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Title: Remove "Medical" Designation When Referring to Marijuana
Introduced by: Anup Lal, MD, for the St. Clair County Delegation
Original Author: Anup Lal, MD
Referred to: Reference Committee D
House Action: **DISAPPROVED**

Whereas, the state of Michigan and other states have allowed marijuana to be considered a "medical product" since 2008, and

Whereas, marijuana remains a Schedule I substance under federal regulation, making possession and sale of it illegal by federal law because it has no accepted medical use and has a high potential for abuse, and

Whereas, under the United States Food and Drug Administration (FDA) scientific review process, marijuana is not an approved prescribed medicine. The FDA process for approving medicine remains the only scientific and legally recognized procedure for bringing safe and effective medications to the American public. To date, the FDA has not found smoked marijuana to be a safe or effective medicine for treatment of any condition, and

Whereas, in 2017, the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division (formerly the Institute of Medicine) published an extensive review of the health effects of marijuana, also referred to as cannabis, and

Whereas, although the National Academies did find evidence for derivatives of marijuana for treatment of some conditions, they did not recommend smoking marijuana for these conditions due to the adverse health consequences that accompany the act of inhaling smoke, and

Whereas, despite the fact that there is insufficient evidence to support the use of inhaled marijuana for a variety of medical conditions, the dispensing of medical marijuana cards has steadily increased. To date, an estimated 211,000 Michiganders have legally issued cards and there is considerable variation between counties with regard to the number of cards and access to medical marijuana, and

Whereas, the typical individual presenting for medical marijuana is an adult male, 18 to 34 years old, requesting it for chronic pain, and

Whereas, according to the American Academy of Pain Medicine, adults, 45 to 64 years old, are among those most likely to report persistent pain, which is discordant from the typical medical marijuana applicant, calling into question the legitimacy of requests to treat chronic pain, and

Whereas, the lack of FDA approval and the need for safe and tested derivatives of the medicinal parts of marijuana may be why no major-medical association supports the use of marijuana for widespread medical use. Major health organizations (below) have weighed in against medical marijuana use until further research is conducted; therefore be it

RESOLVED: That MSMS work with stakeholders to remove the designation of "medical" in reference to marijuana sold in dispensaries and products sold in "smoke shops" that create euphoria and have not

54 passed the United States Food and Drug Administration's rigorous standards for medical use; and be it
55 further

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57 RESOLVED: That MSMS launch a patient education campaign that puts marijuana in a proper
58 context to potential users, similar to how alcohol and nicotine products are used for anxiety reduction and
59 subjective reduction of symptoms, but are not prescribed by licensed providers as "medicine."

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62 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$100,000 or more as this resolution directs MSMS to launch a
63 public education campaign, as well as engage in legislative advocacy.

Relevant MSMS Policy:

Marijuana for Medical Use

MSMS supports the use of cannabinoids by routes other than smoking for medical uses, for which scientific evidence supports efficacy equal or superior to established therapies and encourages further research to elucidate the efficacy of cannabinoids in various medical conditions and its optimal dosage and route of delivery. (Res59-08A)

Marijuana (Pending final approval by the 2019 MSMS HOD)

MSMS considers marijuana use a public health issue with potentially severe adverse health effects and opposes the recreational use of marijuana. (Prior to 1990)

Edited 1998

Amended 2019 (Res46-18 AND 70-18)

Publish the Contents of Cannabis (Pending final approval by the 2019 MSMS HOD)

MSMS supports clear labelling of medical and retail marijuana products that identifies the content of Tetrahydrocannabinol (THC) & Cannabidiol (CBD), percent of potency of THC, warnings regarding use by adolescents, pregnant women, and other vulnerable populations, and other known risk factors (e.g., driving under the influence, potential effects on an unborn fetus, etc.) (Res61-18)

Resolution 63-18

RESOLVED: That MSMS convene a committee of physicians with expertise on the potential and known risks of marijuana, particularly as it concerns children and adolescence, to provide the Michigan Legislature with recommendations; and be it further

RESOLVED: That MSMS communicate to members and other physicians in Michigan regarding the potential and known risks of marijuana use and of any recommendations presented to the Michigan Legislature should marijuana be legalized by the voters.

Relevant AMA Policy:

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.