

Role of the Physician and Other Health Care Providers in Recreational and Medicinal Cannabis



Jag H. Khalsa, MS, PhD.

**Special Volunteer at NIDA/NIH
Retired 10/31/2017 after 30 years as:
Chief, Medical Consequences of Drug Abuse and Infections Branch
Division of Therapeutics and Medical Consequences
National Institute on Drug Abuse, NIH**

**Presented at
2019 MDSAM Annual Meeting
Clarksville, MD
October 26, 2019**

- *Thanks to Various authors for letting me use their observations*

**Maryland-DC Society of Addiction Medicine's Annual
Meeting and Conference
October 26, 2019
Disclosure for Jag Khalsa, MS, PhD**

In compliance with COI policy

Shareholder	No relevant conflicts of interest to declare
Grant / Research Support	No relevant conflicts of interest to declare
Consultant	No relevant conflicts of interest to declare
Employee	No relevant conflicts of interest to declare
Paid Instructor	No relevant conflicts of interest to declare
Speaker bureau	No relevant conflicts of interest to declare
Other	No relevant conflicts of interest to declare

Legalization of Cannabis

- Today, Canada and Uruguay are the only two countries that have legalized all aspects of cannabis including the use of recreational and medicinal cannabis.
-
- In the US, 33 states and District of Columbia have legalized medical marijuana; some have been passed by legislators and not by a ballot.
-
- Each state has certain conditions regarding the use of marijuana recreationally or as medicine.
-
- States including Arkansas, xxx, have not allowed medicinal cannabis while others have.

States that have legalized Cannabis

- **The states and territories that have enacted comprehensive marijuana programs:**
- Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Guam, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington.

- **Recreational Marijuana Ballot Initiatives:**
- Alaska (2014); Colorado (2012); District of Columbia (2014); Oregon (2014); Washington (2012).

- **The states that have enacted laws permitting limited use of cannabidiol oils:**
- Alabama, Florida, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming

Clinical Indications Approved by States

- **Most states have approved medical marijuana for a wide range of clinical conditions including:**
- **Anorexia, Cancer, Glaucoma, HIV/AIDS, Hepatitis C, Amyotrophic lateral sclerosis/Lou Gehrig's disease, Tourette's Syndrome,**
- **Crohn's disease; Ulcerative colitis,**
- **Post-traumatic stress disorder (PTSD), Severe arthritis, Fibromyalgia, Alzheimer's disease,**
- **A chronic or debilitating disease that produces:**
- **Cachexia or wasting syndrome-Peripheral neuropathy, Intractable pain, Severe nausea, Seizures, including those characteristic of epilepsy and Severe or persistent muscle spasms, including those characteristic of multiple sclerosis.**

Clinical Indications Approved by States

- **Some states have an additional statement:**
- Any other chronic or persistent medical symptom that substantially limits the ability of the person to conduct one or more major life activities (as defined by the Americans with Disabilities Act of 1990) or, if not alleviated, may cause serious harm to the patient's safety or physical or mental health.
- **States like:** Indiana, Mississippi, North Carolina, Tennessee, Texas, Virginia are **much more restrictive** allowing medical marijuana or CBD oil for only: seizures/epilepsy, or pain; Alabama and Kentucky allow low THC cannabis or CBD only for use in clinical trials.
- Oklahoma is the least restrictive.

Addiction Physicians' Views on Marijuana

- **Colorado physicians' attitudes toward medical marijuana**
- *Kondrad and Reid, 2013*
-
- *Of the 1727 members of the Colorado Academy of Family Physicians, 525 (30% response rate),*
- *46% did not support physicians recommending medical marijuana;*
- *19% thought that physicians should recommend it;*
- *27% thought that marijuana conferred significant physical health benefit,*
- *15% thought it conferred mental health benefit;*
- *64% -61% agreed that marijuana poses serious mental and physical health risks, respectively;*
- *81% agreed that physicians should have formal training before recommending medical marijuana;*
- *92% agreed that continuing medical education about medical marijuana should be available to family physicians.*
-
- **SUMMARY: Despite a high prevalence of use in Colorado, most family physicians are not convinced of marijuana's health benefits and believe its use carries risks. Nearly all agreed on the need for further medical education about medical marijuana.**

