

Testimony in Favor of Legislation To Allow for the Physician-Supervised Use of Medical Cannabis

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Despite the ongoing political debate regarding the legality of medical marijuana, clinical investigations of the therapeutic use of cannabinoids are now more prevalent than at any time in history.

For example, in February 2010 investigators at the University of California Center for Medicinal Cannabis Research publicly announced the findings of a series of randomized, placebo-controlled clinical trials on the medical utility of inhaled cannabis. The studies, which utilized the so-called 'gold standard' FDA clinical trial design, concluded that marijuana ought to be a "first line treatment" for patients with neuropathy and other serious illnesses.[1]

Among the studies conducted by the Center, four assessed smoked marijuana's ability to alleviate neuropathic pain, a notoriously difficult to treat type of nerve pain associated with cancer, diabetes, HIV/AIDS, spinal cord injury and many other debilitating conditions. Each of the trials found that cannabis consistently reduced patients' pain levels to a degree that was as good or better than currently available medications.[2]

Another study conducted by the Center's investigators assessed the use of marijuana as a treatment for patients suffering from multiple sclerosis. That study determined that "smoked cannabis was superior to placebo in reducing spasticity and pain in patients with MS, and provided some benefit beyond currently prescribed treatments." [3]

Around the globe, similarly controlled trials are also taking place. A 2010 review by researchers in Germany reports that since the year 2005 there have been 37 controlled studies assessing the safety and efficacy of marijuana and its naturally occurring compounds in a total of 2,563 subjects.[4] By contrast, most FDA-approved drugs go through far fewer trials involving far fewer subjects.

As clinical research into the therapeutic value of cannabinoids has proliferated – there are now an estimated 20,000 published papers[5] in the scientific literature analyzing marijuana and its constituents – so too has investigators' understanding of cannabis' remarkable capability to combat disease. Whereas researchers in the 1970s, 80s, and 90s primarily assessed cannabis' ability to temporarily alleviate various disease symptoms – such as the nausea associated with cancer chemotherapy – scientists today are exploring the potential role of cannabinoids to modify the course of diseases such as multiple

sclerosis,[6] diabetes,[7] cancer,[8] and Lou Gehrig's disease.[9]

Many in the scientific and health community endorse legal access to the use of cannabis as medicine. More than 80 national and state health care organizations -- including the American Public Health Association,[10] the American Nurses Association[11] and the AIDS Action Council[12] -- have passed resolutions backing patients' access to medicinal cannabis under a doctor's supervision. American physicians are also supportive with nearly half of all doctors with an opinion on the subject supporting legalizing cannabis as a medicine, according to a recent national survey published in the Journal of Addictive Diseases.[13]

In November of 2009, the American Medical Association concluded, "Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis." The AMA resolved, "[The] AMA urges 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." [14]

Public support for the physician-supervised use of medicinal cannabis is also high, with approximately 80 percent of US voters backing cannabis' availability as a prescription medicine[15].

Fifteen states -- Alaska, Arizona, California, Colorado, Hawaii, Maine, Montana, Michigan, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont and Washington, as well as the District of Columbia -- have now enacted laws, either legislatively or by voter initiative, protecting authorized medical cannabis patients from state prosecution. These laws are operating as voters and legislators intended and abuses by the public are minimal. According to a federal General Accounting Office (GAO) report examining the implementation of statewide medical cannabis laws in Alaska, Hawaii, Oregon, and a handful of California counties: "Officials from over half of the 37 selected federal, state, and local law enforcement organizations we interviewed in the four states said that the introduction of medical marijuana laws had not greatly affected their law enforcement activities. In addition, none of the federal officials we spoke with provided information to support a statement that abuse of medical marijuana laws was routinely occurring in any of the states, including California." [16]

Reviews by the National Academy of Sciences Institute of Medicine and others have also concluded that state medical cannabis laws have not altered adolescents' perceptions of the risk associated with the recreational use of marijuana. In fact, no state that has enacted medical marijuana legalization has seen an overall increase in teen marijuana use since the law's passage. According to federal statistics, between 2003 and 2008 self-reported monthly

pot use among 12 to 17 year-olds dropped precipitously in every state that had enacted medical marijuana legislation. In five states – Alaska, Montana, Michigan, Nevada, New Mexico, Washington – reported use fell by more than 20 percent during this time period. In Hawaii, youth pot use fell by more than 30 percent.[17]

