AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 913
(I-19)

Introduced by: Young Physicians Section

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

Referred to: Reference Committee K
(___________________, Chair)

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

Whereas, AMA Policy H-95.924, “Cannabis Legalization for Recreational Use,” states, in part, that our AMA: “(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

Whereas, AMA Policy H-95.923, “Taxes on Cannabis Products,” states that “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;” and

Whereas, AMA Policy H-95.952, “Cannabis and Cannabinoid Research,” states, in part, that our AMA: “(4) supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding; and (5) 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;” and

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

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

Whereas, Emerging research in Colorado has shown that “marijuana use during pregnancy, concerns related to marijuana in homes with children, and adolescent use should continue to guide public health education and prevention efforts:
- The percentage of women who use marijuana in pregnancy...is higher among younger women, women with less education, and women with unintended pregnancies.
- Marijuana exposure in pregnancy is associated with decreased cognitive function and attention problems in childhood.
- Unintentional marijuana consumption among children under age 9 continues a slow upward trend, as do emergency visits due to marijuana. Additionally, an estimated 23,000 homes with children in Colorado have marijuana stored potentially unsafely.
Marijuana exposures in children can lead to significant clinical effects that require medical attention;” and

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

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

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

- Marijuana-related traffic deaths increased 48% in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average (2010-2012) prior to legalization;
  - During the same time, all traffic deaths increased 11%;
- Marijuana-related traffic deaths increased 62% from 71 to 115 persons after recreational marijuana was legalized in 2013;
- In 2009, Colorado marijuana-related traffic deaths involving operators testing positive for marijuana represented 10% of all traffic fatalities. By 2015, that number doubled to 21%;
- Emergency department rates likely related to marijuana increased 49% in the two-year average (2013-2014) since Colorado legalized recreational marijuana compared to the two-year average prior to legalization (2011-2012);
- Hospitalization rates likely related to marijuana increased 32% in the three-year average (2013-2015) since Colorado legalized recreational marijuana compared to the three-year average prior to legalization (2010-2012);
- Of the 394 seizures in 2015, there were 36 different states destined to receive marijuana from Colorado. The most common destinations identified were Missouri, Illinois, Texas, Iowa, and Florida;” and

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

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

RESOLVED, That our American Medical Association work with interested organizations to collate existing worldwide data on the public health impacts, societal impacts, and unintended consequences of legalization and/or decriminalization of cannabis for recreational and medicinal use, with a report back at the 2020 Interim Meeting (Directive to Take Action); and be it further
RESOLVED, That our AMA continue to encourage research on the unintended consequences of legalization and decriminalization of cannabis for recreational and medicinal use in an effort to promote public health and public safety (Directive to Take Action); and be it further

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

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

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

Received: 09/26/19

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.
Citation: Res. 922, I-15; Reaffirmed: CSAPH Rep. 05, I-17;

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.
Citation: CSAPH Rep. 05, I-17;

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.
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.

Citation: CSA Rep. 05, I-17; Appended: Res. 211, A-18;

References:
5. “Monitoring Impacts of Recreational Marijuana Legalization.” Available at Colorado Department of Public Health & Environment.