

HB 331 Public Schools – Medical Cannabis – Guidelines for Administration to Students (Connor’s Courage)

Letter of Information

Ways and Means Committee 2-6-2020

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MDDCSAM is a chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders. We wish to educate lawmakers and educators about the use of medical cannabis and the risks and concerns posed by making medical cannabis available for administration in schools.

We support the American Academy of Pediatricians and American Society of Addiction Medicine statements that do not endorse medical cannabis use in children and adolescents¹. Our medical societies emphasize the need for FDA approved products that have shown safety and efficacy prior to approval. We acknowledge that few products are currently available, but as products become available, we encourage the use of approved formulations.

Cannabis products for children and youth is not supported by credible scientific evidence². Treatment of chronic medical conditions with medical cannabis is mostly anecdotal or used in compassionate use situations where no other medical treatments have been shown to be effective. As a result, we caution lawmakers to consider the potential harms and unintended consequences of requiring all schools to make medical cannabis available, including the risk of “normalizing” the use of medical cannabis in youth. We feel situations of compassionate use and extenuating circumstances can be made without a policy accommodating universal access to medical cannabis. Despite the limited evidence available for the use of medical cannabis in youth, we understand that some individuals have found cannabis and THC containing compounds to be beneficial as a last resort.

As the availability of marijuana and cannabinoid products increase, schools should make clear the risks of recreational use of marijuana and cannabinoid products, such as vaping. We strongly believe that there is no role for smoked cannabis on school grounds because of the increased health risk posed by any smoked product. Cannabis, like other substances has an addictive potential and about 3 in 10 individuals will go on to develop a cannabis use disorder³. Using a harm reduction model, we encourage schools to develop a model of care that can screen and recognize the need for early intervention when students show signs of cannabis misuse, and harsh penalties for cannabis use should be avoided, including the use of expulsion from school and criminal prosecution.

We look forward to working with lawmakers and educators on this important matter.

¹ “The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update” AAP and “Public Policy Statement on Marijuana, Cannabinoids and Legalization.” ASAM. Accessed January 28, 2019.

² The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. National Academy of Sciences. 2016.

³ Hasin et al. “Prevalence of Marijuana Use Disorders in the United States Between 2001–2002 and 2012–2013” *JAMA Psychiatry*. 72: 1235–1242, 2015.