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Title: Regulation and Oversight of Retail Marijuana in Michigan

Introduced by: Federico Mariona, MD, for the Wayne County Delegation

Original Author: Federico Mariona, MD

Referred to: Reference Committee B

House Action: **REFERRED**

Whereas, legal for-profit retail marijuana (cannabis) and related products is now law in Michigan, and

Whereas, recent clinical, financial and social effects of the retail availability of cannabis and related products indicate that harmful effects in public health have been demonstrated, and

Whereas, cultivation, processing, possession, distribution, transport, and use of cannabis and related products is reported as increasing in the general population, especially in adolescents and pregnant women, including synthetic cannabinoids, and

Whereas, the users of cannabis and related products believe in increasing numbers that the effects of cannabis and its main psychoactive element delta-9-tetrahydrocannabinol (THC) are benign and inconsequential, and

Whereas, there are no state established levels of toxicity, definition of impairment or standards for the determination of the presence and levels of THC and contaminants in the user, and

Whereas, the highly advertised financial advantage to the state based on the taxes levied on the sales of cannabis and derivatives are without specifically defined applications of those funds to population education, public health programs, translational research and cannabis use clinical outcomes tracking; therefore be it

RESOLVED: That MSMS, jointly with the American Medical Association and the Michigan Department of Health and Human Resources, issues recommendations concerning state requirements to: restrict or prohibit advertising for the cannabis industry, clearly limit cannabis availability as prescribed by the law, maintain cannabis prices at a significant fraction of those of the black market, and issue timely, clear and specific regulatory steps associated with the for-profit retail availability of cannabis and related products not currently specified; and be it further

RESOLVED: That MSMS work with the American Medical Association, Michigan Department of Health and Human services, Michigan Department of Licensing and Regulatory Affairs, law enforcement, and Michigan Legislature to put in place timely rules and regulations to establish certified state reference laboratory (ies) for the determination of THC derivatives and contaminants presence and levels in users; defined toxicity levels for the THC; set uniform unambiguous evidence based rules for the personal use of medically indicated and/or recreational THC in the state; and a cannabis regulation enforcement division to track the use of THC and related products and associated health outcomes; and be it further

RESOLVED: That MSMS, jointly with the American Medical Association and state institutions, requests, pursues obtaining and tracks the State of Michigan detailed reporting and use of the taxes collected from the retail sales of cannabis and related products, including fines for regulatory violations.

54 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more due as this Resolution directs MSMS to
55 engage in governmental advocacy, as well as a joint effort to develop and promote recommendations.

Relevant MSMS Policy:

Marijuana

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

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)

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)

Drug Educational Programs

Drug educational programs by public agencies should be expanded and all medical schools, hospitals and medical societies should establish such programs, with particular attention paid to programs treating pregnant women and teenagers. (Res43-90A)

– Amended 1993

– Edited 1998

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.

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.

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