

## **We should not smoke our medicine**

**Which means Pennsylvania legislators should not legalize medical marijuana without doing a lot more homework, warns DR. NEIL A. CAPRETTO of Gateway Rehabilitation Center**

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Imagine you are sick and your physician informs you that instead of prescribing you a medication proven by scientific studies to be an effective treatment and one that has been found safe by the FDA, you will be given a substance approved only by your state politicians.

You cannot obtain this substance from a licensed pharmacy with a credentialed pharmacist who can warn you about potential risks. Instead you can obtain this substance only from a new government distribution center where a non-pharmacist state employee cannot give you any advice about potential interactions with other medications or complications with other medical conditions because that research has not been completed.

Use of this substance will diminish your psychomotor performance, making you a more dangerous driver, and it will increase your chances of developing respiratory illness, tachycardia and schizophrenia.

And oh, by the way, the most common way to use it is to light it on fire and smoke it -- which will result in you and any family member in range of your smoke cloud to ingest potentially more than 400 chemicals, many of which are toxins and carcinogens.

While this may sound like a sinister scene out of a bad science fiction movie, this is what will happen in Pennsylvania if House Bill 1393 is passed.

This bill, being pushed by state Rep. Mark Cohen, D-Philadelphia, would have the state Legislature declare that the dried leaves and flowers of marijuana are medicine -- a proposition we at Gateway Rehabilitation Center strongly oppose. This new "treatment" would completely bypass pharmacies and FDA safety and efficacy guidelines and ignore many health care procedures that have been put into place to protect the public. HB 1393 is nicknamed the "Compassionate Use Medical Marijuana Act," a misnomer if ever one existed.

I have dedicated more than 32 years of my professional life in medicine to trying to provide compassionate care for my patients. And no doubt most of our state legislators support compassionate medical treatment.

Unfortunately, the debate about decriminalizing marijuana for recreational use has spilled into the debate about medical marijuana, seeding confusion and causing many well-meaning people to either prematurely overestimate the safety and effectiveness of marijuana as medicine or to develop an irrational fear of pursuing legitimate research into its effects. Medical and recreational use of marijuana are separate issues and should remain separate, but economic factors and fear often keep them together.

Marijuana may now be the top U.S. cash crop, worth \$35 billion annually. And the powerful marijuana lobby, seeking ever-greater profits, often ignores science and safety concerns and preys on the emotions of the public to obtain approval for using marijuana as medicine. This also is a ploy to help win legalization for any use.

Some opponents, driven by fear that science might lend credence to legalization, also have at times hindered legitimate research efforts. But no matter who is applying political pressure, the search for the best answers regarding the safety of using marijuana as medicine is getting delayed or ignored.

The plant marijuana, cannabis, contains more than 60 chemical components known as cannabinoids. The Institute of Medicine has concluded that the medical effects of cannabinoids are generally modest and in most cases there are more effective medications.

Many people are not aware that the main psychoactive element in marijuana, delta 9-tetrahydrocannabinol (THC), is already available in an oral synthetic medication, Marinol (dronabinol), which is approved by the FDA to treat anorexia associated with AIDS and nausea and vomiting associated with cancer chemotherapy.

Some find Marinol helpful, but others may respond better to non-oral forms of THC or to different combinations of cannabinoids. Our goal should be to use quality research to adequately evaluate the cannabinoids, complete appropriate clinical trials and develop safe and effective delivery systems before we approve smoking a plant as medicine.

Inhaled smoke is a less-than-effective and dangerous way to deliver any medicine. Most people would question their doctor's sanity if they were advised to smoke their antibiotics or antihypertensive medications.

I must reiterate that the marijuana plant contains more than 400 chemicals. When it is lit on fire, it releases most of the harmful substances found in tobacco smoke, deposits in lungs four times as much tar as tobacco and endangers anyone nearby who might inhale it.

Proponents correctly point out that there are delivery systems, such as vaporization, that can greatly reduce the dangers of smoke, but the fact is, the overwhelming majority of "medical" marijuana continues to be smoked. If the goal really is to provide safe,

effective and compassionate treatment then, at a minimum, legislation should require delivery systems other than smoking.

This issue is likely to create a dilemma for some of our legislators. There are many anecdotal reports about the pros of medical marijuana. As compelling as some of these stories may be, they should never be considered the stopping point of research; they should serve to fuel more thorough scientific exploration. Rushing in to approve the smoking of marijuana as medicine without adequate analysis is foolhardy.

We owe it to the suffering people who might be helped by marijuana or the substances it contains to do a truly honest search for the best ways to provide safe and effective treatment. That search should not be driven by the greed of the marijuana lobby nor by reefer-madness hysteria, but by science, reason and compassion.

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Cartoonist Rob Rogers does "Rob's Rough," an early look at his work and his creative process, exclusively at PG+, a members-only web site of the Pittsburgh Post-Gazette. Our introduction to PG+ gives you all the details.



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