

What Makes a Good Medical Cannabis Program?

By Derek Rosenzweig

Philadelphia Chapter of the
National Organization for the Reform of Marijuana Laws

It is well established that cannabis has broad medical effectiveness for a variety of medical conditions, maladies, and diseases. It also has a well known safety profile, stemming from over 8,000 years of use by human beings, reliable anecdotal evidence, and a remarkable body of rigorous scientific and medical research. Its effects are well tolerated by the vast majority of patients who use it, and those effects can be tailored or mitigated based on the type of strain of cannabis - and therefore cannabinoid, phytocannabinoid, and terpenoid profile - being used.

Marijuana is currently listed as a Schedule I drug under both Federal and Pennsylvania law by the Controlled Substance, Drug, Device and Cosmetic Act. To be placed in Schedule I, a substance must meet three criteria: **a high potential for abuse**; AND **no currently accepted medical use in the United States**, AND **a lack of accepted safety for use under medical supervision**. Time, science, and medicine have shown us that marijuana is safe to use. Twenty-two states, plus Washington DC, have followed scientific research and medical evidence and concluded that marijuana is an effective medicine. Patients in the United States use marijuana safely for medical use; this has become self evident. Its placement in Schedule I was never based on science or reason; simply put, it was based on racism, deception, greed, and cultivated fear in the populace.

In Pennsylvania, the current penalty for possessing even 30 grams of cannabis (slightly over one ounce) is 30 days in jail and a \$500 fine; possession of over 30 grams carries a 1 year incarceration and a \$5,000 fine. Subsequent convictions can lead to doubled penalties. The penalty for growing cannabis is a felony conviction; depending on the number of plants, the mandatory minimum sentence is 1 or 3 years in jail, as well as a maximum \$5,000 or \$15,000 fine. No patient should have to choose between facing such penalties for attempting to treat their condition, and forgoing effective treatment that will make their life better.

So what makes a good medical cannabis law? The primary issue to address is removing all criminal and civil penalties for any patient who is in possession of cannabis. It does not matter if the cannabis is in the form of seeds; living plants being cultivated; cannabis plant matter that's ready to be consumed or processed ('raw' or 'usable cannabis'); concentrates like hashish or hash oil; topical cremes; or cannabis-infused edibles. It does not matter how or where the patient obtained their medical cannabis - the fact that they have it should never be subject to criminal or civil penalty. *The bottom line is that patients should no longer be subject to arrest, fines, or asset forfeiture for possessing cannabis.*

Patients who are not yet registered through the state program must be able to defend themselves to a jury if they do somehow see the inside of a court room. We must allow for a medical necessity defense allowing patients to explain why they have or are using cannabis, so a jury can understand and make a compassionate and fully informed decision.

When patients from other states come to Pennsylvania they should be protected in the same manner than residents are. Reciprocity allows peace of mind so patients who are used to protection from arrest are not suddenly thrust into a situation where they may no longer be able to use or obtain their medicine legally. Compassion should not be limited to Pennsylvania residents.

Put Medical Professionals Back in Charge of Treatment

The next issue to address is giving patients and medical practitioners the peace of mind and freedom to fully discuss marijuana and choose to use it as a treatment option. The patient-physician relationship is sacrosanct, and the law should reflect that. Marijuana has a huge body of research surrounding it, with data on its safety and efficacy for many conditions. Medical professionals go through rigorous training to be able to determine if a medicine will help a patient, and choose a regimen that will achieve the best outcome for their patient. The bottom line for medical professionals is the patient's quality of life. If the patient's doctor, nurse, or psychiatrist believes cannabis will help, they should be free

to discuss and recommend or prescribe it without the risk of arrest or penalty from the respective medical board.

Many physicians privately say they would recommend it to their patients, or that they don't mind if the patient uses it because they know it will help improve the patient's quality of life without the types of adverse side effects that patients must endure when they use other medications. Not all medical professionals are able to overlook or endorse the use of medical cannabis under current law, however. Pain management physicians for example are required to drug test their patients, and will cease treatment if the drug test shows cannabinoid metabolites. For chronic pain patients such as those suffering from Chronic Regional Pain Syndrome (aka Reflex Sympathetic Dystrophy), the significant medical benefit they could gain from medical cannabis is overshadowed by an unjust policy that prohibits a physician from giving their patient the best quality of life. Medical professionals must be able to freely discuss cannabis as a treatment option, and be able to recommend it if they believe it will help. For chronic pain patients taking opiate based medications such as Percocet, Percodan, Oxycontin, Fentanyl, MS Contin, Oxycodone, or Opana - highly addictive and dangerous drugs - it is even more important. Cannabis has recently been shown to reduce the need for these types of medications primarily because cannabis is more effective at treating certain types of pain.

