

Department of Health and Human Services

Guidance on the Suggested Use of Medical Cannabis

Amyotrophic Lateral Sclerosis

About this document: The following information on the use of medical cannabis serves as a suggested use guide for those participating in the Utah Medical Cannabis Program. The intended audience for this document includes qualified medical providers, pharmacy medical providers, patients intending to use medical cannabis, and caregivers of patients intending to use medical cannabis.

This document details the guidance on the use of medical cannabis for amyotrophic lateral sclerosis (ALS). This document does not include general instructions on the use of medical cannabis, contraindications, warnings, precautions and adverse reactions to using cannabis and drug-to-drug interactions which could be found in the extended guidance document titled *Guidance on the Suggested Use of Medical Cannabis*. The extended guidance document can be found on the Department of Health and Human Services Center for Medical Cannabis website (www.medicalcannabis.utah.gov).

About the authors: This document was authored by the Utah Cannabis Research Review Board and Department of Health and Human Services staff.

About the Utah Cannabis Research Review Board: Under Utah Health Code 26-61-201, the Cannabis Research Review Board is a board of medical research professionals and physicians who meet on a voluntary basis to review and discuss any available scientific research related to the human use of cannabis, cannabinoid product or an expanded cannabinoid product that was conducted under a study approved by an Institutional Review Board (IRB) or was conducted and approved by the federal government.

DISCLAIMER

The following information on the use of medical cannabis serves as a suggested use guide for those participating in the Utah Medical Cannabis Program. This document has been vetted and approved by the Utah Cannabis Research Review Board under Utah Health Code 26-61-202.

This document is a summary of available peer-reviewed literature concerning potential therapeutic uses and harmful effects of cannabis and cannabinoids. With the ongoing nature of cannabis and cannabinoid research, it is not meant to be complete or comprehensive and should be used as a limited complement to other reliable sources of information. This document is not a systematic review or meta-analysis of the literature and has not rigorously evaluated the quality and weight of the available evidence. There is a lack of controlled clinical trials yielding high level evidence of predictable therapeutic benefit for any given condition other than those for FDA approved formulations. This document includes warnings and risks related to the use of cannabis including cannabis use disorder, potentially irreversible brain damage/mental illness, and legal liability for DUI and potential for adverse work-related consequences.

All patrons participating in the Utah Medical Cannabis Program are advised to use this document and any such document produced from this original document as informational and educational. The use of medical cannabis is at one's own risk. **Medical cannabis is NOT a first line therapy for most medical conditions.**

The information in this document is intended to help as far as available data allows Utah health care decision-makers, health care professionals, health systems leaders, and Utah Medical Cannabis patients to make well-informed decisions and thereby improve the quality of health care outcomes in patients using medical cannabis use. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process.

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IMPORTANT NOTE: As always, in the event of significant side effects, stop use of medical cannabis until side effects have resolved, and then reduce to previous, best-tolerated dose. To avoid unwanted psychoactive side effects, “**start low and go slow**” especially when using cannabis products for the first time or using new dosages or types of products.

There is insufficient evidence to support or refute the conclusion that medical cannabis or cannabinoids are an effective or ineffective treatment for amyotrophic lateral sclerosis (ALS).

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Amyotrophic lateral sclerosis (ALS) is a progressive and fatal adult neurological disease resulting from the death of anterior horn motor neurons. The cause of this disorder is not known and there is no known treatment. Very limited evidence from pre-clinical studies of ALS suggests that certain cannabinoids modestly delay disease progression and prolong survival in animal models of ALS, while the results from a very limited number of clinical studies are mixed. Due to the small number of studies and equivocal results, evidence-based recommendations for the use of medical cannabis in the treatment of ALS cannot be made. However, because of the bleak prognosis for patients with ALS, a therapeutic trial of medical cannabis in patients with ALS may be reasonable.