

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 907  
(I-16)

Introduced by: Resident and Fellow Section

Subject: Clinical Implications and Policy Considerations of Cannabis Use

Referred to: Reference Committee K  
(Paul A. Friedrichs, MD, Chair)

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1 Whereas, Medicinal marijuana is currently legal in 23 states within the U.S. including  
2 Washington D.C. and recreational use has now been legalized in four states: Colorado,  
3 Washington, Oregon and Alaska;<sup>1</sup> and  
4  
5 Whereas, The “Adult Use of Marijuana Act” is a ballot referendum for November, 2016 calling  
6 for full decriminalization of the possession and sale of marijuana for individuals over the age of  
7 21 in California;<sup>2,3</sup> and  
8  
9 Whereas, Without regulation, this growing, multi-billion dollar industry of “Big Marijuana” is on  
10 track to becoming a 2.0 version of the entity so many public health advocates have spent  
11 decades fighting: Big Tobacco; and  
12  
13 Whereas, AMA support for research and education of cannabis use is strong, the AMA overtly  
14 opposes legalization of marijuana and endorses warnings emphasizing its dangers for abuse  
15 and misuse (AMA Policies D-95.976 and H-95.995); and  
16  
17 Whereas, One of the more comprehensive analyses on marijuana legalization was completed  
18 by the AMA Council on Science and Public Health (CSAPH) in a 2013 report titled “A  
19 Contemporary View of National Drug Control Policy” which was adopted at the AMA House of  
20 Delegates 2013 Interim meeting; and  
21  
22 Whereas, The CSAPH took a strong stance opposing marijuana legalization until “the findings of  
23 comprehensive research into the potential effects, both positive and adverse, of relaxing  
24 existing drug prohibitions and controls can be adequately assessed” (H-95.954); and  
25  
26 Whereas, There are in excess of 60 pharmacologically active cannabinoids<sup>4</sup> and, although  
27 clinical responses to cannabinoids vary, potential positive outcomes include reduction in pain  
28 sensation, antispasticity, increased appetite, and antiemesis;<sup>5</sup> and  
29  
30 Whereas, The US Food and Drug Administration has approved dronabinol and nabilone for  
31 chemotherapeutic induced nausea and vomiting and cancer or HIV induced anorexia;<sup>6,7</sup> and

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<sup>1</sup> State Marijuana Laws Map. <http://www.governing.com/gov-data/state-marijuana-laws-map-medical-recreational.html>

<sup>2</sup> <https://www.mpp.org/states/california/>

<sup>3</sup> <https://www.regulatecalifornia.com/about/>

<sup>4</sup> Pertwee RG. Cannabinoid pharmacology: the first 66 years. Br J Pharmacol. 2006;147(suppl 1): S163-S171.

<sup>5</sup> Koppel BS, Brust JC, Fife T, et al. Systematic review: efficacy and safety of medical marijuana in selected neurologic disorders: report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology. 2014; 82(17):1556-1563.

<sup>6</sup> Marinol [product information]. Marietta, GA: Solvay Pharmaceuticals; 2008.

<sup>7</sup> Cesamet [product information]. Aliso Viejo, CA: Valeant Pharmaceuticals, 2008.

1 Whereas, Statistically significant evidence now exists supporting cannabis use in patients with  
2 neuropathic pain and chronic pain with additional data and professional opinion endorsing its  
3 use in multiple sclerosis associated spasticity;<sup>8</sup> and  
4

5 Whereas, Medicinal marijuana has become a commonly prescribed medication in states where  
6 it is legal and cannabis represents an alternative to opioid therapies, which are plagued with  
7 addiction, overdoses and deaths; and  
8

9 Whereas, There were 12.4 million arrests within the US in 2011 with 1.5 million related to drugs<sup>9</sup>  
10 and nearly 80% of these arrests associated with drug possession and approximately 50%  
11 connected to marijuana; and  
12

13 Whereas, The economic burden of drug related issues within the prison system surmounted \$80  
14 billion in 2010 alone with an annual, anticipated cost of the “War on Drugs” totaling about \$50  
15 billion (CSAPH); and  
16

17 Whereas, CSAPH Report 2-I-13 provides a detailed description of legalization vs  
18 decriminalization as follows:  
19

20 *Legalization is defined as “the complete removal of sanctions, making a*  
21 *certain behavior legal and applying no criminal or administrative penalties.”*  
22 *Decriminalization means to “eliminate criminal penalties for or remove legal*  
23 *restrictions.” To decriminalize does not mean that consequences are entirely*  
24 *lacking for a certain act or behavior.; and*  
25

26 Whereas, Penalties in states that have decriminalized marijuana currently range from citations  
27 and fines to loss of driving privileges; and  
28

29 Whereas, The majority of Americans are in favor of marijuana legalization, with some polls citing  
30 numbers as high as 50-60%;<sup>10,11</sup> and  
31

32 Whereas, Medicinal marijuana has garnered support as high as 85+% while an even larger  
33 percentage oppose incarceration for marijuana possession;<sup>12,13</sup> therefore be it  
34

