

## Commentary

May 13, 2008

### ***Response to the Recent Position Paper of the American College of Physicians (ACP): “Supporting Research into the Therapeutic Role of Marijuana”***

There is much to applaud in the recent ACP report<sup>i</sup> including its support of the 1999 Report of the Institute of Medicine<sup>ii</sup> on a controversial topic. Nevertheless the report fails to distinguish clearly between smoked marijuana on the one hand and the purified chemicals based on marijuana using standardized doses and safe delivery systems on the other. This is a serious failure that needs to be corrected by the American College of Physicians.

The ACP report does not state these fundamental scientific facts:

- 1) ALL medicines in the world today are purified chemicals delivered by safe delivery systems and,
- 2) NO modern medicine involves burning leaves and inhaling the smoke.

It is hard to think clearly about “medical marijuana” without separating two completely different questions. The first question is the potential for smoked marijuana as a medicine to treat any disease. The second question is the potential for any of the chemicals in marijuana (or their synthetic analogues) as medicines. Failure to separate these two questions is the source of much of the controversy over “medical marijuana” – a controversy that the ACP report is exacerbating.

Virtually everyone is in favor of finding and using all of the chemicals in marijuana that have therapeutic potentials. If and when any of these chemical is found to be beneficial it can easily pass muster with the FDA as Marinol (synthetic THC) did in 1985. The search for therapeutically active chemicals derived from marijuana has been a priority of the government-funded research for the past 30 years. It continues to be a significant priority today

The controversy about “medical marijuana” concerns the potential of smoked marijuana as a medicine. Smoke is toxic to lungs, including marijuana smoke. Smoke is not a safe or healthy drug delivery system. In addition to pulmonary toxicity, smoke is not an acceptable form of drug delivery because smoke involves hundreds of chemicals in uncontrolled doses. A clearer way to talk about smoked marijuana as medicine is talk about using marijuana “cigarettes” as medicine. The 1999 Institute of Medicine Report concluded that smoked marijuana does not meet the standard of a safe, modern medicine.

Despite these easily understood facts, the controversy over smoked marijuana as a medicine has persisted for four decades. The supporters of smoked marijuana reject the use of specific chemicals found in marijuana in safe delivery formats and in controlled doses while the opponents of smoked marijuana consistently support this standard medical approach to modern medical treatments.

While it is clear that some supporters of smoked marijuana as a medicine view it as a Trojan Horse for the legalization of marijuana, this does not explain the widespread support for smoked marijuana as a medicine by

well-meaning and highly educated people. Nor does support for the legalization of marijuana explain the failure of ACP to make the case against smoking as a drug delivery system for “medical marijuana.”

To understand this conundrum it is necessary to recognize that many supporters of “medical marijuana” confuse support for specific chemicals in marijuana with support for smoked marijuana. There is genuine scientific interest in the exploration of the therapeutic uses for some of the individual chemicals in marijuana. Failure to distinguish between the exploration of the therapeutic potential of these chemicals and support for smoking as a delivery system for these chemicals is at the root of the scientific support for “medical marijuana.”

With respect to the approval of smoked marijuana as a medicine, the FDA has long held botanical drugs to the same standard as other medicines: sponsors applying for FDA approval of herbal remedies must find the specific components that are responsible for the benefit of the treatment. In June of 2004 the FDA issued new guidance making it easier for those sponsoring herbal remedies, including “medical marijuana,” to be approved by the FDA. The FDA has recently approved the first herbal treatment under these regulations. Several hundred more herbal remedies are headed for clinical trials under the supervision of a new office at FDA.

There is one obvious reason that the advocates for smoked marijuana as a medicine do not use the openness of the FDA to fulfill their hopes, and that is the difficulty they face in proving that smoked marijuana is an effective and safe way to treat any illness.

In summary, there are compelling reasons to hold the “medical marijuana” advocates to the same standard that has served the nation well in the approval of medicines for the past century. Approving medicines through the political process rather than through the science process is unwise not only for “medical marijuana” but it sets a dangerous precedent for other “medicines” seeking to bypass the standard of proven safety and efficacy.

The otherwise thoughtful and scientific ACP report unfortunately adds to the confusion about “medical marijuana” by failing to clearly reject smoking as a drug delivery system while actively encouraging the ongoing research to identify useful medicines based on the chemicals in marijuana smoke, chemicals that can be used as all other medicines are today in purified and controlled doses with safe delivery systems to treat specific diseases under medical supervision.

Robert L. DuPont, M.D.

President, Institute for Behavior and Health, Inc.

First Director, National Institute on Drug Abuse (NIDA) 1973 to 1978

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<sup>i</sup> Taylor, T. (2008) Supporting Research into the Therapeutic Role of Marijuana. Philadelphia, PA: American College of Physicians.

<sup>ii</sup> The Institute of Medicine of the National Academies (IOM). (1999). Marijuana and Medicine: Assessing the Science Base. Washington, DC: The Institute of Medicine of the National Academies.