Recommendations

The Maryland Psychiatric Society (MPS) and the Maryland Society of Addiction Medicine (MDSAM) assert that if Marijuana/ Cannabis is to be a medical treatment, then it (a central nervous system drug with abuse potential and a very substantial side effect profile), cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless such products have received approval from the Food and Drug Administration.

MPS/MDSAM assert that smoking as a means of drug delivery is not safe.

MPS/MDSAM assert that a process whereby State legislators and/or local ballot initiatives approve medicines is inappropriate and unsafe, because these determinations are undertaken by individuals not qualified to make such highly technical decisions, without a careful science-based review of safety and efficacy, without standardization and formulation for dosing.

MPS/MDSAM assert that a process that places responsibility with physicians and other medical professionals for providing access to cannabis and cannabis-based products is inappropriate and unsafe, until such time that these materials receive approval from the FDA.

Background

If MJ is to be a medical treatment, it should be FDA approved. Many ingredients of herbal MJ (the marijuana plant) have therapeutic potential. Some MJ-based medications are already approved in the US or elsewhere, and others are in the pipeline under investigation. There is no convincing scientific evidence that herbal MJ (as the agricultural product) is superior or even equivalent to these products. The FDA medication approval process is the commonly accepted and appropriate mechanism for scientific review and approval of medical treatments. Herbal MJ has never been reviewed by the FDA to assess its efficacy, its safety, or its side effect profile.

Medication approval by state legislature - historical mistake. The recent historical example in which the standard FDA process was circumvented to assert the legitimacy of a "medical treatment' legislatively was laetrile, a highly toxic apricot-seed extract that was falsely claimed to have benefit as a cancer treatment. In the late 1970's, 27 states passed laws allowing the prescription of laetrile despite its lack of FDA approval. Many patients suffered cyanide poisoning. Over time more careful and systematic review debunked laetrile treatment.

MJ has severe side effects for many people. There is considerable research and clinical experience confirming a substantial side effect profile and abuse potential for MJ. Claims about the absence of harmful effects should be viewed skeptically until safety has been reviewed systematically by the FDA.

Smoking is harmful. Smoking, which is and will continue to be the most common form of administration of MJ, is well known to unsafe because of respiratory harm.

All delivery forms of herbal MJ are imprecise. The content of herbal MJ, a very complex conglomeration of many psychoactive substances, is not sufficiently understood or characterized. Herbal MJ in all delivery forms, (smoked, vaporized, baked goods, teas, elixirs, etc) does not provide a known and reproducible dose.

Medical MJ will inevitably get into the wrong hands. MJ is very harmful to young people, persons with psychiatric conditions, and persons with addiction vulnerability. The historical facts are that increased access in general has the unintended consequence of increased access for all, including the most vulnerable. The risk benefit ratio does not warrant increased medical access.

The strategy of "medicalizing" MJ is problematic. If the public wants to legalize (or decriminalize) MJ, that is a different matter. For example, the public has access to various herbal dietary supplements on a buyer beware basis. But it is unacceptable to put doctors in the untenable position of being gatekeepers for a highly desired substance that does not have demonstrated effectiveness or safety as a "medical" treatment.

Medical MJ programs have not gone well in other states.In the 14 states that have done this, MJ specialty practices have proliferated, along with MJ shops and an entire distribution industry. One common experience has been that "candy store" doctors have provided relatively unchecked access to MJ to most consumers who request it without a legitimate and enduring doctor patient relationship.