Medical Marijuana in Arkansas

ACHI
Arkansas Center for Health Improvement

FACT SHEET ● **September 2016**

Nearly half of the states have legalized medical marijuana in some form, signifying a shift in the public perception and regulation of marijuana use. Legalization of medical marijuana by states has occurred despite the U.S. Food and Drug Administration's (FDA) classification of marijuana as having no medical value. There are two citizen-driven medical marijuana initiatives in Arkansas in 2016 that have been approved by the Arkansas Secretary of State as having enough valid signatures to be on the ballot in November. This fact sheet provides a description of the initiatives and provides information about medical marijuana laws in other states and scientific study of medical uses of marijuana.

INTRODUCTION

Medical marijuana, which may be identical in form to recreational marijuana, is material from the cannabis plant consisting of cannabinoids. The primary cannabinoids are tetrahydrocannabinol (THC), which is the psychoactive ingredient, and cannabidiol (CBD), which can neutralize the euphoric effect induced by THC.[1] Medical marijuana is purchased from dispensaries in a variety of preparations or grown by patients for the treatment of a myriad of illnesses. Common preparations include:

WHAT IS MEDICAL MARIJUANA?

Medical marijuana is material from the cannabis plant consisting of cannabinoids, primarily tetrahydrocannabinol (THC) and cannabidiol (CBD), the ratio of which has been modified to achieve therapeutic effects.[1]

- **Marijuana** – dried plant product that can be smoked or vaporized*
- **Hashish** – concentrated resin cake that can be ingested or smoked
- **Tincture** – Cannabinoid liquid extracted from the plant and consumed sublingually*
- **Hashish oil** – oil obtained from the plant and smoked or inhaled
- **Infusion** – plant material mixed with other substances (like butter or cooking oil) and ingested*

*(*These preparations are available from state-approved medical marijuana dispensaries)*

The FDA has not approved medical marijuana but has approved synthetically-derived cannabinoids—dronabinol (which has an identical chemical structure to THC), nabilone, and oral drabinol.

Medical marijuana is not available from pharmacies. It is federally-classified as Schedule I under the Controlled Substances Act, which means it currently has no acceptable medical use, a high potential for abuse, and a lack of accepted safety for use under medical supervision. Recently, the Drug Enforcement Administration (DEA) considered re-evaluating the scheduling placement for marijuana but decided to keep it as Schedule I. However, it did expand the number of places that are permitted to grow marijuana for research, indicating the need for more scientific understanding before re-scheduling. The Food and Drug Administration (FDA) has not approved marijuana as safe or effective for the medical treatment of any disease or condition, although the FDA does facilitate scientific research to continue to assess the safety and effectiveness of medicinal uses of marijuana.

SCIENTIFIC STUDY

Scientific evidence supporting the medical use of cannabinoids is limited and varies considerably by disease or condition. The strongest evidence for the medical use of cannabinoids is for chronic pain, neuropathic pain, and spasticity associated with multiple sclerosis. Small-randomized clinical trials suggest CBD may reduce seizures in children with treatment-resistant epilepsy.[2]

Like all drugs, cannabinoids and marijuana as a source have potential risks. Acute effects associated with marijuana use include impaired short-term memory, impaired motor coordination, psychotic symptoms, and impaired judgment. Short-term use of marijuana doubles the risk of involvement in a motor vehicle crash.[3] Chronic effects of daily use include anxiety,[4] depression,[5] and cognitive impairment from adolescent-onset use.[6] The method of use also affects the risk. Regular marijuana smoking increases the risk of breathing problems and lung infections.[7,8]

CONSIDERATIONS FOR USE OF MEDICAL MARIJUANA[7]
Have a debilitating medical condition that data from randomized clinical trials suggest would respond to medical marijuana
Multiple failed trials of first- and second-line drug therapies for these conditions
A failed trial of an FDA-approved synthetically-derived cannabinoid
No active substance use disorder, psychotic disorder, unstable mood disorder, or anxiety disorder
Residence in a state with medical marijuana laws and meets requirements of these laws

