

March 6, 2015

To Washington Legislators and Policy Makers:

I am very concerned that pending legislation concerning medical cannabis, specifically SB 5052, will in fact be the end of Doctor authorized medical cannabis in Washington State. If the Legislature and the Administration want to end medical cannabis to attempt to gain revenue from the State's recreational experiment, they should admit that is the goal. If not, then significant and sweeping changes would have to be made to SB 5052 if Doctors and other health care professionals will be able to continue to participate.

Since cannabis remains a schedule one drug, illegal for any purpose under federal law, Doctors are severely constrained and restricted in what they can do under the law. The Conant case offers Doctors protection from federal repercussions and protection from criminal charges if its dictates are followed. SB 5052 requires Doctors to violate the dictates of Conant and would expose Doctors and other health care professionals to criminal charges and to licensing violations and to a host of other consequences stemming from the act's setup. Simply stated, Doctors and other health care professionals cannot perform what the act requires.

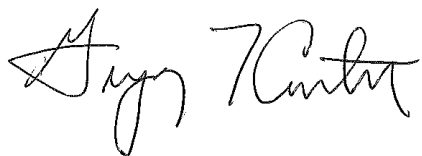
I also cannot understand how the scientific basis for patient dosing, and therefore patient possession limits, has changed. There is no basis to change patient limits. It has nothing to do with patients transporting cannabis. I have written the only two peer reviewed Journal papers on dosing patients with cannabis, both available online. One of the papers concerning dosing was specifically addressed to Washington State. I spent years testifying in criminal trials, pro bono, on behalf of patients and working with many attorneys in order to establish patient needs and reasonable patient limits. I have offered, along with other Doctors, papers to the Legislature that specifically determined amounts for oral consumption and for vaporizing and smoking. Although I do not recommend smoking anything, there are some patients for whom this is the only method of administration that works and it is the easiest to titrate dose.

The papers and trials established that patients use cannabis in very different ways than recreational users and that patients use far greater amounts to achieve efficacy. The Doctor's recommendations on dosing limits were not adopted by the Legislature, smaller limits were established by law, and I and other Doctors have continued to have to offer testimony on patient use amounts in criminal trials. If anything, I would increase the patient limits to those in the papers and hope to decrease the need for trials. Decreasing the limits as SB 5052 does for patients is going to criminalize patients again. Cannabis has no lethal dose and is far safer than opiates and other drugs and this alleviates dosing concerns, as well as concerns about patient limits.

I have recently testified in federal court proceedings in California on the issue of re scheduling cannabis so that Doctors can prescribe it and medical research can take place and we can begin to explore the true potential of the plant. In the meantime, Doctors and other health care professionals walk fine lines and have to rely on the advice of Attorneys when practicing medicine involving cannabis patients. This bill makes a difficult job impossible.

Thank you for your consideration. I would be happy to answer any questions you may have or to assist in the much needed rewriting of the regulations concerning health care providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory T. Carter". The signature is written in a cursive style with a large, stylized initial "G".

Gregory T Carter, MD, MS
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GTC/gc