



Position statement on medical marijuana

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Cannabinoids are of great interest, and some medical cannabinoids are of demonstrated benefit in treating nausea/vomiting during cancer chemotherapy, improving appetite in wasting diseases such as AIDS, reducing seizure burden in childhood epilepsy, and reducing spasticity in multiple sclerosis. These positive studies have occurred as a result of controlled research, using known doses of specific cannabinoids. This stands in contrast to current application of “medical marijuana,” which refers to the distribution of uncontrolled herbal products that are either smoked or ingested, with varying psychoactive content, and a lack of rigorous, controlled studies assessing safety and efficacy for specific disease states. Given the known abuse liability of marijuana, and the known respiratory toxicity of smoked or otherwise inhaled marijuana, the known risks associated with use of uncontrolled medical marijuana supplies is not yet outweighed by any scientific demonstration of benefits. Therefore, AAAP advocates for clinical scientific research and federal regulatory oversight of medical marijuana prior to its practice application.

Specifically, AAAP would recommend the following medical framework for practice:

1. Isolation of therapeutically active cannabinoid components and federally-funded clinical trials utilizing non-inhaled cannabinoids for safety and efficacy testing within specific diagnostic populations. These trials would be expected to lead to FDA-approved medications with specific clinical indications for use, and a REMS plan for post-marketing safety.
2. The development of sensitive and feasible methods for assessing impaired driving related to medical cannabinoid use.
3. That informed consent for medical cannabinoid use include treatment agreements that protect minors from accidental exposure.
4. That public health education address cannabinoid use safety and prevention, including risk of cannabis use disorder, the effects of cannabis use in neurodevelopment, carcinogenic aspects of inhaled cannabis, impaired driving under the influence of cannabinoids, and the distinction between federally-regulated medical cannabinoid use (i.e., regulation of content, quality, distribution, and clinical standards of care) and federally unregulated cannabinoid businesses set up as “dispensaries” of “medical marijuana.”