

## KANSAS CANNABIS INDUSTRY ASSOCIATION



[www.kansascannabisindustry.com](http://www.kansascannabisindustry.com)

March 14, 2019

**To: Senate Public Health & Welfare Committee**

**Re: SB113 — Providing the Legal Use of Medical Cannabis**

It is with utmost appreciation we are here today to provide testimony to the Senate Public Health & Welfare Committee. This hearing serves as an important first step in understanding that the issue of Medical Cannabis cannot be ignored. Thank you for providing an opportunity to begin the process of understanding what medical cannabis is, how it can help citizens in need and working toward legislation that can become a workable reality.

You will have many people submit testimony outlining the benefits medical cannabis has on those in need and who suffer from medical conditions that can be improved with access to medical cannabis. At some point in time, we are happy to provide that information as well.

Today, however, our message is this: Medical cannabis laws are not a passing fad but are, in fact, a growing national trend embraced by lawmakers and citizens on both sides of the aisle who recognize the medical benefits and that regulatory systems can be created to provide reasonable access.

Kansas elected officials must begin working in earnest on legislation that addresses medical cannabis with a true vision toward enacting laws or our state will be left behind nationally while our agriculture and medical industries and economy suffer.

Thirty-Three states have legalized forms of medical marijuana. They are:

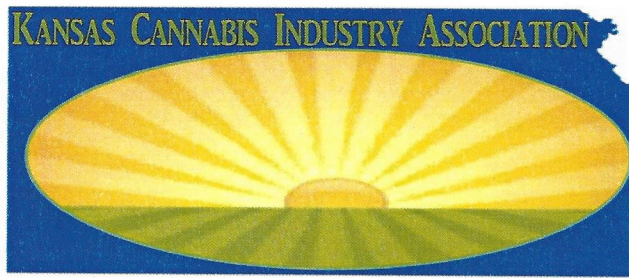
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Hawaii
- Illinois
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- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- Utah
- Vermont
- Washington
- West Virginia
- District of Columbia also has legalized medical marijuana.

Kansans understand that medical cannabis is essential to assisting those in need, and are ready to embrace laws that provide access. Attached is a statewide poll of Kansas voters that sends a clear message Kansans want the Legislature to pursue Medical Cannabis Legislation. The poll also shows Kansans, including those opposed to cannabis, will continue to look favorably on Legislators who vote for medical cannabis laws.

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Conducted by research firm HLC Strategies, the poll shows that **70.3% of Kansans** support medical cannabis legislation compared to just 22.1% who oppose. When asked if they would continue to support a Legislator who votes for medical cannabis legislation, even if that voter personally opposes, 78.1% said they would continue to support their Legislator.

**These results show that a majority of Republican and Democrat constituents hold the opinion that the time is now for Kansas to enact Medical Cannabis legislation.**

By 2020, Kansas will be surrounded by states who have passed medical cannabis legislation. Colorado, Oklahoma and Missouri have all passed medical cannabis laws. In 2020, Nebraska will likely have a ballot referendum which early polling shows will pass.

Attached to this testimony is information on the medical cannabis laws in Colorado, Oklahoma and Missouri to provide you context and information on what those laws look like.

Don't let today be a one-time discussion. Please make sure this is just a first step as elected leaders in working with us and all Kansans in passing reasonable, regulated medical cannabis legislation.

Thank you for the opportunity to provide testimony today, and I am happy to provide information and answer any questions at any time.

*Respectfully Submitted,*

A handwritten signature in blue ink that reads "Spencer".

**Spencer Duncan**

*State Director*

*Kansas Cannabis Industry Association*

*Additional Attachments:*

- New Medical Cannabis Research From Israel: Older Adults, Dementia And Dialysis
- European Parliament Passes Cannabis Resolution, Joins WHO In Supporting Medical Marijuana



## **Kansas Statewide Survey Legalization of Medical Cannabis**



**1008 Rosehill Road**

**Lenexa, KS 66215**

### **HLC STRATEGIES**

HLC Strategies is a political and public affairs research firm which has conducted thousands of interviews with voters and consumers in Kansas for more than 16 years. Headquartered in Lenexa and Shawnee Mission, HLC has led polling and research on all levels of policy in Kansas, including: City Council, State Legislature, Mayor, Attorney General, Congressional, and Gubernatorial.

