

High stakes considerations with medical marijuana

Editorial

There is much to follow now and in the future with certainty concerning the ever increasing use, legalization, and ramifications of the use of medical marijuana in the United States and elsewhere globally. The negative, potential impact upon patients and health care might very well resemble the catastrophic period in the late 19th and early 20th centuries in the US as a result of the patent medicine debacle present at that time. Many products, if not all, were claimed to have curative and unbelievably precise impact upon virtually every organ system in the body. The situation was not ameliorated until the enactment of the U.S. 1906 Pure Food and Drugs Act¹ and subsequent Acts past decades later. In a 40year cohort study Calagan et al.,² found that heavy cannabis use led to an over two fold increase in the occurrence of lung cancer.

According to the National Conference of State Legislatures, as of Medical Marijuana Dispensaries (MMD) are now legal in 23 jurisdictions (22 states and the District of Columbia).³ In fairness to possible positive benefits of the use of medical marijuana, there are published papers detailing relief of pain and many other potentialities including treatment for glaucoma, HIV, etc.⁴ G W Pharmaceuticals does have cannabinoid derivatives (Sativex® and Epidolex®) marketed and approved for use in the UK, Spain, Canada, and New Zealand to treat spasticity due to multiple sclerosis. Despite this availability of a prescription form of marijuana, under law in England and Wales, cannabis is not recognised as having any therapeutic use.⁵ Recently, in a review of cannabis and derivatives with applicability to Canada, Leung notes that marijuana use is under-reported. Leung further suggests that cannabis is often used for chronic and neuropathic pain, and that the potential for adverse effects and addiction is a probability with its use.⁶ In a systemic review of use of medical marijuana in neurologic disorders, Koppel et al.,⁷ found adverse psychopathological effects due to use to be nearly 1%. They conclude that comparative effectiveness of medical marijuana with approved agents for use in neurologic disorders is simply unknown. Thompson⁸ points to evidence implying marijuana may be an effective treatment for chronic pain, neuropathic pain, and multiple sclerosis and/or paraplegic pains.⁸

The requirements for knowledge and skills relevant to the use of medical marijuana are simply not present to the extent necessary and demanded for those that currently obtain licenses or approval to write prescriptions or dispense prescriptions for medical marijuana in the U.S. Currently, in the U.S. one simply has to obtain a license for the most part to sell medical marijuana in a retail setting.

There is little doubt that the number of approving U.S. states will also continue to grow. This can have positive potential outcomes for many suffering at present with inadequate treatment regimens or accessibility. Dosing of marijuana is complex and is dependent upon the patient and the form used for ingestion.

Things to consider

What does this mean for many in our society: patients, health practitioners, and health professional education entities? How should health professions proceed with plans and reactions to this? How, when, or if should material relevant to medical marijuana be taught in health science curricular

Volume 3 Issue 3 - 2016

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Received: January 12, 2016 | **Published:** January 22, 2016

The answers are not applicable to only one profession, are cent Anna GJ⁹ pointed to the impact upon physicians trying to assist patients. The concluding statement urged the dilemma to be considered a public health issue rather than a legal quandary. Whether this will change soon is debatable. What are needed are intra professional dialogues, discussions, and ramifications consideration now.

It is the view of this author that it is not prudent to wait many years or decades for this to be addressed, this was the delay period regarding patent medicines in the U.S. a century ago, and the consequences cannot be duplicated. Patient lives and other ramifications suggest action now for many positive reasons regarding any and all aspects of medical marijuana.

Acknowledgements

None.

Conflict of interest

Author declares that there is no conflict of interest.

References

1. History of the FDA. U.S. Food and Drug Administration.
2. Callaghan RC, Allebeck P, Sidorchuk A. Marijuana use and risk of lung cancer: 1 40year cohort study. *Cancer Causes Control*. 2013;24(10):1811–1820.
3. State Medical Marijuana Laws. *NCSL*. 2016.
4. Anonymous. *FAQ About GW Pharmaceuticals*. 2014.
5. *The Law on Medical Cannabis in England and Wales*. 2016.
6. Leung L. Cannabis and its derivatives: review of medical use. *J Am Board Fam Med*. 2011;24(4):452–462.
7. Koppel BS, Brust JCM, Fife T, et al. Systemic review: efficacy and safety of marijuana in selected neurologic disorders. *American Academy of Neurology*. 2014;82(17):1556–1563.
8. Thompson AE. JAMA PATIENT PAGE Medical Marijuana. *JAMA*. 2015;313(24):2508.
9. Annas GJ. Medical Marijuana, Physicians, and State Law. *N Engl J Med*. 2014;371(11):983–985.