ARKANSAS MEDICAL MARIJUANA INITIATIVES

ARKANSAS INITIATIVES AND THE WORKPLACE[8]

Employee use of marijuana for medical purposes is not protected by the federal Americans with Disabilities Act (ADA), meaning the ADA does not require employers to permit marijuana use to accommodate an individual with a disability. In addition, the federal Drug-Free Workplace Act (DFWA) prohibits the use of marijuana, which affects recipients of federal grants or contracts. "Safety-sensitive" positions (e.g., pilots, school bus drivers, truck drivers, train engineers) are prohibited from marijuana use and are required to take a drug test before and throughout employment. Both proposed initiatives in Arkansas prohibit discrimination based upon an individual's past or present status as a "qualifying patient" but do not require employers to accommodate marijuana use or protect employees working while under the influence. Generally, state medical marijuana laws protect individuals from criminal prosecution but do not offer employee protection in the workplace.

Arkansas Medical Cannabis Act

The initiative by Arkansans for Compassionate Care is in the form of an act, the Arkansas Medical Cannabis Act. The act authorizes the Arkansas Department of Health (ADH) to oversee 38 non-profit "cannabis care centers" (with the option to add more) and to allow "qualifying patients" who register with ADH to receive cannabis for a "qualifying medical condition," which is defined by the act.[a] Administration of the act is provided by a tax on the cannabis. Any remaining revenue may be used to offset the cost of cannabis for "qualifying patients" based upon income and existing financial resources. Patients who live more than 20 miles away from a cannabis care center may apply for a hardship with ADH to grow up to five mature cannabis plants and five seedlings, or another individual can grow up to 50 plants for five patients. The act also provides protections from arrest and prosecution for those registered with ADH.

Arkansas Medical Marijuana Amendment of 2016

The initiative by Arkansans United for Medical Marijuana is in the form of a state constitutional amendment making medical marijuana use legal under state law. The amendment authorizes use of medical marijuana if prescribed by a physician if the patient suffers from a "qualifying medical condition." The amendment authorizes ADH to regulate patient access to marijuana for medical uses; however, the Arkansas Alcoholic Beverage Commission (ABC) is charged with inspecting 20 to 40 dispensaries and four to eight cultivation facilities

[a] Both initiatives list the following as qualifying conditions: Alzheimer's disease; amyotrophic lateral sclerosis (ALS); arthritis; cancer; Crohn's disease; fibromyalgia; glaucoma; hepatitis C; positive status for human immunodeficiency virus and/or acquired immune deficiency syndrome (HIV/AIDS); post traumatic stress disorder (PTSD); Tourette's syndrome; and ulcerative colitis. Both initiatives also qualify conditions which produce the following: cachexia or wasting syndrome; intractable pain; peripheral neuropathy; seizures, including those characteristic of epilepsy; severe nausea; and severe and persistent muscle spasms, including those characteristic of multiple sclerosis. The Medical Cannabis Act lists these additional conditions: adiposis dolorosa (Dercum's disease); anorexia; Arnold-Chiari malformation; asthma; attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD); autism; bipolar disorder; bulimia; causalgia; chronic inflammatory demyelinating polyneuropathy (CIDP); chronic insomnia; chronic obstructive pulmonary disease (COPD); complex regional pain syndrome (CRPS)—types I and II; dystonia; emphysema; fibrous dysplasia; general anxiety disorder; hydrocephalus; hydromyelia; interstitial cystitis; lupus; migraines; myasthenia gravis; myoclonus; nail-patella syndrome; neurofibromatosis; Parkinson's disease; posterior lateral sclerosis(PLS); post-concussion syndrome; reflex sympathetic dystrophy (RSD); residual limb and phantom pain; restless leg syndrome (RLS); Sjogren's syndrome; spinocerebellar ataxia (SCA); spinal cord injury and/or disease (including but not limited to arachnoiditis); syringomelia; Tarlov cysts; or traumatic brain injury.