HLC Strategies has conducted polling on some of the most complex public policy issues, including: Healthcare, Tort reform, Medicare, Social Security, Education, Deregulation, and Economic Development.



Field Dates: January 23-27, 2019

N = 511 Voters

Margin of Error = +- 4.4%

Commissioned By Kansas Cannabis Industry Association ([kansascannabisindustry.org](http://kansascannabisindustry.org))  
Conducted by HLC Strategies

Current Kansas law does not allow use of medical marijuana for medical purposes. However, there is talk in the Kansas Legislature of passing a bill that makes use of medical marijuana legal for qualified individuals. Regarding making medical marijuana legal in the state of Kansas under strict controls, do you support legalization or oppose legalization?

- 52.3% Strongly support
- 18% Somewhat support
- 18.6% Strongly oppose
- 3.5% Somewhat oppose
- 7.6% Undecided/Don't know

**SUPPORT BY KANSANS FOR MEDICAL CANNABIS = 70.3%**

Regardless of your own personal view, how confident are you that medical marijuana is helpful for people struggling with pain?

- 48.7% Very Confident
- 25.4% Somewhat Confident
- 5.5% Not Confident
- 6.1% Somewhat Not Confident
- 13.7% Not sure/Undecided

**CONFIDENCE BY KANSANS THAT MEDICAL CANNABIS HELPS THOSE IN NEED = 74.2%**

Some civic leaders are concerned that legalizing medical cannabis is just another step by individuals who want to legalize recreational marijuana and other harmful drugs. These leaders contend that marijuana legalization has had bad results in states like California and Colorado that have tried it and Kansas doesn't want those problems. How persuasive is this argument?

- 19.4% Very persuasive
- 17.6% Somewhat Persuasive
- 35% Very Unpersuasive
- 18.8% Somewhat Unpersuasive
- 9.2% Not sure/Undecided

**KANSANS NOT CONCERNED WITH MEDICAL LEADING TO RECREATIONAL USE = 53.8%**



Regardless of your personal view on the legalization of medical marijuana, would you view a Kansas Legislator who voted in favor of legalization more favorably, less favorably or would it not make much difference in your view of them?

- 40.1% More Favorably
- 19% Less Favorably
- 38% Not much difference
- 2.9% Don't know

**KANSANS INDICATE THEY WOULD SUPPORT A LEGISLATOR WHO VOTES IN FAVOR OF MEDICAL CANNABIS = 78.1%**

**Additional Survey Results/Information**

- ◆ A statewide survey, covering more than 80 counties.
- ◆ All surveyed are likely 2020 primary voters.
- ◆ 46% surveyed identified as Republican      29% Democrat      21% unaffiliated      4% Other/Don't Know/Refused
- ◆ 72.7% support among those who graduated college
- ◆ 59.3% support among those who regularly attend religious services
- ◆ 74.5% support among women
- ◆ 66.4% support among men
- ◆ 77% support among those 45-64 years of age
- ◆ 55.7% support among those age 65+
- ◆ 56% of Republicans surveyed support medical cannabis legislation
- ◆ 85.4% of Democrats surveyed support medical cannabis legislation
- ◆ 52% surveyed were Men
- ◆ 48% surveyed were Women





# Missouri Medical Cannabis Law



On Election Day 2018, Missourians passed medical marijuana with Amendment 2, which **Passed, 65.5% Yes – 34.5% No**

Amendment 2 is took effect December 6, 2018. The law directs the Department of Health and Senior Services to issue applications for qualifying patients 180 days after the effective date. They have 210 days after December 6 to begin accepting applications. With a physician’s approval, a patient may qualify for medical marijuana if they have been diagnosed with any of the following conditions:

