Executive Summary

ASRA STATEMENT ON CANNABIS

Approved by the ASRA Board of Directors, September 30, 2016

In recent years, more attention has been given to the potential medicinal properties of marijuana. There is a small evidence base that has evaluated cannabis as an analgesic for neurologic disorder, cancer, and rheumatic diseases. The American Academy of Neurology supports use for oral and oromucosal forms of cannabis to treat patients with multiple sclerosis. Available evidence from other conditions is limited by variability in the form and dosage of cannabis, lack of generalizability of patient populations, and the lack of blinded trials. There are several comorbidities to be considered, including addiction, especially for those with a pre-existing mood disorder, as well as alteration of brain structure, especially for adolescents, and increased susceptibility to lung infections among immunocompromised patients.

While some states have legalized the use of cannabis for medical purposes, under federal law, marijuana is classified as a Schedule 1 substance, with "no currently accepted medical use and a high potential for abuse." Among the states that have medical marijuana laws in place, the number of FDA-approved drug prescriptions for which marijuana could be an alternative, and overall program spending have been reduced under Medicare Part D. Further state reform could further cost savings, but may be difficult to achieve while the current federal law remains in place. Under the current federal law, clinical research on marijuana is hindered, and physicians are faced with difficult ethical and legal questions. More well-designed clinical trials are needed to ensure that patients seeking marijuana for medical treatment are not placed under unnecessary risk due to a lack of knowledge about how marijuana is best administered.

ASRA calls for rescheduling marijuana

ASRA strongly encourages the federal government to remove research barriers by downgrading marijuana from a Schedule 1 to a Schedule II substance, a classification under which cannabis could be studied in clinical trials, similar to other pharmaceutical agents with a high potential for abuse, but still possessing medical benefits.

ASRA calls for more clinical outcome research

Expanded research, which is only feasible if marijuana is rescheduled to a Schedule II classification, will bolster the emerging evidence base to better inform healthcare providers about those patients most likely to realize the greatest treatment benefit from marijuana. In addition, further research will aid in the development marijuana-based agents that have minimal psychoactive properties and minimal association side effects, while retaining its beneficial therapeutic effects.

ASRA pleads to the National Institutes of Health (NIH) to implement special guidelines to encourage grant applications and the conduct of well-designed clinical research on the medical utility of various Cannabis preparations.

Further clinical research is also needed to determine and better understand the long-term safety profile for the utilization of marijuana for pain management purposes. In addition, comparative studies are needed to examine the clinical efficacy and safety of marijuana in comparison to other analgesic classes.