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HOUSE JOINT RESOLUTION NO. 578

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Directing the Joint Commission on Health Care to study the long-term effects of marijuana use on individuals and populations. Report.

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Referred to Committee on Rules

WHEREAS, the term "marijuana" refers to the dried leaves, flowers, stems and seeds that form the hemp plant, Cannabis sativa, which contains the chemical delta-9-tetrahydrocannabinol (THC) and other related compounds that have mind-altering effects leading to altered senses, an altered sense of time, changes in mood, impaired bodily movement, difficulty with thinking and problem-solving, and impaired memory in users; and

WHEREAS, marijuana is the most commonly used illicit drug in the United States, with rates of use reported to have steadily increased in recent years; and

WHEREAS, a number of states have recently legalized marijuana for medical or other use; and

WHEREAS, long-term use of marijuana can harm brain development, affecting thinking, memory, and learning functions, may affect the development of connections between the areas of the brain necessary for these functions during adolescence and early adulthood, and may cause hallucinations and paranoia which may become chronic in susceptible individuals, worsening the effects of existing mental health disorders and substantially increasing the risk of suicide; and

WHEREAS, marijuana use can also negatively affect physical health, causing breathing problems, increased heart rate, and complications during pregnancy; and

WHEREAS, marijuana use may negatively affect other areas of users' lives, including academic and career success, relationships with others, and overall life satisfaction; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the long-term effects of marijuana use on individuals and populations.

In conducting its study, the Joint Commission on Health Care shall access and evaluate existing data concerning:

1. The mental health side effects of marijuana use, including the risk of temporary and chronic psychosis, depression, anxiety, panic, and suicidal thoughts or actions;

2. The physical side effects of marijuana use, including negative cardiac outcomes in relatively young individuals, cyclic vomiting (hyperemesis) syndrome, and pulmonary effects of smoking marijuana;

3. The well-documented neurodevelopmental and physiological effects of maternal marijuana use on a fetus;

4. The rates of marijuana use in the Commonwealth and other states, particularly states that have legalized use of marijuana for medical and recreational purposes, states that have legalized use of marijuana for medical purposes only, and states that have decriminalized marijuana, with a focus on rates of use among adults and teenagers, and develop a comparison of rates of use in states that have and have not legalized or decriminalized the use of marijuana;

5. The average age of first use of marijuana among marijuana users in states that have and have not legalized or decriminalized the use of marijuana and determine whether age of first use has changed over time in those states;

6. The most common methods of use of marijuana in states that have and have not legalized or decriminalized the use of marijuana and determine whether methods of use change over time in those states;

7. The effects of marijuana use on brain development, particularly among teenagers, and whether the use of marijuana as a teenager affects school dropout rates and educational success in secondary and postsecondary education and adult rates of employment, earnings, and welfare dependency;

8. Whether, in states that have legalized or decriminalized the use of marijuana, changes have occurred in rates of driving under the influence;

9. Whether evidence from other states or countries that have legalized or decriminalized the use of marijuana indicates that relaxing laws concerning marijuana use by adults has an impact on use of marijuana by teenagers;

10. The conditions by which products containing marijuana or delta-9-tetrahydrocannabinol (THC)

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58 have been approved for medical use by the U.S. Food and Drug Administration;

59 11. The status of laws governing the use of marijuana for medical purposes in the Commonwealth
60 including the rates of use of marijuana for medical purposes, the number of prescriptions and
61 certifications for use of cannabidiol oil or THC-A oil issued by practitioners of medicine or osteopathy,
62 and the purposes for which such prescriptions or certifications have been issued;

63 12. Laws of other states and countries legalizing the use of marijuana for medical purposes and the
64 number of individuals authorized to use marijuana for medical purposes in states that have legalized the
65 use of marijuana for medical purposes;

66 13. States and countries with the lowest rates of adult marijuana use and teen marijuana use,
67 evaluating those states' and countries' laws regarding possession of marijuana, and determining whether
68 those states and countries use legal processes to punish individuals who possess marijuana or direct
69 individuals who possess marijuana to treatment and recovery, or do not enforce the laws in any
70 significant way, essentially decriminalizing the use of marijuana; and

71 14. The methods, tactics and interventions, including a focus on treatment, recovery, and legal
72 penalties, that have been used in other states and countries to limit marijuana use and develop
73 recommendations for implementing such methods, tactics, and interventions in the Commonwealth.

74 All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care
75 for this study, upon request.

76 The Joint Commission on Health Care shall complete its meetings by November 30, 2017, and the
77 chairman shall submit to the Division of Legislative Automated Systems an executive summary of its
78 findings and recommendations no later than the first day of the 2018 Regular Session of the General
79 Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to
80 submit to the General Assembly and the Governor a report of its findings and recommendations for
81 publication as a House or Senate document. The executive summary and report shall be submitted as
82 provided in the procedures of the Division of Legislative Automated Systems for the processing of
83 legislative documents and reports and shall be posted on the General Assembly's website.