University of the Philippines Manila Position Statement on Proposed House Bills 241, 2007, 4638, 7817, 4866 , 243, 7616, 6783, 4208 of the 19th Congress

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The University of the Philippines Manila is an autonomous unit of the UP System (Executive Order No. 519, 1979). In 1982, UP President Edgardo Angara issued Executive Order No. 4 and recognized UP Manila as the Health Sciences Center of the University (EO No. 4, 1982). As UP's Health Sciences Center, it is mandated to improve the health of Filipinos by constantly ensuring the relevance and excellence of its academic programs, generating significant knowledge and technologies through research, and rendering varied forms of health training and extension services to Filipino communities. The programs and services address the priority health concerns of Filipinos and are being undertaken through close partnership and collaboration with the government, policy makers, other health institutions, and professional health groups.

UP Manila reconstituted the Technical Working Group in response to a request from the House of Representatives Committee on Dangerous Drugs for a position statement on proposed house bills 241, 2007, 4638, 7817, 4866, 243, 7616, 6783, 4208 of the 19th Congress.

The Technical working group is comprised of academic and medical/clinical experts from different fields of medical sciences, health sciences, and health social sciences doing

research, teaching and practice in the health professions from National Institutes of Health, UP College of Medicine, UP National Poison Management and Control Center, UP PGH, UP PGH Cancer Institute and UP College of Arts and Sciences.

The UP Manila maintains that any law created for the protection and maintenance of health of the Filipino people should be evidence-based, rights-respecting, culturally-appropriate and cost-effective as enshrined in the Universal Health Care Act (RA11223) and other health-related laws (e.g. RA 11036 - National Mental Health Act).

Published literature on the **efficacy of cannabis and cannabis products** has found that:

- In **epilepsy**, **significant evidence for seizure reduction** in specific intractable epilepsy syndromes, particularly Dravet Syndrome, Lennox Gastaut syndrome and tuberous sclerosis complex, has been found for pharmaceutical grade cannabidiol. The evidence for the use of other cannabidiol preparations is insufficient.
- For **spasticity from multiple sclerosis**, cannabinoids (nabiximol, dronabinol, nabilone) only have **modest efficacy in** reducing muscle spasticity in adults with multiple sclerosis.
- The evidence for the use of cannabis or its products for the **relief of pain** remains **insufficient** to recommend its use in clinical practice.
- Studies are still underway to investigate the efficacy of various specific cannabis products on different types of primary headache disorders, traumatic brain injury, sleep disorders and other conditions.

We are also aware of the unlicensed utilization of cannabis products to treat various conditions in the country. We are not blind to these various positive patient experiences. However, these anecdotes do not constitute sufficient scientific evidence for efficacy.

New published literature, covering the years 2018-2023, also describe **additional deleterious effects** arising from use of cannabis and cannabis products such as:

- Increased risk of psychotic and nonpsychotic bipolar disorder and unipolar depression from a population-based cohort study in Denmark evaluating over six million patients
- Higher incidence of admission for acute limb ischemia based on a case control study involving over 800,000 patients with a diagnosis of cannabis use disorder

- Increased DNA methylation markers associated with recent and cumulative use of marijuana in pathways important for cognitive function, immunologic function, for cellular proliferation, hormone signaling and infection
- Increased risk for stroke
- Increased adverse neurocognitive effects among adolescents
- Increased intractable vomiting
- Increased cardiovascular disease

In addition, both THC and CBD can potentially interact with pharmaceutical agents for co-morbid illnesses. They both can inhibit or stimulate the action of specific cytochrome p450 enzymes.

Marijuana is a dangerous drug.

Efficacious forms of medical marijuana can be made available for patients through a compassionate special permit.

