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NAADAC Position Statement on the Medical and Recreational Use of Cannabis

Editor's Note: This paper is the first of a multi-part series exploring NAADAC's position on cannabis.

Summary

Although state and local governments are increasingly legalizing recreational and medicinal cannabis use, NAADAC, the Association for Addiction Professionals, does not currently support the use of cannabis as medicine or for recreational purposes. It is imperative at this crucial time, as the laws and cultural norms pertaining to cannabis are shifting dramatically, that cannabis be subjected to the same research, consideration, and study as any other potential medicine pursuant to the standards of the U.S. Food and Drug Administration. We strongly encourage increased efforts to perform research that will allow evidence-based and scientifically supported policy changes pertaining to medicinal use of cannabis. Until the body of accepted research allows the scientific community to reach an evidence-based consensus on the effects of cannabis on the human brain and body, NAADAC is unable to support legislative or voter ballot initiatives to legalize cannabis for medical or recreational use.

Background

Cannabis is the most commonly used illicit drug in the United States, according to the 2015 National Survey on Drug Use and Health. Although use and possession of cannabis remains illegal pursuant to federal law, state and local governments across the Unites States are increasingly legalizing recreational and medicinal cannabis use. Addiction professionals are in the unique position to be able to recognize, diagnose, mitigate, and treat the detrimental effects of cannabis use. After much discussion and debate, NAADAC has arrived at the following position.

Evolving Legality of Use

As of March 2019, the medical use of cannabis is legal pursuant to local law in 33 states, the District of Columbia, and four U.S. territories, and the recreational use of cannabis is legal pursuant to local law in 10 states, the District of Columbia, and one territory. Another 13 states and one territory have decriminalized the possession and/or use of cannabis. Despite these local laws, possession and use of cannabis remains illegal under federal law pursuant to the Controlled Substances Act of 1970, under which it is classified as a Schedule I drug.

In 2013, under President Barack Obama, the U.S. Department of Justice (DOJ) issued the Cole Memorandum, which states that the DOJ would not enforce federal cannabis prohibition in states that "legalized marijuana in some form and ... implemented strong and effective regulatory and enforcement systems to control the cultivation, distribution, sale, and possession of marijuana," except where a lack of federal enforcement would undermine federal priorities, because of its "expectation that states and local governments that have enacted laws authorizing marijuana-related conduct will implement strong and effective regulatory and enforcement systems that will address the threat those laws could pose to public

safety, public health, and other law enforcement interests." In January 2018, the Cole Memorandum was rescinded by Attorney General Jeff Sessions during Donald Trump's presidency.

Research Obstacles

One hurdle cannabis researchers are facing is the legality – or lack thereof – of conducting their research. Even scientists who wish to conduct research on cannabis in states where it is legal may risk their DEA licenses or federal funding by performing that research.

The National Academies of Sciences, Engineering, and Medicine (NASEM) have identified three significant barriers to cannabis research, all of which are a direct result of the current federal laws related to cannabis.[1] The NASEM committee found that "[i]nvestigators seeking to conduct research on cannabis or cannabinoids must navigate a series of review processes that may involve the National Institute on Drug Abuse (NIDA), the U.S. Food and Drug Administration (FDA), the U.S. Drug Enforcement Administration (DEA), institutional review boards, offices or departments in state government, state boards of medical examiners, the researcher's home institution, and potential funders." [2] The long and arduous application process serves as a barrier to research, and has been found to discourage cannabis researchers from applying for grant funding or pursuing additional research efforts.[3]

Secondly, the NASEM committee found that the barriers to cannabis supply significantly limited the amount and scope of research that is taking place. All cannabis used for government-sanctioned research must be obtained through the NIDA Drug Supply Program, and NIDA's sole source of marijuana is the University of Mississippi.[4][5] As a result, researchers are limited in the types, strains, compositions, and forms of the cannabis that they receive to study. Researchers are not permitted, for example, to study the actual cannabis being sold quasi-legally across the majority of states. They are not permitted to conduct research regarding the potency or other side effects of the various means of ingesting cannabis, or investigate the differences between the various strains of marijuana that appear for sale in the marketplace. They are not permitted to test the concentrations of the various active ingredients or for the presence of any additives or contaminants in the cannabis that can be quasi-legally purchased in states across the country.

Thirdly, the NASEM committee found that there are limited funding opportunities through the National Institute of Health (NIH) and NIDA.[6] Increased funding opportunities are necessary for adequate research to take place.

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[1] 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.

[2] 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.

[3] Nutt DJ, King LA, Nichols DE. Effects of Schedule I drug laws on neuroscience research and treatment innovation. Nature Reviews Neuroscience. 2013;14(8):577–585.

[4] 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.

[5] In 2016, DEA put into place a mechanism by which other private entities could apply for permission to cultivate and distribute research-grade cannabis. Despite dozens of applications being submitted, as of December 2018, no other facilities have been approved. (Joseph, Andrew. "DEA decision keeps major restrictions in place on marijuana research." *STAT News* August 10, 2016. Retrieved from: https://www.statnews.com/2016/08/10/marijuana-medical-research-dea)

[6] 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.

