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Letter to the Editor

Legalisation of medicinal marijuana in Perú[☆]

Legalización de la marihuana medicinal en el Perú

Dear Editor,

Cannabis, commonly called marijuana, contains two main phytocannabinoids: cannabidiol (CBD) and delta-9-tetrahydrocannabinol (THC), which has psychoactive properties; the potency and type of cannabis are determined by the concentration thereof and the THC/CBD ratio.¹ Marijuana is the most commonly used illegal drug in the world. In recent years, it has gone from being prohibited all over the world to being legalised for medicinal or even recreational use in several countries, such as Uruguay, and some states in the United States.²

The past few years have seen a surge in the myth that marijuana is not an addictive substance; in fact, around 10% of users become addicted. Furthermore, there is limited evidence for its medicinal use in diseases such as anxiety, glaucoma, multiple sclerosis to treat spasticity symptoms, Tourette syndrome to treat symptoms of that condition, HIV/AIDS to increase appetite, and post-traumatic stress disorder. Substantial evidence has been found only for the treatment of chronic pain and chemotherapy-induced vomiting.³ In addition, multiple studies have confirmed its association with the development of schizophrenia, bipolar disorder, hypomania, depression and suicide, as well as gradual thinning of the cerebral cortex. These harmful effects indicate that marijuana should not be considered a medicinal drug.³

Peru tends to update its legislation and adopt laws with similarities to laws in first-world countries. Thus Law No. 30681, regulating medicinal and therapeutic use of cannabis and its derivatives, was approved in 2019.⁴ This law indicates that the Dirección General de Medicamentos, Insumos y Drogas [Peruvian General Directorate of Medicines, Supplies and Drugs] (DIGEMID) is the competent authority for issuing production, import, marketing and oversight licenses. However, the published regulation does not specify the types of disease that will be treated with medicinal marijuana, whether this

will depend on DIGEMID through the Peruvian national registry of patients who use cannabis or whether this will be at the discretion of the treating physician. This creates uncertainty as to who will prescribe it.

Around the world, the most flexible legislation around marijuana has demonstrated consequences that carry more risks than benefits. If marijuana is to be used in Peru, then measures should be adopted in accordance with the experiences of countries where the medicinal use thereof is backed by scientific evidence confirming safety and efficacy, as the Peruvian population continues to have misconceptions about medicines and DIGEMID does not have the organisation and resources needed⁵ to ensure its appropriate use. There is an initiative under way in Peru to legalise self-cultivation. This could result in excessive and altered production of medical marijuana, as this practice is prohibited in some countries of the European Union due to the difficulties of controlling THC/CBD concentrations in cultivated plants. Synthesis of these phytocannabinoids is influenced by growing conditions (especially light), the timing of harvesting, the part of the plant used and the ways in which the plant is stored and processed.⁶

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