Addiction Physicians' Views on Marijuana

- **Physicians attending ASAM and ISAM Conferences**
- **A total of 86, 107, and 75 physicians participated in the surveys in the marijuana symposia at ISAM 2015, and ASAM 2016 and 2018 Conferences**
- **Categories included: potential adverse effects, vulnerable populations, cannabis/cannabinoids as medicine, models of policy and addiction physicians and policy.**
- **89-94% agreed or strongly agreed that marijuana was an intoxicating substance, addictive and harmful to adolescents;**
- **67% believed that marijuana was a gateway drug.**
- **43% agreed or strongly agreed that smoking marijuana was harmful for opiate addicts in recovery.**
-

Addiction Physicians' Views on Marijuana

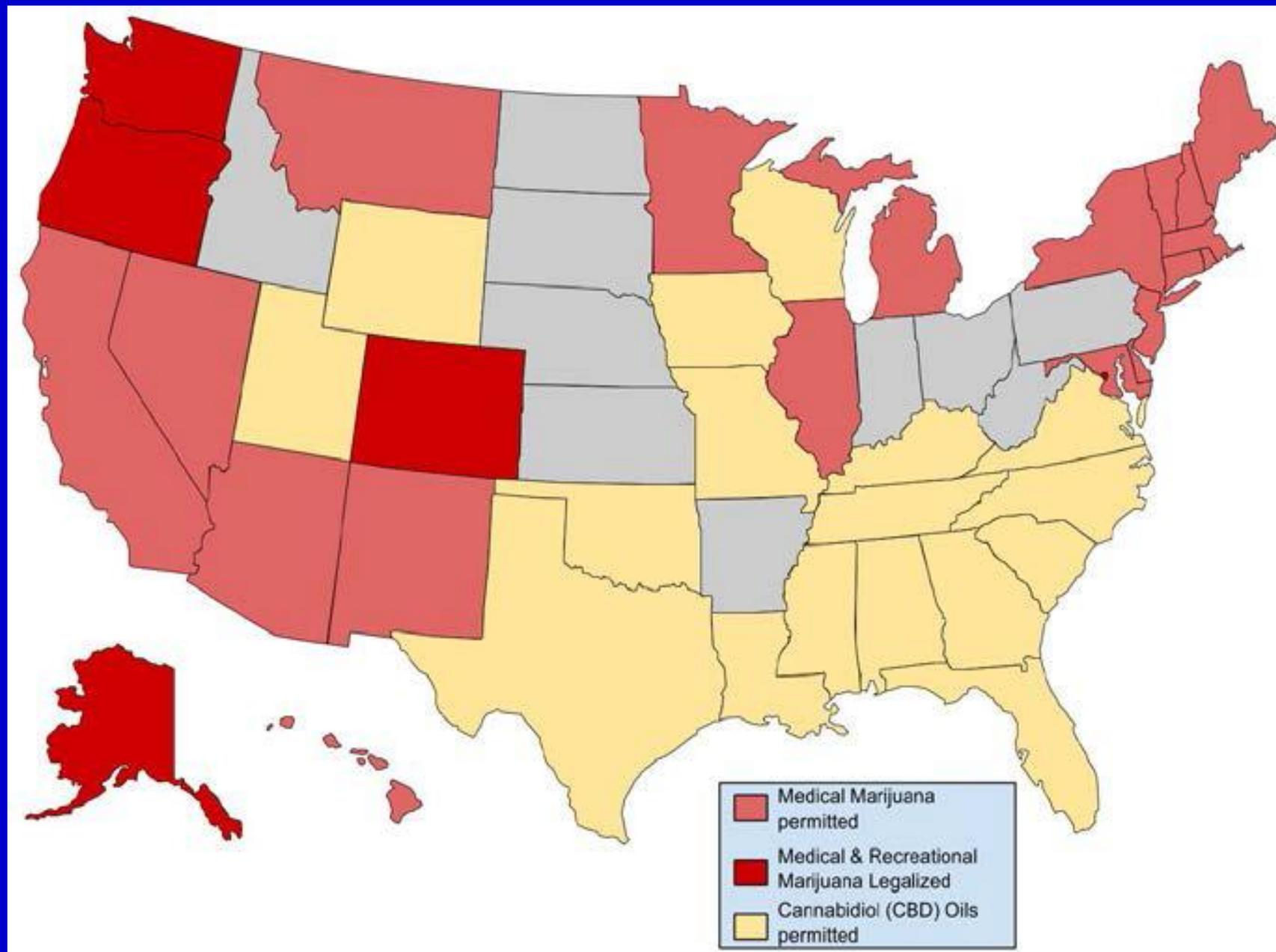
- **Physicians attending ASAM and ISAM Conferences**
- **56% disagreed or strongly disagreed that *crude marijuana* could be a legitimate medication to be prescribed by physicians;**
- **69% believed that Sativex (approved in UK, Canada, and elsewhere except in the US), may be a legitimate medication that could be prescribed by a physician.**
- **65% strongly agreed that CBD should be legalized;**
- **45% would consider using CBD for treating pain;**
- **61% would consider using CBD to treat opiate addiction**

