

**MARIJUANA FOR SYMPTOM RELIEF
OVERSIGHT COMMITTEE**



**2014
ANNUAL REPORT**

**TITLE 18 CHAPTER 86
THERAPEUTIC USE OF CANNABIS**

PREPARED DATE: JANUARY 12, 2015

2014 Annual Report on the Therapeutic Use of Cannabis

INTRODUCTION

During the 2011 Session the Legislature requested the Marijuana for Symptom Relief Oversight Committee generate a report for the purpose of evaluating and making recommendations to the General Assembly. Act 65 (S.17) specified that the report should include:

(A) The ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief.

(B) The effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services.

(C) Sufficiency of the regulatory and security safeguards contained in this subchapter and adopted by the Department of Public Safety to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.

ANALYSIS

Pursuant to the report specifications contained in Title 18 Chapter 86 the following analysis is respectfully submitted on behalf of the Marijuana for Symptom Relief Oversight Committee:

The Marijuana for Symptom Relief Oversight Committee would like to begin this report by addressing a section of the addendum passed last year. The Vermont Department of Health was required to develop education and safety information provided to each registered patient and caregiver upon registration with the Department of Public Safety (Attachment A). The Committee supports the Legislature's intent of providing registered patients and caregivers educational and safety information related to the use of marijuana for symptom relief. The Committee was disheartened that the informational document produced by the Department of Health did not coincide with the intended purpose of the legislation. This document does not provide practical or beneficial information to the intended audience, registered patients and caregivers. The Committee's evaluation of the informational document produced by the Department of Health is that the content is intended for recreational use of marijuana rather than for symptom relief. Title 18 Chapter 86 allows patients under 18 years of age to register as patients and significant testimony was provided to the House Committee on Human Services during the 2014 legislative session. Testimony provided to the House Committee on Human Services addressed the necessity to improve patient services for those under 18 years of age. The informational document the Department of Health produced states "all children who swallow marijuana should be watched at a hospital." The Committee does not expect this message was the intention of the information to be provided to the parents of tremendously ill children. The Committee's evaluation furthermore finds this informational document does not address, but rather conflicts with the intended purpose of providing educational and safety information pertinent to registered patients diagnosed with a debilitating medical condition and their caregivers but rather for recreational users. The Committee would request this document to address the benefits and hazards of marijuana as it pertains to symptom relief, including topics regarding smoking versus vaporizing, oral consumption, storing marijuana in a locking container, potential benefits related to a variety of conditions, and opioid addiction and dependence.

(A) The ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief.

Registered patients and caregivers who have designated a dispensary can typically schedule an appointment to occur within 24 to 48 hours from when a patient calls. Based upon patient feedback increased flexibility for registered patients to change their designated dispensary would assist in accessing specific products for symptom relief that may only be available at another dispensary. The following recommendations are intended to improve access to cannabis products for symptom relief by registered patients for their specific debilitating medical condition.

- 1) The Committee has identified the 90-day period in which a registered patient cannot change his or her designated dispensary as an obstruction to timely access marijuana for symptom relief. In the instance, a registered patient moves or is unsatisfied with their designated dispensary they are unable to change their designation for 90 days. Secondly, the \$25.00 fee to change designated dispensaries can be a financial burden to registered patients on a fixed income. The Committee recommends reducing the 90-day period to a 60-day period and decreasing the \$25.00 fee to a \$15.00 fee. The Committee recommends language contained in 18 V.S.A. §4474h(a) to be updated to read: “A registered patient who wishes to change his or her dispensary shall notify the Department of Public Safety in writing on a form issued by the Department and shall submit with the form a fee of \$15.00. The Department shall issue a new identification card to the registered patient within 30 days of receiving the notification of change in dispensary. The registered patient's previous identification card shall expire at the time the new identification card takes effect. A registered patient shall submit his or her expired identification card to the department within 30 days of expiration. A registered patient shall not change his or her designated dispensary more than once in any 60-day period.”
- 2) The Committee recommends the language contained in §4474d(g) be expanded to allow the Department to grant a waiver of the dispensary possession limits for the purpose of developing and providing a product for symptom relief to all registered patients. Currently, the Department is restricted to only granting a waiver of the dispensary possession limits for the purpose of developing and providing a product for symptom relief to registered patients under 18 years of age who suffer from seizures.
- 3) The Marijuana Registry is expected to expand their information storing capabilities by securing a contemporary information mechanism. One of the desired outcomes is to provide access to essential but limited information to the dispensaries with a goal of improving the ability of registered patients to timely access marijuana for symptom relief.

