AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 507
(A-24)

Introduced by: Illinois

Subject: Ban on Dual Ownership, Investment, Marketing or Distribution of Recreational Cannabis by Medical Cannabis Companies

Referred to: Reference Committee E

Whereas, recreational cannabis legislation is often linked to perceived medical cannabis acceptance. As the industry matures, there is significantly less time from when medical cannabis is first legalized, to the first recreational sale. According to Marijuana Business Daily, California took 7,308 days from medical to recreational to the state's first sale. Massachusetts took just 1,463 days (https://mjbizdaily.com/letter-of-the-law/ also see reference 9); and

Whereas, national recreational cannabis sales account for over 60% of all legal cannabis sales (and increasing) in 2020 (https://mjbizdaily.com/chart-nationwide-sales-of-adult-use-cannabis-further-eclipse-those-of-medical-marijuana/) with medical cannabis sales either plateauing or declining; and

Whereas, national recreational cannabis sales are projected to account for approximately 75% of all legal retail cannabis sales in 2028 (https://mjbizdaily.com/us-cannabis-sales-estimates/); and

Whereas, for example, the number of medical cannabis patients in Oregon has been in a freefall since adult-use cannabis sales began, down 65% from October 2015 to July 2019 (https://mjbizdaily.com/chart-how-medical-cannabis-programs-fare-in-states-with-recreational-markets/); and

Whereas, according to Americans for Safe Access (ASA): “After combing through thousands of data points on the state programs, it is clear that, with a few exceptions, states that have added recreational/adult-use markets are forgetting the needs of patients” (https://www.safeaccessnow.org/sos22); and

Whereas, ASA concludes that medical cannabis companies are moving to recreational use; and

Whereas, cannabis companies are broadening their offering to get a piece of both the medical and recreational pie (https://www.adweek.com/brand-marketing/marketing-cannabis-within-the-confines-of-recreational-and-medical/); and

Whereas, a recent JAMA study noted that as “Cannabis legalization is expanding, making understanding how cannabis companies legitimize themselves critical. Industry motivation to increase consumption makes policies difficult to modify once established. Public health actors have been wary of industry CSR activities, given research demonstrating such programs are ineffectual by design and advance corporate interest;” and

Whereas, similar to tobacco companies, cannabis companies appear to use corporate social responsibility (CSR) practices activities that normalize and legitimize the industry for the goal to open markets and influence regulation (Wakefield T, Glantz SA, Apollonio DE. Content Analysis of the Corporate Social Responsibility Practices of 9 Major Cannabis Companies in Canada and the US. JAMA Network Open. 2022;5(8): e2228088. doi:10.1001/jamanetworkopen.2022.28088); and

Whereas, industry motivation to increase consumption makes policies difficult to modify once established (Room R, Cisneros Örnberg J. Government monopoly as an instrument for public health and welfare: lessons for cannabis from experience with alcohol monopolies. Int J Drug Policy. 2019;74:223-228. doi:10.1016/j.drugpo.2019.10.008); and

Whereas, there is volatility in the cannabis industry: In 2021, there were around 306 merger and acquisition deals in the cannabis industry across North America, more than triple the number in the previous year (https://www.statista.com/statistics/1336787/mergers-and-acquisitions-cannabis-industry-north-america/); and

Whereas, if any traditional medical pharmaceutical company owned, invested, promoted or distributed their addictive medication for recreational purposes (even indirectly), severe criticism and ethical questions would ensue; and

Whereas, in Maryland, medical cannabis companies are prohibited from selling a controlling interest within five years after converting to adult-use sales (https://mmcc.maryland.gov/Documents/2023%20_PDF_Files/Adult-Use%20Cannabis%20Legalization/COMAR%2014.17.01-.22%205.19.23_Watermarked.pdf); and

Whereas, dual ownership of medical/recreational cannabis companies also can represent a conflict of interest that can harm medical cannabis patients (i.e. diversion of cannabis products when scarce to recreational dispensaries); and

Whereas, a survey by University of Chicago in 2019 found that seventy percent of those with personal experience with opioid addiction say pharmaceutical firms are responsible for the problem of opioid addiction, along with 59% of those without any opioid addiction among their family or friends (https://apnorc.org/projects/pharmaceutical-companies-and-drug-users-most-often-blamed-for-opioid-crisis/); and

Whereas, initiating THC use at a potency of 12% is associated with almost a five-fold higher risk for progression to cannabis use disorder symptom onset within a year; and

Whereas THC exhibits adverse cardiac, neurological and psychiatric effects (see references); therefore be it

RESOLVED, that our American Medical Association support a permanent ban on medical cannabis companies (and its related holding conglomerates) from owning, investing in, distributing, or promoting recreational (or “adult use”) cannabis or any other activity relating to recreational use of cannabis. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000

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Relevant AMA Policy

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.

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; and (3) study marketing practices of cannabis, cannabis products and cannabis paraphernalia that influence vulnerable populations, such as children or pregnant people.

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.