

SAFE ACCESS VIRGINIA

A QUICK GUIDE TO THE VIRGINIA MEDICAL CANNABIS ACT

PROTECT PATIENTS! OPPOSE HB 684 UNLESS AMENDED!

HB 684 would repeal the Commonwealth's current but unusable medical marijuana law, §18.2-251.1. The current VA medical marijuana provision is unusable due to technical reasons regarding "prescriptions" and federal law. HB 685 would repeal the Commonwealth's acknowledgement of medicinal value of marijuana, and is based on a misunderstanding of the science of medical marijuana.

We urge HB 684 be amended to include affirmative defense against prosecution by patients who obtain a written recommendation from their physicians whom they have a *bona fide and ongoing* patient-doctor relationship with. This is not a get out of jail free pass for marijuana possession; patients would still be required to show up in court to present their medical necessity

We oppose HB 684 until amended.

What our proposed amendment does:

- Affirms a physician's First Amendment right to recommend marijuana to their patients for medical use
- Creates an affirmative defense for up to one-half ounce of marijuana for patients who have been recommended marijuana for medicinal purposes from their physician with whom they have an bona fide and ongoing patient-physician relationship
- Affirmative defense also applies to paraphernalia if the paraphernalia was necessary for the patient's medical use of marijuana
- Affirmative defense applies to close family members, who may need to acquire the marijuana for a incapacitated family member who has been diagnosed by their physician as a patient who could benefit from medical marijuana therapy
- Calls for the Joint Commission on Health to assess the feasibility of and develop proposal including draft legislation to provide comprehensive access to marijuana for medicinal purposes to qualified patients in the Commonwealth

Our proposed amendment would not

- Patients who possess more than ½ ounce (14 grams)
- Patients who were consuming in a public space
- Patients who was driving while under the influence
- Authorize the sale of marijuana to any party
- Does not allow marijuana to be diverted for any purpose outside of the patient's medical necessity

Why cannabis?

Many conditions, including multiple sclerosis [1], PTSD [2], glaucoma [3] and epilepsy [4] are better managed with the use of cannabis than with a slew of expensive pharmaceuticals. Patients with irritable bowel disease, HIV/AIDS or chemotherapy-related wasting find that cannabis helps them to eat [5]. Safe Access Virginia is happy to provide additional scholarly research supporting the efficacy of medical cannabis upon request.

1. Smoked cannabis for spasticity in multiple sclerosis: a randomized, placebo-controlled trial. Corey-bloom, Jody ; Wolfson, Tanya ; Gamst, Anthony ; Jin, Shelia ; Marcotte, Thomas D ; Bentley, Heather ; Gouaux, Ben. CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 2012, Vol.184(10), pp.1143-50 [Peer Reviewed Journal]

Conclusion: Smoked cannabis was superior to placebo in symptom and pain reduction in participants with treatment-resistant spasticity.

2. The endocannabinoid system as a possible target to treat both the cognitive and emotional features of post-traumatic stress disorder (PTSD). Trezza, Viviana ; Campolongo, Patrizia. Frontiers in behavioral neuroscience, 2013, Vol.7, pp.100 [Peer Reviewed Journal]
3. Delta-9-tetrahydrocannabinol (THC) in the treatment of end-stage open-angle glaucoma. Flach, Allan J. Transactions of the American Ophthalmological Society, 2002, Vol.100, pp.215-22; discussion 222-4
4. Report of a parent survey of cannabidiol-enriched cannabis use in pediatric treatment-resistant epilepsy. Porter, Brenda E ; Jacobson, Catherine. Epilepsy & behavior : E&B, 2013, Vol.29(3), pp.574-7 [Peer Reviewed Journal]

Conclusion: CBD treatment lowered amount of seizures per week in patients.

5. Medicinal marijuana: a comprehensive review. Gurley, R J ; Aranow, R ; Katz, M. Journal of psychoactive drugs, 1998, Vol.30(2), pp.137-47 [Peer Reviewed Journal]

Conclusion: In its current form, marijuana and/or its components have been documented help alleviate suffering in patients with a variety of serious illnesses. In terminally ill patients, none of the long-term adverse effects are of significant importance. For these patients, minimizing the short-term adverse consequences and drug interactions can be achieved with a thorough understanding by the health care provider and the patient about the biology and pharmacology of marijuana, along with on-going monitoring of the patient.

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