

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 5
(A-19)

Introduced by: Albert L. Hsu, MD

Subject: Public Health Impacts and Unintended Consequences of Legalization and Decriminalization of Cannabis for Medicinal and Recreational Use

Referred to: AMA-YPS Reference Committee

1 Whereas, AMA Policy D-95.969, “Cannabis Legalization for Medicinal Use,” states, in part, that
2 our AMA: “(2) believes that cannabis for medicinal use should not be legalized through the state
3 legislative, ballot initiative, or referendum process;” and
4

5 Whereas, AMA Policy H-95.924, “Cannabis Legalization for Recreational Use,” states, in part,
6 that our AMA: “(5) encourages local, state, and federal public health agencies to improve
7 surveillance efforts to ensure data is available on the short- and long-term health effects of
8 cannabis use;” and
9

10 Whereas, AMA Policy H-95.923, “Taxes on Cannabis Products,” states that “our AMA
11 encourages states and territories to allocate a substantial portion of their cannabis tax revenue
12 for public health purposes, including: substance abuse prevention and treatment programs,
13 cannabis-related educational campaigns, scientifically rigorous research on the health effects of
14 cannabis, and public health surveillance efforts;” and
15

16 Whereas, AMA Policy H-95.952, “Cannabis and Cannabinoid Research,” states, in part, that our
17 AMA: “(4) supports research to determine the consequences of long-term cannabis use,
18 especially among youth, adolescents, pregnant women, and women who are breastfeeding; and
19 (5) urges legislatures to delay initiating the legalization of cannabis for recreational use until
20 further research is completed on the public health, medical, economic and social consequences
21 of its use;” and
22

23 Whereas, Despite existing AMA policies, “ten states and the District of Columbia have full
24 legalization [of recreational cannabis], and another 23 states permit medicinal uses with
25 permission from a doctor, according to the National Conference of State Legislatures;”¹ and
26

27 Whereas, Legalization of both hemp and cannabis have bipartisan support in Congress;² and
28

29 Whereas, Emerging research in Colorado has shown that “marijuana use during pregnancy,
30 concerns related to marijuana in homes with children, and adolescent use should continue to
31 guide public health education and prevention efforts:

- 32 - The percentage of women who use marijuana in pregnancy...is higher among younger
33 women, women with less education, and women with unintended pregnancies.
34 Marijuana exposure in pregnancy is associated with decreased cognitive function and
35 attention problems in childhood;
- 36 - Unintentional marijuana consumption among children under age 9 continues a slow
37 upward trend, as do emergency visits due to marijuana. Additionally, an estimated
38 23,000 homes with children in Colorado have marijuana stored potentially unsafely.

1 Marijuana exposures in children can lead to significant clinical effects that require
2 medical attention;”³ and
3

4 Whereas, Dr. Tista Ghosh of the Colorado Department of Public Health and Environment states
5 that “it’s critical we continue to monitor use in all populations and work to minimize harms that
6 could result from a variety of causes including unintended poisoning, unsafe driving, and mental
7 health issues that may be associated with long-term, habitual use;” and
8

9 Whereas, In Washington State, where recreational marijuana use was decriminalized, “between
10 2011 and 2013, there was an average of 155 marijuana-related calls per year to the Poison
11 Control Center; from 2014 to 2016 the average number of calls was 268, a 73% increase;”⁴ and
12

13 Whereas, the Rocky Mountain High Intensity Drug Trafficking Area has been tracking the impact
14 of marijuana legalization in the state of Colorado, finding that:

- 15 - “Marijuana-related traffic deaths increased 48% in the three-year average (2013-2015)
16 since Colorado legalized recreational marijuana compared to the three-year average
17 (2010-2012) prior to legalization;
 - 18 o During the same time, all traffic deaths increased 11%;
- 19 - Marijuana-related traffic deaths increased 62% from 71 to 115 persons after recreational
20 marijuana was legalized in 2013;
- 21 - In 2009, Colorado marijuana-related traffic deaths involving operators testing positive for
22 marijuana represented 10% of all traffic fatalities. By 2015, that number doubled to 21%;
- 23 - Emergency department rates likely related to marijuana increased 49% in the two-year
24 average (2013-2014) since Colorado legalized recreational marijuana compared to the
25 two-year average prior to legalization (2011-2012);
- 26 - Hospital[ization] rates likely related to marijuana increased 32% in the three-year
27 average (2013-2015) since Colorado legalized recreational marijuana compared to the
28 three-year average prior to legalization (2010-2012);
- 29 - Of the 394 seizures in 2015, there were 36 different states destined to receive marijuana
30 from Colorado. The most common destinations identified were Missouri, Illinois, Texas,
31 Iowa, and Florida;”⁵ and
32

