Approved by the NAADAC Executive Committee: January 2011.

NAADAC Position Statement on Medical Marijuana

Summary

NAADAC, the Association for Addiction Professional does not support the use of marijuana as medicine. Marijuana should be subject to the same research, consideration and study as any other potential medicine, under the standards of the U.S. Food and Drug Administration (FDA). Further, NAADAC does not support legislative or voter ballot initiatives to legalize marijuana for medical use.

Background

- Marijuana is listed in Schedule I of the Controlled Substances Act (CSA), the most restrictive schedule. The Drug Enforcement Administration (DEA), which administers the CSA, continues to support that placement, and FDA concurred because marijuana met the three criteria for placement in Schedule I under 21 U.S.C. 812(b)(1) (e.g., marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision).

- Marijuana should be subject to the same research, consideration, and study as any other potential medicine. The U.S. Food and Drug Administration (FDA) is the sole Federal agency that approves drug products as safe and effective for intended indications. The Federal Food, Drug, and Cosmetic (FD&C) Act requires that new drugs be shown to be safe and effective for their intended use before being marketed in this country. FDA’s drug approval process requires well-controlled clinical trials that provide the necessary scientific data upon which FDA makes its approval and labeling decisions. If a drug product is to be marketed, then disciplined, systematic, scientifically conducted trials are the best means to obtain data to ensure that drug is safe and effective when used as indicated. Efforts that seek to bypass the FDA drug approval process would not serve the interests of public health because they might expose patients to unsafe and ineffective drug products. FDA has not approved smoked marijuana for any condition or disease indication. NAADAC recognizes the supremacy of federal regulatory standards for drug approval and distribution. NAADAC recognizes that states can enact limitations that are more restrictive but rejects the concept that states could enact more permissive regulatory standards. NAADAC discourages state interference in the federal medication approval process.

- There is currently sound evidence that smoked marijuana is harmful. A past evaluation by several Department of Health and Human Services (HHS) agencies, including the Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), concluded that no sound scientific studies supported medical use
of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use. There are alternative FDA-approved medications (i.e., Oral THC) in existence for treatment of many of the proposed uses of smoked marijuana. *NAADAC rejects smoking as a means of drug delivery since it is not safe.*

- A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Further, voter or legislative initiative does not meet the scientific standards for approval of medicine. Voter and legislative passage of marijuana-as-medicine laws may actually inhibit good medicine because they shortcut the necessary step of researching the marijuana plant and the chemicals within that may have legitimate medical applications. *NAADAC does not support legislative or voter ballot initiatives to legalize marijuana for medical use.*