

**THE DANGERS OF LEGALIZING MEDICAL MARIJUANA:
A PHYSICIAN'S PERSPECTIVE**

Testimony of

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On behalf of the members of the Connecticut Chapter of the American Society of Addiction Medicine (ASAM) and the Connecticut State Medical Society I am delighted for this opportunity to voice our strong opposition to the continuing efforts being made in Connecticut to legislate marijuana for medical use. The members of ASAM have devoted their medical careers to further the development of treatment for addictive disorders, and the associated medical / psychiatric consequences. We are concerned that marijuana, a dangerous chemical, with life altering properties, is being considered for use as a viable medicine.

For those who are inclined to support medical use of marijuana, it is usually not the scientific evidence they consider, but only the unfounded self-reports of how marijuana relieved pain, chemotherapy induced nausea and vomiting or HIV-AIDS Wasting Syndrome. We are deeply concerned that the myths surrounding the medical use of marijuana pose a grave danger to patients. Proponents of the legalization of medical marijuana create the impression that it is a reasonable alternative to conventional drugs. But unlike conventional drugs, smokable marijuana has not passed the rigorous scrutiny of scientific investigation and has not been found safe and effective in treating pain, nausea and vomiting, or wasting syndrome.

1. Unlike most drugs administered orally, intravenously, intramuscularly, or by epidermal patch, marijuana is smoked. Like tobacco, smoked marijuana contains many of the same toxic or carcinogenic compounds that have been linked to lung cancer and emphysema. Current findings indicate that the evidence suggests that the marijuana cigarette, in contrast with the tobacco

cigarette, delivers over four times the amount of tar and much higher concentration of polycyclic aromatic hydrocarbons, such as the carcinogen benzopyrene.

2. Marijuana smoked, like tobacco smoked, contains toxins and other foreign particulates that are known to cause inflammation in the lining of the lungs. Unlike tobacco smoke, marijuana smoke substantially reduced the alveolar macrophages, the lungs primary defense against infectious microorganisms, foreign substances and tumor cells. This is of particular concern for the immunocompromised HIV/ AIDS patients or cancer patient, who is already at great risk for opportunistic lung infections. Though the evidence is no means conclusive, chronic marijuana smoking may be a factor in the development of acute and chronic bronchitis, and increasing the risk of pneumonia.
3. Smoking marijuana can cause tachycardia and abrupt changes in blood pressure causing grave concern to those who have cardiovascular disease.
4. There is scientific evidence that long term marijuana smoking alters the reproductive system.

Contemporary medicine and pharmacology are based on the application of scientific principles and the use of extensive clinical research to determine the safety and efficacy of a drug. For each symptom or disease advocated to be treated by smokable marijuana, there is a well accepted, well researched, and more effective treatment.

Among these drugs is Marinol[®] (dronabinol), a synthetic version of the naturally occurring component of marijuana (THC or tetrahydrocannabinol), that is indicated to

treat chronic pain, chemotherapy related nausea and vomiting, and HIV / AIDS associated Wasting Syndrome. Marinol[®], however, unlike smokable marijuana, is a pure chemical compound that has been subjected to rigorous chemical research trials that have established its efficacy, safety, side-effect profile, and proper dosing. Interestingly, the only known property Marinol[®] lacks is the effect of creating “a high”.

As Addiction Medicine Specialists that are dedicated to the treatment of those afflicted by the disease – addiction, and to furthering science-based knowledge, we believe that these proposals to legislate the use of smokable marijuana as a medicine constitutes a far greater threat than many Americans truly realize. These proposals to use smoked marijuana as a medicine convey a mixed and ambiguous message to children, adolescents and adults. These messages undermine the many years invested by public health to prevent pre- and adolescent onset of the use of tobacco, marijuana, and other drugs. These proposals provide real contradictions that are not easily addressed or resolved in school and in family discussions, especially where the images of the marijuana user intrude into the day to day lives of these young people.

Current research indicates that the use of this marijuana on a regular basis during adolescence is a strong marker for ensuring drug problems later in life. Young people are often misinformed and misled to believe that the use of marijuana is harmless and that you can not become addicted. No thing is further from the truth. There is clear evidence that the use of marijuana can result in dependency. These young people and other individuals dependent on this drug, will make the choice to use it in physically compromised situations, and will continue to use it putting their education, jobs, interpersonal relationships, and legal status at a significant risk.

In closing, I urge you to reject the proposal that would change the status quo by recognizing smokable marijuana as an accepted drug. As a practicing physician and a concerned member of my community; I can find no redeeming qualities derived from smoking a weed-marijuana.

It is unconscionable in this era, the 21st century, that our best effort to deliver effective pain relief, or to treat chemotherapy induced nausea or vomiting, or treat HIV/AIDS wasting syndrome would consist of prescribing smokable marijuana. We must reject these efforts to give marijuana medical credibility by equating it with other more pharmacologically advanced drugs that have passed the rigors of scientific investigation / research and demonstrate significant efficacy in treating pain, nausea, and vomiting (chemotherapeutically induced) or HIV / AIDS wasting syndrome. It has no credibility. It has not passed the rigors of scientific investigation. It has not demonstrated significant efficacy in symptom relief. And, it causes harm.

As physicians we have a duty to follow the tenets of the Hippocratic Oath we have taken. "Do no harm." To lower the level of current control of marijuana would only serve to exacerbate an already grave societal and medical problem. To characterize those who do not support the legislation of medical marijuana, as less than supportive of those who are "suffering" is a cynicism in the extreme. This campaign of self-serving political propaganda, misinformation and deception must stop.