Whereas, In general, children have more severe symptoms from cannabis toxicity (with leukocytosis and elevated lactic acid levels); and

Whereas, The pharmacology of edible cannabis makes this a poorly viable medicinal agent due to its low oral bioavailability (under 25%) and slow peak absorption (almost 3 hours); and

Whereas, Toddlers are increasingly accessing edible cannabis products with subsequent severe neurotoxicity and cardiotoxicity; and

Whereas, No antidote exists for cannabis toxicity, and activated charcoal is apparently not effective; and

Whereas, Unintentional cannabis ingestion by adults can lead to unintended medical and forensic consequences (such as a positive drug test leading to job termination); and

Whereas, There is no US Food and Drug Administration oversight on medicinal edible cannabis products; and

Whereas, Colorado studies along with National Poison Data System encounters due to unintentional pediatric cannabis exposures have increased substantially in legalized cannabis states; and

Whereas, Some states and localities have restricted or outlawed the sale of flavored tobacco products because of the concern that they increase pediatric initiation, i.e., first use of the product; and

Whereas, There is much more risk of initiation with candy marijuana than with flavored tobacco products; and

Whereas, Consumers often do not understand toxic hazards of edible cannabis and may consume a greater than intended amount; therefore be it

RESOLVED, That our American Medical Association adopt policy supporting a total ban on recreational edible cannabis products (New HOD Policy); and be it further
RESOLVED, That our AMA support or cause to be introduced legislation to ban all recreational edible cannabis products. (Directive to Take Action)

Fiscal Note: Not yet determined

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References: