Hi Senator Felzkowski,

What is the possibility you could read out this email in support of allowing (or requiring) Wisconsin colleges to set up medicinal marijuana programs to show students how to grow high grade medicinal cannabis that is low in THC, and high in CBD, process it into oils, tinctures and pills and how to sell these products in dispensaries located on campus to other students and to the public at a reasonable price without the need of a physician's recommendation or a registration identification card? Such programs are needed to stem the flow of Wisconsin residents to other States seeking both high-quality low THC, high CBD cannabis for medicinal purposes and high THC cannabis for recreational intoxication purposes. The colleges could grow and use a variety of cannabis strains that are at or under 5% THC following Georgia's low THC medicinal cannabis program. See, for example, "Marijuana as Medicine? By 2022, Georgia dispensaries of low-THC oil will offer some patients a boost in health – but not a high", at https://www.georgiatrend.com/2021/07/30/marijuana-as-medicine/. In support of such programs, the colleges could do the following:

1. Train budtenders to educate female customers about the dangers of using psychoactive substances - including high THC cannabis - when pregnant and educate customers in ways to use cannabis non-psychoactively such as in raw form, as high CBD, low THC cannabis, and by micro-dosing. Recently, the Menominee, Michigan department of public health placed several billboards in the city warning of the dangers of using marijuana or drinking alcohol when pregnant. See attached newspaper article. It should be stressed that all psychoactive substances as well as prescription drugs that are psychoactive can effect the developing fetus. See, for example, "Fetal Effects of Psychoactive Drugs", at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2767264/ . Budtenders could also be trained to educate all customers about the dangers of mixing cannabis with alcohol and illegal drugs. Budtenders should advocate first using low THC cannabis to treat medical conditions before going to high THC cannabis that is intoxicating.

2. Prepare a leaflet advising against mixing cannabis with alcohol and illegal drugs and advising pregnant mothers not to intoxicate themselves with cannabis or other drugs and that raw cannabis and CBD are not intoxicants and can be used safely during pregnancy. Driving while intoxicated on cannabis should be advised against as well. The leaflet should also explain that cannabis and high CBD cannabis can help a person break serious addictions to hard drugs. See, for example, "Dr. Sanjay Gupta to Jeff Sessions: Medical marijuana could save many addicted to opioids", at https://www.cnn.com/2018/04/24/health/medical-marijuana-opioid-epidemic-sanjay-gupta/index.html. Also, see "Cannabidiol as an Intervention for Addictive Behaviors: A Systematic Review of the Evidence", at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4444130/, "Can CBD be Used to Treat Drug Addiction?", at https://www.news-medical.net/health/Can-CBD-be-Used-to-Treat-Drug-Addiction.aspx, "Could CBD Treat Opioid Addiction?", at https://www.webmd.com/mental-health/addiction/news/20190521/could-cbd-treat-opioid-addiction . Such a leaflet could be passed out at the college dispensaries to customers.

3. Budtender training programs should follow Dr. William Courtney and Dr. Dustin Sulak on raw cannabis, by teaching smoothie making and tea making with the high-grade medical cannabis

high in CBD and low in THC. See, for example, “Raw Cannabis Advantages - William Courtney, MD”, at https://youtu.be/IlsBGXNxJYU , and “Biggest Benefits of Cannabis You May Be Missing Out On: Acidic Cannabinoids (CBDA / CBGA / THCA)”, at https://healer.com/acidic-cannabinoids-cbda-cbga-thca/.

4. Cannabis as medicine could be taught from Dr. Sanjay Gupta’s CNN videos, at “Weed 1,2,3,4 Dr. Sanjay Gupta CNN Medical Marijuana Documentary”, at https://youtu.be/wdQ2q4tWCjw, and from Dr. Dustin Sulak’s website, at https://healer.com/about-us/. The United States patent on “Cannabinoids as antioxidants and neuroprotectants”, at https://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=6630507.PN.&OS=PN/6630507&RS=PN/6630507 , and “Cannabidiol as a Potential Treatment for Anxiety Disorders”, at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604171/ , should be described and discussed.

5. The program should grow and provide cannabis bred high in CBDA and CBGA since it’s not intoxicating and shows promise in the prevention of Covid-19. See Spectrum1 news article “Study: Hemp compounds may help prevent, treat COVID-19”, at https://www.ny1.com/nyc/all-boroughs/news/2022/01/12/hemp-cannabis-prevent-treat-covid-study.

6. Northeast Wisconsin Technical College (NWTC) already has the Customer Service Certificate program and the Herbs & Health class that should be used as a model for the program. See Customer Service Certificate program, at “Customer Service - Certificate”, at https://www.nwtc.edu/academics-and-training/customer-service and “Herbs & Health”, at https://www.nwtc.edu/academics-and-training/courses/10090130059287.

7. Teach a class on substance abuse and addiction treatment from a chapter of a psychology textbook. This part of the budtender class could be made as easy as possible. This might open the door for some students becoming interested in substance abuse counseling programs the colleges offer.

8. Students should be taught the 8 Therapeutic Lifestyle Change ideas of Dr. Roger Walsh. See https://www.integralhealthresources.com/integral-health-2/therapeutic-lifestyle-changes/. This website has many videos on the subject. Other natural health ideas could be taught as well.

9. The profits made from selling low THC cannabis could be invested back into the program, so they are able to sell low THC products at a much-reduced rate than Menominee, Michigan.

10. A model program should quickly be set up at the Northeast Wisconsin Technical College’s North Coast facility in Marinette on the Wisconsin/Michigan border in anticipation of the flood of Wisconsinites to Menominee to purchase high THC cannabis as an intoxicant as soon as their new dispensaries open to the public after the litigation on the licensing process is resolved. North Coast could set up a walk-in dispensary as well as a drive through window for smoothies, teas, and coffees made with raw cannabis at very reasonable prices. There is space available at North Coast for such a program when the new renovations are complete this month. Classes could be held after 2:00pm into the evening hours when there’s very little activity. Other classes

could be held at the Marinette campus. NWTC's main campus in Green Bay, as well as the University of Wisconsin Green Bay campus, should set up a similar program.

11. Consider allowing the public to grow their own low THC strains of cannabis up to and at 5% THC in their homes only if they obtain a registry card or permit from a college and obtain the clones of the low THC cannabis plants they wish to grow from the college as well. The ability to grow these plants as a part of a patient's health program has therapeutic benefits in itself. See, for example, "8 Surprising Health Benefits of Gardening", at https://healthtalk.unchealthcare.org/health-benefits-of-gardening/.

12. Consider keeping the cannabis dispensaries selling high THC products requiring a physician's recommendation and registry card - under the bill submitted by Senator Mary Felzkowski and Representative Patrick Snyder - completely separate from the low THC program and staffed by people requiring a higher level of training with background checks requiring no felony or misdemeanor convictions. Also, consider a delivery service allowing for drivers to serve cannabis customers who can't make it to the college dispensaries - including for those who are in jails and prisons.

I suggest this idea to you as an addition to your bill for medical marijuana. The ability of students and the public to treat anxiety, depression, stress, addictions and other medical conditions with high quality, low THC cannabis that's non-intoxicating through easy and cheap access to such products could improve school performance for students and interest the public in other college programs and classes. It should also keep money in Wisconsin instead of flowing to Michigan.

Thank you for your time and consideration on this matter.

William Swenson

**MEDICAL CANNABIS TREATMENTS**
**BY VETERANS ADMINISTRATION PRACTITIONERS**

WHEREAS, Over the past several years, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) have been thrust into the forefront of the consciousness of the medical community and the general public in large part due to recent combat operations and subsequent recognition of these potentially "silent injuries"; which have resulted in suicides and over medication of veterans; and

WHEREAS, Medical cannabis is currently legal in 29 States including, for example, three of the four states surrounding Wisconsin, the District of Columbia and an additional seven states have pending medical cannabis legislation; and

WHEREAS, The death rate from opioids among VA healthcare patients is nearly double the national average; and

WHEREAS, States that have legalized medical cannabis have seen a 15-35% decrease in opioid overdose and abuse; and

WHEREAS, The US Senate and House of Representatives have recently passed Bills allowing VA doctors to discuss the use of medical cannabis with veteran patients to treat their service-connected disabilities, and,

WHEREAS, There is conclusive and substantial evidence according to a comprehensive study from the National Academic Press and National Academy of Sciences that concludes that cannabis or cannabinoids are effective for the treatment of chronic pain for adults, as anti-emetics in the treatment of chemotherapy induced nausea and vomiting, and for improving Multiple Sclerosis spasticity symptoms; and

WHEREAS, this same study concluded that there is evidence that cannabis or cannabinoids are effective for improving short-term sleep outcomes in individuals with sleep disturbances associated with obstructive sleep apnea, fibromyalgia, chronic pain, and multiple sclerosis; now, therefore,

BE IT RESOLVED, that The Veterans of Foreign Wars supports the use of Medical Cannabis for Veterans being treated by the Veterans Administration.

Submitted by the Department of Wisconsin
unanimously approved at the 96th Annual Department Convention
Oshkosh, Wisconsin, 16 June 2017

Tod Ohnstad
STATE REPRESENTATIVE

**Senate Committee on Insurance, Licensing and Forestry**
**April 20th, 2022**

Thank you for allowing me to present testimony today on Assembly Bill 1067. Although I can't be here in person, I'm happy to weigh in as this is the first ever public hearing for the legalization of marijuana in some form. I've been a long supporter of legalizing marijuana for both medical and recreational use in Wisconsin.

Two out of the four of our neighboring states, Illinois and Michigan have fully legalized marijuana. The other two, Minnesota and Iowa, have legalized medical marijuana. In 2021, Illinois collected $100 million more in tax from marijuana sales than alcohol. In a Kenosha County referendum, 88% of voters agreed Wisconsin should have medical marijuana. Recently in Ashland County, 955 voters believed marijuana should be fully legal while 398 said it should be legal for medical use. As only 234 people believed it should be completely illegal, it brings me to my next point.

The stigma surrounding marijuana seems to be fading based off a Marquette Law Poll released last month. When the question was first asked in 2013, 50% of Wisconsinites were in favor of legalization. Flash forward to 2022, 61% of Wisconsinites are in favor of legalization.

It's clear the support for legalizing marijuana is trending upwards in both parties, plus independents. This bill is a tiny step forward in helping those in our state suffering from PTSD, chronic pain, chemotherapy, multiple sclerosis, and many other conditions.

While I will continue to advocate and support fully legalizing marijuana in Wisconsin, I sincerely hope next session we can revisit the topic of legalizing medical marijuana and bring it to the floor for a vote.

Thank you for reading my testimony today.

Pharmacy Society of Wisconsin

TO: Members, Senate Committee on Insurance, Licensure & Forestry

FROM: Danielle M. Womack
Vice President, Public Affairs
Pharmacy Society of Wisconsin

DATE: April 20, 2022

SUBJECT: Senate Bill 1034 – Testimony for Information Only

Thank you for the opportunity to provide informational testimony regarding Senate Bill 1034, which would legalize marijuana for medicinal purposes in Wisconsin.

As discussions are held regarding changes to existing marijuana laws in Wisconsin, it is vital to ensure pharmacist involvement in conversations with lawmakers. As the medication expert on the healthcare team, pharmacists are uniquely positioned to provide insight and consideration of the impact of changes to marijuana's legal status in Wisconsin.

At the state level, the legalization of marijuana presents many issues, given the intersection of state and federal laws. Specifically, the federal government continues to classify marijuana as a schedule I controlled substance. Given that pharmacies hold DEA licenses, which allow them to dispense prescribed controlled substances, complications can arise for pharmacists who risk revocation of their DEA license by selling marijuana.

Cannabidiol (CBD or CBD oil) derived from hemp has been removed from the federal Controlled Substances Act and therefore is no longer illegal to dispense under federal law. Wisconsin law allows CBD to be dispensed by pharmacies, either with a prescription for certain FDA-approved products, or without a prescription if its CBD content falls below a specific threshold. Because CBD is no longer scheduled federally, it does not raise the same violation issues as marijuana.

Policymakers must consider the following in creating legislation regarding marijuana:

- Role of medical professionals in the use of medication
- Determination of the appropriateness of therapy
- Identification of contraindications and interactions with other drugs
- Compliance with federal law, including implications surrounding DEA licenses
- Impact on business practices, including wholesaler and insurance contracts
- Implications for inpatient facilities (e.g., hospitals, long-term care facilities, hospice)

We encourage policymakers to craft state legislation that preserves the ability of pharmacists legally to dispense marijuana for medical purposes if the federal prohibitions are overturned but does not place the pharmacist or the pharmacy in a position of legal or contractual risk in the meantime.

Thank you for the opportunity to share these considerations. If you would like to discuss any of these issues further, I can be reached at dwomack@pswi.org.

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VETERANS OF FOREIGN WARS.
Wisconsin

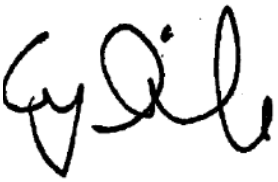
April 20, 2022

Chairwoman Felzkowski and Honorable Members of the Senate Committee on Insurance, Licensing and Forestry:

The VFW Department of Wisconsin supports SB 1034 and thanks Senators Felzkowski and Bernier for bringing this important issue before the legislature for consideration. Access to medicinal marijuana by our state's Veterans will allow them to utilize an additional/alternative treatment for their physical, mental, and emotional ailments that are not being addressed by traditional pharmaceuticals. Additionally, by providing access to medicinal marijuana, those veterans who fear the often-addictive nature of opioids, as well as long-term side effects, will now have another, more natural choice for their healthcare.

At its 2017 State Convention, the assembled VFW membership in Wisconsin unanimously passed the enclosed Resolution indicating their support of medical cannabis being prescribed to Veterans being treated by the Veterans Administration. Supporting SB 1034 and allowing our state's Veterans (and all citizens for that matter) access to medicinal marijuana through private and state providers would be welcomed by our members as well.

Thank you,



Cory Geisler
State Commander

**DEPARTMENT OF WISCONSIN**
**STATE COMMANDER**

**CORY GEISLER**

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# DONNA M. ROZAR

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## Testimony before the Senate Committee

## On Insurance, Licensing, and Forestry

## SB 1034

## April 20, 2022

Thank you Chair Felzowski, Vice-Chair Stafsholt, and members of the Senate Committee on Insurance, Licensing, and Forestry for holding this hearing on SB 1034, relating to the partial legalization of medical marijuana in the state of Wisconsin.

Currently, medical marijuana is legal in 37 other states and the District of Columbia. These states have seen positive health outcomes for patients whose primary use of medical marijuana is to treat moderate chronic pain, a condition especially common among seniors.

Legalizing medical marijuana will offer another option to patients seeking to manage their pain from chronic diseases and help patients undergoing end-of-life care. Although there are potential side effects including cardiovascular and respiratory problems, which is true of all other forms of medications, it is important to give patients the right to make their own informed medical decisions, and try substances whose effectiveness in treating pain has been documented in clinical studies and anecdotal evidence from health care prescribers and patients.

Under the proposed legislation, patients seeking access to medical marijuana will have to be approved by a health care professional who will ensure that the treatment is in the patient's best interests, and will monitor side effects, just like they do currently with other prescribed medications. This legislation would enable health care prescribers to recommend medical marijuana to treat a variety of conditions, including seizure disorders, HIV/AIDS, cancer, glaucoma, Amyotrophic Lateral Sclerosis, and additional diagnoses as listed in the Bill.

Although the evidence is inconclusive on the benefits of using medical marijuana to treat certain conditions such as PTSD, social anxiety disorders, and decline in motor ability associated with Parkinson's disease, legalizing its use for medical purposes, will enable further research on its short- and long-term effects in a controlled environment. This research will provide medical professionals and lawmakers with more comprehensive information on the efficacy of medical marijuana, which can then be used to adjust the list of qualifying medical diagnoses.

Additionally, more studies are needed to determine the risks of developing Cannabis Use Disorder by users of medical marijuana, particularly for those with anxiety or depressive symptoms who are more susceptible to abusing marijuana. Legalizing medical marijuana, will offer crucial insights that will aid in creating stronger guidelines to prevent this substance abuse from occurring while providing the pain medication and treatment for other diagnoses that will be of benefit to patients.

Thank you for your kind attention to this testimony. Your support of this legislation to provide Wisconsinites access to alternative pain remedies, and the right to try marijuana based medications that can ease pain and provide safer alternatives to the use of opioids and more addictive painkillers would be appreciated.

I will be glad to answer any questions.

MELISSA AGARD
STATE SENATOR

April 20, 2022

Thank you Chairperson Felzkowski and members of the Committee on Insurance, Licensing and Forestry for allowing me to submit testimony on Senate Bill 1034.

Cannabis legalization is an issue I have been passionate about and continued working on for over nine years, since my first term in the Wisconsin State Legislature. Over the years, both in the building and across the State of Wisconsin, I have witnessed cannabis legalization become an increasingly popular issue—from the number of co-sponsors on my full legalization bill increasing every year, to the latest Marquette Law School poll demonstrating that an overwhelming 61% of Wisconsin residents support cannabis legalization.

I am grateful that we are able to continue this conversation today, as Wisconsin is extremely far behind in regards to cannabis legalization. A total of 37 states regulate cannabis for medical use by qualified individuals, and 18 states have fully legalized cannabis. As Michigan and Illinois have fully legalized cannabis and Minnesota has legalized medicinal use, Wisconsin is increasingly becoming an island of prohibition.

While I am encouraged that Wisconsinites from all over have joined us today to testify at this public hearing, it is disappointing that we as legislators had 15 months of this session in which we could have rolled up our sleeves and worked in a bipartisan manner on this important and complex policy. Instead, this bill does not do nearly far enough for cannabis reform or adequately address the harms of cannabis prohibition in Wisconsin.

Senate Bill 1034 prohibits plant-based cannabis and limits strictly medicinal usage further by establishing a Medical Marijuana Regulatory Commission in which medical professionals would be required to apply for certification by political appointees on that commission. Senate Bill 1034 does not work to address Wisconsin's egregious racial disparities, and offers no path for expungement and bars those who have been previously convicted of a controlled substance from contributing to the cannabis industry. Additionally, it allows employers to test and punish employees for cannabis usage, and does not put Wisconsin businesses and Main Streets first. In short, Senate Bill 1034 falls drastically short of the cannabis reform our state desperately needs and what the majority in our state are asking for.

As such, I oppose Senate Bill 1034 as drafted and hope that going forward, we can work together in a bipartisan manner for cannabis reform in Wisconsin. Thank you for your consideration and for holding a public hearing. Please don't hesitate to reach out to my office with any questions or to collaborate on future legislation.

