



POLICY - Medicinal Marijuana

Background:

“Opium has medical value, and it is called morphine. Marijuana has medical value, too — but just as we don’t smoke opium to receive beneficial effects, we need not smoke marijuana to get its medical value.” — Project SAM (Smart Approaches to Marijuana)

“We’ll use medical marijuana as red-herring to give marijuana a good name” –NORML 1979

1996 – California approved medicinal marijuana. NORML said *“marijuana has been de facto legalised under guise of medical marijuana”*

Legalisation proponents - strategy is clever manipulation of society’s compassion for desperately ill people, burdened by serious pain and health concerns

No other realm of medicine considers “smoking” therapeutic because no way to standardise a dose. The whole marijuana plant material, on the other hand, has thousands of unknown and carcinogenic components that have not been accepted by scientific and medical authorities as medicines. Medicines are rarely, if ever, smoked, and an exhaustive review in 1999 by the U.S. Institute of Medicine concluded that smoked marijuana should *“generally not be recommended for medical use.”* Additionally, smoked marijuana’s effective dose varies, due to individual differences in absorption and metabolism in the liver, as well as puff frequency, depth of inhalation and retention of inhaled smoke.

Policy:

- **The rapid expansion of research into the components of the marijuana plant for delivery via non-smoked forms. (Supported by NZMA)**
- **The establishment of an emergency or research program that allows seriously ill patients to obtain non-smoked components of marijuana before final Ministry of Health approval.**
- **the Government instruct the Ministry of Health to update the prescribing guidelines for pharmaceutically based THC derivative medicines to include Sativex (and Elixinol) as a medicine under the Medicines Act 1981 and to continue to make pharmaceutically based THC derivative medicines available to treat serious medical conditions when traditional methods have failed.**
- **Prevent “designated agents” and so-called “dispensaries” that are fronts for marijuana stores and do not follow appropriate standards of medical care e.g. California**

Other Information:

Modern science has synthesized one of marijuana plant’s primary active ingredient – THC – into pill form for nausea and appetite stimulation (Marinol®)

Sativex® which contains THC and another cannabinoid called cannabidiol (CBD). This mouth spray allows for proper titration of dosage and eliminates the major health consequences of inhaling smoke. The presence of CBD also tends to lessen the intoxicating effects of THC.

<http://www.medsafe.govt.nz/profs/riss/Sativex.asp>

Most promising botanically derived cannabis – mouth spray Nabiximols – MS, rheumatoid arthritis, advanced cancer, neuropathic pain

FDA(US) said no evidence to support use of smoked or eaten marijuana as medical treatment

National Academy of Sciences said smoking marijuana neither safe or effective – delivers harmful substances

What is Sativex[®] approved for?

In New Zealand Sativex[®] is approved for use as an add-on treatment for symptom improvement in patients with moderate to severe spasticity due to Multiple Sclerosis who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy.

Any other use of Sativex[®] is an **unapproved use** of this medicine in New Zealand.

Prescribers should be aware that the clinical safety and efficacy has not been fully investigated in other medical conditions and the long-term usefulness of this medicine has not been established. Irrespective of whether prescribing is for an approved or unapproved use, extended periods of treatment should be periodically re-evaluated to examine the long-term safety and efficacy of the medicine for the individual patient.

Sativex[®] funding

Currently Sativex[®] is **not** funded by PHARMAC.

<http://www.medsafe.govt.nz/profs/riss/Sativex.asp>

No guarantee cannabis treatment will work for teen in coma

OneNews 11 June 2015

There is no guarantee an experimental cannabidiol treatment that will be used on a Nelson teenager in an induced coma will work, experts say. Doctors treating 19-year-old Alex Renton have been given approval by Associate Health Minister Peter Dunne for the one-off use of **Elixinol, a cannabidiol (CBD) product** from the United States. Doctors have tried more than 20 medications to treat him, but none have worked. University of Otago senior lecturer John Ashton says there's no evidence Elixinol will work either.

<http://tvnz.co.nz/national-news/uncharted-territory-no-guarantee-cannabis-treatment-work-teen-in-coma-6335891>

Overseas:

- A 2007 study analyzing more than 3,000 “medical” marijuana users in **California** - average user was a 32-year-old white male. 3/4 of Caucasians in the sample had used cocaine, and more than half had used methamphetamine in their lifetime.
- A 2011 study that examined 1,655 applicants in **California** who sought a physician’s recommendation for medical marijuana found that very few had cancer, HIV/AIDS, glaucoma or multiple sclerosis.
- The **Colorado Department of Health** found that only 2 percent of “medical” marijuana users reported cancer, and less than 1 percent reported HIV/AIDS as their reason for seeking marijuana. The vast majority (94 percent) reported “severe pain.”
- In **Oregon**, there are reports that only 10 physicians made half of all recommendations for medical marijuana. Agitation, seizures, cancer, HIV/AIDS, cachexia and glaucoma were the last six conditions cited for giving people “medical” marijuana.[v]
- **Columbia University** residents of states with medical marijuana had marijuana abuse/dependence rates almost twice as high youth in states without such laws. Another study in the *Annals of Epidemiology* found that marijuana use rates were higher among youth ages 12 to 17 in states with medical marijuana laws (8.6 percent) compared with those without such laws (6.9 percent).[vii] More research on this connection is needed.

Source: <http://learnaboutsam.org/medicine/>