Whereas, Legislative efforts will continue to be made to expand the legalization of medical cannabis; and 

Whereas, Legislators or voters should not decide what medical conditions should be treated by a non-standardized, un-tested, un-dosed drug, namely artisanal THC Oil and related marijuana products, and then base treatment on non-scientific anecdotal information; and 

Whereas, A superior approach to the medical use of the chemical components of marijuana is currently before the U.S. Congress urging easing of some of the barriers to medical research to identify new medicines proven safe and effective in clinical trials and approved by the FDA; and 

Whereas, The following medical associations oppose the use of artisanal medical cannabis: American Academy of Pediatrics, American Cancer Society, American College of Physicians, American Academy of Neurology, American Epilepsy Society, American Glaucoma Foundation, American Medical Association, American Psychiatric Association, American Society of Addiction Medicine, Georgia Society of Addiction Medicine, National Eye Institute, National Institutes of Health, and the National Multiple Sclerosis Society, and many more; and 

Whereas, THC has been contraindicated for use in treatment of conditions of children in studies by Children’s Hospital Colorado, Boston Children’s Hospital, Harvard Medical School and Duke University; and 

Whereas, Physicians in many states do not need to possess a DEA license to certify patients for marijuana; and 

Whereas, Calling marijuana “medical cannabis” or “low THC oil” does not alter its psychoactive, neurotoxic, and addictive effects. Marijuana at THC levels of 3 percent, 4 percent, or 5 percent has resulted in hundreds of thousands of Americans experiencing cannabis use dependence since the 1980s; and 

Whereas, Fatal road crashes involving marijuana doubled in Washington state between 2013 and 2014 following recreational legalization there (AAA Foundation for Safety, 2016) and increased by 51 percent in Colorado between 2012 and 2015 (Colorado HIDTA, Supplement to the Legalization of Marijuana in Colorado: The Impact, 2016); therefore be it 

RESOLVED, That our American Medical Association work with the National Institutes of Health to advocate for easing the barriers to medical research regarding chemical components of marijuana such as cannabidiol that show great promise. (Directive to Take Action)
Fiscal Note: Not yet determined

Received: 10/24/17

RELEVANT AMA POLICY

Cannabis for Medicinal Use H-95.952
(1) Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. (2) Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. (3) Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support. (4) Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.


Cannabis - Expanded AMA Advocacy D-95.976
1. Our AMA will educate the media and legislators as to the health effects of cannabis use as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as additional scientific evidence becomes available.
2. Our AMA urges legislatures to delay initiating full legalization of any cannabis product until further research is completed on the public health, medical, economic and social consequences of use of cannabis and, instead, support the expansion of such research.
3. Our AMA will also increase its efforts to educate the press, legislators and the public regarding its policy position that stresses a "public health", as contrasted with a "criminal," approach to cannabis.
4. Our AMA shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States."

Res 213, I-14