Facts about Medical Marijuana

Medical marijuana does not exist.

- Marijuana is not recognized in the medical community as legitimate medicine.
- There is limited scientific evidence on the efficacy of smoked or ingested marijuana.
- DEA still classifies marijuana as a schedule 1 drug, which means no accepted medical use and a high potential for abuse.
- FDA has not approved marijuana as a safe and effective drug to treat medical conditions.

Marijuana is not safe.

- Marijuana use is linked to negative health outcomes.
- Research suggests 30% of users will develop some form of problem use, which may lead to dependence and addiction (DEA, 2017).
- Marijuana use is associated with depression, suicidal thoughts, paranoia, and schizophrenia (Meier et al., 2016).
- A 2017 study found marijuana users were more than twice as likely to abuse prescription opioids (Olfson, Wall, Lui, & Blanco, 2017).
- Marijuana is also not safe to eat. Doctors in Colorado's emergency rooms often treat patients experiencing complications related to marijuana edibles (HIDTA, 2017).
- The National Pet Poison Helpline (2017) reported a 448% increase in the number of marijuana exposure cases to pets since 2011.

Marijuana use increased in states with medical marijuana programs.

- A 2017 study found a significant increase in the use and abuse of illicit marijuana in states with medical marijuana programs (Hasin, 2017).
- Medical marijuana programs have also produced a new specialty of doctors: "green" doctors. Just 15 doctors in Colorado accounted for over 70% of recommendations for medical marijuana cards (Caplan, 2013).

School officials are confiscating marijuana in schools.

- School resource officers in Colorado report they deal with diverted marijuana daily.
- One school resource officer reported, "Multiple students in my "affluent" middle school obtain marijuana and use marijuana with their families who all seem to have their own marijuana grows. Most of these parents think their "medicine" is fine for their kids to use" (HIDTA, 2017).

Marijuana-related traffic fatalities and crime increased in medical marijuana states.

- Marijuana is involved in one in five deaths on the road in Colorado and Washington, and the numbers continue to increase (HIDTA, 2017).
- In Colorado, marijuana-related traffic deaths when a driver tested positive for marijuana more than doubled between 2013 and 2016 (HIDTA, 2017).
- Medical marijuana programs also created a new class of illicit sellers who resale what they purchased from a dispensary to recreational users (Caplan, 2013).

Facts about Medical Marijuana

Medical marijuana does not exist.

Marijuana is not recognized in the medical community as legitimate medicine. Despite changes to state laws around the country, the Drug Enforcement Agency (DEA) still classifies marijuana as a schedule 1 drug, which means it is a substance with no accepted medical use and a high potential for abuse. There is limited scientific evidence on the efficacy of smoked or ingested marijuana.

The Food and Drug Administration (FDA) has not approved marijuana as a safe and effective drug to treat medical conditions. FDA-approved drugs containing synthetic chemicals found in the marijuana plant are available, but the FDA has not approved the use of marijuana as treatment.

Leading medical associations do not support the use of marijuana to treat medical conditions. The American Medical Association, the American Glaucoma Foundation, the Multiple Sclerosis Society, and the American Society of Addiction Medicine oppose medical marijuana.

Dr. Christian Thurston, a board-certified child and adolescent psychiatrist from Colorado stated, "In absence of credible data, this debate is being dominated by bad science and misinformation from people interested in using medical marijuana as a step to legalization for recreational use. Bypassing the FDA's well-established approval process has created a mess that especially impacts children and adolescents. Young people, who are clearly being targeted with medical marijuana advertising and diversion, are most vulnerable to developing marijuana addiction and suffering from its lasting effects."

Marijuana is not safe.

Marijuana use is linked to negative health outcomes. Marijuana use is associated with depression, suicidal thoughts, paranoia, and schizophrenia. Marijuana use has also been linked to respiratory problems, injuries and deaths from car crashes, overdose injuries in children, and impaired learning and memory functions (Meier et al., 2016).

Did you know?

Oklahoma legalized the use of Cannabidiol (CBD) oil for the treatment of certain medical conditions in 2015. CBD oil is a non-psychotropic cannabinoids in cannabis. CDB oil does not cause the psychoactive effects caused by THC ("pot").

Marijuana is not safe to smoke. Similar to cigarette smoke, marijuana smoke contains harmful substances, including more than 400 different chemicals (Atakan, 2012). Marijuana smoke is an irritant to the throat and lungs, and it may worsen symptoms of lung disorders.

