

Public Policy Statements of ASAM and WMS on Cannabis and Cannabinoids (American Society of Addiction Medicine and Wisconsin Medical Society)

How they were developed
Why they were developed
What they actually say

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Issues Surrounding Marijuana Legalization

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Disclosures

Alkermes, a pharmaceutical firm	Honoraria for participation in training to be member of Speaker's Bureau, and for Speaker's Bureau presentations
Braeburn Pharmaceuticals, a pharmaceutical firm	Stipend for participation in Physician Advisory Board
BioDelivery Sciences International (BDSI), a pharmaceutical firm	Stipend for participation in Physician Advisory Board Honoraria for participation in training to be member of Speaker's Bureau, and for Speaker's Bureau presentations
Curry Rockefeller Group, a marketing consulting firm	Consulting: advising on content of patient education materials for newly marketed pharmaceutical Consulting: advising on content of post-marketing survey of patients receiving a pharmaceutical Consulting: preparation of presentations for national medical educational conferences

What are the issues?

- Cannabis use – especially in youth
- Cannabinoid use – especially in youth
- Medical and psychiatric aspects of use
- Addiction
- Decriminalization
- Legalization
 - For “medical” purposes
 - For any use/possession/commercial sale

Background

In recent years, many states have considered or enacted policies to legalize cannabis use. As of this writing, Alaska, Colorado, Oregon, and Washington and Washington D.C. have legalized cannabis use for adults, and 23 states and Washington D.C. have legalized cannabis for non-FDA-approved medicinal uses under state law. This expansion of access to legal cannabis use has occurred partly because of the perception among the public and lawmakers that marijuana use is harmless or that the harms are not significant, especially compared to the harms associated with the use of currently legal drugs, alcohol and tobacco.

ASAM Public Policy Statement on Marijuana, Cannabinoids and Legalization

- **Cannabis is a plant** that has been used as a psychoactive recreational drug for a century in the United States and for longer in other cultures. **The primary psychoactive compound in cannabis is delta-9-tetrahydrocannabinol (THC)**, which is a partial agonist at cannabinoid receptors in the body.
- **Other synthetic cannabinoid receptor agonists**, such as JWH-018 and HU-210, have recently been gaining popularity as psychoactive substances; they are full agonists at cannabinoid receptors and are more potent than THC and seem to have more intense and toxic clinical effects.

Background

...Recent research has revealed numerous medical harms associated with cannabis use, not the least of which is the likelihood of developing addiction related to cannabis use. As such, this increasing public access to legal cannabis use calls for a response from the field of addiction medicine.

ASAM Public Policy Statement on Marijuana, Cannabinoids and Legalization

- **In addition to the risk of developing addiction, several other harmful long-term effects of marijuana use on health have been documented**, including adverse psychiatric effects from its use.
- Cannabis is most commonly consumed through smoking, a route of drug delivery that predictably has a variety of negative effects on pulmonary function. Short-term exposure to marijuana smoking is associated with bronchodilation, while long-term marijuana smoking is associated with increased respiratory symptoms suggestive of obstructive lung disease.

ASAM Public Policy Statement on Marijuana, Cannabinoids and Legalization

- An increasingly popular route of administration for THC has been the incorporation of marijuana into **edible products**, including baked goods, candies and marijuana-infused beverages, which are readily available at retail outlets in states that have legalized cannabis use.
- Marijuana contains at least 85 distinct cannabinoids, several of which are being investigated for their **potential therapeutic value**. Herbal marijuana is also increasingly sought out for its purported medicinal effects.

Background

ASAM's intention in developing the current policy statement is to assist health care professionals and the general public, as well as policy makers and the media, to better appreciate current evidence about the biology and health aspects of the use of cannabis, cannabis products, and synthetic cannabinoids. The overall response of American society to cannabis use is undeniably relevant to the medical and public health communities as they address the health aspects of human use of such products.

Background

In light of the evolving legal landscape surrounding cannabis in the United States, which is giving rise to increased availability and use of cannabis and cannabis products, ASAM's viewpoint is that **it is imperative that Americans promote and adopt public policies that protect public health and safety** as well as protect the integrity of our nation's pharmaceutical approval process, which is grounded in well-designed and executed clinical research.

One of the suggested solutions to problems of criminalization is legalization. In its extreme, legalization includes legal commercialization, with for-profit entities manufacturing, distributing, marketing, and wholesaling cannabis and psychoactive cannabis products for retail sale. The image of major corporations entering “the business” of marijuana is disturbing in its similarity to the presence of major corporations in the promotion and sale of tobacco products.

Quite different from a policy of legalization is a policy of decriminalization, in which possession and personal use of cannabis and cannabis products is not tied to criminal penalties.

One version of decriminalization has criminal penalties for possession and personal use reduced to lesser offenses such as misdemeanors; but this still results in those convicted of possession having criminal records which can lead to lifelong discriminations against them.

