

Substance Abuse Services Council Key Points from Presentations on Marijuana

Presenters providing the medical background and effects of marijuana as well as potential concerns for use made the following major points:

- The medical and public health community encourages additional research into the potential benefits derived from the active components of the cannabis sativa plant.
- There is a lack of scientific evidence demonstrating that smoking the cannabis sativa plant or use in its raw form is a safe and effective medical treatment modality.
- Marijuana is a Schedule I Substance. It has no accepted medical use in the United States in its raw form. It is not approved by the FDA. Without establishing an appropriate risk-safety profile for use or determining the basic requirements such as dose, frequency, and duration of use, consumers may be subjected to greater harms than realized.
- Delta-9-tetrahydrocannabinol (Δ 9-THC or THC), is the substance primarily responsible for the psychoactive effects of cannabis.
- Pure THC-based drugs are already FDA-approved and prescribed (Dronabinol (Marinol®) and Nabilone (Cesamet®) for nausea and pain associated with cancer chemotherapy and for stimulating appetite in patients with wasting syndrome.
- THC has been demonstrated to have both beneficial as well as detrimental immunosuppressive effects on cancer cells related to its ability to induce cell death.
- Another active ingredient derived from the cannabis sativa plant that has been shown to have potential therapeutic value in treatment of severe seizures is cannabidiol (CBD). Unlike THC, CBD does not have a psychoactive effect and thus does not produce the “high” associated with THC.
- While there are cannabis plants with different concentrations of CBD versus THC, there is no plant that has only CBD without the THC. There is now a product candidate that contains plant-derived (CBD) as its active ingredient for use in treating children with drug-resistant epilepsy syndrome. This product is Epidiolex®. Seven “expanded access” Investigational New Drugs (INDs) have been granted by the FDA to U.S. clinicians to allow treatment with Epidiolex® of approximately 125 children with epilepsy to collect data on efficacy and safety.
- While marijuana may be less addictive than illicit drugs or alcohol, **nearly 9 percent of adults and 17 percent of teens that use marijuana regularly will become addicted.**

- An increase in the availability and acceptability of marijuana, even if limited to medicinal purposes, will lead to increased rates of use, misuse, and addiction in our communities. Thus, additional resources will be needed to address public health and safety concerns as well as prevention and treatment services.
- In 2012, survey results indicated that more youth were using marijuana than cigarettes, and that marijuana was easier to get than cigarettes. A survey of youth conducted by the Partnership for Drug Free America indicates that youth report that “if marijuana were legal,” they would be more likely to use it.
- There is strong evidence that long-term or heavy cannabis use increases the risk of chronic psychosis disorders (include schizophrenia).
- Increased availability and/or acceptability of marijuana through legalization can also lead to delays in seeking treatment and/or promote relapse for those in recovery.
- Marijuana use during adolescence and young adulthood affects the body’s internal cannabinoid system and is shown to have a negative effect on the functional connectivity of brain cells.
- A recently published long-term study indicated a reduction in intellectual functioning by eight points for individuals who started using marijuana in adolescence and continued use into adulthood (age 38).
- In addition to decreased intellectual functioning, heavy marijuana use negatively impacts attention, memory, motivation, and increases risks of physical injury.
- Colorado highway safety data indicate that although overall traffic fatalities declined by 16 percent from 2006 to 2011, fatalities with drivers testing positive for cannabis increased by 114 percent after legalization. In Washington State, the impaired driving trend has gone up 50.8 percent since the legalization of recreational marijuana in 2012.
- Marijuana use impacts business and workplace productivity. Employees who use drugs are: ten times more likely to miss work; 3.6 times more likely to be involved in on-the-job incidents; and 5 times more likely to file a worker’s compensation claim.

Presenters speaking in favor of medical marijuana made the following major points:

- The body has an endocannabinoid system with receptors located in both the central nervous system and in the immune system; this gives cannabis a variety of therapeutic possibilities.
- There are multiple methods of cannabis consumption all of which have varying times to effect and can be clinically efficacious.

- There are no long-term permanent cognitive deficits from heavy cannabis use.
- THC is neuro-protective, an antioxidant, and can induce cell death in brain-cancer cells.
- Currently, accepted standards exist for producing cannabis, which meets botanical medicine safety requirements for the United States:
- Mutations in the endocannabinoid system may underlie certain treatment resistant conditions and offer a mechanism/explanation of why many people receive a benefit from using cannabis versus other medicines:
- There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.
- In states that have reformed their marijuana policy, there has been no increase in teen marijuana use.
- In states that have reformed their marijuana policy, prescription opioid overdose deaths are down by 25%.
- Virginia already has a medical marijuana law. *Source: Code of Virginia 18.2-251.1.A.*
- This law is ineffective due to its use of the word “prescription.” *Source: Conant v. Walters, 309 F. 3d 629 (2002).*
- The Dept. of Justice will not interfere in states with “strong and effective regulatory and enforcement systems” to control cultivation, distribution, sale, and possession of marijuana. *Source: U.S. Department of Justice, “Guidance Regarding Marijuana Enforcement,” Aug. 29, 2013.*
- Federal law does not prevent states from removing state criminal penalties for the medical use of marijuana. *Source: Tenth Amendment, United States Constitution.*
- The United States House of Representatives opposes federal intervention into state medical marijuana programs. *Source: H.Amdt.748 (amending H.R. 4660), prohibits the use of funds to prevent certain States from implementing their own State laws regarding medical marijuana. Passed 219-189.*