



ASAM American Society of
Addiction Medicine

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ASAM Issues New Public Policy Statement on Cannabis

Nation's leading association of addiction specialist physicians and other clinicians issues new policy recommendations to protect public health and mitigate the risks of cannabis use

Rockville, MD – In a [new public policy statement on cannabis](#), the American Society of Addiction Medicine (ASAM) reviews the medical and social science literature about cannabis use and recommends important, evidence-based policy changes that mitigate potential harm related to cannabis use in the United States. As the medical community continues to document evidence of the harms and potential benefits of cannabis use, ASAM calls for the decriminalization of cannabis use, alongside appropriate regulations and oversight that protect public health.

“Today’s public policy statement recognizes that our country’s historically punitive approach to cannabis use has caused significant harms—especially to persons of color, who are disproportionately arrested and incarcerated for cannabis possession and use,” said Paul H. Earley, MD, DFASAM, president of ASAM. “We must safeguard against the potential harms of cannabis use such as cannabis use disorder, while also recognizing that criminalization is not a constructive way to promote public health.”

The new statement makes several recommendations regarding cannabis used for medical purposes, including:

- Cannabis used for medical purposes should be rescheduled from Schedule 1 of the Controlled Substances Act to promote more clinical research and Food and Drug Administration (FDA) oversight.
- Cannabis and cannabis-derived products recommended for medical indications should be subject to FDA review and approval to ensure their safety and effectiveness.
- Healthcare professionals who recommend non-FDA-approved cannabis products for medical use should be required to complete training on risk mitigation and the prevention, diagnosis, and management of cannabis use disorder and other substance use disorders.
- Healthcare professionals who recommend non-FDA approved cannabis should do so only within the context of a *bona fide* patient-clinician relationship and only if there is evidence that the potential benefits outweigh the potential harms.

- Non-FDA-approved cannabis recommended by clinicians should be reported to Prescription Drug Monitoring Programs (PDMPs).

ASAM recommends the following regarding cannabis used for non-medical purposes:

- Cannabis use should be discouraged through evidence-based prevention programs. Given the particular risks to children and adolescents, cannabis products should not be distributed to anyone under the age of 21.
- Cannabis should be decriminalized and civil fines and fees should be eliminated, as these disproportionately punish people with limited means. States should offer automatic expungement for past minor cannabis-related convictions, so that hundreds of thousands of people — disproportionately people of color — do not remain marginalized for prior offenses.
- States that do legalize cannabis use should use models other than commercialization. The history of major multinational corporations using aggressive marketing strategies to increase and sustain tobacco and alcohol use illustrates the risks of corporate domination of a legalized cannabis market.
- The Controlled Substances Act should be amended so that — as long as states and tribes comply with substantial public health protections — its provisions no longer apply to any person acting in compliance with state or tribal cannabis laws.

“If implemented, the recommendations we issued today, developed through months of careful analysis of the existing literature, will go a long way to better protecting public health,” said Jeff Selzer, MD, DFASAM, ASAM Secretary and Chair of the Public Policy Committee. “There is a public health benefit in decriminalizing cannabis use, but smart, evidence-based policies must be implemented as well to ensure the medical and societal risks of cannabis use, including but not limited to cannabis use disorder, are minimized.”

Despite its federal status and lack of sufficient research evidence supporting medical benefits, as of 2019, 33 states and the District of Columbia have legalized comprehensive, publicly available medical cannabis programs, and 13 additional states allow the use of "low THC, high cannabidiol (CBD)" products for medical reasons in limited situations. Further, voters or legislative bodies in 11 states and the District of Columbia voted to pass measures to legalize cannabis used for non-medical purposes.

Adults and adolescents in the U.S. increasingly view cannabis use as harmless, and the prevalence of adult use and the frequency of adolescent use has increased in recent years. Between 2001-2002 and 2012-2013, the prevalence of past-year cannabis use by U.S. adults increased from 4.1% to 9.5%, respectively, and the prevalence of cannabis use disorder nearly doubled. While adolescent use of cannabis has remained relatively stable, the percentage of 8th and 10th grade students who use cannabis daily increased significantly from 2017 to 2019, and almost three-quarters of adolescents who have ever used cannabis reported using concentrated products. A 2019 [U.S. Surgeon General’s Advisory on Marijuana Use and the Developing Brain](#) notes that the risks for addiction and other negative consequences increase with the THC concentration in cannabis used and with younger ages of initiation. Evidence-informed substance use prevention and treatment interventions can avert or delay the initiation of cannabis use, stop the progression from use to harmful use or addiction, and reduce cannabis use-related negative health, social, and economic impacts.

“Our current approach to cannabis use has not only caused confusion about the health harms and potential benefits of cannabis use, but it has caused real harm, both to health of those using poorly

regulated cannabis products and to the overall wellbeing of those arrested or incarcerated for cannabis-related offenses ,” said Dr. Earley. “Without opening the floodgates to a for-profit, commercial cannabis industry to flourish, our country must change course and adopt evidence-based cannabis policies that protect and promote public health, including the ones we recommend today.”

To read the full Public Policy Statement on Cannabis, **CLICK [HERE](#)**.

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About the American Society of Addiction Medicine

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.