

Cannabis Use for Medical Conditions Policy Statement

POSITION

The Association of State and Territorial Health Officials (ASTHO) acknowledges the substantial role of state and territorial health agencies in providing oversight of the ever-expanding medical cannabis programs across the country. The use of cannabis for medical conditions is an important public health issue as more jurisdictions allow such use and give health agencies regulatory responsibility over the programs.

As states implement or expand medical cannabis programs, state and territorial health agencies can provide effective and adequate oversight of medical cannabis programs through the development and adoption of policies and practices that increase research on medical cannabis use, improve patient and provider awareness of cannabis use risks, and ensure a skilled public health workforce tasked with overseeing medical cannabis programs.

This policy statement does not endorse the use of cannabis for medical conditions but seeks to address certain issues within states that have approved the medical use of cannabis.

BACKGROUND

State and territorial health department have a range of responsibilities related to the use of cannabis for medical conditions and are often the primary agency responsible for administering their jurisdiction's medical cannabis program and associated regulations. Responsibilities may include the licensing and certification of cannabis cultivation and dispensary facilities, licensing and certification of cannabis-infused product manufacturing facilities, licensing and certification of cannabis testing facilities, establishing testing and laboratory standards for medical cannabis products, overseeing the environmental impact of cannabis cultivation and waste, and administering patient and caregiver applications.^{1,2}

As of February 2021, 36 states, three territories, and the District of Columbia had authorized the cultivation, processing, dispensing, and possession of cannabis and cannabis products to individuals with certain qualifying or debilitating conditions. In general, these states grant those who grow, dispense, and use medical cannabis protections from criminal prosecution, allow access to cannabis through personal cultivation and/or licensed dispensaries, allow a variety of cannabis strains and products with a higher tetrahydrocannabinol (THC) concentration, and allow the smoking or vaporization of cannabis products, dried plant material, and/or extracts. These states are often categorized as having a comprehensive medical cannabis program.³ Thirteen other states allow the possession and use of or a legal defense to the possession and use of low-THC and/or cannabidiol (CBD) containing products for medical purposes. These states typically allow use for a more limited set of medical conditions, limit the forms of products allowed, and often do not provide for the public dispensing of the products.³

Summary of Recommendations:

- Support the facilitation and funding of additional research on the potential harms and benefits of cannabis use for medical conditions.
- Develop patient awareness and healthcare provider training programs.
- Support evidence-based standards for the determination of qualifying or debilitating conditions for which cannabis use is allowed, as well as the dosage limits for such conditions.
- Support the development of evidence-based standards for the testing of cannabis potency and contaminants.
- Ensure a skilled and adequate public health workforce to implement and enforce the regulatory frameworks.

Most low-THC or CBD states only allow cannabis use for epilepsy and seizure disorders. A few of these states allow use for a broader array of conditions.³ Thirty or more of the comprehensive jurisdictions allow cannabis to be used for chronic pain, multiple sclerosis, HIV/AIDS, epilepsy, and cancer.⁴ Other qualifying conditions (and the number of jurisdictions allowing them) include, cachexia (29), PTSD (28), glaucoma (27), chemotherapy-induced nausea and vomiting (24), inflammatory bowel disease (23), ALS (19), hepatitis C (14), and dementia (13).⁴ Fewer jurisdictions allow medical cannabis for traumatic brain injury, Tourette syndrome, anxiety, arthritis, and more.⁴ There is limited research on the effects of cannabis for medical conditions in part because of its classification as a Schedule I drug by the federal government. However, in 2017, the National Academy of Sciences (NAS) released a review of the existing research and found varying degrees of evidence supporting patient benefits from cannabis for certain medical conditions.⁵ In short, there is limited, insufficient, or no evidence to support the use of medical cannabis for the vast majority of qualifying conditions and limited evidence of inefficacy for a couple of conditions (glaucoma and dementia).⁵ The NAS report found conclusive evidence that cannabis is an effective treatment for nausea and vomiting in patients that are receiving chemotherapy and substantial evidence that cannabis can be effective in treating chronic pain and improving patient reported multiple sclerosis spasticity symptoms.⁵ Evidence was limited, and often derived from fair to poor quality, small, single studies, in showing the effectiveness of cannabis for treating symptoms associated with multiple conditions including appetite and weight loss in patients with HIV/AIDS, Tourette syndrome, anxiety associated with social anxiety disorders, and post-traumatic stress disorder.⁵ The report also found no or insufficient evidence that cannabis or cannabinoids were an effective treatment for multiple conditions including cancers, irritable bowel syndrome symptoms, epilepsy, amyotrophic lateral sclerosis symptoms, symptoms associated with Parkinson's disease, and schizophrenia.⁵

