Louisiana Society *of* Addiction Medicine

A Chapter of American Society of Addiction Medicine

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August 23, 2022

The Honorable Larry Bagley
Chairman
House Committee on Health and Welfare
900 North Third Street
Baton Rouge, LA 70804

The Honorable Fred Mills, Jr.
Chairman
Senate Committee on Health and Welfare
900 North Third Street
Baton Rouge, LA 70804

Re: Review of the Scientific Efficacy of Medical Cannabis

Dear Representative Bagley and Senator Mills,

On behalf of the Louisiana Society of Addiction Medicine (LSAM), the leading medical specialty society representing physicians and other clinicians in Louisiana who specialize in the prevention and treatment of addiction, we write to offer our review of the current evidence regarding the efficacy of medical cannabis. As addiction specialists, we want to ensure that the policies of our state's medical cannabis program are guided by the latest scientific data. As such, we hope that you and your colleagues will find this information useful when considering future changes to the program.

The current scientific basis behind medical cannabis remains mostly unsubstantiated. In recent years, the federal government has deferred to states to launch their own medical cannabis programs. However, the federal government—under the Controlled Substances Act—still does not officially recognize cannabis as having any legitimate medical use. As such, federal barriers to further researching cannabis's medical properties still exist due to its Schedule I status. On a limited scale, the Food and Drug Administration (FDA) has approved one cannabis-derived drug and three cannabis-related drugs that are available by prescription.[i]

These FDA-approved cannabis-derived and cannabis-related drugs treat specific conditions like severe forms of epilepsy, nausea and vomiting caused by chemotherapy, and appetite loss among individuals with severe forms of human immunodeficiency virus (HIV).[ii] Besides these steps, FDA has not yet approved a marketing application for the use of cannabis in the treatment of medical conditions. These cautious and limited approval actions taken by FDA overlap with the findings from a 2017 review by the National Academies of Sciences, Engineering, and Medicine indicating that cannabinoids are effective in treating only three conditions: chemotherapy-induced nausea and vomiting, multiple sclerosis-related spasticity, and chronic pain.[iii]

With the exception of the conditions listed above, research does not demonstrate the efficacy of medical cannabis to treat other medical conditions. More generally, cannabis use is also shown to have a number of negative consequences including cognitive decline, impaired educational or occupational attainment, risk of other substance use disorders, and poor quality of life.[iv] Another negative consequence of regular cannabis use is an elevated risk of developing cannabis use disorder (CUD), which has more than doubled in prevalence since 2001-2002.[v] CUD has been associated with disability[vi] and strongly and consistently associated with other substance use and mental disorders.[vii]

A growing body of research disputes the effectiveness of medical cannabis in treating specific psychiatric disorders, which are included as qualifying conditions in many states. For example, the American Psychiatric Association concluded that "there is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. Current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders." [viii] Additionally, cannabis has been shown to contribute to risk factors for the onset and symptom severity of substance-induced psychosis and bipolar disorder as well as the onset of depression and anxiety disorders; there is preliminary evidence that ongoing cannabis use in persons with a history of trauma increases the odds of developing PTSD.

Notably, there is no current evidence indicating that cannabis is effective in the treatment of opioid use disorder (OUD).[ix] In fact, studies of individuals show an association between cannabis use and non-medical opioid use and OUD. Despite this evidence to the contrary, a number of states have added OUD as a qualifying condition for their medical cannabis programs. We strongly recommend that you as Louisiana lawmakers take a close look at this data before making such a change. Safe, effective, FDA-approved medications for opioid use disorder (MOUD) are significantly more proven than cannabis in treating OUD.

LSAM greatly appreciates the opportunity to comment on this important topic**. Based on the evidence presented above, we strongly recommend caution before expanding our state's medical cannabis program any further.** On an individual basis, we are happy to consult about future changes to the program. In these instances, please contact our president, Dr. Gregory Caudill, at (504) 300-9330 or caudill1872@gmail.com.

Sincerely,

Gregory Caudill, MD, FASAM
President, Louisiana Society of Addiction Medicine

[i] Sacco, L. N., Bodie, A., Carpenter, D. H., Ciluffo, A. A., Franklea, K., Hegji, A., Johnson, R., Lampe, J. R., Nicchitta, I. A., Rosen, L. W., & Shimabukuro, J. O. (2022). The Evolution of Marijuana as a Controlled Substance and the Federal-State Policy Gap. Congressional Research Service. https://crsreports.congress.gov/product/pdf/R/R44782

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