- *Cancer*
- *Epilepsy*
- *Glaucoma*
- *Intractable migraines unresponsive to other treatment*
- *Conditions that cause persistent pain or muscle spasms; including MS, Parkinson’s disease, and Tourette’s syndrome*
- *Debilitating psychiatric disorders such as PTSD*
- *HIV or AIDS*
- *A chronic medical condition normally treated with prescription medication that can lead to dependence, when a physician determines that medical marijuana could be an effective and safer treatment*
- *Any terminal illness*
- *Hepatitis C*
- *ALS*
- *Inflammatory bowel disease*
- *Crohn’s disease*
- *Huntington’s disease*
- *Autism*
- *Neuropathies*
- *Sickle cell anemia*
- *Alzheimer’s disease*
- *Cachexia*
- *Wasting syndrome*

Amendment 2 gives state regulators 240 days after the effective date to accept applications for medical marijuana establishments, including dispensaries and cultivation facilities. After receiving an application, the department has 150 days to approve or deny. Home cultivation is permitted by caregivers and qualified patients who apply for and receive a cultivation card. Each cardholder may grow six plants.

**Cultivation remains illegal.** Cultivating 35 grams or less is a Class E felony, which is punishable by up to four years of imprisonment and a maximum fine of \$10,000. Cultivating 35 grams or more is a Class C felony, which is punishable by a sentence of three to

10 years imprisonment and a fine of \$10,000.

**Medical use of CBD oil for seizures is permitted.** In July 2014, Governor Jay Nixon signed the Missouri Medical Marijuana Bill, allowing use of CBD oil to treat persistent seizures. In 2015, state issued licenses to two non-profits to grow cannabis for oil to be sold to patients.

## Timeline of Cannabis Reform in Missouri

2008: In *Missouri v. Cox*, the state Court of Appeals affirmed a lower court’s rejection of a patient’s medical necessity defense because the legislature had already expressed its intent by placing marijuana in Schedule I, even though statute allowed the dispensing of Schedule I substances by certain professionals.

2014: Governor Jay Nixon signed the Missouri Medical Marijuana Bill, allowing the use of CBD oil to treat persistent seizures.

Lawmakers enacted SB 491, which reduced penalties for those possessing up to 10 grams of marijuana and began on January 1, 2017. A first offense is punishable as a class D misdemeanor (an infraction) and carries a fine of \$250-\$1,000 with no jail time.

2015: Missouri issued licenses to two non-profits to grow cannabis for oil to be sold to patients.

2017: Decriminalization became effective statewide.

Kansas City voted to reduce penalties for simple possession of marijuana, amending local laws regarding possession of up to 35 grams of marijuana for adults age 21 and older from a criminal misdemeanor to civil offense punishable by a \$25 fine.

2018: 2018: Voters passed Amendment 2, legalizing medical marijuana in Missouri.





# Oklahoma Medical Cannabis Law



In June 2018, Oklahoma constituents approved medical marijuana by passing State Question 788. The law authorizes any person who has been given a state-approved medical marijuana license to legally consume medical marijuana and possess up to 3 ounces on their body, 6 mature plants, 6 seedlings, 1 ounce of concentrates, 72 ounces of edibles, and a total of 8 ounces of cannabis in their home.

The Oklahoma State Department of Health established the Oklahoma Medical Marijuana Authority (OMMA) as the regulatory office overseeing the program. Oklahoma residents who are eligible for the program can apply on OMMA's website.

## What Remains Illegal

The possession of up to 1.5 ounces of cannabis by someone who does not have a medical card will be classified as a misdemeanor punishable by a max fine of \$400. Offenders caught with more than 1.5 ounces are subject to the state's existing laws.

The possession of drug paraphernalia remains illegal. Medical marijuana license holders are protected from prosecution if caught with paraphernalia, but non-cardholding offenders may receive jail time.

