

Medical Marijuana BHRS Position Statement

- We do not support the use of “medical marijuana,” cannabinoids or any other compounds containing delta-9-tetrahydrocannabinol (THC), the main active chemical in marijuana, outside the FDA regulatory process to approve pharmaceutical products
 - Lack of adequately powered, well controlled clinical trials. Further research needed to evaluate the therapeutic benefits of cannabinoids
 - also concerns regarding purity, dosing and formulation (need to formulate safely as we do for any other medication)
- We do not support off-label use of dronabinol (Marinol[®])
 - Dronabinol is FDA approved for the use of appetite stimulation in AIDS patients and chemotherapy-induced nausea and vomiting
 - It is not FDA approved for the treatment of other conditions such as pain, PTSD, Crohn's & Alzheimer's
- The available evidence suggests that
 - long-term cannabis use among young people (15-25 years) can lead to social, behavioral, educational and mental problems
 - recreational and therapeutic use of cannabinoids by young men may confer malignant potential to testicular germ cells
 - chronic exposure to THC may accelerate the age-related loss of nerve cells
 - Addiction
 - about 17% who start using marijuana during adolescence & 25-50% of daily users become addicted
 - 70-72% of 12-17 year olds enter drug treatment programs primarily because of marijuana addiction
 - Marijuana can be very harmful to children and adolescent health and development
 - damaging effects on brain development, cognition, and social functioning
 - can impair memory and concentration, alter motor control, coordination & judgment
 - regular use is linked to a higher likelihood of drug dependence in adulthood
 - frequent cannabis use in teenage girls predicts later depression and anxiety, with daily users carrying the highest risk
- Some studies suggest marijuana may alleviate chemotherapy-induced vomiting, cachexia, spasticity associated with multiple sclerosis, and neuropathic pain; but, there is no significant evidence marijuana is superior to currently available FDA approved medications to treat these conditions
- We recognize cannabinoids may have potential as a therapy for certain conditions and some clients may benefit from cannabinoids, exceptions should be made for compassionate use in clients with debilitating or life-limiting conditions (subject to review by medical chief/medical director) ?
- Currently, BHRS providers are not in a position to recommend the use of “medical marijuana” or refer clients to outpatient treatment clinics

References

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