



North Carolina Psychiatric Association:

Position on Cannabis

Office of NC Attorney General
Series on Medical Marijuana
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Disclosures

- None
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NCPA Approved; Position on Cannabis – January 30, 2022

- Decriminalization of Cannabis
- Evidence Supporting Use of Cannabis to Treat Psychiatric Illnesses
- Impact on Adolescents
- Importance of Monitoring THC/CBD Concentration/Dosing, Provider/Patient Education
- NCPA Legislation Recommendations on Cannabis

Decriminalization of Cannabis

- The North Carolina Psychiatric Association (NCPA) is in favor of decriminalization of cannabis.
- The potential for harm due to criminalization outweighs the number of individuals who have been harmed by its use.
- However, we understand the use of this product - particularly daily use - can be associated with significant harms.

Evidence Supporting Use of Cannabis to Treat Psychiatric Illnesses

- PTSD –
 - There is no conclusive evidence cannabis is helpful in the treatment of PTSD.
 - A reduction in nightmares, however no improvement of sleep onset or maintenance.
 - Cannabis puts some individuals at greater risk of:
 - worsening severity of symptoms
 - violent behavior
 - other alcohol and drug use
 - suicidality.
 - Cannabis is not a treatment for PTSD
 - We understand some individuals use this product to relieve their symptoms through intoxication and in that way find some benefit.

Evidence Supporting Use of Cannabis to Treat Psychiatric Illnesses

- Bipolar disorder –
 - Worsening depression and hastening the emergence of psychotic episodes.
 - Particularly troubling in adolescence.
 - Potential greater risk of worsening problems includes suicidality.
 - This is not a treatment for their disease.

Evidence Supporting Use of Cannabis to Treat Psychiatric Illnesses

- Evidence in the treatment of anxiety is limited
 - Patients reporting improvement of anxiety using cannabis should be counseled on the evidence.
 - If the individual persists in their use of cannabis, they should understand the use of CBD may be less harmful and more effective, if the products purity can be substantiated.

Evidence Supporting Use of Cannabis to Treat Psychiatric Illnesses

- There is inadequate clinical trials for or against the effects of non-pharmaceutical cannabinoid use in treating psychiatric conditions.
 - Associated with difficulties due to the restrictions the federal government has in place surrounding clinical research.
 - However, there is adequate evidence that establishing the legality of “medical marijuana” has not resulted in significant improvement in psychiatric illness.

Impact on Adolescents

- Acute effects include; impaired learning, memory, attention, and motor coordination.
 - In some; anxiety, paranoia, and cannabis induced psychosis
- Regular use of cannabis by adolescents may result in:
 - A relatively frequent worsening of psychosocial functioning.
 - An earlier onset of psychotic symptoms in vulnerable young people
 - 3.2-fold increase in daily users and 4.8-fold increase when using high-potency products.
 - As a result of the neurotoxic effects from regular use:
 - Cognitive impairments, most prominent < 25 years of age.
 - Potential extension into adulthood depending on the age of onset and regularity of use.
 - Greater potential for subsequent use of nicotine, alcohol, and other drugs, worsening the young person's long-term health and social wellbeing.
 - There can be confounding reasons for this evidence, though a consistent factor is the regularity of use at a younger age.

Evidence of Health Effects Are Modest

- Summary of The National Academies of Sciences, Engineering, and Medicine evidence regarding health effects of cannabis:
 - only modest improvements in:
 - pain symptoms among adults with chronic pain
 - chronic neuropathic pain reduction has been found to be helpful only in short term management of sleep initiation.
 - patient-reported spasticity in adults with multiple sclerosis.
- The FDA approved:
 - CBD for treatment of Dravet syndrome, Lennox-Gastaut syndrome, and tuberous sclerosis
 - Two THC products for chemotherapy-induced nausea, appetite stimulation in wasting conditions

Concentration/Dosing, Provider/Patient Education

- Recommendations are associated with specific THC/CBD concentrations.
 - The concentration of THC found to be most effective for pain is well below that sold on the street and in cannabis medical dispensaries around the country.
 - There has often been a lack of consistent product regulations.
- Consideration to establish medical cannabis dispensaries in North Carolina should include:
 - Clear product certification and dosing available to providers to properly inform patients on the use of cannabis for specific symptom reduction.
 - Providers need to be well educated in understanding the effective concentrations and dosing.
 - **A universal standard of medicine is to do no harm.**
 - Warn patients against self-diagnosis and the initiation of these products by friends or family.
 - Medical treatment should not recommend inhaling a combusted substance including cannabis.
- Note: The only exception we make to these considerations would be the use of any form of cannabis use by an individual currently in palliative care.

NCPA Legislation Recommendations

1. The State of North Carolina maintain control over the retail outlets for the sale of cannabis.
 - a. This could allow for store personnel to be educated and the maintenance of their education be monitored.
 - b. Maintain an understanding of the importance of controlling the sales and the particularities of the products sold.
2. We recommend outlets input this *medical information* into the NCCSRS.
 - a. Including the dose, quantity, and percentage of THC/CBD sold
 - b. This would allow the patient's health care providers registered with the NCCSRS to have ready access to this information in the same profile as other controlled substance medication associated with their patient.
 - c. Those submitting this information at the point of distribution would not have access to other patient medical information.
3. Tax revenues made available to the State of North Carolina through the sale of these products should be in part used for prevention, treatment, research, and collection of population data, including the public health impact in general and importantly the impact on adolescents

Summary

- NCPA supports decriminalization of cannabis.
- NCPA does not see general health or psychiatric benefits established in the medical literature identifying cannabis as a therapeutic substance important enough to add to the current pharmacopoeia.
- Cannabis disorder is a growing problem in North Carolina. There is concern that establishing cannabis as a medical therapy may result in the public's and in particular adolescents' reduction in their understanding the potential for harm associated with the use of cannabis, thus increasing its use.