Good, Bad & Ugly: State Medical Cannabis Programs

Garnett Meador, CEO/EVP
American Society of Cannabis Medicine
www.theASCM.org
What do these have in common

- Linus Pauling (only person to ever win two unshared Nobel prizes)
- Vitamin that can cure Cancer and other ailments
- Lack of Scientific Research/Data
Thirty-three states, the District of Columbia and 4/5 Territories have adopted medical cannabis access laws.

Eleven states, the District of Columbia and 2/5 Territories have adopted recreational use cannabis access laws.

Seventeen states, have adopted cannabidiol (CBD) access laws.

ASCM does not consider CBD-specific law = medical cannabis law.

Sales of legal cannabis in the U.S. amounted to nearly $10 billion in 2018 alone.
Good, Bad & Ugly
The Good

Medical Cannabis - Built on Safety

► Physician can determine appropriateness of medical cannabis (6/34)
► Adverse event reporting  (30/34; good, but...)
► Required testing for contaminants and potency (34/34)(labeling/packaging)
The Bad

Medical Cannabis - Built On Political Haste

► Limited research incentives/requirements (16/34)
► Minimal Physician guidance
► Limited Physician education opportunities
► Minimal dispensary worker education
The Bad

Quick Facts - Physician Preparedness

- Endocannabinoid system discovered in 1988
- 89% - not prepared to recommend
- 35% - not prepared to answer questions
- 84% - no education in school or residency
- 9% - document endocannabinoid content in the AAMC Curriculum Inventory
The Ugly

Medical Cannabis - Recreational or Medicinal?

► Many states allow smoking of medical cannabis (30/34)
► States allow self-growing (21/34)
► Many “advocates” see this as a way to get recreational marijuana legalized
► Too many questions, not enough research
States Considering/Revisiting Programs - Primary Concerns

Physicians, Legislators, Communities and Patients Have A Myriad of (Valid) Concerns

- Trojan Horse to Recreational Use
- Flower Element (smoking v pills); “Street” Names
Celebrity Strains of Interest

**Charlotte Figi** (Charlottes Web)- The real-life story of Charlotte Figi, the young girl that found relief through medical cannabis to her rare form of epilepsy called Dravet Syndrome. The strain worked so well to mitigate Charlottes’ debilitating seizures that it was named “Charlotte’s Web” in honor of Charlotte.

**Dr. Sanjay Gupta** (Gupta Kush) - Certified Neurosurgeon and associate chief of the neurosurgery service at Grady Memorial Hospital in Atlanta, Georgia, and assistant professor of neurosurgery at the Emory University School of Medicine. CNN chief medical correspondent. After learning of the Charlotte Figi story and actual investigation, publicly apologized for “overlooking” compelling research on the efficacy of medical cannabis.
States Considering/Revisiting Programs - Primary Concerns

Physicians, Legislators, Communities and Patients Have A Myriad of (Valid) Concerns

- Trojan Horse to Recreational Use
- Flower Element (smoking v pills); “Street” Names
- Education and Oversight: Physician, Dispensary Techs, Growers Legislators, Patient Advocates
- Medicine Quality, Consistency, Dosing, Administration
- Research and Analytics
So: What do these have in common

- Linus Pauling (only person to ever win two unshared Nobel prizes)
- Vitamin that can cure Cancer and other ailments
- Lack of Scientific Research/Data
Mountain of Evidence
Good, Bad & Ugly: State Medical Cannabis Programs

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