

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 503  
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Unregulated Hemp-Derived Intoxicating Cannabinoids, and Derived Psychoactive Cannabis Products (DPCPs)

Referred to: Reference Committee E

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- 1 Whereas, hemp was taken off the controlled substances list in 2018 by the Agriculture  
2 Improvement Act;<sup>1,2</sup> and  
3
- 4 Whereas, the 2018 Farm Bill legalized hemp but included “derivatives” and “isomers” of the  
5 plant in the definition of hemp, as long as content of delta-9 THC by weight is less than 0.3%;<sup>1,2</sup>  
6 and  
7
- 8 Whereas, since 2018, processes have been developed to chemically derive over a dozen  
9 different intoxicating cannabinoids from hemp at varying potency levels;<sup>1,2</sup> and  
10
- 11 Whereas, the recent amplified availability and use of Hemp-Derived Intoxicating Cannabinoids  
12 (e.g. delta-8 tetrahydrocannabinol (THC) and over a dozen others) pose significant health risks,  
13 particularly to youth;<sup>1,2</sup> and  
14
- 15 Whereas, reporting of adverse reactions to consumption of products containing Hemp-Derived  
16 Intoxicating Cannabinoids has increased;<sup>1,2</sup> and  
17
- 18 Whereas, these products are marketed progressively and assertively in eye-catching ways to  
19 attract public consumption, particularly that of young consumers;<sup>1,2</sup> and  
20
- 21 Whereas, there are no regulations imposing age restrictions on intoxicating hemp-derived  
22 products, which are widely available online and in brick-and-mortar establishments like gas  
23 stations, grocery stores, and convenience stores;<sup>1,2</sup> and  
24
- 25 Whereas, some of these intoxicating hemp-derived products intentionally mimic commercial  
26 food products that appeal to children;<sup>1,2</sup> and  
27
- 28 Whereas, many of these products are mislabeled, alleging inaccurate potency, and not  
29 disclosing presence of combinations of intoxicating cannabinoids or other toxic byproducts or  
30 contaminants;<sup>1,2</sup> and  
31
- 32 Whereas, direct effects of these particular cannabinoids on the body include (but are not limited  
33 to): impairment of cognitive function, memory and judgment; hallucinations; anxiety; nausea,  
34 vomiting; dizziness, tremor; loss of consciousness, death; dependency (and prolonged use may  
35 result in dependency, leading to addiction and withdrawal symptoms);<sup>1,2</sup> and  
36
- 37 Whereas, “Derived Psychoactive Cannabis Products” (DPCPs) have psychoactive properties  
38 similar to cannabis, but are chemically derived and not grown;<sup>2</sup> and

1 Whereas, DPCPs have been available in every state, including those that have banned  $\Delta$ -8  
2 THC, because the loophole allows for engineering of new DPCPs, including  $\Delta$ -6 THC,  $\Delta$ -10  
3 THC,  $\Delta$ -11 THC, THC-A, THC-O, THC-P, THC-V, THC-JD, PHC, HHC, HHC-P, and HXC;<sup>1,2</sup>  
4 and

5  
6 Whereas, DPCPs are very new (unknown and unproven and uncharacterized), and we have  
7 minimal data on short- and long-term risks from use;<sup>2</sup> and

8  
9 Whereas, DPCP use has been associated with psychiatric, lung, chest, and heart disorders, as  
10 well as injuries and poisonings;<sup>2</sup> and

11  
12 Whereas, DPCPs have been consumed accidentally by children, partly due to lack of age laws  
13 in many states, poor labeling, lack of childproof containers, and marketing to young people  
14 (including product packaging mimicking well-known food brands that appeal to children,  
15 including Cap'n Crunch, Cocoa Puffs, Froot Loops, Starbursts and Sour Patch Kids);<sup>2</sup> and

16  
17 Whereas, DPCPs have been marketed in ways to attract children, such as added in candy,  
18 chips, and chocolates. DPCPs are also inexpensive (sometimes < \$5) and stores are  
19 disproportionately located in low-income areas;<sup>2</sup> and

20  
21 Whereas, most states do not require testing for chemical contaminants, even though DPCPs  
22 are commonly synthesized using hash solvents known to be hazardous to human health;<sup>2</sup> and

