OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 21 – 2025

Introduced by: Medical Student Section

Subject: Marijuana Guidelines Following Ohio Legalization

Referred to: Resolutions Committee No. 1

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WHEREAS, as of November 2023, Ohioans voted to ratify Issue 2 with a 56.79% majority vote[1]. The law "To Commercialize, Regulate, Legalize, and Tax the Adult Use of Cannabis" went into effect December 7, 2023, legalizing marijuana in the state of Ohio[2]; and

WHEREAS, the State of Ohio has legalized the use of adult-use cannabis, officially defined as marijuana under Chapter 3780 of the Ohio Revised Code, which specifies that "adult use cannabis" or "marijuana" refers to marijuana as defined in section 3719.01 of the Revised Code. The legal framework permits the controlled and regulated sales and consumption of cannabis for individuals aged 21 and older, aiming to reduce illegal sales and promote social equity; and

WHEREAS, black market marijuana sales may continue to flourish even in states that have legalized marijuana, which leads to marijuana consumption still being unregulated and possibly exposing citizens to marijuana laced with other substances[3,4]; and

WHEREAS, cannabis products have been found to have additional allergens and possibly harmful contents. Within the legal market, there have been inconsistencies in labeling. Enforcement of publishing contents of cannabis, such as amounts of CBD, THC, and other additive ingredients such as pesticides, yeast, molds, and heavy metals is important for autonomous consumer health[5,6,7]; and

WHEREAS, the DSM-5 officially recognizes cannabis use disorder as "as a pattern of use that leads to clinically significant impairment or distress" and heavy cannabis use leads to cannabinoid hyperemesis syndrome, which often requires medical intervention[8].

WHEREAS, studies have indicated that cannabis use disorder is correlated to other serious conditions, such as cancer[9] and permanent lung damage[10]; and

WHEREAS, marijuana usage in youth can lead to decreased gray-matter in the brain, which manifests as decreased cognition and anxiety. Additionally, children exposed to marijuana have double the risk of developing schizophrenia and/or psychosis in adulthood[11]; and

WHEREAS, marijuana usage has increased significantly in youth populations, and the development of schizophrenia and psychosis in adolescence is more likely given that the risk also is dependent on the dosage consumed[11]; and

WHEREAS, usage of cannabis by pregnant and breast-feeding women increases the risk of the fetus and newborn developing neuropsychiatric conditions, predominantly those related to the limbic system, later on in life[12]; and

WHEREAS, a recent study found that pharmacy students in Ohio did not feel adequately prepared to counsel their patients on the usage of medical marijuana, especially due to the lack of a solid structured curriculum within current medical education on the subject[13]; and therefore be it

RESOLVED, That our OSMA amend Policy 07 - 2016 by addition and deletion:

Policy 07 – 2016 – Cannabinoids

1. The OSMA opposes recreational use of cannabis.
2. The OSMA supports Institutional Review Board (IRB) approved clinical research to explore the potential risks versus benefits of using cannabinoids to treat specific medical conditions.
3. The OSMA supports focused and controlled medical use of pharmaceutical grade cannabinoids for treatment of those conditions which have been evaluated through Institutional Review Board (IRB) approved clinical research studies and have been shown to be efficacious.
4. The OSMA recommends 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.
5. The OSMA supports limiting cannabinoids prescribing rights~~, if permitted,~~ to physicians (MDs and DOs).
6. The OSMA opposes legalization of any presently illegal drugs of substance abuse including, but not limited to, cannabis and cocaine, except in the instance of appropriate evidence based use approved by the FDA.
7. The OSMA encourages physician participation in future legislative and regulatory discussions regarding the legal use of cannabinoids.
8. The OSMA will support urgent regulatory and legislative changes necessary to fund and perform research related to cannabis and cannabinoids.
9. The OSMA supports state initiatives to regulate recreational and medicinal marijuana effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of cannabis extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth.

10. The OSMA encourages local and state public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including cannabis use disorder.
11. The OSMA will support stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents, especially high potency products; use among people who are pregnant or contemplating pregnancy; and avoiding cannabis-impaired driving.

Fiscal Note $500+ (Sponsor)
$500+ (Staff)

References:

1. Henry, M. (2023, November 8). *Ohioans vote to legalize recreational marijuana by passing Issue 2 law*. Ohio Capital Journal.
2. Keating Muething & Klekamp PLL. (2024, April 23). *A post Issue 2 update on recreational marijuana in Ohio*.
3. Detrano, J. Cannabis Black Market Thrives Despite Legalization. *Rutgers-New Brunswick Center of Alcohol and Substance Use Studies.*
4. Arnold S, Goldman J. In many states, the cannabis black market may thrive when prices get too high. *Columbia Missourian.* Jun 22, 2023.
5. Gwinn KD, Leung MC, Stephens A., Punja ZK. Fungal and mycotoxin contaminants in cannabis and hemp flowers: implications for consumer health and directions for further research. *Frontiers in Microbiology*. 2023; 14. doi: 10.3389
6. Miller OS, Elder EJ Jr, Jones KJ, Gidal BE. Analysis of cannabidiol (CBD) and THC in nonprescription consumer products: Implications for patients and practitioners. *Epilepsy Behav*. 2022;127:108514. doi:10.1016/j.yebeh.2021.108514
7. Dryburgh LM, Bolan NS, Grof CPL, et al. Cannabis contaminants: sources, distribution, human toxicity and pharmacologic effects. *Br J Clin Pharmacol*. 2018;84(11):2468-2476. doi:10.1111/bcp.13695
8. Weinstein AM, Gorelick DA. Pharmacological treatment of cannabis dependence. *Curr Pharm Des*. 2011;17(14):1351-1358. doi:10.2174/138161211796150846
9. Gallagher TJ, Chung RS, Lin ME, Kim I, Kokot NC. Cannabis Use and Head and Neck Cancer. *JAMA Otolaryngol Head Neck Surg*. 2024;150(12):1068-1075. doi:10.1001/jamaoto.2024.2419
10. Kaplan AG. Cannabis and Lung Health: Does the Bad Outweigh the Good?. *Pulm Ther*. 2021;7(2):395-408. doi:10.1007/s41030-021-00171-8
11. Ladegard K, Thurstone C, Rylander M. Marijuana Legalization and Youth. *Pediatrics* May 2020; 145 (Supplement_2): S165–S174. 10.1542/peds.2019-2056D
12. Navarrete F, García-Gutiérrez MS, Gasparyan A, Austrich-Olivares A, Femenía T, Manzanares J. Cannabis Use in Pregnant and Breastfeeding Women: Behavioral

and Neurobiological Consequences. Frontiers in Psychiatry. 2020;11. doi:10.3389/fpsyt.2020.586447
13. Zolotov Y, Metri S, Calabria E, Kogan M. Medical cannabis education among healthcare trainees: A scoping review. *Complementary Therapies in Medicine*. 2021; 58.

Relevant OSMA Policy:

Policy 07 – 2016 – Cannabinoids

1. The OSMA opposes recreational use of cannabis.
2. The OSMA supports limiting cannabinoids prescribing rights, if permitted, to physicians (MDs and DOs).
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Policy 31 – 2024 -- Encourage Cannabis Counseling and Harm Reduction

1. OSMA encourages physicians to be informed regarding risks, benefits, and harm reduction techniques related to cannabis use.

Relevant AMA Policy:

Cannabis and Cannabinoid Research H-95.952

1. Our American Medical Association 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.

Our AMA will create a Cannabis Task Force to evaluate and disseminate relevant scientific evidence to health care providers and the public.