

# Medical Marijuana: Alabama Medical Cannabis Information

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# Understanding the Controlled Medication Schedule Classification.

A controlled medication or substance is a drug or chemical whose manufacturing, possession, and use are heavily regulated by the federal government due to their high potential for abuse, addiction, or physical/mental dependence.

The Controlled Substances Act (CSA) establishes a unified legal framework to regulate these controlled substances.

The CSA may apply to drugs that are medical or recreational, legally or illicitly distributed. However, the statute does not apply to all drugs. Rather, it applies to drugs and other substances that have been designated for control by Congress or through administrative proceedings. The CSA also applies to *controlled substance analogues* that are intended to mimic the effects of controlled substances and to certain *listed chemicals*—chemicals commonly used to manufacture controlled substances.

# What is the DEA (Drug Enforcement Agency)

- ▶ The Drug Enforcement Administration (DEA) is the federal agency primarily responsible for implementing and enforcing the CSA.
- ▶ Per [Congress.gov](https://www.congress.gov), the DEA may designate a substance for control through notice-and-comment rulemaking if the substance satisfies the applicable statutory criteria or may undertake such rulemaking to alter or remove existing controls on a controlled substance.
- ▶ Under the same rule, Congress may place a substance under control or modify or remove controls by statute.

# Goals of the Controlled Substance Act (CSA)

- ▶ The CSA aims to ensure that patients have access to pharmaceutical controlled substances for legitimate medical purposes while also seeking to protect public health from the dangers of controlled substances diverted into or produced for the illicit market.
- ▶ Reference: The Controlled Substances Act (CSA): A Legal Overview for the 119th Congress: CRS Report Number R45948, Published 1/22/2025. Lampe, Joanne R.

# What are the Schedule Classifications:

- ▶ **Schedule I** -Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.
- ▶ **Schedule II**-Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

# What are the Schedule Classifications:

- ▶ **Schedule III-** Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.
- ▶ **Schedule IV-** Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol.

# What are the Schedule Classifications:

- ▶ **Schedule V-** Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

Reference: <https://www.dea.gov/drug-information/drug-scheduling>

# State Regulated Medical Cannabis:

- ▶ Marijuana is the most commonly used illicit drug in the United States.
- ▶ As of February 2024, 47 states, the District of Columbia, and 3 territories (Guam, Puerto Rico, U.S. Virgin Islands) allow for the use of cannabis for medical purposes.
  - ▶ 38 states, the District of Columbia, and 3 territories allow for the use of cannabis for medical purposes through comprehensive programs.
  - ▶ 14 states and 2 territories have a comprehensive medical-only program.
  - ▶ 9 states have medical programs that only allow for the use of CBD/low-THC products for qualifying medical condition(s) as defined by the state.

# State Regulated Medical Cannabis:

- ▶ Non-Medical/Adult-Use- As of February 2024, 24 states, the District of Columbia, and 2 territories (Guam and North Mariana Islands) allow for the use of cannabis for non-medical adult purposes.
- ▶ No Public Cannabis Access- As of February 2024, 3 states (ID, KS, NE) and 1 territory (American Samoa) do not have a legal cannabis program.
- ▶ Reference: <https://www.cdc.gov/cannabis/about/state-medical-cannabis-laws.html>



# Schedule I: Marijuana

- ▶ Under the Controlled Substance Act (CSA), marijuana and its derivatives are classified as Schedule I controlled substances, meaning their manufacture, possession, and distribution are illegal except for the purposes of federally sanctioned research.
- ▶ While many states have enacted laws allowing for marijuana use, the federal government has generally not interfered with their implementation. However, violations of federal marijuana laws continue to have criminal and civil consequences.

# Schedule I: Marijuana

- ▶ In May 2024, the Department of Justice (DOJ) proposed to move marijuana from Schedule 1 to Schedule III under the CSA.
- ▶ In December 2025, Executive Order 14370 was issued directing the DOJ to expeditiously complete the rescheduling process

# What is the Process to Re-Schedule Marijuana?

- ▶ **Initiation:** DEA (Drug Enforcement Agency), HHS (Health and Human Services), or a petitioning party starts the process.
- ▶ **Evaluation:** HHS conducts a scientific and medical review based on eight factors.
- ▶ **Recommendation:** HHS sends its recommendation to the DEA
- ▶ **Rulemaking:** DEA publishes a notice of proposed rulemaking and accepts public comments.
- ▶ **Final Decision:** A final rule is issued to change the schedule.

# Where are we in the Process:

- ▶ **Public Comment Period Closed:** The DEA's official public comment period on the proposed rule to reschedule marijuana closed on July 22, 2024, receiving over 42,000 comments, with a vast majority in favor of rescheduling or complete de-scheduling.
- ▶ **Hearings Postponed:** A scheduled administrative hearing meant to evaluate evidence (originally set for January 21, 2025) was postponed by the administrative law judge on January 13, 2025, due to a pending appeal by an involved party regarding the DEA's role.
- ▶ **Executive Action to Accelerate:** On December 18, 2025, an executive order was issued directing the DOJ to expedite the completion of the rescheduling process.

