

Presented by: Lindsey Wells, Marijuana Program Administrator

Department of Public Safety

Vermont Marijuana Registry

March 6, 2015

Vermont Law School

South Royalton, VT



Information

Marijuana Registry Staff

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History of the Law

- Original passage in 2004 (18 V.S.A. Chapter 86, Subchapter 2)
- 2007 Amendment
- 2008 and 2009 Amendments
- 2011 Amendment
 - 4 Dispensaries (non-profit) authorized
- 2014 Amendments
 - Allows dispensaries to deliver
 - Patients under 18 years of age allowed 2 registered caregivers

Debilitating Medical Condition

- Patients diagnosed with a disease or condition where *reasonable medical efforts* have been made over a *reasonable amount of time without success* to relieve the symptoms:
 - Cancer
 - Multiple sclerosis
 - HIV
 - AIDS, **or**
 - The treatment of these conditions, if the disease or the treatment results in severe, persistent, and intractable symptoms;
- or**
- A **disease, medical condition, or its treatment** that is chronic, debilitating, and produces severe, persistent, and one or more of the following intractable symptoms: *wasting syndrome; severe pain; severe nausea; or seizures.*

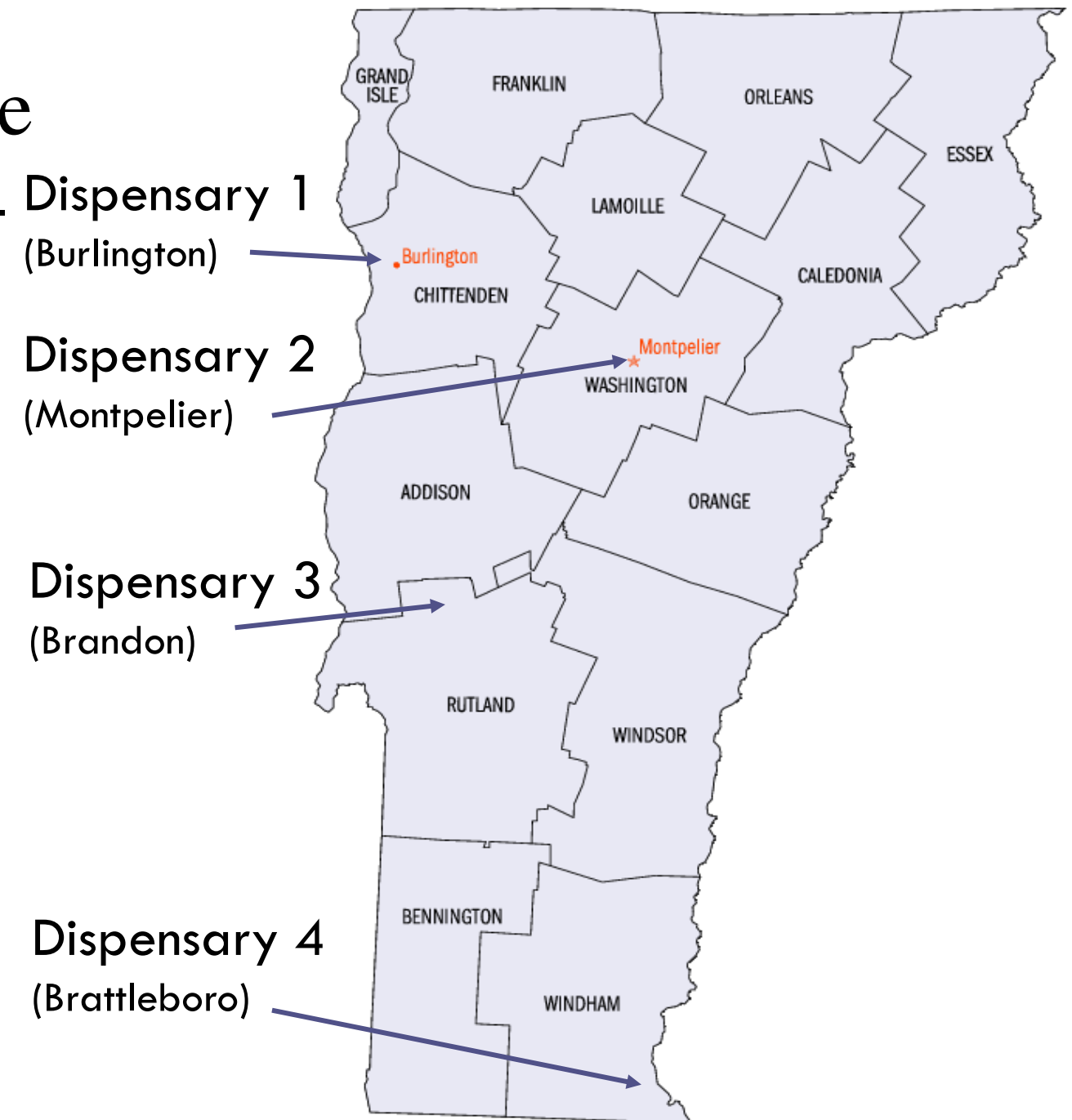
Health Care Professional

- *an individual licensed to practice medicine;*
 - *M.D. or D.O*
- *an individual licensed as a naturopathic physician who has a special prescription endorsement;*
 - *N.P.*
- *an advanced practice registered nurse; or*
 - *A.P.R.N. (commonly known as a nurse practitioner)*
- *an individual certified as a physician assistant.*
 - *P.A.*

✕ This includes individuals who are professionally licensed in *New Hampshire, Massachusetts, or New York, except for naturopaths.*