In Service,

Melissa Agard

Melissa Agard
State Senator
16th Senate District

Wisconsin State Capitol • PO Box 7882 • Madison WI 53707-7882 • (608) 266-9170 • Sen.Agard@legis.wi.gov

JOHN J. MACCO
STATE REPRESENTATIVE • 88TH ASSEMBLY DISTRICT

**To:** Senate Committee on Insurance, Licensing and Forestry

**From:** Representative John Macco

**Date:** April 20, 2022

**In Favor of SB 1034**

**(Legalizing Medical Marijuana)**

Chairwoman Felzkowski and Committee Members,

First I want to thank Chairwoman Felzkowski and Representative Snyder for authoring this piece of legislation. It is beyond time in Wisconsin for us to legalize medical marijuana as it has proven to provide remarkable benefits to those suffering from Cancer, ALS, Multiple Sclerosis, and so many more debilitating illnesses. 38 states have legalized it in the United States, all with laws customized to what their citizens need. It is time for Wisconsin to join them.

Legalizing medical marijuana is an issue I have been pushing in our legislature for years because I have witnessed firsthand the benefits of having access to it. As some of you may know, last April I lost my wife Sue to cancer. Through her brave fight, access to medical marijuana helped make her symptoms easier to manage and helped her continue the fight. Many cancer patients, like my wife, are not looking for the buzz that many associate with marijuana, but instead seek the increase in appetite and the calm that it brings them. I want these resources to be available to other families and individuals that are fighting tough battles across our state.

A population that is important to all of us are our veterans. Many fought battles abroad just to come home and continue to fight an internal battle in the form of illness or PTSD. In other states where medical marijuana is legal, VA hospitals can take marijuana into consideration when looking at treatment plans for their patients (they are unable to prescribe it due to federal law). We need to give our Wisconsin veterans every tool we can to help them in their personal fights and if medical marijuana is helpful to them, then they should also be able to access it.

Additionally, if we have learned anything from this past year it is that medical freedom is essential. In Wisconsin we have a strong history of passing bills that allow our constituents to make the best decisions for themselves without government getting in the way. In the past we have empowered Dietitians in nursing homes (2017 WI Act 101), passed Right to Try (2017 WI Act 165), and created a Naturopathic license (2021 WI Act 130). Taking the step and moving

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legalization of medical marijuana forward would give Wisconsinites another option when the individual decides that other pathways are not the best option for them to manage symptoms. As Wisconsin has demonstrated, we understand that healthcare is not one size fits all topic.

Into the details of the bill, it is important to keep in mind that this bill would have a narrow scope. Doctors would only be able to prescribe it in a non-smokable form, and for very specific conditions. Having this narrow scope allows us to regulate the process in a way that ensures that the people who truly need it for medical reasons, receive it. The point of this bill is not to be a pathway to recreational legalization- solely for medicinal purposes.

As Chairman of the Ways and Means committee, I deal with taxes nearly every day and I would be amiss if I did not explain that side of legalizing medical marijuana. This bill imposes only an excise tax on the licensed processor, and exempts the sales/use tax on the consumer. With an excise tax of 10% being imposed, according to the Fiscal Estimate by the Department of Revenue, the state of Wisconsin would potentially see a $2 million tax revenue increase from the legalization. Both the tax revenue and the fees associated with the new industry will be placed in a separate fund.

It's time for Wisconsin to provide our citizens with another option in their healthcare. Our neighboring states have taken the steps to grant this ability and Wisconsin should do the same. We should continue our history of strong medical freedom and I urge you to join me in supporting medical marijuana legalization.

PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Senate Committee on Insurance, Licensing and Forestry
Senate Bill 1034
April 20, 2022

First, I would like to thank you, Chair Felzkowski and committee members for taking time to hear Senate Bill 1034 relating to medical marijuana, granting rule-making authority, and providing a penalty.

SB 1034 establishes a program allowing for the possession and use of medical marijuana by registered patients. It also creates licensing requirements for medical marijuana producers, processors, dispensaries, transporters, and laboratories to operate in Wisconsin.

The legalization of marijuana evokes strong sentiments on both sides of the issue. Some fear legalization will lead to the use of stronger substances such as heroin. Others suggest marijuana provides health benefits, especially to those dealing with end of life difficulties or life threatening disease.

The attached map from the National Conference of State Legislatures shows how cannabis is currently regulated throughout the United States.

In my recent constituent survey, 64% of the respondents were in favor of legalizing marijuana for medical use. 88% support legalizing it for medical and recreational use.

That change would reduce the harm many marijuana users face when they purchase it on the street. Law enforcement officers indicate they are seeing much higher concentrations of THC in some of their seizures compared to the 4% levels they saw in the 1970's. In addition, they are beginning to see fentanyl sprayed on marijuana as well as being ground into the marijuana. That combination can be addictive and dangerous.

I commend Chair Felzkowski for her leadership in crafting this legislation and bringing it forward. Senate Bill 1034 is an important step in the right direction in providing help for many who are dealing with medical difficulties.

Thank you for hearing the bill today and giving people an opportunity to provide their input ahead of the next legislative session.

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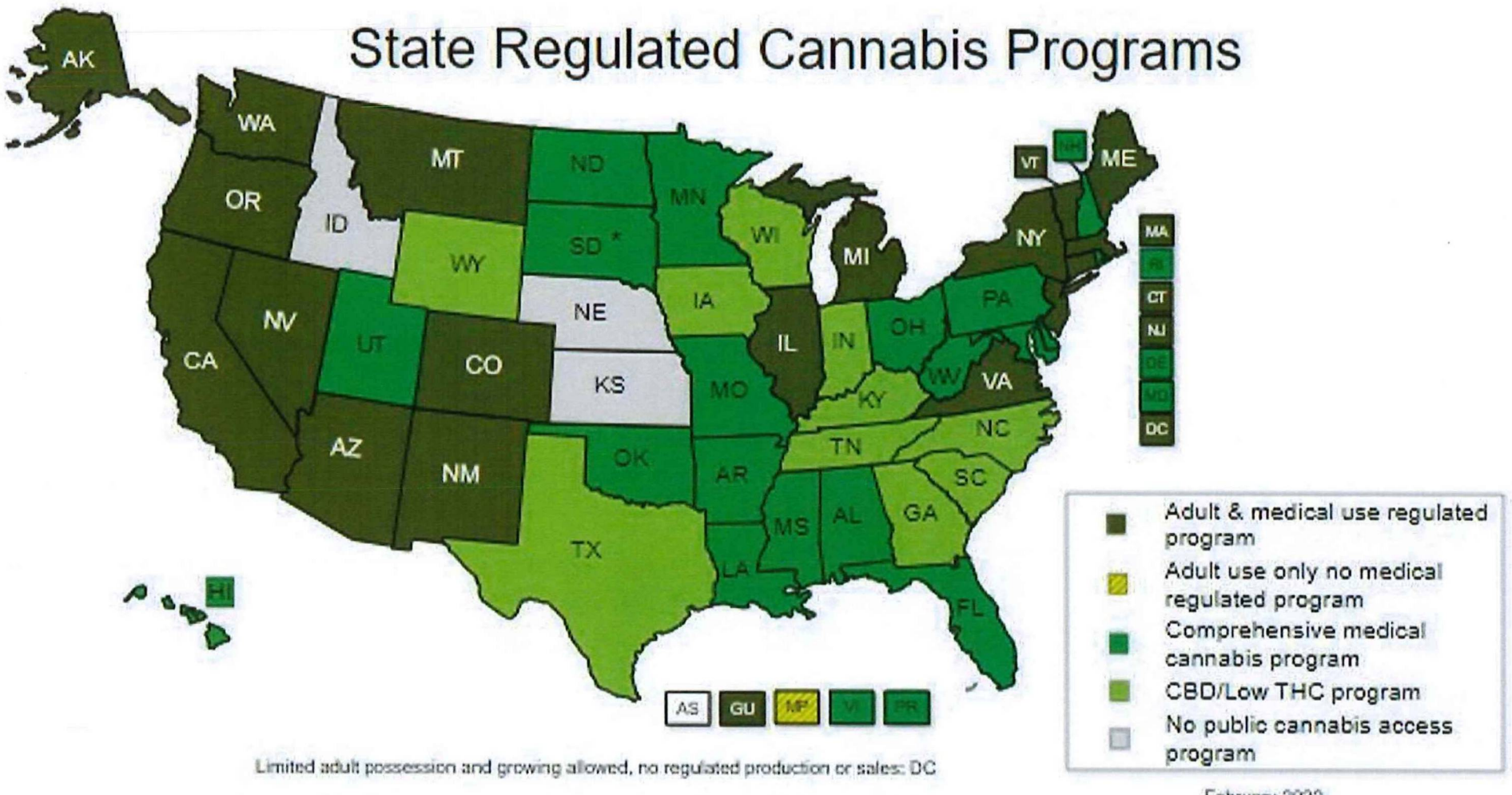
National Conference of State Legislatures

Cannabis Data




February 2022

# Wisconsin Medical Society

TO: Senate Committee on Insurance, Licensing and Forestry
Senate Mary Felzkowski, Chair

FROM: Mark Grapentine, JD – Chief Policy and Advocacy Officer

DATE: April 20, 2022

RE: 2021 Senate Bill 1034

Thank you for this opportunity to share thoughts about "medical" marijuana.

Medications in the United States are subject to a rigorous research and approval process, including when a drug is ready to be used for medical purposes as determined by the United States Food and Drug Administration (FDA). This determination follows important clinical trials that investigate a drug's safety and effectiveness. Important information such as how useful the drug is in treating certain conditions (efficacy), potential interactions with other drugs, what dosage strength should be used for a patient, etc. are just a few of the important factors in developing medications physicians can prescribe.

The term "medical marijuana" and proposals promoting the same imply that marijuana is akin to these federally approved medications and has successfully prevailed through a thorough scientific investigation and research regimen. For the most part, that is far from the case – research into marijuana's elements is sparse and made more difficult because government regulators classify marijuana as a Schedule I drug.

Major medical organizations, including the Wisconsin Medical Society (WisMed), have been calling for more research into marijuana so science can deduce the positive substances in marijuana while learning how to eliminate or minimize the drug's harmful elements. While studies have shown that some chemicals in marijuana seem to have a positive effect on people with chronic pain and help alleviate cancer patients' nausea and appetite issues, most of the 60+ active cannabinoids in marijuana are not well studied. Until science can determine which elements in grown marijuana are potentially therapeutic and which are potentially harmful, any "medical" marijuana program is at best a pale imitation of true medical therapies developed through scientific research

Policymakers finding ways to help those who are suffering deserve our admiration, and physicians are grateful to partner with those who want to improve our health care system. A large government program proposing a "medical" marijuana program, however, is unfortunately premature at this time.

# Testimony of Andrew Hysell

Wisconsin Cannabis Association

Wednesday, April 20th
Committee on Insurance, Licensing and Forestry

Room 412 East, State Capitol
Public Hearing

Senate Bill 1034

Chairperson Felkowski and Committee Members,

Thank you for holding this hearing regarding cannabis legalization. Specifically, Chair Felkowski, thank you for your leadership on this issue. I also want to recognize the strong and consistent leadership of Senator Agard to advocate for the full legalization and decriminalization of cannabis as well as Governor Tony Evers for proposing to regulate and tax cannabis similarly to alcohol.

The Wisconsin moto "Forward" was adopted in 1851 to signify to the country that our state would emerge as a national leader, blazing a path forward among all others on new and emerging issues.

Sadly, on the issue of cannabis, that statement couldn't be any further from the truth. Today Wisconsin is one of only eleven states in the entire country that have done nothing regarding legalizing or decriminalizing cannabis.

With one exception, we are surrounded by states that have chosen to legalize cannabis, recognizing that adults should have the freedom to make their own choices. Furthermore, these states have decriminalized its use and opened paths to expungement for nonviolent offenses for possession, recognizing the social injustice that prohibition has inflicted upon communities, especially those of color.

What is especially frustrating in Wisconsin is that substantial majorities of citizens—including majorities of voters from both parties—want to give Wisconsin residents this freedom. The Governor in turn has led on this issue by including full legalization in his budget. But the legislature has repeatedly chosen to deny people this right.

In 2019, Michigan moved forward with full legalization and everyone has benefited since. With sales exceeding $1B and nearly 32,000 cannabis workers employed, Michigan now has the third largest cannabis industry in the country. And this is helping power the state's economy. According to data compiled by Bloomberg, Michigan ranks number 1 in economic growth compared to 37 states with populations over 2M.

With a relatively low 10% excise tax added to each sale, Michigan generates hundreds of millions of dollars in new revenue. Local Michigan communities have benefited immensely with those opting in receiving over $42M in payments from the state just last month. In addition, $49.3 million was transferred from the state to the School Aid Fund for K-12 education and another $49.3 million to the Michigan Transportation Fund.

Not surprisingly, cannabis is a bipartisan issue in Michigan. State Republican legislators speak at and tour new cannabis facilities all the time. A retired police officer owns one of the state's largest cannabis compliance testing companies and many former law enforcement officers are employed by the Michigan Marijuana Regulatory Agency.

In conclusion, I want to thank Chair Felkowski for her leadership on this issue. She has introduced legislation to support legalization and I urge you to advocate with your colleagues to help them better understand this issue.

The time is nigh for Wisconsin to legalize cannabis and to regulate and tax it like alcohol. Let's reclaim our rightful place as a national leader and bring the "Forward" back to Wisconsin.

Thank you for providing us the opportunity for this public hearing on Senate Bill 1034. I appreciate your willingness to listen to the testimony that has been presented to you. I am here to testify in favor of Senate Bill 1034 and I hope that once you are back in session, action will be taken to make Senate Bill 1034 a reality.

Senate Bill 1034 the way it is presented, would allow WI residents, specifically children, safe legal access to Medical Cannabis. Senate Bill 1034 would allow WI children access to the same forms of medical cannabis that are available to children in the other 37 regulated states here in the US. Although this bill does not meet the same level of freedom other states may currently experience, it is a step in the right direction and one that WI residents desperately need.

I have firsthand experience working with Medical Cannabis patients in a highly regulated state who were prescribed cannabis to combat numerous symptoms that pharmaceutical medications left untouched. I worked directly with patients who had a menagerie of ailments such as cancer, dementia, multiple sclerosis, chronic nerve pain, Crohn's Disease, PTSD, arthritis, children with seizures, autism, Rett Syndrome, the list goes on. WI residents deserve the right to utilize cannabis which has a zero-death rate unlike the numerous pharmaceutical medications they are currently forced to take. It is time WI residents have safe legal access to plant based medicine that has zero deaths and high efficacy for things like nerve pain, seizure reduction, muscle spasticity, nausea, etc.

In closing, I would like to leave you to ponder this one last thought, "What other currently nonexistent taxable revenue source can any of you think of that has the potentiality to generate $400 MILLION dollars in one year?" I am certain everyone in this room today would like to have a little more money, $400 MILLION seems like a bit more than a little to me. Please vote yes, so the Legislature can move Senate Bill 1034 forward for Governor Evers signature. Thank you again for your time and consideration.

Sincerely,

Steffany Caputo
23709 82nd Place
Salem, WI 53168

I'm Alan Robinson; I've been in Wisconsin, and Wisconsin has been in me for about as long as I can remember. In my youth, I served our country in the United States Navy. I defended the constitution, willing to make the ultimate sacrifice alongside my fellow countrymen.

I've also served my country by advocating for reform to our congressional delegation on this very topic. I've served Wisconsin by doing the same in these walls, offices, and with many of these so-called representatives.

Now I serve as an entrepreneur — co-founder of Herbal Aspect. We are a Legal THC Dispensary with two locations and a thriving e-commerce business. This black-owned company employs 14 people and offers a starting wage of **$15 an hour**; we've got 98 - 5 Star Google reviews and thousands, literally THOUSANDS of satisfied customers.
I've not only changed my life but the lives of many others, and this bill threatens to put me, and people who look like me on the outside looking in.

SB1034 is packed with barriers to entry, from licensing fees reaching over **$200k** to a complete prohibition of participation from people previously convicted of a cannabis crime!

Voters have been clear - a comprehensive policy solution must include restorative justice, personal cultivation, consumer protections, access to safe regulated products in whole plant and extraction form, and a path to establishing a fair, just, and equitable marketplace.

While we are here today on perhaps the most appropriate of days, this policy discussion, as you know, is far more important, far more complex and nuanced than a pot pun headline.

I urge you to answer the call of your constituents as the oath of your office commands. Thank you for your time today and I am available to provide any additional information regarding cannabis policy or regulation.

Alan C. Robinson
Alan@HerbalAspect.com
608-219-9682

# Milwaukee Fetal and Infant Mortality Report

## Status Report on 2016-2018 Stillbirths and Infant Deaths

DECEMBER 2021


UNIVERSITY of WISCONSIN
UWMILWAUKEE
Joseph J. Zilber School of Public Health
Maternal and Child Health Catalyst Training Program

CITY OF MILWAUKEE
HEALTH DEPARTMENT

# SUBSTANCE USE - TOBACCO USE, VAPING AND MARIJUANA USE

**Issue**

1 in 3 women with an infant death or stillbirth smoked while pregnant, compared to 1 in 7 for all livebirths during this same time period. Tobacco use during pregnancy is associated with increased risk of preterm birth, low birthweight full term babies, stillbirth and infant death. Nearly 1/3 of all mothers who had experienced an infant death were using marijuana during their pregnancy and postpartum. Marijuana use increases the risk of infant death, stillbirth, preterm birth and low birthweight.

## RECOMMENDATION

**Improve resources for smoking cessation, address social norms to create a smoke-free culture, promote healthy ways to relieve stress and encourage everyone in contact with pregnant women and new families not to smoke.**

**Policy Makers**

- Raise the smoking age to 21. Marijuana use and sale for social use should not be made legal in Wisconsin.

**Systems**

- Systems should direct providers to include cessation recommendations with all patient encounters and use their advocacy power to support the smoking age.

**Healthcare Providers**

- Providers should encourage tobacco and marijuana cessation at all patient encounters. Substance use or tobacco cessation resources like First Breath should be offered. Depression screenings should be conducted for patients who smoke, as well as discussing healthy alternatives to relieve anxiety and stress. Secondhand smoke exposure should also be discouraged.

**The Individual**

- Stop smoking tobacco and marijuana! Smoking cessation, tobacco or marijuana, is one of the principal lifestyles changes a woman can make to significantly reduce the risk of stillbirth and infant death. Ask for help if you cannot quit on your own. Don't expose your baby to secondhand tobacco and marijuana smoke.

4-2-22

Dear Legislators,

I am a lifelong conservative voting resident of Wisconsin and I believe that our state is one of the most beautiful and wholesome places where one could live, raise a family and do business. I have spent the last two decades of my life evolving providing healthy food options for our nation by creating sustainable, regenerative systems which ultimately established the birth of the humanely-raised meat industry throughout the US from our home state. It is because of my work that veal calves are no longer chained and crated throughout the USA. I am also one of a handful of pioneers who have developed and implemented the grass-fed beef industry nationwide. I have personally created over 6 national brands including ones featured at Whole Foods. The work that I have accomplished was featured on Oprah, Anthony Bourdain and Wisconsin Foodie, along with many other media outlets. You may have heard of our 4th generation family company, Strauss Brands located in Franklin Wisconsin.

As a pioneer in sustainable and regenerative agriculture hemp was a natural fit, with over 50,000 uses for the cannabis species. In 2018 I transitioned from the meat industy into the hemp cannabis industry and participated in Wisconsin's first hemp trial program. I personally provided clones, cultivation expertise and funds to support a trial with 3 different farmers on 4 different plots of land to help provide essential information on genetics and soil types for Wisconsin hemp production.

