Resolution #11  (18) – 2018 Annual Leadership Forum

TITLE: Use of Medical Marijuana in Children in State Law

SPONSORED BY: District I

DATE: October 30, 2017

DISPOSITION: ADOPTED AS AMENDED

Whereas, many states have passed statutes allowing for the prescription of marijuana to treat medical conditions in infants, children, and teens and they primarily prescribe the liquid extract, edible form; and

Whereas, physicians and other medical professional prescribers in these states have limited knowledge of the chemical content or dosing schedule of the substances they are prescribing because of a lack of research and data on the substance’s safety, efficacy, product testing, and quality; and

Whereas, there are case reports of children treated with marijuana or its extracts reporting miraculous improvement in symptoms of severely affected children that have been otherwise unresponsive to treatment; and

Whereas, yet there is little research supporting the use of medical marijuana in children and there is good evidence to suggest that the chemicals in marijuana may be toxic to the developing brain, therefore be it

RESOLVED, that the Academy work through its chapters to advocate for state medical marijuana statutes to limit prescription of these substances to specific conditions in children by pediatric subspecialists with expert knowledge of the disorder under treatment and the risk/benefit of standard therapy.

FISCAL NOTE: None

REFER TO: 2018 Annual Leadership Forum

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BACKGROUND INFORMATION: Background Information from the Author

“Anecdotal reports continue to emerge of children with intractable
epilepsy and severe autism who show symptomatic improvement after being administered cannabinoids. The call from the public for research on cannabinoids is growing louder and many families are already using marijuana for childhood conditions—this despite very little evidence on efficacy and in the face of known long-term harms. The medical community has an urgent duty to respond. As we face a tide of rapidly changing attitudes and policies on marijuana in the US and elsewhere, it is urgent that we prioritize carefully conducted RCTs to close the current knowledge gap.” J Dev Behav Pediatr. 2015 Nov-Dec; 36(9): 767–768.

“Despite the availability of more than 20 different antiseizure drugs and the provision of appropriate medical therapy, 30% of people with epilepsy continue to have seizures.” “Cannabis-based treatment for epilepsy has recently received prominent attention in the lay press and in social media, with reports of dramatic improvements in seizure control in children with severe epilepsy. In response, many states have legalized cannabis for the treatment of epilepsy (and other medical conditions) in children and adults.” (For a list of medical marijuana laws according to state, see www.ncsl.org/research/health/state-medical-marijuana-laws.aspx.)”

“The Schedule I category limits the availability of pure cannabidiol, Δ9-THC, and other cannabinoids derived from cannabis while placing a high regulatory burden on investigators who want to study these agents in cell cultures, animal models, or patients.” “If randomized clinical trials show that specific cannabinoids are unsafe or ineffective, those preparations should not be available. If studies show that specific cannabinoids are safe and effective, those preparations should be approved and made readily available.” N Engl J Med 2015; 373:1048–1058/toc/nejm/373/11/

“The regular use of marijuana during adolescence is of particular concern, since use by this group is associated with an increased likelihood of deleterious consequences. Although multiple studies have reported detrimental effects, others have not and the question of whether marijuana is harmful remains the subject of heated debate.” “Despite some contentious discussions regarding the addictiveness of marijuana, the evidence clearly indicates that long-term marijuana use can lead to addiction.” The number goes up to 1/6 among those who start using marijuana as teenagers and
Background Information from the Committee on Substance Use and Prevention

In the Committee on Substance Use and Prevention’s 2015 policy statement, recommendation 2. The AAP opposes “medical marijuana” outside the regulatory process of the US Food and Drug Administration. Notwithstanding this opposition to use, the AAP recognizes that marijuana may currently be an option for cannabinoid administration for children with life-limiting or severely debilitating conditions and for whom current therapies are inadequate.

In the committee’s 2017 clinical report “Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana,” it states “The only studies that have been published on the use or efficacy of medicinal marijuana in children and adolescents have been limited to its use in the treatment of refractory seizures.” Therefore, developing a list of specific conditions based on scientific evidence may not be feasible.

Background Information from the Committee on Drugs

At this time, the Committee on Drugs is not addressing the issue(s) raised in the resolved portion(s) of this resolution. The Committee on Substance Use and Prevention provides leadership for policy related to the use of marijuana. The following is current information related to the topic:

As per the AAP Clinical Report, Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana, 2017, by the Committee on Substance Use and Prevention, “the legalization of medical marijuana in many states and the District of Columbia and the outright legalization of recreational marijuana for adults aged 21 years and older in a few states and the District of Columbia have resulted in changes in the access to and availability of this drug. Most of these states now allow the use of marijuana for a variety of medical conditions in adults as well as in children (with parental permission). In addition, many states have reduced penalties for the recreational use of marijuana; criminal penalties have been reduced from felonies in some cases to misdemeanors or infractions. For up-to-date information on the numbers of states
allowing these laws related to marijuana use, the reader is referred to www.aap.org/marijuana.”

The statement also notes “Studies have been conducted in adults to research the potential therapeutic effects of the class of chemicals known as cannabinoids (the active compounds in marijuana) administered either as a pharmaceutical preparation or as marijuana leaves, distilled oils, or edibles and drinkables. Cannabinoids have been shown to be helpful for adults in addressing some symptoms, such as increasing appetite and decreasing nausea and vomiting in patients receiving chemotherapy and reducing pain in chronic neuropathic pain syndromes. Cannabinoids may have adverse effects, however, such as dizziness, dysphoria, and clouded sensorium. The only studies that have been published on the use or efficacy of medicinal marijuana in children and adolescents have been limited to its use in the treatment of refractory seizures.”

The National Conference of State Legislatures (NCSL) tracks State Medical Marijuana/Cannabis Program Laws including provisions that limit use of marijuana to specific conditions. See: http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx

Background Information from Advocacy
The AAP policy statement The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update states “The AAP opposes ‘medical marijuana’ outside the regulatory process of the US Food and Drug Administration (FDA)”. Currently, a plant-derived cannabidiol is in Phase 3 clinical trials to undergo FDA approval to treat intractable seizure disorders in children. As the drug nears market, the Academy will work with AAP chapters to ensure that state Controlled Substance Acts allow the sale of marijuana-derived FDA-approved drugs.