## The Rules for Adult Patients

An adult medical license costs \$100 and is valid for two years. Patients enrolled in Medicaid or Medicare pay \$20. The fee is non-refundable. Patients need to provide the following information:

- Full name
- Residence and mailing address
- Date of birth
- Telephone number and email address
- Physician information
- Signature within 30 days of submission

In addition, patients need to provide:

- Proof of Oklahoma residency
- Proof of identity
- A clear, color digital headshot
- Adult Patient Physician Recommendation form completed within 30 days of submission

Patients should receive a response from OMMA in 14 days. If the application is approved, patients receive an approval letter and their ID card. If the application is incomplete, they receive a letter saying so and can make corrections online. If the application is denied, they receive a letter with an explanation.

## Rules for Minors in Oklahoma

Patients under the age of 18 may apply for a medical

license. Minor patients must be accompanied by parents or legal guardians when purchasing. A minor patient license is valid for 2 years or until the patient turns 18. The minor must deliver the following information and documentation when applying:

- Full name
- Residence and mailing address
- Date of birth
- Telephone number and email address
- Information about two recommending physicians
- Proof of identity
- A clear, color digital headshot
- Physician Recommendation Form 1
- Physician Recommendation Form 2. This must be completed within 30 days following the signing of the Physician Recommendation Form 1, and before 30 days of the application submission.

Patient's parent/guardian must give the following:

- Full name
- Residence and mailing address
- Date of birth
- Telephone number and email address
- Signature within 30 days of the application submission
- Proof of Oklahoma residency
- Proof of identity
- A clear, color digital headshot
- Proof of legal guardianship

## Non-Residents with Valid ID Cards

Patients with valid medical licenses from their states of residence may apply for a temporary adult or minor application on OMMA's website. Temporary patient license holders may purchase, consume, and grow medical marijuana while in Oklahoma. These licenses are valid for 30 days, but they may be renewed.

## Rules for Businesses

Oklahoma's law authorizes the production, process, and distribution of medical marijuana. Entrepreneurs must obtain the appropriate license in order to grow, process, or sell cannabis at a dispensary.

Application for each business is non-refundable \$2500. Must be Oklahoma resident at least 25 years old. Owners may obtain multiple licenses.

All owners must submit a background check. Any non-violent felony conviction within the last two years and all other felony convictions in the last five years are disqualifications. Dispensary owners must provide proof their facility is not located within 1000 feet of any public or private school entrance. Business owners must register with the Oklahoma Bureau of Narcotics and Dangerous Drugs after receiving a license and before storing on their premises.



# LAW SUMMARY

*Office of Legislative Legal Services*



## ***MEDICAL MARIJUANA<sup>1</sup>***

### ***History***

In 2000, Colorado voters adopted Section 14 of Article XVIII of the state Constitution ("constitutional amendment") legalizing the use of medical marijuana by a patient with a debilitating medical condition. During the 2001 legislative session, the General Assembly adopted the two provisions that the constitutional amendment required. The first<sup>2</sup> codifies medical marijuana unlawful acts. The second<sup>3</sup> created the medical marijuana program in the department of public health and environment. The issue was dormant until 2010, when the general assembly adopted legislation standardizing the medical marijuana patient-physician relationship and created a medical marijuana business regulatory structure.

### ***Medical Marijuana Patients***

A medical marijuana patient is an individual who:

- suffers from one of the debilitating conditions listed in the constitutional amendment or a disabling medical condition as defined in Section 25-1.5-106 (2)(a.7), C.R.S.;
- has received a recommendation from a physician stating that he or she suffers from the debilitating or disabling condition and may benefit from the use of medical marijuana; and
- has a medical marijuana registry card or has applied for a card and at least 35 days have passed without a response.

A patient may possess only two ounces of useable medical marijuana and up to six marijuana plants, only three of which are flowering. When in possession of medical marijuana, a patient must possess his or her registry identification card or his or her application if the application

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<sup>1</sup> This summary contains information commonly requested from the Office of Legislative Legal Services. It does not represent an official legal opinion of the General Assembly or the state of Colorado and does not bind the members of the General Assembly. It is intended to provide a general overview of Colorado law as of the date of its preparation. Any person needing legal advice should consult his or her own lawyer and should not rely on the information in this memorandum.