Accordingly, it is NAADAC's position that the federal government must issue new guidance to provide legal protections for scientists studying cannabis and provide increased funding for this research to take place.

Necessity of Research & Research Findings

To date, the scientific community has not reached a consensus on how state and federal cannabis laws have affected the number of cannabis users (including if and how youth are affected) or any change in addiction rates. Results of individual studies vary, and often it appears there is competing information depending on which side of the cannabis legalization issue the organization supports.[7] However, it is clear that as cannabis is becoming increasingly legalized, it is becoming increasingly available. Individuals across the country are becoming increasingly able to purchase cannabis in a variety of forms and strengths from quasi-legal entities, including from store fronts, through delivery services, and via a medical prescription. This cannabis cannot be viewed as nor treated as a homogeneous drug or product. The levels of the various active ingredients are extremely varied among different strains and different means of ingestion. What the majority of this cannabis being purchased has in common is that it is not subject to the same research and investigation required of other drugs on the market.

As addiction professionals, we have a duty to our clients to educate ourselves on the most up-to-date evidence-based practices. This includes understanding the substances that our clients are using and/or abusing and their respective effects on the body. Because the vast majority of available cannabis has not been subject to evidence-based and peer reviewed research, clinicians do not have the best tools to treat their clients.

Notwithstanding the need for additional research, NAADAC recognizes and accepts the findings of the November 2016 Surgeon General's report on Facing Addiction in America 2016, as well as the January 2017 NASEM report cited above. However, even the evidence-based studies on which these groundbreaking reports are based are limited by their inability to include research and data regarding the specific strains and compositions of cannabis being purchased and consumed in the United States.

Potential Medicinal Use

Anecdotal and peer-reviewed scientific evidence indicates that cannabis and/or its components have medicinal benefits and can be used to treat a variety of medical conditions. In February 2019, the World Health Organization suggested reclassifying cannabis under international treaties to reflect its therapeutic properties. However, the therapeutic benefits continue to be disputed and no consensus has been reached by the medical or scientific community.

FDA has not approved cannabis itself to treat any medical conditions, but it has approved one drug containing cannabidiol, one of more than 80 active chemicals in marijuana, for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 2 years of age and older.[8] In

[7] Drug Policy Alliance. (2019). Does Marijuana Legalization Lead to Increased Use? Retrieved from http://www.drugpolicy.org/does-marijuana-legalization-lead-increased-use; Pacula RL, Powell D, Heaton P, Sevigny EL. Assessing the effects of medical marijuana laws on marijuana use: the devil is in the details. *J Policy Anal Manage*. 2015;34(1):7-31.; Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 2015;72(12):1235–1242.; Kerr, W.C., Subbaraman, M.S., Williams, E., Greenfield, T.K. (2018). Changes in marijuana use across the 2012 Washington State recreational legalization: is retrospective assessment of use before legalization more accurate? Journal of Studies on Alcohol and Drugs: https://www.jsad.com/doi/abs/10.15288/jsad.2018.79.495.

[8] U.S. Food and Drug Administration. (2018). FDA and Marijuana. Retrieved from https://www.fda.gov/newsevents/publichealthfocus/ucm421163.htm

addition, the FDA has approved two drugs containing a synthetic version of a substance that is present in cannabis.[9]

NAADAC recognizes that early studies have shown that cannabis can have therapeutic uses and supports the continued research of potential medicinal use of cannabis. However, it is NAADAC's position that before cannabis is permitted to be used for any therapeutic or medicinal purposes, it must be subjected to the same research, consideration, and study as any other potential medicine pursuant to the standards of the FDA. NAADAC urges U.S. government agencies to expand permitted research opportunities and increase research funding.

Conclusion and Recommendations

For the reasons stated in the foregoing, NAADAC does not currently support the use of cannabis as medicine or for recreational purposes. NAADAC supports and encourages increased research efforts regarding cannabis, and encourages the U.S. government agencies Cannabis must be subjected to the same research, consideration, and study as any other potential medicine pursuant to the standards of the U.S. Food and Drug Administration. We strongly encourage increased efforts to perform research that will allow evidence-based and scientifically supported policy changes pertaining to medicinal use of cannabis.

Based on the above information, NAADAC makes the following recommendations, noting the need to be able to adapt these recommendations as new research is revealed about cannabis and its effects on humans:

- Cannabis needs to be subject to the same research, consideration, and study as any other potential medicine through the U.S. Food and Drug Administration (FDA).
- Increased research must be conducted on cannabis for its effectiveness in treating physical and psychiatric disorders.
- Increased research on cannabis and cannabis derivatives currently on the marketplace.
- The U.S. Government and its agencies decrease barriers to cannabis research and increase funding.
- Evidence-based, standard testing methods should be developed and adopted by federal and state entities.
- A panel of neuro-researchers, addiction-certified physicians, prevention & treatment experts be established by federal agencies to provide policy recommendations on cannabis legalization, medicinal & recreational use.
- Continued research into the physiological effects of synthetic and plant-derived cannabinoids and the natural function of cannabinoids found in the body.

[9] U.S. Food and Drug Administration. (2018). FDA and Marijuana. Retrieved from https://www.fda.gov/newsevents/publichealthfocus/ucm421163.htm