

1 VERMONT MEDICAL SOCIETY RESOLUTION

2 Improving the Safety of the Medical Marijuana System in Vermont

3 *Submitted by Catherine Antley, MD, David Retterw, MD and John Hughes, M.D*
 4 *for adoption at VMS Annual Meeting on November 4, 2017*

5
 6 WHEREAS, In areas with long-standing THC/medical marijuana laws, the average user
 7 is a male in his 30s with no terminal illness and a history of drug abuse, the vast majority
 8 (94%) reported the subjective qualification of pain.¹

9 WHEREAS, Less than 2% of THC medical marijuana users have cancer or AIDS and less
 10 than 5% of users have glaucoma or multiple sclerosis.²

11 WHEREAS, Residents of states with THC/Medical marijuana laws have abuse and
 12 dependence rates almost twice as high as states with no such laws.³

13 WHEREAS, THC/Medical marijuana is easily diverted to youth.⁴

14 WHEREAS, Apart from dronabinol (Marinol) for anorexia in AIDS patients and
 15 untreatable nausea in cancer patients, THC/marijuana lacks the rigorous testing of drugs
 16 approved by the Food and Drug Administration for the indications for which it is now sold
 17 in Vermont dispensaries. There is insufficient scientific information about the safety of
 18 THC/marijuana. It poses health risks of triggering and/or worsening mental illness,
 19 addiction, infertility and cognitive impairment, especially risky for young patients. It is
 20 linked to low birthweight infants and risks endangering healthy pregnancies.

21 WHEREAS, There is limited evidence that THC/Medical marijuana treats Post
 22 Traumatic Stress Disorder (PTSD), and current evidence supports that it aggravates
 23 symptoms and makes recovery from PTSD more difficult.⁵

24 WHEREAS, Psychosis, Schizophrenia, Depression and Bipolar Disorder respond to
 25 established treatments, and disease courses are worsened by THC marijuana usage; THC
 26 marijuana can precipitate and increase needed treatment days for these diseases. Severe
 27 psychosis is 6 times more prevalent in regular users of marijuana with high THC levels;^{6 7}
 28 ^{8 9 10 11}; now therefore be it:

¹ O'Connell, T.J. & Bou-Matar, C.B. (2007). Long term marijuana users seeking medical cannabis in California (2001–2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. *Harm Reduction Journal*, 4(16).

² Colorado Department of Public Health and Environment. (2011).

³ Cerda, M., et al. (2012). Medical marijuana laws in 50 states: Investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug & Alcohol Dependence*, 120(1-3).

⁴ Salomonsen-Sautel, S., et al. (2012). Medical marijuana use among adolescents in substance abuse treatment. *Journal of American Academic Child & Adolescent Psychiatry*, 51(7).

⁵ <http://legislature.vermont.gov/assets/Legislative-Reports/PTSD-MJ-final-for-pdf-1.9.15.pdf>

⁶ Silins, E, et al (2014). Young adult sequelae of adolescent cannabis use: an integrative analysis. *The Lancet psychiatry*, 2014;1(4);286

⁷ Di Forti M1 et al (2009). High-potency cannabis and the risk of psychosis.Br J Psychiatry. Dec;195(6)488-91

⁸ Di Forti M et al (2014). Daily use, especially of high-potency cannabis, drives the earlier onset of psychosis in cannabis users. *Schizophr Bull.* Nov;40(6):1509-17

⁹ Di Forti M et al (2015). Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study *Lancet.* 2015 Feb 18

¹⁰ Zammit S, Moore TH, Lingford-Hughes A, et al. Effects of cannabis use on outcomes of psychotic disorders: systematic review. *Br J Psychiatry.* 2008;193(5):357-363.

¹¹ Melanie Gibbs, Catherine Winsper, Steven Marwaha, Eleanor Gilbert, Matthew Broome, Swaran P. Singh. Cannabis use and mania symptoms: A systematic review and meta-analysis. *Journal of Affective Disorders*, 2015; 171: 39 DOI:[10.1016/j.jad.2014.09.016](https://doi.org/10.1016/j.jad.2014.09.016)

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2 **RESOLVED**, the Vermont Medical Society reaffirms its policies “Medical Use of
3 Marijuana” and “Cannabis Research” adopted in 2002
4 (<http://www.vtmd.org/sites/all/themes/vms/documents/policies/2002/2002Medical%20marijuana-cannabisresearch.pdf>) and recommends that Medical THC-
5 dominant Marijuana should only be available for conditions if controlled double
6 blind studies for safety, efficacy, and side effects demonstrate that THC Medical
7 Marijuana is safe and effective for those conditions; **and be it further**
8

9 **RESOLVED**, The Vermont Medical Society opposes the use of Medical THC
10 Marijuana for the treatment of Post Traumatic Stress Disorder based on the current
11 lack of scientific evidence; **and be it further**

12 **RESOLVED**, The Vermont Medical Society recommends that the General Assembly
13 amend the statute governing the Vermont Marijuana Registry to require that conditions
14 can only be added to the Marijuana Registry program after the Marijuana Review Board
15 established under 18 VSA § 4473 reviews the evidence and makes a finding that high
16 quality medical research demonstrates that marijuana is safe and effective for that
17 condition; **and be it further**
18

19 **RESOLVED**, The Vermont Medical Society recommends expanding the number of
20 clinicians serving on the Marijuana Review Board to include at a minimum four
21 additional physicians appointed by the Medical Practice Board; **and be it further**
22

23 **RESOLVED**, The Vermont Medical Society recommends that the Marijuana Review
24 Board establish a clinically-appropriate THC dose limit and concentration limit for
25 THC-containing products sold by dispensaries, taking into consideration the 10
26 mg maximum dose established by the FDA for FDA-approved dronabinol
27 (Marinol); **and be it further**

28 **RESOLVED**, The Vermont Medical Society endorses NIH sponsored medical
29 research on the potential benefits, side effects and toxicity of cannabidiol (CBD)
30 products; **and be it further**

31 **RESOLVED**, The Vermont Medical Society recommends mandatory warning labels
32 on Medical THC Marijuana be developed by the Marijuana Review Board,
33 Department of Health and other appropriate agencies in conjunction with
34 the Department of Public Safety that address dosing, side effects and potential
35 toxicity of marijuana-containing products.