



MEDICAL CANNABIS

Overview of State Policies

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SCHOOL OF
PUBLIC HEALTH

Disclosure

Family member previously a medical cannabis grower,
currently works for a recreational grow in Oregon

Learning Objectives



Understand the current medical cannabis policy landscape & how we got here

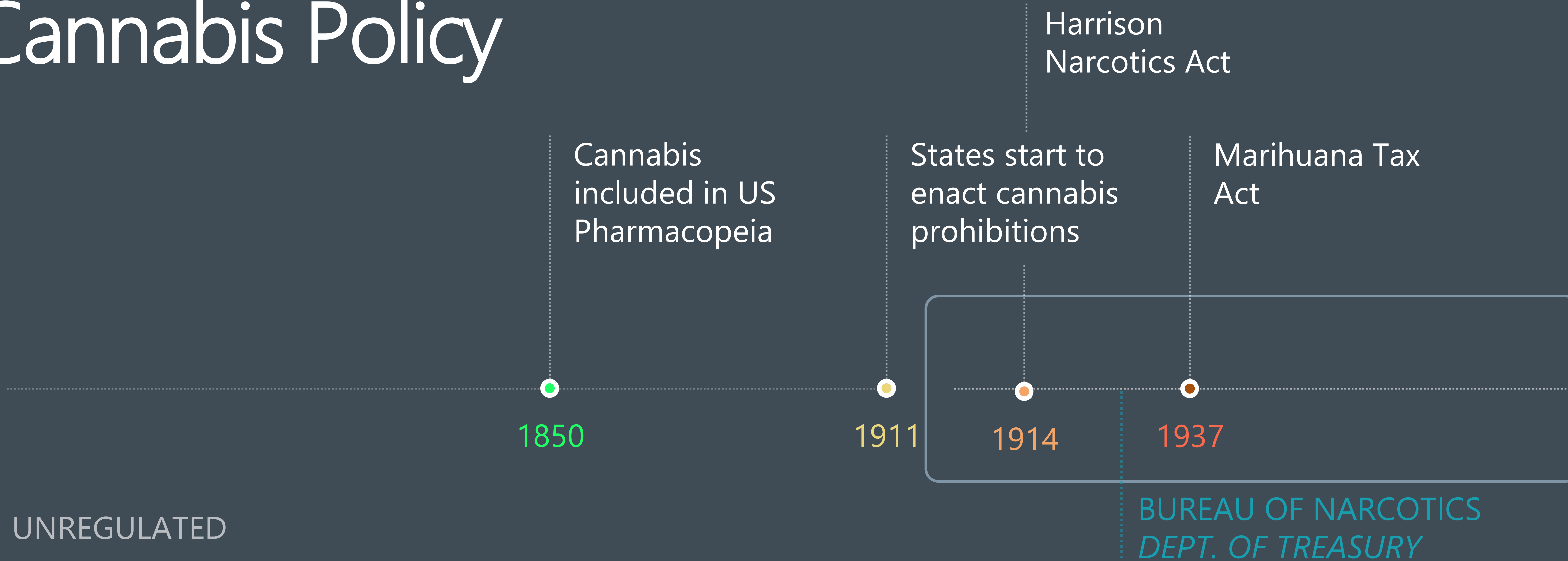


Be able to identify policy levers to “medicalize” cannabis use



Understand how states are approaching medical cannabis & opioids

US History of Cannabis Policy



Narcotic
Control Act

1956

BUREAU OF NARCOTICS
DEPT. OF TREASURY

UN Single
Convention on
Narcotic Drugs

1961

BUREAU OF NARCOTICS & DANGEROUS DRUGS
DEPT. OF JUSTICE

Comprehensive
Drug Abuse
Prevention &
Control Act

1970

States begin to decriminalize cannabis

1973

UN Convention against Illicit Traffic in Narcotic Drugs & Psychotropic Substances