The Food and Drug Administration (FDA), the regulatory agency for drugs in the country, allows the compassionate use of medicines with established efficacy when these drugs are not yet registered in the Philippines (DOH AO 2022-028). The requirements of the permit are stringent and physicians or specialty societies that seek to use the drugs for their patients are duty bound to monitor the response of their patients and report any adverse effects arising from the use of the drugs

The Dangerous Drugs Board recently allowed the registration and use of medicinal products containing <0.1% THC. The World Health Organization also has recommended the removal of cannabidiol preparations with <0.2% THC from strict international regulation. Cannabis however remains to be listed as a Schedule I drug by the international conventions governing dangerous drug movements in the world.

Existing provisions in the RA 9165 Comprehensive Dangerous Drugs Act of 2002 already allow for research on cannabis and its medicinal properties.

Scientific research on cannabis and its medicinal properties can commence under the existing law with the proper permits.

The development of a medical cannabis industry will be expensive for the taxpayers as drug development starts with extraction of medically useful alkaloids, establishing their

safety in acute and chronic administration in animals, testing their safety on normal human subjects, testing their efficacy on patients that need the drugs. This is a long process that may take years to decades to develop locally.

Removing marijuana from the list of dangerous drugs will expose vulnerable groups of the Filipinos to marijuana with negative consequences.

The public health impact of legalization of marijuana and/or delisting of marijuana from the dangerous drug list can be predicted from the experience of other countries that have enacted such laws. Bothersome observations include the increase in the use of marijuana by adolescents, the same age group that is vulnerable to its neuropsychologic effects and the diversion of use of medical marijuana for recreational purposes. Even the unborn child can suffer from maternal marijuana exposure. The US states that have legalized medical and recreational marijuana have reported increased poison center calls reporting exposure to marijuana and also increased emergency room consults for symptoms related to marijuana exposure.

In Thailand, the report one year after legalization shows a pattern of misinformation, misuse and abuse. Consumers perceive medicinal cannabis can cure cancer amongst other illnesses, obtain products including unapproved forms from illegal sources and use products without prescription for conditions for which there is no proven benefit.

The economic benefits of legalizing use of cannabis is not well-studied. A systematic review of economic evaluation studies on cannabis use show a wide range of cost-effectiveness and cost-utility values ranging from being cost-saving to that exceeding willingness to pay thresholds depending on the condition. However these economic evaluation studies will need to be examined in light of emerging evidence of adverse effects, including social trade-offs with legalizing use of cannabis where net social benefit is comparable with prohibiting its use.

Based on this, the UP Manila TWG on Medical Marijuana shares the following position statement:

1) Proposed house bills 243, 7616 and 6783 that seek to remove marijuana from the dangerous drug list will increase the exposure of the Filipinos to marijuana

and could cause a host of deleterious effects in the vulnerable segments of the population. Marijuana is a dangerous drug.

2) Proposed house bills 241, 2007, 4638, 4866 , 7817 are not necessary since compassionate use for drugs like *Epidiolex* for epilepsy and *Sativex* for spasticity in multiple sclerosis is possible by complying with the FDA's existing regulations on compassionate use of unregistered drugs. Synthetic cannabinoids like dronabinol and nabilone have also been approved for the treatment of nausea and vomiting and can be administered in the country through a compassionate use permit. Research on marijuana and its derivatives can be accomplished by securing permits from the Dangerous Drugs Board.

3) Proposed HB 4208 will entail expenditure for a body whose functions are already being performed by specific government agencies like the Dangerous Drugs Board, Food and Drug Administration and the Department of Health. The proposed budget can be better utilized to address the gaps in health care that contribute to the top 10 causes of morbidity and mortality in the country like infectious diseases, cardiovascular and cerebrovascular disease and cancer.

4) Until there is more robust evidence for the efficacy of cannabis-based medicines in the treatment of specific symptoms or disease, the access of cannabis-based medicines, outside the current FDA approval process, should be in the research setting where good clinical practice guidelines can protect and uphold the rights of patients. At the same time, more rigorous scientific research on medical marijuana should be conducted and funded.

5) The UP-NIH and UP-PGH will continue to explore treatment protocols for drug resistant epilepsy in specific conditions particularly Lennox Gastaut syndrome, Dravet syndrome and seizures in Tuberous Sclerosis Complex.

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