Marijuana is also not safe to eat. Often, users do not experience the effects of edible marijuana for 30 minutes to an hour because the drug must first pass through the digestive system. This delayed effect may cause users to consume more product, which may then cause serious adverse side effects like intense anxiety, fear, panic, hallucinations, and even psychosis. Doctors in Colorado's emergency rooms often treat patients experiencing complications related to marijuana edibles (HIDTA, 2017).

Children and teens who live in states with medical marijuana programs are more likely to be exposed to edible marijuana products. Medical providers reported most incidents of overdose occur in children who confused edible marijuana products (e.g., gummy bears, brownies, etc.) for regular products. The Poison Control Center reported an increase in the number of parents calling the hotline to report their child had accidently consumed marijuana (Sabet, 2016).

Family pets are also adversely impacted by marijuana edibles. The National Pet Poison Helpline (2017) reported a 448% increase in the number of marijuana exposure cases to pets since 2011. Callers reported pets had accidently ingested edibles or ingested the owner's supply of marijuana. Callers also reported incidents of pets experiencing the effects of second hand marijuana smoke.

Marijuana is not safe because it is addictive. Research suggests 30% of users will develop some form of problem use, which may lead to dependence and addiction (DEA, 2017). One in 11 adults and one in six adolescents who try marijuana will become addicted (Sabet, 2016). Residents of states with medical marijuana laws have abuse and dependence rates almost twice as high as states with stricter laws (Cerda, et al., 2017). A 2017 study found marijuana users were more than twice as likely to abuse prescription opioids (Olfson, Wall, Lui, & Blanco, 2017).

Did you know?

The potency of marijuana has more than tripled in the last 20 years. In the early 1990's, law enforcement reported the average THC content in confiscated samples of marijuana was 3.7%; by 2016, the average THC content of marijuana increased to 13.8%.

Office of National Drug Control Policy, 2014

Research shows the adolescent brain is especially susceptible to the negative long-term effects of marijuana use. A 2017 study found "clear associations" between cannabis use in young adulthood and future mental health and substance abuse issues (Hasin, 2017). People who begin using marijuana before age 18 are four to seven times more likely to develop a marijuana use disorder when compared to adults (Winters & Lee, 2008).

Marijuana use increased in states with medical marijuana programs.

Research indicates marijuana use increased in states that allow medical marijuana, especially among youth. A 2017 study found a significant increase in the use and abuse of illicit marijuana in states with medical marijuana programs (Hasin, 2017). Interestingly, the top ten states with the highest rate of current marijuana use among youth were all medical marijuana states, while the bottom ten states were all non-medical marijuana states (Rocky Mountain High Intensity Drug Trafficking Area, 2017).

Most states have a list of qualifying medical conditions as part of the medical marijuana program. People may be surprised to learn most medical marijuana cardholders list "chronic pain" as a qualifying condition. Initially billed as a medicine of last resort, marijuana is now recommended by doctors for general pain. For instance, 93% of applicants in Colorado reported "severe pain" as their qualifying condition. In contrast, two percent of applicants listed "cancer" as their qualifying condition, and less than one percent reported HIV/AIDS (Caplan, 2013).

Medical marijuana programs have also produced a new specialty of doctors: "green" doctors. In some instances, "green" doctors do not have an established relationship with a patient prior to recommending medical marijuana. These doctors are unfamiliar with the patient's medical history and rarely provide follow-up care after a recommendation for a medical marijuana card is signed. Just 15 doctors in Colorado accounted for over 70% of recommendations for medical marijuana cards (Caplan, 2013).

Profile of Colorado Medical Marijuana Cardholders

Demographics:

- Active registry identification cards: 94,577
- 63% male
- Average age: 43

Qualifying medical condition of cardholder:

- 93% severe pain
- 6% cancer, glaucoma, and HIV/AIDS (collectively)
- 3% seizures

