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Medical Use of Marijuana Policy

(v.2)

The American Academy of Addiction Psychiatry endorses the Institute of Medicine (IOM) report supporting the therapeutic value of cannabinoid drugs for control of nausea and vomiting associated with cancer chemotherapy and appetite stimulation in wasting illnesses such as associated with AIDS. We are in favor of compassion for the ill and the availability of marijuana for medical purposes based on current evidence. However, it must be noted that the products sold as “Marijuana”, contains numerous different medically active compounds in different proportions. Although we are against state and federal regulations and laws that would make it difficult for physicians to recommend marijuana for medical uses, we see a need for significant research to develop a better understanding of the potential therapeutic usefulness of the many active components found in marijuana plants. We also remain against the unregulated use of marijuana or use for conditions other than those specified in the IOM report.

Numerous studies suggest that marijuana smoke poses a significant risk for the development of respiratory diseases, and that marijuana use may lead to the development of a cannabis use disorder. In addition, research suggests that marijuana use can lead to hazardous operation of heavy equipment and can complicate psychiatric conditions.

We therefore make the following recommendations:

1. That the medically active components of marijuana undergo clinical trials for FDA drug approval as a Schedule 2 drug(S).
2. That research focus on the potential usefulness of marijuana’s isolated components, the cannabinoids as well as the development of rapid onset non-smoked cannabinoid delivery system to control and standardize for frequency and dosing of the individual components
3. That the recommended IOM conditions be met prior to short-term use of medical marijuana (less than 6 months) for patients with debilitating conditions. These conditions are:
 - failure of all approved medications to provide relief has been documented
 - the symptoms can reasonably be expected to be relieved by rapid onset cannabinoid drugs
 - such treatment is administered under medical supervision in the manner that allows for assessment of treatment effectiveness
 - and there is an oversight strategy comparable to an institutional review board process that could provide guidance within 24 hours of submission by physician to provide marijuana to patient for a specified use

4. That caution should be followed in patients with co-morbid psychiatric problems
5. That sensitive and practical methods for assessing the impairment of driving under the influence of marijuana be developed
6. Informed consent for medical MJ should include education about safeguarding to prevent accidental pediatric exposure

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