



# MALAYSIAN PSYCHIATRIC ASSOCIATION

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## PRESS STATEMENT REGARDING CANNABIS AND ITS RECREATIONAL AND MEDICINAL USE

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The recent conviction of a man who handled cannabis oil purportedly for its medicinal benefits has sparked intense discussions regarding the benefits and risks of cannabis use. The Malaysian Psychiatric Association (MPA) feels obliged to clarify its stand amid the waves of opinions from the proponents and opponents of medicinal cannabis.

There are over 500 natural components in the plant *cannabis sativa*, and over 100 components are unique to the plant, i.e. cannabinoids. The most well-known cannabinoid is delta-9-tetrahydrocannabinol (THC) which was isolated in 1964 in Israel. THC is responsible for the psychoactive properties of cannabis and the reason why countless individuals use cannabis recreationally. The second known cannabinoid is cannabidiol (CBD) which has medical potential without being psychoactive. Non-cannabinoids such as terpenoids or terpenes provide the aroma and flavor of cannabis.

Cannabis use has long been documented in the annals of history, and Emperor Shen Nung (2700 BCE) has even utilized its therapeutic properties for numerous ailments such as rheumatic pain and constipation. The emperor also noted adverse psychological effects when the cannabis is taken in excess over a long period.

Currently, in Malaysia, cannabis and its related products fall under Schedule 1 of the Dangerous Drug Act (DDA) (1952) which prohibits the importation, cultivation, possession, transfer, and its use. Under Section 37 (*da*) of the DDA, the possession of cannabis and cannabis resin of 200 gram or more is punishable with the death sentence, if found guilty.

If a person is found guilty for drug consumption under Section 6 of the Drug Dependents (Treatment and Rehabilitation) Act (1983), the courts will sentence the individual either to undergo compulsory rehabilitation ran by the National Anti-Drug Agency (AADK) or to undergo supervision by an AADK officer.

The primary diagnostic classifications used in psychiatry and mental health such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) have criteria to diagnose cannabis use disorder/dependence and other cannabis-induced disorders, including intoxication and withdrawal.

Any individuals regularly using high amount of cannabis, have a high-risk of developing dependency (Hall and Pacula, 2003). Meanwhile, many regular and chronic cannabis users commonly have a higher risk of developing psychiatric disorders such as psychosis, anxiety and mood disorders (Van et al., 2002). Early cannabis use, especially among adolescents and young adults can predispose susceptible individuals to develop primary psychotic disorder such as schizophrenia (Weiser and Noy, 2005). There is also the risk



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of neurocognitive impairment among those who use cannabis at a young age (Schweinsburg, Brown and Tapert, 2010).

These possible harms did not stop the scientific advancement to uncover the medicinal properties of cannabis. Research have shown useful cannabinoids uses in managing medical conditions such as multiple sclerosis and glaucoma (Grotenhermen and Müller-Vahl, 2012), treatment-resistant, and certain forms of epilepsy (O'Connell, Gloss and Devinsky, 2017), chronic and neuropathic pain (Fine and Rosenfeld, 2013) and chemotherapy-induced nausea and vomiting (Grotenhermen and Muller-Vahl, 2012).

THC which is the psychoactive part of cannabis may have a possible role in alleviating nausea, vomiting, and pain, while CBD may be utilized in the management of seizure, anxiety, and psychosis.

Although there is on-going public interest, the potential medical use is still under scientific investigations. There is still a large gap of knowledge regarding medicinal cannabis. The evidence to support the efficacy, effectiveness and safety of medicinal cannabis is still weak. A recent systematic review and meta-analysis by Whiting et al., (2015) showed an improvement of symptoms associated with cannabinoids use in 79 studies. However, this association did not reach statistical significance in the clinical trials. The other controversies surrounding medicinal cannabis include legal, ethical and societal implications of its use, safe route of administration, storage and dispensing and adverse medical and health consequences (Bridgeman et al., 2017).

Thus, the MPA would like to urge for the setting-up of a review committee on medicinal cannabis in Malaysia before any final decision. The multi-disciplinary committee should consist of the medical and legal professionals, academicians and researchers, and the other stakeholders in the community. Further local high-quality research and clinical trials should be encouraged to determine the acceptance and indications of medicinal cannabis in Malaysia. A revision of the legal and healthcare system should be in place to accommodate medicinal cannabis in the community. Finally, medicinal cannabis use should follow the same rigorous process as any other new medications to ensure the acceptable level of its effectiveness and safety before its availability to the public.

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