(B) The effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services.

The Department of Public Safety has issued four registration certificates to dispensaries operating throughout the state. They are located in Burlington, Brandon, Brattleboro, and Montpelier. Currently the dispensaries offer a variety of Indica, Sativa and Hybrid strains of marijuana and products for symptom relief. Besides offering dried flower dispensaries are offering patients smokeless options such as tinctures, edibles, CO2 oil extracts, teas, salves and lozenges. The dispensaries have been responsive to special patient needs by developing high CBD strains, non-alcohol based tinctures, gluten free, and low calorie edibles for example. Dispensaries have also taken steps to serve patients by adjusting appointment schedules to fit their needs.

The Vermont Patients Alliance dispensary, located in Montpelier, manages a laboratory utilizing a gas chromatography (GC) analysis method. Champlain Valley Dispensary, located in Burlington, operates a laboratory utilizing high-performance liquid chromatography (HPLC) analysis method. GC and HPLC are used to analyze different cannabinoids within each strain tested, including Tetrahydrocannabinol (THC), Cannabidiol (CBD), and Cannabinol (CBN). This information allows dispensaries to ensure consistency in their products for potency and purity, two factors essential for ensuring patient safety and reliable medicine. The Committee recommends, in addition to current labeling requirements contained in §4474e(h) a testing requirement and labeling of tetrahydrocannabinol and cannabidiol concentrations should be mandatory. This requirement would necessitate analysts to be able to possess marijuana and should require some level of proficiency testing and standardization for different methodologies.

Dispensaries have been able to effectively provide educational and support services for registered patients by performing these services during scheduled appointments as required by the rules governing the dispensaries. An area the Committee also considers capable of improvement is edible education with respect to home preparation, and single dosing information. This information would be valuable to patients who choose to produce edible products at home due to dietary requirements or other necessities.

Several patients have expressed frustration with the lack of knowledge health care professionals possess regarding the registration process. Educational services for health care professionals have not been addressed previously and these professionals perform an important function in the registration process. Title 18 § 4473(2) requires a medical verification form to be completed by a health care professional. Not all health care professionals are familiar with the Marijuana Registry and the requirements for a patient to obtain a registry identification card and the exemption from criminal and civil penalties contained in statute. The Committee recommends a requirement for health care professionals, as defined in Section 4472 of Title 18, to complete continuing medical education related to the Marijuana Registry and other information relevant to the use of marijuana for symptom relief.

(C) Sufficiency of the regulatory and security safeguards contained in this subchapter and adopted by the Department of Public Safety to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.

The current regulatory and security safeguards contained in statute and rules adopted by the Department of Public Safety have been demonstrated to be largely effective in protecting against diversion and theft without imposing an undue burden on the registered dispensaries or compromising the confidentiality of registered patients and caregivers. The Department is currently in the process of amending the rules to establish protocols for the safe delivery of marijuana to registered patients and caregivers, update the standards for an individual's criminal history record, and granting a waiver of a dispensary's possession limit for developing and providing a product for symptom relief to a registered patient who is under 18 years of age who suffers from seizures.

The Department transmits weekly secure statements to the registered dispensaries identifying the number of registered patients who have designated that dispensary and correlating registry identification numbers to obtain marijuana or marijuana infused products for symptom relief. A graph depicting the growth of the number of registered patients and caregivers has been attached (Attachment B). Each dispensary also undertakes several additional administrative steps to ensure that only card-holding patients or caregivers are provided access to purchase product. While the administrative process may vary from dispensary to dispensary, all dispensaries must ensure cannabis is only dispensed to valid cardholders who have designated the dispensary. Procedures the registered dispensaries have implemented include: verifying patient and caregiver status before scheduling an appointment, remote video verification of cardholder status to allow access to dispensary, automated patient purchase history review and requiring secondary

identity verification before transaction completion.

