

1 evaluation, reporting, management, and support of child abuse victims; (7) encourage all  
2 state departments of protective services to have a medical director or other liaison who  
3 communicates with physicians and other health care providers; and (8) reaffirm Policy H-  
4 515.965, which strongly supports mandatory reporting of suspected child maltreatment.

5  
6 The Council on Science and Public Health was commended for a thorough and relevant  
7 report. Uniform testimony was heard in support of the report's recommendations. The  
8 American College of Radiology asked that radiologists be added to Recommendation 3  
9 to denote that they too treat victims of child abuse and should act as advocates for such  
10 children. Your Reference Committee notes that physicians of all specialties treat  
11 victims, and therefore believes that the Recommendation should support the concept  
12 that all physicians be advocates for victims of abuse, rather than singling out specialties.

13  
14 (11) COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT  
15 3 - USE OF CANNABIS FOR MEDICINAL PURPOSES

16  
17 RECOMMENDATION A:

18  
19 Mr. Speaker, your Reference Committee recommends that  
20 the Recommendation in Council on Science and Public  
21 Health Report 3 be amended by substitution to read as  
22 follows:

23  
24 That Policy H-95.952 be amended by insertion and  
25 deletion to read as follows:

26  
27 H-95.952 Medical Marijuana

28  
29 (1) Our AMA calls for further adequate and well-controlled  
30 studies of marijuana and related cannabinoids in patients  
31 who have serious conditions for which preclinical,  
32 anecdotal, or controlled evidence suggests possible  
33 efficacy and the application of such results to the  
34 understanding and treatment of disease.

35  
36 ~~(2) Our AMA recommends that marijuana be retained in~~  
37 ~~Schedule I of the Controlled Substances Act pending the~~  
38 ~~outcome of such studies.~~

39 Our AMA urges that marijuana's status as a federal  
40 Schedule I controlled substance be reviewed with the goal  
41 of facilitating the conduct of clinical research and  
42 development of cannabinoid-based medicines, and  
43 alternate delivery methods. This should not be viewed as  
44 an endorsement of state-based medical cannabis  
45 programs, the legalization of marijuana, or that scientific  
46 evidence on the therapeutic use of cannabis meets the  
47 current standards for a prescription drug product. (New  
48 HOD Policy)

1 (3) Our AMA urges the National Institutes of Health (NIH)  
2 to implement administrative procedures to facilitate grant  
3 applications and the conduct of well-designed clinical  
4 research into the medical utility of marijuana. This effort  
5 should include: a) disseminating specific information for  
6 researchers on the development of safeguards for  
7 marijuana clinical research protocols and the development  
8 of a model informed consent on marijuana for institutional  
9 review board evaluation; b) sufficient funding to support  
10 such clinical research and access for qualified  
11 investigators to adequate supplies of marijuana for clinical  
12 research purposes; c) confirming that marijuana of various  
13 and consistent strengths and/or placebo will be supplied by  
14 the National Institute on Drug Abuse to investigators  
15 registered with the Drug Enforcement Agency who are  
16 conducting bona fide clinical research studies that receive  
17 Food and Drug Administration approval, regardless of  
18 whether or not the NIH is the primary source of grant  
19 support.

20  
21 ~~(4) Our AMA believes that the NIH should use its~~  
22 ~~resources and influence to support the development of a~~  
23 ~~smoke-free inhaled delivery system for marijuana or delta-~~  
24 ~~9-tetrahydrocannabinol (THC) to reduce the health hazards~~  
25 ~~associated with the combustion and inhalation of~~  
26 ~~marijuana.~~

27  
28 (5) (4) Our AMA believes that effective patient care  
29 requires the free and unfettered exchange of information  
30 on treatment alternatives and that discussion of these  
31 alternatives between physicians and patients should not  
32 subject either party to criminal sanctions. (CSA Rep. 10, I-  
33 97; Modified: CSA Rep. 6, A-01)

34  
35 RECOMMENDATION B:

36  
37 Mr. Speaker, your Reference Committee recommends that  
38 the Recommendation in Council on Science and Public  
39 Health Report 3 be adopted as amended and the  
40 remainder of the report filed.

41  
42 Report 3 of the Council on Science and Public Health (1) provides a brief historical  
43 perspective on the use of cannabis as medicine; (2) examines the current federal and  
44 state-based legal envelope relevant to the medical use of cannabis; (3) provides a brief  
45 overview of our current understanding of the pharmacology and physiology of the  
46 endocannabinoid system; (4) reviews clinical trials on the relative safety and efficacy of  
47 smoked cannabis and botanical-based products; and (5) places this information in  
48 perspective with respect to the current drug regulatory framework. This Report  
49 recommends that our AMA urge that marijuana's status as a federal Schedule I  
50 controlled substance be reviewed with the goal of facilitating the conduct of clinical

1 research and development of cannabinoid-based medicines. This should not be viewed  
2 as an endorsement of state-based medical cannabis programs, the legalization of  
3 marijuana, or that scientific evidence on the therapeutic use of cannabis meets the  
4 current standards for a prescription drug product.

5  
6 This is the third report developed by the Council on this topic. In general, strong support  
7 was offered for the scientific, regulatory, and policy analysis provided by Report 3.  
8 Current AMA Policy H-95.952 recommends that marijuana be retained in Schedule I of  
9 the Controlled Substances Act. Marijuana for use in the diagnosis, cure, mitigation, and  
10 treatment for prevention of disease has not been approved by the FDA, and the federal  
11 justification for retaining marijuana in Schedule I has previously been published. The  
12 recommendation in Report 3 urges that the Schedule I status of marijuana be reviewed  
13 with the goal of facilitating clinical research and development of cannabinoid-based  
14 medicines. Other comments noted that smoking is an inherently unsafe system for drug  
15 delivery, and therefore smoked marijuana should not be recommended for medical use.  
16 Some support was offered for a more declarative statement supporting rescheduling  
17 marijuana, and for protecting physicians who prescribe or advise their patients to use  
18 cannabis-based products to relieve a serious medical problem in states with medical  
19 marijuana laws. The U.S. Court of Appeals in *Conant v. Walters* recognized that  
20 physicians have a constitutionally-protected right to discuss the use of cannabis as a  
21 treatment option with their patients and to make an oral or written recommendation for  
22 medical marijuana, a policy supported by our AMA. Given the ongoing issues raised by  
23 drug approval by state ballot initiative or legislative action, and the current efforts of the  
24 pharmaceutical industry to develop cannabinoid-based medicines, your Reference  
25 Committee believes that amending current policy is the most appropriate action.

26  
27 (12) RESOLUTION 905 - BAN CELL PHONE USE WHILE  
28 DRIVING

29  
30 RECOMMENDATION A:

31  
32 Mr. Speaker, your Reference Committee recommends that  
33 Resolution 905 be amended by insertion and deletion on  
34 line 9 to read as follows:

35  
36 RESOLVED, That our American Medical Association  
37 endorse legislation that would ban the use of hand-held  
38 ~~cell phones~~ devices while driving. (Directive to Take  
39 Action)

40  
41 RECOMMENDATION B:

42  
43 Mr. Speaker, your Reference Committee recommends that  
44 Resolution 905 be adopted as amended

45  
46 RECOMMENDATION C:

47  
48 Mr. Speaker, your Reference Committee recommends that  
49 the title of Resolution 905 be changed to read as follows: