

AMA Agrees Marijuana May Have Analgesic Benefits

This article is reprinted from the blog Pain-Topics.org

The American Medical Association (AMA) has reversed its long-held position that marijuana should remain as a DEA Schedule I substance having no medical value. Rescheduling of the drug could open the door to more and better scientific exploration of its benefits in helping persons with various pain conditions.

In its recently-announced decision, the AMA adopted a report drafted by its Council on Science and Public Health (CSAPH) entitled, "Use of Cannabis for Medicinal Purposes," which affirmed the potential therapeutic benefits of marijuana and called for further research. The CSAPH report concluded that, "short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis." Furthermore, the report urges that "the Schedule I status of marijuana be reviewed with the goal of facilitating clinical research and development of cannabinoid-based medicines, and alternate delivery methods."

This change of position by the largest physician-based group in the country overturns their viewpoint adopted 8 years ago calling for maintaining marijuana as a Schedule I substance. Such substances are considered to have a high potential for abuse, no accepted medical use, and a lack of accepted safety; other drugs in the category include heroin, LSD, and PCP. The AMA's decision follows an announcement by the Obama Administration in October discouraging U.S. Attorneys from taking enforcement actions in states that have supported medical marijuana. Much earlier, in February 2008, a resolution was adopted by the American College of Physicians (ACP), the country's second largest physician group, calling for an evidence-based review of marijuana's status as a Schedule I controlled substance to determine whether it should be reclassified to a different level permitting medicinal use.

It should be noted that these initiatives are *NOT advocating universal legalization of marijuana*; rather, the AMA and ACP appear to emphasize the need for placing patients above politics by examining the drug's scientific validity as an effective medication. The recent CSAPH report has not been officially released to the public; however, according to AMA documentation, it notes that the cannabis sativa plant (marijuana) contains more than 60 unique structurally-related chemicals. Despite much public interest, fewer than 20 small randomized controlled trials of smoked marijuana, involving about 300 patients total, have been conducted during the past 35 years (this excludes trials of the chemical THC and synthetic analogs). The limited findings suggest that smoked marijuana has analgesic effects for certain conditions, but more research examining both its long-term benefits and potential health risks is needed; it is believed that rescheduling marijuana from Schedule I status would help to facilitate this effort.

Although 13 states have enacted laws to remove criminal penalties for marijuana possession by qualified patients, the federal government still does not recognize medical

benefits of the cannabis plant. And, it is believed that the patchwork of state-based systems for medical marijuana is inadequate for establishing safeguards that normally accompany the appropriate clinical use of a psychoactive substance. For example, the FDA has claimed that the marijuana plants used in these programs do not meet standards of uniform potency, quality, and purity required of federally-approved medicines. Furthermore, there are currently no well-established clinical guidelines for the appropriate and safe prescribing of smoked marijuana.