April 2, 2017

Supporting SB 406 (HB 1397)

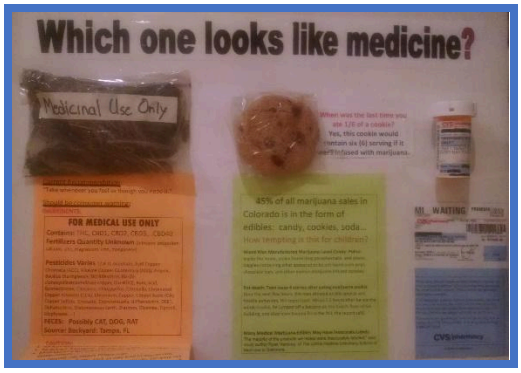
Dear Honorable Legislators,

Medical Marijuana is a very political, emotional and complex topic. Now that amendment 2 has passed implementing it as a medication seems to be even more contentious. **I am sure we can all agree the goal, as with any medication, is to provide guidelines to make it as safe and beneficial as possible while at the same time preventing abuse or misuse.** Attempting to regulate prescription medications has proven to be very difficult and the lack of strict guidelines led to over prescribing, wide-spread misuse, addiction and overdose problems that devastated families and communities throughout our nation. The task of regulating Amendment 2 is now your responsibility.

Given that very few legislators are pharmacists or have a medical background this task could seem daunting. Many undesirable and unintended outcomes that we in Florida want to avoid such as higher youth usage leading to an increase in high school dropout rates, homeless population, unemployment and an increase in fatal car crashes. These consequences greatly impact communities both socially and financially.

There are three major medical considerations to deliberate over before establishing any guidelines, but especially with respect to marijuana- 1) What are the standard medical guidelines provided by the FDA, 2) What are the medical association's statements and concerns, and 3) Other medical concerns.

1) **Standard Medical Practices**- Because legalizing medicine via popular vote does not provide the standard evidence-based documentation that traditionally establishes guidelines, defining procedures becomes very difficult.
   a. Guidelines established when utilizing the FDA process or modern medicine include specific diagnosis, treatment, research, random controlled clinical trials , follow-up treatment and comprehensive side-effects listings…
   b. For instance, antibiotics have a specific type for varying ailments such as strep throat, urinary tract infections, ear infections, and MRSA. A doctor doesn't just say here is a prescription for an antibiotic you decide which works best. This is a major problem when recommending marijuana as a "medicine."
   c. Meta-analysis studies conclusions. *



This is why is it very important to provide detailed guidelines to help both the physicians and patients to avoid misuse and unintended consequences.

2) **Medical Association Statements**- (link to other medical associations statements and websites)
   - **American Glaucoma Society**- One of the commonly discussed alternatives for the treatment of glaucoma by lowering intraocular pressure (IOP) is the smoking of marijuana. It has been definitively demonstrated, and widely appreciated, that smoking marijuana lowers IOP in both normal individuals and in those with glaucoma, and therefore might be a treatment for glaucoma. Less often appreciated is marijuana's short duration of action (only 3-4 hours), meaning that to lower the IOP around the clock it would have to be smoked every three hours. Furthermore, marijuana's mood altering effects would prevent the patient who is using it from driving, operating heavy machinery, and functioning at maximum mental capacity.
   - **American Epilepsy Society**- (link to letters the AES wrote to legislators and governors) "The recent anecdotal reports of positive effects of the marijuana derivative cannabidiol for some individuals with treatment-resistant epilepsy give reason for hope. However, we must remember that these are only anecdotal reports, and robust scientific evidence for the use of marijuana is lacking. It means that we do not know if marijuana is a safe and effective treatment for epilepsy, which is why it should be studied using the well-founded research methods that all other effective treatments for epilepsy have undergone. Such safety concerns coupled with a lack of evidence of efficacy in controlled studies result in a risk/benefit ratio that does not support use of marijuana for treatment of seizures at this time."

