



## Medical Marijuana

### OVERVIEW

In recent years, states have enacted laws, passed ballot measures, and adopted public policies supporting the use of medical marijuana and the use of cannabis oil to treat seizure disorders in children. The approved conditions that marijuana can treat, the amount of marijuana that the patient can possess, the cultivation process, and registration requirements vary widely.

Marijuana is classified a schedule I drug by the US Drug Enforcement Agency (DEA), signifying the drug has a high potential for abuse, no accepted medical use, and there is a lack of accepted safety for use of the drug or substance under medical supervision. Cannabinoids, which are components of marijuana, have been proven to be effective in treating of specific conditions in adults including nausea, vomiting, and chronic pain conditions. Currently, 3 pharmaceutical cannabinoids have been approved by the US Food and Drug Administration (FDA). Though anecdotal accounts have shown that certain cannabinoids could benefit children with certain chronic debilitating diseases, there has been no published studies about the effects on cannabinoids on the pediatric population.

### AAP POSITION

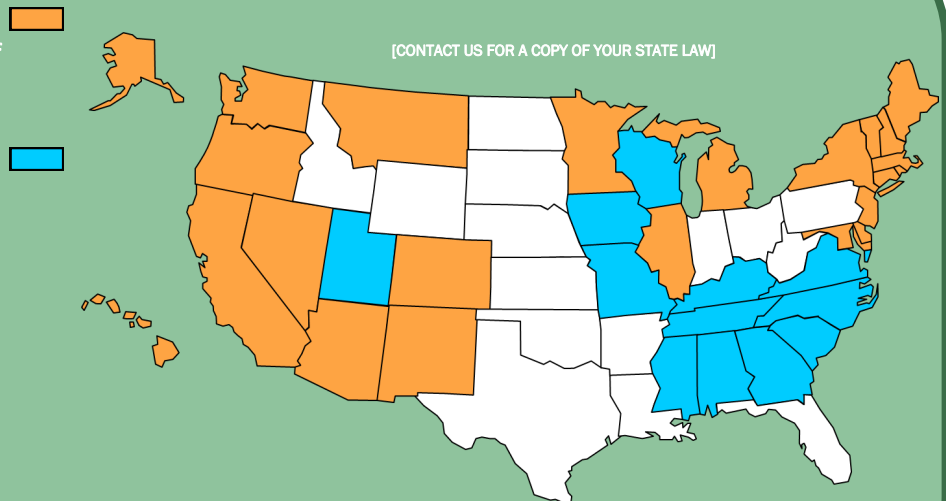
- The AAP opposes “medical marijuana” outside the regulatory process of the US Food and Drug Administration (FDA).
- The Academy recognizes that anecdotal accounts have shown that certain marijuana compounds could benefit some children with chronic life-limiting, debilitating conditions. For this reason, the AAP strongly supports research and development of pharmaceutical cannabinoids and supports a review of policies promoting research on the medical use of these compounds. The AAP recommends changing marijuana from a Drug Enforcement Agency (DEA) schedule I to a schedule II drug to facilitate this research.
- In states where marijuana is sold, either for medical or recreational purposes, regulations should be enacted to ensure that marijuana in all forms is distributed in childproof packaging to prevent accidental ingestion.

## FACTS

- There are currently no published studies on the efficacy of marijuana as a medication in children.
- While there are studies that have shown chemicals in marijuana do help patients with some chronic conditions, these studies have been done on adults. Children may respond differently.
- Marijuana edibles, particularly those that look like baked goods or candy, present a poisoning risk to children. All forms of marijuana should be sold in childproof packaging to prevent unintentional ingestions.
- No drug should ever be administered through smoking. Smoking marijuana has a well-documented negative effect on lung function.
- Because marijuana is not regulated by the FDA and the purity and THC content cannot be consistently verified, the risk-benefit cannot be determined.

## PROGRESS

- 23 states and DC— laws allowing the use of “medical marijuana”
- 12 states—laws allowing the use of cannabis oil to treat seizures in children



Pending Legislation:  
[2015 StateTrack Profile: Medical Marijuana](#)

## MORE

- [AAP Policy Statement: The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update](http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-4146)
- [AAP Technical Report: The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update](http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-4147)
- [State Marijuana Laws Chart](http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/State%20Marijuana%20Laws.pdf)
- [Smart Approaches to Marijuana \(SAM\)](http://learnaboutsam.org/)
- [American Lung Association: Marijuana](http://www.lung.org/associations/states/colorado/tobacco/marijuana.html)
- [National Institute on Drug Abuse \(NIDA\)](http://www.drugabuse.gov)