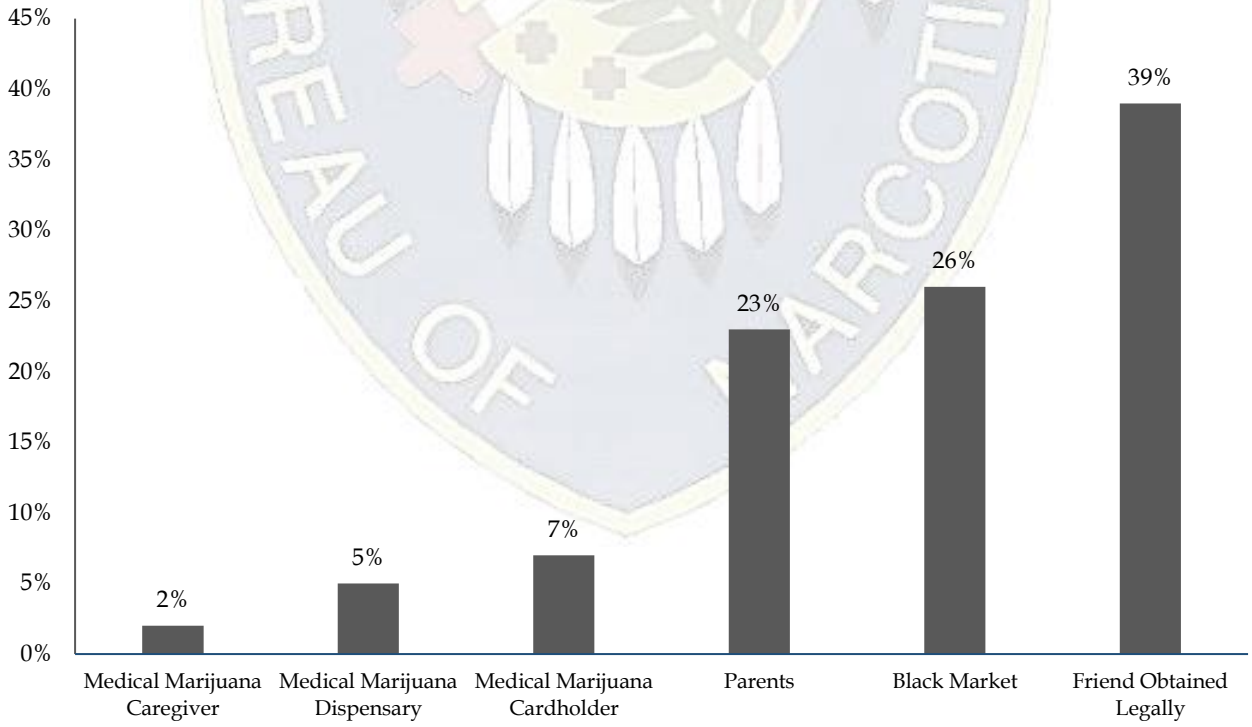
Source: HIDTA, 2017

Medical marijuana programs send the wrong message to youth.

Oregon implemented its medical marijuana program in 1998. As part of the program, health officials survey students each year about access and use of marijuana. According to the Oregon Health Authority (2016), more youth currently use marijuana than smoke cigarettes. These same children reported it was easier to get access to marijuana than it was to get cigarettes and alcohol.

School officials in Colorado are confiscating diverted marijuana from students. Medical marijuana is often diverted from its intended use and is consumed by users without a medical marijuana card. An estimated 75% of marijuana confiscated in Colorado's schools came from a legal source (see table 1). School resource officers in Colorado report they deal with diverted marijuana daily. One school resource officer said, "…it is very common for students to bring edibles and share with others, and they end up getting sick from eating too much." Another officer reported, "Multiple students in my "affluent" middle school obtain marijuana and use marijuana with their families who all seem to have their own marijuana grows. Most of these parents think their "medicine" is fine for their kids to use" (HIDTA, 2017).

Table 1. Confiscated Marijuana in Colorado Schools, by Source - 2017



Source: HIDTA, 2017

Marijuana-related traffic fatalities and crime increased in medical marijuana states.

Marijuana use leads to more traffic fatalities due to impaired driving ability. Driving while intoxicated by marijuana is a growing problem in states with medical marijuana programs. The National Institute on Drug Abuse (2015) reported, "Marijuana significantly impairs judgement, motor coordination, and reaction time. Studies have found a direct relationship between blood THC concentrations and impaired driving ability." Marijuana-related traffic fatalities increased in Colorado and Washington. Currently, marijuana is involved in one in five deaths on the road, and the numbers continue to increase. In Colorado, marijuana-related traffic deaths when a driver tested positive for marijuana more than doubled between 2013 and 2016 (HIDTA, 2017).

States with medical marijuana programs also experienced more crime. These states continue to experience the effects of thriving drug markets. Medical marijuana programs also created a new class of illicit sellers who resale what they purchased from a dispensary to recreational users (Caplan, 2013). Drug cartels and the black market thrive in states with medical marijuana programs.

Effects of medical marijuana programs on public health and safety are not yet known.

