

Why Marijuana Is Not Medicine

The Arkansas Medical Marijuana Amendment of 2016 & The Arkansas Medical Cannabis Act

“We all want those who are ill or suffering to have the right kind of medicine, but there is a reason we have an FDA approval process for new medicines. We don’t vote on cancer cures and we should not set a new pattern of determining what is good medicine at the ballot box.”

– Governor Asa Hutchinson

Facts to know:

- In the U.S., a substance must complete FDA approval process to be considered “medicine.” Marijuana has not been FDA approved and, thus, is not a medicinal substance as unrefined plant product.
- Habitual adolescent users are at significant risk of permanent cognitive impairment.
- Proposed legislation for "medical" marijuana in Arkansas allows minors to receive it with a parental signature.
- 9% of those who experiment with marijuana will become addicted.
- One in six of those who use marijuana as teenagers become addicted, 25 to 50% of those who smoke marijuana daily become addicted.
- Regular marijuana use is associated with an increased risk of anxiety and depression.
- Adolescent marijuana use is linked to impaired school performance & increased drop out rates.
- Marijuana is linked to the precipitation of psychiatric disorders such as schizophrenia.
- The psychoactive component of marijuana is known as THC. In 1960, the THC content in marijuana was 2%. Today, the average THC content in marijuana is 24%.

- Chronic marijuana smoking is associated with chronic bronchitis, chronic cough, increased sputum and increased wheeze.
- Per proposed Arkansas legislation, a diagnosis of asthma qualifies a person to receive "medical" marijuana.
- Marijuana smoke contains many of the same carcinogens and pulmonary irritants as tobacco smoke.
- The vast majority of those who use marijuana smoke it rather than ingesting it.
- Migraines, ADHD, fibromyalgia, asthma, and insomnia would all qualify for "medical" marijuana per proposed Arkansas legislation.
- The suggested use of medical marijuana is not a prescription-based process. Rather, the patient would receive notes from a doctor without the use of a prescription pad.

Other facts to know about these initiatives:

- Employers and landlords will not be able to "discriminate" against marijuana users per proposal.
- Tax revenue from marijuana sales would go to purchase marijuana for low-income residents.
- Parents can sign a form to allow their children to get medical marijuana.
- In the initiative, there is a "grow your own" provision for individuals who live more than 20 miles from a dispensary.
- Arkansas marijuana legislation permits growing of marijuana on rental property even if landlord/owner disapproves.

Marijuana Bibliography

Bostwick, J. Michael. "Blurred boundaries: the therapeutics and politics of medical marijuana." *Mayo Clinic Proceedings*. Vol. 87. No. 2. Elsevier, 2012.

Huddleston, T. Legal Marijuana Sales Could Hit \$6.7 Billion In 2016. <http://fortune.com/2016/02/01/marijuana-sales-legal/> . Accessed September 11, 2016.

Li, Mu-Chen, et al. "Marijuana use and motor vehicle crashes." *Epidemiologic reviews* 34.1 (2012): 65-72.

MacDonald, Kai, and Katherine Pappas. "Why Not Pot? A Review of the Brain-based Risks of Cannabis." *Innovations in Clinical Neuroscience* 13 (2016).

Meier, Madeline H., et al. "Persistent cannabis users show neuropsychological decline from childhood to midlife." *Proceedings of the National Academy of Sciences* 109.40 (2012): E2657-E2664.

Stolzenberg, Lisa, Stewart J. D'Alessio, and Dustin Dariano. "The effect of medical cannabis laws on juvenile cannabis use." *International Journal of Drug Policy* 27 (2016): 82-88.

Volkow, Nora D., et al. "Adverse health effects of marijuana use." *New England Journal of Medicine* 370.23 (2014): 2219-2227.