Medical practitioners must also be able to discuss and recommend the method of using medical cannabis. A good medical cannabis law does not arbitrarily ban or require any specific method because they all have their place. It should always be between a patient and his or her doctor to determine what will work best.

Replace the Black Market

A very important issue is making sure patients no longer need to rely on a black market for their medicine. We must make it easy and cheap for patients to obtain their medicine, and should provide options and alternatives for patient satisfaction. Marijuana is easy to grow with minimal training - numerous books and online resources exist which provide expert advice. Seeds and clones are everywhere, and are obtainable from many sources if one knows where to look. Growing cannabis is relatively inexpensive once a garden or grow area is initially set up, especially compared to purchasing it regularly through a black market. *Patients must always have the right to grow their own cannabis for medical use* - in fact, of the 22 states which have already legalized medical marijuana, all of them except 9 - New Jersey, Delaware, Connecticut, Massachusetts, Illinois, New Hampshire, Maryland, and Minnesota - allow patients to grow their own. It should be noted that patients in Delaware, Illinois, New Hampshire, Maryland, and Minnesota are still waiting for their dispensary programs to be implemented - and therefore have no legal way to obtain their medical cannabis. Connecticut recently opened its first dispensary, after waiting just under 2 years. *The most successful medical marijuana programs allow home cultivation from the start.*

Many patients will likely opt to grow their own, but they should not be expected to. Most simply won't want to, or even be physically able to, therefore a mechanism needs to be present to ensure these patients have consistent and safe access. The existing mechanisms patients use in PA is either grow it themselves with no legal protection, or turn to the black market. Nobody knows how many of the estimated 1,992,000 cannabis consumers in PA use it for medical reasons, with no guidance from a medical professional. In Pennsylvania, cannabis bought through the black market has inconsistent quality and availability, and one can almost never be certain of where it comes from. None of it is tested, and it is expensive - it's worth more than its weight in gold. A properly inclusive medical cannabis law will ensure that no patient will have to rely on an illegal market for their medicine.

The price of marijuana varies based on many things, including but not limited to quality, proximity in the supply chain to the grower, how much the dealer likes or dislikes you, and many other factors. Regardless, the price is artificially hiked up due to the risk of imprisonment, fines, and the high demand of the commodity. Typically, people purchase cannabis for personal use measured in grams or multiples of eighths of an ounce. A gram of cannabis in PA can cost anywhere from \$10 - \$30, and is enough for a joint or two. An eighth ounce (3.5g) can run from \$20 - \$70; quarter ounces (7.0g) go between \$40 and \$140. For the worst quality imaginable, a full ounce may only run \$100, but for well grown and carefully tended buds of a really good strain, one might pay over \$500. That's assuming the dealer actually knows the true strain they're selling, and is not just making it up so they can charge more. To make matters

worse, many dealers even short their customers by not providing the correct weight, or by selling product which is not properly dried. Regardless, people really like good cannabis, and they pay top dollar for it. It's completely a seller's market - opaque and unregulated. This clearly is not the right solution for any patient to have to endure when all they want is to get their medicine and get better.

The classic answer in states which have already legalized medical cannabis is a dispensary or compassion center. There they legally sell clones and seeds, usable cannabis, concentrates, edibles, and paraphernalia. Quality will rise significantly and stay at a high level - patients in these states never have to hear the term "schwag" again. The choice of available strains will grow with each harvest, as will competition by cannabis farmers to create better, more stable, and more effective strains for specific ailments. Commercial growers and compassion centers will be licensed and regulated by the state, and a system will be in place to handle customer complaints. Combined with competition and the system being transparent, we will ensure that patients get what they expect and don't get ripped off.

