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“We change laws.”

Oklahoma’s Low-THC Law

Summary

Oklahoma provides limited protections for seriously ill residents who could benefit from access to cannabis oil containing high concentrations of CBD, or cannabidiol – one of several active ingredients found in marijuana. The oil may contain no more than 0.3% THC, and patients must receive a written recommendation from a physician. The law, which was passed in 2015 and expanded in 2016, marked the first time the state formally recognized the medical value of marijuana.

Unfortunately, protections are very limited. The 2015 law protects only those individuals who are 18 years or younger, and they are available only to those who have been diagnosed with Lennox-Gastaut Syndrome, Dravet Syndrome, or another severe form of epilepsy. Beginning November 1, 2016, the law will include adults and add “spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, and appetite stimulation with chronic wasting diseases” to the list of qualifying conditions.

In addition, the law is silent on how patients can actually obtain CBD products — it provides no safe, in-state access. Thus, seriously ill patients must bear the risk and expense of traveling all the way to neighboring Colorado to obtain their medicine, assuming they can find a product that low in THC.¹

CBD-only Laws Leave Behind Most Patients

CBD is one of approximately 85 active compounds — called cannabinoids — found in marijuana. While cannabis strains that are rich in CBD appear to be particularly effective at treating seizures, the number of individuals treating seizure disorders through medical marijuana programs is relatively low. Only 2.5% of the registered patients in Colorado and less than 1% of patients in Arizona report seizures as their qualifying conditions. In addition, even many patients with seizure disorders only respond to strains with far greater concentrations of THC than 0.3%.

Currently 25² states and the District of Columbia have workable medical marijuana laws that include access to marijuana, including THC, a well-known cannabinoid. The federal government recognized THC’s medical applications in 1985, when the FDA approved a prescription drug that is made of synthetic THC — Marinol — for nausea.

For these reasons, while well-intentioned and a positive first step, the current law falls short for most seriously ill patients who could benefit from access to medical marijuana, and does not provide a very workable solution even for those patients it is designed to help.

¹ There are also some vendors purporting to sell CBD products nationwide, but those products are unregulated — so they may not actually have CBD in them or be prepared in a way that will help patients — and they are likely not allowed under federal law.

² Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New York, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and the District of Columbia have programs with allow patients access to the medical marijuana plant and all its active ingredients.