MSNJ policy on medical marijuana (reaffirming and modernizing current policy below):

MSNJ's official policy (much like the AMA's policy) on medical marijuana calls for more research on the clinical effectiveness of marijuana as a therapy for certain medical conditions. At present there are open questions about the effectiveness of marijuana as a medication.

AMA House of Delegates approved the following warning label language for inclusion in model legislation in 2017: "**Marijuana** has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."

In NJ, physicians may recommend marijuana for patients whose symptoms are not controlled using traditional medicines. However, without more robust research, many physicians are reluctant to do so.

MSNJ supports physicians having as many clinical options as possible to be able to treat their patients using their skill and experience as a guide. The availability of the following FDA approved medications is noted:

a) Marinol® [dronabinol] for
   - anorexia associated with weight loss in patients with Acquired Immune Deficiency Syndrome (AIDS) and nausea and
   - vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments

b) Epidiolex® [cannabidiol] for Dravet syndrome and Lennox-Gastaut syndrome, i.e. specific forms of childhood epilepsy.

From our 2011 regulatory comments, support of the medical model is contingent upon:

1. The program should **be limited to patients with established bona fide relationships with a physician**, with ongoing care and monitoring of the underlying debilitating condition.

2. The program should only be available to patients with the specified debilitating conditions and documentation by the certifying physician that

   a) the patient's diagnosis is a debilitating medical condition specified by statute and that
   b) the patient has not responded to conventional medical treatment.

3. The use of the Department of Health's Review Panel to consider and approve **any addition of qualifying debilitating conditions to the program**. The panel review provides the opportunity for careful deliberation and documentation of any expansion of the program as well as a public process. The Review Panel was created by regulations to "review petitions and make recommendations for identification and approval of additional debilitating medical conditions." Its duties are detailed in N.J.A.C. 8:64-5.2.

Current Policy

180.980 **Medical use of marijuana:** MSNJ supports the following statements on the medical use of marijuana:

That MSNJ recommend that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia, and neuropathic pain, and that marijuana be retained in schedule 1 of the Controlled Substances Act pending the outcome of such studies.

That MSNJ urge the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include: disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of a model informed consent on marijuana for institutional review board evaluation; sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes; and confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institutes on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.

That the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) and **cannabidiol (CBD)** to reduce the health hazards associated with the combustion and inhalation of marijuana.

MSNJ believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. *(BOT, 7/98)*