I soon came to take a leadership role in the hemp cannabis industry nationally. I became a member of the Hemp Round Table, a Founding Officer and VP of the US Hemp Farming Alliance and a Founding Officer, and Secretary of the US Hemp Growers Association. I also helped to brand and promote the Hemp Authority - which is a certifying organization. I had never planned on entering the THC or marajuana sector of the cannabis industry. It was when I started to study the medicinal effects of cannabinoids that I fell in love with the "whole" plant and knew that I wanted to make products for health and wellness that would offer more health benefits than the hemp cultivar could alone. I surrounded myself with prominent scientists and soon learned that none of them worked with only hemp or marijuana cannabis cultivars but were continually making advances by working with the entire genetic species of cannabis. It has been my life's work to provide food and methodologies that are good for the earth, the animals and the people who reside upon it. Working with cannabis has expanded my life's work as the benefits of this plant hold many opportunities to improve our state's and our nation's health and wellness.

Today I am participating in both the marijuana and hemp sectors of the cannabis industry. Currently I am launching a hemp skincare and beauty brand with my daughter Chandlar and we start a clinical trial on our first product within the next few months. I started to actively participate in the marajuana sector over the last 3 years. In 2019 I applied for Illinois Adult Use Licenses - only to experience one of the most corrupt, egregious and hypocritical governmental ordeals. Still to this day, 3 years later, Illinois is caught up in dozens of lawsuits that prevent the awardment of the majority of those licenses.

In the marajuana sector I have developed a net-zero energy and water greenhouse environment for cultivation that includes organic and regenerative practices. I am also on the board of a cannabis impact accelerator in Illinois and I have recently won a medical marajuana dispensary license in Cleveland Ohio. I am very active in helping other entrepreneurs be successful in the cannabis space by teaching and implementing the same fruitful methodologies that I developed when pioneering the craft meat industry. Currently I am presenting a trial to the state of New York that would demonstrate the energy efficiencies of the net-zero energy cultivation model. This trial simultaneously accelerates and incubates new entrepreneurs coming into the cannabis industry.

I have been able to gather very experienced team members that include many scientists and doctors, some of their resumes are attached. Recently I have been blessed to have the support and partnership of Teddy Scott. Teddy Scott is the Founder

and former CEO of PharmaCann, one of the nation's largest and most successful marajuana cannabis companies. He is my partner in Ohio because he believes in my approach and strategy to cannabis business and entrepreneurship. In Ohio we will accelerate and incubate our employees from within, giving them the opportunity to learn the business of running a dispensary as an operator/owner.

It is with great anticipation that I have been waiting along the sidelines to see where Wisconsin will go with our approach to marajuana legalization. Thank you all for getting the ball rolling. Wisconsin is a prominent agricultural state and has the opportunity to learn from the mistakes and successes of the states that have gone down this road before us. In New York the regulations are allowing their hemp farmers first crack at cultivation licenses, but they hamstrung and are leading their hemp farmers down a path of disaster by not allowing lighting to be implemented into a greenhouse environment. There are fundamental regulatory mistakes like this throughout the states. Wisconsin is an agricultural state that is above and beyond New York. We are the home of one the most successful organic and conventional agricultural brands such as Organic Valley, Carr Valley, Sargento, Strauss Brands and many more. We should have the most robust, and most outstanding medical program in the nation. It is an opportunity for our farmers and for those struggling with health issues to receive the benefits of both marajuana and hemp cannabis. We should be a leader, and innovator of cultivation, entrepreneurship, health research and more. Unfortunately the proposed regulations are not heading us in that direction.

The biggest issue with cannabis overall in general is the lack of education and the amount of "real" misinformation that surrounds this plant. The only reason why cannabis and hemp are illegal at all is because of the efforts of Big Pharma. It is with and through this amazing plant that we can help address opioid addiction, autism, cancer, migraines, anxiety, sleep disorder, chronic pain, seizures, IBS and more. This industry is still in its infancy and Wisconsin can help provide leadership and develop a cannabis infrastructure that will bring economic and wellness opportunities to our state and residents.

I have taken the time to gather some important educational facts that should help you on your journey to make Wisconsin's Medical Marajuana regulations the best and most successful in the country. I am here to help and assist in any way possible. This includes providing experts in the field of cannabis science, medicine and business as needed.

**From current proposed regulations:**
***Medical marijuana must be in the form of a liquid, oil, pill, or tincture or in a form that is applied topically.**

I know the legislators of Wisconsin want to create the best medical marajuana program possible, one that will provide the health and life saving benefits that the cannabis plant can offer. Thus I have no idea why the State of Wisconsin would want to create medical marajuana legislation that prohibits flower, as this inhibits the health and wellness success of marajuana patients. Below is some info to help educate you as to why flower is a VERY IMPORTANT component to a successful medical program. Please know that many potential patients will not be able to tolerate ingestible only cannabis. It has to be processed by the liver and can also build up and be stored undesirably in the body.

**Of the 36 states that have effective medical marijuana laws, only two restrict patients to pills, oils, and other products derived from cannabis, but do not permit the actual raw flower itself.** (1)Six additional states briefly banned flower, but reversed course. (2)Prohibiting flower drives up prices and deprives patients of the medicine that works best for them. Florida, Minnesota, New York, Pennsylvania, Virginia, and West Virginia all banned flower initially but reversed course. Prohibiting flower drives up prices and deprives patients of the medicine that works best for them.

**Research has shown whole plant marijuana to be an effective treatment**. Dozens of studies demonstrate the medical benefits of whole-plant, flower cannabis in its natural form. In contrast, oils and liquids available under more limited programs have not been tested. There is no good reason to deny an incredibly sick individual access to a product that has been studied and proven to alleviate a variety of medical conditions.

**Whole plant marijuana has an "entourage effect."** As reported by CNN's Dr. Sanjay Gupta, marijuana contains more than 480 natural components, including cannabinoids and terpenes. "[A]ll these components of the cannabis plant likely exert some therapeutic effect, more than any single compound alone. ... Unlike other drugs that may work well as single compounds, synthesized in a lab, cannabis may offer its most profound benefit as a whole plant, if we let the entourage effect flower."(3)

While some of these components have been isolated, like CBD and THC, many others have not. Israeli researcher Raphael Mechoulam and his colleagues believe using whole plant marijuana allows all of the components found in marijuana to work together, resulting in a greater therapeutic effect than any single compound accomplishes on its own. Most liquid cannabis does not contain the terpenes found in raw, whole plant marijuana, which could weaken the potential therapeutic effect. In addition, many patients find eating raw, whole plant marijuana is an effective way to derive the therapeutic benefits of the plant without the high associated with smoking or vaporizing it.

**Whole-plant marijuana allows patients to better titrate their dosages.** Allowing patients to vaporize or smoke whole-plant, flower marijuana gives them the ability to better control their dose. A patient can use a small amount and wait mere moments to determine if he or she needs more. This is because once inhaled, cannabinoids rapidly pass from the lungs to the bloodstream. By contrast, the liver must first metabolize pills over a period of up to several hours before the patient feels the effects, leaving an already vulnerable individual guessing at how much to ingest. While oils can be vaporized, there is no need to force patients to use extracts that have different concentrations of cannabinoids. They simply do not work for some patients.

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*http://www.cnn.com/2014/03/11/health/gupta-marijuana-entourage/index.html 2 Florida, Minnesota, New York, Pennsylvania, Virginia, and West Virginia all banned flower initially but reversed course. (1) Those states are Louisiana and Alabama. The Louisiana House of Representatives overwhelmingly passed a bill to allow flower cannabis in Spring of 2021, and as of May 27, 2021, it is pending on the Senate floor. Alabama's law passed in Spring of 2021, and it has not been implemented yet. (2)Florida, Minnesota, New York, Pennsylvania, Virginia, and West Virginia all banned flower initially but reversed course.*
(3)http://www.cnn.com/2014/03/11/health/gupta-marijuana-entourage/index.html

**Whole-plant, flower cannabis is typically the most affordable option for patients.** Seriously ill patients frequently face tremendous medical costs, but often have no income or rely on government disability benefits. Government-issued and private medical insurance will not cover the cost of medical cannabis, forcing patients to pay the full price for their treatment. Whole plant cannabis is significantly less expensive than products that have been processed, and access to whole plant cannabis would ease the financial burden on patients.

In the first years of the state's program, New York's medical cannabis patients — who were only allowed to access extracts — faced exorbitant prices. In December 2017, following widespread (4) outcry, the New York Department of Health approved ground whole plant (flower) cannabis. In Minnesota, before flower was allowed in May of 2021, 86% of surveyed patients said medical cannabis was at least somewhat unaffordable, with many paying hundreds of dollars each month. (5) Others have turned to the illicit market, where flower cannabis is half the price. Even with the high prices, Minnesota's two medical cannabis manufacturers lost millions of dollars.

As of May 2021, only Louisiana has an operational medical cannabis program that prohibits flower cannabis. Louisiana patients also face exorbitant prices, making medical cannabis inaccessible to many. In Virginia, sales began in October 2020. Just four months later — in February 2021 — the 6 legislature sent Gov. Northam a bill to allow whole plant cannabis, which he signed into law.

**As medical cannabis expert Sunil Kumar Aggarwal, MD, Ph.D., explains, whole plant is more effective than processed medical cannabis:** Extracts often leave out therapeutically important terpenoids that are needed for the full medical cannabis "entourage" effect produced by whole plant botanical material. They may also be too potent for some patients to tolerate, compared to the whole plant botanical material (due to a concentration effect and because the terpenoids that strongly modulate the effects of the cannabinoids may be reduced or absent from the extract), and may not be effective for all or allow for careful dose titration.

If only extracts and other processed products are available, there will be a strong incentive for companies to produce only a limited number of strains of cannabis. It is highly unlikely that they would make available the scores of strains needed for different cannabis-responsive diseases because they would have to process each of those strains, which would cut into profits. This would make it impossible for patients to gain legal access to the types of strains that they need, be it one of scores of subtypes of varietals found to be effective.

It is axiomatic that whenever companies process a product, they have to charge more for the processed product than for the unprocessed product. Therefore, this requirement would be horrendous (and unfair) for patients with terminal or debilitating diseases who are of limited means (due to being "working poor," the disease leaving them unable to work, or medical bankruptcy from the costs of their or their child's illness). These people will not be able to afford either the processed product or the devices for using it and will be forced either to go to the black market and risk being arrested or to suffer needlessly.

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4 "Assessing New York's Medical Marijuana Program: Problems of Patient Access and Affordability," Drug Policy Alliance. (Seventy-seven percent of patients and caregivers who bought cannabis from a dispensary said they couldn't afford the monthly costs; 79% reported monthly costs of $300 or more.)
5 "Ryan Faircloth, "Patients can't afford it. Can Minnesota fix the medical marijuana market?," Pioneer Press, March 10, 2019. 6 Maria Clark, "High cost of medical marijuana limits access for Louisiana patients," The Daily Advertiser, November 4, 2019.

**Robin Schneider, medical marijuana patient and executive director of the National Patients Rights Association, explains:** Allowing medical marijuana patients to access and use whole plant marijuana, in addition to pills and oils derived from the plant, is a key component to workable medical marijuana laws. Raw marijuana flowers do not need to be produced into oils or liquids in order to be therapeutic. In fact, consuming raw or juiced fresh marijuana flowers is an incredibly effective way for patients to introduce THCA, a precursor to THC that has anti-inflammatory and neuroprotective effects, into their bodies. THCA degrades and loses its benefits if it is frozen or stored too long, so oils and liquids can be far less effective at delivering this important cannabinoid. For patients who need immediate relief, vaporizing whole plant marijuana allows them to more easily control their dosage than vaporizing oils derived from marijuana doses. This allows patients to consume enough medical marijuana to relieve their symptoms without becoming intoxicated.

*** A Class C license, which allows the producer to annually plant, grow, cultivate, or harvest an unlimited number of marijuana plants.**
I highly recommend for the sake of creating a successful cannabis business enterprise throughout Wisconsin that you do not have any license that provides unlimited plant cultivation - this will create a ton of economic issues.

***No more than 10 licensed dispensaries may operate in a county with a population exceeding 500,000; no more than 5 licensed dispensaries may operate in a county with a population that is less than 500,000, but at least 100,000; and no more than 3 licensed dispensaries my operate in a county with a population less than 100,000.**
This isn't a bad approach but we should also consider creating dispensary growth based on the number of patients in each county as the program evolves. Review Ohio's regulations concerning this, even though they are still undeserving their patients, they have implemented a framework that addresses this.

*** "Qualifying medical condition" means any of the following:**
**1. Amyotrophic lateral sclerosis.**
**2. Cancer.**
**3. Crohn's disease.**
**4. Glaucoma.**
**5. HIV/AIDS.**
**6. Multiple sclerosis.**
**7. Post-traumatic stress disorder.**
**8. Seizure disorders.**

There is deep concern that this legislation has not included MANY important conditions, a few that are glaringly missing are autism, PAIN, anxiety, fibromyalgia, arthritis, parkinsons, alzheimers, OPIOID ADDICTION and sleep disorders. I know the conservative legislative party in Wisconsin proudly supports and protects its middle class, blue collar workers. It is this population that is the backbone of our society providing the hands on trades that supports our daily lives. It is these workers that suffer from the trials and tribulations of physical labor and the ones that fall victim to Big Pharma's approach to pain. It is in-humane that we in Wisconsin are not providing a healthier alternative to pain management. We all have an endocannabinoid system in our body and THC is also an cannabinoid that works synergistically with our own body's system to relieve these aches and pains without the horrific addictive side effects.

I can't tell you how many conservative republicans that are now in their 60's that approach me and ask "When will our state help us with cannabis for our pain issues?" They think I have the answers because I am in the cannabis industry. Do you know how many people are on opioids for arthritis? - TONS! **To see legislation that is being crafted that does not include pain as a condition is egregious, heartless and inhumane.** Why has pain been excluded? It has been proven that opioid use and addiction to opioids is reduced within states that have marajuana programs allowing for pain or that have become adult use (recreational) states. (Citations included below) Ohio's senate - which is conservative has just passed this:

*The bill expands the types of medical conditions that would qualify for treatment with marijuana. Under current law, all of the following are qualifying medical conditions: Acquired immune deficiency syndrome; Alzheimer's disease; Amyotrophic lateral sclerosis; Cancer; Chronic traumatic encephalopathy; Crohn's disease; Epilepsy or another seizure disorder; Fibromyalgia; Glaucoma; Hepatitis C; Inflammatory bowel disease; Multiple sclerosis; Pain that is either chronic and severe or intractable. Parkinson's disease; Positive status for HIV; Post-traumatic stress disorder; Sickle cell anemia; Spinal cord disease or injury; Tourette's syndrome; Traumatic brain injury; Ulcerative colitis; Any other disease or condition added by the State Medical Board; in February 2021, the State Medical Board added: Arthritis; Chronic migraines; and Complex region pain syndrome. The bill adds the following conditions: Arthritis; Migraines; Autism spectrum disorder; Spasticity or chronic muscle spasms; Hospice care or terminal illness; Opioid use disorder. The bill also allows physicians to recommend marijuana for treatment for any condition if the physician, in the physician's sole discretion and medical opinion, finds either of the following: That the patient's symptoms may reasonably be expected to be relieved from medical marijuana; That the patient may otherwise reasonably be expected to benefit from medical marijuana.5*

It's very important that the legislators of Wisconsin also become educated just like a doctor or a physician regarding cannabis and the conditions it can help remedy. Putting together a required qualified and respected doctor and physician education course requirement is of high importance. Reaching out to qualified experts for accurate and up to date information is essential in creating a successful medical program.

**Here is further important information regarding legal cannabis outcomes from other states:**

## Opioid Use Reduction/Pain Management and Pharma Drug Use Reduction:

**Marijuana Legalization Tied To 'Significant Reductions' In Prescription Drug Use, Researchers Find**
https://www.marijuanamoment.net/marijuana-legalization-tied-to-significant-reductions-in-prescription-drug-use-researchers-find/

**A study published in Health Affairs also found that states that legalized medical marijuana saw a drop of 1,826 fewer painkiller prescriptions per year. Most importantly, a study published in JAMA found a 25 percent drop in opioid overdose deaths in states where marijuana had been legalized for medical use.**
**https://coloradopaincare.com/legalized-marijuana-reduces-opioid-**

**use/#:~:text=A%20study%20published%20Health%20Affairs,been%20legalized%20for%20medical%20use**

### Access to medical marijuana reduces opioid prescriptions

**https://www.health.harvard.edu/blog/access-to-medical-marijuana-reduces-opioid-prescriptions-2018050914509**

### Cannabis Reduces Opioid Dose in the Treatment of Chronic Non-Cancer Pain

**https://www.jpsmjournal.com/article/S0885-3924(03)00142-8/fulltext**

### Practical Strategies Using Medical Cannabis to Reduce Harms Associated With Long Term Opioid Use in Chronic Pain

**https://www.frontiersin.org/articles/10.3389/fphar.2021.633168/full**

There are many many more studies that support the reduction of pain and the improvement of overall general wellbeing of life through the use of marajuana cannabis. **Is it the mis-education of Big Pharma that has created your reluctance to include pain in conditions? Are we going to continue to let Big Pharma control and ruin our lives and our freedom?**

### Republicans and Marijuana:

https://www.marijuanamoment.net/strong-majority-of-wisconsin-voters-including-republicans-back-marijuana-legalization-new-poll-finds/

https://www.marijuanamoment.net/2021-sees-republican-lawmakers-take-lead-on-marijuana-legalization-in-more-u-s-states/

https://www.marijuanamoment.net/gop-pennsylvania-senator-with-federal-law-enforcement-background-to-file-marijuana-legalization-bill/

### Teen Marijuana Use Is Not Increasing As More States Legalize, Another Federal Study Shows

https://www.marijuanamoment.net/teen-marijuana-use-is-not-increasing-as-more-states-legalize-another-federal-study-shows/

https://www.marijuanamoment.net/marijuana-legalization-doesnt-lead-to-increased-youth-use-american-medical-association-study-finds/

https://www.marijuanamoment.net/teen-cannabis-use-not-rising-as-legalization-spreads-federal-study-shows-newsletter-october-29-2021/

https://www.marijuanamoment.net/teen-marijuana-treatment-admissions-fell-sharply-in-states-that-legalized-federal-report-shows/

College Students Who Use Marijuana Show Signs Of Greater Motivation Compared To Non-Users, Study Finds
https://www.marijuanamoment.net/college-students-who-use-marijuana-show-signs-of-greater-motivation-compared-to-non-users-study-finds/

Marijuana Legalization Tied To Significant Decrease In Foster Care Placements, New Study Finds
https://onlinelibrary.wiley.com/doi/abs/10.1111/ecin.13081

Marijuana Use Doesn't Actually Change The Structure Of Your Brain, New Study Finds
https://www.marijuanamoment.net/marijuana-use-doesnt-actually-change-the-structure-of-your-brain-new-study-finds/

