

Name: Nicolas Karabelas  
Organization: Greener Mountain Consulting  
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Title: A Plea from Patients

To whom it may concern:

I am a certified patient, and licensed cultivator, in the Vermont Marijuana Registry. (CVD is currently my designated dispensary.) I am also a patients' advocate, and cannabis industry consultant. I work with patients and prospective patients, health care providers, and legal cultivators, throughout the state. I am well versed in the state's laws surrounding cannabis, especially where they concern medical use, and cultivation. It is in this capacity that I'd like to address S.216, and our current medical cannabis program.

It is clear to me that we have a number of problems that need to be addressed.

Regarding a patient's plant count- two plants is simply not enough to maintain a constant and consistent supply of medicine, for most patients. It leaves no margin for error, and assumes every patient has the capacity to be a master cultivator. Gardening is difficult. It's more difficult indoors. And it's most difficult when you have disabilities. I humbly suggest bringing an individual patient's (flowering) plant count, up to three. In my opinion, the entire concept of a "plant count" is ill advised, but this would bring the number in line with what the dispensaries are currently asking to be allowed to cultivate, on each patient's behalf.

The second problem I see, is in regards to possession limits. Currently, a patient may possess no more than two ounces. Cannabis doesn't flower continuously. It is typically induced to flower, and then each plant is harvested whole. This process is long, requires high electric usage and, after harvest, almost immediately puts patients out of compliance. Combined with the plant count restriction, patients are either unable to maintain a perpetual harvest routine, or remain compliant with the law. I propose that patients be allowed to keep all the medicine they are able to harvest from their plants, regardless of plant count. Without this change, patients will have fewer rights than recreational home growers, following July 1st.

For the reasons mentioned above, I also believe that patients should be allowed to cultivate outdoors, provided they abide by the same conditions set forth in the home grow bill. A patient shouldn't have to choose between spending an extra \$300/month in electric bills, or paying \$400 for an ounce, from a dispensary.

Regarding the dispensaries, and our current system- I believe there should be third party product testing taking place, and more rigorous inspections of facilities. I have personally seen dispensary product with seeds, product with mold, and product with mildew. For patients with compromised immune systems (HIV, chemo, etc.), the latter two could cause further health complications. As a restaurant owner, I was subject to regular and random inspections from the

Department of Health. As a liquor and tobacco license holder, I was subject to regular and random inspections by the Department of Liquor Control. Health scores are posted online, for the public, as are liquor and tobacco license violations. I see no reason why the same enforcement and transparency protocols shouldn't apply to dispensary license holders.

Regarding the issue of healthcare providers certifying patients at their discretion, for reasons outside the scope of the current list of eligible conditions: Off-Label Use prescribing is common practice, for drugs that have been approved by the FDA. Trazadone, for example, which was approved as an antidepressant (and is an SARI) is frequently written for insomnia, because sedation is its number one side-effect. For many patients, cannabis works great for insomnia, although it is not currently on the list of approved conditions. I assure you, the safety profile of cannabis is far greater than that of Trazadone's. Anxiety is another condition that cannabis can help manage, that isn't on the current list of approved conditions. Benzodiazepines ARE part of the current treatment modality for anxiety, and yet we know that they are highly addictive. Abrupt cessation, without tapering, can lead to seizures and death. When my wife went to her GP to discuss her anxiety disorder, her doctor's response was, "I wish I could certify your condition, because cannabis is clearly helping you. Unfortunately, I can't, but I can write you a script for Ativan." This, ladies and gentlemen, is how the opiate crisis began. Incidentally, another potential "off-label" use for cannabis, is in the treatment of opiate addiction. I respectfully ask that you untie the hands of those who have chosen, and been deemed suitable, to treat us.

Finally, I'd like to address the fact that my non-patient wife will be prevented from legally cultivating after July 1st, because she is married to, and resides with, a registered patient.

I joined the registry, because I was eligible, (cannabis helps my chronic pain tremendously) and I didn't like breaking the law. Now that Vermont has limited legalization on the way, I find myself wondering, "what are the benefits of being a patient in the registry?" If the state and the dispensaries want to continue with the program, they're going to need patients. As someone who advises and helps register patients, it's getting progressively more difficult to encourage them to participate in the program. Many are just going to wait until July.

**In summary, I believe the state needs to: raise the patient plant count to match the dispensaries', eliminate possession limits within a patient's registered premises, establish product testing and facility inspection protocols, allow patients to cultivate outdoors, enable healthcare providers to use their discretion when considering cannabis as medicine, and eliminate any discrimination for cohabitating with a patient.**

Thank you for your time and consideration in these matters.

Sincerely,  
Nick Karabelas  
Greener Mountain Consulting