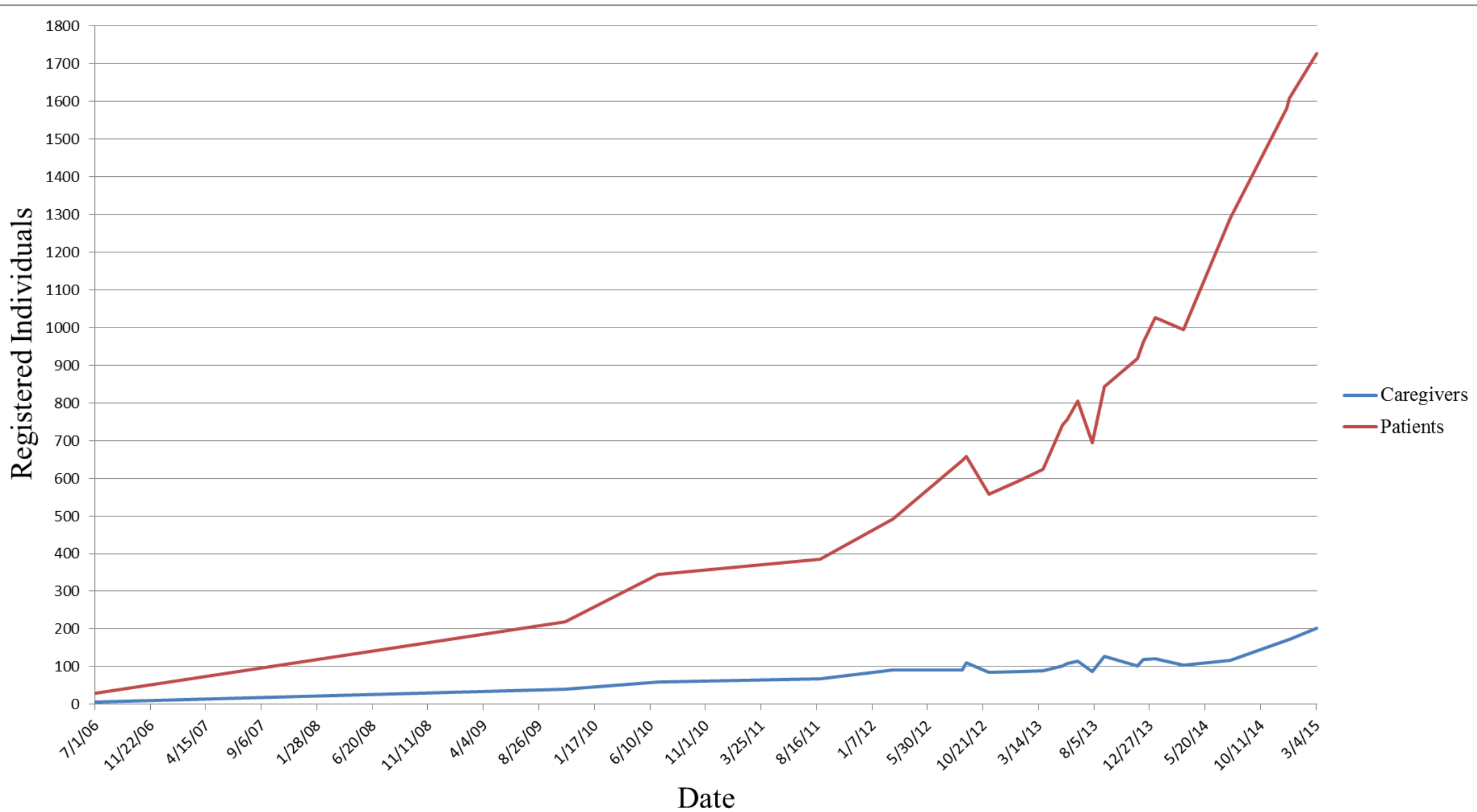
Registered Dispensaries

- Dispensaries cultivate, manufacture, and dispense marijuana and marijuana-infused products to registered patients or caregivers who have designated a dispensary.
- **No more than 4 dispensaries allowed.**