Marijuana Legalization In Canada Did Not Result In Increased Traffic Injuries, Study Finds
https://www.marijuanamoment.net/marijuana-legalization-in-canada-did-not-result-in-increased-traffic-injuries-study-finds/

Legalizing Marijuana Reduces 'Race-Based Arrests,' American Medical Association Study Finds
https://www.marijuanamoment.net/legalizing-marijuana-reduces-race-based-arrests-american-medical-association-study-finds/

Marijuana Helps Treat PTSD Symptoms But Federal Policy Impedes Science, VA Researcher Says
https://www.marijuanamoment.net/marijuana-helps-treat-ptsd-symptoms-but-federal-policy-impedes-science-va-researcher-says/

Marijuana Legalization Is Not Associated With Increased Mental Illness Or Suicide, New Study Finds, Despite Opposition Claim
https://www.marijuanamoment.net/marijuana-legalization-is-not-associated-with-increased-mental-illness-or-suicide-new-study-finds-despite-opposition-claims/

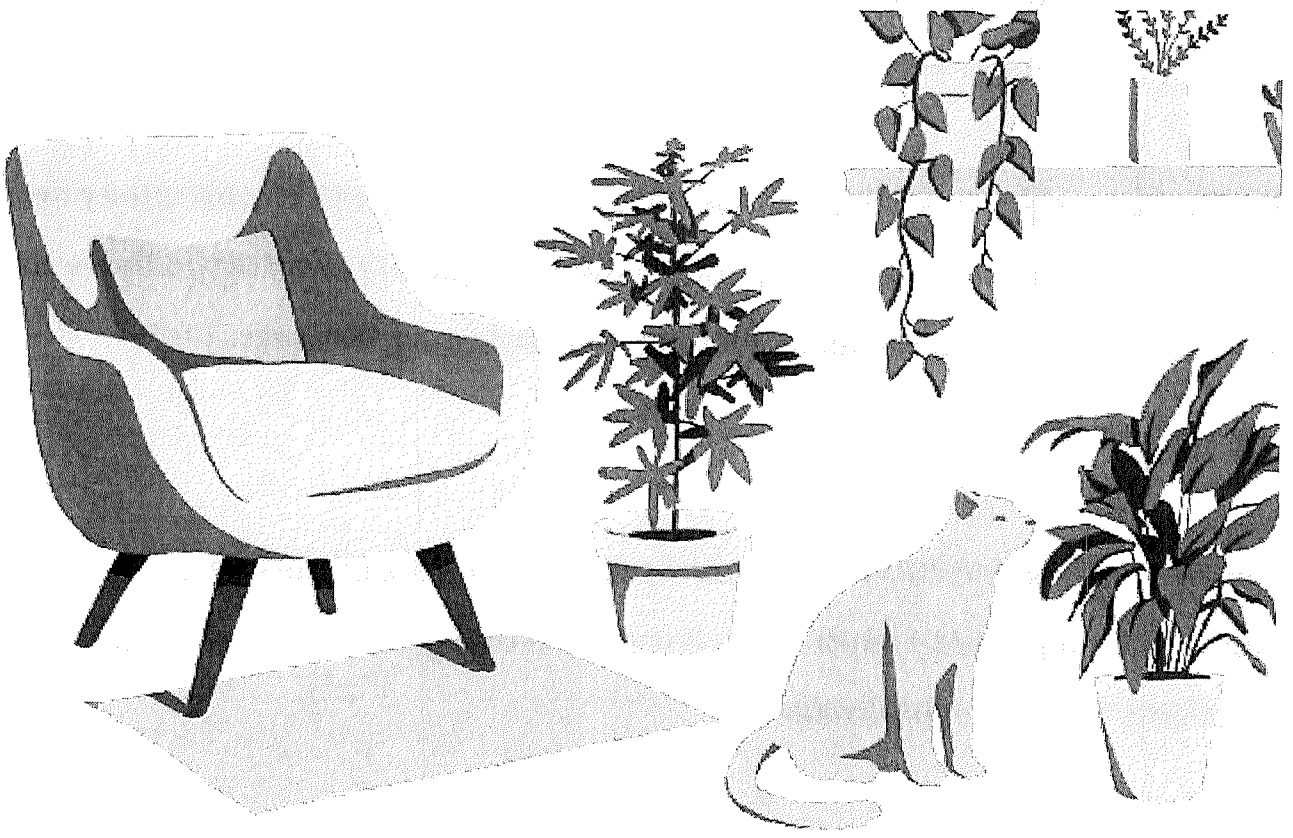
Impact Of Marijuana Legalization On Crime Reduction Is Being Underestimated, New Study Finds
https://www.marijuanamoment.net/impact-of-marijuana-legalization-on-crime-reduction-is-being-underestimated-new-study-finds/

**Testing People For Marijuana Impairment Based On THC Levels Is 'Not Reliable,' Federally Funded Study Finds**
https://www.marijuanamoment.net/testing-people-for-marijuana-impairment-based-on-thc-levels-is-not-reliable-federally-funded-study-finds/

Sincerely,
Diane Strauss
Mequon, Resident
414-915-8866
diane@CREAM.care

# Medical marijuana patients want to grow their own weed. Will the state let them?

By Jordana Rosenfeld



*CP Illustration: Lucy Chen*

According to patients, caregivers, and their advocates, Pennsylvania's Medical Marijuana Program leaves a lot to be desired. The program got a C+ in a recent report by California-based advocacy group Americans for Safe Access, which examined nationwide access to medical weed. Pennsylvania's score is a full letter grade lower than the national average, and the state scored particularly low in categories such as aff
health and social equity. One of the report's main recom
weed at home

need at home.

In November 2021, Sens. Sharif Street (D-Philadelphia) and Dan Laughlin (R-Erie) introduced a bill that would permit patients in the state's medical weed program to grow their own medicine for personal use. Citing a Department of Health report that found that some patients must drive over two hours to reach the nearest dispensary, the lawmakers argue that patients should be permitted to grow up to five adult marijuana plants, measuring more than five inches high, and possess up to 30 grams of the cannabis they grow for personal use, without a cultivation center license.

"For folks that have to get in a car and drive an hour or so away to get what they need to make themselves feel better, when they could have a couple of plants right in their house, it does seem a little bit cruel to not allow them to do that," Laughlin says.

The bill, SB 1024, states the cultivation must occur in an "enclosed, locked-out" space that's inaccessible to unauthorized people, including people under 21. Dispensaries would sell seeds to patients for home cultivation.

SB 1024 has been referred to the Senate Law & Justice Committee, which is chaired by Rep. Mike Regan (R-York), a leading Republican advocate for legalization. State Sen. Jay Costa (D-Forest Hills) is among the bill's co-sponsors, and Allegheny County state representatives on the Law & Justice Committee include South Hills Democrat Wayne Fontana and McKeesport Democrat Jim Brewster, who is the committee's Minority Chair. The committee does not currently have any meetings scheduled.

Prior to SB 1024's introduction, Pa. legislators most recen
home-grow last summer, but the amendment was tablec
into the legislation that it was intended to amend.

into the legislation that it was intended to amend.

Pennsylvania's medical weed program is among the five largest in the country by patient numbers and was signed into law in 2016. Local defense attorney Patrick Nightingale, who serves as the executive director of Pittsburgh NORM (the National Organization for the Reform of Marijuana Laws), says that home cultivation was included in the original bill creating the medical program, but that it "was removed once bipartisan negotiations began in earnest. There were concerns about illegal diversion and compliance with testing requirements."

According to Cannabiz Media, 18 states plus Washington, D.C. allow some degree of home cultivation of weed.

Citing a frustration with accessibility, such as a lack of transparency about the availability of different strains and notably high prices, many of Pennsylvania's medical marijuana patients are robustly in favor of home-grow.

"Patients are at the mercy of what the growers are producing and what their local dispensaries are stocking," says Nightingale. "A patient may find a particular strain that works best for their condition, but that strain may not be available. Perhaps the grower has discontinued the strain because it was not producing well or perhaps the dispensary stopped stocking the strain because it wasn't selling well."

Medical marijuana patients hope that home-grow will allow them more control over their medication supply.

"Pa. needs home-grow," patient John Brooks writes to *Pit*

there's often no communication from dispensaries on w

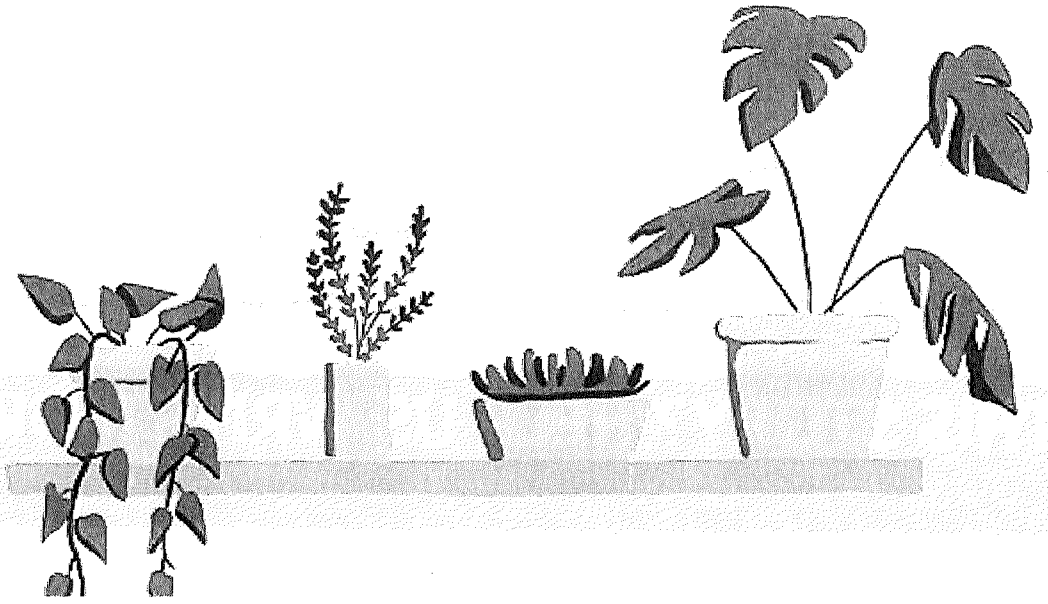
there's often no communication from dispensaries on which strains will be removed from their rotations.

"It can get expensive and frustrating loading up on one strain to last long enough to see your dispensary bring it back, if they ever do," Brooks says. "[A]nd it can be frustrating talking to budtenders, where you're constantly having to ask, 'Do you have anything similar to X strain?,' just to get a very poor rec and have next to no medical relief with your purchase."

Although wholesale prices have gone down substantially, retail prices have not seen a similar reduction. Home-grow advocates are hopeful that home cultivation will allow patients to procure their medicine at a fraction of the cost of a dispensary product.

"Our medical cannabis products are some of the most expensive products in the United States," says Nightingale, in part, he says, because of the Pa. program's "highly regulated" nature. "Our medical cannabis act specifically prohibits insurance coverage of medical cannabis products. Unfortunately, many patients of limited means simply cannot afford medical cannabis. I've heard heartbreaking stories of patients returning to prescription opiates 'because at least they're covered by insurance.'"

As for why home-grow remains illegal in Pennsylvania, Nightingale believes it's "because the majority party doesn't want to legalize home cultivation. Republicans stripped it from the bill and that's that. We have not been able to move any patient-friendly legislation for the past four years because the Republican majorities in the House and Senate simply refuse to bring bills up for consideration and votes in Committee."



*CP Illustration: Lucy Chen*

Some people blame this deadlock on lobbying by multi-state operators. Patient-run website PA Menus notes that some of the MSOs (multi-state operators) affiliated with an infamous 2019 anti-home-grow memo to New York's then-Governor Andrew Cuomo have brands and dispensaries in Pennsylvania.

"Home growers are defending against MSOs. ... Big Cannabis, if you will," Mike Munz of the Cranberry Township indoor garden company HTG Supply tells *Pittsburgh City Paper*. Munz says he's an expert, "to say the least," in growing plants, in general, and weed, in particular, and he strongly supports home-grow. "People definitely need to be able to provide for themselves just as they do in many other circumstances," he says.

"Patients are very suspicious of industry and for good reason," says Nightingale. "We have an oligopoly that allows the license holders to set wholesale prices and maximize profits."

Nightingale compares home cultivation to home brewing make his own beer or grow his own tomatoes, "it's a lot e

distributor," he says. "That people are free to grow their own crops, raise their own livestock and make their own beer and wine doesn't seem to have cut into the profits of retail sellers of food and beverages."

"I do not believe the MSOs oppose home cultivation, though some have joined lobbying groups in other states that have opposed home cultivation," Nightingale says. "I believe the market is large enough for the MSOs to thrive while also providing lower-cost alternatives."

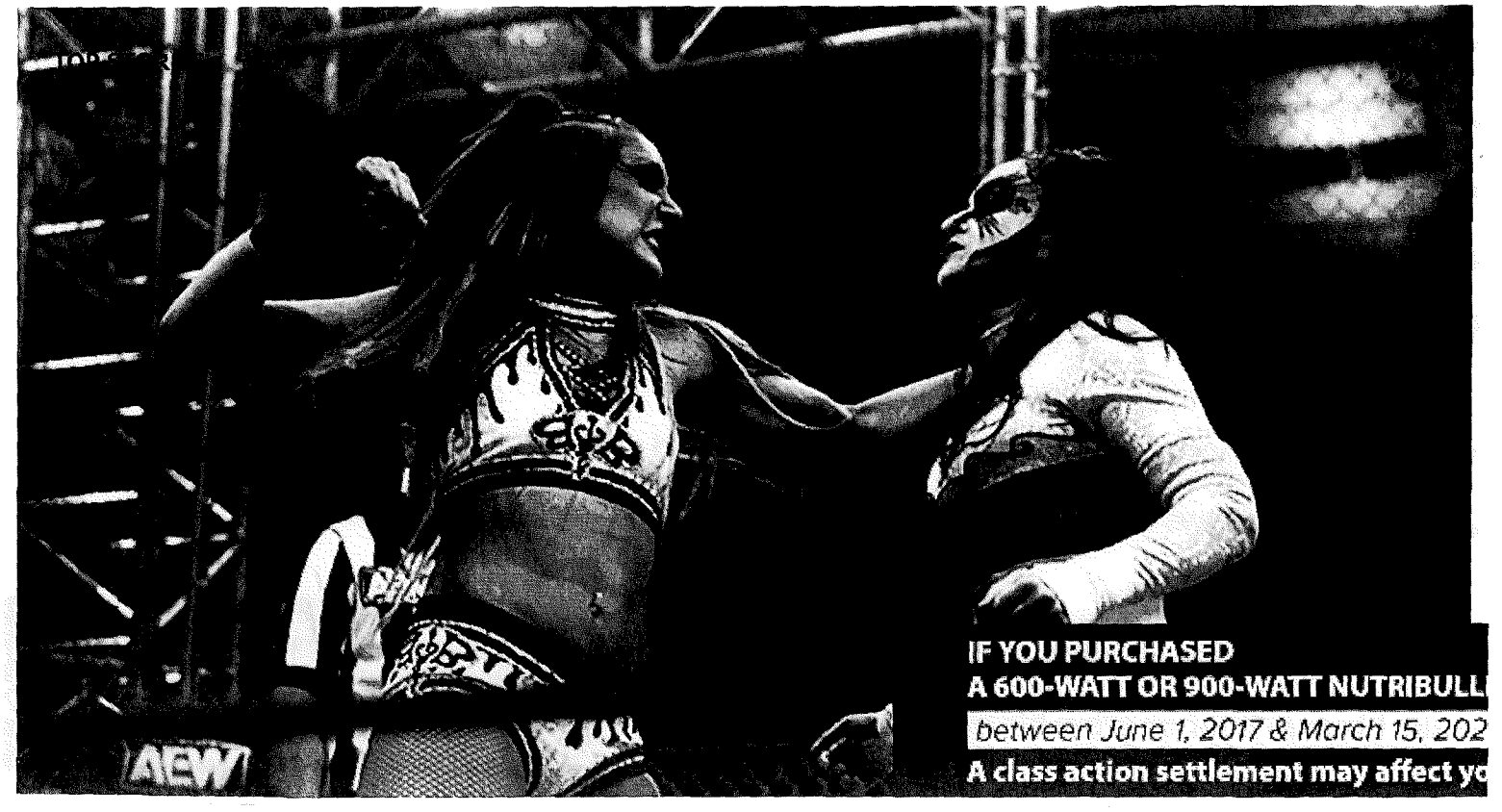


**TRENDING**

**Wilkinsburg officer strikes protester during demonstration against police brutality**

**The Last Cannabis Prisoner: "In my waning days of freedom, every second brings melancholic pain"**

**A guide to discounts at Pittsburgh-area medical marijuana dispensaries**



**PITTSBURGH-TRAINED BRITT BAKER CLEANS TEETH AND KICKS ASS AS ONLY DENTIST IN PRO WRESTLING**

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**Marijuana Policy Project names Pennsylvania one of 19 states with worst weed laws**
By Jordana Rosenfeld
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**Pennsylvania holds first-ever hearing on legalizing recreational weed**
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Feb 14, 2022

**Pa. lawmakers ready bipartisan home-grow bill for medical marijuana users**
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**Cali Sober heads east as Pittsburghers ditch booze for pot**
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April 20-26, 2022

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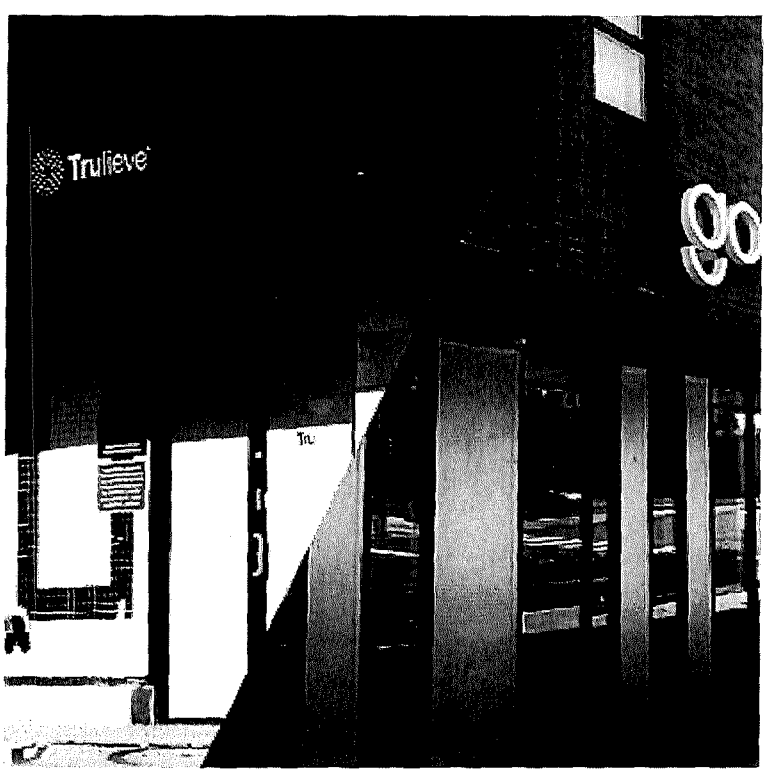


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# FAQs

## How Having a Criminal Conviction Can Affect Obtaining a Medical Cannabis Dispensary Agent License

1. **I am applying for the first time for a license to be a Medical Cannabis Dispensary Agent and I have a criminal conviction in my past. Can I still get a license?**

   Depending on the type and nature of the conviction, most likely yes if you are otherwise qualified. There are a few kinds of convictions that by law automatically bar an applicant from receiving a medical cannabis dispensary agent license. If you have one of these, your application cannot be approved. Most types of convictions, however, do not automatically prevent an applicant from obtaining a license. An applicant's convictions, along with other factors, may be considered by the Department in its decision whether to grant a license. We encourage you to apply and fully participate in the Department's review process.