3) Other medical considerations and recommendations:

a. (Pharmaceutical CBD Products in FDA Clinical Trials vs Artisanal CBD)

Pharmaceutical CBD	Artisanal CBD
Pharmaceutical CBD (Epidiolex)[7] • 98 percent CBD • Trace amounts of THC • Tested in animals for five years	Artisanal CBD that states have legalized (like Charlotte's Web Oil) • From 15 percent to 30 percent CBD • 5 percent THC • Never tested in animals
Pharmaceutical CBD (Insys Therapeutics CBD candidate) • Synthesized CBD • Not yet in clinical trials • Tested in animals	

b. Other recommendations

- Require testing- Most medical marijuana states do not test for potency or contaminants
  - In most states the only difference between medical and recreational is the label
  - Often 'medical' marijuana has higher potency than recreational
  - Require an expiration date to help prevent mold and bacteria from developing
- Provide a THC potency limit of 5% or less; require random product testing
- Do not allow smokable form of marijuana or vaping- states with the least abuse have this rule implemented (Minnesota, Pennsylvania, Louisiana, New York, Ohio)
- Do not allow any form of edibles, however if edibles are allowed they must not appear to resemble any form of traditional food to include candies, cookies, sodas etc. I recommend requiring all the products to remain in their original color to have a consistent look. All products must require childproof packaging and boldly label "product contains marijuana".
- Maintain a zero-tolerance driving level as there has no valid method of determining impairment levels. (21 page comprehensive paper)
- Require warning labels for all known side-effects from most common to least frequent as any other actual medication requires
- Treatment plans require follow-up doctor appointments to include addiction assessments and educational information
- Require assessment **before medication can be recommended** determine if alternative treatment(s) would be more beneficial than medicine or need to be used in conjunction with medication. These include but are not limited to the following: access eating habits, environment, exercise and sleeping habits. Would physical therapy and/or mental health counseling be beneficial?

Based on the outcomes and many unintended consequences that other states have experienced when attempting to regulate marijuana as a medicine and the fact that regulating alcohol and other legal drugs has proven to be difficult**, I support the regulation of medical marijuana recommended in HB 1397 with additional consideration for the above listed recommendations**. **This will help prevent addiction, misuse, and "over recommendations", all of which have led to serious problems in other states. Let's continue to keep Florida's environment a safe and healthy destination for families and businesses.**

If I can be of any help please do not hesitate to contact me. My website has 4 years' worth of data. If you cannot locate information I am sure I can do some research and provide you with the date you need. In 2012 I received a Master's degree in Mental Health Counseling in order to help myself, families and our communities better understand the disease of addiction and complexity of recovery. I hope the information I have provided will help you with the overwhelming task of implementing Amendment 2.

Sincerely,

Teresa Miller, Master's Mental Health Counseling
Community Volunteer
tmiller@stoprxdrugabuse.org
http://www.rethinkpot.org/recommendations

P.S. With respect to the 71% of the "yes" vote. This was less than 51% of registered voters and 40% of eligible voters. It was not 71% of the population of Florida. Also, because the amendment had the term medical in its title many people, to include friends of mine, assumed this amendment pertained to legalizing a prescription medication. It is imperative to provide the voters with guidelines and regulations as they expected.

Contaminated-medical-marijuana

* Meta-analysis research-

Cannabinoids for Medical UseA Systematic Review and Meta-analysis "Four (5%) trials were judged at low risk of bias, 55 (70%) were judged at high risk of bias, and 20 (25%) at unclear risk of bias (eAppendix 13 in Supplement 2). The major potential source of bias in the trials was **incomplete outcome data**. More than 50% of trials reported substantial withdrawals and did not adequately account for this in the analysis. Selective outcome reporting was a potential risk of bias in 16% of trials."

Who is using medical marijauna? State by state analysis of which type of patients are using marijuana as a medicine.