

Minnesota Society of Addiction Medicine

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Representative Paul Thissen
Chair, Health and Human Services Committee

This letter is being written in response to the proposed medical marijuana bill. I offer this letter as an internist, addiction medicine specialist, and as President of the Minnesota Society of Addiction Medicine.

Last year, in the United States twenty-two million people smoked marijuana at least once. Of these, one of nine was addicted to marijuana. The impact of marijuana addiction on individuals, families, society, and the legal system has been addressed in several forums. I am writing this letter not to restate these data, but to address the medical aspects of marijuana.

Smoked marijuana contains 3-5 times more tar and carbon monoxide puff per puff than does tobacco smoke and produces health risks of passive smoke akin to risks of exposure to passive tobacco smoking. The harsh effect of smoked marijuana damages the respiratory system and increases vulnerability to chronic bronchitis. Cardiac function is also altered by smoked marijuana and the likelihood of having a heart attack increases 4.8 times within the first hour after smoking marijuana. Most of the ill-effects of smoked marijuana can be attributed to its delivery system rather than the direct effects of cannabinoids on their receptors.

Over the past several years, scientists have discovered the great potential of our endogenous cannabinoid system. Knowledge of how this system modulates diverse bodily functions holds the promise of new approaches to the treatment of chronic pain, high cholesterol, heart disease, obesity, nicotine dependence, and diseases of the immune system. New medications that act on the endogenous cannabinoid system are being developed and clinical trials of several of them are underway.

For any of these medications to succeed, they must pass rigorous FDA safety studies. Each medication the FDA approves meets the highest of purity standards, is produced using replicable methods, and can be administered in clearly defined dose increments. Finally, the FDA uses evidence from scientifically-designed and controlled clinical trials to weigh the medical benefit and potential risks inherent to all medications.

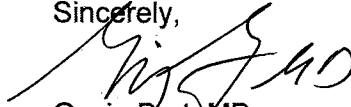
Many aspects of smoked marijuana make it difficult to be considered as a medicine. The purity and strength of active ingredients often is not reproducible, a catalogue all constituent ingredients and byproducts (currently estimated at greater than 4000) and their safety has not been compiled, the dose delivery system is highly variable, and the potential benefits are outweighed by the known risks. For these reasons it is difficult to think of marijuana as a medicine and it is, therefore, a misnomer to refer to "medical" marijuana as something a physician would prescribe (analogously, physicians prescribe aspirin not willow bark, morphine not smoked opium, digitalis not foxglove plant, etc.).

An FDA approved form of delta-9-tetrahydrocannabinol exists (i.e., Marinol) and is available in pill form for the treatment of AIDS associated anorexia and chemotherapy related nausea. Well controlled clinical studies of smoked marijuana failed to demonstrate superiority over already available means of intervention including use of Marinol. In fact, for AIDS anorexia, Marinol produced superior caloric intake with fewer psychoactive side-effects than smoked marijuana. To be fair, however, well designed studies have shown that there may be some benefit of smoked marijuana in the treatment of refractory HIV-peripheral neuropathic pain and in the treatment of multiple sclerosis related muscle spasms. However, further study is required before this could be introduced as a widely accepted practice. These results also must be tempered by the fact that smoking marijuana is dangerous to the health of any user. This was reflected in the 1999 Institute of Medicine report on medical marijuana, which states "The future of cannabinoid drugs lies not in smoked marijuana but in chemically defined drugs that act on the cannabinoid system."

The Minnesota Society of Addiction Medicine and its national parent organization, the American Society of Addiction Medicine support continued evidence-based research into alternative delivery systems of cannabinoid applications. Inhaled smoke is a suboptimal delivery method for any agent intended to be health-promoting and, therefore, we strongly discourage passage of a medical marijuana bill.

The membership of the Minnesota Society of Addiction Medicine are physicians with expertise in the field of addiction medicine. The Society is happy to provide the Legislature with assistance on this or any other bill that touches upon the misuse of alcohol, tobacco, and other drugs.

Sincerely,



Gavin Bart, MD

President

Minnesota Society of Addiction Medicine

Cc:

Governor Tim Pawlenty

Representative Thomas Huntley

Senator Steve Murphy

Commissioner Cal Ludeman

Assistant Commissioner Wes Kooistra

Director Carol Falkowski