

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2
(A-24)

Introduced by: Matthew Vo, MD

Subject: Advocacy for More Stringent Regulations/Restrictions on the Distribution of Marijuana

Referred to: OMSS Reference Committee
(xxxx, MD, Chair)

- 1 Whereas, the number of people who are using marijuana continues to rise throughout the
2 United States; and
3
4 Whereas, the content of marijuana products has become a lot more potent and harmful over the
5 years; and
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7 Whereas, more and more children are presenting with more serious side effects from marijuana,
8 even in the pre-teen populations. The side effects are worse with earlier and chronic exposure
9 and include difficulty thinking and problem-solving, problems with memory and learning,
10 reduced coordination, difficulty maintaining attention, and problems with school and social life
11 while medical problems for teenagers include depression, anxiety, temporary psychosis, and
12 long-lasting mental problems such as schizophrenia; and
13
14 Whereas, treatments for children affected by marijuana are becoming more challenging and
15 costly for pediatric health professionals and services; and
16
17 Whereas, patients with chronic marijuana use present more challenges for anesthesia, surgery,
18 and pain management due to their needs for more and frequent dosing of potent medications.
19 Cannabis use disorder (CUD) patients require higher anesthetic doses, have higher pain scores
20 and opioid requirements postop, increased rates of postop nausea and vomiting, and high risk
21 of perioperative morbidity and mortality; and
22
23 Whereas, mechanisms of action of cannabis on different organ systems include respiratory
24 irritation and airway hyperreactivity, vasospasm in coronary and cerebral vessels possibly
25 contributing to myocardial infarction and strokes and immunosuppression possibly leading to
26 increased infections and poor surgical wound healing; and
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28 Whereas, social consequences of marijuana use include educational failure, unemployment,
29 and crime which are factors leading to higher rates of mental health disorders, which continue to
30 worsen in the United States; and
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32 Whereas, the costs of caring for patients and the wellbeing of society are continuing to rise with
33 more violence and crime as a result of the increasing popularity of marijuana use; therefore be it
34
35 Resolved, That our American Medical Association advocate for regulations to make the
36 cannabis industries pay for increasing costs of medical and social care for people affected by
37 the problems caused by marijuana similar to the regulations advocates for smoking cessation in
38 the United States (Directive to Take Action).

Fiscal Note: TBD

Received: 4/17/2024

References:

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2. Increase in cannabis potency:
<https://medicine.yale.edu/news-article/not-your-grandmothers-marijuana-rising-thc-concentrations-in-cannabis-can-pose-devastating-health-risks/#:~:text=Over%20the%20last%20several%20decades,17%25%20and%20continues%20to%20increase>

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3. Ivanov, A. et al. Cannabis use disorder and perioperative outcomes: A growing concern. *Anesthesia News*. November 15, 2023.
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4. Marijuana and public health:
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5. Cannabis use and mental health in young people: Cohort study
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC135489/pdf/1195.pdf>
6. Cannabis-related problems
<https://www.nejm.org/doi/full/10.1056/NEJMra2212152>

<https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.119.027828>
7. Relationship between cannabis use and other drug uses
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255745>

8. Association between cannabis use and violent behavior/crime
<https://jaapl.org/content/early/2021/12/10/JAAPL.210034-21#:~:text=Because%20conduct%20disorder%20explained%20most,violent%20street%20crimes%20when%20untreated>

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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.

Citation: Res. 502, A-18; Appended: CSAPH Rep. 3, I-20

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.

Citation: CSA Rep. 10, I-97; Modified: CSA Rep. 6, A-01; Modified: CSAPH Rep. 3, I-09; Modified in lieu of: Res. 902, I-10; Reaffirmed in lieu of: Res. 523, A-11; Reaffirmed in lieu of: Res. 202, I-12; Reaffirmed: CSAPH Rep. 2, I-13; Modified: CSAPH Rep. 02, I-17; Reaffirmed in lieu of: Res. 434, A-19; Appended: Res. 913, I-19; Reaffirmed: A-22; Reaffirmed: Res. 212, A-23; Reaffirmed: CSAPH Rep. 6, I-23