Quite different from a policy of legalization is a policy of decriminalization, in which possession and personal use of cannabis and cannabis products is not tied to criminal penalties.

Another version of decriminalization would reduce penalties for possession and use to civil offenses only (non-criminal citations, “tickets,” or fines), which could be linked to contingencies that would promote public health, such as mandatory clinical assessments, health education related to substance use and substance use disorders, and referral to addiction treatment when indicated.

Policy Recommendations

1. ASAM supports the “decriminalization” of marijuana, which would reduce penalties for marijuana possession for personal use to civil offenses linked to contingencies, such as mandated referral to clinical assessment, educational activities, and, when indicated, formal treatment for addiction or other substance-related disorders.

Policy Recommendations

- 2. ASAM does not support the legalization of marijuana and recommends that jurisdictions that have not acted to legalize marijuana be most cautious and not adopt a policy of legalization until more can be learned from the “natural experiments” now underway in jurisdictions that have legalized marijuana.**

Policy Recommendations

3. ASAM recommends that jurisdictions that have already legalized marijuana or that may act to legalize it in the future implement the following public health and safety measures to minimize potential harms to vulnerable populations. ASAM encourages addiction medicine physicians to champion the implementation of these safeguards in all jurisdictions where marijuana has been legalized or may be legalized in the future.

Policy Recommendations

3. ASAM recommends ... the implementation of these safeguards in all jurisdictions where marijuana has been legalized or may be legalized in the future.
 - a) Prohibit the legal sale of marijuana products to anyone younger than 25 years of age.
 - b) Prohibit marketing and advertising to youth, akin to the current restrictions on tobacco product advertising.
 - c) Require that products made available for retail sale be tested for potency and clearly labeled with THC content.

Policy Recommendations

- d) Require rotating warning labels to be placed on all marijuana and marijuana products not approved by the U.S. Food and Drug Administration (FDA) which are offered for sale in retail outlets, stating, “Marijuana use increases the risk of serious problems with mental and physical health, including addiction,” or “Marijuana should not be used by pregnant women or persons under age 25,” or “Marijuana should not be used by persons prior to operating motor vehicles and heavy machinery.”

Policy Recommendations

- e) Require that marijuana products (such as edibles and beverages) be sold only in child-proof packaging and be accompanied by the mandatory distribution of educational flyers regarding the risks of overdose and poisoning in cases of accidental ingestion by children or household pets.

Policy Recommendations

- f) Earmark taxes placed on marijuana and marijuana product sales, wholesale or retail, such that a majority of tax revenues are required to be devoted to public education about addiction, prevention of addiction, health effects of cannabis and synthetic cannabinoid use, prevention of initiation of cannabis and cannabinoid use by youth, addiction treatment, or research on the health risks and potential benefits of marijuana, “natural” cannabinoids, and synthetic cannabinoids

Policy Recommendations

- g) Limit marijuana and marijuana product sales to state-operated outlets, akin to Alcohol Beverage Control regulations existing in several states and Canadian provinces, which preserve both public access and the potential for governmental revenues linked to sales, while limiting the broad commercialization of public sale of potentially harmful but brain-rewarding products. (FYI: 16 ABC states in USA as of 2016)

Policy Recommendations

- g) Implement public awareness campaigns which highlight the risks of marijuana use to discourage vulnerable populations, including youth (i.e., adolescents and young adults), individuals with mental illness, and those with a history of addiction involving alcohol or other drugs, from using marijuana products.

Policy Recommendations

- 4. ASAM supports the use of cannabinoids and cannabis for medicinal purposes only when governed by appropriate safety and monitoring regulations, such as those established by the FDA research and post-marketing surveillance processes.**
 - a) ASAM supports the medicinal use of pharmaceuticals that contain cannabinoids that have gone through the FDA-approval process.

Policy Recommendations

4. **ASAM supports the use of cannabinoids and cannabis for medicinal purposes only when governed by appropriate safety and monitoring regulations....**
 - b) ASAM asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same safety and efficacy standards that are applicable to other prescription medications and medical devices. Such products should not be distributed or otherwise provided to patients unless and until they have received marketing approval from the FDA.

Policy Recommendations

- c) In general, any product purported to be medicine should have the appearance of medicine, such as a pill, capsule or wafer, and should not appear to be candy or food.
- d) Physicians who recommend marijuana use** to patients should do so within the context of a patient-physician relationship that includes the creation of a medical record, and follow-up visits to assess the results of physician-recommended clinical interventions so that treatment plans can be amended, as indicated.

Policy Recommendations

- e) ASAM rejects smoking as a means of drug delivery.

Policy Recommendations

5. ASAM does not support the legalization of synthetic cannabinoid receptor agonists. ASAM supports the establishment of legal controls on the manufacture and sale of synthetic cannabinoid receptor agonist compounds within the framework of controlled substances laws for other highly addictive compounds.