23  
24 Whereas, potency limits are rare, despite conclusive evidence that more potent products carry  
25 higher risk of harms;<sup>2</sup> and

26  
27 Whereas, there is a complex interplay between the endocannabinoid system and the estrogen  
28 system in the central nervous system, raising concerns about how use of these products may  
29 impact fertility, pregnancy, breastfeeding, and contraception; therefore, be it

30  
31 RESOLVED, that our American Medical Association work with other interested organizations to  
32 increase public awareness and promote education on the dangers of Derived Psychoactive  
33 Cannabis Products (DPCPs) and Hemp-Derived Intoxicating Cannabinoids (Directive to Take  
34 Action); and be it further

35  
36 RESOLVED, that our AMA work with other interested organizations to advocate to close the  
37 loophole in the 2018 Farm bill that allows Derived Psychoactive Cannabis Products (DPCPs)  
38 and Hemp-Derived Intoxicating Cannabinoids to be regulated as hemp (Directive to Take  
39 Action); and be it further

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41 RESOLVED, that our AMA work with other interested organizations to advocate for prohibition  
42 of Derived Psychoactive Cannabis Products (DPCPs) and Hemp-Derived Intoxicating  
43 Cannabinoids (unless and until properly tested in humans) (Directive to Take Action); and be it  
44 further

45  
46 RESOLVED, that our AMA work with other interested organizations to advocate for further  
47 research on the health impacts of Derived Psychoactive Cannabis Products (DPCPs) and  
48 Hemp-Derived Intoxicating Cannabinoids, including the potential dangers of these products to  
49 children, pregnant women and other vulnerable populations (Directive to Take Action); and be it  
50 further

1 RESOLVED, that our AMA report back on this issue at A-25. (Directive to Take Action)

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

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**Relevant AMA policy:**

**Regulation of Cannabidiol Products H-120.926**

Our AMA will: (1) encourage state controlled substance authorities, boards of pharmacy, and legislative bodies to take the necessary steps including regulation and legislation to reschedule U.S. Food and Drug Administration (FDA)-approved cannabidiol products, or make any other necessary regulatory or legislative change, as expeditiously as possible so that they will be available to patients immediately after approval by the FDA and rescheduling by the U.S. Drug Enforcement Administration; (2) advocate that an FDA-approved cannabidiol medication should be governed only by the federal and state regulatory provisions that apply to other prescription-only products, such as dispensing through pharmacies, rather than by these various state laws applicable to unapproved **cannabis** products; and (3) support

comprehensive FDA regulation of cannabidiol products and practices necessary to ensure product quality, including identity, purity, and potency.

#### **Cannabis Product Safety D-95.956**

Our American Medical Association will draft state model legislation to help states implement the provisions of AMA policies H-95.924, **Cannabis** Legalization for Adult Use and H-95.936, **Cannabis** Warnings for Pregnant and Breastfeeding Women that currently do not have such model language, including regulation of retail sales, marketing and promotion (especially those aimed at children), misleading health claims, and product labeling regarding dangers of use during pregnancy and breastfeeding.

#### **Marketing Guardrails for the "Over-Medicalization" of Cannabis Use D-95.958**

Our AMA will: (1) send a formal letter to the Food and Drug Administration and Federal Trade Commission requesting more direct oversight of the marketing of **cannabis** for medical use; (2) generate a formal letter for use by state medical societies requesting more direct oversight by state government of the marketing of **cannabis**; (3) support and encourage federal, state, and private sector research on the effects of **cannabis** marketing to identify best practices in protecting vulnerable populations, as well as the benefits of safety campaigns such as preventing impaired driving or dangerous use; (4) encourage state regulatory bodies to enforce **cannabis**-related marketing laws and to publicize and make publicly available the results of such enforcement activities; (5) encourage social media platforms to set a threshold age of 21 years for exposure to **cannabis** advertising and marketing and improve age verification practices on social media platforms; (6) encourage regulatory agencies to research how marketing best practices learned from tobacco and alcohol policies can be adopted or applied to **cannabis** marketing; and (7) support using existing AMA channels to educate physicians and the public on the health risks of **cannabis** to children and potential health risks of **cannabis** to people who are pregnant or lactating.

