

MARIJUANA- AN NCSA POSITION PAPER

The area of medical use of cannabis and cannabinoids is extremely dynamic. The position outlined in this paper is framed within the mandate of the NCSA and will respond to the production and use of medical marijuana only.

The NCSA- its role and functions

The National Council on Substance Abuse (NCSA) was established as a Statutory Board in May 1995 under the aegis of the Ministry of Home Affairs. Our mandate is based on drug demand reduction in schools and the wider community.

The role and functions of the NCSA, are outlined in the NCSA Act¹ as follows:

- a) advise the Minister on measures for the eradication or control of substance abuse;
- b) advise the Minister on measures to prevent the proliferation of illegal narcotic drugs;
- c) devise, undertake and promote programmes and projects aimed at the prevention, elimination or control of substance abuse;
- d) authorise, conduct and facilitate research or surveys on substance abuse;
- e) undertake or facilitate programmes for the treatment and rehabilitation of persons affected by substance abuse;
- f) manage facilities for the treatment and rehabilitation of persons affected by substance abuse;
- g) co-ordinate or facilitate groups and organisations in the effort to eradicate or control substance abuse;

¹ http://nca.org.bb/images/stories/Library_Achieves/national_council_on_substance_abuse_act.pdf

- h) co-operate with local, regional and international organisations with interests similar to those of the Council; and
- i) solicit, receive and manage funds donated by government, the private sector, private citizens and international organisations for the functions mentioned in paragraphs (a) to (h).

POSITION

Until recently, interest in the use of cannabis for medical purposes was limited, a problem complicated by the large number of conditions for which cannabinoids are purported to be useful. This means that large, well-conducted studies are still scarce. In addition, the knowledge base is constantly changing as new studies are conducted. Interest in potential medical uses was revived in the 1990s following the discovery of a cannabinoid system in the brain (Iversen, 2003; Pertwee, 1997), which suggested that cannabinoids could be used to treat chronic pain and neurological disorders such as multiple sclerosis and epilepsy (NASEM, 2017).

Over the past few years, in the Caribbean, the legalisation and decriminalisation of marijuana have captured the attention of decision makers, as governments attempt to reconcile the differences between the benefits of medical marijuana and a framework for guiding the implementation of policy on marijuana use. In Barbados, the National Council on Substance Abuse (NCSA) is Government's lead agency for the prevention of the use and abuse of illegal and legal drugs and plays a critical role as an adviser on illicit drugs to the Minister of Home Affairs and Attorney General. The views of the NCSA on the use of marijuana in Barbados are, therefore, key to informing policy, programming and future research on marijuana. In

outlining its position on marijuana, the NCSA welcomes this debate on the legalisation and decriminalisation of marijuana but recognises the adverse consequences of the potential of the abuse of this drug like any other drug approved for legal uses, particularly among adolescents.

When, therefore, considering the outcomes of regulatory changes to allow access to cannabis and cannabinoids for medical use, in addition to considering health risks and benefits for patients, it is important to take into account the potential broader social and public health impacts. It is clear that the drug problem is multidimensional; and therefore equal importance MUST be placed on the factors which contribute to this challenge. It is from within these differing perspectives and impacts that the position of the NCSA, with respect to production and use of medical marijuana, is drawn.

USE OF MARIJUANA FOR MEDICAL PURPOSES

Cannabis has 142 different cannabinoids – active components – and each targets different illnesses. The two best known cannabinoids are Tetrahydrocannabinol (THC) and Cannabidiol (CBD). The former is the psychoactive component responsible for marijuana’s “high.” It has been said to help with pain and nausea, which has made it a much sought-after medication for patients undergoing chemotherapy.

CBD, on the other hand, works on the autoimmune system and acts as an anti-inflammatory. It is being tested on inflammatory bowel diseases (including Crohn’s and ulcerative colitis)

and has shown to be effective with conditions as diverse as autism, epilepsy, diabetes and heart disease. In addition, it is unlikely to get high from CBD.

The National Institute on Drug Abuse (NIDA)² defines medical cannabis as “using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions”. Medical cannabis drugs are delivered via pills, delayed-release gel capsules, sublingual tablets, drops, ointments, transdermal patches and metered inhalers. It is not smoked because that destroys the CBD and other components aside from THC. It is useful to note that in the European Union, no country that permits medical use of cannabis preparations recommends smoking as a mode of consumption. However, we also note that in the US, in March 2019 Florida’s medical marijuana laws were revised to allow patients to smoke the drug- a method of administration which was previously explicitly prohibited under the law. This is with caveat that it is only after the patient has tried other routes of administration and the prescribing physician determines in writing that the benefits of smoking, outweigh the risk.