Clinical Recommendations

- 1. ASAM recommends that addiction medicine physicians and other clinicians educate their patients about the known medical risks of marijuana use, including the use of and accidental exposure to edible products, and the risks of use of synthetic cannabinoid receptor agonists.**
- 2. ASAM recommends a significant expansion of opportunities for youth with cannabis use disorder to receive medically necessary treatment as well as for youth to receive appropriate clinical preventive services related to cannabis use, and that private and public insurance coverage be available for youth to be able to access such services.**

Clinical Recommendations

3. **ASAM supports the consensus of most addiction professionals that clinicians should counsel persons suffering from addiction about the need for abstinence from marijuana and synthetic cannabinoids and the role of cannabis and cannabinoid use in precipitating relapse, even if the original drug involved in their addiction is a substance other than marijuana.**
4. **ASAM supports the expanded establishment of clinical entities such as Student Assistance Programs in middle schools, high schools, and post-secondary schools, including professional schools, which offer health promotion approaches and support services to persons, especially youth, who have been identified as having cannabis or cannabinoid use disorder or other unhealthy use of such substances.**

Clinical Recommendations

- 5. ASAM recommends that medical professional societies educate the public, the media, and public policy makers that there is no such thing as a legal “prescription” for marijuana and that laws enacted to date provide for physicians to authorize “permits” for use and possession and nothing more.**

Professionalism Recommendations

1. ASAM asserts that in states where physicians are placed in the gate-keeping role of authorizing marijuana use permits, professional licensure authorities should take steps to ensure that physicians who choose to discuss the medical use of cannabis and cannabis-based products with patients:

- a) Are able to have good-faith discussions with patients without conversations on such topics between clinicians and patients being considered illegal or unprofessional acts.

Professionalism Recommendations

- b) Adhere to the established professional tenets of proper patient care, including
 - i. History-taking and good faith examination of the patient;
 - ii. Development of a treatment plan with clinical objectives;
 - iii. Provision of informed consent, including discussion of potential adverse drug effects from use;
 - iv. Periodic review of the treatment's efficacy;
 - v. Consultation, as necessary, with other clinical colleagues; and
 - vi. Proper record keeping that supports the clinical decision to recommend the use of cannabis.

Professionalism Recommendations

- c) Have a *bona fide* patient-physician relationship with the patient, i.e., should establish an ongoing relationship with the patient as a treating physician when there is not a pre-existing relationship, and should offer recommendations regarding the use of marijuana within the context of other indicated treatment for the patient's condition; they should not offer themselves to the public as solely a permit-authorizing individual;
- d) Ensure that the issuance of "recommendations" is not a disproportionately large aspect of their practice;
- e) Have adequate training in identifying addiction and unhealthy substance use.

Research Recommendations

- 1. ASAM supports research on marijuana, the various cannabinoids present in marijuana, and synthetic cannabinoid agonists and antagonists, including both basic science and applied clinical studies, as well as the development of pharmaceutical-grade cannabinoids.** The mechanisms of action of marijuana and its constituent compounds, its effect on the human body, its addictive properties, and any appropriate medical applications should be investigated....and the results made known for clinical and policy applications. Research should be expanded on functional impairments associated with use of cannabis and related substances including effects on driving, how to distinguish impaired driving due to cannabinoids from impaired driving due to other factors, and effects on educational and occupational performance.

Research Recommendations

- a) Research should receive increased funding and appropriate access to marijuana for study.
 - i. ASAM recognizes that research into the medical benefits of marijuana is not within the remit of the National Institute on Drug Abuse (NIDA) and encourages other NIH institutes to sponsor additional research on the potential medicinal properties of cannabis and cannabinoids related to specific disease states.
 - ii. ASAM supports the expansion of NIH-approved research sites to grow different strains of marijuana with varying composition and concentration of specific cannabinoids. Thus, ASAM believes NIH should be able to grant multiple contracts to grow marijuana for research purposes.

Research Recommendations

- 2. ASAM recommends that the federal and state governments establish robust health surveillance related to marijuana use.** The data should be made available to public health and health policy researchers to understand the public health impact of marijuana use as well as the relative effectiveness of different policy levers to discourage use among vulnerable populations, especially adolescents and young adults, persons with mental illness, and persons with pre-existing substance use disorders.

WMS Policy -- 2011

ALT-001: Medical Marijuana

1. The Wisconsin Medical Society (Society) recommends that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which pre-clinical, anecdotal or controlled evidence suggests possible efficacy including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia and neuropathic pain, and that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies. Smoked marijuana should not be used for therapeutic reasons without scientific data regarding its safety and efficacy for specific indications.

WMS Policy -- 2011

ALT-001: Medical Marijuana

2. The Society urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include:

- a. Disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of a model of informed consent on marijuana for institutional review board evaluation.
- b. Sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes.
- c. Confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.

Thank you!

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