

APA Official Actions

Position Statement in Opposition to Cannabis as Medicine

Approved by the Board of Trustees, July 2019

Approved by the Assembly, May 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The medical use of cannabis has received considerable attention as several states have moved to legalize cannabis for various purposes. On a national level, cannabis remains a schedule I substance under the Controlled Substances Act (CSA), the most restrictive schedule enforced by the Drug Enforcement Administration (DEA). This juxtaposition of practice and policy has prompted many professional medical organizations to issue official positions on the topic. This statement reflects the position of the American Psychiatric Association (APA) on the use of cannabis for psychiatric indications.

APA Position:

- **There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.**
- **Further research on the use of cannabis-derived substances as medicine should be encouraged and facilitated by the federal government. The FDA has approved synthetic cannabis-derived medications for specific indications (examples of medications are Marinol, Syndros, Cesamet and Epidiolex.) The adverse effects of cannabis, including, but not limited to, the likelihood of addiction, must be simultaneously studied.**
- **There is great variability of in the form, dose and potency of cannabis. Furthermore, there are numerous other compounds in products marketed as cannabidiol or cannabis with unknown health effects.**
- **Policy and practice surrounding cannabis-derived substances should not be altered until sufficient clinical evidence supports such changes.**
- **If scientific evidence supports the use of cannabis derived substances to treat specific conditions, the medication should be subject to the approval process of the FDA.**

Regarding state initiatives to authorize the use of cannabis for medical purposes:

- **Medical treatment should be evidence-based and determined by professional standards of care; it should not be authorized by ballot initiatives.**

- No medication approved by the FDA is smoked. Cannabis that is dispensed under a state-authorized program is not a specific product with controlled dosages. The buyer has no complete way of knowing the strength or purity of the product, as cannabis lacks the quality control of FDA-approved medicines, although in some states the percentage of delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are listed on the products sold in state-legalized stores or dispensaries.
- Prescribers and patients should be aware that the dosage administered by smoking is related to the depth and duration of the inhalation and therefore difficult to standardize. The content and potency of various cannabinoids contained in cannabis can also vary, making dose standardization a challenging task.
- Even non-smoked means of consumption, such as edible forms of cannabis, tinctures, and ointments have variable absorption, bio-availability, and a range of phyto-cannabinoids and other biologically active compounds which are not measured or controlled for in production.
- Physicians who recommend use of cannabis for “medical” purposes should be fully aware of the risks and liabilities inherent in doing so.

The APA does not endorse cannabis as medicine.