The NCSA accepts that there is valid reason to prescribe marijuana for medical purposes in the treatment of specific categories of illness like those mentioned earlier. However, we are also aware that, save for limited jurisdictions, rigorous scientific testing of the use of cannabis as a medicinal remedy has been curtailed by legal restrictions. These restrictions, especially with respect to growing/production of cannabis have resulted in a dearth of research into the efficacy of the use of marijuana for medical purposes.

• ² <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

An overview of the current evidence for the medical use of cannabis and cannabinoids as well highlights the limitations of and important gaps in the evidence. This emphasises the need for additional research and clinical studies, including larger and better designed trials, studies looking at dosage and interactions between medicines, and studies with longer-term follow up of participants.

The unfortunate development arising from this anomaly is that patients, health care professionals, and policy makers are without all the evidence they need to make sound decisions regarding the use of cannabis and cannabinoids. This lack of evidence-based information on the health effects of cannabis and cannabinoids has the potential to pose a public health risk, as we had mentioned earlier, which is difficult to quantify in the absence of research. We acknowledge the policy decision to have medical marijuana generally available by prescription, and commit to providing any assistance through education which is required by our mandate. We at the NCSA are mindful of our role in ensuring that people are educated by presenting the facts and the choices available. In this regard, we have already invested in a public education campaign, appropriately developed for a wide cross-section of audiences in which we will seek to clear the smoke surrounding not only marijuana, but other drugs both legal and illegal. Public education is particularly important given that public opinion about marijuana use has changed considerably over the decades and attitudes differ by generation.

In addition, as mentioned earlier, the potential economic benefits of the medical marijuana industry ought to be balanced against the social & public health impacts. In this regard, we refer to the INCB 2017 report which cautions that poorly controlled programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. That

Report cautions that poorly controlled programmes “may increase non-medical cannabis use among adults and contribute to the legalization of non-medical cannabis use by weakening public perceptions of the risks of using cannabis and reducing public concern about legalizing non-medical (so-called “recreational”) cannabis use, which is contrary to the international drug control treaties”.

The NCSA is clear that an unequivocal position must be taken with respect to the definition of medical marijuana and its permitted/ prescribed uses. It is important not to conflate the issues of recreational use of marijuana with medical marijuana as seems to be reflected in The Report on the CARICOM Regional Commission on Marijuana 2018³: *“While usage of cannabis/ marijuana for purposes other than medicinal is often referred to as ‘recreational,’ the Commission notes that, as discussed below, cannabis/ marijuana is proven to have therapeutic properties, as a stress reliever, so that the term ‘recreational’ is somewhat of a misnomer, since it ignores the mental health issues in this paradigm”*.pp10

Is the public therefore to assume that the terms therapeutic and recreational are interchangeable? Does the use for medicinal purposes contemplate use for therapeutic and by extension, recreational use as inferred in this extract? One of the major concerns to the NCSA, is the seeming trend of medical marijuana being the forerunner to recreational use of the substance, as has happened in many jurisdictions.

The Council notes that the National Institute on Drug Abuse (NIDA)⁴ makes the distinction: *“...basic and clinical researchers seeking to obtain cannabis or cannabinoids from NIDA for*

³ Report on the CARICOM Regional Commission on Marijuana (2018), Waiting to Exhale- Safeguarding Our Future Through Responsible Socio-Legal Policy on Marijuana. Caribbean Community Secretariat

⁴ NIDA is the Federal focal point for research, treatment, prevention, training, services, and data collection on the nature and extent of drug abuse

research purposes—including efforts to determine the value of cannabis or cannabinoids for treating a medical condition or achieving a therapeutic end need—must obtain a number of approvals...”. We would therefore derive some measure of comfort if such distinction is pellucidly defined in the available protocols.

