Views, Policy Shifting on Medical Marijuana

BY MARY ELLEN SCHNEIDER

Recent years have brought a sea change in how state governments and some physicians think about marijuana as a medicine.

Most recently, the American Medical Association's House of Delegates approved a policy recommending that the federal government review its classification of marijuana. Its current designation, as a Schedule I controlled substance, limits the ability of researchers to evaluate the drug's usefulness as a medical therapy, the AMA said. The new AMA policy states that the goal of the reclassification should be to ease the conduct of clinical research and the development of cannabinoid-based medicines and alternative delivery models.

But the policy also clearly states that the request for a federal review should not be seen as an endorsement of state-based medical cannabis programs or the legalization of marijuana.

The AMA joins other medical and public health organizations in favoring a reclassification of marijuana to encourage research. But the AMA's size and clout means people are taking notice of this recommendation, said Bruce Mirken, a spokesperson for the Marijuana Policy Project, an organization that advocates for the decriminalization of marijuana use.

Although the AMA's position won't by itself cause a swift and dramatic political shift, Mr. Mirken said the AMA's previous opposition to a change in Schedule I classification was often seized on by opponents. "They can't really say that anymore," he said. "That, in the big picture, is significant and it may make it easier for more laws to be passed on the state level."

Since 1996, laws that allow for some type of medical use of marijuana have been enacted in 13 states: Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington. Additional states have enacted "symbolic" laws that recognize the value of medical marijuana but do not protect individuals from arrest, according to the Marijuana Policy Project.

Further, a recent memorandum from the Department of Justice essentially advocates a hands-off policy on medical marijuana use in states where it is allowed. In October, the DOJ told federal prosecutors in states with laws authorizing the medical use of marijuana not to focus their resources on enforcing the federal prohibition on marijuana. For example, the prosecution of cancer patients who use marijuana as part of a recommended treatment regimen is "unlikely to be an efficient use of limited federal resources," according to the document.

In California, where medical marijuana has been legal for more than a decade, the law states that physicians will not be punished for recommending marijuana for medical purposes. But even with the latest DOJ memo, federal enforcement is not uniform or predictable.

"That's a very uncomfortable position for a physician," said Dr. Melvyn Sterling, a palliative care specialist in Orange, Calif. Dr. Sterling said that he feels comfortable recommending marijuana as a treatment when his patients need it, but that he recommends it rarely. "For the most part we have in our therapeutic armamentarium wonderfully effective drugs, and we're not dependent upon cannabinoids," he said.

In California, the onus is on patients to follow up with their physician when using marijuana as medicine, according to Dr. Denise Greene, a psychiatrist and addiction specialist in the Los Angeles region. In California, physicians may "recommend" that patients obtain marijuana to treat a medical condition; the patient then takes that recommendation to a dispensary. At most dispensaries, that "recommendation" does not need to be renewed or updated, she said.

The system basically gives the patient an open-ended pass to obtain marijuana, Dr. Greene said, especially since unlike traditional prescriptions, these recommendations aren't time- or dose-limited.

"We don't treat this like anything else," she said. "Physicians prescribe lots of other abusable drugs, but we pay attention to how much and how often and for what purpose they use those drugs." ■

Research Needed on Medicinal Uses

MY TAKE

The AMA's recommendation is a rational response to the expanded use of medicinal cannabis in many states. For many of the indications advocated for cannabis (such as nausea, anorexia, and pain), modern medicine has alternatives with proven safety and efficacy. Organized medicine is correct to apply the brakes on the use of marijuana as "medicine" until there are adequate data for its safety and efficacy. Advocacy in the absence of such data has the potential to sully the reputation of the medical profession.

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Decriminalization or legalization of marijuana should not be tied to its potential medical uses. Before marijuana can be put forth as a legitimate treatment for specific indications, it should be required to undergo the same approval process for those indications as any other proposed medicine. Research into the safety and efficacy of medicinal cannabis will remain limited as long as it remains on Schedule I. The AMA's policy should facilitate the necessary studies.

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