2. **Which convictions are an automatic bar to receiving a medical cannabis dispensary agent license?**

   If you have been convicted of an "excluded offense" as defined under 410 ILCS 130/10(l) of The Compassionate Use of Medical Cannabis Program Act ("Act") your application by law cannot be approved and you will not receive a license:

   The Act defines an excluded offense as:

   (1) A violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or

   (2) A violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use.

   Section 3(c) of the Rights of Crime Victims and Witnesses Act (725 ILCS 20/3(c)) defines Violent Crime as: "any felony in which force or threat of force was used against the victim, or any offense involving sexual exploitation, sexual conduct or sexual penetration, or a violation of Section 11-20.1, 11-20.1B, or 11-20.3 of the Criminal Code of 1961 or the Criminal Code of 2012, domestic battery, violation of an order of protection, stalking, or any misdemeanor which results in death or great bodily harm to the victim or any violation of Section 9-3 of the Criminal Code of 1961 or the Criminal Code of 2012, or Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, if the violation resulted in personal injury or death, and includes any action committed by a juvenile that would be a violent crime if committed by an adult. For the purposes of this paragraph, "personal injury" shall include any Type A injury as indicated on the traffic accident report completed by a law enforcement officer that requires immediate professional attention in either a doctor's office or medical facility. A Type A injury shall include severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene."

3. **Where can I find the date of my conviction?** You must contact the courthouse in the place where the conviction occurred and request a certified copy. IDFPR is not permitted to provide a copy of your criminal history record to you.

4. **Which charges will the Department consider when determining whether an applicant qualifies for a medical cannabis dispensary agent license?**

   If you were charged with any criminal offense in any state or federal court, you must disclose on your application those charges however, your disclosure is not an automatic bar to obtaining a license.

   If the charges were dismissed, you are **NOT** required to disclose them on your application **unless** the charges were related to:
   - the possession, manufacture, or delivery of a controlled substance;
   - selling alcohol to a minor;
   - theft;
   - fraud;
   - dishonesty;
   - or any criminal offense that would be included as an "excluded offense" under 410 ILCS 130/10(l) of the Compassionate Use of Medical Cannabis Program Act ("Act").

5. **Which convictions will the Department not consider when determining whether an applicant qualifies for a medical cannabis dispensary agent license?**

   You are **NOT** required to notify the Department of these convictions:
   - Traffic offenses (except driving under the influence and reckless homicide)
   - Trespass (excluding felony trespass)
   - Vandalism
   - Convictions that have been expunged, sealed, vacated, or reversed by the court or a juvenile conviction/disposition.

6. **I have a juvenile conviction in my past, or an adult conviction that has since been expunged, sealed, vacated, or reversed by the court. Should I disclose these convictions to the Department?**

   No. Individuals applying for a Medical Cannabis Dispensary Agent license should not disclose to the Department any adult convictions that have been expunged, sealed, vacated, or reversed by the court, or any juvenile convictions/dispositions.

7. **I have a conviction in my past and have submitted my application. What can I expect next?**

   The Department may contact you to request additional information or request an informal conference to discuss your past conviction. If you have a conviction that qualifies for review under the law, you will receive a document called a "Notice of Intent to Deny Licensure." This document is the first step in the conviction review process. **This Notice**

**does NOT indicate that your application has been denied**, however, you must follow the instructions on the Notice for the Department to consider your criminal history. If you have an excluded offense, you will receive a Denial Letter and will not be issued a Medical Cannabis dispensary Agent License.

8. **I have a criminal conviction, what factors will the Department look at when considering whether my license should be issued?**
   The Department may consider, but is not limited to, the following factors: (i) the direct relation of the offense to the responsibilities of the license being sought; (ii) whether you have been subsequently convicted since the date of the conviction or your release from confinement; (iii) lack of prior misconduct in a licensed profession in this State or another state or jurisdiction; (iv) your age at the time of the offense; (v) if your conviction would prohibit you from such work through federal law; (vi) completion of sentence, parole, probation, etc.; (vii) your professional character; and (viii) evidence of rehabilitation.

9. **If I am denied a medical cannabis dispensary agent license, can I reapply for an Adult Use Cannabis Agent License?**
   Yes. Denial of a Medical Cannabis Dispensary Agent license does not bar an applicant from applying for an Adult Use Cannabis Agent License. An applicant shall follow the application process for an Adult Use Agent License which includes a criminal conviction review. "Excluded offenses" are not an automatic bar for Adult Use Cannabis Agent applicants.

10. **Who can I contact for more information?** You can contact the Department at 1(888) 473-4858 or visit our website https://www.idfpr.com/DPR.asp.

*DISCLAIMER: The above questions and answers are provided for general information only and may not be completely accurate in every circumstance, do not purport to be legal advice, and are not intended to be legally binding on the Department in a particular case. Questions involving interpretation of the law and your legal rights and obligations should be addressed to your lawyer.*

CERTIFICATIONS

# Delivery Methods

| Method | Advantages | Disadvantages |
|---|---|---|
| **Smoking** | • Effects felt within 10 min, which helps with accurate dosing<br>• Immediate relief compared to other methods<br>• Only lasts 2-3 hours- allows you to continue with your day<br>• Sacred time with the plant | • 88% of combusted smoke gasses inhaled contain non-cannabinoid elements<br>• Potential health risks- bronchitis, emphysema, periodontal disease, shortness of breath<br>• Might burn off medicinal value of cannabis<br>• Smoke can irritate lungs and throats<br>• Strong smell |
| **Vaporizing** | • Inhaling approx. 95% of the cannabinoids<br>• No negative effects as in smoking,<br>• More efficient- use less cannabis & get more medicinal value,<br>• Less harsh on throat/system, easier to clean, less smell, taste more of the flavors in the cannabis,<br>• Feel results within 10 min<br>• Effects last 2-3 hours, allowing you to continue with your day | • Need to purchase device to consume<br>• Good devices are expensive<br>• May not be the most discreet option due to the tools needed<br>• Not ideal for people with low lung capacity, shortness of breath, sensitive throats/lungs |
| **Edibles** | • Ideal for people who don't like the health risks associated with smoking or cannot have smoke/ vapor in their lungs<br>• No preparation needed, discreet<br>• No smell<br>• Long lasting effects about 6 hours providing intense full body experience,<br>• Helps with pain, muscle inflammation & spasms, nervous system disorder, insomnia, Crohn's, IBS | • Very challenging to determine ideal dose<br>• More concentrated number of cannabinoids which can lead to overconsumption,<br>• Effects can last up to 5-6 hours, limiting activity<br>• No clear labeling of what strains have been used in edible<br>• Most don't have expiration dates, but are food products and should be treated as such<br>• Storage- protecting from children and pets |

| | | |
|---|---|---|
| **Tinctures** | • Extremely accurate way of administering and dosing;<br>• Ideal for medicinal users, pets, kids and elderly<br>• Very discreet<br>• Feel results within 15-60 min.<br>• Easy delivery method that lasts 3-4 hours<br>• Entourage effect<br>• Great option for sensitive lungs, low lung capacity or shortness of breath | • Not strain specific<br>• Does not provide instant relief like smoking/vaporizing |
| **Oils & Capsules** | • Ideal for high tolerance or severe medical conditions<br>• Great for sensitive lungs<br>• Very discreet/ no smell<br>• Dosing is very precise<br>• Ideal elderly or children<br>• Effects felt for 6-12 hours for long lasting relief<br>• Ailments- cancer, HIV, arthritis, depression, migraines, chronic pain | • Expensive<br>• Can create a temporary bitter, burning unpleasant taste in mouth<br>• Must let it dissolve under tongue or it will take longer to feel effects and may lose medicinal value<br>• Can take up to 2 hours to feel effects- not for immediate relief |
| **Topicals** | • Little to no side effects/no psycho activity,<br>• Little to no smell, ideal for children to elderly<br>• Effects can be felt in minutes up to 2 hours<br>• Treats minor ailments: mild to short lasting inflammation, skin irritations, insects' bites menstrual cramps<br>• Will not show up on drug tests<br>• Helpful with conditions: arthritis, fibromyalgia, psoriasis, eczema, tendonitis | • Does not provide much relief for severe pain issues<br>• Only lasts for about 2 hours<br>• Can be greasy and/or smell like cannabis |
| **Transdermal Patches** | • Larger doses of cannabinoid therapy<br>• Ideal for life long symptoms: arthritis, chronic pain<br>• Ease of use/very discreet<br>• Cannabinoid travels thru skin into bloodstream<br>• effects felt in about 20 min and last for 12 hours, but do not as strong as edibles<br>• Accurate dosing | • Expensive<br>• Sensitive skin can be irritated by patch<br>• Not strain specific<br>• Harder to find in retail locations |

NORML

Working to Reform Marijuana Laws

# Marijuana Legalization and Impact on the Workplace

## Cannabis use is not positively associated with elevated rates of occupational accidents or injuries

"Legalizing medical marijuana was associated with a 19.5% reduction in the expected number of workplace fatalities among workers aged 25-44. ... The association between legalizing medical marijuana and workplace fatalities among workers aged 25-44 grew stronger over time. Five years after coming into effect, MMLs were associated with a 33.7% reduction in the expected number of workplace fatalities. MMLs that listed pain as a qualifying condition or allowed collective cultivation were associated with larger reductions in fatalities among workers aged 25-44 than those that did not. ... The results provide evidence that legalizing medical marijuana improved workplace safety for workers aged 25-44."
*Medical marijuana and workplace fatalities in the United States, International Journal of Drug Policy, 2018*

"There is no or insufficient evidence to support ... a statistical association between cannabis use and ... occupational accidents or injuries."
*The National Academies of Sciences, Engineering, and Medicine, 2017*

Employees who test positive for marijuana in workplace drug tests are no more likely to be involved in occupational accidents as compared to those who test negative. "This study fell short of finding an association between marijuana use and involvement of workplace accidents. ... This study cannot be taken as definitive evidence of absence of an association between marijuana and work related accidents but the findings are compelling."
*Marijuana use and workplace safety: An examination of urine drug tests, Journal of Addictive Diseases, 2014*

"[I]t is not clear that heavy cannabis users represent a meaningful job safety risk unless using before work or on the job; urine tests have poor validity and low sensitivity to detect employees who represent a safety risk; ... [and] urinalysis has not been shown to have a meaningful impact on job injury/accident rates."
*Testing for cannabis in the workplace: a review of the evidence, Addiction, 2010*

## Liberalized marijuana laws are associated greater labor participation, lower rates of absenteeism, and higher wages

"Utilizing the Current Population Survey, the study identifies that absences due to sickness decline following the legalization of medical marijuana. ... The results of this paper therefore suggest that medical marijuana legalization would decrease costs for employers as it has reduced self-reported absence from work due to illness/medical issues."
*The Effect of Medical Marijuana on Sickness Absence, Health Economics, 2016*

The enactment of medical marijuana laws is associated with a "9.4 percent increase in the probability of employment and a 4.6 percent to 4.9 percent increase in hours worked per week" among those over the age of 50. "Medical marijuana law implementation leads to increases in labor supply among older adult men and women."
*The impact of medical marijuana laws on the labor supply and health of older adults: Evidence from the Health and Retirement Study, NBER Working Paper No. 22688, 2016*

NORML

Working to Reform Marijuana Laws

# Marijuana Exposure and Cognitive Performance

## Cannabis exposure is not causally associated with either significant or residual detrimental effects on cognitive performance

"This pilot study assessed structural magnetic resonance imaging in older adults who were either current cannabis users (n = 28; mean age 69.8 years, 36% female) or nonusers (n = 28; mean age 66.8 years, 61% female). Recruitment targeted users who reported at least weekly use for at least the last year, although users had 23.55 years of regular cannabis use on average. ... No significant differences between groups were observed in performance on a brief computerized cognitive battery. These results suggest that cannabis use likely does not have a widespread impact on overall cortical volume while controlling for age."
*Preliminary results from a pilot study examining brain structure in older adult cannabis users and nonusers, Psychiatric Research: Neuroimaging, 2019*

This study "provides the first quantitative synthesis of the literature examining cannabis and cognitive functioning in adolescents and young adults (with a mean age of 26 years and younger). ... Sixty-nine studies of 2152 cannabis users and 6575 comparison participants with minimal cannabis exposure were included. ... Associations between cannabis use and cognitive functioning in cross-sectional studies of adolescents and young adults are small and may be of questionable clinical importance for most individuals. Furthermore, abstinence of longer than 72 hours diminishes cognitive deficits associated with cannabis use. ... [R]esults indicate that previous studies of cannabis in youth may have overstated the magnitude and persistence of cognitive deficits associated with use. Reported deficits may reflect residual effects from acute use or withdrawal."
*Association of cannabis with cognitive functioning in adolescents and young adults: A systematic review and meta-analysis, JAMA Psychiatry, 2018*

"This study tested whether adolescents who used cannabis or met criteria for cannabis dependence showed neuropsychological impairment prior to cannabis initiation and neuropsychological decline from before to after cannabis initiation. ... Participants were 1989 twins from the Environmental Risk (E-Risk) Longitudinal Twin Study, a nationally representative birth cohort of twins born in England and Wales from 1994 to 1995. ... Compared with adolescents who did not use cannabis, adolescents who used cannabis had lower IQ in childhood prior to cannabis initiation and lower IQ at age 18, but there was little evidence that cannabis use was associated with IQ decline from ages 12-18. ... Moreover, adolescents who used cannabis had poorer executive functions at age 18 than adolescents who did not use cannabis, but these associations were generally not apparent within twin pairs. ... [In] conclusion: Short-term cannabis use in adolescence does not appear to cause IQ decline or impair executive functions, even when cannabis use reaches the level of dependence. Family background factors explain why adolescent cannabis users perform worse on IQ and executive function tests."
*Associations between adolescent cannabis use and neuropsychological decline: A longitudinal co-twin control study, Addiction, 2018*

## Cannabis exposure, even among young people, is not associated with causal, long-term changes in brain morphology

"In this study, high-resolution T1-weighted MRIs were obtained from 781 youth aged 14-22 years who were studied as part of the Philadelphia Neurodevelopmental Cohort. This sample included 147 cannabis users (109 occasional [≤1-2 times per week] and 38 frequent [≥3 times per week] users)

and 634 cannabis non-users. Several structural neuroimaging measures were examined in whole brain analyses, including gray and white matter volumes, cortical thickness, and gray matter density. Established procedures for stringent quality control were conducted, and two automated neuroimaging software processing packages were used to ensure robustness of results. There were no significant differences by cannabis group in global or regional brain volumes, cortical thickness, or gray matter density, and no significant group by age interactions were found. Follow-up analyses indicated that values of structural neuroimaging measures by cannabis group were similar across regions, and any differences among groups were likely of a small magnitude. In sum, structural brain metrics were largely similar among adolescent and young adult cannabis users and non-users."
*Cannabis use in youth is associated with limited alterations in brain structure, Neurophyschopharmacology, 2019*

"In a large, multisite dataset of 120 controls and 141 cannabis users, we examined whether differences in key characteristics of the cortical surface -- including cortical thickness, surface area, and gyrification index were related to cannabis use characteristics, including (i) cannabis use vs. non-use, (ii) cannabis dependence vs. non-dependence vs. non-use, and (iii) early adolescent vs. late adolescent onset of cannabis use vs. non-use. Our results revealed that cortical morphology was not associated with cannabis use, dependence, or onset age. ... We additionally found no association between cortical surface area and gyrification index in relation to cannabis use. ... Our lack of finding in a well-powered study suggests that cortical surface morphology may be less associated with cannabis use than previously assumed."
*Cortical surface morphology in long-term cannabis users: A multi-site MRI study, European Neuropsychopharmacology, 2018*

## After adjusting for potential confounders, the cumulative use of cannabis -- even among young people -- is not associated with either a significant or long-term adverse impact on intelligence quotient

"In the largest longitudinal examination of marijuana use and IQ change, ... we find little evidence to suggest that adolescent marijuana use has a direct effect on intellectual decline. ... [T]he lack of a dose-response relationship, and an absence of meaningful differences between discordant siblings lead us to conclude that the deficits observed in marijuana users are attributable to confounding factors that influence both substance initiation and IQ rather than a neurotoxic effect of marijuana."
*Impact of adolescent marijuana use on intelligence: Results from two longitudinal twin studies, Proceedings of the National Academies of Sciences, 2016*

"We investigated associations between adolescent cannabis use and IQ and educational attainment in a sample of 2235 teenagers from the Avon Longitudinal Study of Parents and Children. ... After full adjustment, those who had used cannabis ≥50 times did not differ from never-users on either IQ or educational performance. ... These findings suggest that adolescent cannabis use is not associated with IQ or educational performance once adjustment is made for potential confounds, in particular adolescent cigarette use. Modest cannabis use in teenagers may have less cognitive impact than epidemiological surveys of older cohorts have previously suggested."
*Are IQ and educational outcomes in teenagers related to their cannabis use? A prospective cohort study, Journal of Psychopharmacology, 2016*