35 RESOLVED, That our American Medical Association amend policy H-95.998 by addition and  
36 deletion to read as follows:  
37

38 **AMA Policy Statement on Cannabis H-95.998:**

39 Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health  
40 concern; (2) ~~sale of cannabis should not be legalized;~~ (3) public health based strategies,  
41 rather than incarceration, should be utilized in the handling of individuals possessing  
42 cannabis for personal use; and (4) (3) additional research should be encouraged. (Modify  
43 Current HOD Policy); and be it further

<sup>8</sup> Hill KP. Medical Marijuana for Treatment of Chronic Pain and Other Medical and Psychiatric Problems: A Clinical Review. JAMA. 2015 Jun 23;313(24):247483. doi: 10.1001/jama.2015.6199. Review. PubMed PMID: 26103031.

<sup>9</sup> Carson EA, Sabol WJ. Prisoners in 2011. Washington U.S. Department of Justice, Bureau of Justice Statistics, 2012.

<sup>10</sup> Gallup Poll. Record-High 50% of Americans Favor Legalizing Marijuana Use. October 17, 2011

<sup>11</sup> Pew Research Center. Majority now supports legalizing marijuana. April 4, 2013.

<sup>12</sup> Fox News Poll among random national sample of 1,010 registered voters. May 1, 2013.

<sup>13</sup> Quinnipiac University National Poll. December 5, 2012 <http://www.quinnipiac.edu/institutes-and-centers/polling-institute/national/release-detail?ReleaseID=1820>.

1 RESOLVED, That our AMA to amend policy D-95.976 by deletion to read as follows:  
2

3 **Cannabis - Expanded AMA Advocacy D-95.976**

4 1. Our AMA will educate the media and legislators as to the health effects of cannabis use  
5 as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control  
6 Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as  
7 additional scientific evidence becomes available.

8 2. Our AMA urges legislatures to delay initiating full legalization of any cannabis product  
9 until further research is completed on the public health, medical, economic and social  
10 consequences of use of cannabis and, instead, support the expansion of such research.

11 3. Our AMA will also increase its efforts to educate the press, legislators and the public  
12 regarding its policy position that stresses a "public health", as contrasted with a "criminal,"  
13 approach to cannabis.

14 4. Our AMA shall encourage model legislation that would require placing the following  
15 warning on all cannabis products not approved by the U.S. Food and Drug Administration:  
16 "Marijuana has a high potential for abuse. ~~It has no scientifically proven, currently accepted~~  
17 ~~medical use for preventing or treating any disease process in the United States.~~" (Modify  
18 Current HOD Policy)

Fiscal Note: Not yet determined

Received: 09/12/16

**RELEVANT AMA POLICY**

**Alcohol and Drug Abuse Education H-170.992**

Our AMA: (1) supports continued encouragement for increased educational programs relating to use and abuse of alcohol, marijuana and controlled substances; (2) supports the implementation of alcohol and marijuana 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. (Sub. Res. 63, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmation and Reaffirmed: Sunset Report, I-00; Appended: Res. 415, I-01; Reaffirmed: CSAPH Rep. 1, A-11)

**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. (Res. 922, I-15)

**Immunity from Federal Prosecution for Physicians Recommending Cannabis H-95.938**

Our American Medical Association 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. (Res. 233, A-15)

**AMA Policy Statement on Cannabis H-95.998**

Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) sale of cannabis should not be legalized; (3) public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use; and (4) additional research should be encouraged. (BOT Rep. K, I-69; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Reaffirmed in lieu of Res. 202, I-12; Modified: CSAPH Rep. 2, I-13)

**Cannabis - Expanded AMA Advocacy D-95.976**

1. Our AMA will educate the media and legislators as to the health effects of cannabis use as elucidated in CSAPH Report 2, I-13, A Contemporary View of National Drug Control Policy, and CSAPH Report 3, I-09, Use of Cannabis for Medicinal Purposes, and as additional scientific evidence becomes available.

2. Our AMA urges legislatures to delay initiating full legalization of any cannabis product until further research is completed on the public health, medical, economic and social consequences of use of cannabis and, instead, support the expansion of such research.

3. Our AMA will also increase its efforts to educate the press, legislators and the public regarding its policy position that stresses a "public health", as contrasted with a "criminal," approach to cannabis.

4. Our AMA shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States." (Res. 213, I-14)

#### **Cannabis for Medicinal Use 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 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. (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)

#### **Cannabis Use H-95.995**

Our AMA (1) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk situations; (2) supports the determination of the consequences of long-term cannabis use through concentrated research, especially among youth and adolescents; and (3) supports the modification of state and federal laws to emphasize public health based strategies to address and reduce cannabis use. (CSA Rep. D, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Modified: CSAPH Rep. 2, I-13)

#### **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. BOT Rep. J, A-72 Reaffirmed: CLRPD Rep. C, A-89 Reaffirmed: Sunset Report, A-00 Reaffirmed: CSAPH Rep. 1, A-10 Modified: CSAPH Rep. 2, I-13