However, the Committee is proposing the following recommendations and modifications in order to further improve the sufficiency of the regulatory and security safeguards contained in 18 V.S.A. Chapter 86 to ensure access to and use of cultivated marijuana to registered patients:

- 1) § 4474b(d) to read “A law enforcement officer shall not be required to return marijuana, marijuana-infused products, and marijuana-related supplies seized from a registered patient or registered caregiver *who is not in compliance with the requirements of this subchapter.*”
- 2) § 4473(b)(2)(B)(i) and (3)(A) “...the debilitating medical condition is of recent or sudden onset, ~~and the patient has not had a previous health care professional who is able to verify the nature of the disease and its symptoms.~~”
- 3) Removal of the notarization requirement contained in § 4473(b)(1) due to confidentiality concerns. Notaries are not bound by any confidentiality requirements. An alternative to the current penalty, false swearing that potentially no longer would apply, for intentionally submitting inaccurate information to the Department conceivably could be incorporated under §4474c(f) for false information or penalties under 13 V.S.A. § 1801 may well apply.
- 4) Added exemption from criminal and civil penalties; seizure of property for hospitals and school administering cannabis oil.
- 5) Inclusion of a six-month exception for military veterans in §4472(1) under the definition of a "Bona fide health care professional-patient relationship" means a treating or consulting relationship of not less than six months' duration, in the course of which a health care professional has completed a full assessment of the registered patient's medical history and current medical condition, including a personal physical examination. The six-month requirement shall not apply if a patient **is a military veteran** or has been diagnosed with:
 - (A) a terminal illness;
 - ~~(B) cancer with distant metastases;~~ or
 - ~~(C)~~ acquired immune deficiency syndrome.
- 6) A waiver authorized by the health care professional related to the amount of marijuana dispensed to a registered patient during a 30-day period. Currently, statute reads “no dispensary, principal officer, board member, or employee of a dispensary shall: dispense more than two ounces of usable marijuana to a registered patient directly or through the qualifying patient's registered caregiver during a 30-day period.” The Committee would like to see the following information included to § 4474e(k)(1)(C) that would allow for a waiver, “...unless the medical necessity is verified by the registered patients health care professional in accordance with rules adopted by the Department.”
- 7) A requirement for registered dispensaries to track individual packages by unique identification numbers.

Attachment A



Marijuana Registry: Marijuana Education and Safety Information

Health Effects

Marijuana use damages both the brain and body in a way that can create problems now and in the future.

- A new study shows structural brain changes in young adults that use marijuana recreationally. The higher the level of reported marijuana use, the higher the impact on brain structure. The changes in brain structure may not be reversible after stopping marijuana use.¹
- Problems with attention, learning, memory and the ability to quickly process information can be associated with heavy marijuana use during adolescence.^{2 3}
- The amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than from tobacco smoke.⁴
- Marijuana contains more cancer-causing chemicals than tobacco.⁵
- Using marijuana weekly or more often has also been associated with doubling a teen's risk for depression or anxiety.^{6 7}
- For individuals who began smoking marijuana as adolescents, continued regular use has been shown to lead to a decrease in IQ 20 years later.⁸

Addiction & Withdrawal

Frequent and prolonged marijuana use can result in addiction.⁹

- Research has established that marijuana is addictive, and that it is three times more likely to lead to dependence among adolescents than adults.¹⁰
- The earlier a person starts using marijuana, the greater the risk of developing chemical dependence. For example, about one in six of those who start using marijuana before age 14 develop addiction.¹¹
- In state fiscal year 2012, 1,365 Vermonters were treated for marijuana dependence – a 28% increase since 2000.¹²

For more information about substance abuse treatment, visit:
http://healthvermont.gov/adap/treatment/treatment_county.aspx

For additional information regarding the health effects of marijuana, or addiction and withdrawal, contact your health care provider.

