

1 Resolution #35 (16) –2016 Annual Leadership Forum
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3 TITLE: Mandatory Child Resistant Packaging for all Marijuana (Including
4 Edibles) Sold in States Which Have Legalized Recreational or
5 Medicinal Marijuana
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7 SPONSORED BY: District IX
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9 DATE: October 18, 2015
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11 DISPOSITION: ADOPTED
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13 Whereas, marijuana is quickly becoming legal for both medical and
14 recreational use in many states; and
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16 Whereas, when children unknowingly ingest marijuana, marijuana edibles or
17 beverages containing marijuana it can cause serious illness and
18 hospitalization; and
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20 Whereas, since the legalization of recreational and medicinal marijuana,
21 poison control hotlines have seen an increase in calls and
22 emergency departments have seen an increase in visits due to
23 young children accidentally ingesting marijuana at levels that are
24 harmful and toxic; and
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26 Whereas, the current American Academy of Pediatrics (AAP) policy
27 regarding marijuana states that "in states where marijuana is sold
28 legally, either for medical or recreational purposes, regulations
29 should be enacted to ensure that marijuana in all forms is
30 distributed in childproof packaging, to prevent accidental
31 ingestion," therefore be it
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33 RESOLVED, that the Academy actively support its policy that marijuana,
34 regardless of form, be distributed in childproof packaging in order
35 to prevent accidental ingestion, and be it further
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37 RESOLVED, that the Academy develop and provide relevant, user-friendly
38 materials and technical support to chapters and districts that wish
39 to seek such regulation/legislation in their state(s).
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41 FISCAL NOTE: Develop talking points and lobbying materials that could be used
42 as a template for chapters and districts to use to lobby and educate
43 state legislators on the issue and encourage them to pass legislation
44 in line with AAP policy - \$3,000.
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50 Provide support to local districts and chapters as needed via
51 conference calls – \$1,000-2,000.

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53 REFER TO: 2016 Annual Leadership Forum

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59 BACKGROUND
60 INFORMATION:

61 Background Information from the Author

62 Marijuana products are often sold in nondescript easy to open
63 packaging. Since edible products are made to be palatable, nothing
64 alerts a child to stop eating or drinking one of these products.
65 Even worse is the fact that many marijuana containing products
66 mimic familiar “non-marijuana” foods. This goes far beyond the
67 simple baked goods. In fact, many candy bars (Reese’s, Almond
68 Joy) now have “lookalike” marijuana versions that are identical in
69 all but their name. This very important difference is lost on
70 children who cannot yet read thus increasing the chance that the
71 very young may mistakenly ingest edible products containing
72 marijuana.

73 Since the legalization of marijuana in both Colorado and
74 Washington there has been a significant increase in calls to poison
75 control centers. More concerning are how many of these cases are
76 involving young children. According to the Rocky Mountain High
77 Intensity Drug Trafficking Area (RMHIDTA) 2014 report, cases
78 involving children have nearly doubled.

79
80 In 2014, for children ages 0-5 years old, there was a 138% increase
81 in marijuana related exposures compared to the “medical
82 marijuana” years in Colorado. This 138 percent increase was above
83 the 225% increase compared to pre-medical marijuana era.
84 It is very clear that with the legalization of marijuana either for
85 medical or recreational purposes there are increased Emergency
86 Department visits in the pediatric population due to marijuana
87 related exposures. These exposures are potentially more serious
88 than similar exposures from years ago since “THC potency has
89 risen from an average of 3.96% in 1995 to an average of 12.55
90 percent in 2013. The average potency in Colorado was 17.1% in
91 2013” (RMHIDTA report 2014).
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To illustrate this point the following is a quote from the Denver Post in May of 2014: “Michael DiStefano, the medical director of the Children's Hospital Colorado emergency department, said nine kids so far this year have been brought into the hospital for accidental marijuana ingestion. Of those, seven were admitted to the hospital's intensive-care unit — most commonly for what DiStefano said was either extreme sedation or agitation. One of those kids had breathing problems that required a respirator, DiStefano said.

Most of the children admitted are between three and seven years old, DiStefano said.” Children’s Hospital Colorado went on to treat 14 children that year for ingesting edible marijuana.

Marijuana has been legalized by many states either for medicinal or recreational use but marijuana remains illegal federally. This has allowed marijuana products and sales to fall outside the purview of the Consumer Product Safety Commission and therefore products “medicinal” and otherwise are not being packaged in child-resistant packaging.

States that have legalized marijuana must put into place the necessary laws to protect children from accidental ingestions and overdose. Encouragingly, some states, Colorado included, have reacted to this increase in accidental ingestion by passing laws that require child-resistant packaging for all cannabis products. However the majority of states still do not have these laws and we as the AAP need to bring this need to the forefront of the minds of parents, voters, and legislators by advocating for child-resistant package of marijuana in all states.

Background Information from the Committee on Substance Abuse
In regards to the resolved portions of this resolution, the Committee on Substance Abuse (COSA) has participated in the following activities:

- COSA and the Committee on Adolescence (COA) recently authored a policy statement and technical report (*Pediatrics*, March 2015) from the AAP on the “Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update.” One of the recommendations within the policy statement is that states strongly require child-proof packaging for marijuana

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142 products – in states where either recreational or medicinal
143 marijuana are legal. www.aap.org/marijuana

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- 145 • Representatives from COSA discussed marijuana policies
- 146 during a workshop at the 2015 Annual Leadership Forum.
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- 148 • COSA assisted in the development of speaking points for AAP
- 149 members about the policy statement.
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- 151 • COSA assisted in the development of an *AAP News* article
- 152 highlighting the policy statement and technical report.
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154 Additionally, COSA and the Richmond Center hosted a Webinar
155 titled “The Buzz on Pot: AAP’s Position and One State’s
156 Experience”. A recording of the Webinar is available.

157 The above resources are available on the COSA Web site at

158 [https://www.aap.org/en-us/about-the-aap/Committees-Councils-](https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/substanceabuse/Pages/marijuana.aspx)
159 [Sections/substanceabuse/Pages/marijuana.aspx](https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/substanceabuse/Pages/marijuana.aspx)

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161 Background Information from the Division of State Government
162 Affairs

163 Four (4) states (Alaska, Colorado, Oregon, and Washington) and
164 the District of Columbia have legalized marijuana for recreational
165 purposes. Twenty-three (23) states and the District of Columbia
166 have legalized marijuana for “medicinal purposes”.

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168 California and Nevada have finalized ballot initiatives and voters
169 in as many as 14 other states could vote on marijuana legalization
170 this fall.

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172 In consultation with the Committee on Substance Abuse and the
173 Council on Injury, Violence, and Poison Prevention, the COSGA
174 and DOSGA will continue to provide guidance to AAP chapters on
175 state level public policy strategies to protect children from
176 marijuana, including requiring child-resistant packaging on all
177 marijuana products.

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179 RESPONSE

180 INFORMATION:

***Response from the Board of Directors**

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