



## NO approved ‘medicine’ in marijuana

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Dr. Stuart Gitlow, a physician serving as president of the American Society of Addiction Medicine, does not mince words: **“There is no such thing at this point as medical marijuana,”** he said. It’s a point he has made routinely for the past decade, as advocates for marijuana legalization have claimed the drug treats an array of serious illnesses, or the symptoms of illnesses, including cancer, depression, epilepsy, glaucoma and HIV, the virus that causes AIDS.

**Backing up Gitlow are the National Institute on Drug Abuse and practically every major medical association in the United States,** including the American Medical Association, the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics, which recently reaffirmed its stance. **Cannabis in its various forms is an addictive drug that is especially dangerous to the developing brain — a linchpin the country’s largest medical groups give for opposing its legalization.**

NIDA details specific reasons why the cannabis plant is “an unlikely medication candidate” — whether smoked as marijuana or consumed in the form of hash oil or “wax.” The organization argues:

- The plant contains numerous chemicals with unknown health effects.
- It is too variable to be considered medicine, which requires all ingredients to be specified so the product can be reproduced consistently. In other words, there’s no way to guarantee a plant produced and processed in northern Colorado yields the same, or even similar, treatment as one produced and processed in another part of the state, much less in a different region of the country.
- It is typically consumed by smoking, further contributing to potential adverse effects.
- It has cognitive and motor-impairing effects, which may limit its utility.

At the same time, medical experts say it is important to distinguish between the whole marijuana plant — which is sold in dispensaries without U.S. Food and Drug Administration approval or oversight and has been shown to have **more carcinogenic compounds than tobacco when combusted** — and isolated ingredients of the plant.

Those ingredients can and be researched and developed into non-smoked medications that actually work and do not subject users to unreasonable risks of addiction and communities to greater public-safety risks, medical experts and marijuana legalization opponents say. They point to medications that have received FDA approval, such as dronabinol, which is man-made THC, or are being developed under the agency’s supervision. The FDA is monitoring Sativex, an oral spray made from cannabis for the treatment of neuropathic pain related to cancer and spasticity related to multiple sclerosis, and Epidiolex, also derived from cannabis, for the treatment of intractable epilepsy.

Since 2007, the National Institutes of Health has awarded more than \$14 million for research of components of cannabis and whether they could be used to treat several diseases and conditions, including chronic pain, brain damage, Crohn's disease and Alzheimer's disease.

"Could we and should we speed up research? Absolutely, and let's make sure we push for the funding that allows qualified and highly skilled scientists to do that work, free from the influence of politicians and the marijuana industry," said Kevin Sabet, a former senior White House drug policy adviser who co-founded Smart Approaches to Marijuana, a nonprofit, marijuana policy reform group whose science advisers, including Gitlow, are among the world's most respected addiction researchers and treatment specialists. **"We do not have to legalize marijuana and trigger massive problems for public health and safety to conduct this science."**

State policies sanctioning marijuana for medical use are undermining the integrity and safety of the country's medicine approval process, the world's safest and most respected, said David Murray, a senior fellow at the Hudson Institute, where he co-directs the Center for Substance Abuse Policy Research. He formerly served as chief scientist and associate deputy director of the White House Office of National Drug Control Policy.

"With marijuana, **we are seeing medicine created by popular vote and political pressure, both of which undermine the safety and efficacy of the U.S. medical supply,**" he said. "No matter where anyone stands on marijuana, do we really want to allow the subversion of this process and the integrity of medical approval? The cost of doing so would be greater than I think we can imagine now." ■

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### Illinois Can't Afford the Societal Costs



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