

IMPORTANT FACTS REGARDING 2016 MEDICAL MARIJUANA BALLOT ISSUES 6 & 7
Arkansas Committee for Ethics Policy (a companion organization to the Arkansas Faith & Ethics Council)
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IS SMOKED MARIJUANA AND MARIJUANA CONSUMED IN EDIBLES, SUCH AS COOKIES, BROWNIES, AND SOFT DRINKS, REAL MEDICINE?

No. If it were real medicine it would be approved for such use by legitimate medical organizations. The following is only a partial list of the medical organizations which have not endorsed medical marijuana delivered through smoking or through consuming edibles: The federal Food and Drug Administration (“FDA”), the Centers for Disease Control, the American Medical Association, the American Cancer Society, the American Glaucoma Society, the American Academy of Pediatrics, the National Multiple Sclerosis Society, the American Psychiatric Association, the National Association of School Nurses, the American Academy of Child and Adolescent Psychiatry, and the list could go on and on.

The federal Drug Enforcement Administration continues to classify marijuana as a Schedule I drug under the Controlled Substances Act, because it deems it a very dangerous drug with no empirically proven medical benefits. A good deal of research is on-going, and it appears there may be some extracts from marijuana that may have some medical application. If that proves to be the case, the extracts must be converted into medicine (as a couple already have been) that can be delivered safely, that receives FDA approval, and for which accurate dosages can be determined, and that is manufactured with quality and purity assurances. Some marijuana-derived medications are being tested now, and it appears more will be developed. And none involve the unregulated growing, marketing, and smoking of marijuana that Issues 6 and 7 will permit.

Since medical marijuana does not have FDA approval, doctors are not permitted to write prescriptions for it and pharmacies will not be allowed to dispense it. Instead, doctors can certify in writing that a “patient” qualifies for medical pot and the marijuana will be distributed by so-called “dispensaries,” which will be nothing more than pot shops.

The claim is made by the proponents of Issues 6 and 7 that people suffering seizures or pain from a number of medical conditions need marijuana to get relief. There are already effective, FDA-approved medications for all those conditions cited by those pushing medical marijuana. What Issues 6 and 7 are really about is legalizing the growing, marketing, and smoking of marijuana as the first incremental step toward moving us to full legalization. The four states who have legalized recreational marijuana had first approved medical marijuana. That is the end game they plan for Arkansas.

In a real sense, Issues 6 and 7, if passed by voters, will virtually legalize smoked marijuana for recreational purposes, and not for only “medical” reasons. Issue 6 lists 20 medical conditions qualifying a patient for medical marijuana and Issue 7 lists 60 conditions. Among those in each measure is chronic pain, a condition that can neither be proved or disproved, so anyone wanting to smoke marijuana need only make the claim to a doctor that he suffers from regular and severe pain. During the period that Colorado was a medical marijuana state only, a full 93% of the qualifying patients based their claims on severe pain. Very convenient, isn’t it?

- **View a short 5-minute video of Arkansas’ Surgeon General, Dr. Greg Bledsoe, explain why passing Issues 6 and 7 will be so harmful to our state. Go to <https://youtu.be/e2Hax6UI-4A>.**

IS SMOKED MARIJUANA AND THAT CONSUMED IN EDIBLES AS HARMLESS AS THE PROPONENTS OF ISSUES 6 AND 7 CLAIM IT IS?

No. In fact, marijuana has proven to be a very dangerous drug. It is becoming more so for a number of reasons, two of which are the larger number of marijuana users and the higher level of concentration of THC (the psychoactive component of marijuana) in the pot smoked today. In 1960, the THC content in marijuana was 2% and today the average concentration is 24%.

Here are a few of the facts which substantiate the claim that marijuana is harmful: 1) 1 in 6 teens who use marijuana become addicted; 2) Chronic marijuana smoking is associated with bronchitis and coughing; 3) Marijuana smoke contains many of the same carcinogens and pulmonary irritants as tobacco smoke; 4) Adolescent marijuana use is linked to permanent cognitive impairment, a drop in IQ of up to 8 points, poor school performance, and increased dropout rates; 5) Regular marijuana use is associated with an increased risk of anxiety and depression.

Based on the experiences of other states, it is safe to assume that Arkansan will witness a dramatic increase in marijuana-related traffic injuries and deaths. We can expect many more marijuana-related emergency room visits and hospitalizations, especially for children who may inadvertently eat a pot-infused cookie, brownie or piece of candy that some adult left lying around. Marijuana use by adolescents will rise a great deal with the increased availability of the drug and the ease with which the lack of regulation will permit abuses of the process (Colorado proved this point while it was still a medical marijuana state).

DUE TO SPACE LIMITATIONS, THE FOLLOWING ARE SOME JUST SOME OF THE OTHER CONSEQUENCES WE CAN EXPECT SHOULD EITHER OR BOTH ISSUES 6 AND 7 GAIN VOTER APPROVAL:

While both measures prohibit anyone from using marijuana or from being impaired at work places, schools, and other sites, those prohibitions are a joke. Since both measures prevent discrimination against a “patient” and since there is not objective, scientifically-definitive test for marijuana impairment (such as there is for example with a blood alcohol test), those prohibitions against using or being impaired are nothing but jokes. The bottom line is that an employer will be almost powerless to sanction or fire a worker who is using marijuana. Likewise, school administrators will have difficulty disciplining a student or teacher for using marijuana. Since impairment cannot be proven in a definitive way, lawsuits will proliferate against those in authority trying to maintain safe and orderly work sites, factories, and schools.

Under either of these measures that become law, children who qualify as patients will be permitted to use marijuana, if the parents sign off on it.

If Issue 6 becomes law, only a few growers and marketers of marijuana will be permitted. That makes it really about money and not compassionate health care. It also makes the entire process ripe for corruption, collusion, and shenanigans.

If Issue 7 becomes law, persons who don't live near a dispensary can grow their own marijuana. Since the medical marijuana trade won't be capable of adequate regulation, this invites all kinds of abuses, including countless illicit growing and marketing schemes. Also, under Issue 7's provisions, the revenue from sales tax on marijuana purchases in excess of that needed to fund the regulation of the medical marijuana business, will be dedicated to purchasing marijuana for low-income Arkansans who qualify as patients.

YOU MAY COPY THIS FACT SHEET AND OTHERS THAT WILL FOLLOW IN SUBSEQUENT EMAILS. IF YOU HAVE CONCERNS NOT ADDRESSED IN THE FACT SHEETS, PLEASE CONTACT THE ARKANSAS COMMITTEE FOR ETHICS POLICY (email llp@ArFaith.org or call (501) 837-1688) AND REQUEST THE INFORMATION YOU NEED.