

Oregon Medical Marijuana Act Debilitating Medical Conditions Advisory Panel

Attention Deficit Disorder Research Review

NOTE: This research review concerns one petition to add Attention Deficit Disorder (ADD) to the list of debilitating medical conditions covered under the Oregon Medical Marijuana Act. It should be noted that there is a lack of randomized clinical research studies that would give high confidence to this report. This situation is due in part to a lack of funding for clinical research dedicated to describing cannabis' therapeutic potentials. Conclusions are; therefore, mostly based upon the petitioner's submitted documentation and comments in live testimony.

1. CONSIDERATION OF EVIDENCE

Description of Evidence Considered:

1. Petition submitted by petitioner and live comments.

The petitioner is a person who carries a long-standing diagnosis of ADD for which he has tried many pharmaceuticals, including Buspar, Cylert, Ritalin and Dextrostat. He describes varying medication intolerances, which decrease his functional level. He describes in depth the rigorous demands of his computer work and the fact that he publishes a technical newsletter and works in multiple computer languages at a very advanced level. He relays in some depth that he has used, and continues to use cannabis as the most beneficial substance by far, of any medication he takes. He relays that he has a medical necessity for cannabis. Without it, his cognitive ability steadily declines to the point where he is unable to understand the computer programs he has previously written. He apparently loses global functioning because he is unable to integrate parts of the program into the whole- an indispensable requirement for people who write computer programs.

The petitioner states:

“ I was unable to function professionally during much of 1999 as a result of suspending my use of medical marijuana in order to reassess my unmedicated state, and to try alternative medications.”

He also relates that cannabis allows him to continue with other medications and repeatedly emphasizes that:

“Medical marijuana remains the only single medication that provides an adequate solution for my condition, and remains a necessary component in a multi-drug approach.”

Interestingly, this petitioner testifies that he prefers low-THC leaves because they deliver enough of the other cannabinoids to be effective without the intoxicating side-effects. Attached to the petition is a one-page progress note handwritten by his physician. It says: "Note- medical marijuana may help." There is no other information from the physician discussing the petitioner's use of cannabis. His petition comments include four pages of notes and bibliography describing poorly understood causes of ADD related to neuro-transmitter imbalances.

GRADE: Excellent evidence that the petitioner benefits from using cannabis although based upon a superficial examination of his medical history.

2. Summary of 2,480 Medical Marijuana Patients Interviewed by Dr. Tod Mikuriya [Submission to the Association for Cannabis Medicine.]

This paper summarizes ICD classifications for diseases, and categorizes the data according to mentions of cannabis use. It lists indications by number of patients and percentage. According to the table, 26% of Dr. Mikuriya's patients-comprising 660 patients-use cannabis to treat mood disorders including depression, anxiety disorder, attention deficit disorder, and panic disorder.

GRADE: This survey relates good to excellent survey evidence of therapeutic use of cannabis for some persons diagnosed with ADD.

Clinical Effectiveness (and comparison with established alternatives)

For this person, based upon a superficial understanding of his disease and medical options, cannabis appears highly beneficial and indispensable to his functioning.

Health Benefits and Risks:

The health benefits for the petitioner are clearly articulated above- namely, the ability to function successfully in his business. For others with ADD, this is less clear.

Risks of use appear centered around the pulmonary effects of smoking as well as interactions with other medications.

Factors Affecting Safety, Effectiveness, and Related Considerations for All patients and for Specific Patient Types.

[See above]

Net Health and Overall Impact of Medical Marijuana Use for This Condition:

Unknown due to a lack of data.

Other Considerations

[None]

II. Performance on Assessment Criteria

1. Quality and Sufficiency of Available Evidence: *There is sufficient available evidence of sufficient quality to permit reaching a sound determination relating to the use of medical marijuana for the treatment of this condition.*

NO

Comments: There is a nearly complete lack of information other than a few case reports that cannabis is effective in treating this condition.

2. [A] Clinical Effectiveness: *The use of medical marijuana for this condition is clinically effective.*

NAD

Comments: The use of medical cannabis for the petitioner appears justified and is clinically effective.

B] Relative Clinical Effectiveness: *The use of medical marijuana for this condition is clinically effective relative to established alternative treatments for this condition.*

NAD

Comments:

{See #2[A]}

3. Health Benefit/ Risk Ratio: *The health benefits of medical marijuana use for this condition outweigh the health risks.*

NAD

Comments: The use of medical cannabis for this patient appears to create a clear health benefit. The extent to which this finding can be expanded into the entire ADD population is unclear.

4. Net Health Impact: *The use of medical marijuana for this condition improves net health outcomes (functional status and/or ability to perform activities of daily living) for those individuals with this condition who use medical marijuana.*

NAD

5. Net Overall Impact: *The use of medical marijuana for this condition improves net overall outcomes (quality of life and/or perceived satisfaction with condition improvement) for those individuals with this condition who use medical marijuana.*

NAD

6. Safety, Effectiveness, or Related Issues: *There are no such compelling or overriding issues that alter any of the determinations regarding the use of medical marijuana for the treatment of this condition that would have been reached absent these issues.*

Comments: For the majority of persons with ADD who take many dangerous prescription drugs the relative benefit of cannabis may be significant. Effectiveness cannot be determined based upon this small evidence base.

III. Overall Findings and Recommendations

Summary of Findings

This evaluation consists of one petitioner submission including several pages of documents and personal accounts of the efficacy of cannabis in treating his ADD. It also consists of one survey result from Dr. Mikuriya describing a number of patients he has interviewed who attest to cannabis' value in treating their symptoms.

Recommendation Regarding Adding this Condition to the list of “Debilitating Medical Conditions” for Purposes of the Oregon Medical Marijuana Act

Add disease to list of disease conditions pursuant to ORS 475.302(2)(a)

COMMENTS: My “default” position in this matter must be to add the condition to the list of debilitating conditions for the following reasons:

There is a complete lack of clinical data to support a finding that cannabis is an effective treatment for ADD. The information base is circumstantial. This is in large part due to Federal policies which routinely reject any research request aimed at establishing the basis for cannabis' efficacy. This policy of neglect must not be used to justify continuing criminal penalties against patients.

Also, a decision to not add this disease may result in patients with this condition being forced to break the law in order to gain relief (Unless a symptom-based designation is made which encompasses agitation or anxiety.) Nursing ethics require me to act in a way, which protect patients from harm. Contact with the criminal justice system will not result in any benefit for this patient, and may well cause further deterioration in his condition. Mental disorders should be treated on a par with physical disorders. The decision as to who should be allowed to access the Marijuana Registry Program should be made by patients in consultation with their physicians in the privacy of an exam room, not by elected leaders with political axes to grind. A decision to disallow persons with ADD from accessing the Marijuana Registry Program will perpetuate a policy of criminalizing ill people instead of treating them, and cost the taxpayers of Oregon a significant amount of money to enforce.

RATIONALE Re: this recommendation

Persons who suffer from any disease, whether physical or mental should be protected from harm whether that be misguided government policy or public misperception. The voters of Oregon clearly articulated the belief that ill people who are under the care of a physician should be exempted from criminal sanctions for limited use of cannabis. Therefore, it is my belief that ADD should be added to the list.

Submitted by:

Edward Glick, RN

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