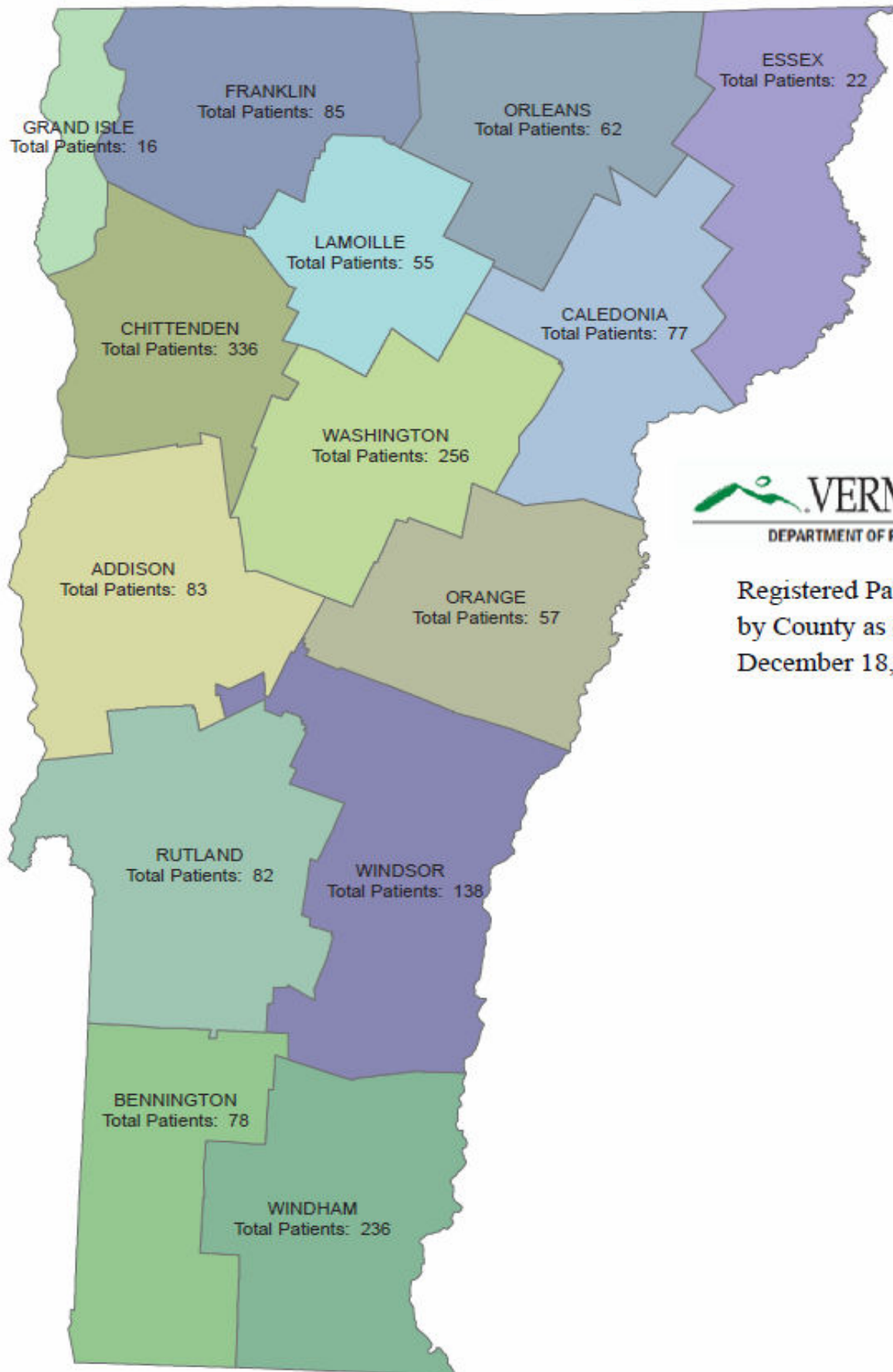


Evolution of the Registry

1727 Registered Patients and 202 Registered Caregivers as of 3/4/2015



Vermont Marijuana Registry



Registered Patients
by County as of
December 18, 2014

Data as of December 18, 2014


County	# of Registered Patients
<i>Addison</i>	83
<i>Bennington</i>	78
<i>Caledonia</i>	77
<i>Chittenden</i>	336
<i>Essex</i>	22
<i>Franklin</i>	85
<i>Grand Isle</i>	16
<i>Lamoille</i>	55
<i>Orange</i>	57
<i>Orleans</i>	62
<i>Rutland</i>	82
<i>Washington</i>	256
<i>Windham</i>	236
<i>Windsor</i>	138

Registry Identification Cards


Registered Caregiver

Registered Patient

Vermont Marijuana Registry
Caregiver




Lindsey Wells
M3080XXX



DOB:09/08/19XX Gender:Female
Hgt:5-06 Wgt:170 Eyes:Blue
Dispensary: Champlain Valley Dispensary