Attempts to stop using marijuana after prolonged periods can result in withdrawal, characterized by:¹³

- Irritability
- Sleeplessness
- Decreased appetite
- Anxiety
- Drug cravings

Safe Storage & Accessibility^{14 15}

Limiting access to marijuana is key in preventing accidental poisonings among young children and deterring use among youth.

Marijuana can have serious effects in children. An amount that may cause very small effects in an adult can create a much stronger reaction in a young child. Edible marijuana or other marijuana-infused products – like brownies, cookies, and candy – can lead to accidental poisonings because children think they are eating regular food or candy.

In extreme cases, children that have accidentally eaten marijuana have experienced difficulty breathing, or can become so drowsy that you cannot wake them up.

To avoid accidental ingestion, all marijuana containing products should be:

- Clearly labeled
- Stored in a child-resistant container
- Kept in a locked cabinet

Symptoms of smoking, eating or swallowing too much marijuana include: extreme confusion; anxiety, panic, or paranoia; fast heart rate; increased blood pressure; hallucinations or delusions; severe nausea and vomiting.

If your child accidentally ingests marijuana, or if you or someone you know is experiencing any of the symptoms above, **call the poison center hotline, call 911, or go to an emergency room.** All children who swallow marijuana should be watched at a hospital.



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¹Gilman, et al. (2014) Cannabis use is quantitatively associated with nucleus acumbens and amygdala abnormalities in young adult recreational users. *The Journal of Neuroscience*, 34, 5529-5538.

²Meier, MH et. al (2012) Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. *Proceedings of the National Academy of Sciences*. 109(40) e2657-e2664.

³Jacobus, J., Bava, S. et. al. (2009) Functional Consequences of Marijuana Use in Adolescents. *Pharmacology, Biochemistry and Behavior* 92(4).

⁴Drugs and Human Performance Fact Sheets - Cannabis / Marijuana (D 9 -Tetrahydrocannabinol, THC). National Highway Traffic Safety Administration, n.d. Accessed at: <http://www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm>.

⁵ The British Lung Foundation (2012) *The Impact of Cannabis on Your Lungs*. Accessed at: <http://www.blf.org.uk/Files/8ec171b2-9b7e-49d9-b3b1-a07e00f11c05/The-impact-of-cannabis-on-your-lungs---BLF-report-2012.pdf> (limited research does not address cancer-causing properties of ingested marijuana).

⁶Hayatbakhsh, M.R. et al. (2007) Cannabis and anxiety and depression in young adults: A large prospective study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(3):408-17.

⁷Patton, GC et al. (2002) Cannabis use and mental health in young people: cohort study. *British Medical Journal*, 325:1195-1198.

⁸Meier, MH, Caspi, A, Ambler, A, Harrington, H, Houts, R, Keefe, RSE, McDonald, K, Ward, A, Poulton, R, & Moffitt, TE (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*, published online August 27, 2012.

⁹Accessed September 9, 2014 at: <http://nasadad.org/wp-content/uploads/2012/01/NASADAD-Marijuana-Fact-Sheet.pdf>.

¹⁰Gfroerer, JC, Wu, LT., & Penne, MA. (2002). Initiation of Marijuana Use: Trends, Patterns, and Implications (Analytic Series: A-17, DHHS Publication No. SMA 02-3711). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

¹¹Wagner, FA & Anthony, JC (2002) From first drug use to drug dependence; developmental periods of risk for dependence upon cannabis, cocaine, and alcohol. *Neuropsychopharmacology* 26(4), 479-488.

¹²Vermont Substance Abuse Treatment Information System (SATIS), 2000-2012
<http://healthvermont.gov/adap/clearinghouse/publications.aspx#top>.

¹³Accessed September 9, 2014 at: <http://nasadad.org/wp-content/uploads/2012/01/NASADAD-Marijuana-Fact-Sheet.pdf>.

¹⁴Accessed September 9, 2014 at: <https://sites.google.com/a/state.co.us/marijuana/parents/safestorage> and <https://sites.google.com/a/state.co.us/marijuana/usingtoomuch>.

¹⁵Accessed September 9, 2014 at: <http://www.nnepc.org/regional-news/marijuana-at-home-can-be-a-risk-for-children>.

Attachment B

Marijuana Registry

Registered Patient and Caregiver Data