Addiction Physicians' Views on Marijuana

- **Physicians attending ASAM and ISAM Conferences:**
- **Summary:**
- A majority of physicians felt that smoking cannabis is harmful, addictive, and serves as a gateway drug, and that adolescents, pregnant women and those highly vulnerable to the adverse effects of smoking cannabis.
- A majority would not consider prescribing crude cannabis or unapproved cannabinoids as medicine for the treatment of either insomnia, traumatic stress, pain, or opiate addiction.

Guidelines for Physicians

- **Federation of State Medical Boards' Model Guidelines for the Recommendation of Marijuana in Patient Care (California)**
- **Main areas:**
- *Physician-Patient Relationship*
- *Patient Evaluation*
- *Informed and Shared Decision Making*
- *Treatment Agreement*
- *Qualifying Conditions*
- *Ongoing Monitoring and Adapting the Treatment Plan*
- *Consultation and Referral*
- *Medical Records*
- *Physician Conflicts of Interest*
-



Guidelines

- **COLORADO:**
- **Colorado: Colorado's "Medical Marijuana" Laws (including 18-18-406.3 C.R.S., unlawful use of a medical marijuana card) for Obtaining and using medical marijuana in Colorado**
- **Article 18, section 14 of the Colorado constitution gives Colorado residents the right to use and grow marijuana to treat a debilitating medical condition. It also extends certain protections to people who act as the primary care-giver to medical marijuana patients.**
- **Colorado law does not, however, confer upon any medical marijuana user or primary caregiver the right to sell or distribute marijuana or to possess, manufacture, produce, use, dispense or transport marijuana other than for medical use.**
- **Colorado has established a registry that has data on physicians writing recommendations for cannabis, patients' data, diagnoses etc.**

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **New York:**
- It does not allow smoked marijuana;
- has limited conditions, and strictly controls its advertisement.
- Physicians are required to take a training course, must consult the controlled substances website before prescribing, and enter the marijuana prescription into a website for other physicians to see who and for what clinical condition it is being prescribed.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **California:** The Act provides:
- that physicians will not be subject to investigation or disciplinary action by the Board if they arrive at a decision to make this recommendation in accordance to with accepted standards of medical responsibility.
- Although the Act allows the use of cannabis for medical purposes by a patient upon the recommendation of a physician, California physicians should bear in mind that cannabis is listed in Schedule I of the Federal Controlled Substances Act.
- The use and recommendation of cannabis is an evolving issue and physicians should be aware of the current administrations' policies.
- The Board has adopted the following guidelines for the recommendation of cannabis for medical purposes; **the main areas covered are:**

