



# Pennsylvania MEDICAL SOCIETY®

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May 8, 2015

Dear Senator:

I am writing on behalf of the Pennsylvania Medical Society (PAMED) to express our opposition to Senate Bill 3, which would legalize the use of marijuana for medical purposes in Pennsylvania.

We are certainly aware that there is some evidence – primarily anecdotes and small studies – that marijuana may aid in the treatment of some diseases. Nausea in cancer patients, spasticity in multiple sclerosis patients, and seizures in sufferers of Dravet syndrome, are frequently mentioned. However, legalizing medical marijuana on the basis of anecdotal evidence is risky at best, and may be dangerous at worst.

Two examples related to diseases for which marijuana treatment is specifically authorized in Senate Bill 3 – epilepsy and glaucoma – illustrate our concern. A recent study cited by the American Epilepsy Society on the use of cannabidiol to treat children with epileptic seizures found no significant reduction in seizures in the majority of patients, while in 20 percent of cases reviewed seizures worsened and in some cases there were significant adverse events.

And the American Academy of Ophthalmology – whose physician specialists treat glaucoma – says this about marijuana:

*Based on analysis by the National Eye Institute and the Institute of Medicine, the Academy finds no scientific evidence that marijuana is an effective long-term treatment for glaucoma, particularly when compared to the wide variety of prescription medication and surgical treatments available. Ophthalmologists also caution that marijuana has side effects which could further endanger the user's eye health (emphasis added).*

Our concern is exacerbated by the fact that a review in the February 2015 *Journal of Developmental & Behavioral Pediatrics*, the official journal of the Society for Developmental and Behavioral Pediatrics, states that a growing body of evidence links cannabis to "long-term and potentially irreversible physical, neurocognitive, psychiatric, and psychosocial adverse outcomes."

Further, a 2012 national survey using the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) found that residents of states with medical marijuana laws had higher odds of marijuana use and marijuana abuse/dependence than residents of states without such laws. And, a 2011 Colorado study found that "diverted medical marijuana use among adolescent patients in substance abuse treatment is very common and adolescents who used medical marijuana reported an increased level of deleterious behaviors." According to the study, approximately 74% of the adolescents in substance treatment had used someone else's medical marijuana, and they reported using diverted medical marijuana a median of 50 times.

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Despite these concerns, PAMED believes a compelling case exists for a serious scientific examination of the potential medical use of marijuana. That is why five 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. Serious research is under way on the use of cannabidiol to treat seizure disorders in children. The results of that research will be forthcoming soon, and the FDA has begun loosening the reins on research related to other diseases and conditions. We urge the Senate to delay action on medical marijuana legislation until the results of that research are released.

Let me close with the following rhetorical questions. They are rhetorical because at this point, in the absence of scientifically studied, FDA approved marijuana medicines, we cannot answer them. Even if we assume that marijuana may have potential medical uses:

- What is the ideal combination of THC and cannabidiol for each disease or condition?
- How important are the trace elements (there are many) in marijuana?
- What is the appropriate dosage, and how frequently should it be administered?
- What is the best route of administration – oil, tincture, edible, smoked, vaped or nebulized?
- What are the possible side effects?
- What are the long-term effects?
- What are the contraindications (don't take it with, or if...)

At this point we simply cannot say that recommending marijuana to patients will not do more harm than good, and for these reasons we urge you to oppose Senate Bill 3.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Rizzo', written in a cursive style.

Karen Rizzo, MD  
President