Another option that should be available is co-operative gardens, where a group of patients have their medicine grown and distributed collectively in one location. Typically, a plot of plants of their requested strain(s) are grown for each patient, and the garden is run/tended by a small group of people (patients, caregivers, volunteers, etc). Community-driven medical cannabis collectives can be very successful, especially for low-income patients who cannot grow their own, nor afford prices at compassion centers. Nationwide, we are seeing a trend of marijuana prices going down both in the black market and in dispensaries, but it's hard to say what the overall cost of medical marijuana will be in PA once our program is up and running. It will depend in part on fees and other expenses involved in starting a medical cannabis business. Typically medical cannabis prices start out near black market prices, since that's what most people are used to paying. Prices fluctuate as the market grows and evolves. Prices at the register should end up being noticeably lower due to allowing farmers to grow as much as they need to. We won't see a reduction to its more natural cheap price point until the Federal prohibition ends and the marijuana industry scales up with to fit a national economy, just like other highly-valued commodities. Medical cannabis should also be covered under insurance just as any other medication would be.

Testing Usable Cannabis and its Processed Products; Conduct More Research

A successful medical marijuana program will ensure product testing. Marijuana sold at a compassion center needs to be tested for quality, cannabinoid content, and mold or other contaminants. This also applies to co-operative gardens. The American Herbal Products Association (AHPA) has a great set of cannabis guidelines for cultivation, dispensing, and testing facilities that the Medical Cannabis Board can utilize when drafting regulations. Marijuana grown by patients for themselves must not require testing, since it will not be sold, but testing facilities should provide cheaper or subsidized services for patients who do want it tested.

Knowledge is power, and for medicines this is especially true. Pennsylvania should be at the forefront of research when it comes to cannabis and its cannabinoids. This includes animal studies, work on cell cultures, and human clinical trials using both raw cannabis and individual preparations of its cannabinoids and terpenes. This will push the frontier of knowledge and can be used to refine available strains to be better suited for treating specific conditions, like how the Charlotte's Web strain has been shown to be effective for epileptic patients.

In California, when the state legislature decided to regulate cannabis dispensaries, they also included language to create the Center for Medicinal Cannabis Research (CMCR). The purpose of the Center is to coordinate rigorous scientific studies to assess the safety and efficacy of cannabis and cannabis compounds for treating medical conditions. The funding of the CMCR is the result of SB 847, signed into law by Governor Gray Davis. The legislation calls for a three year program overseeing objective, high quality medical research that will "enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent." As a result, California is at the forefront of medical cannabis research in the USA today. Their program continues to be funded to this day, and newly published research is highlighted and posted on their website on a regular basis. There is no reason why Pennsylvania can't be right up there with them. Separate legislation should be drafted to create such an institution.

Conclusions

If these guidelines are ignored, it can result in an ineffective program. Patients may decide the program is too expensive or doesn't provide for their needs, and may stick with the black market. If qualifying conditions are left up to politicians instead of medical professionals, patients left out of the program would not be protected by law. Patients in Pennsylvania deserve to get better, not serve time in jail or face the humiliation of being handcuffed and thrown in a cell. Our current system is cruel and unjust.

In order to create an effective program, we must make a law that is all inclusive and puts medical professionals back in charge of their patients' health and treatment. Patients must be able to possess their medicine in any form without fear of arrest or prosecution. Patients must be able to grow their own medicine, or have the option of purchasing it from a safe, transparent environment such as a dispensary or collective garden. Medical cannabis should be cheap and covered by insurance, and need not be over regulated. Patients must be able to use their medicine however they and their physician deem appropriate. People from out of state who are visiting Pennsylvania must also be protected from law if they suffer from a medical condition which cannabis can treat. Reciprocity shows that our compassion is not limited just to Pennsylvania's citizens, but can be extended to any patient who comes to the Commonwealth.

Medical professionals need to be protected from arrest or penalty from respective medical and professional boards for discussing and recommending medical cannabis, and should have the final say as to whether cannabis can help their patient. Medical cannabis and its processed products meant for distribution through a dispensary or cooperative garden must be tested for mold and cannabinoid content. Pennsylvania institutions must be allowed to further study medical cannabis and its cannabinoids in all phases of clinical trials and laboratory environments. Finally, the medical cannabis law absolutely must not arbitrarily increase penalties for non medical use.

If compassion, reason, and thoughtfulness are applied, I have no doubt that we will have a solid medical cannabis law. The program will protect patients from the very start, and will improve the lives of hundreds of thousands of residents of Pennsylvania.