<sup>2</sup> Section 18-18-406.3, C.R.S.

<sup>3</sup> Section 25-1.5-106, C.R.S.



has not been processed. Since the use, possession, and cultivation of marijuana is illegal under state law, there is an affirmative defense or an exception to criminal charges related to a patient's possession or use of medical marijuana. A medical marijuana patient may not grow more than 99 plants. Only a licensed medical marijuana business may grow more than 99 plants. A medical marijuana patient who grows more than six plants is encouraged to register the grow with the marijuana licensing authority.

### ***Physicians***

Physicians have the authority to recommend medical marijuana to patients suffering from debilitating or disabling conditions. To recommend medical marijuana, a physician must be in good standing to practice medicine and a bona-fide physician-patient relationship must exist. The bona-fide relationship must include a counseling or treatment relationship, and the physician must consult with the patient in person concerning his or her debilitating or disabling medical condition before making a medical marijuana recommendation. After a physician recommends the use of medical marijuana, he or she certifies the debilitating or disabling medical condition and other information to the department of public health and environment. To prevent questionable recommendations, a physician may not receive payment from or offering payment to a primary caregiver, distributor, or any other provider of medical marijuana. Since the use, possession, and cultivation of marijuana is illegal under state law, the constitutional amendment provides physicians an affirmative defense or an exception to criminal charges for recommending medical marijuana.

If a physician violates the state constitution, state statutes, or promulgated rules related to medical marijuana, there is an enforcement process. The enforcement process is divided between the state board of medical examiners and the department of public health and environment. The state board of medical examiners investigates and sanctions a violation related to a medical marijuana physician's standard of care. For a violation related to an improper medical marijuana recommendation, the department of public health and environment conducts a hearing on an alleged violation and, upon finding a violation, imposes sanctions.

### ***Primary Caregivers***

A primary caregiver is defined by the constitutional amendment as a person who has significant responsibility for managing the well-being of a medical marijuana patient. A primary caregiver may be a parent of a child who is on the medical marijuana registry, an advising caregiver who advises a patient on how to use and dose medical marijuana, a transporting primary caregiver who purchases and transports medical marijuana from a medical marijuana center for a homebound patient, or a cultivating caregiver who grows medical marijuana for a patient. A primary caregiver serves no more than five patients on the registry at one time, unless the department of public health and environment grants the primary caregiver a waiver to serve more patients.

A primary caregiver must register his or her medical marijuana cultivation site and all patient identification numbers with the medical marijuana state licensing authority. The information regarding a primary caregiver cultivation location is confidential, except that a local government or law enforcement agency can verify the legality of a cultivation operation. Since the use, possession, and cultivation of marijuana is illegal under state law, the constitutional amendment provides an affirmative defense or an exception to criminal charges related to the possession or cultivation by a primary caregiver. A transporting or cultivating caregiver must register with the marijuana licensing authority and provide patient registry numbers, extended plant counts, and other relevant information that would allow law enforcement to verify with the marijuana licensing authority that the primary caregiver is complying with medical marijuana laws. A person may not register as a primary caregiver if he or she is licensed as a medical marijuana business or works for a licensed medical marijuana business. A cultivating primary caregiver may not grow more than 36 plants at a time unless the primary caregiver has one or more patients who have extended plant counts based on medical necessity. A primary caregiver in all circumstances may not grow more than 99 plants.

### ***State Health Agency***

The constitutional amendment charges the state health agency, designated as the department of public health and environment ("department") by the Governor, with overseeing the medical marijuana program and creating a confidential database of registry card-holding medical marijuana patients. The department sets the application fee to cover the costs of administering the medical marijuana program. The department can promulgate rules for the medical marijuana program, including rules to:

- Implement the confidential registry;
- Create an application process and verify applications;
- Issue medical marijuana registry cards;
- Require certain documentation from physicians who recommend medical marijuana;
- Impose sanctions for physicians who violate the act;
- Determine claims of indigence related to the application fee;
- Prescribe communications with law enforcement regarding the registry; and
- Create the process for adding other debilitating conditions that would qualify a patient to seek a medical marijuana registry card.