33 Whereas, States sharing a border with states that have legalized recreational marijuana may
34 have increased public health and public safety impacts, with no potential benefits from the tax
35 revenues associated with that legalization; and
36

37 Whereas, The AMA Council on Science and Public Health Report 5-I-17, “Clinical Implications
38 and Policy Consideration of Cannabis Use,” states that “ongoing surveillance to determine the
39 impact of cannabis legalization and commercialization on public health and safety will be critical.
40 Surveillance should include but not be limited to the impact on patterns of use, traffic fatalities
41 and injuries, emergency department visits and hospitalizations, unintentional exposures,
42 exposure to second-hand smoke, and cannabis-related treatment admissions. At-risk
43 populations, including pregnant women and children, should be a focus of attention. Continued
44 evaluation of the effectiveness of regulations developed to ensure public health and safety in
45 states that have legalized the medical and/or recreational use of cannabis is necessary;”
46 therefore, be it
47

48 RESOLVED, That our AMA work with interested organizations to collate existing worldwide data
49 on the public health impacts, societal impacts, and unintended consequences of legalization
50 and/or decriminalization of cannabis for recreational and medicinal use, with a report back at I-
51 20 (Directive to Take Action); and be it further

1 RESOLVED, That our AMA continue to encourage research on the unintended consequences
2 of legalization and decriminalization of cannabis for recreational and medicinal use in an effort
3 to promote public health and public safety (Directive to Take Action); and be it further
4

5 RESOLVED, That our AMA encourage dissemination of information on the public health
6 impacts of legalization and decriminalization of cannabis for recreational and medicinal use, with
7 consideration of making links to that information available on the AMA website (Directive to
8 Take Action); and be it further
9

10 RESOLVED, That our AMA work with interested organizations to develop model regulations to
11 ensure public health and safety in states that have legalized the medical and/or recreational use
12 of cannabis (Directive to Take Action); and be it further
13

14 RESOLVED, That our AMA work with interested organizations to lobby Congress to allow more
15 sites to conduct research on the risks and benefits of cannabinoid products. (Directive to Take
16 Action)

Fiscal Note: Modest - between \$1,000 - \$5,000.

RELEVANT AMA Policy

[Cannabis Warnings for Pregnant and Breastfeeding Women H-95.936](#)

Our AMA advocates for regulations requiring point-of-sale warnings and product labeling for cannabis and cannabis-based products regarding the potential dangers of use during pregnancy and breastfeeding wherever these products are sold or distributed.

[Taxes on Cannabis Products H-95.923](#)

Our AMA encourages states and territories to allocate a substantial portion of their cannabis tax revenue for public health purposes, including: substance abuse prevention and treatment programs, cannabis-related educational campaigns, scientifically rigorous research on the health effects of cannabis, and public health surveillance efforts.

[Cannabis and Cannabinoid Research 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 supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding. 5. Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use.

[Cannabis Legalization for Recreational Use H-95.924](#)

Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for recreational use should not be legalized; (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (3) believes states that have already legalized cannabis (for medical or recreational use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (5) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis use; and (6) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use.

[Cannabis Legalization for Medicinal Use D-95.969](#)

Our AMA: (1) believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use; (2) believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process; (3) will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."; (4) supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state's laws; (5) 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; and (6) will, when necessary and prudent, seek clarification from the United States Justice Department (DOJ) about possible federal prosecution of physicians who participate in a state operated marijuana program for medical use and based on that clarification, ask the DOJ to provide federal guidance to physicians.

References:

1. "Legalizing pot is the new Democratic litmus test." Available at <https://www.politico.com/story/2019/04/03/democrats-presidential-candidates-marijuana-1312878>.
2. "How a Pair of Kentucky Pols are about to legalize hemp." Available at <https://www.politico.com/magazine/story/2018/08/04/mcconnell-comer-legalize-hemp-marijuana-kentucky-219156>.
3. Colorado Department of Public Health & Environment. "Monitoring Health Concerns Related to Marijuana in Colorado: 2018," Available at <https://www.colorado.gov/pacific/cdphe/news/2018-marijuana-report>.

4. "The Legalization of Marijuana in Colorado: The Impact." Available at <https://www.sheriffs.org/sites/default/files/2016%20Vol%204%20Executive%20Summary>.
5. "Monitoring Impacts of Recreational Marijuana Legalization," Available at Colorado Department of Public Health & Environment.
6. NIDA's Role in Providing Marijuana for Research. Available at <https://www.drugabuse.gov/drugs-abuse/marijuana/nidas-role-in-providing-marijuana-research>.