

ISSUES WITH MEDICAL MARIJUANA

BEHAVIORAL HEALTH SERVICES ASSOCIATION OF SC, INC.



The use of alcohol, tobacco, and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. As a result, the social cost to South Carolinians is approximately \$2.5 billion per year.

The 32 local alcohol and drug abuse authorities contract with the South Carolina Department of Alcohol and other Drug Abuse Services (DAODAS) to provide the majority of direct services to citizens in all 46 counties of the state. Since these authorities were created in 1973, they have provided intervention and treatment services to more than 2.49 million South Carolinians and touched the lives of countless individuals and families through the many prevention, intervention and treatment activities they coordinate and provide.

“MEDICAL MARIJUANA”

The Behavioral Health Services Association of SC, Inc. opposes the use of marijuana as medicine or for recreational purposes. Marijuana should be subject to the same research, consideration and study as any other potential medicine, under the standards of the U.S. Food and Drug Administration (FDA).

Marijuana is Addictive – Estimates from research suggest that about 9% of users become addicted. Increases to about 17% among young users and 25-50% among daily users. *(NIDA)* **Resources are required to educate, prevent, intervene and treat for addictions.**

Marijuana use Affects the Developing Brain – Regular heavy marijuana use by teens can lead to an IQ drop of up to 8 points. Heavy use is linked to lower grades and exam scores, less likely to enroll in college, less likely to graduate from high school or college, lower satisfaction with life, more likely to earn a lower income, and more likely to be unemployed. *(NIDA)* Heavy use during adolescence is associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders across the lifespan. *(AACAP)*

Organization Positions

According to the scientific and medical communities, smoked marijuana is not medicine. The following organizations all agree that smoked marijuana as medicine, administered by various states, is unacceptable.

- The Institute of Medicine
- American Society of Addiction Medicine
- American Medical Association
- American Cancer Society
- American Academy of Pediatrics
- The National Multiple Sclerosis Society
- The American Glaucoma Society
- The American Academy of Ophthalmology

Issues with S.212 and H.3521

- Does not address marijuana as an addictive substance.
- Allows cardholders to purchase **2 ounces** of marijuana or marijuana based products **every 14 days**, which averages of more than 5 joints a day. Allows for edible forms of marijuana marketed to children (candy, cookies, brownies, drinks, etc.) which carry a high potential for overdose and accidental use by children.
- Allows for “medical marijuana” to be smoked via blunt or bong, vaped, dabbed, consumed via brownie, cookie and/or candy. FDA approved medicines are prescribed and administered through pill or tablet, elixir, patch, inhaler, etc.
- Establishes no minimum quantity of tetrahydrocannabinol (THC) for cannabis products. THC is responsible for marijuana’s psychological effects.
- Requires a “bona fide physician-patient relationship” which means the physician has an ongoing responsibility for the assessment, care, and treatment of the patient's debilitating medical condition, but sets no requirements for how often the patient should be re-evaluated. Does not use a prescription, does not allow for dosing, and cannot be monitored through the Prescription Drug Monitoring Program.
- Includes qualifying conditions such as chronic pain which has been the most abused ailment in other states. Up to 90% of cardholders in other states are 18-35 year old males who present with chronic pain. This is one of the healthiest subsets of the population.
- Allows for designated caregivers to care for up to 5 patients or if they work in a care facility, unlimited patients within the facility. The only disqualifier to becoming a caregiver is a felony drug conviction in the past 5 years. In essence, this will establish medical communes for marijuana.
- Allows medical marijuana (in any form) cards for children 18 and under with parent or guardian approval.
- States, “There is no presumption of child abuse or neglect for conduct allowed pursuant to this article.”
- Prohibits a school from refusing to enroll a child that has a medical marijuana card. Additionally, the bill does not address if non-smokeable marijuana consumption would be allowed on a school’s premises with a valid card. If it does not expressly prohibit consumption at school, then consumption at school would be allowed.
- Requires the State of South Carolina to recognize and honor non-resident medical marijuana cardholders (Section [44-53-2050](#)). Considering the fact that some states do not even require an in person doctor visit to obtain a card, this would equate to de facto legalization of recreational marijuana.
- Allows for one dispensary per every 10 pharmacies. There are currently 1300+ pharmacies in SC.
- Prohibits local governments from “opting out” of allowing marijuana dispensaries, cultivation centers, etc.
- Prohibits employers from discharging, threatening, refusing to hire, or otherwise discriminating or retaliating against an employee regarding an employee's compensation, terms, conditions, location, or privileges solely on the basis of the employee's status as a cardholder.
- Allows cardholders to be charged with reckless driving or driving under the influence of cannabis where probable cause exists, but does not set a legal level of intoxication. In other words, law enforcement will have no method of determining how high is too high to drive. Urine tests do not prove THC impairment. Blood testing is a consideration, but considering the quick rate at which the body metabolizes THC and the time it would take to secure a warrant, test results would render a result that is not indicative of the person’s intoxication level at the time of arrest.