# Now What?

- ▶ **What Comes Next:** Following the resolution of the procedural delays, the DEA must review the hearing testimony and all public comments before issuing a final rule. This process may still take several more months for a final rule to be issued.
- ▶ Reference: DEA Moves to Reschedule Marijuana to Schedule III: Questions and Answers-<https://www.mpp.org/policy/federal/dea-moves-to-reschedule-marijuana-to-schedule-iii-questions-and-answers>

# Changes to Criminal Penalties If Marijuana Is Rescheduled to Schedule III

- ▶ Many CSA penalties for marijuana violations are written specifically for marijuana and are not tied to its Schedule I classification. Those penalties would remain the same if marijuana moves to Schedule III. Many CSA and other federal offenses associated with marijuana's general status as a controlled substance would also remain the same. For example, it is unlawful for any person knowingly or intentionally to possess a controlled substance *unless* such substance was obtained pursuant to a valid prescription from a medical practitioner. If marijuana moves to Schedule III, this does not mean that all marijuana products would be lawful to manufacture, distribute, or possess. The manufacture, distribution, dispensing, and possession of marijuana would remain subject to applicable criminal prohibitions under the CSA (21 U.S.C. §§841-844). In addition, marijuana would remain subject to applicable provisions of the Federal Food, Drug, and Cosmetic Act (FDCA). Under the FDCA, a drug containing marijuana would need FDA approval to be lawfully introduced into interstate commerce.

# Changes to Federal Tax Treatment If Marijuana Is Rescheduled to Schedule III

- ▶ If marijuana is rescheduled to Schedule III, it would make [Section 280E](#) [inapplicable to marijuana businesses](#). These businesses would be able to deduct the costs of selling their product.

# Changes to Consequences for Marijuana Use or Marijuana-Related Convictions If Marijuana Is Rescheduled to Schedule III

- ▶ Most of the consequences for marijuana use or for marijuana-related convictions would remain the same if it is moved to Schedule III. While the use of marijuana by prescription for medical purposes would become lawful, marijuana products that are available in dispensaries in many states across the country are not currently available via lawful prescription. It is uncertain if or when these products might be approved for such use and available via lawful prescription if marijuana is rescheduled to Schedule III. Under federal law, a drug must be approved by the FDA before it may be marketed or prescribed in the United States. To date, FDA has approved one cannabis-derived drug and three marijuana-related drugs that are available by prescription.

# How does *Medical Marijuana Law* Changes in Alabama affect You?

- ▶ Medical Cannabis
- ▶ The Darren Wesley “Ato” Hall Compassion Act was passed by the Alabama Legislature in 2021. This law allows qualified Alabama physicians to recommend medical cannabis to patients.
- ▶ While recommending medical cannabis to patients is not the same as prescribing, many of the same risks for abuse and diversion exist.

# What are the Qualifying Medical Conditions in Alabama for Medical Cannabis?

- ▶ Autism Spectrum Disorder
- ▶ Cancer related cachexia, nausea or vomiting, weight loss, chronic pain
- ▶ Crohn's Disease
- ▶ Depression
- ▶ Epilepsy or a condition causing seizures
- ▶ HIV/AIDS - related nausea or weight loss
- ▶ Panic Disorder
- ▶ Parkinson's Disease
- ▶ Persistent nausea
- ▶ Post-Traumatic Stress Disorder (PTSD)
- ▶ Sickle Cell Anemia
- ▶ Spasticity associated with Multiple Sclerosis or spinal cord injury
- ▶ A terminal illness
- ▶ Tourette's Syndrome
- ▶ Condition causing chronic or intractable pain

# What Types of Medical Cannabis Products are Allowed in Alabama?

▶ **The following types of products are allowed in Alabama:**

- ▶ Non-sugar-coated gelatinous cubes or cuboids
- ▶ Lozenges
- ▶ Tablets
- ▶ Capsules
- ▶ Tinctures
- ▶ Gels, oils, and creams for topical use
- ▶ Suppositories
- ▶ Transdermal patches
- ▶ Nebulizers
- ▶ Liquids or oils for use in an inhaler

▶ **The following types of products are prohibited in Alabama:**

- ▶ Raw plant material
- ▶ Products that could be smoked or vaped
- ▶ Food products such as cookies or candies

# What is the Process for Being Placed on the Patient Registry System?

- ▶ To be placed on the patient registry system, you must receive diagnosis of a qualifying medical condition from a registered certifying physician. If the physician recommends the use of medical cannabis, then the physician will enter the patient's information and recommendation on the patient registry system. The patient is then eligible to complete a patient registration and apply for a medical cannabis card (see AMCC Portal Instructions above). If the patient is required to have or chooses to have a caregiver, then the caregiver must complete a separate application on the registry system. The patient and caregiver registration must have a corresponding record completed first by a registered certified physician.

