



New York Society
of Addiction Medicine
NYSAM

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Position Statement on Medical Marijuana

In accordance with the National ASAM policy, the New York State Chapter of the American Society of Addiction medicine, strongly opposes the legalization of smoked medical marijuana on the grounds that there has been, to date, no critical research performed establishing its efficacy.

Our national organization, ASAM, has the following as a policy statement:

Medical uses of pharmaceutical delta-9-Tetrahydrocannabinol (such as Marinol) for the treatment of illnesses associated with wasting, such as AIDS, the treatment of emesis associated with chemotherapy, or for other indications should be carefully controlled. If smoked marijuana should be approved for medical use based on scientific evidence, through the normal regulatory process that applies to all scheduled drugs, its administration should be only under the supervision of a knowledgeable physician.

Research on marijuana, including both basic science and applied clinical studies, should receive increased funding and appropriate access to marijuana for study. The mechanisms of action of marijuana, its effect on the human body, its addictive properties and any appropriate medical applications should be investigated, and the results made known for clinical and policy applications. In addition, ASAM strongly encourages research related to the potential and actual effects of marijuana-related public policy.

ASAM encourages the study of the potential impact of making cannabis available for approved medical uses, and the consideration of what changes might result from moving cannabis from Schedule I to another Schedule.

Our position is similar to the AMA's position. There may be legitimate uses for marijuana, but it should be treated as any other drug and be subject to the approval process of the FDA. The AMA Council on Scientific Affairs issued a full report in June 2001 with over 200 references.

<http://www.amaassn.org/ama/pub/article/2036-4299.html> It does discuss potential uses and references all of the claimed benefits, and cannot find adequate scientific evidence to recommend its use at this time. The report recommended continued research and an alternative delivery system. Again, the Institute of Medicine's report suggests eventual medical use of marijuana, but does not endorse current use except as part of research protocols

**REASONS WHY WE OPPOSE CURRENT PROPOSED
LEGISLATION IN NEW YORK STATE**

1. LACK OF EVIDENCE: Much of the quoted evidence is uncontrolled studies and individual case reports. The AMA document reviews much of this evidence and finds it lacking.

2. PROCESS OF APPROVAL OF MEDICATION: There is a process of approving medication in this nation. It is through the FDA, which looks at clinical trials that establish a drug's efficacy, side effect profile and proper dosing. . They have done this with an oral form of THC, Marinol and approved it for appetite enhancement and relief of nausea. This has not been done with smoked marijuana. The supporters of smoked medical marijuana have various testimonials as to its effectiveness and indeed some of this may be true. There are drugs that are approved for use in Mexico and Europe that might benefit some Americans, but the FDA has not approved them due to lack of evidence of usefulness, or safety problems. Should these all be legalized in New York State? Why should marijuana be different?

3. ORAL MARIJUANA IS AVAILABLE: Recent studies presented at the ASAM national meeting in 2004 show that the oral form is equally effective as smoked marijuana, as long as those who have a history of smoking marijuana are given a larger dose of the oral form

4. A GROWING AWARENESS OF THE PROBLEMS OF MARIJUANA:

During the late 1990s there was a growing belief that marijuana was not harmful. More recent studies show that is not the case. A recent article in the Journal of the American Medical Association, May 5, 2004, showed figures indicating that the number of Americans whose pattern of use would indicate a diagnosis of marijuana abuse or dependence has increased from 2.2 to 3 million from 1991 to 2001. Inability to stop marijuana use in spite of negative consequences and a desire to quit is a major reason people seek drug treatment.

5. HARMFULNESS OF SMOKING: Tobacco and marijuana are similar in that both are smoked; both are addicting and both harm the lungs through inhalation. The medical profession is in support of various public health initiatives to reduce people's exposure to smoke, whether it is second hand tobacco smoke, or smoke through poorly vented fireplaces in homes or smoke and fumes in the workplace. Why would we advocate medical use of smoking anything, especially something like tobacco or marijuana which are both addicting and been shown to be harmful to the lungs.

6. OTHER HARMFUL EFFECTS OF SMOKING MARIJUANA:

Although some proponents of smoking marijuana claim that it is harmless, there is much evidence to shown that is not the case.

ADDITIONAL COMMENTS:

THE CURRENT BILL ALLOWS FOR SMOKING IN HOSPITALS. IS THAT FAIR FOR THE STAFF THAT HAS TO WORK THERE.

THE CURRENT BILL SAYS SCHOOLS CANNOT DISCRIMINATE AGAINST PEOPLE SMOKING MEDICAL MARIJUANA, SO BUS DRIVERS CAN SMOKE WEED BEFORE DRIVING THE SCHOOL BUS AS LONG AS A DOCTOR SAYS THEY NEED THE MARIJUANA.