

Therapeutic Use of Marijuana, Cannabidiol, and Related Compounds

Texas physicians understand that our patients are encouraged when they hear about a medication or therapy that may address debilitating symptoms they may endure because of an illness or injury.

While there is great interest in therapies from marijuana and its numerous and complex derivatives, physicians cannot make decisions to prescribe or recommend medications or therapies for patients without having adequate information from a body of scientific and investigational studies. We recognize from current research that some of the compounds in marijuana may provide therapeutic benefits for some patients, but much more rigorous study is needed to develop clinical recommendations on marijuana as medicine. So far, researchers have not conducted enough large-scale clinical studies to measure the benefits of the marijuana plant versus its risks in patients it is meant to treat. Adequate research is important, because as a recent report from the National Academies of Science, Engineering, and Medicine pointed out, there are important health and safety risks associated with marijuana use, especially among certain populations.¹

Physicians make many decisions every day on therapies and medications for our patients. These decisions are based on, among other considerations, scientific evidence that describes the expected effects and side effects of a medication or therapy and how it interacts with other medications the patient is taking. Physicians also have to consider the effect on other conditions the patient has and the patient's ability to comply with the prescribed or recommended treatment plan. Peer-reviewed, randomized, controlled research is critical for physicians to be able to inform patients on whether marijuana, or its derivatives, may provide therapeutic or medicinal support. Research is also needed to determine which conditions it may be appropriate for, the appropriate dosing levels for different patients, potential side effects, and whether these products are more or less effective than other approved medications or therapies.

TMA Recommends:

- Change the classification of marijuana from a Schedule I drug so it may be properly accessed for research, and scientifically and rigorously studied, evaluated, and analyzed by the Food and Drug Administration for both short and long-term efficacy and potential for harm.
- Encourage the U.S. Congress to authorize additional research on marijuana and its derivatives for their potential medical and therapeutic use.
- Affirm the right of physicians to have a free exchange of information with patients on the effects and use of marijuana and its derivatives, as well as other unapproved complementary therapies.
- Remove current restrictions in state law that allow physicians to recommend cannabidiol (CBD) only for specific diseases. Given physicians' first duty to "do no harm," physicians need to be able to assess their patients' conditions, the available treatments, and to discuss and make appropriate and evidence-based recommendations.

There simply is no substitute for science-based guidelines developed from federally regulated, scientific investigational trials that control for the type, potency, and quality of products used, and that assess the benefits and risks for different patients and medical conditions. Until that research is conducted, TMA will continue to monitor legislation on medicinal, therapeutic, and recreational uses of marijuana and its derivatives.

¹ National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. doi: 10.17226/24625. <http://nationalacademies.org/hmd/Reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>