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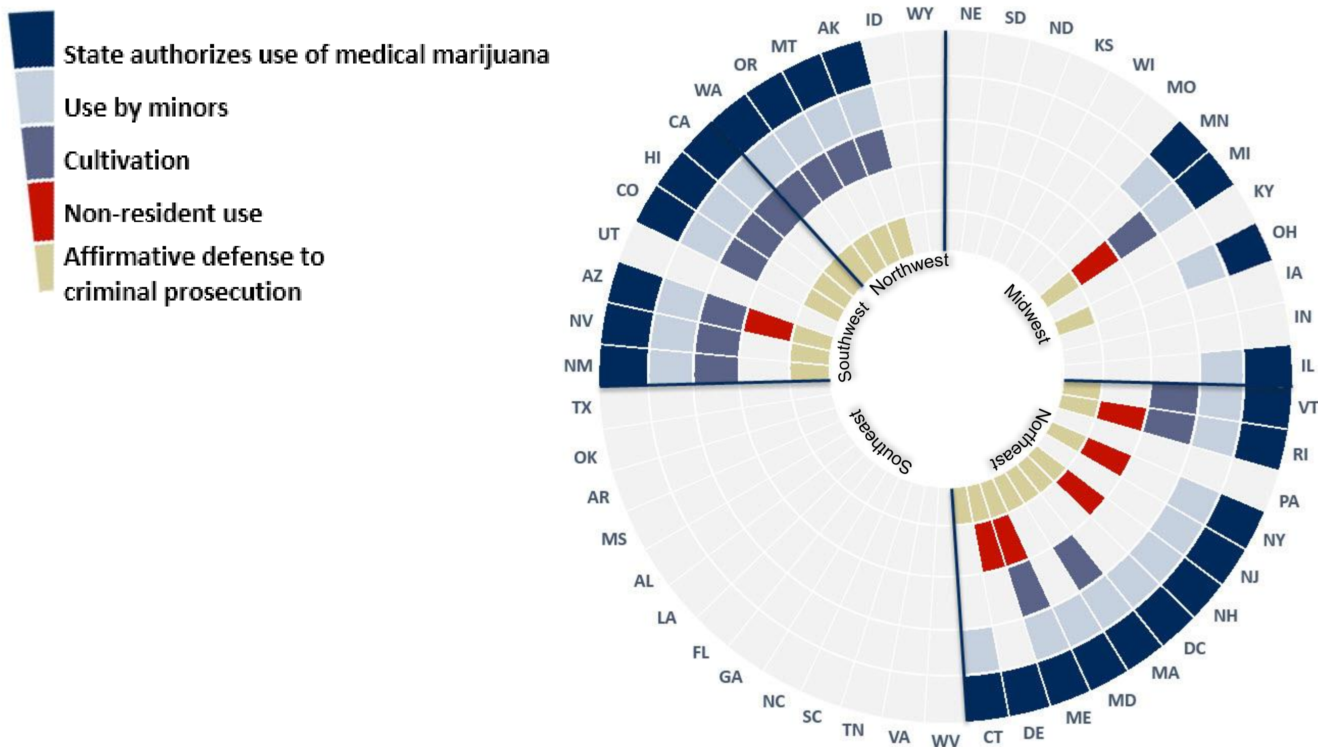
authorized by the amendment. The amendment subjects the sale of medical marijuana to state and local taxes. Tax revenue will be distributed to the Medical Marijuana Commission, ADH, ABC, Skills Development Fund, Vocational and Technical Training Special Revenue Fund, and General Revenue Fund. The major difference between this initiative and the act proposed by Arkansans for Compassionate Care is the authorization under the act to "grow-your-own" cannabis.[9]

STATUS OF STATE MEDICAL MARIJUANA LAWS

Medical marijuana laws in 24 states and DC differ considerably regarding cultivation and use by minors and non-residents. Every state requires that a recommendation for medical marijuana use be from a licensed physician and only if a patient presents with one or more illnesses from a state-approved list.[10] Figure 1 below shows the states that have authorized the use of medical marijuana and identifies which states allow use by minors and non-residents, permit plant cultivation, and provide an affirmative defense to criminal prosecution.

Figure 1: Medical Marijuana Laws by State[11]



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