foundation, Inc.

5999 Central Avenue, Suite 301
St. Petersburg, FL 33710
(p) 727-828-0211 (f) 727-828-0212
www.dfaf.org