1988

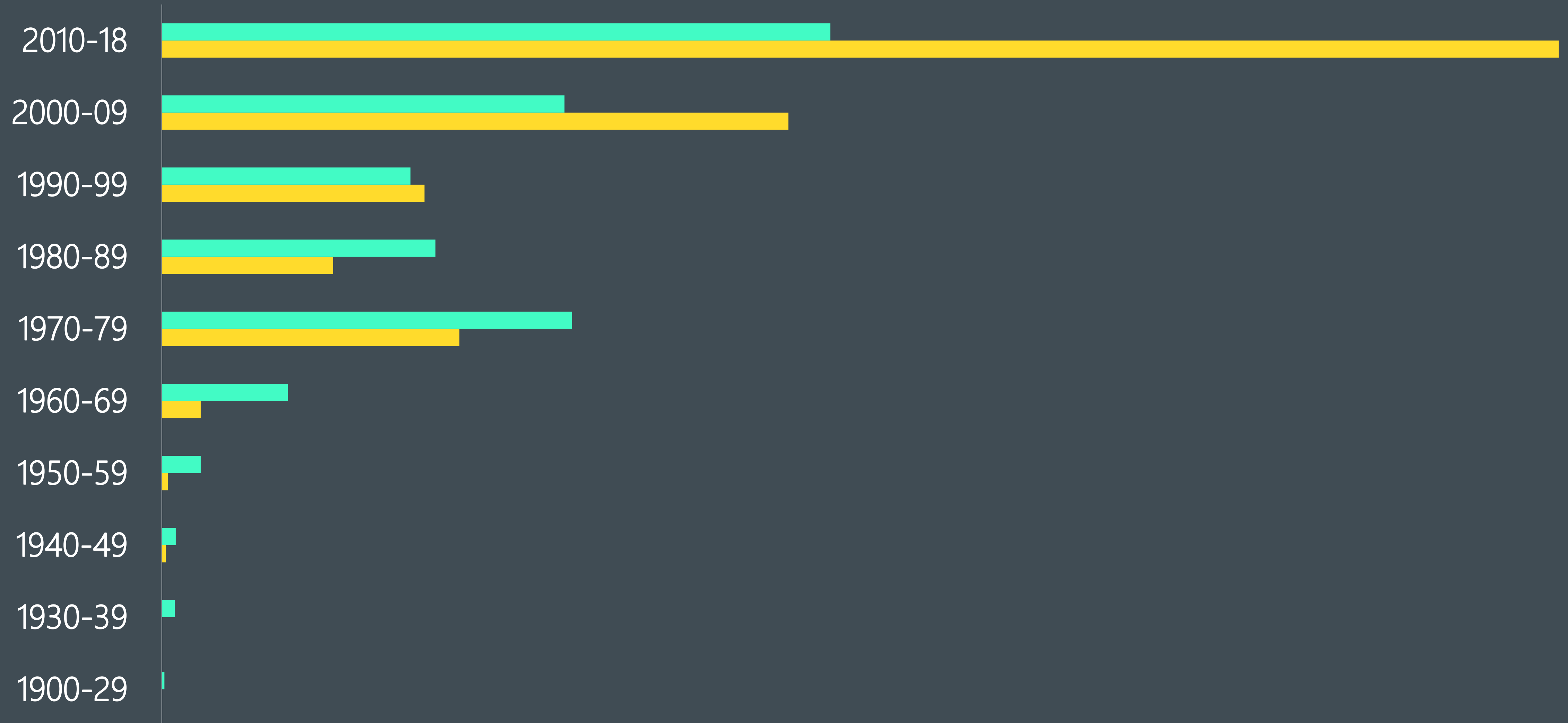
States begin to legalize medical cannabis use