Issued: 11/03/2014
Expires: 11/03/20XX



Vermont Marijuana Registry
Patient



Lindsey Wells
M3080XXX



DOB:09/08/19XX Gender:Female
Hgt:5-06 Wgt:170 Eyes:Blue
Dispensary: N/A

Issued: 11/03/2014
Expires: 11/03/20XX

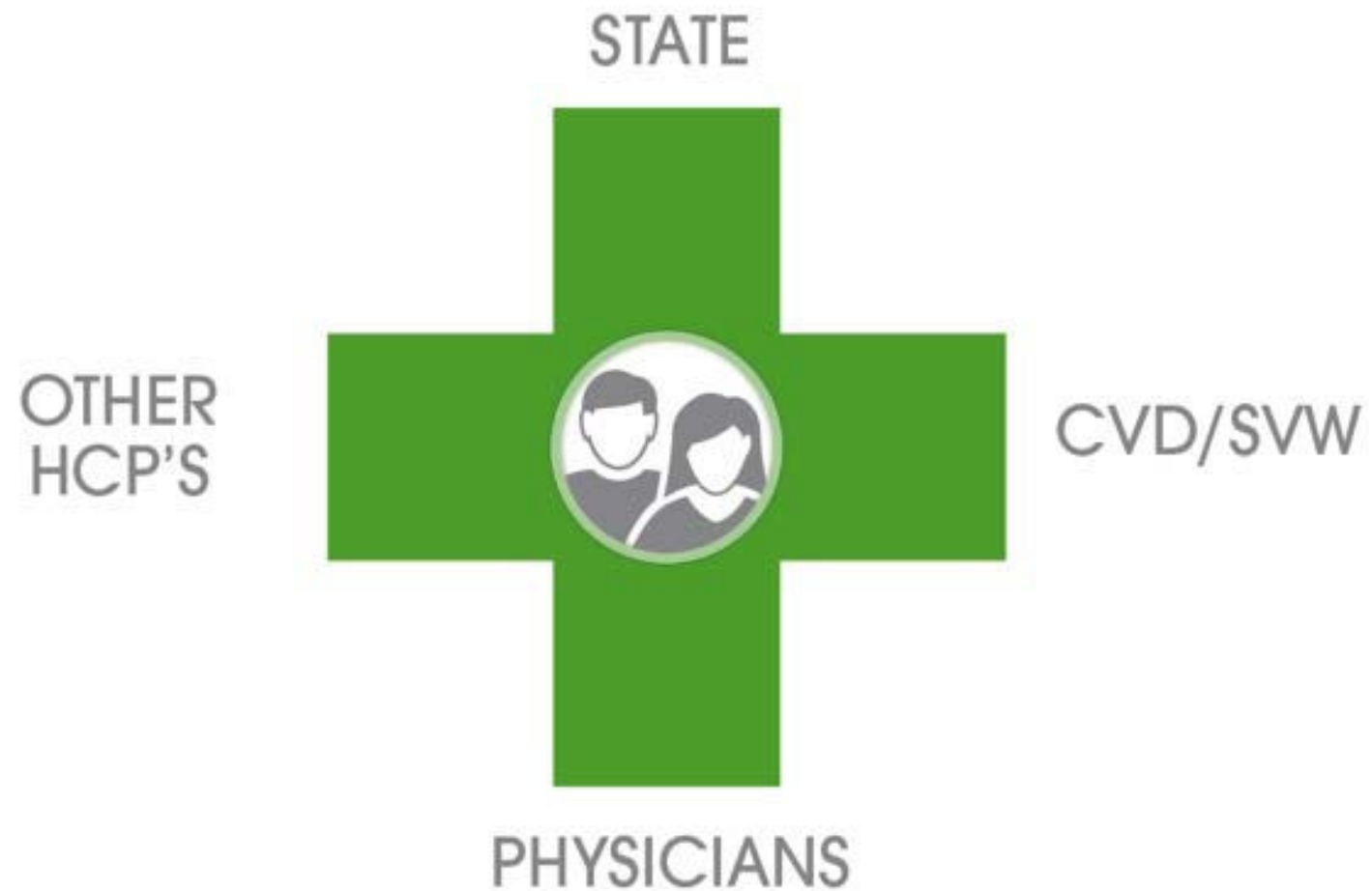


A Vermont Cannabis Dispensary Experience March 6th, 2015



SOUTHERN VERMONT
WELLNESS
CHAMPLAIN VALLEY
DISPENSARY

Our Philosophy: Patient Centric Care



Other HCP's: Naturopaths, Registered Nurses, Physician Assistants & Mental Health Professionals

Getting Treated: The Patient Experience



Initial appointment, review medical records



Discuss financial budgets



Determine best sub-species (indica vs sativa)