CERTIFICATIONS

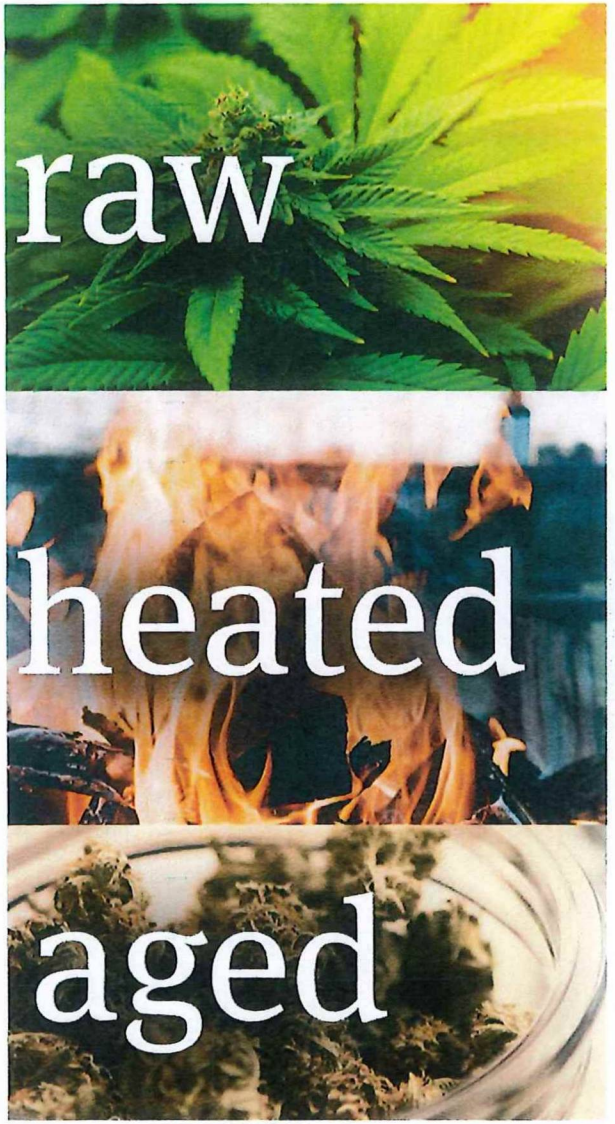
# Cannabis Myth to Fact Chart

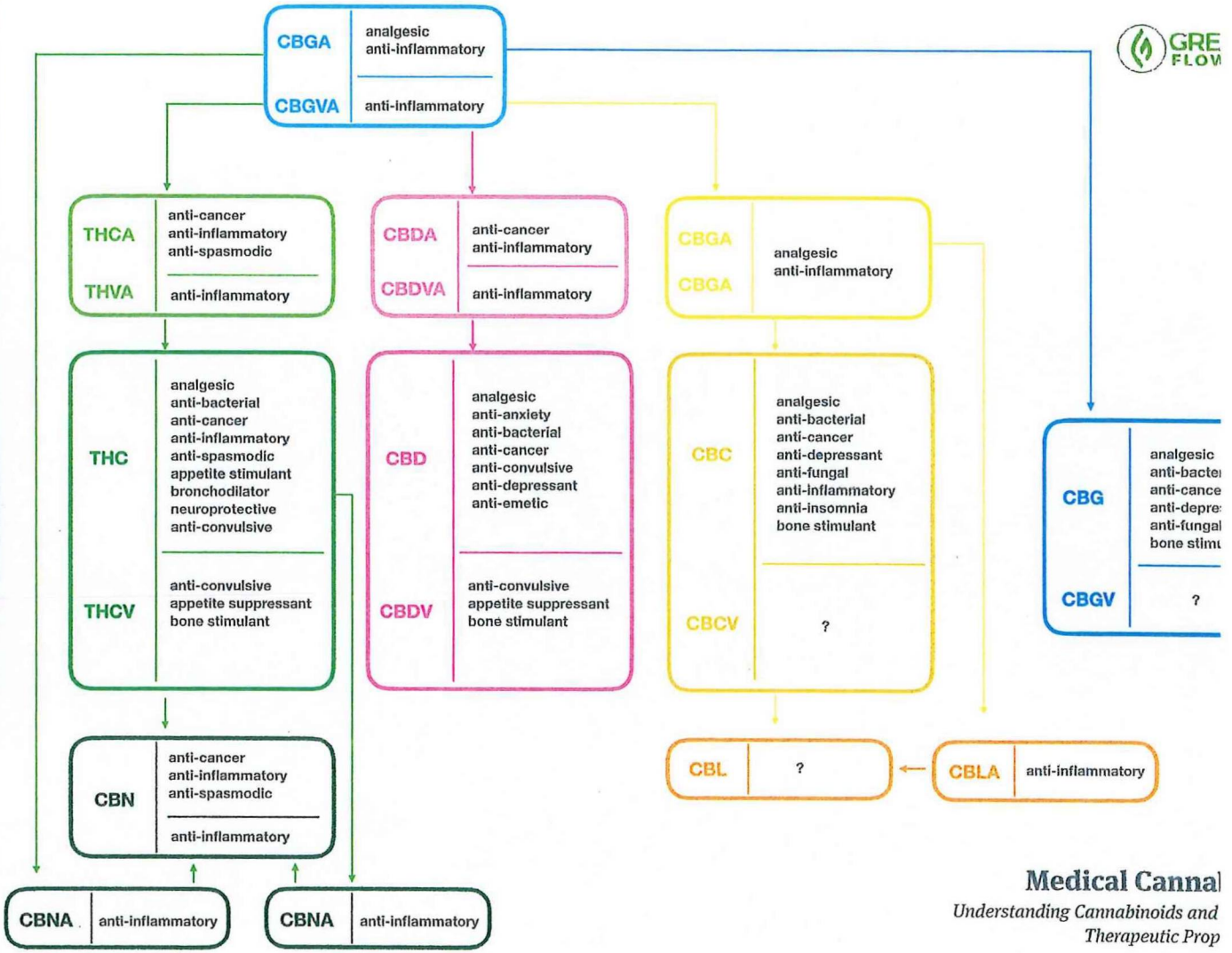
| Myth | Facts |
|---|---|
| Long term use of cannabis will give you a myriad of problems | According to the longitudinal study that Paul Armentano speaks about, of the nine different domains of health that were tracked only one had a correlation linked to long term cannabis use. That domain is periodontal health likely caused by dry mouth. |
| Consuming cannabis causes dependency | Within the context of substances that are known to possess some sort of dependence liability, cannabis is very low on that spectrum. About 9% of people are said to have dependence liability of cannabis. To put it in perspective, this is just higher than caffeine, which is at 7%. |
| You can lethally overdose on cannabis | No matter how much consumption of cannabis a person has taken, that person cannot lethally overdose. Cannabis is safer than most of the frontline conventional medications that it could replace. |
| Cannabis use can cause schizophrenia | People are born with schizophrenia. The use of cannabis is not going to cause a person who is not predisposed to have schizophrenia to have schizophrenia. |
| Cannabis use will make me gain weight | Although cannabis triggers appetite, largely being THC, it also triggers metabolism in a beneficial way. According to a dozen studies, largely observational case-controlled studies referred to by Paul Armentano, has shown that groups who used cannabis vs groups who did not actually, had better metabolic indicators than groups who did not use cannabis i.e. lower levels of cholesterol, less obese, lower levels of insulin resistance, and fewer biomarkers for type II diabetes. |
| Cannabis impairs memory | Cannabis can impact memory in the short term because the region in our brain that controls memory is the hippocampus and there are receptors there that are affected by compounds in the cannabis plant. We should avoid learning while under the influence of cannabis as it can affect our short memory. |
| Medical cannabis is a joke | More than one million registered cannabis patients have seen improvement in seizures, autism, cancer, chronic pain, muscle spasms, insomnia, anxiety, depression, and more with cannabis. Those are just the people in legal states who are registered. |
| Cannabis is a gateway drug | In contrast to the typical conception of a gateway drug, Dr. Jessica and Rachel Knox's experience has shown that cannabis may be a gateway medicine to other natural remedies and holistic lifestyles. For many cannabis users, this plant is just one of man natural tools they use to maximize their wellness and often avoid harder substances. |

# Job Aid -Terpene Chart

| Main Terpenes | Smell/Scent | Medicinal Properties |
|---|---|---|
| **Pinene** | Piney, fresh-green aroma | Antibiotic,anti-inflammatory, gastroprotective, bronchodilatory, memory-boosting<br>Used to treat respiratory ailments, eczema, arthritis, parasitic infections |
| **Myrcene** | Fresh, herbaceous, resinous, slightly metallic aroma | Analgesic, anti-tumor, sedative, anti-inflammatory<br>May treat muscle spasms. May improve symptoms of psychosis. |
| **Limonene** | Strong, orange-lemon aroma | Antimicrobial,antifungal, anti-tumor, anti-inflammatory<br>Dissolves cholesterol. Has been used to treat gallstones. |
| **Caryophyllene** | Spicy, woody aroma | Anti-inflammatory, analgesic, neuroprotective, antidepressant, anti-anxiety, arthritis, anti-tumor, antibacterial, antifungal<br>May treat gastrointestinal problems. May treat atypical dermatitis. |
| **Main Terpenoids** | **Smell/Scent** | **Medicinal Properties** |
| **Linalool** | Floral, spicy aroma | Anti-anxiety, sedative, relaxant, anti-seizure. |
| **Borneol** | Pungent, camphor-like aroma | Antimicrobial, antioxidant. Possible treatment for hypertension (high blood pressure). |
| **Eucalyptol** | Pleasant camphor-like aroma | Anti-inflammatory, analgesic, anti-leukemia; inhibits cytokine production, has properties related to mucus production and respiration.<br>Used to treat asthma, mucosal hypersecretions, nonpurulent rhinosinusitis. |
| **Citral** | Strong lemon aroma | Antioxidant, possible anti-cancer effects.<br>Possible anti-cancer effects. |
| **Geraniol** | Floral, sweet, fruity aroma | Antioxidant, possible anti-cancer effects.<br>Possible anti-cancer effects. |
| **Guaiol** | Floral, woody, rose-like aroma | Antimicrobial, anti-inflammatory<br>Kills dust mites and allergens. |

GREEN FLOWER




**Medical Canna**

*Understanding Cannabinoids and Therapeutic Prop*

Vaporization Temperature Guide

# CANNABINOIDS

## THC (Δ9-Tetrahydrocannabinol)

- Boiling point: 315 °F (157 °C)
- Euphoriant
- Pain Relief
- Anti-inflammatory
- Antioxidant
- Antiemetic
- Psychoactive
- Induces Appetite
- Helps tumors, nausea and ADHD

## CBD (Cannabidiol)

- Boiling point: 356 °F (180 °C)
- Non-psychoactive
- Anti-inflammatory
- Pain Relief
- Helps seizure disorders such as MS and Epilepsy
- Helps lower blood sugar for diabetes
- Reduces Tumors
- Antioxidant
- Helps reduce anxiety and stress
- Can help reduce the effects of THC
- Can decrease appetite

## CBN (Cannabinol)

- Boiling point: 365 °F (185 °C)
- Most Sedative
- Antibiotic
- Mildly psychoactive
- Helps Insomnia, nausea, convulsions, glaucoma

## CBC (Cannabichromene)

- Boiling point: 428 °F (220 °C)
- Stimulates bone growth
- Antibiotic
- Antifungal
- Anti-inflammatory
- Non psychoactive
- Helps with Tumors, pain relief, fevers

## CBG (Cannabigerol)

- Boiling point: 125.6 °F (052 °C)
- Anti-inflammatory
- Antibiotic
- Antifungal
- Non Psychoactive
- Helps with Tumors and Insomnia
- Stimulates new brain cell growth and bone growth

## THCV (Tetrahydrocannabivarin)

- Boiling point: 428 °F (220 °C)
- Pain Relief
- Anti-diabetic
- Euphoriant
- Psychoactive
- Stimulates Bone Growth
- Suppresses Appetite
- Helps with PTSD, Anxiety and Stress
- Reduces tremors with Parkinson's and possibly other neurological disorders

## THC-A (Δ1-Tetrahydrocannabinolic Acid)

- Boiling point: 220 °F (105 °C)
- Non Psychoactive
- Anti-inflammatory
- Increases Appetite
- Helps with Tumors, Insomnia, Spasms and Seizures

## CBD-A (Cannabidiolic Acid)

- Boiling point: 248 °F (120 °C)
- Anti-Inflammatory
- Helps with Tumors

# TERPENES

**PINENE:** (Pine scent found in pine needles, conifer trees, rosemary, basil, parsley, and dill)

- Boiling point: 311 °F (155 °C)
- Anti-Inflammatory
- Antibiotic
- Helps Asthma

**B-CARYOPHYLLENE:** (Spicy, woody taste found in Thai basil, cloves and black pepper)

- Boiling point: 320 °F (160 °C)
- Anti-Septic
- Anti-Bacterial
- Anti-Fungal
- Anti-Inflammatory
- Helps with Tumors and Ulcers

**LINALOOL:** (Floral smell can be found in lavender, citrus, coriander and rosewood.

- Boiling point: 338 °F (198 °C)
- Has Anti-Cancer effects
- Anti Depressant
- Anti-Psychotic
- Helps with Sleep, Seizures, Anxiety and Pain

**D-LIMONENE:** (Bitter Citrus Scent found fruit rinds, rosemary, juniper, and peppermint.)

- Boiling point: 349 °F (176 °C)
- Anti-cancer
- Anti-Bacterial
- Anti-Fungal
- Anti Depressant
- Stimulates the Immune system
- Helps treat gastric reflux, tumors and anxiety

**B-MYRCENE:** (found in mango, hops, bay leaves, lemongrass, and eucalyptus)

- Boiling point: 334 °F (168 °C)
- Anti-Inflammatory
- Antibiotic
- Creates a greater psychoactive effect
- Brings on the effects of cannabis quicker
- Helps with Tumors, Pain, Insomnia and Spasms

**HUMULENE:** (found in hops and Vietnamese coriander

- Boiling point: 388 °F (198 °C)
- Anti-Bacterial
- Anti-Inflammatory
- Helps with Tumors
- Suppresses Appetite

# OTHER HERBS YOU CAN VAPORIZE FOR MEDICINAL VALUE

**Eucalyptus 266°F (130°C)** Has antibacterial effects, helps treat colds and flus and provides relaxation.

**Hops 309°F (154°C)** Has relaxing and euphoric effects that make it a great one to pair with your cannabis. This can also lessen the amount of cannabis you need as it has similar effects.

**Chamomile 374°F (190°C)** Provides stress release, helps treat headaches, relieve symptoms of stress and depression, helps stomach relax, mouth ulcers and calming effects.

**Lavender 266°F (130°C)** Can help relieve muscle spasms and headaches, can work as an antidepressant, antiseptic and antibacterial, it helps stimulate blood flow.

**Lemon balm 288°F (142°C)** Helps with blood circulation and headache relief, it relaxes the nervous system which can help with sleep and has a minty citrus flavor.

**Sage 374°F (190°C)** Has antiseptic and estrogenic effects that help treat the symptoms of a cold like sore throats.

**Thyme 374°F (190°C)** Thyme has a great taste and similar effects to THC, so if you add this to your cannabis you can often lessen the amount of cannabis that you need. It also can help relieve hypertensive conditions and gastric complaints and will give you an energetic buzz.

**Basil 266°F (130°C)** Helps settle stomach ailments, constipation, menstrual symptoms, colds and coughs, is relaxing and uplifting. If you are pregnant you should avoid using basil.

**Peppermint 331°F/166°C** Helps alleviate allergic reactions or asthma problems. Helps treat depression, relief from menstrual symptoms, and can be an aphrodisiac.

**Passion Flower 309°F/154°C** Works as an anti-inflammatory, can help treat high blood pressure, anxiety, insomnia, convulsions and epilepsy as it works as a natural sedative.

# Patients Need Access to Medical Cannabis Flower



Of the 36 states that have effective medical marijuana laws, only two restrict patients to pills, oils, and other products derived from cannabis, but do not permit the actual raw flower itself.[1] Six additional states briefly banned flower, but reversed course.[2] Prohibiting flower drives up prices and deprives patients of the medicine that works best for them.

**Research has shown whole-plant marijuana to be an effective treatment.**

Dozens of studies demonstrate the medical benefits of whole-plant, flower cannabis in its natural form. In contrast, oils and liquids available under more limited programs have not been tested. There is no good reason to deny an incredibly sick individual access to a product that has been studied and proven to alleviate a variety of medical conditions.

**Whole-plant marijuana has an "entourage effect."**

As reported by CNN's Dr. Sanjay Gupta, marijuana contains more than 480 natural components, including cannabinoids and terpenes. "[A]ll these components of the cannabis plant likely exert some therapeutic effect, more than any single compound alone. ... Unlike other drugs that may work well as single compounds, synthesized in a lab, cannabis may offer its most profound benefit as a whole plant, if we let the entourage effect flower."[3]

While some of these components have been isolated, like CBD and THC, many others have not. Israeli researcher Raphael Mechoulam and his colleagues believe using whole-plant marijuana allows all of the components found in marijuana to work together, resulting in a greater therapeutic effect than any single compound accomplishes on its own. Most liquid cannabis does not contain the terpenes

who are of limited means (due to being "working poor," the disease leaving them unable to work, or medical bankruptcy from the costs of their or their child's illness). These people will not be able to afford either the processed product or the devices for using it and will be forced either to go to the black market and risk being arrested or to suffer needlessly.

**Robin Schneider, medical marijuana patient and executive director of the National Patients Rights Association, explains:**

Allowing medical marijuana patients to access and use whole-plant marijuana, in addition to pills and oils derived from the plant, is a key component to workable medical marijuana laws. Raw marijuana flowers do not need to be produced into oils or liquids in order to be therapeutic. In fact, consuming raw or juiced fresh marijuana flowers is an incredibly effective way for patients to introduce THC-A, a precursor to THC that has anti-inflammatory and neuroprotective effects, into their bodies. THC-A degrades and loses its benefits if it is frozen or stored too long, so oils and liquids can be far less effective at delivering this important cannabinoid. For patients who need immediate relief, vaporizing whole-plant marijuana allows them to more easily control their dosage than vaporizing oils derived from marijuana doses. This allows patients to consume enough medical marijuana to relieve their symptoms without becoming intoxicated.

[1] Those states are Louisiana and Alabama. The Louisiana House of Representatives overwhelmingly passed a bill to allow flower cannabis in Spring of 2021, and as of May 27, 2021, it is pending on the Senate floor. Alabama's law passed in Spring of 2021, and it has not been implemented yet. In addition, a large number of states have CBD/ low-THC/ or hemp laws that allow CBD or low-THC cannabis products. MPP does not consider states with low-THC laws to have "effective" or "comprehensive" medical cannabis laws.

[2] Florida, Minnesota, New York, Pennsylvania, Virginia, and West Virginia all banned flower initially but reversed course.

[3] http://www.cnn.com/2014/03/11/health/gupta-marijuana-entourage/index.html (http://www.cnn.com/2014/03/11/health/gupta-marijuana-entourage/index.html)

[4] "Assessing New York's Medical Marijuana Program: Problems of Patient Access and Affordability," Drug Policy Alliance. (Seventy-seven percent of patients and caregivers who bought cannabis from a dispensary said they couldn't afford the monthly costs; 79% reported monthly costs of $300 or more.)

[5] "Ryan Faircloth, "Patients can't afford it. Can Minnesota fix the medical marijuana market?," *Pioneer Press*, March 10, 2019.

[6] Maria Clark, "High cost of medical marijuana limits access for Louisiana patients," *The Daily Advertiser*, November 4, 2019.

