

Marathon County Board of Supervisors

Assembly Joint Resolution 7/ Senate Joint Resolution 10 - Medical Marijuana Ballot Question

BACKGROUND: WHAT IS "MEDICAL MARIJUANA"?

- The term *medical marijuana* refers to using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions.
- The FDA has not approved marijuana as a safe and effective drug for any indication.
- There is considerable interest in its use to attempt to treat a number of medical conditions, including, for example, glaucoma, AIDS wasting syndrome, neuropathic pain, cancer, multiple sclerosis, chemotherapy-induced nausea, and certain seizure disorders.
- Scientific study of the chemicals in marijuana called cannabinoids has led to two FDA-approved medications in pill form, dronabinol and nabilone, used to treat nausea and boost appetite.
- The FDA requires carefully conducted studies (clinical trials) in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. So far, researchers haven't conducted enough large-scale clinical trials that show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it's meant to treat.
- At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency and no accepted medical use, making distribution of marijuana a federal offense.

<https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421163.htm>

<https://www.drugabuse.gov/drugs-abuse/marijuana>

<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

WHAT HAS HAPPENED IN OTHER STATES?

- Thirty states and the District of Columbia currently have laws broadly legalizing marijuana in some form.
- About half of the states allow for limited use of medical marijuana under certain circumstances. (Arizona, New Mexico, Montana, North Dakota, Minnesota, Michigan, Illinois, Arkansas, Louisiana, Florida, Ohio, West Virginia, New York, Pennsylvania, New Jersey, Rhode Island, Delaware, Maryland, Massachusetts, Connecticut, Vermont, New Hampshire and Maine)
- Some medical marijuana laws are broader than others, with types of medical conditions that allow for treatment varying from state to state.
- Other states have passed narrow laws allowing residents to possess cannabis only if they suffer from select rare medical illnesses.
- Other states enacted laws decades ago allowing for the possession of marijuana if individuals received prescriptions from doctors. Federal law, however, prohibits doctors from prescribing marijuana, rendering those laws invalid. Doctors can only write a recommendation for medical marijuana, which is different than a prescription.
- Eight states and the District of Columbia have adopted the most expansive laws legalizing marijuana for recreational use. (Oregon, Washington, California, Nevada, Alaska, Colorado, Maine, Massachusetts)

Information is current as of March 30, 2018.

<http://www.governing.com/gov-data/state-marijuana-laws-map-medical-recreational.html>

WHAT IS THE POSITION OF NATIONAL MEDICAL ASSOCIATIONS ON MEDICAL MARIJUANA?

- **The American Academy of Pediatrics (AAP)** the Academy reaffirms its position against the legalization of marijuana, states its opposition to “medical marijuana” outside the FDA regulatory process, and presents recommendations to protect children in states that have legalized marijuana for medical or recreational purposes. (January 2015)
- **The American Medical Association (AMA)** “Our AMA urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.” (House of Delegates, November 2013)
- **American Academy of Family Physicians (AAFP)**: “The AAFP recognizes that there is support for the medical use of marijuana but advocates that usage be based on high quality, patient-centered, evidence-based research and advocates for further studies into the use of medical marijuana and related compounds. The AAFP requests that the Food and Drug Administration change marijuana’s classification for the purpose of facilitating clinical research. This process should also ensure that funding be available for such research. The AAFP also recognizes that some states have passed laws approving the medical use of marijuana; the AAFP does not endorse such laws. The AAFP encourages its members to be knowledgeable of the laws of their states and consult with their state medical boards for guidance regarding the use of medical marijuana.” (2016)
- **American Academy of Neurology (AAN)**: “The AAN findings state that smoked cannabis research studies have not produced enough evidence to assess its safety or effectiveness for treating MS symptoms including spasticity, pain, balance, posture and cognition changes.” (2014)
- **National Multiple Sclerosis Society**: The Society supports the rights of people with MS to work with their MS health care providers to access marijuana for medical purposes in accordance with legal regulations in those states where such use has been approved. In addition, the Society supports advancing research to better understand the benefits and potential risks of marijuana and its derivatives as a treatment for MS (Retrieved on June 4, 2018)
- **American Epilepsy Society (AES)**: “AES calls on government, private funders, and manufacturers to support and develop well-designed, controlled, scientifically rigorous research for any cannabis-based products that have potential to have positive effects in the treatment of resistant epilepsy. The standard of this type of research is necessary to optimally evaluate the safety, efficacy, and drug-drug interactions of any potential anti-epileptic drug. To increase clinical research in this regard, AES urges that cannabis’ status as a Federal DEA Schedule 1 controlled substance be reviewed. AES’s call for rescheduling is not an endorsement of the legalization of cannabis, but is a recognition that the current restrictions on the use of cannabis products for research continue to stand in the way of scientifically rigorous research into the development of cannabis-based treatments. We also encourage USP to continue its efforts to establish recognized guidance for cannabis as well as individual, therapeutically promising cannabinoids.” (March 20, 2018)