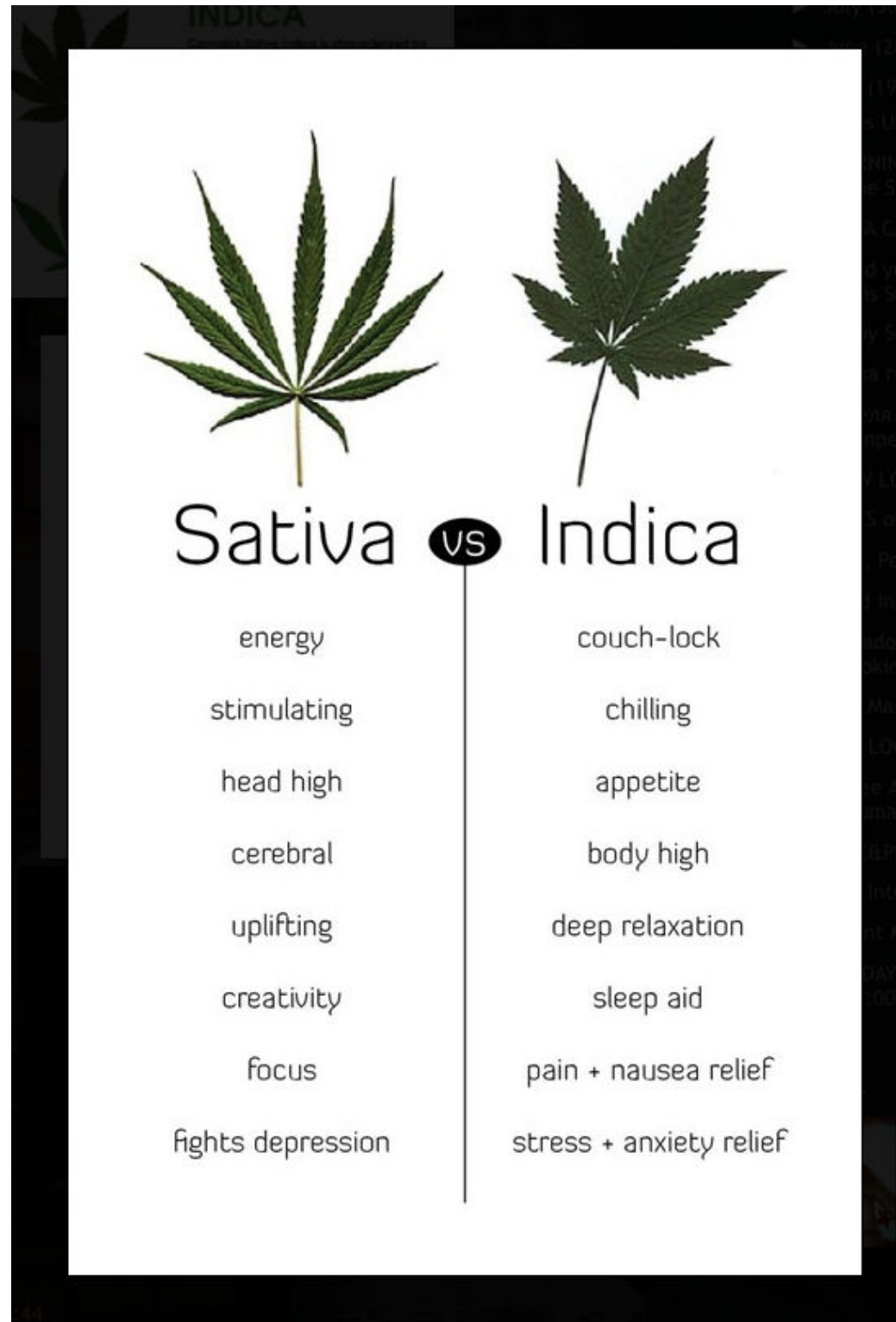


Discuss forms of medicine to use (dried flower, tincture, infused products, oil)



Discuss what low and slow means – dosages and titration

Cannabis 101



- **At the first patient consultation we recommend trial doses of both subspecies to see which works best for the individual**

Cannabis 101: Indicas, Sativas & Hybrids



Cannabis 101: The Cannabinoids,

Drowning in Data but Thirsting for Knowledge

- **Focus primarily on THC and CBD (symptom relief without psychoactivity)**
- **But at least 85 other known cannabinoids**
- **Terpenes acknowledged as critical to therapeutic benefits of cannabis, yet scientific research is only in the early stages**
- **Entourage effect**
- **The ratios of CBD:THC are fundamental to symptom relief**
- **25 states & D.C. have passed medical marijuana laws**

	THC	CBD	CBG	CBN	CBC	THCv	CBGa	CGCa	CBCa	THCa	CBDa
Relieves pain <i>Analgesic</i>	●	●		●	●		●				
Suppresses appetite / Helps with weight loss <i>Anorectic</i>						●					
Kills or slows bacteria growth <i>Anti-bacterial</i>		●	●						●		
