

MEDICAL MARIJUANA PROGRAMS

*Commonality of State Policies & Practical Challenges
to Implementation*

FRAMEWORK
PREPARATION &
PLANNING ARE KEY FOR
**OPTIMAL
RESULTS**

BUDGET FLEXIBILITY
& INTER-AGENCY
COOPERATION ARE
CRITICAL

DOCUMENTATION
& REGULATION
**HAVE PROVEN
TO REDUCE**
RECREATIONAL
USE & DEPENDENCY

Medical Marijuana Laws (MMLs) have gained support in scientific communities, therapeutic circles, and public opinion over several decades.^{2,6} Seventy-four percent of Mississippi voters approved a MML during the November 2020 referendum vote.¹¹ Research shows that a defining factor for implementing a successful **medical marijuana program (MMP)** is to lay the groundwork and create a structure before policies' enactment.^{2, 4, 5, 7, 8, 9, 10}

While no objective model for an ideal MML currently exists, there are several common steps in other states' policies proven to be effective, such as:

- Only allowing medical marijuana treatment for specific medical conditions;
- Requiring physician documentation of an approved medical condition;
- Requiring patients to register and pay an access fee;
- Not allowing smoking medical marijuana except for certain conditions;
- Limiting the amount of marijuana a patient can access or possess at any given time;
- Defining the methods of obtaining medical marijuana (personal in-home cultivation or medical dispensaries);
- Defining the locations where medical marijuana may be used; and
- Directing revenue generated by MMPs to fully fund programs before surplus revenue can be redirected to other uses.

Implementation Times Have Varied From Reasonable to Excessive

The time to implement MMLs has varied by state. When issuing patient ID cards, Montana required a little over a month after program approval while Oklahoma was three months. Minnesota, Maine, and New York experienced sales within a two-year span after MMP enactment while West Virginia has not issued any business licenses since their MML passage in 2017.¹ It takes time and careful planning to design a regulatory framework and prepare for the roll-out of a MMP which is why states begin working years in advance.

SOURCES:

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Policy Challenges

The primary issue facing Mississippi's creation of a MMP is the limited preparation in developing an effective framework.

Recommendations for Agencies in Charge of Implementation:

- Receive public input and promptly outline specific policies;
- Establish regulations with a plan for implementation and enforcement;
- Set standards and license medical cannabis businesses and applicants early in the development process;
- If the number of business license applicants are limited, use a randomized process, such as a lottery to select businesses;
- Set up an integrated system for processing patient ID cards;
- Implement and test any computer software systems needed for tracking sales, potentially using a system already established by another state;
- Evaluate the program in comparison to the market size within the state and coordinate the evaluation with state agencies outside Mississippi Department of Health to conduct the reviews;
- Coordinate the funding with the Legislature and provide MSDH budget flexibility; and
- Encourage inter-agency coordination (Example: Collaborate with the Legislature, Department of Revenue, Department of Agriculture and Commerce, State Personnel Board, etc.) to carry out program responsibilities.

Background

- There is conclusive or substantial evidence for the use of marijuana as an effective treatment for chemotherapy-induced nausea and chronic pain; other conditions have lesser supporting evidence.⁶
- Research suggests that patient registration requirements reduce recreational marijuana use and dependency.^{5, 8, 10}
- There is substantial evidence of an association between smoking marijuana and chronic bronchitis episodes, and moderate evidence of no association between smoking marijuana and lung, head, or neck cancer.⁶
- Evidence is inconclusive on negative impacts of variations in the amounts of marijuana allowed for patients to access.^{4, 5, 7, 8, 10}
- Some studies have shown that legally regulated dispensaries positively influence recreational use while other research shows no association.^{4, 5, 8, 10}
- Research on the relationship between home cultivation and use appears inconclusive as well.^{5, 7, 8, 10}
- Studies suggest that there is no statistically significant impact on marijuana potency for states that do not authorize dispensaries or those that allow for home cultivation.^{2, 4, 10}