

**Missouri State Medical Association
House of Delegates**

Resolution # 4
(A-24)

Introduced by: Albert L. Hsu, MD

Subject: Cannabis Marketing Guardrails

Referred to:

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- 1 **WHEREAS**, the cannabis-legalization movement has swept the country; and
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- 3 **WHEREAS**, In many states, “medical cannabis” and “medical marijuana” laws have put physicians in the
4 uncomfortable position of being asked to prescribe cannabis for questionable medical indications; and
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- 6 **WHEREAS**, In states where medical cannabis has been legalized, marketing for cannabis for “all your ills”
7 has become excessive; and
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- 9 **WHEREAS**, Emerging research in Colorado has shown that “marijuana use during pregnancy, concerns
10 related to marijuana in homes with children, and adolescent use should continue to guide public health
11 education and prevention efforts:
- 12 - The percentage of women who use marijuana in pregnancy ... is higher among younger women,
13 women with less education, and women with unintended pregnancies. Marijuana exposure in
14 pregnancy is associated with decreased cognitive function and attention problems in childhood;
 - 15 - Unintentional marijuana consumption among children under age 9 continues a slow upward
16 trend, as do emergency visits due to marijuana. Additionally, an estimated 23,000 homes with
17 children in Colorado have marijuana stored potentially unsafely. Marijuana exposures in
18 children can lead to significant clinical effects that require medical attention;”¹ and
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- 20 **WHEREAS**, Inadequate information about the potential dangers/harms of cannabis (especially among
21 vulnerable populations) is available, especially amid the storm of pro-cannabis marketing from that
22 industry; and
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- 24 **WHEREAS**, This results in the lay public considering cannabis to be as safe as Tylenol, or carrots; and
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- 26 **WHEREAS**, Regulation of supplements continues to be highly flawed; and
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- 28 **WHEREAS**, There are a small number of cannabinoid products (such as marinol) which are indeed FDA-
29 approved for specific indications; and
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- 31 **WHEREAS**, There appears to be a need for “guardrails” for the marketing of cannabis, especially to
32 protect vulnerable populations; and

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WHEREAS, American Medical Association policy H-95.936 “Cannabis Warnings for Pregnant and Breastfeeding Women” states that “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;” and

WHEREAS, the American Academy of Pediatrics (AAP)²⁻⁴ states that the child’s brain will continue to grow and develop until about age 25, and that:

- Research shows that cannabis use in adolescence and early adulthood can cause:
 - Difficulty thinking and problem-solving*
 - Problems with memory and learning*
 - Poor physical coordination and reaction time*
 - Difficulty focusing and maintaining attention*
- It can hurt school performance: “kids who regularly use cannabis are much likelier to leave school before graduating or earning degrees”
- It can make life more dangerous: “driving, skateboarding, riding a bike or playing sports while high can lead to serious accidents”
- It can harm your child’s lungs: “marijuana use can trigger bronchitis and cause coughing and mucus production that interfere with healthy sleep”
- It has been linked to mental health problems: “cannabis has been associated with depression and anxiety in teens. Cannabis has also been identified for the psychosis that can be an early sign of schizophrenia or bipolar disorder. There is evidence that young people who use cannabis face higher risks for suicidal thinking and actions.”
- It can be addictive: “about 9% of all people who use cannabis develop substance use disorder with cannabis – but for those who start in their teens, the rate jumps to 17%. Substance use disorder happens when your child can’t stop using, even when they experience negative consequences or even want to quit. More than 55% of kids between 12 to 17 who seek treatment for substance use disorder are addicted to cannabis;” and

WHEREAS, AAP also states that “Public health campaigns should help people of all ages understand why cannabis use is harmful to young bodies, brains and the future health and success of kids who start using it early.”

WHEREAS, the American College of Obstetricians and Gynecologists⁵ states that

- “you should **avoid marijuana before pregnancy and while breastfeeding**” and
- “**there is no evidence that marijuana helps morning sickness**” and
- “**if you use marijuana during pregnancy, you may be putting your health and your fetus’s health at risk.**” Possible effects on your fetus:
 - o *Disruption of brain development*
 - o *Smaller size at birth*
 - o *Higher risk of stillbirth*
 - o *Higher chance of being born too early*
 - o *Behavioral problems in childhood and trouble paying attention in school*

WHEREAS, there is concern about the long-term impacts of using a neuroactive drug like cannabis or marijuana during early fetal brain development in pregnancy; and

WHEREAS, in one study,⁶ the female partners of men who use marijuana more than once a week have twice the incidence of miscarriage compared to controls; and

WHEREAS, AMA Council on Science and Public Health (CSAPH) report 6 (I-23)⁷ on “Marketing Guardrails for the ‘Over-Medicalization’ of Cannabis Use” states that

