

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

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Whereas, As of October 2019, there are 11 states and the District of Columbia that have legalized recreational cannabis to some degree, and 33 states that allow legal cannabis use in medical or other limited circumstances; and

Whereas, Cannabis carries approximately a 10% rate of addiction, or 1 in 6 for users under 18, and that cannabis is the primary substance use disorder in 13% of addiction treatment center admissions nationally; <sup>i</sup>, <sup>ii</sup> and

Whereas, The medical concerns of cannabis use during adolescence and young adulthood (CW3) include long-term changes to brain development including (1) tetrahydrocannabinol (THC) exposure producing long-term deficits in associative learning and sensorimotor functioning (MB1) (2) cannabis exposure disrupting synaptic and white matter thus leading to adverse emotional and cognitive outcomes (MB2) (3) changes to hippocampal structure as a result of heavy cannabis use which can persist into adulthood (MB3,MB4); and

Whereas, Children and adolescents in states with more liberal marijuana policies are at increased risk for accidental cannabis ingestion and intoxication and need for urgent medical attention (WP1); and

Whereas, Inhaled cannabis is a known threat to respiratory health as (1) inhalation can lead to lung tissue scarring and small vessels damage (2) cannabis smoke contains many of the same toxins, irritants, and carcinogens as tobacco smoke (3) inhaled cannabis can lead to bronchitis, cough, and phlegm production (4) there is a demonstrated risk of acute lung injury, such as seen in the 2019 nationwide outbreak of hundreds of cases of acute lung injury and respiratory failure linked to THC oil inhalation; and

Whereas, Inhaled cannabis has been associated in a small body of research with chronic toxicity and may lead to cancer or chronic lung injury (CW4); and

Whereas, Cannabis use has been negatively associated with mental health including (1) risk of paranoia, anxiety, and disorientation in high use (2) a risk of temporary psychosis (3) increased risk of schizophrenia and (4) worsening comorbid psychosis by increasing relapse rates and worsening psychotic symptoms (CW5); and

Whereas, Synthetic cannabinoids are created to have a stronger binding affinity than natural THC and can be mixed with other agents, and have been linked to acute toxicity and death, including increased death rates in 2014-2015 and toxicity when contaminated with poison in a 2018 outbreak; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our AMA: (1) ~~believes~~ warns that cannabis and cannabinoids can be a threat to health when inhaled or ingested; (2) advocates that cannabis and cannabinoids are ~~is a dangerous drug and as such is~~ a serious public health concern; (23) ~~believes that~~ warns against the legalized use and sale of cannabis and cannabinoids for recreational use should not be legalized purposes, due to their negative impact on human health; (34) ~~discourages~~ warns against cannabis and cannabinoid use for recreational purposes, especially by ~~persons vulnerable to the drug's effects and in high-risk populations such as youth, children and young adults, pregnant women, and women who are breastfeeding~~; (45) ~~believes strongly~~ advocates that states that have already legalized cannabis (for medical or recreational use or both) should be required to take steps to regulate ~~the product~~ cannabis and cannabinoids 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; (56) strongly 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 and cannabinoid use; and (67) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis or cannabinoids for personal use. (Modify 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 ( $\Delta$ 9-THC) in humans Journal of Psychopharmacology 32(12), 1308-1318. <https://dx.doi.org/10.1177/0269881118799953>
- CW2. Wang, G., Lait, M., Deakyn, 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 Respiratory 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  $\Delta$ 9-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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<sup>i</sup> 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>

<sup>ii</sup> 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.