CHEVY CHASE, MD, March 23, 2011 – Citing the dangers of marijuana, the lack of clinical research on a controlled substance with a high potential for abuse, and the physician’s oath to “first, do no harm,” the American Society of Addiction Medicine (ASAM) today issued a white paper recommending a halt to using the weed as a medicine in states where it has been declared legal.

The organization—considered the nation’s leading professional society of physicians involved in addiction prevention, treatment, research, education, and public policy—supports the need for federal regulatory standards for drug approval and distribution, and discourages state interference in the federal medication-approval process.

“Our policy statement is a careful attempt to put marijuana into proper perspective,” said Louis E. Baxter, Sr., MD, FASAM, President and Board Chair, American Society of Addiction Medicine. “We do not recognize this as a ‘medication,’ having not gone through an official FDA-approval process. As experts in addiction medicine, we reject having its use as such foisted upon us to effectively regulate a non-FDA-approved substance to administer as medicine. We also advise physicians against recommending it, as it is, and possibly forsaking the Hippocratic Oath of ‘first do no harm.’”

Currently, laws in 15 states and the District of Columbia allow the use of so-called “medical marijuana.” This has resulted in a patchwork system that lacks the patient safeguards normally associated with the appropriate clinical use of psychoactive substances, ASAM policy asserts.

“The informal network puts physicians in an untenable position as gatekeepers to a controlled substance still deemed illicit by the federal government,” said Dr. Andrea G. Barthwell, former President of ASAM and a principal advisor to President George W. Bush on policies aimed at reducing the demand for illicit drugs. “We urge physicians to reject this role, and remind those who recommend cannabis that they could fail to meet their professional obligations to patients and possibly have their license revoked.”

She added: “The safety and advisability of any prescriptive medicine should depend on years of careful scientific scrutiny, not whims at the ballot box by individuals who lack the qualifications to make such decisions. Allowing cannabis to circumvent FDA approval sets a dangerous precedent and puts us on a slippery slope.”
According to her ASAM colleague, Robert L. DuPont, MD, who helped develop the society’s public policy: “Marijuana is not the harmless herb many believe it is, but a powerful drug with a variety of effects. It can produce adverse mental, emotional, behavioral and physical changes, and contrary to popular notions, it is addictive. Of the 7.1 million Americans age 12 and older with a substance use disorder related to an illicit drug in 2009, 4.3 million or 60.5 percent were dependent on or abused marijuana. Marijuana was by far the most commonly reported drug of abuse among this population, and nearly equal to all other illegal drugs combined.” Dr. DuPont was the first Director of the National Institute on Drug Abuse and the second White House Drug Chief, in the Nixon and Ford Administrations.

Marijuana is generally smoked, and that is dangerous, Dr. DuPont said. Its smoke contains many of components of tobacco smoke, and smoking marijuana can deposit up to four times the amount of tar in the lungs as cigarettes, in part because marijuana smokers inhale deeply and hold their breath.

“We are accumulating knowledge about the body’s cannabinoid receptor system. ASAM recommends developing ways to manipulate the system with standardized preparations or single molecules to usher in a new era of medical treatments,” he said. As yet, however, “medical marijuana” lacks quality control and standardization, can be contaminated with pesticides and microbes, and does not assure patients a reliable and reproducible dose.

Despite this, cannabis dispensaries are proliferating in many states without regulation, distributing products about which little is known. “If physicians were treating patients with other untested substances, there would be a public outcry,” Dr. Barthwell said.

“Without a foundation of rigorous data developed in proper clinical trials and published in peer reviewed journals, no cannabis product can gain entrance into the physician’s armamentarium and thereby become available to patients as a legitimate option among various treatment choices. And ironically, continued legalized usage undermines any reason to put cannabis-based products through the FDA approval process.”

Marijuana made headlines when Californians voted to legalize its use for medical treatment in 1996. Fourteen more states and the District of Columbia have followed suit. As a result, thousands of people, including youths, have unfettered access to the drug.

Marijuana is the nation’s most commonly used illicit drug. More than 94 million Americans (40% of the U.S. population) have tried it at least once, according to the 2003 National Survey on Drug Use and Health.

For more information about this study, please contact: Andrea Barthwell, M.D.


To read our Public Policy Statement on Medical Marijuana visit: http://www.asam.org/MedicalMarijuana.html.

The American Society for Addiction Medicine is a professional society representing close to 3,000 physicians dedicated to increasing access and improving quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions.

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