Reduces blood sugar levels <i>Anti-diabetic</i>		●									
Reduces vomiting and nausea <i>Anti-emetic</i>	●	●									
Reduces seizures and convulsion <i>Anti-epileptic</i>		●				●					
Treats fungal infection <i>Anti-fungal</i>									●		
Reduces inflammation <i>Anti-inflammatory</i>		●	●		●		●	●		●	●
Aids sleep <i>Anti-insomnia</i>				●							
Reduces risk of artery blockage <i>Anti-ischemic</i>		●									
Inhibits cell growth in tumors/cancer cells <i>Anti-proliferative</i>		●	●		●					●	●
Treats psoriasis <i>Anti-psoriatic</i>		●									
Tranquilizing / Used to manage psychosis <i>Anti-psychotic</i>		●									
Suppresses muscle spasms <i>Anti-spasmodic</i>	●	●		●						●	
Relieves anxiety <i>Anxiolytic</i>		●									
Stimulates appetite <i>Appetite stimulant</i>	●										
Promotes bone growth <i>Bone stimulant</i>		●	●		●	●					
Modulates function in the immune system <i>Immunosuppressive</i>		●									
Reduces contractions in the small intestines <i>Intestinal Anti-prokinetic</i>		●									
Protects nervous system degeneration <i>Neuroprotective</i>		●									

