

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 919
(I-19)

Introduced by: American Thoracic Society

Subject: Raising Awareness of the Health Impact of Cannabis

Referred to: Reference Committee K

1 Whereas, As of October 2019, there are 11 states and the District of Columbia that have
2 legalized recreational cannabis to some degree, and 33 states that allow legal cannabis use in
3 medical or other limited circumstances; and
4
5 Whereas, Cannabis carries approximately a 10% rate of addiction, or 1 in 6 for users under 18,
6 and that cannabis is the primary substance use disorder in 13% of addiction treatment center
7 admissions nationally; ^{i, ii} and
8
9 Whereas, The medical concerns of cannabis use during adolescence and young adulthood
10 (CW3) include long-term changes to brain development including (1) tetrahydrocannabinol
11 (THC) exposure producing long-term deficits in associative learning and sensorimotor
12 functioning (MB1) (2) cannabis exposure disrupting synaptic and white matter thus leading to
13 adverse emotional and cognitive outcomes (MB2) (3) changes to hippocampal structure as a
14 result of heavy cannabis use which can persist into adulthood (MB3, MB4); and
15
16 Whereas, Children and adolescents in states with more liberal marijuana policies are at
17 increased risk for accidental cannabis ingestion and intoxication and need for urgent medical
18 attention (WP1); and
19
20 Whereas, Inhaled cannabis is a known threat to respiratory health as (1) inhalation can lead to
21 lung tissue scarring and small vessels damage (2) cannabis smoke contains many of the same
22 toxins, irritants, and carcinogens as tobacco smoke (3) inhaled cannabis can lead to bronchitis,
23 cough, and phlegm production (4) there is a demonstrated risk of acute lung injury, such as
24 seen in the 2019 nationwide outbreak of hundreds of cases of acute lung injury and respiratory
25 failure linked to THC oil inhalation; and
26
27 Whereas, Inhaled cannabis has been associated in a small body of research with chronic
28 toxicity and may lead to cancer or chronic lung injury (CW4); and
29
30 Whereas, Cannabis use has been negatively associated with mental health including (1) risk of
31 paranoia, anxiety, and disorientation in high use (2) a risk of temporary psychosis (3) increased
32 risk of schizophrenia and (4) worsening comorbid psychosis by increasing relapse rates and
33 worsening psychotic symptoms (CW5); and
34
35 Whereas, Synthetic cannabinoids are created to have a stronger binding affinity than natural
36 THC and can be mixed with other agents, and have been linked to acute toxicity and death,
37 including increased death rates in 2014-2015 and toxicity when contaminated with poison in a
38 2018 outbreak; and

1 Whereas, Public health concerns from cannabis include but are not limited to driving or
2 operating machinery under the influence of cannabis leading to vehicle accidents and trauma
3 (CW1), accidental ingestions of cannabis by adults or children leading to toxicity (CW2); and
4

5 Whereas, According to a 2017 report from The Institute of Medicine, “There are specific
6 regulatory barriers, including the classification of cannabis as a Schedule I substance, that
7 impede the advancement of cannabis and cannabinoid research” (CW6) and
8

9 Whereas, Current clinical information available to the medical *community* about the effects of
10 cannabis is constrained by the limited body of scientific evidence *available*; and
11

12 Whereas, Current reference materials available to the medical *community* are limited in respect
13 to distinguishing the varieties of cannabis products and drug *delivery devices* and routes, and
14 the corresponding dosage of cannabinoids in the various *products*; and
15

16 Whereas, Although there is an urgent need for *counseling* and treatment of cannabis use or
17 overuse, there are few current resources for *counseling* patients *or* developing treatment plans;
18 and
19

20 Whereas, The word “cannabis” refers to plants within the *genus* Cannabis, including *Cannabis*
21 *sativa*, *Cannabis indica*, and *Cannabis ruderalis*, but *hundreds* of alternative and vernacular
22 names such as “marijuana” exist, potentially *leading* to *confusion* or *misinformation* among
23 medical professionals and the public; and
24

25 Whereas, The natural cannabinoid chemical *derivatives* of cannabis, such as THC oil, are also
26 referred to by an extensive and evolving list of names and acronyms, some of which overlap
27 with nomenclature for *synthetic* cannabinoids, thus leading to confusion or *misinformation*;
28 therefore be it
29

30 RESOLVED, That our *American Medical Association* coordinate with other health organizations
31 to develop medical resources on the known and anticipated impact of cannabis on human
32 health and on methods for *counseling* and educating patients who use cannabis and
33 cannabinoids (Directive to Take Action); and be it further
34

35 RESOLVED, That our *AMA* advocate for stronger public health messaging on the negative
36 effects of cannabis and cannabinoid inhalation and ingestion (Directive to Take Action); and be
37 it further
38

39 RESOLVED, That our *AMA* advocate for urgent regulatory changes necessary to fund and
40 perform research related to cannabis and cannabinoids (Directive to Take Action); and be it
41 further
42

43 RESOLVED, That our *AMA* advocate for minimum purchasing age for cannabis products of at
44 least 21 years old (Directive to Take Action); and be it further
45