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **California:**
- *Physician-Patient Relationship,*
- *Patient Evaluation,*
- *Informed and Shared Decision Making,*
- *Treatment Agreement,*
- *Qualifying Conditions,*
- *Ongoing Monitoring and Adapting the Treatment Plan,*
Consultation and Referral,
- *Medical Records and*
- *Physician Conflicts of Interest*

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **Canada:**
- In 2001, CMA did not support physicians controlling access to substances for which routine premarket regulatory review of safety, purity and efficacy, as required for current prescription drugs, has not occurred. (Canadian Medical Association, 2001).
-
- Now the CFPC (the college of family physicians of Canada) recommends the “declaration” approach in lieu of “prescribing”. A “declaration” by a health professional states only that the patient meets Health Canada criteria allowing access to marijuana for medical use. Unlike a prescription, a declaration does not give doses or directions, and does not imply that the physician recommends or advises the patient to smoke or ingest marijuana.
-

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd:
- There is need for ongoing information and education. The Board further recommends that Health Canada should consider the following factors:
- hazards of smoked cannabis, that smoked cannabis poses serious risk in young people and there is lack of efficacy of cannabis for treating pain and other conditions.
- On the other hand, many Canadian physicians feel that since Canada has legalized recreational and medicinal cannabis, their **role as a gate-keeper is no longer needed.**
-

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd: CPSO guidelines:
- **Medical cannabis: for physicians who do not wish to prescribe**
- **Obligation to prescribe**
- Physicians are **not obligated to prescribe cannabis** if it is outside of their clinical competence or if they do not believe it is clinically appropriate for the patient.
- **Obligation to refer**
- Physicians are **not obligated to refer** patients to prescribing physicians where they do not believe that cannabis is clinically appropriate for the patient.
- **Ending the physician-patient relationship**
- Physicians **must not end the physician-patient relationship** solely because a patient requests medical cannabis or elects to consume cannabis for either medical or recreational purposes.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd:
- **Medical cannabis: for physicians who are willing to prescribe**
- **Assessing the appropriateness of cannabis as a treatment option**
- Physicians are expected to weigh evidence and consider risks when assessing the appropriateness of cannabis for their patients.
- Prescription of cannabis to patients **under the age of 25 is restricted** unless all other therapeutic options have failed to alleviate the patient's symptoms. Even where other therapeutic options have failed, physicians must still be satisfied that the anticipated benefit of cannabis outweighs its risk of harm.

State-wide Requirements ;;

- **New York:** Practitioner Information
- As set forth in 10 NYCRR §1004.1(a), to issue certifications for patients to receive medical marijuana practitioners must:
- Be qualified to treat patients with one or more of the serious conditions set forth in 10 NYCRR §1004.2. To be qualified to treat patients with substance use disorder or opioid use disorder, the practitioner must hold a federal Drug Addiction Treatment Act of 2000 (DATA 2000) waiver.
- Be licensed, in good standing as a physician and practicing medicine, as defined in Article 131 of the NYS Education Law, or be certified, in good standing as a nurse practitioner and practicing medicine, as defined in Article 139 of the NYS Education Law, or be licensed, in good standing as a physician assistant and practicing medicine in New York State, as defined in Article 131-B of the NYS Education Law, under the supervision of a physician registered with the New York State Medical Marijuana Program;
- Have completed a course approved by the Commissioner; and
- Have registered with the New York State Department of Health Medical Marijuana Program.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd:
- **Prescribing**
- Physicians must obtain informed consent and advise patients of the material risks and benefits, effects and interactions, material side-effects, contraindications, precautions, and any other information pertinent to the use of cannabis. Physicians must caution all patients who engage in activities that require mental alertness that they may become impaired, such as driving.
- Physicians start treatment with a low quantity of cannabis that is low in the psychoactive compound, THC.
- Physicians implement office policies and/or practices around prescribing cannabis, including the use of written treatment agreements.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd:
- **Telemedicine and eClinics**
- Physicians must use their professional judgment to determine whether telemedicine is appropriate in a particular circumstance each and every time its use is contemplated for patient care, consultations and referrals.
- Physicians must consider whether practicing telemedicine will enable them to satisfy all relevant and applicable legal and professional obligations and meet the standard of care.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Canada contd:
- **Ongoing monitoring:**
- **Physicians must monitor patients for emerging risks or complications, and discontinue prescribing where cannabis fails to meet the physician's therapeutic goals or the risks outweigh the benefits.**