Based on the 2010 legislation, the department must promulgate new rules to:

- Establish a waiver process to allow a homebound patient to have a primary caregiver transport the patient's medical marijuana from a licensed medical marijuana center and
- Create a sales tax exemption for indigent patients.

And the department may promulgate new rules related to:



- What constitutes significant responsibility for managing the well-being of a patient;
- A primary caregiver registration form;
- What constitutes written documentation; and
- Grounds and a procedure for a patient to change his or her primary caregiver.

The state health agency shall develop and maintain a marijuana laboratory testing reference library. The library must contain a library of methodologies for marijuana testing in the areas of potency, homogeneity, containments, and solvents consistent with the statutory laboratory requirements. The state health agency shall make the reference materials including the methodologies available by December 31, 2015 and shall update the materials as necessary.

### ***Industry Regulation***

*Licensing:* Licensing began on August 1, 2010. The licensing provisions were reviewed under the sunset process during the 2015 session and licensing was continued until September 1, 2019, when there will be another sunset review. The sunset review will also include a review of the medical marijuana program in state health agency.

The department of revenue houses the medical marijuana state licensing authority. The state licensing authority conducts the licensee background checks, licenses medical marijuana businesses, and enforces medical marijuana laws and regulations. Many of the functions and duties of the state licensing authority are similar to the state licensing authority for alcoholic beverages. The licensing authority sets the fees for the licenses it issues.

*Local government issues:* A local government may ban the sale, distribution, cultivation, and dispensing of medical marijuana by a majority vote of its governing board or a majority vote of its citizens.

*Licensed businesses* A licensed medical marijuana center ("center") sells medical marijuana, immature medical marijuana plants, and medical marijuana-infused products to patients. A center must verify the registry card of each purchaser prior to purchase. A center can only sell medical marijuana it cultivates itself or medical marijuana it purchases from another center amounting to less than 30% of its inventory. A center can sell packaged and labeled medical marijuana and medical marijuana-infused products purchased from an infused-product licensee.

A licensed medical marijuana-infused-products manufacturer ("manufacturer") produces medical marijuana-infused products to sell to centers for retail sale. A manufacturer may produce infused products from its own cultivated medical marijuana, if it has an optional cultivation license, or use medical marijuana from up to five different medical marijuana centers in the production of one product. A manufacturer may only have 500 plants on site unless it is granted a waiver by the state licensing authority for more. A manufacturer may sell its products to any center. All infused products must be sealed and labeled. A manufacturer with a cultivation license may not sell any cultivated medical marijuana that is

not processed into medical marijuana-infused products. A cannabis credit co-ops is a financial services entity, membership in which is restricted to entities that own or operate a licensed marijuana business or industrial hemp business or that provide goods or services to a licensed marijuana business. Cannabis credit co-ops are subject to regulation by the state commissioner of financial services in a manner similar to that of credit unions. A licensed medical marijuana testing facility performs testing and research on medical marijuana and medical marijuana products for medical marijuana licensees.

### ***Unlawful Acts***

Section 18-18-406.3, C.R.S., creates specific unlawful acts related to medical marijuana. These acts include:

- Fraudulent activities to gain a medical marijuana registry card;
- Fraudulent use or theft of another's medical marijuana registry card;
- Fraudulent production or alteration of a medical marijuana registry card; and
- The release of any confidential information from the medical marijuana registry.