46 RESOLVED, That our *AMA* continue to use the term “cannabis” in our policies when referencing
47 cannabis plants, and “cannabis derivatives” or “cannabinoids” when referencing their natural
48 chemical derivatives, but will include the term “marijuana” in physician and public education
49 messaging and materials to improve health literacy (Directive to Take Action); and be it further

1 RESOLVED, That our AMA amend policy H-95.924, "Cannabis Legalization for Recreational
2 Use," by addition and deletion to read as follows:

4 **Cannabis Legalization for Recreational Use H-95.924**

5 Our AMA: (1) believes-warns that cannabis and cannabinoids can be a threat to
6 health when inhaled or ingested; (2) advocates that cannabis and cannabinoids are
7 is a dangerous drug and as such is a serious public health concern; (23) believes
8 that warns against the legalized use and sale of cannabis and cannabinoids for
9 recreational use should not be legalized purposes, due to their negative impact on
10 human health; (34) discourages warns against cannabis and cannabinoid use for
11 recreational purposes, especially by persons vulnerable to the drug's effects and in
12 high-risk populations such as youth, children and young adults, pregnant women,
13 and women who are breastfeeding; (45) believes strongly advocates that states
14 that have already legalized cannabis (for medical or recreational use or both)
15 should be required to take steps to regulate the product cannabis and
16 cannabinoids effectively in order to protect public health and safety and that laws
17 and regulations related to legalized cannabis use should consistently be evaluated
18 to determine their effectiveness; (56) strongly encourages local, state, and federal
19 public health agencies to improve surveillance efforts to ensure data is available on
20 the short- and long-term health effects of cannabis and cannabinoid use; and (67)
21 supports public health based strategies, rather than incarceration, in the handling
22 of individuals possessing cannabis or cannabinoids for personal use. (Modify
23 Current HOD Policy)

Fiscal Note: not yet determined.

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References:

CW1. Boggs, D., Cortes-Briones, J., Surti, T., Luddy, C., Ranganathan, M., Cahill, J., Sewell, A., D'Souza, D., Skosnik, P. (2018). The dose-dependent psychomotor effects of intravenous delta-9-tetrahydrocannabinol (Δ9-THC) in humans Journal of Psychopharmacology 32(12), 1308-1318. <https://dx.doi.org/10.1177/0269881118799953>

CW2. Wang, G., Lait, M., Deakyne, S., Bronstein, A., Bajaj, L., Roosevelt, G. (2016). Unintentional Pediatric Exposures to Marijuana in Colorado, 2009-2015 JAMA Pediatrics 170(9), e160971-e160971. <https://dx.doi.org/10.1001/jamapediatrics.2016.0971>

CW3. Nader, D., Sanchez, Z. (2017). Effects of regular cannabis use on neurocognition, brain structure, and function: a systematic review of findings in adults The American Journal of Drug and Alcohol Abuse <https://dx.doi.org/10.1080/00952990.2017.1306746>

CW4. Gates, P., Jaffe, A., Copeland, J. (2014). Cannabis smoking and respiratory health: Consideration of the literature Respirology 19(5), 655-662. <https://dx.doi.org/10.1111/resp.12298>

CW5. Schoeler, T., Monk, A., Sami, M., Klamerus, E., Foglia, E., Brown, R., Camuri, G., Altamura, A., Murray, R., Bhattacharyya, S. (2016). Continued versus discontinued cannabis use in patients with psychosis: a systematic review and meta-analysis The Lancet Psychiatry 3(3), 215-225. [https://dx.doi.org/10.1016/s2215-0366\(15\)00363-6](https://dx.doi.org/10.1016/s2215-0366(15)00363-6)

CW6. Agenda, C., Practice, B., Division, H., Medicine, N. (2017). The Health Effects of Cannabis and Cannabinoids <https://dx.doi.org/10.17226/24625>

WP1. Wang GS, Roosevelt G, Le lait MC, et al. Association of unintentional pediatric exposures with decriminalization of marijuana in the United States. Ann Emerg Med. 2014;63(6):684-9.

MB1: Abela AR, Rahbarnia A, Wood S, Lê AD, Fletcher PJ. Adolescent exposure to Δ9-tetrahydrocannabinol delays acquisition of paired-associates learning in adulthood. Psychopharmacology (Berl). 2019;236(6):1875-1886.

MB2: Dan I. Lubman, Ali Cheetham, Murat Yücel. Cannabis and adolescent brain development. Pharmacology & Therapeutics 2015;148,1-16.

MB3: Burggren AC, Shirazi A, Ginder N, London ED. Cannabis effects on brain structure, function, and cognition: considerations for medical uses of cannabis and its derivatives. Am J Drug Alcohol Abuse 2019;31:1-17.

MB4: Burggren AC, Siddarth P, Mahmood Z, London ED, Harrison TM, Merrill DA, Small GW, Bookheimer SY. Subregional hippocampal thickness abnormalities in older adults with a history of heavy cannabis use. Cannabis Cannabinoid Res. 2018;3:242-51.

RELEVANT AMA POLICY

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; (4) 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.

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ⁱ Centers for Disease Control and Prevention. "Marijuana: How Can It Affect Your Health?" Accessed October 4, 2019. <https://www.cdc.gov/marijuana/health-effects.html>

ⁱⁱ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2017. Admissions to and Discharges from Publicly-Funded Substance Use Treatment. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.