

Should Marijuana be a Medical Option?

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Federation of Medicine

The term "Federation of Medicine" is used to describe the state, county, and specialty medical societies represented in the American Medical Association House of Delegates that work together to advance the agenda of physicians and their patients.



AMA Policy House of Delegates

Representation in the House is proportional to the number of AMA members in a society, with every member organization entitled to at least one delegate. All fifty states are represented in the House, along with the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.



Additional Members of the HOD


- National Medical Societies (~110)
- Federal Services
- Professional Interest Medical Associations, Sections, and Other Groups



Council on Science and Public Health (CSAPH)

- Comprises 11 active members of the AMA, one of who is a Resident.
- Members elected by the House of Delegates.
- In addition, a medical student member of the AMA is appointed by the Governing Council of the AMA Medical Student Section.
- Mission of the CSAPH is to help advance the science of medicine as the primary mechanism for improving the quality of patient care, enhancing medical progress, and enhancing the health of the public.

AMA Policy on “Medical Marijuana” (11/3/09)

- AMA policy on the medicinal use of cannabis has evolved out of a series of three CSAPH reports to the HOD.
 - 1997 Report--Review of policy issues raised by Arizona and California initiatives and pharmacologic and systematic review of the science base on therapeutic use of crude marijuana and cannabinoid-based FDA approved products.
 - 2001 Reports updated “progress.”
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AMA Policy H-95.952


Medical Marijuana

1. Conduct further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have 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.
2. Marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies.
3. NIH should implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana.

AMA Medical Marijuana Policy (cont)

4. NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana.
5. Effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

CSAPH Report 3: Cannabis for Medicinal Purposes 2009 AMA Interim Meeting Nov 8-10, 2009

- (1) provides a brief historical perspective on the use of cannabis as medicine;
 - (2) examines the current federal and state-based legal envelope relevant to the medical use of cannabis;
 - (3) provides a brief overview of our current understanding of the pharmacology and physiology of the endocannabinoid system;
 - (4) reviews clinical trials on the relative safety and efficacy of smoked cannabis and botanical-based products; and
 - (5) places this information in perspective with respect to the current drug regulatory framework.
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CSAPH Report 3 (I-09): Findings

- Despite more than 30 years of clinical research, only a small number of randomized, controlled trials have been conducted on smoked cannabis.
- These trials were short term and involved a total of ~300 patients.
- Results indicate smoked cannabis reduces neuropathic pain, improves appetite and caloric intake, and may relieve spasticity and pain in patients with multiple sclerosis.
- Surveys of patients with HIV or hepatitis C infection suggest that smoked cannabis is used to relieve a constellation of symptoms and as a source of palliation from antiviral medication side effects.

CSAPH Report: Conclusions

- The AMA supports drug approval by federal scientific and regulatory review to establish safety and efficacy, and appropriate standards for identity, strength, quality, purity, packaging, and labeling, rather than by ballot initiative or state legislative action.
- The future of cannabinoid-based medicine lies in the rapidly evolving field of botanical drug substance development, as well as the design of molecules that target various aspects of the endocannabinoid system.
- To the extent that rescheduling marijuana out of Schedule I will benefit this effort, such a move can be supported.
- In the meantime, physicians who comply with their ethical obligations to “first do no harm” and to “relieve pain and suffering” should be protected, including advising and counseling their patients on the use of cannabis for therapeutic purposes.

Proposed New AMA Recommendation

That our American Medical Association (AMA) urge that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines.

This recommendation 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 a prescription drug product.