1996

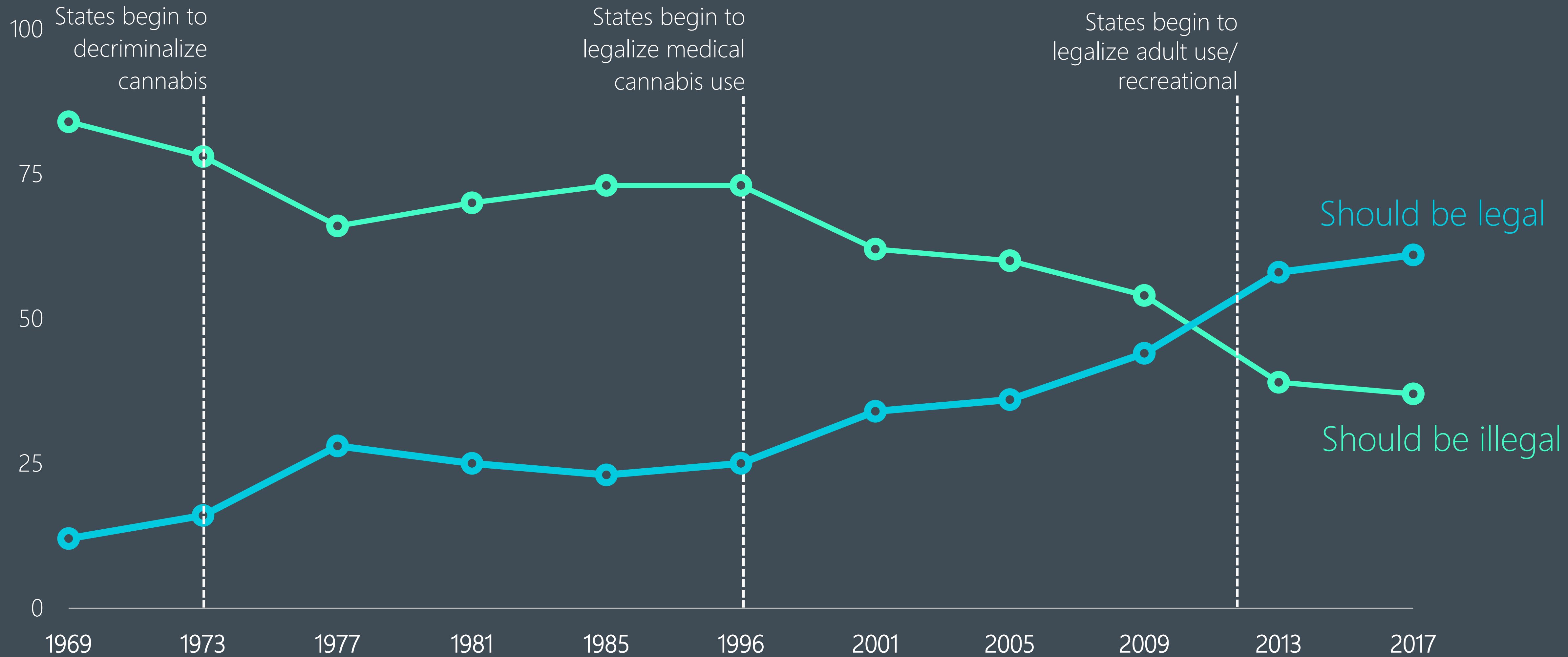
ERA OF LEGALIZATION & REGULATION

DRUG ENFORCEMENT ADMINISTRATION
DEPT. OF JUSTICE

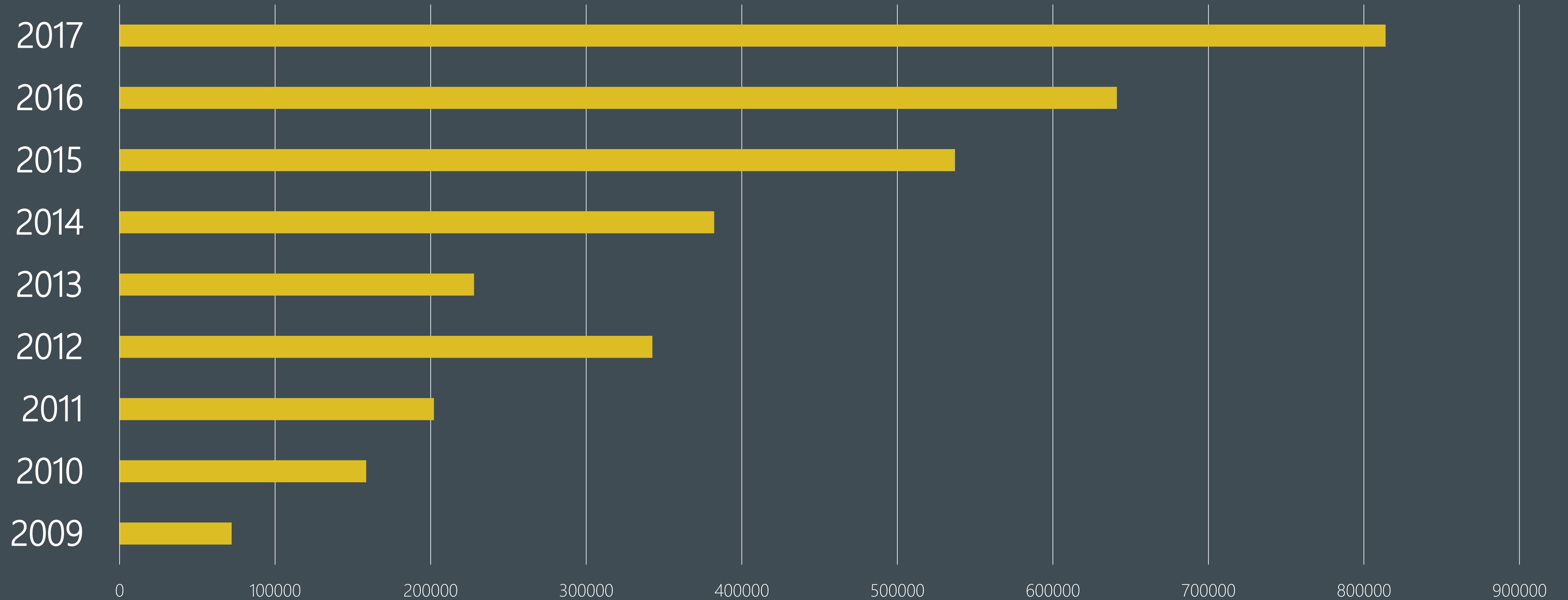
Expanding Information



Shifting Public Perception



Increasing Patient Populations



Regulating Use



Patient Requirements

States have varying requirements for patients to be registered in medical cannabis programs



Qualifying Condition

Patient presents with qualifying medical condition, as recognized by state



Certification

Medical provider certifies patient has qualifying medical condition



Registration/License

Patient registers with the state, or obtains a license to access medical cannabis