*Last updated: May 27, 2021*

## Download Attachments

Patients Need Access to Whole Plant Medical Cannabis.pdf (/assets/components/fileattach/connector.php?action=web/download&ctx=web&fid=QYV7ZLNOskghO6suCbxpyKWiuie8Dwem) **484**

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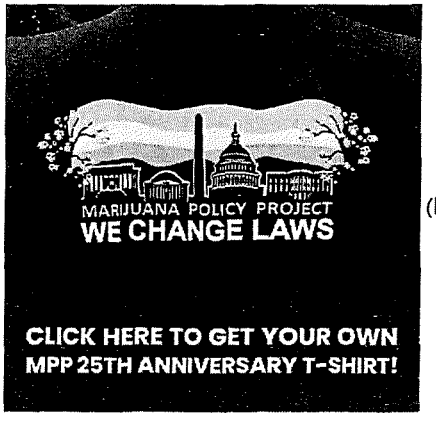

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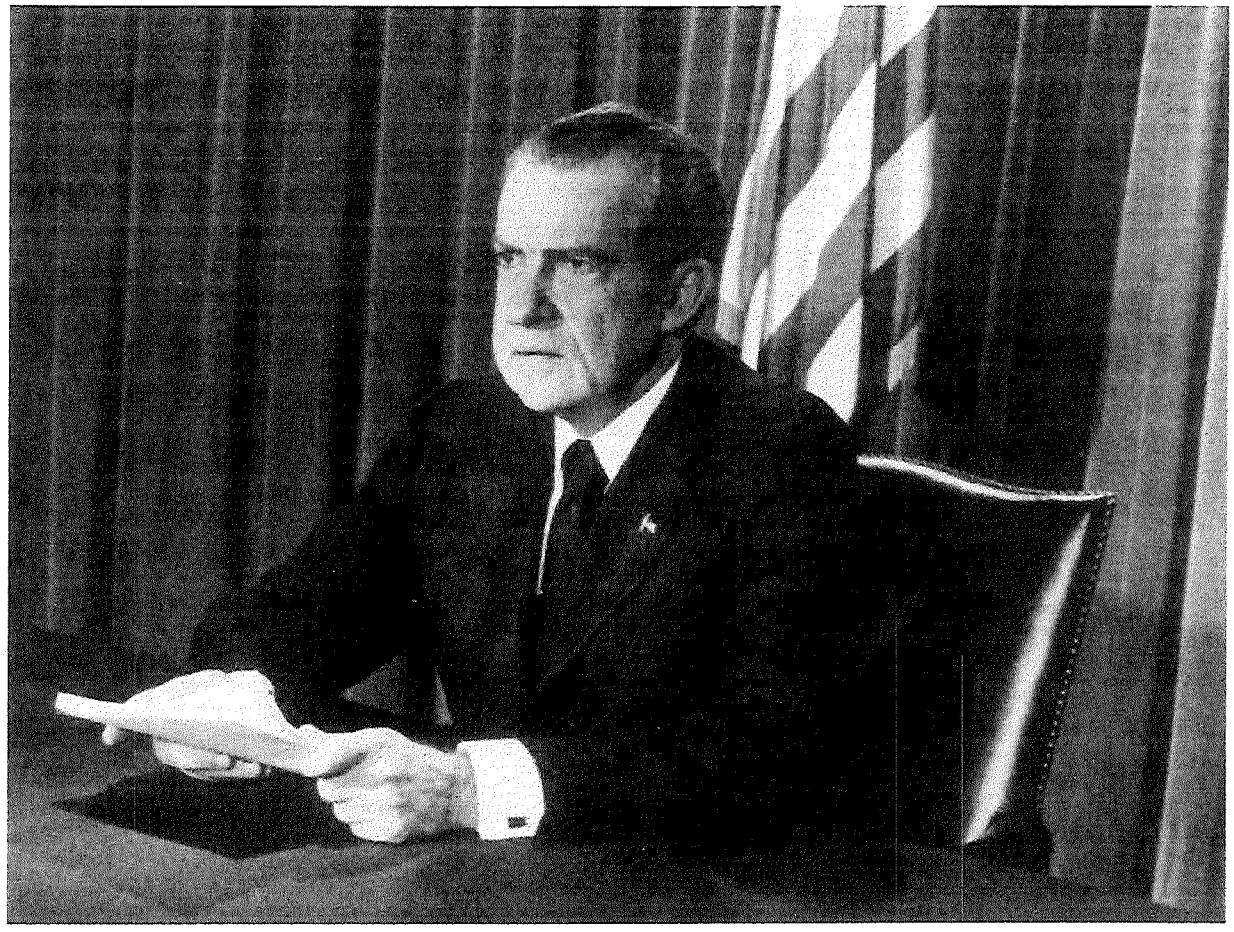
# Nixon official: real reason for the drug war was to criminalize black people and hippies

By German Lopez on March 23, 2016 6:05 pm



President Richard Nixon gives a nationally televised address. | Hulton Archive via Getty Images

The **war on drugs**: Is it a genuine public health crusade or an attempt to carry out what author Michelle Alexander characterizes as **"the New Jim Crow"**?

A new **report** by Dan Baum for Harper's Magazine suggests the latter. Specifically, Baum refers to a quote from John Ehrlichman, who served as **domestic policy chief** for President Richard Nixon when the administration **declared** its war on drugs in 1971. According to Baum, Ehrlichman said in 1994 that the drug war was a ploy to undermine Nixon's political opposition — meaning, black people and critics of the Vietnam War:

> At the time, I was writing a book about the politics of drug prohibition. I started to ask Ehrlichman a series of earnest, wonky questions that he impatiently waved away. "You want to know what this was really all about?" he asked with the bluntness of a man who, after public disgrace and a stretch in federal prison, had little left to protect. "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

This is an incredibly blunt, shocking response — one with troubling implications for the 45-year-old war on drugs.

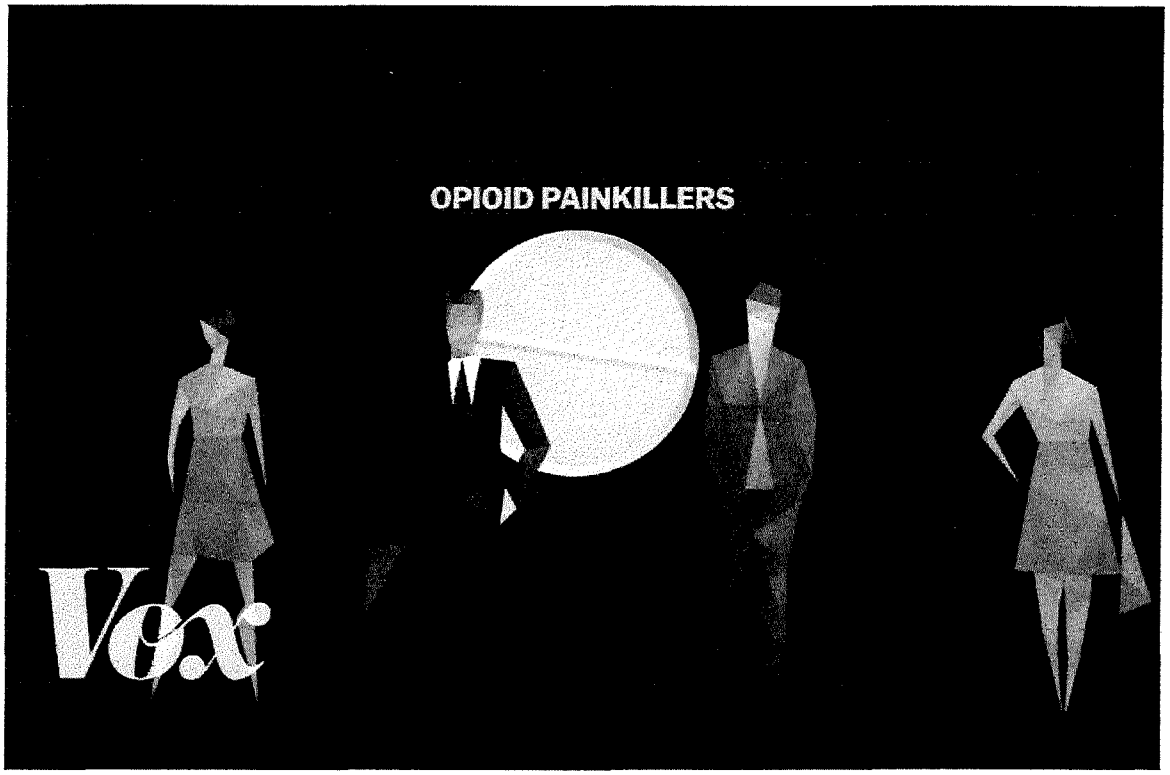
It's possible Ehrlichman wasn't being honest, given that he **reportedly felt** bitter and betrayed by Nixon after he spent time in prison over the **Watergate scandal.** Nixon also **very much despised** drugs, which likely played a role in his policies beyond political goals. And his drug czar, Jerome Jaffe, **strongly pushed** for treating drugs as a health issue, not solely a criminal matter as Ehrlichman suggested.

But the claim of racial prejudice is not implausible. Although black Americans aren't more likely to **use** or **sell** drugs, they're much more likely to be **arrested** for them. And when black people are convicted of drug charges, they generally face longer prison sentences for the same crimes, according to a 2012 **report** from the US Sentencing Commission.

Joe Posner/Vox

Ehrlichman claimed this was a goal of the drug war, not an unintended consequence. And Baum cites this as one of many reasons to end the drug war once and for all.

## Ending the war on drugs doesn't have to be a binary choice between prohibition and legalization




Baum's **argument**: Drug prohibition began with poor intentions, it has contributed to terrible consequences (racial disparities in the justice system and drug-fueled violence around the world), and it has failed to significantly curtail drug abuse and trafficking. So we should try a new approach — and legalize and regulate drugs.

But in doing this, Baum glosses over a few options. Even if it's true that the drug war was launched on faulty reasons, that doesn't mean it hasn't led to some benefits. And even if those benefits aren't worth the costs of the current model of prohibition, there are alternatives to pulling back drug prohibition besides legalization.

As I've **written before**, the drug war does likely prevent some drug use: One **study** by Jon Caulkins, a drug policy expert at Carnegie Mellon University, suggested that prohibition multiplies the price of hard drugs like cocaine by as much as 10 times. And illicit drugs obviously aren't available through easy means — one can't just walk into a CVS and buy heroin. So the drug war is likely stopping some drug use: Caulkins estimates that legalization could lead hard drug abuse to triple, although he told me it could go much higher.

## *THERE ARE ALTERNATIVES TO PULLING BACK DRUG PROHIBITION BESIDES LEGALIZATION*

America's latest drug epidemic provides **some evidence** for Caulkins's claims. In the past couple decades, doctors loosened access to very addictive and potentially deadly opioid painkillers. Painkiller abuse **exploded**, leading not just to more overdose deaths but to people trying other opioids, such as heroin, and overdosing on those as well. So more access led to more abuse and deaths.

Does this mean the war on drugs, as it's currently fought, is worth it? Not necessarily. It's a matter of weighing the pros and cons of the current model of drug prohibition.

So maybe the drug war reduces drug use. But it also enables and reinforces the justice system's biases against minority Americans. And it perpetuates a black market for drugs that fuels violence in the US and around the world, particularly in **Mexico**.

Richard Ellis/Getty Images

But there are options to draw down the war on drugs without legalization. The US could decriminalize — remove jail time and other criminal penalties for personal possession but not sales — and emphasize prevention and treatment, as Portugal has done. It could allow **supervised injection sites** for heroin users to provide a safe place to use the drug, as Canada, Switzerland, and several others have done. It could allow for the medical use of some drugs, such as psychedelics, as **some researchers** have pushed for. These are steps countries and states could take without legalizing drugs.

Baum does, however, acknowledge that even if a country does legalize, there are various ways to do it. Governments could spend much, much more on prevention and treatment programs alongside legalization to deal with a potential wave of new drug users. They could require and regulate licenses to buy drugs, as **some states** do with guns. Or they could ban private, for-profit sales of drugs, limiting greedy companies' abilities to market and sell the drugs no matter the consequence (as tobacco companies have done to get Americans hooked on cigarettes — to **still very deadly effects**).

None of these policies would wholly eliminate drug abuse, drug deaths, or drug-related violence and crime. But drug policy is often about picking the best out of the available bad options, rather than picking the perfect solution.

Still, there are far more options than prohibition and legalization, and different drugs with all sorts of different risks **likely merit** different policies. But it's going to be very difficult to get to the right balance of policies if the debate is framed as deciding between *only* legalization and prohibition.

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# Shafer Commission Report on Marijuana and Drugs, Issued ~~40~~ 45 Years Ago Today, Was Ahead of its Time

50

**Eric Sterling,** *Contributor*
Executive Director, Criminal Justice Policy Foundation

03/21/2013 03:53 PM ET | Updated May 21, 2013

Forty years ago on March 22, 1973, the National Commission on Marijuana and Drug Abuse* said in its final report:

"A coherent social policy requires a fundamental alteration of social attitudes toward drug use, and a willingness to embark on new courses when previous actions have failed."



Social attitudes toward marijuana use seem to be fundamentally altered from the 1970s and 1980s with substantial majorities voting last fall to

routinely.

But the controversial but foresighted recommendation of the Commission in 1972 to decriminalize marijuana overshadowed the later, more comprehensive, 480-page final report, *Drug Use in America: Problem in Perspective*, issued 40 years ago today. That final report, which addressed broader drug issues was called "a sound battle plan for a more intelligent attack on this nation's drug scourge" by the editors of the *New York Times*. Looking at policy changes in Europe and Latin America, it is clear that many other countries have had a greater willingness to abandon failed policies than we have.

With the perspective of forty years, the final report was remarkably wise, balanced and should be widely-read today. It even predicted the failure of drug policy that has afflicted the nation since President Nixon declared a "war on drugs" in 1971.

The Commission warned in 1973 that with

> *the emotionalism surrounding the topic of drugs, all levels of government have been pressured into action with little time for planning. The political pressures involved in this governmental effort have resulted in a concentration ...on the most immediate aspects of drug use and a reaction along the paths of least political resistance ... the creation of ever larger bureaucracies, ever increasing expenditures of monies, and an outpouring of publicity so that the public will know that 'something' is being done. (Emphasis added)*

This is an almost perfect description of how I saw Congress behave during the nine years I was counsel to the House Judiciary Committee, especially in

to hundreds of thousands of long mandatory minimum drug sentences, a swelling of the federal prison population from 36,000 then to over 218,000 now, and a shocking racial disparity in federal drug enforcement.





The Commission's critical observation that,

> *Perhaps the major consequence [of anti-drug legislating]...has been the creation, at the federal, state and community levels, of a vested interest in the perpetuation of the problem among those dispensing and receiving funds,*

is true today. Dominant among the opponents of change who testify before legislative panels are the recipients of public funds - police chiefs, prosecutors, and drug abuse experts funded by government contracts and grants.

The Commission saw that a key flaw in our policy was that it defines the problem singularly as "drug use," and not the specific behaviors resulting from certain kinds of drug use. For generations, federal and state policy makers have ignored the important distinctions among different kinds of

Another key observation of the Commission is that many of the risks of drug use are the result of drug policy rather than from the drugs themselves.

> *The Commission believes that the contemporary American drug problem has emerged in part from our institutional response to drug use...We have failed to weave policy into the fabric of social institutions.*

We see this failure play out most clearly in families and schools. Consider that for almost forty years, roughly half of America's high school graduates have tried marijuana at least once. Yet this drug use takes place outside honest conversation between young people and their parents, teachers, coaches, etc. (many of whom probably used marijuana in high school or college). Drug policy has prevented the creation of a vocabulary for honest, non-emotional conversations with teenagers about use of marijuana and other drugs.

The "institutional response" prevents teachers and counselors from listening to students discuss their drug use, or speaking to them in balanced terms about the scientific, medical or social aspects of drug use without being accused of "condoning" drug use. Young people are denied accurate information from the authorities they otherwise trust. No wonder teenage drug use remains widespread and their behavior so often seems stupid and based on ignorance. Teenagers want to know the facts, but they know they won't get them at school and rarely at home.



The Commission presciently warned,

> *Unless present policy is redirected, we will perpetuate the same problems, tolerate*

*a more rational legal and social approach*
*than we were in 1914.*

We didn't redirect policy, but the problem is hardly the same - it is much worse! Drug overdose death rates are more than three times greater than they were when President Reagan kicked off *his* war on drugs in 1982. Hundreds of thousands of people have been killed in prohibition-related violence in the U.S., Mexico, Colombia, Jamaica, Central America, Africa and Asia. Hundreds of thousands of people have died worldwide from HIV/AIDS from needle sharing due to their inability to get sterile syringes as a result of the "institutional response."

Reviewing the institutional responses to the serial popularity of cocaine, crack, ecstasy, methamphetamine, Oxycontin, Salvia, synthetic cannabinoids, bath salts, etc., the agencies with vested political and budgetary interests have focused on each drug in turn and its terrible consequences. They have never sought to understand those who use these drugs and why, or how to best meet their needs for accurate information and the services to protect themselves. The laws they enacted were never designed to protect the health and safety of drug users, but instead to "crack down" on them. They never analyzed the economics of the criminal drug trade to understand how to control those markets but always adopted policies that made dangerous drugs more profitable to the criminals who sold them. These have been the emotional and political responses of "the vested interests" the Commission foresaw as doomed to fail.

