

HOUSE OF DELEGATES
NOVEMBER 2, 2014
SAN FRANCISCO, CA

RESOLUTION

(May be submitted by any two Active Members and must be received by the Secretary or Chair of the House of Delegates no later than close of business on September 30, 2013)

INTRODUCED BY: (1) Jennifer Rafalski

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(Names - please print)

Advisors: Dr. Patrick Chan, Dr. Micah Hata and Dr. Mark Nguyen

Western University of Health Sciences
(Chapter or Division Represented, if applicable)

DATE: October 3, 2014

SUBJECT: Medical Marijuana

DESCRIPTION OF CURRENT SITUATION:

(Describe problem/concern/issue. Include history and background, facts, opinions, feelings about the situation)

1. Medical marijuana is becoming a growing topic within the medical community and among the general populace across the nation. There is current support from ASHP, CPhA and AMA to have medical marijuana changed from a Schedule I to a Schedule II Controlled Substance, in order to expand the scope of research on its medical benefits. As defined by the Controlled Substances Act, a Schedule I Substance indicates that the drug or other substance has no currently accepted medical use in treatment in the United States and therefore there is a lack of accepted safety under medical supervision. A change in the schedule for marijuana would gain more access to the substance and allow more research and safety parameters to be established. Medical marijuana should be standardized as a drug product and regulated by pharmacists in order to ensure potency, quality, and effectiveness and to monitor for toxicities. It is also necessary for pharmacists to understand the mechanism of marijuana and the potential toxicities and drug interactions that it may have and to further educate patients. CSHP does not have any current policy on medical marijuana.
2. The passing of SB 847, signed by former Governor Gray Davis, allowed for a 3-year program-overseeing objective, high quality medical research that would "enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent." In 1996 California approved the Compassionate Use Act. The act gave doctors broad leeway to prescribe the drug if they determined that a person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or any other illness for which marijuana provides relief. It is evident that medical marijuana is evolving to become a therapeutic option and it is in CSHP's interest to be on the forefront of its potential use.
3. ASHP's current position on medical marijuana (1101) states:
 - a. To oppose state legislation that authorizes the use of medical marijuana until there is sufficient evidence to support its safety and effectiveness and a standardized product that would be subject to the same regulations as a prescription drug product; further,
 - b. To encourage research to define the therapeutically active components, effectiveness, safety, and clinical use of medical marijuana; further,
 - c. To advocate for the development of processes that would ensure standardized formulations,

- potency, and quality of medical marijuana products to facilitate research; further,
- d. To encourage the Drug Enforcement Administration to eliminate barriers to medical marijuana research, including review of medical marijuana's status as a Schedule I controlled substance, and its reclassification, if necessary to facilitate research; further,
 - e. To oppose the procurement, storage, preparation, or
 - f. Distribution of medical marijuana by licensed pharmacies or health care facilities for purposes other than research; further,
 - g. To oppose the smoking of marijuana in settings where smoking is prohibited; further,
 - h. To encourage continuing education that prepares pharmacists to respond to patient and clinician questions about the therapeutic and legal issues surrounding medical marijuana use.

DESCRIPTION OF DESIRED SITUATION

(Outcome, e.g. goals, objectives, targets to be met, how desired situation relates to strategic plan)

1. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society
2. CSHP has professional policy that addresses the use of medical marijuana and establishes ground for further research and regulation.

PROPOSED ACTION(S):

(Include cost analysis and who should address the issue (Board, specific committee, specific individual(s)?.)

1. Encourage the Board to develop a policy that supports further research of medical marijuana and support its change of schedule from I to II.
2. Continue to monitor the research of medical uses of marijuana and to continue making appropriate recommendations to the Board of Pharmacy if anything changes.
3. Encourage an open dialogue and/or education of pharmacists on the medicinal uses of marijuana.

RESOURCES REQUIRED FOR PROPOSED ACTION(S)

Financial: 0
EVP time: 0
Staff time: 0

(Please use reverse side if more room is needed)