In closing, the goal of this legislation not to sanction the use of cannabis by the general population. Rather it is to protect patients and doctors who recognize that cannabis has medical utility, and uphold the sanctity and privacy of the doctor-patient relationship. State laws already allow the medical use of many controlled substances, such as cocaine and morphine, which can be abused in a non-medical setting. Likewise, state law should also properly differentiate between medicinal cannabis and other controlled substances. As opined by the *New England Journal of Medicine*: "[A]uthorities should rescind their prohibition of the medical use of marijuana for seriously ill patients and allow physicians to decide which patients to treat." [18]

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END NOTES

[1] San Francisco Chronicle, February 18, 2010. "Clinical trials show medical benefits of pot."

[2] Studies summarized online at: HYPERLINK "http://www.cmcr.ucsd.edu/images/pdfs/CMCR_REPORT_FEB17.pdf" http://www.cmcr.ucsd.edu/images/pdfs/CMCR_REPORT_FEB17.pdf.

[3] Ibid.

[4] Hazekamp and Grotenhermen. 2010. Review on clinical studies with cannabis and cannabinoids 2005-2009. *Cannabinoids* 5: 1-21.

[5] Hanus. 2009. Pharmacological and therapeutic secrets of plant and brain (endo)cannabinoids. *Medicinal Research Reviews* 29: 213-271.

[6] Wade et al. 2006. Long-term use of a cannabis-based medicine in the treatment of spasticity and other symptoms of multiple sclerosis. *Multiple Sclerosis* 12: 639-645.

[7] Weiss et al. 2006. Cannabidiol lowers incidence of diabetes in non-obese diabetic mice. *Autoimmunity* 39: 143-151.

- [8] Sarafaraz et al. 2008. Cannabinoids for cancer treatment: progress and promise. *Cancer Research* 68: 339-342.
- [9] Carter et al. 2010. Cannabis and amyotrophic lateral sclerosis: hypothetical and practical applications, and a call for clinical trials. *American Journal of Hospice and Palliative Medicine*. [E-pub ahead of print here: [HYPERLINK "http://ajh.sagepub.com/content/early/2010/04/30/1049909110369531.abstract"](http://ajh.sagepub.com/content/early/2010/04/30/1049909110369531.abstract) <http://ajh.sagepub.com/content/early/2010/04/30/1049909110369531.abstract>]
- [10] American Public Health Association, Resolution #9513: "Access to Therapeutic Marijuana/Cannabis." The resolution states, in part, that the APHA "encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids, and ... urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine."
- [11] American Nurses Association, June 2003 resolution: "The ANA will... Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis."
- [12] AIDS Action Council, "Resolution in Support of Access to Medical-Use Marijuana," adopted by the Public Policy Committee of AIDS Action Council: November 15, 1996. The resolution states, in part, that the Council "supports the elimination of federal restrictions that bar doctors from prescribing marijuana for medical use by individuals with HIV/AIDS."
- [13] Charuvastra et al. 2005. Physician attitudes regarding the prescription of medical marijuana. *Journal of Addictive Diseases* 24: 87-93.
- [14] Eureka Times-Standard, November 15, 2009. "AMA urges feds to reclassify marijuana."
- [15] [HYPERLINK "http://abcnews.go.com/PollingUnit/Politics/medical-marijuana-abc-news-poll-analysis/story?id=9586503"](http://abcnews.go.com/PollingUnit/Politics/medical-marijuana-abc-news-poll-analysis/story?id=9586503) <http://abcnews.go.com/PollingUnit/Politics/medical-marijuana-abc-news-poll-analysis/story?id=9586503>
- [16] General Accounting Office. 2002. *Marijuana: Early Experiences With Four States' Laws That Allow Use For Medical Purposes*.
- [17] [HYPERLINK "http://www.oas.samhsa.gov/2k8state/AppD.htm#TabD-3"](http://www.oas.samhsa.gov/2k8state/AppD.htm#TabD-3) <http://www.oas.samhsa.gov/2k8state/AppD.htm#TabD-3>
- [18] Editorial: "HYPERLINK "http://content.nejm.org/cgi/content/extract/336/5/366"Federal Foolishness and Marijuana." January 30, 1997. *New*

England Journal of Medicine 336: 366-367.