It is still too early to fully understand the impact of medical marijuana programs. Unfortunately, many states failed to develop a comprehensive data collection system prior to changing marijuana laws to study the impact of changes. Consequently, it may take years for public safety and health officials, policy makers, and the public to understand the effects of medical marijuana programs.

No research exists currently to assess the long-term effects of consuming products with high levels of THC, especially among youth. Limited research exists to understand the impact of medical marijuana programs on other substance abuse disorders or the demand for substance abuse treatment. Finally, little evidence exists to understand the long-term impact of medical marijuana programs on the illicit drug market or violent crime.

References

Atakan, Zerrin (2012). *Cannabis, a Complex Plant: Different Compounds and Different Effects on Individuals.* Therapeutic Advances in Psychopharmacology, Volume 2, 241-254, doi: 10.1177/2045125312457586.

Caplan, G. (2012). *Medical Marijuana: A Study of Unintended Consequences.* McGeorge Law Review, Volume 43, 127-146. Retrieved February 01, 2018.

Cerda, M., Wall, M, Feng, T. (2017). *Association of State Recreational Marijuana Laws with Adolescent Marijuana Use.* JAMA Pediatrics, Volume 171, doi: 10.1001/jamapediatrics.2016.3624.

Girard, K., Gerdes, M., & Moseley, K. (2017). *Oregon Health Authority's Approach to Youth Marijuana Prevention: HB 3400 Legislative Report*. January 2017. Retrieved February 26, 2018.

Hasin, D., Sarvet, A., & Cerda, M. (2017). *US Adult Illicit Cannabis Use, Cannabis Use Disorder, and Medical Marijuana Laws.* JAMA Psychiatry, Volume 74, doi: 10.1001/jamapsychiatry.2017.0724.

Meier, M., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R., McDonald, K., Ward, A., Poulton, R., & Moffitt, T. (2012). *Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife.* PNAS, Volume 109, doi: 10.1073/pnas.1206820109.

Olfson, M., Wall, M.M., Liu, S.M., & Blanco, C. (2017). *Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States.* American Journal of Psychiatry, volume 175, pages 47-53 doi: 10.1176/appi.ajp.2017.

Sabet, K. A. (2013). *Reefer Sanity in the Marijuana Debate* (pp. 1-128, PowerPoint Presentation). Alexandria, VA: SAM.

Salomonsen-Sautel, S., Sakai, J., Thurstone, C., Corley, R., & Hopfer, C. (2012). Medical Marijuana Use among Adolescents in Substance Abuse Treatment. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 7, doi:10.1016/j.jaac.2012.04.004.

Animal Poison Control Center. (2017). Retrieved February 23, 2018, from http://www.petpoisonhelpline.com/.

National Institute on Drug Abuse (2015). *Marijuana: Facts for Teens.* National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

Office of National Drug Control Policy. (2017). Retrieved February 26, 2018, from https://www.whitehouse.gov/ondcp/.

Rocky Mountain High Intensity Drug Trafficking Area. (2017). *The Legalization of Marijuana in Colorado: The Impact* (Vol. 5, pp. 1-163). Denver, CO: Rocky Mountain HIDTA.