#### **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.
6. Our AMA will advocate for urgent regulatory and legislative changes necessary to fund and perform research related to **cannabis** and cannabinoids.
7. Our AMA will create a **Cannabis** Task Force to evaluate and disseminate relevant scientific evidence to health care providers and the public.

#### **Cannabis Legalization for Adult Use (commonly referred to as 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 adult use should not be legalized (with adult defined for these purposes as age 21 and older); (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 adult use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of **cannabis** extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth; (5) laws and regulations related to legalized **cannabis** use should consistently be evaluated to determine their effectiveness; (6) 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**, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including **cannabis** use disorder; (7) supports public health based strategies, rather than incarceration, in the handling of individuals possessing **cannabis** for personal use; (8) encourages research on the impact of legalization and decriminalization of **cannabis** in an effort to promote public health and public safety; (9) encourages dissemination of information on the public health impact of legalization and decriminalization of **cannabis**; (10) will advocate for stronger public health messaging on the health effects of **cannabis** and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of **cannabis** use among adolescents, especially high potency products; use among women who are pregnant or contemplating pregnancy; and avoiding **cannabis**-impaired driving; (11) supports social equity programs to address the impacts of **cannabis** prohibition and enforcement policies that have disproportionately impacted marginalized and minoritized communities; and (12) will coordinate with other health organizations to develop resources on the impact of **cannabis** on human health and on methods for counseling and educating patients on the use **cannabis** and cannabinoids.

#### **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; (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; and (7) encourages hospitals and health systems to: (a) not recommend patient use of non-FDA approved **cannabis** or **cannabis** derived products within healthcare facilities until such time as federal laws or regulations permit its use; and (b) educate medical staffs on **cannabis** use, effects and **cannabis** withdrawal syndrome.

**Medical Marijuana License Safety D-95.959**

1. Our AMA supports efforts to include medical **cannabis** license certification in states' prescription drug monitoring programs when consistent with AMA principles safeguarding patient privacy and confidentiality.
2. Our AMA will continue its monitoring of state legislation relating to the inclusion of **cannabis** and related information in state PDMPs.
3. Our AMA will review existing state laws that require information about medical **cannabis** to be shared with or entered into a state prescription drug monitoring program. The review should address impacts on patients, physicians and availability of information including types, forms, THC concentration, quantity, recommended usage, and other medical **cannabis** details that may be available from a dispensary.

**Cannabis Intoxication as a Criminal Defense H-95.997**

Our AMA believes a plea of **cannabis** intoxication not be a defense in any criminal proceedings.

**Expungement, Destruction, and Sealing of Criminal Records for Legal Offenses Related to Cannabis Use or Possession H-95.910**

1. Our AMA supports automatic expungement, sealing, and similar efforts regarding an arrest or conviction for a cannabis-related offense for use or possession that would be legal or decriminalized under subsequent state legalization or decriminalization of adult use or medicinal cannabis.
2. Our AMA supports automatic expungement, sealing, and similar efforts regarding an arrest or conviction of a cannabis-related offense for use or possession for a minor upon the minor reaching the age of majority.
3. Our AMA will inquire to the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, Federation of State Medical Boards, and other relevant medical education and licensing authorities, as to the effects of disclosure of a cannabis related offense on a medical school, residency, or licensing application.
4. Our AMA supports ending conditions such as parole, probation, or other court-required supervision because of a cannabis-related offense for use or possession that would be legal or decriminalized under subsequent state legalization or decriminalization of adult use or medicinal cannabis.

**Preventing the Elimination of Cannabis from Occupational and Municipal Drug Testing Programs H-95.902**

Our American Medical Association supports the continued inclusion of **cannabis** metabolite analysis in relevant drug testing analysis performed for occupational and municipal purposes (pre-employment, post-accident, random and for-cause).

**Alcohol and Drug Use and Addiction Education H-170.992**

Our AMA: (1) supports continued encouragement for increased educational programs relating to use of and addiction involving alcohol, **cannabis** and controlled substances; (2) supports the implementation of alcohol and **cannabis** education in comprehensive health education curricula, kindergarten through grade twelve; and (3) encourages state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol, **cannabis** products, and controlled substances.