

# 2022 Annual Report

## Cannabis Research Review Board

November 1, 2022

To: Health and Human Services (HHS) Interim Committee  
From: Cannabis Research Review Board  
Subject: 2022 Annual Report

### Executive summary

This report submitted by the Cannabis Research Review Board (CRRB) summarizes the Board activities from October 2021 to September 2022. The content of the report is as follows: (1) Board history; (2) Board duties; (3) Board composition; (4) Board members and qualifications; (5) Board meetings; (6) description of how the Board fulfills its duties; (7) highlights from the Board's evaluation of scientific research; and (8) the Board's recommendations to the HHS Interim Committee.

### Current members

Katherine Carlson, MD, Board Chair  
Matthew McIff, MD, Board Vice Chair  
Perry G. Fine, MD, Past Chair  
Michael Moss, MD  
Jennifer Norris, MD  
Misty Smith, PharmD  
Brian Zehnder, MD

### Contact information

Questions or comments about this report may be sent to [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov).

## 1. Board history

The Board was created by the Utah Legislature in 2017 upon passing the Cannabinoid Research Act and House Bill 130. It was first known as the Cannabinoid Product Board. In 2022, lawmakers changed the name to the Cannabis Research Review Board (CRRB).

## 2. Board duties

Utah law outlines the Board's duties as follows: (1) to review scientific research regarding cannabis use; (2) to evaluate the safety and efficacy of cannabis products; and (3) to develop guidelines for treatment with cannabis products.

## 3. Board composition

Utah law requires that the Board consist of seven members appointed by the Department of Health and Human Services (DHHS). Three Board members must be medical research professionals, and four must be physicians registered with DHHS as qualified medical providers (QMPs) in the state's medical cannabis program. DHHS must consult with the Utah Medical Association when selecting Board members, and at least one Board member is to sit on the Controlled Substances Advisory Committee (CSAC). The Board elects its leadership and votes on all recommendations as a Board.

## 4. Board members and qualifications

The Board consists of seven medical professionals who reside throughout the state of Utah. Four of the seven Board members are QMPs participating in the medical cannabis program. As of September 28, 2022, the Board's four QMPs have issued 984 medical cannabis recommendations for Utah medical cannabis patients. The remaining members are medical research professionals who bring expertise in evaluating study methodology, statistical analysis, and evaluation of scientific rigor.

## 5. Board meetings

The Board holds monthly meetings and additional meetings on an as-needed basis. All meetings are open to the public and held in compliance with the Utah Public Meetings Act. Since the beginning of the COVID-19 pandemic, the Board has held its meetings virtually.

The Board meeting agenda consists of administrative items, presentations, published research discussions, and collaboration with DHHS staff to develop resources and guidelines for QMPs. Research reports and findings are shared via email with Board members. The Board also discusses the scientific quality of the data and implications for medical cannabis use in Utah. The Board uses this research to assist staff in developing resources and treatment guidelines for QMPs. The Board invites subject matter experts to present at the Board meetings. The subject matter experts provide an in-depth analysis of contemporary peer-reviewed literature on cannabis use as medicine for various clinical conditions.

## 6. Description of how the Board fulfills its duties

The Board's duties are outlined in [UCA 26-61-202](#). Each duty and a description of how the Board completes them are listed below:

Review scientific research regarding cannabis use. The Board reviews any available scientific research related to the human use of cannabis products that: (1) was conducted under a study approved by an IRB; (2) was conducted or approved by the federal government; or (3) was conducted in another country and demonstrates, as determined by the Board, a sufficient level of scientific reliability and significance to merit the Board's review.

- In 2022, the DHHS contracted with an academic pharmacist, Lauren Heath, PharmD, MS, BCACP, to perform ongoing literature reviews of scientific research on the human use of cannabis. Based on her thorough literature reviews, Ms. Heath brings the Board's attention to research studies of scientific rigor that warrant review and discussion.
- It is important to the DHHS and the Board that the industry and the public always feel welcome to submit studies for the DHHS and the Board to review and discuss during its meetings. The DHHS and Board seek to create an inclusive program and educated community by continuing to consider studies submitted by the industry and the public.

Evaluate the safety and efficacy of cannabis products. The Board evaluates the safety and efficacy of cannabis products, including (a) medical conditions that respond to cannabis products; (b) cannabis and cannabinoid dosage amounts and medical dosage forms; (c) interaction of cannabis products with other treatments; and (d) contraindications, adverse reactions, and potential side effects from the use of cannabis products.

Over the last two years, the Board has done the following:

- Systematically reviewed the evidence supporting medical cannabis for qualifying conditions.
- Invited subject matter experts to present literature and data reviews.
- Performed internal reviews of studies containing human clinical trials that use ethically and methodologically sound standards.

The work products and actions of the Board are found at <https://medicalcannabis.utah.gov/resources/cannabinoid-product-board/>. The recent research and review topics are outlined in Section 7 of this report. Based on the Board's evaluation of scientific research, members develop guidelines for treatment with cannabis products. The guidelines are available under the drop-down menu titled, "Cannabis Research Review Board Documents." These guidelines are updated with any new clinically relevant data every two years.