Cannabis 101: Learning a New Language

Pharmaceutical Names	Cannabis Strain Names
Abitrexate (Methotrexate)	Arjan's Haze
Efudex (Fluorouracil)	Exodus Cheese
Letrozole	Dancehall
Zoladex (Goserelin Acetate)	White Rhino

Cannabis 101: Methods of Consumption

Method	Product	Onset	Duration
Inhalation	Cured flowers & concentrates	5 - 10 mins	1 - 4 hrs
Oral Mucosal	Tinctures & lozenges	15 - 60 mins	2 - 6 hrs
Ingestion	Infused foods & beverages	30 - 120 mins	4 - 8 hrs 5-10 x more psychoactive if THC
Transdermal	Lotions, salves & patches	Local, fast acting	Generally non psychoactive

Challenge 1: The Dispensary Role...

- **Dispensary vs. Clinic**
- **Cultivate, Create & Dispense**
- **Staff represent the product so that clients can make informed decisions about their purchases, they do not give medical advice**
- **Each person must determine their own dose**
- **Need for increased involvement from physicians to help individuals determine their best course of action**

Challenge 2: Symptom Relief...

- **Symptom relief is not curative medicine**
- **RSO and raw juicing to inhibit tumor growth: Anecdotal evidence supports it, little science behind it due to federal restrictions**
- **Symptom relief for cancer patients:**
 - **Pain Management (reduction and dissociation)**
 - **Sleep Aid**
 - **Appetite Stimulation**
 - **Nausea Reduction**
 - **Anxiety Reduction**
 - **Energy/Feeling of Well-Being**

Challenge 3: Plant Based Medicine...

- **Testing: samples from the same plant can yield different results**
- **Individuals can respond very differently**
- **Dose determination is challenging**
- **Each individual needs to experiment to determine best method of consumption and dose**
- **Go low and slow, 5mg is the industry recommended initial dose**

Where Do We Go From Here?



Resolving these challenges in the best interests of our patients requires education, information and a close working relationship with the medical community.

CONTROLLED SUBSTANCES ACT

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence. Some examples of Schedule I drugs are:

heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote

Cole Memorandum I.

August 29, 2013

Acknowledges government's limited resources and sets forth eight "priority factors" that, if followed, will not prioritize state legal operations for federal prosecution:

- 1. Prevent access by minors**
- 2. prevent revenue diversion to criminals, cartels and gangs**
- 3. prevent product from crossing state borders**
- 4. prevent use of authorized activity as a cover for illegal activity**
- 5. no guns or violence**
- 6. prevent drugged driving or other adverse public health consequences**
- 7. no growing on public lands**
- 8. No use on federal property.**

Cole II.

February 14, 2014

Recognizes need for state legal cannabis businesses to have access to banking services.

Essentially green-lights banking activity where the eight factors in Cole I are not negatively indicated.

Requires Treasury regulations to be followed.

**Department of Treasury Financial Crimes Enforcement Network (FinCEN)
Banking Memo February 14, 2014**

- **Provides two levels of reporting: “Marijuana Limited” for activities banks believe are in compliance with Cole I and “Marijuana Priority” for activities they believe are in violation.**
- **Banks have not stepped forward because it essentially requires them to guarantee the good behavior of their customers.**

October 28, 2014 Memo on Indian Country

- **Essentially adopts Cole Memorandum as applicable approach to be taken in Indian Country and instructs United States Attorneys to approach tribal authorizations using inter-governmental dialogue.**

Omnibus Budget Act of 2014:

- **SEC. 538. None of the funds made available in this Act to the Department of Justice may be used, with respect to the States of Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Washington, and Wisconsin, to prevent such States from implementing their own State laws that authorize the use, distribution, possession, or cultivation of medical marijuana.**