While the limited research shows possible positive effects for patients with certain conditions, negative health effects have also been observed. Long-term smoking of cannabis is associated with more frequent chronic bronchitis episodes and other respiratory symptoms.⁵ Other research shows the impact of cannabis use on pregnant and breastfeeding women and adolescents. For example, studies have found that THC can cross the placenta and is found in breast milk for up to 6 days from the last use of cannabis.⁵ Prenatal exposure to cannabis is associated with lower birth weights.⁵ Limited research also links cannabis use to developmental delays, impulse control and attention difficulties in children.⁵ Finally, in adolescents, acute cannabis use impairs learning, memory, and attention and there is evidence of an association between cannabis use and impaired academic achievement and education outcomes.⁵

The expanded availability of cannabis for medical use also brings forth the need for the accurate testing of THC and CBD potency as well as testing for contaminants such as pesticides, solvents, heavy metals, and microbiologicals. While some states and commercial enterprises have developed testing for potency and contaminants, there remains a need for standardized lab methods and levels. Achieving standardization is hampered by lack of federal participation, for example the U.S. Environmental Protection Agency, which regulates agricultural pesticide use has not approved any pesticide for use on cannabis or identified any residual pesticide levels that would be considered safe.

RECOMMENDATIONS

With regards to patient use of cannabis for medical conditions, ASTHO recommends:

1. Support for the facilitation and funding of additional research on the potential harms and benefits of cannabis use for medical conditions. Barriers to the clinical research of cannabis, including its current status under federal law, limits the evidence-base that is needed for the development of effective policies and practices to administer medical cannabis programs. A lack

of research also prevents healthcare providers from having a clearer understanding of when a patient may benefit from cannabis as well as the dosage and duration the patient needs.

2. Develop patient awareness and healthcare provider training programs to inform patients and providers about the risks of using medical cannabis. Such programs can help patients, particularly pregnant and breastfeeding women, parents, and adolescents, understand the risks of using cannabis and educate healthcare providers on the current research surrounding the use of cannabis.
3. Support evidence-based standards for the determination of qualifying or debilitating conditions for which cannabis use is allowed, as well as dosage and THC and/or CBD content guidelines for such conditions. The limited research on cannabis' impact on medical conditions can result in the addition of conditions which have patient or provider support, but no evidence supporting the benefits of cannabis use. Guidance should also be provided to healthcare providers on the dosage amounts for the allowed conditions.
4. Support the development of evidence-based standards for the laboratory testing of cannabis for accurate potency and contaminant levels. The lack of testing standards and federal assistance in developing the standards can result in patient exposure to unsafe contaminants and potency levels. Evidence-based standards should be provided to testing laboratories for safe potency and contaminant levels.
5. Ensure a skilled and adequate public health workforce to implement and enforce the medical cannabis regulatory frameworks. With state and territorial health agencies being responsible for much of the implementation and oversight of medical cannabis programs, adequate staffing of the programs is needed to safeguard against the potential harm of cannabis use. State and territorial health agencies need to be able to monitor and evaluate the health impact of medical cannabis programs and inform policymakers on the need for program changes.

APPROVAL DATES

Community Health and Prevention Policy Committee Approval: November 18, 2019

Board of Directors Approval: February 24, 2021

Policy Expires: February 29, 2024

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

¹ Missouri Department of Health & Senior Services. Medical Marijuana Regulation. Available at: <https://health.mo.gov/safety/medical-marijuana/index.php>. [Accessed 6 Jun. 2019].

² New Mexico Department of Health (2019). Medical Cannabis Program. [online] Available at: <https://nmhealth.org/about/mcp/svcs/> [Accessed 6 Jun. 2019].

³ National Conference of State Legislatures. State Medical Marijuana Laws. [online] Available at: <http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx#Table%202> [Accessed 8 Nov. 2019].

⁴ Boehnke KF, Gangopadhyay S, Clauw DJ, Haffajee RL. (2019). Qualifying Conditions of Medical Cannabis License Holders in the United States. Health Affairs, [online] 38(2), pp. 295–302. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6398594/> [Accessed 25 Jul. 2019].

⁵ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. Washington (DC): National Academies Press (US); 2017 Jan 12.