*members of the Commission were appointed by President Richard Nixon. The other four members of the Commission were Senators and Members of Congress appointed by the Congressional leadership, for a total of 13 members. It employed a staff of 76. It commissioned numerous reports and technical papers, totaling over 3700 pages, published in four volumes of appendices.*



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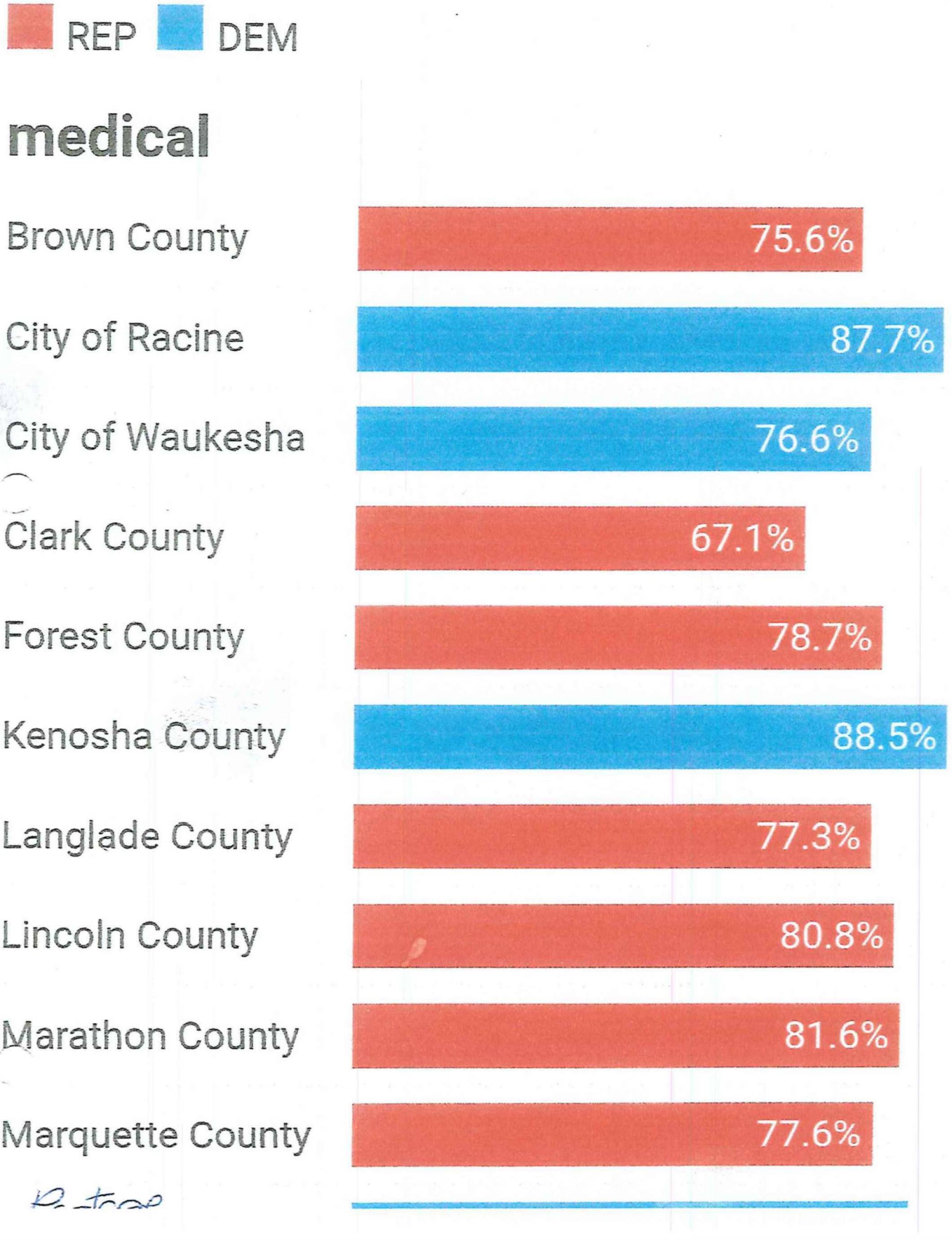
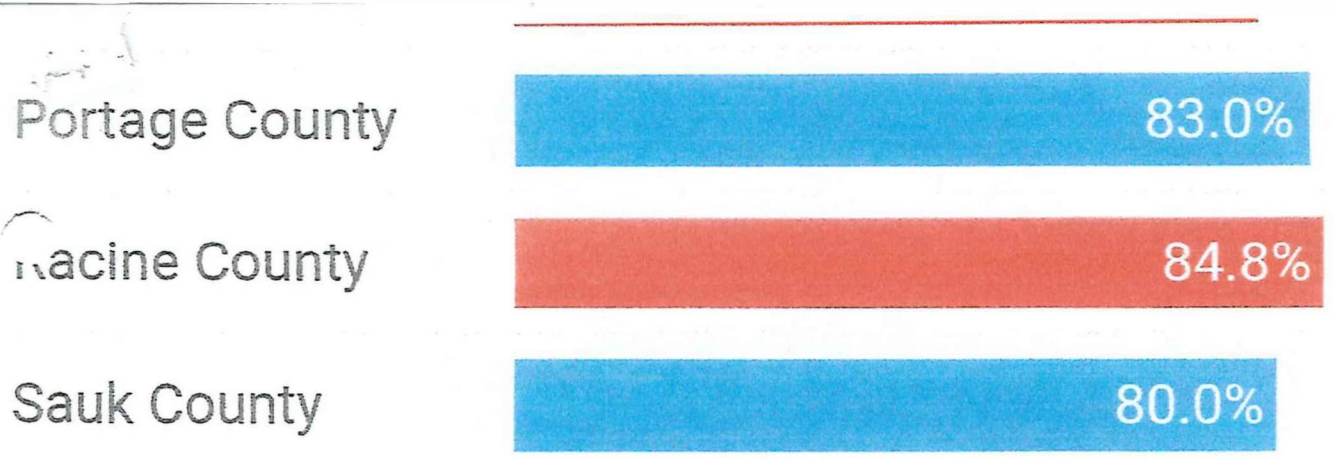
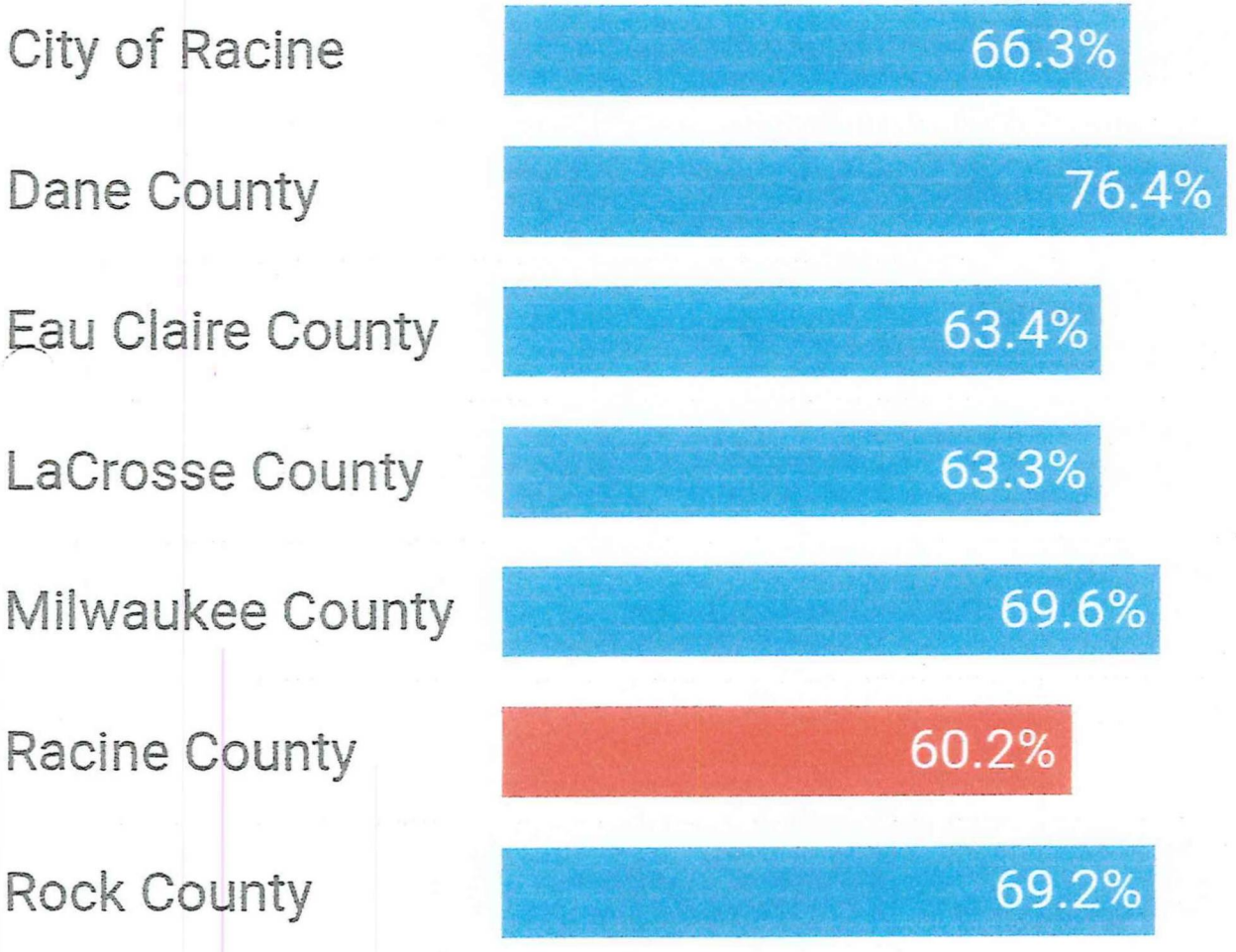





## recreational




*Exact wording of questions varied; color indicates voter preference in governor's race*

Chart: Chris Hubbuch • Source: Wisconsin State Journal

be multiplied upon the earth. 23 And the evening and morning were the fifth day.

*Creation of animals*

24 And God said: Let the earth bring forth the living creature in its kind, cattle and creeping things, and beasts of the earth, according to their kinds. And it was so done. 25 And God made the beasts of the earth according to their kinds, and cattle, and every thing that creepeth on the earth after its kind. And God saw that it was good.

*Creation of man*

26 And he said: Let us make man to our image and likeness; and let him have dominion over the fishes of the sea, and the fowls of the air, and the beasts, and the whole earth, and every creeping creature that moveth upon the earth. 27 And God created man to his own image; to the image of God he created him. Male and female he created them. 28 And God blessed them, saying: Increase and multiply, and fill the earth, and subdue it, and rule over the fishes of the sea, and the fowls of the air, and all living creatures that move upon the earth. 29 And God said: Behold I have given you every herb bearing seed upon the earth, and all trees that have in themselves seed of their own kind, to be your meat. 30 And to all beasts of the earth, and to every fowl of the air, and to all that move upon the earth, and wherein there is life, that they may have to feed upon. And it was so done. 31 And God saw all the things that he had made, and they were very good. And the evening and morning were the sixth day.

## CHAPTER 2

*The first Sabbath*

SO the heavens and the earth were finished, and all the furniture of them. 2 And on the seventh day God ended his work which he had made: and he rested on the seventh day from all his work which he had done. 3 And he blessed the seventh day, and sanctified it: because in it he had rested from all his work which God created and made.

*History of man*

4 These are the generations of the heaven and the earth, when they were created, in the day that the Lord God made the heaven and the earth, 5 and every plant of the field before it sprung up in the earth, and every herb of the ground before it grew: for the Lord God had not rained upon the earth and there was not a man to till the earth. 6 But a spring rose out of the earth, watering all the surface of the earth. 7 And the Lord God formed man of the slime of the earth and breathed into his face the breath of life, and man became a living soul.

*The Garden of Eden*

8 And the Lord God had planted a paradise of pleasure from the beginning: wherein he placed man whom he had formed. 9 And the Lord God brought forth of the ground all manner of trees, fair to behold, and pleasant to eat of: the tree of life also in the midst of paradise and the tree of knowledge of good and evil. 10 And a river went out of the place of pleasure to water paradise, which from thence is divided into four heads. 11 The name of the one is Phison: that is it which compasseth all the land of Hevilath, where gold groweth. 12 And the gold of that land is very good: there is found bdellium, and the onyx stone. 13 And the name of the second river is Gehon: the same is it that compasseth all the land of Ethiopia. 14 And the name of the third river is Tigris: the same passeth along by the Assyrians. And the fourth river is Euphrates.

*God puts man in the Garden of Eden*

15 And the Lord God took man, and put him into the paradise of pleasure, to dress it, and to keep it. 16 And he commanded him, saying: Of every tree of paradise thou shalt eat, 17 but of the tree of knowledge of good and evil, thou shalt not eat. For in what day soever thou shalt eat of it, thou shalt die the death.

*Creation of woman*

18 And the Lord God said: It is not good for man to be alone: let us make him a help like unto himself. 19 And the Lord God having formed out of the ground all the beasts of the earth, and all the fowls of the air, brought them to Adam to see what he would call them: for whatsoever Adam called any living creature the same is its name. 20 And Adam called all the beasts by their names, and all the fowls of the air, and all the cattle of the field: but for Adam there was not found a helper like himself. 21 Then the Lord God cast a deep

Ver. 26. *Let us make man to our image.* Man is like God, because his soul is endowed with understanding and free will.



upon Adam: and when he was fast asleep, he took one of his ribs, and filled up flesh for it. 22 And the Lord God built the rib which he took from Adam into a woman: and brought her to Adam.

*Institution of marriage*

23 And Adam said: This now is bone of my bones, and flesh of my flesh; she shall be called woman, because she was taken out of man. 24 Wherefore a man shall leave father and mother, and shall cleave to this wife: and they shall be two in one flesh. 25 And they were both naked, to wit, Adam and his wife: and were not ashamed.

## CHAPTER 3

*The serpent deceives the woman*

NOW the serpent was more subtle than any of the beasts of the earth which the Lord God had made. And he said to the woman: Why hath God commanded you, that you should not eat of every tree of paradise? 2 And the woman answered him, *saying:* Of the fruit of the trees that are in paradise we do eat, 3 but of the fruit of the tree which is in the midst of paradise, God hath commanded us that we should not eat, and that we should not touch it, lest perhaps we die. 4 And the serpent said to the woman: No, you shall not die the death. 5 For God doth know that in what day soever you shall eat thereof, your eyes shall be opened: and you shall be as gods, knowing good and

*Sin of our first parents*

6 And the woman saw that the tree was good to eat, and fair to the eyes, and delightful to behold: and she took of the fruit thereof, and did eat, and gave to her husband who did eat. 7 And the eyes of them both were opened: and when they perceived themselves to be naked, they sewed together fig leaves, and made themselves aprons. 8 And when they heard the voice of the Lord God walking in paradise at the afternoon air, Adam and his wife hid themselves from the face of the Lord God, amidst the trees of paradise. 9 And the Lord God called Adam, and said to him: Where art thou? 10 And he said: I heard thy voice in paradise: and I was afraid, because I was naked, and I hid myself. 11 And he said to him: And who told thee that thou wast naked, but that thou hast eaten of the tree whereof I commanded thee that

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Because thou h
cursed among a
Upon thy breas
thou eat all the

*Rea*

15 I will put
woman, and thy
crush thy head,
her heel.

*Ma*

16 To the wo
thy sorrows, a
shalt thou bring
be under thy h
have dominion
said: Because th
of thy wife, and
I commanded t
cursed is the ea
toil shalt thou
life. 18 Thorns
to thee; and th
earth. 19 In th
eat bread till th
which thou was
into dust thou sh
the name of his
mother of all the

*Ad*

21 And the Lo
wife, garments
22 And he said
one of us, know
fore, lest perha
take also of the
for ever. 23 A
of the paradise
from which he
Adam: and plac
are Cherubims,
every way, to k


# Study Confirms Cannabinoids Occur Naturally In Human Breast Milk

Study Confirms Cannabinoids Occur Naturally In Human Breast Milk

In January 2017 a study confirmed that cannabinoids occur naturally in human breast milk-and it's proving now to still be as relevant of a study as ever.

According to the findings of several major scientific studies, human breast milk naturally contains of the same cannabinoids found in the cannabis plant, which are vital for proper human development.

Cell membranes in the body are naturally equipped with these cannabinoid receptors which, when activated support and maintain human health. Human breast milk is an abundant source of endocannabinoids, a specific type of neuromodulatory lipid that basically teaches a newborn child how to eat by stimulating the suckling process.

Dr. Melanie Dreher studied women using cannabis during their entire pregnancy and then studied the babies one year after birth. She found that


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babies of the women who had smoked cannabis daily during their pregnancy socialised more quickly, made eye contact more quickly and were easier to engage.



If it were not for these cannabinoids in breast milk, newborn children would not know how to eat, nor would they necessarily have the desire to eat, which could result in severe malnourishment and even death. Newborn children who are breastfed naturally receive doses of cannabinoids that trigger hunger and promote growth and development.

Observations of how babies acts after being fed show they exhibit symptoms of cannabinoid use. As well as the essential function of stimulating an infants appetite, cannabinoids also help to calm and relax the baby. Cannabinoids are not, however, present in baby formula, which

implications of these novel developments are far reaching and suggest a promising future for cannabinoids in paediatric medicine for conditions including 'non-organic failure-to-thrive' and cystic fibrosis."

There are two types of cannabinoid receptors in the body; the CB1 variety which exists in the brain, and the CB2 variety which exists in the immune system and throughout the rest of the body. Each one of these receptors responds to cannabinoids, whether it be from human breast milk in children, or from cannabis.

This essentially means that the human body requires and produces endocannabinoids, as these nutritive substances play a critical role in supporting and maintaining human health.

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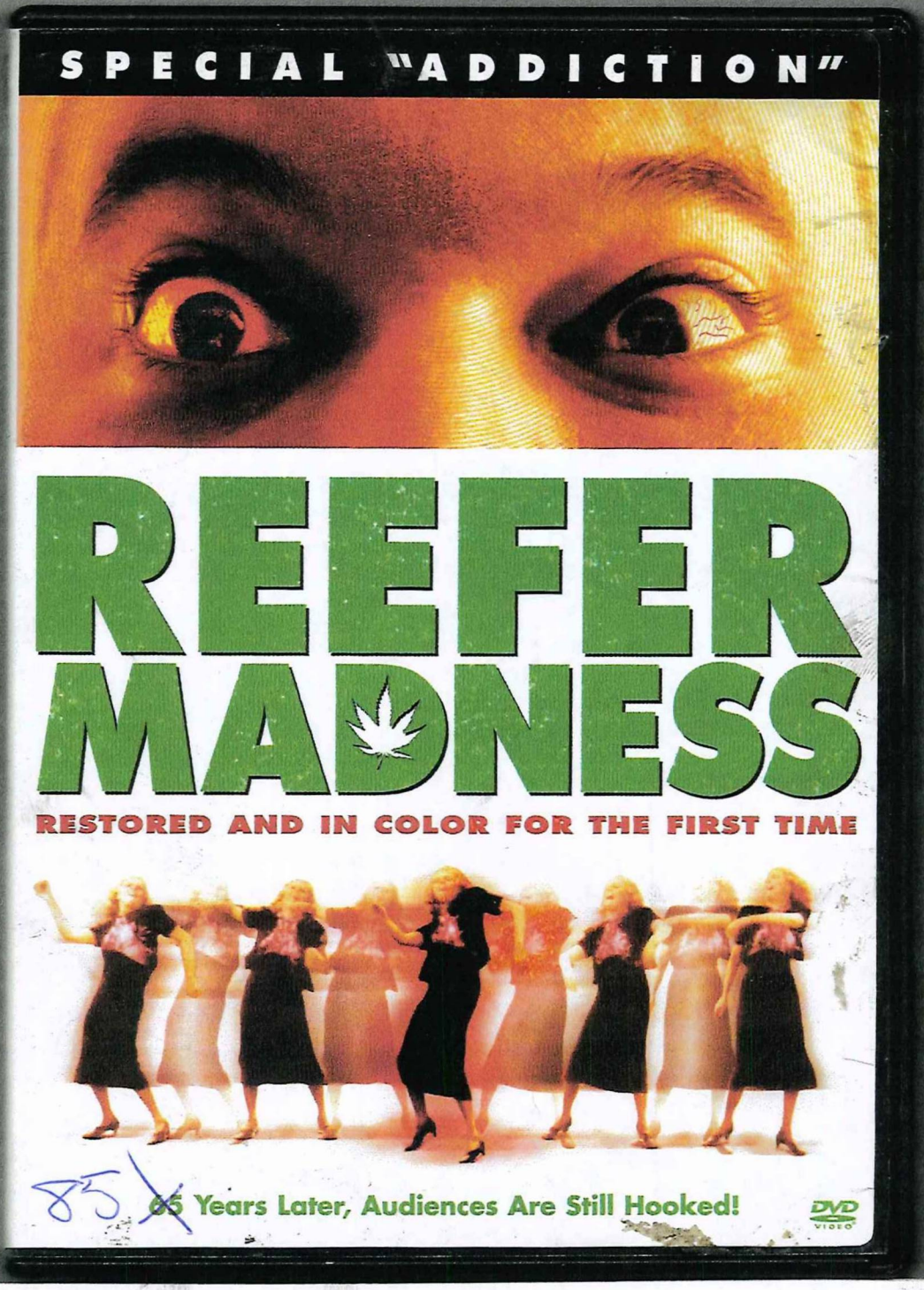
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