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Key Points from the CMPA: That physicians are:
- **Not obligated to provide a medical document allowing a patient to access cannabis for medical purposes if they are unfamiliar with its use or management, or if they feel it is not medically appropriate for the patient.**
- **Reminded of the importance of having the necessary clinical knowledge to engage in meaningful conversations with their patients about medical cannabis.**

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- Key Points from the CMPA: That physicians are:
 - **Must be aware of the regulations governing cannabis, and of their provincial College's relevant policies and guidelines when considering whether to provide a patient with a medical document to access cannabis for medical purposes.**
 - **Physicians who provide a patient with a medical document to access cannabis for medical purposes should rely on sound medical judgement.**
 - **Reminded to document all consent discussions in the patient's medical records.**
 -

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- ASAM Policy Paper for Medical Marijuana and the Physician
- ASAM does not support the legalization of marijuana (2015);
- ASAM recommends that:
 - (a) physicians lead efforts to oppose legislative or ballot initiatives that would result in the legalization of marijuana production, distribution, marketing, possession and use by the general public;
 - (b) public education campaigns be undertaken to inform the public that addiction to marijuana use is a significant public health threat;

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **ASAM Policy Paper for Medical Marijuana and the Physician**
- ASAM recommends that:
 - (c) marijuana smoking is not safe, and that parents be informed that the marijuana their children are exposed to today is of much higher potency than the marijuana that was widely available in the 1960s through the 1980s; and
 - (d) the potential for the development of addiction and the progression of psychotic conditions are enhanced when high-potency marijuana products are used by adolescents because of the unique vulnerability of the adolescent brain

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **ASAM Policy Paper for Medical Marijuana and the Physician**
- ASAM asserts that physician organizations operating in states where physicians are placed in the gate-keeping role have an obligation to help licensing authorities assure that physicians who choose to discuss the medical use of cannabis and cannabis-based products with patients:
 - Adhere to the established professional tenets of proper patient care, including: patient care, including history and good faith examination of the patient, development of a treatment plan with objectives,
 - Provision of informed consent, including discussion of risks, side effects, and potential benefits, periodic review of the treatment efficacy, consultation, as necessary, and proper record keeping that supports the decision to recommend the use of cannabis.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **ASAM Policy Paper for Medical Marijuana and the Physician**
- Have a bona fide physician-patient relationship with the patient, i.e., should have a pre-existing and ongoing relationship with the patient as a treating physician;
- Ensure that the issuance of ‘recommendation’ is not a disproportionately large (or even 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.

State-wide Requirements for Physicians Recommending Cannabis as Medicine

- **ASAM Policy Paper for Medical Marijuana and the Physician**
- ASAM (DuPont et al. 2012) acknowledged that the use of some well-tested cannabinoids can alleviate specific medical conditions in certain patients and *supported*:
 - *(a) the use of cannabinoids and cannabis for medicinal purposes only when governed by appropriate efficacy, safety, and post-marketing surveillance monitoring regulations of a Federal regulatory body such as the US Food and Drug Administration (FDA), or equivalent body in the respective country,*
 - *(b) supported the basic and clinical research on marijuana, the various cannabinoids present in marijuana, synthetic cannabinoid agonists and antagonists, and development of pharmaceutical-grade cannabinoids.*



Contact:

Jag H. Khalsa, MS, PhD.

Special Volunteer, NIDA/NIH

Retired 10/31/2017 after 30 years as:

**Chief, Medical Consequences of Drug Abuse
and Infections Branch, DTMC**

National Institute on Drug Abuse, NIH

6001 Executive Blvd., room 4128

Bethesda, MD 20892-9351

E-mail: jag.Khalsa@nih.gov

Personal e-mail: jkhalsa@yahoo.com

Tele: 703-475-6727 (cell)