



Pennsylvania MEDICAL SOCIETY®

SENATE BILL 1182 HEARING TESTIMONY

Senate Law and Justice Committee

January 28, 2014

Good morning. Chairman McIlhinney, Chairman Boscola, and members of the Senate Law and Justice Committee. I am Michael R. Fraser, PhD, CAE, Executive Vice President of the Pennsylvania Medical Society. Thank you for the opportunity to present the Medical Society's views on Senate Bill 1182, which would legalize marijuana for medical use in Pennsylvania.

Let me begin by expressing in the strongest terms our opposition to the legalization of marijuana for recreational use. Marijuana is a dangerous drug, and the public health consequences attendant to legalization for recreational use would be significant.

However, the legalization of marijuana for medical treatment purposes is a different matter. There is some evidence that marijuana may provide relief from nausea to cancer patients, and it is asserted that it may aid in the treatment of glaucoma and post-traumatic stress disorder. We are also aware of recent stories that oil derived from cannabidiol has aided some sufferers of Dravet syndrome, a rare form of epilepsy.

The problem with anecdotal evidence is that one individual's experience cannot be applied to others with any degree of confidence. There is no sure way to know whether the observed changes resulted from the administration of marijuana or from some other source or combination of sources. And it is entirely possible that two cases we hear about in which an individual benefited from marijuana may be offset by three cases we don't hear about where patients suffered harm.

Even if one assumes that medical marijuana may benefit a certain class of patients, serious questions remain. Was it the tetrahydrocannabinol (THC) that produced the result, or was it the cannabidiol (CBD), or a particular combination of the two? Or perhaps it was one of the dozens of other compounds in the particular strain that was used. What dosage produces maximal efficacy, and how often should it be administered? And importantly, is there a dosage or frequency of administration that causes harm, and what are the long term effects? Until these questions have been answered we cannot support the legalization of marijuana for medical use.

That being said, we believe a compelling case exists for a serious scientific examination of the potential medical use of marijuana. That is why four years ago we joined the AMA in urging that marijuana's status as a federal Schedule I controlled substance be reviewed, with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. We have also called for further adequate, well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy, and the application of such results to the understanding and treatment of disease.

Currently the National Institute on Drug Abuse (NIDA), an agency within the National Institutes of Health (NIH), is the only legal source of marijuana for medical research in the United States. NIDA provides marijuana both for NIH-funded projects and for non-NIH-funded projects that have been deemed scientifically valid by a Department of Health and Human Services (HHS) scientific review panel. Researchers do not need to be funded by NIH to obtain research-grade marijuana, but non-NIH-funded proposals must pass the HHS review process.

Medical research is already time consuming and expensive, and these additional hurdles can serve as a deterrent to some who would otherwise undertake serious research into the potential medical use of marijuana.

Should you choose to lobby the NIH to facilitate more research into the medical uses of marijuana you will have our support. However, until the questions I posed earlier in my testimony have been answered, we believe the legalization of marijuana for medical use is premature and unwise.

Again, thank you for the opportunity to share our views on this contentious issue. I will be happy to answer any questions you may have.