"A Wonder Drug?"

"Not So Fast " - Medical Experts Warn of Marijuana Health Claims

More than half the states now have laws allowing for some form of medical marijuana use. Some state legislators in Indiana are also pushing to allow for marijuana use.



Questions need to be raised regarding a push for medical marijuana being a step toward recreational "pot" smoking. In discussions of this, lines seem blurred between talk of medical marijuana and full legalization, which some states have adopted.

Some advocates do not hide their true intent. Richard Cowan, former director of the National Organization for the Reform of Marijuana, made this admission about his organization's agenda:

> *"The key to it is medical access, because once you have hundreds of thousands of people using marijuana under medical supervision the whole scam is going to be bought. Once there's medical access ... then we will get full legalization."*

A quick glance at the Internet can lead one to believe that marijuana or cannabis is the world's new wonder drug. It is true that a few medicines have been made in pill form from chemical compounds in marijuana. Yet, seldom will one ever read about the FDA approved "Marinol" pill in a discussion of medical marijuana. This observation reveals a lot about this movement and its intent.

Some questions raised include: *"Is smoking or eating cannabis medically helpful?" "Is it low risk?" "Is it better than medicines we have avail able now?"* Here's what some medical groups say:

Glaucoma Research Foundation

"Advocates of medicinal marijuana cite evidence that hemp products can lower intraocular pressure (IOP) in people with glaucoma. However, these products are less effective than medicines prescribed by an eye doctor.

The high dose of marijuana necessary to produce a clinically relevant effect on IOP in the short term requires constant inhalation, as much as every three hours.

The number of significant side effects generated by long-term oral use of marijuana or long-term inhalation of marijuana smoke make marijuana a poor choice in the treatment of glaucoma, a chronic disease requiring proven and effective treatment.

Currently, marijuana is designated as a Schedule I drug (*drugs which have a high potential for abuse and no medical application or proven therapeutic value*). To date, no studies have shown that marijuana— or any of its approximately 400 chemical components—can safely and effectively lower intra-ocular pressure better than the variety of drugs currently on the market."

National Parkinsons Foundation

"With medical marijuana now legalized in 28 states and Washington, D.C., it is obvious that there is strong interest in its therapeutic properties. Researchers are testing marijuana, which is also called cannabis, as a treatment for many illnesses and diseases, including neurological conditions, with Parkinson's disease (PD) high on the list. But despite several clinical studies, it

has not been demonstrated that cannabis can directly benefit people with Parkinson's."

American Pain Society

"With increasing numbers of chronic pain patients experimenting with marijuana to get relief, physicians need to learn more about the plant and its constituents to counsel patients appropriately about its safety and possible analgesic benefits.

'Much of what we know about medical marijuana is anecdotal . . . There are safety concerns about the molecule itself, and studies of recreational marijuana users show the drug can affect the brain and lungs. Questions also arise about smoking as a safe route of administration vs. oral dosing.'"

- Dr. Mark Ware, Exec. Director, Canadian Consortium for the Investigation of Cannabinoids, American Pain Society Annual Conference, May 15, 2015.

American Academy of Pediatrics

"Given the data supporting the negative health and brain development effects of marijuana in children and adolescents, ages 0 through 21 years, the AAP is opposed to marijuana use in this population. The AAP opposes “medical marijuana” outside the regulatory process of the US Food and Drug Administration."

American Academy of Neurology

"The current medical marijuana legislation being passed by policymakers across the country, which promotes marijuana-based products as treatment options for various neurologic disorders, is not supported by high-level medical research. In addition, there is concern regarding the safety of marijuana-based products, especially for long term use in patients with disorders of the nervous system. The interaction of these compounds with prescription medications is also unknown . . . Anecdotal evidence may engender public support for the use of these products but such evidence must be substantiated by rigorous research, which will in turn inform legislative policy."

American Lung Association

"The American Lung Association is concerned about the health impacts of marijuana use, especially on lung health. We caution the public against smoking marijuana because of the risks it poses to lung health. Scientists are researching marijuana, and the American Lung Association encourages continued research into the health effects of marijuana use, especially on lung health.

Smoke from marijuana combustion has been shown to contain many of the same toxins, irritants and carcinogens as tobacco smoke. Beyond just what's in the smoke alone, marijuana is typically smoked differently than tobacco. Marijuana smokers tend to inhale more deeply and hold their breath longer than cigarette smokers, which leads to a greater exposure per breath to tar. Smoking marijuana clearly damages the human lung."

Getting the Cart Ahead of the Horse

Dr. Deepak Cyril and Dr. Mohini Ranganathan of the Yale University School of Medicine say if states want to make marijuana widely available for medical purposes, more rigorous research into the medical benefits of the drug is needed. They warn that the few claims of medical benefits are usually found in "low quality research."

"Since medical marijuana is not a life-saving intervention, it may be prudent to wait before widely adopting its use until high-quality evidence is available to guide the development of a rational approval process," they add. *"***Perhaps it is time to place the horse back in front of the cart***,"* they urge.

"Since medical marijuana is not a life-saving intervention, it may be prudent to wait before widely adopting its use until high-quality evidence is available to guide the development of a rational approval process," they add.

Dr. Margaret Haney is the director of the Marijuana Research Laboratory at Columbia University in New York. Her lab is one of those that receive government funding for studies on marijuana, including research on therapeutic uses of the drug. She has the following warning: “Just like you’re skeptical of a pharmaceutical industry and what they say a drug does, you have to be just as skeptical about what marijuana does, because people are making enormous profit from it.”