## 7. Highlights from the Board's evaluation of scientific research

- Delta-8 THC and related synthetically derived cannabinoids. Ethan Russo, MD, presented THC analog research to the Board on December 14, 2021. The Board concluded that Delta-8 THC is poorly studied, has no known therapeutic value, and has appreciable risks. Authoritative bodies strongly advise against the use of this compound. The Board agreed with these recommendations and its position statement is titled [Delta-8 THC and Analog/Synthesized Cannabinoids](#).
- Treatment of cancer pain with cannabis. Daniel Odell, MD, presented to the Board on this topic on October 12, 2021. Dr. Odell concluded that: (1) translatable data from promising preclinical studies to clinical practice is lacking; (2) current regulations largely limit more extensive, robust clinical studies; (3) the survivorship population will continue to grow along with pressure to decrease the use of opioids; and (4) the active cancer population remains reliant on opioids. The Board agreed with these conclusions and its findings are titled [Cancer and CINV](#) as well as in the Board's [Guidance on the Suggested Use of Medical Cannabis – Cancer](#).
- Treatment of acute pain with cannabis. Lauren Heath, PharmD, presented to the Board on this topic on June 14, 2022. Ms. Heath concluded that the limited evidence from randomized controlled trials of patients with acute pain conditions is inconclusive regarding the anti-nociceptive effects of cannabinoid products for acute pain. Ms. Heath's presentation is titled [Cannabis Acute Pain](#). The Board agreed with these conclusions and findings and its decision in the Board's minutes.
- Chronic pain cannabis and plant-based therapies AHRQ overview. Lauren Heath, PharmD, presented to the Board on this topic on September 13, 2022. Ms. Heath concluded that the systematic review did not offer any new scientific evidence to update the current chronic pain guidance document. Ms. Heath's presentation is titled [Summary of the AHRQ Systematic Review on Cannabis/Plant-Based Treatments for Chronic Pain](#) and is located at [medicalcannabis.utah.gov](https://medicalcannabis.utah.gov) under "Presentation Documents." The Board agreed with these conclusions and findings and the discussion is noted in the meeting minutes.

## 8. Board recommendations

The Board has recommendations to share with the Health and Human Services Interim Committee. These recommendations are outlined below:

- Ongoing communication between lawmakers and the Board. The Board welcomes lawmakers and staff to virtually participate in Board meetings and to proactively review our meeting agendas, minutes, and other materials published at <https://medicalcannabis.utah.gov/resources/cannabinoid-product-board/>. The Board presented an update and overview of the program at the Medical Cannabis Governance Structure Working Group meeting on August 8, 2022. The Board realizes lawmakers and their staff have busy schedules but hopes meetings with lawmakers can be more frequent. The DHHS recently hired an outreach specialist to help make

sure lawmakers and their staff receive regular updates regarding Board business.

- Medical cannabis governance structure changes must ensure the preservation of the Cannabis Research Review Board. The Board strongly encourages an operationally sound governance structure that creates accountability for those involved in the medical cannabis program. The legislature showed wisdom in creating the Board as a scientific advisory board that operates independently of any self-interest or agenda. Regardless of governance structure, the Board's charge and focus must remain to provide accessible, up-to-date, clinically relevant, applicable, and factually correct information. The Board is open to reviewing all literature concerning the treatment of qualifying clinical conditions and then determining whether or not there is relevance and methodological value in that material. Consistent with other governance structures throughout state agencies and programs, safeguards must be in place to prevent—or reveal—financially or politically driven influences. Regardless of the governance structure, we must actively promote and enforce adherence to evidence-based practices for safe and effective use of cannabis products, consistent with prevailing medical standards of care.
- Address concerns regarding the popularity of products with high THC concentration. A review and ongoing effort to create a readily accessible list of the more than 1,000 products available to medical cannabis cardholders in Utah reveals that the vast majority of the products available for purchase greatly exceed THC doses and THC:CBD ratios recommended by evidence-based dosing guidelines that have been adopted or promoted by the Board. Risks of high dose THC exposure, especially regularly, greatly exceed any known or potential therapeutic benefits. The absence of controls on dosing regimens poses serious long-term individual and public health risks that have not been sufficiently addressed by policy or regulations. The Board recommends that restricting the availability of high-dose THC products be a priority for legislative review and action.
- Address concern regarding the effects of cannabis obtained from approved sources on driving impairment. A presentation titled [THC and crash data](#) was delivered to the Board in April 2022 by the Utah Department of Public Safety Highway Safety Office division director. The presentation caused concern about traffic accidents, including fatalities, that involve cannabis. More work is needed to understand this relationship. Board member, Dr. Michael Moss, has volunteered to take on this assignment. The Board recommends that the appropriate legislative committee become involved in this effort to understand and mitigate risk.
- Address concern regarding acute pain added as a qualifying condition. The legislature added acute pain this year as a qualifying condition without scientific foundation or input from the Board. A thorough review of the scientific literature does not support the use of cannabis for acute pain. Especially in trauma or perioperative populations, expert consensus suggests that risks outweigh any potential benefits compared with other readily available conventional approaches to acute pain management. The Board recommends that lawmakers address this concern.