Medical Marijuana: The ASAM Response

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Medical Marijuana: The ASAM Response

Content used with permission from:

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  and

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  President, Institute for Behavior and Health

  First Dir. Of NIDA ('73-'78)

Medical Marijuana: The ASAM Response

- From 1967 the “summer of love” and the messages from “Reefer Madness” to
- The 21st century and growing acceptance of marijuana as “medical therapy.”

- We now see approval for medical use by more than 25% of US states, 15 states plus D.C.
- Montana considering repeal as of 3/11.

- A serious effort to change an underground economy into a taxable source of revenue.

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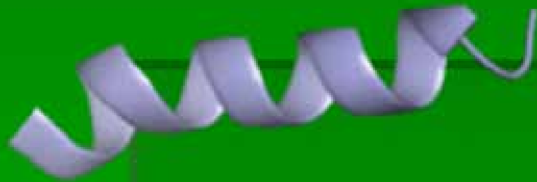
- According to SAMHSA 41% of US population over 12 has used marijuana in their lifetime *(SAMHSA 2010).*
- As Boomers age more likely to continue marijuana use than younger generations.
- No definitive data, estimates based on estimates- 577,712 registered users
- Synthetic cannabinoids, e.g. Marinol, used for pain management.

Endocannabinoid Receptor 1 - Brain



NMR solution structure of a peptide mimetic of the 4th cytoplasmic loop of the CB1 cannabinoid receptor based on the PDB 2b0y coordinates.

CB1 receptors are distributed throughout the brain. Concentrated In hippocampus, amygdala, basal ganglia, cerebellum, nucleus accumbens and anterior and posterior cortex.

Struttura dei recettori CB1 • e CB2 •

CB2 generally located peripherally modulates huge variety of brain functions-short term memory, learning, appetite, anxiety-fear, pain & spontaneous motor activity. (Horkenban '90)

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- Endocannabinoid System
- Massive- at least 10% larger than endorphin system
- Suspected to be neuromodulating, not neurotransmitting…debate continues
- Enhances or dampens input
  - i.e. hunger-munchies
  - Short term memory decline *(Cermak, 2010)*

- Extensive system of nerves in the brain communicate with each other using the same basic chemistry found in marijuana.

- The cannabinoid receptors are found in higher concentrations than any other receptor in the brain.

- Endocannabinoid system acts essentially in about every physiological system people have looked into. Appears to be a very central system.

D. Brown ‘05-’06.

CNS Side Effects Delta-9THC

- Pulmonary
- Immunosupression (macrophages)
- Reproductive dysfunction
- Endocrine Modulation
- Intraocular pressure and
- Effects on the digestive system

Only subtle immunosupression noted in humans R.Pertwa '93

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<u>Lifetime Drug Dependence</u>

- Tobacco 24.1%
- Alcohol 14.1
- Marijuana 4.2
- Stimulates 1.7

(Budney 2010)

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Reported Health Benefits?

- Pain relief
- Control of nausea and vomiting
- Appetite stimulation

Institute of Medicine 1999

Anecdotal

- Glaucoma
- Migraines
- Multiple Sclerosis

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Peer Reviewed Studies:

• US denied applications for scientific studies until recently- early 2000s

•Animal studies not included-

•Man-made, Marinol, Nabilone, Cannabinor etc. not included.

Peer Reviewed Cannabis Studies with Humans

	PRO	UNCLEAR	CON	Totals
	# Studies	# studies	# studies	
Double Blind	11	7	2	20
Other	17	16	12	45
Totals	28	23	14	65
%	43	35	22	100

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Serious Considerations:

- State legislation conflicts with Federal leg.
- Workplace issues
- Potential for dependence
- Not advised for adolescent use

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Workplace Concerns:

- Absenteeism
- Job performance in safety-sensitive positions
- Testing problems due to slow metabolization of active ingredients
- Compare with use of opioids, alcohol and cannabinoids

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Adolescent Concerns

- Brain still developing
- Marijuana mimics brain's chemistry
- Hormonal imbalances suspected
- Higher risk of lifetime dependency
- Cognitive functioning abnormal for up to 30 days following heavy use
- Academic performance decline
- Psychosocial development delay and distorted by substance abuse-disrupts brain maturation

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California Society of Addiction Medicine:

- Frequent use of marijuana disrupts the brain's chemical balance
- Addiction in ~9% of adult onset smokers
- Addiction in up to ~17% teen onset smokers

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American Society of Addiction Medicine (ASAM)

- White Paper Report on Medical Marijuana released 3/11.

- New legislation or ballot initiatives permit marijuana use for certain medical conditions.
- Does not change legality under federal law
- Increases availability through dispensaries, local grow operations and "caregivers"

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- Medical marijuana is NOT a prescription medication.
- Available at dispensaries with a MMJ card received at the recommendation of use by a physician.
- Synthetic THC- Marinol is available only by prescription at pharmacies.

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- "If there is a future for cannabinoids or analogues, it is as a real medicine in a closed system that uses science to establish safety and efficacy and uses a distribution system that reduces diversion and promotes accountability."