# How Can You Get a Medical Cannabis Card?

- ▶ To receive a medical cannabis card, you must satisfy the following requirements:
  - ▶ Be a resident of Alabama;
  - ▶ Be at least 19 years of age, or have your parent or legal guardian serve as your registered caregiver;
  - ▶ Have a qualifying medical condition;
  - ▶ Receive a recommendation from an Alabama physician certified by the Alabama Board of Medical Examiners to make medical cannabis recommendations; and
  - ▶ Be registered on the AMCC's patient registry system (see AMCC Portal Instructions above).

# For More Information for Patients and Caregivers on Medical Cannabis

▶ <https://amcc.alabama.gov/patients/>

For Accidental Ingestion or Poisoning:



# How Often Will Patients Need to be Seen to Receive a Recertification?

- ▶ In order to reactivate your certification in the patient registry, the physician must see you and affirm that you still have a qualifying condition and that the use of medical cannabis is still recommended. Whether this is before or after the expiration of the initial certification does not matter, but if there is a lapse in certification, you will be unable to obtain any medical cannabis from a dispensary until recertification.

# Can the Certifying Physician Provide Telemedicine Visits?

- ▶ **No.** A registered certifying physician is prohibited from utilizing any form of telemedicine in certifying or recommending, or recertifying or re-recommending a patient for the use of medical cannabis or in conducting any examination associated therewith. A physical examination with the registered certifying physician physically present in the same room as the patient is required before certifying or recommending a dosage of medical cannabis for a patient or re-certifying or re-recommending a dosage for a patient. Additionally, the law states that the registered certifying physician and the patient must be physically located in Alabama, and any examination, visit, or other consultation must occur while both parties are physically located in Alabama. Furthermore, the law specifies that the physician must establish a bona fide physician-patient relationship with the patient for the provision of medical services in an in-person visit.

# Potential Issues with Medical Cannabis

- ▶ Medical Cannabis poses a potential for addiction:
  - ▶ Studies suggest that the use of cannabis by individuals may lead to a tolerance to, dependence on, or addiction to cannabis

# Potential Issues with Medical Cannabis

- ▶ The potential effect that cannabis may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require an individual to be alert or respond quickly:
  - ▶ The use of cannabis can affect coordination, motor skills, and cognition; i.e., the ability to think, judge, and reason. Driving under the influence of cannabis can significantly increase the risk of vehicular accidents, which escalates if alcohol is also influencing the driver. While using medical cannabis you should not drive, operate heavy machinery, or engage in any activities that require you to be alert and/or respond quickly, and you should not participate in activities that may be dangerous to yourself or others. You should understand that if you drive while under the influence of cannabis, you can be arrested for “driving under the influence” (Ala. Code § 32-5A-191).

# Potential Issues with Medical Cannabis

- ▶ The potential side effects of medical cannabis use:
  - ▶ Potential side effects from the use of cannabis include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, an effect on the production of sex hormones that may lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression, and/or restlessness. Cannabis may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical cannabis may cause you to talk or eat in excess, alter your perception of time and space, and impair your judgment. Many medical authorities claim that use of medical cannabis, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

# Potential Issues with Medical Cannabis

- ▶ The risks, benefits, and drug interactions of cannabis:
  - ▶ Signs of withdrawal can include feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances, and unusual tiredness.
  - ▶ Symptoms of cannabis overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks, and incapacitation. If you experience these symptoms, you must agree to contact your certifying physician immediately or go to the nearest emergency room. Numerous drugs are known to interact with cannabis, and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences.

# Potential Issues with Medical Cannabis

- ▶ Cannabis may also increase the risk of bleeding, low blood pressure, elevated blood sugar, elevated liver enzymes, or impairment of other bodily systems when taken with herbs and supplements. If you experience any of these symptoms you must agree to contact your certifying physician immediately or go to the nearest emergency room.

# You Must Carry Your Medical Cannabis Card with You!

- ▶ **When in the possession of medical cannabis, the patient or the patient's caregiver(s) must have his or her medical cannabis use registry identification card in his or her possession at all times.**

# Dosing of Medical Cannabis

- ▶ Your treatment plan will be determined by your Certifying Physician.

The Alabama Medical Cannabis Commission will establish the maximum daily dosages for each qualifying medical condition. Certain maximums may be increased if the physician determines it is medically appropriate (not to exceed 75 mg of delta-9-tetrahydrocannabinol) or the patient has been diagnosed with a terminal illness. The AMCC permit holder shall notify the patient that the patient's driver's license will be suspended.

Medical cannabis with a potency greater than three percent (3%) tetrahydrocannabinol may not be recommended to any minor for any qualifying condition.

# Where Can You Get More Information on Medical Cannabis in Alabama

- ▶ <https://amcc.alabama.gov/patients/>
- ▶ [https://www.cdc.gov/cannabis/about/index.html?CDC\\_AAref\\_Val=https://www.cdc.gov/marijuana/health-effects/addiction.html#:~:text=Some%20people%20who%20use%20marijuana,1](https://www.cdc.gov/cannabis/about/index.html?CDC_AAref_Val=https://www.cdc.gov/marijuana/health-effects/addiction.html#:~:text=Some%20people%20who%20use%20marijuana,1)