

Resolution No. **116-14**

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Endorsement: **Delegation from Stanford University School of Medicine**

**WHEREAS**, marijuana is the most prevalently used illegal substance in the United States; and

**WHEREAS**, there are over 100,000 Americans on the waiting list in need of an organ, and only 30,000 transplants are performed each year, with 6,000 people dying from lack of a donor organ; and

**WHEREAS**, nearly 20% of organ donations cross both state and regional boundaries, but the possibility of additional cross-state organ donation could be hindered by differing state criteria for organ recipient qualifications; and

**WHEREAS**, potential organ recipients are subject to blood and urine toxicology screening throughout their candidacy for organ transplantation; and

**WHEREAS**, these patients often test positive for, or report anecdotal use of marijuana, without knowledge of cannabis use being a disqualifying criteria for organ transplant recipient status; and

**WHEREAS**, established toxicology screening can read positive for cannabinoids used up to two months prior to the test, making the screening procedure more severe for cannabis users than for cocaine or alcohol users who are subject to a less-sensitive toxicology test; and

**WHEREAS**, there is a long list of significant potential benefits of cannabinoid use including therapeutic “effects on cancer, appetite, pain control, seizure disorder, and glaucoma”; and

**WHEREAS**, despite claims on how marijuana can damage the liver, a study published specifically on liver transplant patients in 2008 comparing 155 marijuana users and 1334 non-users showed an insignificant difference in survival between the two groups; and

**WHEREAS**, in the above-mentioned study, 145 of the 155 marijuana users tested positive prior to signing the relevant substance abuse policy, but nevertheless, a significantly larger proportion of marijuana non-users were transplanted compared to marijuana users (p = 0.048); and

**WHEREAS**, reported marijuana use or positive cannabis toxicology tests for deceased and potential organ donors does not preclude subsequent organ donation, and donor marijuana use does not lead to poorer survival rates when compared to non-user donation; therefore be it

**RESOLVED**: That CMA oppose utilization of (1) reported marijuana use and (2) positive cannabis toxicology tests as a contraindication for potential organ transplant recipients, and use evidence-based medical findings to guide any alterations in this CMA policy.

**Current CMA Policy:**

CMA supports equitable distribution of tissues and organs for patient care and acknowledges a short supply of organs and tissues for transplantation. CMA declares that until an equitable system of distribution satisfactory to those in the field is developed, there will be competition for organs and tissues; as a result, there is not assurance that organs and tissues will be put to the highest and best use, and there is the danger of abuse. CMA will seek voluntary agreement amongst transplant programs in order to further the basic concept of organization and cooperative effort to assure equitable access (BOT 11-14-86:21). CMA has affirmed the ability of physicians to recommend cannabis to patients (HOD 116a-03).

**Fiscal Impact:**

No cost to adopt as policy.