Robert DuPont MD

ASAM Public Policy Statement on Medical Marijuana

ASAM asserts:

- Cannabis, cannabis-based products and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices.
- Products should not be distributed or used unless or until they have received marketing approval by the FDA.
- Rejects smoking as a means of drug delivery system because it is not safe.
    - ASAM 2010

ASAM Public Policy Statement on Medical Marijuana

ASAM asserts:

- Recognizes the supremacy of federal regulatory standards for drug approval and distribution.
  - States should not enact more permissive regulatory standards
  - ASAM discourages state interference in the federal medication approval process
- ASAM rejects approval of medicines through state and local ballot initiatives.

ASAM Public Policy Statement on Medical Marijuana

ASAM asserts:

- Recommends its members and other physician organizations reject responsibility for providing access to cannabis and cannabis-based products until they receive FDA approval.
- Physicians in MMJ states have an obligation to help licensing authorities assure these physicians who chose to discuss medical use of cannabis and cannabis-products with patients adhere to the established professional tenets of proper patient care"

ASAM 2010

ASAM Public Policy Statement on Medical Marijuana

Tenets of proper patient care:

- History and good faith examination of the patient.
- Development of a treatment plan with objectives.
- Provision of informed consent, including discussion of side effects.
- Periodic review of treatment's efficacy.
- Consultation as necessary.
- Proper record keeping that supports the decision to recommend the use of cannabis.

ASAM 2010

ASAM Public Policy Statement on Medical Marijuana

Assure the physicians:

- Have a bona fide physician-patient relationship.
- Ensure that the issuance of "recommendations" are not a disproportionately large (or exclusive) aspect of their practice.
- Not issue a recommendation unless the physician has adequate information regarding the composition and dose of the cannabis product.
- Have adequate training in identifying substance abuse and addiction.

ASAM 2010

ASAM White Paper Conclusion

- All cannabis-based and cannabinoid medications should be subjected to rigorous scrutiny of the FDA process.
- This provides important protections to patients making sure they:
  - Are standardized by identity, purity, potency and quality
  - Accompanied by adequate directions for use in the approved medical indication
  - Have risk/benefit profiles defined in well-controlled clinical trials.

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The California Society of Addiction Medicine (CSAM) Recommendations:

- Minimize access to minors
- Treat teen abusers, don't punish
- Fund treatment from marijuana sales
- Place warning labels on smoking items
- Regulate marketing, distribution, sales
- Evaluate impact of legislation
- Address DUI measures

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The 5 Ds for appropriate prescribing:

- Diagnostics- following a good faith exam
- Dosage
- Duration
- Dependence
- Discontinuation

- Compare with over prescribing of opioids.

Smith and Wesson, 1990

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"Herbarium Hustles" *David Smith MD*

- Lack of licensing and regulation allows for abuse of eligibility requirements.
- Cursory exams for recommendations
- Poor verification of Physician letters
- Inadequate patient verification
- High "thug factor"

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"Institute for Behavioral and Health, Inc. formed in 1978 is a non-profit working to reduce illegal drug use with the power of good ideas supported by effective policies and programs."

Based on ASAM recommendations IBH offers these guidelines to physicians:

- Have an established relationship with patient of at least one year.
- Function as the primary treating MD for the condition for which marijuana is being considered
- Register with the state and report annually to the board of medicine the number of recommendations provided

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Based on ASAM recommendations IBH offers these guidelines to physicians: (con't)

- Physician oversight:
  - For more than 20 patients annually the state Attorney General and or state medical board should be required to automatically investigate the practice to ensure appropriate standard of care
  - Recommendations for MMJ should be reported, tracked and accessed in the same manner as a prescription for a controlled substance

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Based on ASAM recommendations IBH offers these guidelines to physicians: (con't)

When should physician be permitted to recommend MMJ?

- Only after pt. has tried all relevant medications approved by the FDA and non-pharmaceutical treatments.
- Including FDA approved dronabinol, the synthetic form of delta-9-tetrahydrocannabinol- the primary active ingredient in marijuana.

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Based on ASAM recommendations IBH offers these guidelines to physicians: (con't)

Patient education

- Physicians must demonstrate pt. is well informed about scientific literature on use of MMJ for the condition in question.
- Demonstrate pt. understanding of adverse side effects of different methods of administering marijuana.
  - Should never recommend use of smoked marijuana due to well-documented pulmonary and other harms.

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Based on ASAM recommendations IBH offers these guidelines to physicians: (con't)

Patient education and Recommendations:

-Physician must document in medical record the patient was warned MMJ may hinder ability to drive or operate other dangerous machinery.

- Physician should see patient "face to face" every three months at a minimum to asses patient.
- All due cautions apply if patient has a history of substance abuse/dependence-drug tests indicating a problem should end recommendation for MMJ.

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ASAM does not recognize marijuana as a medical treatment for any condition.

IBH encourages research for FDA review and approval on the individual chemicals or standardized plant extracts for developing potential new prescription medications.

"Medical Marijuana should be held to the same standard for all other medications" R. DuPont MD

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Resources: **A Partial List.**

Please see ASAM White Paper Report for extensive bibliography.

www.ASAM.org/pdf/advocacy/medicalmarijuanawhitepaper20110314.pdf

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www.IBHinc.org

Thank You!

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