Each unlawful act is a class 1 misdemeanor.-

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LAST UPDATED: 9/25/2018

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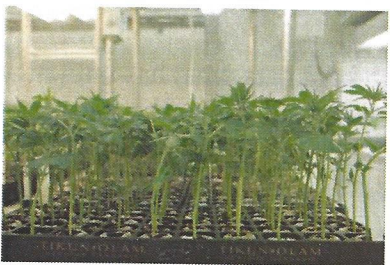
# New Medical Cannabis Research From Israel: Older Adults, Dementia And Dialysis

Abbie Rosner

Contributor

- <https://www.forbes.com/sites/abbierosner/2019/03/04/new-medical-cannabis-research-from-israel-older-adults-dementia-and-dialysis/#6d3ae9933660>

Israel has recently been in the news after the government issued its long-delayed final approval of medical cannabis exports. Still, Israel's most important cannabis export will arguably continue to be clinical data. While research in the United States remains strangled in a Schedule 1 chokehold, Israelis are diligently engaged in cannabis R&D, fueled by the country's relatively supportive regulatory climate, well-established research infrastructure, and hyperactive entrepreneurial spirit.



Tikun Olam, Israel's veteran medical cannabis company, maintains a robust medical research program which draws from its detailed database of tens of thousands of patients, and extensive clinical research collaborations with academic and medical partners. I recently spoke with Lihi Bar-Lev Schleider, director of Tikun Olam's research department, about studies the company has been involved in with a focus on older adults.

In our conversation, Schleider described the results of a prospective [study](#)<sup>1</sup> on the safety and efficacy of medical cannabis in the elderly, conducted in collaboration with Soroka Medical Center, and recently published in the *European Journal of Internal Medicine*. The study evaluated the response to medical cannabis of patients over 65 with conditions including cancer and its associated pain and treatment side-effects, neuropathic pain and Parkinson's disease, among others.

## **Efficacy, Safety and Harm Reduction**

Statistical analyses revealed that after six months of treatment with cannabis, patients reported significant reduction in pain levels and improvement in quality of life and a perception that the treatment was effective for their condition. The most common adverse effects were dizziness and dry mouth; these were generally mild and in most cases correctable by adjusting the dosage or strain. While dizziness can increase the risk of falls, the number of actual reported falls was significantly lower after the treatment compared to before it.

Particularly notable to Schleider was the reduction in opioid use reported by patients after starting medical cannabis. What's absurd, she notes, is that in some places, opioid use is a disqualifying condition for medical cannabis use. On the contrary, she stresses, these are exactly the patients who should be given cannabis.

OVER

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<sup>1</sup> [https://www.ejinme.com/article/S0953-6205\(18\)30019-0/abstract](https://www.ejinme.com/article/S0953-6205(18)30019-0/abstract)

## **Improving Dementia Behavior**

Patients are now being recruited for another collaborative trial in the geriatric department at an Israeli hospital, investigating the use of cannabis for treating dementia patients with severe behavior disorders.

Dr. Vered Hermush, Director of the Geriatric Wing at Laniado Hospital and the principal investigator of the trial, explains that behavior disorders in dementia patients are both common and extremely difficult to treat. Anti-psychotic drugs are not especially effective and can have severe side effects, and patients also develop a tolerance to them. After observing the positive effects of cannabis on the behavior of patients who received it for other conditions, Dr. Hermush approached Tikun Olam to initiate a study.

Extreme and sometimes violent behavior in individuals with dementia can make life miserable for themselves and their families, Dr. Hermush notes. But while the assumption is that cannabis would have a sedating effect on these patients, it actually seems to improve mental functioning as well. Dr. Hermush has seen patients who were completely non-communicative begin to engage with their family members after cannabis treatments.

According to Dr. Hermush, this study is intended to establish with hard data what has until now been reported anecdotally. Ultimately, it has the potential to introduce an alternative treatment approach to drugs that may not be helpful and could cause damage.

## **Improving appetite in dialysis patients**

Another collaborative trial with Tikun Olam which is now recruiting patients is investigating cannabis use among dialysis patients who are suffering from poor nutrition.

Cannabis is already indicated as an appetite stimulant for cancer and AIDs patients. But poor appetite is also common in dialysis patients, and standard treatment approaches are not generally effective for this population. Tikun Olam is working with a leading nephrologist at a major Israeli hospital to investigate whether medical cannabis use can result in increased calorie consumption, weight gain or prevention of weight loss among dialysis patients, with attendant health benefits.