Medical Marijuana Laws, by State

	Medical	Recreational	Medicinal possession limit	Specifies qualifying conditions	Patient Registry	Private Cultivation	Number of plants	Allows Dispensaries	Notes
California	1996	2016	No limits	Yes	Yes	Yes	16	Yes	6 mature plants or 12 immature plants; local gvt can ban grows
Alaska	1998	2014	1 oz.	Yes	Yes	Yes	6	No	3 mature plants and 3 immature plants
Oregon	1998	2014	24 oz.	Yes	Yes	Yes	24	Yes	6 mature plants and 18 immature plants
Washington	1998	2012	varies	Yes	Yes*	Yes	6	No	*Voluntary; no medical dispensaries, but there are retail providers
Maine	1999	2016	2.5 oz.	Yes	Yes	Yes	6	Yes	
Colorado	2000	2012	2 oz.	Yes	Yes	Yes	6	Yes	3 mature plants and 3 immature plants
Hawaii	2000	**	4 oz.	Yes	Yes	Yes	7	Yes	
Nevada	2000	2016	2.5 oz.	Yes	Yes	Yes	12	Yes	
Montana	2004	**	1 oz.	Yes	Yes	Yes	8	No	4 mature plants and 4 seedlings
Vermont	2004	2018	2 oz.	Yes	Yes	Yes	9	Yes	2 mature plants and 7 immature plants
New Mexico	2007	**	8 oz.	Yes	Yes	Yes	16	Yes	4 mature plants and 12 immature plants
Michigan	2008	**	2.5 oz.	Yes	Yes	Yes	12	Yes	Indoor plants must be enclosed and locked; outdoor cannot be visible
Arizona	2010	**	2.5 oz.	Yes	Yes	Yes	12	Yes	Plants must be in “closed, locked facilities”
New Jersey	2010	**	2 oz./mth.	Yes	Yes	No	0	Yes	
Washington D.C.	2010	2014	2 oz.	Yes	Yes	No	0	Yes	
Delaware	2011	**	6 oz.	Yes	Yes	No	0	Yes	
Connecticut	2012	**	1-month supply	Yes	Yes	No	0	Yes	
Massachusetts	2012	2016	10 oz. /2 mths.	Yes	Yes	Yes	6	Yes	
Illinois	2013	**	2.5 oz./14 days	Yes	Yes	No	0	Yes	
New Hampshire	2013	**	2 oz.	Yes	Yes	No	0	Yes	
Maryland	2014	**	30 day supply	Yes	Yes	No	0	Yes	Edible cannabis is not permitted
Minnesota	2014	**	30 day supply	Yes	Yes	No	0	Yes	Smoke-free cannabis only
New York	2014	**	30 day supply	Yes	Yes	No	0	Yes	Smoke-free cannabis, edibles not allowed – only vap or capsules
Arkansas	2016	**	varies	Yes	Yes	No	0	Yes	Cannot “inhale” cannabis around pregnant woman or under 14
Florida	2016	**	70 day supply*	Yes	Yes	No	0	Yes	*Not in plant form; 6 dispensaries in state
North Dakota	2016	**	3 oz.	Yes	Yes	No	0	Yes	SB2344 removed home cultivation
Ohio	2016	**	unspecified	Yes	Yes	No	0	Yes	Only topical, oils, pills, tinctures, and infused liquids allowed*
Pennsylvania	2016	**	30-day supply*	Yes	Yes	No	0	Yes	Only topical, oils, pills, tinctures, and infused liquids allowed*
West Virginia	2017	**	30-day supply*	Yes	Yes	No	0	Yes	Only topical, oils, pills, tinctures, and infused liquids allowed*
Oklahoma SQ788	**	**	276 oz*.	NO	NO	YES	6	YES	*carry amt., plants, concentrate, and edibles

State Question 788: Medical Marijuana in Oklahoma

This is what you will see on the ballot:

Ballot Title for State Question No. 788

This measure amends the Oklahoma State Statutes. A yes vote legalizes the licensed use, sale, and growth of marijuana in Oklahoma for medicinal purposes. A license is required for use and possession of marijuana for medicinal purposes and must be approved by an Oklahoma Board Certified Physician. The State Department of Health will issue medical marijuana licenses if the applicant is eighteen years or older and an Oklahoman resident. A special exemption will be granted to an applicant under the age of eighteen, however these applications must be signed by two physicians and a parent or legal guardian. The Department will also issue seller, growing, packaging, transportation, and research and caregiver licenses. Individual and retail businesses must meet minimal requirements to be licensed to sell marijuana to licensees. The punishment for unlicensed possession of permitted amounts of marijuana for individuals who can state a medical condition is a fine not exceeding four hundred dollars. Fees and zoning restrictions are established. A seven percent state tax is imposed on medical marijuana sales.

Shall the proposal be approved?

For the Proposal – YES

Against the Proposal – NO

A "YES" vote is a vote in favor of this measure. A "NO" vote is a vote against this measure.

These provisions will not be listed on the ballot:

- SQ788 legalizes medical marijuana in Oklahoma;
- SQ788 does not restrict medical marijuana to certain conditions;
- SQ788 allows cardholders the right to:
    - Carry up to 3 ounces of marijuana on their person and 8 ounces at their residence
    - Possess 6 mature plants and 6 seedling plants
    - Possess 1 ounce of concentrated marijuana
    - Possess 72 ounces of edible marijuana
- Medical marijuana cards will cost applicants $100.00 (or $20.00 for Medicaid patients), and licenses will be good for one year;
- SQ788 does not restrict the amount of marijuana a commercial grower can grow;
- SQ788 prohibits schools, landlords, and employers from refusing enrollment/lease/employment based on someone's medical marijuana license status;
- SQ788 prohibits dispensaries from establishing a business within 1,000 feet of any school entrance;
- SQ788 prohibits municipalities rezoning efforts to prevent the opening of a dispensary.

To read the full text of SQ788, please visit https://www.sos.ok.gov/documents/questions/788.pdf