Cannabis & Driving

In some countries (e.g. Ireland, U.K) which permit use of marijuana for medical purposes, people who drive after using cannabis for medical reasons or approved pharmaceutical medical cannabis products are exempted from prosecution for cannabis-impaired driving if they can show that they were prescribed the substance and were not impaired. The main argument for granting an exemption is that it will enable patients who use cannabinoids for medical purposes to live a more normal life. The fact that regular use of cannabis could result in low levels of THC in the blood for long periods following use without apparent impairment may be a consideration. The counterargument is that use of prescribed cannabis can still cause impaired driving and threaten road safety.⁵

GROWTH and PRODUCTION of MARIJUANA

We recognise that the emerging marijuana business will bring both opportunities and challenges:- opportunities in several areas including business, marketing, design, technology, the culinary arts, legal support, law enforcement, or certain skilled trades like technology, carpentry, or electrical work. More importantly as further research is

⁵ Cannabis and driving: Questions and answers for policymaking

encouraged and the industry matures it may build the institutional capital needed to sustain our own industry.

However, as cautioned by one of the major growers in Florida at the Florida Agricultural Policy Outlook conference in February 2019, “ Growing medical marijuana is not a get rich scheme. It is a cumbersome process. Some other challenges which are of concern to the NCSA are outlined below:

- Approval of marijuana for medicinal use is a fairly new practice. For that reason, marijuana’s effects on people who are weakened because of age or illness are still relatively unknown. Older people could be more vulnerable to the drug’s harmful effects.
- How will security of the crop be ensured?
- What systems for quality assurance will be established and maintained?
- If producing, how is money properly accounted for? Implications for banks who must comply with us-based regulations?
- Occupational Health Hazards - Protection of employees working directly in the industry
- Environmental implications
 - disposal of waste
 - water intense crop
 - exposure to volatile organic compounds
 - air quality and odour control for growing/producing & or processing
- Public Health

RECOMMENDATIONS

The National Council on Substance Abuse reiterates its earlier comments on the Draft Cabinet Paper on the National Policy for the Development of a Medical Marijuana Industry in Barbados and the Policy Paper on Medical Marijuana which was prepared by the Ministry of Agriculture and Food Security.

The NCSA:

- Supports the need for a sustained public education programme to ensure that the public is sensitised to the issues surrounding the introduction of medical marijuana and to allay any associated fears: The Council, by nature of its mandate, is well placed to add value through its educational and programming outreach to its various publics.
- Proposes that amendments be made to the NCSA Act to allow for the Council's support of the use of medical marijuana
- Supports the establishment of a central dispensing agency for medical marijuana. The growth of marijuana by patients for their medicinal use should not be allowed.
- Supports the position that persons must be suffering from a medically recognised disease or illness, which is causing a symptom for which there is no effective treatment other than medical marijuana.
- Recommends that the relevant Ministry to draft as a matter of priority and implement regulations and public policies regulating the medicinal use of pharmacological derivatives of cannabis.
- Recommends the provision of training to increase the number of professionals who can safely prescribe marijuana. One example is the "Society of Cannabis Clinicians

Clinical Cannabinoid Medicine Curriculum” which was developed in collaboration with the Medical Cannabis Institute.

- Supports the implementation of measures to ensure that robust and urgent attention be given to ensuring compliance with and/or strengthening regulations to increase financial transparency for producers and cultivators
- Supports efforts to establish systems for quality assurance and recommends that consideration be given to the inclusion of the Barbados National Standards Institute on the Medical Marijuana Authority Board

In summary, the Council supports the use of medical marijuana strictly regulated by Government, underpinned by a properly executed public education campaign appropriately developed for a wide cross-section of audiences buttressed by training primary health care providers. However, we believe that the infrastructure needed to support the growth and production of marijuana for medical purposes needs careful attention as the local industry develops.

CONCLUSION

Barbados will need to approach medical marijuana based on the current cultural context of the substance and laws surrounding its use. Parallel to the policy to decriminalise marijuana for medical purposes must be a national appetite to conduct more research to establish usage trends, with the requisite injection of funding. The Council will continue to support policy development in this regard, by monitoring closely what works and what doesn't work when it comes to making medical marijuana accessible to the general public while maintaining high safety standards and regulations.

REFERENCES

- Inter-American Drug Abuse Control Commission. Standardized indicators for National Drug Information Networks in the Caribbean. v.; cm. (OAS. Official records ; OEA/Ser.L/XIV.6.54).ISBN 978-0-8270-6664-9
- <https://news.harvard.edu/gazette/story/2017/02/playing-catch-up-on-marijuana/>
- Rosalie Liccardo Pacula, PhD_ "State Medical Marijuana Laws: Understanding the Laws and Their Limitations," *Journal of Public Health Policy*, 2002
- <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>
- Report of the CARICOM Regional Commission on Marijuana(2018), Waiting to Exhale- Safeguarding Our Future Through Responsible Socio-Legal Policy on Marijuana. Caribbean Community Secretariat