## **Jumping through hoops**

Even in Israel, conducting research with cannabis entails bureaucratic obstacles. Schleider explains that the approval process for a cannabis research proposal involves numerous committees and can take up to several years. And still, this hasn't prevented Tikun Olam from pursuing studies on topics ranging from cannabis for migraines and autism to irritable bowel disease, as well as a new study which is producing for the first time actual evidence-based data on interactions between cannabis and other drugs. Precisely for issues as pressing as opioid reduction, the data from each new study can potentially tip the scales towards changes in legislation and public health policy.



## **European Parliament Passes Cannabis Resolution, Joins WHO In Supporting Medical Marijuana**

**Tuesday, February 19, 2019**

Posted by: Diane Berg

Following reports about the World Health Organization (WHO) recommending a rescheduling of cannabis and several of its key components under international drug treaties, the **European Parliament** voted on Wednesday on a resolution that would help advance medical cannabis in the countries that form the European Union.

While non-binding, the resolution seeks to incentivize European nations to increase access to medical marijuana, prioritizing scientific research and clinical studies. Same as the WHO's recommendation, the European Parliament's resolution shows how wide support for cannabis legalization is, but does not change any actual laws on the international or local levels.

"The EU Parliament is just the latest voice to recognize the medical value of cannabis and the benefits of regulation over prohibition," Tom Angell, Forbes contributor and publisher of Marijuana Moment, told me. "I'm hopeful that the growing chorus in favor of reform will spur action by nations to change their policies and improve access for patients who need this medicine."

### **The Details**

After evaluating how the European Union could potentially support quality research in relation to marijuana-based medicines, establishing "standards for non-pharmaceutical medical cannabis to ensure

consumer safety," the members of the European Parliament voted on a resolution that calls on the Commission on use of cannabis for medicinal purposes and the states member of the European Union to "address the regulatory, financial and cultural barriers" that stunted scientific research on the cannabis and its medical uses.

In addition, the Commission and MEPs said it's important to "define the conditions required to enable creditable, independent scientific research based on a wide range of material to be conducted into the use of cannabis for medicinal purposes."

Finally, they pointed out the need for an improvement in equal access to cannabis-based medicines and the right case-specific therapies. "It is essential that they be provided with comprehensive information about the full spectrum profiles of the plant strains used in the medication provided," the resolution reads, calling for a close collaboration with the WHO.

### **The Cannabis Community Reacts**

Interested in hearing what the cannabis community had to say, I reached out to cannabis industry participants in different geographies, from Asia, to Europe, to the Americas. Evan Eneman, CEO of ELLO, leader of the MGO/ELLO Alliance and founder of Sands Lane Capital, said that, "Once again, our friends around the world

see the medical benefit and potential of the plant, and are working towards a better understanding of what can be in earnest.”

Eneman added he’s looking forward to the U.S. taking a similar approach, so that research and development of cannabis based therapies and consumables for all its various use cases can continue to advance.

Aras Azadian, CEO of multi-national cannabis company Avicanna, also applauded the European Parliament’s decision to change its position on cannabis and cannabinoids. “This will help facilitate and expedite the well required safety and efficacy studies on cannabinoid solutions beyond the initial markets such as Canada and Israel (...) There is an ongoing concern of the toxic and inefficacious products being offered as medicine that will be limited with the entrance of qualified studies.”

Meanwhile, Israel-based Oren Todoros, co-founder at CannaImpact, highlighted the economic opportunity behind cannabis and the increasing recognition of this potential. “Governments (...) can no longer turn their heads to the opportunity it delivers,” he said.

Jonas Duclos is the CEO of Switzerland-based JKB Research, the company behind CBD420, a line of low-THC cannabis products sold across tobacco shops and other “regular” stores across Europe. Duclos qualified the move as relieving. “More and more key global actors are recognizing the therapeutic effects of cannabis,” he said. However, for him, the really important question is: when will lawmakers consider moving forward with actual legislation? And, once they do, how will the regulations look like?

“We know support and political capital will grow, but these are the details that will determine where the industry heads in the next years,” he ended.

**Source: Forbes**