ARA MEDICAL CANNABIS INSTITUTE

Why isn't there more medical research on medical cannabis?

One of the most consistent criticisms and controversies surrounding medical cannabis is the relative lack of high-level medical evidence supporting its effectiveness for various medical conditions. There are several reasons for this.

First, the DEA places cannabis as a Schedule 1 drug defined as "drugs with no currently accepted medical use and a high potential for abuse." Other Schedule 1 drugs include LSD, Ecstasy, and Peyote. This classification is above those of methamphetamine, cocaine, fentanyl, and Oxycontin which are listed as Schedule 2. The DEA has determined that, because it is a Schedule 1 drug, it is inappropriate to authorize or fund cannabis clinical trials but at the same time, they maintain that, until more clinical research is done, it cannot be rescheduled. This creates quite a catch-22. In addition, when clinical research is allowed (after years of approvals and paperwork are completed), it is only allowed with a single strain of cannabis grown by the federal government in Mississippi.

Cannabis is a complex plant containing an almost infinite variety of ratios of over a hundred different cannabinoids and other chemicals such as terpenes and flavonoids. In addition, it is the combination of chemicals, rather than chemicals in isolation, which likely lead to beneficial effects. Therefore, it is hard to isolate and study cannabis chemicals in the same way that one might a specific pharmaceutical chemical compound. In addition, most research that has been done has involved smoking cannabis high in THC which often leads to dizziness, disorientation, or intoxication which tends to be listed as a "side effect" of treatment. Of note, these same side effects are listed for common over-the-counter products such as Benadryl, Tylenol PM, and many prescription medications. In reality, most individuals who use medical cannabis ingest forms orally which contain relatively small amounts of THC.

Well-constructed high-level clinical trials (large double-blind randomized controlled trials) are very expensive to organize and administer. Most clinical trials are therefore funded by the pharmaceutical industry which is ultimately interested in bringing potentially profitable drugs to market. Because no single company has been able to profit from patented cannabis sales (how can you patent a plant?), there is little money available to fund cannabis research. Of note, the pharmaceutical industry is hard at work investigating synthetic or isolated cannabis compounds, which they can patent and bring to market. The first of these, Epidolex (CBD) was approved by the FDA within the past several years for treatment of several rare forms of childhood epilepsy. However, as mentioned, most believe that cannabis compounds work most effectively when used together rather than when used in isolation.

It is important to be aware that many healthcare providers hold a bias against medical cannabis because of the lack of high-level medical evidence. However, as stated, this is mostly due to federal government policy and the difficulties inherent to the study of this complex plant. What is certain, is that when used properly, medical cannabis is very safe. In fact, there has never been a reported overdose death from the use of even extremely high doses of cannabis.