



Working to Reform Marijuana Laws

**Public Comments RE Proposed Amendments to The Use of Marijuana
for Debilitating Conditions Act**

**submitted by the
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More than 70 percent of Floridians voted on Election Day in favor of Amendment 2 to regulate the production and dispensing of medical cannabis to any patient who is diagnosed with a debilitating medical condition by their doctor.

However, newly proposed rules by the Florida Department of Health seek to significantly amend this legislation in a manner that undermines the law's intent and is contrary to patients' needs.

Physicians Must Be Permitted To Recommend Cannabis Therapy For Chronic Pain

Specifically, these proposed rules arbitrarily limit those patients who may qualify for cannabis therapy only to those diagnosed with one of ten specific conditions. This change contradicts the explicit language of Amendment 2, which provides physicians to discretion to recommend medical marijuana in any instance where they believe that its medical use "would likely outweigh the potential health risks."

Physicians presently possess this same discretion to prescribe a litany of pharmaceutical drugs that are far more harmful to health than is cannabis. Opioids, for instance, are associated with far greater rates of dependence than is cannabis, and are capable of lethal overdose. Cannabis is not.¹ There is no reason that doctors should face greater restrictions for recommending cannabis than they do these other, more potentially dangerous substances.

In particular, physicians ought not to be prohibited from recommending cannabis to treat symptoms of chronic pain. Dozens of gold standard, randomized placebo-controlled trials indicate that whole-plant cannabis is safe and effective for mitigating difficult-to-treat pain conditions, such as neuropathy.² Most recently, the National Academies of Sciences, Engineering and Medicine reviewed over 10,000 peer-reviewed papers specific to cannabis and health and determined that there is "conclusive evidence" that cannabis is "effective for

¹ The World Health Organization, August 28, 1995. *A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine, and Opiates Use*. "The acute toxicity of cannabis is very low. There are no confirmed cases of human deaths from cannabis poisoning in the

² A bibliography of several of these clinical trials appears here:
<http://www.cmc.ucsd.edu/index.php/2015-11-20-20-53-40/scientific-publications>

the treatment of chronic pain in adults.”³ The National Academies acknowledged, “In adults with chronic pain, patients who were treated with cannabis ... are more likely to experience a clinically significant reduction in pain symptoms.”⁴ Furthermore, in jurisdictions where patients have legal access to medical cannabis, rates of opioid abuse and opioid-related mortality have fallen significantly.⁵ No evidence-based medical cannabis policy would exclude pain patients’ access to this safe and effective remedy.

Patients Should Have The Legal Option To Obtain Whole-Plant Cannabis

In addition, proposed changes to limit or prohibit patients access to whole-plant cannabis in lieu of extracts or pills are not in the best interest of patients.

Herbal cannabis contains in excess of 100 distinct cannabinoids, many of which act synergistically with one another. Additionally, hydrocarbons present in the plant’s oils contain numerous terpenes, like limonene, myrcene, and pinene. In addition to providing the flower’s distinctive aroma, these constituents also possess a variety of therapeutic effects, such as anti-asthmatic, anti-bacterial, anti-oxidant, and sedative activity. Today, many scientists believe that the combined administration of all of these parts of the plant is necessary in order for patients to achieve maximum therapeutic benefit. As acknowledged by famed neurosurgeon Dr. Sanjay Gupta: “[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.”⁶ Restricting patients’ access to herbal cannabis limits their exposure to these important properties, as many of these constituents are no longer present in formulations produced following the extraction of individual cannabinoids.

Furthermore, non-herbal forms of cannabis, such as extracts, tinctures, and pills, possess delayed onset and their effects can often be far less predictable than those of herbal cannabis.⁷ Once inhaled, cannabinoids rapidly pass from the lungs to the blood stream – resulting in the rapid onset of drug effect. By contrast, pills must be metabolized by the liver over a period of up to several hours before the patient experiences any effects. This delayed onset and high degree of variability also makes it extremely difficult for patient to accurately self-regulate their dosing. As a result, many patients seeking rapid relief of

³ <http://nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-conclusions.pdf>

⁴ <http://nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-chapter-highlights.pdf>

⁵ The JAMA Network, August 25, 2014. *Lower Opioid Overdose Rates Associated with State Medical Marijuana Laws*. “States with medical marijuana laws had a 24.8 percent lower average annual opioid overdose death rate compared to states without such laws.”

⁶ Sanjay Gupta, March 11, 2014. “Medical marijuana and the entourage effect.”

⁷ Franjo Grotenherman. 2003. Pharmacokinetics and pharmacodynamics of cannabinoids. *Clinical Pharmacokinetics*: 327-360. “With oral use, absorption is slow and erratic, resulting in maximal plasma concentrations usually after 60-120 minutes.”

symptoms such as pain, nausea, tremor, or spasticity will not benefit from pills, tinctures, or edibles.

Finally, these alternative, cannabis-infused products also tend to be far more expensive than herbal cannabis – making them far more difficult for patients to afford.

Market Demand Requires More Licensed Dispensaries

The proposed rules seek to limit cannabis production and dispensing solely to those seven nurseries previously selected to provide high-CBD varieties of cannabis as part of an extremely limited 2014 program. To date, this program has been insufficient at providing even this limited pool of patients' with adequate access to the medicine. It is highly unlikely that these limited numbers of producers and dispensers will be able meet the needs of Florida's growing number of patients.

Do Not Mandate Multiple Patient Visits In A Single Calendar Year

Finally, physicians' authorizations should not be limited to less than one-year in duration, as is the case in all of the other 29 states that permit doctors to recommend cannabis therapy. Patients suffering from chronic conditions should not be required to make multiple visits, and make multiple payments, to their physician simply to affirm that medicinal cannabis is of benefit to them.

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In conclusion, NORML urges the Florida Department of Health to revise these proposed rules in the manner summarized above so that they are consistent with the intent of Amendment 2 and that they best provide for patients' safety and interests.