Access Legal Product

Patient accesses medical cannabis/product through legal sources

Qualifying Medical Conditions

States allow cannabis use for conditions despite a range of evidence

LIMITED EVIDENCE OF INEFFICACY



NONE OR INSUFFICIENT



LIMITED



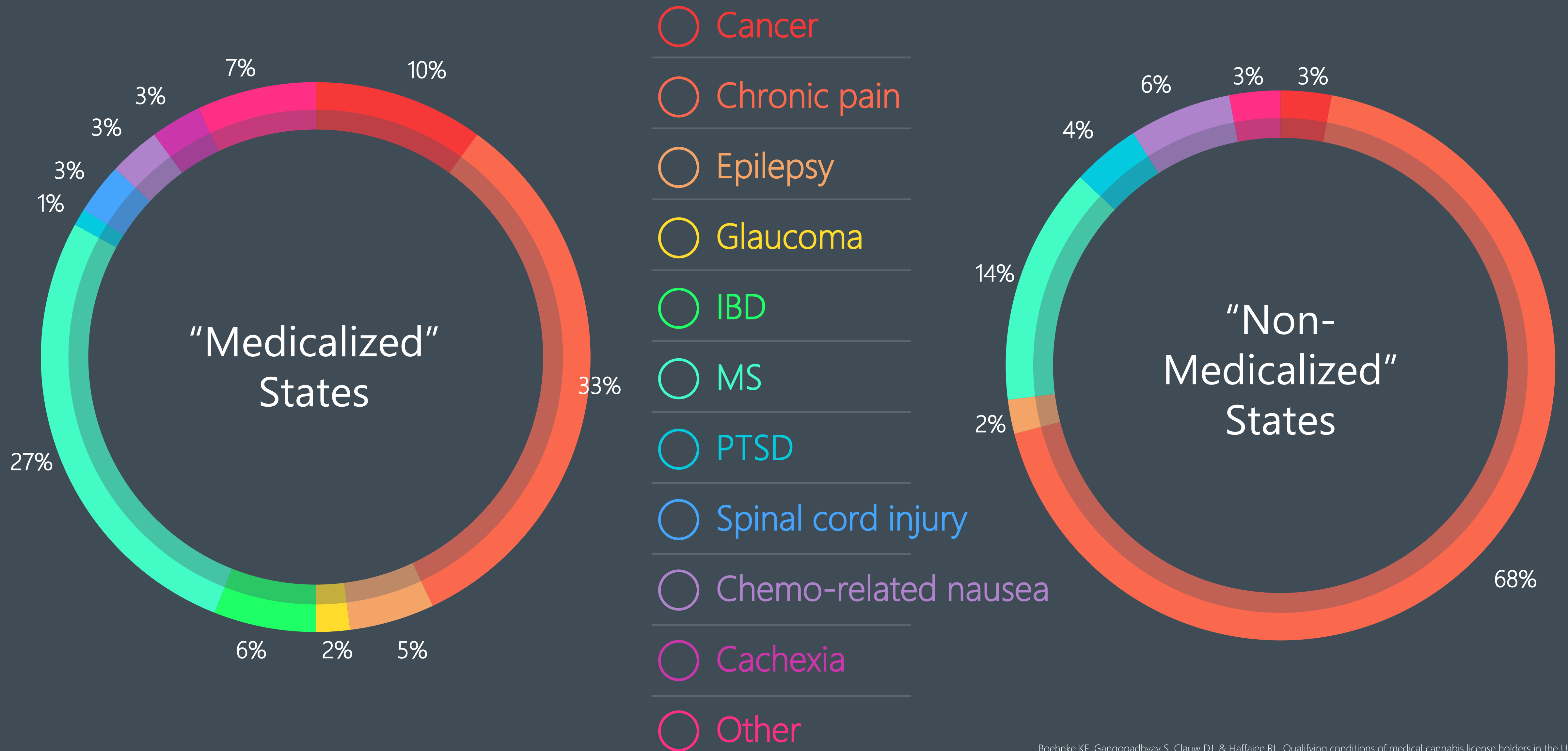
SUBSTANTIAL



CONCLUSIVE



Qualifying Conditions by State Policy Type



Medical Cannabis Policy & Opioids

MO

A chronic medical condition that Rx drug could lead to dependence, and cannabis may be **a safer alternative**

NJ

Opioid Use Disorder as an adjunct to Medication Assisted Therapy

NY

Pain that degrades health and functional capability as **an alternative to opioid use**

PA

Opioid use disorder for which conventional Tx is contraindicated or ineffective

UT

Pain lasting longer than 2 weeks not managed by conventional Tx **other than opioids or opiates**

WV

Severe, chronic pain for which conventional & **opioid Tx contraindicated or ineffective**

71.8_{/100} 4.1_{/100K}

44.2_{/100} 22_{/100K}

51.3_{/100} 15.1_{/100K}

88.6_{/100} 18.5_{100K}

73.1_{/100} 16.4_{/100K}

81.3_{/100} 49.6_{/100K}

OPIOID RX OPIOID DEATH

Considerations Related to Opioid Use

Evidence on the relationship between medical cannabis policy & opioid use is mixed

Potential
substitution
effect

Potential
no/little effect

Potential
increased risk
of OUD

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