- 85 - "Research indicates advertising can normalize substance use and disproportionately targets
86 youth, reflected in studies on alcohol and tobacco industries."
87 - "The US cannabis industry's rapid growth has seen increasing advertising expenditure, yet
88 knowledge gaps persist in understanding and regulating these practices, particularly on
89 platforms accessible to minors like social media."
90 - "States' advertising, marketing, packaging restrictions and national public health campaigns aim
91 to safeguard consumers, especially children, and promote safe behaviors."
92 - "Research on cannabis marketing regulation and enforcement is sparse, especially concerning its
93 efficacy in safeguarding vulnerable groups, notably youth."
94 - "While federal regulatory agencies oversee the marketing and advertising of hemp (including
95 CBD), the regulation of cannabis and cannabis-derived products varies by state"
96 - "The challenges in the field of cannabis products are accentuated by the lack of research and
97 guidance on dosing and adverse effects, leading consumers to rely on potentially inaccurate
98 marketing sources like dispensary staff or online sites, emphasizing the need to ensure accurate
99 and consistent information in marketing despite the known harms posed by cannabis"
100 - "A closer look at the marketing regulatory frameworks established for substances such as
101 alcohol and tobacco could offer valuable insights into marketing and advertising practices for
102 cannabis and its derived products; and
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104 **WHEREAS**, 13 of 16 states^{7,8} have "advertising exclusionary zones" around schools and other child-
105 focused locations, to restrict advertising marijuana or marijuana products between 200-1500 feet of
106 schools, childcare facilities, playgrounds, public parks, libraries, and/or game arcades; and
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108 **WHEREAS**, 9 of 16 states^{7,8} (such as Washington State) restrict adult-use cannabis advertising on public
109 property and/or public transportation (such as public transit shelters, bus stops, transit waiting areas,
110 train stations, airports, and other transit-related areas; and
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112 **WHEREAS**, 9 of 16 states^{7,8} restrict gifts, prizes, and other inducements relating to cannabis sales (and
113 Massachusetts explicitly bans customer loyalty programs; and
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115 **WHEREAS**, 14 of 16 states^{7,8} restrict internet advertising of adult-use cannabis; and
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117 **WHEREAS**, 9 of 16 states^{7,8} restrict event sponsorship by adult-use cannabis companies; and
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119 **WHEREAS**, 7 of 16 states^{7,8} restrict location-based marketing (which uses a mobile device's location to
120 alert the device's owner about an offering from a nearby business); and
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122 **WHEREAS**, Missouri 19 CSR 100-1.120 "Packaging, Labeling, and Product Design (DHSS)⁹ does specifically
123 state that

- 124 - "all marijuana product shall be produced, packaged, and labeled in a manner that protects
125 public health and is not attractive to children;"
126 - "no marijuana product or packaging may be designed using the shape or any part of the shape
127 of a human, animal, or fruit, including realistic, artistic, caricature, or cartoon renderings;"
128 - "no marijuana product or packaging may be designed in such a way as to cause confusion
129 between a marijuana product and any product not containing marijuana, such as where
130 products or packaging are visually similar to any commercially similar product that does not
131 contain marijuana;
132 - All marijuana product packaging, with the exception of marijuana seeds and plants, shall be
133 resealable, opaque, and certified as child-resistant;
134 - All marijuana product packaging design, including that for exit packaging, may only utilize
135 o A. Limited colors, including a primary color as well as up to two (2) logos or symbols of a
136 different color or colors, whether images or text, including brand, licensee, or company

137 logos, provided that the widest part of a logo or symbol is no wider than the length or
138 height, whichever is greater, of the word “Marijuana” on the packaging

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140 **WHEREAS**, Missouri does *not* appear to have any restrictions on marketing of cannabis and
141 cannabinoid products to children via location-based marketing (“geofencing”) and/or social media; and

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143 **WHEREAS**, Missouri does *not* have any restrictions on the marketing of cannabis and cannabinoid
144 products to women who are pregnant, breastfeeding, or trying to conceive; and

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146 **WHEREAS**, the 2022 amendment to the Missouri State Constitution (“Amendment 3”)¹⁰ states that “Any
147 regulations regarding the advertising or promotion of marijuana sales will be no more stringent than
148 regulations regarding the promotion or advertising of alcohol sales;” however alcohol
149 advertising/marketing is federally-regulated, leaving open the question of whether state restrictions on
150 marketing cannabis and cannabinoid products to pregnant women would potentially violate the
151 Missouri State Constitution; therefore, be it

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153 **RESOLVED**, that our Missouri State Medical Association (MSMA) support guardrails for marketing
154 cannabis to children and pregnant women and other vulnerable populations in Missouri; and be it
155 further

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157 **RESOLVED**, that our Missouri State Medical Association (MSMA) support the creation of a state task
158 force to monitor marketing of cannabis to vulnerable populations (including children and pregnant
159 women) in Missouri.

Fiscal Note: None

Current Policy: