

REPORT 2 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (I-13)
A Contemporary View of National Drug Control Policy
(Resolutions 520-A-11, 511-A-12, and 512-A-13)
(Reference Committee K)

EXECUTIVE SUMMARY

Objective. To evaluate individual, societal, and public health related issues around federal drug control policies, the so-called “war on drugs,” state-based cannabis activities, drug decriminalization/legalization, and intersection of illicit and prescription drug abuse.

Methods. English-language reports were selected from a PubMed and Google search using the terms “war on drugs,” and “drug, marijuana, or cannabis” combined with “medicinal,” “legalization,” “decriminalization,” or “policy.” Additional articles were identified by manual review of the references cited in these publications. Further information was obtained from the Internet sites of the U.S. Drug Enforcement Administration, U.S. Department of Justice, White House Office of National Drug Control Policy, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Center for Substance Abuse Research, Pew Charitable Trusts, Brookings Institution, Rand Corporation, Drug Policy Alliance, Marijuana Policy Project, National Organization for the Reform of Marijuana Laws, American Society of Addiction Medicine, American Academy of Pediatrics, California Medical Association, and the Public Broadcasting System, CNN and Fox News.

Results. One out of every 100 American adults is behind bars in jail or prison, and the U.S. houses nearly 25% of the world’s prisoners despite having less than 5% of the world’s population. Since the mid-1970s, the number of people behind bars has increased five-fold, peaking at 2.2 million in 2010. More than 80% of drug arrests include charges for possession. Societal consequence of drug arrest and conviction persist far after offenders may be released from prison. These trends have prompted dissatisfaction with U.S. drug policy and support for drug decriminalization/legalization based on the belief that a sizable fraction of the prison population is nonviolent offenders who have been incarcerated because of drug violations. States have continued to enact medical cannabis laws, and Colorado and Washington have legalized possession of small amounts for personal use. Public opinion has shifted in support of cannabis legalization and ongoing local and state-based activities have begun to move away from arrest and incarceration of low level drug offenders.

Somewhat lost in the debate about legalization of cannabis are the recognized harms. Cannabis continues to be the most commonly used illicit drug in the U.S. with patterns of use trending upward, particularly among youth. A substantial number of individuals in the U.S. meet criteria for substance dependence or abuse, with only a minority able to access treatment. Treatment admissions for cannabis as the primary drug of abuse have tripled over the last 20 years. It is the most common illicit drug involved in drugged driving, particularly in drivers under the age of 21. Early cannabis use is related to later substance use disorders. Heavy cannabis use in adolescence causes persistent impairments in neurocognitive performance and IQ, and use is associated with increased rates of anxiety, mood, and psychotic thought disorders.

Conclusion. Federal drug policies over the last 40 years have not accomplished their objectives. Policies should move away from arrest and incarceration of drug users by addressing drug misuse, addiction, and overdose through a public health framework, expanding access to treatment and redirecting law enforcement resources to prevent serious and violent crime.

RECOMMENDATIONS

The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolutions 520-A-11, 511-A-12, and 512-A-13 and the remainder of the report be filed:

1. That Policies H-95.995 and H-95.997 be amended by addition and deletion to read as follows

H-95.995 Health Aspects of Cannabis Marijuana Use

Our AMA (1) discourages ~~cannabis marijuana~~ use, especially by persons vulnerable to the drug's effects and in high-risk situations; (2) supports the determination of the consequences of long-term ~~cannabis marijuana~~ use through concentrated research, ~~especially among youth and adolescents~~; and (3) supports the modification of state ~~and federal laws~~ to emphasize public health based strategies to address and reduce cannabis use. ~~reduce the severity of penalties for possession of marijuana;~~ (4) ~~urges that educational efforts on the harms of cannabis use be extended to all segment of the population.~~

H-95.997 Cannabis Marijuana Intoxication as a Criminal Defense

Our AMA ~~(1) recommends personal possession of insignificant amounts of that substance be considered a misdemeanor with commensurate penalties applied;~~ (2) ~~believes a plea of marijuana cannabis~~ intoxication not be a defense in any criminal proceedings.; and ~~(3) urges that educational efforts be expanded to all segments of the population.~~ (Modify HOD Policy)

2. That Policy H-95.981 be amended by addition and deletion to read as follows:

H-95.981 Federal Drug Policy Drug Abuse in the United States –A Policy Report

The AMA, in an effort to reduce personal and public health risks of drug abuse, urges the formulation of a comprehensive national policy on drug abuse, specifically advising that the federal government and the nation should: (1) ~~encourage recognition that~~ acknowledge that federal efforts to address illicit drug use via at supply reduction and enforcement have been ineffective should be accompanied by increased efforts to reduce the demand for illicit drugs; (2) ~~renew and expand federal leadership to reduce the demand for illicit drugs;~~ (3) expand the availability and reduce the cost of treatment programs for substance use disorders, including addiction, including treatment on demand for intravenous drug abusers; (4) lead a coordinated approach to adolescent drug education; (5) develop community-based prevention programs for youth at risk; (6) continue to fund the Office of National Drug Control Policy appoint a high ranking official of the Executive Branch to coordinate federal drug policy; (7) ~~encourage a variety of private initiatives and carefully evaluate the use of limited workplace drug testing;~~ (8) extend greater protection against discrimination in the employment and provision of services to drug abusers; (9) make a long-term commitment to expanded research and data collection; (10) broaden the focus of national and local policy from drug abuse to substance abuse; and (11) recognize the complexity of the problem of substance abuse and oppose drug legalization. (Modify HOD Policy)

3. That Policy H-95.954 be amended by addition and deletion to read as follows:

H-95.954 The Reduction of Medical and Public Health Consequences of Drug Abuse

Our AMA: (1) encourages national policy-makers to pursue an approach to the problem of drug abuse aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use; (2) encourages policy-makers to recognize the importance of screening for alcohol and other drug use in a variety of settings, and to broaden their concept of addiction treatment to embrace a continuum of modalities and goals, including

appropriate measures of harm reduction, which can be made available and accessible to enhance positive treatment outcomes for patients and society; (3) encourages the expansion of opioid maintenance programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable. Training must be available so that an adequate number of physicians are prepared to provide treatment. Program regulations should be strengthened so that treatment is driven by patient needs, medical judgment, and drug rehabilitation concerns. Treatment goals should acknowledge the benefits of abstinence from drug use, or degrees of relative drug use reduction; (4) encourages the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection; (5) encourages a the undertaking of comprehensive review of the risks and benefits of U.S. state-based drug legalization initiatives, research into the potential effects, both positive and adverse, of relaxing existing drug prohibitions and controls and, that, until the findings of such reviews such research can be adequately assessed, the AMA reaffirm its opposition to drug legalization; (6) strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases; and (7) encourages state medical associations to work with state regulators to remove any remaining barriers to permit physicians to prescribe needles for patients. (Modify HOD Policy)

4. That Policy H-95.998 be amended by addition and deletion to read as follows:

H-95.998 AMA Policy Statement on Cannabis (Marijuana)

Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) sale and possession of marijuana cannabis should not be legalized; (3) public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use handling of offenders should be individualized; and (4) additional research should be encouraged. (Modify HOD Policy)

5. That Policy H-95.952, “Cannabis for Medicinal Use,” be reaffirmed. (Reaffirm HOD Policy)